

Health Homes and Duals Financial Alignment projects

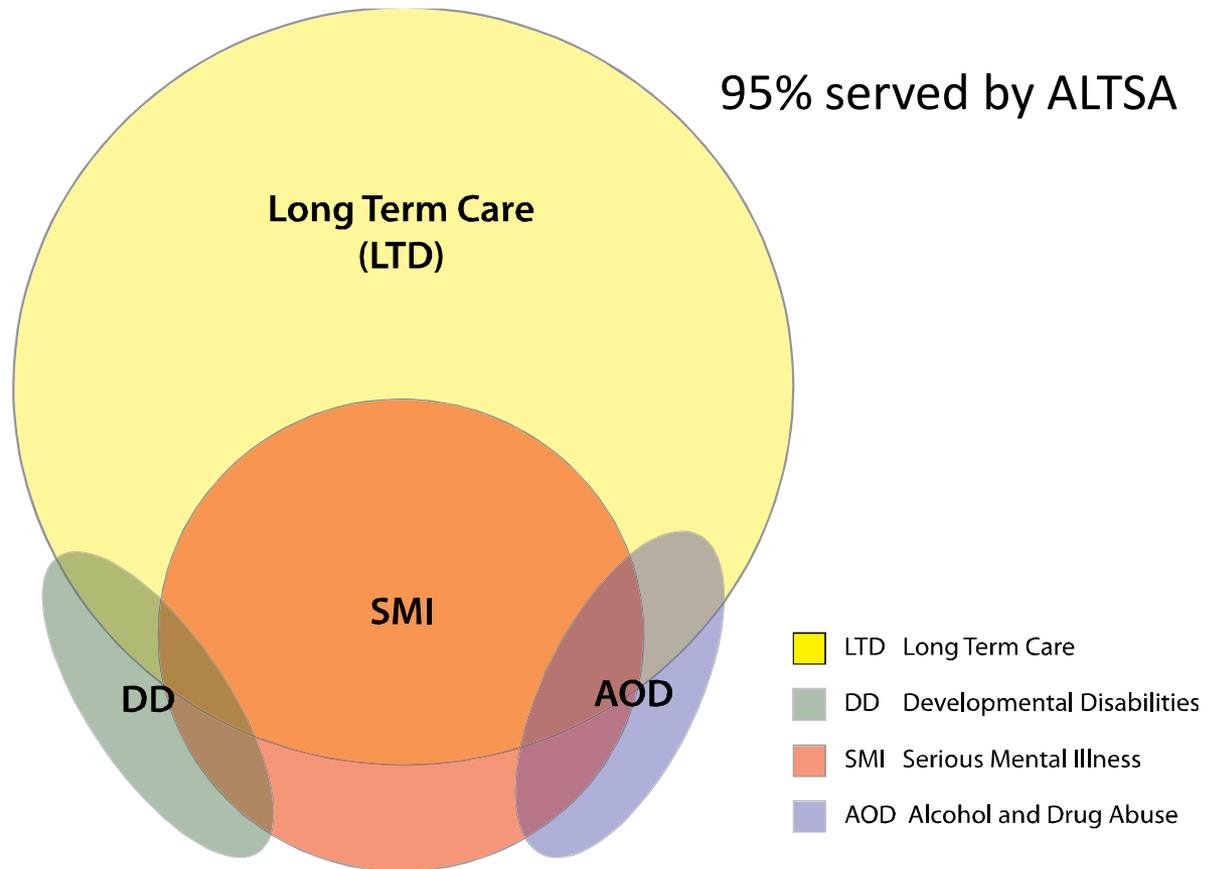


Health Homes

Why Bother?

