

RFI Co-design Stakeholder Workgroup

Date

April 19, 2021, 1:30 PM, virtual meeting

Presenters

- Tom Betlach, Speire Healthcare Strategies, LLC
- Tim McFarlane, FSSA
- Allison Taylor, FSSA

Learning Topics

- Arizona Medicare/Medicaid Alignment

Agenda

1. Introduction
2. Arizona Dual Eligible Special Needs Plans
3. Cloud-Platform for LTSS Data
4. Lunch and Learn Updates

The presentation slides will be shared along with the minutes.

Summary of important facts from the presentation

Presenter Tom Betlach, Speire Healthcare Strategies, LLC

Tom Betlach, the former Arizona State Medicaid Director, presented background on Arizona's Dual Eligible strategy and specifically how Arizona managed the alignment with the Medicare Advantage Dual Special Needs Plans (D-SNPs) and the Medicaid Managed Long-term Services and Supports Plans. The presentation covered the rationale for their strategy, the components of the strategy, and its outcomes. (See presentation slides for more details.)

- *Rationale and Strategy:* All four of Arizona's Medicaid managed care programs have dual eligible members and Arizona has the expressed objective with its Medicaid program to identify and provide services in a holistic way. Accordingly, Arizona built a program that sought to align Medicare and Medicaid services as much as possible. The Arizona Medicaid program perceived a significant disconnect between Medicare and Medicaid and this disconnect created complexities that families often had to navigate themselves. Arizona sought to create a program that offered a platform for moving toward a single point of accountability and alignment between Medicare and Medicaid for better member outcomes and improved member experience with their healthcare services.
- *Components of the Strategy:* To achieve the alignment, Arizona altered aspects of their state Medicaid Agency Contract (SMAC) with the Medicare Advantage D-SNPs and made changes to their Medicaid agency organizational structure. Regarding the Arizona Medicaid agency strategy, the Arizona dedicated staff to focus on the relationship between Medicare and

Medicaid as well as the services and experience of the dual-eligible populations. Arizona also made changes to the procurement process to require managed care organizations to offer a D-SNP in the same geographic area where they sought to operate in the Medicaid program.

- Regarding the SMAC, Arizona worked with CMS, service providers, and Medicare D-SNP MCOs for best practices. Arizona also examined the content from other states to identify the most appropriate changes for contract language. Part of the relevant changes included the expansion of reporting requirements and limiting health plan participation to only those D-SNPs that also had a Medicaid managed care contract. Arizona also elected to adopt default enrollment for Medicare; meaning Medicare participants are enrolled in a D-SNP that is aligned to their Medicaid coverage.
- *Outcomes:* Arizona has recognized significant successes related to this alignment including:
 - A 92% retention rate for default enrollment where Medicare beneficiaries stayed in the same plan assigned through the default enrollment process.
 - Improved alignment with 44% of duals enrolled in the same Medicare and Medicaid plans.
 - Improved transparency for Medicare and Medicaid service alignment through augmented reporting.
 - Rebalancing toward community-based long-term services and supports.
 - Improved clinical outcomes as identified in a study by the Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Presenter Tim McFarlane, Deputy Director, Data Science and Analytics, FSSA

Tim McFarlane presented on FSSA's strategy for data analytics for LTSS. The object of the strategy is to link data related to members, providers, and facilities in a more streamlined way and to minimize the current challenges with a variety of disconnected LTSS data sources and platforms. (See presentation slides for more details)

FSSA's strategy aims to optimize data to facilitate:

- **Quality measurement:** the current approach to quality measurement suffers from a significant time lag and that undermines its usefulness.
- **Meaningful use:** this requires significant consideration of how data will be used and moves away from the concept that data collected for measurement and quality assessment is an afterthought.
- **Visibility and transparency:** seeking to address the current challenge –that quality of care in LTSS is measured on a limited basis and hindered by gaps in data collection.

