

BRAIN INJURY SERVICES TARGETED CASE MANAGEMENT

Medicaid Managed Care and Care Management Provider Training



DMAS Integrated Care Team
October 26, 2023

Presenter

DMAS Integrated Care Division
Care Management Unit

Sandra Brown
Manager of Care Management

Agenda

- Care Management 101
- Access to Care and Specialized Care Needs
- Integrated Care
 - Care Planning and Care Teams
 - Levels of Care/Transitions
 - Non-covered and Enhanced Services
- Challenging Cases
- Highlights for Success

Welcome!

Background – Managed Care

Healthcare Costs

Care Costs

Higher Premiums

Ineffective Care

Accountability to Insurers

Utilization Control

Knowledge of Beneficiaries

Answers to Explain Trends

MCOs to the Rescue!

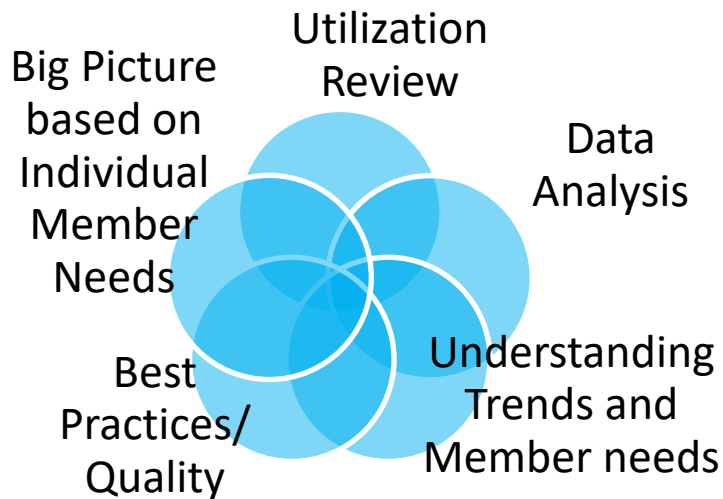
From Claim Processing to Managing the Care!

- Prior authorization to approve payment for medically necessary services only
- Ensure appropriately trained and credentialed provider network and match to members' needs
- Quality Improvement and clinical best practices
- Utilization Review and Management by credentialed clinical staff offering a peer review process
- Personalized assistance to members through assessment and referral and follow up.

Big Changes at Big Costs

- Authorization determinations were made prior to services being rendered or during treatment – not just post claim reviews
- Services were denied impacting patient care in real time
- MCOs were accused of denying care for profit – integrity of clinical staff was compromised
- Some MCOs faced lawsuits, loss of contracts with large employer groups and closures.
- ‘Kinder and gentler’ approaches emerged
- **Increased focus on partnering with providers to use benefits to meet member needs i.e., peer review, negotiation and treatment plan development**
- **EFFICIENT AND QUALITY CARE was in the best interest of the patient to get better as quickly as possible and ethical clinical reviews were paramount**

Care Management Role



- Credentialed Healthcare Professionals and Specialists
- Expertise in program benefits and medical necessity criteria
- Ability to perform comprehensive case reviews
- Partnership with Providers
- Focus on Member and unique circumstances and care needs

Accountability and Outcomes

Overview of Virginia Medicaid



Medicaid Program Background

Medicaid is funded and administered jointly by the federal government and states

- ✓ Created in 1965, along with Medicare under the Social Security Amendments of 1965; covers over 75 million individuals or 1 in 5 Americans; more than any other health insurance program
- ✓ Federal laws and regulations specify core requirements all states must meet to receive federal funding
 - Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations (CFR)
- ✓ Every state must operate their program under a “Medicaid State Plan” approved by the Centers for Medicare and Medicaid Services (CMS)
- ✓ Among other components, the State Plan delineates covered groups, covered services, and provider enrollment and reimbursement methodologies



