



ICRC Study Hall Call: State Monitoring and Oversight of Managed Long- Term Services and Supports Care Programs

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Agenda

- I. Welcome, Introductions, and Roll Call
- II. State Oversight of Medicaid Managed Long-Term Services and Supports (MLTSS)
- III. Texas Oversight of Medicaid MLTSS
- IV. Questions and Discussion
- V. Concluding Remarks



State Oversight of Medicaid Managed Long-Term Services and Supports (MLTSS) Programs

Jenna Libersky
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About this presentation

- ▶ This presentation will inform states pursuing integrated care and managed long-term services and supports (MLTSS) programs about key oversight practices across states with MLTSS
- ▶ The information draws largely from a 2012 survey of eight states with MLTSS experience
 - See: Lipson, D., J. Libersky, R. Machta, L. Flowers, and W. Fox-Grage. “Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports.” Report no. 2012-06. Washington, DC: AARP Public Policy Institute, July 2012. Available at <http://www.aarp.org/health/medicare-insurance/info-07-2012/keeping-watch-building-state-capacity-to-oversee-medicare-managed-long-term-services-and-supports-AARP-ppi-health.html>.

Principles for MLTSS Oversight

- ▶ Many state oversight activities for MLTSS are similar to those used for other Medicaid managed care programs that only cover acute and primary services
- ▶ But because LTSS users have greater needs, MLTSS oversight needs to be more frequent and population-specific
 - Monitoring must include additional provider types
 - For example: nursing homes, personal care attendants, adult day health centers, social service providers
 - Services should be monitored more often, ideally in real time
 - For example: through electronic verification systems
 - Travel and accessibility requirements must account for beneficiary needs
 - For example: provider network time-to-travel standards should account for mobility impairments, and language requirements for member education materials should accommodate people with intellectual disabilities
- ▶ For Medicare-Medicaid beneficiaries (“dual eligible individuals”), oversight of Medicaid services should be coordinated with Medicare

State MLTSS Oversight Activities

- ▶ States' oversight practices vary, even among experienced states
 - Variation is due to the length of time operating MLTSS, number and range of contractors/beneficiaries/services, staff knowledge and skills, coordination and communications practices, staff turnover, technology, etc.
- ▶ The following slides present “norms” and “promising practices” from eight states that have operated MLTSS programs for more than two years
- ▶ Oversight activities fall into five categories:
 1. Organization and staffing
 2. Contract monitoring and performance improvement
 3. Provider network adequacy and access to services
 4. Consumer rights
 5. Quality assurance and improvement

Organization and staffing

- ▶ Over time, many states integrate LTSS oversight functions into agencies or units dedicated to all Medicaid managed care programs
 - Integration provides a comprehensive view of services and promotes efficient use of staff
- ▶ States also train or repurpose existing staff, or hire new staff with oversight skills
 - Examples include contract negotiation, knowledge of managed care operations, consensus building, and data analytics

Oversight Activities (1)

- ▶ **Contract monitoring and performance improvement**
 - On-site readiness reviews for new managed care contractors and regular on-site reviews for continuing contractors¹
 - Strong partnership with MCOs, characterized by frequent communication about contract issues
 - Financial incentives to drive performance
 - For example, savings for MCOs that exceed targets for use of HCBS as opposed to institutional care
- ▶ **Provider network adequacy and access to services**
 - Medicaid agency or “mystery shoppers” to verify that provider offices are open and accepting new patients

¹ For more information on readiness reviews activities in AZ, MN, TN, TX, and WI, see: Flowers, Lynda. “Ready, Set, Go! The Readiness Review Process for Care Coordination and Provider Network Adequacy in Five States.” Washington, DC: AARP Public Policy Institute, December 2013. Available at <http://www.aarp.org/health/medicare-insurance/info-12-2013/the-readiness-review-process-AARP-ppi-ltc.html>.

