Health Homes and Duals
Financial Alignment projects

June 21, 2012
Health Homes

Why Bother?

June 21, 2012
Service Needs Overlap for High Risk/High Cost Beneficiaries who are Eligible for Medicare & Medicaid

95% served by ALTSA

Long Term Care (LTD)

SMI

DD

AOD

LTD  Long Term Care
DD  Developmental Disabilities
SMI  Serious Mental Illness
AOD  Alcohol and Drug Abuse
Service Needs for High Risk/High Cost Medicaid-Only Beneficiaries Overlap

- AOD only
- SMI only
- LTC only
- DD only

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

June 21, 2012
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
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

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

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 #4
CCC & CHPW - Managed Care Only
UHC - both Managed Care & FFS
Optum - FFS Only
Effective 7.1.2013

Coverage Area #5
CCC - Managed Care Only
CHPW & UHC - both Managed Care and FFS
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

6/25/2013 REV
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
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
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
Resources

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

Becky McAninch-Dake – Becky.McAninch-Dake@hca.wa.gov
Karen Fitzharris – Fitzhkm@dshs.wa.gov
Alice Lind – Alice.Lind@hca.wa.gov
Barb Lantz – Barb.Lantz@hca.wa.gov