

Alabama Integrated Care Network

April 12, 2016



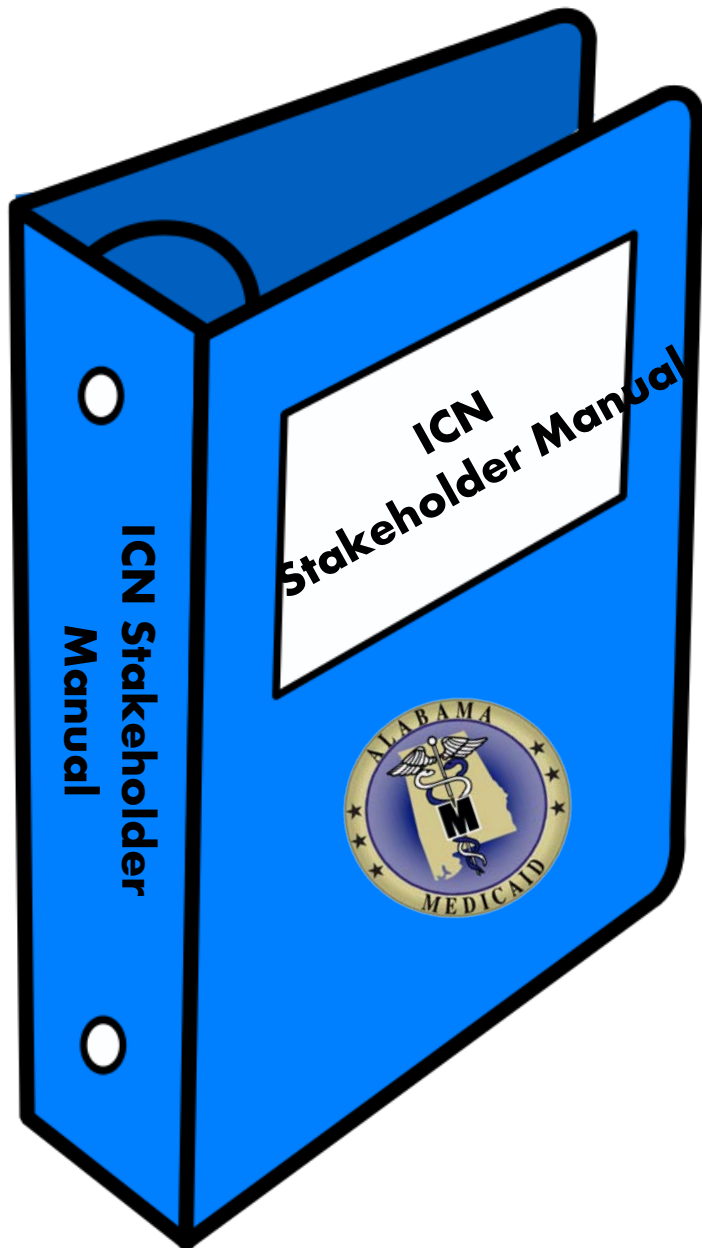


Agenda

Time	Topic	Presenters
9:00 – 9:10	Overview of Agenda & Introductions	Commissioner Azar
9:10 – 9:15	Update on Collaboration Portal	Ginger
9:15 – 9:30	Overview of the legislation and related planning timeline	
9:30 – 10:00	Identify next steps, accountabilities and time frames	All
10:00 – 10:30	Initial input and feedback	All



ICN Stakeholder Manual



Consolidated resource tool providing common foundational understanding of:

- ICN Legislation
- “As Is” Data
- National Research
- Meeting Minutes
- Concept Resources and Presentations
- Concept Paper - placeholder

** Virtual resource. Contents to be added as finalized.*

Overview of Collaboration Rule and Process





ICN Collaboration Portal

The Integrated Care Networks webpage is live as of this presentation, and available for use via the Alabama Medicaid Agency website:

