Serving CYSHCN in Medicaid Managed Care: Contract Language and the Contracting Process

November 16, 2017 | 1:00-2:00 PM, ET

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National Standards for Systems of Care for Children and Youth with Special Health Care Needs

What: the consensus of national experts across multiple systems

Why: designed to help communities and states build and improve systems of care for CYSHCN

Screening, Assessment and Referral

Eligibility and Enrollment

Access to Care

Medical Home:
  Pediatric Preventive and Primary Care; Care Coordination; Pediatric Subspecialty Care

Community-based Services and Supports:
  Respite Care; Palliative and Hospice Care; Home-based Services

Family Professional Partnerships

Transition to Adulthood

Health Information Technology

Quality Assurance and Improvement

Insurance and Financing

Disclaimer: The National Standards are meant to supplement, not substitute, federal statute and regulatory requirements under Medicaid, the ACA and other relevant laws and are intended for use or adaptation by a wide range of stakeholders at the national, state and local levels.
Agenda

• Welcome
• Introduction of Presenters
• Serving CYSHCN in Medicaid Managed Care: Contract Language and the Contracting Process
  – Presented by: Karen VanLandeghem
• Medicaid Managed Care for CYSHCN in Texas and Title V Involvement
  – Presented by: Rachel Jew
• Managed Care Contracting in New Mexico
  – Presented by: Susan Chacón
• Let’s take a look at the tool!
• Questions?
Presenters

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Serving CYSHCN in Medicaid Managed Care: Contract Language and the Contracting Process

November 16, 2017

Karen VanLandeghem, MPH
Senior Program Director, NASHP
Presentation Overview

• Provide brief overview of the national landscape on children and youth with special health care needs (CYSHCN) in Medicaid managed care (MMC)

• Describe key state opportunities and levers in MMC contracting and the contracting process

• Highlight core elements of the Serving CYSHCN in Medicaid Managed Care: Contract Language and the Contracting Process tool
National Standards for Systems of Care for CYSHCN

http://www.amchp.org/programsandtopics/CYSHCN/Pages/default.aspx

http://cyshcnstandards.amchp.org
Why Medicaid Managed Care? CYSHCN and MMC Landscape: A NASHP 50-State Review

[Map showing states colored based on their Medicaid Managed Care (MMC) status: states that enroll some or all populations of CYSHCN in MMC, states that have a specialized MMC plan for certain populations of CYSHCN, states that do not serve Medicaid beneficiaries, including CYSHCN, in MMC.]
Nearly All States Use Some Form of MMC to Serve Adults & Children Enrolled in Medicaid

- 47 states with some form of MMC (risk-based, primary care case management, prepaid health plans)
- Risk-based MMC is the most common form of managed care used (states contracting with health plans to deliver health care services and supports)
  - Of states with MMC serving CYSHCN, 37 states rely exclusively on risk-based MMC
- Among states with MMC, all enroll some or all populations of CYSHCN into MMC

Most States Mandatorily Enroll CYSHCN in Medicaid Managed Care (MMC)

• Several populations of CYSHCN for whom enrollment in MMC is most common:
  o Children in the Medicaid ABD category of assistance
  o Children with a chronic condition and Medicaid eligible due to income
  o Children enrolled in Medicaid as a result of foster care placement or adoption assistance
• 22 states enroll children with SSI in MMC
• Nearly one-third of states (14 states) enroll children with home and community based services waivers in MMC

Most CYSHCN in MMC are Enrolled in Standard Health Plans

- The majority of states with MMC enroll CYSHCN into standard health plans (health plans that serve the majority of adults and children enrolled in Medicaid)
- Six states (AZ, FL, GA, TX, VA and WI) and the District of Columbia have developed specialized health care plans to serve all or some Medicaid enrolled populations of CYSHCN
- For example:
  - Texas STAR Kids serves CYSHCN in SSI or with Medicaid disability waiver
  - Virginia Commonwealth Coordinated Care Plus launched in August 2017 to serve adults and children with chronic and complex health care needs
  - D.C. uses a single MCO to serve CYSHCN with the option for families to enroll in a specialized managed care plan

State Opportunities & Levers in MMC Contracting & the Contracting Process are Numerous!

