



Integrating Care for Medicare and Medicaid Members RI Planning Efforts

Global Waiver Task Force Meeting
November 28, 2011

Who are the Persons with Medicare and Medicaid in Rhode Island?



In Comparison to Other Health Insurance Groups – people with Medicare and Medicaid....

- Reside in the poorest households
- Significantly more likely to live alone
- Live with the most serious disabilities

People with Medicare and Medicaid are significantly more likely to live alone

- **61% of Duals live alone**
- **3.5 times higher than Medicaid-only individuals who live alone**

People with Medicare and Medicaid are among Rhode Island's Poorest

- 45 % live in poverty
- 43% live with Annual Household Incomes of < \$15,000
- 1.7 times more likely than Medicaid-only individuals to live in poverty households

People with Medicare and Medicaid live with the most serious disabilities

- 41 % live with cognitive disabilities
 - Serious difficulty concentrating, remembering, or making decisions
- 47 % live with serious ambulatory disabilities
 - Serious difficulty walking or climbing stairs
- 47% need assistance with independent living
 - Serious difficulty visiting a doctor's office or shopping
- 26% need assistance with self care and direction
 - Serious difficulty dressing or bathing
 - Vision and Hearing Impairments

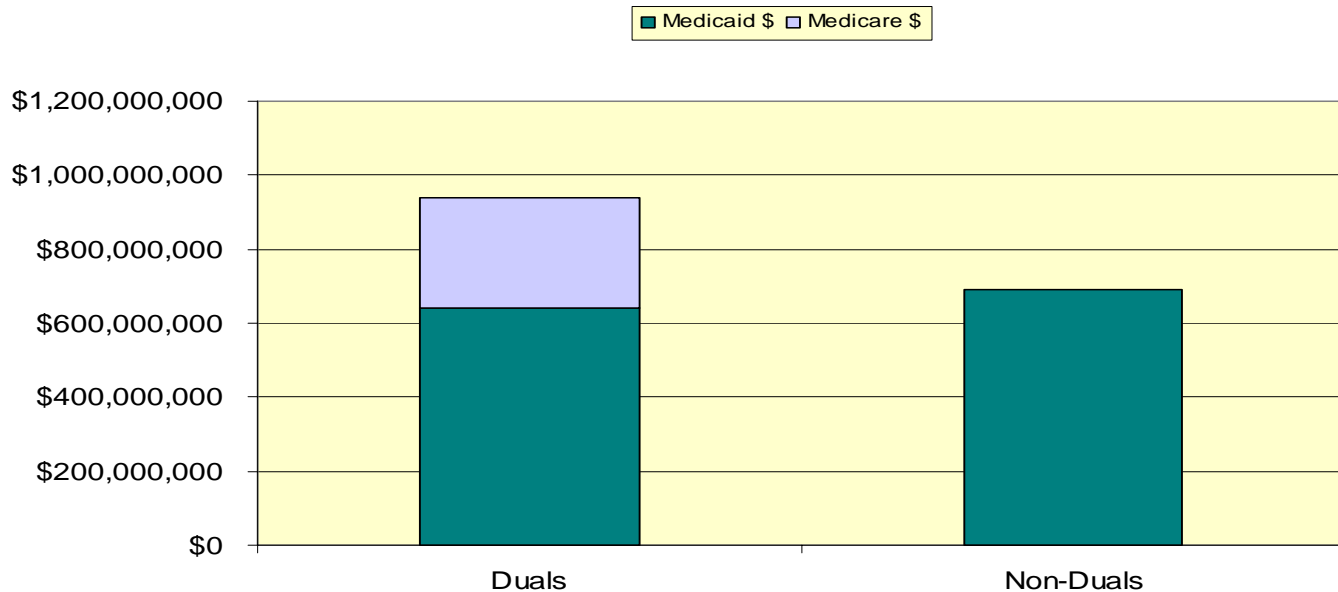
Eligibility for Medicare and Medicaid

- Duals qualify separately for Medicare and Medicaid
- Medicare eligibility is based on:
 - Taxes paid and reaching age 65; regardless of income or health status; or
 - Receipt of 24 months of Social Security Disability Insurance (SSDI) payments (under age 65); or
 - Diagnosed with ALS, Lou Gehrig's or End Stage Renal Disease (ESRD).