The screenshot shows the Alabama Medicaid Agency website. The header includes the agency logo, the word "Medicaid", and the slogan "Together for Quality". A navigation menu contains links for Home, Newsroom, Apply for Medicaid, Programs, Resources, Providers, Fraud/Abuse Prevention, Contact, Recipients, and Reference. A search bar is located below the navigation. The main content area is titled "Integrated Care Networks" and contains the following text: "State legislation passed in 2015 established a competitively bid, integrated network to provide long-term care services to Medicaid recipients. Patterned after Regional Care Organization legislation, the new law creates a provider-organized, at-risk system that is to begin no later than October 1, 2018." Below this text are three sections: "Email Your Questions About ICNs" with a link to email questions; "ICN Collaboration" with a link to find out about collaboration; and "ICN-Related Documents" with links to "ICN State Law - Act 2015-322 signed into law on 6/3/15", "Summary of ICN law", "Administrative Code Chapter 64 - Integrated Care Networks", "Integrated Care Models to Serve Dually Eligible Beneficiaries - Technical Assistance Brief prepared by the Center for Health Care Strategies - December 2015", and "Medicaid Home and Community-Based Waiver Programs". A "Meeting Materials" section includes a link to a "Presentation - Presented to stakeholders on 1/22/16". The right sidebar features logos for "My MEDICAID", "Patient 1st", "One Health Record", "eHR", and "Alabama VOTES". The left sidebar includes a search bar, navigation buttons for "For Recipients, Applicants, Sponsors" and "For Providers", a "News Alerts Calendar" section with three news items, and social media links for Facebook and RSS.

AMA Home Page > Programs > Long Term Care Services

Summary of Legislation and Agency Planning To Date





Summary of Agency's Activities

Reviewed
the
Legislation

- What are the MUSTS?

Studied our
Current
State

- What are the Goals, what do we want to see changed?

Met with
CMS

- What Options do we have?

Engaging
Stakeholders

- What else do we need to consider for optimal success?

Program Elements of Integrated Care Network (ICN) Legislation



Legislation allows for one or more ICNs	ICN Legislation, Section 2.3
ICNs are provider sponsored entities	ICN Legislation, Section 2.3
At-risk for comprehensive Medicaid medical and long-term care services	ICN Legislation, Section 2.9
Waiver application or amendments likely involved (likely with a 1915(b) waiver under which consolidation is an option)	ICN Legislation, Section 16
ICN requires collaboration certification	ICN Legislation, Section 15.c.1
ICN participants cannot also receive services from RCO	ICN Legislation, Section 3.a.



Comparison of ICN to RCO

Program Elements	ICN	RCO
Requires organizations to be non profits		X
Includes requirements for a Governing Board	X	X
Includes requirements for a Citizen's Advisory Committee	X	X
Includes requirements for a Quality Assurance Committee	X	X
Requirements for probationary status		X
Competitive Bid Process	X	
Requires Certification	X	X
Shall not be insurance organizations	X	X
Establishes at-risk, capitated payments for managed care structure	X	X
Includes an "any willing provider" provision	X	X
Regional-based organizations		X
Statewide organizations (with regional offices)	X	
Medicaid to establish rules governing the program	X	X



ICN Implementation Time Frame Example



— Indicates legislation milestones

*Disclaimer: Subject to change

What we know?





Who: Target Population – Individuals Receiving LTSS

- Populations either in a nursing home long-term or HCBS waivers that have nursing home as their institutional equivalent
- HCBS Waivers include the following
 - ACT Waiver
 - Elderly & Disabled
 - HIV/AIDS
 - SAIL
 - Technology Assisted Waiver
- RCO and ICN programs are mutually exclusive in membership
 - RCOs exclude individuals in nursing facility or HCBS waivers
 - Individuals transitioning from RCO to ICN when they meet level of care



Examples of Long-Term Services and Supports

Currently these services are available in at least one waiver in Alabama. Will all “Medicaid Beneficiaries” have access to all of these services even if not part of the waiver currently covering the service?

Nursing Home
Services

Private Duty Nursing

Personal Assistance
Services

Homemaker Services

Meal
Preparation/Home
Delivered Meals

Social/Medical Model
Adult Day
Programming

Environmental
Adaptation/Assistive
Technology

Personal Emergency
Response Units

Adult Companion
Services

Respite Care
(skilled and un-
skilled)

Case
Management/Care
Coordination

Medical Supplies

Primary Medical Care



Medicaid Beneficiaries – ICN State Law

MEDICAID BENEFICIARIES. As used in this Act, those Medicaid beneficiaries who have been determined eligible for Medicaid benefits in a nursing facility or home and community based waiver programs covered by the Medicaid state plan, who have also been determined by a qualified provider to meet the level of care for skilled nursing facility services, **and those Medicaid beneficiaries who are also eligible for Medicare coverage, under Title XVIII of the Social Security Act,** and who are assigned by Medicaid to the integrated care network.

