



# **Avoiding the Fate of the Scorpion and the Frog**

Alan R. Morse, JD, PhD

Massachusetts Medicaid Policy Institute  
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# The Jewish Guild for the Blind

- Nonsectarian
- Not-for-profit
- Health care organization serving visually impaired, blind and persons with multiple handicaps
- Widest range of services offered anywhere in the world
- Many services are unique
- Includes a full range of health services
- Addresses the special needs of people with vision loss




# Programs and Services

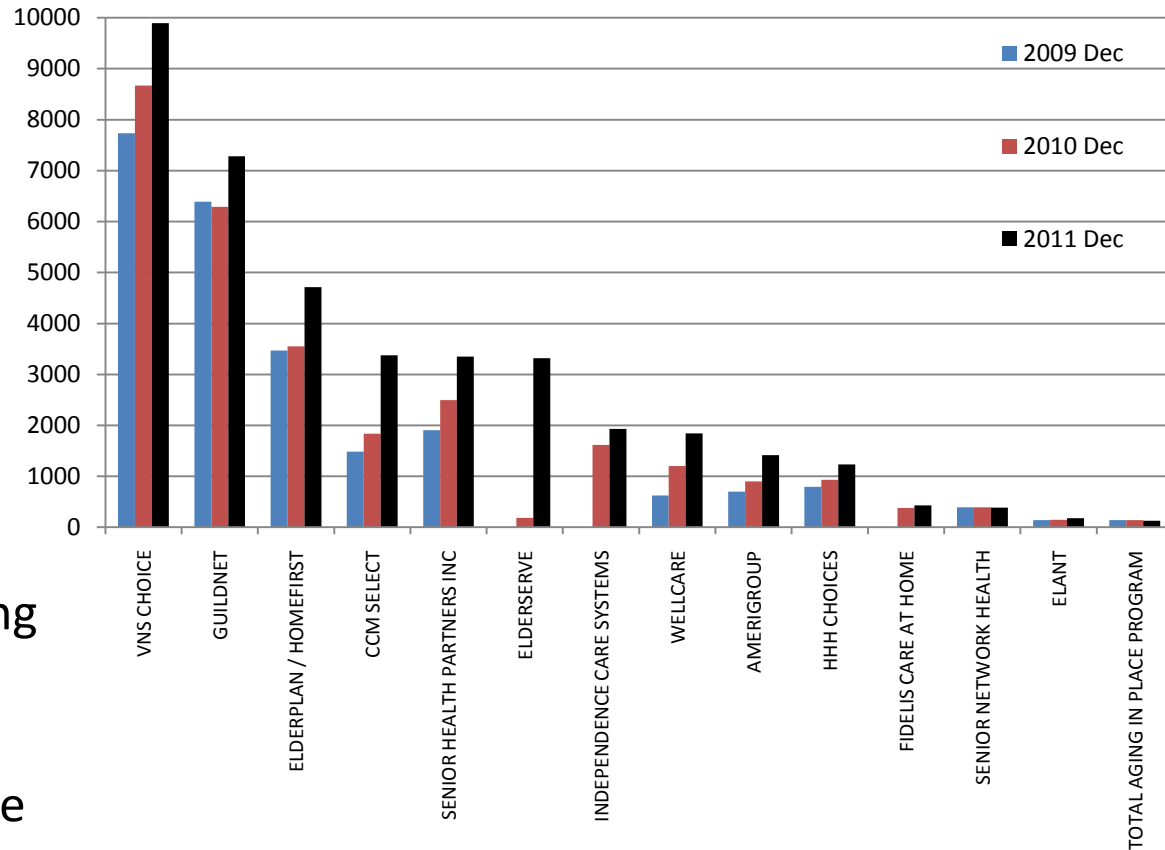
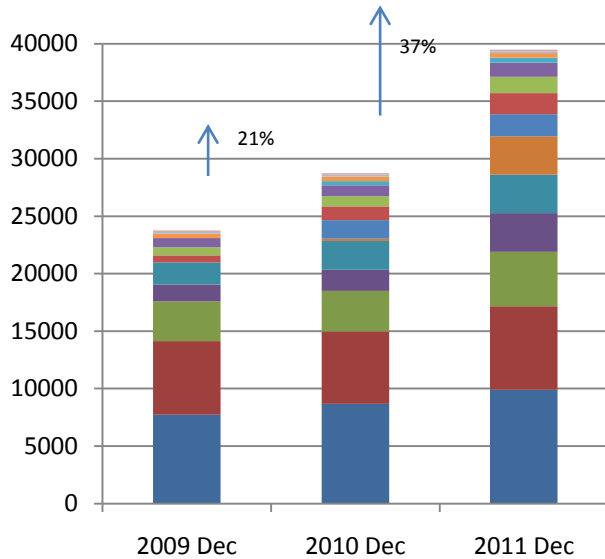
- Low Vision Rehabilitation Clinic
- Diagnostic & Treatment Clinic
- Diabetes Care & Self Management Education
- Psychiatric Clinic
- Mental Health Day Treatment
- Developmental Disabilities Day Treatment
- Crisis Counseling
- SightCare
- Bressler Prize in Vision Science
- GuildScholar Award
- GuildCare – Adult Day Healthcare
- Guild Institute for Vision and Aging
- Workplace Technology
- Independent Living Skills
- Employment Development
- Guild School
- Children’s Vision Health
  - Parent tele-support
  - Teen tele-support
- GuildNet – Managed Long Term Care

