Care Coordination Perspectives: Past and Future

Best Practices Care Coordination Conference

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History of MSHO/MSC+

- A Bright Idea: Medicare and Medicaid should coordinate!
- Platforms? Providers vs Managed Care
- Long path to CMS approval of first Medicare Medicaid demonstration in MN
- Focus Group Advice: “One person to help me coordinate my care”
- Evolution of Dual Eligible Special Needs Plans (D-SNPs)
- From Care Coordination to Models of Care
- MSHO as an early national model
- Integrated demonstrations nationwide
- MSHO returns to demonstration status, paves way for D-SNP demonstrations
- Rebalancing the system in MN
- Integrated Medicare Medicaid platform necessary success in triple aim goals:
  - Improve Quality
  - Improve Cost
  - Improve beneficiary experience

Integration Timeline

1970-1990: Formation of On-Lok and PACE

1985-2007: Social HMO Demo (transitioned to SNPs in 2007)

1987: Evercare begins in MN

1980s: MN Managed Care contracts include Medicare/Medicaid services to duals through Medica/Evercare and Health Partners/Social HMO

1991: First MN proposal to CMS for integrated Medicare and Medicaid program for duals, two more proposals follow

1995: CMS approves first State dual demo in MN

2001: MN adds people with disabilities to demo- MnDHO

1997-2004: Two additional State demos implemented in WI and MA

2004: MMA creates MA-SNPs

2005-2006: CMS requires the 3 State Dual Demos to transition to D-SNP

2008: SNBC is statewide with 7 plans, all have D-SNPs

2010: ACA provides additional authority to CMS to align Medicare/ Medicaid for dual eligibles

2011: CMS awards 15 states planning contracts for new dual demos

2011: SNBC Medicaid expands statewide, but most Medicare D-SNPs drop out

2011: CMS issues new Capitated and FSS Financial Alignment Demo (FAD) opportunities beyond the original 15 states, 36 States respond

2012-13: OR, MN, HI, TN and AZ drop out of FAD

2013-14: CMS approves FAD MOUs for MA, WA, IL, OH, CA, MI, VA, SC, NY, CO, TX and MN SNP Alternative Demo

Evolution of Care Coordination Functions

- Base: EW case management requirements
- “Kitchen sink” care coordination: whatever it takes
- Assessment for all
- MCOs endorsed “personal touch” models
- Many flowers bloomed
- Group exercise on common functions
- Contract language/MSHO Expectations Chart
- Overnight statewide Part D and MLTSS expansion (MSC+, counties)
- Increased attention to chronic conditions
- Development of care plan and care system audit protocols
- SNP MOC (strengthened model)
- Transitions Collaborative
- PIP/QIP Collaboratives
- Person centered planning!

MSHO Expectations

- Integrated delivery of primary, acute, LTC
- Person centered care planning
- Comprehensive assessments and evaluations are provided

Costs and utilization for both Medicaid and Medicare are managed (e.g. reduced hospital, ER, long term NF admits)

Care Coordination System

- **Health Plan**
- **Care System**
- **Clinic**
- **Care Coordinator**

Primary/speciality care is established and maintained to improve clinical outcomes.

Transitions between setings (e.g. home, hospital, NF) are managed to achieve positive clinical and quality of life outcomes.

- Prevention
- Rehabilitation
- Monitoring
- Follow up are provided.

Satisfaction, self determination and quality of life are maintained or improved.

- **Processes**
- **Interventions**

Access to Home and Community-based Services is increased.

Long Term Nursing Facility placements are avoided.

- Fiscal incentives support sound clinical practice
- Seamless access and reduced administrative duplication
- Single point of accountability for total costs and outcomes

4/21/03

Disability Models

- MnDHO
  - Loved it but it closed for financial reasons
- SNBC
  - Stakeholder designed
  - Preferred Integration Network (PIN)
  - But no Managed Long Term Supports and Services (MLTSS)
- Medicare Ups and Downs
  - 2008 Statewide integration with Medicare
  - 2011 Expansion of enrollment
  - 2015 Loss of most Medicare Special Needs Plans
- New Horizons
  - Integrated Health Partnerships/ACOs
  - Behavioral Health Homes

Ongoing Challenges

- Triaging: right amount of attention at the right time!
- Documentation and regulations!
  - Medicaid vs Medicare
  - CMS and MDH/DHS, MLTSS
- Care plan audits!
- Effective models: County vs Care Systems vs Community Orgs: What is effective where?
- Medical vs Social Balance (RN-SW roles)
- "Chasing the Doc": improving physician involvement!
- Increasing patient engagement!
- Implementing DHS MLTSS Changes!
  - Level of Care
  - MN Choices
  - Personal Care-CFSS

