

Alabama Integrated Care Network

September 19th, 2016



Meeting Agenda



Time	Topic	Objective
10:00-10:10	Welcome and Introductions	
10:10-10:25	Stakeholder Round One Review	Provide outcomes and review key themes from round one of community forums.
10:25-11:10	Review of Key Concepts	Review proposed key tenets of program.
11:10-11:30	Stakeholder Round Two	Inform workgroup of Round Two schedule and format.



ICN Program Development Timeline –

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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2016

Phase I: AMA Planning

- Address key program design concepts
- Think about rule making and look at specific requirements and laws

Phase II: Stakeholder Engagement

- Get input from key stakeholders
- Identify an ICN QAC
- Initiate Waiver and Concept Paper development

2017

Phase III: Waiver, Contract, and RFP Development

- Develop and release Concept Paper
- Collect and process comments
- Finalizing RFP and Contract

Phase IV: Procurement

- Release RFP
- Responses are due
- Agency review

04/01/17 Establish ICN rules

2018

Phase V: Readiness and Implementation

- Award notice
- Submit docs
- Desk reviews
- On-site reviews
- Complete readiness review

Phase VI: Transition

- Member outreach, readiness, enrollment, and transition

04/01/18 Initiate competitive procurement

10/01/18 ICN to deliver services

— Indicates legislation milestones

*Disclaimer: Subject to change

Stakeholder Forums: Round One



Meeting Outcomes

- Stakeholder Meetings attracted over **500 attendees** across all nine sites, including
 - **Consumers/Caregivers**
 - **Providers** – including AAAs, Nursing Home Providers and HCBS providers
 - **Advocacy Organizations**
 - **Community Members** – Silver Haired Legislators, Senior Center attendees
- Over **200 formal questions** were provided during the meeting or via comment cards
- Agency responses are being finalized and will be posted on the agency website
- Over **90 comments** were received, frequent subjects included:
 - Covered services
 - The role of current providers
 - Best practice suggestions in clinical and quality areas
- A filmed version of the presentation is available on the agency website, as are all slides and handouts for those who were unable to attend, or wish to review the presentation.



Mobile Meeting

Emergent Themes

• Eligibility/Enrollment

- Will enrollment in the ICN be mandatory?
- Will eligibility requirements change, will eligibility processes change?
- Who is eligible and how will they enroll?

• Covered Services

- Will there be any expansion of HCBS?
- Will Hospice be covered?
- Will Non-emergency transportation be covered?
- Can the ICNs cover services not currently covered by Medicaid?

• Care Coordination

- Where do AAAs and current Case Managers fit in the ICN program?
- How large will caseloads be and how frequently will members be contacted?
- What protections will exist to ensure conflict free case management?
- How will care coordination work in the Nursing Home setting?



Huntsville Meeting



Emergent Themes Continued

• Provider Networks

- How will ICNs overcome the shortage of key providers across the State? (Primary Care, Transportation, Respite, etc.)
- Will ICNs be required to work with current providers, including local providers?
- How will ICNs work with RCOs, including transfers?

• Payment Rates

- Will payment rates change to reflect the changing needs and higher acuity of Consumers?
- What protections will be implemented to ensure needed services are not rationed for financial gain?

• Procurement/Contracting

- What type of entities will be eligible to become an ICN?
- Will ICNs be required to be a non-profit?
- Do direct service providers have to contract with RCOs and ICNs separately?

• Quality

- What quality standards are being used?
- Is AMA researching other State and Federal quality programs?

ICN: Proposed Key Concepts



These are the Agency's *proposed* key design decisions for the ICN program. These decisions only represent the Agency's current thinking on these outlined issues and should not be construed as a final determination. The Agency will use stakeholder and CMS feedback in finalizing the structure of the ICN program.



ICN Governance	
Issue	What are the Agency requirements for the composition of an ICN's governing board?
Proposed Decision	<p>The ICN statute requires the governing board of each ICN be comprised of 20 members – 12 risk bearing members and 8 non-risk bearing members. The Agency may require that at least 6 of the 12 risk-bearing members and at least 4 of the 8 non-risk bearing members are or represent long-term care services or medical care providers that serve or intend to serve the enrolled ICN beneficiaries (a total of 10 provider members).</p> <p>The Agency may require the 6 at-risk provider members to collectively contribute at least 50% of the ICN's capital and surplus (see issue 3 for additional information).</p>

