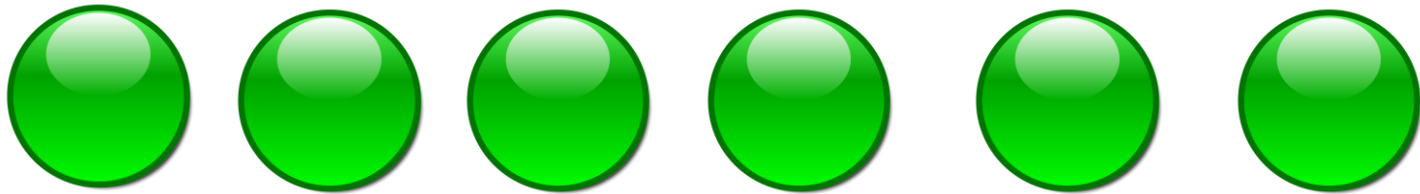# Neighborhood INTEGRITY MMP
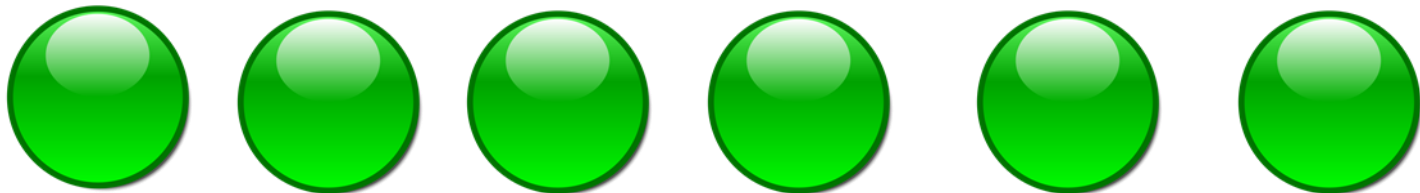## RIPIN 9.16.16

# Agenda

➢ **Overview of INTEGRITY**

➢ **Coverage Documents**

➢ **Carved Out Benefits**

➢ **Continuity of Care**

➢ **Provider Directory and Formulary**

# INTEGRITY Overview

# NEIGHBORHOOD:
## History and Background

- Incorporated as an HMO in 1993

- Founded by RI's Community Health Centers

- Serve majority of RI Medicaid managed care participants
  - 6 distinct groups: Children & families, Children with special health care needs, Children in substitute care, Adults with disabilities, Expansion and Medicare/Medicaid
  - Also participating in Exchange – Individual and SHOP
    - 50% market share in the Individual Exchange

- Recently received the Quality Achievement Honor from NCQA during their 25th Anniversary celebration

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# DUAL ELIGIBLES

- A longstanding barrier to coordinating care for Medicare-Medicaid enrollees has been the financial misalignment between Medicare and Medicaid.

- To begin to address this issue, CMS is testing models with States to better align the financing of these two programs and integrate primary, acute, behavioral health and long-term services and supports for their Medicare-Medicaid enrollees.

- Dual eligibles tend to have very low incomes and limited assets. Many of these beneficiaries have multiple chronic conditions, one or more of which may result in a hospitalization or a nursing facility stay. These services are often fragmented and difficult to navigate.

# INTEGRATED CARE INITIATIVE
## Overview

- The goal of Rhode Island's Integrated Care Initiative (ICI) is to improve the care and quality of life for elders and adults with disabilities who are eligible for both Medicare and Medicaid.

- ICI is being implemented in two phases.
  - **Phase I started November 2013** - Medicaid benefits including long-term services and supports (LTSS)
    - Neighborhood's product name is Unity
  - **Phase II -** will add Medicare benefits
    - Neighborhood's product name will be Integrity

# INTEGRATED CARE INITIATIVE
## Goals

- Person-centered care

- Coordination of primary and acute care, behavioral health care and long-term services and supports

- Improve or maintain health and quality of life

- Improve transitions of care from the hospital or nursing home back to member's home

- Rebalance the long-term care system to support home and community-based living vs. institutional care

- Align financial and quality incentives to improve care

# What is INTEGRITY?

Single health plan meeting unique needs of each member as a Whole

Seniors and adults with disabilities with both Medicare and Medicaid coverage

Called "dual eligibles" or "duals"

