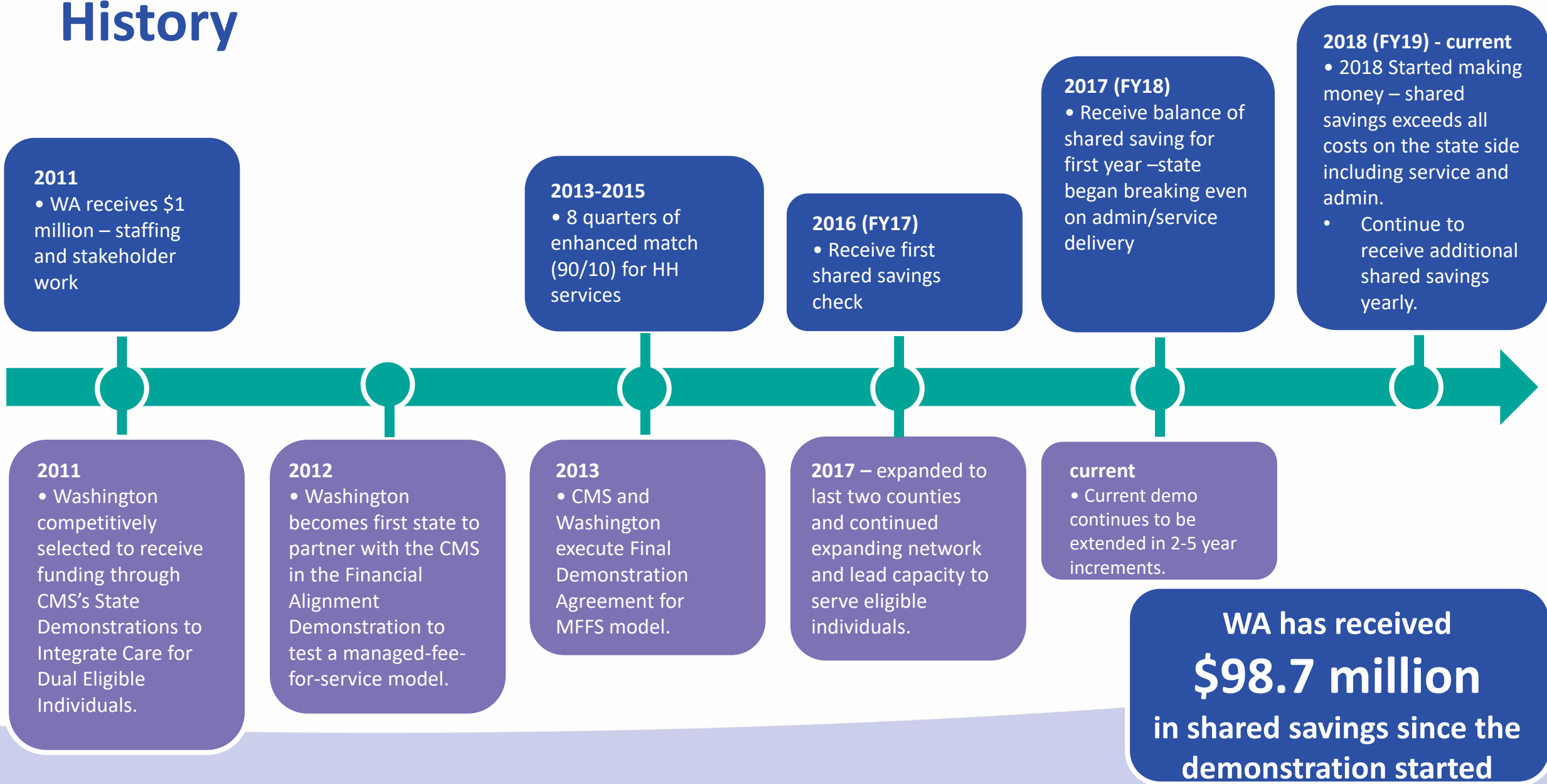


Transforming  
Lives

# Creating a Duals Strategy in a FFS environment - WA



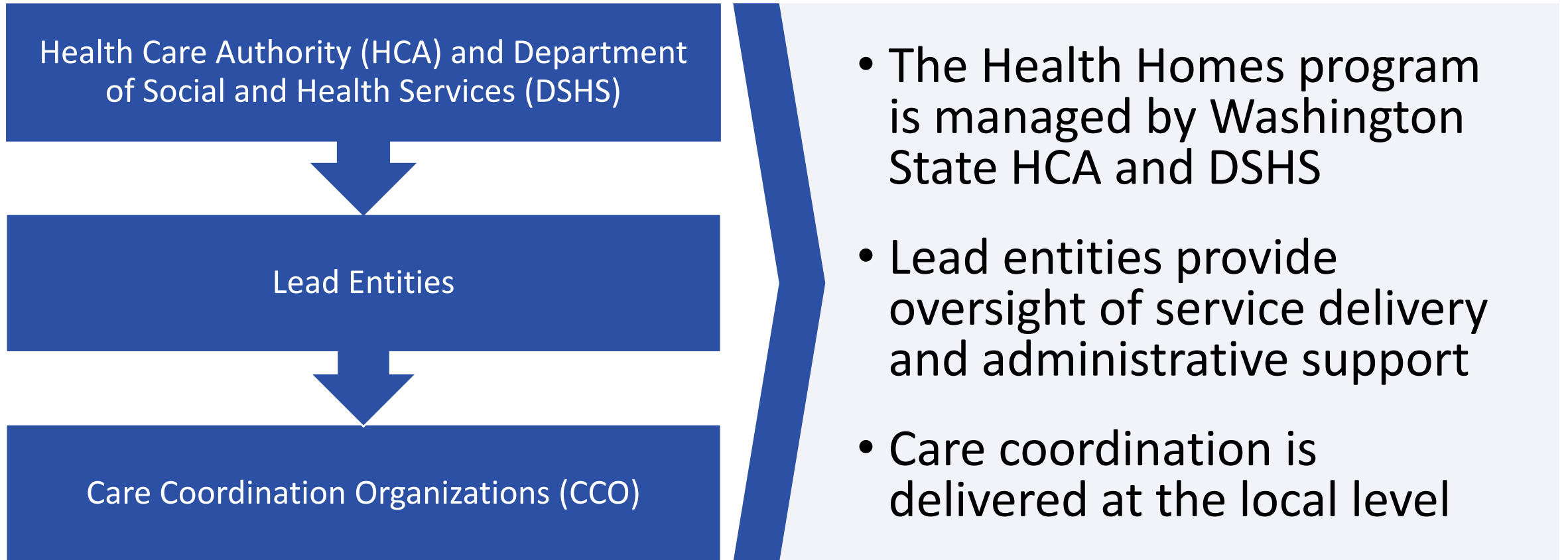
# History



# Stakeholder Feedback

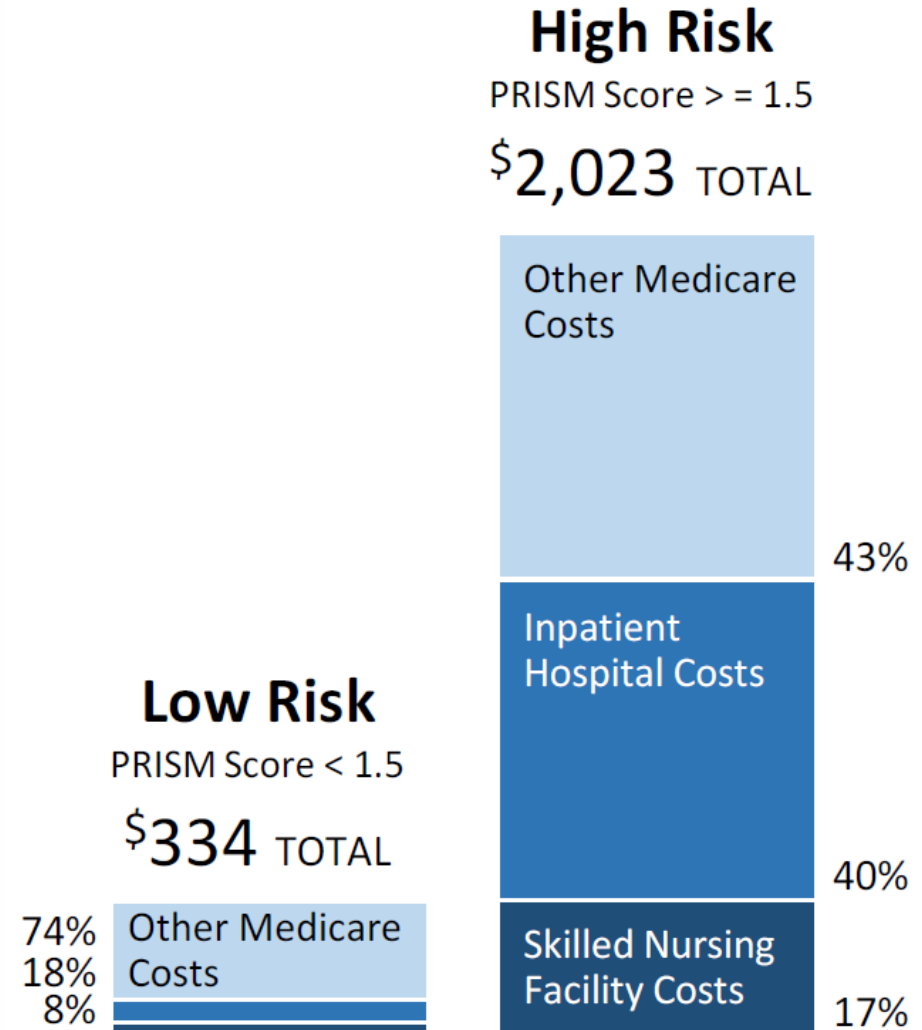
- 
- Integrate services across medical and social services to improve coordination and align incentives
  - Create a single point of contact and intentional care coordination for beneficiaries
  - Create flexibility to allow for local variances based on population need and provider networks
  - Capitalize on what is working while improving overall service delivery
  - Build on system strengths and apply lessons learned to bring successful elements to scale

