Models of Integrated Care for Medicare-Medicaid Eligibles in the New World

NASUAD HCBS

August 29, 2017

Moderated by: Carolyn Ingram, VP, Public Policy, Molina Healthcare

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Agenda

- **Panelist Introductions**

- **Overview of Medicare-Medicaid Integration**

- **A plan perspective,** *Michelle Purrington, Molina Healthcare*

- **The state view,** *Gretchen Alkema, The SCAN Foundation*

- **Reflection on integration and its future,** *Melanie Bella, Former Director of the Medicare-Medicaid Coordination Office*

- **Discussion**

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Medicare-Medicaid Beneficiaries: Who are they?

- **3x more likely than others on Medicare to have multiple chronic illnesses and long-term care needs**
- **Represent 15% of Medicaid enrollees but ~40% of Medicaid spending**
- **Unless in integrated programs, in fragmented systems:**
  - Three ID cards
  - Three different sets of benefits
  - Multiple providers who rarely communicate
  - Uncoordinated health care decisions, not person-centered
  - Nursing home placement often first consideration – home health aide services often limited

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Who pays for what services?

Medicaid

- Medicare cost sharing
- Nursing home
- Hospital and SNF once Medicare benefits exhausted
- Optional services (vary): dental, vision, home- and community-based services, personal care, and select home health care
- Some Rx not covered by Medicare
- Durable medical equipment not covered by Medicare

Medicare

- Hospital care
- Physician and ancillary services
- Skilled nursing facility care
- Home health care
- Hospice
- Rx drugs
- Durable medical equipment

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Dual Eligible Integration Models and Membership Today

- ❑ **1.9M DSNP including 146K FIDE SNP**

- ❑ **392K Medicare-Medicaid Plan (capitated demo)**

- ❑ **39K PACE**

**Integrated Program Enrollment for Dually Eligible Persons - July 2017**

- ■ D-SNP
- ■ FIDE SNP
- ■ MMP
- ■ PACE
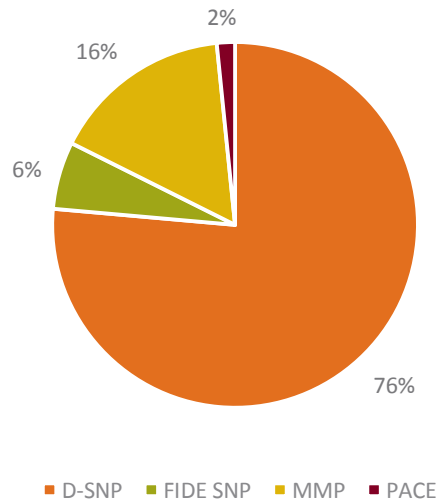
CAPITATED MEDICARE-MEDICAID (MMP) PLAN AND FIDE SNP ENROLLMENT BY STATE AS OF JULY 2017

- ■ # MMP Members
- ■ # FIDE Members
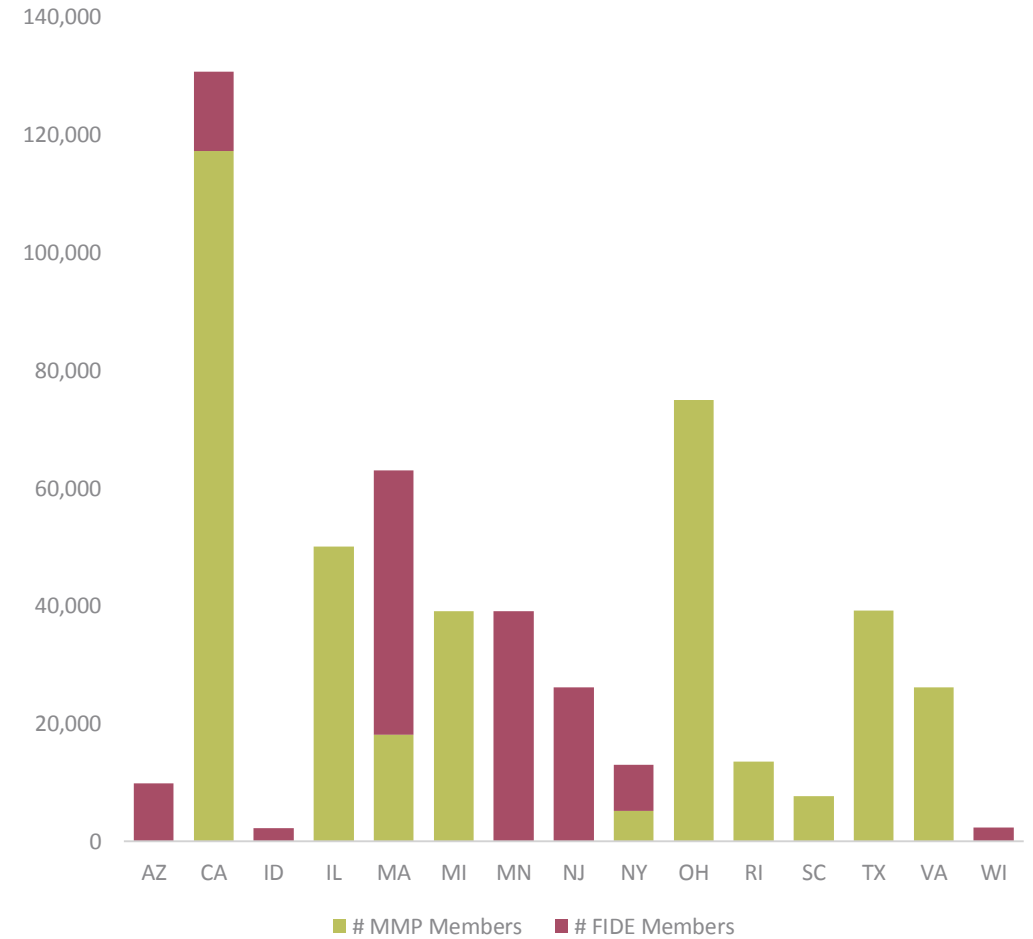
The Molina Healthcare Story

