

# Coordination of Long-Term Services



Presentation to the  
Legislative Health and Human Services Committee  
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# Objectives for today's discussion

- ◆ Overview of Coordination of Long-Term Services (CoLTS)
- ◆ What is CoLTS and why coordinate long-term services?
- ◆ Transition to CoLTS
  - Geographic phase-in
  - Outreach to participants & providers
  - Supports
- ◆ Lessons learned from Phase I
- ◆ Program oversight
  - Clarification of agency roles
  - Measuring success
- ◆ Fiscal management
  - Reimbursement
- ◆ National outlook

# What is CoLTS?

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- ◆ CoLTS (formerly known as Coordinated Long-Term Services) is a managed long-term services and acute care program that serves certain Medicaid participants
- ◆ Covers medical and long-term services in one seamless, coordinated, integrated program
- ◆ Estimated number of eligible individuals: 38,000

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# Why Coordination of Long-Term Services?

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# Trends Impacting Long-Term Services

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- ◆ Projected change in demographics
  - Increased number of older and disabled persons
  - Higher healthcare costs
  - Changing expectations for the delivery of long-term services
- ◆ Emphasis on Home and Community-Based Services (HCBS)
  - 2<sup>nd</sup> in the Nation in LTC expenditures for HCBS
- ◆ Improved access to and quality of services in rural areas

# The Evolution Toward CoLTS

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- ◆ Request for Proposal (RFP) released in 2004
  - 3 Bids received
  - Awards given to 2 MCOs:
    - Evercare
    - AMERIGROUP
- ◆ Stakeholder meetings began December 2005
- ◆ Concept Paper released for public input December 2006
- ◆ Extensive Tribal Consultation
- ◆ Waivers approved by the Centers for Medicare and Medicaid Services (CMS) in July 2008

# Why coordinate long-term services?

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- ◆ Manage public resources more effectively
- ◆ Promote home and community-based services
- ◆ Reduce unnecessary institutional placements
- ◆ Coordinate and integrate medical and long-term services
- ◆ Coordinate Medicare and Medicaid funding

# Why coordinate long-term services?

(continued)

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- ◆ Improve health status and outcomes
  - Identify needs earlier
  - Increase early intervention and prevention
- ◆ Increase access to healthcare services in rural and frontier areas
- ◆ Increase quality management and data sharing
- ◆ Increase participant involvement in long-term planning

# Who is eligible?

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- ◆ 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
  - Disabled & Elderly (D&E) waiver individuals
  - Adults receiving Personal Care Option (PCO) services
- ◆ Certain individuals with brain injury who meet medical and financial eligibility

# What services are covered?

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- ◆ Medicaid State Plan Services:

Nursing facility services, primary and acute care, dental and vision care, transportation, service coordination

- ◆ Home and Community-Based Services (HCBS)

Includes all current D&E Waiver services, such as:

service coordination, adult day health, respite, assisted living, community transition services, relocation specialists, environmental modifications, private duty nursing for adults, skilled maintenance therapy

