Integration of Care and Financing

for Medicaid-Only and Medicare/Medicaid Eligible (MME)

RI Executive Office of Health and Human Services

July 25, 2012

Outreach & Information Work Group

Agenda

1. Welcome & Introductions (Robin Etchingham/Michelle Szylin)
2. Integrated Care Initiative: Vision & Mission (Michelle Szylin)
3. Outreach & Information Workgroup (Kathy McKeon)
4. Proposed Integrated Care Models & Population Data (Alison Croke)
5. How you can help us? - topics to consider (Kathy McKeon)
6. Message Delivery Methods (Kathy McKeon)
7. Next steps

Workgroup Leaders

EOHHS Representatives

- **Michelle Szylin**, *Chief, Family Health Systems RI Executive Office of Health & Human Services*

- **Robin Etchingham**, *Assistant Administrator, Family & Children's Services, RI Executive Office of Health & Human Services*

Community Facilitators

- **Kathy McKeon, Supervisor,** *Office of Community Services and Catholic Charities, Diocese of Providence*

Integrated Care Initiative

Vision

The State of Rhode Island will have an Integrated Health Care System for all Medicaid-only and Medicare/Medicaid Eligible (MME) members that will achieve improved health and well-being, better healthcare and lower costs.

Mission

To transform the delivery system through purchasing person-centered, comprehensive, coordinated, quality health care and support services that promote and enhance the ability of Medicaid-only and MME members to maintain a high quality of life and live independently in the community.

Outreach & Information Workgroup Meetings

Workgroup Goals

To provide recommendations for appropriate outreach and information strategies for members who will be enrolled in either model:

- Enhanced Connect Care Choice PCCM and
- Integrated Medicaid Funded Managed Care Organization (MCO) contract

Please keep the following in mind:

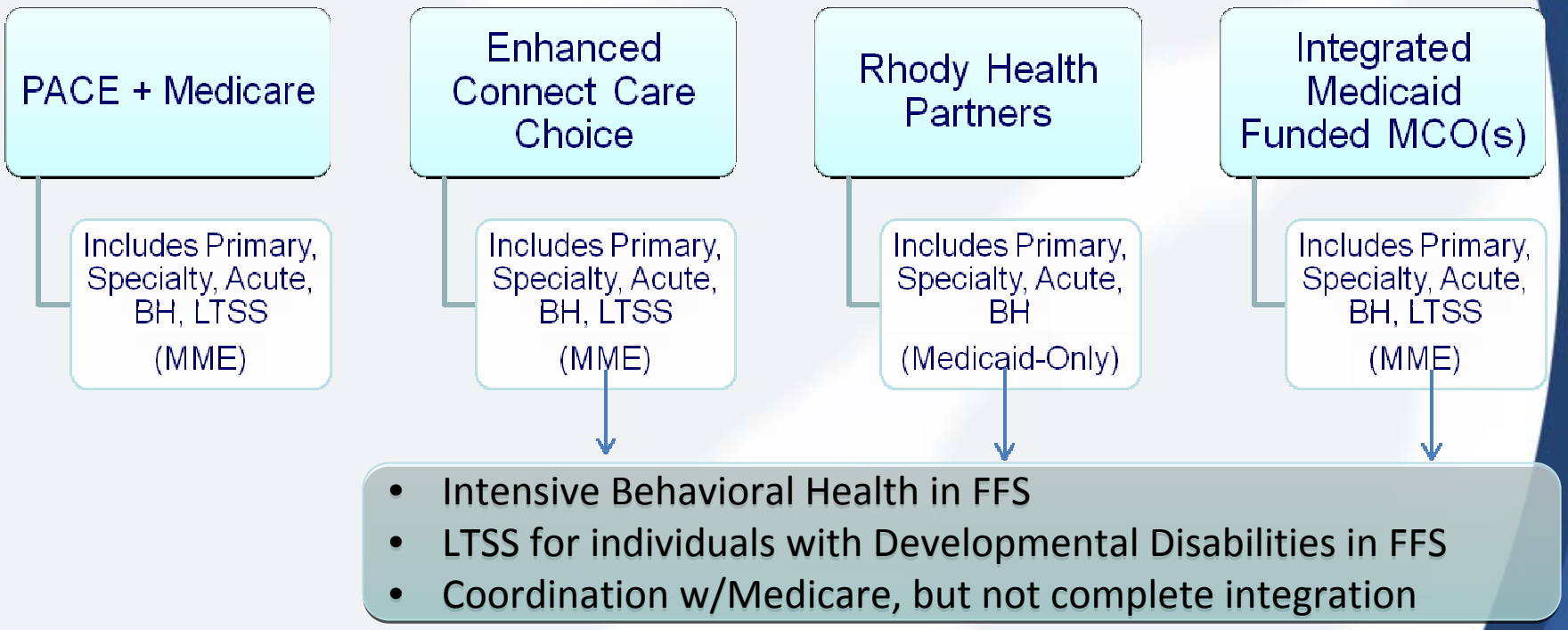
- **Format**: Please limit your comments to Outreach & Information topics.
- **Other comments on the Integrated Care initiative:** Email integratedcare@ohhs.ri.gov to ensure that all comments received are tracked and responded to in a consistent manner.
- **Parking Lot**: For questions needing additional research and response.