# State of Medicaid Spending – LTC

*Trend - Spending up 26%; Recipients Flat*

LTC Per Recipient Spending Trends by Service (\$ 000)							
	2003			2009			% Change In Per Recipient Spending 2003 to 2009
	# of Recipients	Total (\$)	\$ Per Recipient	# of Recipients	Total (\$)	\$ Per Recipient	
Nursing Homes	139,080	\$5,946,989	\$42,759	128,377	\$6,345,047	\$49,425	15.6%
ADHC	16,365	266,248	16,269	22,954	461,442	20,103	23.6%
LTHHCP	26,804	510,250	19,036	26,572	695,666	26,180	37.5%
Personal Care	84,823	1,824,729	21,512	75,023	2,232,735	29,761	38.3%
MLTC	12,293	444,341	36,146	33,826	1,219,055	36,039	-0.3%
ALP	3,538	50,488	14,270	4,720	86,028	18,226	27.7%
Home Care/CHHA	92,553	760,347	8,215	86,641	1,349,000	15,570 	89.5%
<b>Total</b>	<b>318,617</b>	<b>\$9,803,392</b>	<b>\$30,769</b>	<b>318,984</b>	<b>\$12,388,973</b>	<b>\$38,839</b>	<b>26.2%</b>

# New York MLTC Enrollment Growth



- 17 plans currently operating MLTCs
- ~85% of MLTC enrollees are dual eligibles

Source: NYS DOH; Milliman, Inc.

# Does Medicare Properly Risk Adjust for Patients with Vision Loss?<sup>7</sup>

	N	RR
All Enrollees	3,372	1.0
Vision Impaired	107	1.097
Non-Vision Impaired	3,265	.994
Vision Impaired non-institutionalized	91	1.131
Vision impaired Institutionalized	16	.91
Non-Vision Impaired Institutionalized	463	.892
Non-vision impaired non- institutionalized	2,802	1.004

# MLTC Benefit Package

- Assessment & Care Planning
- Home Health Care:
  - Nursing
  - Home Health Aide
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Medical Social Services
- Personal Emergency Response System
- Respiratory therapy
- Nutritional counseling
- DME
- Adult Day Health Care
- Personal Care
- Nursing Home
- Non-emergent transportation
- Home delivered meals
- Social Day Care
- Social and environmental supports
- Podiatry
- Dentistry
- Optometry/Eyeglasses
- Audiology/Hearing Aids
- Outpatient therapies
- Coordination of non-covered services

