The Dynamic Duo: Medicare and Medicaid

Healthy Connections Prime
February 22, 2017
Agenda

• Conflicting History
• Two Become One
• Marriage Snapshot
• The Extended Family
• When Conflicts Arise
• Open Lines of Communication
• Questions
Conflicting Beginning
• Medicare and Medicaid signed into law **July 30, 1965**

• **1965 “three-layer cake”:**
  - Medicare Part A hospital services
  - Medicare Part B physician and other outpatient services
  - Medicaid extended federal support for health care services for poor elderly, disabled, and families with dependent children

• **Not initially designed for individuals served by both programs.** These individuals are known as Medicare-Medicaid enrollees or dual eligibles.
Without Integrated Care

<table>
<thead>
<tr>
<th>WITHOUT INTEGRATED CARE:</th>
</tr>
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<tbody>
<tr>
<td>• Three ID cards: Medicare, Medicaid, and prescription drugs</td>
</tr>
<tr>
<td>• Three different sets of benefits</td>
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<tr>
<td>• Poor communication among providers</td>
</tr>
<tr>
<td>• Health care that is neither <strong>coordinated nor person-centered</strong></td>
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<td>• Incomplete knowledge of patient’s condition, medical records, medications and care plan</td>
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<td>• Limited time, staff resources or incentives to coordinate services</td>
</tr>
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<td>• Lack of appropriate incentives to provide care at the right time and in the least restrictive setting</td>
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Disproportionate Share of Expenditures

South Carolina Medicare-Medicaid Enrollee Percentage of Enrollment and Relative Share of Program Expenditures (CY2016)

<table>
<thead>
<tr>
<th>Medicaid Enrollment</th>
<th>Medicaid Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare-Medicaid Enrollees</td>
<td>12%</td>
</tr>
<tr>
<td>Medicaid-Only Enrollees</td>
<td>88%</td>
</tr>
</tbody>
</table>

Source: South Carolina Department of Health and Human Services, Office Reporting
Increased Rate Chronic Conditions

Compared to Medicare-only individuals 65+, South Carolina seniors with both Medicare and Medicaid experience a higher rate of:

- Diabetes, ESRD and other Endocrine/Renal disorders
- Heart Disease/Failure and other Cardiovascular diseases
- Mental Health conditions
- Arthritis, Osteoporosis and other joint related conditions
- Asthma and COPD
- Alzheimer’s and Dementia
- Health conditions associated with physical disability

➢ Twice as likely to have Alzheimer’s and Dementia
➢ Three times as likely to have a health condition associated with a physical disability

Two Become One
### National Integrated Care Initiative

<table>
<thead>
<tr>
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<tr>
<td><strong>Three ID cards:</strong> Medicare, Medicaid, and prescription drugs</td>
<td><strong>One ID card</strong></td>
</tr>
<tr>
<td><strong>Three different sets of benefits</strong></td>
<td><strong>Single set of benefits</strong></td>
</tr>
<tr>
<td><strong>Poor communication among providers</strong></td>
<td><strong>Intentional communications</strong>, including hospital transition planning</td>
</tr>
<tr>
<td><strong>Health care that is neither coordinated nor person-centered</strong></td>
<td><strong>Person-centered care model</strong> featuring a multi-disciplinary team; new palliative care benefit</td>
</tr>
<tr>
<td><strong>Incomplete knowledge</strong> of patient’s condition, medical records, medications and care plan</td>
<td><strong>Provider access to individualized care plan; medication reconciliation</strong></td>
</tr>
<tr>
<td><strong>Limited time, staff resources or incentives</strong> to coordinate services</td>
<td><strong>Model of care promotes and incentivizes coordination; value-based purchasing</strong></td>
</tr>
<tr>
<td><strong>Lack of appropriate incentives</strong> to provide care at the right time and in the least restrictive setting</td>
<td><strong>Rate structure and quality incentives address right time and right place for care</strong></td>
</tr>
</tbody>
</table>
South Carolina’s Initiative

• Healthy Connections Prime
  Implemented: February 2015

• Demographic: Medicare-Medicaid
  Enrollees 65 years and older

• Medicare-Medicaid Plans (MMP):
  
  □ Healthy Connections Prime is available
  □ Healthy Connections Prime is not yet available
Healthy Connections Prime is designed to promote:

- Better care through a single set of benefits representing all services under Medicare, Medicare Part D and Medicaid

- Better value through a care team and care manager that works with the individual and his/her providers

