

Rebalancing for Home and Community-Based Services: Cost, Quality and Collaboration

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Today's discussion

- ◆ Rebalancing
 - What is rebalancing and why
 - NM nationally
 - NM Medicaid community-based services
- ◆ CoLTS
 - Refresher
 - Why coordinate long-term services
 - Eligibles and enrollment
 - Quality and service coordination
 - Quality/performance measures
 - Cost
 - Year one and next steps
- ◆ Collaboration

What is rebalancing?

- ◆ Rebalancing is:
 - Serving a greater number of people with long-term care needs in their homes or in more home-like settings in their communities than in nursing homes
 - Shifting more resources toward home and community-based services (HCBS) to “balance” Medicaid long-term services spending between institutional services and HCBS – AARP Public Policy Institute
- ◆ A set of policy decisions that provide for the development of community options for long-term services that support the dignity, independence, and choice of all persons regardless of age or disability

Why rebalance?

◆ Preference

- “A vast majority of Americans age 50+ want to remain in their own homes as long as they can.” (AARP Public Policy Institute)
- “Nearly 8 in 10 Americans (79%) say they would be more likely to support a health care reform proposal that included improved coverage for home & community-based long-term services.” (Lake Research Partners on behalf of the SCAN Foundation. July 2009)

◆ Demand

- Increase in the aging population = increase in demand for HCBS

◆ Quality

- Reduce fragmented long-term service delivery and integrate care
- Improved service delivery

◆ Cost

- Reduce Medicaid costs

Rebalancing – NM as national leader

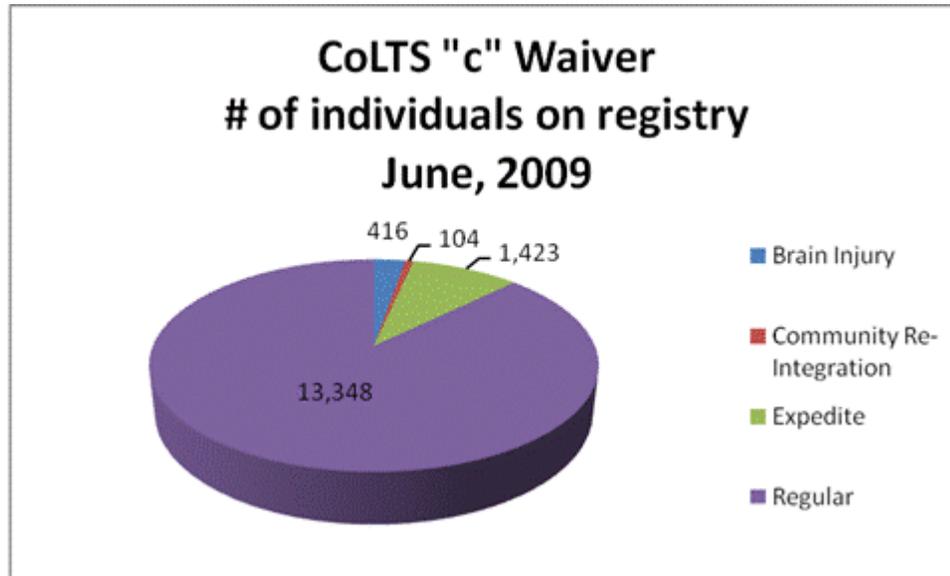
- ◆ NM Medicaid leads the country in supporting individuals with long-term service needs in the community
- ◆ 2008 AARP Public Policy Institute study, “A Balancing Act”, identified NM as the state with the highest percentage of Medicaid long-term services dollars spent on HCBS
 - New Mexico spends 61% of long-term service dollars on HCBS

Rebalancing – Medicaid Community-Based Services

DOH, ALTSD and HSD programs/services:

- ◆ Developmentally Disabled
 - 3,580 participants
 - 4,610 on Central Registry
- ◆ Medically Fragile
 - 160 participants
 - None on Central Registry
- ◆ HIV/AIDS
 - 9 participants
 - None on Central Registry
- ◆ Mi Via
 - 902 participants
 - Central Registry not applicable
- ◆ Coordination of Long-Term Services (CoLTS) “c”
 - 3,462 participants (July 2009)
 - 15,620 on registry

