Medicaid Coordinated (Managed) Care

Advocating for Clients and Promoting Provider Networks

Speakers

- Kristen Pavle
  - Associate Director, Center for LTC Reform, HMPRG
- Jacqleen Musarra
  - Community Liaison, Manager, Aetna Better Health
- Laura Zeiger
  - Community Liaison, IlliniCare
- Brenda Conditt
  - Long-Term Services and Supports, Director, Aetna Better Health
- Erin Weir
  - Manager of Health Care Access, AgeOptions
  - Project Director at AgeOptions for the Make Medicare Work Coalition (MMW)

Overview

- Overview of Illinois' Coordinated Care Initiatives (**5 minutes**)
  - Kristen
- Description of Integrated Care Program (**10 minutes**)
  - Jacqleen and Laura
- Promoting and engaging in provider networks (**15 minutes**)
  - Brenda + Laura
- Advocating for Clients in a Managed Care System (**15 minutes**)
  - Erin
- Questions (**15 minutes**)

Overview of Illinois' Managed Care Initiatives

Kristen Pavle
Associate Director, Center for Long-Term Care Reform
HMPRG

Terminology

- Coordinated Care
- Integrated Care
- Managed, or Capitated Care

Coordinated Care*

- "*The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care* ***to facilitate the appropriate delivery of health care services***."
  - The Agency for Healthcare Research and Quality (federal agency)

* "Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 7: Care Coordination" AHRQ. 2007.

Coordinated Care or Care Coordination Defined*

- "Delivery systems where recipients will receive their care from providers who participate in **integrated** delivery systems that are responsible for providing or arranging the majority of care, including
  - Primary care physician services,
  - Referrals from primary care physicians,
  - Diagnostic and treatment services,
  - Behavioral health services,
  - In-patient and outpatient hospital services,
  - Dental services,
  - Rehabilitation
  - Long-term care services."

*Illinois Medicaid reform Law January 2011: Public Act 096-1501

Integrated Care*

- From the Latin verb *integer*, 'to complete.'
  - 'Integrated' as an adjective means 'organic part of a whole,' or 'reunited parts of a whole.'
  - The bringing together or merging of components that were formerly separate.
- 5 Domains
  - Funding (ex: Medicare and Medicaid)
  - Administrative (ex: State government, MCOs)
  - Organizational (ex: co-location of services, networks of care)
  - Service Delivery (ex: training, centralized info/referral/intake)
  - Clinical (ex: Diagnostic criteria, collaborative care planning)

* "Integrated care: meaning, logic, applications, and implications – a discussion paper." By Dennis L. Kodner, PhD. International Journal of Integrated Care. 2002.

