Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Plus
Commonwealth Coordinated Care Plus
Your Health. Your Care.

VIRGINIA'S MEDICARE AND MEDICAID INTEGRATION EXPERIENCE

The Honorable Dr. William Hazel
Secretary of Health and Human Resources
Commonwealth of Virginia

Why Is It Important to Integrate Medicare and Medicaid Services?

FFY – 2015 Medicare and Medicaid Spending and Enrollment		
	Enrollment	**Spending**
Medicaid*	**70.8 Million**	**$552 Billion**
Medicare*	**55.5 Million**	**$540 Billion**
Duals	**10.3 Million**	

Source: Kaiser Family Foundation and CMS.GOV

Medicaid Spending includes administrative costs and U.S. Territories. Costs minus administrative costs and U.S. Territories is $532 Billion.

Medicare Spending includes U.S. Territories and does not include co-payments, deductibles and premiums.

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Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

Primary goal is to focus on quality of care, not quantity

- Repeals and replaces Medicare's Sustainable Growth Rate (SGR) formula for physician payments.
- Aims to establish other payment systems designed to reward quality over quantity of physician services.
- Department of Health and Human Services has set a goal of tying 50 percent of traditional Medicare payments to alternative payment models by the end of 2018.

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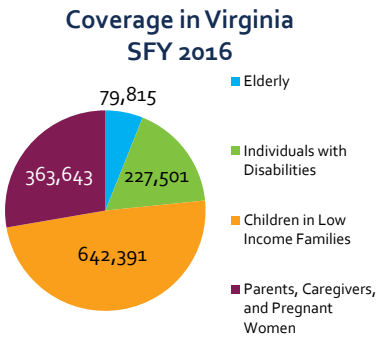
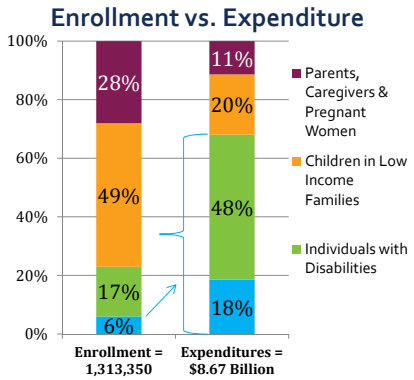
Virginia Medicaid

Expenditures are disproportionate to population





23% of the Medicaid population → Drives → **66%** Of total expenditures

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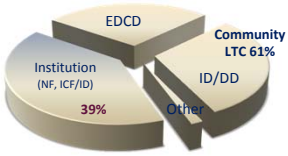
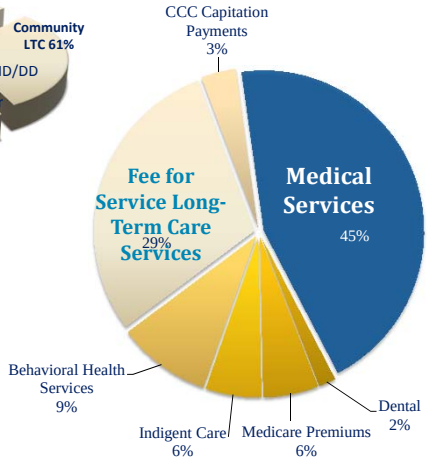
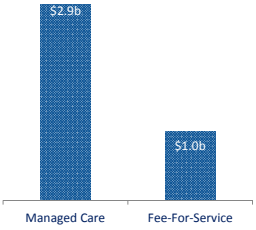
Virginia's Medicaid Expenditure Breakdown – SFY 2016

FFS Long Term Care Expenditures

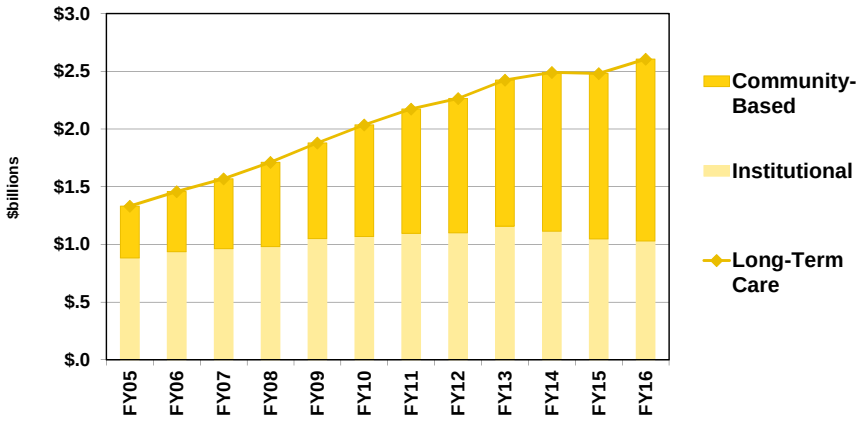




Medical Services by Delivery Type



Virginia Medicaid Expenditures – Rebalancing Long-Term Services and Supports



Notes:
Average annual growth total fee for service Long Term Care services: 6%
Average annual growth Institutional services: 1%
Average annual growth Community-Based services: 12%
Proportion of Long Term Care services paid through Community-Based care has increase from 36% in FY05 to 61% in FY16