Proposed Key Concepts: ICN Profit Status



ICN Profit Status	
Issue	Will the Agency require an ICN to be a non-profit entity?
Proposed Decision	<p>The Agency may require ICNs to be non-profit entities.</p> <p>If an ICN is a for profit entity, certain portions of its covered services would be subject to the Affordable Care Act's (ACA) health insurance providers fee. This fee must be built into the ICNs' capitated payment, according to CMS managed care regulations. Therefore, the burden of paying this fee falls on the State. Unless the Agency can assure beneficiary care is less costly than under the currently existing healthcare delivery system if ICNs operate as for-profit entities, the Agency may require ICNs to operate as non-profit entities.</p>



ICN Finance	
Issue	What are the solvency and capital investment requirements for ICNs?
Proposed Decision	<p>The Agency anticipates the total solvency and capital investment requirement will be \$26,000,000.</p> <p>Capital and Surplus: \$5,000,000. This amount may be met with cash, capital, or other assets.</p> <p>Reserves: Twenty-five percent (25%) of the ICN's total monthly capitated payment from the Agency. The Agency projects this reserve amount to be \$21,000,000. This amount may be met with cash, capital, other assets, letter of credit, performance bond, or any combination thereof that complies with Agency and statutory requirements.</p>

Proposed Key Concepts: ICN Coverage



ICN Coverage	
Issue	Do the ICNs have to operate statewide?
Proposed Decision	The statute defines ICNs as statewide organizations.

Proposed Key Concepts: ICN Program Structure



ICN Program Structure	
Issue	How many ICNs will there be?
Proposed Decision	The number of ICNs will be based on actuarial soundness as determined by the Agency. If supported by actuarial soundness, the Agency anticipates awarding at least two but no more than three qualified ICNs, in order to meet CMS choice requirements.

Proposed Key Concepts: Inclusion of Dual-Eligible Members into ICNs



Inclusion of Dual-Eligible Members into ICNs	
Issue	Are dual eligible populations included in the ICN program?
Proposed Decision	The Agency is considering including dual eligible individuals who meet the nursing facility level of care in the ICN program but only to the extent currently covered by Medicaid – not Medicare.

Proposed Key Concepts: ICN Incorporation of Dual Special Needs Programs (D-SNP)



ICN Incorporation of Dual Special Needs Programs (D-SNP)

Issue	What are the role of D-SNPs in the ICN program?
Proposed Decision	A D-SNP may contract with an ICN subject to Agency approval.

Proposed Key Concepts: ICN Impact on D-SNP (MIPPA) Contracts



ICN Impact on D-SNP (MIPPA) Contracts	
Issue	Will the Agency need to amend the current D-SNP contracts?
Proposed Decision	The Agency may amend D-SNP contracts to require the organizations submit encounter data on all Medicare claims to the Agency.

Proposed Key Concepts: ICN Enrollment



ICN Enrollment	
Issue	How will beneficiaries be enrolled into an ICN?
Proposed Decision	Enrollment in an ICN will be mandatory only if there is more than one certified ICNs serving beneficiaries. Otherwise, eligible beneficiaries will be passively enrolled in an ICN. Once a beneficiary enrolls or is enrolled in an ICN, the Agency anticipates locking that beneficiary into an ICN for one year.

Proposed Key Concepts: ICN Covered Populations



ICN Covered Populations	
Issue	Which Long Term Services and Supports (LTSS) groups will be covered by the ICN in relation to current operational LTSS programs?
Proposed Decision	<p>The Agency proposes including in the ICN program all beneficiaries who meet the nursing facility level of care requirements and who are deemed to be in need of and are receiving such services for more than 90 days, including:</p> <ul style="list-style-type: none">• Nursing facilities,• Elderly and Disabled Waiver,• State of Alabama Independent Living (SAIL) Waiver,• Technology Assisted Waiver for Adults,• HIV/AIDS Waiver,• Alabama Community Transition (ACT) Waiver.

Proposed Key Concepts: ICN Covered Services



ICN Covered Services	
Issue	What services will be covered by the ICN?
Proposed Decision	<p>Some of the services to be covered by ICNs include:</p> <ul style="list-style-type: none"> • Hospital inpatient and outpatient care • Emergency Room • Primary and Specialty care • FQHCs/RHCs • Lab/Radiology • Mental/Behavioral Health • Eye Care • Home Health • Hospice • Nursing Home Care • Home-and community-based services provided within included waivers <p>• Pharmacy is a Medicaid-covered service, but will not be part of the ICN program.</p>

*A full list of proposed ICN covered services can be found on the Agency website

Proposed Key Concepts: CMS Waiver Authority



CMS Waiver Authority	
Issue	Which waiver authority will the Agency pursue with CMS?
Proposed Decision	The Agency intends to pursue a combined 1915(b) and (c) waiver to authorize the ICN program.