Managed Care, or Capitated Care

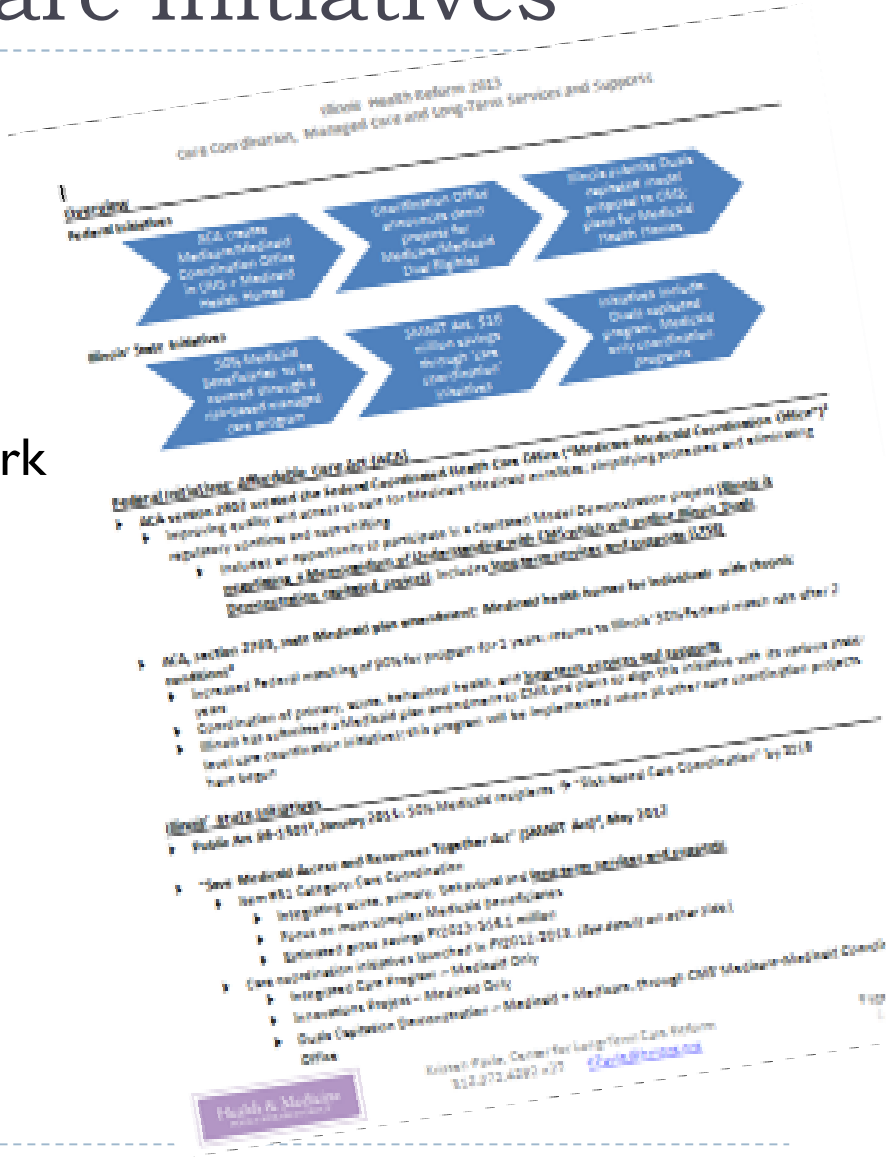
- In the case of Medicaid, insurance organizations are under contract with the State to provide services (through contracts with health professionals) to beneficiaries in exchange for a monthly ('capitated') payment
  - Health Maintenance Organizations (HMO)
  - Managed Care Community Networks

- A way to truly integrate care

Illinois' "Integrated" Care Initiatives

- Medicaid Only Initiatives
  - Integrated Care Program
  - Innovations Project
    - Care Coordination Entities
    - Managed Care Community Network
  - CountyCare

- Medicare-Medicaid Alignment Initiative



- SEE HANDOUT ON ILLINOIS' INTEGRATED/COORDINATED CARE INITIATIVES

Our Focus Today

- Medicaid-only
- Managed care/capitated care initiative; 2 HMOs
  - Aetna Better Health
  - IlliniCare

Description of Integrated Care Program, including Phase II

Jacqleen Musarra
Community Liaison, Manager, Aetna Better Health

Laura Zeiger
Community Liaison, IlliniCare

What is the Illinois Integrated Care Program (ICP)?

- A Medicaid program designed to link primary, specialty, institutional and community services focused on improving quality through coordination, pay for performance and creation of health homes

- Members choose or are automatically assigned a health plan with either Aetna Better Health or IlliniCare Health Plan and receive Medicaid services through those health plans

- Persons who are aged, blind and disabled (ABD) in suburban Cook (non-606 zip codes), Will, Dupage, Kane, Kankakee and Lake counties

Integrated Care Service Packages

- Responsibilities of Aetna Better Health will include all covered services currently funded by Medicaid through the State Plan or waivers, and will be phased in as follows:

  - **Service Package I:** All medical, pharmacy, dental and behavioral health services for the member. This includes all non-long term care services, mental health services, alcohol and substance abuse services and short term post-acute rehabilitation stays in nursing facilities.

  - **Service Package II:** Nursing facility services and services provided through the Home and Community Based Services waivers, except those waivers serving individuals with developmental disabilities.