Oversight Activities (2)

- ▶ Consumer rights
 - Ombudsman investigates MLTSS member problems
 - Critical incidents are monitored daily
 - Member grievances and appeals are regularly reviewed and discussed with MCO managers
- ▶ Quality assurance and improvement
 - Electronic visit verification systems are used to monitor home care services in real time
 - Dashboard of quality indicators presents a comprehensive picture of performance
 - Encounter data are used to construct quality measures and to monitor performance
 - Care management activities are reviewed, usually through a sample of records

Review of Care Coordination Activities

- ▶ Monitoring care coordination can help identify system-wide problems
 - Gaps in provider networks, inaccessible sites of care, poor-quality services, need for specific benefit counseling, breach of consumer rights, etc.
- ▶ MLTSS programs that use 1915(c) waivers must follow the same procedures to monitor HCBS and care coordination as they would under fee-or-service (FFS)
- ▶ Oversight activities include:
 - Specifying responsibilities and qualifications for care managers
 - Reviewing a sample of individual care plans to ensure home visits and comprehensive assessments occur on schedule
 - Reviewing training materials for care managers to ensure that the guidance conforms to state standards and policies
 - Surveying a sample of clients by telephone to discuss their experience of care

Sample MLTSS Quality Measures

Process Measures:

- ▶ Receipt of HCBS based on a comprehensive care assessment and care plan within 30 days of enrollment
- ▶ Share of members asked about their care preferences
- ▶ Number of home safety evaluations
- ▶ Screening and treatment for falls
- ▶ Case manager turnover rates
- ▶ Nursing facility diversion rates

Transition Measures:

- ▶ Plan all-cause readmissions
- ▶ Nursing home readmissions within 30 days of discharge
- ▶ Follow-up after hospitalization for mental illness
- ▶ Medication reconciliation after discharge from inpatient facility

Outcomes Measures:

- ▶ Percentage of members with a change in ADLs/IADLs
- ▶ Employment status
- ▶ Member satisfaction

Contact Information

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Texas Oversight of Medicaid Managed Long-Term Services and Supports (MLTSS)

