



Improving Care for Medicare-Medicaid Enrollees: Virginia's Financial Alignment Demonstration

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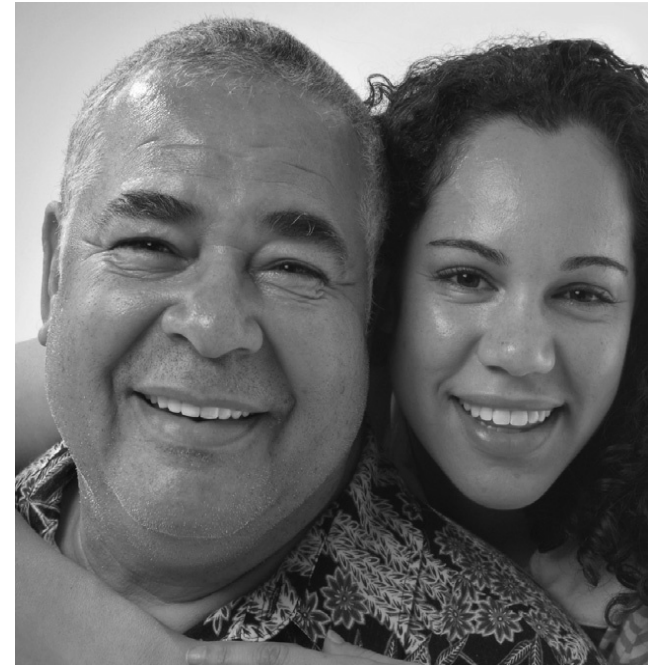
National Health Policy Forum
December 6, 2013

Overview

- Virginia's Background – Integrated Long-Term Care
- The Big Opportunity! Commonwealth Coordinated Care
- Benefits and Protections
- Outreach and Education

Virginia is Ready to Improve Care

- One program to coordinate primary, preventive, acute, behavioral, and long-term services and supports.
- Blend Medicare and Medicaid services to improve access and streamline care.
- Offer high quality, person centered services.



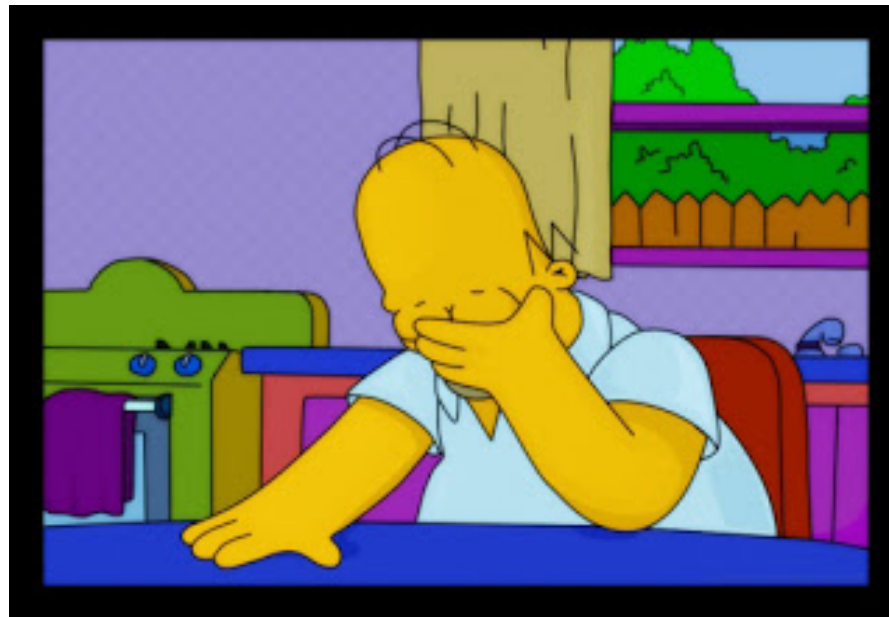
Virginia Has Been at This a Long Time

- Long history of PACE
- Mandatory Uniform Assessment Instrument since 1994
- Explored integrated care in the mid-1990's
- Published the *Blueprint for Improving Long-Term Care Services* in 2006
- Developed plan for Virginia Acute and Long-Term Care (VALTC) in 2008 and completed Phase I

The Big Disappointment

In 2011, Virginia applied for CMS' *State Demonstrations to Integrate Care for Dual Eligible Individuals*

Virginia did not receive a design contract



Silos and Stressed Out Staff



- Staff with other responsibilities pulled to work on the demonstration
- Limited support between divisions
- Staff moral was low

Shaking Things Up

- Created a new Deputy Director of Complex Care and Services
- Created a new Division for Behavioral Health and Integrated Care
- Hired Director for the Office of Coordinated Care and several more staff to support these activities full-time



Shaken, not stirred:

Time for a Reorg!

Full Steam Ahead!

