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# **Care Coordination & Medicaid Managed Care**

*Briefing to*  
**Senate Finance Committee  
Health and Human Resources**

# Presentation Outline

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- **Care Coordination Initiatives**

  - Early Intervention Targeted Case Management*

  - Program for All-Inclusive Care for the Elderly (PACE)*

- **Medicaid Managed Care**

  - Aged, Blind, and Disabled in MCOs

  - Foster Care Children in MCOs

# **Care Coordination Initiatives:**

## **Early Intervention Targeted Case Management**

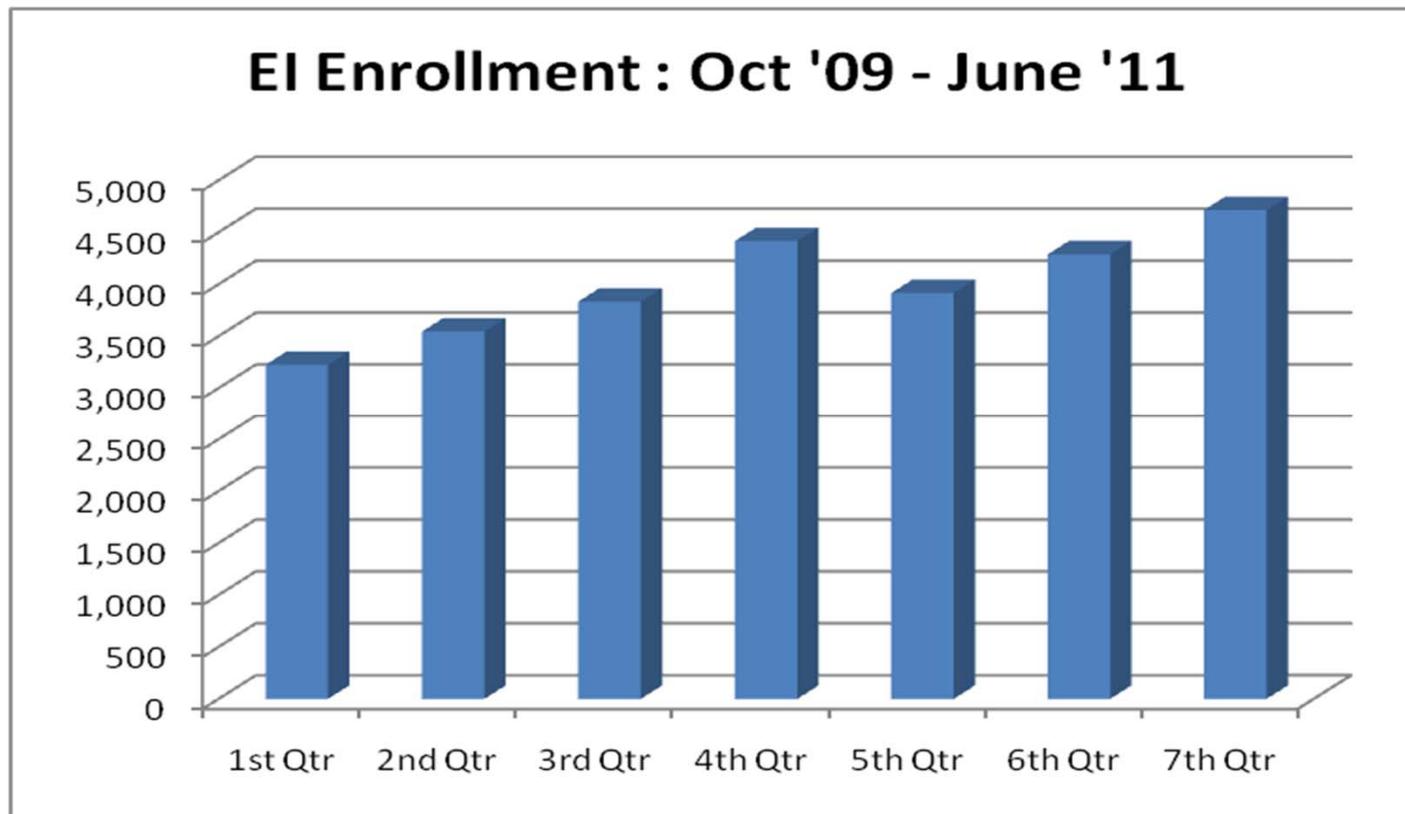
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- **Virginia's Part C system is governed by Part C of the Individuals with Disabilities Education Act (IDEA)**
  - The Part C system is managed by the Department of Behavioral Health and Developmental Services (DBHDS)
  - DBHDS' program is called the Infant and Toddler Connection of Virginia
  
