

***VNS CHOICE: Managing
Complex Care Needs for the
Frail Elderly of New York City***

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VNS CHOICE Organization

- **Subsidiary of the Visiting Nurse Service of New York**
- **Licensed by New York State Department of Health as a Managed Care Organization**
- **Product Lines:**
 - **VNS CHOICE MLTC (Medicaid Managed Long Term Care)**
 - Initiated operations January 1998
 - 6,100 members (April 2008)
 - **VNS CHOICE Medicare**
 - Initiated operations January 2007
 - Two Dual Eligible Special Needs Plans
 - 1,400 members (April 2008)
 - **VNS CHOICE MLTC PLUS**
 - Initiated operations May 2008
 - Integrated MA and MLTC benefit for dual eligible & nursing home eligible

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OVERVIEW OF MANAGED LONG TERM CARE

VNS CHOICE MLTC Membership

- **Basic Criteria**

- Age 65 or older
- Resident of the service area (5 boroughs of NYC)
- Medicaid eligible
- Community physician must agree to work with VNS CHOICE

- **Clinical Requirements**

- Nursing home eligible as determined by a standard New York State assessment tool
- Long term care needs anticipated to continue for at least 120 days
- Must satisfy New York home care health and safety standards at the time of enrollment
 - Cannot be disenrolled if needs change

MLTC Covered Services

- Care management
 - Skilled home health care
 - Nursing
 - Rehabilitation therapies
 - Social Work
 - Nutrition
 - HHA and PCW
 - Outpatient rehab therapies
 - Substitutes for home care services
 - Adult day services (social and medical models)
 - Home-delivered meals
 - Chore services
 - PERS
 - Ambulatory health services
 - Dental
 - Optometry/eyeglasses
 - Audiology/hearing aids
 - Podiatry
 - Scheduled transportation to health related appointments
 - Respiratory therapy
 - DME and supplies
 - Environmental modifications
 - Nursing home care
- *Note: Physician and hospital services excluded from capitation; however, MLTC plan is responsible for care management of these services*

MLTC Program Financing

- **Capitated reimbursement**
 - Medicaid capitation for long term care services and care coordination
 - Fixed per member per month premium
- **Program is at full financial risk for all covered services**
- **Financing requires efficient utilization of resources**
 - Focus on providing quality care and using resources effectively and efficiently
 - Use of substitute services where appropriate (adult day centers and meals on wheels services)
 - Emphasis on prevention, management of chronic illness and fostering independence

MLTC Interdisciplinary Team Model

- **Regionally based care management teams including**
 - Nurse Consultant
 - Rehabilitation Consultant
 - Social Worker
 - Nutritionist
 - Nurse Practitioner
- **Care management across all settings**
 - Community, hospital and nursing home
- **Member-focused care planning**
 - Member choice regarding services and scheduling
 - Family/caregiver involvement encouraged
- **Communication and coordination with member, family, community providers, physicians and care team**
 - Scheduled team meetings and informal discussions with care team members

Care Team Interventions

- **Preventive screening initiatives for all members**
 - Examples include: Influenza, Pneumococcal, diabetes, osteoporosis, and cancer
- **Comprehensive falls prevention program**
 - Proactive screening tool and team interventions
- **Management of key chronic illnesses**
 - For members with diabetes: HbA1c and ongoing blood glucose monitoring and education; focus on podiatry and vision care
 - For members with CHF: Consistent weight monitoring and education
- **Drug utilization review for new medications**
 - Interventions by Pharmacist Consultant regarding medications considered unsafe for the elderly
- **Home safety modifications**
 - Grab bars, wheelchair ramps, PERS

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VNS CHOICE MEDICARE

**Medicare Advantage
Special Needs Plan**

What is a Special Needs Plan

- **Special Needs Plans (SNPs) are Medicare Advantage plans that serve Medicare beneficiaries based on specific criteria:**
 - Institutionalized in a Skilled Nursing Facility
 - Chronic condition(s)
 - Dually eligible (Medicare and Medicaid)
- **VNS CHOICE Medicare is a SNP for dually eligibles**
- **SNPs cover all Medicare services**
 - Part A (Hospital and other inpatient services)
 - Part B (Physicians and other outpatient services)
 - Part D (Prescription drug coverage)
- **Care management is a critical component**
 - Health assessments provided for all new enrollees
 - Care management programs for people identified with high needs
 - Care coordination for all when inpatient services are needed
- **Value added services improve access**
 - Preventive benefits, annual physical, 24-hour nurse-on-call

