



# Medicaid Reform

## FEE FOR SERVICE TRANSITION TO MANAGED CARE

### Presentation to the MCAC

Department of Health Care Finance

July 22, 2020





# Presentation Overview



- Medicaid Reform Overview
- Key Takeaways
- DC Healthy Families Program
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# Medicaid Reform Overview

## DHCF is Leading Through Strategic Priorities

### ➤ VISION

All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.

### ➤ MISSION

The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

### ➤ VALUES

Accountability – Compassion – Empathy – Professionalism – Teamwork

### ➤ STRATEGIC PRIORITIES

1. Building a health system that provides whole person care
2. Ensuring value and accountability
3. Strengthening internal operational infrastructure



# Medicaid Reform Overview (cont'd)



## Why Now?

- Health challenges remain despite high levels of health care coverage in the District.
- Increase predictability and visibility in health care spending.
- Research shows that enrollees who receive services through managed care are more satisfied than those who are in traditional Fee-for-Service (FFS) programs.



# Medicaid Reform Overview (cont'd)



## The Way Forward

- **Behavioral Health Transformation**
  - 1115 Demonstration Waiver
  - Planning Grant to Increase Substance Use Provider Capacity
- **Managed Care Expansion**
  - Procurement of new health plans
  - Transition of FFS enrollees not currently eligible for care coordination into managed care
- **Long Term Care Integration**
  - DHCF is leveraging its Duals Special Needs Plan (D SNP) program and the Program of All-Inclusive Care for the Elderly (PACE) to promote Medicare Medicaid alignment and integration of services





# Key Takeaways



- This District is shifting its Medicaid health care delivery system to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents.
- On October 1, 2020, over 19,000 (FFS) beneficiaries will be transitioned to the District's managed care program – **DC Healthy Families**. No changes for children under 21.
- Covered benefits and eligibility requirements are not changing





# Key Takeaways (cont'd)



- By offering person-centered care management to the populations who need it most, managed care organizations (MCO) will achieve better health outcomes for enrollees by:
  - Identifying enrollees who may need assistance through health assessments and predictive modeling.
  - Collaborating across clinical settings, such as hospitals, primary care, specialists.
  - Connecting through technology with the HIE, social service databases, and provider portals.
  - Addressing social determinants of health through added value services.



# DC Healthy Families Program (DCHFP)

- The DC Medicaid managed care delivery system is the system where the majority of Medicaid beneficiaries receive their health care. Known as the DC Healthy Families program, beneficiaries enroll in a Managed Care Organization (MCO):
  - The MCO coordinates care by contracting with doctors, hospitals and other providers in a network.
  - Enrollees select the MCO that provides their services.
  - Enrollees select a primary care physician (PCP) and a primary dental provider (PDP).
- Provides Enrollment Broker services to 1) assist with making the choice of MCO and providers and 2) enroll in the selected MCO.





# DC Healthy Families Program (DCHFP)

**Beginning October 1, 2020, former FFS enrollees who meet these criteria will be mandatorily assigned to an MCO:**

- Age 21 or older, and
- Receiving Medicaid SSI or SSI-related Medicaid because of a disability, and
- Not living in an institution or a nursing home, or
- Not enrolled in a Home and community-based waiver program (EPD or IDD Waiver)



# DC Healthy Families Program (DCHFP)

July 16, Department of Health Care Finance (DHCF) announced that the Office of Contracting and Procurement (OCP) submitted to the Council of the District of Columbia a notice of intent to award three contracts for the District's Medicaid managed care program.

- AmeriHealth Caritas District of Columbia, Inc.,
- MedStar Family Choice, and
- CareFirst BlueCross BlueShield Community Health Plan District of Columbia (formerly known as Trusted Health Plan).



# Child and Adolescent Supplemental Security Income Program (CASSIP)



- Current CASSIP health plan is Health Services for Children with Special Needs (HSCSN).
- On October 1, 2020, current CASSIP Enrollees who are between the ages of 21 – 26 may remain in the program until age 26 or September 30, 2021, whichever comes first.
- During the public health emergency enrollees may remain in the CASSIP beyond the age of 26.



# Benefits of DCHFP Managed Care



- **Individualized, coordinated care:** Newly mandated enrollees will receive care coordination and an Individualized Care Plan. MCOs also help enrollees address other issues, such as housing, food insecurity and other social supports.
- **Quality of Care:** MCOs are required to ensure that providers are adhering to evidenced-based standards of care for all enrollees. MCOs have the flexibility to provide innovative programs to improve health outcomes.



