Hot Topics in Policy

Partnering with Medicaid Managed Care Plans

What do you hope to learn during this session?

the DELTA CENTER
for a thriving safety net

What do Medicaid Managed Care Plans care about?

RFP
Rules
Lives
Access
Quality (HEDIS)
Managing Financial Risk

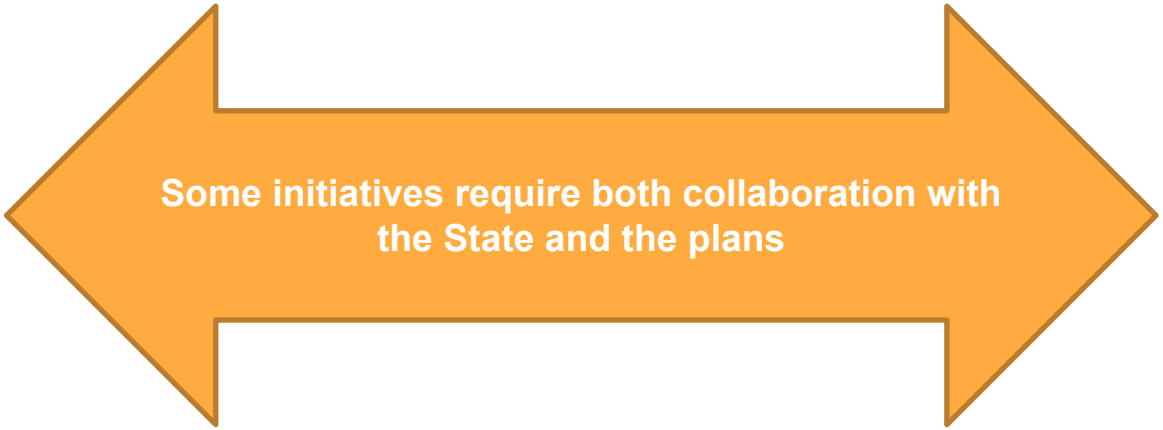
Partnering with Medicaid Managed Care Plans

