

Managed Long-Term Services and Supports (MLTSS) Site Visit Results

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Medicaid and CHIP Payment and Access
Commission

Kristal Vardaman

The Medicaid and CHIP Payment and Access Commission (MACPAC) is a non-partisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide array of issues affecting Medicaid and the State Children's Health Insurance Program (CHIP).

MACPAC Publications on LTSS

- June 2011 report on the evolution of managed care in Medicaid
- March 2012 report chapter on persons with disabilities
- March 2013 report chapter on dually eligible beneficiaries
- June 2014 report chapter on LTSS
- State policy compendia on nursing facility payment methods
- MACStats data figures on LTSS users

MLTSS Overview

- An increasing number of states are choosing to deliver LTSS through arrangements with managed care organizations (MCOs).
- MCOs are responsible for providing the broad range of LTSS services within the capitated rate they receive from the state.
- The number of states with MLTSS programs has increased rapidly in recent years, with additional states showing interest in developing programs.

MLTSS Site Visits

In August and September 2014, MACPAC staff conducted five state site visits to states with MLTSS programs.

Our goals were to:

- educate staff on MLTSS
- identify policy questions for future inquiry
- inform the Commission's deliberations on the changing LTSS landscape

MLTSS Site Visits

- The states we visited were Arizona, Florida, Illinois, New York, and Wisconsin.
- States were chosen to include variation in implementation stage and program design, and for geographic diversity.

MLTSS Site Visits

- In each state, MACPAC and Mathematica staff met with a variety of stakeholders.
 - state Medicaid officials
 - plan representatives
 - provider association representatives
 - beneficiary advocates
- Following the site visits we identified key themes within each state and across states.

Site Visit Themes

Each MLTSS program is unique; states made different design choices in a number of areas:

- populations covered
- mandatory versus voluntary enrollment
- stand-alone MLTSS versus comprehensive Medicaid managed care plans
- geographic reach
- number and type of managed care organizations

Site Visit Themes

States' MLTSS program configuration was influenced by a variety of factors, including:

- executive leadership
- legislation
- existing LTSS infrastructure
- stakeholder input

Site Visit Themes

All states with recent MLTSS transitions phased in enrollment by region.

- Each of the transition states first introduced their programs in large population centers and later expanded to rural regions.
- CMS guidance strongly encourages a phased approach.

Site Visit Themes

In states with recent transitions, preparation of the provider community was a major challenge.

- The provider community had to undergo a shift from one to several payers.
- States and plans employed a number of strategies to assist in the transition to new billing requirements.

Site Visit Themes

States implemented a number of transition protections, but service changes remained a source of dispute for advocates.

- Protections included requiring maintenance of services, providers, and payment levels for a set period of time.
- The mix of protections and the time during which they remain in place vary by state.

Site Visit Themes

The accuracy of provider directories was a source of frustration for beneficiary advocates.

- Arizona, Florida, and Wisconsin reported conducting ad-hoc “mystery shopper” calls to verify that providers are accepting new patients.
- Plan representatives reported that keeping this information up to date is a challenge for all plan types, not just MLTSS or Medicaid plans.

Site Visit Themes

States use a mixture of staff and vendors to administer and oversee MLTSS programs.

- States emphasized that the skills needed to administer MLTSS differs from what was needed to administer LTSS benefits under fee-for-service.
- Some states hired additional staff.
- In other cases, resource constraints required the use of contractors.

Site Visit Themes

States' performance measurement strategies varied, but states with longer MLTSS experience employed more financial penalties.

- States often work in collaborative manners with plans to address performance issues.
- Illinois was just beginning to use data to identify outliers and investigate patterns.
- Arizona and Florida described financial sanctions used for a variety of deficiencies.

Site Visit Themes

All states reported that strong partnerships with stakeholders are integral to a successful program.

- In New York, state Medicaid staff met monthly with plans and advocates, and convened councils and work groups on key issues.
- In Wisconsin, stakeholders described state Medicaid staff as accessible and collaborative.

Site Visit Themes

Stakeholders identified challenges that are likely to persist past implementation.

- Duplication of case management for stand-alone LTSS plans can cause communication challenges and confusion.
- Many stakeholders noted a need for better ways to assess plan quality.
- Transportation services were a concern across states.

Policy Questions

- How similar or dissimilar are level of care determinations across states?
- What are the advantages and disadvantages of having LTSS stand-alone plans versus integrated plans?
- What quality measures would improve oversight of MLTSS programs?
- How will HCBS and managed care regulations affect existing and future MLTSS programs?

Ongoing MACPAC Work

MLTSS issues integrated into our LTSS work:

- reviewing uniform assessment tools for eligibility and care planning
- monitoring HCBS quality measurement initiatives
- understanding assisted living payment and coverage policies
- determining how HCBS and managed care regulations may affect the breadth of options MLTSS programs provide



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