



Integration of Care and Financing for Medicare and Medicaid Beneficiaries

RI Executive Office of Health and Human Services

Thursday May 3, 2012 11:00 A.M.- 1:00 P.M.

Open Meeting

Arnold Conference Center

Cranston, RI



Presentation Outline

- Organization and Overview of Reports
- What Problems do these Reports address?
- What are we trying to achieve?
- How will RI achieve the goals of an effective system for Medicaid-eligible Adults with disabilities and elders?
- Delivery Models
- Phased Approach
- Draft Demonstration Proposal: Integrated Care for Medicare and Medicaid Beneficiaries
- Next Steps
- Discussion



Organization of the Reports

- EOHHS has prepared two documents on Integration of Care and Financing for Adult Medicaid Beneficiaries (Dual Eligibles and Medicaid only)
 - Report for the RI General Assembly
 - Demonstration Proposal for CMS



Presentation of the Reports

- First of two Open Meetings for Public comments on the CMS Demonstration Proposal and the General Assembly Report
- Written and Oral comments encouraged



Report to the General Assembly: Overview

- Highlights the issues EOHHS must address for the integration of care and financing for Medicare and Medicaid-only beneficiaries of Rhode Island.
- Outlines opportunities to improve systems of care and cost effectiveness for Rhode Island Adults with Medicaid-only and Dual Eligibles



Overview of Proposal to CMS

- CMS created a new opportunity for Financial Alignment models for Integrated Care for Medicare and Medicaid Beneficiaries (Dual Eligibles) (July 2011)
- Proposes new payment and delivery system models for dual eligible beneficiaries

What Problems do these reports address?

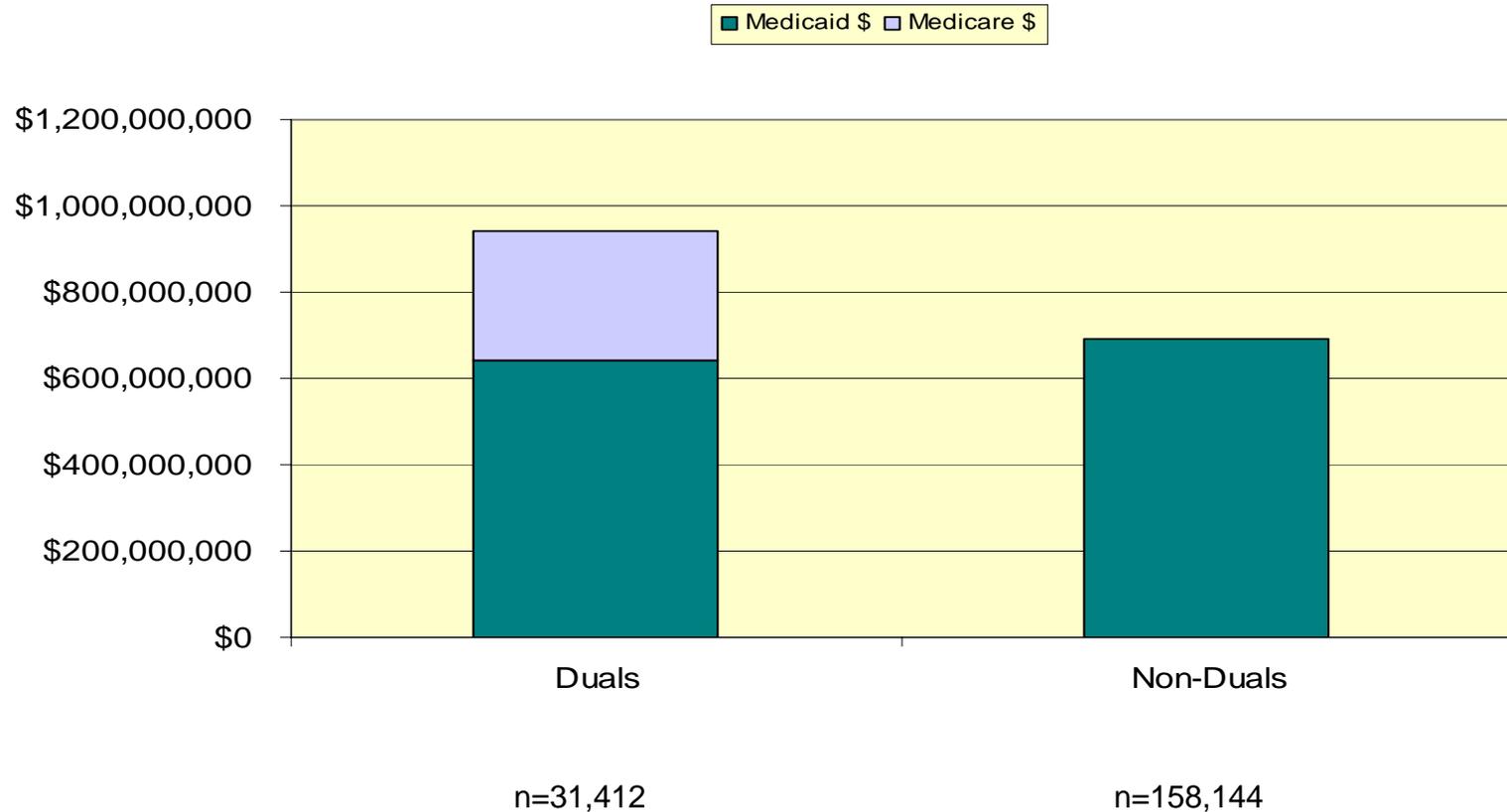
- Inadequate Person-centered care coordination
- Lack of focus on primary and preventive care
- Long Term Services and Supports/Behavioral Health coordinated separately
- Fragmentation of benefit coverage leads to confusion and inefficiencies
- Cost shifting (Hospital and Nursing Facility)