# Other Medicaid Programs

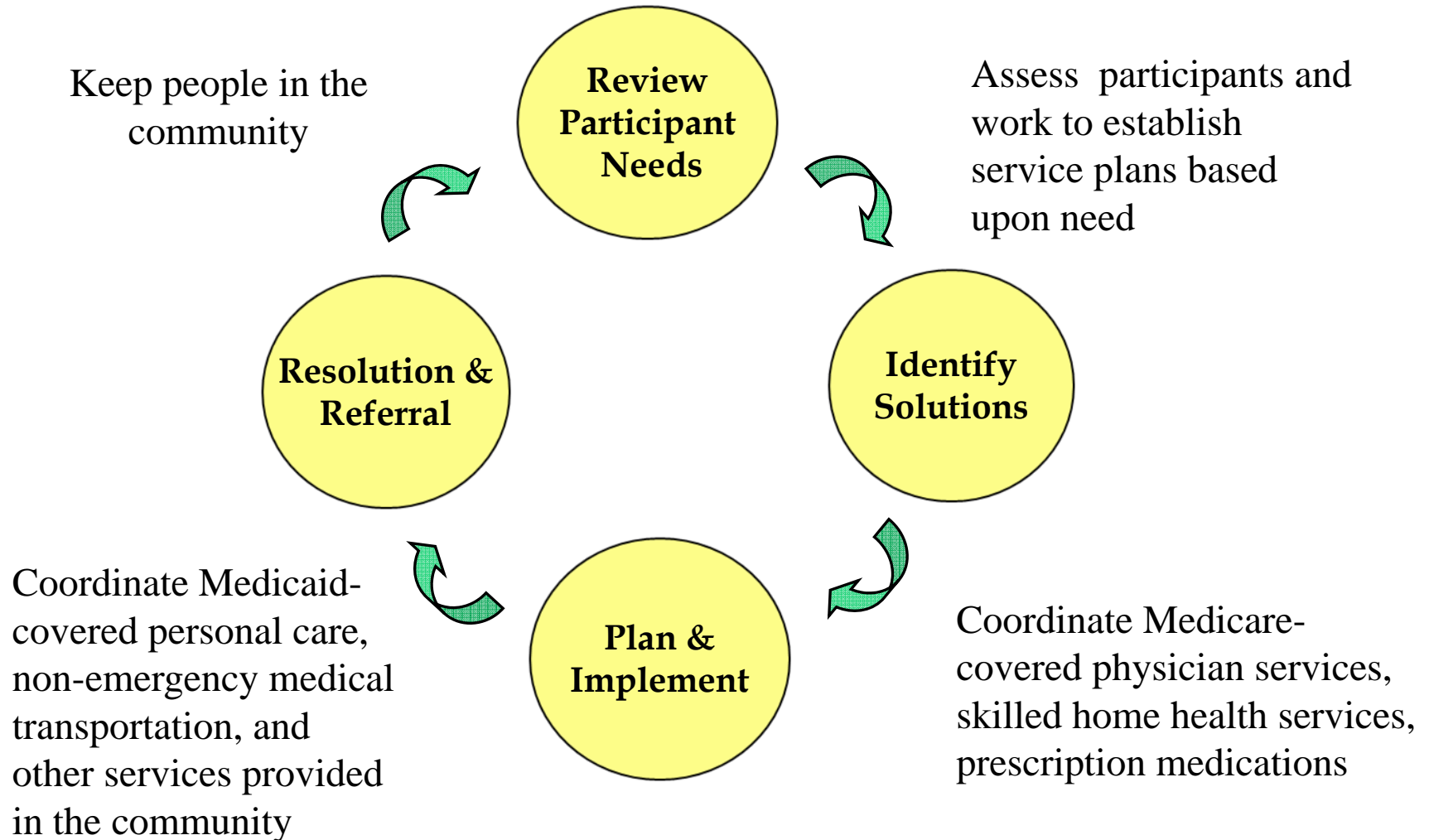
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- ◆ CoLTS participants receive behavioral health services from the Statewide Entity (SE)
- ◆ Eligible CoLTS participants may choose to receive HCBS through Mi Via, a self-directed HCBS waiver program
- ◆ Eligible CoLTS participants in the Albuquerque area still have option to enroll in Programs of All-inclusive Care for the Elderly (PACE)

# How do participants get services?

## Service Coordinators - Continuous Assessment of Participant Needs

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# Transition to CoLTS

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# Transition to CoLTS

## Geographic Phase-in by County

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Phase	Region (by county)	Go live date	Estimated Enrollment
<b>1</b>	<b>Bernalillo, Sandoval, Torrance, Valencia, Santa Fe, Los Alamos</b>	<b>8/1/2008</b>	<b>12,063 (actual)</b>
2	Sierra, Dona Ana, Catron, Luna, Grant, Hidalgo, Otero	11/1/2008	8,000
3	Cibola, McKinley, San Juan, Socorro	1/1/2009	6,500
4 and 5	Curry, De Baca, Lincoln, Chaves, Eddy, Lea, Quay, Roosevelt, San Miguel, Guadalupe, Taos, Rio Arriba, Mora, Colfax, Union, Harding	4/1/2009	10,000

# Transition to CoLTS

## Outreach to Participants

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- ◆ State conducted extensive outreach and counseling to CoLTS participants in such locations as Senior Centers, Independent Living Centers, and Nursing Facilities
  - May 2008 - Continuing education and enrollment events
  - July 2008 - Started ALTSD Benefits Counseling staff provided one-on-one phone counseling as well as home visits to homebound participants
- ◆ Resource Center at ALTSD and Solutions Center at HSD trained and available for answering CoLTS participant questions