Rebalancing – Medicaid long-term services community-based programs



**NOTE: Disabled & Elderly Waiver
now CoLTS "c" Waiver**

Enrollment
2008: 4,209
2009: 4,076

Registry
2008: 10,879
2009: 15,335

CoLTS refresher

- ◆ COLTS is a managed long-term services and acute care program that serves certain Medicaid participants
 - Evercare
 - AMERIGROUP
- ◆ Covers medical and long-term services in one seamless, coordinated, integrated program
- ◆ Covers HCBS for participants on CoLTS “c” waiver

Why coordinate long-term services?

Goals:

- ◆ Promote home and community-based services
- ◆ Reduce unnecessary institutional placements
- ◆ Coordinate and integrate medical and long-term services
- ◆ Coordinate Medicare and Medicaid funding
- ◆ Improve health status and outcomes
- ◆ Increase quality management and data sharing
- ◆ Manage public resources more effectively
- ◆ Increase participant involvement in long-term planning

CoLTS eligibility

- ◆ Dual eligibles (individuals with both Medicare and Medicaid coverage) who are not receiving long-term services (called “healthy duals”)

- ◆ Persons who meet Nursing Home Level of Care (LOC)
 - Nursing home residents
 - CoLTS “c” waiver participants
 - Adults receiving Personal Care Option (PCO) services

- ◆ Certain individuals with brain injury who meet medical and financial eligibility

Current CoLTS enrollment

- ◆ 36,715 participants enrolled as of June 1, 2009
- ◆ 48.35% enrolled with Evercare
- ◆ 51.65% enrolled with AMERIGROUP
- ◆ 6,459 Native Americans

Native American Outreach

- Extensive outreach during development and implementation
- Follow-up continues by CoLTS MCOs
- State representatives met with Navajo Nation July 28, 2009
- August outreach events - Shiprock, Tohatchi and Crownpoint

CoLTS – quality and service coordination

- ◆ Service coordination
 - Coordinates and integrates care
 - Coordinates public resources
 - Supports improved health status and outcomes
 - Increases participant involvement in long-term planning

- ◆ All CoLTS participants receive service coordination

- ◆ Ensures continuous quality through periodic review of participant needs and identifying and planning solutions

Service coordination – quality and cost

- ◆ Service coordination model assessed all healthy dual eligibles for the first time
- ◆ 6% of healthy duals assessed were identified as needing long-term services (approximately 1,100 participants)
- ◆ Up-front cost: More participants in program receiving long-term services at a higher capitation rate
- ◆ Opportunity: Providing long-term services in the community earlier provides greater opportunity to avoid institutionalization later at greater cost

Quality/performance measures for CoLTS

- ◆ Quality management and quality improvement programs
- ◆ Current & proposed CoLTS performance measures
 - Vaccinations for older adults
 - Emergent care visits
 - Nursing home admissions and lengths of stays
 - Falls & mobility
 - Numbers of participants who transition from NF placement served & maintained in community for 6 months
 - Number of home safety evaluations conducted & percent requiring follow-up for safety issues
 - Percent of resident-requested transitions from nursing homes to home and community-based services waiver that are completed to the satisfaction of the resident within 9 months from the request
 - Average number of months that individuals are on the CoLTS “c” waiver registry prior to receiving an allocation for services
 - Percent of CoLTS “c” waiver participants who receive services within ninety days of eligibility determination

Quality/performance measures for CoLTS (cont.)

- ◆ Disease management programs
 - MCOs must provide comprehensive disease management
 - Diabetes
 - Hypertension
 - Coronary Artery Disease
 - Chronic Obstructive Pulmonary Disease (COPD)
- ◆ State/CMS quality reporting requirements
- ◆ MCO consumer advisory boards/bi-annual tribal meeting
- ◆ ALTSD Policy Advisory Committee
- ◆ CoLTS subcommittee to the Medicaid Advisory Committee

