



State Experiences with Managed Long-Term Services and Supports

—
Medicaid and CHIP Payment and Access Commission

Kristal Vardaman

Achieving Value in Medicaid Managed Long-Term Services and Supports (MLTSS) Programs

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About the Center for Health Care Strategies

A non-profit policy center dedicated to improving the health of low-income Americans



State MLTSS Goals

Rebalancing LTSS Spending

Improving Member Experience, Quality of Life, and Health Outcomes

Reducing Waiver Wait Lists and Increasing Access to Services

Increasing Budget Predictability and Managing Costs

Efforts To Examine Value of/within MLTSS Programs

- Repeated requests for ‘proof’ of MLTSS benefits
 - » Common questions about access and quality
 - » Lack of available, objective research
 - » Attempt to fill identified gap to gather state-reported data
- Continued growth expected in both the number of states with MLTSS and value-based payment (VBP) arrangements with limited synergy between them
- Current/recent projects
 - » State survey and issue brief: *Demonstrating the Value of Medicaid MLTSS Programs*, funded by and in partnership with NASUAD; 2017
 - » State learning collaborative: *Advancing Value in Medicaid MLTSS*, funded by West Health Policy Center; supported by Mathematica Policy Research and Airam Actuarial Consulting; ongoing

Key Findings for State Progress

- Progress in meeting state MLTSS goals
 - » 8 states reported MLTSS promoted rebalancing
 - » More than half:
 - » Collect information on individual/family satisfaction; quality of life; physical health
 - » Report reducing rate of growth in expenditures or savings
 - » A few eliminated or redirected funds to enroll wait-listed individuals
- Among current MLTSS VBP efforts:
 - » Most state efforts are tied to broad contract requirements
 - » More, albeit still limited, activity from health plans
 - » Most LTSS activities are in nursing facilities; great interest to expand to community-based settings
- Consideration: Defining “high-value” as it relates to both quality and cost in MLTSS is a multi-faceted endeavor

State Challenges and Considerations

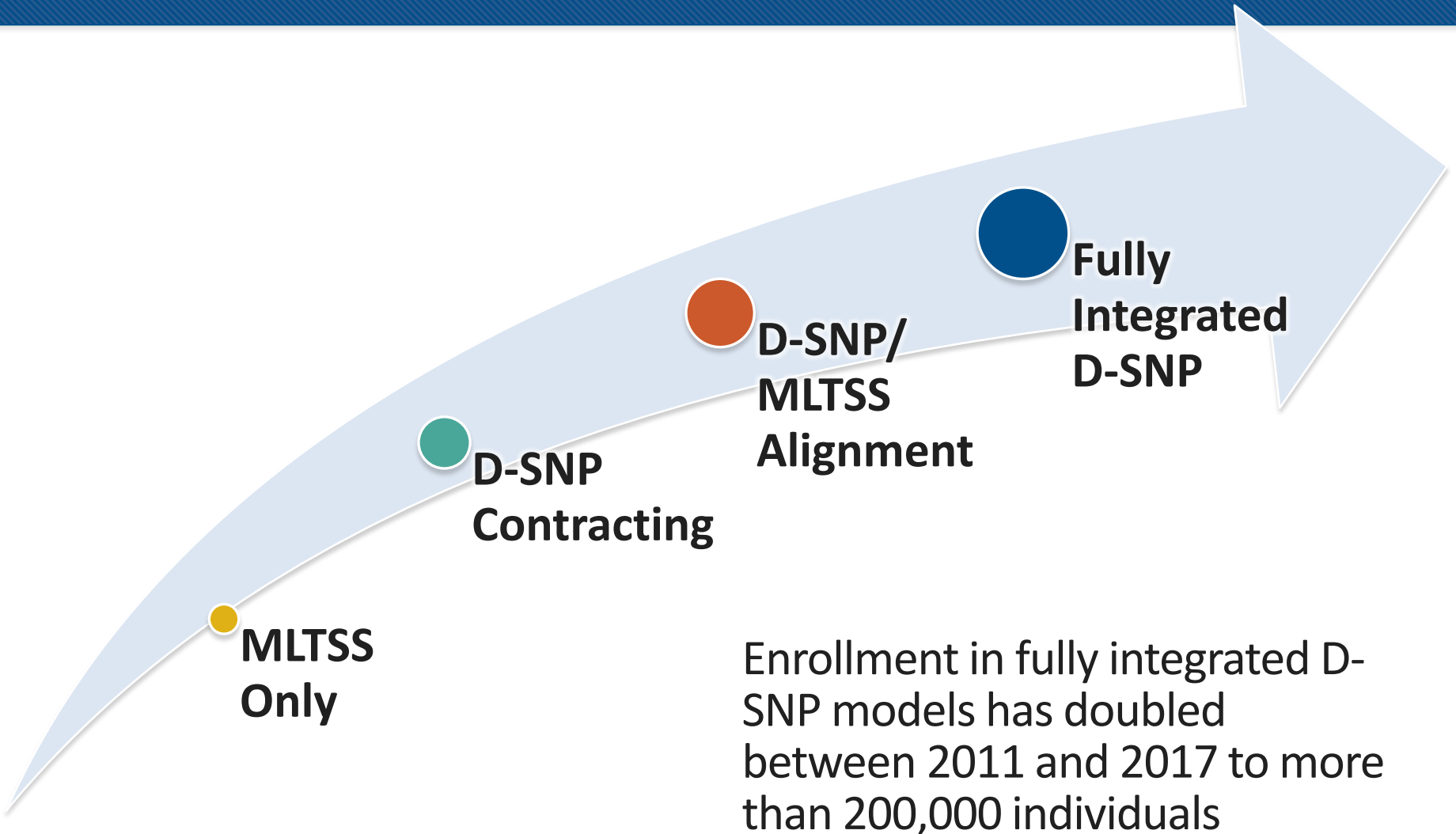
- General challenges with demonstrating MLTSS program value:
 - » Lack of standardized quality measures across programs
 - » Ability to collect/analyze encounter/other programmatic data
 - » Attribution of MLTSS program outcomes
- Provider capacity was biggest reported challenge in linking payment to quality in VBP programs
 - » Other major challenges: quality measurement, understanding “efficiency”, capital
- Several considerations for states:
 - » Dedicate sufficient resources to manage transition and oversight
 - » Collect baseline measures to link outcome measures to benchmarks
 - » Include stakeholder feedback in launch and ongoing program monitoring efforts
 - » Understand the system/provider landscape and impact of state policies
- Including Medicare in value equation is critical to drive real change