Through the State

- Think of MCO RFP as a lever
- Two Examples: PC Investment & BH Integration

Partnering Directly with MCOs

- Value-based Payment
- Health Equity
- Team-based care

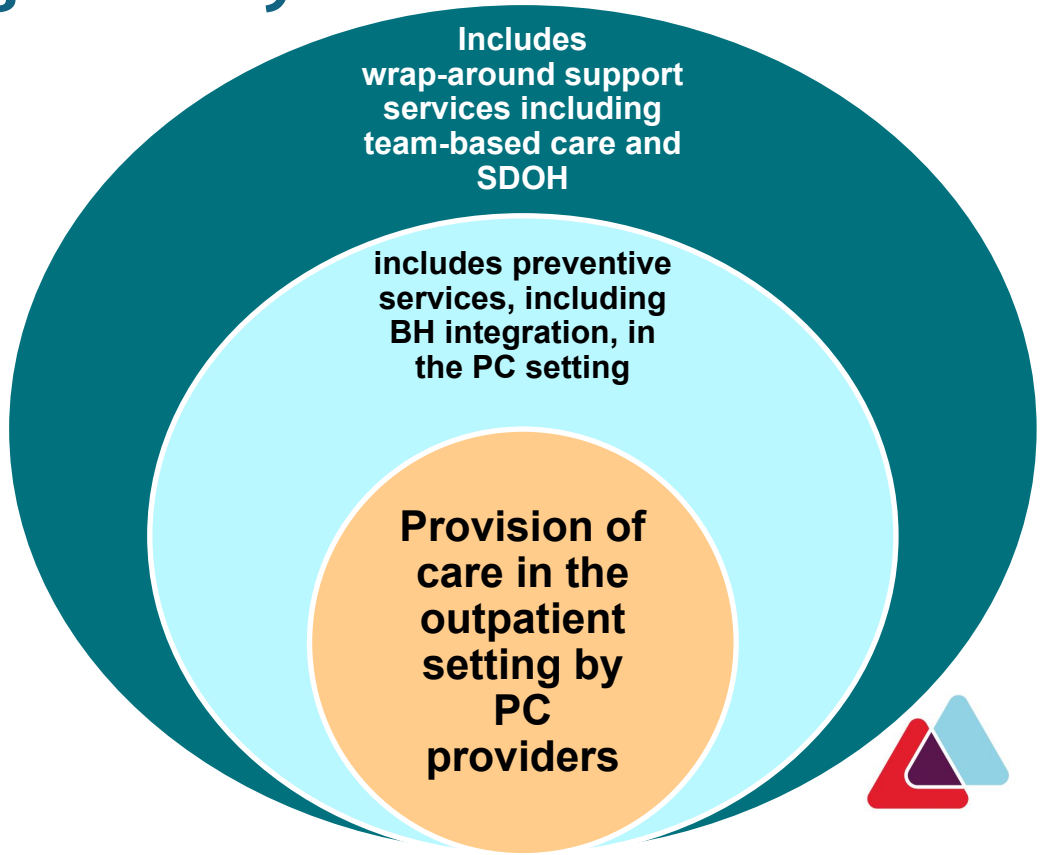


Monitoring & Requiring Primary Care Investment

Hawaii (RFP): “To achieve DHS goals, the **Health Plan shall support the vision of devoting resources to advancing primary care. To this end, the Health Plan must increase investment in, support of, and incentivization of, primary care in three concentric definitions.**

The Health Plan shall be responsible for tracking its primary care spend using measures corresponding the concentric definitions provided by DHS

For each definition of primary care spend, baseline spend will be used to set annual targets to enhance spending in primary care.”

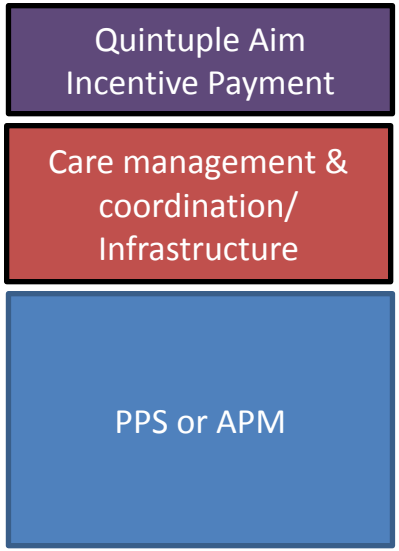


BH Integration at Multiple Levels

Administrative	Financing	Practice Level
Single Entity vs. Multiple Entities Responsible for PH and BH	Carve In vs. Carve Out	Co-location
Data Sharing	Shared Contracts and Incentives	Clinical integration

Value-Based Payment

- Multi-layered payment reform is a helpful way to think about BH or PC VBP
- Different layers can be authorized through different authorities (ex. 1115 Waiver, Managed Care Program, Health Homes) and partners (State, MCO).



COMPLEMENTARY PAYMENT

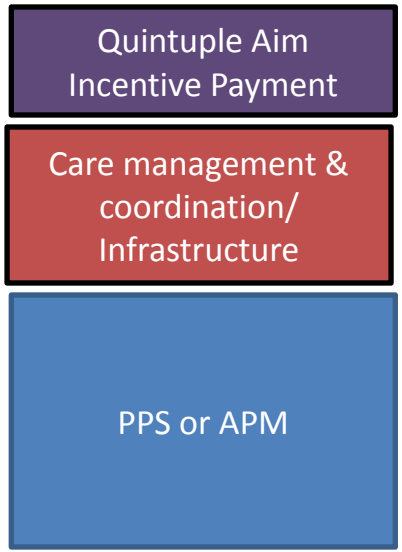
- **Incentivize quality and cost outcomes** (through upside incentives and/or downside risk/penalties)
- **Invest in new services/capabilities**