# Washington's Health Homes Model



# Targeting High-Risk Clients

- Health Homes services target high-cost, high-risk clients who could benefit from intensive care coordination
- Clients with high PRISM risk scores have disproportionately high medical costs



# Certification and Expansion to DSNP contracts

- **Seeking approval from CMS for certification of duals demo**
  - Would alleviate administrative burden and network instability caused by short-term extensions
  - CMS indicated they would be willing to discuss certification, but barriers exist
- **Including HH program in our contract with dual eligible special needs plans (DSNPs)**
  - CMS provided guidance around leveraging the model of care.



# Thank you

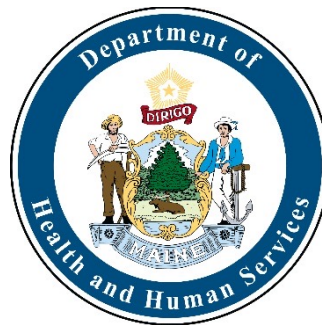
## Contact Information

**Kelli Emans, Integration Manager, HCS**

**[kelli.emans@dshs.wa.gov](mailto:kelli.emans@dshs.wa.gov)**

# Integrated Care in Maine: Current Work and Future Opportunities

September 2022

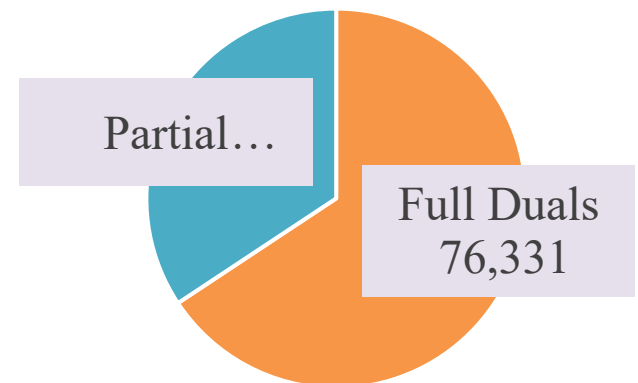




# MaineCare: Maine's Medicaid Program

- More than 1 in 4 Mainers are currently enrolled in MaineCare
- Amounts to more than \$3 billion in spending
- Maine is one of few states that does not include any Medicaid Managed Care
  - Almost 40% of Maine's Medicaid members receive at least some services reimbursed under an Alternative Payment Model (APM)
  - Maine's two largest APMs include over 30K dual eligible members

