

# Improving Care for Duals: Strategic Vision

## United Hospital Fund

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Office of Long Term Care

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# Introduction

- ▶ Coordination challenges between Entitlement Programs
- ▶ Eligibility/Administrative Issues
- ▶ Service Delivery Duplication
- ▶ Individual: consumer; enrollee; recipient; patient

# Partially Capitated Managed Long Term Care Plans

- ▶ Capitated for some Medicaid services only.
- ▶ Benefit package is long term care and ancillary services.
- ▶ Primary and acute care covered by FFS Medicare or Medicaid.
- ▶ 13 plans offer this product.
- ▶ May 2011 enrollment = 30,510.

# Program of All-Inclusive Care for the Elderly (PACE)

- ▶ Federal program type for Medicare and Medicaid.
- ▶ Capitated for all Medicare and Medicaid services.
- ▶ Most integrated of the MLTC models.
- ▶ Day center / clinic based.
- ▶ Provider network usually small.
- ▶ Benefit package includes all medically necessary services – primary, acute and long term care.
- ▶ May 2011 enrollment = 3,645    Range = 47-2,610.
- ▶ Two new PACEs are being planned or under development.



# Medicaid Advantage Plus (MAP)

- ▶ Capitated for Medicare and Medicaid under two separate contracts (Federal and State).
- ▶ All plans must cover the state-defined Combined Medicare and Medicaid Benefit Package.
- ▶ Between Medicare and Medicaid - benefit package includes all medically necessary services (primary, acute and long term care).
- ▶ Plans must meet both Medicare and Medicaid requirements.
  - *Challenge is to have this appear seamless to the member*
- ▶ Eight plans now offer this product.



# Populations Served in Managed Care

- ▶ Medicaid Managed Care (MMC) plans serve only non-dual Medicaid recipients.
- ▶ Managed Long Term Care (MLTC) plans currently serve individuals who are eligible for Medicare and Medicaid (duals) as well as non-duals:
  - *In the future, the primary target population for MLTC will be dual eligibles.*

# Mandatory Initiative for April 2012

- ▶ 1115 Waiver approval needed from CMS before we can begin.
- ▶ Require dual eligibles over 21, who need community-based long term care services for more than 120 days, to enroll in Managed Long Term Care or other approved care coordination models.
- ▶ Exact definition of community-based long term care services is under

# Care Coordination Models

- ▶ Models that meet “guidelines specified by the Commissioner that support coordination and integration of services.”
- ▶ Guidelines must address:
  - ✓ *Certain public health law requirements*
  - ✓ *Payment methods that ensure provider accountability for cost effective quality outcomes.*
- ▶ Includes Long Term Home Health Care Programs that meet the guidelines.
- ▶ Medicaid Redesign Team work group has been appointed to assist in development (and other roles).
- ▶ Guidelines to be posted on DOH Web site by November 15, 2011.



# Initiate Mandatory Enrollment in New York City (April 2012 Target)

- ▶ Designing exact process for implementation:

Options include:

- ✓ *on reassessment;*
- ✓ *by borough.*
- ▶ Consumer Choice preferred but Auto Assignment for those who do not.
- ▶ Must ensure continuity of care and service provider.
- ▶ Educational effort.

# MLTC Applications

- ▶ New law eliminates previous requirement for designation by Senate, Assembly or Commissioner of Health before applying.
- ▶ Applications for new entities or new lines of business and expansions are posted on the DOH Web site:
  - [http://nyhealth.gov/facilities/long\\_term\\_care/managed\\_long\\_term\\_care.htm](http://nyhealth.gov/facilities/long_term_care/managed_long_term_care.htm)
- ▶ Require legal structure, contracted network, descriptions of care management model, grievance system, other programmatic areas and financial capability and capitalization.

# Dual Eligible Initiative (MRT 101)



- ▶ NYS received a CMS planning contract to develop a demonstration model or models for dual eligibles.
- ▶ Possible focuses of demonstration could include:
  - ✓ *Assumption of Medicare risk by NYS;*
  - ✓ *Development of enhanced care coordination for nursing home residents;*
  - ✓ *Promotion of existing MLTC initiatives; and*
  - ✓ *Gain sharing demonstration.*

(continued)

# Dual Eligible Initiative



- ▶ Planning activities include:
  - ✓ *Analysis of data on Medicare/Medicaid expenditures*
  - ✓ *Stakeholder interviews and meetings*
- ▶ Demonstration application due to CMS by April 2012
- ▶ If successful, implementation anticipated by Fall 2012

