

**ULTCS Workgroup  
Integration and Care Management Subcommittee  
June 3, 2010**

**MEMBERS PRESENT:**

Ginnie Whisman, DODD; Beth Foster, OCHC; Joe Ruby, AAA 10B; Marc Molea, ODA, Subcommittee Co-Leader; Rafiat Eshett, JFS/OHP; Linda Ferrell, JFS/OHP; Gwen Toney, OHPCO/OHCO; Bridget Gargan, OHA; Judy Patterson, ODA

**DISCUSSION:**

**Time Line**

Marc began by proposing a timeline of activities for the next month to ensure that we complete our assignment on time.

**June 3** (Today) – Review recommendations related to SNP, Medicare/Medicaid dual eligibles, Managed Care.

**Week of June 14** – AAAs representatives will meet to formulate recommendations re: AAA interaction with other systems.

**Week of June 21** – Full subcommittee will meet to review recommendations from AAAs and others that come from subcommittee and ULTCS Work Group members. **A poll of subcommittee members determined that June 25 at 10:00 was the best time/date for our next subcommittee meeting. The meeting will be held in ODA's 10<sup>th</sup> Floor Conference Room A. Conference Call hook-up will also be available.**

**July 9** – Ready final recommendations for ULTCS Work Group.

**Solicitation of Recommendations from others**

It was noted that we do not have representation on our subcommittee from all the stakeholder groups and constituencies on the ULTCS Work Group. As a result, we will solicit recommendations from the ULTCS Work Group members. **An e-mail was sent to Work Group members on June 9, 2010 asking them to respond by June 18, 2010.**

Subcommittee members were also encouraged to submit recommendations reflecting the needs/ideas of their respective constituencies.

**Review of Dual Eligible Integration: Health Plan Recommendations**

Janet Grant presented the Dual Eligible Integration: Health Plan Recommendations (attached). Janet noted that these recommendations had been reviewed by other health plans that serve Ohio. Janet noted that while these recommendations represent a partial integration approach, they move us in the right direction with little investment in funding.

Discussion and questions followed Janet's presentation. The Subcommittee added streamlining regulation to the Integrate the Medicaid Acute Benefit In Dual SNPs recommendation.

The subcommittee did not take formal action to endorse the recommendations. Subcommittee members, especially those not at the meeting, are encouraged to review the recommendations and pose any questions, issues and/or additions to Janet, Sara and Marc before the June 25 meeting.

**NEXT MEETING:**

- June 25, 2010, 10:00 – 2:00, ODA's 10<sup>th</sup> Floor Conference Room A. Conference call hook-up will be available.

# **Dual Eligible Integration: Health Plan Proposed Recommendations**

ULTCS Integration and Care  
Management Subcommittee

June 3, 2010

# Medicaid SNP Interaction

- OH SNPs are only administering the Medicare portion of enrollee benefits – not the Medicaid portion
- Members have to navigate FFS Medicaid on own; have two cards
- Providers have to bill both SNP and FFS Medicaid
- Medicaid is secondary to Medicare and states will usually cover only up to the Medicaid allowable
- SNP enrollment limited with little information provided on option

# ODJFS SNP Integrated Agreement

- CMS dual SNP requirement
  - New plan applications
  - Service area expansions for existing plans
- Basic agreement defining current roles
- Executed fall 2009
- True integrated contract would include administration responsibilities for Medicaid benefit with capitation and virtual integration at plan level for members and providers

# Shared Goals

- Right care in the right place
- Least restrictive environment
- Case management as central strategy
- Promote medical home
- Quality outcomes and customer satisfaction

# Integration Recommendations

1. Integrate the Medicaid acute benefit in dual SNPs
2. Provide management and care coordination for the acute benefit of waiver participants
3. Outreach to duals on SNP option
4. Identify shared members (waiver and SNP) for care coordination

# Integration Recommendations

## 1. Integrate the Medicaid acute benefit in dual SNPs

- Dual eligible SNP members who have voluntarily selected the SNP
- SNPs that also are contracted as Medicaid managed care plans
- Expand current ODJFS SNP contract to manage acute benefit package (cost sharing and wrap around benefits)

# Integration Recommendations

1. Integrate the Medicaid acute benefit in dual SNPs (cont.)
  - State actuary to set capitated rate
  - Permissive enrollment statutory changes
  - Stream line regulation to avoid dueling requirements

# Integration Recommendations

## Benefits:

- Virtual integration for member at plan level
- One membership card; one source for benefit information
- Providers bill one entity
- Coordinated care across acute benefits
- Address CMS SNP integration goals
- Prevent/delay long term care placements—  
increase use of community based care
- Reduce cost shifting between Medicare and Medicaid

# Integration Recommendations

2. Provide care coordination for the acute benefit of waiver participants
  - Eliminate the exclusion for waiver participants from managed care
  - Medicaid plans coordinate the acute benefit package within a risk adjusted capitated rate
  - Waiver programs continue coordination of the long term care services and supports benefit
  - Effect a coordinated care agreement between the plan and waiver administrator

# Integration Recommendations

## Benefits:

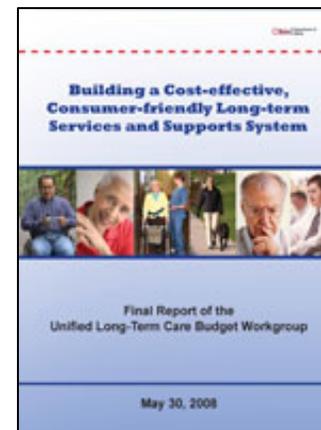
- Provide care coordination for the acute benefit with goals of improved clinical quality, customer service and cost savings
- Provision of enhanced benefits
- Coordinate acute and long term care benefits with shared care management
- Use expertise of both plan and waiver provider to enhance care

# Integration Recommendations

3. Outreach to duals on SNP option
  - ODJFS mailings to duals to inform of SNP option
  - ODJFS/ODA web site postings with SNP option information
  - Other.....

# Integration Recommendations

4. Identify shared members (waiver and SNP) for coordinated care management



*“119. Develop a mechanism between the managed care system and the long-term supports system to enhance coordination for consumers and efficiently manage the cost of care.”*