

Integrated Managed Care

Co-Hosted By:



Agenda

- ▶ IMC Overview
- ▶ MCO Overviews
- ▶ Case Management Overview
- ▶ Access to Care & Appointment Standards
- ▶ Common Utilization Management Guidelines
- ▶ Questions and Answers

IMC Overview



Integrated Managed Care Background

- ▶ State legislation directed the Health Care Authority to integrate the care delivery and purchasing of physical and behavioral health care for Medicaid statewide by 2020.
- ▶ Southwest WA (Clark and Skamania Counties) was the only “early adopter” and implemented April 1, 2016.
- ▶ North Central opted to implement integrated care January 1, 2018.
- ▶ Pierce, Greater Columbia and Spokane regions implemented January 1, 2019.
- ▶ North Sound implemented July 1, 2019.
- ▶ The last three regions, Great Rivers, Thurston-Mason and Salish, will implement January 1, 2020.

Managed Care Organizations by Region

Managed care region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
As of January 2019					
Greater Columbia	●	●	●	●	
King	●	●	●	●	●
North Central	●		●	●	
Pierce	●		●	●	●
Spokane	●	●		●	
Southwest	●	●		●	
As of July 2019					
North Sound	●	●	●	●	●
Coming January 2020					
Thurston-Mason	●			●	●
Great Rivers	●			●	●
Salish	●			●	●

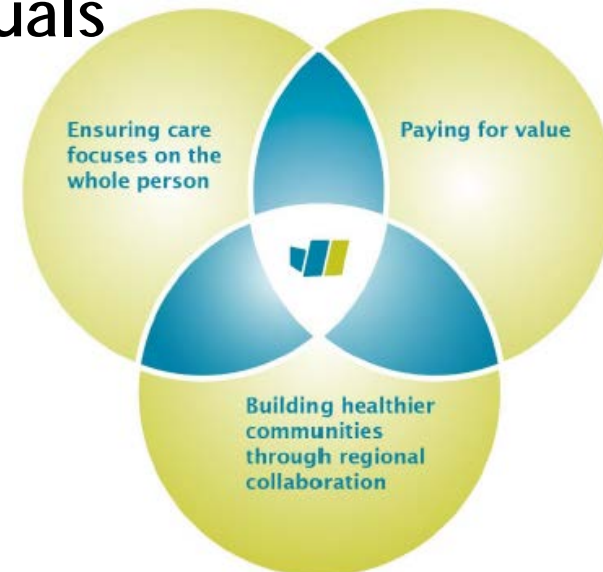


*Apple Health Foster Care is a statewide program, provided through Apple Health Core Connections (Coordinated Care of Washington).

Washington State
Health Care Authority

Whole Person Care

- ▶ Whole person care is an approach to address physical and behavioral health needs in one system through an integrated network of providers, offering:
 - ✓ Member centered care
 - ✓ Better coordinated care for individuals
 - ✓ More seamless access to services



How does this help members?

- ▶ In SW WA, 10 of 19 outcomes measured in the first year showed statistically significant improvement, relative to other regions. (<https://www.hca.wa.gov/assets/program/FIMC-preliminary-first-year-findings.pdf>)
- ▶ Strong evidence supporting integrated care delivery to effectively address co-morbid conditions and deliver holistic care.
 - ▶ Almost 75% of Medicaid enrollees with significant MH and SUD had at least one chronic health condition
 - ▶ 29% of adults with medical conditions have MH disorders
 - ▶ Americans with major mental illness die 14 to 32 years earlier than the general population, often due to untreated physical health conditions
- ▶ MCO contracts require coordination with county-managed programs, criminal justice, long-term supports and services, tribal entities, etc. via an Allied System Coordination Plan.