- Better health through flexible benefits that help seniors stay at home as long as possible
### Services for Medicare-Medicaid Enrollees

<table>
<thead>
<tr>
<th>Services*</th>
<th>Healthy Connections Prime</th>
<th>Original Medicare</th>
<th>Medicare Part D</th>
<th>Healthy Connections Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Visits and Lab Tests/X-rays</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
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<tr>
<td>Urgent and Hospital Care</td>
<td>★</td>
<td>★</td>
<td></td>
<td></td>
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<tr>
<td>Nursing Facility Care</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>★</td>
<td>★</td>
<td>★</td>
<td>★ (OTCs)</td>
</tr>
<tr>
<td>Community Long Term Care (CLTC)</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Right to hire, fire, and manage your home care attendant</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Support for family caregivers</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Transportation to medical appointments</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>★</td>
<td></td>
<td>★</td>
<td></td>
</tr>
<tr>
<td>Vision Benefits (offered by some plans)</td>
<td>★</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Plus...**
- One plan
- One card
- One member services number to call
- No insurance premiums
- No costs for doctor visits, hospital stays
- A personal care coordinator
- A care team of the member’s choosing
- 6-month continuity of care
South Carolina Specific Benefits

- **No copays** for prescription drugs
- **HCBS-like services** if medically necessary
- **Mileage reimbursement transportation benefit** – trip scheduled via Reservation Line, reimbursement form must be signed by doctor or counselor
- **Palliative care**
Comprehensive Assessment

- Conducted within 90 days of enrollment
- Assess non-medical related needs including:
  - Cognitive Impairment
  - Fall risk
  - Caregiver wellbeing
- Average 1:144 care coordinator to member ratio

Member Story
‘Lillian,’ 75 years old, had not visited a doctor for four years and didn’t have a phone where she lived. When Latonia, her MMP’s Community Health Navigator, was unable to reach Lillian by phone, she drove nearly 70 miles to Lillian’s home to check on her. Lillian welcomed Latonia and accepted her offer to help. Lillian said her knees hurt so Latonia helped Lillian select a PCP and schedule an appointment. At Lillian’s request, Latonia visited the doctor with her.

During her visit, Latonia learned Lillian had other concerns - more than $1,000 in overdue electric utility bills and her water heater was not functioning properly. Latonia contacted a social worker for assistance. As a result, the electricity bill was paid, and the landlord said he would install a new water heater.
Marriage Snapshot
February 2017 Active Enrollment:
8,694 members, active in 39 counties

Enrollment Percentage By Plan

- First Choice VIP Care Plus: 47%
- Molina Dual Options: 24%
- Absolute Total Care: 29%

Care Setting

- Community: 7,304
- HCBS Waiver: 1,312
- Nursing Facility: 78

* Contracted with at least one plan
Source: Phoenix data as of January 19, 2017
Member Profile

Female
Black (or African American)
65-74 (53% of the population)
3-4 Chronic Conditions
15% with a behavioral health diagnosis

“I like everything about my health plan. I like that my representative picks up my prescriptions and helps me with food.”

“I am satisfied with my plan and like the personal touches. I feel like I joined a family and not an insurance plan. I feel that my plan cares about its members.”

Member Profile

Number of Chronic Conditions

- None: 13%
- <3: 23%
- 7+: 15%
- 5-6: 21%
- 3-4: 28%

64% of members have 3+ chronic conditions

Top Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>68.25%</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>45.15%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35.25%</td>
</tr>
<tr>
<td>Rheumatoid Arthritis / Osteoarthritis</td>
<td>28.88%</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>25.34%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>22.20%</td>
</tr>
<tr>
<td>Anemia</td>
<td>20.37%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>16.29%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>15.74%</td>
</tr>
<tr>
<td>Depression</td>
<td>13.55%</td>
</tr>
</tbody>
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The Extended Family
Support for Caregivers

- Identified caregivers are **assessed for overall well-being** and are included in care planning.
- Special MMP-based caregiver projects focused on:
  - Fall Risk Prevention
  - Caregiver Education (i.e., caregiver toolkits)
  - Respite
- MMP sponsored **Dementia Dialogues** community session

**Member Story**

Our member has chronic kidney disease and Alzheimer's dementia. The Care Coordinator assisted the member and her caregiver in obtaining community support services and education in care for adults with mental health disorders. The Care Coordinator also assisted the family in creating a disaster plan before the October 2015 torrential rain and floods.

