# An Innovative Approach to Integrated MLTSS Delivery

## Collaboration Among Aging Network Providers

# Panel Members

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INDEPENDENT Living Systems

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**Agenda**

Background

History of MLTSS in Florida

The NH Diversion Program

Growth of MLTSS

Florida Statewide Medicaid Care (SMMC)

FL Medicaid Managed Care Today

SMMC- The First 5 Years

The New SMMC Contracts

What is changing

Closing & Questions

# Background

➢ States have identified policy objectives that address issues of access, quality, effectiveness and cost predictability.

➢ A key strategy that has been gaining momentum to achieve these objectives is the use of Medicaid Waivers to build Managed Long Term Care Services and Supports programs (MLTSS.)

➢ MLTSS continues to be the biggest trend/opportunity for states to address accountability, cost efficiency, and better outcomes for consumers*.

➢ MLTSS implementation continues to be a challenge due to the diverse interests of existing stakeholders, including disabled individuals currently receiving services through the FFS system and the network of community based organizations supported by the Older Americans Act or other publicly funded programs that serve them.
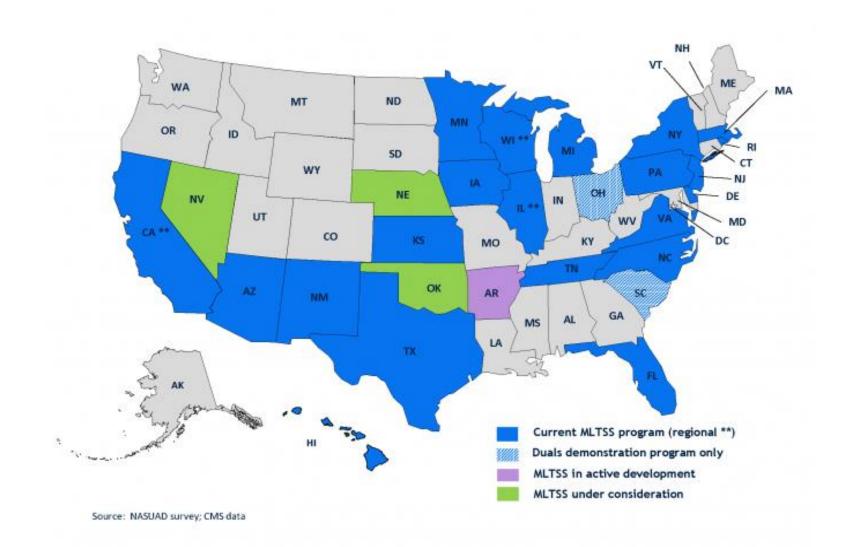
*NASUAD Trends 2019 and Beyond.

# MLTSS Programs 2018



**Legend:**
- Current MLTSS program (regional **)
- Duals demonstration program only
- MLTSS in active development
- MLTSS under consideration

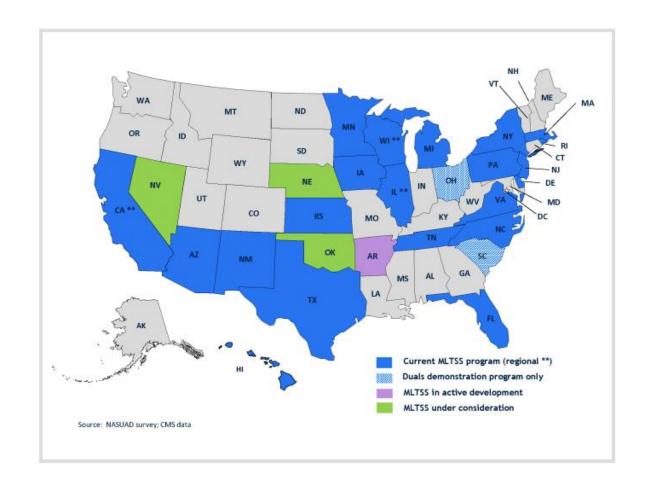Source: NASUAD survey; CMS data

# Growth of MLTSS

State Medicaid Administrators across the country deliver a comprehensive package of Medicaid services to Medicaid beneficiaries.

State Medicaid programs continue to pursue managed care strategies to effectively and efficiently manage LTSS and achieve system rebalancing goals.

Most states build MLTSS into existing Medicaid managed care plan arrangements.

The need to have a stable, tested and proven model of care to support the growing needs of the population has resulted in an increase in the number of MLTSS programs across the country.  However challenges remain as half of the states do not have a MLTSS program.