Cost – reimbursement designed to coordinate services

- ◆ Risk-bearing contracts to provide Medicaid benefits
- ◆ Statewide provider networks capable of providing all covered services
- ◆ Offer Medicare SNPs or Medicare Advantage Products
- ◆ MCOs have the greatest opportunity to coordinate services and realize cost efficiencies for services provided to individuals who enroll in their plan for both their Medicare and Medicaid benefits

- **FY09 COLTS MCO Contracts**

- *\$390 million (phase-in year)*

- **MCO administration fee is limited**

- *5 – 7% depending on cohort*

- **Average per member per month (pmpm) capitation rate**

- *\$1,715.00*

The program brings the flexibility of value-added services

AMERIGROUP

- Enhanced transitional services
- Respite care
- Enhanced vision
- Adaptive aids
- Meals on case-by-case basis

Evercare

- Adult annual physicals
- Home-delivered meals
- Enhanced disease management

AMERIGROUP contract with Indian Health Services includes additional value added services

- Public health nurse visits (without a doctor co-signature)
- Diabetic Retinopathy screens (JVN)

Cost and quality – how do we know if the program is successful?

- ◆ Oversight of CoLTS is extremely intensive
 - External and internal audits
 - Office of Inspector General
 - Centers for Medicare and Medicaid Services
 - HSD/ALTSD
 - Other entities
 - Independent Review
 - External Quality Review Organization
 - Consumer and Provider Satisfaction Surveys
 - Grievance and Appeals Monitoring
 - Financial Solvency Reviews
 - Waiver renewal review

CoLTS – year 1

- ◆ Identified unmet service needs
- ◆ Identified service inefficiencies
- ◆ Addressed some pre-existing barriers for participants transitioning from nursing facilities to the community (ongoing efforts to address other pre-existing barriers)
- ◆ Statewide service coordination and provider relations

CoLTS – year 1

Challenges	Solutions
Transitions to community	Ombudsmen Transition Specialists identified barriers and developed and provided Nursing Home Discharge Planner training
Provider transitions to MCO reimbursement structure	Provider workgroups: <ul style="list-style-type: none"> • Home Health Workgroup • NF workgroup & audit State contract oversight State provider outreach
MCO claims system development	
"Bad" participant addresses (national Medicaid challenge)	<ul style="list-style-type: none"> • Individual cases worked by MCOs and their service coordinators with community workers and groups (i.e. CHR's, Senior Centers) • State participant outreach provided informing members how to change/update addresses
MCO provider contracting process	State addressed with MCOs and worked with individual providers
MCO customer service proficiency	State: <ul style="list-style-type: none"> • Secret shopper calls and program review • Follow-up with MCOs • Individual participant support MCO: <ul style="list-style-type: none"> • "Retraining" for call centers

Next steps – Medicaid and Medicare coordination

- ◆ Continue to better coordinate Medicaid & Medicare
 - Funding streams
 - Coordination of benefits
- ◆ Outreach to participants to communicate advantages of enrolling with the same organization operating CoLTS MCO and Medicare Advantage or Special Needs Plan (SNP)

Collaboration

- ◆ HSD and ALTSD bring together complementary perspectives:
 - Supporting lifelong independence and healthy aging
 - Medicaid and long term service policy development
 - Quality assurance and improvement
 - Advocacy
 - Fiscal management
 - Service delivery systems management
 - Regulatory & contract oversight

Why has New Mexico been so successful in supporting HCBS

New Mexico:

- ◆ Philosophy of and intention to deliver services in the most independent setting
- ◆ Comprehensive array of services and options
- ◆ Coordinates multiple funding sources to maximize resources
- ◆ Offers a program that integrates health and long-term services
- ◆ Offers a consumer-directed HCBS program
- ◆ Provides community-reintegration program
- ◆ Established quality improvement programs

CoLTS contacts

HSD/MAD: Solutions Center 1.888.997.2593

ALTSD: Resource Center 1.800.432.2080
CoLTS Bureau 1.505.476.4799
State Ombudsman 1.505.476.4790

AMERIGROUP: Member Services (Albuquerque) 1.877.269.5660
or 1.505.875.4320
Provider Relations (Albuquerque)
1.877.269.5706

Evercare: Member Services 1.877.236.0826, choose option 1,
option 1 again to connect to
Albuquerque office.
Provider Relations 1.888.363.8476