A member’s spouse (who was also her caregiver) suddenly passed away. Her Care Coordinator helped the family arrange adult day-care and home health service, and arranged for legal assistance to help create a Power of Attorney for medical and financial needs, grief counseling, home utility assistance and DME services. Family was very appreciative of the MMP’s assistance.
10% of all Healthy Connections Prime members have a diagnosis of Alzheimer’s or related dementias (Medicare claims data).

### Alzheimer’s Association, South Carolina Chapter

**Advanced Dementia Training**

Topics include:

- Diagnosis, Prognosis, Treatment
- Communication and Feelings
- Intimacy and Sexuality
- Wandering
- Dementia and Driving
- Staff and Family Support
- Spiritual Care and End of Life Issues
- Alzheimer’s Association Resources

### University of South Carolina Office for the Study of Aging

**Dementia Dialogues Certification Program**

5-part series, Continuing Education Units

**Dementia Dialogues T.I.P.S.**

Talking Points, Interventions, Problem Solving Strategies, and Solutions

**Elder Abuse Identification and Reporting**

Types of abuse, mandated reporting, Adult Protective Services

**End-of-Life Care**

Advanced Care Planning, Hospice, Palliative Care
When Conflicts Arise
## Beneficiary Rights

<table>
<thead>
<tr>
<th>Grievances</th>
<th>Appeals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal plan grievance process</strong></td>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>• Plan-specific grievance process based on State/CMS requirements</td>
<td>• Plan-specific appeals process based on State/CMS requirements</td>
</tr>
<tr>
<td><strong>Healthy Connections Prime Advocate</strong></td>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td>• Provides support and advocacy</td>
<td>• Independent Review Entity (IRE) appeals (Medicare)</td>
</tr>
<tr>
<td>• Information session with MMPs</td>
<td>- 2015: 1 Part C, 10 Part D</td>
</tr>
<tr>
<td>• To date, <strong>157 referrals addressed</strong></td>
<td>- 2016: 31 Part C, Part D data TBD</td>
</tr>
<tr>
<td><strong>Complaints Tracking Module (CTM)</strong></td>
<td>• <strong>1 State Fair Hearing</strong> in 2015-2016</td>
</tr>
<tr>
<td>• Formal complaint tracking tool for Medicare</td>
<td></td>
</tr>
<tr>
<td>• <strong>24 CTMs</strong> in 2015-2016</td>
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</tbody>
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Healthy Connections Prime Advocate

- Serves as the demonstration’s ombudsman and serves as a consumer advocate
- Offers services such as:
  - Member assistance with billing and service related issues
  - Member education
  - Member support on appeals and grievances, including the State Fair Hear process

Lt. Governor’s Office on Aging
844-477-4632 (TTY/TDD: 711)
Monday to Friday, 8:30am – 5pm
http://www.healthyconnectionsprimeadvocate.com/
Beneficiary Protection

• MMP reporting of critical incidents including suspected abuse, neglect and exploitation
  
  • Balance billing targeted communication to providers
    – New Member ID Card (eff. 1/1/17)
    – Website announcement

Member Story

“Millie,” is diabetic with high blood pressure and other issues. Latonia, her MMP’s Community Health Navigator (CHN), had been unsuccessful in her efforts to engage Millie and drove 40 miles to visit Millie in her home. Millie accepted Latonia’s offer to help. Latonia discovered Millie was charged the full fee for a recent visit to her orthopedic surgeon, causing Millie some distress. Latonia contacted the practice and they agreed to reimburse Millie for the charges and co-pay, as well as contract with the MMP to provide services to Millie. Latonia and Millie’s care coordinator are helping Millie with other areas as well to improve her health and well being (e.g., shower rail).

Open Lines of Communication
Educational Opportunities

**Beneficiaries & Caregivers**
- SC Thrive in-person events, webinars, call-ins. In 2016 alone: 4,800+ attendees, 12,000+ mailers
- Notification letters and more available on our website

**Advocates**
- SCDHHS sponsored trainings
- Member/Advocate Toolkit
- Monthly updates

**Providers**
- Trainings/presentations to provider groups
- E-Learning Module
- Monthly updates
- Provider Toolkit
Learn More

Please visit our website at:
www.scdhhs.gov/prime

- Simple direct messaging
- Upcoming Events
- Member stories
- Communication Toolkits for Members/Advocates and Providers
- Interactive Scenarios
- Stakeholder Updates
Questions