INTEGRATED CARE FOR DUAL ELIGIBLES

The Centers for Medicare and Medicaid services (CMS) is combining Medicare and Medicaid authorities to test two new payment and service delivery models to:

- Reduce program expenditures under Medicare and Medicaid ;
- Better align the financing of these two programs; and
- Integrate primary, acute, behavioral health and long term services and supports for their Medicare-Medicaid enrollees.

The two models CMS is testing are:

1) A Capitated model: The State, CMS, and a health plan enter into a three-way contract. The health plan receives a prospective blended payment to provide comprehensive, coordinated care.
2) A Managed Fee-for-Service model: The State and CMS enter into an agreement by which the State would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs for both Medicare and Medicaid.

Idaho proposes to use the capitated approach.

CAPITATED APPROACH

- A three-way contract would be created, CMS, the State, and health plans.
- Participating plans would receive a blended rate for seamless coverage.
- Savings will arrive with actuarially developed blended rates for both states and federal government.
- The capitated rate is for the full continuum of benefits provided to enrollees of both programs.
- The plans will be required to meet established quality thresholds.
- CMS, the State and health plans will test the administrative, benefit and enrollment flexibilities that provide a seamless experience.
- Flexibilities may include supplemental benefits; enrollment flexibilities; a single set of appeals, auditing and marketing rules and procedures.

TIMELINE

Planned Completion Date/Status	Key Activities/Milestones	Responsible Party/Parties
End of April 2012	Submit proposal to CMS and post for public comment (minimum of 30 days).	State
May 2012 to April 2013	• State identifies and works on making needed statutory and regulatory changes • State refines timelines and task plans • Plans assess what they will need to do to participate, decide whether they will participate, and develop plan for how they will comply with requirements • State, CMS, and Insurers continue collaboration	Insurers/CMS/State
November 2012 / April 2013 *	Interested plans must submit an electronic Notice of Intent to Apply to CMS.	Insurers
May to early July 2013	Health plans selected through a joint CMS-state selection process. Interested organizations submit required information, including licensure, network adequacy, and plan model of care. CMS and state review and select plans.	CMS/State
June 2013	Submission of proposed benefit packages to CMS.	Insurers
Summer 2013 to Fall 2013	Sign Memorandum of Understanding (MOU) with CMS.	CMS/State
July 2013 to September 2013	• Readiness review for participating plans • Contract negotiations with participating plans	Insurers/CMS/State
July 2013	Demonstration plan selection completed.	CMS/State
September 2013	Sign three-way contracts.	Insurers/CMS/State
October 2013 to December 2013	Medicare Advantage and Part D Annual Coordinated Election Period.	Insurers/CMS/ Beneficiaries
December 2013	• Legal notice of SPA (if SPA is needed) • Submit SPA (if SPA is needed) to CMS	State
January 2014	Implement, monitor, and evaluate	Insurers/State

***Exact date is undecided and subject to change. Will update as CMS provides additional information.**