



# From Fragmentation to Integration: Bringing Medical Care and HCBS Together

Jessica Briefer French  
Senior Research Scientist

# Integration: The Holy Grail?

- An act or instance of combining into an integral whole
- The act of combining or adding parts to make a unified whole



# Models of Integration

- Home-based primary care
- Enhanced primary care
- Program of All-Inclusive Care for the Elderly
- Medicare-Medicaid Financial Alignment
- Medicaid Accountable Care Organization
- Guided Care
- Care Management Plus
- Hospital at Home

# *NCQA Guiding Principle:* **The Person Must Be At The Center**



# Integrated Care

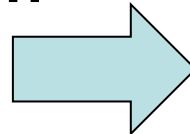
## Current State

## Where we want to be

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**Unclear what population-level outcomes organizations can fairly be held accountable for**

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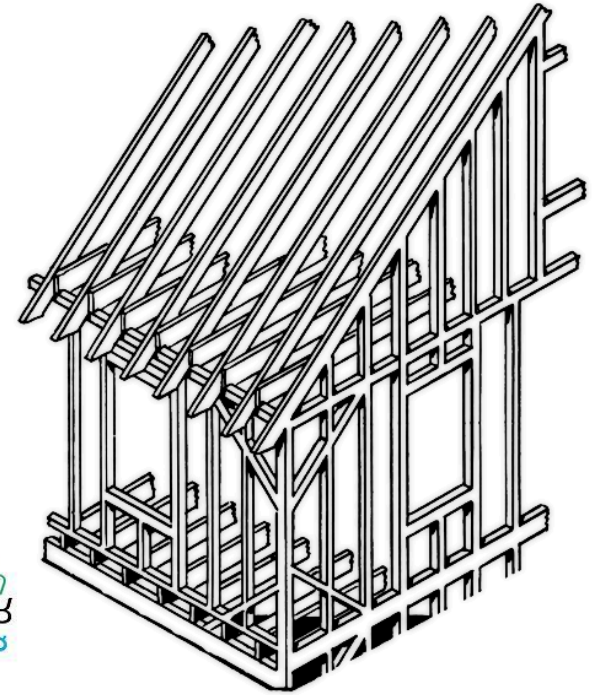
**Single, shared care plan that addresses whole person needs**

**Individualized outcome measure targets as performance measures**

**Clear and fair accountability without adding additional layers**

# Barriers to Integration

- **Structural**
  - Financing
  - Legal
  - Technical
- **Cultural**
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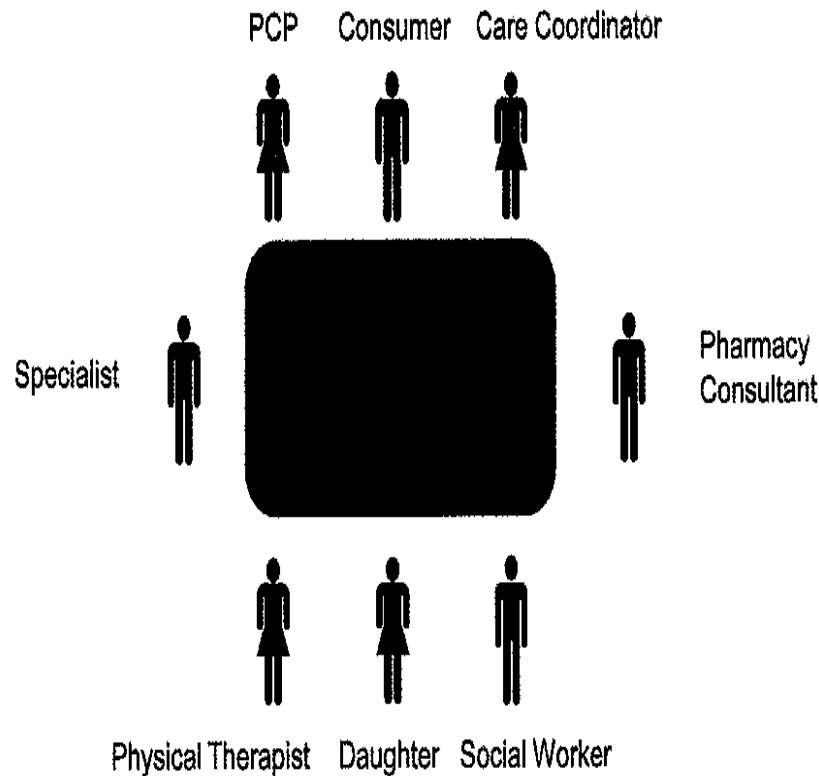
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# Integration Approaches Observed