- Partner with state Medicaid agencies in the design, implementation and re-procurement of MMC
- Assist in meeting new federal MMC regulations
- Enrollment of CYSHCN in MMC, including:
  - Which sub-groups of CYSHCN?
  - Mandatory or voluntary enrollment?
  - Standard versus specialized health care plans?
  - Will enrollment of CYSHCN be phased in over time?
State Opportunities & Levers in MMC Contracting & the Contracting Process are Numerous! (cont.)

• MMC design (including those required by MMC rule):
  o Identify CYSHCN enrollees and assess their needs
  o Assure network adequacy and continuity of care
  o Providing and defining care coordination
  o Transitioning CYSHCN to adult-serving health care systems

• Performance incentives for health plans and providers

• Stakeholder engagement (e.g., families of CYSHCN, Title V CYSHCN, providers, health plans) in design, implementation and re-procurement

• Identifying measures and measuring quality
About the Tool

• Developed in partnership with AMCHP, with support from the Lucile Packard Foundation for Children’s Health, as part of Phase III of the National Standards for CYSHCN project

• Selected contracting language from four states with leading efforts in MMC contracting for CYSHCN: MD, MI, TX, VA
  o Contracting language is a guide; all states are unique!

• Aligned with selected key domains of the National Standards for CYSHCN, Version 2.0:
  o Identification/assessment
  o Access to care
  o Medical homes/care coordination
  o Quality
Selected Resources

- National Standards for CYSHCN Version 2.0
- National Standards for CYSHCN Version 1.0
- White Paper from the National Consensus Framework for the National Standards for CYSHCN
- Medicaid Managed Care Tool
- State Assessment Tool
- State Medicaid Managed Care Enrollment and Design for Children and Youth with Special Health Care Needs: A 50 State Review of Medicaid Managed Care Contracts
- Medicaid Delivery System and Payment Reform: A Guide to Key Terms and Concepts (Kaiser Family Foundation Report)
Medicaid Managed Care for CYSHCN in Texas and Title V Involvement

AMCHP/NASHP Webinar
November 16, 2017
Health and Human Services in Texas

Health and Human Services

Health and Human Services Commission

Medicaid

CSHCN Health Care Benefits

Department of State Health Services

Title V
STAR Kids Medicaid Managed Care

• Senate Bill 7, 83rd Legislature, Regular Session, 2013, established STAR Kids Medicaid managed care for children and young adults with disabilities
• 13 service areas; 10 managed care organizations
• 3 main features of STAR Kids
  • Comprehensive, strengths-based needs assessment
  • Person-centered planning and service design
  • Ongoing service coordination
• Rollout occurred November 1, 2016
Title V Involvement in STAR Kids

- Presentations to the STAR Kids Managed Care Advisory Committee
- Title V contractors serve on Advisory Committee
- Input on MCO transition to adulthood requirements
- Presentations to STAR Kids MCOs
- Input on member survey and shared national and state data on CYSHCN
- Regular communication as services under this model continue
Thank you

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Managed Care Contracting in New Mexico

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Current State of Affairs

Centennial Care is the name of the New Mexico Medicaid program which was created through a Section 1115 Demonstration waiver approved by CMS for 5 years. Centennial Care began on January 1, 2014 with services provided by four managed care organizations (MCOs). These services include physical health, behavioral health, long-term care and community benefits.

ACA expanded Medicaid benefits to NM residents 19-64. All Medicaid beneficiaries must enroll in an MCO including CYSHCN.

Except Native Americans who are exempt and may remain fee for service.

Waiver renewal process is in an active phase!
4.4.2 Health Risk Assessment (HRA)

- 4.4.2.1 The CONTRACTOR shall conduct a Health Risk Assessment (HRA), per HSD guidelines and processes, for the purpose of (i) introducing the CONTRACTOR to the Member, (ii) obtaining basic health and demographic information about the Member, (iii) assisting the CONTRACTOR in determining the level of care coordination needed by the Member, and (iv) determining the need for a nursing facility level of care (NF LOC) assessment.