- Medicaid Programs are NOT Nimble and neither is Medicare
- Amazing staff working on the program now
- Top Priority for the Secretariat and Agency



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Quick Overview:

Financial Alignment Models

- Opportunity to create one accountable entity to coordinate delivery of primary/preventive, acute, behavioral, and long-term services and supports
- CMS provided states with two paths (aka “Financial Alignment Models”)

Financial Alignment Models



VA is using the capitated model

- 21 states are pursuing financial alignment or alternative demonstration models to improve integration between Medicare and Medicaid

Virginia's Solution: Commonwealth Coordinated Care

- Provides high-quality, person-centered care for Medicare-Medicaid enrollees that is focused on their needs and preferences
- Blends Medicare and Medicaid services and financing to streamline care and eliminate cost shifting
- Signed the MOU with CMS on May 21, 2013

Commonwealth Coordinated Care

- Creates a single program to coordinate delivery of primary, preventive, acute, behavioral, and long term services and supports
- Promotes the use of home and community based behavioral and long term services and supports
- Supports improved transitions between acute and long term facilities
- Virginia currently negotiating with three health plans

Benefits for Virginia

- Eliminates cost shifting
- Achieves cost savings
- Slows the rate of Medicaid cost growth for Virginia
- Reduces duplicative or unnecessary services
- Streamlines administrative burden
- Single set of quality reporting measures, appeals and auditing
- Promotes and measures improvements in quality of life and health outcomes (including quality withholds)

Who is Eligible?

- Full benefit Medicare-Medicaid Enrollees (entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D, and receiving full Medicaid benefits)
- Participants in the Elderly or Disabled with Consumer Direction Home and Community-Based Waiver
- Residents of nursing facilities
- Age 21 and Over
- Live in designated regions (Northern VA, Tidewater, Richmond/Central, Charlottesville, and Roanoke)

Who is Eligible?

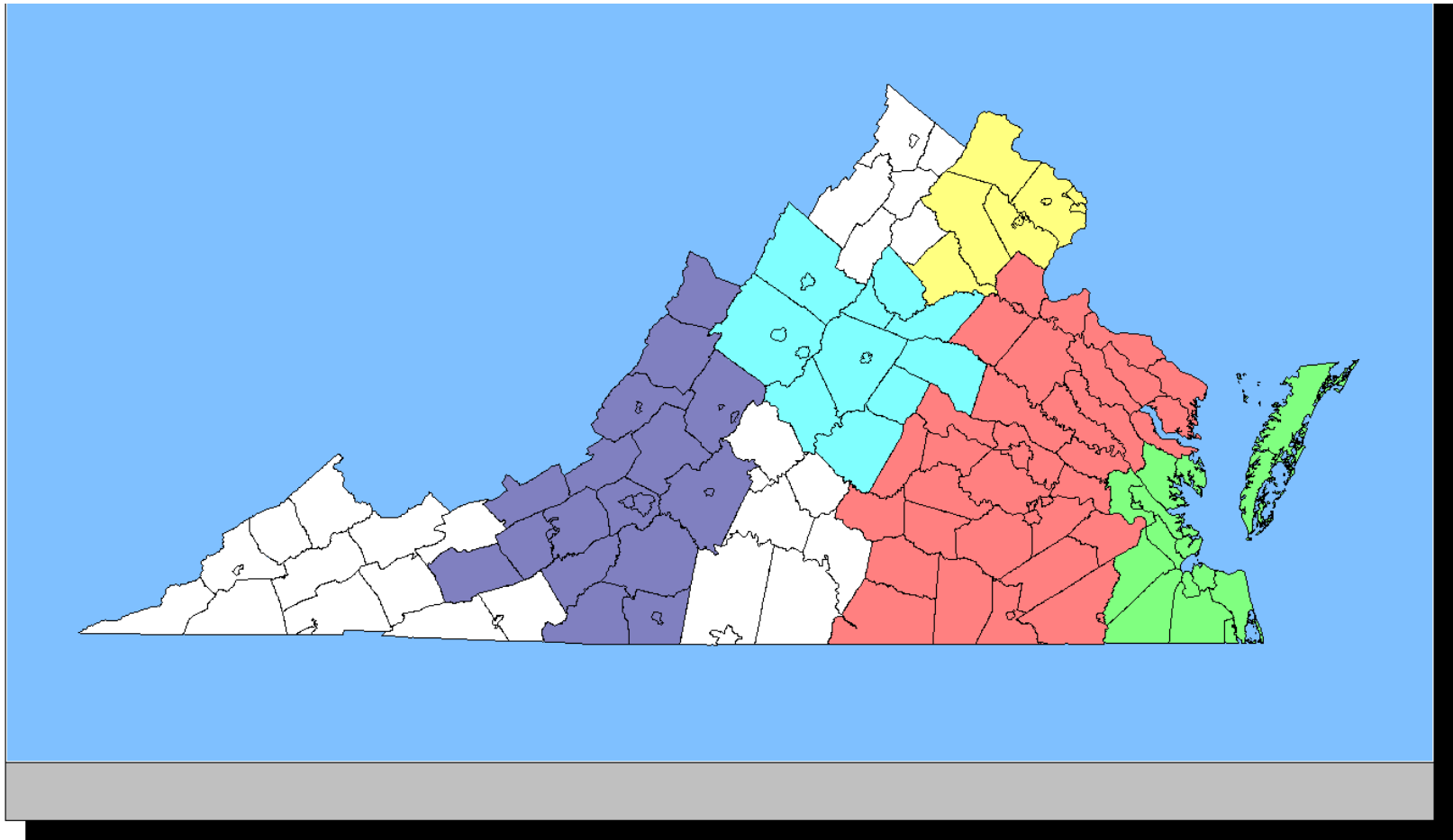
Approximately 78,600 Medicare-Medicaid Enrollees

