

ADVANCING STATES



Leadership, innovation, collaboration
for state Aging and Disability agencies

MLTSS 101

April 19, 2022

Agenda For Meeting



**WELCOME AND
INTRODUCTION**



**FSSA VISION FOR
LTSS REFORM**



QUESTIONS



**TODAY'S
SPEAKERS**



**THE BASICS OF
MLTSS**



**FUTURE
EDUCATION
TOPICS**

Today's Speakers



Camille Dobson
Deputy Executive Director



Kristin Murphy
Sr. Director of Partnerships &
Special Projects

Background – Camille Dobson

- Currently provide intensive TA to states operating MLTSS programs
 - Develop and manage semi-annual full day conferences on MLTSS
 - Co-author of seven MLTSS Institute papers
- Senior Policy Advisor on Medicaid Managed Care at CMS
 - Primary author of CMS MLTSS guidance and MLTSS sections of Medicaid managed care regulations
- 20 years experience in Medicaid managed care policy and operations
 - Worked in Medicaid MCOs in Maryland leading operations and regulatory compliance for 10 years
 - Managed 1115 waivers focused on Medicaid delivery system reforms at CMS

Background – Kristin Murphy

- Extensive State HCBS and MCE experience
- State of Illinois, Department of Human Services
 - Managed multiple HCBS waivers
 - Oversaw FFS transition to MLTSS
- State and National MCE Leadership roles
 - As Sr. Director of LTSS, operationalized new MLTSS program in Illinois
 - National Director of Complex Care, Centene
 - Provided leadership to local plan affiliates
 - Led initiatives with external partners to promote access and workforce development

FSSA Vision for LTSS Reform

Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%.

Choice: Hoosiers want to age at home



- 75% of people over 50 prefer to age in their own home – but only 45% of Hoosiers who qualify for Medicaid are aging at home*
- The risk of contracting COVID and impact of potential isolation drives an even increased desire to avoid institutional settings

Cost: Developing long-term sustainability



- Indiana has about 2% of the U.S. population, but over 3% of nursing facilities
- LTSS members are 4% of Medicaid enrollment, yet 28% of spend - only ~ 19% of LTSS spend goes to home and community-based services (HCBS)
- For next ten years, population projections show 28% increase in Hoosiers age 65+ and 45% increase in Hoosiers age 75+

Quality: Hoosiers deserve the best care



- AARP's LTSS Scorecard ranked Indiana 44th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to outcomes

Indiana's Path to Long-term Services and Supports Reform

Our Objective

- 1) 75% of new LTSS members will live and receive services in a home and community-based setting
- 2) 50% of LTSS spend will be on home- and community-based services

Key Results (KR) to Reform LTSS

1

Ensure Hoosiers have access to home- and community-based services within 72 hours

2

Move LTSS into a managed model

3

Link provider payments to member outcomes (value-based purchasing)

4

Create an integrated LTSS data system linking individuals, providers, facilities, and the state

5

Recruitment, retention, and training of direct support workforce

Connecting the Dots: mLTSS for Indiana

mLTSS builds on Indiana's long-standing, statewide partnerships offering comprehensive benefits to Hoosiers – **85% of current Medicaid members receive services through managed care plans.**



CHOICE

- Creates **better opportunities** for Hoosiers **to age at home**
- mLTSS plans responsible for making sure every **member** has **access to all eligible services**
- Promotes **integration** with the community and **consumer access** to LTSS



QUALITY

- Single point of **accountability**
- mLTSS is the **best path** for **aligning benefits** and improving experience **for duals** (80% of program)
- Extending care coordination to older Hoosiers and offering **single point of contact** for every member
- Comprehensive monitoring of **member satisfaction**



