A Comprehensive Review of Critical Issues and Lessons in Managed Long Term Care

2013 Long Term Care Policy Conference

Fay Gordon, National Senior Citizens Law Center
The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all. For more information, visit our Web site at www.NSCLC.org.
Today

Overview: What is happening?

Recent MLTSS Guidance

MLTSS Transition: Learning from early states
Rhode Island is one of many states moving to MLTSS

Source: NASUAD Medicaid Integration Tracker
Managed Care: Plans paid to provide covered services via network providers
Many organizations involved in MLTSS transitions

- CMS
- State
- Managed Care Plans
- Provider Associations
- Medical Groups
- Medical Providers
- LTSS Providers
- CBOs
- Beneficiaries
- Beneficiary Advocates
Many organizations involved in MLTSS transitions
Next year: Many states will conduct MLTSS and duals demo enrollment

<table>
<thead>
<tr>
<th>State Duals Demo or MLTSS</th>
<th>Schedule for notice and enrollment</th>
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<tbody>
<tr>
<td>California (DUALS)</td>
<td>January, 2014 (Notice #1), February, 2014 (Notice #2), March 2014 (Notice #3)</td>
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<tr>
<td>Florida (MLTSS)</td>
<td>Four months before effective date in the client’s region</td>
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<td>Illinois (DUALS)</td>
<td>January, 2014</td>
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<td>Massachusetts (DUALS)</td>
<td>November, 2013</td>
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<td>New York (DUALS)</td>
<td>May, 2014: Community LTSS; November 2014: NH residents</td>
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<tr>
<td>New York (MLTSS)</td>
<td>September, 2013: Medicaid-only NH residents October, 2013: All NH residents December, 2013: Community-based residents January, 2014: Community-based residents</td>
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Questions?
CMS Guidance on MLTSS
MLTSS Info Source #1: CMS Guidance

- 10 Elements in May, 2013 CMS guidance:
  - Planning Strategies
  - Stakeholder Engagement
  - Enhanced HCBS
  - Beneficiary Support
  - Person-centered Process
  - Participant Protections
  - Payment Alignment
  - Quality
  - Comprehensive Service Package
  - Qualified Providers
Service plan should be holistic and person-centered

• CMS urges states to make benefit package through MCOs as comprehensive as possible

• Benefits:
  – Providers are able to provide care planning and oversight across all available settings
Plans are required to have an adequate network of providers

- MLTSS networks must meet beneficiary needs:
  - Adequate provider capacity
  - Provide training and technical assistance to providers

- To ensure greatest provider participation in MCO networks, states can establish continuity of care standards
Services should be delivered in the most integrated setting

- Services should be delivered in settings that meet the HCBS community character (*more later*)
  - Monitor individuals moving between community and institutions
  - Work with MCOs and provider community on HCBS characteristics
  - Adhere to ADA and Olmstead
CMS proposed definition to community-character in 2012:

- LeadingAge Comments: http://www.leadingage.org/uploadedFiles/Content/Members/HCBS/Home_Care_and_Home_Health/LeadingAge_Comments_on_Community_First Choice_Option.pdf
Community character in MLTC waivers

• New Jersey definition of community character of HCBS:
  – Private, semi-private bedrooms, bathrooms
  – Access to food at any time
  – Ability to make decisions about daily activities, including visitors and food
  – Privacy to visit with friends
  – Choice on how and when to spend time
Community character in Florida

• Similar to New Jersey requirements
• Differences include:
  – Resident may lock unit
  – Personal sleeping schedule
  – Choice of eating schedule
  Choice of length of telephone calls
More info on MLTSS, Florida, NJ and NY waiver

• NSCLC’s MLTSS page with resources from Eric Carlson:
  – **Summary** on MLTSS Guidance
  – **Special report** on Florida’s LTC Managed Care Program
  – **Analysis** of New York and New Jersey’s MLTSS Program

Available at: [www.nsclc.org/index.php/mltss](http://www.nsclc.org/index.php/mltss)
Questions?
MLTSS Transition: State Experiences
California’s SPD Transition

• June 2011-May 2012:
  – 239,731 seniors and persons with disabilities (SPDs) from FFS to MLTSS.
  – Beneficiaries required to choose or be assigned to a health plan.