See attached handout

# Transition to CoLTS

## Outreach to Providers

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- ◆ Continuous provider communication during monthly program Stakeholder Meetings which began December 2005
- ◆ State and CoLTS MCOs conducted provider trainings statewide – Began March 2008
- ◆ ACS Provider Webcast Trainings – Began March 2008
- ◆ CoLTS 101 Santa Fe & Albuquerque – Began April 2008
- ◆ Numerous provider mailings
- ◆ Numerous meetings and conference presentations

# Transition to CoLTS

## Ombudsman Program Enrollment Support

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- ◆ A resident-centered advocacy program designed to promote and protect the rights of residents in long-term care facilities
- ◆ Ombudsman Program provided CoLTS education to 91 facility staff members from 16 nursing homes and assisted living facilities in the Phase I implementation area
- ◆ Ombudsman staff provided on-site education to nursing facility staff
- ◆ Ombudsman staff provided on-site resident, family, power of attorney and guardian meetings

# Transition to CoLTS

## Community Placements

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- ◆ Work with nursing homes to reinvent themselves as community centers
- ◆ Incorporates Money Follows the Person
  - Flexibility to serve people in the community
  - Increase access to home and community based services as community capacity is developed

# Transition to CoLTS

## Continued Stakeholder Communication

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- ◆ CoLTS Subcommittee to the Medicaid Advisory Committee (MAC)
  - Purpose: Communicate with the MAC, ALTSD and HSD/MAD on key issues important to individuals who are served in the Medicaid CoLTS program
  - Charge: Develop a protocol to provide advice in the areas of access, improved quality and accountability
  - Appointment letters sent to 11 members representing providers, consumers, and advocates
  - Initial Subcommittee meeting **September 2008**

# Lessons Learned from Phase I

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- ◆ Assessing Issues/Receiving Input
  - Internal evaluation by staff
  - CoLTS Advisory Subcommittee
- ◆ System Enhancements
  - Outreach to client to correct address information
  - Nursing Facility Level of Care date spans
- ◆ Continuity of Care
  - Extended existing service plan dates
  - Provider network continuity
  - Ensure no break in pharmacy benefits

# Lessons Learned from Phase I

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- ◆ Need for different and enhanced provider outreach
  - Increased medical provider communication
  - Increased number of Provider Education Events
  - ACS Training to *all* providers, including Pharmacists
- ◆ Need to enhance participant education
  - Consolidated education and enrollment events
  - Conducted simultaneous enrollment events in English and Spanish
  - Conducted enrollment events in Spanish only

# Lessons Learned from Phase I

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## ◆ Provider networks

- Greater awareness of regional needs
  - Culture
  - Language
- Improve information and outreach regarding state-owned facilities
- Improve information and outreach with nursing facilities
- Increase relationship-building with other large existing networks

# Intensive oversight for successful program

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- ◆ Joint oversight of program by ALTSD and HSD
- ◆ Readiness Reviews
  - Network Capacity
  - Systems & IT
  - Access to Care
  - Service Coordination
  - Cultural Competency
  - Grievance & Appeals
  - Member Services

# Clarification of oversight roles

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ALTSD	HSD/MAD	Joint
Marketing	Policy & Regulations	Implementation Oversight
Member Services	Data and Systems	Quality
Education and Outreach	Tracking and Trending	Program Policy Development
Complaints and Grievances	CMS Waiver and Reporting	Native American Relations
Credentialing non-licensed providers	Exemptions	Legislative Communication
Staff Fair Hearings	Budget	Contract Management
Maintain Waiver Registry	Financial Oversight	Stakeholder Communication
Allocation Management	Conduct Fair Hearing	Interaction with other Programs
		Provider Network
		Programs Operations

# Intensive financial oversight occurs

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- ◆ Solvency
  - Monitor ability to pay current debts & long-term expenses including compliance with net worth requirements (quarterly and annual basis)
- ◆ Financial Reporting
  - Annually: Fidelity Bond Insurance Policy; Reinsurance Policy; Independently Audited Financial Statements; Medicaid Specific Audited Schedule of Revenue and Expenses; Department of Insurance Annual Statement
  - Quarterly: Cash Reserves Bank Statement; Expenditures by Category; Utilization; FQHC/RHC Payment; Payment to IHS and Tribal 638 Providers; Stop Loss; Department of Insurance Quarterly Statements; Medicaid Specific Unaudited Schedule of Revenue and Expenses
- ◆ Financial Audits
  - Validate data in reports & examine records for solvency requirements
  - Examine insurance policies not included in regular reporting process: general liability, Workers Compensation, unemployment; automobile; & health insurance for employees