Millie's Story

- Three ID Cards: Medicare, Medicaid and Prescription Drugs
- Three different sets of Benefits/ No Coordinated Care
- Multiple Providers without structured communications/ No Patient-Centered Primary Care Home
- Uncoordinated and medically focused decisions are made by clinicians in isolation of one another
- Rules-Based Interruption of Benefit Coordination
- Limited Home Health and Community Based Service

See Appendix A

Expenditures for Medicare and Medicaid Members in Rhode Island



Data Source: Medicaid Management Information System SFY 2010

Triple Aim: Better Health, Better Healthcare,
Lower Cost

What are we trying to achieve?

The reports outline opportunities to improve systems of care and cost effectiveness of care for Rhode Islanders.

- Improve the integration and coordination of:
 - primary
 - specialty
 - hospital /acute
 - behavioral and
 - long term services and supports
- Address the fragmentations in coverage between the Medicare and Medicaid programs
- Ensure alignment of incentives for the development of a more person-centered system of care with quality outcomes



Critical Elements for an Effectively Managed System

- Outreach and Information
- Long Term Care Eligibility Determination and Service Initiation
- Identification of Risk and Emerging Needs to Target Efforts
- Robust Network of Health Care Services and Supports
- Value Purchasing, Oversight and Continuous Quality Improvement
- Strong Consumer Protections



Important Considerations for Program Design in Rhode Island Medicaid

- Preserving Choice
- Ensuring quality and access for all populations
- Provision and coordination of all Medicare and Medicaid benefits – primary, acute, prescription drug, behavioral health and long-term services and supports
- Long Term Services and Supports coordination



How will RI Achieve the Goals of an effective system for Medicaid-eligible Adults with disabilities and elders?



Build Upon Well-established Models

- Program of all-inclusive Care for the Elderly (PACE)
- Connect Care Choice
- Rhody Health Partners

