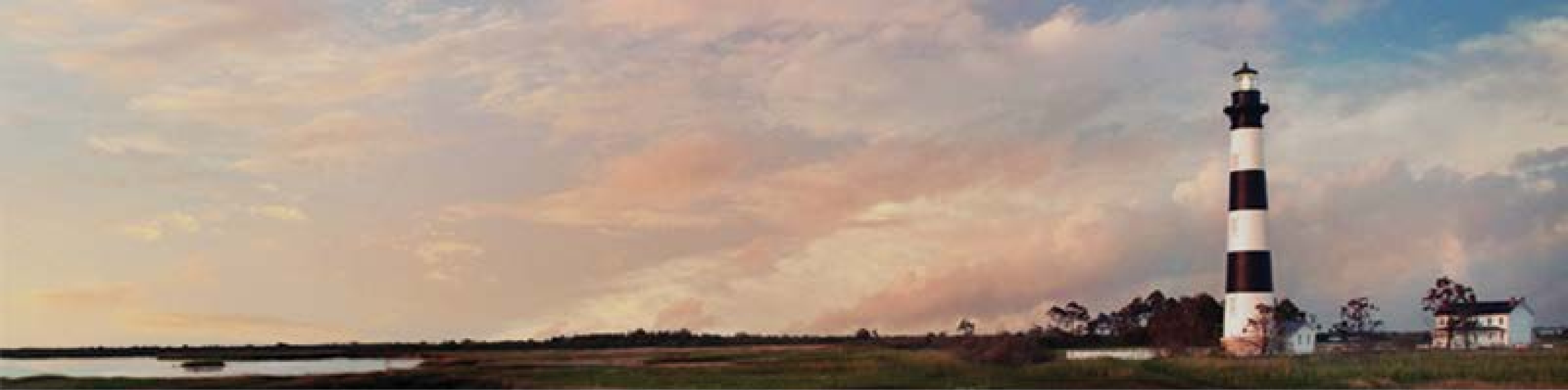

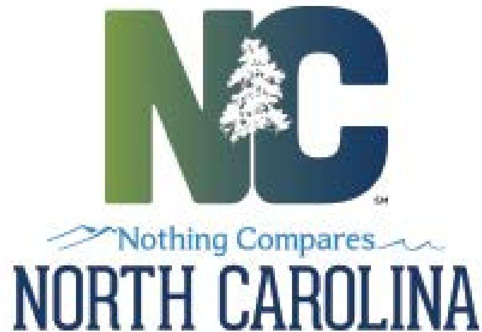

Department of Health and Human Services
Division of Health Benefits

NC Dual Eligibles Advisory Committee

August 23, 2016

Welcome

NC Department of Health and Human Services

Dee Jones

Dave Richard

Agenda

- Introductions
- Proposed Schedule and Timeline
- Meeting Goal
- State and Committee Feedback
- Data Request Follow-up
- Discussion
- Session Break
- Dual Eligibles Service Array
- Duals Whitepaper Summary
- Perspectives from Other States
- Workgroup Activity

Meeting Attendance

Advisory Committee		
Blair Barton-Percival	Abby Emanuelson	Carrie Palmer
Mary Bethel	Keith Greenarch	JoAnne Powell
Vickie Bradley	Kathryn Johnston	Sharnese Ransome
Conor Brockett	Ken Jones	Tim Rogers
Sally Cameron	Dr. Genie Komives	Richard Scott
Hugh Campbell	Dr. Alan Kronhaus	Linda Shaw
Kelly Crosbie	William Lamb	Craig Souza
Rene Cummins	Ken Lewis	Lynette Tolson
Corye Dunn	Frances Messer	Jeff Weegar
Chris Egan	Carol Meyer	
Cindy Ehlers	Benjamin Money	

State Attendees & Public Attendees

Steering Committee

Name	Organization
Blair Barton-Percival	NC Association of Area Agencies on Aging
Mary Bethel	NC Coalition on Aging
Conor Brockett	NC Medical Society
Sally Cameron	NC Psychological Association
Hugh Campbell	NC Association of Long Term Care Facilities
Kelly Crosbie	NC Community Care Netowrks
Cindy Ehlers	NC Council of Community Programs
Ken Lewis	North Carolina Association of Health Plans
Carol Meyer	The Carolinas Center for Hospice and End of Life Care
Tim Rogers	Association for Home Health & Hospice Care of NC
Craig Souza	NC Health Care Facilities Association

Upcoming Meeting Schedule

Meeting	Location	Date
Advisory Committee Meeting	McKimmon Center	August 23, 2016
Steering Committee Meeting	Ashby 115	August 30, 2016
Advisory Committee Meeting	McKimmon Center	September 23, 2016
Steering Committee Meeting	Ashby 115	September 29, 2016
Advisory Committee Meeting	McKimmon Center	October 27, 2016
Steering Committee Meeting	Ashby 115	November 1, 2016
Advisory Committee Meeting	McKimmon Center	November 17, 2016
Steering Committee Meeting	Ashby 115	November 29, 2016
Advisory Meeting	McKimmon	December 20, 2016
Steering Committee Meeting	Ashby 115	January 5, 2017
Advisory Committee Meeting	McKimmon Center	January 26, 2017
Steering Committee Meeting	Ashby 115	February 1, 2017
Advisory Committee Meeting	McKimmon Center	February 23, 2017

