Alabama Integrated Care Network

May 3, 2016

Agenda

Time	Topic	Objective
10:00-10:10	Welcome & Introductions; Collaboration Portal Reminder	
10:10-10:20	ICN: Defining the Framework	Describe risk components and intended direction of the ICN program
10:20-10:30	Overview of Current Managed Care in AL	Identify knowledge sources and review contracting options
10:30-10:40	Stakeholder Engagement Plan	Review the Public Forum strategy with stakeholders
10:40-11:30	Input and Feedback	Obtain Input on: • ICN Framework & Managed Care environment • Communications Strategy

Recap from 4-12-16 Workgroup Meeting

- Key workgroup feedback included:
  - Commitments from members to facilitate awareness of both development of the ICN program AND coming local forums;
  - The need to include additional regions in the community outreach plan, specifically Muscle Shoals/Florence, Anniston/Gadsden and Dothan to reach areas with a significant presence of LTSS consumers;
  - Special consideration of how to reach non-elderly disabled beneficiaries;
  - Sharing of available resources to improve outreach, particularly through the ADSS and AARP.

ICN Certificate to Collaborate

REMINDER: Please complete your application to apply for certification as a collaboration ASAP

A link to the ICN Collaborator and Reporting Page is located on the AMA Homepage

http://www.medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.7.1_ICN_Collaboration.aspx

ICN: Defining the Framework

Intended Enhancements of ICN Implementation

1. **Improve utilization and quality of primary & behavioral healthcare**
   - Allow more preventative services and early interventions at lower cost of care
   - Reduce likelihood of ED and acute-care episodes
   - Provide early identification of need for NF or Hospice level care
2. **Provide Coordination of Care**
   - Identify and resolve beneficiary barriers to healthcare access
   - Promote chronic disease self-management and healthy lifestyle choices that control risk and promote care plan efficacy
   - Provide comprehensive review and mitigation of medical, behavioral and social risks of premature institutionalization or excess utilization of acute care/ED
   - Link to safety net services that address social determinants of health
3. **Enhance Delivery of HCBS**
   - Implement early solutions that can decrease health risks to residents of the community including poor nutrition, risk of fall or injury, self-care impairments, etc.
   - Maximize utilization of caregivers and informal supports in care management and provision
   - Reduce premature institutionalization at higher costs of care
4. **Improve quality in Nursing Facility care**
   - Reduce acute care utilization through enhanced skilled service provision for beneficiaries requiring NF-level care
   - Implement high-quality care that decrease incidence of PPEs and PPCs that create additional cost of care

Shifting to Managed LTSS: Defining Goals

- **Quality –** The shift to an ICN model will:
  - Promotes maximum community inclusion for the adult and allow "aging in place";
  - Include person-centered approaches that address both the needs and wishes of the beneficiary;
  - Reflect the values of dignity, respect and quality of life for the beneficiary;
  - Demonstrate the use of clinical best practices in service delivery across the continuum.
- **Access –** The shift to an ICN model will:
  - Include high-quality care coordination that liaisons beneficiaries to the care and services they need;
  - Drive enhancement of the provider network to establish comprehensive services available throughout Alabama;
  - Increase access to preventative services and early interventions, reducing utilization of acute, sub-acute and premature institutional care, which in turn increases access for beneficiaries who require the nursing home level of care.
- **Cost Containment**– The shift to an ICN model will:
  - Contain costs through the reduction of preventable utilization of high-cost care;
  - Contain costs through value-driven care that effectively manages the health of beneficiaries to contain spending resulting from progressed or exacerbated chronic conditions;
  - Contain costs using a team approach that drives collaboration across providers, ensuring members needs are met by the healthcare system, while reducing duplication and curtailing preventable episodes of healthcare utilization.