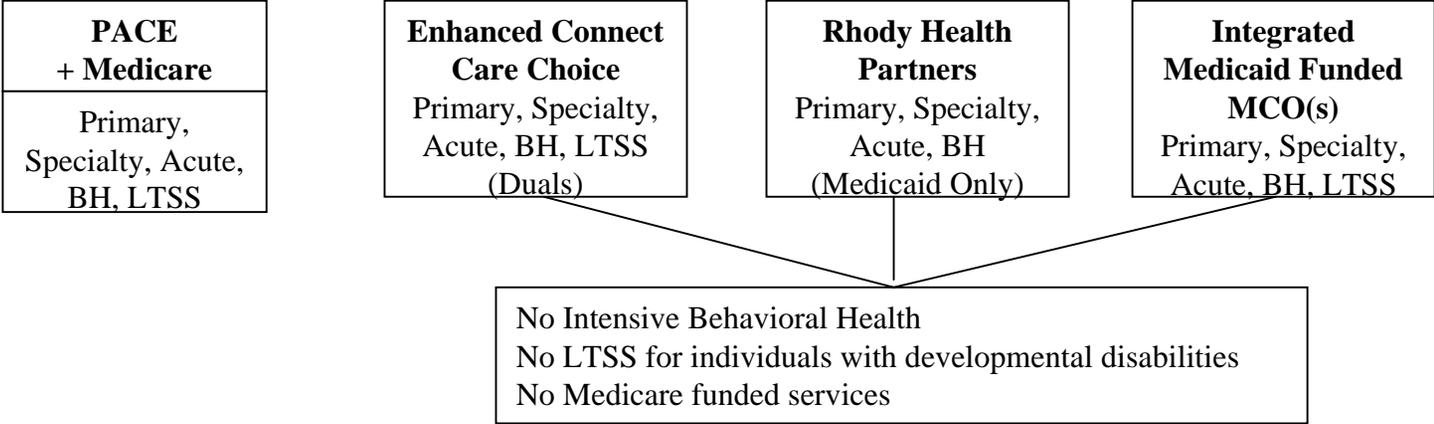


Persons served by Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

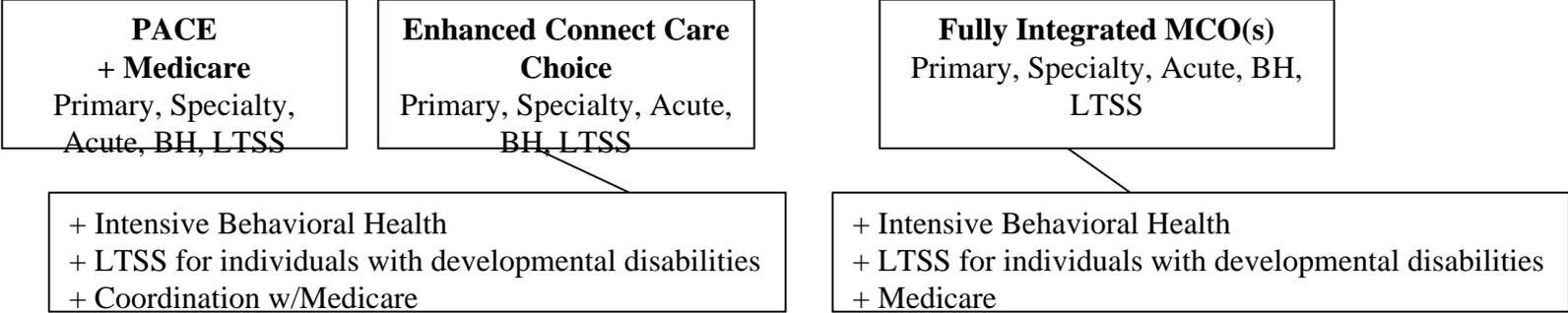
- Determining how best to serve adults with developmental disabilities and adults with serious and persistent mental illness through each of these models will require additional study with BHDDH to ensure that the needs of adults with developmental disabilities and adults with serious and persistent mental illness will be well served by any option for integrating care the state chooses to pursue.

Delivery Models

1/1/2013 Duals and Medicaid Only



1/1/014 Duals and Medicaid Only



Phased Approach Overview

Phase 1: January 1, 2013

- **PACE**
- **Integrated Medicaid Funded MCO:** New Managed Care Product for all Medicaid covered services including:
 - Primary, Specialty, Hospital
 - Behavioral Health
 - Long Term Services and Supports
 - (Excludes intensive Behavioral Health or LTSS for individuals with developmental disabilities)
- **Enhanced CCC:** New contract with a coordinating care entity for the management of Medicaid-funded primary, acute, and LTSS services incorporated into the Connect Care Choice (CCC) delivery system
- **Rhody Health Partners:** Unchanged for Non-dual individuals without LTSS