FSSA will support integrated data by developing a cloud analytics environment and by using this platform to link relevant data points. This approach will allow for more flexibility and access to the service system. Eventually, the cloud analytics environment has the potential to support on-demand access to information. This approach will immediately achieve the strategy for the meaningful use

of data and for a more focused approach to data management by eliminating the time-consuming need to manage the hardware outside of cloud which is reflective in the current data management strategy.

The goal of this new environment will be to establish trusted, timely, and broad access to information that will drive improvements in service delivery and quality. In sum, this cloud platform approach eliminates many costly barriers to data management, supports more timely data project development, and improves access to information required to improve service quality.

Presenter: Allison Taylor, Medicaid Director, FSSA

- Recap of the 4/9/21 Medicare/Medicaid Dually Eligible Lunch and Learn: Many duals have chosen managed care via Medicare Advantage – more than 50%. There are positive outcomes of the coordinated model including opportunities for improved communication with the D-SNPs and the State Medicaid program, administrative simplification, increased awareness and education, and a single system of care management and service coordination.
- Recap on the 4/19/2021 Focus Group on Claims: FSSA has been discussing current claims challenges with stakeholders. Focus group participants expressed that moving from fee-for-service to managed care presents transitional challenges including potential issues with timely payment for providers. Stakeholders shared that prior authorizations may also present challenges including the risk of unnecessary denials. FSSA is focused on how these problems may be addressed in the new system as well as promoting the reduction of administrative burdens and clear guidance on the billing process.

Questions/Answers

Arizona Dual Eligible Special Need Plans:

IAAAA: When Arizona sanctioned MCE's, what forms did those sanctions take?

FSSA: These were monetary sanctions for the managed care organizations.

IAAAA: What alignment actions can be established regarding implementing managed care?

FSSA: There are opportunities for integration and data alignment as well as improved care coordination and data sharing between the Medicaid state agency and the D-SNPs.

Cloud Platform for Data Analytics related to LTSS and Medicaid Services

Thrive Alliance: What kind of access do you envision for this environment? For example, could a vendor put queries into the cloud platform to evaluate the quality of their services?

FSSA: The use case is not yet developed to answer this question but the current vision does include dashboards that would be available publicly. The Aging and Disabled Waiver case managers will also be able to connect to this information to support transparency.

General Questions:

IAAAA: Will the stakeholders review the draft mLTSS RFI before its release?

FSSA: Stakeholders would have the opportunity to review the RFI.

Stakeholder Attendees

- Beth Skinner, CICOA
- Cara Veale, Rural Health Association (IRHA)
- Elizabeth Eichhorn, Indiana Health Care Association (IHCA)
- Evan Reinhardt, Indiana Association for Home and Hospice Care (IAHHC)
- JoAnn Burke, Indiana Commission on Aging
- John Barth, INARF
- Katie Ehlman, University of Southern Indiana
- Kelli Tungate, Caregiver Homes of Indiana
- Kristen LaEace, IAAAA
- Mark Lindenlaub, Thrive Alliance
- Megan Smith, IAADS
- Michael Kaufmann, Indiana Department of Homeland Security
- Michelle Stein-Ordonez, Indiana Association for Home and Hospice Care (IAHHC)
- Natalie Sutton, Alzheimer's Association
- Sarah Waddle, AARP
- Sherri Hampton, American Senior Communities (ASC)
- Tauhric Brown, CICOA Aging & In-Home Solutions
- Terry Cole, Indiana Hospital Association
- Terry Miller, Hoosier Owners and Providers for the Elderly, Inc. (HOPE)
- Zach Cattell, Indiana Health Care Association (IHCA)

FSSA Attendees

Allison Taylor, Andrew Bean, Brenda Buroker, Cathleen Nine-Altevogt, Dan Kenyon, Daniel Rusyniak, Darcy Tower, Erica Ng, Erin Wright, Jennifer Sullivan, Jesse Wyatt, Kaitlyn Feiock, Kim Opsahl, Lindsey Lux-Kleman, Lynn Clough, Maggie Novak, Maria Finnell, Michael Gargano, Natalie Angel, Shannon Effler, Steve Counsell, and Timothy McFarlane