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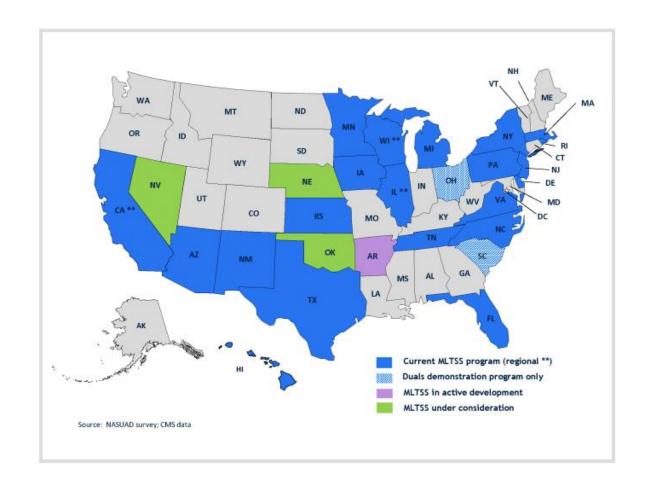
Source:  NASUAD survey; CMS data

# Growth of MLTSS

Care coordination, coupled with financial incentives, help individuals receive the care they need to keep them healthier and living at home longer thereby reducing the need for more costly institutional care.

LTC Plus plan administrators have faced challenges in creating an atypical Managed Care Plan (MCP) designed to meet the specific needs of LTSS Medicaid beneficiaries and other stakeholders.

The state of Florida has pursued an innovative approach by establishing a "Long-Term Care Plus" plan. This approach may help transition other states to MLTSS.
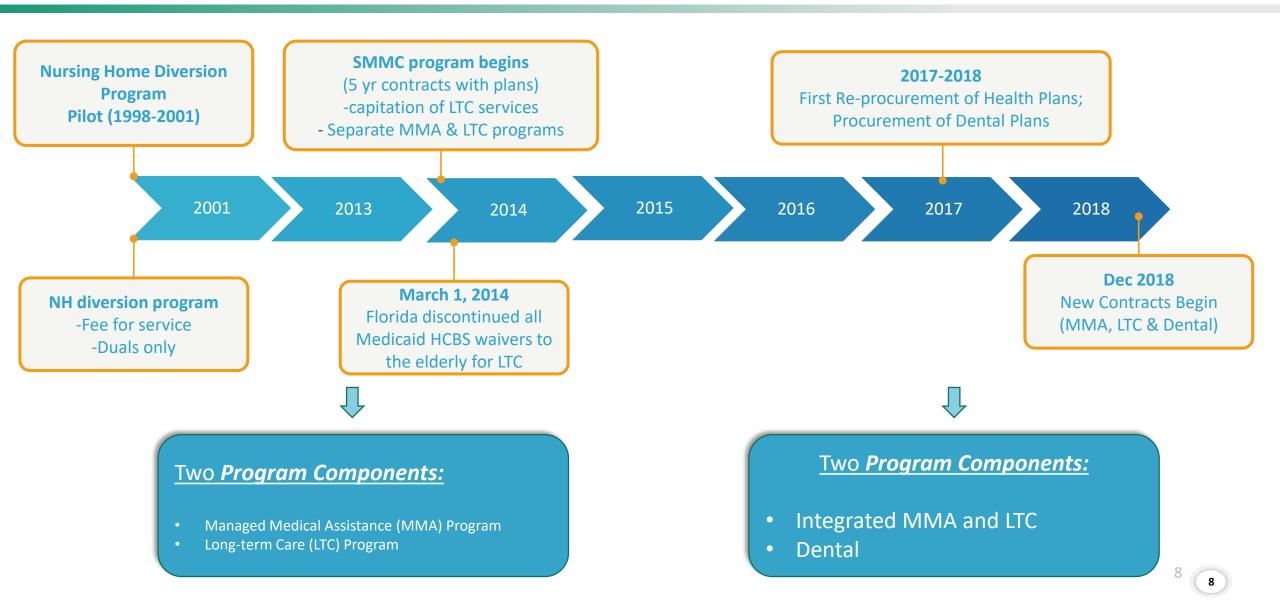


Legend:
- Current MLTSS program (regional **)
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Source: NASUAD survey; CMS data