Two HCA Contracts Cover All Enrollees

Medicaid Covered Services

- Physical Health (e.g. Apple Health)
- Behavioral Health (BH)
- Substance Use Disorder (SUD)

Non-Medicaid Services

- Behavioral Health services NOT covered or funded by Medicaid
- These services are funded by General Fund - State dollars
- Examples of services: room and board, sobering services

Enrollees

- Apple Health IMC Medicaid children, families, adults, blind/disabled
- Behavioral Health Services Only (BHSO) members will only receive behavioral health benefits through MCOs. Medical benefits remain Fee-For-Service.

Services Not Covered by MCO Contracts

Crisis services for all members of the community

- Includes DCRs

State-funded services for Non-Medicaid individuals

County-funded services for Medicaid and Non-Medicaid individuals

Miscellaneous

- BH Ombudsman
- Behavioral Health Advisory Board
- Federal Block Grant
- Legislative Provisos

MCO Overviews





An Anthem Company



People Come First

Amerigroup focuses on improving health and wellness one member at a time, by doing the right thing for every member every time. We engage and support members and their families to be active participants in their case and to help them make healthy, informed decisions.



Whole Person Care

Integration is at the heart of our philosophy and approach to the coordination of benefits and services. Our person-centered model helps members access the full array of comprehensive high-quality services and supports they need.



Getting Results

Amerigroup seeks out new and better ways to improve member health outcomes, quality of life, and access to high quality, cost-efficient care and services. We achieve positive outcomes for members and generate value for states through our innovative approaches.



Amerigroup in Washington:

- ▶ We help provide access to health care for over 187,000 Amerigroup members statewide
- ▶ Apple Health
- ▶ Integrated Managed Care: one of two statewide MCOs
- ▶ Behavioral Health Services Only
- ▶ Foundational Community Supports
- ▶ Achieved over 80% VBP arrangements
- ▶ Multicultural Healthcare Distinction from NCQA

Provider Network:

- ▶ Over 65,000 providers
- ▶ Over 120 Hospitals
- ▶ 24 Community Health Centers with over 200 locations



Value Added Benefits:

A Whole Person Health Focus

- ▶ Peer Support Specialist registration and renewal payment
- ▶ No-cost eyeglasses up to \$100 annually for members 21-64
- ▶ GED test payment
- ▶ Acupuncture
- ▶ No-cost sports physicals for members 7-18
- ▶ No-cost Boys & Girls Club membership
- ▶ \$50 gas card for non-medical transportation to access social services
- ▶ Taking Care of Baby and Me program



We are a local, Washington-based Health Plan with long-established ties to communities throughout the State and well-equipped to facilitate and coordinate with local resources on behalf of our members. As of 2018, we achieved NCOA's Multicultural Health Care distinction and are focused on reducing health disparities in Washington state.



As a not-for-profit company, we make decisions that are motivated by the best interests of our members, providers and communities within the State of Washington. We are governed by community organizations (Community Health Centers) that are in turn governed by individuals that receive care within those organizations.



The health of our members is our primary concern. Our programs are designed to proactively identify and address the behavioral, social, and medical needs of our members and to recognize the whole person's needs.



The vision of CHPW is to provide services and supports that impact the health and well-being of our members, both directly and through our valued partnerships with community-based providers. We meet this challenge by identifying and addressing needs that impact the health of our members both within the clinical setting and beyond.

Community Health Plan of Washington



300,000 Members

- APPLE HEALTH
- MEDICARE ADVANTAGE
- MEDICARE SPECIAL NEEDS PLAN
- INTEGRATED MANAGED CARE
- BEHAVIORAL HEALTH SERVICES



Providing integrated models of care for over a decade



20 Community Health Centers with more than **130 clinics**

More than **2,500 Primary Care Providers**

More than **14,000 Contracted Specialists**

Behavioral Health Network **Statewide**

Presence in all **39 counties**

More than **100 hospitals**



CHPW Value Added Benefits



New Arrivals



Rewards for Pregnancy Checkups



Baby Bassinet Box



Breast Pump for New Moms



Well Child Rewards



CHPW Resource Hub

CHPW offers an online source for free and reduced-cost community services across the state.



