

# **SCDuE**

## **South Carolina Dual Eligible Demonstration**

**Integrated Care Workgroup**

**October 17, 2013**

**10am – 12 pm**

Teeshla Curtis – Program Manager

Sam Waldrep – Senior Advisor

- **To provide an update on the status of MOU negotiations**
- **To update on process and upcoming events for key subject areas**
- **To discuss current status and transition of ICW for implementation**
- **To address specific questions and concerns from ICW**

- **Finalizing the Memorandum of Understanding (MOU) between the State and CMS**
- **Financial modeling for rate development initiated by both CMS and the States actuaries**
- **Targeted provider outreach**

- **Six health plans have submitted formal letters of application:**
  - **Absolute Total Care, Inc.**
  - **Advicare**
  - **Humana Health Plan, Inc.**
  - **Molina Healthcare of South Carolina, Inc.**
  - **Select Health of South Carolina**
  - **WellCare of South Carolina**

***MOU Update***



# SCDuE Demonstration Overview

Target Population	<ul style="list-style-type: none"><li>- Full-Benefit Duals</li><li>- Age 65+</li><li>- Non-institutional</li><li>- Non-PACE</li><li>- Non-DDSN waiver</li><li>- Not enrolled in Hospice</li><li>- Not receiving ESRD services</li></ul>
<i>Total Full-Benefit Duals Demonstration Eligible</i>	<ul style="list-style-type: none"><li>- 131,090</li><li>- 53,600</li></ul>
Financial Model	<ul style="list-style-type: none"><li>- Capitated</li><li>- <i>Coordinated and Integrated Care Organization (CICO)</i></li></ul>
<i>Geography</i>	<ul style="list-style-type: none"><li>- Statewide</li><li>- Regional Phase-in</li></ul>
Implementation Dates	<ul style="list-style-type: none"><li>- July 1, 2014</li><li>- <i>Opt-in period followed by passive enrollment</i></li></ul>

- **Estimated eligible population (July 2014):**
  - **Community residents: 46,100**
  - **HCBS Waiver recipients: 7,500**
- **Total eligible population: 53,600 (excluding nursing facility residents)**

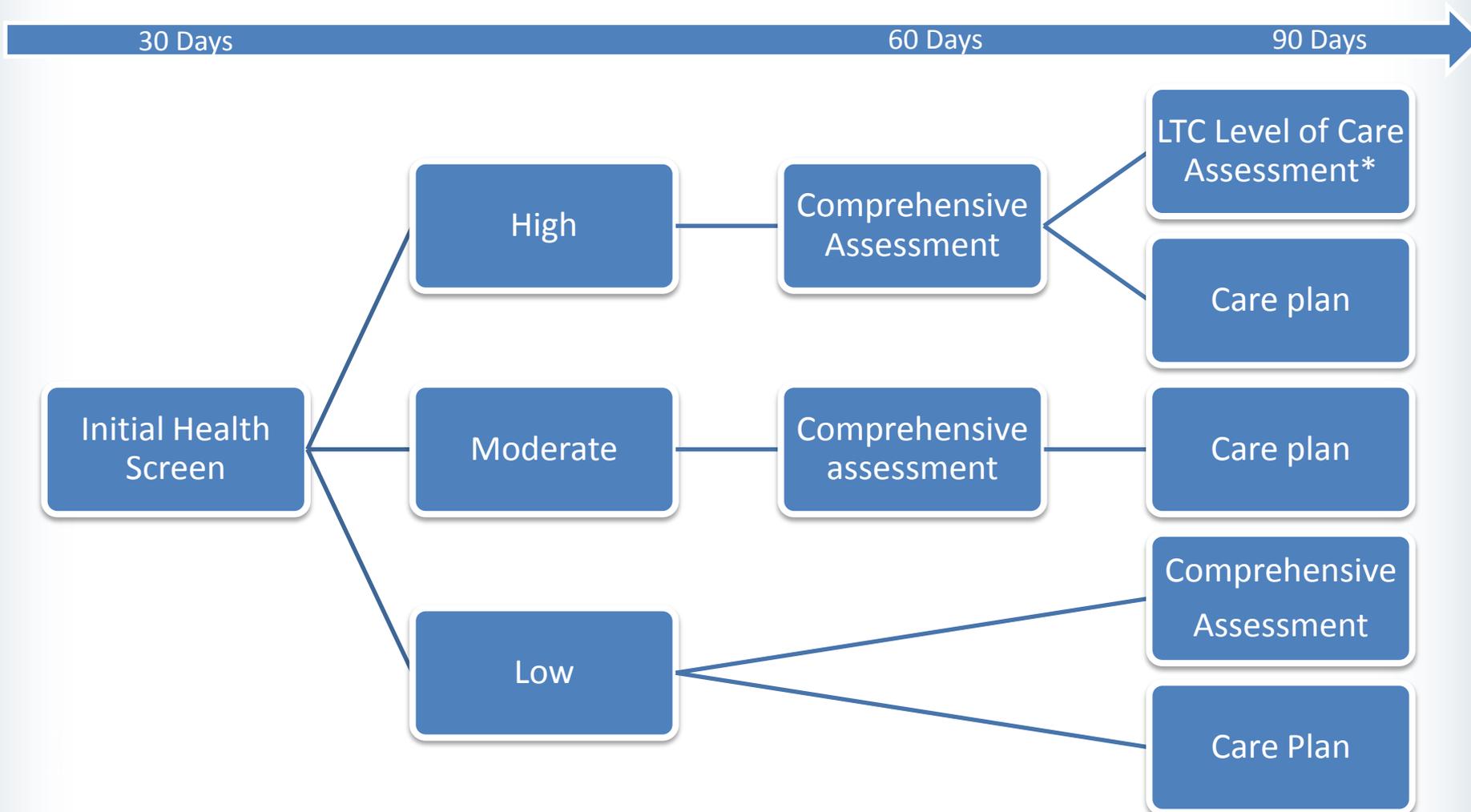
- Original proposal submitted May 2012 estimated target population at **68,000** (using 2009 data)
- Initial projection estimated annual enrollment growth rate of approximately **4.5%** for calendar year 2009 to calendar year 2014
- Enrollment for the Medicaid elderly population in South Carolina has remained relatively level from SFY 2009 through SFY 2012 with **no or slightly negative annual growth**

