

The Future of Long Term Care and Managed Care for Dual Eligibles: Proposed Medicare Medicaid Integration



The Duals: Those who have Medicare and Medicaid

- Account for 10% of Medicare population, but 27% of costs
- Account for 15% of State Medicaid spending, but 45% of cost
- Care is fragmented, uncoordinated in many cases
- Reimbursement can be duplicative, particularly in Fee-For-Service



The Duals: Those who have Medicare and Medicaid

- 19% Institutionalized vs 3% of Medicare only beneficiaries
- 20% in poor health vs. 7% of Medicare only beneficiaries



Addressing the Problem

- The "triple aim" objectives :
 - Improving the patient care experience
 - Improving the health of populations
 - Reducing the per capita cost of health care.
- Eliminating unnecessary and cumbersome barriers to accessing care for the state's most needy population.



Plan Mandatory Managed Long Term Care and Care Coordination Model

Mandatory Population: Dual eligible, aged 21 and over, receiving community based long term care services for over 120 days, excluding the following for now:

- *Nursing Home Transition and Diversion waiver participants;*
- *Traumatic Brain Injury waiver participants;*
- *Nursing home residents;*
- *Assisted Living Program participants;*
- *Dual eligible that do not require community based long term care services.*

Voluntary Enrollment

- In addition to those who must enroll in a Managed Long Term Care Plan or Care Coordination Model, the following people may voluntarily enroll:
 - *Dual eligible, 18-21, in need of community based long term*
 - *care services for over 120 days.*
 - *Dual eligible age 18-21 and non-dual eligible age 18 and older assessed as nursing home eligible.*

Phase I: New York City *People New to Service*

- Beginning July 1, 2012 - Any dual eligible case new to service, fitting the mandatory definition in any New York City county will be identified for enrollment and referred to the Enrollment Broker for action.
- *Enrollment Broker will provide with educational material, list of plans/CCMs, answer questions.*
- *Plan/CCM will conduct assessment to determine if eligible for community based long term care.*
- *Plan/CCM transmits enrollment to Enrollment Broker*

People in Service

- Enrollment will be phased-in by service type by borough by zip code in batches. People will be given 60 days to choose a plan according to the following schedule:
 - **July 1, 2012:** *Begin personal care* cases in New York County.*
 - **August 1, 2012:** *Continue personal care cases in New York County.*
 - **September, 2012:** *Continue personal care cases in New York County and begin personal care in Bronx County; and begin consumer directed personal assistance program cases in New York and Bronx counties.*
 - **October, 2012:** *Continue personal care and consumer directed personal assistance program cases in New York and Bronx counties and begin Kings County.*



Integrated Managed Care

- Under this demonstration, dual eligible individuals residing in the eight counties of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester will be passively enrolled into a fully-integrated managed care plan.
- Individuals will be able to opt-out of enrollment and choose a different fully-integrated plan that operates in their county or participate in fee-for-service Medicare. Each county will have a choice of at least two plans.



Enrollment Timeline

- Enrollment will be in phases, with dual eligibles who are enrolled in Managed Long Term Care being passively enrolled for January 2014 and all remaining full dual eligibles being enrolled starting in January 2015.
- Dual eligibles under the age of 21, those receiving services through the Office of Persons with Developmental Disabilities waiver, and those receiving services in an Office of Mental Health facility would not be eligible to participate.



Enhanced Coverage and Integration

- NYSDOH will expand the service package (beyond that currently provided by Medicaid Advantage Plus plans) to include:
 - Wellness counseling
 - Consumer-directed personal care,
 - Telehealth.
 - Plans will be required to provide care coordination to all participants using an interdisciplinary team approach.



Enrollee Protections

- Participating plans will be required to conduct consumer feedback sessions and either have a consumer advisory committee or have participants serve on their board of directors. Additionally, NYSDOH would conduct consumer quality surveys annually.
- NYSDOH will require a choice of every provider type as well as appointment wait time standards.



Improved Quality Standards

- NYSDOH will establish annual improvement targets for all plans. Target areas would include, but not be limited to:
 - Avoidable hospitalizations
 - Reduced readmissions
 - Use of advance directives
 - Quality of life



Opportunity to Make Comments on NYS Proposal to NYS

- Proposal is on State Website and comments can be made to the State through 4/20

- Proposal can be found here:

[http://www.health.ny.gov/facilities/long term care/docs/demo integrate care for dual elig. pdf](http://www.health.ny.gov/facilities/long_term_care/docs/demo_integrate_care_for_dual_elig.pdf)



Opportunity to Make Comments on Revised NYS proposal to CMS

- After the State made any revisions based on public comments and resubmitted their proposal to CMS, there will be an additional opportunity to comment to us
- The NYS proposal and link for comments will be found here:
<http://www.integratedcareresourcecenter.com/icms/tateproposals.aspx>
- If you would like to make comments to CMS, check the integrated care website regularly to look out for the posting.



Questions??

Frank M. Winter

Partnership Manager

CMS NY Regional Office of External Affairs

212-616-2355

Frank.Winter@cms.hhs.gov