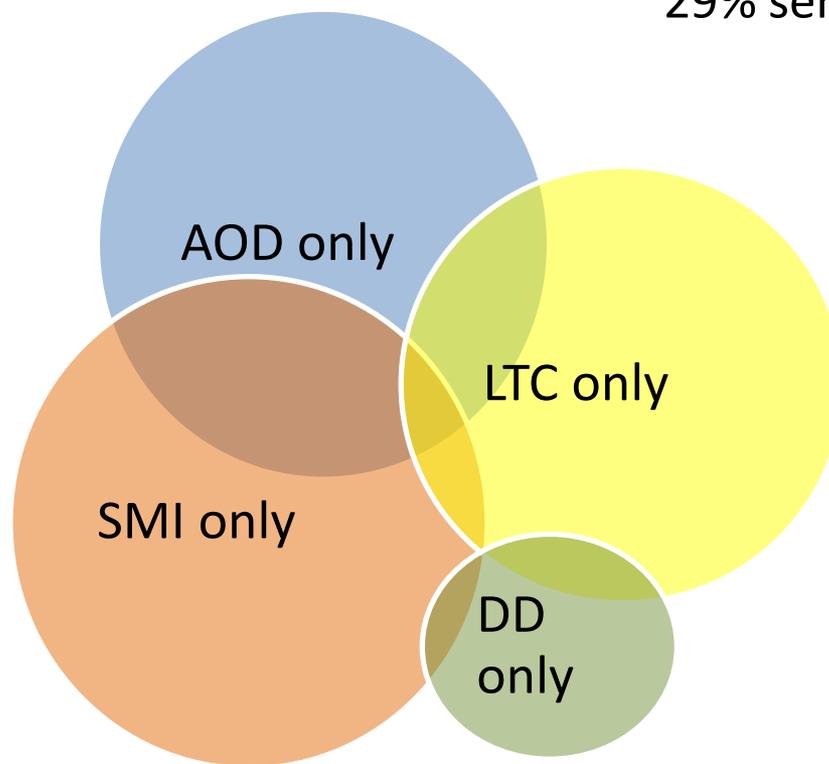


Service Needs Overlap for High Risk/High Cost Beneficiaries who are Eligible for Medicare & Medicaid



Service Needs for High Risk/High Cost Medicaid-Only Beneficiaries Overlap

29% served by ALTSA



Managed Fee- For-Service

How does it fit in?



Managed FFS (MFFS) Financial Alignment Demonstration

- Health homes are a natural vehicle for aligning the delivery of care in the FFS population
- Grant Funding from CMS supports state infrastructure

Benefits

- Structure already in place through State Plan Amendment
- Potential to sustain the program after 90/10 match can no longer be claimed
- Ability to add additional resources through the use of infrastructure grants
- Coordinated services bridges the existing fee-for-service system
- Access the right care, at the right time and place

Challenges

- Different rules, different measures, more resources needed
- Agreement and signatures on the Final Demonstration Agreement
- Agreement and signatures on the State Plan Amendment
- Communication challenges
- Delays in funding
- Performance Measures