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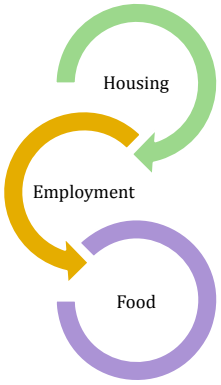
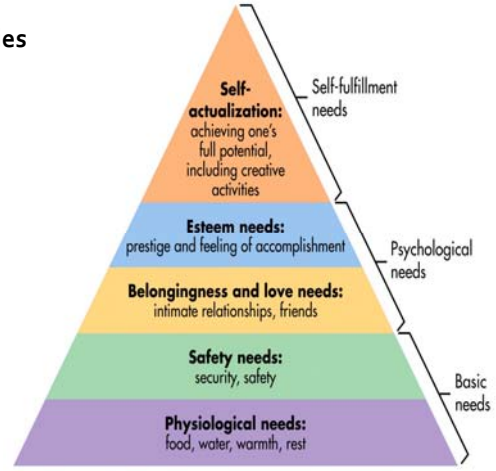
Social Determinants – Next Medicaid Focus to Positively Impact Health

Medicaid Service Opportunities





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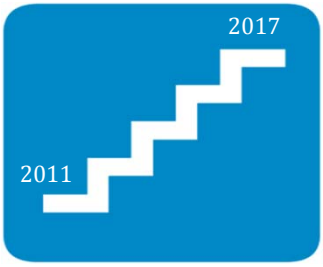
Virginia Legislative Mandates

General Assembly directed DMAS to transition individuals from the Fee-For-Service delivery model into the Managed Care Model to achieve high quality care and budget predictability.



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Overview of Commonwealth Coordinated Care (CCC)

Primary goal is to improve health outcomes of Duals through alignment of Medicare and Medicaid benefits

- Financial Alignment Demonstration began in March of 2014; currently serving 30,000+ dually eligible individuals across 5 regions of the Commonwealth
- Participation is voluntary
- Integrated delivery model that includes medical services, behavioral health services and long term services and supports (LTSS) provided by three health plans
- Care coordination and person centered care with a interdisciplinary team approach

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CCC Program Medicare/Medicaid Challenges

Challenges faced with implementation and operation of the Financial Alignment Demonstration

- Medicare/Medicaid System Alignment Issues
  - Not allowed to test prior to system go live
  - Many policies and procedures mimic the Medicare Advantage program, with minimal changes to align with the Medicaid program (Star Rating Policy, Performance Evaluation Protocol)
- Enrollment Volatility (Program is Voluntary)
  - Month to month enrollment/disenrollment problematic to positively impact beneficiary health outcomes for the health plans and providers
  - No limit on the number of times an individual can opt in/out; can opt out to 1-800 Medicare, delay in states knowing

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CCC Program Challenges - State Level

- Need for Alignment of Service Authorization and Claims Processing
  - Providers struggle with dealing with multiple companies that have differing service authorization and claims payment processes
  - Claims payment for LTSS providers was initially problematic (e.g., nursing facility)
- Care Coordination and Ratios
  - Education of care coordinators – needs to be continuous
  - Education of providers

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CCC Successes – Improving Beneficiary Quality of Care

"If I had to put a number on the whole Medicaid/Medicare insurance, as far as making [my] quality of life better, I would have to give it a 10. Because it has evolved so much now that it's enough even in the medical stance and getting you [out of] the house and helping you not to sit in the house wasting away. … When I was no longer able to walk, I had to depend on the Muscular Dystrophy Foundation to help me get a lot of my stuff. Now Medicaid [MMP] helps me get it or Medicare helps me get it. You have somebody to talk to now. They call you, like I say, once a month, make sure everything's all right, make sure the quality of life is still there, if there's [anything] they can do to help."