Proposed Key Concepts: Incorporation of Current Waivers



Incorporation of Current Waivers	
Issue	How will the current 1915(c) waivers be integrated when applying for an ICN waiver?
Proposed Decision	The Elderly and Disabled Waiver, State of Alabama Independent Living (SAIL) Waiver, Technology Assisted Waiver for Adults, HIV/AIDS Waiver, and the Alabama Community Transition (ACT) Waiver may be rolled into the ICN program along with the designated waiver slots and associated funding.



State Operating Partners	
Issue	How will the ICN program impact services provided by other state agencies (e.g. Alabama Department of Senior Services (ADSS) and Alabama Department of Rehabilitation Services (ADRS)), including effects on matching funds for services and collaborative relationships?
Proposed Decision	The ICN statute mandates that the Governor approve coverage decisions that would affect Medicaid beneficiaries who are directly served by another state agency. The Agency will meet with other state agencies to discuss anticipated changes in waiver programs and roles of these agencies as the ICN program is implemented.

Proposed Key Concepts: ICN Procurement



ICN Procurement	
Issue	What will the procurement process look like?
Proposed Decision	The Agency anticipates the procurement process will be a multi-stage approach with specified milestones - including, but not limited to, required infrastructure development and attendance of mandatory meetings for bidders – and deadlines for each milestone.

Proposed Key Concepts: ICN Readiness Review



ICN Readiness Review	
Issue	What will be the timing of readiness review in relation to the procurement process?
Proposed Decision	The Agency anticipates readiness reviews will be conducted as part of the procurement process and after contract award.



Submitting Comment

- The Key Concepts document will be forwarded to attendees for comment via email following this morning's workgroup meeting.
- The format of the Key Concepts document includes areas for comment. Please input your name, contact information, and comments into relevant sections and submit them as attachments to the following email address: ICNinfo@Medicaid.Alabama.gov
- All comments must be received within 30 calendar days, and no later than **Wednesday, October 19th, 2016.**



Stakeholder Forums: Round Two



Round Two Format

- Whereas Round One was conducted presentation style with question and answer, Round Two will be a series of *Focus Groups*.
- The purpose of this is to solicit further comment and obtain deeper understanding of needs within the current LTSS system, and gain insight into the perspectives of impacted stakeholder groups.
- Stakeholder groups will be met with in segments, to allow for focused, relevant discussions. Providers dominated the question and answer in Round One, and thus it was determined that Consumers needed separate time and opportunity to provide comment.
- A high level summary of the ICN concept will be provided in each session.
- Different topics will be focused on region to region, to obtain feedback around an array of pertinent subjects.





Care Transitions and Continuity of Care

Case Management/Care Coordination

Quality

Social Determinants of Health/Quality of Life

Covered Services/Network Adequacy



Transition of Care

Coordination of Eligibility and Benefits

Billing and Claims

Direct Care Quality Measures

Engaging with New ICNs

Focus Group Schedule



Date	City
Tuesday, 9/20/16	Huntsville
Wednesday, 9/21/16	Russellville
Tuesday, 9/27/16	Anniston
Wednesday, 9/28/16	Homewood
Tuesday, 10/11/16	Demopolis
Wednesday, 10/12/16	Northport
Monday, 10/17/16	Montgomery
Tuesday, 10/18/16	Dothan
Wednesday, 10/19/16	Mobile

Next Steps



ICN Development Data Requests

- For those interested and/or considering bidding to become an ICN, the Agency will release a limited dataset of recipient demographics and utilization trends. The dataset:
 - **Will be delimited but still contain Protected Health Information (PHI)**
 - Will include potential recipient demographics down to the zip code level
- To obtain this data, requestors will be required to complete a Memorandum of Understanding (MOU), Business Associate Agreement, and Data Sharing Agreement with the Agency .
- The Agency will require each request to complete an analysis and provide the results and methodology to AMA, in order to finalize the agreement.
 - The Agency will retain all editorial rights of the results, which will not be permitted to be shared, without Commissioner approval.

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Please...



- Take the survey if you have not yet, at <http://almedicaid.surveyanalytics.com/>. The survey is active until close of business **Friday, September 30th**.
- Continue to consult the ICN page of the Alabama Medicaid website for current and future information, including established rules, stakeholder meetings, the Key Concepts document, etc. at:
http://www.medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.7_ICN.aspx
- Submit public comment on the Key Concepts within the next 30 days .
- Continue to submit program questions and comment at ICNinfo@medicaid.Alabama.gov
- Apply for a certificate to collaborate, via the AMA website.
- Participate in an afternoon provider-oriented focus group session in your area.

Thank You for Attending and Participating in Today's Workgroup