



LONG-TERM  
QUALITY ALLIANCE

# Integrated Care for Individuals with Dual Eligibility

December 9, 2019  
Kaiser Center for Total Health

Join the conversation:



@LTQA

#IntegratedCare

Sponsored by:

manatt

UPMC HEALTH PLAN

# Draft Goals and Principles for Integrated Care

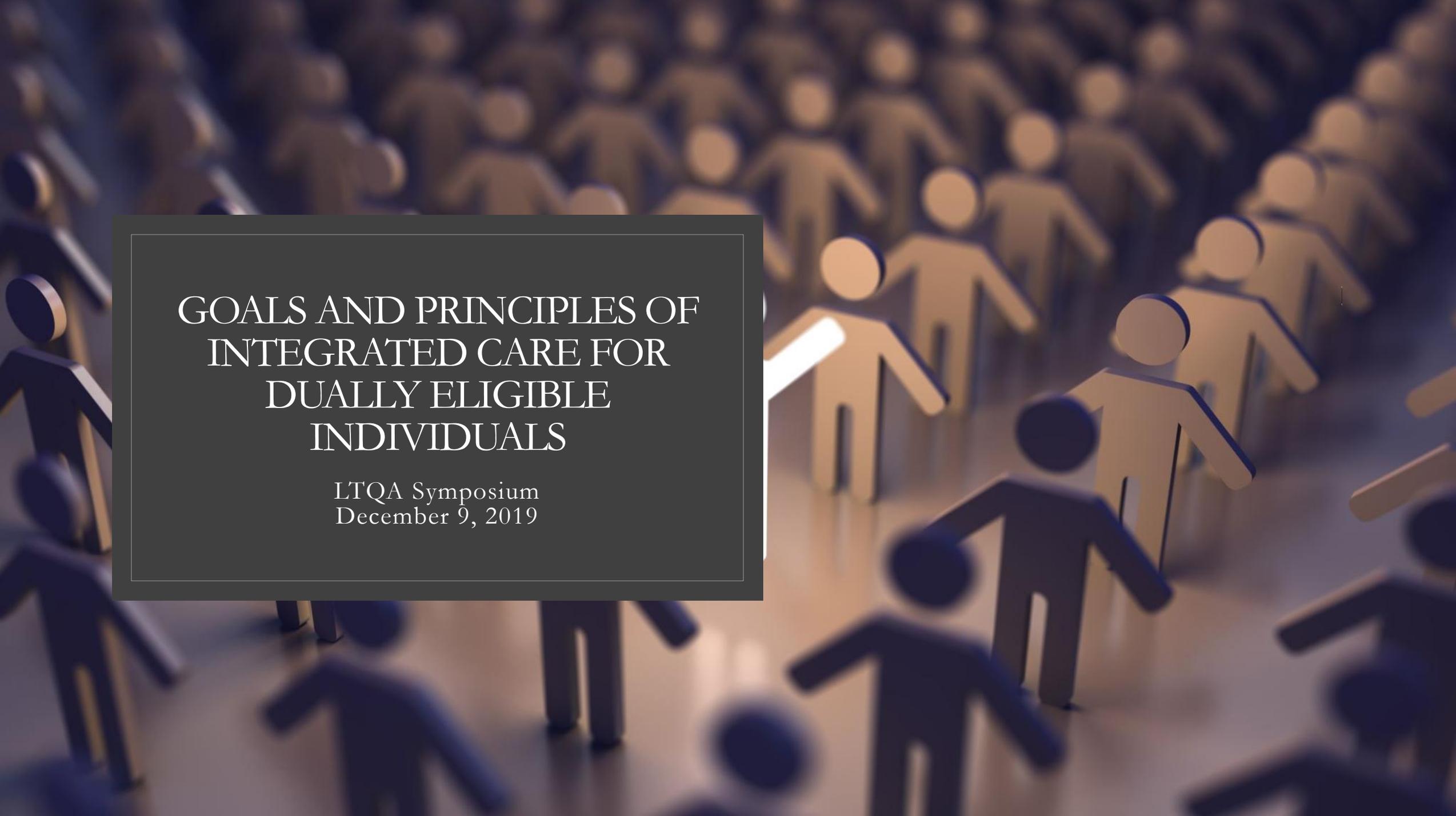


**Mary Kaschak** – National MLTSS Health Plan Association

**Cheryl Phillips** – Special Needs Plan (SNP) Alliance

**Rhys Jones** – America's Health Insurance Plans (AHIP)

**Shawn Bloom** – National PACE Association



GOALS AND PRINCIPLES OF  
INTEGRATED CARE FOR  
DUALY ELIGIBLE  
INDIVIDUALS

LTQA Symposium  
December 9, 2019

# Background



**Shared motivation to document the characteristics of a well functioning integrated care approach**

AHIP, SNP Alliance, National MLTSS Association, and NPA



**Rationale:**

Definitions are lacking

The benefits of integrated care are increasingly understood and embraced among policy makers, health plans, providers and consumers yet the concept is not well documented