September 23, 2014

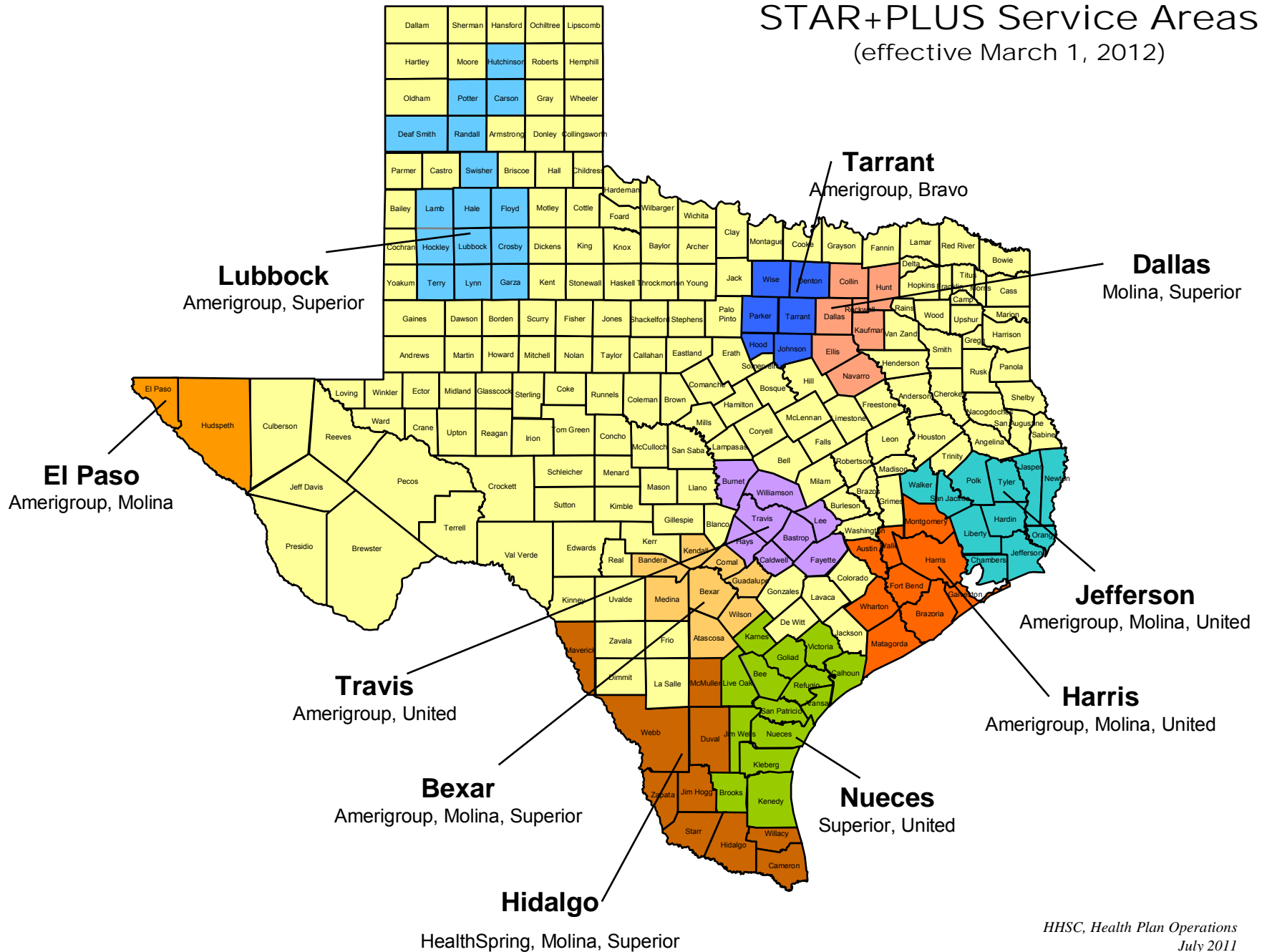
Rudy Villarreal

Medicaid Managed Care Initiatives

- Expand STAR+PLUS to Medicaid Rural Service Areas, 09/01/2014
- IDD carve-in of acute services, 09/01/2014
- Behavioral health and targeted case management, 09/01/2014
- Nursing facilities carve-in 03/01/2015

STAR+PLUS Service Areas

(effective March 1, 2012)



HHSC Oversight Process

- HHSC readiness review process is designed to make sure contracted Managed Care Organizations (MCOs) are prepared to implement all contract provisions
- Monitoring process is designed to make sure the MCOs are compliant with contract and program goals
- Key areas include:
 - Administrative functions like provider networks, claims processing and member marketing and communication
 - Financial requirements
 - Utilization review
 - Quality monitoring
 - Technical requirements and data analytics
 - Vendor Drug Program

The Command Center

- At the start of a managed care project, HHSC will implement a Command Center
 - The Command Center is the central point of contact on any particular managed care implementation
 - Issues are emailed to a specific email address established for the managed care project
 - The email box is carefully managed and all items triaged and routed to the appropriate staff who can respond to the question, issue or concern
 - The box may also receive communication from prospective members requesting to remain in fee-for-service Medicaid
 - Prospective member requests are routed to the HPM Resolution team
 - The request will be captured in our proprietary tracking system
 - Staff will contact the prospective member to provide education and to coordinate concerns over health issues with the MCOs

Administrative Functions

- Monitor call center performance
- Evaluate and trend complaints
 - Identify and address service delivery performance issues
 - Prioritize complaints impacting health and safety of members and resulting in adverse provider impact
- Monitor MCO complaints, appeals and claims processes
- Monitor access to care complaints and provider networks
- Review policies and procedures

Provider Complaints

- Initial point of contact is MCO or dental plan
- May submit written complaint to HHSC at hpm_complaints@hhsc.state.tx.us
- HHSC will intervene in issues when MCO is not complying with HHSC contract

- Analyze MCO provider data
- Review provider turnover rates
- Network panel status reports
- Evaluate geo-access standards
- Monitor provider directories

- Goal: MCOs achieve positive outcomes and comply with required performance standards
- Technical assistance conference calls:
 - Policy Operations Procedures and Systems (POPS) conference calls
- Ongoing communication with the MCOs
 - Identify needs for policy clarification
 - Resolve encounter data, member enrollment and premium payment issues
 - Clarify contract requirements
 - Coordinate and/or provide training

- HHSC utilizes external auditors to assist with regular monitoring efforts
- Audit targets include:
 - Annual compliance audits
 - Periodic risk assessments
 - Periodic performance audits

Questions & Discussion

About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees and other Medicaid beneficiaries with high costs and high needs
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit <http://www.integratedcareresourcecenter.com> to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: ICRC@chcs.org