

Idaho Division of Medicaid Demonstration Proposal to Integrate Care for Dual Eligibles

Stakeholder Update

October 10, 2012

Idaho Division of Medicaid Demonstration Proposal to Integrate Care for Dual Eligibles

- To more effectively integrate the Medicare and Medicaid programs, CMS is partnering with states, health care providers, caregivers and beneficiaries to improve quality, reduce costs and improve the dual eligible beneficiary experience.
- Coordinated effort seeks to transcend boundaries and facilitate a national conversation with stakeholders to identify opportunities for alignment and improvement.

Medicare-Medicaid Coordination Office Goals

- Providing dual eligible individuals full access to the benefits to which such individuals are entitled under the Medicare and Medicaid programs.
- Simplifying the processes for dual eligible individuals to access the items and services they are entitled to under the Medicare and Medicaid programs.
- Improving the quality of health care and long-term services for dual eligible individuals.
- Increasing dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs.

Medicare-Medicaid Coordination Office Goals

- Eliminating regulatory conflicts between rules under the Medicare and Medicaid programs.
- Improving care continuity and ensuring safe and effective care transitions for dual eligible individuals.
- Eliminating cost-shifting between the Medicare and Medicaid program and among related health care providers.
- Improving the quality of performance of providers of services and suppliers under the Medicare and Medicaid programs.

A. Executive Summary

- The participant will have:
 - Integrated set of benefits
 - One process for resolving disputes
 - One entity responsible for coordinating the high-quality, efficient care
 - A health home to support care management and coordination needs.

A. Executive Summary

- Dual eligibles are currently able to opt into a Medicare-Medicaid Coordinated Plan (MMCP) made available under the authority of §1937 of the Social Security Act.
- MMCP covers and coordinates Medicare and many Medicaid services, and it will continue unchanged through the end of 2013.
- January 1, 2014, Idaho will replace the current MMCP with the new coordinated program.

A. Executive Summary

- The new MMCP will utilize mandatory enrollment into health plans under concurrent §1915(b)/ §1915(c) Social Security Act authority for Medicaid plan benefits.
- Effective way to ensure quality, coordinated care for all full dual eligibles in Idaho.
- Beneficiary choices and protections are a priority
 - Right to choose from at least two plans, change plans, self-direct care, choose from available providers within the plan's network, appeal health plan decisions, opt out of the Medicare component of the plan, etc.

Summary of the Idaho Initiative to Integrate Care for Dual Eligibles

- **Target Population**
 - All full benefit Medicare-Medicaid enrollees
- **Total Number of Full Benefit Medicare-Medicaid Enrollees Statewide**
 - 17,219 – as of June 2011
- **Geographic Service Area**
 - Statewide

Summary of the Idaho Initiative to Integrate Care for Dual Eligibles

- **Summary of Covered Medicaid Benefits through Coordinated Plans - 2014**
 - All Medicaid services will be available to qualifying participants including State Plan, Basic Plan, Enhanced Plan and HCBS waiver services based on their needs.
- **Financing Model**
 - Full Capitation
- **Proposed Implementation Date(s)**
 - January 1, 2014

Summary of the Idaho Initiative to Integrate Care for Dual Eligibles

- **HOSPITAL SERVICES:**
 - Inpatient
 - Outpatient
- **LONG-TERM CARE SERVICES:**
 - Nursing Facilities
 - Personal Care Services
 - Home Health
 - Aged and Disabled Waiver Services
 - Developmental Disability Waiver Services
- **PHARMACY SERVICES:**
 - Prescription Drugs; Medicare-covered drugs
 - Medicare Part D excluded drugs covered by Medicaid
- **MEDICAL SERVICES:**
 - Physician Services
 - Other Practitioners
 - Lab & Radiological Services
 - Federally Qualified Health Centers
 - Rural Health Clinics
 - Ambulatory Surgical Centers
 - Preventive Health Assistance
 - Family Planning
- **Emergency Room Services**
- **Therapy services**
- **Speech, hearing, and language services**
- **Medical equipment and supplies**
- **Prosthetic devices**
- **Specialized medical equipment and supplies**
- **DENTAL SERVICES**
- **DEVELOPMENTAL DISABILITY SERVICES**
 - DD Waiver Services (mentioned above)
 - ICF/ID Services
 - Dev. Disability Agency Services
- **VISION SERVICES**
- **MENTAL HEALTH SERVICES**
 - Inpatient psychiatric services
 - Outpatient mental health services
- **OTHER SERVICES**
 - Primary care case management
 - Indian Health Services
 - Medical Transportation