Boys & Girls Club



Sports Exams for Kids



Print ID Cards Online



Acupuncture



24-Hour Nurse Advice Line




Help for Quitting Smoking





coordinated care™

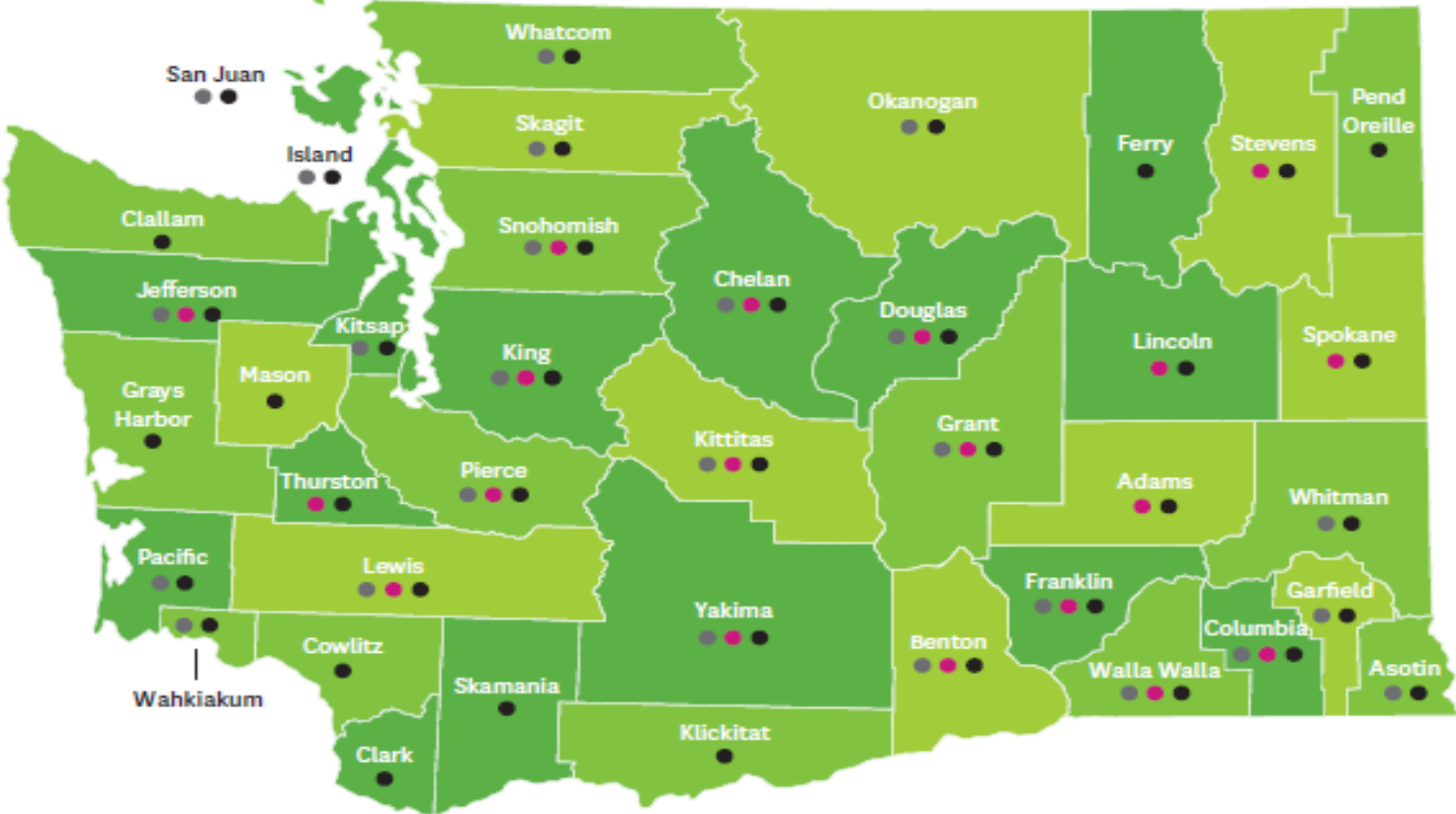
Mission Statement: To be the highest quality health plan in Washington, and the health plan of choice for members and providers