Provides members with a better care experience with better coordination of benefits and services

Individual care plans provide customized service delivery

Person-centered Model of Care

Provides all **acute** and **long term services** for enrollees

# INTEGRITY ELIGIBILTY

- EOHHS determines eligibility

- Must have permanent residence in the state of Rhode Island for at least 6 months of year

- Must have full Medicaid + Medicare Part A & Part B

- Cannot be enrolled in Hospice at time of enrollment

- Cannot be a resident of Eleanor Slater, out-of-state hospital

- Cannot be incarcerated

# Eligibility

## Two Enrollment Waves:

Opt-in (Non-UNITY members)  →  Passive enrollment

# OPT IN GROUPS

## Neighborhood Unity +

- Medicare Advantage
- Commercial Coverage (includes Medigap/supplemental plans)
- *Also any Unity member who chooses to join*

## Medicaid FFS

- Original Medicare & PDP
- Medicare Advantage
- Commercial Coverage (includes Medigap/supplemental plans)
- PACE-*does not receive a letter*
- FFS members who opted out of Unity

# UNITY MEMBERS ELIGIBLE FOR PASSIVE ENROLLMENT

Unity +
Original Medicare
& PDP

Unity +
Medicare ACO

# ICI PHASE 2 Implementation Timeline

## Initial ICI 2 Enrollment Schedule

| Enrollment Type | Wave | Effective Enrollment Date | 1st Notice | 2nd Notice | Populations to Receive Letters | | | | | Number of People |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Nursing facility | Community LTSS | Community no LTSS | SPMI | I/DD | |
| Opt-In | 1 | Jul 1 | Jun 1 | | x | x | x | x | x | 500 |
| | 2 | Aug1 | Jul 1 | | x | x | x | x | x | 3,693 |
| | 3 | Sep 1 | Aug 1 | | x | x | x | x | x | 3,694 |
| Total Opt-In Enrollment | | | | | x | x | x | x | x | 7,887 |
| Passive Enrollment/ Opt-Out | 4 | Oct 1 | Aug 1 | Sep 1 | x | | | | | Up to 17,500 |
| | 5 | Nov 1 | Sep 1 | Oct 1 | | x | x | | | |
| | 6 | Dec 1 | Oct 1 | Nov 1 | | | x | | | |
| | 7 | Jan 1 | Nov 1 | Dec 1 | | | x | | | |
| | 8 | Feb 1 | Dec 1 | Jan 1 | | | | x | | |
| | 9 | Mar 1 | Jan 1 | Feb 1 | | | | | x | |

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# What is **INTEGRITY?**



Medicare

**+**
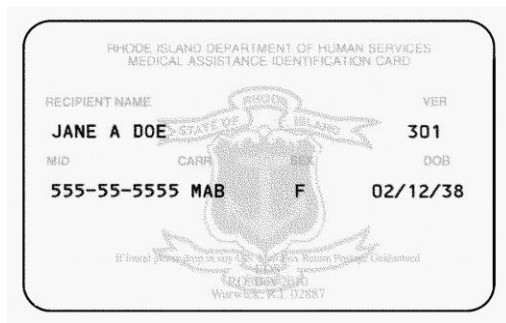
Medicaid / LTSS

**+**

Part D (Rx coverage)

**=**
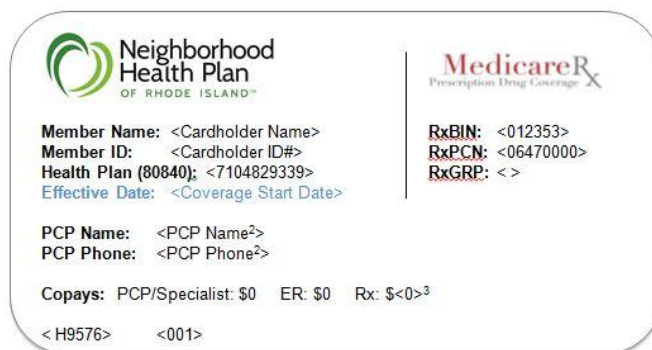
# INTEGRITY Benefits

Comprehensive Medical

Behavioral Health

Medicare Part D and OTC
(Over the Counter drugs)