# History of MLTSS in Florida

**Nursing Home Diversion Program Pilot (1998-2001)**

**SMMC program begins**
(5 yr contracts with plans)
-capitation of LTC services
- Separate MMA & LTC programs

**2017-2018**
First Re-procurement of Health Plans; Procurement of Dental Plans

| 2001 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |

**NH diversion program**
-Fee for service
-Duals only

**March 1, 2014**
Florida discontinued all Medicaid HCBS waivers to the elderly for LTC

**Dec 2018**
New Contracts Begin
(MMA, LTC & Dental)

Two *Program Components:*

- Managed Medical Assistance (MMA) Program
- Long-term Care (LTC) Program

Two *Program Components:*

- Integrated MMA and LTC
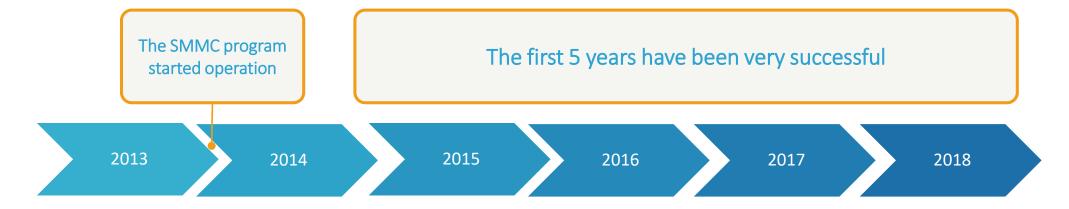- Dental

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# History of MLTSS in Florida

- 1998-2001 Nursing Home Diversion Pilot
  - Duals only
  - Two original pilot sites (Evercare, Beacon)

- 2001-2012 Nursing Home Diversion Expansion
  - 14 providers covering 25 counties
  - ILS helped launch 7 providers, among them some CBO

- 2013 SMMCP
  - LTC Implemented August 2013-March 2014
  - MMA Implemented May – August 2014

# SMMC: The First Five Years

The SMMC program started operation

The first 5 years have been very successful

| 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |

**Robust Expanded Benefits**

**Quality Care Management**

**Enhanced Provider Networks**

o Improved health quality outcomes

o High patient satisfaction

o Increased opportunity for individuals needing Long-Term Care to transition from a nursing facility to their own home or other community living
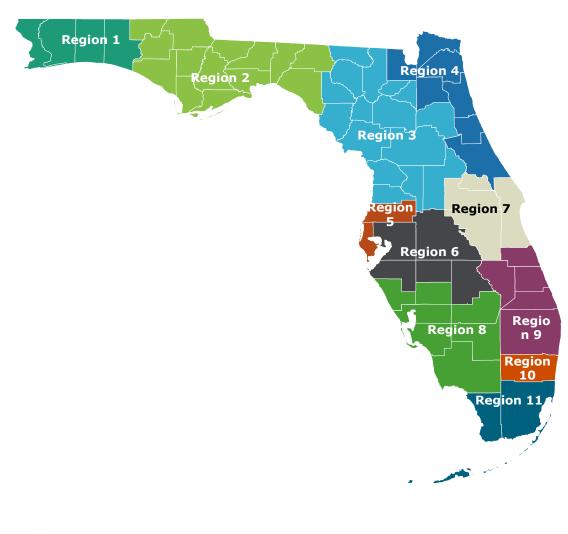
# Initial SMMC roll-out

| Region | MMA | LTC |
|--------|-----|-----|
| 1 | Humana, Molina | Humana, Sunshine |
| 2 | Prestige, Staywell | Humana United |
| 3 | Prestige, Staywell, Sunshine, United | Humana, Sunshine, United |
| 4 | Molina, Staywell, Sunshine United | Humana, Sunshine, United |
| 5 | Prestige, Staywell, Sunshine | Humana, Molina, Sunshine, United |
| 6 | Amerigroup, Simply, Humana, Molina, Staywell, Sunshine, Prestige | Coventry, Humana, Molina, Sunshine, United |
| 7 | Amerigroup, Molina, Prestige, Staywell, Sunshine | Coventry, Humana, Sunshine, United |
| 8 | Molina, Prestige, Staywell, Sunshine | Humana, Sunshine, United |
| 9 | Humana, Molina, Prestige, Sunshine | Coventry, Humana, Sunshine, United |
| 10 | Simply, Humana, SFL Community Care, Sunshine | Amerigroup, Humana, Sunshine, |
| 11 | Amerigroup, Coventry, Humana, Molina, Prestige, Sunshine, United, Simply, Staywell | Amerigroup, Coventry, Humana, Sunshine, United, Molina |



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# SMMLTC 2013-2017 ISSUES:

➢ Two bids maintained a degree of fragmentation

➢ Members could receive MMA and LTC services from different providers

➢ Problems of coordination of mixed services (available under LTC and MMA)

➢ Case Management service providers were excluded from continuity of care provisions

➢ CBO Providers that had been serving consumers through the Nursing Home Diversion program had high financial and systems hurdles to clear and as a consequence dropped from providing Managed Long Term Care.