The Most Robust Integration Efforts via the D-SNP Platform Use MLTSS as a Building Block

- Several states view MLTSS as a first step toward greater integration with Medicare via **Medicare Advantage Special Needs Plans**
 - » Enroll only dually eligible beneficiaries, provide Medicare services, and coordinate or provide Medicaid services
 - » Must have a contract with state Medicaid agency for coordination of Medicare and Medicaid benefits (i.e., MIPPA contracts)
- D-SNP contracts can be used to provide better linkages between Medicaid LTSS and Medicare primary and acute care services
 - » States can require Medicaid health plan contractors to be approved D-SNPs to create opportunities for aligned enrollment and benefit integration
 - » Several states require some or all of their MLTSS plans to also be D-SNPs (e.g., AZ, HI, MA, MN, NM, PA*, TN, TX, VA*, WI)

**Pennsylvania and Virginia are launching in 2018.*

Increasing Trajectory for D-SNP/MLTSS Integration and Alignment



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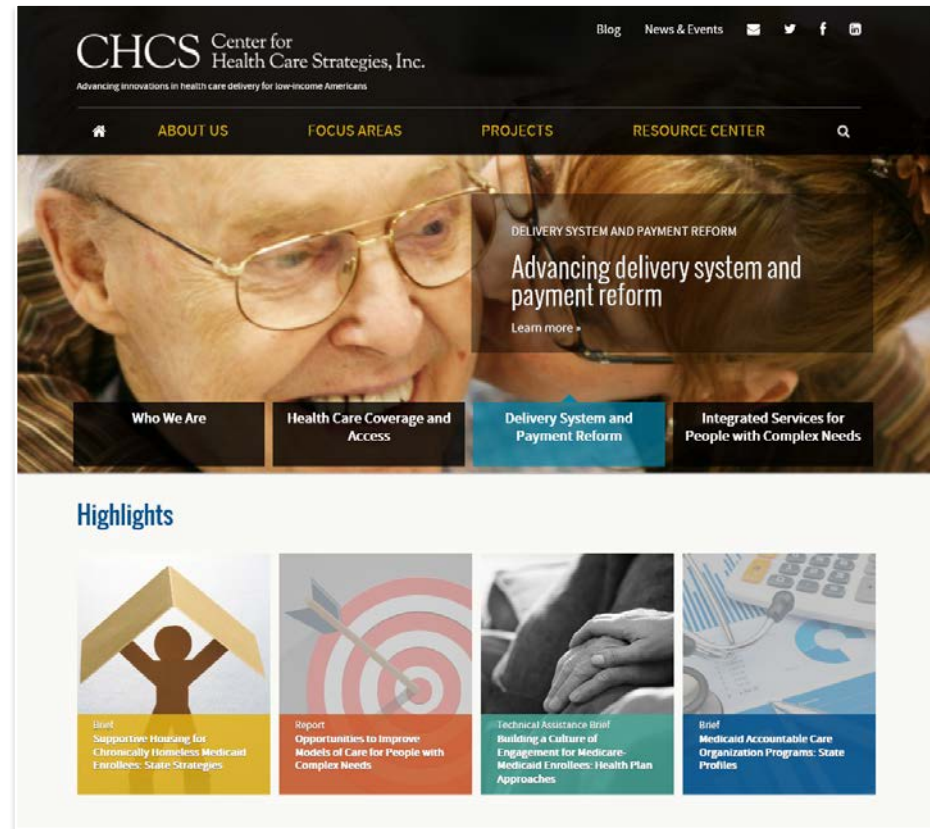
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Wisconsin's Long Term Care System