The benefits are recognized but the essential elements of integrated care are not widely understood



**Developed through collaboration and consensus**

**Intended to guide policy discussions and activities moving forward**



# Integrated Care

- Traditional FFS Medicare and Medicaid programs are uncoordinated, fragmented, unaligned and poorly coordinated.
- Integrated care seeks to **understand** and **address** the **holistic needs** of individuals with significant needs
- Requires the **alignment of payments, policy, regulation, enrollment and service delivery** across the full spectrum of services through a single entity that is fully accountable for coordination of services and outcomes
- Includes **sharing of information across settings, providers and payers** in a manner that supports individual's choices and well being
- Has the **greatest potential for positive impact on individuals dually eligible for Medicare and Medicaid** who must navigate the fragmented spectrum of primary, acute, post-acute and behavioral care

# Goals of Integrated Care

- **Enhanced beneficiary outcomes** in health, independence, quality of life and satisfaction
- **Increased ability to live independently** in a **setting of their choice**
- **Improved access to and coordination of services** across all engaged programs and providers
- More **effective** and **efficient** care delivery
- **Aligned incentives** (payment, regulatory oversight, and service models) for payers, providers, states and the individual

# Principle 1: Holistic and Person-Centered Care

The integrated entity:

- **Earns trust** of individuals and their chosen support person(s) through truly **person-centered planning** that engages the individual and respects individual goals and preferences.
- Takes into account and **supports the goals and preferences** of the individual.
- **Provides useful information** regarding choice of health plan, self-direction and provider-based service option to allow individuals and their chosen support person(s) to make informed decisions based on both cost and quality outcomes that align with their goals and preferences.
- **Engages individuals and their chosen support person(s)** in choices of services and service providers.
- **Respects the individual's decisions** as to what level of risk they choose to accept and incorporates that into a care plan

# Principle 2: Integrated Care is Seamless

- An integrated approach should appear as, and be, experienced by the individual as a **single entity covering the range of physical health, behavioral health, and LTSS** to which the person is entitled. It should be **accessible, understandable** and **easy to navigate**.
- An integrated entity:
  - operates as a single entity that is responsible and accountable for all covered services.
  - coordinates care across the full spectrum of services and supports to which the person is entitled – covers and coordinates medical, behavioral, and long-term services and supports.
  - coordinates through or with a cross-disciplinary care team.

# Principle 3: Integrated Care is Efficient and Sustainable

- Integrated approaches **align incentives** through comprehensive payment structures to **promote efficient and improved resource use** across the continuum of care.
- An integrated entity:
  - has the **flexibility** to provide non-traditional Medicare/Medicaid benefits and manage care in a person-centered way to optimize individual's care outcomes.
  - strives to **maximize value** in the use public resources by making the most efficient use of resources to manage care that improve health and quality of life outcomes, or maintains and supports functional needs of individuals, while attaining desired outcomes for the individual.
  - **improves care** for individuals with complex care needs by improving home- and community-based services and supports and reducing avoidable medical events requiring institutional placement, including emergency room visits, hospitalizations and nursing home admissions.
  - **shares savings** from reduced health care expenditures with states and the federal government to ensure continued alignment of incentives.

# Principle 4: Integrated Care is Accountable and Measurable

An integrated entity:

- Is **accountable** to individual members, states, and the general public for
  - outcomes of importance to the individual,
  - cost effective use of state and federal resources.
- Achieves **outcomes that are better than what individuals receive outside of integrated care** measured on a regular basis, by a consistent set of outcome-based quality measures across all integrated entities.
- **Generates data that allows for measurement** of quality and cost performance and outcomes that can support consumer decision making, government monitoring and comparison to non-integrated device options.

**Shawn Bloom**

President and CEO

National PACE Association

[shawnb@npaonline.org](mailto:shawnb@npaonline.org)

**Mary Kaschak**

Executive Director

National MLTSS Health Plan Association

[mkaschak@mltss.org](mailto:mkaschak@mltss.org)

**Cheryl Phillips**

President and CEO

SNP Alliance

[cphillips@snpalliance.org](mailto:cphillips@snpalliance.org)

**Rhys Jones**

Vice President of Medicaid Advocacy

AHIP

[rjones@ahip.org](mailto:rjones@ahip.org)