Phased Approach Overview

Phase 2: January 2014

- **PACE** (same as Phase 1)
- **Enhanced CCC** (same as Phase 1)
- **Integrated Medicare and Medicaid Funded MCO:** New Contract between CMS, RI Medicaid and Managed Care Organization for Fully Integrated Care for Medicare and Medicaid Beneficiaries for all beneficiaries.
 - **Duals** will receive all Medicare and Medicaid benefits from participating qualified MCOs
 - **Non-duals** will receive Medicaid benefits from participating qualified MCOs
 - Incorporates Rhody Health Partners
 - Includes intensive Behavioral Health and LTSS for individuals with developmental disabilities

Phase 1 and 2 - PACE

January 1, 2013

- Preserve and expand the existing PACE program, taking advantage of unique qualifications and experience of the PACE Organization of RI (PORI) serving the dual eligibles population and supporting expansion of PORI capacity wherever possible.

Phase 1 and 2 Enhanced CCC Model

- CCC model encompasses primary care/nurse case management teams and co-located behavioral health
- The newly contracted “Community Health Care Team” entity will take core responsibility for ongoing care coordination and integration, service authorizations and modifications, and supporting successful transitions for all aspects of the member’s care, including LTSS

Phase 1 - Integrated Medicaid Managed MCO Model – 1/1/13

New Managed Care Program

- Benefit package to include:
 - Primary, Specialty, Hospital
 - Behavioral Health
 - Long Term Services and Supports
 - (Excludes intensive Behavioral Health or LTSS for individuals with developmental disabilities)

- *For dual eligibles*, Medicare covers primary, specialty, hospital, behavioral health services. This contract would include defined requirements for active coordination with Medicare for covered services to minimize fragmentation.

Phase 2 - Fully Integrated Medicare and Medicaid Managed Care Program for Dual Eligibles -1/1/14

- Comprehensive managed care program including all Medicare and Medicaid covered services within a single contract.
- Three-year Centers for Medicaid and Medicare Services (CMS) demonstration for a capitated payment model
- Three way contract between CMS, the state and qualified health plans
 - shared savings for both programs
- Clients who are not “full-duals” would not be included for enrollment (SLMBs, and QIs) in the capitated model. (approximately 5000 people)

Draft Integrated Care for Medicare and Medicaid Beneficiaries Demonstration Proposal

- The CMS demonstration for fully integrated managed care programs holds considerable potential for transforming systems of care but, as noted, many questions remain to be answered
- Proposed approach is to pursue the CMS demonstration with an effective date of January 1, 2014
- Proposal deadline is May 31, 2012



Delivery System Considerations

- EOHHS will continue pursuit and evaluation of each of these opportunities to assess their feasibility for Rhode Island and for potential federal support for the investments needed to perform the critical functions of a maximally effective integrated system



Stakeholder Engagement To Date

- Entities with current or prior experience with Medicare managed care delivery systems
- Advocates
- Providers
- Practitioners
- CMS
- Narragansett Indian Tribe
- Best Practice States

Next Steps

- Public comment period is 30 days
- Proposal due to CMS on May 31, 2012
- Next Open Meeting scheduled:
 - Tuesday May 15, 2012
4:00 – 6:00 p.m.
DaVinci Center, Providence



How We Will Keep You Informed

RI Executive Office of Health and Human
Services website “duals integration” section

All public documents will be posted to this site:

<http://www.ohhs.ri.gov>



Discussion

Triple Aim: Better Health, Better Healthcare,
Lower Cost

Appendix A

Millie's Story

To illustrate today's realities, we present a case study of one "typical" individual, a person with complex medical needs navigating the existing system. Because of her age, Millie is covered by Medicare. Because of her low income, Millie is covered by Medicaid. Millie is a "dual-eligible beneficiary."

