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Geriatric Mental Health Alliance of New York State

October 30, 2014

Topics

1. New York State Medicaid Redesign Team
2. Managed Care for Special Populations
   - Behavioral Health
   - Long-Term Care
3. Health Home
4. Delivery System Reform Payment Plan
5. Geriatric BH Issues

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New York State Medicaid Redesign Team

Overview

- New York State Medicaid Redesign Team (MRT):
  - Created by Governor Cuomo in January 2011.
  - Tasked with finding ways to reduce costs and increase quality and efficiency within the Medicaid program.
- Two major recommendations were enacted to drive the transition to managed care:
  - New multi-year Medicaid Global Spending Cap.
  - "Care management" for all Medicaid beneficiaries:
    - Several different models.
    - Will eventually provide fully-integrated managed care for all Medicaid enrollees.

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Managed Care for Special Populations: Behavioral Health

Overview

- On March 21, 2014, RFQ released

- This process will:
  - Incorporate the full BH benefit into mainstream MMC
  - Create specialized HARP products

- Plans may pursue either option on their own, through a contract with a behavioral health organization (BHO), or through a partnership with another experienced vendor.

Quick Facts

Geography:	Statewide
Reimbursement:	Per member, per month capitated payment
Timeline:	Downstate: April 2015; Upstate: October 2015
Target Population:	Downstate: 80,000 individuals; Upstate: 60,000 individuals
Eligibility:	Non-dual individuals 21 or over may be eligible for HARPs if they have a SMI or SUD diagnosis
Scope of Services:	• Behavioral health services currently covered by Medicaid; and • New community-based services that promote independence

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Managed Care for Special Populations: Long-Term Care

Long-Term Care Plans

- Managed Long Term Care (MLTC)
- Fully Integrated Duals Advantage (FIDA)
- Program of All-Inclusive Care for the Elderly (PACE)
- Medicare Advantage
- Special Needs Plans (SNP)

FIDA Demonstration Background

- Overseen by the CMS Federal Coordinated Health Care Office and Center for Medicare and Medicaid Innovation
- Seeks to improve care, reduce cost, and coordinate benefits for the dual eligible population through alignment of Medicare and Medicaid financing streams
- The memorandum of understanding (MOU) between CMS and New York was signed August 26, 2013
- New York is the 7th state to finalize its participation in this demonstration program

Memorandum of Understanding

- New York State proposes to fully integrate services and provide care coordination to dual eligibles through a managed care capitated model
- The demonstration will target 170,000 full dual eligibles
- The eight county demonstration region includes: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, and Westchester

FIDA Eligibility

Eligible populations:

- Age 21 or older;
- Entitled to benefits under Medicare Part A and enrolled under Medicare Parts B and D, and receiving full Medicaid benefits; and
- Reside in a FIDA demonstration county

Individuals must also meet one of the following three criteria:

- Require community-based long-term services and services (LTSS) for more than 120 days;
- Are Nursing Facility Clinically Eligible (NFCE) and receiving facility-based long-term services and supports; or
- Are eligible for the Nursing Home Transition and Diversion (NHTD) 1915(c) waiver

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Interdisciplinary Teams (IDTs)

- Service planning, coverage determinations, and ongoing care management are conducted by an IDT
- IDTs include the following (as appropriate):
  - The participant and/or an authorized representative and/or his/her designee;
  - Designated care manager;
  - Primary care physician (PCP) or a designee with clinical experience from the PCP's practice;
  - Behavioral health professional or designee with clinical experience from the same practice;
  - Home care aide or designee with clinical experience from the same agency;
  - Nursing facility representative who is a clinical professional;
  - Registered nurse who completed the participant's assessment; and
  - Other providers either as requested by the participant/designee or recommended by IDT members

FIDA Covered Benefits

- All services covered by Medicare Parts A, B, and D;
- All Medicaid services including physical health, behavioral health, LTSS, and any others deemed medically necessary; and
- Additional services or items that address a participant's needs can be included in the PCSP at the plan's discretion
- Home care services must be provided through CHHA

