



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Idaho Medicare Medicaid
Coordinated Plan (MMCP)


FEBRUARY 2018

DISCUSSION TOPICS

- MMCP Overview
- Who is Dual Eligible
- MMCP Benefits
- MMCP Vendors
- Eligible Counties
- Oversight
- Questions & Answers

The MMCP is the solution for an Idaho Legislative mandate to align Medicare & Medicaid benefits for Dual Eligible participants

WHAT IS THE MMCP?



WHO IS CONSIDERED A 'DUAL'

- Dual Eligible participants are those who are eligible and enrolled in both Medicare and Enhanced Medicaid*
- Dual Eligible participants must be 21 years of age to qualify
- There is no limitation based on living situation

*except participants diagnosed with End Stage Renal Disease (ESRD) at the time of enrollment

CHARACTERISTICS OF DUALS



WHY HAVE A PROGRAM FOR DUALS?

- Long Term Services and Supports exceed \$338 billion annually on a national level, **40% of which is financed by Medicaid**
- Duals' healthcare costs are four times higher than those of the average Medicare recipient
- Duals make up only 15% of the Idaho Medicaid population but require over a third of the entire Medicaid budget
- LTSS expenditures are expected to rise sharply in the decades ahead due to a growing aging population and associated increased demand for LTSS

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The number of people age 85 and older is expected to more than triple over the coming decades

Year	Population (Millions)
2010	5.8
2030	8.7
2050	19

DUALS LANDSCAPE

- 26,000 + Duals in Idaho
- 11,000,000 + Duals nationally

18% approximate increase in Dual Eligible's in Idaho from 2014 to 2018

35% increase in Dual Eligible's nationally from 2006 to 2015

Medicare & Medicaid programs aren't aligned

Both programs are run separately without integration and often the participants healthcare decisions are based on who the payor is.

The MMCP aligns most Medicare and Medicaid benefits into a single healthcare package for Dual Eligible Beneficiaries

MMCP BENEFITS

- Hospital
- Medical
- Prescription Drugs
- Behavioral health
- Nursing Home and ICF/ID
- Aged &Disabled Waiver
- Personal Care Services
- Developmental Disability Targeted Service Coordination
- Behavioral Health

ADDITIONAL BENEFITS

Nurse Advice Line
 Interdisciplinary Care Team
 Behavioral Health benefits included



•All Medicaid services the Dual Participant is receiving must be kept in place with the existing providers for 90-days

•The Health Plans are required to pay a non-contracted provider the full Medicaid rate during this transition period

•Providers are encouraged to contract with the Health Plans during this transition period

SUPPLEMENTAL SERVICES 

- Gym Membership – \$50.00 annual membership
- Vision – one eye exam and \$100.00 toward eyewear



SUPPLEMENTAL SERVICES 

- Gym Membership and at home fitness kits
- Vision – 1 eye exam each year and \$100.00 toward eyewear
- Non-Emergent Transportation Services – 22 visits per year to plan approved locations
- Individual telephonic nutrition counseling sessions, 30-60 minutes in length
- \$60.00/ quarter on mail-order covered over the counter products and services
- Podiatry – 6 visits per year (in addition to the Medicare benefit)
- Meals – up to 4 weeks of meals, 2/ day for post-inpatient stay or a chronic condition

FUNDING

- Idaho Medicaid pays the MMCP vendor a Per Member Per Month (PMPM) amount based on actuarial data
- The MMCP is a Risk Based contract – the vendor is responsible for payment of all covered services






MEMBERS PREMIUM

ZERO premium for Dual Eligible Participants for the MMCP

- Aged & Disabled Waiver and Long Term Care Share of Cost are the responsibility of the member and determined by Health & Welfare
- Medicare Part D co-pay is the responsibility of the member



The Power of One.