The Value of a SNP to VNSNY

- **Retain Medicare patients**
- **Build new customer base**
- **Leverage and build upon relationships with providers**
- **Build upon VNSNY's care/medical management competency**
- **Provides a more integrated care option for a nursing home eligible individual who lives at home**
- **Creates a referral channel for VNSNY Home Care and VNS CHOICE MLTC**

VNSNY is Positioned to Offer SNP

- **Medicare Advantage SNP fits conceptually with current VNSNY customer base**
- **Nursing resources**
 - Increase value of assessment information
 - Provide office and field based care coordination
- **Multicultural expertise**
 - Valuable in a city like New York
- **VNS CHOICE has been successful since 1998 in managing a risk product**
 - Core managed care competencies in managing enrollment, capitated financing, claims payment, quality management, grievance and appeal, regulatory compliance

VNS CHOICE Offers Value for Enrolled Members

- **Assistance in navigating complex health care system**
 - Advocate for entitlements and benefits
 - Coordination with long term care services and programs
- **Comprehensive disease/care management provided by nurses**
 - Assessment of health status and needs upon enrollment
 - Outreach to ensure members know how to use a Medicare Advantage plan
 - Plan for improving self care management and medical management
 - Health education
 - Goal is to maintain/improve management of chronic diseases

Benefits Focus on Access to Care

- **Plan features designed to improve access to care**
 - Prescription drug coverage with extensive formulary and few requirements for prior authorizations
 - \$0 Premiums and co-payments for most services
 - No referrals required to see specialists
- **VNS CHOICE supplemental benefits include:**
 - Transportation to medical appointments
 - Nurse Ambassador – In-home assessment and consultation, at the member's request
 - Enhanced Vision Benefit
 - Zero dollar co-pay option for generic prescription drugs
 - International coverage for many services

2008 VNS CHOICE Medicare Products

- **VNS CHOICE Medicare - Option 1**
 - MA-PD, Dual Eligible SNP
 - \$0 Co-payments for Generic prescription drugs
 - International coverage
 - Vision, Hearing, Transportation and other supplemental benefits
- **VNS CHOICE Medicare - Option 2**
 - MA-PD, Dual Eligible SNP
 - Wellness benefit that includes fitness club, acupuncture, massage therapy
 - International coverage
 - Dental care – services not covered by Medicaid in New York State
 - Vision, Hearing, Transportation and other supplemental benefits

VNS CHOICE Medicare Service Model

- **High touch**
 - Minimum of 5 member contacts in first 3 months
- **Low staffing ratios**
 - Personalized service
 - Consider members full care needs
- **Simple for members**
 - No confusing phone trees for members
 - Multi-cultural capabilities
 - Customized communications
- **Proactive outreach to providers**
- **Limited reliance on traditional Utilization Management methods**
- **Close collaboration with VNS CHOICE MLTC for dually enrolled members**

VNS CHOICE Care Management Strategies

- **Stratify members**
 - Appropriate levels of care and intervention at the right time
- **Involve members and their families**
 - Individualized care plans based on need and preference
 - Structured assessments
- **Collaborate with community physicians**
 - Physician participation in care planning process
 - Goal: A common and shared understanding of a member's medical needs
- **Coordinate with community providers**
 - Assess provider's ability to satisfy member needs
 - Appointments and transportation to community providers may be arranged by the program