Plans Participating in Readiness Review

MLTC Enrollment for Plans Participating in FIDA Readiness Review

#	Plan Name	MLTC Enrollment
1	**VNSNY Choice**	17,150
2	**GuildNet**	14,363
3	**Senior Health Partners**	11,242
4	**ElderServe**	10,369
5	**Elderplan**	10,120
6	**CenterLight Healthcare**	9,139
7	**Fidelis Care at Home**	6,999
8	**WellCare**	5,819
9	**Independence Care Systems**	5,081
10	**AgeWell New York**	3,234
11	**VillageCare Max**	2,944
12	**Amerigroup**	2,798

#	Plan Name	MLTC Enrollment
13	**Aetna Better Health**	2,619
14	**HHH Choices**	2,279
15	**ArchCare**	1,837
16	**Centers Plan for Community Living**	1,669
17	**EmblemHealth**	1,338
18	**Integra**	1,263
19	**Senior Whole Health**	916
20	**United Healthcare**	746
21	**North Shore LIJ Health Plan**	731
22	**MetroPlus**	577
23	**AlphaCare**	554
24	**Montefiore**	339

* MLTC enrollment figures are limited to the eight county FIDA demonstration region and are current as of June 2014.
** MLTC enrollment figures and list of participating plans are from the DOH website.

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Implementation Timeline

New York City and Nassau County:

	Enrollment Date
Voluntary	January 1, 2015
Passive	April 1, 2015

Suffolk and Westchester Counties:

	Enrollment Date
Voluntary	April 1, 2015
Passive	July 1, 2015

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Health Homes

Overview

- A Health Home is a care management service model.
- All services are coordinated.
- Enrollees are assigned a care manager.
- Payment is flexible including structuring a tiered payment methodology.
- Health Home have role in HARP and DSRIP

Quick Facts

Geography:	Statewide
Enrolled:	125,000 individuals (52,000 - outreach; 73,000 - active case management)
Eligibility:	Individuals with: • At least two chronic conditions; or • One qualifying chronic condition (HIV/AIDS or SMI)
Reimbursement :	Per member per month engagement and case management payments adjusted for acuity
Scope of Services:	• Comprehensive care management; • Care coordination and health promotion; • Comprehensive transitional care; • Individual and family support services; • Referral to community and social support services; and • Use of health information technology to link services

Examples: Designated Health Homes

- North Shore LIJ Health Home
- Bronx Lebanon Hospital Center
- Bronx Accountable Healthcare Network Health Home
- Coordinated Behavioral Care Inc.
- New York City Health and Hospitals Corporation
- New York and Presbyterian Hospital
- North Shore LIJ Health Home
- Maimonides Medical Center
- Visiting Nurse Service of New York Home Care

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Delivery System Reform Incentive Payment Program

Medicaid Waiver

- On April 14th, NYS received approval from CMS on the Terms and Conditions of its $8 billion Medicaid waiver.

Medicaid Waiver

- The State's Medicaid Redesign Team waiver:
  - Delivery System Reform Incentive Payment (DSRIP) Plan: $6.42 billion
  - Interim Access Assurance Fund (IAAF): $500 million
  - Other Medicaid Redesign: $1.08 billion
    - Health Home development
    - Behavioral health
    - Workforce training