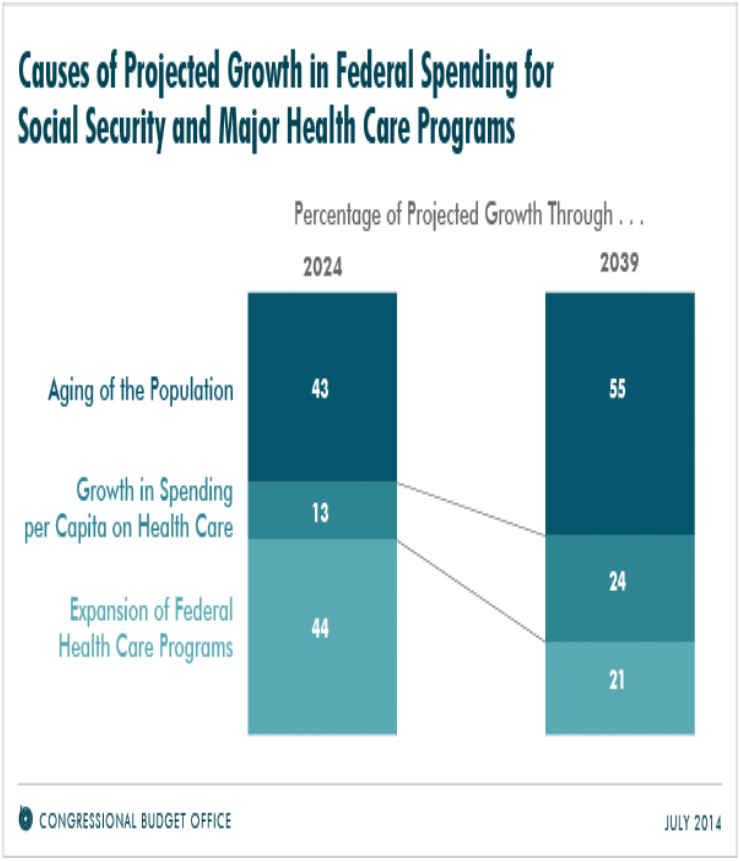
What Services will an ICN be At-Risk for?

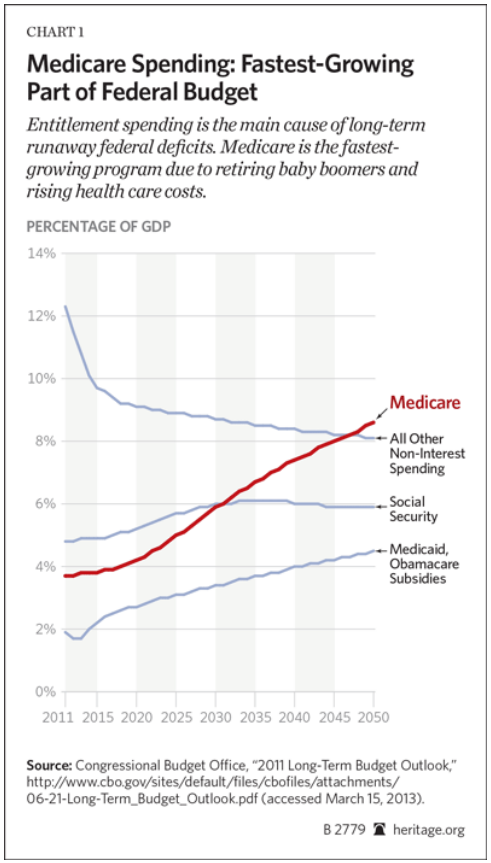
ICN

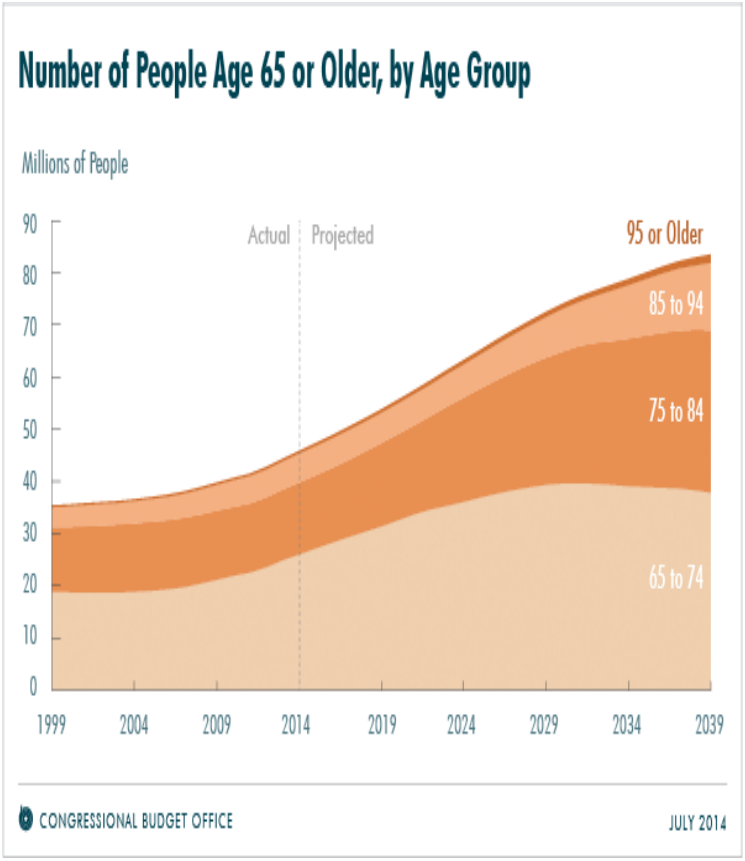
Doctor Services	HCBS Waiver Services	Nursing Home Care	Behavioral Health Services	Hospice	Acute & Sub-Acute Care
Medical Transport	Non-Emergency Transport	Medical Supplies and DME	Physical Therapy	Home Health	Prescription Drugs