# What program safeguards are in place?

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Numerous federal and state regulations create program protections

- Billing timeliness
  - Claim tracking to monitor payment to providers
  - Access to care
  - Protected providers (FQHCs, RHC, IHS, sole providers)
  - Emergency hospital services
  - Family planning
  - Conflict of interest regulations
  - Marketing guidelines
  - Cultural competency
  - Continued services to recipients
- Adequate capacity
  - Confidentiality
  - Enrollment and disenrollment
  - Grievance procedures
  - Appeals
  - Subcontractual relationships
  - External quality reviews
  - Program integrity
  - Sanctions
  - Required to serve all enrollees
    - no cherry picking

# New quality measures for the program

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- ◆ Quality management and quality improvement programs
- ◆ Performance measures
  - Work with MCOs/stakeholders to develop measures
    - Vaccinations for older adults
    - Emergent care visits
    - Nursing home admissions & lengths of stays
    - Falls & mobility
    - Numbers of consumers who transition from NF placement served & maintained in community
- ◆ Disease management programs
  - MCOs must provide comprehensive disease management for 2 chronic diseases
    - Diabetes
    - Hypertension
    - Coronary Artery Disease
    - Chronic Obstructive Pulmonary Disease (COPD)
- ◆ MCO consumer advisory boards/bi-annual tribal meetings
- ◆ State/CMS quality reporting requirements

# How do we know if the program is successful?

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- ◆ Oversight of CoLTS is extremely intensive
  - External and Internal Audits
    - Centers for Medicare & Medicaid Services (CMS)
    - Office of Inspector General
    - HSD/ALTSD
    - Other entities
  - Independent review of agency oversight
  - External Quality Review Organization of MCOs
  - Consumer and Provider Satisfaction surveys
  - Grievance and Appeals Monitoring by staff
  - Financial Solvency Reviews by staff
  - CMS waiver renewal review

# What services are we paying for?

Service	FFS	Managed Care
Claims Processing	√	√
Data Reporting	√	√
Utilization Review	√	√
Complex Case Management		√
Care Coordination		√
Customer Service & Member Handbooks		√
Provider Services	√	√
Network Management & Provider Directory		√
Quality Initiatives	√	√
Disease Management		√
24-Hour Nurse Advice Line		√
Coordination of Medicare/Medicaid		√
Health Education & Health Materials		√
Flexibility \$ Value Added Benefits		√
Certified Language Lines		√

# The program brings the flexibility of value-added services

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## AMERIGROUP

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

## Evercare

- Adult annual physicals
- Home-delivered meals
- DME supplies for wound care

**AMERIGROUP contract with Indian Health Services includes additional value added services**

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

# Reimbursement designed to coordinate services

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- ◆ 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**