Preventive
Benefits

LTSS
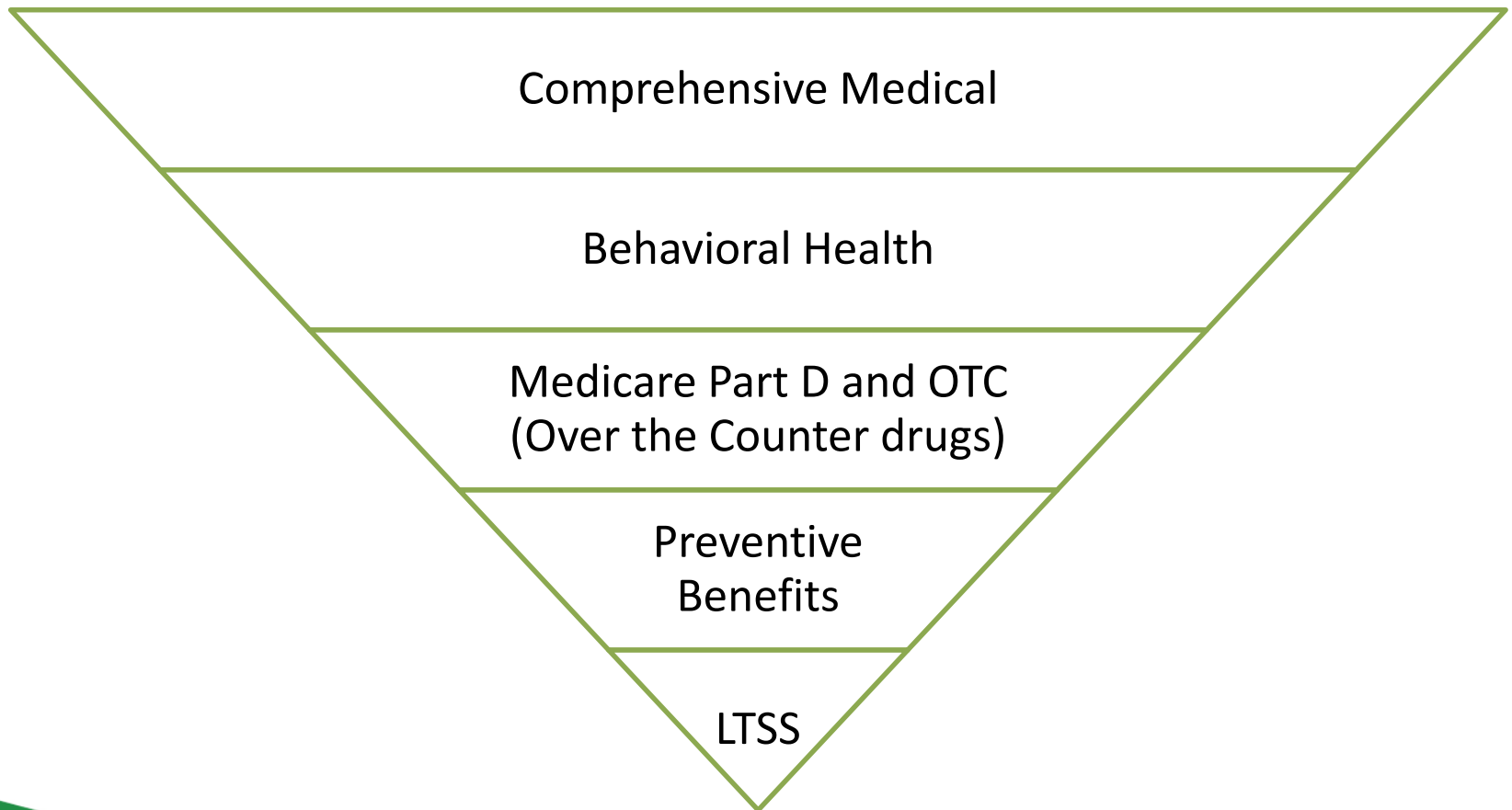
# Comprehensive Medical

- Acute Inpatient
- Skilled Nursing Facility
  - no requirement for 3 day hospital stay
  - # days defined by need
- Outpatient Hospital Services
- Primary and Specialty Care

- Emergent and Urgent Care
- DME, Lab
- CT, MRI, X-Ray
- Hearing Aids, Eyeglasses, Routine Podiatry

# Behavioral Health

- Inpatient Psychiatric

- Outpatient Mental Health & Substance Abuse

- Partial Hospitalization

- Court ordered

- MHPRR (Mental Health Psychiatric Rehabilitative Residence)

- ACT (Assertive Community Treatment)

- IHH (Integrated Health Home)

- MH/SUD Residential Treatment

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# Integrity Pharmacy Benefit

What's covered under the Integrity Pharmacy benefit?

