

An Overview of Health System Change in Illinois

The Illinois health delivery system is changing fast, and we know it is difficult to stay on top of all of the moving parts. We've created this overview to facilitate a robust discussion at the 2014 MMW Coalition Summit. Our approach to this year's MMW Summit is to provide coalition partners with an opportunity to hear directly from state agency leadership on the status of health delivery system initiatives that impact the MMW constituency as well as let you ask questions.

Topics to be discussed at the MMW Summit include progress on implementation of the Integrated Care efforts under the SMART Act, ACA Systems Improvement Efforts, and the pending 1115 Path to Transformation Waiver.

SMART ACT & IMPACT ON MMW PROVIDERS AND CONSTITUENCY: SAVE MEDICAID ACCESS AND RESOURCES TOGETHER ACT

The SMART Act, enacted in 2012 made cuts, changes, and reimbursement rate reductions to Medicaid in Illinois. An estimated \$1.3 billion is being cut from FY13 Medicaid Budget.

What was eliminated?

- ✓ **Illinois Cares Rx: prescription drug assistance for elderly persons and individuals with disabilities.**
- ✓ **Adult Chiropractic Services**
- ✓ **Group Psychotherapy for residents of Nursing Homes**
- ✓ **Podiatry-except for individuals with Diabetes**
- ✓ **Adult Dental-except in emergencies**
- ✓ **Payment for non-medically necessary C-sections**
- ✓ **General Assistance Medical**

What was limited or changed?

- ✓ There is now a requirement for pre-authorization for non-emergency medical transportation.
- ✓ Copay requirement for generic prescriptions of \$2.00.
- ✓ Limit of 20 visits for each service, OT, PT, SP.
- ✓ Prior approval required for wheelchair repairs, coronary artery bypass graft, and bariatric surgery.
- ✓ Home Health providers require Medicare certification and face-to-face encounter (physician signs a form saying s/he had in-person contact with patient) and limit services to post-hospital care.
- ✓ Eyeglasses can be replaced every two years.
- ✓ DON (Determination of Need) screen score was raised from 29 to 37.

What was expanded?

- ✓ HFS is authorized to expand the Integrated Care Program for individuals with chronic health conditions
- ✓ HFS can designate a primary provider for individuals who were found to abuse medical services

How does this impact the MMW constituency?

Positives: Expansion of Access to Care

- ✓ The Integrated Care Program was expanded for individuals with chronic health conditions. Clients now have greater access to coordinated care.
- ✓ HFS can designate a primary provider for those found to abuse medical services. This will increase access to care that is not through a hospital emergency department.

Negatives: Cuts of financial assistance, limitations on services, and greater preauthorization requirements.

- ✓ Clients might stop or skip medications due to financial hardship.
- ✓ Higher health care costs are possible because of medication mismanagement. There is a higher hospitalization risk associated with poor medication management.
- ✓ There may be increased Emergency Department visits.
- ✓ Preventive care is not accessible for dental.
- ✓ There is more paperwork for providers (face to face requirement and preauthorization requests)

What providers can do:

Assist clients in utilizing pharmaceutical company payment assistance programs for medications.

Members of care teams should work collaboratively to make sure that face to face encounter forms are filled out and submitted to home health care to avoid billing issues.

Connect clients with private community based services and supports like eyeglasses assistance programs, respite and senior services programs, etc. Advocate and follow legislation that reinstates services (like bill HB1516 SA2 that is trying to reinstate Medicaid dental in full).

Ultimately, by limiting access to preventive care, medications, therapies, etc. the safety net that prevents hospitalization and poor health outcomes is minimized.

ACA SYSTEMS IMPROVEMENT EFFORTS: IMPACT ON DELIVERY SYSTEM FOR MEDICARE POPULATION

Alliance for Health

In spring of 2013, Illinois received \$2 million planning grant from the Center for Medicare and Medicaid Innovation to study Illinois public and medical health system and develop new ways to organize and pay for them.

The Alliance for Health is a group established by the Illinois Governor's office to utilize this grant to improve health and reduce costs by expanding access to quality health care delivery systems focusing on mental, emotional, and physical wellbeing.

Who is taking part?



Triple Aim (Goals)

- ✓ Improve health status
- ✓ Improve efficiency and effectiveness of clinical care
- ✓ Reduce Costs

The Alliance for Health is Facilitating Change in the Healthcare Delivery System!

- ✓ Established provider driven models of care for Medicaid that utilize a primary care medical home, and outcome/performance based payment structures.

CCEs: Care Coordination Entities serve complex adults and children.

ACEs: Accountable Care Entities serve healthy families and new ACA adults

- ✓ Established healthcare reform development guidelines for special populations such as the elderly population.
- ✓ Set guidelines for the 1115 Waiver proposal. (See later in this text).

What's on the horizon that impacts the MMW constituency?

- ✓ The Alliance for Health is proposing innovative policy changes looking to change policy that incentivizes hospitalization as a means for increasing reimbursements from Medicare for Skilled Nursing Facilities.
- ✓ Workforce Innovations
 - establishing Community Healthcare Workers as a new health care worker category
 - expanding the role of home health care aides
 - recognizing medical military training for civilian certification programs like LPN licensure.

Why should MMW members follow the work of the Alliance for Health?