Boxes outlined in Orange represent benefits co-managed between Medicare and Medicaid for dual-eligible beneficiaries.

Trends in National Data

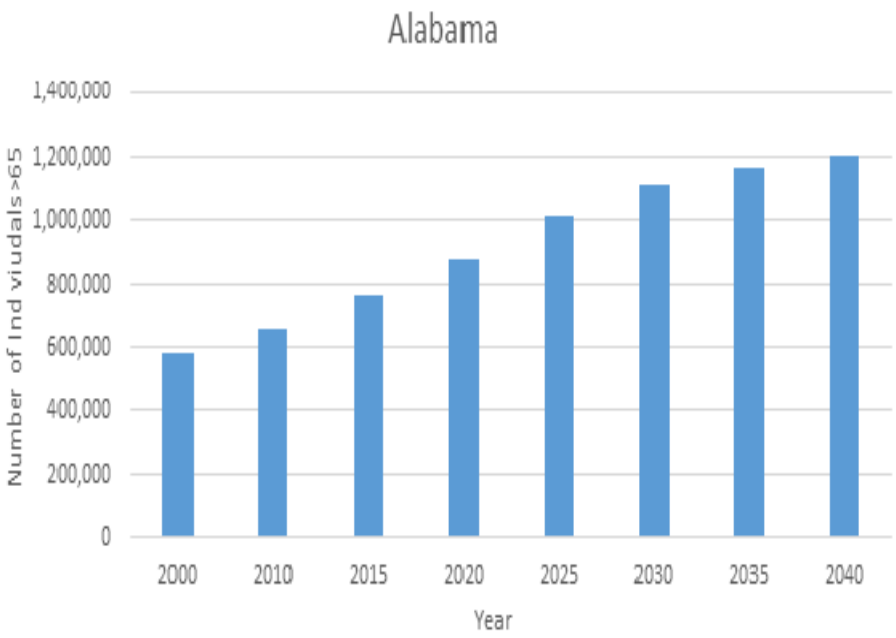


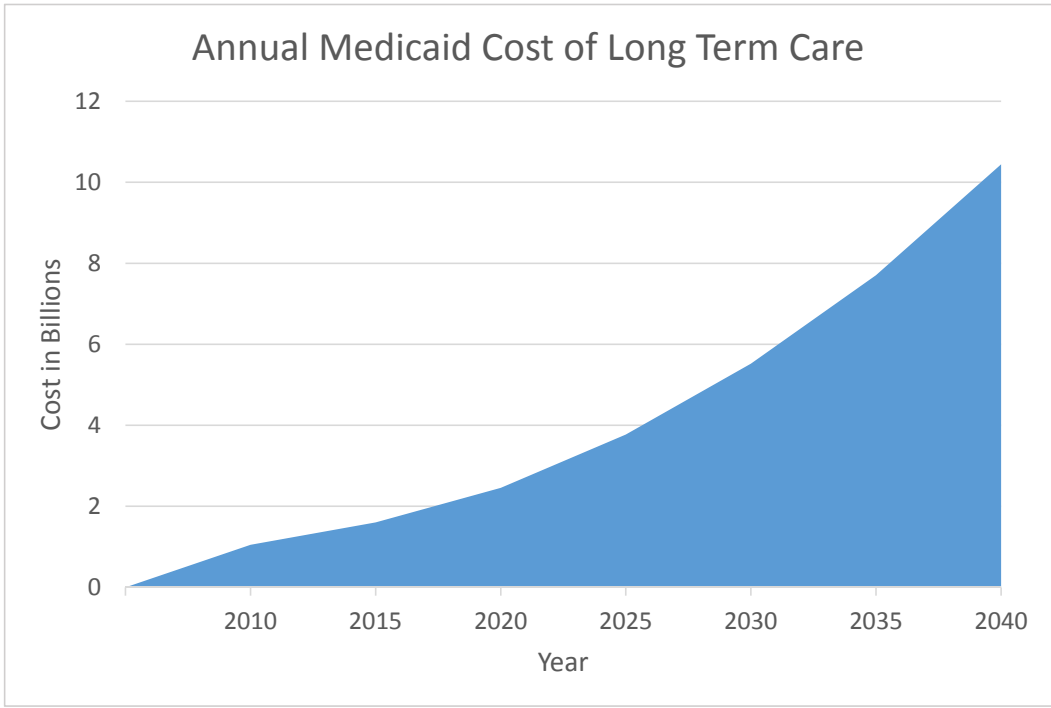




Projected Population Growth Vs. Growth in LTSS Expenditure: 2010-2040

- Factoring projected growth of the 65+ population in Alabama, coupled with the CMS-projected annual healthcare inflation rate of 5.8%, the cost to Medicaid for the current LTSS system would increase **10x**, from approximately **$1.05B** in 2010 to approximately **$10.4B** in 2040.





Population Projections Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2015
Healthcare Inflation Rate Source: Health Affairs, "National Health Expenditure Projections, 2014–24: Spending Growth Faster Than Recent Trends." 07/15. Available online: http://content.healthaffairs.org/content/early/2015/07/15/hlthaff.2015.0600

Providers of Managed Healthcare in Alabama

Potential Interested Participants and Resources

There are multiple programs of varying kinds operating across Alabama whose experience in coordinating care may be leveraged to develop the program and understand best practices.

Programs to consider for collaboration include:

1. Statewide Medicare Advantage Plans
2. Program of All-Inclusive Services for the Elderly (PACE) Providers
3. Dual Eligible Special Needs Plans (D-SNP) models