Taking care of kids, adults, seniors and families for over 35 years

Molina Healthcare was founded by emergency room physician Dr. C. David Molina in 1980. After having treated patients with everyday ailments in the ER because they had no primary care physician, Dr. Molina opened a clinic especially for them. Today Molina Healthcare continues his mission, serving millions of people through Medicaid, Medicare and the Marketplace, as well as other government-sponsored programs for low-income families and individuals.
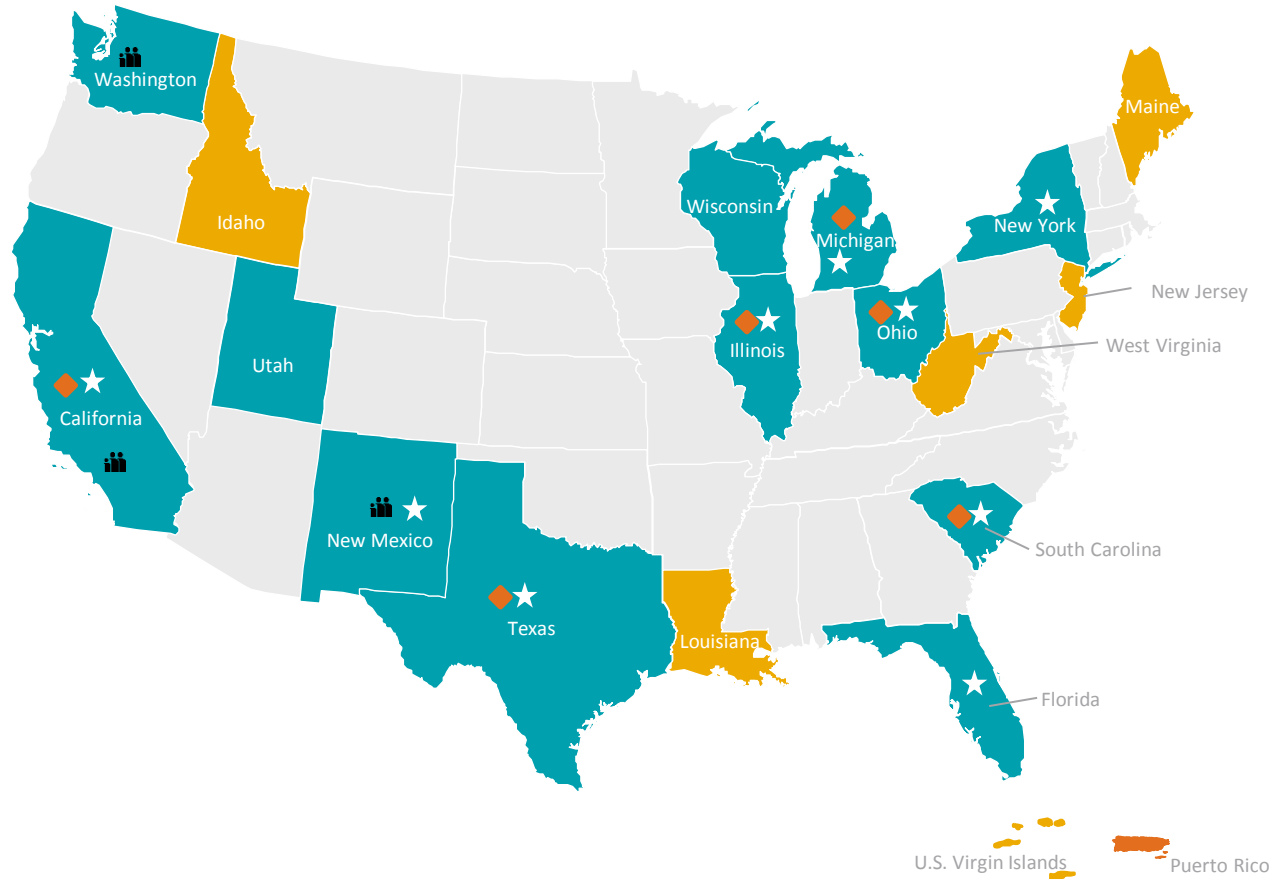
9 OF 12 Molina plans are NCQA accredited