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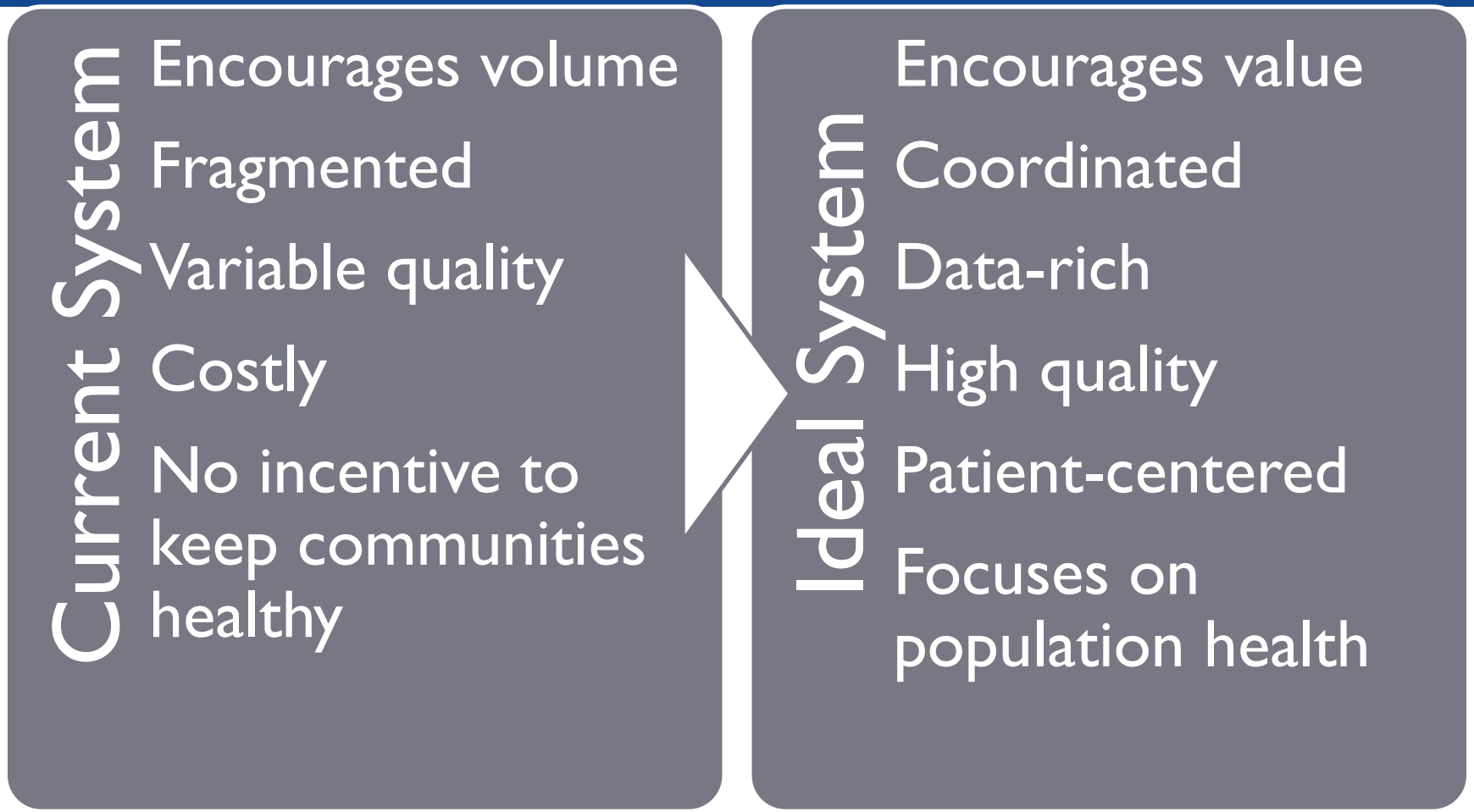
Moving Away from FFS



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DSRIP Overview

- The new Delivery System Reform Incentive Payment (DSRIP) program provides funding for new initiatives by providers to improve care, reduce costs, and improve outcomes.
- The overall goal is to reduce avoidable hospitalizations and emergency department (ED) use by 25 percent over five years.
- Metrics for will include four measures of avoidable hospitalizations:
  - Potentially Preventable Emergency Room Visits (PPVs);
  - Potentially Preventable Readmissions (PPRs);
  - Prevention Quality Indicators – Adult (PQIs); and
  - Prevention Quality Indicators – Pediatric (PDIs).
- More than $6.42 billion will be made available over five years to public hospitals and safety net providers through this program.

