Senior Care Options

Bringing Medicare and MassHealth Together
SCO Objectives

- Align Medicare and Medicaid program and financing incentives via CMS-state partnership
- Establish accountability for delivery, coordination, and management of quality care to high-risk dual eligible seniors through a voluntary managed care model
- Maintain seniors longer in their homes and communities
- Achieve cost savings over time through prevention of disability and deterioration
SCO Milestones

- 2000: CMS-state demonstration MOU
- 2001: Medicare rate development
- 2002: State legislation
- 2003: Joint procurement-
  SCO selection
- 2004: Readiness, 3-way contracting, Enrollments begin
- 2005: MMA – MA-PD applications
- 2006: Special Needs Plan (SNP) status
SCO Authority

- Medicaid: no waiver, 1915(a) state plan option option
- Medicare: initially 222 payment waiver, transitioning into diagnosis-based risk adjustment (waiver ends in 2007)
- MA-PD (now SNPs) with variances:
  - Joint Medicare-Medicaid contracting
  - Financial solvency options
  - Marketing targeted to dual-eligibles
  - Continuous enrollment and coverage
CMS-State Coordination

- Performance Measurement
- Financial Ability
- Marketing and Outreach
- Enrollment
- Complaints and Appeals
- Network Expansion
- Focused Reviews
SCO Highlights

- Centralized Enrollee Record
- 24/7 access to Nurse Case Manager
- Joint CMS-state Medicare-style monitoring
- “Extra” benefits, not routinely available in fee-for-service, to encourage enrollments
- Multiple Medicaid rating categories based on clinical level of need and setting of care
- Ongoing technical support to SCOs for automated enrollment, screening and reporting
SCO Payment Model

- Separate Medicare & Medicaid monthly capitation rates combined at SCO contractor level
- Medicare rates: individual diagnosis-based rates (HCC) by 2007
- Medicaid rates: 24 rating categories = all levels of care in community & NF settings
- Medicaid NF transition incentives to encourage community care
Benefits to MassHealth Seniors

- Choice of PCP and SCO
- Expert coordination/delivery of all acute medical, medical, preventive, BH, and LTC services
- Sign-off on individualized plans of care
- 24/7 nurse case management
- Up-to-date centralized enrollee record
- Quality care consistent with Geriatric standards standards
- Day-to-day accountability of SCOs to CMS & state
More Benefits!

- Part D is covered – with no co-pays or deductibles for pharmacy
- Relief from Medicare paperwork
- Relief from Medicaid screening hurdles
- Flexible services – traditional & otherwise
- Access to vision, hearing, dental, podiatry
- Access to specialized community support through geriatric social services from AAA
Benefits to SCO Network Providers

- Nurse & SW (ASAP) supporting PCPs in Primary Primary Care Teams
- Current CER available 24/7
- Geriatric, behavioral health and other clinical specialty consults within network
- Creative, flexible services for enrollees – whatever PCP determines
- Opportunity for non-traditional contracting beyond fee-for-service limitations
Who Are the SCOs?

- **Evercare:**
  Subsidiary of United Health Care - service area essentially statewide

- **Commonwealth Care Alliance:**
  3 large MD groups & 5 CHCs - service area Greater Boston, North Shore, Springfield

- **Senior Whole Health:**
  Independent network including Caritas Christi & other hospitals in eastern Mass.
Current SCO Status

- High enrollment in underserved, diverse neighborhoods
- Aging industry participating in new SCO service and business
- MMA transition to SNP MA-PD moved SCO demonstration to formal Medicare status, enhanced by CMS “sub-setting” guidance
- Enthusiastic, high-profile bi-partisan support within state government