Town Hall Meeting on Medicaid Managed Care

Hosted by Governor's Office and Departments of Healthcare and Family Services, Human Services, and Aging

January 24, 2013

Today's Agenda

- State's roll-out plan and timeline for coordinated care/managed care
- State's continuing responsibilities; Medicaid clients' rights
- Meet Aetna and Centene-IllinoisCare
- Learn about ILHIE-DIRECT
- Operational issues for providers in implementing ICP II: question and answer with participants and panelists

Housekeeping Items

- Meeting is 3 hours – no break
- Bathrooms are outside auditorium
- Question and answer will begin at 1:15 pm
- Will try to organize questions in categories:
  1) Services; consumer rights
  2) Provider/plan relationships
  3) Contracts/billing
  4) State oversight
- Please write your question on cards – put 4 categories on top for easier organization
- Webinar has 1,000 participants – we sincerely hope sound system works
- Webinar participants can ask questions by typing them in the question box

Redesigning Medicaid Healthcare Delivery System

- Goal is to create integrated delivery systems that provide quality care and result in better health outcomes for our clients
- Centerpiece is care coordination -- aligned with Illinois Medicaid reform law and federal Affordable Care Act
- 2011 Medicaid reform law – 50% of clients must be in care coordination by 1/1/15
- Initially focusing on Seniors and Persons with Disabilities (SPD) – clients with the most complex (and expensive) health, behavioral health and social needs
- Collaboration among three State human services agencies: HFS, DHS, Aging

Plans for Care Coordination Roll-Out

- IL Medicaid is unique: 3 different "managed care entities"
  - Health Maintenance Organizations (HMO) - traditional insurance-based, with full-risk capitated payments
  - Managed Care Community Networks (MCCN) - provider-organized entities, with full-risk capitated payments
  - Care Coordination Entities (CCE) - provider-organized networks, care coordination fees, medical/other services paid fee-for-service
- Two different categories of SPDs
  - SPD Medicaid
  - Medicare/Medicaid (dual eligibles)

Plans for Care Coordination Roll-Out, cont'd.

- Integrated Care Program – SPD Medicaid
  - 40,000 clients - Cook County suburbs/collar counties
  - 2 HMOs: Aetna, Centene
  - Phase I – medical service package (including behavioral health) -- launched May 2011
  - Phase II -- long-term services and supports (LTSS) package including "waiver" programs -- to begin February, 2013
  - Phase III – LTSS for persons with developmental disabilities – to begin in 2014

Plans for Care Coordination Roll-Out, cont'd.

- Integrated Care Program look-alike -- SPD Medicaid – both Phase I (medical) and Phase II (LTSS)
  - Beginning April 2013
    - Rockford region – 5,000 clients
  - Beginning Summer 2013
    - Central Illinois region – 13,000 clients
    - Quad Cities region – 1,900 clients
    - Metro East region – 7,000 clients
  - Beginning January 2014
    - Chicago – 69,000 clients

Plans for Care Coordination Roll-Out, cont'd.

- Innovations Projects – 6 initial awards in Oct. 2012
  - 5 CCEs and one MCCN selected initially: 4 in Chicago region; 2 downstate
  - Priority populations include both SPD Medicaid and dual eligibles
  - Collaborators must include (at minimum) hospital(s), primary care provider(s), and behavioral health program(s)
- Innovations Project for children with complex health needs -- solicitation currently pending
- Additional Innovations Projects to be awarded as they become ready

Plans for Care Coordination Roll-Out, cont'd.

- Dual-Eligibles (Medicare/Medicaid) – awarded Nov. 2012
  - Federal Medicare-Medicaid Alignment Initiative (MMAI) demonstration
  - 8 HMOs selected for Chicago region (6 counties) and Central IL region (15 counties) -- pending federal approval
  - Will include about 136,000 dual eligibles
- Other populations – children, families, "newly eligible" under Affordable Care Act
  - 1.4 million-1.7 million – roll-out throughout 2013/2014
- Clients in rural areas will continue to be in IL Health Connect – fee-for-service

Opportunities and Challenges with New Care Coordination Models

- Opportunities for clients:
  - Multidisciplinary team focused on the client's holistic needs: health, behavioral health, social needs
  - Care coordinator assigned to help navigate a fragmented system
- Challenges for clients:
  - Have to select one managed care entity from among 2 or more entities
    - If no choice, automatic assignment
    - Exception for Duals: clients can opt-out of Medicare medical service package
  - Have to use providers within a network
  - Locked-in with the entity for one year
  - Have utilization controls under SMART Act and imposed by entity

Opportunities and Challenges with New Care Coordination Models, cont'd.

- Opportunities for providers:
  - Part of integrated , comprehensive provider networks: medical, behavioral healthcare, and variety of long-term supports and services (LTSS) – not operating in silos
  - Part of collaborative, multidisciplinary teams focusing on holistic needs of clients to achieve better health outcomes and quality of life
  - Help manage effective care transitions among providers , resulting in better follow-up care, reduced hospital readmissions
  - Help promote higher quality healthcare through greater access to preventive and primary healthcare, and support for independent living in the community as possible

Opportunities and Challenges with New Care Coordination Design, cont'd.

- Challenges for providers:
  - Unique care coordination design will mean multiple managed care entities in every region
  - Have to demonstrate value and make connection with managed care entities
  - Have to learn contracting with managed care entities, rather than State agencies
  - Have to learn different billing transactions
  - Have to learn multiple utilization control rules
  - Data analytics will measure performance and client health outcomes – will mean more accountability and oversight

Opportunities and Challenges with New Care Coordination Design, cont'd.

- For managed care entities (CCE, MCCN, MCO):
  - Accountable for consumer protections and "Health and Quality of Life Performance Measures" of clients – available on website
  - Need to build robust networks of providers capable of responding to multiple needs of complex populations
  - Need to value unique roles of providers of LTSS (nursing homes and waiver services)
  - Need to build multidisciplinary teams, including trained care coordinators
  - Need innovative approaches to client outreach and engagement for complex populations
  - Need to teach new procedures to providers not familiar with contracting with managed care entities

Role of State Agencies

- HFS as the contracting agency has primary oversight responsibility for MCO contracts
- HFS is expanding Bureau of Managed Care to “manage the managed care companies”
- Providers need to report on demographics, service and outcome data as currently
- Agency certification of providers continues by agencies as currently
- DHS and Aging continues to play a role in policy development in areas of their expertise
- DHS and Aging assist HFS in contract monitoring in areas of their expertise

Appeal Rights for Clients

- Medicaid clients enrolled in MCOs gain additional appeal rights in managed care
- MCOs must have an internal grievance and appeal process
- MCO enrollees have the right to appeal service denials to an external review organization certified by Department of Insurance
- MCO enrollees retain their Medicaid fair hearings appeal rights
- Consumer protections are included in Appendix A of "Frequently Asked Questions" fact sheet – also on website

Contacts

- For questions or comments on ICP

  HFS.ICP@illinois.gov

- To request information about inclusion in an MCO provider network:

  Centene-IlliniCare
  Preston Medrano
  Director, Network Development
  Office: 866-329-4701 ext. 47824
  pmedrano@centene.com

  Aetna
  Office: 866-212-2851
  Prompt for Providers (press 2) and then can select 5 to speak to a Provider Services Representative