- **Demonstration population inclusion criteria:**
  - Individuals  $\geq 65$
  - Full-benefit dual eligible
  - Individuals receiving Home and Community Based Services (HCBS) waivers (i.e., HIV, Vent, and Community Choices)
- **Enrollment includes an opt-in period following by passive enrollment. The Demonstration is voluntary; beneficiaries can opt-out as well as change plans at any time.**

- **Excluded populations (at time of enrollment):**
  - Residing in a nursing facility;
  - Enrolled in hospice;
  - Receiving End-Stage Renal Disease (ESRD) services;
  - Enrolled in a Program of All-Inclusive Care for the Elderly (PACE); or
  - Enrolled in Department of Disabilities and Special Needs (DDSN) operated waiver serving adults (ID/RD, HASCI, and Community Supports).

- **Universal Assessment Tools (i.e., initial health assessment, comprehensive, LTC level of care assessment)**
- **Individualized care plan involving participant and/or her caregiver**
- **Designated care coordinator linking participant, PCP, family/caregiver ensuring care coordination and the communication of barriers and needs**

# ASSESSMENT PROCESS



- **New benefit tested in Demonstration which focuses on pain management and comfort care.**
- **Primarily for enrollees living with a serious, chronic or life-limiting illness who may not meet the hospice criteria**
- **Allows seamless transition to hospice along the care continuum once an enrollee's treatment shifts from curative to exclusively comfort and end of life seems eminent**

- **Eligible diagnoses include, but are not limited to:**
  - Stage 3 or 4 cancer
  - End-stage renal disease (ESRD)
  - Congestive heart failure
  - Chronic obstructive pulmonary disease (COPD)
  - Parkinson's disease or Huntington's disease
  - Amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS)
  - Dementia or Alzheimer's disease
  - Advanced liver disease
  - Other medical conditions approved by CICO Medical Directors