-  Set of comprehensive benefits
-  Accountable entity to coordinate and deliver services
-  Team coordinating all healthcare services based on individual needs & preferences



MEMBERS' FAVORITE BENEFITS

- Members receive an insurance card from the health plan
- Members have access to the health plan's network of providers
- Members receive a Care Coordinator to function as their advocate

CARE COORDINATORS ARE THE HEART OF THE MMCP

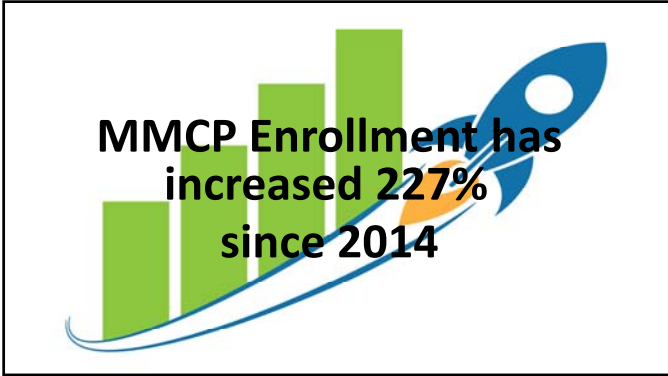


CARE COORDINATOR DEMOGRAPHIC

- Care Coordinators are local professionals that understand the services available in the member's community
- **Qualifications**
 - Registered Nurse, Licensed Practical Nurse, Physicians Assistant or Licensed Social Worker
 - Two-year degree and a minimum two years' experience in healthcare or a healthcare related industry with direct oversight by licensed staff

CARE COORDINATOR'S ROLE

- Serve as the central point of contact for the members
- Care Coordinators identify gaps in healthcare management
- Focus on the holistic healthcare needs of the Dual
- Care Coordinators ensure the member receives the right care and information while working with the member's family and healthcare

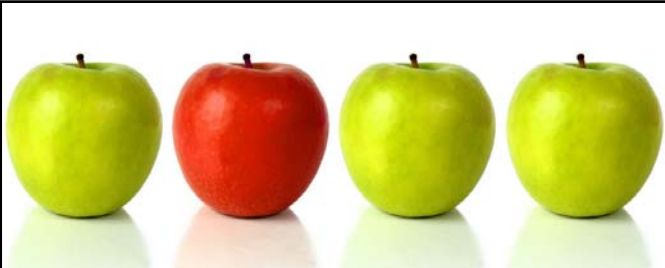




WHO ADMINISTERS THE MMCP?

Molina Healthcare of Idaho and Blue Cross of Idaho are both the offering the MMCP in designated counties

The figure contains the text 'WHO ADMINISTERS THE MMCP?' followed by a horizontal line. Below the line is the text 'Molina Healthcare of Idaho and Blue Cross of Idaho are both the offering the MMCP in designated counties'. At the bottom right is a logo consisting of two interlocking puzzle pieces, one blue and one grey, with the word 'Partnership' written across them.



SAME BUT DIFFERENT!
Molina Healthcare and Molina MMS
are two different companies




**Eligible Counties with
two health plans**

- Ada
- Bannock
- Bingham
- Bonner
- Bonneville
- Canyon
- Kootenai
- Nez Perce
- Twin Falls

**ADDITIONAL COUNTIES WITH BLUE
CROSS OF IDAHO ONLY**

- | | |
|----------|-----------|
| Boise | Gem |
| Boundary | Jefferson |
| Cassia | Madison |
| Clark | Minidoka |
| Elmore | Owyhee |
| Fremont | Payette |
| | Power |



ENROLLMENT IS VOLUNTARY

Duals may enroll or disenroll at any time

Effective date is always the first day of the next month

ONGOING OPEN ENROLLMENT

- Most Medicare Advantage Plans have Open Enrollment one time each year
- Dual Eligible’s have Open Enrollment all year
- They can go back to a traditional Medicare Advantage Plan if they disenroll from the MMCP

WHO PAYS MEMBERS’ CLAIMS?

- The MMCP vendor pays claims for MMCP members. Providers should contract with both Blue Cross of Idaho and Molina Healthcare to ensure prompt payment of all claims
- The MMCP vendors will always pay, at minimum, the Medicaid rates

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BILLING

All claims for the Medicare and Medicaid portion of the service are paid by the Health Plans

ONE claim to ONE entity

OVERSIGHT

The Bureau of Long Term Care has the responsibility to monitor the health plans to ensure all contractual obligations are met

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CONTACTS

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