# SAAM Predictors

- **Socio-demographic**

- Female/Age 80+ interaction

- **Disease Conditions**

- Dementia
- Cerebrovascular
- Chronic renal failure
- Diabetes with complications
- Hx of hip fracture >64 years
- Chronic joint/musculoskeletal
- Chronic neuromuscular
- Chronic neurodegenerative
- Other paralysis
- Quadriplegia and PVS

- **Functional**

- Ambulation/locomotion
- Bathing
- Bowel incontinence
- CPAP
- Dressing
  - Lower body limitation
  - Upper body limitation
- Feeding/eating
- Grooming limitation
- Medication management
- Disruptive behaviors
- Impaired behaviors



# GuildNet has two distinct delivery models



- A partially capitated Medicaid-only plan
- A fully integrated dual-eligible Medicare Advantage Special Needs Plan (a Medicaid Advantage Plus - MAP)

# GuildNet Demographics

- 83% of GuildNet members are duals
- ~7800 are in MLTC
- ~400 in Medicare Advantage Special Needs Plan (dual cap)
- Age range 18+
- Average age 76
- 70% Female
- 46% live alone

# Organizational Structure & Function

- Intake Nurses
- Case Managers – RNs & MSWs
- Reassessment Nurses
- Member Service Representatives
- Specialized Teams
  - Diabetes
  - Mental Health
  - Palliative Care
  - Intensive CM

# MLTC Care Management

- Goals:
  - Maintain optimal level of functioning to avoid or delay nursing home placement
  - Manage appropriate utilization of services
- MLTC care management rationalizes use of services not maximizing services
- Requires insurance type approach and assumes risk:
  - Managing care versus providing care
  - Care coordination

# Care Coordination

- Consistent with Olmstead, care planning must:
  - include the member in decision-making
  - address quality of life
  - actively support member preferences
- Coordinate care among primary, acute, behavioral and other services including those not in the benefit package to promote continuity of care:
  - assure that transitions between service settings are made smoothly
  - New orders require action
  - Referrals on for non-benefit package services