- Formulary – very different from Medicaid formulary
  - Part D drugs
  - Medicaid drugs (OTCs)
  - No *mandatory* generics first
  - Fewer PA's and SE's
- No Copays, deductibles, or "donut hole"

# Integrity Pharmacy Benefit

Where can I find out what drugs are on the Integrity Formulary?

- NHPRI website (www. NHPRI.org) - Click on **Medicare-Medicaid/Pharmacy Benefits/List of drugs covered**.
    - Searchable by drug name (brand and generic) or drug class
    - Listings include PA/SE/QL restrictions
- Call NHPRI Member Services for list **(1-844-812-6896 TTY 711)**

# Integrity Pharmacy Benefit

What happens if the patient needs a drug that is not on the Integrity Formulary?

- Transition period
  - Part D one 30 DS within the 1st 90 days
  - Medicaid (ADD file and OTCs) up to 90DS within 1st 90 days
- After Transition period – Coverage determination (Medical Exception/PA)

# Integrity Pharmacy Benefit

- How do I request Coverage Determination (CD) ?
  - CD Request form available on web – Single form
    - Very different from forms used for Medicaid
    - Be sure to go to the Medicare – Medicaid section for proper form
    - Submit form via fax number on CD form
  - Option to call Member Services for assistance (1-844-812-6896 TTY 711)

# Integrity Pharmacy Benefit

What Pharmacies are in the Integrity Network?

- Generally the same as our Medicaid Network
- Go to NHPRI website and click on Medicare-Medicaid/Find a Provider or Pharmacy
- Searchable Pharmacy Locator – search by Pharmacy name or zip code
- General information about hours of operation, telephone number, address, languages available included in listing

# Integrity Pharmacy Benefit

What else?

- Medication Therapy Management (MTM)
  - Administered by our PBM (PerformRx)
  - Only offered to patients who meet CMS requirements
  - Opt out program
  - Communication may be sent to Providers

# Non covered

- Experimental procedures

- Abortion services except to preserve the life of the woman or in cases of rape or incest

- Private room in hospitals unless medically necessary

- Cosmetic surgery

- Medications for sexual or erectile dysfunction

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# Integrated and Coordinated Care for the WHOLE Person
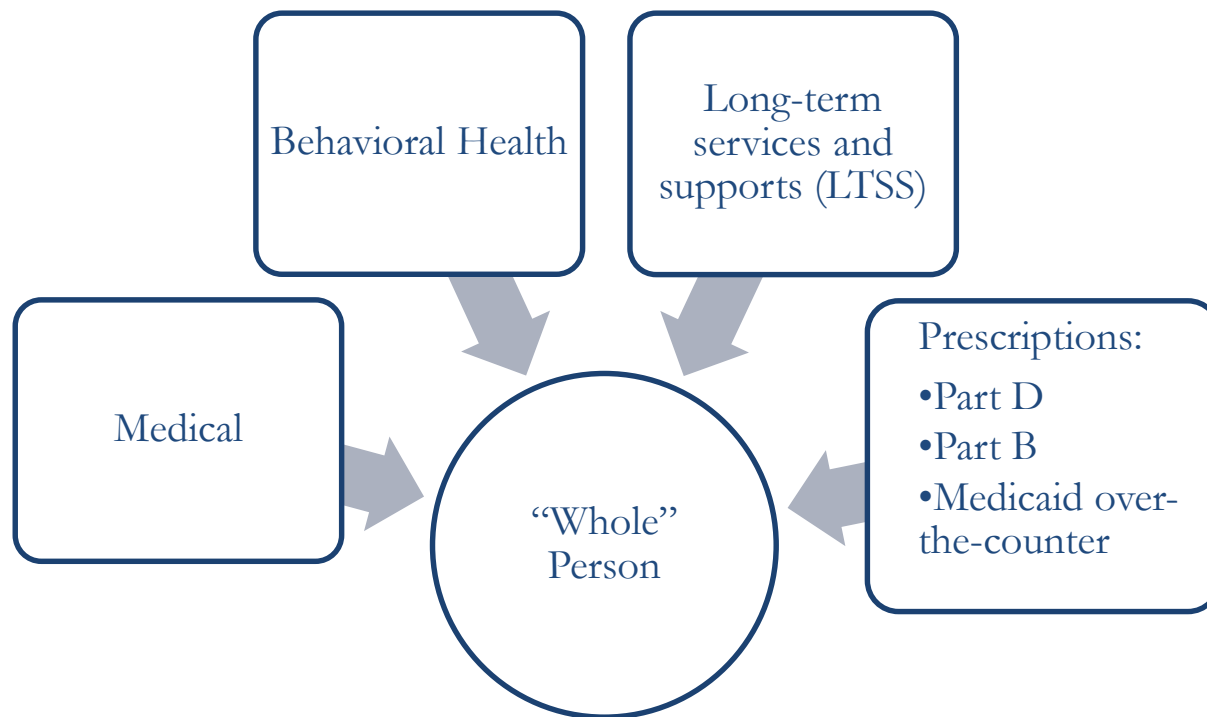
# Case Management Overview