Summary of Meeting with CMS and Essential Design Elements





Feedback from February 16 Meeting with CMS

- *CMS will not waive freedom of choice and mandate beneficiaries enroll in only one ICN in urban areas. There must be two or more ICNs for each urban area in order to mandate enrollment.*
- *Medicare beneficiaries cannot be locked into any health plan or other arrangement under any circumstance.*
- CMS does not anticipate the ICN program will fall under an 1115 waiver and views an 1115 waiver as a last resort.
- CMS is no longer accepting Financial Alignment programs, they are not interested in expanding the PACE program state wide and they strongly advised AMA that they are not interested in efforts to consolidate waiver funding in to one single waiver authority and program.
- An ICN can apply to become a Medicare Advantage Special Needs Product without being a licensed health plan but it will be subject to the Medicare Part C application requirements and time frames.
- Even though it is not required ICNs be licensed health plans, ICNs will be regulated by Medicaid Managed Care requirements (similar to RCOs)
- Whatever arrangement the state develops, it must demonstrate how it assures LTSS conflict free case assessment and management.



Key Caveats Post-CMS Meeting

- Covered population should include those dually eligible for Medicare and Medicaid to achieve program goals
- To meet the legislative requirement to be an at-risk and capitated program, CMS will require there to be 2 or more entities to maintain freedom of choice
- This will be a statewide contract involving multiple entities
- ICNs will be at-risk for the majority of Medicaid covered services
- There will be an integrated design and blended capitation rate (nursing facility and HCBS waiver populations)
- There will be requirements for any willing provider and minimum assumed reimbursement level (Medicaid fee schedule)
- Shall not be deemed a licensed insurance agency under state law



Essential MLTSS Elements per CMS

Adequate Planning

Stakeholder Engagement

Enhanced provision of HCBS

Alignment of Payment Goals and Structures

Provision of Support to Beneficiaries

Person Centered Processes

Comprehensive, Integrated Service Package

Qualified Providers

Participant Protections

Comprehensive Quality Strategy

Where are we headed?





Alabama's Goals

Quality

- What is the expectation for quality improvement targets?

Access

- What is the predicted utilization change?

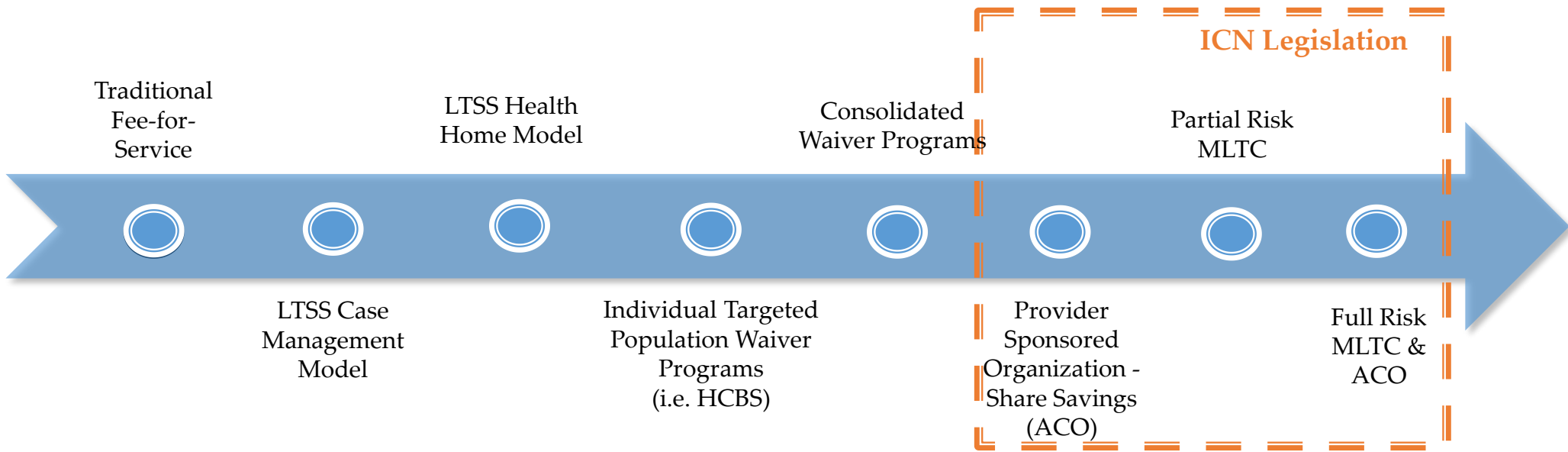
Savings

- What is a realistic savings target for the state? How will this risk be levied to the ICN?