MACPAC October meeting
Panel on MLTSS
October 27, 2017

Curtis Cunningham, Assistant Administrator of Long Term
Care Benefits and Programs



Learning Objectives

- Wisconsin's Managed Long Term Care Program
- Supporting the IDD population in MLTSS
- Long Term Care Quality Strategy
- Barriers to fully integrating dual eligible
- Other thoughts/ considerations

Redesigning WI LTC Program

Family Care



- Family Care established in 1998
- Partnership operated as a fully-capitated, dual Medicaid and Medicare program in 1999
- Both capitated long term care services





WI LTC Care System Design

- Key Organizational Components
 - Aging and Disability Resource Centers (ADRCs)
 - Managed Care Organizations (MCOs)
- MCOs started as quasi-public entities formed by the counties
- Inclusion of state plan services for LTC and related with HCBS (15 state plan services)
- Comprehensive LTC waiver services (28 services)
- Includes all target groups



WI LTC Care System Design

- Strong systems for encounter submission and quality management
- A vision that all people can live in the community
- Emphasis on natural supports
- Entitlement for participating counties



Family Care Program Design

- Model includes:
 - Strong contract outlining performance and quality expectations
 - Functional screen
 - Rate Model based on functional attributes
 - Resource Allocation Decision tool (RAD)
 - Person-centered approach that focusses on outcomes
 - High risk funding pool
 - Strong oversight model including contract monitoring, quality oversight, and best practice integration
 - Collaboration with MCOs and Advocates



Results of WI MLTSS Model

- In 2000, 49% of WI long term care population was in the community. In 2015, 80.2% live in the community.
- In 1998 there were 11,000 individuals on the waitlist. By July 2018 the last two counties will be eliminating their waitlist to reach entitlement for all target groups.
- In 2015, at 65%, WI ranked 10th in nation for Medicaid HCBS expenditures as a percent of all long term care expenditures.
- In the AARP LTSS 2017 Scorecard Wisconsin ranked 6th overall in the nation and received the Pace Setter award for choice of setting and provider.



MLTSS Final Thoughts

- MLTSS provides an excellent service delivery model to drive quality and outcomes.
- Request For Proposals (RFPs) and MCO failures can lead to complicated transitions
- MLTSS programs must have a strong program model, contract oversight, and supporting systems
- MLTSS contracts must have a termination glide path or contract compliance will be difficult
- Move slow to go fast – Advocate and member buy-in is key