# Monitoring Utilization

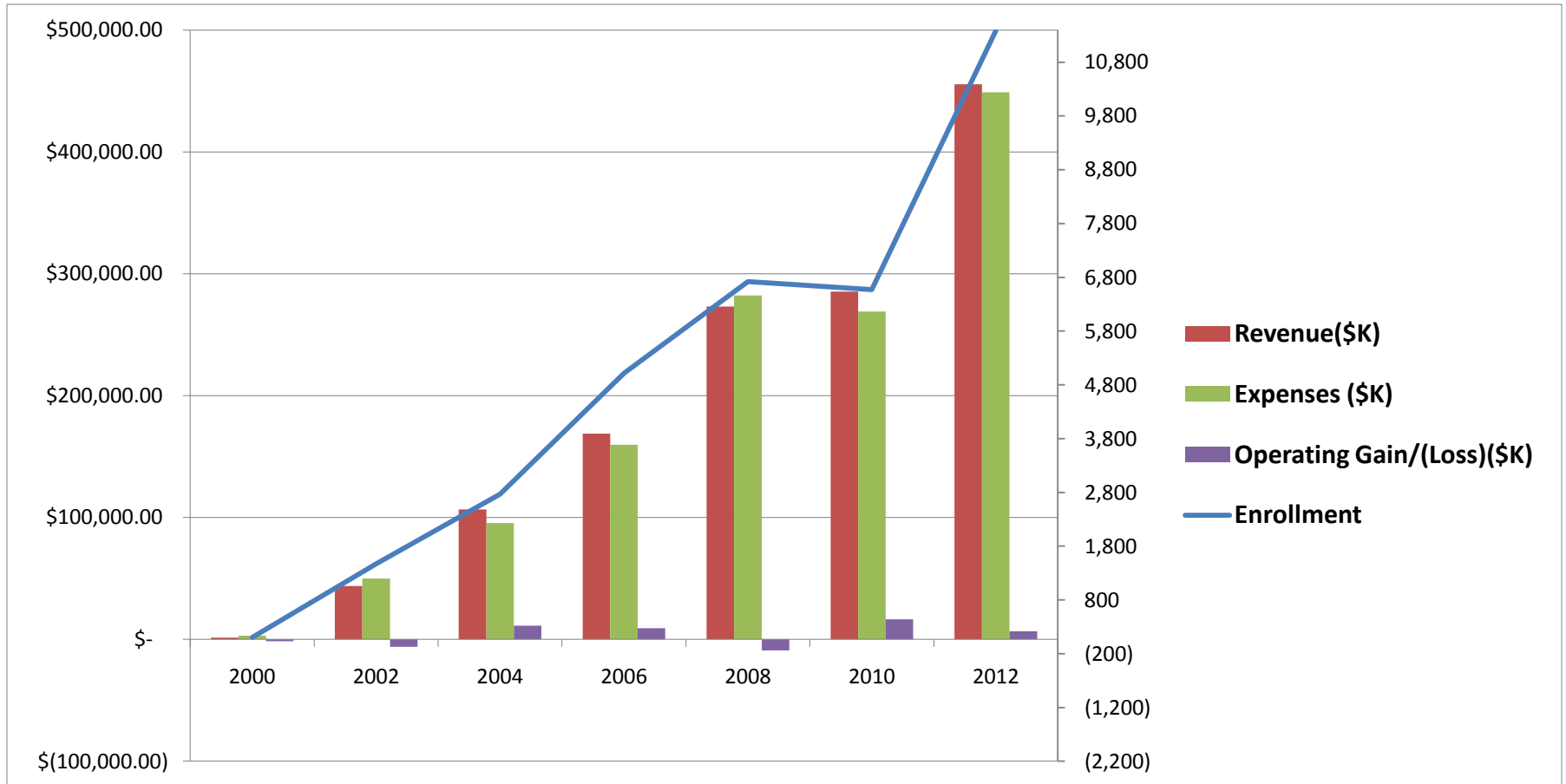
- Utilization management is key
- Need sophisticated IT systems to report, track and monitor
- Budget utilization as well as cost
- Monitor experience vs. budget on at least a monthly basis
- If off budget, take steps to remedy immediately

# Capitation premium includes all covered services

	Units PMPM	Unit Cost	Net PMPM	% of Revenue
<b>REVENUE</b>			\$3,950.	100%
<b>EXPENSES</b>				
Personal Care	150.0	\$17.00	\$2,550.	
Home Health	2.0	\$110.00	\$220.	
Nursing Facility	0.7	\$270.00	\$189.	
Transportation /Non- Emergent	3.7	\$36	\$133.	
Other Expenses			\$200.	
<b>TOTAL EXPENSES</b>			\$3,292.	83%
Care Management			\$315.	8%
Administrative Expenses	(Capped)		\$215.	5%
<b>NET PROFIT</b>			<b>\$128.</b>	<b>3%</b>