National Community of Quality Assurance (NCQA)

11 of 12 Molina Health Plans have earned NCQA's Multicultural Health Care Distinction

- 4.6M[1] served through managed care
- 235K[1] MLTSS program enrollment in 9 states
- Largest Medicare/Medicaid demo enrollment (6 states) >53K
- National Leader in D-SNP, FIDE SNP approval pending
- >100K dually eligible members

Molina Health Plans
Medicaid, Medicare, Marketplace and other government sponsored programs

Molina Medicaid Solutions
Medicaid Management Information Systems

Molina Medical Clinics
Primary care clinics
- California 19
- New Mexico 1
- Washington 1

Includes MLTSS
California, Florida, Illinois, Michigan, New Mexico, New York, Ohio, South Carolina, Texas

Medicare Medicaid Plan (demos)
California, Florida, Illinois, Michigan, Ohio, South Carolina

[1] as of June 30, 2017

Washington
Maine
Idaho
Wisconsin
Michigan
New York
New Jersey
California
Utah
Illinois
Ohio
West Virginia
New Mexico
South Carolina
Texas
Louisiana
Florida
U.S. Virgin Islands
Puerto Rico

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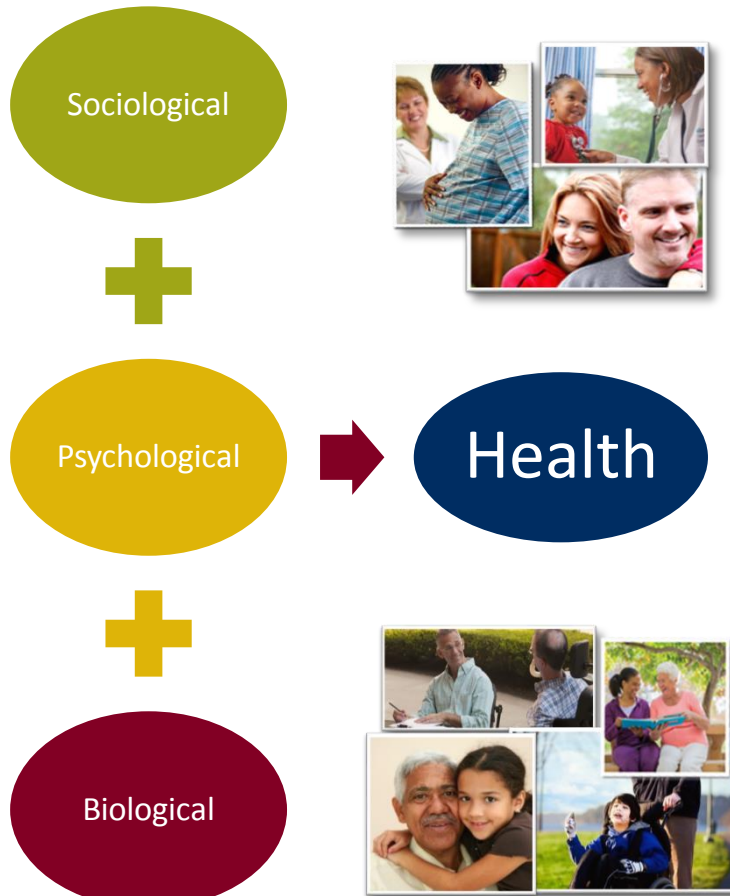# Integration brings both opportunities and challenges

Opportunities

- **Accountability** for experience, outcomes and value

- **Simplification** through coordinated care and streamlined administration

- **Person-centered**, high quality care and service

- **Holistic** models of care that address social determinants of health and promoted independence