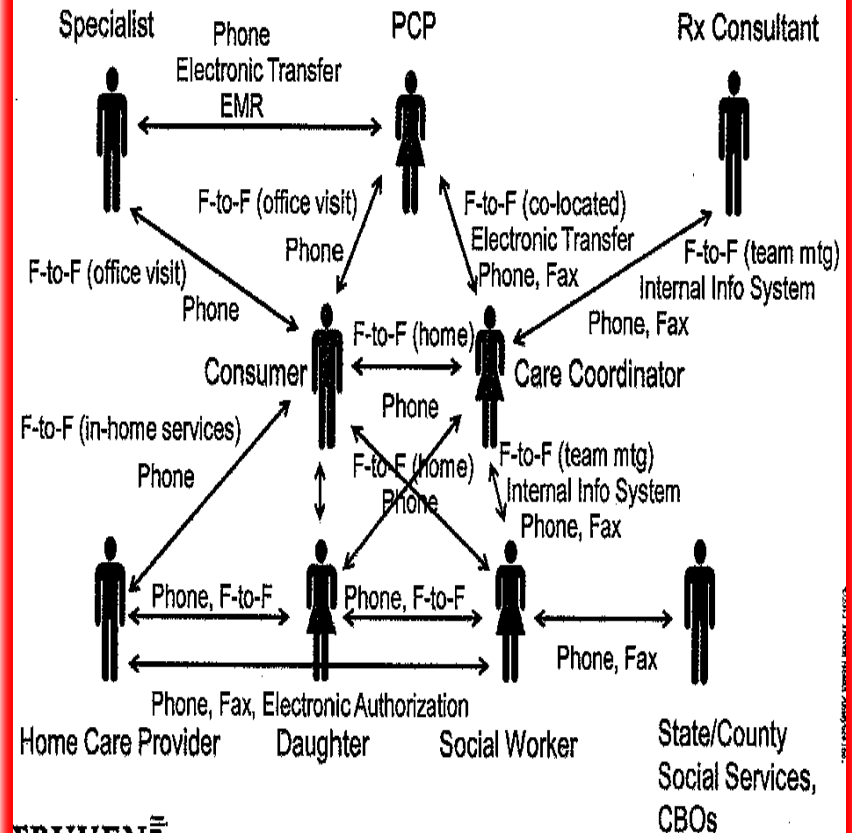
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# Interdisciplinary Team Structure

## POPULAR IMAGE OF AN INTERDISCIPLINARY TEAM MEETING



## REAL WORLD CARE COORDINATION





# Other Efforts to Overcome Fragmentation

- **Joint case management meetings between health plan case manager and outpatient behavioral health staff**
- **Health plan team meetings with CBOs**
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# Overcoming Fragmentation, cont.

- **CBO partnership with hospitals to effectively manage transitions**
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# What Are Your Best Practices?

**How do you integrate HCBS with medical care and behavioral health care?**

- **Organizational structure**
- **Financing**
- **HIT**
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# Measuring Quality

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Process measures assess implementation