COST

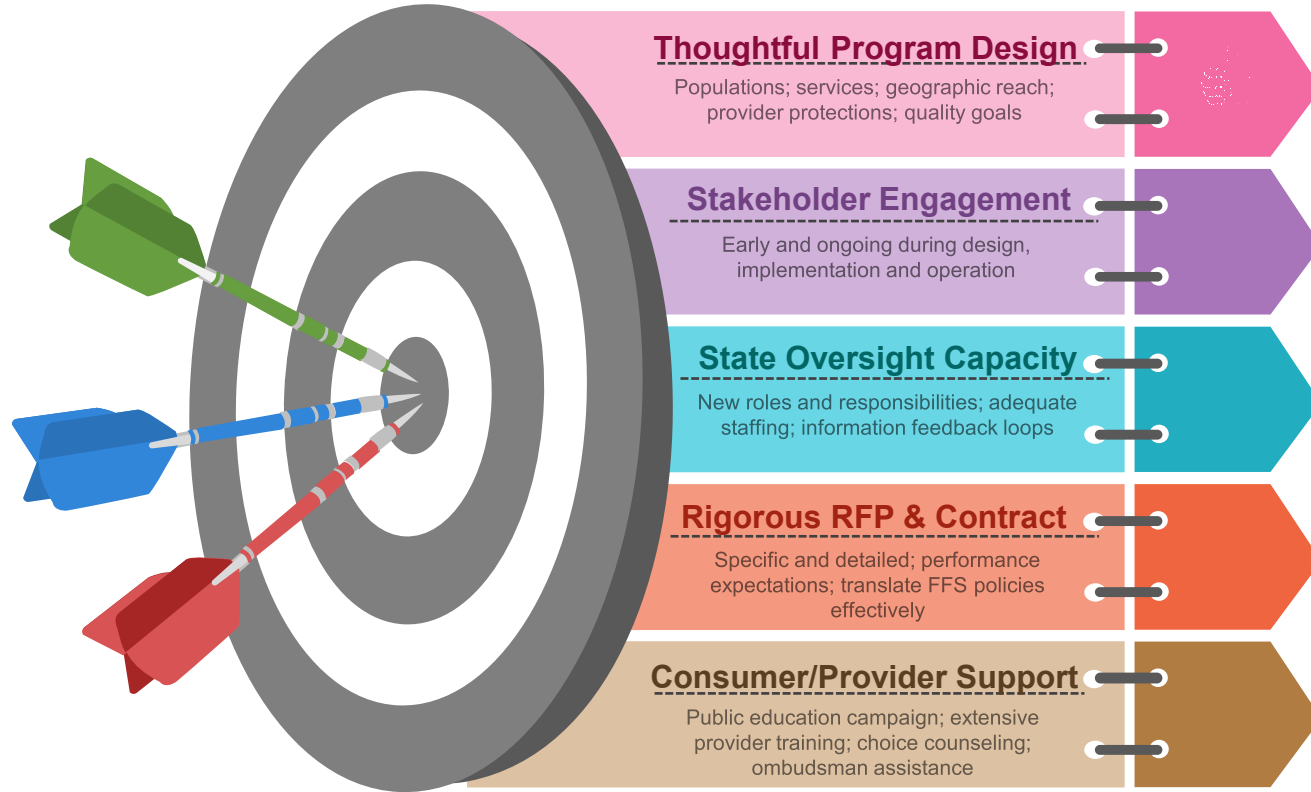
- Creates **financial incentive** to improve health outcomes, especially for members receiving services in two programs: Medicaid and Medicaid
- Drives **system accountability**
- Promotes **rebalancing** of expenditures
- **Prevention** of waste & abuse

The Basics of MLTSS

Managed Long-Term Services and Supports

- MLTSS is a delivery system that uses managed care entities (MCEs) to coordinate long-term services and supports (LTSS) to enrolled Medicaid beneficiaries
- States decide which LTSS services the MCEs will be required to coordinate
- MCEs are also often responsible for acute and preventive care services

Key Elements for a Successful MLTSS Program



Typical State Goals for MLTSS Programs

Accountability

- State can drive performance through contracting with few entities
- Eliminates state-run insurance company

Access

- Reduce HCBS waiting lists
- Increased use of primary and preventive care

System Balance

- Increase HCBS options (consistent with consumer desire)
- MCEs have incentive to maximize aging at home opportunities