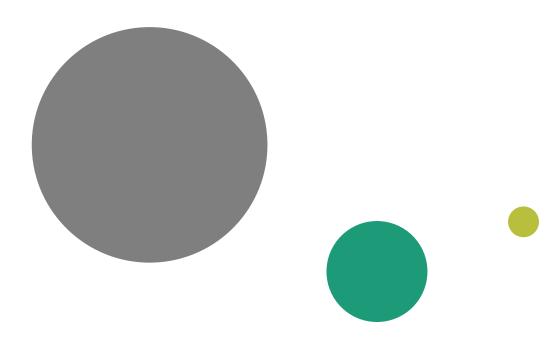# Challenges to creating an atypical MCP

FINANCIAL
- Large capital raise for state guarantees
- Cost of consultants


EFFORT
- Building an acute service network
- Implementation
- Administration
- Compliance

# The New SMMC Contracts: Building on Success

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# Overview of SMMC Re-procurement Process

## Process Background

- In 2011, Florida's Legislature directed the Agency for Health Care Administration to implement a statewide Medicaid managed care program
- The Agency awarded initial contracts for the provision of managed long-term care ("LTC") services and managed medical assistance ("MMA") services in 2013 and 2014
  - LTC covers nursing facility services for individuals age 21+ and home and community based services such as personal care, adult day care, and home-delivered meals
- State law mandates five-year contract terms which must be competitively re-procured upon expiration
- Invitations to Negotiate ("ITNs") to re-procure Statewide Medicaid Managed Care health plan contracts are released in the year proceeding contract expiration

## ITN Structure

- 11 separate regional procurements (one per region) are issued per five-year cycle related to the Long-term Care program
- ITNs are open to LTC Provider Service Networks (LTC PSNs) and HMOs
  - *Per State requirements, each region that issues an HMO contract must also provide the same opportunity for a PSN*
- The ITN structure requires plans to demonstrate how they can help the Agency achieve the following Medicaid goals:
  1. Reduce potentially preventable hospital admissions, readmissions, and emergency department use and use of unnecessary services
  2. Improve birth outcomes
  3. Rebalance long-term services and supports systems by increasing the percentage of enrollees receiving services in the community instead of a nursing facility

## Florida Medicaid Statistics

**Eligibles**
- Florida maintains the fourth largest Medicaid population in the nation
- ~4 million Floridians enrolled in the Medicaid program
- 85% of Florida's Medicaid population receives their services through a managed care organization
  - ~98K enrolled in Long-term Care Component

**Expenditures**
- Fifth largest nationwide in Medicaid expenditures
- ~$27 billion estimated Medicaid expenditures in FY 2017/2018
  - Federal-state matching program split: 61.62% federal / 38.38% state
  - Average spending: $6,619 per eligible
- Florida Medicaid LTC program expenditures exceeded $4.0 billion in FY 2017/2018

## Anticipated Timeline

| Event | Date |
|---|---|
| Regions 9, 10, 11 | December 1, 2018 |
| Regions 5, 6, 7, 8 | January 1, 2019 |
| Regions 1, 2, 3, 4 | February 1, 2019 |