# State of Medicaid Spending – LTC

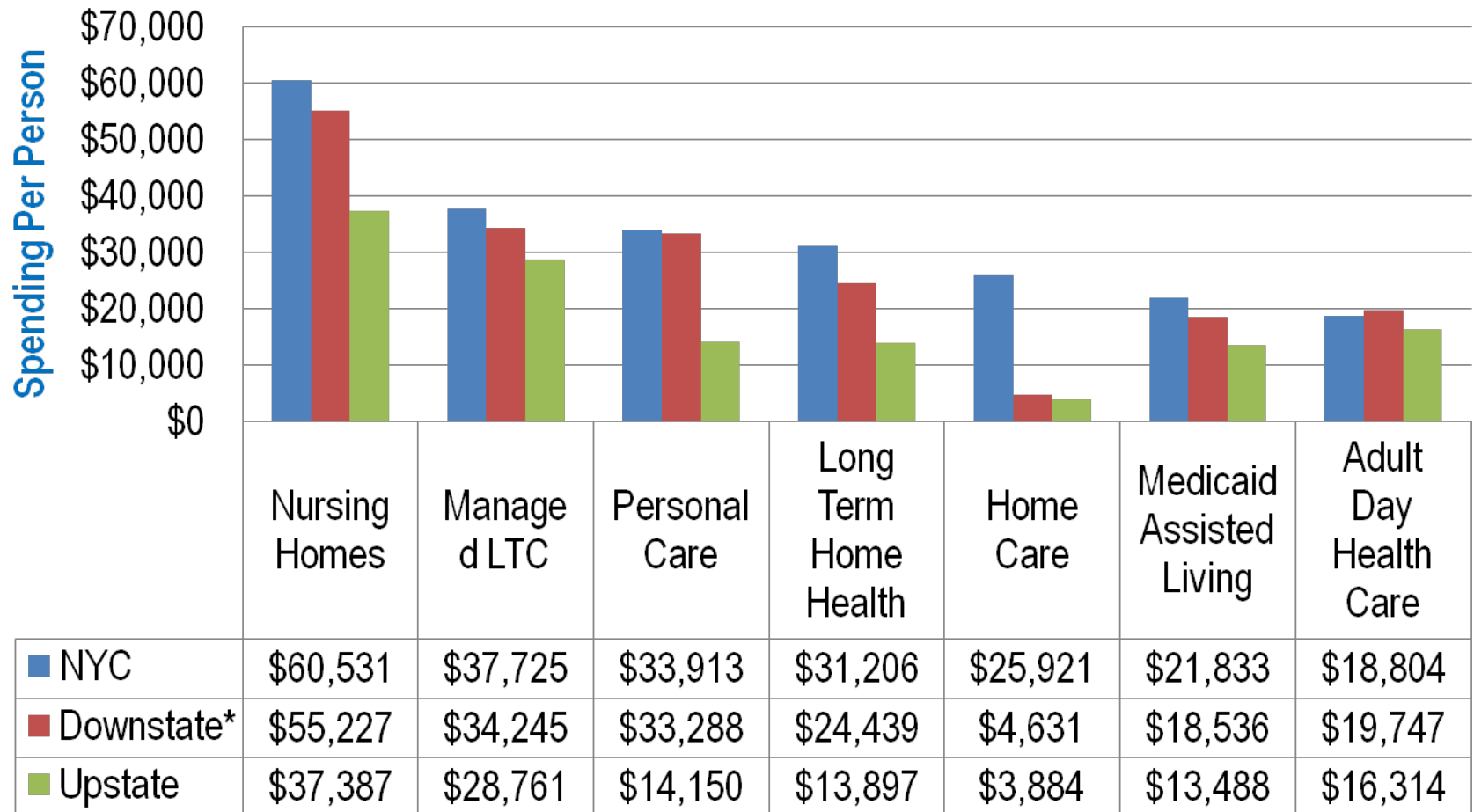
*Trend - Spending up 28%*

## LTC Per Recipient Spending Trends by Service (\$ 000)

	2003			2010			% Change In Per Recipient Spending 2003 to 2010
	# of Recipients	Total (\$)	\$ Per Recipient	# of Recipients	Total (\$)	\$ Per Recipient	
Nursing Homes	139,080	\$5,946,989	\$42,759	126,878	\$6,429,336	\$50,673	18.5%
ADHC	16,365	266,248	16,269	17,303	318,273	18,394	13.1%
LTHHCP	26,804	510,250	19,036	26,934	716,649	26,608	39.8%
Personal Care	84,823	1,824,729	21,512	72,031	2,152,439	29,882	38.9%
MLTC	12,293	444,341	36,146	37,843	1,401,362	37,031	2.4%
ALP	3,538	50,488	14,270	5,217	93,096	17,845	25.1%
Home Care/CHHA	92,553	760,347	8,215	87,366	1,551,546	17,759	116.2%
<b>Total</b>	<b>318,617</b>	<b>\$9,803,392</b>	<b>\$30,769</b>	<b>320,590</b>	<b>\$12,662,701</b>	<b>\$39,498</b>	<b>28.4%</b>