  - **Service Package III:** Home and Community Base Services Waiver services for individuals with developmental disabilities and ICF/DD services

Service Packages

- Service Package I rolled out on May 1st, 2011
- Services included:
  - Medical benefits
  - Behavioral health benefits
  - Pharmacy
  - Dental
  - Vision
- Service Package II scheduled to roll out in 2013
  - Includes Long Term Care, Supportive Living and Waiver Services
- Service Package III for members with developmental disabilities
  - No scheduled roll out date at this time

Service Packages

- IlliniCare will manage the following services as part of Service Package II:
  - Home and Community Based Services (HCBS) – also known as waiver services
  - Long Term Care – both sub-acute and custodial care
  - Supportive Living Facilities

- Home and Community Based Services:
  - Adult Day Service
  - Adult Day Service Transportation
  - Behavioral Services
  - Home Delivered Meals
  - Home health aide
  - Home modifications
  - Homemaker services
  - Nursing, intermittent/skilled
  - Occupational therapy
  - Physical therapy
  - Personal Emergency Response System
  - Speech therapy
  - Personal assistant
  - Respite
  - Specialized medical equipment and supplies

Service Package 2:
Long Term Services and Supports

- Aetna's Long-Term Care Principles

- Assist members and their families with the resources they need to live in the community
- Provide members their choice of settings and allow them to direct their own care to the greatest extent possible
- Create a long-term support program that offers access to community-based options
- Creates a long-term care system that is financially sustainable and better aligns incentives across the system

Waiver Services

- The below waivers are included in Service Package II:
  - Aging Waiver: For individuals 60 years and older that live in the community.
  - Individuals with Disabilities Waiver: For individuals that have a physical disability, that are between the ages of 19-59.
  - HIV/AIDS Waiver: For individuals that have been diagnosed with HIV or AIDS.
  - Individuals with Brain Injury Waiver: For individuals with an injury to the brain.

- Services provided to keep members out of long term care facilities.
- Assist member to live independently in the community.

Determining Eligibility

- Eligibility will be determined by government agencies
  - Department on Aging
  - Department of Rehabilitative Services
- Determination of Need (DON) tool assesses the member's:
  - Ability to perform the activities of daily living
  - Mental acuity
  - Level of impairment
  - Level of need

- Member's DON score will determine which services that member is eligible to receive
- Member has choice to receive services

Care Coordination

- IlliniCare responsible for coordinating care of members
  - Collaborate with the member, caregivers and providers to develop and implement a mutually agreed upon care plan
  - Assist member with the coordination of services
  - Facilitate exchange of information between service provider
  - Maintain routine contact with member
- Continuity of Care
  - Services will remain unchanged for 180 days
    - Services can only be changed if approval is received by the member
- Care Transitions
  - Health plans, HFS and state agencies work together on any member transitions
  - Transition process in place to ensure continuity of care

The Integrated Care Team Works Together to Find the Best Health Solutions for Members

- Behavioral Health Care Coordinator
  - Focuses on Behavioral Health needs of members
- Care Coordinator
  - Licensed nurse focused on the physical health of members
- Social Worker
  - Works with members, caregivers and community social workers to help setup social and community supports for members
- Program Specialist
  - Provides team support, and reaches out to members with health and preventive care information
- HCBS Care Coordinator
  - Focuses on IlliniCare members that receive services through a home and community-based services waiver or reside in a supportive living facility.

