Medicaid Managed Care and Care Coordination

Christine Mangione, RN, BS, CCM
Manager of Clinical Operations
Health Homes of Upstate NY and Western Region Behavioral Health Organization
Agenda

- Anticipated changes in NYS Medicaid Managed Care
- Review of competencies, knowledge and skills that support success in the world of Managed Care
  - Infrastructure
  - Understanding MCO business practices
  - Demonstrating outcomes/value
- Actions providers should be taking to support readiness
A Reminder...

GOVERNOR’S VISION FOR MEDICAID REFORM

It is of compelling public importance that the State conduct a fundamental restructuring of its Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure.”

Governor Andrew Cuomo, January 5, 2011

EXPECTED OUTCOMES:

Improved health status
Improved quality of care
Reduced costs

Care Management for All.....
Medicaid Behavioral Health System Today

Who is accountable for the whole person?
Remaining System Challenges

- 20% of people discharged from general hospital psychiatric units are readmitted within 30 days.
  - A majority of these admissions are to a different hospital.
- Discharge planning often lacks strong connectivity to outpatient aftercare.
  - Lack of assertive engagement and accountability in ambulatory care.
  - Contributes to: readmissions, overuse of ER, poor outcomes and public safety concerns.
- Lack of care coordination for people with serious SUD problems leading to poor linkage to care following a crisis or inpatient treatment.
- A significant percentage of homeless singles populations has serious mental illness and/or substance use disorder.
Remaining System Challenges

- People with mental illness and/or substance use disorders are over represented in jails.
- Unemployment rate for people with serious mental illness is 85%.
- 33% of people entering detox were homeless and 66% were unemployed in 2011.
- People with serious mental illness die about 25 years sooner than the general population, mainly from preventable chronic health conditions.
- Poor management of medication and pharmacy contributes to inappropriate poly-pharmacy, inadequate medication trials, inappropriate formulary rules, poor monitoring of metabolic and other side effects and lack of person centered approach to medication choices.
Getting Ready for the Changes Anticipated....
Services To Be Covered by MCO as of July 1, 2015 *(Not paid for by MCOs today)*

- Continuing Day Treatment
- Partial hospitalization
- PROS
- ACT

- **Health Home Care Management** for all members and all providers *(Converting TCM and FFS currently carved out.)*

- Rehabilitation services for residential SUD trxt supports
- Inpatient Psychiatric services *(currently FFS for all SSI Medicaid recipients)*
- Rehabilitation services for residents of community residences *(beginning in year 2)*
Getting Ready…. Competencies, Practices and Skills that will Support Success in Managed Care

To make sure you are meeting MCO expectations

**Three main categories:**
- Build organizational infrastructure to effectively work with MCOs
- Understand MCO business practices and imbed these practices in the work of your organization
- Demonstrate desired outcomes /value
Organizational Infrastructure

Build the infrastructure to support the changes necessary to succeed in the new managed care environment

Data analytic capacity:
Collecting, housing and analyzing process and clinical data with CQI follow up

Innovation and change management capacity
Identify and empower “Change Champions.”

Develop leaders (not managers)
Share the “power” tied to establishing a strategic direction. Use those with a variety of experience and perspectives.

Fiscal capacity beyond FFS
Learn more about what MCOs currently require and possible future payment models

Training and workforce development
Develop a flexible and forward thinking workforce that responds positively to quantified performance feedback
Organizational Infrastructure

Develop channels for effective communication...

Within your organization
- Share changes with Board and engage them in the change process
- Make certain the Leadership Team is clear on expectations that will support a successful transition
- Encourage the sharing of information about Medicaid Redesign and the next phase of Managed Care with staff across the organization
- Encourage cross-department conversations about the role each will play in the organization achieving identified outcomes.

Support cross-discipline efforts
- Regardless of discipline, leaders must believe in and be champions of transformation and communicate this expectation across the array of disciplines
- Redesign care to optimize each professional disciplines expertise and knowledge.
- Members of multidisciplinary teams must be collaborative, share a mutual respect for one another and rotate leadership based on the initiative and the skill set the project requires

Across the system of care
- Develop process to promote inter-organization communication in support of shared outcomes and opportunities for Continuous Quality Improvement.
Organizational Infrastructure

Build capacity to support continuous clinical improvement...

- Invest in clinical staff to review data reflective of key service delivery process and clinical outcome measures that are collected internally – and externally (e.g., reports prepared by State Agencies, PSYCKES, MCOs, etc).

- Develop processes to review outcome measures w/clinical team members (including MDs when appropriate) on a routine basis. Team makes recommendations for improvement. Changes in practice are monitored.