Source: Kaiser Commission on Medicaid and the Uninsured, Transitioning Beneficiaries with Complex Care Needs to Medicare Managed Care: Insights from California (July 2013)
Transition issue: Beneficiary data and information sharing
Transition issue: Building adequate networks

- MCOs had trouble recruiting PCPs with expertise in complex care management.
- Care continuity:
  - Difficulty recruiting specialty care providers
  - FFS providers reluctant to join the networks

Source: Kaiser Commission on Medicaid and the Uninsured, Transitioning Beneficiaries with Complex Care Needs to Medicare Managed Care: Insights from California (July 2013)
Transition issue: Support for provider organizations

• Providers report:
  – Increase in uncompensated staff hours for authorizations and appeal denials
  – Providing unreimbursed care during transition to prevent dangerous disruptions in care
  – Capitation rates did not account for the higher utilization rates
KanCare: Work in Progress

- Launched in January, 2013
- 360,000 consumers across the state
- Three MCOS: Amerigroup, Sunflower (Centene) and United
- All Medicaid services
Transition issue: Payment to Providers

- Hospital problems with claim denials:
  - Increase in number of Medicaid claims denied by MCOS
  - One hospital: Denied charges for 560 patients vs. 263 year before
  - “There’s constant voicemails, emails, phone tags and sometimes you don’t get anywhere.”
Outcome: Reduced waiting lists for HCBS

- Kansas Governor Brownback recommended using a portion of dividends from Kancare be used in part to reduce waiting lists for HCBS waivers for 650 individuals with physical and developmental disabilities.
MLTSS Transition: Learning from Prior States
Lessons learned

Importance of Stakeholder Engagement

“If you want to implement something like that in the future, you should have more input from the people who do the day-to-day jobs.”

Sandra Montes, Southwest Medical Center, quoted in Kansas Health Institute (September 23, 2013).
Stakeholder Engagement

• As important after integration is implemented:
  – **State**: Stakeholder advisory board includes beneficiaries
  – **Plan**: Stakeholder advisory board includes beneficiaries.
    • Quarterly meetings with members to document progress and grievances
Advocating for a transparent process

“With so many people being impacted by the changes — 380,000 Kansans — we really thought there should be accountability and transparency for all of the stakeholders.”

Transparency

• Transparency at the state and plan level:
  – CMS, state and MCO agreements must be public
  – Results of readiness review, evaluations and quality measures should be public
  – MCOs should be subject to state freedom of information laws
Care continuity and transitions

“[Enrollees] would go to the doctor and the doctor said, ‘Sorry, I can’t see you; you’re in managed care.’ Many times that’s how they discovered they were enrolled in a plan.”

Source: Provider quoted in Transitioning Beneficiaries with Complex Care needs to Medicaid Managed Care, Insights from California (July, 2013).
Care continuity and transitions

- MCOs should implement policies that provide for continuous access to services and providers:
  - Extend out-of-network payment to existing providers for 1 year
  - Protections should extend to all providers
  - Process to encourage providers to enroll in MCO networks
Care continuity and transitions

• MCO should work with all providers:
  – Help smaller LTSS providers develop infrastructure to join network
  – Make payment available to any certified nursing facility or assisted living facility in which an enrollee is living at the time of enrollment
• Honor existing authorizations for at least 120 days
Care Continuity: What’s happening now

- **Duals demo**: State transition periods vary.

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<tr>
<th></th>
<th>CA</th>
<th>IL</th>
<th>MA</th>
<th>NY</th>
<th>OH</th>
<th>VA</th>
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<tbody>
<tr>
<td>Transition period</td>
<td>180/360 M'care/M'caid</td>
<td>180</td>
<td>90</td>
<td>90</td>
<td>Depends on service</td>
<td>180</td>
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<tr>
<td>Can stay in NF?</td>
<td>1 yr</td>
<td>?</td>
<td>?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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NSCLC Advocacy Tool on Care Continuity for more details.
Care Continuity: What’s happening now

- New York MLTC:
  - Providers must be offered at least the pre-existing Medicaid fee-for-service rate

- Florida MLTSS Waiver:
  - MCO must offer enrollment for one year to all nursing facilities, hospices, and HCBS providers
  - After one year, MCO can only exclude one of these providers for failing to meet standards
Questions?
Resources
MLTSS: State specific waiver information

http://www.nsclc.org/index.php/mltss

• Summary of CMS Guidance on MLTSS
• Florida Medicaid LTC Guides and Tips
• Review of NY and NY MLTC Waiver

Webinar: Florida’s New Long-Term Waiver Program, 10/4 at 12:00 p.m. ET

Register!
Duals Demo:

www.dualsdemoadvocacy.org

- Enrollment timelines
- MOU Summaries
- Informational webinars
Contact:
Fay Gordon
fgordon@nsclc.org