Idaho Medicare-Medicaid Coordinated Plan Demonstration

Introduction

This document summarizes Idaho's design for the Federal-State initiative to integrate and coordinate care for people who are dually enrolled in Medicare and Medicaid.

Background

- The dual eligible population includes people who are fully eligible for both Medicare and Medicaid
- Commonly referred to as "dual eligibles," these individuals are among the nation's most chronically ill
 and costly individuals
- Most dual eligibles, including the 17,735 dual eligibles in Idaho, receive fragmented, poorly coordinated, and disproportionately expensive care as they attempt to navigate the Medicare and Medicaid systems
- Dual eligibles comprise just 15 percent of Medicaid enrollees, but 39 percent of Medicaid spending
- Idaho Medicaid currently offers a broad array of services through several benefit plans, including the Basic Plan, Enhanced Plan, Home and Community Based (HCBS) Waivers and Medicare-Medicaid Coordinated Plan (MMCP) for dual-eligible individuals
 - However, a holistic, comprehensive approach to coordinating these extensive Medicaid services is missing
 - Except for MMCP participants, who have many but not all of their services coordinated, most dual eligibles do not receive any care coordination of Medicaid and Medicare services
- Duals in the MMCP receive better-coordinated, cost-effective care, but only 6% of Idaho dual eligibles are currently enrolled. Idaho Medicaid's MMCP experience will be beneficial in developing and administering the new demonstration
- To address the issue of poorly coordinated care, and to comply with the Legislature's mandate to develop a managed care approach, Idaho Medicaid will participate in a demonstration that will coordinate the full spectrum of Medicare and Medicaid benefits for duals starting January 2014

Program Overview

- Idaho Medicaid, CMS, and selected health plans will enter into three-party contracts
- Effective January 1, 2014, all full-benefit dual eligibles in Idaho will enroll in a health plan that will coordinate all Medicaid and Medicare benefits
- The health plan will be the single point of contact and accountability to:
 - Develop and offer a strong network of providers
 - Contract with a care management team that will follow health home principles of care, and coordinate all Medicare and Medicaid services the participant qualifies for
 - Help dual eligibles understand the benefits offered
 - Answer duals' questions regarding all aspects of their care
 - Resolve appeals and grievances (if not resolved satisfactorily, dual eligibles retain the right to an external appeal)
 - o Pay providers for services rendered
- Stakeholder involvement has been, and will continue, to be encouraged
- Payments to plans will be per member per month payments, and they will be adjusted based on how well the plans perform with respect to quality measures

Care Model

- The health home model of care has been selected
- Plans will contract with a care management team, which coordinate the full range of services for all fullbenefit dual eligibles statewide
- The care management team will at a minimum consist of the participant, a care coordinator, and a primary care physician (PCP)

- The care management team will develop plans of care, coordinate with all providers and facilities, assist with discharge planning, manage care for those with complex medical needs, and facilitate transitions between institutional and community settings
- Individuals will continue to be eligible for Medicare benefits and the Medicaid Basic Plan, Enhanced Plan, or HCBS waiver, depending on which set of benefits they qualify for
- Health plans are encouraged to offer optional benefits to increase quality and compete with other plans
- Preventive care will be encouraged, and evidence-based practices must be followed

Stakeholder Engagement

- A website and email address were created to provide stakeholders with information and an opportunity to provide feedback:
 - o <u>www.MedicaidLTCManagedCare.dhw.idaho.gov</u>
 - o <u>LTCManagedCare@dhw.idaho.gov</u>
- Statewide stakeholder conferences were held in October and April. The state's responses to comments on its program proposal were discussed in a webinar in May
- Reports are made to the Medical Care Advisory Committee and Personal Assistance Oversight Committee on a regular basis
- Letters of support were received from Blue Cross of Idaho, WindsorSterling Health Plans, the Idaho
 Commission on Aging, PacificSource Health Plans, United HealthCare, and the Idaho Governor's Office
- Formal comments were received from ten individuals/groups after the demonstration proposal was shared publicly; a number of suggestions were incorporated into the proposal submitted to the CMS

Participant Choice and Protections

- Participant choice is a key priority and will be fostered via numerous provisions, which include options to:
 - Self-direct care (choose and change their direct care staff)
 - Select from a minimum of two plans
 - Choose and change plans any month (if requested at least fifteen (15) days in advance)
 - Opt out of the plan for Medicare benefits
- Health plans must comply with participant protection requirements specified in all applicable federal and state laws for the Medicare and Medicaid programs
- Health plans will provide beneficiaries 24-Hour access to a nurse via telephone
- Appeals of decisions may be made to the health plan, which is required to administer a unified appeals process (if not resolved satisfactorily, dual eligibles retain the right to an external appeal).
- Network adequacy requirements will be in place to ensure access to services

Financing and Payment

- The health plans will receive a capitated (per member per month) payment
 - o In return for the PMPM payment, plans will pay a care management team and providers to coordinate and cover all Medicare and Medicaid benefits the individual qualifies for
 - The incentive for different payers to shift costs will be eliminated
- Quality measures must be met for the health plans to receive the maximum payment, thereby aligning
 the health plans' interests with the beneficiaries' interests for quality health care
- Medicare and Medicaid will share in cost savings

Expected Outcomes

- Better-coordinated care from the most appropriate provider type in the most appropriate setting
- Better health for many Idaho citizens, and greater cost-effectiveness
- Access to providers in all necessary specialties in a reasonable time
- A reduction in unnecessary hospitalizations, due to well-coordinated care
- A reduction in unnecessary skilled nursing facility admissions, due to well-coordinated care
- Increased utilization of home and community based services