- CCC enrollee

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MLTSS(CCC Plus): Vision and Goals

VISION: To implement a coordinated system of care that builds on lessons learned and focuses on improved quality, access and efficiency

1. Provide individuals with high-quality, person centered care and enhanced opportunities to improve their lives
2. Improve community-based infrastructure and community capacity to enable/ support care in the least restrictive and most integrated setting
3. Promote innovation and value-based payment strategies
4. Provide care coordination and better accommodate progressive needs of members
5. Better manage and reduce expenditures; reduce service gaps and the need for avoidable services, such as hospitalizations and emergency room use

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Overview of Commonwealth Coordinated Care Plus (CCC Plus)

Primary goal is to improve health outcomes

- New statewide Medicaid *mandatory* managed care program beginning July 2017 for over 213,000 individuals
- Like CCC, this a fully integrated (medical, behavioral and LTSS) with an emphasis on Care Coordination and Person Centered care with a interdisciplinary team approach
- Participation is required for qualifying populations
- Roughly 114,000 Duals and 77,000 ABD's

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Coordination with Medicare through Companion D-Special Needs Plan

Alignment:

CCC Plus MCO's must have a D-SNP

D-SNP's must be CCC Plus MCO's

D-SNP MCO's are restricted to marketing (direct and indirect) only to their CCC Plus enrollees

Robust reporting requirements including Medicare encounters

Coordination:

D-SNP required to coordinate with Medicaid Plan on:

- Payment
- Information Sharing
- Training/Education
- Participation in Assessments
- Discharge planning

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Key Differences

CCC Plus	CCC
Statewide in 6 regions	5 of the 6 regions
Required Enrollment	Optional Enrollment
Duals/non-duals, children/adults, NF and 5 HCBS Waivers	Full Dual adults; including NF and EDCD HCBS Waiver
Health plans may vary by region	3 Health plans across 5 regions
Coordination of Medicare benefits through companion DSNP	Coordination of Medicare benefits through same Medicare Medicaid Plan
Continuity of care period is 90 days	Continuity of care period is 180 days

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CCC Plus Builds on CCC Lessons Learned

- CCC allows Virginia the unique opportunity to continue to integrate care for individuals who receive both Medicare and Medicaid, with the primary goal to improve health outcomes through coordinated care
- Virginia is fully committed to maintaining a robust CCC program through the end of the Demonstration
- CCC lessons learned will continue to inform the MLTSS implementation going forward
  - Value of provider and member outreach and education
  - Value of transparent/collaborative engagement with plans and CMS
  - Value of engaging stakeholders throughout the design, development, and implementation process

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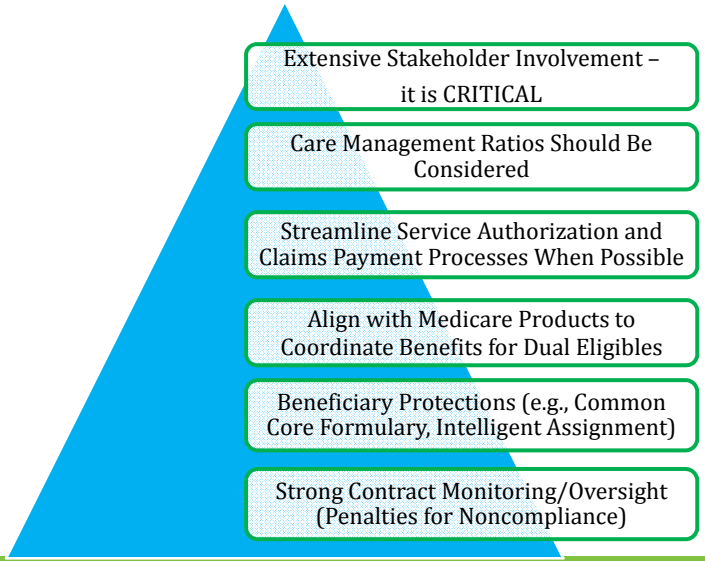
CCC Plus Best Practices - Considerations for Other States



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Questions?

Medicare-Medicaid Integration Case Study - Background

- Mattie is a 72 year old Medicare-Medicaid enrollee who:
  - Is in the hospital after suffering a stroke
  - Has acute care, behavioral health and LTSS needs
  - Wants to return home
- Mattie is enrolled in a Medicaid MLTSS plan and FFS Medicare
- Mattie's MLTSS care manager wants to work with several people to develop Mattie's new care plan:
  - Mattie;
  - The hospital discharge planner;
  - Mattie's primary care physician; and
  - Rebecca, Mattie's daughter.

Medicare-Medicaid Integration Case Study - Activity

- Divide into small groups of five to discuss Mattie's care plan
- Each group member assumes one of the following roles: Mattie; the care manager; Mattie's primary care physician; the discharge planner; or Rebecca.
- Discuss the following questions from your assigned perspective:
  1. What are the most important services Mattie needs? Where should Mattie go after discharge?
  2. What clinical, functional and personal concerns do you have about Mattie's transition?
  3. Which providers and other stakeholders must be involved and what information must be shared across providers? What are barriers to coordinating services across Medicare and Medicaid and potential solutions?
  4. Who should have the final say about Mattie's transition and plan of care? Why?