Challenges

- **Funding** services to address social determinants (Medicaid) that reduce medial costs (Medicare) without shared savings

- **Misalignments** in administration of and regulations for Medicare and Medicaid

- **Special Enrollment Period (SEP)** Takes time to build trust and impact outcomes

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A Health Plan Path – Expanding Beyond a Medical Model

Sociological + **Psychological** + **Biological** → **Health**

	Staffing	Providers	Community	Administration
Non-Dual Eligible	• Case management • Health education & wellness • Telephonic support	• Traditional medical & behavioral health providers • Primary care, OB/Gyn, pediatrics	• Faith-based organizations • United Way • Schools	• Insurance Commission • Medicaid Agency • Traditional eligibility, rates, reporting • Clinical-oriented value proposition

Non-Dual Eligible
- Breaks in eligibility
- Episodic care
- Pregnancy
- Larger support system at clinic visits

Dual Eligible
- More continuous eligibility
- Chronic, complex care
- Social determinants of health

	Staffing	Providers	Community	Administration
Dual Eligible	• Complex care coordination • Social workers • Community Connectors • Face to face visits and Telephonic support • Advanced finance & data analytics	• Atypical providers • HCBS/LTC • Community based providers (CILs, AAA) • Population specific specialists	• Population centered organizations (CILs, AAAs, ADRCs, ARCs) • HUD	• Dept. of Aging & Disability • Local Authorities • Complex eligibility, data feeds, rates and reporting • Real-time change in condition & setting of care • Holistic value proposition

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Overcoming Challenges: Fear of the Unknown

Solutions	Successes
Engaged members	✓ Expanded Member Advisory Committee membership and formed population-centric subcommittees and focus groups ✓ Tailored incentives to encourage member engagement for people that are older, disabled and/or have functional limitations
Shared value proposition	✓ Joint letters with or from State to potential those eligible for MMP ✓ Simplified materials showing differences in products
Implemented "white glove" calls to passive enrollees	✓ Alleviated fears and confusion ✓ Increased retention rate 3%
Developed personal stories of how the demo works for individuals	✓ Members' voices heard
Implemented streamlined enrollment	✓ Facilitated member choice: 88%-97% of members choose to enroll

"I found out I had transportation if I need it"

-Molina Medicare-Medicaid Plan Member

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Overcoming Challenges: Finding Members and Building Trust

Solutions

- ✓ "Drew" Locator Units & Community Connectors
- ✓ Specially Trained Service Teams
- ✓ Dedicated Care Coordinators
- ✓ Caregiver Training Program
- ✓ Caregiver Toolkit
- ✓ Expanded relationships with Community Based Organizations

Successes

- ✓ Members located and assessment more frequently
- ✓ Goals achieved: quality of life, independent living, community integration
- ✓ Costs reduced: less restrictive setting usually less costly; reduction in avoidable ED, hospitalization, institutionalization
- ✓ Overall Health Care & Health Plan Satisfaction levels high. 8:10 members satisfied in baseline survey
- ✓ 9:10 members report better quality of life after working with their care coordinator
- ✓ Increased caregiver understanding of managed care, MMP, care coordination, integrated care teams
- ✓ Reduced caregiver stress

From "I'm dying here emotionally" to "I'm so excited about going to work. It's part-time but just to be useful."

-Molina Medicare-Medicaid Plan demonstration member

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Overcoming Challenges: Provider Buy-In

Solutions

- ✓ Provider Outreach and Input
- ✓ Value Based Programs (VBP)
- ✓ Feedback

Successes

- ✓ Active participation in advisory forums
- ✓ $1,705,000 awarded in pay-for-quality
- ✓ Outcomes for members in VBP NF facilities
  - ✓ 2% lower total claims cost
  - ✓ 22% lower admissions (from Nursing to acute facility)
  - ✓ 3,158 activities conducted in Nursing Facilities
    (art therapy, pet therapy, exercise groups, special events, music therapy, and field trips)
- ✓ 75+ Molina staff volunteers for Nursing Facilities' activities
- ✓ Improved MMP retention rates

"Molina has spent the extra time and the extra money to reach out to us."

"It's nice to know you have people behind you that also have the patient's best interest at heart."