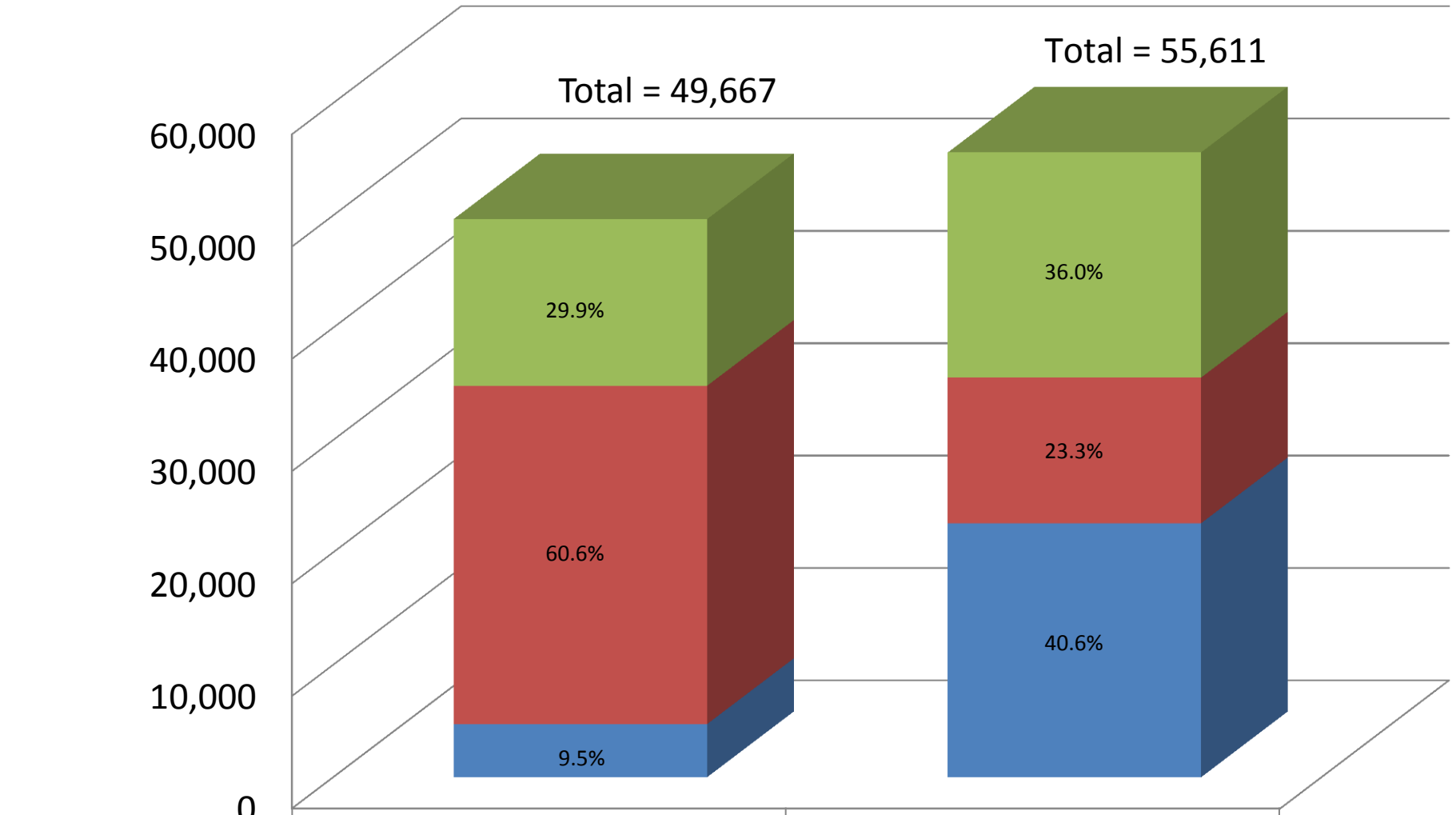
To Be Continued:

- Increasing MSHO enrollment: Addressing barriers to enable MSC+ seniors to move to MSHO
- Purchasing and delivery reforms (provider skin in the game, pay for performance, measurement, Integrated Care System Partnerships/ICSPs): Will it make a difference?
- Role of Health Care Homes/Role of Care Systems/ACOs: Impact on who does what?
- More EHR! What should it/will it look like?
- Behavioral and Physical Health Integration: What are the best models?
- Measurement: How do we measure impact and effectiveness of care coordination?

The More it Changes the More it Stays the Same!