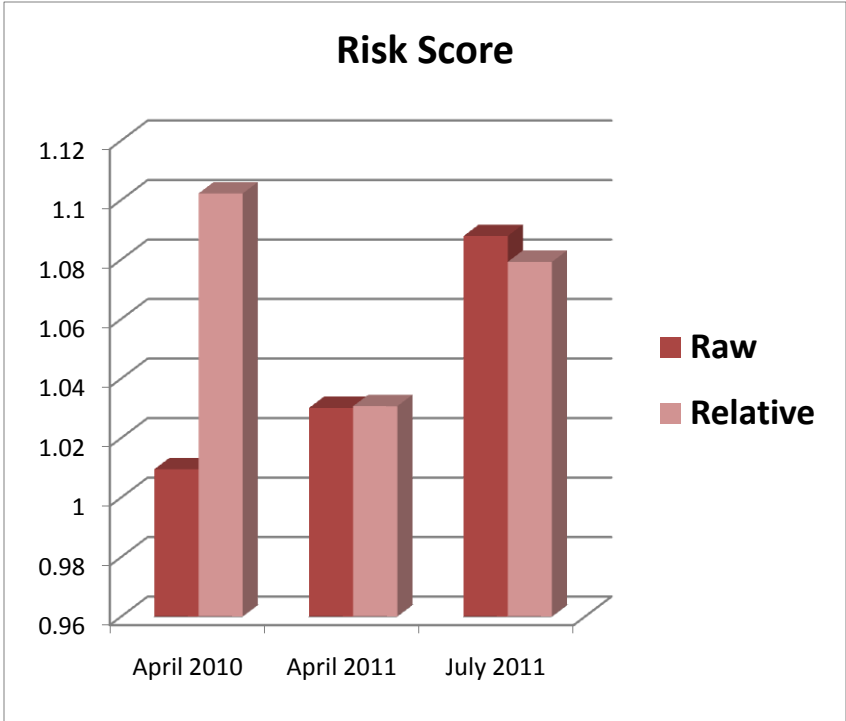
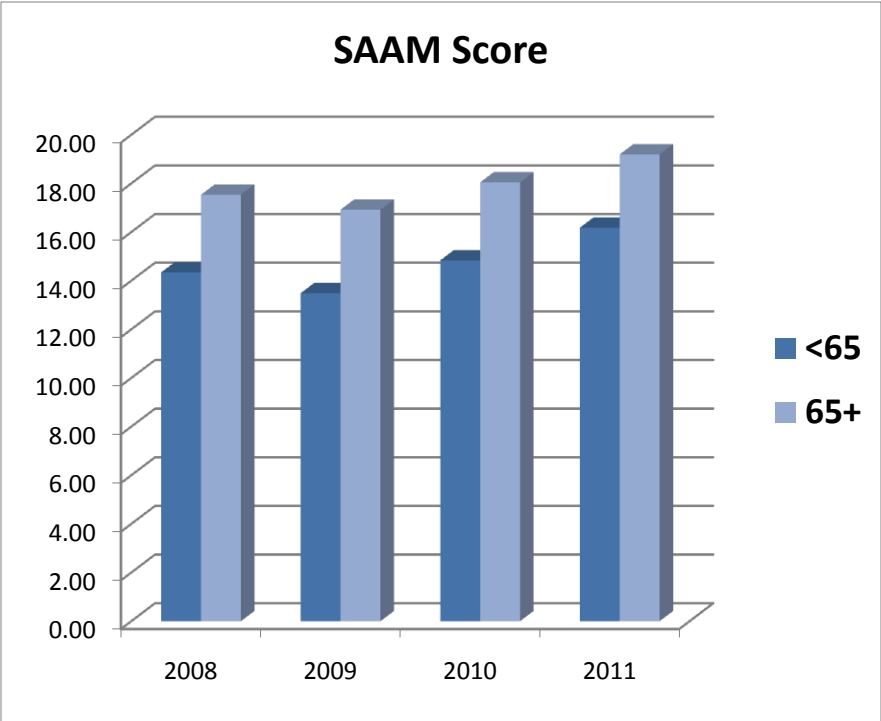
# GuildNet

## Financials & Enrollment





# GuildNet SAAM & Risk Scores



# Opportunities

- Coordinated & integrated care
- Ability to address specialized needs
- Marketplace differentiation and specialization
- Financial control for State through capitation
- Financial gain for plans through effective care management

# Challenges

- Mandatory enrollment and auto-assignment
- Assessment of needs
- Consumer rights & entitlements
- Home Care vs. Managed Care
- The fair hearing process
- Administrative issues
  - Electronic enrollment
  - Mandated contractual relationships
  - Living wage
  - Alignment of incentives between Medicare and Medicaid
  - Conflicting Medicare and Medicaid rules and procedures
- Understanding market incentives is key

# A Final Caveat: Remember the Scorpion and the Frog

- Incentives and goals must always be aligned for the State and for providers– neither can achieve their objectives without the other

# Questions?

Alan R. Morse

212 769 6215

[armorse@jgb.org](mailto:armorse@jgb.org)