-Molina Medicare-Medicaid Plan demonstration providers

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How Successes Impacted Growth

- ❑ **Stabilized enrollment and continue to grow**

- ❑ **Passive enrollment: 80% now try MMP**

- ❑ **Streamlined enrollment (CA) 88-97% choose to enroll**

MOLINA MEDICARE-MEDICAID PLAN (MMP) MEMBERSHIP TREND BY STATE

Legend: CA, IL, MI, OH, SC, TX
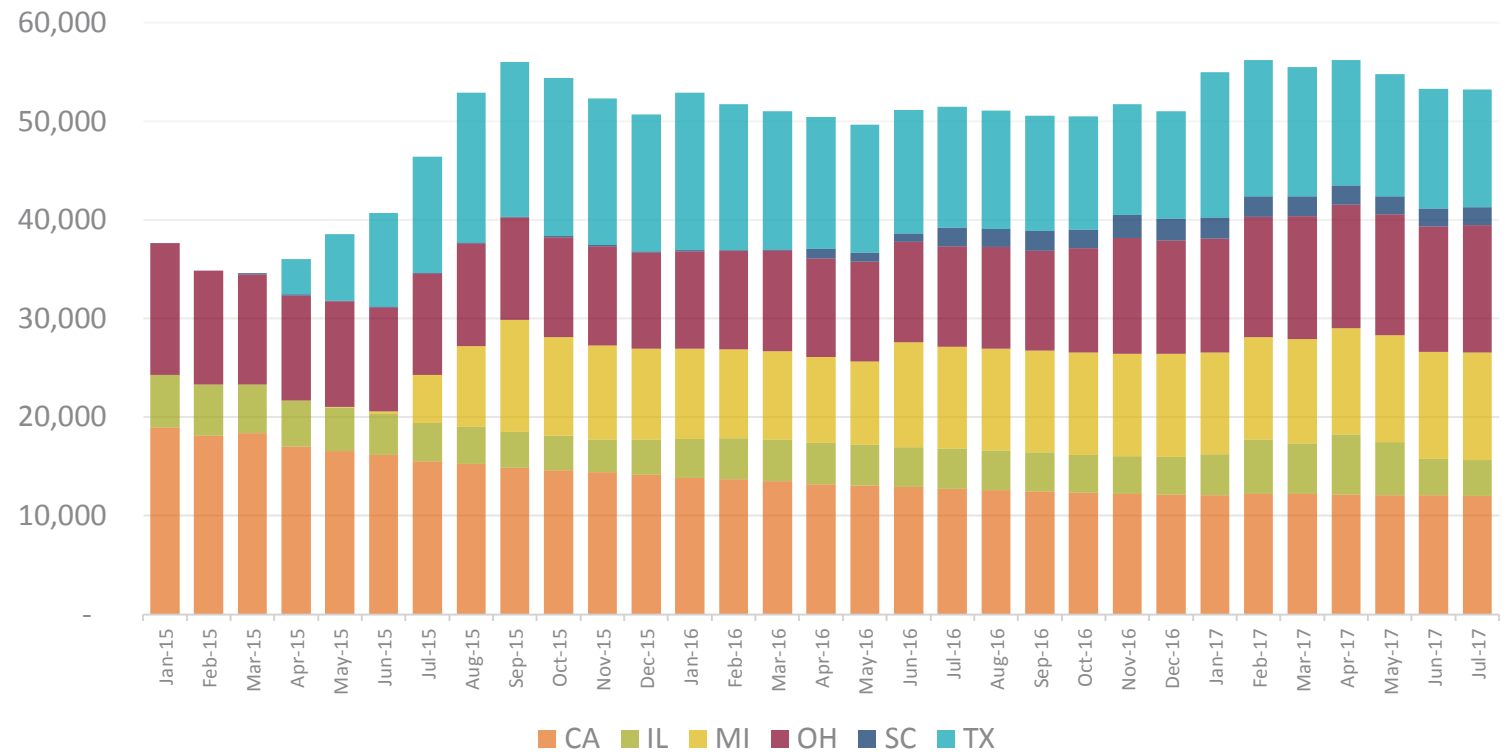
Dual Integration Models Making a Difference

❑ **Nursing Facility to Community Transitions**

  ✓ **9.6%**

  ✓ **$1.1M savings in overall healthcare costs**

❑ **Nursing home diversion rate >96%**

❑ **~12% reduction annually in hospital admits/1000 members**

❑ **>8:10 people satisfied with care coordination**

❑ **>8:10 people satisfied with heath plan**

2016 Data

"My next goal is to start, try to start, walking without my walker and my biggest goal is to get on the back of a motorcycle."