- 
- ▶ Serving over 250,000 Washingtonians
 - ▶ Medicaid
 - ▶ Foster Care
 - ▶ Health Benefit Exchange
 - ▶ First MCO to integrate a state-wide population
 - ▶ 2018 DSHS Practice Transformation Award
 - ▶ NCQA Accredited as COMMENDABLE
 - ▶ Community Education Commitment

Coordinated Care: We've Got You Covered



2019 Coordinated Care Network



- Washington Apple Health
- Ambetter from Coordinated Care
- Apple Health Core Connections (foster care)



ANSWERS WHEN I NEED THEM.

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Value-Added Member Benefits

- ▶ **Earn Rewards:** Complete preventive exams to earn dollar rewards
- ▶ **Start Smart for Your Baby®:** Includes prenatal and postpartum support, education, home monitoring for high-risk pregnancies, no-cost breast pump and no-cost car seat.
- ▶ **Safelink:** No-cost cell phone with 1,000 minutes per month and unlimited texting for qualifying members. Access to our staff and 24/7 Nurse Advice line do not count toward monthly minutes.
- ▶ **Care Management:** Advocates supporting members dealing with diseases, behavioral/mental health, connecting to community resources and removing barriers to achieving better health.
- ▶ **Online Member Account & App:** View rewards balance, change your PCP, complete forms, send secure messages or view/request ID cards
- ▶ **Boys and Girls Club Membership:** no-cost annual membership for 6-18 year-olds to participating clubs, where they can exercise, practice healthy habits and build lifelong friendships.

Molina Healthcare Washington

Our Mission

To provide quality health care to people receiving government assistance for their health care



Molina Healthcare of Washington

Value Added Benefits available to Molina Members



Amazon
Prime



Amazon
Gift Cards



Virtual
Urgent Care



Weight
Watchers



HealthinHand
App/MyMolina



Breast
Pumps



Stop
Smoking
Program



Case
Management

Molina Healthcare of Washington

Investing in Communities

The Molina Community Innovation Fund

- ✓ Molina is committed to investing up to \$1 million annually, for 3 consecutive years to strengthen whole-person care in communities that have implemented IMC
- ✓ Eligible nonprofit organizations should be aiming to:
 - Decrease barriers to care
 - Address social determinants of health
 - Grow integrated services at the community level
 - Have missions that align with Molina's mission and the grant-funding parameters
- ✓ For more information: MolinaHealthcare.com/MolinaFund



UHC in Washington

- ▶ UnitedHealthcare Community Plan serves 185,000 Washington Apple Health, IMC and BHSO members.
- ▶ We serve 36,000 Dual Special Needs Plan members, making us the largest DSNP plan in the state
- ▶ We are the second largest plan in Western WA
- ▶ We serve on the Accountable Communities of Health, where we support mutual goals around health in housing programs, jail transitions, **behavioral** health integration and maternal-child health programs, and work collaborative with our MCO partners
- ▶ We have a long-standing partnerships with safety net providers, including Community Health Centers, low income housing and supportive service providers
- ▶ We are implementing Integrated Managed Care in King, Pierce and the North Sound for a 2019 start and in 2020 for the remaining regions



Value-Added Benefits - UnitedHealthcare



Quit For Life[®] program.



Member Rewards for Well-Child, Screenings.



Extra pregnancy support and rewards for moms.



Support for complex conditions.



Youth programs with free Boys & Girls Club memberships, Sesame Street[™] and youth grants.



Sports physicals.



UnitedHealthcare On My Way for teen engagement on health and life.



Doctor Chat app for members to chat or share photos with a live doctor within 90 seconds



Healthy First Steps[®]
For your baby and for you.



UHC Focus on Social Determinants

UHC Focus on Social Determinants of health into its clinical model, collaboration strategies and outreach priorities.



Providing reliable access to food could **save over \$215** per member per month in health care costs.