4. Medicare Accountable Care Organizations

Medicare Advantage Plans in Alabama

Beneficiaries:

- 246,760 enrolled in Medicare Advantage in Alabama as of December 2015
- 25% of all seniors in Alabama are in Medicare Advantage compared to 31% nationally

Plan Name	Enrollment	Market Share (2015)
HealthSpring of Alabama, Inc.	55,802	22.61%
Blue Cross and Blue Shield of Alabama	50,824	20.60%
VIVA Health, Inc.	45,279	18.35%
UnitedHealthcare of Alabama, Inc.	33,519	13.58%
Humana Insurance Company	30,076	12.19%
Humana Health Plan, Inc.	18,010	7.30%
Highmark Senior Health Company	4,309	1.75%
Sierra Health and Life Insurance Company, Inc.	3,426	1.39%
BCBS of Michigan Mutual insurance Company	2,286	0.93%
Aetna Life Insurance Company	1,611	0.65%
Humana Benefit Plan of Illinois, Inc.	630	0.26%
United Mine Workers of America Health & Retirement	529	0.21%
Care Improvement Plus South Central Insurance Co.	273	0.11%
Mercy Life of Alabama	158	0.06%
Anthem Insurance Companies, Inc.	28	0.01%
Grand Total	**246,760**	**100%**

Source: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-MA-Enrollment-by-State-County-Contract-Items/MA-Enrollment-by-SCC-2015-12.html?DLPage =1&DLEntries =10&DLSort=1&DLSortDir=descending

PACE in Alabama

- Mercy LIFE of Alabama, currently serves **175 participants** (effective March, 2015)
- Up to 300 participants allowable per program
- **Service area includes**: Mobile and Baldwin Counties