- **Part C Eligibility**
  - Children from birth to third birthday who meet one or more of the following criteria:
    - Developmental Delay
    - Atypical Development
    - Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay

# Care Coordination Initiatives: Early Intervention Targeted Case Management

(continued)

- Enrollment of Medicaid/FAMIS Children in Early Intervention – Last Seven Quarters



# Care Coordination Initiatives: Early Intervention Targeted Case Management

(continued)

## ■ Prior to October 1, 2011

- Reimbursement for Early Intervention (EI) Care Coordination Services is primarily through the Part C system since there was no EI targeted case management
  - Some CSBs billed through other targeted case management programs if they could justify the child met the requirements (ID/MH)
  - Part C funds were not necessarily used as a last resort since there was no true billing mechanism for this population and it was unclear when Medicaid/FAMIS funds could be used
- Documentation for other targeted case management programs is onerous and not relevant to the EI system and services
- There is no provider certification process

# **Care Coordination Initiatives:**

## **Early Intervention Targeted Case Management**

(continued)

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- **Beginning October 1, 2011, Early Intervention case management will:**
  - **assist the child and family in gaining access to needed and appropriate medical, social, educational, and other services**
  - **ensure that families are receiving the supports and services that will help them achieve their goals on their child's Individual Family Service Plan (IFSP), through monthly monitoring, quarterly family contacts, and on-going counseling**

# **Care Coordination Initiatives:**

## **Early Intervention Targeted Case Management**

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- **Case Management responsibilities include:**
  - **coordinating the initial intake and assessment of the child and planning services and supports, including initial IFSP, periodic IFSP reviews, and annual IFSPs**
  - **communicating to the child's physician every six months requesting information about health status indicators**
  - **community integration by increasing the child and family's community access and involvement**

# **Care Coordination Initiatives:**

## **Early Intervention Targeted Case Management**

(continued)

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### **■ Additional System Improvements:**

- All case managers must be certified by DBHDS as an EI Case Manager**
- Cannot receive reimbursement from either Part C office or DMAS without certification**
- EI funds are used as a last resort; providers must bill DMAS for Medicaid/FAMIS children**

# **Care Coordination Initiatives:**

## **Early Intervention Targeted Case Management**

(continued)

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- **Additional System Improvements, continued:**
  - **Increased case manager’s focus on quality**
    - **Work with physician’s offices to ensure well child visit rates, immunizations, and lead testing for EI kids are performed**
  - **Increased coordination with the MCOs to provide more efficient transition at age 3**
  - **Medicaid/FAMIS EI children and their expenditures are tracked. Reports are sent to MCOs and the local lead agencies each month. This will now include case management**

# **Care Coordination Initiatives:**

## **Program of All-Inclusive Care for the Elderly**

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- **PACE is an integrated, community-based comprehensive system of coordinated care for the frail elderly:**
  - **Full PACE model implemented in Virginia in 2007**
  - **Currently eight operating sites representing five providers**
    - **Riverside**
    - **Centra**
    - **AllCare**
    - **Sentara**
    - **Mountain Empire**

# **Care Coordination Initiatives:**

## **Program of All-Inclusive Care for the Elderly**

(continued)