Proposed Dual Eligibles Report Timeline

Denotes Advisory Committee Meetings

TASK	DURATION	START	FINISH	RESOURCE
Present Report Timeline		Aug-23	Aug-23	DHHS
Propose Report Structure	24 days	Aug-23	Sep-23	DHHS
Review Provided Information	24 days	Aug-23	Sep-23	Committee
DEAC Written Recommendations	40 days	Sep-23	Nov-17	Committee
Work on Report	65 days	Sep-26	Dec-23	DHHS
Send Near Final Report to Team		Jan-03	Jan-03	DHHS
[1]Team Review / Feedback	4 days	Jan-03	Jan-06	All Parties
Revisions based on Team Feedback	3 days	Jan-06	Jan-10	DHHS
Send to DHHS Executive Team		Jan-11	Jan-11	DHHS
DHHS Executive Team Review		Jan-11	Jan-16	DHHS
Final Edits	6 days	Jan-16	Jan-23	DHHS
Submit Report		Jan-31	Jan-31	DHHS

Gantt chart week columns: Aug-15, Aug-22, Aug-29, Sep-05, Sep-12, Sep-19, Sep-26, Oct-03, Oct-10, Oct-17, Oct-24, Oct-31, Nov-07, Nov-14, Nov-21, Nov-28, Dec-05, Dec-12, Dec-19, Dec-26, Jan-02, Jan-09, Jan-16, Jan-23, Jan-30

[1] Team Review consists of the Advisory & Steering Committees along with the DHHS Planning Team

Meeting Goal

Answer the following questions:

1. *How should duals be incorporated into managed care?*
   (Strategies, Plans, Structures, Offerings)
2. *Which duals populations should be included in or excluded from managed care?*
3. *When should the targeted population be incorporated into managed care in relation to the 1115 waiver implementation?*
4. *What are the specific challenges related to the duals population?*

State and Advisory Committee Feedback

What's working well?

- A wide-range of services and supports are available to dual eligibles
  - Emergency Department
  - Specialists
  - Primary Care Physicians
  - Hospitals
  - Home and Community Based Services
- Ability to access those services with little or no cost due to coverage by both Medicare & Medicaid
- Strong network of health care providers

State and Advisory Committee Feedback

What could be improved?

- Care Coordination and Management
  - Too complex for beneficiaries to understand and use
  - Integrated, whole-person care needs improvement
  - Additional and improved beneficiary education is required
  - Transitions between care settings are too difficult
- Better integration across Medicaid and Medicare services
- Access to behavioral health services
  - Too complex for beneficiaries to understand and use
  - Not enough providers and community based resources
- More focus on preventive care and addressing social determinants
- Expansion of provider networks
  - Increased reimbursement rates
  - Incentive programs

State and Advisory Committee Feedback

Better prepared for North Carolinas growing, aging population

- Better access to health services
  - Information and education
  - Service coordination for both clinical and social support
  - Appropriate access to HCBS and/or facility-based care
  - Flexibility for providers to develop compensable, person-centered solutions
- Provide improved health outcomes through whole person care
  - Preventive health care programs and initiatives
  - Social determinants
  - Performance and quality outcomes
  - Emphasis on community-based settings

State and Advisory Committee Feedback

Better prepared for North Carolinas growing, aging population

- Strong alignment and coordination with Medicare services and associated service models
- Greater focus and support for caregivers
  - Information
  - Training / Skill development
  - Respite
- Unify and streamline assessment processes
- Eliminate overutilization and misalignment of services

Data Request Follow-up

Julia Lerche

Session Break

Dual Eligibles Service Array

NC Medicaid Eligibility Group and Medicare Status Crosswalk

MEDICAID ELIGIBILITY GROUP	MEDICAID ONLY	FULL DUAL	PARTIAL DUAL
AGED (MAA)	Yes	Yes	No
BLIND (MAB)	Yes	Yes	No
DISABLED (MAD)	Yes	Yes	No
HEALTH CARE FOR WORKING DISABLED (HCWD/MAD)	Yes	Yes	No
QUALIFIED MEDICARE BENEFICIARIES (MQB-Q)	No	No	Yes
SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (MQB-B)	No	No	Yes
QUALIFYING INDIVIDUAL (MQB-E)	No	No	Yes
WORKING DISABLED (MWD)	No	No	Yes

Duals Whitepaper Summary

- Different Medicare and Medicaid rules and complex patient needs make it difficult to provide a comprehensive, seamless benefits package
- Duals cannot be mandated to enroll in capitated or managed care plans for Medicare coverage
  - Enrollment strictly voluntary
- Many states use managed LTSS (MLTSS) plans to serve duals
  - About half of all the states create programs using MLTSS plans that serve duals
  - Plans often serve both LTSS populations and duals, rather than duals exclusively
  - States mandate enrollment in capitated MLTSS plans for beneficiaries to receive Medicaid LTSS coverage; states must receive CMS approval

Duals Whitepaper Summary (continued)

- MLTSS plans with capitated Medicare health plans (Medicare Advantage) generally have a clearer path to cost savings and better beneficiary experience
- Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage plans that specifically serve the duals population
- To aid in alignment, states often encourage MLTSS plans and general Medicaid contractors to secure Medicare D-SNP contracts

Duals Whitepaper Summary (continued)

Recommendation

- Based on current law, the recommended solution is to contract broadly with Medicaid LTSS plans for duals that also have Medicare Advantage D-SNP contracts
  - Process can be accomplished over several years
- Plans could be extensions of PHPs, distinct entities, or a mix of both
- Enrollment would be mandatory for full duals for Medicaid benefits coordinated with strong efforts to encourage companion D-SNPs in Medicare
- DHHS should continue to work with stakeholders to determine the implementation process

Perspectives from Other States

- Currently performing research and interviews on sample state MLTSS implementations
  - Impact of Managed LTSS on service utilization by sample states
  - Strategic approach taken by sample states
  - Consumer experience in sample states
  - Lessons learned by sample states
- Available soon and will be distributed to the committee

Working Activity

Answer the following questions:

1. *How should duals be incorporated into managed care?*
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