MaineCare Dual Enrollment  
June 2022



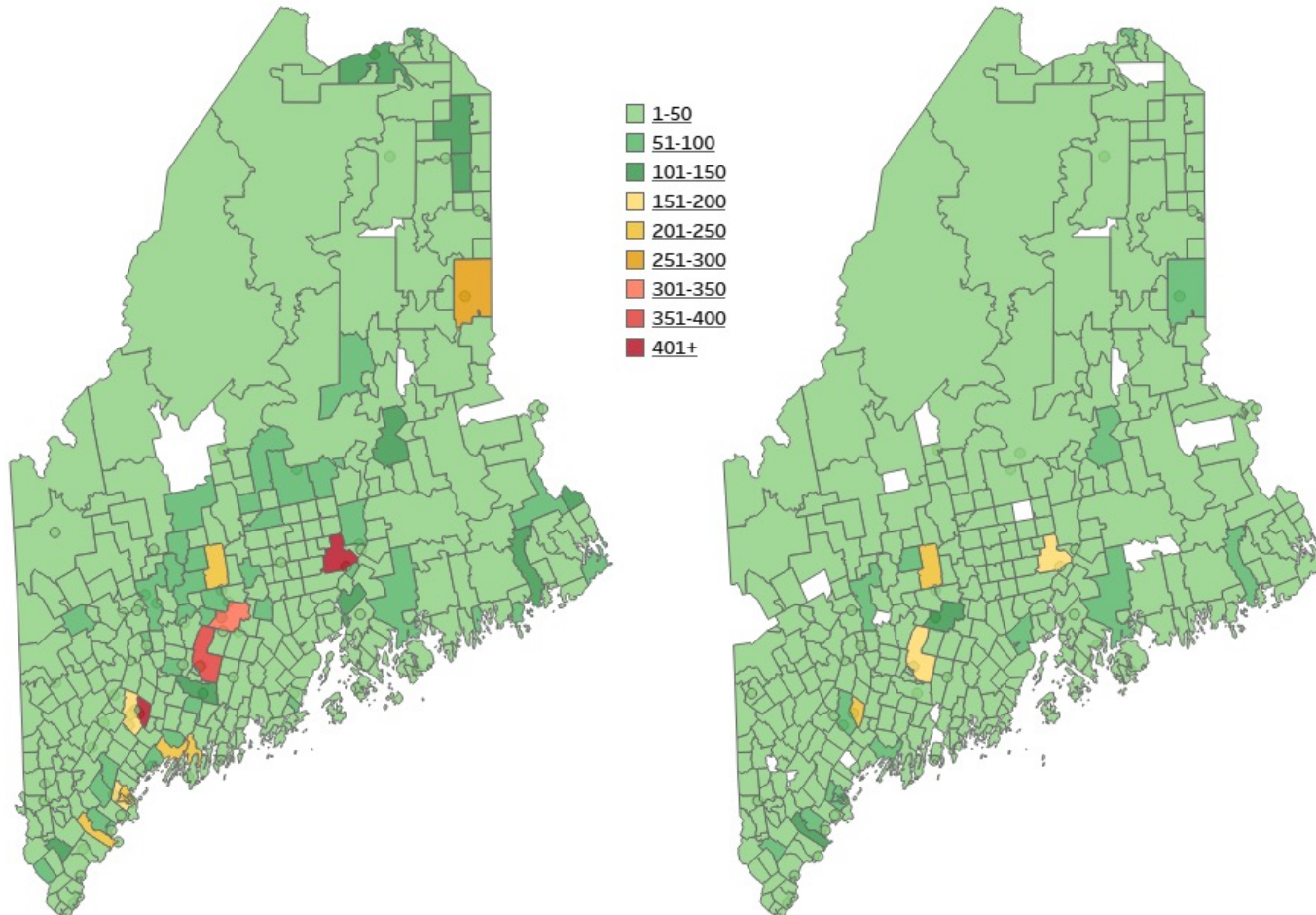
# Duals by Geographic Area and Attribution