# State of Medicaid Spending - LTC

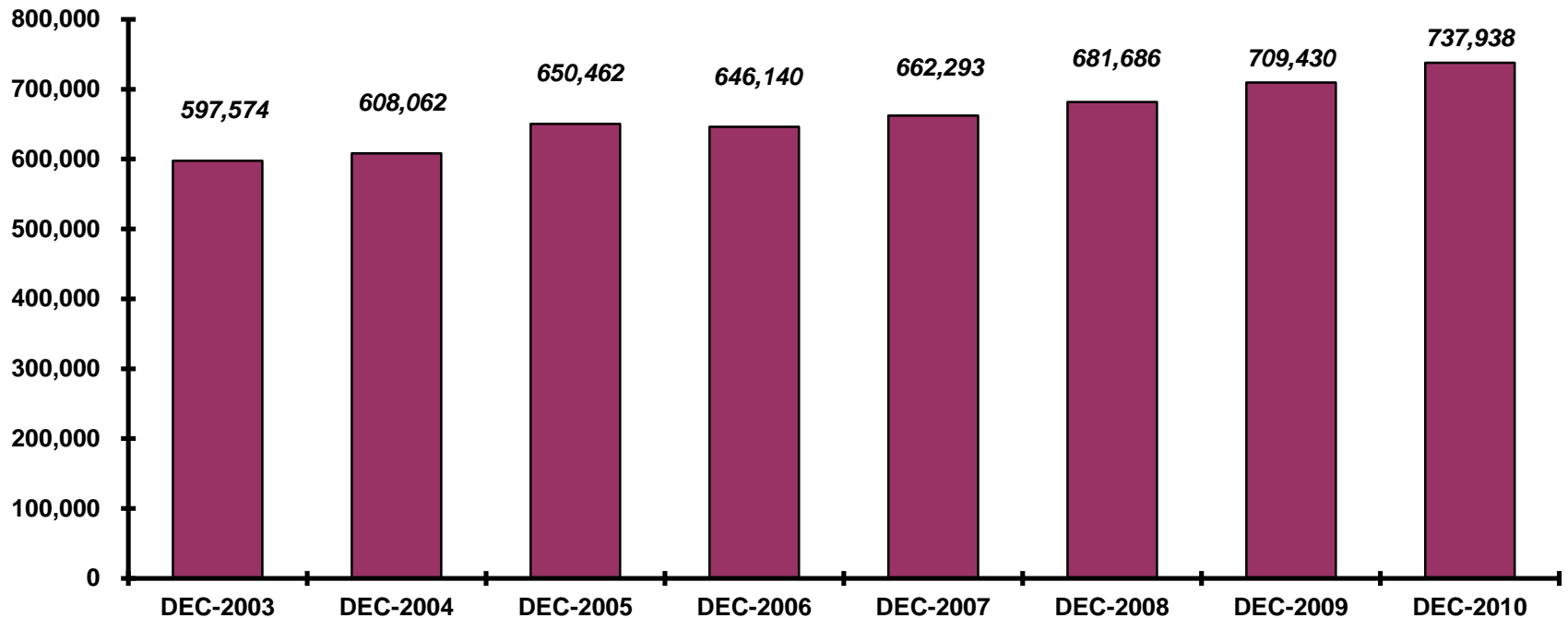
*Nursing Facilities now account for over 51% of total 2010 LTC spending of \$12.7 Billion*



\* Nassau, Suffolk, Rockland, Westchester, and Putnam



# Trends in Number of NYS Duals Between 2003 and 2010



The increase between CY04 and 05 is attributable to Medicare Buy-In implementation.