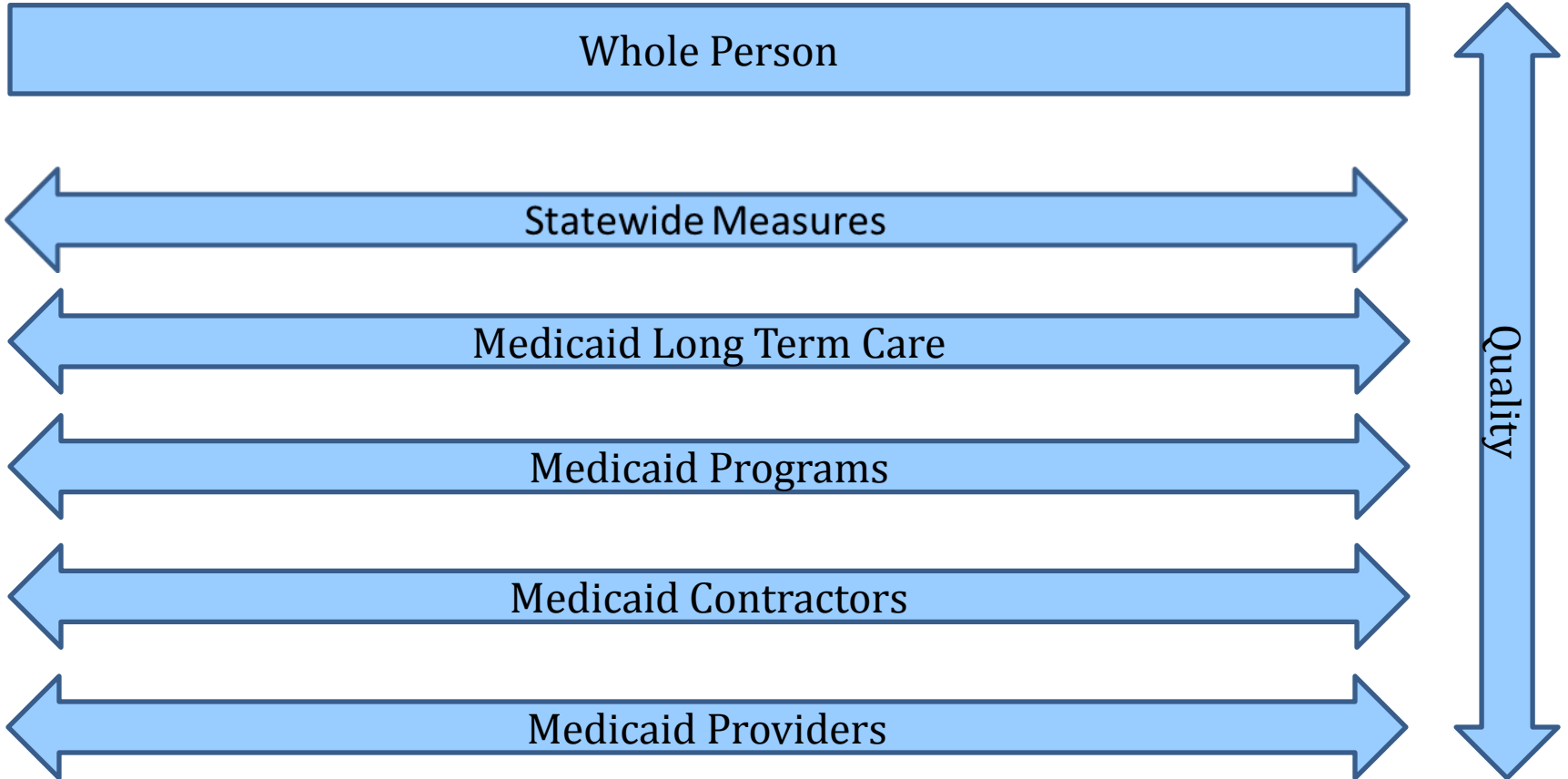


Key components for supporting individuals with IDD population

- All target groups in one program to spread financial risk
- Focus on benefits to meet their needs (supportive employment, community integration)
- Best practices teams to improve outcomes
- Complex behavior workgroups with multiple stakeholders
- High cost pool
- Behavioral health screening



Quality Strategy for People in Long Term Care





LTC Quality Monitoring and Initiatives

- The Long Term Care Scorecard
<https://www.dhs.wisconsin.gov/publications/p01265.pdf>
- MCO Pay for Performance for customer satisfaction
- Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)
- National Core Indicators: both DD and AD to the program level
- Managed Care Consumer Survey
- Consumer dashboards
- EQRO Performance Improvement Projects



Wisconsin Quality Goal and Execution

Results & Drivers

Example – Consumer Satisfaction

Lagging Metric

Goal



Operational Results

Goal

- High Consumer Satisfaction

Operations – Satisfaction Survey – (lagging indicators)

- MCO Survey (2017 MCO P4P)
- NCI Surveys

Process Drivers

Leading Indicators

- # of grievances
- # of disenrollment's
- # of complaints
- # of critical incidents
- Recent CMS 372s

Leading Metrics

Behavior Drivers



Barriers to Integrating Medicare and Medicaid

- Savings from Medicaid investments accrue to Medicare
- Medicare's lack of funding and administrative flexibility
- Medicaid must still maintain alternative LTC delivery models
- Voluntary enrollment for Medicare
- Partnership already exists
- Medicare is a medical model and MLTSS is a community based model
- No shared vision or coordination between Medicare and Medicaid