Creating safe, affordable housing can **reduce** health care costs **by over \$350** per member per month.



Supporting the completion of high school can **decrease** health care costs **by over \$140** per member per month.

Case Management Overview



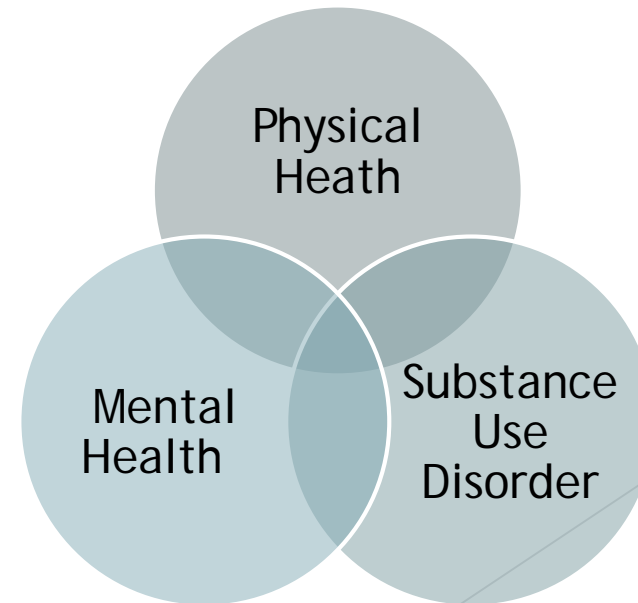
MCO Case Management

- ▶ Is an additional means of support for your patients/our members in obtaining services and meeting their needs;
- ▶ Is a partner at the multidisciplinary team table;
- ▶ Is a resource for the members, providers, colleagues and MCO counterparts;
- ▶ Is NOT intended, in any way, to replace providers' current Case Management services;
- ▶ Collaborates with other existing teams to effectively manage complex individuals or populations; and
- ▶ Strives to enhance or supplement current efforts and reduce duplication of work.



Care Coordination with Integrated Managed Care (IMC)

- ▶ Community Based Care Coordination
 - ▶ Working with PCP and BH providers to coordinate and collaborate
 - ▶ Local providers know the patient best
 - ▶ Allied Service Coordination (Community Partners)
- ▶ Coordination of BH Services by MCO
 - ▶ SUD
 - ▶ State Facilities
 - ▶ Outpatient Wrap Around Care
 - ▶ Justice System
 - ▶ BH-ASO Crisis Services



Initial Health Screening

Newly enrolled members receive an Initial Health Screening within the first 60 days of enrollment