# NYS Annual Medicaid Expenditure for Duals Identified as of December of Each Year 2003-2010

## SUMMARY

NYS Annual Medicaid Expenditure for Duals Identified As Of December of Each Year  
Service Date: Calendar Year 2003 - 2010

	CY2003	CY2004	CY2005	CY2006	CY2007	CY2008	CY2009	CY2010
<b>Total Number of Dual Enrollees*</b>	597,574	608,062	650,462	646,140	662,293	681,686	709,430	737,938
<b>Total Medicaid Expenditures for All Services</b>	\$15,492,903,507	\$16,460,094,154	\$17,315,856,230	\$16,066,420,115	\$16,350,829,131	\$17,454,478,249	\$18,114,639,410	\$18,670,145,949
<b>Top 5 Medicaid Services</b>	<b>\$10,456,839,280</b>	<b>\$11,083,138,029</b>	<b>\$11,713,427,921</b>	<b>\$12,227,769,109</b>	<b>\$12,619,649,658</b>	<b>\$13,371,418,852</b>	<b>\$13,693,214,745</b>	<b>\$14,166,701,267</b>
SKILLED NURSING FACILITY	4,626,572,798	4,826,968,048	4,906,925,318	4,949,106,222	5,040,654,022	5,144,987,447	4,909,990,213	4,919,383,744
COMM AND REHAB SERVICES (WAIVER SERVICES)	2,110,555,552	2,370,720,798	2,687,024,800	2,902,638,734	3,125,025,243	3,567,624,144	3,925,858,701	4,143,914,585
PERSONAL CARE	1,496,664,462	1,604,418,162	1,757,881,322	1,829,743,988	1,888,149,020	1,880,752,474	1,793,994,083	1,724,166,463
ICF/MR**	1,720,408,478	1,732,648,470	1,714,921,779	1,741,909,997	1,732,927,211	1,869,233,610	1,986,661,004	2,136,403,959
HOME HEALTH CARE (CHHAs)	502,637,991	548,382,551	646,674,702	804,370,169	832,894,163	908,821,176	1,076,710,745	1,242,832,516

\*Duals counts as of December of each year

\*\*Includes OMH, OPWDD, TBI/NHTD/CAH Waivers, not LTHHCP.

Data Source: NYS DOH/OHIP DataMart



# Top 5 Services by Growth in Medicaid Expenditures 2003-2010 (Duals)

- |   |              |
|---|--------------|
| ▶ Home Health Care                        | 60% increase |
| ▶ Community and Rehab. Services (Waivers) | 49% increase |
| ▶ ICF/MR/DD*                              | 19% increase |
| ▶ Personal Care                           | 13% increase |
| ▶ SNF                                     | 6% increase  |

\*includes both Development Centers and Community Residences

# Medicaid Expenditures and Utilization for Duals\* (Age Under 64) by Major Categories of Service 2010

**Table 1-A**  
**Medicaid Expenditures and Utilization for Duals\* (Age Under 64)**  
**by Major Categories of Service**

**Service Dates: Calendar Year 2010**

Source: DOH/OMM AFFP Datamart (based on claims paid through 5/2011)

SURS Category of Service	Medicaid Expenditures	Total Service Units (Claims or Days)	Medicaid Recipients
<b>All Medicaid Categories of Services</b>	<b>\$7,606,882,706</b>	<b>n.a.</b>	<b>210,143</b>
Physicians	38,802,902	3,191,333	160,322
Psychology	5,138,869	129,675	6,166
Eye Care	2,557,108	160,282	41,496
Nursing Services	28,538,742	147,400	951
Hospital Based Clinics	172,872,248	1,538,485	138,684
ER**	11,121	219	165
D&TCs Clinics	207,686,761	2,057,414	76,526
OMH Operated Clinic	4,370,050	17,595	1,521
OMR Operated Clinic	535,456	5,479	1,096
School Supportive Health Services Program	865	7	2
Early Intervention	69,753	890	11
Inpatient	177,608,220	135,184	43,050
OMH Inpatient	772,950	1,163	125
OMR Inpatient	1,360,826,304	345,824	1,036
Skilled Nursing Facilities	506,398,343	2,212,559	9,230
Residential Treatment Facilities	38,233	1,046	4
Dental	42,498,483	479,900	80,428
Pharmacy	109,197,518	2,374,234	136,311
Non-Institutional Long Term Care	470,920,810	3,825,906	20,017
Personal Care	241,587,306	1,838,077	8,802
Home Care	149,650,479	1,145,557	11,609
Long Term Home Health Care	71,100,315	739,143	2,964
ALP	8,111,592	85,249	423
PERS	471,119	17,880	1,985
Laboratories	1,738,647	113,487	24,465
Transportation	88,728,167	1,989,374	56,744
HMO	142,002,616	161,187	22,051
CTHP	248,188	5,478	1,476
DME and Hearing Aid	25,690,219	656,188	55,219
Child Care	92,636	2,338	10
Family Health Plus	4,457,877	18,043	2,813
Referred Ambulatory	7,829,421	235,473	42,674
ICF-DD	530,972,902	1,202,645	3,560
Hospice	2,768,348	588	103
Community/Rehab Services	3,458,506,947	6,347,288	40,335
Case Management	157,372,275	530,805	44,710