# Benefits of DCHFP Managed Care (cont'd)



- **Value Added Services:** Nutrition counseling, physical fitness classes, gift cards for preventive services and food delivery are examples of services provided to eligible enrollees.



- **Enrollee Support Services:** Enrollees will have access to the following:

- 24-hour nurse line
- Multilingual customer service personnel
- New enrollee orientation
- Help with filing grievances and appeals
- Coordination of services not covered by Medicaid
- Health Risk Assessments





# Care Coordination & Case Management

## Care Coordination

- The deliberate organization of person-centered care activities among all the participants concerned with an Enrollee's care to achieve safer, more effective care and improved health outcomes.
- The scope and intensity of services provided is based on the person's assessed needs and preferences.
- Coordination with the services the MCO provides or
  - From any other Contractor;
  - From FFS Medicaid;
  - From community and social support providers; and
  - Between settings of care, including discharge planning

## Complex Case Management

- Includes coordinated care and services for Enrollees who have experienced a critical event or diagnosis that requires extensive use of resources.
- All activities included in Care Coordination **and**
- must include all of the following (42 CFR 440.169(d)):
  - An assessment of an eligible individual;
  - Development of a specific care plan;
  - Referral to services including the coordination of such services;
  - Ongoing monitoring of the activities of the individual and effectiveness of services rendered.
- Assignment of a Primary Care Manager licensed as an RN or LICSW



# Case Management Enrollment

## Opt-out Populations:

Adults with Special Health Care Needs who:

- Have a chronic, physical, developmental or behavioral condition, and requires Long-Term Services and Supports (LTSS);
- Are 21+ years of age
- Receives SSI, or
- Whose disabilities meets the SSI definition and/or Enrollees identified by DHCF.

## Opt-in Populations:

Children, Young Adults and Adults who:

- Are of any age;
- Have any medical status; and
- Have chosen to Enroll



# Services Provided by DCHFP



- ▶ Doctor visits
  - ▶ Hospital care
    - Inpatient
    - Outpatient
    - Rehabilitative care services (for up to 90 days)
  - ▶ Laboratory (x-ray, radiology)
  - ▶ Behavioral health services (mental health and substance use disorder)
  - ▶ Dialysis
  - ▶ Home health and personal care
- ▶ Prenatal and maternity care
  - ▶ Family planning
  - ▶ Physical, speech, and occupational therapy
  - ▶ Eye care (with eyeglasses)
  - ▶ Hearing aids
  - ▶ Medical equipment and supplies
  - ▶ Pharmacy management
  - ▶ Dental
  - ▶ Non-emergency medical transportation





# Services Not Provided by DCHFP



**Enrollees can access the following Medicaid covered services that are not paid for by the MCO:**

- Nursing home stays (after 90 days)
- Adult Substance Abuse Rehabilitative Services
  - Assessment/Diagnostic and Treatment Planning, Clinical Care Coordination, Crisis Intervention, Short-Term Medically Monitored Intensive Withdrawal Management in non-IMD residential treatment settings, Substance Abuse Counseling, Medication Management, Opioid Treatment Program Services
- Mental Health Rehabilitation Services (MHRS)
  - Community Support, Assertive Community Treatment (ACT), Community Based Intervention (CBI), Rehabilitation Day Services, Intensive Day Treatment, Therapeutic Supported Employment Services for Mental Health, Child-Parent Psychotherapy for Family Violence (CPP-FV), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Crisis/Emergency Services
- 1115 Behavioral Health Demonstration Waiver Services
  - Psychosocial Rehabilitation Clubhouse , Trauma Recovery and Empowerment Model (TREM), Trauma Systems Therapy (TST), Vocational Supported Employment for Mental Health, Vocational and Therapeutic Supported Employment for SUD, Recovery Support Services for SUD, IMD Residential SUD Treatment\*, Inpatient hospital services in IMDs\*, Crisis Stabilization, Transition Planning Services

\* IMD services greater than 15 days in a calendar month for people ages 21-64 is excluded from managed care.



# Transition to DCHFP



- In September, enrollees will receive an enrollment packet with information on MCO assignment:
  - Welcome letter
  - Information regarding services provided by MCO.
  - Information about the doctors, clinics, hospitals, and other providers in the MCO's network.
- MCO will also call to discuss the enrollee's current health status.



