



Extended Study Hall Call Series: Three Way Contract

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Agenda

- ▶ Welcome and Roll Call
- ▶ Contract Overview
- ▶ Contract Structure and Organization
- ▶ Interplay Between the Contract & Other Documents
- ▶ Contract Review and Building Process
- ▶ Questions from States

Contract Overview

- Instrument that CMS, the state, and the plans sign to effectuate the broad principles agreed to in the MOU.
- Reconciles Medicaid and Medicare requirements into a single contract that functions as both a Medicaid managed care contract and the Medicare Advantage Contract.
- Largely built off the Massachusetts Senior Care Options (SCO) contract that was developed for a previous Medicare–Medicaid demonstration.

Contract Structure and Organization

- ▶ Definitions
 - Relatively straight forward. Builds off of procurement, MOU, and state and federal definitions. Some state-specific language required.
- ▶ Contractor Responsibilities
 - Generally builds off of the MOU detail and January 2012 guidance
- ▶ Compliance
 - State and federal law

Contract Structure and Organization

- ▶ Readiness Review
 - Medicare–Medicaid Plan (MMP) Process
 - Contract Readiness Review Requirements
 - Contract Management
 - Organizational Structure
- ▶ Enrollment
 - Enrollment
 - State–Driven Enrollment Process
 - Expanding on MOU
 - Timing, Phasing, Intelligent Assignment
 - Disenrollment
 - Initial Enrollee Contact and Orientation

Contract Structure and Organization

▶ Care Delivery Model

- State-Specific Language

- Primary Care, ICT, Care Coordination, LTSS, BH, Health Promotion and Wellness Activities, Other Professional and Support Disciplines, and Integration and Coordination of Services.

▶ Comprehensive Assessments

- Comprehensive Assessments
- Individualized Care Plan
- Continuity of Care

Contract Structure and Organization

- ▶ **Provider Networks**
 - Medicare Standards
 - Medicaid Standards for LTSS
- ▶ **Appeals**
 - Builds off of what was included within the MOU.
- ▶ **Marketing**
 - Medicare Advantage Requirements

Contract Structure and Organization

- ▶ Quality & Reporting
 - Hybrid of current requirements
 - Plus some federal/state overlap coordination
- ▶ Financial Requirements
 - Financial Viability
 - Financial Stability
 - Other Financial Requirements
 - State-specific plan reserve requirements

CMS and State Responsibilities

- ▶ Contract Management
 - Builds off the current requirements
- ▶ Enrollment and Disenrollment Systems

Financing

- ▶ General Provisions
- ▶ Capitated Rate Structure
- ▶ Payment Terms
- ▶ Reconciliation
- ▶ Risk
- ▶ Payment in Full

General Terms and Conditions

- ▶ Administration
- ▶ Confidentiality
- ▶ General Terms and Conditions
- ▶ Record Retention, Inspection, and Audit
- ▶ Termination of Contract
- ▶ Order of Precedence
- ▶ Contract Term
- ▶ Amendments
- ▶ Written Notices

Interplay Between The Contract & Other Documents

- ▶ RFR / Procurement Document
- ▶ Memorandum of Understanding
- ▶ Readiness Review
- ▶ Guidance Documents
 - Marketing
 - Enrollment

Contract Review and Building Process

- ▶ State Review
- ▶ Federal Review
- ▶ Plan Review

Questions and Answers

About ICRC

- Established by CMS to advance integrated care models for Medicaid beneficiaries with high costs and high needs
- Provides technical assistance (TA) to states at all levels of readiness to pursue integrated care for individuals who are dually eligible for Medicare and Medicaid
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