- Reports on the work of the Clinical Team are routinely distributed to leadership team members (including Board)

- Organization consistently articulates its full support for ongoing quality improvement activities.
Understand MCO Business Practices – Build a successful business relationship w/MCOs

- MCO priorities
- Contracting
- Communication/Reporting: data exchange in required formats, requests for clinical information, services authorization, member verification
- IT systems requirements
- Credentialing processes
- Level of Care Criteria/Utilization Management Practices
- Member Services/Grievance Procedures
- Medical Management
- Network Management
- Quality Management/Quality Studies/Incentive Opportunities
- Billing/Payment Practices
- Auditing practices
Deliver and Demonstrate Impact/Value

- Determine the outcomes and related measures that define success for the MCOs with which you work
- Inventory data sources that reflect impact (PSYCKES)
- Work with or develop Quality Team to review available data and assess organization’s position
- Develop new data collection protocols as needed
- Obtain information on Cost Per Unit/Episode of Service
- Begin to build your value proposition (continuously improve)
Deliver and Demonstrate Impact/Value

Defining Value...
The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee
Deliver and Demonstrate Impact/Value

PROVIDERS MUST LEAD THE WAY IN MAKING VALUE THE OVERARCHING GOAL
BY MICHAEL E. PORTER AND THOMAS H. LEE

- Value = health outcomes that matter to patients relative to the cost of achieving those outcomes
- Failure to improve value = failure
Example from the Schwarzkopf Clinic at Rochester Psychiatric Center of Demonstrated Value

- Innovative service model involving care management
- Improved outcomes and reduced costs
- Example of alternative options that might be proposed to Medicaid Managed Care Plans
# Analysis of Inpatient, Emergency and Jail Incarcerations for Schwarzkopf Clinic Clients

For Select List (N=86)

<table>
<thead>
<tr>
<th></th>
<th>Prior 12 Months</th>
<th>Post 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td><strong>Total Clients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid CI N Not Available (Medicare Only) No Inpatient, ED or Jail Activity Found</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>47</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Admissions - Behavioral Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with Admissions Total Inpatient Admissions Total Inpatient Days</td>
<td>28</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,379</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Admissions - Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with Admissions Total Inpatient Admissions Total Inpatient Days</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>274</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Visits - Behavioral Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with Emergency Visits</td>
<td>9</td>
<td>10%</td>
</tr>
<tr>
<td>Total Visits</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Visits - Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with Emergency Visits</td>
<td>11</td>
<td>13%</td>
</tr>
<tr>
<td>Total Visits</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td><strong>Jail Activity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clients with Jail Activity Total Incarcerations Total Jail Days</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>653</td>
<td></td>
</tr>
</tbody>
</table>

1 There were 37 individuals with no activity in both Prior and Post time period. This included the 2 who were Medicare Only.
2 Behavioral Health Inpatient and Emergency categories were selected based on a Primary Diagnosis of mental illness or substance abuse. Other diagnoses were classified as Medical.

Data Sources: Monroe County Adjudicated Medicaid Claims (Salient) Monroe County Jail Data

Report Date: 3/25/14
Who they served

- Like many safety-net clinics, our service works with individuals who have not been well served by more traditional, office based interventions. Our clients are the “hot spots” on the health care utilization map---they miss appointments, they may have histories of violence and restraining orders in place at other clinics, they are homeless or they are hanging on in substandard housing, and their lives are complicated by severe and persistent mental illness, physical disease, and, in many cases, substance abuse.
They are the high utilizers of EDs, of inpatient hospital beds, and their co-morbid medical problems are a burden to themselves and the local health care system.

What we need, what is needed by every provider and every recipient of services in this system, is recognition that if you talk about “meeting the person where they are,” you need to, literally, meet that person where they are. Mobile services are critical to addressing the needs of our most vulnerable citizens, and they are also cost effective.
What did they do?

“The model is that you hire good people and then you send them where they can do the most good. If you want to keep someone in the community—you have to see them in the community. If you want to help someone stay in their apartment—you have to go and help them in their apartment. If you want someone to tell you what’s really going in their life, you have to go to where they live their life—into their neighborhood, into their living room, into their kitchen.”
What we need, what is needed by every provider and every recipient of services in this system, is recognition that if you talk about “meeting the person where they are,” you need to, literally, *meet that person where they are*. Mobile services are critical to addressing the needs of our most vulnerable citizens, and they are also cost effective.
What could you do to replicate such outcomes? How would you present it to an MCO?

- Can your Health Home take such a model to a Managed Care Plan for consideration for a special payment option?
- Is this an option for a DSRIP project?
- What regulatory changes would be required?
- Financial analysis
Beginning the Process of Managed Care Readiness

A Managed Care Readiness Assessment/ Work Plan key. Areas of detailed focus include:

- Organizational Infrastructure Audit
- Inventory of documents pertaining to MCO practices and staff that understand these documents
- Inventory of quality and financial data/reports that demonstrate impact of the organization’s work and how the information is being used
- Review history of collaboration with other providers and potential future collaborative opportunities

Resources currently available through
New York Care Coordination Program and CCSI
Beginning a collaboration between Health Home Care Managers and Managed Care Plans

- Roles and responsibilities for Managed Care Plans / Health Home Care Managers
- Roles and responsibilities for Complex Care Management Services to High Need Behavioral Health Medicaid Members
- Under discussion by DOH and Managed Care Plans
Understand the findings of BHO 1: 2013 Summary Report

- Summary report of data from BHO I 2012 - 2013 activities.
- Summarizes findings from BHO reviews and analysis of claims data regarding inpatient discharge planning practices and care coordination needs of the FFS populations targeted for enrollment in the Phase II plans.
- Section on Care Coordination and Discharge Planning
Questions and Answers