However, many members are difficult to contact



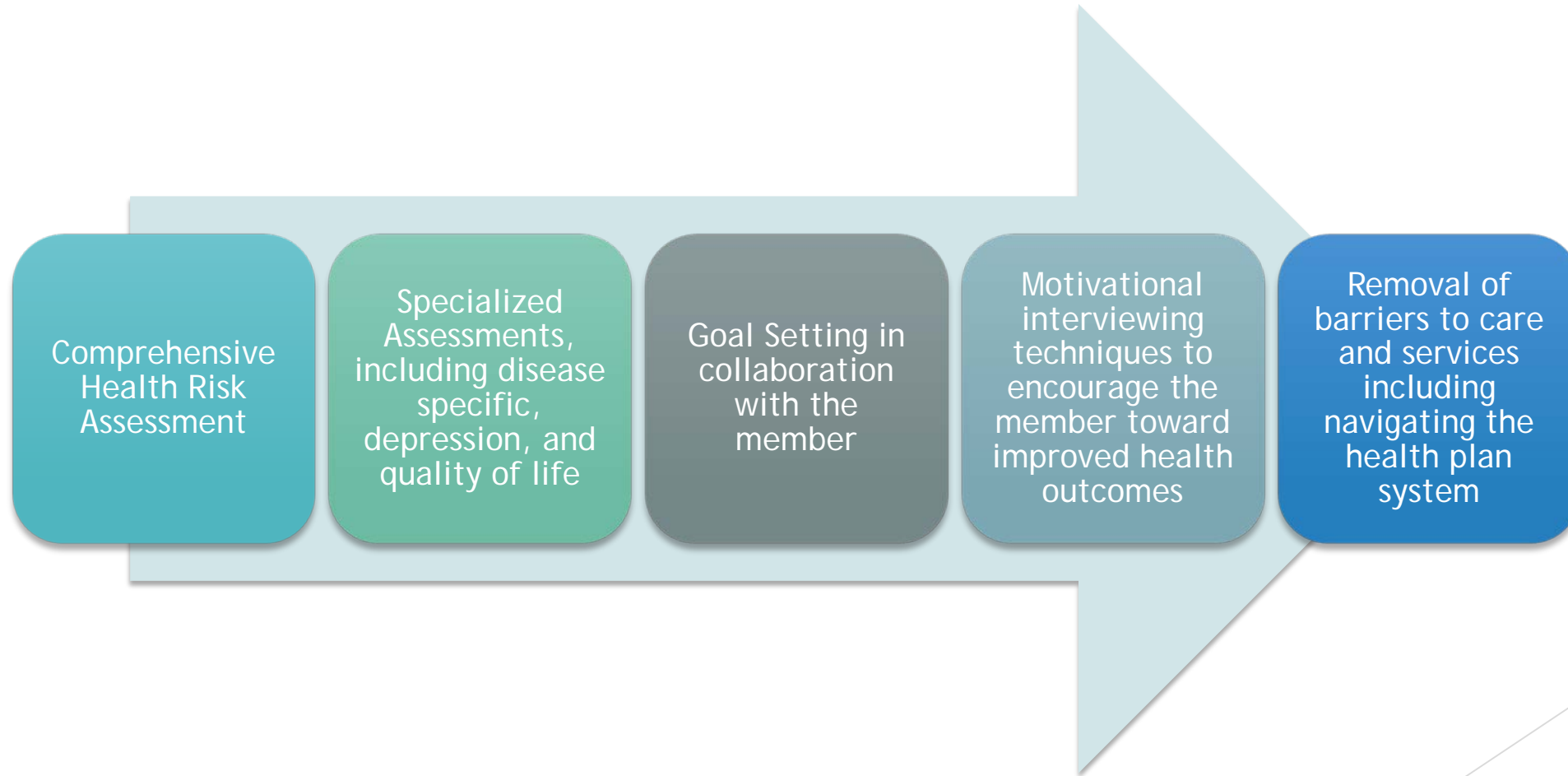
Based on screening results and other utilization data, members are referred to Care Management for further assessment

Examples for Case Management Referrals:

- ▶ High utilizer of care
- ▶ Members with complex and/or comorbid conditions
- ▶ Difficulty managing a chronic condition
- ▶ Psychosocial needs impacting management
- ▶ Assistance navigating health plan system
- ▶ Gaps in care



Case Management Process



Care Management Levels

Care Management services are designed to support the overall Wellness of enrollees with a focus on improving health outcomes.

MCOs offer three levels of Care Management Services:

1. Care Coordination Services (CCS)
 - ▶ Focus on short-term or intermittent needs, such as:
 - ▶ Access to care/services addressing social needs
 - ▶ Improving clinical outcomes
 - ▶ Increasing self-management skills
2. Medical Case Management
 - ▶ Three to six months engagement
 - ▶ Assist members in managing complex healthcare needs
 - ▶ Goal setting based on the individual's priorities
 - ▶ Integrated care planning



Wraparound with Intensive Services (WISe)

- ▶ Providers are still expected to follow the WISe Manual expectations
- ▶ Intensive focus on WISe, increasing targets and capacity statewide to meet HCA requirements - regional target numbers now available
- ▶ MCOs developed consistent templates for WISe Notification and Monthly WISe reporting
 - ▶ Webinar April 22nd to share new forms and instructions (including contact information)
 - ▶ Monthly report due the 5th of each month