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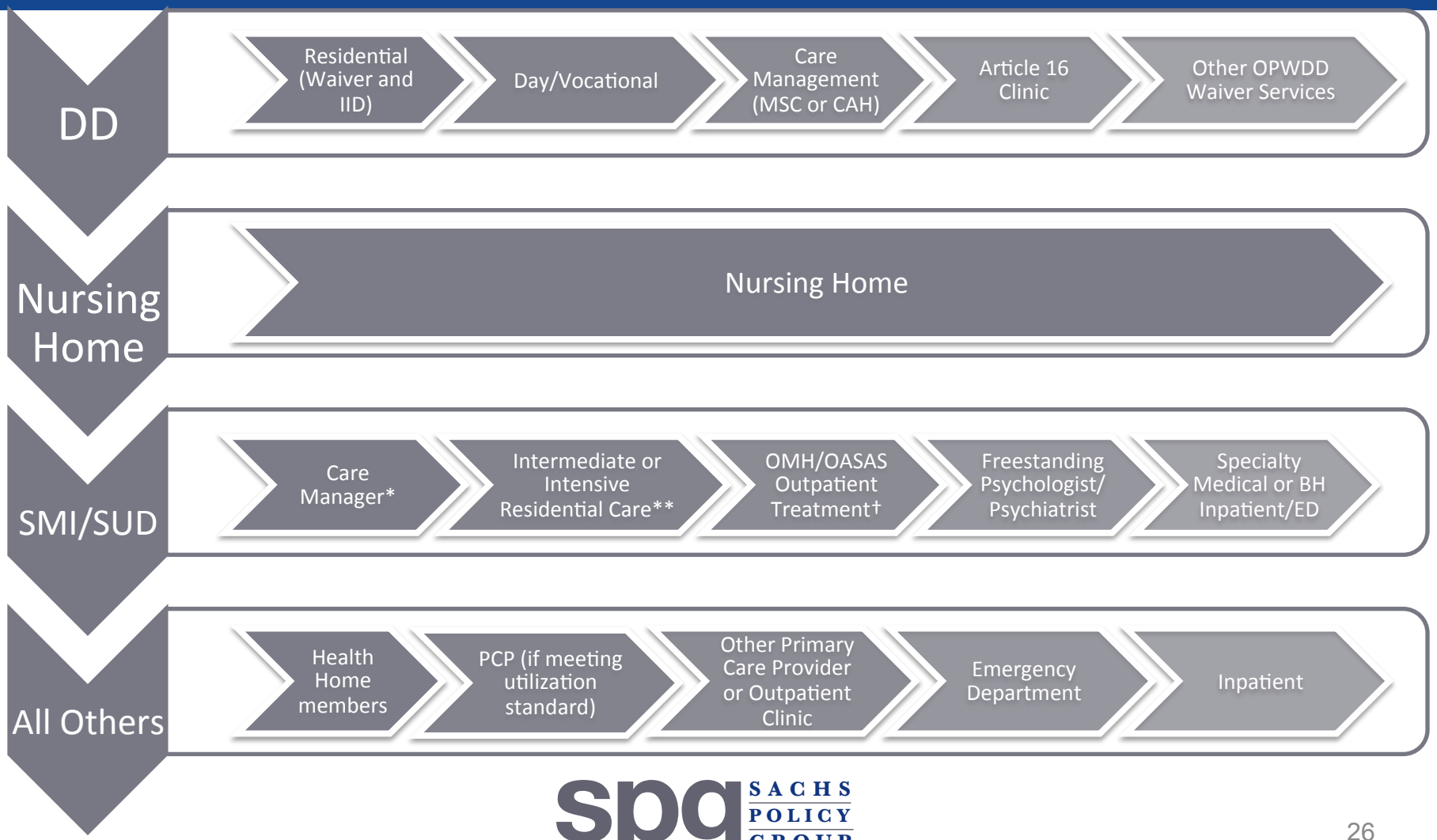
DSRIP Attribution Model

*Health Home TCM, or ACT, or children in the HCBS waiver.
**RTF, PRSY, rehabilitative services for residents of a Community Residence, etc.
†Outpatient clinic, CDT, PROS, day treatment, MMTP, or outpatient rehabilitation.



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Quick Facts

Geography:	Statewide
Eligible Applicants:	Public hospitals and safety-net providers; partnerships are highly encouraged
Funding Categories:	Project types three focus areas: • System improvement • Clinical improvement • Population-wide strategies
Additional Information:	Projects must: • Demonstrate community need; • Show a commitment to life-cycle change and a willingness to commit sufficient resources; and • Represent a "transformative" change for the provider

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Reform Issues – Geriatric Behavioral Health

Geriatric BH Issues

- FIDA Implementation
  - Carve in of Behavioral Services
  - IDT Process
  - Plan size and finance
  - Dual eligibles
- Home Based Services
- Access to 1915i services – Other Flexible Services
- Future of "Medicaid Only" MLTC Plans
- LTC Plans and Behavioral Health Readiness
- DSRIP Opportunities

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Questions?