



TennCare
CHOICES
in Long Term Care

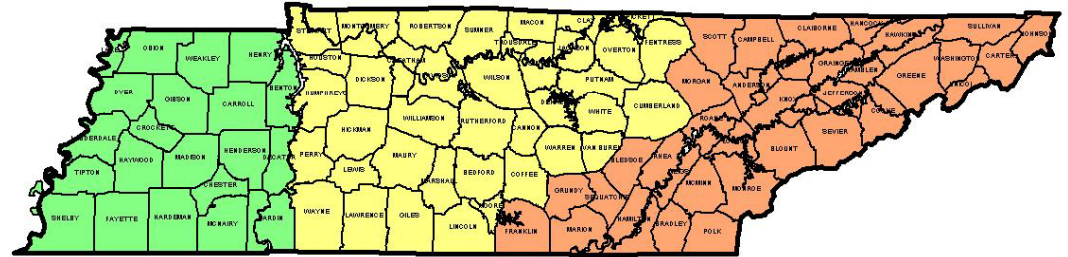
**Readiness Review for Implementation
of a Medicaid Managed Long-Term
Services and Supports Program**



TennCare Overview

Tennessee's Medicaid Agency

Tennessee's Medicaid Program



- Managed care demonstration implemented in 1994
- Operates under the authority of an 1115 waiver
- *Entire* Medicaid population (1.2 million) is in managed care
- Medical, behavioral and since 2010 LTSS (NF and HCBS for the elderly and adults with physical disabilities) administered by two “At-Risk” Managed Care Organizations (MCOs) located in each region of the state (*mandatory* enrollment in managed care, including MLTSS)
- MLTSS program is called “CHOICES”



TennCare
CHOICES Overview
in Long Term Care

- Integrates TennCare nursing facility (NF) services and HCBS for the elderly and adults with physical disabilities into the existing managed care delivery system (roughly \$1 billion); ID (MR) services remain carved out
- Amended contracts with existing MCOs selected via competitive bid process
 - TennCare members do not change MCOs at implementation (or when LTSS are needed)
- Blended capitation payment for all physical, behavioral and LTC services (duals/non-duals; additional rate cells as of 7/1/12 based on LOC)
- Includes NF and former HCBS waiver services with additional community-based residential alternatives and consumer directed options
- MCOs at full risk for all services, including NF (not time-limited)
 - Risk-adjustment for non-LTC rate component rate based on health plan risk assessment scores
 - Risk-adjustment for LTC component of the rate based on mix by setting



Overview

- Comprehensive Care Coordination provided by MCOs
 - Each member has an assigned Care Coordinator—nurses and social workers
 - Comprehensive ongoing needs assessment and person-centered care planning
 - Coordination of physical, behavioral, functional and social support needs
 - Management of chronic conditions and care transitions
 - On the ground and face-to-face with minimum contact requirements
 - Detailed contract requirements and protocols



Overview

- Consumer direction provides members (or qualified representative) with employer authority
 - MCO authorizes a fixed amount of services based on need
 - Member/rep, using fiscal/employer agent, is the employer of record
 - Member/rep sets the reimbursement rates for the worker from list of available rates set by the State and signs a Service Agreement with each qualified worker
 - Members may also “self-direct” certain health care tasks as part of consumer directed services
 - TennCare contracted with a single statewide fiscal employer agent to perform fiscal intermediary and supports brokerage functions
- Electronic Visit Verification System helps ensure fiscal accountability and provides immediate notification/resolution of potential gaps in care



Phased Implementation

- Middle Region – March 2010
 - Transitioned 7,145 NF residents and 1,479 HCBS waiver participants on 3/1 (83%NF/17%HCBS)
- East/West Region – August 2010
 - Transitioned 15,931 NF residents and 3,382 HCBS waiver participants on 8/1 (82.5%NF/17.5%HCBS)
- Existing TennCare recipients remained with their currently selected MCO which became responsible for LTC services upon CHOICES implementation
- Continuity of care provisions helped to ensure as seamless a transition as possible



Primary Objectives

- Continuity of services for members
- Continuity of reimbursement for providers

*“Members get services,
providers get paid.”*



Readiness Review: Key Areas of Focus

- Care coordination
- Service authorization and delivery
- Provider network management
- Claims processing and payment
- Data transfer and management
- Quality monitoring



Readiness Review: Collaborative Process

- Bureau of TennCare
 - LTSS
 - Managed Care Operations
 - Provider Networks
 - Quality Oversight
 - Information Technology.
- DHS (Department of Human Services)
- TDCI (Department of Commerce and Insurance)



Readiness Review Components

- Review of key desk deliverables
- Onsite review of critical processes and operating functions
- Systems testing
- Other verification and validation activities



Review of Key Desk Deliverables

- Documents required to demonstrate compliance with a specific contractual requirement
 - Policies and procedures, training materials, member handbooks, notices, etc.
- Other documents needed to demonstrate readiness to implement and manage the program
 - MCO project implementation plan, staffing plan
- TDCI Review of:
 - Provider agreement templates and provider manual
 - MCO subcontracts with Electronic Visit Verification vendor and Fiscal Employer Agent for Consumer Direction



Onsite Review of Critical Processes and Operating Functions

CHOICES care coordinator intake, assessment and
care planning processes

Service authorization validation

Training

Care coordinator ride-alongs

Demonstration of critical MCO systems



Systems Testing

- TennCare/MCO interface for eligibility, enrollment and encounter data

End-to-end testing with test case scenarios

- MCO/EVV vendor and MCO/FEA interface

LTSS service authorizations

Scheduling of specific HCBS in the EVV system

Referral of members to the FEA

Demonstration of EVV functionality

Claims processing using actual test cases



Other Verification/Validation Activities: Key Milestone Deliverables

- Service Authorizations of HCBS
 - Gather, review and reconcile plan of care/service authorization data
 - 50%, 75%, 90% and 100% new authorizations loaded at specified intervals prior to go-live
 - Notice to providers
- Provider Network Files
 - 50%, 75% and 90% of FFS NF and HCBS (or equivalent) providers contracted, credentialed and loaded at specified intervals prior to go-live
 - Access standards, as applicable



Readiness Review: Advice to Other States

- Comprehensive readiness review strategy is critical
 - Tailor to individual state program and delivery system
- Create an environment of open communication
- Significant complexity in implementing an EVV system
 - Verify system functionality
 - Verify MCO organizational structure and business process to operationalize and manage the new system
- Verify MCO tracking systems
- Ongoing program monitoring and oversight is essential



Questions?