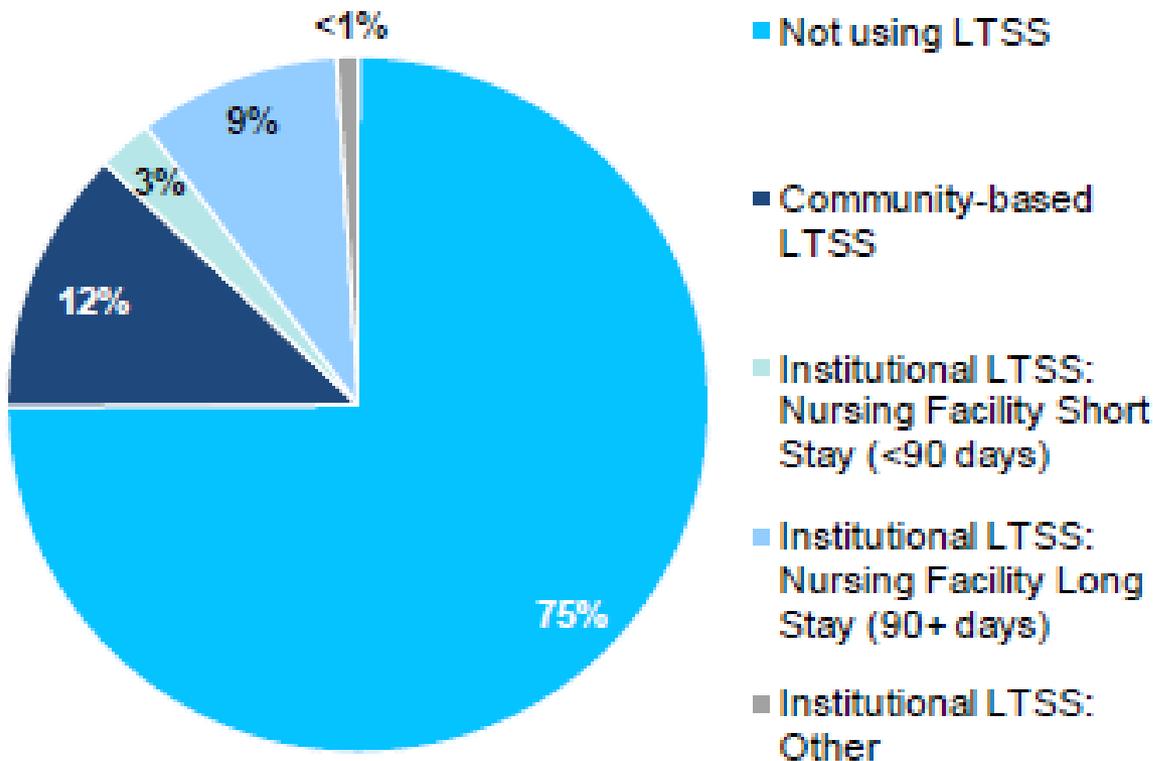
- **Eligible criteria (two of the following):**
  - History of hospitalization within previous year
  - History of ED use for pain and/or symptom management
  - Medically necessary by physician referral or by recommendation of multidisciplinary team

- **Medicare standards utilized for pharmacy benefits and for other services for which Medicare is primary, unless applicable Medicaid standards for such services are more stringent.**
- **Exceptions may be granted to account for patterns of care for Medicare-Medicaid Enrollees, but will not do so in a manner that will dilute access to care for Medicare-Medicaid Enrollees.**

- **Blended capitation rate**
  - Medicare Part A
  - Medicare Part B
  - Medicare Part D
  - Medicaid
- **Medicaid Rate Cells**
  - Nursing Facility
  - Home and Community Base Services Plus
  - Home and Community Base Services
  - Community

- **Provider reimbursements negotiated by provider with contracted health plans**
- **Pay for Performance**
- **Care transition related incentives**
- **Reimbursements should not be identical to FFS model**
- **Shared goals based on outcomes**