Transitions of Care

- ▶ Transitional care services are provided to all members who are transitioning from one level/setting of care to another;
- ▶ Development/completion of a standardized discharge screening tool;
- ▶ Development of an individual plan to reduce the risk of readmission or treatment recidivism, to include:
 - ▶ Information that supports discharge care needs, medication management, action to ensure follow-up appointments are attended, and follow-up for self-management;
 - ▶ When to seek medical or emergency care;
 - ▶ Including formal and informal caregivers in this process, as the member allows;
 - ▶ Written discharge plan;
 - ▶ Follow-up plan;



Transitions of Care cont.

- ▶ Organized post-discharge services, such as home health or therapy or post-acute placement
- ▶ Telephonic follow-up to reinforce the discharge plan and problem solving, 2-3 days post-discharge;
- ▶ A plan in the event a problem arises following discharge;
- ▶ A face to face visit to the member, while in the hospital, for those who are at high risk of readmission, to coordinate the transition;
- ▶ For members at high risk for readmission, a face to face visit, an in-person assessment for post-discharge support within seven (7) calendar days of hospital discharge.
- ▶ Scheduled outpatient Behavioral Health and/or primary care visits within seven (7) calendar days and again within 30 days following discharge and/or physical or mental health home health care services delivered within seven (7) calendar days of discharge.

Access to Care & Appointment Standards



Access to Care Standards

- ▶ DSHS Access to Care Standards implemented by DBHR (utilized by BHOs) will be eliminated July 1, 2019.
- ▶ MCOs will utilize medical necessity criteria rather than the DBHR Access to Care Standards. MCOs will now oversee all Medicaid-covered behavioral health benefits, regardless of diagnosis.
- ▶ MCOs will continue to utilize industry standard medical necessity decision making guidelines, based on evidence based practices, for determining levels of services.

Behavioral Health Appointment Standards

MCO appointment standards comply with the Health Care Authority (HCA) and the National Committee for Quality Assurance (NCQA) requirements. Providers must also adhere to these standards.

Type of Care	Appointment Standard
Non-life threatening	Within 6 days
Urgent care	Within 24 hours
Routine care - initial visit	The earlier of 10 business days or 14 calendar days
Routine care - follow-up visits	Within 30 days

Appointment Standards

MCO appointment standards comply with the Health Care Authority (HCA) and the National Committee for Quality Assurance (NCQA) requirements. Providers must also adhere to these standards.

Type of Care	Appointment Standard
Preventive Care Appointment	Within 30 calendar days of request
Second Opinions	Within 30 calendar days of request
Non-Urgent, Symptomatic Care	Within 10 calendar days of request
Urgent Care	Within 24 hours
Emergency Care	24 hours/7 days
After-Hours Care	Available by phone 24 hours/seven days
Care Transitions - PCP Visit	Transitional healthcare services by a Primary Care Provider, within 7 calendar days of discharge from inpatient or institutional care for physical or behavioral health disorders or discharge from a substance use disorder treatment program
Care Transitions - Home Care	Transitional healthcare services by a home care Mental Health Professional or other Behavioral Health Professional within 7 calendar days of discharge from inpatient or institutional care for physical or behavioral health care, if ordered by the Enrollee's Primary Care Provider or as part of the discharge plan.

Common Utilization Management Guidelines



Honor Authorization

- ▶ HCA will “suspend” Medicaid coverage for individuals during incarceration.
- ▶ Suspended coverage means the individual is eligible for Medicaid, but all claims payment and managed care assignment is suspended while the individual is in custody
- ▶ The benefit to suspended (as opposed to terminated) coverage is that individuals are quickly re-enrolled with their MCO upon release.
- ▶ MCOs have developed processes to create “honor” or “presumptive” authorizations for incarcerated members to assist them in accessing services immediately upon release from the correctional facility.
- ▶ If you are continuing to have barriers to access of care for your client, please email directly to HCAintegratedmcquestions@hca.wa.gov.



Questions and Answers





Thank you for joining us today.