Eligibility for Medicare and Medicaid

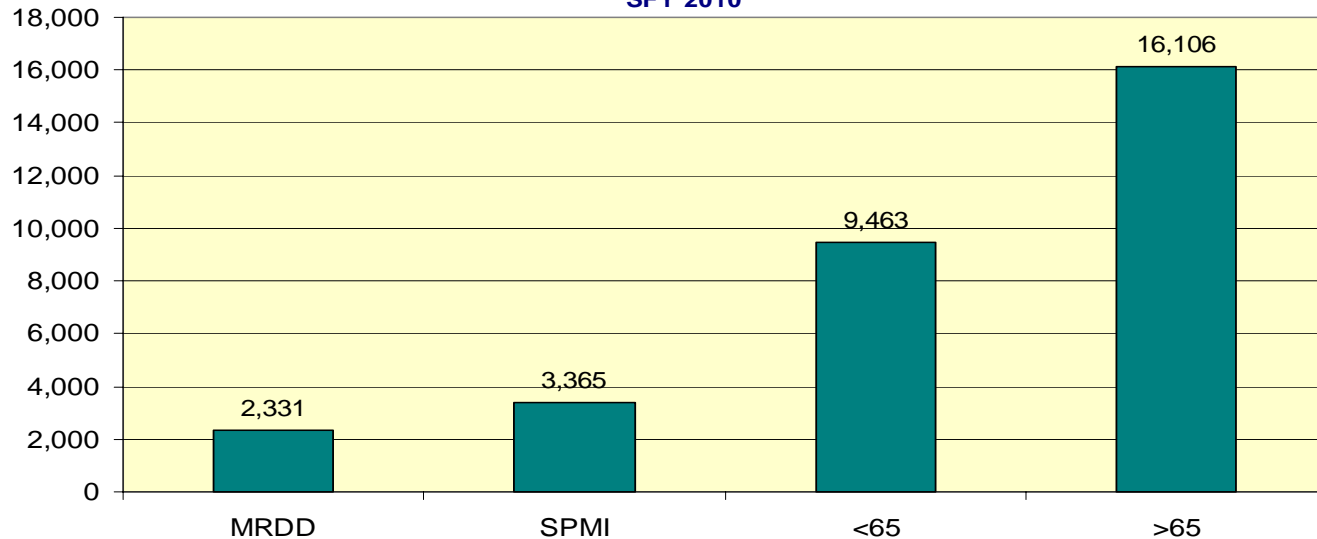
- Medicaid Eligibility is based on:
 - Significantly limited income and resources (Assets)
 - Various eligibility pathways to become Medicaid eligible
 - Low income and disability status along with somewhat higher income limits, or high medical or long-term care expenses relative to income
 - Medicare beneficiaries qualify for full Medicaid benefits as Social Security Income (SSI) participants
 - Slightly higher income individuals can qualify for partial Medicaid coverage through “Medicare Savings Programs”.

Expenditures for Medicare and Medicaid Members in Rhode Island



Medicare and Medicaid Member Populations

People with Medicare and Medicaid
Average Eligibles By Population Group
SFY 2010



Our success with Integration and Coordination of Care has been inadequate

Rhode Island can do better for

- Our Dually Eligible Citizens
- Our Taxpayers
- Alignment of our Health Care System

Key Challenges in Rhode Island

- Preserving Choice
- Ensuring quality and access for all populations
- Provision and coordination of all Medicare and Medicaid benefits – primary, acute, prescription drug, behavioral health and long-term services and supports
- Waiver Services coordination

Legislative Direction

**Rhode Island Enacted State Fiscal Year 2012 Budget
Article 16, Section 3 requires the Department to:**

- By July 2012: Establish a contractual agreement between the Medicaid agency and a contractor (e.g., managed care entity) to manage primary, acute and long term care services for Medicaid-only beneficiaries and for individuals dually eligible for Medicaid and Medicare.**
- Present a report on this initiative to the permanent Joint Legislative Committee on Health Care Oversight and Chairperson of the House and Senate Finance Committee no later than December 31, 2011**

Key Related Initiatives in Rhode Island

- **Money Follows the Person Demonstration Grant**
- **Rebalancing Long-Term Care efforts under the Global Waiver**
- **Health Homes**
- **Patient-Centered Medical Homes**
- **Rhody Health Partners**
- **Connect Care Choice**
- **PACE**

RI is Exploring Two New Integrated Models – Advantages and Challenges

Capitated Model

- Rhode Island's Medicaid is a pioneer and leader with vast experience in contracting for and administering
- Value based purchasing with accountable entities to manage the full continuum of care
- RI Managed Care entities have experience with risk and similar populations - Rhody Health Care and Medicare Advantage products
- Finding the right balance of risk and incentives to ensure participation for achieving the quality and care outcomes

Managed Fee For Service Model

- Offers Alternative to Capitated Model: CHOICE
- Leverages investments and experience with PCMH, Health Homes and CCC initiatives
- Significant investment of resources needed to perform oversight functions – Make or Buy
- Address of Network and Workforce capacities required sooner
- Entrenched provider constituencies resistance to change

Key Design Features for Integrated Models

- Strong Consumer Protections
- Comprehensive Care Coordination (e.g. person-centered plan of care, comprehensive needs assessments)
- Quality assurance
- Access to and choice of provider network
- Aligned financial incentives
- Effective transitions across settings
- Benefit comprehensiveness and flexibility
- Robust monitoring and oversight

Community Engagement

- Entities with current or prior experience with Medicare managed care delivery systems
- Members/Family Caregivers
- Advocates
- Providers
- Practitioners
- CMS
- Narragansett Indian Tribe
- Best Practice States

Upcoming Opportunities for Community Engagement

- **Global Waiver Taskforce Meeting**
- **Lt. Governor's Long Term Care Coordinating Council Meeting**
- **Additional meetings being scheduled**

How We Will Keep You Informed

COMING SOON

**RI Executive Office of Health and Human Services
website will have a “duals integration” section**

All public documents will be posted to this site.

<http://www.ohhs.ri.gov>