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VNS CHOICE MLTC PLUS

**An integrated plan combining a
Medicare Advantage
Special Needs Plan with
Managed Long Term Care**

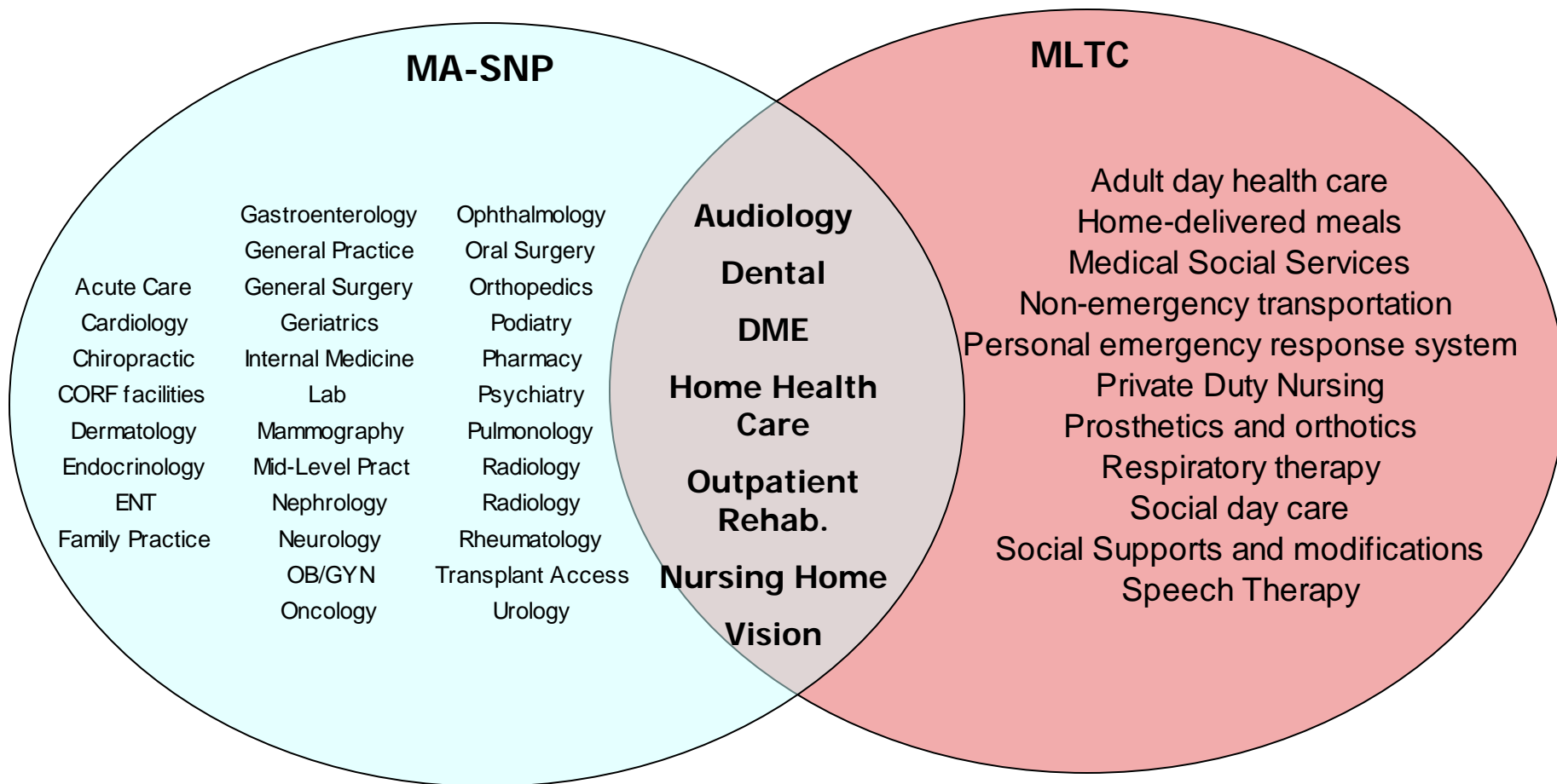
VNS CHOICE 2008

- **MLTC PLUS: an integrated plan that covers both Medicare and Medicaid services for a nursing home eligible population**
 - An important policy goal of state and federal governments is to find more efficient ways to deliver care to dual eligibles
 - Reduce expenses for one of the most expensive subgroups of Medicare recipients
 - Reduce regulatory confusion and disconnects
 - New York State an early adopter of integrated model of health plan that combines Medicare Advantage plan with Medicaid managed long term care
 - CMS has permitted plans with state contracts to market to a segment of the dual eligible population
- **Enrollment beginning May 2008**
 - A pilot project: start small and build for the future
 - Work with CMS and DOH to refine regulatory requirements, which can be inconsistent

VNS CHOICE MLTC Plus

- **Covered services**
 - All Medicare services (Part A, Part B, and prescription drug coverage)
 - All MLTC services
 - State defined Medicaid benefit, which then drives Medicare services
- **Two contracts (CMS and State DOH)**
 - Two capitation payments
- **Builds on care management strengths of MLTC and medical management of Medicare Advantage**
- **Uses provider network developed for MLTC and Medicare Advantage**

MLTC and Medicare Networks



Lessons Learned

- **Commercial authorization rules do not fit**
 - Plan experience is a better guide
 - Access to needed services is critical
 - Gatekeeper approach hinders collaboration and reduces efficiency of staff
- **Network matters**
 - Members will not change providers, especially during a course of treatment
- **High touch, proactive and responsive service is critical**
- **Staff education is key**
 - Care management of long term care and medical management of acute and medical care are different skill sets

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Questions?