- 4.4.3.1 The HRA shall determine whether a Member requires level 1 care coordination or requires a comprehensive needs assessment to determine whether the Member should be assigned to level 2 or level 3 care coordination.

4.4.6 Level 2 or 3 can be defined as:

- Is a high-cost user as defined by the CONTRACTOR
- Is Medically complex or fragile as defined by the contractor
- Is a dependent child in out-of-home placements
- Is a transplant patient
- Excessive emergency room use
Care Coordination

4.4.10 Ongoing care coordination

4.4.10.1 The CONTRACTOR shall conduct care coordination to ensure that Members receive all necessary and appropriate care. Ongoing functions shall include at a minimum

- Develop and update care plan as needed
- Provide condition specific disease management interventions and strategies
- Monitor treatment and coordinate with providers to encourage best practice
- Identify, address and evaluate service gaps to determine their cause and ensure back-up plans
Network Adequacy

4.8.7 Access to Services

The CONTRACTOR shall have an adequate provider network to ensure access to quality care and the CONTRACTOR shall demonstrate that its network is sufficient to meet the health needs of all members.

4.8.7.4 Distance requirements

90% of Urban members shall travel no farther than 30 miles
90% of Rural Members shall travel no farther than 45 miles
90% of Frontier Members shall travel no farther than 60 miles

4.8.9.3 Children’s Medical Services

The CONTRACTOR shall make best efforts to contract with Children’s Medical Services to administer outreach clinics at sites throughout the State.
Title V Involvement

Children’s Medical Services

**Care Coordination provided by Medical Social Worker, T1017 $250.00 per client per month**

The Provider shall:

- Provide community based social services and care coordination to identified groups, individual and families in order to protect and improve the social and medical well-being and functioning of families and individuals.

- The caseload may include children with multiple problems and/or complex needs. Poor decision making can have a profoundly negative impact on a child, their family and the community. The day to day workload is often crisis oriented and unpredictable.

- Serve managed care members that have both chronic Physical Health conditions and Behavioral Health needs. This service will improve members' overall condition and outcomes, while also decreasing unnecessary costs.

The Provider shall:

- Provide multidisciplinary pediatric specialty outreach clinics for clients who meet diagnostic requirements. Clinics include pulmonary, cleft lip and palate, endocrine, nephrology, neurology, metabolic and genetics. Clinic services will include clinic care coordination.

- Assure that referrals to the Children's Medical Services specialty clinics receive appropriate authorization by Health Plan.
1115 Medicaid Waiver Renewal Process

Proposed changes that could affect CYSHCN in New Mexico

• Care coordination at the provider level

• Leverage partnerships to target high-need populations

• Improve transitions of care

• Institute co-pays and premiums

• Eliminate three month retroactive eligibility period
Delegated Model of CC?

• 4.4.12.1 The CONTRACTOR may utilize a care coordination team approach to perform care coordination activities prescribed in this Section 4.4. For Members in levels 2 and 3, the CONTRACTOR’s care coordination team shall consist of the Member’s care coordinator and specific other persons with relevant expertise and experience appropriate to address the needs of Members.

• 4.4.12.2 The CONTRACTOR shall use local resources, such as I/T/Us, Patient Centered Medical Homes (PCMHs), Health Homes, Core Service Agencies (CSAs), School-Based Health Centers (SBHCs), Community Health Workers (CHWs), Community Health Representatives (CHRs), Community Based agencies, Independent Living Centers, Tribal services reimbursing them in mutually agreeable arrangements, to assist in performing the care coordination functions specified throughout Section 4.4 of this Agreement. The Contractor shall perform oversight of all care coordination functions delegated to local resources, per section 7.14.2.1.3.
Network Adequacy?

Special Provisions for the State Teaching Hospital

The CONTRACTOR shall make good faith efforts to contract with the State teaching hospital for all services provided by the State teaching hospital including inpatient, outpatient and physician specialty services. Agreements which establish a limited scope of inpatient, outpatient, or physician specialty services are not considered to be a contract for the purposes of this Section.