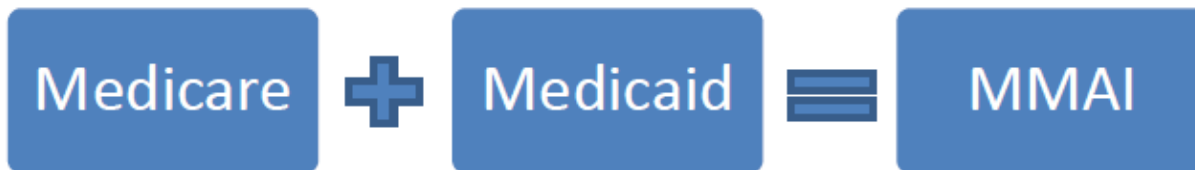
- These proposals are being funded and the changes are already being seen, such as the start of provider driven models of care with which MMW clients will be involved.
- These changes will impact direct service providers in the roles that they take on, and where they can navigate their clients for services. Soon direct service providers may be able to tell clients how to get in touch with a community health worker.

Want to see the whole innovation plan for yourself? Go to:

<https://www.illinois.gov/health-safety/Pages/Healthcare.aspx/documents/alliance/alliance%20011614.pdf>

Medicare & Medicaid Financial Alignment Initiative (MMAI)

MMAI impacts people that are enrolled in *both* Medicaid and Medicare (aka dual-eligible). Illinois and CMS contract with 8 Managed Care Organizations (health insurance companies) to coordinate the delivery of all Medicare *and* Medicaid services for participating enrollees under one health plan.



MMW members can help:

- ❖ Enhance client choice by helping clients enroll during the voluntary enrollment
- ❖ Clients choose a primary care physician.
- ❖ Clients to change health insurance plans

For more detailed information on MMAI, check out the resources available here:

http://www.ageoptions.org/services-and-programs_MMW-MedicaidandManagedCare.html

Or check out the MMW Desktop Guide to Navigating MMAI, Timeline, and FAQs in the MMW Coalition Summit Folder.

Balancing Incentives Payment Program BIPP

BIPP/BIP (Balancing Incentives Payment Program) allots grant funding under the ACA to state activities designed to promote non-institutional LTSS. Illinois is required to use 50% of Long Term Services and Supports (LTSS) spending within the community system to qualify for BIP funding. This funding was granted to Illinois as of June 12, 2013. The Illinois BIP project is aimed at rebalancing LTSS.

The BIP will change long term care in the following ways:

- ✓ improved systems performance and efficiency,
- ✓ creating tools to help consumers with care planning and assessment
- ✓ improved quality measuring and oversight.

The BIP program increases federal funds matching up to 2% for the following structural reforms intended to increase nursing home diversions and access to community LTSS.

- ✓ no wrong door single entry point system
- ✓ conflict free case management services
- ✓ core standardized assessment instruments.

What are some of the plans for BIP funding that will impact MMW members soon?

- ✓ No wrong door system design: Clients can access home and community based services from any agency, rather than just the one designated for his/her population (like DOA, DRS).
- ✓ Core Assessment Tool/Uniform Assessment Tool Development, Integration, Training, and Implementation. One tool will be designed to assess for all services based upon functional need rather than type of population.

What do MMW need to know?

- ❖ Some MMW members (like case workers) will receive training on eligibility for multiple HCBS so that no matter what agency they work for (DOA, DRS, etc.), they will be able to help clients that enter any agency get access to services they need
- ❖ Eligibility will be assessed differently.
- ❖ Service delivery will be configured differently. Clients will not be turned elsewhere (no wrong door) because they contacted the incorrect agency.

Pending 1115 Waiver: Path to Transformation

The Big Plans

- ✓ Transform the Health Delivery System
 - Payment restructuring and reform that prioritizes outcomes and performance for hospitals.
- ✓ Rework LTSS Infrastructure, Choice, and Coordination
 - Consolidation of Medicaid Waivers (ex. Community Care Program, Supportive Living Facilities) into one. A universal assessment tool will screen for services based upon need rather than population.
 - Development of Health Homes for those with serious mental illness
 - Expansion of behavioral health services
- ✓ Build Capacity for Population Health Management
 - Establishment of regional health hubs, or data collection and health promotion centers.
 - Addressing social determinants of health
- ✓ Improve the Healthcare Workforce
 - Education programs to expand primary care workforce
 - Establishment of Community Health Worker as a designated healthcare role.
 - Loan assistance for providers
 -

Why does the proposed 1115 waiver matter to MMW?

- ❖ HCBS waiver services will be merged so providers do not have to be familiar with different agencies and services provided to refer clients for HCBS.
- ❖ One assessment tool can reduce administrative error.
- ❖ A No-wrong door approach can reduce wait time for services and client frustration with trying to navigate the system.
- ❖ The healthcare workforce will be better able to accommodate complex patients, the increasing aging population, and the increasing insured population.

Anticipating the MMW Summit

The MMW Summit, scheduled for April 4th, 2014 is an all-day event that will expand upon all of the above policy changes or anticipated policy changes affecting the Illinois healthcare landscape at this time.

DHS, IHFS, IDOA. Balancing Incentive Program (BIP). Illinois Work Plan Overview for BIP Stakeholder Group.

Illinois Alliance for Health Innovation Plan. January 16, 2014

<https://www2.illinois.gov/gov/healthcarereform/Documents/Alliance/Alliance%2Of or%20Health1%2016%2014.pdf>

Illinois Department of Human and Family Services. Home and Community Based Support Waivers

<http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/default.aspx>

Illinois Department of Health and Family Services. How to Enroll in a Health Plan

<http://enrollhfs.illinois.gov/sites/default/files/content-docs/IL MMAI%20Brochure.pdf>

Illinois Department of Health and Family Services. Medicare-Medicaid Alignment Initiative.

<http://www2.illinois.gov/hfs/PublicInvolvement/cc/mmai/Pages/default.aspx>

Illinois Department of Human and Family Services. Illinois' Medicare and Medicaid Alignment Initiative.

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/CC Webinar041813.pdf>

State of Illinois. The Path to Transformation.

<https://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Benefits%20Exchange/14%2002%2010%20waiver%20for%20posting .pdf>