The goal is to work with our members and community partners to help members achieve their highest level of health and well-being in the most appropriate setting.

Members are involved in all phases of assessment and plan of care development. Plans of care are shared with home care agencies and any other members of Interdisciplinary Care Team ( ICT)

Lead Case Managers conduct comprehensive functional needs assessment to determine the amount of home care services needed. If an OASIS has been done, we request a copy so as not to duplicate assessment efforts. The LCM then makes referrals to agencies.

Once an agency accepts referral, they need to contact UM department for authorization number.

# Additional Neighborhood Staff

**Housing Specialist**: works with member to find appropriate housing if previous home no longer available

**Rehab Specialist**: PT to do home risk assessments, ensure equipment needs are met

**Social Workers**: to address psycho/social needs

**Peer Navigators**: to assist with accessing community resources

**Pharmacist**: to conduct medication reconciliation

**Community Transitions Services**: one time assistance with security deposits, furniture, household items for new apart.

# Balance Billing

- Balance billing occurs when a Medicare provider bills a Qualified Medicare Beneficiary (QMB), usually a patient who qualifies for both Medicare and Medicaid, for the difference between the Medicare reimbursement rate and the cost of the service.

- Under federal law, providers are not allowed to bill these low-income patients, but the prohibition is frequently misunderstood or ignored. Since last summer, CMS has reminded providers of the balance billing rules and the practice's negative effects on beneficiaries in a report, notice, call letter, and in the federal register (46406-7).

Justice In Aging

Neighborhood
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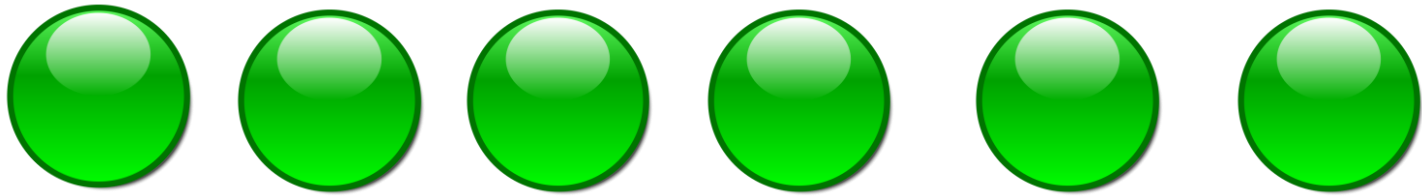OF RHODE ISLAND™
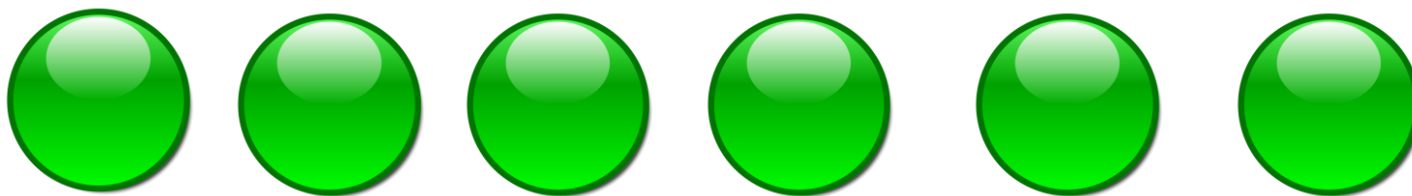
# INTEGRITY Coverage Documents

# Integrity Coverage Documents

All documents are located on Neighborhood's website: nhpri.org.