Integrated Care Initiative

- What are we trying to achieve?
  - Improve the integration and coordination of care provided in the following settings:
    - primary
    - specialty
    - hospital /acute
    - behavioral health and
    - long term services and supports
  - Address the fragmentations in coverage between the Medicare and Medicaid programs
  - Develop a more person-centered system of care with measurable quality outcomes

Delivery Model: Phase 1

2013 MMEs and Medicaid-Only



Delivery Model: Phase 2

2014 MMEs and Medicaid Only

Enhanced Connect Care Choice

Includes Primary, Specialty, Acute, BH, LTSS

(MME)

- Intensive Behavioral Health in FFS
- LTSS for individuals with Developmental Disabilities in FFS
- Coordination w/Medicare

Pace + Medicare

Includes Primary, Specialty, Acute, BH, LTSS

(MME)

Integrated Medicare and Medicaid Funded MCO(s)

Includes Primary, Specialty, Acute, BH, LTSS

(MME)

- Intensive Behavioral Health in FFS
- LTSS for individuals with Developmental Disabilities in FFS
- Medicare Fully Integrated

MME Population Data

What is the distribution of duals by category?

	Focus on full duals (Medicare/ Medicaid Eligibles: includes Part A, B and D)				
	By LTC Type - SFY 2011	Avg eligibles	Unique users	Turnover	Pct of Pop (avg elig)
*	LTC	5,877	6,779	86.7%	21.1%
	MRDD	2,317	2,392	96.9%	8.3%
	SPMI	2,858	3,286	87.0%	10.2%
	Waiver	2,990	3,300	90.6%	10.7%
**	Community	13,852	17,099	81.0%	49.7%
	Total	27,894	32,856	84.9%	100.0%

*** LTC population (NH, Hospice and institutional) represents 21.1% of the population and 78% of expenditures.**

****Community living population represents 50% of the population and 5% of expenditures.**

Age Comparison: LTC vs. HCBS

sfy2008	Daily Census	Average Age
INSTITUTIONAL CARE		
Nursing Home	5572	82
Hospice	420	86
Slater	290	54
Tavares	21	15
TOTAL	6303	81
HOME AND COMMUNITY BASED WAIVERS		
Waiver		
A&D	1583	68
Pers Choice/Hab	176	54
Asst Living	173	84
TOTAL	1932	68

The HCBS waiver population is significantly younger than the LTC (NH/hospice/institutional care) population.

Topics to consider

- Based on your experience, what may potential members be concerned about?
- We are planning an enrollment with an “opt-out” process. How can the State best roll this out? Phased enrollment/geographic enrollment?
- How should we inform members that this will be better than what they had before? FAQs?
- Initial enrollment effort vs. ongoing information and outreach…what are the best strategies for each?

Message Delivery Methods

- What are the best ways to inform these groups, for the initial enrollment phase and then ongoing?
  - Potential members, caregivers, other family members
  - Providers
  - Advocates
  - Other Stakeholders

Stay Informed

- RI Executive Office of Health and Human Services website www.ohhs.ri.gov under "Integrated Care"

- Questions/comments can be directed via email to: integratedcare@ohhs.ri.gov

Next Steps

Proposed next meeting dates:

- August 16, 2012 9-11 am, same location
- August 21, 2012 9-11 am, same location