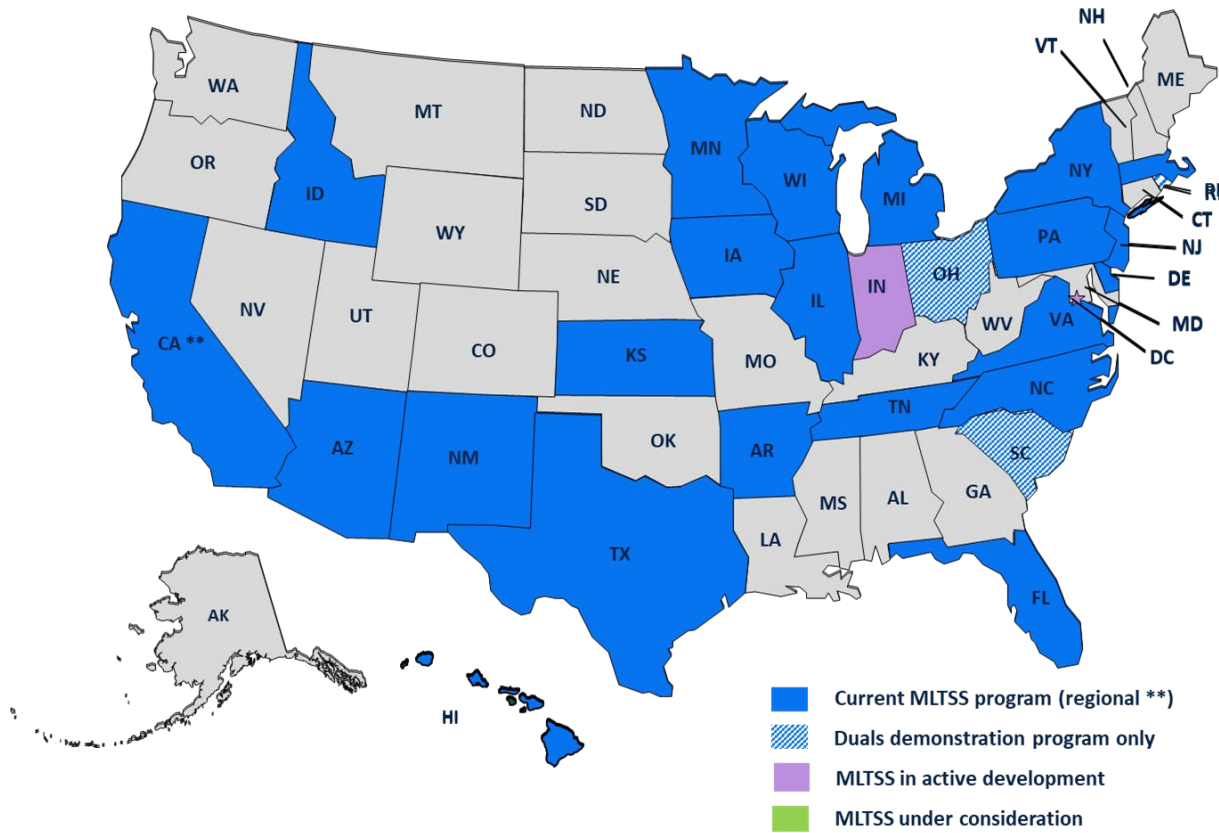
Innovation and Quality

- MCEs have more flexibility in service array than the state
- Focus on integrated care and services
- Can better measure health and quality of life outcomes

Budget Predictability

- Capitation minimizes unanticipated spending
- May slow growth in per-person costs

MLTSS Across the Country – April 2022



Key Characteristics of MLTSS

Capitated Payment

MCEs are paid a monthly fee for each enrollee ('capitation')

MCE is responsible for coordinating and ensuring receipt of all authorized and covered services.

MCE is 'at risk' in this arrangement:

- if costs exceed payment, MCE loses money
- if payment exceeds costs, MCE makes money

Capitated Payment

- States need to guard against underutilization
 - encounter data analysis; medical/loss ratio reports; case audits; complaint data
- Rates must be actuarially sound
- States may pay differential rates per enrollee (rate cells) to MCEs based on enrollee's health status
- States may require or recommend Value-Added Services (VAS)

Accreditation

- Most states require MCEs to get NCQA accreditation
- NCQA imposes strict requirements in all the following areas:

Quality Management	Population Health Management
Network Management	Utilization Management
Credentialing	Member Experience

- MCE is expected to ensure that requirements flow down to providers (where appropriate)
 - Specific quality measures are required (HEDIS)

Member Services

- Staff available at 800 # to help find provider, answer benefits and other questions
- 24- hour nurse call line to minimize non-urgent use of ED
- Required to provide interpreters (for any member-facing activity)