Groups of individuals to be covered



Services to be covered, including amount, duration, and scope



Providers who meet Federal and State participation qualifications

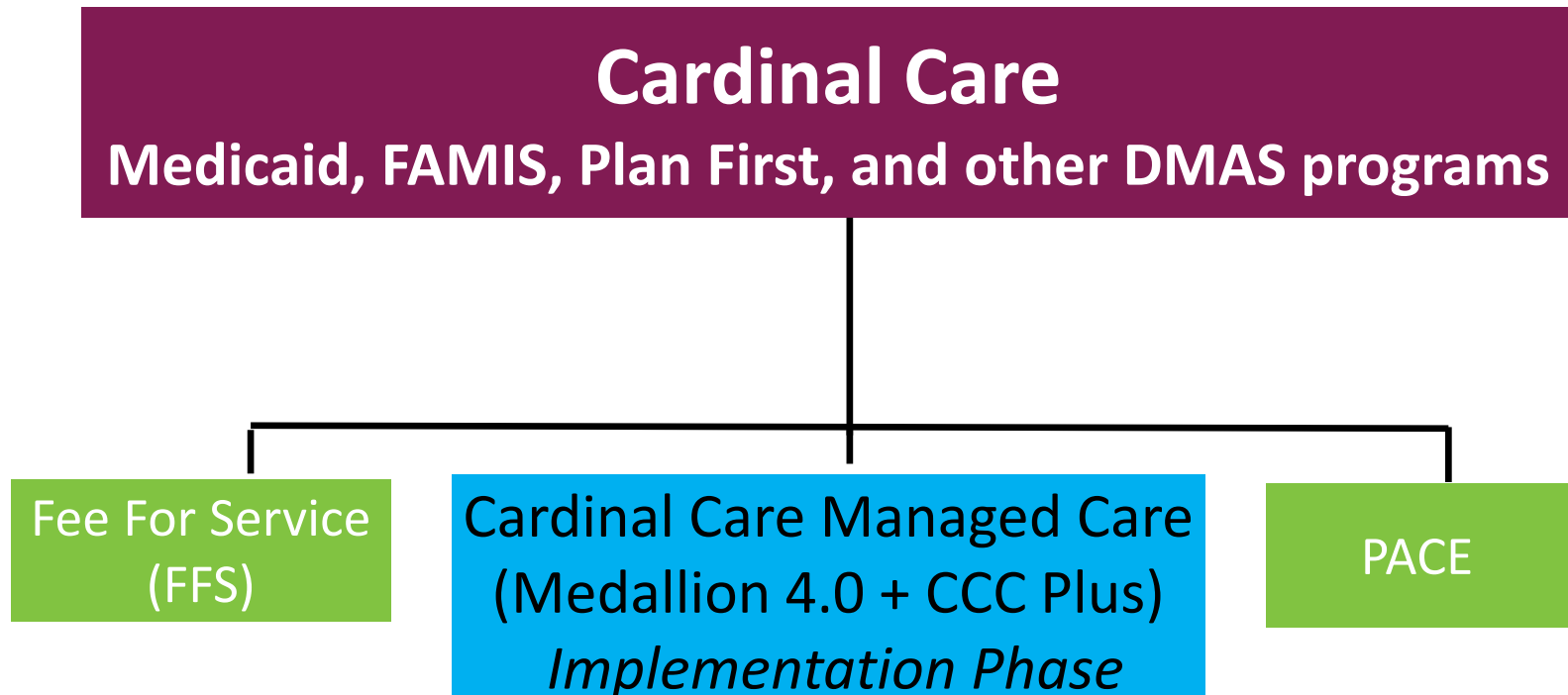
Medicaid Program Authorities

Within federal guidance, states define how they will run their program:

- Medicaid State Plan
- Federal Waivers
 - Waivers consist of Federal statutory authority given to exempt states from certain Medicaid requirements; most common waivers include:
 - ✓ 1915(b): Mandatory managed care enrollment
 - ✓ 1915(c): Home and Community-Based Waivers
- State Laws and Regulations
- State Budget Authority and Appropriations
- Managed Care Contracts
 - Identifies populations and services covered under managed care and related program requirements

Virginia's Service Delivery Systems

Cardinal Care is a single brand encompassing all health coverage programs for all of Virginia's Medicaid members.