Region	Nursing Facility	EDCD Waiver	Community Non-waiver	Total
Central VA	4,430	3,762	16,135	24,327
Northern VA	1,935	1,766	12,952	16,653
Tidewater	3,031	2,492	12,575	18,098
Charlottesville	1,477	842	4,427	6,747
Roanoke	2,833	1,355	8,583	12,771
Total	13,706	10,217	54,672	78,596

Who is *not* Eligible?

- Individuals not eligible include those in:
 - ID, DD, Day Support, Alzheimer's Technology Assisted HCBS Waivers
 - MH facilities
 - ICF/IDs
 - PACE (although they can opt in)
 - Long Stay Hospitals
 - Money Follows the Person (MFP) program
 - Hospice

Virginia's Service Regions



- Central Virginia
- Northern Virginia
- Roanoke
- Tidewater
- Western/Charlottesville

Benefits for Individuals and Families

- Person-centered service coordination/case management
- One ID card for all care
- One 24/7 toll free phone number for assistance
- Behavioral health homes for individuals with Serious Mental Illness (SMI)
- A streamlined appeals process



Intelligent Assignment

- For passive enrollment (automatic enrollment) where individuals don't specify a specific health plan, DMAS has developed an “intelligent assignment” algorithm that assigns an individual to a specific health plan based on several factors.
- The process considers beneficiaries' prior enrollment in health plans and service providers so enrollees can be served as well as possible.

Other Program Protections



- Emphasis on transitions between settings of care; waiving skilled Medicare hospital stay
- Follow Medicaid rules for Telehealth
- Required use of state's fiscal agent for consumer-directed services
- Prompt payment of providers; pay Medicaid FFS rate for nursing facility care

Other Program Protections

- 180 day continuity of care requirement
- Use of an enrollment broker for beneficiary enrollment/disenrollment and choice of health plans (contract signed with Maximus)
- Time and distance standards to ensure network adequacy for long-term care and behavioral health services – use Geomapping software to analyze
 - Urban (15 miles/15 minutes)
 - Rural (30 miles/30 minutes)

Commonwealth Coordinated Care Phased-In Enrollment Timeline

- Central Virginia/Richmond and Tidewater areas:
 - February 2014: Voluntary enrollment begins
 - March 2014: Coverage begins
 - May 2014: Automatic enrollment begins
 - July 2014: Coverage for those automatically enrolled begins

- Northern Virginia, Roanoke, Charlottesville areas:
 - May 2014: Voluntary enrollment begins
 - June 2014: Coverage begins
 - August 2014: Automatic enrollment begins
 - October 2014: Coverage for those automatically enrolled begins

Outreach and Education

- Stakeholder engagement
- Dedicated website
- Trainings to providers and local agencies
- Educational materials such as presentations, toolkits, fact sheets, FAQs, public service announcements
- Working with community partners to educate and inform
- Partnering with Virginia Insurance Counseling Assistance program (VICAP) counselors and Virginia's Long-Term Care Ombudsmen

Role of VICAP Counselors (Area Agencies on Aging)

- Virginia received a federal grant (\$236,340)
 - Hiring an Options Counseling Coordinator and CCC Educator
- Counselors will be provided with materials and tools and were trained by State agency staff
- Counselors will provide basic information to eligible enrollees and guide them to trained staff who can assist with enrollment and other questions

Role of Virginia's Long Term Care Ombudsmen (Area Agencies on Aging)

- Receiving, investigating and resolving complaints about quality of long term care issues
- Assisting individuals in exercising their rights
- Mediating concerns between the individual and/or their families and the long term care provider
- Virginia received a federal grant (\$245,079) to help cover expenses for Ombudsmen role

In the coming weeks....

- Announcement of the selection of participating health plans
- Signing three-way contract
- Continuing to work with stakeholders on various aspects of the program
- Continued outreach and education