Delivery Models for Populations with Special Health Care Needs: Managed Care Organizations

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Association for Community Affiliated Plans (ACAP)

Mission:

To represent and strengthen not-for profit safety-net health plans as they work with providers and caregivers in their communities to improve the health and well-being of vulnerable populations in a cost-effective manner.

Arizona
University Physicians Health Plans
California
Alameda Alliance for Health
CalOptima
CalViva
CenCal Health
Central California Alliance for Health
Community Health Group
Contra Costa Health Plan
Gold Coast Health Plan
Health Plan of San Mateo
Health Plan of San Joaquin
Inland Empire Health Plan
L A. Care Health Plan
Partnership HealthPlan of California
Santa Clara Family Health Plan
San Francisco Health Plan
Colorado
Colorado Access
Denver Health
Connecticut
Community Health Network of Connecticut
District of Columbia
Health Care Services for Children With Special Needs
Florida
Prestige Health Choice
Hawaii
AlohaCare
Illinois
Family Health Network
Indiana
MDwise
Kentucky
Passport Health Plan
Maine
Maine Primary Care Association *
Maryland
Maryland Community Health System
Priority Partners
Massachusetts
Boston Medical Center HealthNet Plan
Commonwealth Care Alliance
Neighborhood Health Plan
Network Health
Michigan
CareSource Michigan
Minnesota
Metropolitan Health Plan
New Jersey
Horizon NJ Health
New York
Affinity Health Plan
Amida Care
Elderplan & Homefirst
GuildNet
Hudson Health Plan
Monroe Plan for Medical Care, Inc.
Total Care
Univera Community Health
VNSNY CHOICE
Ohio
CareSource
Oregon
CareOregon
Pennslyvania
AmeriHealth Mercy
UPMC *for You*
Rhode Island
Neighborhood Health Plan of Rhode Island
Texas
Community Health Choice
Cook Children's Health Plan
Driscoll Children's Health Plan
El Paso First Health Plans
Sendero Health Plan
Texas Children's Health Plan
Utah
Association for Utah Community Health *
Virginia
Virginia Premier
Washington
Community Health Plan of Washington
Wisconsin
Children's Community Health Plan

**Incubator plan.*

Generally, MCOs Have

- Guaranteed network of providers that must meet state network adequacy standards
- Emphasis on primary and preventive care
- Available customer and member services
- Specialized care management and disease management programs
- Increasingly, close interaction with patient-centered medical homes
- Focus on quality measurement and quality improvements

Child Core Measurement - HEDIS Scores

- Above 90th percentile benchmark for Well Child Visits 3-6 years of age; Immunizations (combo 3); Chlamydia Screening; and Dental Visits
- At or near the 75th percentile for Well Visits for Adolescents and Children under age 15 months
- Scored lower on BMI-related measures – focus of intensive provider education initiative and showing significant improvement in 2012
- Prenatal visits – adversely impacted by small numbers

Health Plan Serving Children with Disabilities: Emphasis on Preventive HEDIS Measures

- Health Services for Children with Special Needs located in Washington, DC
  - Capitated care coordination organization that serves individuals with disabilities up to 26 years of age utilizing clinical and social case management strategies to improve enrollee health
  - Also serve children born to their members
  - Voluntary enrollment of 5,300 members – 60% with behavioral health component to care

What They Do - Plan Focused

- Plan goal is 100% compliance
- Heavy emphasis on preventive care services – customer service team focused on scheduling and follow-up (additional support with RoboCalls)
- Every child has a case manager who they meet with on a face-to-face basis (stratified based on need)
- Use of color-coded MAGIC report by case managers for all preventive services
- Outreach staff help to locate hard to find members
- Clinical psychologist on staff at health plan
- Joint case conferencing between plan, hospital and home health service provider

What They Do - Member Focused

- Ongoing member education
  - Includes education on the difference between well and sick visits for children with special needs
  - Education on the importance of dental health
- Choice of incentives – including “on the spot” incentives by case managers
  - Case managers will often accompany member to visits
- Various support groups open to the community

What They Do - Provider Focused

- Encourage use of immunization registry
- Ongoing partnerships with schools and school-based clinics
- Work closely with Children's Hospital – able to access all services including clinics via the EMR and nurse follow-up visits for missed immunizations
- Open hours by providers for well visits
- Services due, missed opportunities and HEDIS reports sent to and discussed with providers
- BMI-related screening – education providers on the need to check BMI and counsel on nutrition and physical activity – was often ignored especially for W/C bound children
- Contract with dental DPO that ensures network is knowledgeable of and able to care for children with special needs (including outpatient clinics)