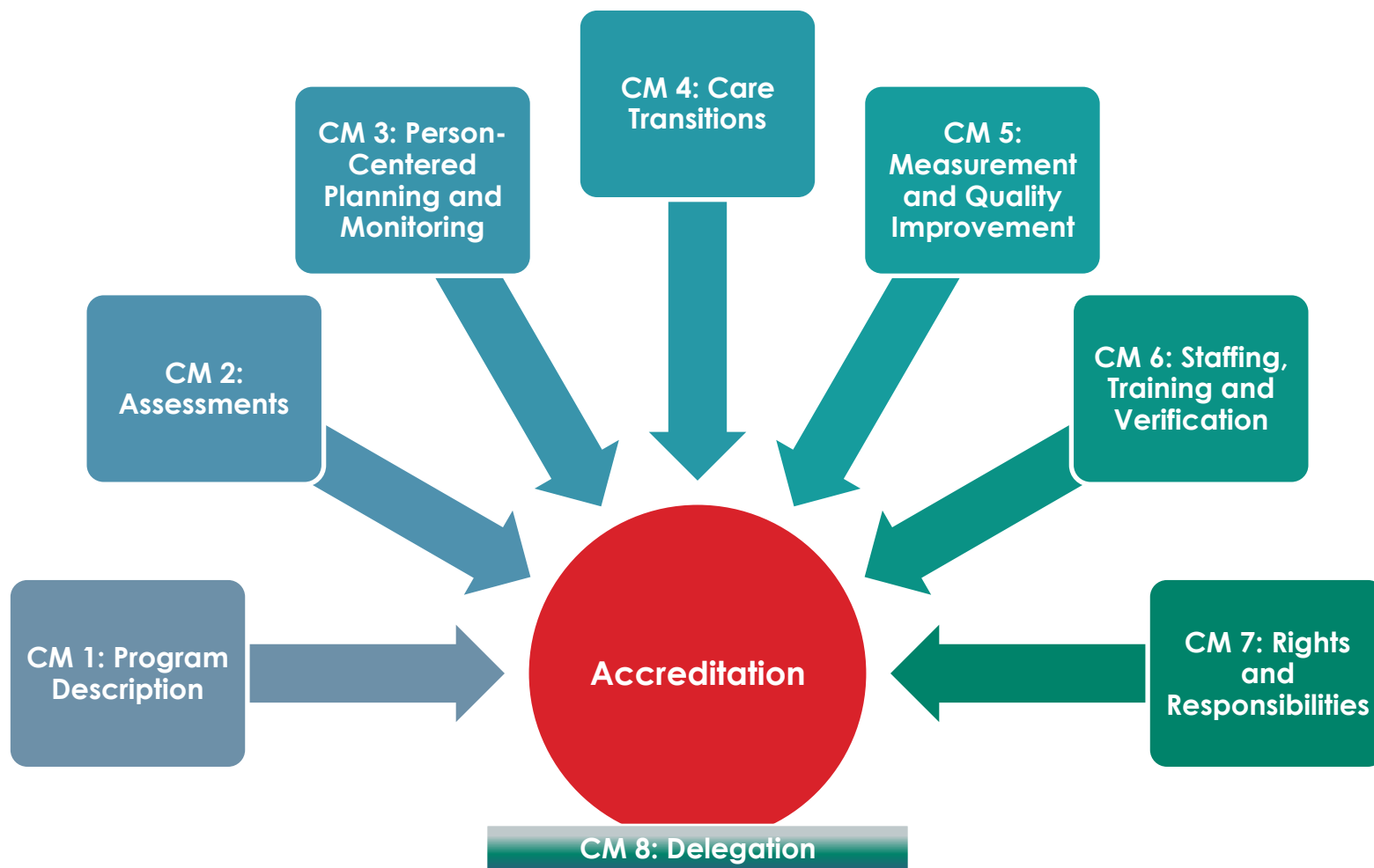
Outcome measures assess goal attainment and person-driven outcomes

Best practices aid implementation

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# Case Management-LTSS Accreditation

