November 2013

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INTEGRATED CARE DELIVERY SYSTEM:

Seamless Experience
Person-Centered Care
Quality Management
Efficient Utilization
Community Partnerships
Service System Development
Medicaid Hot Spot:
Enrollment and Spending for Dual Eligibles

- **Medicare-Medicaid “Dual” Eligibles**
  - Enrollment: 14%
  - Spending: 34%

- **All Other**
  - Enrollment: 86%
  - Spending: 66%

Source: Ohio Department of Job and Family Services; based on SFY 2010 average monthly enrollment and total cost of coverage.
The Vision: Better Care Coordination

- The vision is to create a person-centered care management approach – not a provider, program, or payer approach
- Services are integrated for all physical, behavioral, long-term care, and social needs
- Services are provided in the setting of choice
- Easy to navigate for beneficiaries and providers
- Transition seamlessly among settings as needs change
- Link payment to person-centered performance outcomes
### Region-by-Region

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<thead>
<tr>
<th>Northwest</th>
<th>Southwest</th>
<th>West Central</th>
<th>Central</th>
<th>East Central</th>
<th>Northeast Central</th>
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- Target Population of 114,000 individuals in 29 counties
- Two plans chosen per region with no plan having a presence in more than three regions
- Northeast Region: home to the greatest number of eligible individuals and will be the only region that is served by three plans
Voluntary enrollment for all regions will begin March 1, 2014

Regional enrollment to start in subsequent months:

- **April 1**: Northeast Region
- **May 1**: Northwest, NE Central, and Southwest Regions
- **June 1**: East Central, Central, and West Central Regions

Enrollees will be able to opt out of the Medicare part of the program.

If an enrollee chooses to opt out: they would stay with their current Medicare providers, but receive all Medicaid payments and services through MyCare Ohio.
Eligibility

- Receive Medicare Parts A, B, and D and full Medicaid benefits
- Adults 18+ with disabilities and persons 65+
- Persons with serious and persistent mental illness will be included in the program

The following groups are not eligible for enrollment in the demo:

- Individuals with an ICF/IID level of care served either in an ICF/IID facility or on a waiver are exempt from enrollment
- Individuals who are eligible for Medicaid through a delayed spend-down
- Individuals who have third party insurance
Quality Measures

• Measures required by CMS which will be used by all demonstration projects

• Evaluate access, wellness & prevention, quality of life, care coordination/transitions, behavioral health, and patient experience

• National measurement sets – e.g. HEDIS, NQF

• Ohio-specific measures focused on transition, diversion and balance
Lessons Learned

- Getting two government agencies to work together is hard.

- We know Melanie is in charge but who is in charge after that?

- What is more important federal policy or state policy?
What is flying under the radar?

• No services are being cut. HCBS services are being added

• You get to keep your doctor and other providers

• No rate cuts!
Questions
Two Paths to Integration

- Managed FFS via Health Homes model in all but two counties around the state
- Capitated Model: fully integrated managed care in two counties (King and Snohomish)
Coverage Area #2
NWRC – FFS Only
CCC – Managed Care Only
Molina – Managed Care Only
UHC – both FFS & Mgd Care
CHPW – both FFS and Mgd Care
Effective 10.1.2013

Coverage Area #6
Community Choice – FFS only
CCC – Managed Care Only
Molina – Managed Care Only
UHC – both FFS and Managed Care
CHPW – both FFS and Managed Care
Effective 10.1.2013

Strategy 2 – Medicare/Medicaid Integration Project (Managed Care)
Regence Blue Shield and UnitedHealthCare

Coverage Area #1
Optum – FFS Only
CCC – Managed Care Only
Molina – Managed Care Only
UHC – both FFS and Managed Care
CHPW – both FFS and Managed Care
Effective 10.1.2013

Coverage Area #4
CCC & CHPW - Managed Care Only
OPTUM - FFS Only
Effective 7.1.2013

Coverage Area #7
CCC & CHPW - Managed Care Only
UHC – Managed Care and FFS
OPTUM & SE WA ALTC - FFS Only
Effective 7.1.2013

Coverage Area #5
CCC - Managed Care Only
CHPW & UHC - both Managed Care and FFS
OPTUM - FFS Only
Effective 7.1.2013

6/25/2013 REV
Health Homes: Successes

• The Demonstration required stakeholder outreach and participation. Stakeholder input resulted in a better design on the ground.

• Coordinated Care Organization model strengthens the role of community providers.

• Existing chronic care management model allowed knowledge transfer: we have trained over 300!

• Collaborative arrangements may lead to ACO relationships in the future.
Health Homes: Lessons Learned

• The Demonstration required a combination of MOU and SPA approval; each had complex requirements.
• Delays in final approval resulted in a shorter period for system development, testing and implementation.
• Internal system development was under-resourced.
• Lack of testing resulted in system errors.
• State staff turnover did not help!
Lessons We Can Use in the Future

• Don’t try to fit a round peg (Health Home enrollment) into a square hole (managed care infrastructure)

• TESTING period is essential: processes that don’t work well before the demonstration should be fixed prior to implementation

• Create feedback loops prior to go-live.

• Communication with stakeholders: no such thing as too much.
Capitated Model: Still in Development

- MOU is close to final!
- Managed care plans are anxiously awaiting rates.
- Stakeholders are keenly interested in the design:
  - Performance Measure input: more LTSS measures are needed
  - Readiness Review
  - Evaluation and Monitoring
Capitated Model: Still in Development

- Marketing & Enrollment Materials
- Final Decisions on Benefits (wrap-around or integrate: e.g. Money Follows the Person)
- Readiness Review; three-way contract
- System Development for enrollment and data exchange
Building Connections

• Communication and Transparency with external stakeholders and partners
• Shared Vision with leaders in two agencies
• Community-based training and infrastructure development for successful model
Measuring Success of Both Demonstrations

• Sustainability: Health Homes must achieve target rates of engagement in order to continue past 8 quarters

• Integration: Washington is using these demonstrations to test two models of improved integration

• Alignment with long-term goals
Resources

Websites:
http://www.hca.wa.gov/health_homes.html
http://www.adsa.dshs.wa.gov/duals/
http://www.integratedcareresourcecenter.com/

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