BASE PAYMENT

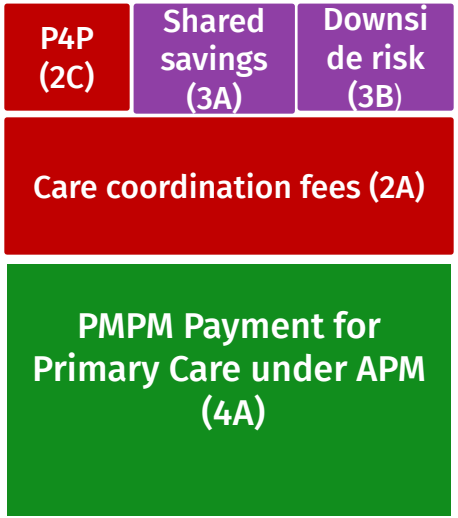
- **Provide funding for most services**
- **Can provide flexibility under an APM**

Value-Based Payment

Multi-layer Model HCP-



Viewed through LAN Lens



What do those additional payments for additional services look like?

- Collaborative Care Codes (99492-4)
  - Specifically focused on collaborative care model for integrated BH, including:
  - active treatment and care management for an identified patient population
  - Use of a patient-tracking tool such as PHQ-9 to promote regular, proactive outcome monitoring and treatment-to-target
  - Use of a registry to hold regular systematic psychiatric caseload reviews

- Chronic Care Management Codes
  - 99491 (billing practitioner). 99487, 99489, and 99490 (clinical staff time), 99424-27
  - Beginning 2022, RHCs and FQHCs can bill Chronic Care Management (CCM) and Transitional Care Management (TCM) services for the same patient during the same time period

- Health Home PMPMs financed through Section 2703

What do those additional payments for additional services look like?

- Value-added services:
  - additional services outside of the Medicare and Medicaid benefit package (i.e., State Plan and/or Medicaid managed care contract) that are delivered at managed care plans' discretion
  - not included in rate-setting calculations
  - plans often offer them because they anticipate that doing so will improve health and cost outcomes

- Examples:
  - waives all Medicaid for people with special needs (i.e., seniors age 65 and over and people ages 18-64 who have certified disabilities) to ensure that there are no financial limitations to receiving certain services (MN UCare)
  - Targeted services like health coaches and supportive care for over- and under-utilizing members with significantly higher-than or lower-than average acute or LTSS spending (WI iCare)
  - activity-based, social group led by peers to support individuals with day-to-day living tasks (San Mateo, CA)

What do those additional payments for additional services look like?

- In-lieu-of services:
  - Medicaid can allow managed care plans to authorize in-lieu-of services or provide care in settings that are not included under required Medicaid benefits but that are a medically appropriate, cost-effective substitute to a covered service.
  - The service provided must be related to a similar service that is covered under the State Plan and must be
  - May be included in calculations of the medical portion of managed care capitation rates

Examples from California's 1915(b) Waiver:

- Housing Transition /Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities
- Respite Services
- Community Transition Services Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

Promoting Health Equity through Managed Care

Target social needs associated with health inequities

Regional Accountable Health Councils collaborate on regional social determinants of health needs assessments (PA)

Require providing "health-related services" like food Rx, housing-related services (OR)

Require partnering with CBOs for services (MA)

Health Equity payments for providers serving high poverty areas (NC)

Assess social needs and develop care management plans that address them (NC)

Require community-benefit initiatives such as HIT integration with social resources (OR)

Require partnering with CBOs for data gathering (LA)

Promoting Health Equity through Managed Care

Language from MN MCO RFP:
"Describe steps your organization has taken and/or will commit to taking to reduce implicit, explicit, and institutional bias experienced by Black and Indigenous people during pregnancy, delivery, and postpartum care. How are these actions monitored? How will these actions be sustained and/or adjusted in the future? How will these actions improve health outcomes and address disparities in health outcomes for Black and Indigenous people during and after pregnancy?"