- Clinical Medical Policies:(CMP)
- Prior Authorization Reference Guide

Contact Member Services for specific questions regarding your members coverage.

# Carved Out Benefits

# Carved Out Benefits

- **Hospice Care** *-For hospice services and services covered by Medicare Part A or B that relate to a terminal prognosis:* The hospice provider will bill Medicare for the services. Medicare will pay for hospice services related to terminal prognosis. The member pays nothing for these services.

  *For services covered by Medicare Part A or B that are not related to a terminal prognosis* (except for emergency care or urgently needed care): The provider will bill Medicare for the services. Medicare will pay for the services covered by Medicare Part A or B. The member pays nothing for these services.

  *For drugs that may be covered by Neighborhood INTEGRITY's Medicare Part D benefit:* Drugs are never covered by both hospice and our plan at the same time.

  For more information, please see Evidence of Coverage @ www.nhpir.org

# Carved Out Benefits

## Dental

- Regular dental care, such as cleanings, fillings or dentures, are covered by Rhode Island Medicaid.

- However, dental care required to treat illness or injury may be covered by the plan as inpatient or outpatient care.

- Call Neighborhood INTEGRITY at 1-844-812-6896 TTY/TDD: 711 for questions on whether the plan or Rhode Island Medicaid covers the dental services you need or if you need help finding a dentist.

# Carved Out Benefits

## Non-emergency transportation

- Members may be eligible for a no-fare or reduced fare RIPTA bus pass. To get a no-fare or reduced fare RIPTA bus pass, members can visit the RIPTA Identification Office at One Kennedy Plaza, Providence, RI 02903.

- If you are unable to use a RIPTA bus pass, Rhode Island Medicaid covers non-emergency transportation services through LogistiCare. If you need non-emergency transportation, call LogistiCare at 1-855-330-9131 (TTY 1-866-288-3133) or Neighborhood INTEGRITY at 1-844-812- 6896 TTY/TDD: 711.

- You may ask for urgent care transportation 24 hours a day, seven days a week. Transportation for non-urgent care must be scheduled at least two business days before your appointment.
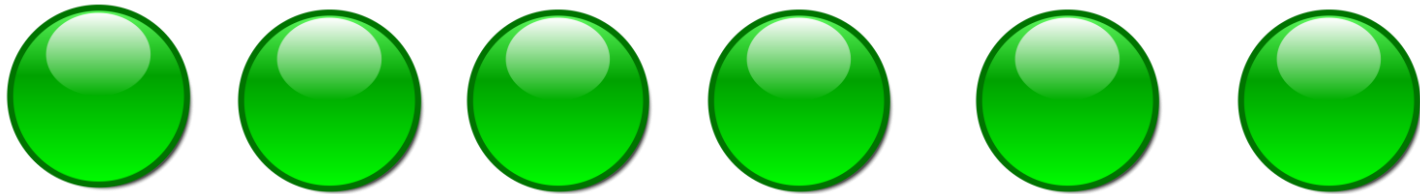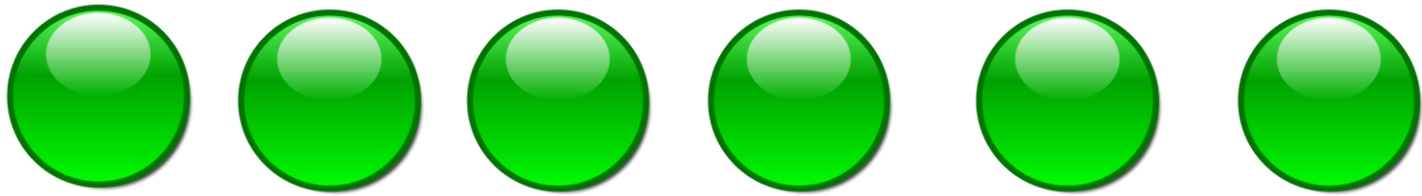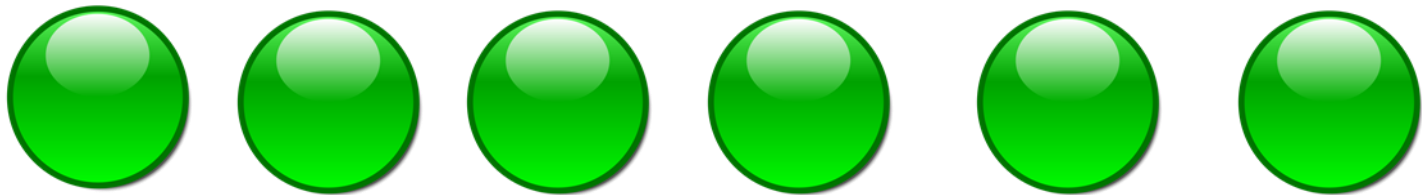
# Continuity of Care