Provider Network Management

- Detailed provider contract
 - separate from Medicaid provider enrollment process
- Network adequacy & accessibility standards for LTSS providers
- Credentialing process – consistent with state/waiver requirements
- Expansive reporting requirements

Provider Network Management

- Payment
 - State may mandate payment floors as well as move from fee-for-service to Value-Based Payment arrangements
- Special Investigative Unit (provider fraud)
- Formal compliance program to regulate internal processes and external partners and ensure consistency with state/federal requirements

Claims Payment

- Training on each MCE's system
- Timeliness of billing submissions from providers as well as payment to providers
 - Process is typically electronic, although states may require acceptance of paper claims
 - Service authorization needs to match
 - Provider billing info needs to match
- Appeals process
- Basis of encounter data reported to state

MCE Case Management/Service Coordination



Can be responsible for coordinating full suite of member benefits – both Medicaid and Medicare



Provide a designated LTSS Care Manager/Coordinator (point of contact)



Perform regular assessments, LTSS service planning, and medical care planning



May have mandatory caseload sizes and requirements surrounding frequency of visits



Communicate regularly with member and providers



May have subcontracts with service coordination agencies – complexity in knowing who is managing care plan

MCE Case Management/Service Coordination

Promote navigation of service options and benefits (medical, transportation, pharmacy, dental, etc.)

Perform population health interventions (risk stratification/disease management programs)

Support enrollees during transitions between settings

Provide education to individual, families, caregivers (anyone in the circle of support)

Quality

Formal structure

- Template/process to document processes and outcomes

HEDIS

- Medical as well as LTSS metrics

Member experience/satisfaction surveys

- Examples include NCI-AD, CAHPS, home-grown surveys, etc

Annual external quality review and performance improvement projects (PIPs)

- Outcome improvement and risk reduction

Questions

Future Education Topics

Business Acumen Training Sessions

Training Topic	Date – All at 3:00pm E	Zoom Link (Registration Required)
Process Improvement	Tuesday, May 3, 2022	https://nasuad.zoom.us/meeting/register/tZYkdeGspzopEtB2iudLZp2kOZy4PVPB3Tbx
Measures	Tuesday, May 17, 2022	https://nasuad.zoom.us/meeting/register/tZluceigrT4iH9N6epGbKXbQCz8iwVoTwhp5
Office Hours	Thursday, May 19, 2022	https://nasuad.zoom.us/meeting/register/tZ0tduisqTIsHtB6Dn4xWgmG7Py4hYG0E-9U
Data Collection	Tuesday, May 31, 2022	https://nasuad.zoom.us/meeting/register/tZMldu-vqTstH9xJ4U7BzHMBAdAi5Vf1W0pN
Analytical Data-Driven Decision-Making	Tuesday, June 14, 2022	https://nasuad.zoom.us/meeting/register/tZEpd-uoqD4oHdJxdlfBRG8PdcM2kvDXmZ1T
Office Hours	Thursday, June 16, 2022	https://nasuad.zoom.us/meeting/register/tZ0odOqsqjlsG9ROFj3sHpuhbOACKNr4RIJS
Managing Risk in a Managed Care Environment	Tuesday, June 28, 2022	https://nasuad.zoom.us/meeting/register/tZAlc-2tpz0rG9x7h7H2R8Gi_nlljrleD1d5
Cost Savings	Tuesday, July 12, 2022	https://nasuad.zoom.us/meeting/register/tZUuf-2sqjstGdMB9QGqGxL-uUWk6uFo7SgN
Office Hours	Thursday, July 21, 2022	https://nasuad.zoom.us/meeting/register/tZlud-ihqTwtGtMPKu-UtB4D5EooTwRN82cK
Pricing and Rate Determination	Tuesday, July 26, 2022	https://nasuad.zoom.us/meeting/register/tZUlf-GhqjMoGdTijVQGU2k-wBAzQAx12KKP
Developing and Implementing Quality Improvement Processes and Systems	Tuesday, August 9, 2022	https://nasuad.zoom.us/meeting/register/tZllceCgrzopGdbHEPtFpm9JrO4K1jllxk28
Office Hours	Thursday, August 18, 2022	https://nasuad.zoom.us/meeting/register/tZEvduisrTMpGNRRKNSM8hJvdMNLkchTr5NL

Thank you!

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