# FULL BENEFIT MEDICARE- MEDICAID ENROLLEES' USE OF FEE-FOR-SERVICE MEDICAID-FUNDED LTSS



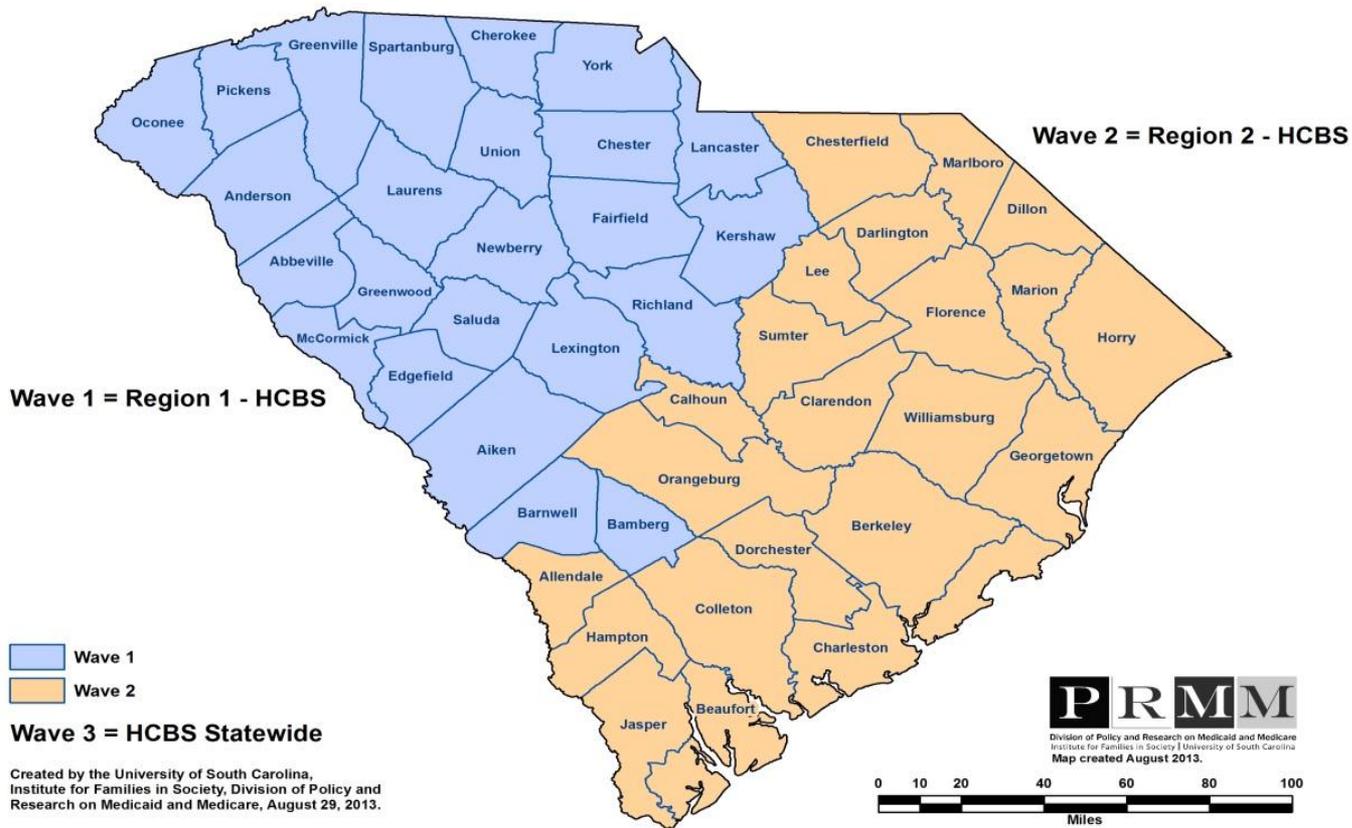
Source: Centers for Medicare & Medicaid Services. (n.d.). Medicare-Medicaid enrollee state profile. Retrieved from <http://www.integratedcareresourcecenter.com/PDFs/StateProfileSC.pdf>

- **Three phase-in periods are planned and correspond with the State relinquishing responsibilities to the CICOs.**
- **July 2014 – December 2014, CICOs will develop relationships with existing HCBS providers in order to establish an adequate provider network.**
- **During the first contract period, January 2015 – December 2015, CICOs should contract with every willing HCBS provider that accepts the CICOs' contract provisions. SCDHHS will establish contract parameters for the first contract year.**

- **Demonstration enrollees who meet long term care level of care determination and who desire to resident in a nursing facility, may remain in the Demonstration.**
- **CICOs will be required to offer contracts to all nursing facilities that participate in Medicare and Medicaid and are willing to accept the CICOs' reimbursement rates and other contract requirements.**
- **After the first year of the Demonstration (i.e., July 1, 2014 – December 31, 2015), CICOs may establish quality standards and may contract only with those providers that meet such standards.**

***Other Key  
Operational  
Updates***

### South Carolina Dual Eligible Demonstration Project Passive Enrollment Strategy



Opt-in statewide enrollment:

July 1, 2014 - December 31, 2014

Passive enrollment:

Wave 1 – January 1, 2015

Wave 2 – March 1, 2015

Wave 3 – May 1, 2015

- **Conducted by a CMS-contracted EQRO beginning Fall 2013**
- **Evaluates capacity of each CICO to meet all Demonstration requirements**