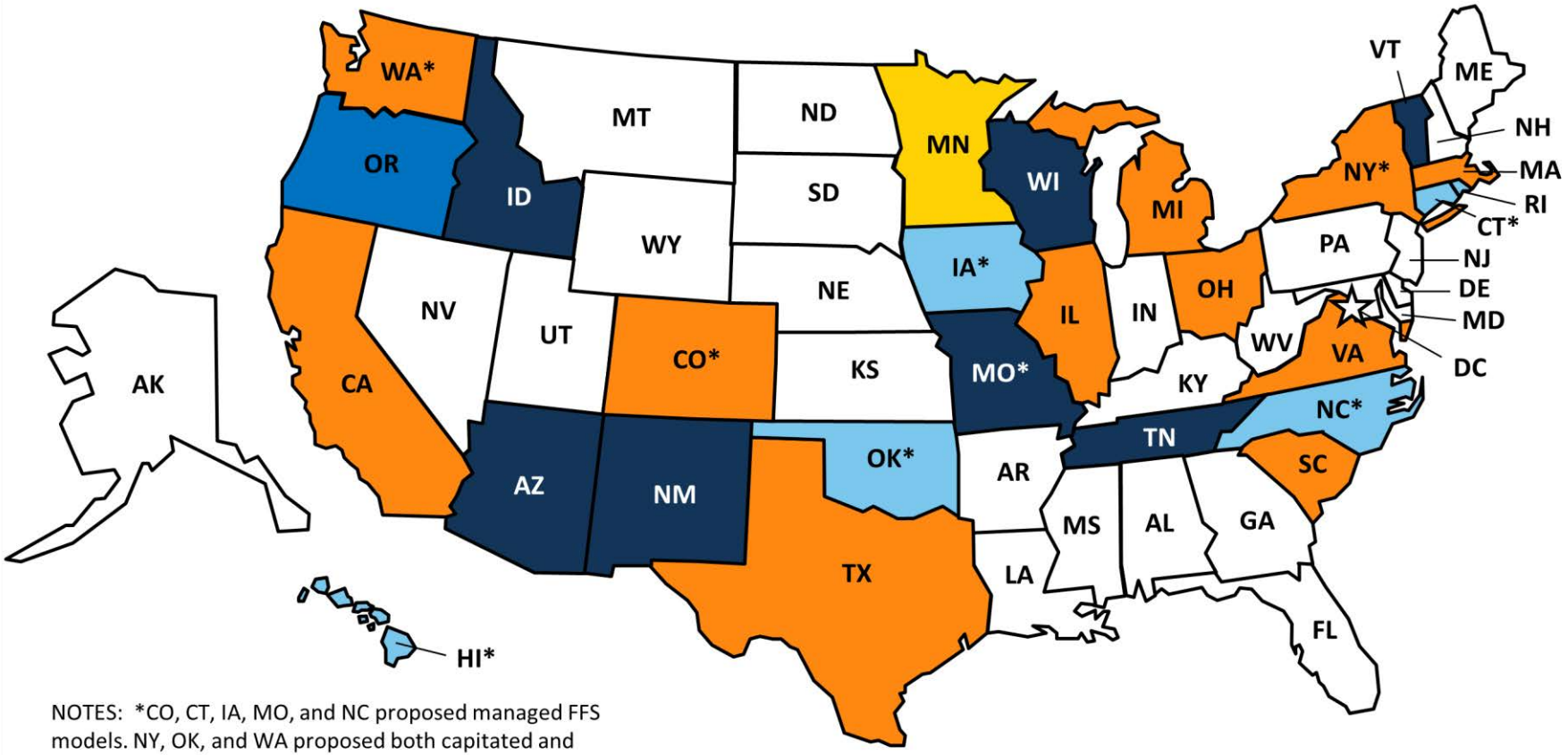
- Stick to the Core: Just being there for PEOPLE counts!
- Assessment for EVERYONE has made a difference!
- Assistance in Navigating “the System”!
- Transitions Collaboration!
- Increased Access (rate cell As)!
- Results!
  - MN LTSS ranked #1 in nation by AARP Scorecard (twice)!
  - MSHO continues to be national model for Integrated Medicare Medicaid and D-SNP Demonstrations!

Enrollment by Setting of Care 1996 and 2014



	1996	2014
Community	14,837	20,045
Nursing Facility	30,104	12,968
Elderly Waiver	4,726	22,598

State Demonstration Proposals to Align Financing and/or Administration for Dual Eligible Beneficiaries, May 2014



NOTES: *CO, CT, IA, MO, and NC proposed managed FFS models. NY, OK, and WA proposed both capitated and managed FFS models; both demonstrations are approved in WA; NY withdrew its managed FFS proposal. All other states proposed capitated models.

SOURCE: CMS Financial Alignment Initiative, State Financial Alignment Proposals, http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsinCareCoordination.html, and state websites.

- MOU signed with CMS to implement financial alignment demonstration (11 states)
- MOU signed with CMS to implement administrative alignment demonstration (1 state)
- Proposal pending with CMS (6 states plus NY's DD proposal)
- Proposal submitted, will not pursue financial alignment but may pursue administrative alignment (1 state)
- Proposal withdrawn (7 states)
- Not participating in demonstration (24 states and DC)

Thank YOU for all you do every day!

YOU make a difference in the lives of Minnesota Seniors!