# Florida Statewide Medicaid Care (SMMC)

*Comprehensive Provision of Service is a Key Area of Focus during the ITN Process*
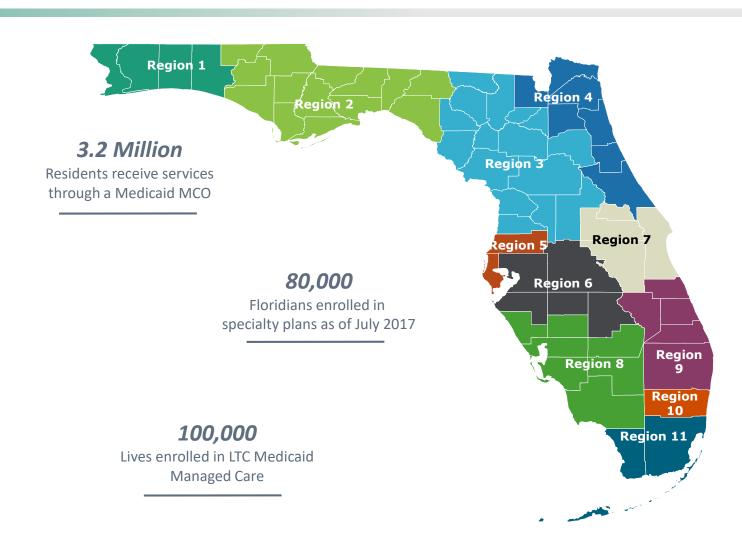
**Four plan types**

**Recipients eligible for MMA and LTC must enroll in a comprehensive plan**

| Type of Plan | Description |
|---|---|
| Comprehensive | MMA to all members, plus LTC to anyone who qualifies |
| LTC Plus | Serves only LTC members, but provides MMA services to them |
| MMA | MMA only |
| Specialty | MMA only; targeted populations |

**FLORIDA COMMUNITY CARE**

**Florida Community Care PSN awarded contract for LTC Plus**

**3.2 Million**
Residents receive services through a Medicaid MCO

**80,000**
Floridians enrolled in specialty plans as of July 2017

**100,000**
Lives enrolled in LTC Medicaid Managed Care

Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
Region 8
Region 9
Region 10
Region 11

**FLORIDA COMMUNITY CARE**

**INDEPENDENT** *Living Systems*

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# Current SMMC roll-out

| Region | Comprehensive | | | | | | | LTC Plus |
|---|---|---|---|---|---|---|---|---|
| | Staywell | Sunshine | Simply | Humana | Coventry | UHC | Molina | |
| 1 | X | X | | X | | | | Florida Community Care |
| 2 | X | X | | X | | | | Florida Community Care |
| 3 | X | X | | X | X | | | Florida Community Care |
| 4 | X | X | | X | X | | | Florida Community Care |
| 5 | X | X | X | X | | | | Florida Community Care |
| 6 | X | X | X | X | X | X | | Florida Community Care |
| 7 | X | X | X | X | X | | | Florida Community Care |
| 8 | X | X | | X | | | X | Florida Community Care |
| 9 | X | X | | X | | | | Florida Community Care |
| 10 | | X | X | X | | | | Florida Community Care |
| 11 | X | X | X | X | X | X | X | Florida Community Care |

# What is Changing?

**Nursing Home Diversion Program**

**SMMC program begins**
(5 yr contracts with plans)
-capitation of LTC services
- Separate MMA & LTC programs

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Two *Program Components:*

- Integrated MMA and LTC
- Dental

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# New SMMC Program Goals

The Agency has established goals to build on the success of the SMMC program and to ensure continued quality improvement:

**Reduce potentially preventable hospital events (PPEs):**

- 22% reduction in Admissions
- 21 % reduction in Readmissions
- 14 % average reduction in ER visits

**Increase the percentage of enrollees receiving LTC services in their own home or the community instead of a nursing facility.**

# SMMC Plan Types

The Agency has established goals to build on the success of the SMMC program and to ensure continued quality improvement:

## Managed Medical Assistance Plan

Provides Managed Medical Assistance services to eligible recipients.

This plan type cannot provide services to recipients who are eligible for Long-term Care services.

## Long-Term Care Plus Plan

Provides Managed Medical Assistance (MMA) services and Long-Term Care services to recipients enrolled in the Long-Term Care program.

*This plan type cannot provide services to recipients who are only eligible for MMA services.

## Comprehensive Plan

Provides Managed Medical Assistance services and Long-Term Care services to eligible recipients

## Specialty Plan

Provides Managed Medical Assistance services to eligible recipients who are defined as a specialty population

## Dental Plan

Provides preventive and therapeutic dental services to all recipients in managed care and all and fully eligible fee-for-service individuals.
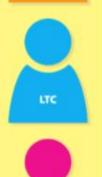
# Florida's LTC Plus

- In the formation of a LTC Plus Plan, AHCA selected MCPs to bear the full responsibility for both the acute and LTSS outcomes and cost. For the nursing home eligible population.

- The MCP can review all of the member's services and needs and coordinate care across the full continuum to ensure all necessary care is in place.