Dual Eligible Special Needs Plan (D-SNP) based models

- D-SNPs are Medicare Advantage plans that provide a coordinated Medicare and Medicaid benefit package and offer a higher level of integration than regular Medicare Advantage plans or traditional Medicare fee-for-service.
- As of December 2015, 305 contracts (541 plans) in 38 states, the District of Columbia, and Puerto Rico, with a total enrollment of 2,150,380

D-SNPs and Enrollment by State, December 2015 – Source: CMS Health Plan Management System

Contract Name	Plan Name	Plan Type	Plan Geographic Name	Plan Enrollment	Special Needs Plan Type
HEALTHSPRING OF ALABAMA, INC.*	Cigna-HealthSpring TotalCare (HMO SNP)	HMO	Alabama	23,443	Dual-Eligible
UNITEDHEALTHCARE OF ALABAMA, INC.*	UnitedHealthcare Dual Complete (HMO SNP)	HMO	Select counties in Alabama	7,672	Dual-Eligible
VIVA HEALTH, INC.*	VIVA Medicare Extra Value (HMO SNP)	HMO	Central Alabama and Mobile Area	19,239	Dual-Eligible
HUMANA HEALTH PLAN, INC.*	Humana Gold Plus SNP-DE H2012-070 (HMO SNP)	HMO	Greater Alabama	1,649	Dual-Eligible
CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE CO.	UnitedHealthcare Nursing Home Plan (HMO-POS SNP)	HMO POS	Select Counties in AL, MO, NM, OH, SC and VA	427	Institutional

***Indicates D-SNPs currently Alabama Medicaid actively contracts with**

Source: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data-Items/SNP-Comprehensive-Report-2015-12.html

Medicare Accountable Care Organizations

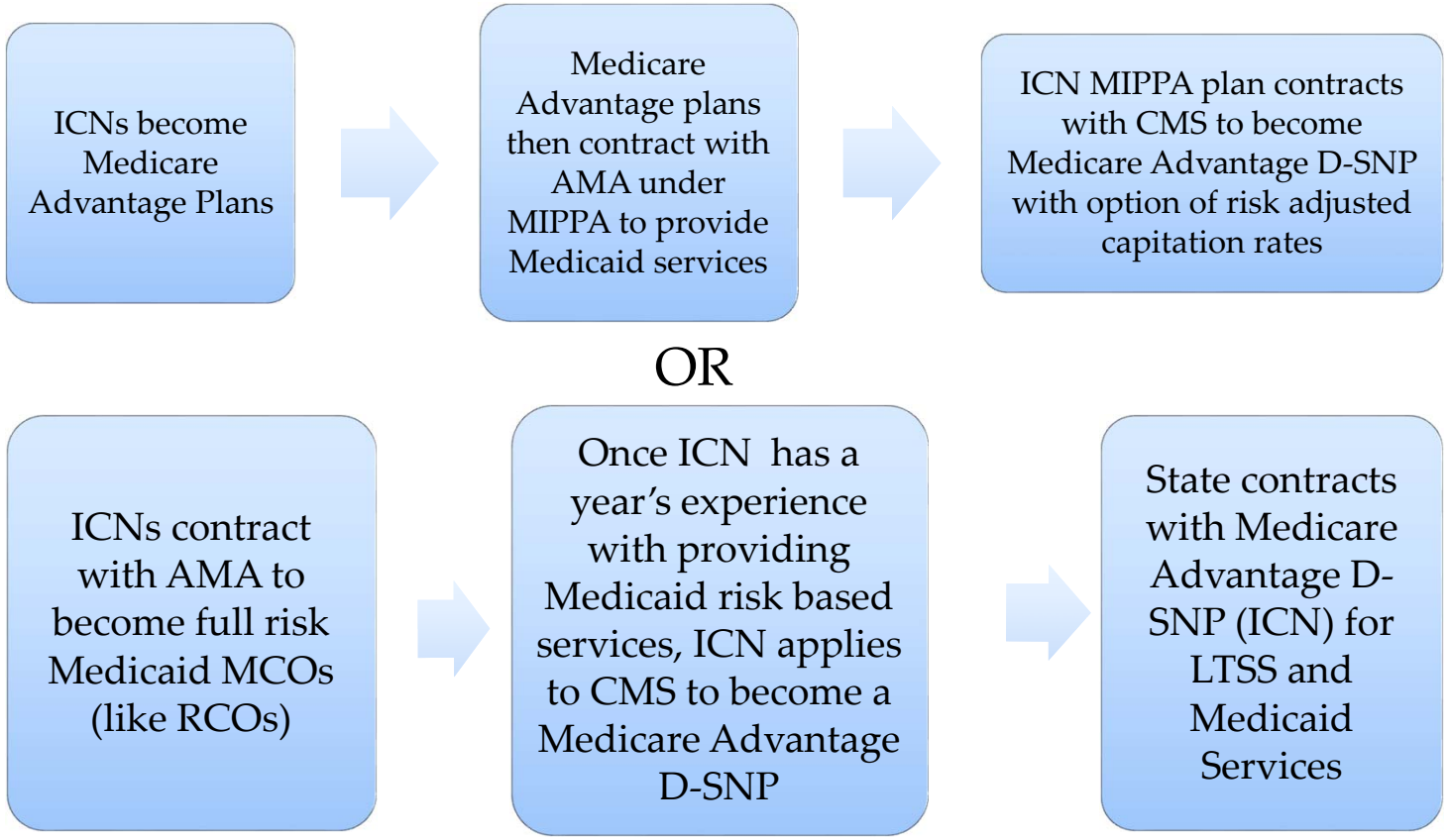
ACOs Operating in Alabama	States of Operation	Number of Beneficiaries*
ACONA	Alabama	7,768
Mission Point Birmingham, LLC	Alabama	Unknown
Accountable Care Coalition of Northwestern Florida, LLC	Alabama and Florida	9,725
Accountable Care Coalition of Western Georgia, LLC	Alabama and Georgia	4,530
Gulf Coast Health Partners	Alabama, Mississippi and Florida	22,871