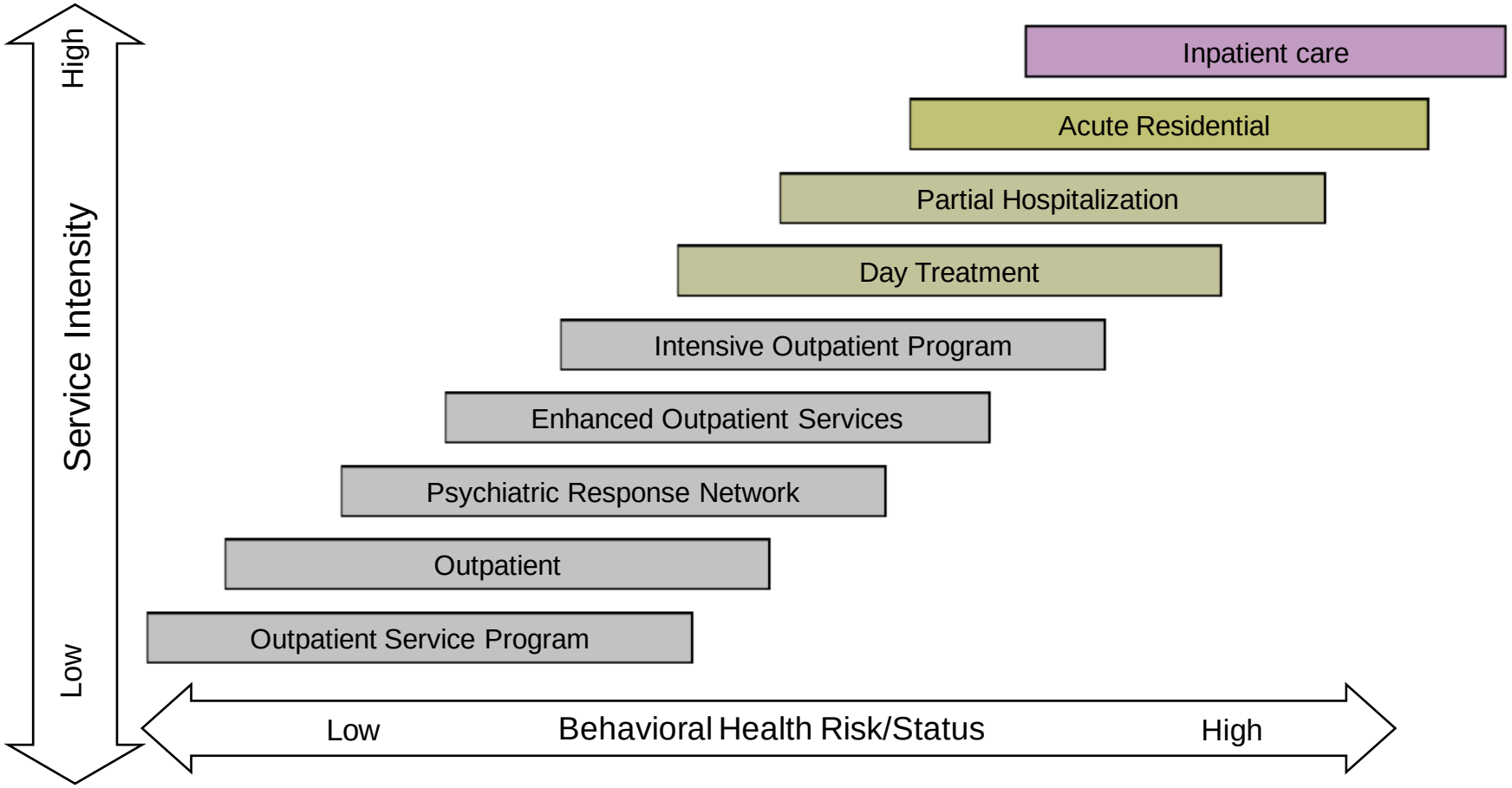
MCOs Serving Children with Behavioral Health Needs: Emphasis on Ensuring Availability of Services

- Rhode Island children & adolescents were hospitalized due to behavioral health disorders
- Because there was an lack of appropriate alternatives for treatment and special supports in non-hospital settings, extended hospitalization was often the only option
- Neighborhood Health Plan of Rhode Island (NHPRI) worked with its partner Beacon Health Strategies to create a new approach

Goals of NHPRI Program

- Develop the full array of community-based behavioral health services
- Eliminate inappropriate inpatient admissions to psychiatric hospitals
- Eliminate the practice of “medical boarding” patients - admitting patients with a psychiatric crisis into a regular hospital medical unit because no psychiatric bed is available
- Reduce the lengths of stay for appropriate psychiatric admissions
- Reduce the number of hospital readmissions

Behavioral Health Continuum



MCOs Developing High-Value Health Care for Children

- Robert Wood Johnson Foundation “Payment Reform Strategies for High Value Care” Grant to UPMC for You Health Plan (operated by University of Pittsburgh Medical Center)
- Medicaid payment reform designed to:
  - Improve the coordination and quality of care for children with complex medical conditions
  - While also reducing the cost of care
- Family members who have children with complex medical conditions will be involved in design and implementation of new payment mode

UPMC for You Payment Reform Grant

- Target Population
  - Approximately 1500 Medicaid-enrolled medically complex children under age 21
  - Receive principal care through Children's Hospital and its affiliated provider network- Children's Community Pediatrics
  - Have disabilities or severe chronic conditions
    - e.g., diabetes, cerebral palsy, central nervous system disease, asthma, epilepsy, and chronic obstructive pulmonary disease
  - Inpatient hospitalizations and ER visits account for 35% of the costs for this population

Payment Model Components

- Global Payment
  - Condition-adjusted per-patient payment to cover services for all providers who manage the care of a medically complex child over a one-year period of time
- Consumer-Directed Accounts
  - Families with medically complex children can control and direct Medicaid funds for medically necessary in-home and/or other goods and services
- Shared Savings
  - Reduction of avoidable health care spending and savings over one-year time period is shared with providers