-Molina Medicare-Medicaid Plan demonstration member

What's Next…The Opaque Crystal Ball

Path to Continuous Enrollment

Collaboration with Advocates – Learning What Works

Understanding States' Priorities

Long Term Plan for MMP and DSNP's; FIDE SNP

Make Integration Work Meeting States where they are

Targeting Resources to Results, Not Just Administrative Work

Housing = Healthcare

Realistic Savings Assumptions

Rate Adequacy

Integration Models:
Financial Alignment Demos & D-SNPs

Capitated
CA, IL, MA, MI, NY, OH, RI, SC, TX, VA

- Procurement of Medicare-Medicaid health plans
- 3-way contract: CMS, state, health plan
- Blended payment, built-in savings
- Passive enrollment with opt-out
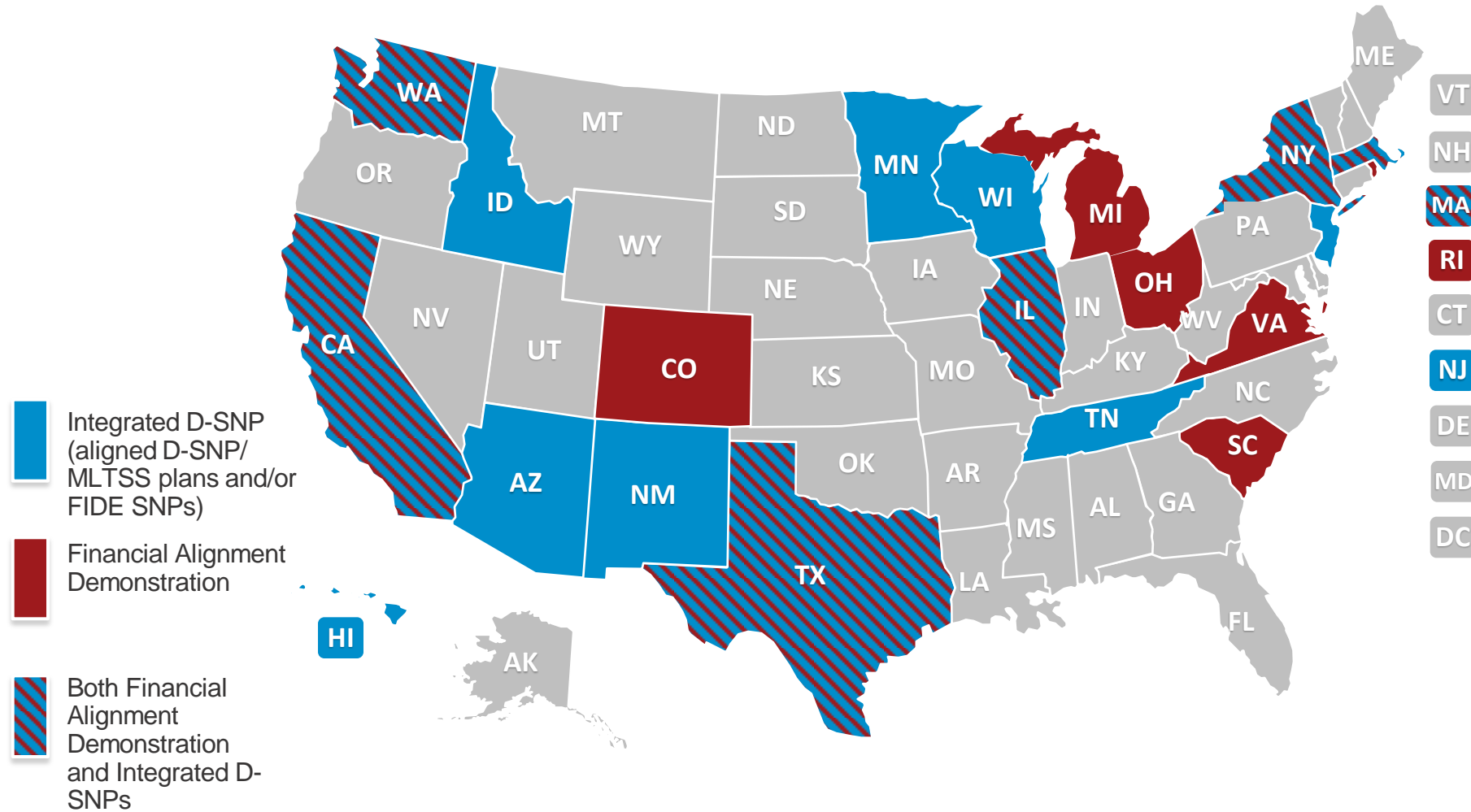
Managed Fee-for-Service
CO, WA

- FFS providers, including health homes
- State creates person-centered care model & incentives to coordinate care
- Quality thresholds and savings targets

Dual Eligible Special Needs Plan

- Specialized Medicare Advantage plans
- At minimum, provide Medicare services & coordinate Medicaid services
- Fully-integrated D-SNPs (FIDE SNP) provide LTSS & aligned care management model
- Allow for health plan-level clinical, administrative, & financial alignment
- No shared savings
- No formal cross-state evaluation