	Dual Eligibles	Dual Eligibles Receiving Long Term Support Services (LTSS) in Institutional Settings		Total Dual Eligibles Receiving LTSS in Institutional Settings	Individuals receiving LTSS in Home and Community Based Service Settings	Individuals not Receiving LTSS Services
		ICF/ID	SNF	ICF/IDs + SNF		
Total	17,219	191	1,283	1,474	5,684	10,061
Individuals age 65+	6,971	24	1,032	1,056	2,583	3,332
Individuals ages 18-65	10,248	167	251	418	3,101	6,729
Individuals with serious mental illness (SMI)	1,971	13	105	118	626	1,227
Individuals with SMI, age 65+	269	2	70	72	128	69
Individuals with SMI, under age 65	1,702	11	35	46	498	1,158

Stakeholder Engagement

- A website is available to facilitate communication with stakeholders at <http://www.MedicaidLTCManagedCare.dhw.idaho.gov>.
 - Website features include a summary of the history and status of the initiative, a survey through which suggestions can be offered, a feedback form which takes suggestions and questions, a brief of the proposal, links to panelist presentations at a Statewide stakeholder videoconference, information regarding upcoming events, and a number of helpful links.

Demonstration Proposal Update

- April 15, 2012 Proposal posted on <http://www.MedicaidLTCManagedCare.dhw.idaho.gov>
- May 25, 2012 WebEx: Review of the Final Changes to Idaho's Proposal
- May 31, 2012 Proposal submitted to CMS
- July 2012 posted comment responses from Idaho posting
- September 2012 posted comment responses from CMS posting

Overview of 2014 Plan Selection Process

- Interested MCOs must meet the plan selection requirements described below in order to establish readiness for participation in the demonstration.
 - Approval of a unified formulary consistent with Part D and Medicaid requirements;
 - Approval of a medication therapy management program (MTMP) consistent with Part D requirements;
 - Approval of an integrated plan benefit package that meets the minimum requirements for Part D drugs, Medicare-covered items and services, Medicaid-covered items and services, and any required demonstration-specific items and services;
 - Approval of a demonstration-specific application, including demonstration of adequate access to providers and pharmacies for Medicare drug and medical benefits; and
 - Approval of a unified model of care.

High-level Dates for 2014 Plan Selection Process

Date	Milestone
Fall 2012	Notice of Intent to Apply for 2014 Web Tool released
Fall 2012	Recommended date by which Applicants should submit their Notice of Intent to Apply Form to CMS to ensure access to HPMS by the date applications are released
Winter 2012	CMS User ID form due to CMS
Winter 2012	Final Application posted by CMS and available in HPMS
Winter 2012	Applications due to CMS
Spring 2013	Formularies due to CMS
Spring 2013	Medication Therapy Management Programs due to CMS
Summer 2013	Plan Benefit Packages due to CMS

Quality

- CMS and the States will determine applicable standards and jointly conduct a single/consolidated comprehensive quality management reporting process to ensure strong, consistent quality oversight.
- Quality requirements will be integrated and will include measures currently used by both Medicare and Medicaid.
- All participating plans will be required to report on HEDIS, CAHPS and HOS, as well as measures related to long term supports and services. HEDIS measures will be reported consistent with Medicare requirements for HEDIS plus any additional Medicaid HEDIS measures identified by the State.

Quality

- CMS and the States will utilize a subset of these reported quality measures metrics for the purposes of assessing plan performance and outcomes and to allow quality to be evaluated and compared with other plans in the model. A subset of these measures will also be used for quality withholds.
- States will have the flexibility to identify other, State-specific measures that reflect the goals and population of their respective demonstrations. All existing Part D metrics will continue to be collected as part of the demonstration, consistent with previous guidance.

Proposed Draft Documents

- All materials are drafts for 2013 states and may change for 2014 implementation
- CMS will work with Idaho to make these documents state-specific
- These documents just went through beneficiary testing and those changes are not yet reflected
 - CMS Quality Measures
 - Summary of Benefits
 - Notice of Denial of Medical Coverage
 - Pharmacy Provider Integrated Directories
 - List of Covered Drugs

Demonstration Proposal Feedback

- Email

[*LTCmanagedcare@dhw.idaho.gov*](mailto:LTCmanagedcare@dhw.idaho.gov)

- Website

[*http://www.MedicaidLTCManagedCare.dhw.idaho.gov*](http://www.MedicaidLTCManagedCare.dhw.idaho.gov)