# CONTINUITY OF CARE

- Neighborhood seeks to minimize the disruption to members' care during the transition into the MMP

- For this reason members will be able to maintain current providers and service levels at the time of enrollment for at least six months after enrollment
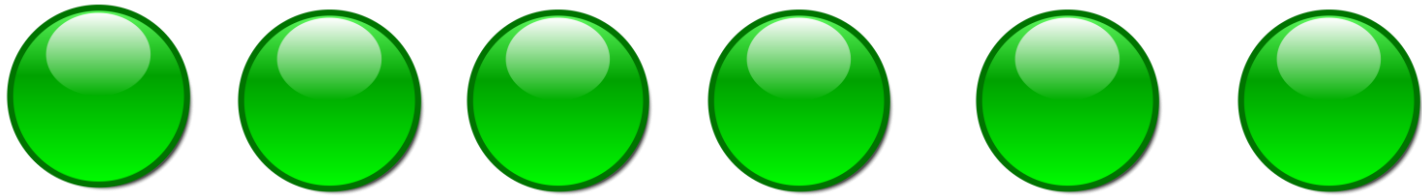
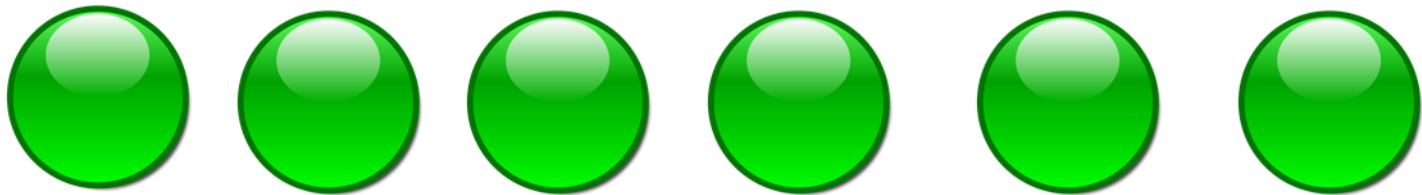# Provider Directory and Formulary

## Find a Provider or Pharmacy

Neighborhood has a large network of providers available 24 hours a day/7 days a week, including over 1,350 primary care providers, 4,000 specialists, 4,000 behavioral health doctors and access to every hospital in the state.

**To see our list of doctors, you can search our Provider & Pharmacy Directory.**

https://www.nhpri.org/Portals/0/Uploads/Documents/Medicare-Medicaid/2016_INTEGRITY_ProviderDirectory.pdf

# Contact Information

# Contact Information

- Medicare-Medicaid Enrollment Line 1-844-602-3469 (TTY 711) Hours: Mon – Fri 8:30am - 7:00pm, Sat 9:00am -12 noon.

- The POINT/Medicare-Medicaid Counselors (401) 462-4444 (TTY 711) Hours: Mon, Wed, Fri 8:30am – 4:00pm Tues, Thurs 8:30am – 8:00pm, Sat 8:30am -12 noon.

- Neighborhood Health Plan of RI, Member Services 1-844-812-6896 (TTY 711) Hours: 8:00am – 8:00pm Mon-Fri, Sat 8am-12 noon. www.nhpri.org