If the CONTRACTOR is unsuccessful after making good faith efforts to enter into an Agreement with the State teaching hospital, the following shall apply:

4.8.1.5.2.1 The CONTRACTOR shall supply HSD with all materials related to the CONTRACTOR’s proposed terms and conditions including all proposed reimbursement schedules presented to the State teaching hospital for HSD’s review including the proposed relativity to the Medicaid fee schedule (including the enhanced safety net care hospital reimbursement rate).

4.8.1.5.2.2 HSD may adjust the CONTRACTOR’s Capitated Rates outlined in Section 6 to reflect the exclusion of the State teaching hospital experience from the CONTRACTOR’s Capitated Rates and Capitation Payments.
Title V Involvement

• Provided comments during public input phase on
  • Care coordination
  • Transition
  • Provider network

Working on current initiative with MCO’s, Medicaid, F2F and Improvement partnership program Envision NM to work on
  • Definition of CYSHCN
  • Best practice for Transition of Care
  • Define specialized care coordination
Contracting

• Provide examples from other states
• Propose changes to the MCO policy manual if not able to affect the contracts
• Ask Medicaid for a letter of direction to the MCO’s regarding identified issues
In Conclusion

We need to continue to monitor the Waiver renewal process and subsequent contracting.

Develop relationships with MCO’s that are awarded the contract

Leverage our partnership with Medicaid to provide direction to the MCO’s
Thank You!
Let’s take a look at the tool!

Serving Children and Youth with Special Health Care Needs in Medicaid Managed Care: Contract Language and the Contracting Process
Kate Honisberger and Karen VanLandeghem, MPH, National Academy for State Health Policy

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States have long used managed care delivery systems in their Medicaid programs to improve the quality of care provided to enrollees, improve health outcomes, and control health care costs. Many states have typically exempted Medicaid enrollees with chronic and complex health conditions from enrollment in managed care, but this trend is changing as states seek to control costs and improve care for this population. According to recent studies, over 40 states enroll at least some portion of eligible children and youth with special health care needs (CYSHCN) into Medicaid managed care.1,2

Approximately 15 percent of all U.S. children ages birth to 18 years (over 11 million children) have a chronic and/or complex health care need (e.g., asthma, diabetes, spina bifida) requiring health care services and supports beyond what children require normally.3 A smaller but growing group of children have complex health care needs (approximately 3 million children), with estimates for children with the highest levels of need ranging from 0.4 – 0.7 percent of all U.S. children (approximately 320,000 – 560,000 children).4 Children with chronic and/or complex health care needs have unique physical and behavioral health needs that differ from other Medicaid enrollees. The needs of CYSHCN can include more frequent access to providers (particularly specialty providers), increased hospitalization or emergency room visits, and the need for multiple medications.5 These unique needs make clear that managed care plans have to specifically address certain aspects of CYSHCN care, such as identification and assessment of needs, access to providers, and coordination of care in order to ensure quality.

National researchers have studied the need for special language in Medicaid contracts regarding CYSHCN for many years. Sample pediatric purchasing specifications for Medicaid managed care arrangements were first described in the mid-1990s in recognition of the need to address the unique needs of children, particularly CYSHCN, in Medicaid managed care.6 State uptake and use of the specifications varied. Renewed interest in contracting language was heightened with the release of the Standards for Systems of Care for Children and Youth with Special Health Care Needs (The National Standards)7 in 2014. The National Standards were designed to "address the core components of the structure and process of an effective system of care for CYSHCN."8 It includes specific system standards that address identification of the population, scope of benefits, a process for determining medical necessity, sufficient specialist provider networks, the establishment of a medical home model, and specific quality measures.9

A 2016 study by the Medicaid and CHIP Payment and Access Commission underscored the significance and role of Medicaid managed care contracts in ensuring access to care for CYSHCN, finding that a majority of states use general managed care contract provisions for all populations of beneficiaries and do not have requirements specific to CYSHCN.10 For example, network adequacy provisions and wait times for appointments typically applied to all enrollees, and there were not separate requirements for CYSHCN.11
Questions?
Thank You!

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