NEW



# LTSS Module for Health Plans

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## LTSS 1: Core Features

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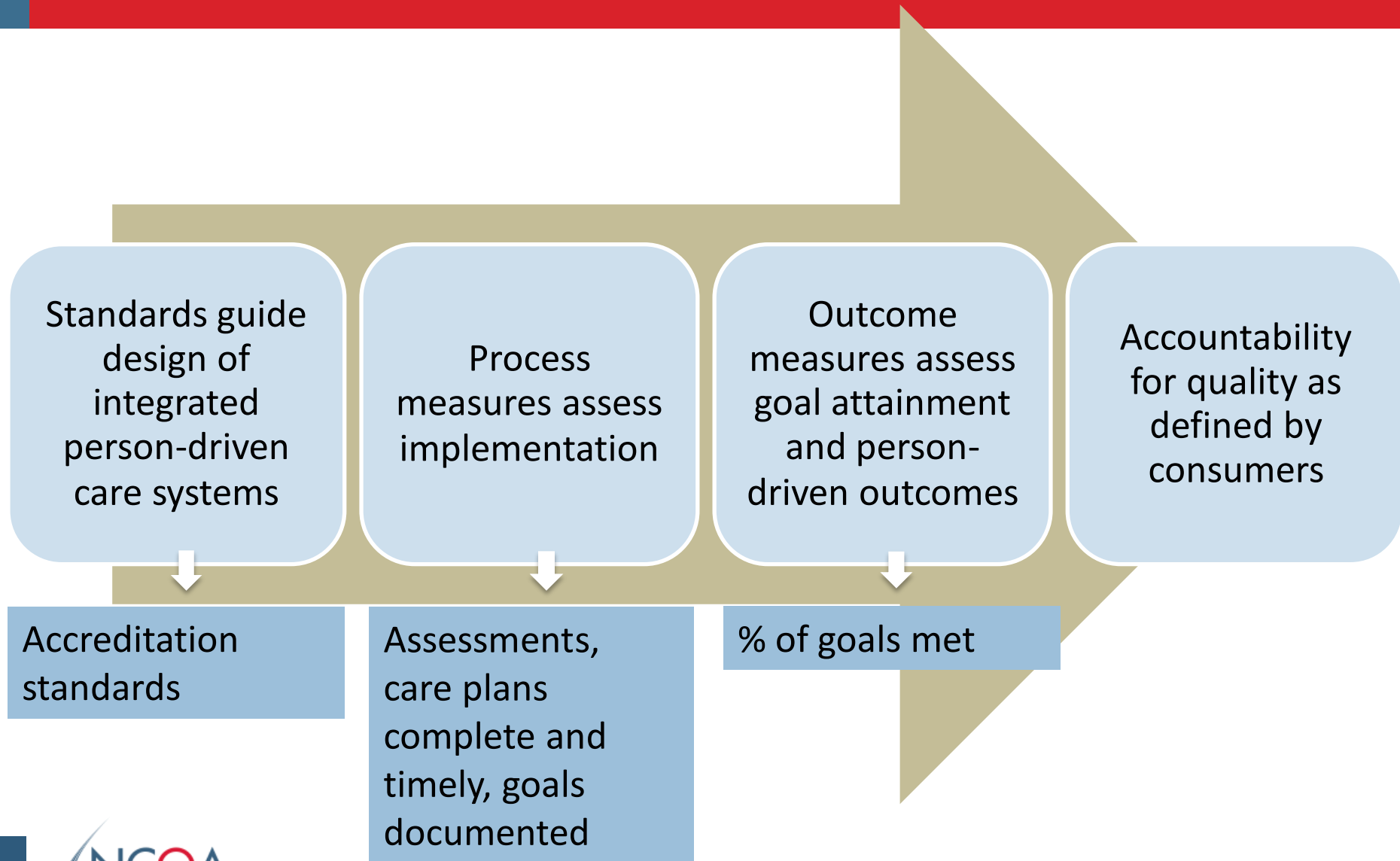
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# Goals Vary



# Goal Setting & Outcome Measurement Framework

Goal Setting  
and  
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Identify  
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- % patients with Person-Reported Outcome Measurement at two points in time
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Minnesota Department of **Human Services**



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# What is the problem to solve?

## Funding backdrop

- Over one million, or 1 in 5 Minnesotans rely on Medical Assistance and MinnesotaCare for access to health coverage and care. The long-term sustainability of these programs is of paramount concern.
- State spending for Medical Assistance and MinnesotaCare is approximately \$5.0 billion for 2016 (approximately \$4.9 billion projected for Medical Assistance and \$162 million for MinnesotaCare)
- Medical Assistance is projected to be approximately 21% of the State general fund budget in 2016, with annual cost growth of approximately 6%.
- Approximately 70% of the state Medical Assistance spending is on health care and long term care for the elderly and individuals with disabilities.



# Seniors clinical challenges

- On average our dual senior population is older and has 4.6 chronic conditions. *Overall, 19% are under age 70, 38% are aged 70 to 79, 28% are aged 80 to 89, and 15% are 90+ years old.*
- *82% rate of high blood pressure*
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# Silos of care

- For a person who falls and suffers a broken hip, there are many transitions to navigate between hospital, rehabilitation facility and home. At each juncture, medication mistakes may be made, instructions not clearly communicated, and other pre-existing chronic conditions may be exacerbated.



