

## Help at Home Comes to Medicare

**Medicare Advantage's new home services and supports should learn from Medicaid.**

The start of 2019 brought an expansion of Medicare coverage for home help services, and the ability for plans to tailor relevant benefits to those with certain health conditions. This expansion into addressing social determinants of health is a welcome move for the agency that covers most medical care for seniors. But it places managed care organizations – especially those contracting with Medicare Advantage, where most of the new flexibility is directed – in the position of having to gear up quickly in a new terrain. It's an excellent time to take a lesson from Medicaid, which covers more than half of all long-term care in the U.S. and, in its increasing migration to managed care, has already had to incorporate services related to social determinants. Here are five tips to help smooth your plan's foray into providing help at home.



### 1) ELIGIBILITY: Don't make it hard to get.

How will you determine eligibility and what supporting documentation will you require/use? Think beyond simply setting the eligibility criteria: How will the assessment be triggered, and who will actually perform it? With the traditional nursing-home level of care, a family member or physician typically triggers the assessment. This will often not apply in the case of a still semi-independent senior. Look into the best practices for designing functional assessment tools. There is a wide variety of functional assessment tools that could be adapted, and many entities perform functional assessments – but be watchful for conflicts of interest. If you are in one of the 11 "section 209(b) states," such as Illinois, that have established more-restrictive criteria for LTSS benefits, keep in mind that your eligibility screener must reflect those requirements. These special requirements are typically difficult for individuals to navigate and cumbersome for states to administer, so allow extra time in designing and testing your application infrastructure.

### 2) CREDENTIALING: Explore non-traditional credentialing methods.

Home care service provider has been called the "worst-paid fastest-growing job in America" – which makes it a challenge for your plan, because in-home service providers will be on front lines with your members. Unlike home health aides and certified nurse aides, who must meet federal training requirements (75 hours) to provide services under Medicare or Medicaid, personal care assistance workers (PCAs) have no federal training/licensure requirements, and no state licensure. Some states, however, have training and/or minimum qualification requirements for Medicaid PCAs. Consider setting up plan-specific training or partnering with larger agencies that will provide training. Look for opportunities to delegate credentialing, while maintaining oversight. Lack of training coupled with workforce scarcity creates a potential opportunity for direct employment, affiliations, and partnerships to ensure a quality workforce for your plan's LTSS.

### **3) CONTRACTING: Don't deliver the service yourself.**

Home help services are not an area of expertise for most plans. But there are many home-based service providers out there that are trained and qualified, with extensive experience in performing these functions; many of them offer a number of related services. In Medicaid home and community-based services, state agencies and/or quasi-governmental entities often contract with PCA workers or firms. Medicaid carriers have experience contracting with other non-traditional providers, and this can be an extension of that. The standard contract templates may not be a good fit: Your contracting considerations may include delegation and oversight; downstream relationships; and medical loss ratio (allocation of payments). When dealing with the new home help services, you may find that you will need to be part health care provider, part administrative service provider.

### **4) BILLING: Take time to structure how to monitor and verify the arrangements.**

Be aware of the challenges with tracking services. What supporting documentation will you use, and how will it be obtained? Keep in mind that electronic visit verification is required beginning in 2019. This can incorporate cell phone GPS, digital signatures with time and date stamp, and biometric recognition tools. Clarify the documentation requirements upfront. Set up online or electronic platform systems for tracking services and hours. Leverage resources – such as the HHS OIG findings on improper PCA payments and the Medicaid Integrity Institute course on personal care services – to prevent and detect fraud, waste, and abuse.

### **5) RELATIONSHIPS: Connect to the ecosystem.**

The supplemental benefits, especially the in-home help services, are a new benefit for your Medicare health plan, and it's important that you get it right. The great news is that you don't have to go it alone. You can leverage existing community resources such as vocational rehabilitation, Area Agencies on Aging, and transportation services. Note that MAOs are required to partner with community resources such as Meals on Wheels; existing medical nutrition therapy coverage can also be leveraged here. Almost half the states have diabetes coverage mandates for broad or limited nutrition counseling. Applying lessons from Medicaid will help make these supplemental benefits a win-win, both in terms of helping beneficiaries maintain independence longer and from the standpoint of prevention – and cost efficiency for Medicare Advantage plans.

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