Health Homes

Implementation Approach



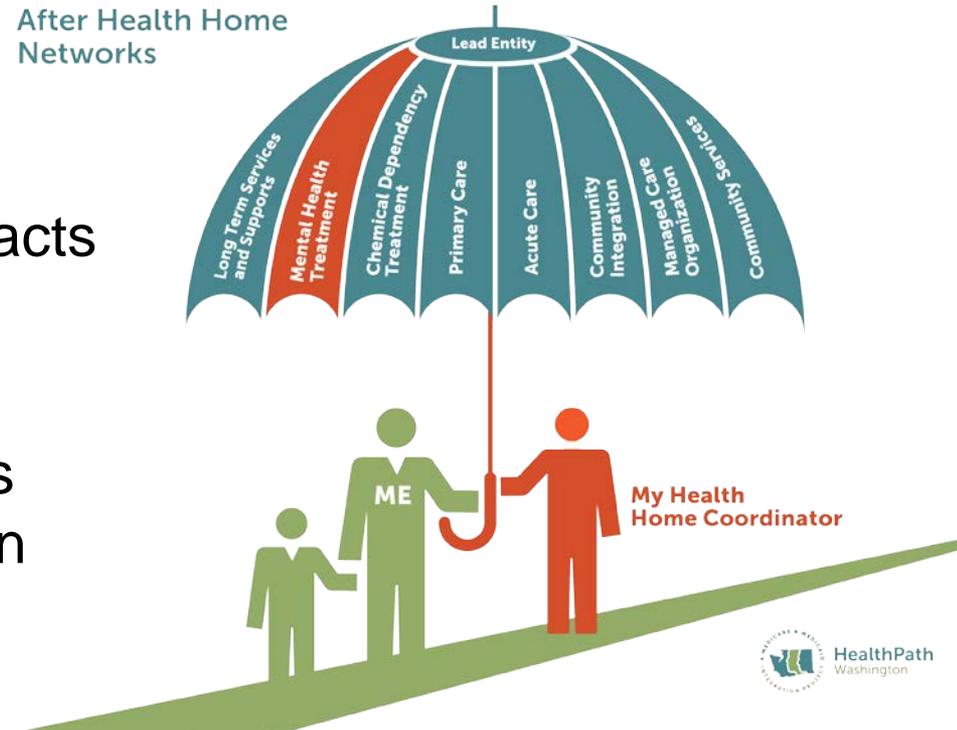
Goals

- Establish person-centered health action goals designed to improve health, health-related outcomes and reduce avoidable costs
- Coordinate across the full continuum of services
- Organize and facilitate the delivery of evidence-based health care services
- Ensure coordination and care transitions
- Increase confidence and skills for self-management of health goals
- Single point of contact responsible to bridge systems of care

Focus on High Risk Enrollees

- Most at-risk for adverse health outcomes
- Greatest ability to achieve impacts on hospital and institutional utilization, and mortality
- Most likely to need/receive multiple Medicaid paid services
- Cost effective / achieve a return on investment
- Need to achieve funding sustainability for these interventions

After Health Home Networks



Health Home Coverage Areas

Coverage Area #2

NWRC – FFS Only
 CCC – Managed Care Only
 Molina – Managed Care Only
 UHC – both FFS and Managed Care
 CHPW – both FFS and Managed Care
 Effective 10.1.2013

Strategy 2 – Medicare/Medicaid Integration Project (Managed Care)
 Regence Blue Shield and UnitedHealthCare
 Voluntary Enrollment 5.1.2014 and Passive Enrollment 7.1.2014

Coverage Area #6

Community Choice – FFS only
 CCC – Managed Care Only
 Molina – Managed Care Only
 UHC – both FFS and Managed Care
 CHPW – both FFS and Managed Care
 Effective 10.1.2013



Coverage Area #1

Optum – FFS Only
 CCC – Managed Care Only
 Molina – Managed Care Only
 UHC – both FFS and Managed Care
 CHPW – both FFS and Managed Care
 Effective 10.1.2013

Coverage Area #5

CCC - Managed Care Only
 CHPW & UHC - both Managed Care and FFS
 OPTUM - FFS Only
 Effective 7.1.2013

Coverage Area #4

CCC & CHPW - Managed Care Only
 UHC - both Managed Care & FFS
 Optum - FFS Only
 Effective 7.1.2013

Coverage Area #7

CCC & CHPW - Managed Care Only
 UHC – Managed Care and FFS
 OPTUM & SE WA ALTC - FFS Only
 Effective 7.1.2013