# Minnesota Landscape: Duals are a Fraction

- Roughly 891,000 Minnesotans receive coverage through Medicare
- In 2014:
  - Full benefit dually eligibles: 118,000 (56,000 seniors 62,000 PWD)
  - Total Medicaid seniors 65+ : 59,000 (95% dual)
  - Total Medicaid people with disabilities: 125,000 (50% dual)
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# Tools for Change

- Medicaid managed care can be leveraged to make one entity responsible for acute care, behavioral health care and long term care
- MIPPA can be used to mandate that Medicare Special Needs Plans serving duals must integrate care with Medicaid managed care program and meet state requirements
- Within managed care, especially integrated managed care, value-based purchasing initiatives can provide further incentives to coordinate across silos of care.



# Minnesota Landscape: Medicaid Managed Care

- Medicaid managed care for families, children, adults: 647,019
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# Medicaid managed care for seniors

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- Goal is to focus on improved management of chronic conditions, appropriate utilization of services and control of costs.
- Services provided include all Medicaid services including Long Term Services and Supports (LTSS), HCBS waiver services, 180 days nursing facility care, in all settings and levels of care
- MSHO achieves integration of Medicare by contract and allows coordination of benefits across programs. Combines Medicare (including Part D) and Medicaid services



# MIPPA Contract Requirements

- D-SNP's responsibility to provide or arrange for Medicaid benefits
- Categories of dual-eligible beneficiaries
- Medicaid benefits covered under SNP
- Cost-sharing protections covered
- Information on Medicaid provider participation
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- Service area
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# MSHO features

- Aligned capitated financing supports innovation and payment reform
- Integrated member materials, one enrollment form, aligned enrollment dates, one card for all services
- State MLTSS assessment tool integrates Health Risk Assessment (HRA) into assessment process
- All members are assigned individual care coordinators. The State sets uniform standards, audit protocols and criteria for care plans, face to face assessment and care coordination
- Flexible care coordination delivery models
- High degree of collaboration among SNPs and State on member materials, PIPs, care coordination, benefit policy, demo decisions, etc. through multiple joint workgroups



# SNBC Program

- **SNBC is a voluntary statewide managed care program for people 18-64**
- **Participating health plans; two plans have D-SNPs**
- **50,621 total enrollees. Of these 842 are in fully integrated SNBC. An additional 26,118 duals are in the Medicaid-only program.**
- **Emphasis on preventive, primary and behavioral health care**
- **Health plans provide care coordination/navigation assistance**
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# What is value-based purchasing?

- Value-based purchasing is an umbrella term for financing strategies that attempt to reward providers for high quality, good outcomes, and population-based approaches.
- In fee-for-service, the financial incentive is to simply provide more services for more pay.
- Value-based purchasing tries to shift the financial incentive to reward providers who invest in staff training, care coordination, taking extra time with the sickest people, and working to prevent problems before they become more costly



# Types of Value-Based Purchasing

- **Pay-for-performance** – providers get bonus payments or a share of an incentive pool for hitting quality targets
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- **Capitation and subcapitation (Managed care)**



# Integrated Care System Partnerships

- Builds from current managed care organization/care system contracting arrangements
- Proposals are subject to state contract requirements for care coordination, quality metrics, financial performance measurement and reporting
- Tied to a range of quality metrics:
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# Findings

