



NAMPI 2019

Changing the Breaking Point – How to Plan for LTSS Growth by Oversight

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 **Solutions that Matter**

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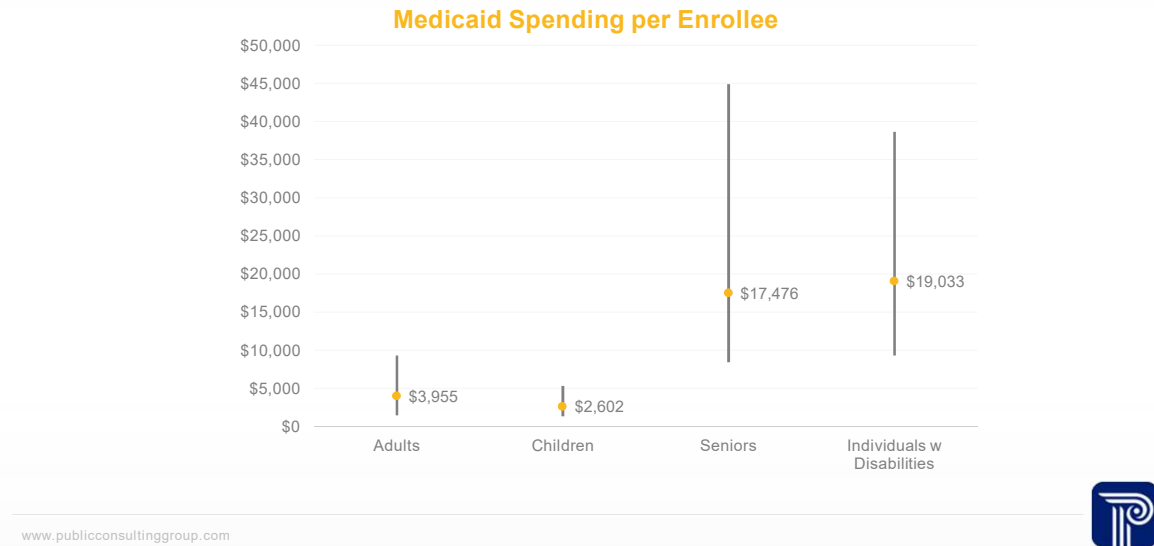
Common Challenges in LTSS Programs

1. How many people are enrolled in Medicaid?	80M
2. How many Medicaid members are enrolled in LTSS?	19M
3. What is the total spend on Medicaid?	\$576B
4. What is the total spend on Medicaid LTSS FFS?	\$119B
5. What is the total Medicaid spending for Home Health and Personal Care?	\$64B
6. Why do people rob banks?	<u>'Cause that is where the money is!</u>

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Cost of Enrollees



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States Organization Structure

Traditional methods of monitoring program integrity do not apply for HCBS.

Fact 1: RAC/Post pay audits do not work for HCBS services.

- Estimated 1m+ caregivers throughout the country.

Fact 2: HCBS caregiver churn necessitates continual monitoring across agencies

- Heightens need for coordination between program integrity and provider enrollment

Fact 3: MCO Plans have disincentive to report FWA.

- Network management and Cap rates serve as conflict.



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States Organization Structure

States are traditionally organized to manage specific aspects of HCBS functions.

Functions

Provider Enrollment
Program Integrity
MFCU/OIG
Health Plans/MCOs
Adult Protective Services
Child Protective Services
Member Enrollment
Facility Regulation

Projects

Asset Verification
Independent Assessments
Onsite Screenings
Electronic Visit Verification
Prepay Audits
Post Pay Audits
Critical Incident Investigations
Quality Reviews
Due Process Monitoring
Civil Monetary Fund

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LTSS Administration

What if we thought about these things by population and not by function for LTSS?



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Member Eligibility

Currently 4% to 10% of ABD Medicaid members are ineligible for the programs in which they are enrolled.



- Assets/Income
- Residency
- Incarceration
- Identity
- Enrollment/Support
- Redeterminations

OUT-OF-STATE TENNESSEE MEDICAID
BENEFICIARIES DISCOVERED

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Member Level of Care Determinations

States who integrate program integrity efforts into the independent assessments functions can significantly reduce FWA without substantial cost increases.

Deaconess Home Health agrees
to pay \$3.7M pursuant to the
federal False Claims Act.

- Nursing Facility Assessments
- Independent HCBS Assessments
- Due Process Monitoring



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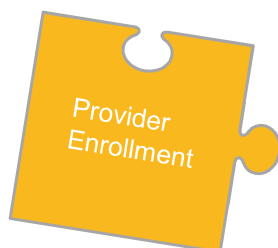


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Provider Enrollment & Credentialing

Required onsite screenings reveal ~20% of providers are not properly credentialed to provide the services for which they are contracted by the Medicaid program.



Triad business ordered to repay \$5 million in Medicaid fraud cause

- Onsite Screening Visits
- Database Checks
- Provider Training
- Caregiver Credentialing database
- Provider Enrollment Support

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Provider Oversight

Coordinated provider oversight activities can help reduce future payments by 10% to 15%.

Baltimore City Woman Sentenced For Faking Care For Her Grandmother To Medicaid

- Payment Reviews
- Quality Reviews
- Health and Safety Investigations
- Electronic Visit Verification (EVV)
- Grievances & Appeals
- Provider Threat Monitoring



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Integrated LTSS Administration



Goal: Provide access to and pay for an appropriate level of services to eligible members by qualified providers in LTSS.

Change is the new Normal.

Think of one thing you can do differently in your life.

Passion supersedes natural ability.

Don't be afraid to drop the ball.

- Curtis Zimmerman

Leave your egos at the door.

- Conference Participant

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