Language from LA MCO RFP:
Specifically, which outcome measures does the Proposer propose to focus on to improve pregnancy and birth outcomes for Black populations enrolled in Louisiana Medicaid and what activities will the Proposer engage in to reduce disparities and improve outcomes for pregnant and postpartum Black Enrollees and their newborns during and after pregnancy? Please include specific actions and timelines. How does your organization use value-based purchasing or other incentive arrangements to improve racial equity in quality of care and health outcomes?

MCOs Can Support Team-Based Primary Care

1. Figure out who is best to provide care management and coordination. Considerations:

- capacity of primary care organizations
- MCO and provider familiarity with specific care models (PCMH, collaborative care model)
- presence of other entities that might fulfill this role (ex. CIN, IPA, ACO)

2. Will the State use a Standardized or Flexible Approach

- MCO contracting can encourage, incent or require MCOs to do things
- Ex. MN asked MCOs to describe a plan to use non-traditional health care services. MI requires MCOs to support CHW interventions.

3. How to Pay for It

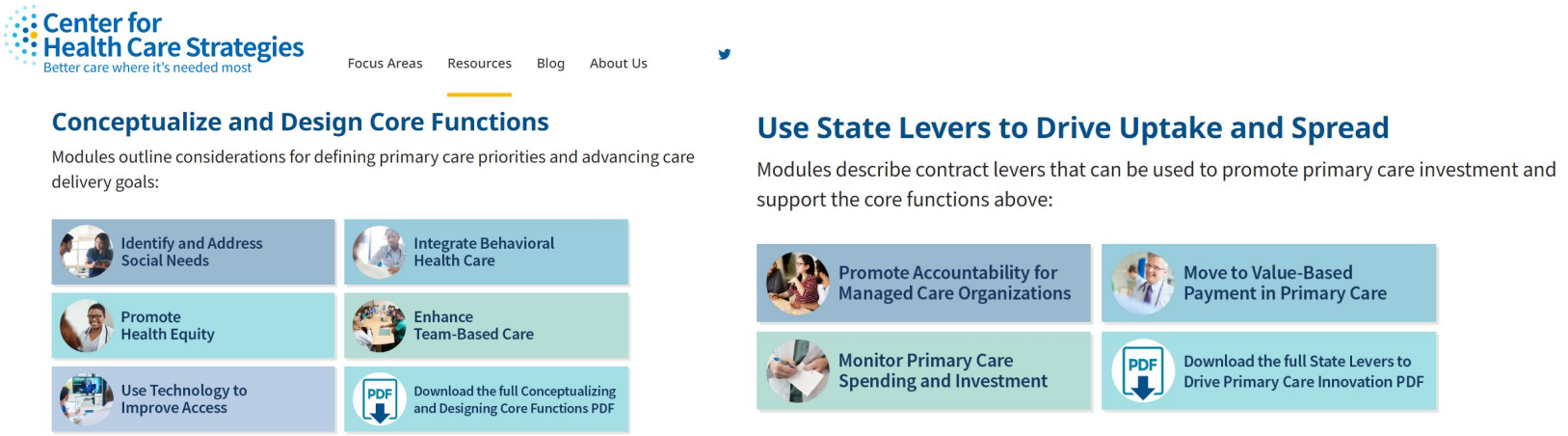
- PMPM for PCMH
- Create billing codes for team-based care activities (ex. WA creates new billing codes for the collaborative care model)
- Value-based payments from the State to the Plans can create targets MCOs must meet (ex. NM requires that at least 3% of enrollees are served by CHWs or Community Health Representatives)

Recommended Resource: MACPAC

This resource goes well beyond managed care strategies and has clear language and definitions of health equity, racial equity and health disparities as well as concrete options for how Medicaid agencies can advance health equity.

https://www.macpac.gov/wp-content/uploads/2022/06/Chapter-6-Medicaids-Role-in-Advancing-Health-Equity.pdf

Recommended Resource: CHCS Medicaid Managed Care Toolkit



Source: https://www.chcs.org/resource/advancing-primary-care-innovation-in-medicaid-managed-care-a-toolkit-for-states/

Group Discussion