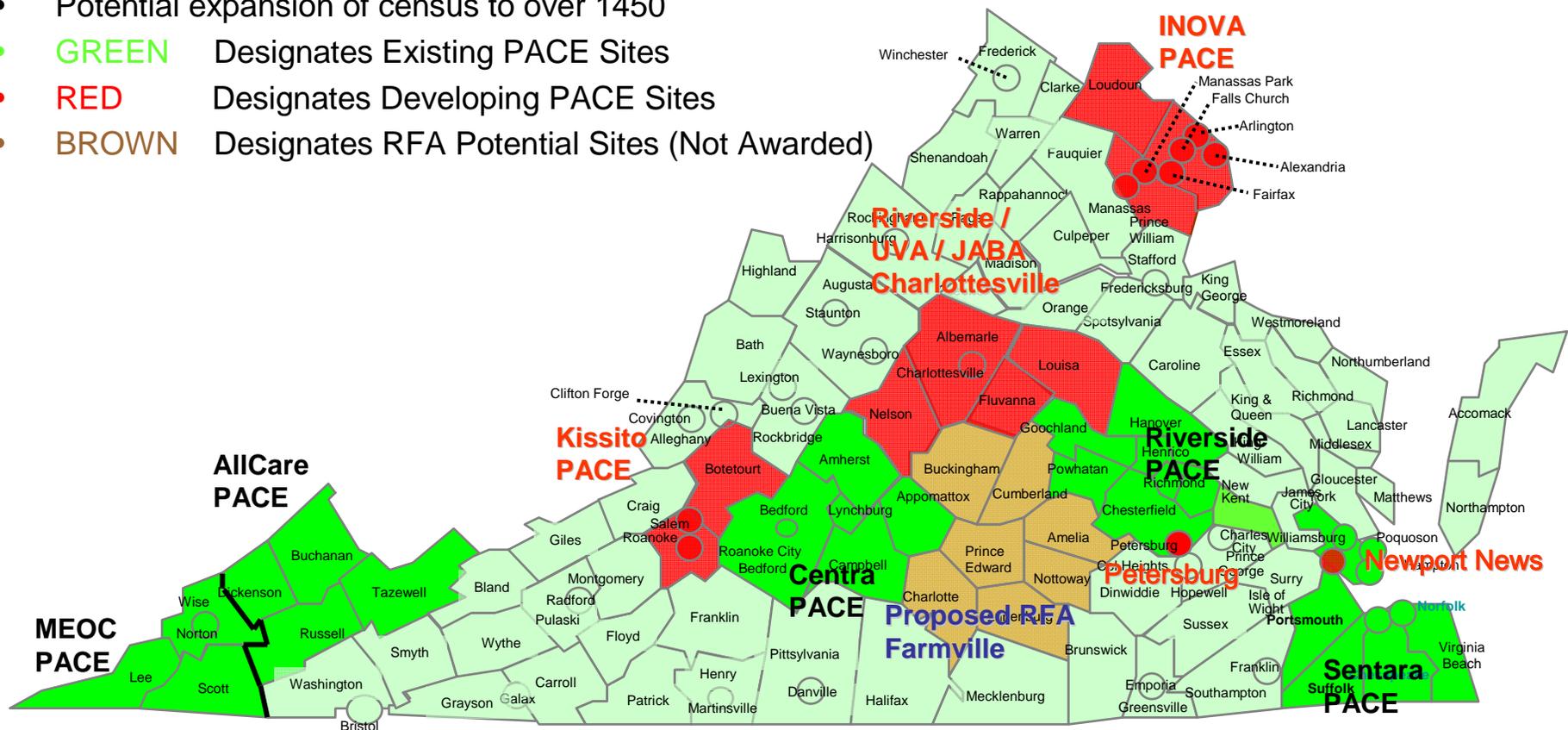
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- **Nine Additional sites to be brought up by 2013**
  - **Charlottesville**
  - **Roanoke**
  - **Petersburg**
  - **Northern Virginia (4 sites)**
  - **Farmville**
  - **Newport News**

# Care Coordination Initiatives: Program of All-Inclusive Care for the Elderly

(continued)

- Current census is 707 (as of 8/1/11)
- Potential expansion of census to over 1450
- **GREEN** Designates Existing PACE Sites
- **RED** Designates Developing PACE Sites
- **BROWN** Designates RFA Potential Sites (Not Awarded)



# Care Coordination Initiatives: Program of All-Inclusive Care for the Elderly

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## ■ Benefits of PACE

- Improved Individual Satisfaction in PACE
  - Services & Clinical Experience improve
- Full Coordination of Services / Integrated Payment Streams
- Predictability of Program Cost
- Reduction of Need for Acute Care Services
- Rapid response to service need and delivery

\* Center for American Progress; “Dual Eligible Opportunity” December 2010

# Presentation Outline

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- Care Coordination Initiatives

  - Early Intervention Targeted Case Management

  - Program for All-Inclusive Care for the Elderly (PACE)

- Medicaid Managed Care***

  - Aged, Blind, and Disabled in MCOs***

  - Foster Care Children in MCOs***

# **Medicaid Managed Care Initiatives: Aged, Blind, and Disabled Individuals in MCOs**

(continued)

- **The Department began the mandatory MCO program in 1996, called Medallion II**
  - **As of August 2011:**
    - **Medallion II operates in 114 localities**
    - **Provides services to 531,150 Medicaid/FAMIS recipients, representing 61% of the total recipient population**
- **Five (5) Current Health Plans are:**
  - **Optima Family Care (140,464 lives)**
  - **Virginia Premier Health Plan (132,710 lives)**
  - **Anthem HealthKeepers Plus (199,716 lives)**
  - **CareNet/Southern Health (22,810 lives)**
  - **Amerigroup Community Care (35,450 lives)**



# Medicaid Managed Care Initiatives: Aged, Blind, and Disabled Individuals in MCOs

(continued)