Full dual eligible Medicaid participants not attributed to a Medicare Shared Savings Program, Medicare Advantage, or other federal demonstration, July 2019

*By Zip Code, Section of Policy and Attribution (N=18,292)*

Duals with known practice attribution (n=12,810)

Undesignated primary care practice attribution (n=5,482)



# Maine D-SNP Enrollment is Increasing

Maine D-SNP Enrollment  
June 2018 - June 2022



# Example Integration Efforts

## D-SNP Coordination Requirements

- Connected over 60 long-term care agencies to our statewide Health Information Exchange
- Required D-SNP coordination agreements with service coordination agencies

## Alternative Payment Models

- Created visibility and incentives tied to dual status
- Aligned with Medicare models
- Incenting accountability for services that have additional coordination components

## Integrated Care Strategy

- Collected Information via a Request for Information in 2019 “Managed Care Services for Dually Eligible Members”
- Procuring vendor and seeking additional resources to address barriers such as lack of state capacity, lack of experience, limited state capacity.

# Maine's Next Steps

Training and Capacity  
Building – *Support Needed*



Create a Duals  
Integration Strategy –  
*CMCS Collaboration and  
Flexibility Needed*



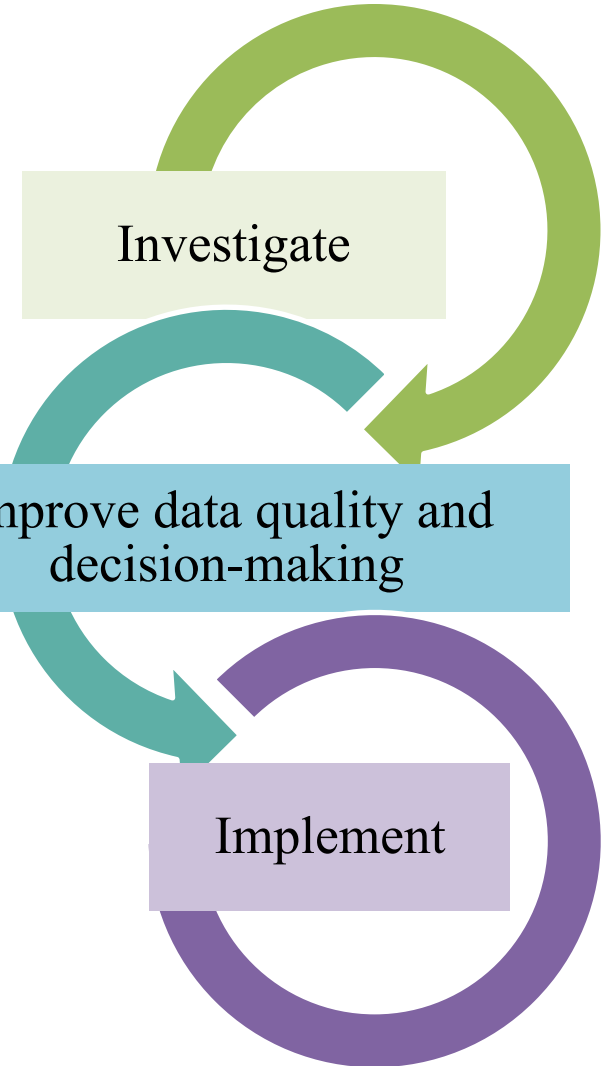
*To Be Determined*



Investigate

Improve data quality and  
decision-making

Implement



# Key Considerations

Maine is focused on integration efforts that have tangible benefits to dual eligible members, communities, and Maine DHHS.

- Should build on local infrastructure
- Should support multi-payer efforts and alignment
- Should reduce waste and system navigation complexities
- Should leverage lessons learned in other states
- Must increase access to appropriate services

# Questions?

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