Where Integration Is Happening

Legend:
- Integrated D-SNP (aligned D-SNP/ MLTSS plans and/or FIDE SNPs)
- Financial Alignment Demonstration
- Both Financial Alignment Demonstration and Integrated D-SNPs

California's Financial Alignment Demonstration

- *Cal MediConnect* Health Plans in 7 counties

- Over 116,000 people enrolled (July 2017)

- All Medicare/Medi-Cal services provided by health plan with 1 card & 1 number to call

www.calduals.org

http://www.thescanfoundation.org/evaluating-medicare-medicaid-integration

Key Features of Cal MediConnect

**Managed Long-Term Services and Supports**

- Skilled nursing & rehabilitation

- Home- and community-based services

Additional benefits for Cal MediConnect enrollees

- Health Risk Assessments—> Care Coordination—> Care Plans

- Enhanced dental & vision

- Additional transportation (30 rides)

- Flexible spending via Care Plan Options

Coordination with Behavioral Health Care

Cal MediConnect Evaluation
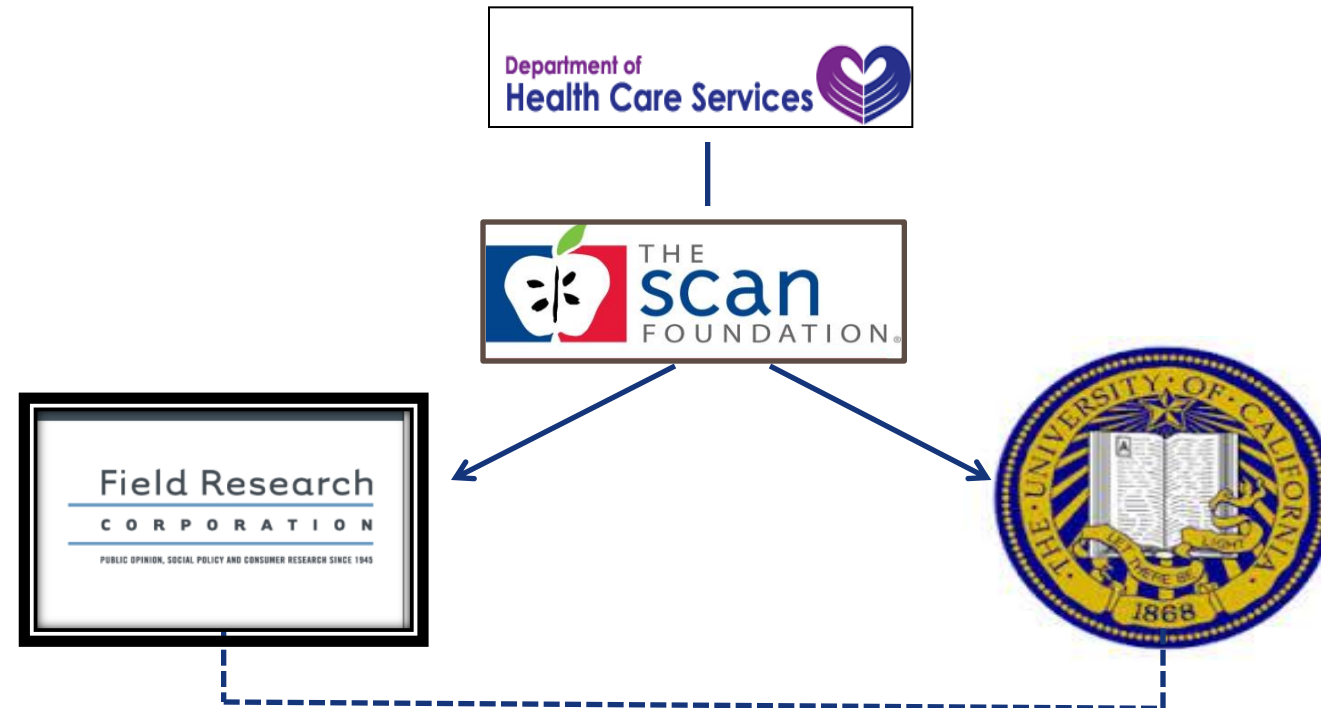
Rapid Cycle Polling Project

Objective: Capture Dual Eligible Experience

Project Timeframe: 2015 - 2016

Methods/Tools: Multiple short survey

UC Evaluation

Objective: In-Depth Evaluation

Project Timeframe: 2015 - 2018

Methods/Tools: Focus groups, multiple surveys, health system response study

What Have We Learned: Evaluation Overview

State	Federal
Cal MediConnect Evaluation (Univ. of California)	**Financial Alignment Initiative (RTI International)**
• Beneficiary satisfaction • Care coordination • Access to LTSS • Health system response	• Beneficiary satisfaction • Care coordination