*Number of beneficiaries include all states of operation

Sources: https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/pfam-u3vp
http://www.healthcarefinancenews.com/news/see-which-shared-savings-acos-earned-payments-2014-data

ICN Program Formation Options

Option One: ICNs Become a D-SNP



NOTE: AMA is presently considering all three preliminary options and has made no final decisions on program design. We are currently in an exploratory phase of research and information sharing. AMA welcomes questions and requests for information from collaborating parties about any of these options, and is committed to responding to the extent that we are allowed prior to issuance of competitive RFP.

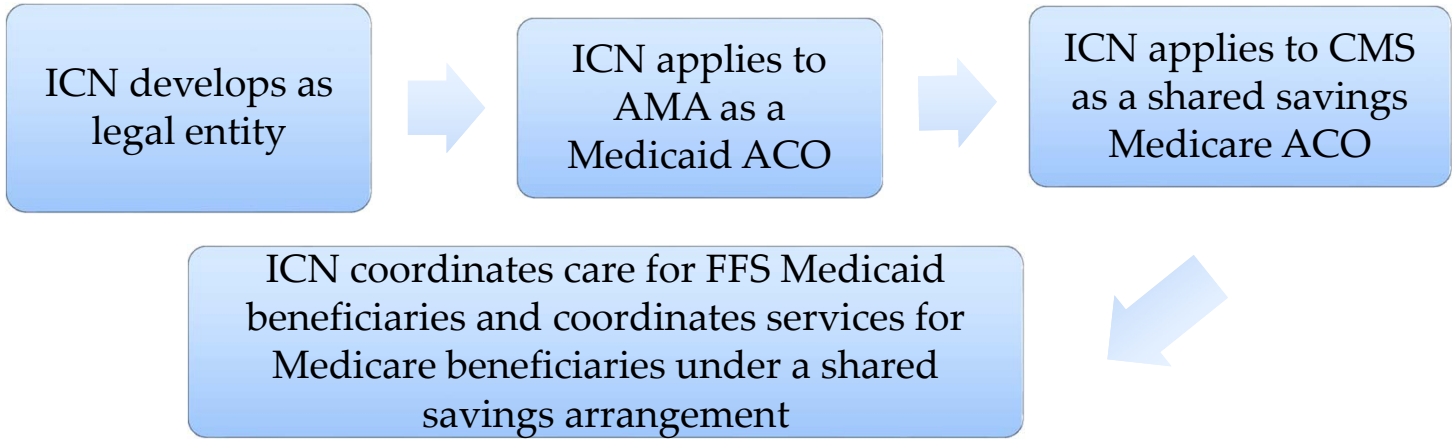
Option Two: ICN Forms a Capitated Provider System and Contracts With Existing D-SNPs