\*Dually eligible as of December 2010

\*\* ER is a subset of COS08-Clinic

Note: Medicaid expenditures by SURS category of service do not add up to "Total Expenditures", since some infrequently used Categories of Service are not shown, i.e., Therapists, Nurse Practitioners, and Clinical Social Workers

# Top 5 Medicaid Services 2010 (Under 64)

- ▶ By Recipients:
  - Physician
  - Hospital Based Clinics
  - Pharmacy
  - Dental
  - D&T Clinics
- ▶ By Expenditure:
  - Community/Rehab/Services \$3.5B
  - ICF/MR \$1.36B
  - ICF/DD \$530M
  - SNF \$506M
  - Personal Care/Home Health \$391M

Represents co-pays and deductibles paid by Medicaid for Duals.

# Medicaid Expenditures and Utilization for Duals\* (Age 65+) by Major Categories of Services 2010

**Table 1-B  
Medicaid Expenditures and Utilization for Duals\* (Age 65+)  
by Major Categories of Service**

Service Dates: Calendar Year 2010  
Source: DOH/OMM AFFP Datamart (based on claims paid through 5/2011)

SURS Category of Service	Medicaid Expenditures	Total Service Units (Claims or Days)	Medicaid Recipients
<b>All Medicaid Categories of Services</b>	<b>\$11,063,263,243</b>	<b>n.a.</b>	<b>400,559</b>
Physicians	82,140,293	8,591,784	287,963
Psychology	9,261,175	240,882	14,497
Eye Care	5,531,036	397,659	87,425
Nursing Services	8,857,586	39,443	242
Hospital Based Clinics	109,566,885	1,110,230	170,792
ER**	11,144	133	109
D&TCs Clinics	71,603,974	824,199	45,055
OMH Operated Clinic	781,132	2,982	303
OMR Operated Clinic	143,228	1,560	371
School Supportive Health Services Program	0	0	0
Early Intervention	0	0	0
Inpatient	285,408,180	143,902	89,503
OMH Inpatient	59,392,567	70,626	310
OMR Inpatient	149,374,542	49,740	153
Skilled Nursing Facilities	4,412,985,401	21,980,848	80,737
Residential Treatment Facilities	0	0	0
Dental	46,547,084	483,905	77,895
Pharmacy	123,629,586	5,370,197	265,213
Non-Institutional Long Term Care	3,169,090,216	22,702,910	91,315
Personal Care	1,482,579,158	10,884,529	45,003
Home Care	1,093,182,037	5,985,725	38,196
Long Term Home Health Care	515,339,054	5,054,945	18,203
ALP	74,967,428	665,285	4,010
PERS	3,022,540	112,426	11,870
Laboratories	1,902,290	103,853	26,491
Transportation	192,357,168	3,578,210	141,602
HMO	1,157,268,814	473,777	52,214
CTHP	117,297	1,565	426
DME and Hearing Aid	79,573,826	1,972,736	137,553
Child Care	823	31	1
Family Health Plus	2,121,017	9,260	1,619
Referred Ambulatory	6,443,631	234,497	47,871
ICF-DD	95,230,212	216,300	631
Hospice	56,148,776	16,248	2,522
Community/Rehab Services	685,407,638	967,638	5,730
Case Management	24,902,961	80,978	6,665

\*Dually eligible as of December 2010

\*\* ER is a subset of COS08-Clinic

Note: Medicaid expenditures by SURS category of service do not add up to "Total Expenditures", since some infrequently used Categories of Service are not shown, i.e., Therapists, Nurse Practitioners, and Clinical Social Workers

# Top 5 Medicaid Services 2010 (65 plus)

- ▶ By Recipients:
  - Physicians
  - Hospital Based Clinics
  - Transportation
  - DME/Hearing Aids
- ▶ By Expenditure:
  - SNF \$4.4B
  - Home and Community Based \$3.2B
  - MLTCP \$1.2B
  - Community/Rehab Services \$685M
  - Inpatient \$285M

Represents co-pays and deductibles paid by Medicaid for Duals.

# Conclusion

- ▶ Work in progress
- ▶ Opportunities and Challenges
  - CMS letter to State Medicaid Directors (7/8/11) on Financial Models to Support State Efforts to Integrate Care for Medicare-Medicaid Enrollees
- ▶ About real people not numbers

# Questions?

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