

# Medicaid Managed Care Update

Idaho Health Care Task Force

July 30, 2012

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# MEDICAID MENTAL HEALTH MANAGED CARE

- Medicaid completed RFP development – June 2012
- Contract unit and Legal review completed – July 2012
- To Division of Purchasing this week – Division of Purchasing has been doing parallel review – do not anticipate any significant issues to delay posting.
- Award contract – November 2012

# Integrate Care for Dual Eligibles

- Integrate and coordinate care for all full-benefit Medicare-Medicaid enrollees (“dual eligibles”) to improve their health and quality of life.
- Develop a managed care plan for dual eligibles that will result in an accountable care system with improved health outcomes.
- Idaho intends to enter into a three-way, three-year contract with CMS and health plans (managed care organizations) to provide integrated, comprehensive, seamless coverage to dual eligibles.

# Summary of the Idaho Initiative to Integrate Care for Dual Eligibles

- 9/26/11 – Meeting with 5 health plans: Blue Cross of Idaho, United HealthCare, Pacific Source, Regence Blue Shield, and Sterling Health Plans.
- 10/26/11 – Meeting with more than 50 stakeholders statewide via teleconference.
- 12/2/11 – First of ongoing monthly meetings with health plans.

# Summary of the Idaho Initiative to Integrate Care for Dual Eligibles

- 3/15/12 - Proposal brief posted on website
- 4/13/12 – Draft proposal posted
- 4/17/12 – Statewide stakeholder videoconference on proposal
- 5/31/12 – Draft proposal submitted to CMS
- 7/10/12 – Received comments submitted to CMS by stakeholders
- Fall 2012 using proposal and comments develop RFP for Managed Care Plan for Dual Eligible
- Implemented January 1, 2014
- Proposal, comments and responses on the following web page:

[www.MedicaidLTCManagedCare.dhw.idaho.gov](http://www.MedicaidLTCManagedCare.dhw.idaho.gov)

# MULTI-PAYER COLLABORATIVE PATIENT CENTERED MEDICAL HOME

- The patient-centered medical home (PCMH) model will transform the way patient care is provided throughout Idaho.
- The potential of the PCMH was recognized by Governor Otter when he created the Idaho Medical Home Collaborative (IMHC), asking representatives from the healthcare sector to implement a pilot.
- This pilot is Idaho's opportunity to learn what it takes to reform the state's primary care delivery systems in a way that puts the patient first, leads to better health outcomes and is cost effective.

# PATIENT CENTERED MEDICAL HOME

- Pediatric Medical Homes started at pilot sites May 2012 as part of Children's Health Improvement Collaborative
- Medicaid Health Homes - January 2013
  - State Plan amendment is in process
  - Implementation date changed to maximize funding opportunity for the State
  - Multi-payer medical home pilot will launch at the same time

# COMMUNITY CARE NETWORK

- 12/13/11 – Medicaid Managed Care public forum suggestion to look at North Carolina Network Model.
- National Academy for State Health Policy (NASHP) accepted Idaho application for a transformation grant to adopt or adapt the Community Care of North Carolina (CCNC) model
- 5 member team invited to North Carolina with three other states to study the CCNC model
- Members include DHW, IPCA, IAFP, IHA and IMA



# COMMUNITY CARE NETWORK

- **The Idaho team identified four priority areas in their NASHP application to improve patient outcomes:**
  - Create evidence-based standards for internal practice management to address the needs of high-risk and high-cost populations statewide, and provide resources to support transformation towards these standards in community settings.
  - Establish a model to support medical home integration, with other aspects of the care system to improve health outcomes and access via care management and coordination. The system design must work well in both urban and rural settings.
  - Create a strategy and model for developing an actionable informatics/data system that includes clinical and utilization data to improve health outcomes and reduce costs.
  - Create a public policy framework for a community care system to guide implementation of Medicaid managed care approaches in Idaho.

# COMMUNITY CARE of NORTH CAROLINA

- **Local non-profit community networks** comprised of physicians, hospitals, social service agencies, and county health departments - they provide and manage care
- Within each network, each Medicaid enrollee is linked to a primary care provider (Medical Home) that provides and manages acute and chronic care – coordinates specialty care
- Case managers are part of the network and work in concert with PCP to identify and manage care for high cost, high risk patients

# COMMUNITY CARE of NORTH CAROLINA

- Networks work with PCPs and case managers to implement disease and care management initiatives – includes targeted education and care coordination, implementing best practice guidelines, and monitoring results
- CCNC has built-in data monitoring and reporting to facilitate continuous quality improvement on a physician, network, and program-wide basis
- <https://www.communitycarenc.org/about-us/>

# Key Components of a Community Care Network (CCN) Model

**State Community Care Network Office**

**Statewide CCN Clinical Advisory Board**

- Clinical Directors from each local network
- Organize and direct statewide disease management and quality initiatives

**Local Non-Profit Community Networks**

- Manage and provide care to Medicaid enrollees
- Implement disease and care management initiatives
- Receive a PMPM payment

**PCPs/Medical Homes**

- 24/7 assistance
- Use Practice Guidelines
- Receive PMPM payment

**Case Managers**

- Identify and manage high-risk and high cost patients
- Utilize common case management system

**Hospitals**

- Real time ER data
- Admit/discharge information
- Discharge planning and support

**Social Services & Health Depts.**

- Coordinate community efforts
- Provide education
- Access to social services

**Measurement and Reporting for Continuous Quality Improvement**

# COMMUNITY CARE NETWORK

- Share conceptual framework with key provider organizations – looking for direction, support, champions
- Conduct a comprehensive analysis of the current system – identify what is already in place and would/could support network development
- Identify and gain support of key health leaders throughout the State of Idaho - Champions

# MANAGED CARE PLAN DEVELOPMENT

DUE JUNE 2013

- Actuarial analysis for SFY 2009 through 2011 completed
- Leavitt Partners engaged to do analysis of Medicaid expansion population – April 2012
  - Final report due September 2012
- Initiate RFP for Managed Care Consultant – August 2012
- Plan development - ongoing
- Managed Care Plan due to Legislature – June 2013

# OTHER ACTIVITY

- State staffing
  - Two project analysts dedicated to Managed Care initiatives
  - Deputy Administrator, Medicaid Managed Care being recruited – Fall 2012
  - Development of managed care contract management staff
- Coordination and integration

[www.MedicaidManagedCare.dhw.idaho.gov](http://www.MedicaidManagedCare.dhw.idaho.gov)

# Questions

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