Promoting and Engaging In Provider Networks

Laura Zeiger
Community Liaison, IlliniCare

Brenda Conditt
Long-Term Services and Supports, Director, Aetna Better Health

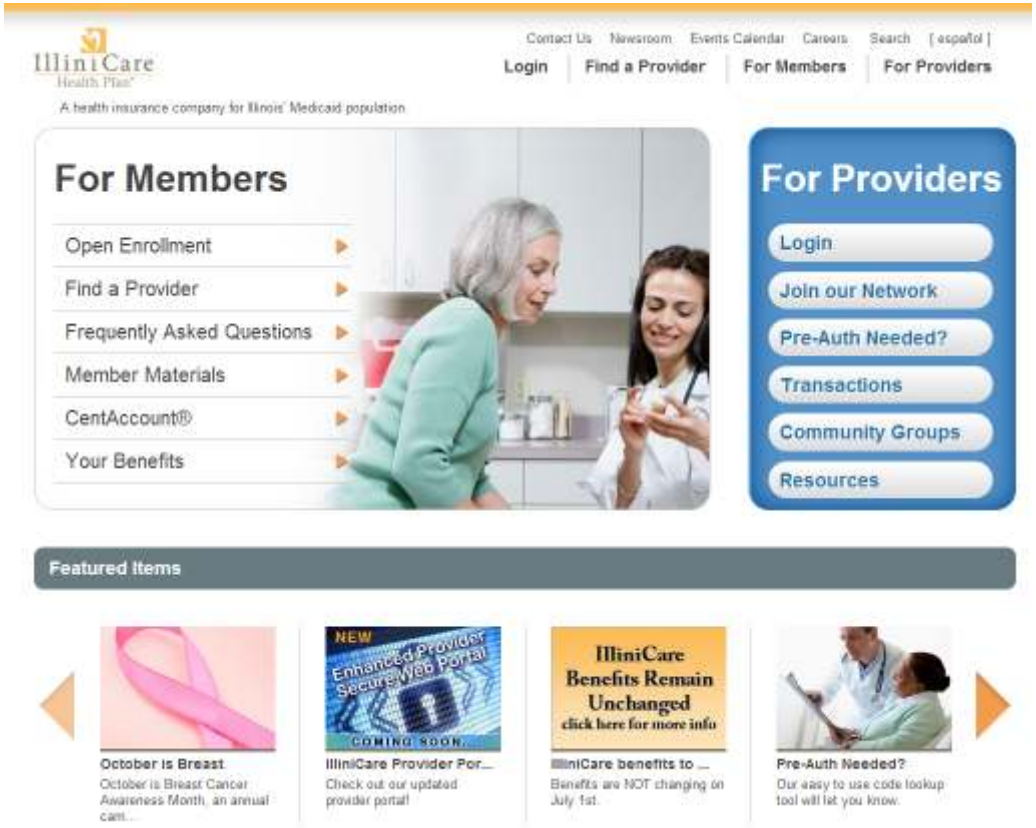
Value that IlliniCare Brings to Providers

- Timely and accurate claims payment (clean claims) processed within 7-8 days of receipt
- 75% of claims are paid within 7-10 days of receipt
- 99% of claims are paid within 30 days
- Local dedicated resources: Care coordinators serve as an extension of physician offices
- Education of providers and support staff through orientations
- Provider participation on health plan committees and boards
- Minimal referral requirements & limited prior authorizations
- Electronic and web-based claims submission
- Web based tools for administrative functions

Web Based Tools

Through our main website, providers can access:

- Provider Newsletters
- Provider and Billing Manuals
- Provider Directory
- Announcements
- Quick Reference Guides
- Benefit Summaries for Consumers
- Updates to the State's Medicaid Program
- Online Forms