- **Tool will be developed jointly by CMS and the State based upon stakeholder input, the MOU, applicable Medicare and Medicaid regulations, and input from other sources.**
  - Massachusetts Readiness Review tool | [Link](#)
  - California Readiness Review tool | [Link](#)
  - Ohio Readiness Review tool | [Link](#)
  - Illinois Readiness Review tool | [Link](#)

- **CMS and South Carolina-developed quality measures will be used to report on areas such as:**
  - **Access**
  - **Availability of services**
  - **Care coordination**
  - **Mental and behavioral health**
  - **Enrollee and/or caregiver experience**
  - **Screening and prevention**
  - **Quality of life**

- **Both Medicare and Medicaid will withhold a percentage of their capitated payments. The repayment of these withholds will be subject to CICO performance as reflected by certain quality measures.**
- **Certain quality withhold measures are consistent across all state demonstrations; others will be state-specific.**
- **Withhold percentages vary and increase by Demonstration year.**

- **Advocates and investigates on behalf of Demonstration Enrollees**
- **Safeguards due process and serve as the early and consistent means of identifying systematic problems**
- **Differs from LTC ombudsman. The focus of this program will include both nursing facility-based and home and community based services**

- **Coordinates relationships with stakeholders (i.e., CICOs, Area Agencies on Aging, providers, etc.).**
- **Answers inquiries, investigates, mediates, negotiates and otherwise resolves individual issues, concerns or complaints of enrollees.**
- **Provides information and referral services, including referrals to other agencies as applicable.**
- **Collects and analyzes data for the purpose of quality improvement.**

- **Initial appeals are filed with CICO (prerequisite).**
- **Appeal goes to responsible payor (i.e., Medicare or Medicaid) if appeal is not entirely in favor of the enrollee:**
  - Medicare-only services (Parts A & B) – Medicare appeal, Medicare Independent Review Entity
  - Medicaid-only benefits - Medicaid appeals, State Fair Hearing can be requested (IRE)
  - Medicare and Medicaid overlap services are forwarded to the IRE. If the appeal is not wholly in favor of the enrollee, then he/she can request a State Fair Hearing and/or file a request for a hearing with an Administrative Law Judge.

- **Next Communications Workgroup Meeting:**
  - Thursday, November 7, 2013, 9:00 AM – 10:00 AM
- **New SCDuE Website launch**
- **Provider education and outreach:**
  - Medicaid bulletin
  - Provider material
  - Provider forums with CICOs
- **Legislative affairs outreach – November 2013**

- **September 2013: Internal Communications**
  - September 2013 – February 2014
- **October 2013: Provider Communications**
  - October 2013 – December 2013
- **November 2013: Legislative Affairs**
  - November 2013 – February 2014
- **December 2013: Advocacy and Nonprofit Groups Campaign**
  - December 2013 – February 2014
- **January 2014: Media Relations**
  - January 2014 – July 2014
- **March 2014: Beneficiary and Caregiver Communications**
  - March 2014 – July 2014

- **Charleston Provider Forums**
  - Thursday, November 7, 1pm-5pm – Charleston
  - Friday, November 8, 9am-12:30pm – Charleston
- **Columbia Provider Forums**
  - Thursday, November 14, 1pm-5pm – Columbia
  - Friday, November 15, 9am-12:30pm – Columbia
- **Greenville/Spartanburg Provider Forums**
  - Thursday, November 21, 1pm-5pm – Greenville
  - Friday, November 22, 9am-12:30pm – Greenville

***ICW Transition***

- **State will transition role of current ICW into a Demonstration Implementation Council to provide comprehensive and coordinated oversight**
- **Will be composed of members of the ICW and Enrollees and/or their caregivers who represent the diversity of the target population**
- **Will assist in monitoring implementation activities as well as providing input on policies and procedures**
- **Maintaining the Department's commitment to transparency, council will also disclose program evaluation results**

- **Implementation Council**
  - Transition in January 2014
  - Meet quarterly and as needed
  - Open application process for membership
  
- **Regular reporting on:**
  - Data and trends
  - Quality monitoring
  - Promoting education activities
  
- **Subcommittees of Implementation Council:**
  - Communications Workgroup – meet monthly
  - Contract Management Team
  - Ombudsman
  - CICO Learning Collaborative – meet monthly

**Questions?**

**Thank You**

## Contact Information

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## SOURCES