Degree of Risk

- LTSS Managed Care Spectrum



Traditional Fee-for-Service (FFS)

Low or no care management or care coordination	Enhanced PCP payment or case management fees	Enhanced federal funding for enhanced services
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Full Risk-Based Managed Long-Term Care

Higher level of care management and care coordination with P4P elements	Shared savings between MLTC or providers and state/feds	Full risk (PACE, MA-SNPs, FIDE SNPs, Medicaid only ACOs & MLTCs)
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Waivers/State Plan Options

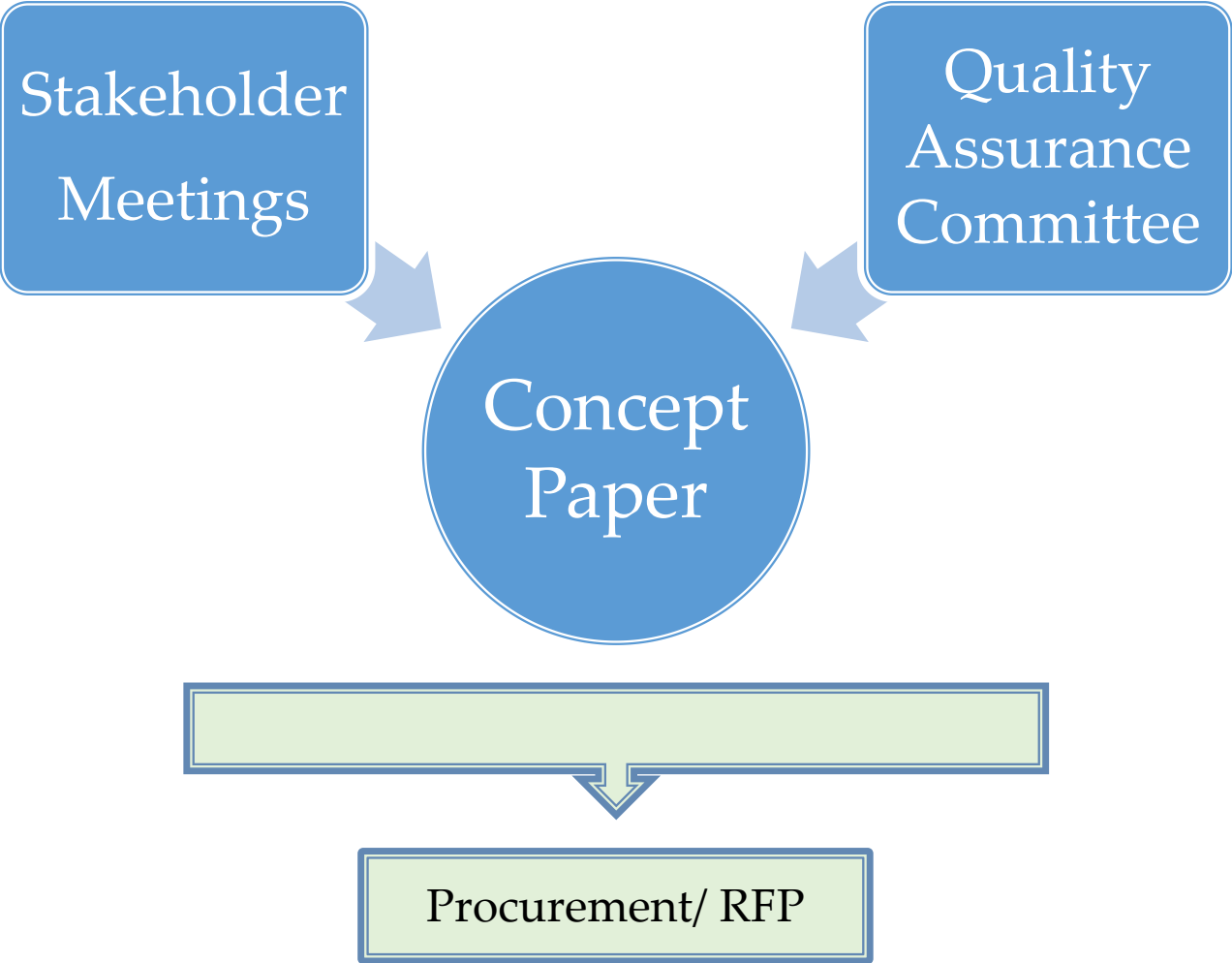
<i>State Plan Options</i>	<i>Financial Alignment</i>	<i>Duals Demonstrations</i>
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Stakeholder Input Process