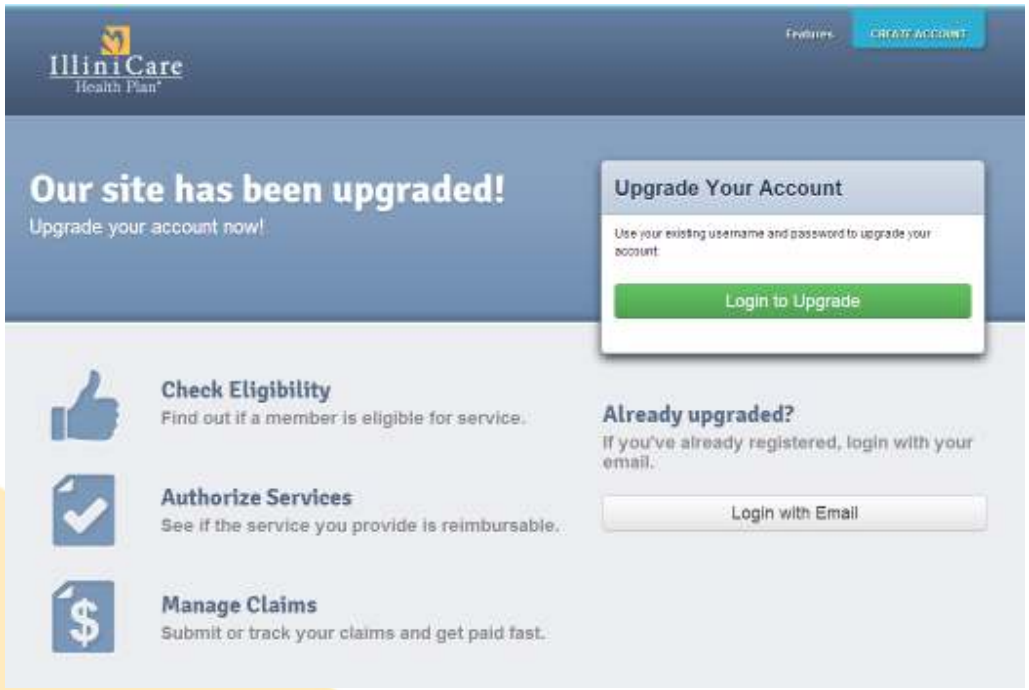


Logon to www.Illinicare.com and become a registered provider

Provider Secure Portal

On our secure portal, providers can:

- Verify eligibility and benefits
- View provider eligibility list
- Submit and check status of claims
- Review payment history
- Secure Contact Us



There is no waiting, no on-hold music, no time limits.
Registration is free and easy.

These services can also be handled by IlliniCare Provider Relations and Claims staff.

Advocating for Clients In a Managed Care System

Erin Weir
Manager of Health Care Access
AgeOptions

Questions about ICP Service Pack 2

- Will patients/clients have access to care they need?
  - Providers joining plan networks
  - Will services change?
- How will patients/clients get problems solved?
  - Often don't know who to call or where to go for help

Facts about ICP Phase 2

- Current care plans will remain in place for at least 180 days
- HCBS Waiver programs still overseen by state agencies that oversee them now
- Agencies that currently provide eligibility screening and care planning for waiver services will still provide eligibility screening. ICP plans will conduct care planning. Case managers at ICP plan will coordinate with screening agencies.

Facts about ICP Phase 2

- Plans must pay providers of long-term care/home and community based services at least same as state rate
- Transitions will cause confusion, but patients/clients can get help from case manager at ICP plan, as well as advocacy assistance from many community-based agencies (Care Coordination Units, Area Agencies on Aging, Centers for Independent Living, etc.)
- Local community agencies will continue to provide other support services (home delivered meals, etc.)

Advocacy: Knowledge is Power

- Know the programs involved
  - Eligibility rules for Integrated Care Program - who it affects and how
  - Medicaid coverage of LTSS/HCBS benefits - what is covered, eligibility, etc.
  - What ICP is NOT (separate from other programs/services)

Advocacy: Knowledge is Power

- Know who to contact for assistance
  - Many agencies involved - can be confusing, but contacting the wrong places will only waste time
  - ICP plans have departments that can be contacted for certain problems/issues
  - CCU - eligibility
  - Department of Healthcare and Family Services - transitions in and out of ICP (such as transitioning onto Medicare)
  - State departments for waiver service regulation and oversight - Department on Aging, Department of Rehabilitation Services

Advocacy: Knowledge is Power

- Know your resources
  - Client's case manager at ICP plan - *information about care plan, client's specific services*
  - Care Coordination Unit - *eligibility screening, other services and supports*
  - Local Area Agencies on Aging, Centers for Independent Living, other community agencies - *information, assistance, and other supportive services*
  - Make Medicare Work Coalition (MMW) - *information, training, advocacy support*

Questions?

Contact Information

- Please See Handouts..Thank you!