

IDAHO MEDICARE MEDICAID COORDINATED PLAN (MMCP)

Stakeholder Update

June 24, 2014

Discussion Topics

- Readiness Review
- Implementation date
- True Blue Benefits
- Description of a Dual
- Blue Cross Presentation
- Participant & Provider Enrollment
- Questions

Expanded MMCP goes live July 1, 2014



- Blue Cross of Idaho passed the comprehensive evaluation required for implementation
- Implementation date approved for 7/1/2014

True Blue Benefits

- True Blue Special Needs provides all the benefits currently available through Medicare and Medicaid into a **SINGLE** coordinated health plan*

* Except DD Waiver Services

True Blue Benefits

- Hospital
- Medical
- Prescription drug
- Dental
- Behavioral health
- A&D Waiver
- Personal Care Services
- DD Targeted Service Coordination
- Nursing Home and ICF/ID
- Community Based Rehabilitation Services

#1

- ONE set of comprehensive benefits
- ONE accountable entity to coordinate and deliver services
- ONE team coordinating all health care services based on individual needs and preferences
- **True Blue** has been operational since 2007 and has approximately 700 members

Who is considered a 'Dual'

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

* Except participants diagnosed with End Stage Renal Disease at the time of enrollment.

True Blue is an Excellent Option

- Members receive a Blue Cross of Idaho insurance card
- Access to the Blue Cross of Idaho provider network
- Additional benefits including:
 - Care Coordination
 - Vision
 - 24 hour Nurse Line
 - Fitness Benefit

Requirements to Launch – Demonstrating our ability to serve members – Have Received Approval from CMS and IDHW

- The Centers of Medicare and Medicaid (CMS) require that all health plans go through an application process to become a Special Needs Plan – Submission of a Model of Care and Medicare Network Adequacy Documentation
 - The Model of Care defines the management, procedures and operational systems that provide access, coordination and the structure needed to provide services and care to the members
- Idaho Department of Health and Welfare – Contract for the Medicare and Medicaid Coordinated Plan and Readiness Review Process
 - Including Long Term Services and Supports network adequacy, customer service and claims payment review



True Blue Special Needs Plan Benefit Summary

- All Medicare and state designated Medicaid Services covered
- \$0 Premium
- \$0 Part D Deductible
- \$0 Copay for services – (share of cost does apply to LTSS)
- Rx copay based on income and institutional status
- Vision - one pair glasses/contacts after cataract surgery, plus routine benefit yearly – eye exam plus \$100 for eyewear
- Customer Service Line
 - Available 7 days a week, from 8 to 8
- 24 hour Nurseline
- Multiple care management programs to meet service need of members with special needs or conditions
- Access to True Blue Network
- One Blue Cross Insurance Card for all programs



Sample True Blue Insurance card



- The back of the card will have important information for Participants and Providers:
- Example - who to call:
Customer Service
TTY:
Care Manager
Important Medical and Dental numbers:
Medical Prior Auth :
Provider Line:
Important Pharmacy numbers :
Pharmacy:
RX Prior Auth:



Expanded Services in 2014

- Care Management/Coordination
 - Assessment, Care Plan and Support
 - Working with a designated Interdisciplinary Care Team (ICT)
- Health Club Membership – a companion/care giver can assist members move from station to station
- Long Term Services and Supports including A&D Waiver, nursing home and ICF
- Other Services: Targeted Service Coordination and Community Based Rehab Services



The Care Manager – sometimes called the Care Coordinator

- A Care Manager serves as the member's central point of contact. Care Managers ensure a member receives the right care and information, while working directly with the member's family and healthcare provider
- Care Managers are an essential part of the member's Care Team, a group made up of the member, designated family members, physician and other care providers
- Care Manager is separate from a Targeted Service Coordinator



There are over 20,000 eligible participants in the current 33 counties served by True Blue

Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley and Washington

Counties not currently covered

- Bear Lake
- Camas
- Custer
- Idaho
- Lewis
- Teton
- Butte
- Clearwater
- Franklin
- Lemhi
- Lincoln





Enrollment is Voluntary

- Duals may enroll or disenroll at any time
 - Enrollment will be effective the first day of the month following enrollment

Enroll Today!

- Enroll over the phone by calling Customer Service Staff directly at **(888) 495-2583**
- Call Customer Service Staff directly at **(888) 495-2583** to have an application mailed
- Apply online at www.truebluesnp.com

Provider Enrollment

- If you are a Targeted Service Coordinator Agency, a Medicaid Mental Health Provider or an Personal Care Service provider and do not have a contract please contact:
 - A&D Waiver Providers
 - Shelia Habblett, Provider Network Management
 - 208-286-3484 or 1-800-627-6655 ext. 3484
 - Email – shabblett@bcidaho.com
 - Mental Health
 - Lauri Rowell, Provider Network Management
 - 208-387-6654 or 1-800-627-6655 ext. 6654
 - Email – lrowell@bcidaho.com

Questions & Answers