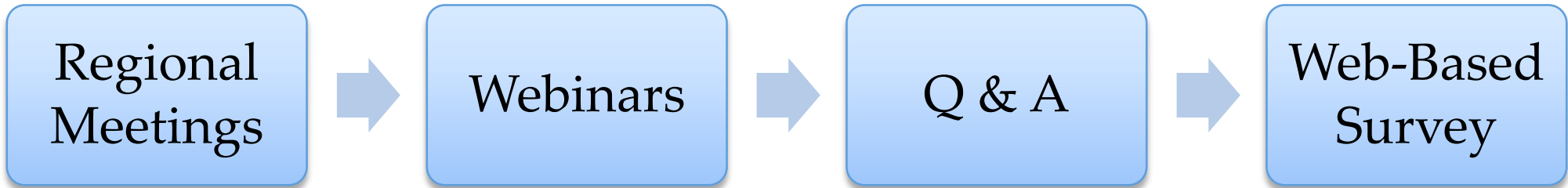
Topics of Interest

- Conflict Free Case Management
- Provider Networks
- Consumer-driven
- LOCA
- Eligibility and Enrollment
- Enhanced provision of HCBS
- Person Centered Processes
- Behavioral Health Integration
- Participant Directed Care
- Participant Rights
- Community Workforce Participation
- Quality Strategy
- Advocacy or Ombudsman
- Service Demand
- Other?





Components of Stakeholder Input - DRAFT



Regional Meetings: Round One

- 15 Mins:** High-level summary of MLTSS and targeted outcomes
- 45 Mins:** Open forum for feedback to education provided
- 60 Mins:** Targeted topic discussions

Regional Meetings: Round Two

- 15 Mins:** Synopsis of regional and statewide feedback
- 15 Mins:** Summary of AMA's incorporation of feedback into ICN design
- 90 Mins:** Targeted topic discussions

Future Periods to Consider Public Meetings:
Release of Quality Indicators, Release of Concept Paper, Issuance of RFP



Draft Stakeholder Meeting Schedule

Region	Stakeholder Meeting #1	Stakeholder Meeting #2
A (Huntsville - North)	Wednesday, June 8th	Wednesday, August 17th
B (Birmingham - Central)	Thursday, June 9th	Thursday, August 18th
C (Tuscaloosa – West)	Wednesday, June 15th	Wednesday, August 25th
D (Montgomery – East)	Wednesday, June 22nd	Wednesday, September 7th
E (Mobile – Coastal)	Wednesday, June 29th	Wednesday, September 14th

July to Mid-August: Compile feedback, identify feedback trends, identify where feedback can guide concept design elements to demonstrate in second round of stakeholder meetings.



ICN Implementation Time Frame Example

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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2016

Phase I: AMA Planning

- Address key program design concepts
- Think about rule making and look at specific requirements and laws

Phase II: Stakeholder Engagement

- Get input from key stakeholders
- Identify an ICN QAC
- Initiate Waiver and Concept Paper development

2017

Phase III: Waiver, Contract, and RFP Development

• Develop and release Concept Paper	• Collect and process comments	• Finalizing RFP and Contract
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Phase IV: Procurement

• Release RFP	• Responses are due	• Agency review
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04/01/17 Establish ICN rules

2018

Phase V: Readiness and Implementation

• Award notice	• Submit docs	• Desk reviews	• On-site reviews	• Complete readiness review
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Phase VI: Transition

- Member outreach, readiness, enrollment, and transition

04/01/18 Initiate competitive procurement

10/01/18 ICN to deliver services

— Indicates legislation milestones

*Disclaimer: Subject to change