- MSHO enrollees tended to be older, female, have more medical conditions, have died during the year, and likely to live in rural areas
- Very few MSHO enrollees ever switched to MSC+, but 12.8% of MSC+ enrollees selected MSHO during the year
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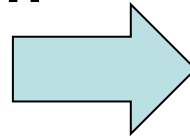
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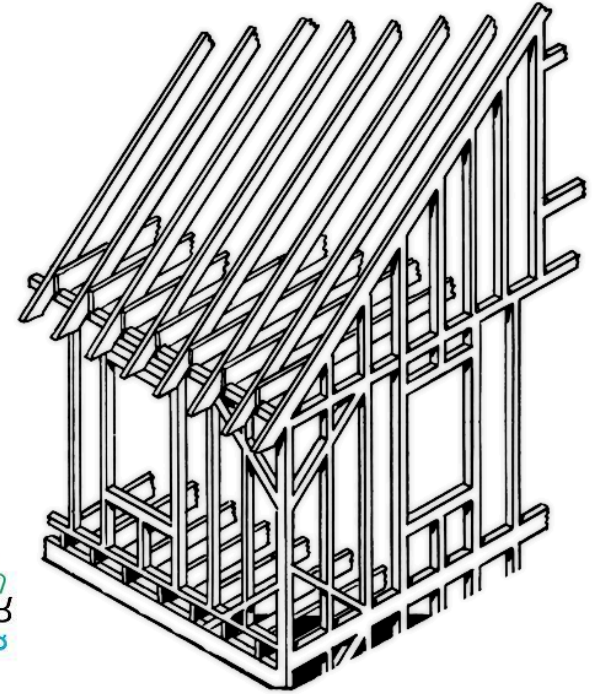
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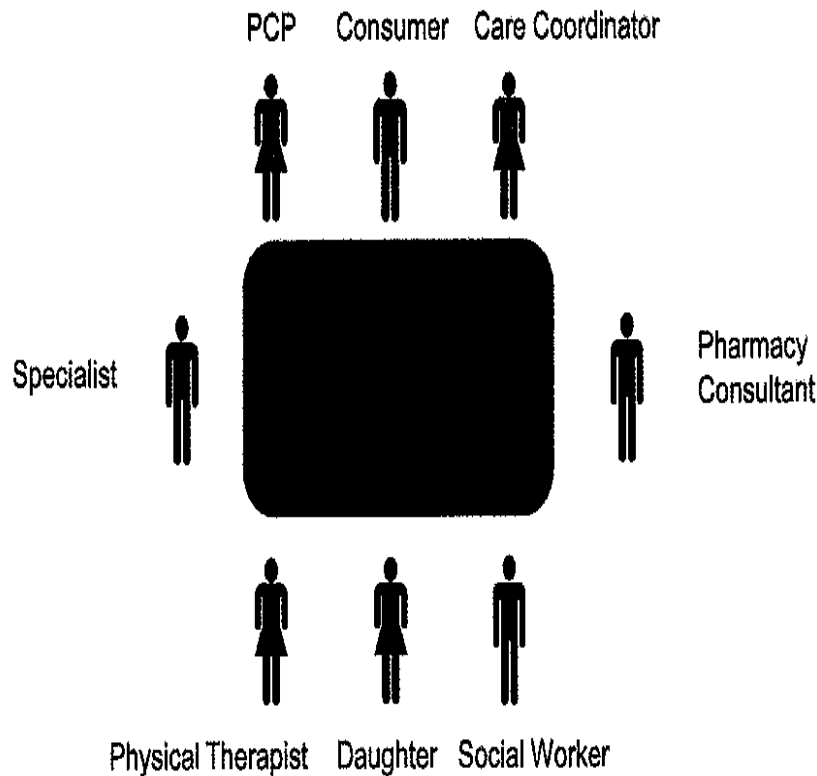
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