- \$1,530.00

# Measuring Today Against Yesterday

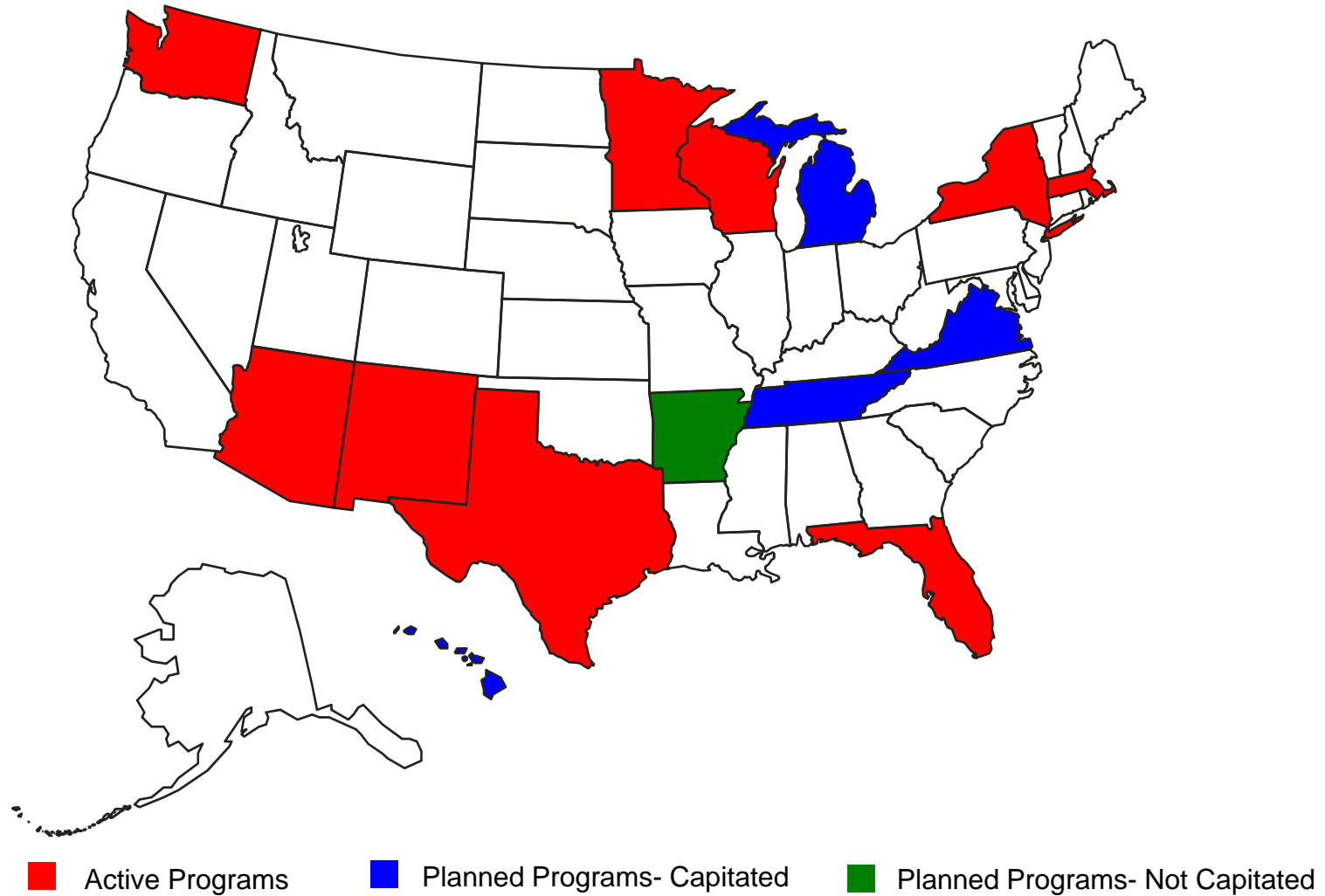
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- ◆ CoLTS
  - 38,000 estimated enrollment
  - \$1,530.00 average pmpm capitation payment
- ◆ PCO
  - \$2,600.00 average cost pmpm (includes all Medicaid services)
- ◆ PACE
  - \$2,442.00 average cost pmpm (includes all Medicaid services)
- ◆ D&E Waiver
  - \$2,500.00 average cost pmpm (includes all Medicaid services)

# National Outlook

## States with Managed Long-Term Care Programs

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# Managed Long-Term Care – Change is Challenging but Worthwhile

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## Satisfaction Surveys conducted by states and other feedback

- ◆ Texas Star +
  - 87% were satisfied with procedures for obtaining services
  - 81% said they received the services they needed from the program
- ◆ Arizona Long-Term Care System
  - 93% were satisfied with their case managers and HCBS caregivers
  - 90% were very satisfied with their nursing facility caregiver
  - 84% were very satisfied with their physicians
- ◆ New York's Managed Long-Term Care Systems
  - 87 % were very satisfied with their services
  - 91% would recommend the program to a family member or friend
- ◆ New Mexico Implementation Feedback
  - Members receptive to having their own Service Coordinators
  - Nursing Facilities like idea of MCO Service Coordinators on-site to help residents
  - New way of doing business for State providing opportunities for Departments to create one system to provide services together

# National Experience with Medicaid Managed Care for Dual Eligibles

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- ◆ Examples of “successes” of other Medicaid managed care programs for dual eligible populations:
  - AZ- Coordination with Medicare Special Needs Populations increased the number of dual eligibles with NF LOCs who resided in the community rather than an institution, from 5% to 63% over 17 years
  - TX- Dual eligibles received 31 percent more personal care, and 38 percent more adult day health services, than in fee-for service
  - MN- 94 percent of the program’s beneficiaries would recommend their care coordinator to another person

Source: “Medicare Advantage Special Needs Plans for Dual Eligibles: A Primer”, University of Maryland, Baltimore County - February 2008