## ■ Current Exclusions from Medallion II:

- Individuals with Medicare and Other Primary Insurance
- Individuals in Home & Community Based Waivers (majority)
- Individuals in Nursing Homes
- Individuals in Hospice
- Foster care/subsidized adoption children **(to be discussed)**
- Individuals in a PACE program
- Birth Injury Fund enrollees

- Includes **59,267 Aged, Blind, and Disabled** individuals, primarily adults and children receiving SSI disability benefits (August 2011)

# **Medicaid Managed Care Initiatives: Aged, Blind, and Disabled Individuals in MCOs**

(continued)

- **ABD population is complex population with complex psycho-social needs, including housing problems, communication issues, transportation limitations and inability to manage activities of daily living**
  - **ABD population have co-morbidities that require both behavioral and physical health interventions**
- **MCO must take steps to assure that newly enrolled disabled members are assessed within ninety (90) calendar days of initial enrollment**
  - **A successful assessment is considered a contact by the health plan that results in a fully completed health assessment questionnaire which assesses health care needs, including mental health, interventions received, and any additional services required including referrals to other resources and programs**

# **Medicaid Managed Care Initiatives: Aged, Blind, and Disabled Individuals in MCOs**

(continued)

## **■ Benefits of Virginia Medicaid Managed Care for ABD Population:**

### **– Quality**

- **MCOs are required to do HEDIS studies each year. For the last reporting calendar year (2009), Virginia Medicaid average scores exceeded comparative national benchmarks in:**

- Cholesterol Management for Patients with Cardiovascular Conditions**
- Controlling High Blood Pressure**
- Comprehensive Diabetes Care**

### **– Access**

- **MCOs are able to offer more providers than fee-for-service**

# **Medicaid Managed Care Initiatives: Aged, Blind, and Disabled Individuals in MCOs**

(continued)

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- **Benefits of Virginia Medicaid Managed Care for ABD Population (continued):**
  - **Credentialing**
    - MCOs credential providers using NCQA standards, creating better network of providers
  - **Member Service**
    - MCOs offer 24/7 nurse lines for individuals to call with medical questions
  - **Case Management**
    - MCOs offer case management, chronic care management, and disease management programs

# **Medicaid Managed Care Initiatives: Aged, Blind, and Disabled Individuals in MCOs**

(continued)

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- **Other Benefits of MCO coverage:**
  - wellness programs (e.g., Healthy Heart, Eating for Life)
  - specialized services that are individualized (e.g., member has difficulty speaking may receive assistance with scheduling appointments and ordering medical supplies).
  - referrals to community resources (food banks, alzheimer's support groups, housing and shelters, etc.)
  - interventions to avoid unnecessary emergency rooms visits

# **Medicaid Managed Care Initiatives: Foster Care Children in MCOs**

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- **Item 297 MMMM (b) of the 2011 Appropriations Act directs DMAS to add foster care children under the Medallion II delivery system on a pilot basis with the City of Richmond**
  - **As indicated previously, foster children have heretofore been excluded from the Medallion II program for various reasons**
  - **Now that Medallion II is present in large contiguous portions of the state (and statewide by July 1, 2012), continuity of care coordination for a somewhat more transient population may be achievable**

# **Medicaid Managed Care Initiatives: Foster Care Children in MCOs**

(continued)

- **Since January 2011, staff from DMAS have been working collaboratively with the Richmond Department of Social Services (RDSS) and four of the Medicaid MCOs to implement the pilot project**
  - **Will impact approximately 300 Medicaid foster care children under the custody of the City of Richmond Department of Social Services**
  
- **Challenges involving systems and training had to be overcome prior to the pilot's implementation**
  - **As a result, implementation has been moved to December 1, 2011.**

# **Medicaid Managed Care Initiatives: Foster Care Children in MCOs**

(continued)

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## **■ Implementation milestones:**

- Identified the children in Richmond’s foster care system**
  - Staff have completed a “clean-up” of the files so the data between RDSS and DMAS matches**
  - Medicaid eligibility workers are being trained on what information needs to be entered into MMIS to allow for identification of foster care children for enrollment**
- Development of a robust training plan that will include DSS staff, foster care parents, and the MCOs**
- Development of materials for DSS to provide to families regarding the pilot program as well as Fact Sheets for DSS and MCO staff**

# Medicaid Managed Care Initiatives: Foster Care Children in MCOs

(continued)

- **Implementation milestones** (continued):
  - Regulations in external review
  - Achieved CMS approval of 1915(b) waiver in June
  
- **Next steps**
  - October 2011: MCO Pre-assignment
  - November 2011: MCO Assignment
  - December 1, 2011: MCO coverage begins
  
- **Future expansion of foster care coverage**
  - Likely expansion to the remaining Richmond metropolitan area and one other region for 2012