# Transition to DCHFP (cont'd)



- **What if an enrollee would like to change MCOs?**
  - Changes are allowable for any reason until December 31, 2020 by contacting DC Healthy Families
    - By phone at (800) 620-7802 or (202) 639-4030;
    - Online at [www.DCHealthyFamilies.com](http://www.DCHealthyFamilies.com)
  - After the first December 31, 2020, changes are allowable with cause such as quality of care or provider not in-network.
- **How will an enrollee know if a provider is in the MCO's network?**
  - Contact the assigned MCO;
  - Ask doctors or other health care providers if they are in the MCO's network; or
  - Contact DC Healthy Families at (800) 620-7802 or (202) 639-4030.



# Transition to DCHFP (cont'd)

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## **MCO Network Requirements & Medicaid Provider Agreements**

- MCOs and all current and future District acute care hospitals must have agreements.
- MCOs and FQHCs or FQHC look-alikes must have agreements for primary care services, dental services, preventive care services and/or specialty/referral services.
- Notices to reenroll were sent to these providers in June. Agreements must be signed by October 1.



# Transition to DCHFP (cont'd)

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## **New enrollees are ensured that:**

- Coverage and care will not be interrupted;
- Scheduled appointments will be honored;
- Prescriptions will be filled by the pharmacy;
- Existing FFS prior authorizations will be honored for at least 90 days after enrollment at the same level of care.



# Impact on Providers

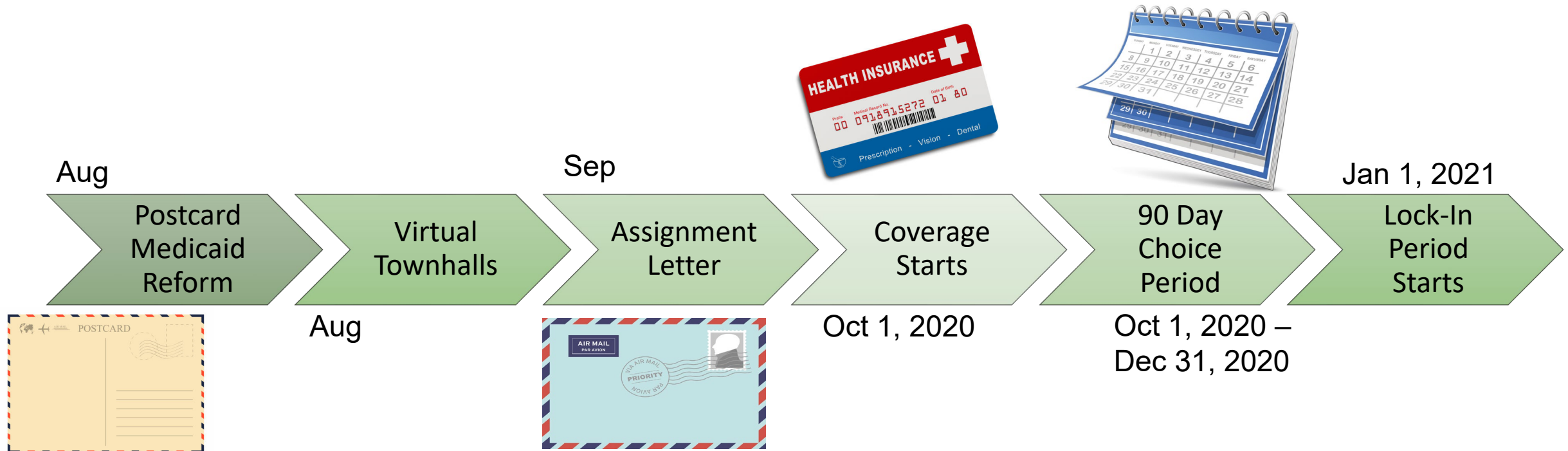


**Medicaid providers who currently render services to FFS enrollees will encounter a new landscape in authorization and billing. Providers must:**

- Be credentialed and enrolled in the MCO's network to receive payment for services.
- Negotiate contracts with each MCO to determine the reimbursement rate for services provided.
- Check eligibility of each enrollee prior to rendering services to confirm eligibility and MCO enrollment.
- Understand prior authorization and referral processes that are specific to each MCO. Provider Relations representatives will be available to provide training and education to new MCO providers.



# Milestones





# Key Takeaways



1. Covered benefits and eligibility requirements are not changing.
2. Newly mandated enrollees will receive care coordination and an Individualized Care Plan from an individual case manager.
3. All enrollees may change to any MCO for any reason between October 1 – December 31, 2020.
4. All DC hospitals, FQHCs and most physician groups will be in network for all MCOs.
5. Enrollees are ensured that coverage and care will not be interrupted.





# For More Information

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Visit [www.dhcf.dc.gov](http://www.dhcf.dc.gov)