Other Considerations

- LTC services effect the medical care and the medical care effects LTC services
- The data exist to understand the benefits of integration, now someone needs to do the analysis
- Regulations may limit managed care flexibilities and effect program design (EVV, in lieu of requirements, drug utilization review requirements, etc.)
- Problems with room and board and affordable housing are impacting the success of LTC programs
- Need to make sure we do not “commoditize” natural supports



Other Considerations

- A member centered approach is key to a sustainable cost effective model. This includes integration of natural supports, LTC services, medical services, housing, etc.
- We are currently building systems in silos top down and we need to refocus to build systems from the member's perspective up.



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Integrating Medicare and Medicaid in Minnesota
Medicaid and CHIP Payment and Access Commission
October 27, 2017

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Special Needs Purchasing

Minnesota Department of Human Services

Overview of MLTSS Programs for Seniors in MN

- Minnesota Medicaid-eligible seniors are required to enroll in Medicaid managed care
- Seniors may opt to receive Medicare with the same health plan providing their Medicaid coverage. This program is Minnesota Senior Health Options (MSHO)
- Medicaid only program is called Minnesota Senior Care + (MSC+)
- Services provided through MSHO include all Medicare and Medicaid primary and acute care services, dental, behavioral health, Long Term Services and Supports (LTSS), home and community-based services (HCBS) waivers services, 180 days nursing facility (NF)
- Services provided through MSC+ include all Medicaid covered services including, LTSS, HCBS waiver services, 180 days NF
- Seniors are in all settings and levels of care

Overview of Minnesota Senior Health Options

- MSHO has been operating since 1997 under various authorities
- MSHO achieves integration of Medicare by MIPPA contract and requires coordination of benefits across programs. MSHO combines Medicare (including part D) and Medicaid services in one program
- Currently operating under the “Demonstration to Align Administrative Systems for Improvement in Beneficiary Experience” signed September 2013 and extended in 2016 – awaiting a second extension through 2020

Features of Minnesota Senior Health Options

- One set of member materials, one enrollment form, aligned enrollment dates. Members carry one card instead of a Medicaid card, Part D card, and Medicare card
- State MLTSS assessment required within 30 days; incorporates Health Risk Assessment (HRA). State audits care plans. Financial reward for timely completion of assessments
- All members are assigned individual care coordinators, flexible care coordination delivery models