- The development of "Florida Community Care LTC Plus Plan" was created through the collaboration of with Florida's Community Care for the elderly lead agencies.

- The single greatest value of MLTSS comes from comprehensive service coordination for the member.

- MCPs are held to specific metrics and program requirements, not historically required in FFS.

*An innovative approach to an integrated MLTCSS plan that leverages traditional aging network capabilities*

# WHY FLORIDA COMMUNITY CARE

- **Deep Florida Experience**

  - Established as MLTC organization in 1998
  - Participated in Nursing Home Diversion Program since pilot stage
  - Ran back office of 7 of 14 Florida NHD Programs—Including several Non Profit CBO
  - Managed Aetna and Humana patients under 2013 SMMLTC
  - Implemented CMS Transitions of Care Pilot
  - Full Risk MSO for 22,000 pediatric patients
  - CCE Lead Agency Designation by the Area 11 AAA—Miami-Dade and Monroe Counties.

# WHY FLORIDA COMMUNITY CARE

- **NATIONALLY RECOGNIZED MODEL OF CARE**

  - NCQA accreditation
  - Experience in 5 of 9 early Duals Demonstrations (CA, IL, NY, SC, VA)
  - Managed startup of network operations under FL 2013 SMMLTC
  - Evidence based, conflict free, person centered case management supported by advanced technology platform
  - Quality Outcomes

# Provider Partnerships as a Differentiator

*ILS has created a partnership for FCC with 43 other CCE lead "Provider-led" agencies across the state grounded & trusted at the community level covering all 67 countries in the 11 Regions of the state*

- ✓ ILS understands that in Florida the successful implementation and operation of a MLTCP plan must have experienced **local** partners that understand all aspects of Long Term Care can deliver **the entire LTC continuum of care**.

- ✓ **The organizations that meet these criteria are the local Community Care for the Elderly Lead Agencies.** CCE Lead Agencies are the trusted community based organizations having an established record of delivering a continuum of HCBS care for older adults through "thick and thin."

- ✓ **Lead Agencies have experience-**-Since Fall of 2013, all Long Term Care provided to aged and disabled adults in Florida transitioned to Managed Care. Prior to 2013, the Community Service System as defined by Ch. 430 FS, comprising Area Agencies on Aging and Community Care for the Elderly lead agencies provided all Home and Community Based Long Term Care to aged and disabled adults through a continuum of care that included Older Americans Act, Local Services Programs, Community Care for the Elderly and Medicaid Waiver programs.

# FCC (or Florida MLTC) – Equity Summary

## Organizational Structure

- Independent Living Systems, LLC currently owns 93% of the equity in Florida Community Care, LLC

- The following chart is a depiction of the desired ownership structure on a go-forward basis with potential partners outlined:



## Key Details

- **Ownership:** Currently 93%

- **Non-ILS Ownership:**

  - **United Home Care:** Nonprofit home health and community care organization serving South Florida

  - **Kindred Healthcare:** Leverage leading SNF/home health network to capture members

  - **Aging True:** Leading provider of in-home senior services in Northeast Florida

- **Ownership Structure:**

  - PSNs (ILS) required to maintain a controlling interest

  - ILS intends to fund the capital requirement and maintain a large majority position within FCC

- **Capital Infusion:** Completed

# Carlos Martinez

President & CEO, United Home Care

CCE Lead Agency Perspective,
Partnership, Equity Engagement

United
HOMECARE

# Looking Towards the Future

Look for
opportunities in
your state

Recognizes the value of existing CBO

A commitment to efficient and accountable management practices

An ability to leverage emerging and innovative technologies and evidence based practices to support the LTSS and Providers delivering the care necessary to disabled and older persons.

Educating your legislative delegation about advantages of community-based partners

# Looking Towards the Future

- A number of states, like Florida, have provided opportunities for community-based organizations to provide care in an integrated way through managed care

- Florida has provided a path for Provider Service Networks that facilitate partnerships with traditional HCBS providers.

## *Look for opportunities in your state*

- Partner with an organization with experience and strength to create an inclusive MLTSS program that:

  - Recognizes the value of existing LTSS CBOs

  - Has a commitment to efficient and accountable management practices

  - Has the ability to leverage emerging and innovative technologies and evidence based practices to support the LTSS and Providers delivering the care necessary to disabled and older persons.

# Questions?

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- ILS – Nestor Plana – Nplana@ilshealth.com

- UHC – Carlos Martinez -