Millie, aged 70, suffers from asthma, diabetes and hypertension, and several strokes which have caused weakness in her left side. She has many providers at her local hospital and health center, a personal care attendant who helps her to live alone at home, and a variety of physician specialists. She often has trouble getting to medical appointments due to her mobility problems and coordinating arrangements for transportation. Millie has been hospitalized five (5) times in the past year and required nursing home placement before returning home in two (2) instances. Her family supports her choice to live at home, yet has noticed that she is becoming more emotionally withdrawn and increasingly forgetful when they visit her. They notice that her traditionally fierce independence is waning and are increasingly concerned about her emotional health.

Traditional Medicare covers her basic acute-care services such as physician, hospital and prescription drug costs. Medicaid pays for most of her long-term care needs. Medicaid pays for her personal care assistance at home and her Medicare deductibles, co-payments and other cost-sharing responsibilities she otherwise would pay for out of pocket.



Appendix A Cont'd

Millie has never had an established relationship or usual source of care for her medical or behavioral health care needs. In fact, all of her care has been episodic and reactive across a range of services and settings. Her story demonstrates the typical experience of a dual eligible with complex needs. Her recurring visits to the hospital and recovery periods at different nursing homes were arranged by different providers each time. Two of her hospital admissions were precipitated by contraindicated medications. Her nursing home stays were necessitated by the lack of accountable and available community-based resources to support and coordinate her escalating behavioral health needs with her medical needs. Millie's needs have not been met in the current unaligned system in which both payers (Medicare and Medicaid) and providers have shifted her between services and settings, which has resulted in uncoordinated and fragmented care.

The Millie's Story outline contrasts her "Today" with the envisioned experience in a redesigned, aligned and integrated care system.

Appendix A Cont'd

Millie's Story	
Today	Redesigned, Aligned, and Integrated Care System
Three ID Cards: Medicare, Medicaid and Prescription Drugs	Millie's insurance information is gathered one time and documented for all team members for billing purposes only. As Millie's care needs change, new providers are equipped with her billing information along with her history and presenting needs. Millie's identity as a person precedes her identity by insurance status.
Three different sets of Benefits/ No Coordinated Care	A multi-disciplinary team organizes a coordinated set of comprehensive benefits (primary, acute, behavioral, prescription drugs, and long-term care supports and services) designed and arranged to serve Millie's needs. Using a standardized assessment tool, all aspects of Millie's health and living situation are evaluated to ensure that the resulting plan of care is designed to support Millie's entire scope of needs. Millie has an individualized care plan.
Multiple Providers without structured communications/ No Patient-Centered Primary Care Home	A single, accountable network of providers communicates to Millie and her family as well as one another as she transitions across all settings due to changes in her care needs – improvements and declines. Millie has consumer protections to ensure her preferences are respected and she is involved in the design and ongoing changes of her care. Her accountable network of providers has systems in place to communicate and promote the coordination of her care, including attending to her emerging behavioral health condition impacting her physical health. Her family is engaged by her providers to face the daunting responsibilities with preparedness and support.

Appendix A Cont'd

Millie's Story	
Today	Redesigned, Aligned, and Integrated Care System
Uncoordinated and medically focused decisions are made by clinicians in isolation of one another	Clinical decisions are based on Millie's needs and preferences, taking into account any opportunities to effectively intervene on predictable complications. A professional and community support team assess, manage and coordinate all of her care across multiple settings taking into account her family and care giver's skills, abilities, and comfort with involvement in her care.
Rules-Based Interruption of Benefit Coordination	Millie's care is no longer dependent on separate programs and conflicting benefit limitations and prior approvals. Barriers to Millie receiving integrated care are mitigated by blended financing and/or shared risk and gains of providing services.
Limited Home Health and Community Based Services	Millie's need to live safely and independently is preserved with a team that is focused on preventing a decline in her health status and preventing re-admittance to acute settings. Millie receives the services and supports she needs to help her stay at home, avoid predictable and unnecessary acute episodes and coordinated supports for discharge back to her home and community.

Millie has not received high touch coordinated care that is tailored to her needs or collaboratively planned by a care team with knowledge about her specific needs. Millie is an example of a dually eligible individual whose care is inadequate and as a consequence, unnecessarily costly. Her story demonstrates the need for a fundamental redesign of the delivery system by realigning the financing and integration of her care in order that the delivery system is organized and accessible to meet her needs.