Evaluation: Beneficiary Satisfaction

California Evaluation

- Majority satisfied

- Confidence in managing health conditions

- Dissatisfaction among those w/ poor health

Federal Evaluation
CA, IL, MA, OH, VA, WA

- Successes:
  - ↑ Access, benefits
  - ↑ Streamlined services
  - ↑ Quality of life

- Challenges:
  - Materials
  - Provider networks

Evaluation: Care Coordination

California Evaluation

- Care coordination ⟶ satisfaction

- ~1 in 3 have access

- 40% unaware

- Only relationship = having behavioral health need

Federal Evaluation
CA, IL, MA, MI, NY, OH, SC, TX and VA

- Care coordination ⟶ satisfaction

- Innovations in delivery

- Challenges

Who is Dissatisfied in Cal MediConnect?

Members more likely to rate quality of care as "poor/fair"…?

- In poor health & with a disability

- Ages younger than 65 & males

- Used specialty care LESS frequently

- Taking LESS prescription medication

- Used ER and behavioral health MORE frequently

- Limited health literacy

- Not using a care coordinator

CA's Health System Response Study Findings

Key Successes/Progress

- Encouraged innovation in care coordination, HCBS referral, transitional care, & housing

- Encouraged collaboration across providers

- Integration of care coordination & LTSS impacted workforce & "culture of care" in health plans

- Interdisciplinary care teams effective when used

- Improved diversion/transition of members out of nursing home care to community

Policy Changes Due to California's Evaluation

Evaluation findings have contributed to Cal MediConnect course corrections by Department of Health Care Services:

- Changed Continuity of Care provisions from 6-12 months

- Developed universal health risk assessment questions that consider functional status and unmet needs for LTSS

- Tracking care coordination services

- Tracking referrals to LTSS

Where Demo States Are Refining Efforts

- Modifying care management models & requirements

- Improving dual beneficiary understanding of coordinated care

- Developing strategies to retain/grow enrollment

- Supporting program sustainability

- Enhancing Medicare/Medicaid alignment

Source: *State Insights on Refining Integrated Care for Dually Eligible Beneficiaries* Found at: http://www.chcs.org/media/INSIDE-State-Insights-on-Refining-Integrated-Care-12-14-16.pdf

Key Challenge Areas for All Demo States

- Engaging complex beneficiaries

- Addressing clinical, functional, & social care needs

- Building provider support

- Refining approaches to quality & payment

- Creating parity in alignment across models

- Selecting among integrated models

- Understanding carve-out impacts

Karen (left) and her sister

Thriving in her community

"I was constantly in and out of the hospital. Now, I have the support I need to take care of myself."

– Karen

Today, Karen is a volunteer for the Women's International League for Peace and Freedom, sings for social justice with *The Raging Grannies,* and coordinates health fairs for those who are homeless in her community. After years of struggling with the repercussions of mental illness, Karen is now able to live life on her own terms.

Karen recalls a period of her life in which her health problems compromised her ability to leave home, engage with others, or even to feel that life was worth living.

Our Vision:

A society where older adults can access health and supportive services of their choosing to meet their needs.

Our Mission:

To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

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Models of Integrated Care for Medicare-Medicaid Eligibles

Melanie Bella

HCBS Conference
August 29, 2017

Where We've Been

- 1965 – Medicaid and Medicare programs created

- 1997 – PACE made permanent under Medicare and Medicaid

- Late 90s – Beginning of Medi-Medi demonstrations in Minnesota (1997), Wisconsin (1999), Massachusetts (2004)

- 2003 – Medicare Advantage Special Needs Plans (SNPs) created

- 2008 – Stronger requirements for DSNPs and Medicaid agencies established

- 2010 – "Duals Office" created within CMS

- 2013 – Financial alignment demonstrations launched

- 2015 – PACE Innovation Act signed into law

- 2016/2017 – Financial alignment demonstrations extended

Where Are/Should We Be Going

- Existing Vehicles for Integration

  - Permanent authorization of D-SNPs

  - Expansion and extension of MMPs

- Planned Vehicles for Integration

  - PACE Innovation Act demonstrations

  - Medicare-Medicaid ACO initiative

- Future Opportunities for Integration

  - "3-way contract" for states/plans/providers interested in serving duals in at-risk arrangements

  - New Medicare shared savings opportunities for states

  - Changes in key areas: enrollment, grievances and appeals, coverage standards, marketing materials, quality measures