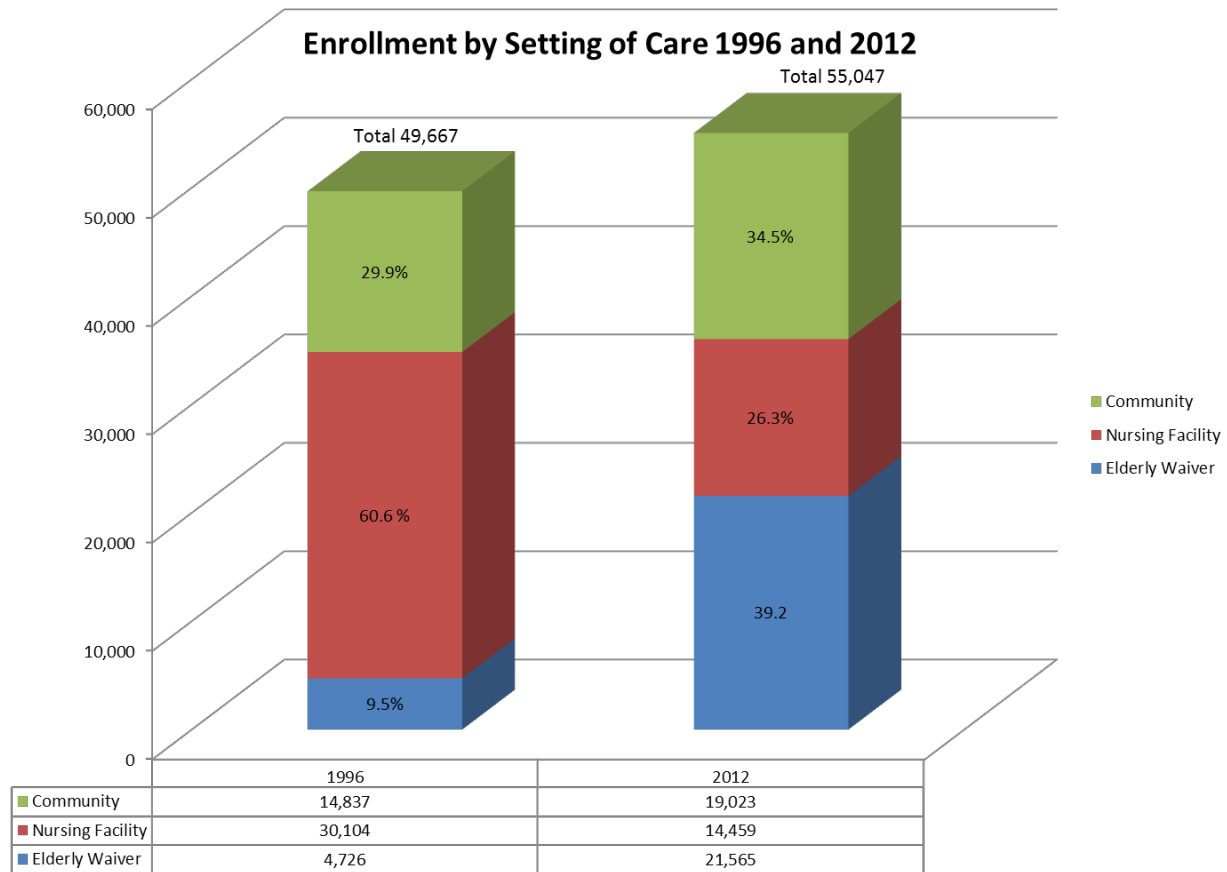
Making the Most of Integration

- Demographic and cost challenges require joint CMS/State/Plan/Provider efforts toward Triple Aim goals especially designed for Medicare-Medicaid beneficiaries
- Decisions made by primary, acute and post acute care providers paid under Medicare continue to drive State Medicaid and LTSS costs
 - Combined Medicare/Medicaid primary, acute and LTSS financing is just the first step
 - Align service delivery arrangements across primary, acute and long term care services
- Create provider level practice and payment incentives
- Rebalancing
- Improved care outcomes

Integrated Care System Partnerships

- Minnesota state value-based purchasing (VBP) initiative for seniors and people with disabilities in integrated dual eligible special needs plans (D-SNPs) and Medicaid managed care programs:
 - Expands and builds on long standing MN D-SNP/Provider VBP contracting arrangements and experience in Minnesota Senior Health Options (MSHO)
 - D-SNP platform leverages Medicare involvement
 - Combined Medicare and Medicaid financing provides opportunity for VBP across primary, acute and LTSS
 - Managed care organizations/provider partners develop arrangements and submit proposals to state
 - Multiple financial and delivery models tied to a range of defined quality metrics developed by D-SNPs, clinical experts and the state for triple aim goals results include reducing re-hospitalizations, ED use, and costs of care

Rebalancing



Minnesota Managed Care Analysis

- *Minnesota Managed Care Longitudinal Data Analysis*, prepared by Wayne L Anderson, PhD and Zhanlian Feng, PhD of RTI International and Sharon K. Long, PhD of the Urban Institute
- Published by HHS on June 16, 2016
- Compares service delivery patterns among elderly dually eligible enrollees in Minnesota Senior Care Plus (MSC+) and Minnesota Senior Health Options (MSHO)
- Studies seniors enrolled in either program during 2010-2012
- Data included fee for service claims, managed care encounters, enrollment data, and Minimum Data Set nursing home

Findings – Improved Care Outcomes

- Very few MSHO enrollees ever switched to MSC+, but 12.8% of MSC+ enrollees selected MSHO during the year
- MSHO enrollees were:
 - **48% less likely to have a hospital stay**, and if so, had 26% fewer stays than if in MSC+
 - **6% less likely to have an outpatient ED visit**, and if so, had 38% fewer visits than if in MSC+
 - **2.7 times more likely to have a primary care physician visit**, but if so, had 36% fewer visits than in MSC+
 - No more likely to have a long term nursing home admission than in MSC+
 - **13% more likely to have any HCBS** than in MSC+
 - **16% less likely to have any assisted living services** than in MSC+

Challenges

- Integration of Medicare and Medicaid is never done as policies change on one side or that other
- Integrating and using Medicare and Medicaid data is complicated – MN is hoping to replicate study for additional years
- Lack quality measures applicable to a chronic, elderly population – the average age of MSHO enrollees is 80 years old
- Many MLTSS providers are very small and their capacity to participate in VBP is limited



Thank you

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