Medicaid contracts with existing Alabama-based Medicare Advantage D-SNP to provide capitated LTSS and Medicaid services

D-SNP subcontracts with ICN to provide capitated LTSS and other Medicare and Medicaid services

NOTE: AMA is presently considering all three preliminary options and has made no final decisions on program design. We are currently in an exploratory phase of research and information sharing. AMA welcomes questions and requests for information from collaborating parties about any of these options, and is committed to responding to the extent that we are allowed prior to issuance of competitive RFP.

Option Three: ICN contracts with AMA to become a Medicaid ACO in 2017 and contracts with CMS to become a Medicare ACO in 2018



***Important caveats*:** This assumes the State contracts with at least one ICN and beneficiaries would remain on FFS Medicaid and retain freedom of choice to use any Medicaid and Medicare providers

Phase One: Pursue procurement for at least one ICN as a Medicaid ACO, approved to coordinate Medicaid benefits with shared savings model

Phase Two: AMA would move into a full risk contract over time

NOTE: AMA is presently considering all three preliminary options and has made no final decisions on program design. We are currently in an exploratory phase of research and information sharing. AMA welcomes questions and requests for information from collaborating parties about any of these options, and is committed to responding to the extent that we are allowed prior to issuance of competitive RFP.

Coming Soon: Options Webinar

- A webinar is planned later this month to cover the three options presented in greater technical detail
- The scheduled date and time will be forwarded via email to workgroup members
- The call will provide an opportunity for participants to:
  - Learn more about the caveats of all options, how they would impact project implementation timelines and provide a deeper dive into pros and cons of each option.
  - Ask questions and raise concerns about impacts of the options.

Following the informational webinar, any collaborating entities with further requests for information or clarification are welcome to request this directly from AMA.

Public Stakeholder Engagement Plan

Stakeholder Meeting Content

1) Layperson Overview of Fee for Service vs. Managed LTSS;
2) Benefits of managed system of care to beneficiaries and AMA;
3) Diagram of the continuum of care and MLTSS "network" of services;
4) Depiction of what will change and what will remain;
5) Description of eligible populations for ICN;
6) Confirmation of the value of consumer engagement and including their feedback in program design.

Sample of Stakeholder Engagement Questions: Round One

What would a successful ICN look like – what key elements would it have?

What do you think absolutely has to occur to make this program successful? Top three most important elements.

What are your concerns about this model?

What do you think are the greatest barriers to achieving this? Top 3 greatest barriers to success.

Stakeholder Meeting Schedule: Round One

Meeting Site	Meeting Date
Huntsville	Tuesday, June 7th
Florence-Muscle Shoals	Wednesday, June 8th
Anniston-Gadsden	Tuesday, June 14th
Birmingham	Wednesday, June 15th
Montgomery	Tuesday, June 21st
Tuscaloosa	Wednesday, June 22nd
Demopolis-Camden-Thomasville	Thursday, June 23rd
Dothan	Tuesday, June 28th
Mobile	Wednesday, June 29th

All Forums to be held from 9:30-11AM or 10-11:30AM based on venue availability
Recommended Venue: Local Senior Center or Congregate Meal Site

Stakeholder Meeting Schedule: Round Two

Meeting Site	Meeting Date
Huntsville	Tuesday, August 16th
Florence-Muscle Shoals	Wednesday, August 17th
Anniston-Gadsden	Tuesday, August 24th
Birmingham	Wednesday, August 25th
Montgomery	Wednesday, September 7th
Tuscaloosa	Thursday, September 8th
Dothan	Tuesday, September 13th
Mobile	Wednesday, September 14th
Demopolis-Camden-Thomasville	Thursday, September 15th

All Forums to be held from 9:30-11AM or 10-11:30AM based on venue availability
Recommended Venue: Local Senior Center or Congregate Meal Site

Workgroup Feedback

1. Questions/Concerns?
2. What are your thoughts on the direction of the program and the extent of its coverage?
3. What is your feedback specific to the community stakeholder engagement strategy? What can workgroup members do to support this process and maximize the opportunity to elicit consumer input?