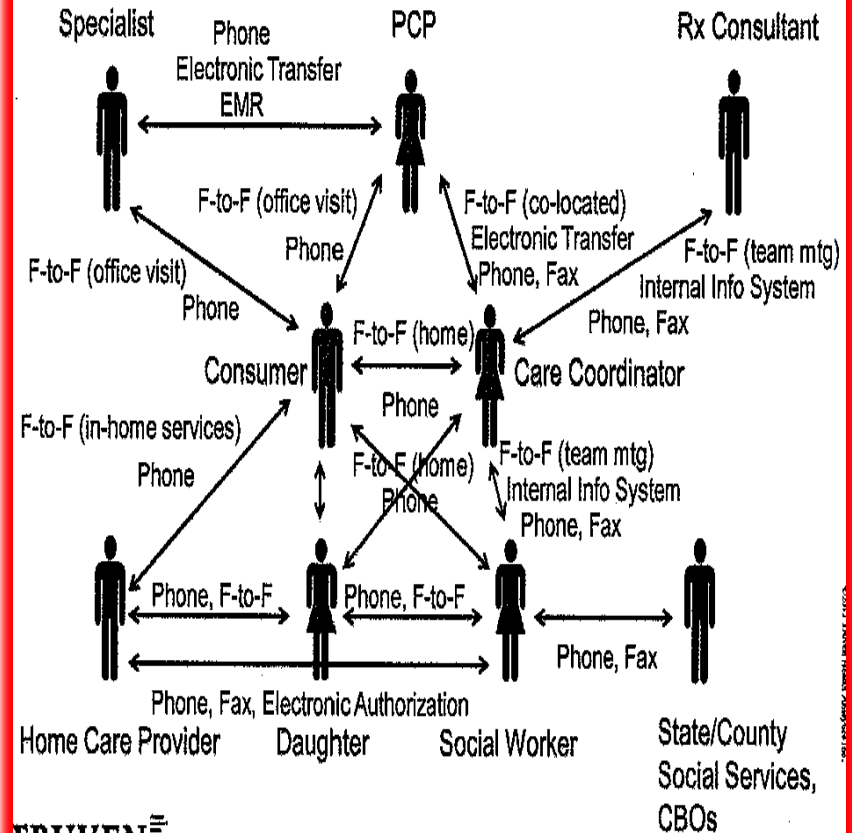
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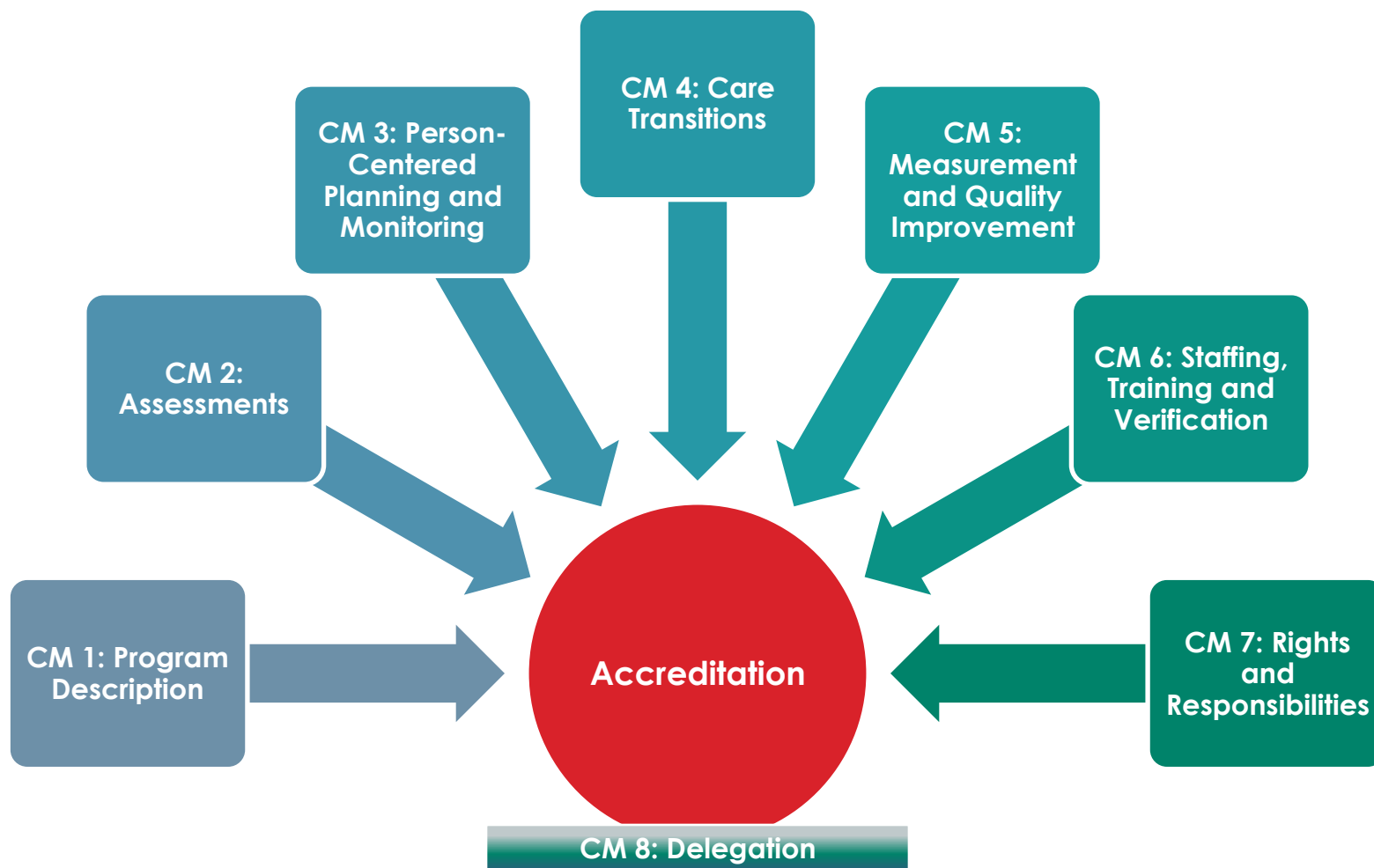
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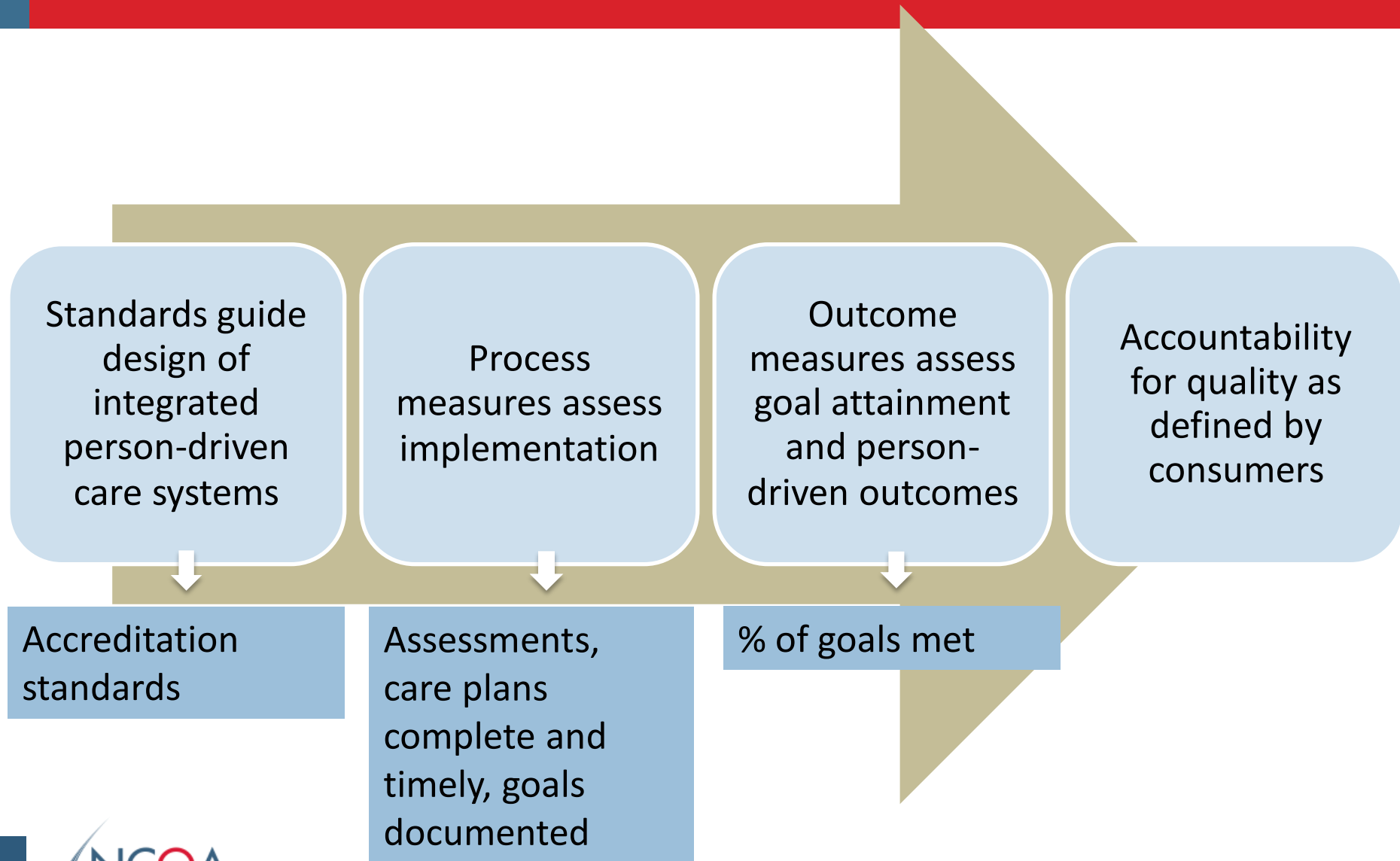
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