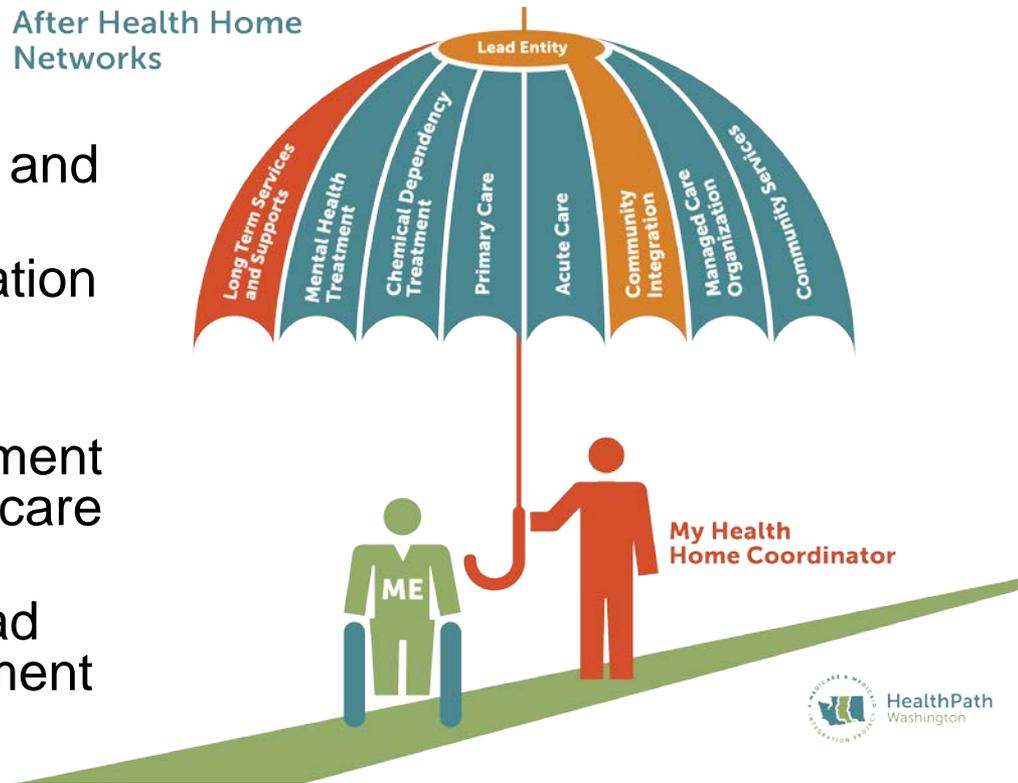
Qualification Process

- An application and process developed for 3 phase roll-out to qualified health homes
- Released in November 2012, February 2013 and May 2013.
- Emphasis on creation of community partnerships, expert care coordination staff, outreach and high touch services delivered in community setting including a beneficiary's home

Payment for Health Home Services

- \$252 for outreach, engagement and health action plan
- \$172 for intensive care coordination services;
- \$67 for maintenance
- Health plans pass share of payment to network entities who provide care coordination services
- Fee-for-service: Payment to lead entity that passes share of payment to entities who provide care coordination services

After Health Home Networks



Washington's Math to fund FFS health homes

- Increased Federal financing for first 8 quarters
- State financing current match will be enhanced by 40%
- The added match will be used to leverage FFS HH individuals



Next Steps

- 2nd Health Home SPA submitted for October 1, 2013 start dates for remaining coverage areas
- Finish readiness reviews and on-site visits for new Qualified Leads
- Train Care Coordinators
- Sign contracts
- Enroll eligible population into Qualified Leads
- Take a deep breath and
- Continue to work on Strategy 2, 3-way Capitated/Integration Management Care

Duals Financial Alignment Demonstration –Apple Advantage

- Managed Care in Snohomish and King Counties
- Integrated services
- Medicare/Medicaid full dual population
- 3-way contract with CMS
- Two health plans – Regence and United



HealthPath
Washington

Washington State
Health Care Authority



MOU and 3-way Contract

- MOU currently written but not approved yet
- MOU is high-level agreement of operational aspects
- Mid-October approval date for MOU
- 3-way Contract at CMS to be merged with Medicare template
- November/December approval date



Next Steps

- Rate development
- Readiness reviews
- Marketing material
- P1 system changes to support program



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Health Care Authority



Resources

Websites: http://www.hca.wa.gov/health_homes.html
<http://www.adsa.dshs.wa.gov/duals/>
<http://www.integratedcareresourcecenter.com/>

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