Cardinal Care Managed Care Populations

Includes the same populations participating in the CCC Plus and Medallion 4.0 Programs

Nearly 2 million managed care members

- Newborns
- Infants
- Children
- Pregnant women
- Caretaker adults
- Older adults
- Disabled children
- Disabled adults
- Medicaid expansion adults
- Individuals with Medicare and Medicaid (full-benefit duals)
- Individuals receiving nursing facility or community-based long-term services and supports (LTSS), including hospice services.

Excludes the same populations who have been historically excluded from managed care participation

Cardinal Care Managed Care Services

Includes the same services provided in the CCC Plus and Medallion 4.0 Programs



Full Continuum of Services



Medical, preventive and behavioral health services; addiction and recovery treatment services (ARTS); maternal, newborn, and infant services; transportation; hospice; and long-term services and supports (LTSS) in community and nursing facilities.



Participants in the Developmental Disability (DD) Waivers are included; however, DD Waiver services are carved-out and paid through the DMAS fee-for-service program



CCMC continues to carve out dental services, school health services and LTSS screenings.

Excludes psychiatric residential treatment services

CCMC aligns benefits for managed care members



CardinalCare

Virginia's Medicaid

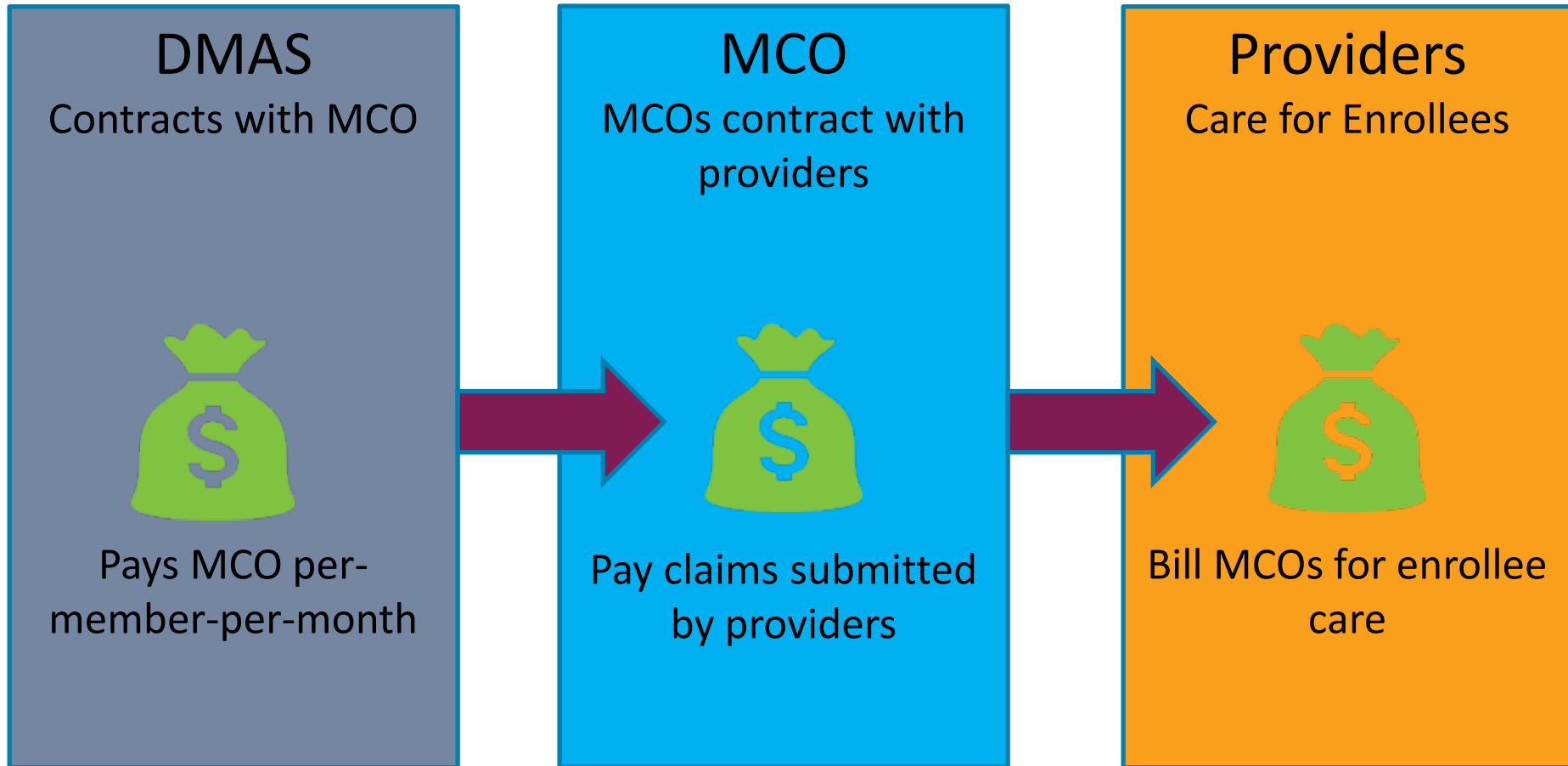
DMAS

INNOVATION • QUALITY • VALUE

Covered Services



Managed Care Basics



Medicaid Managed Care Health Plans

Coverage is provided for most individuals through managed care programs.

aetna[®]

Aetna Better Health[®] of Virginia



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.



Molina Complete Care

OptimaHealth[®]
Family Care

 **UnitedHealthcare**[®]
Community Plan

Care Management Components

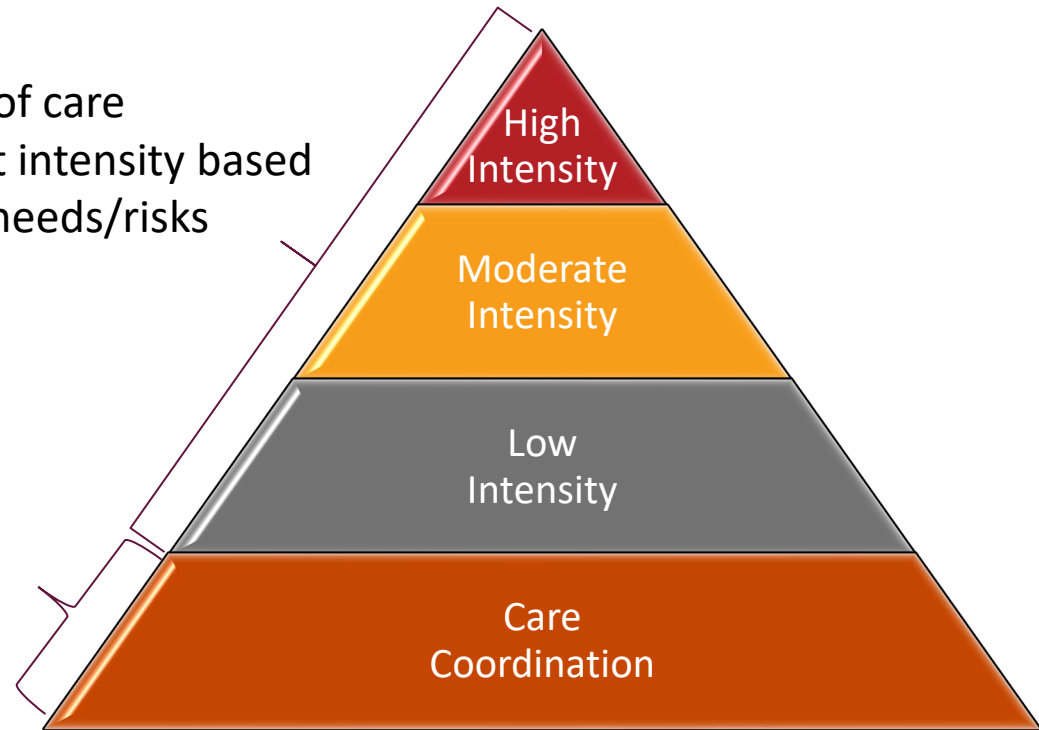
MCO Care Managers partner with providers on behalf of members with significant health needs to:

- Support the member's choice to reside in the least restrictive environment
- Facilitate successful transitions between levels of care and settings
- Provide comprehensive health risk assessments
- Develop comprehensive member-centered care plans
- Foster interdisciplinary care team collaboration, participation and communication
- Engage the provider's expertise/ability to promote quality, etc.
- Collaborate with involved parties to ensure the member's health, safety and welfare
- Establish wrap-around community support services, addressing social determinants of health

Care Management Intensity

Three levels of care management intensity based on member needs/risks

Care coordination for members with minimal needs



What's the Difference?

Terminology is important!



Care Manager



Care
Coordinator



Case Manager

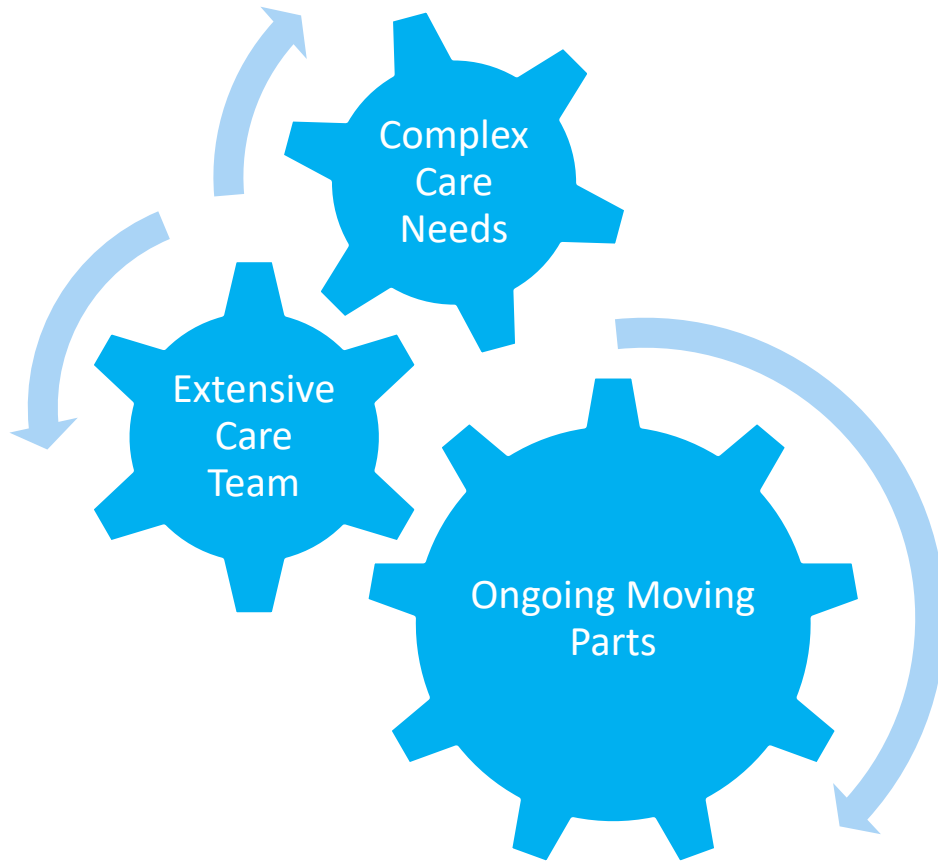
Care Managers Can Help

- Serve as point of contact to ensure members get services and care they need
- Answer questions about programs for enhanced care planning options and risk management
- Resolve barriers to care such as possible network and transportation issues
- Ensure appropriate authorizations are in place and that changes occur promptly
- Lead the Interdisciplinary Care Team for individualized care planning and transition of care needs
- Advocate for members and providers helping members

Access to care and Specialized Care Needs

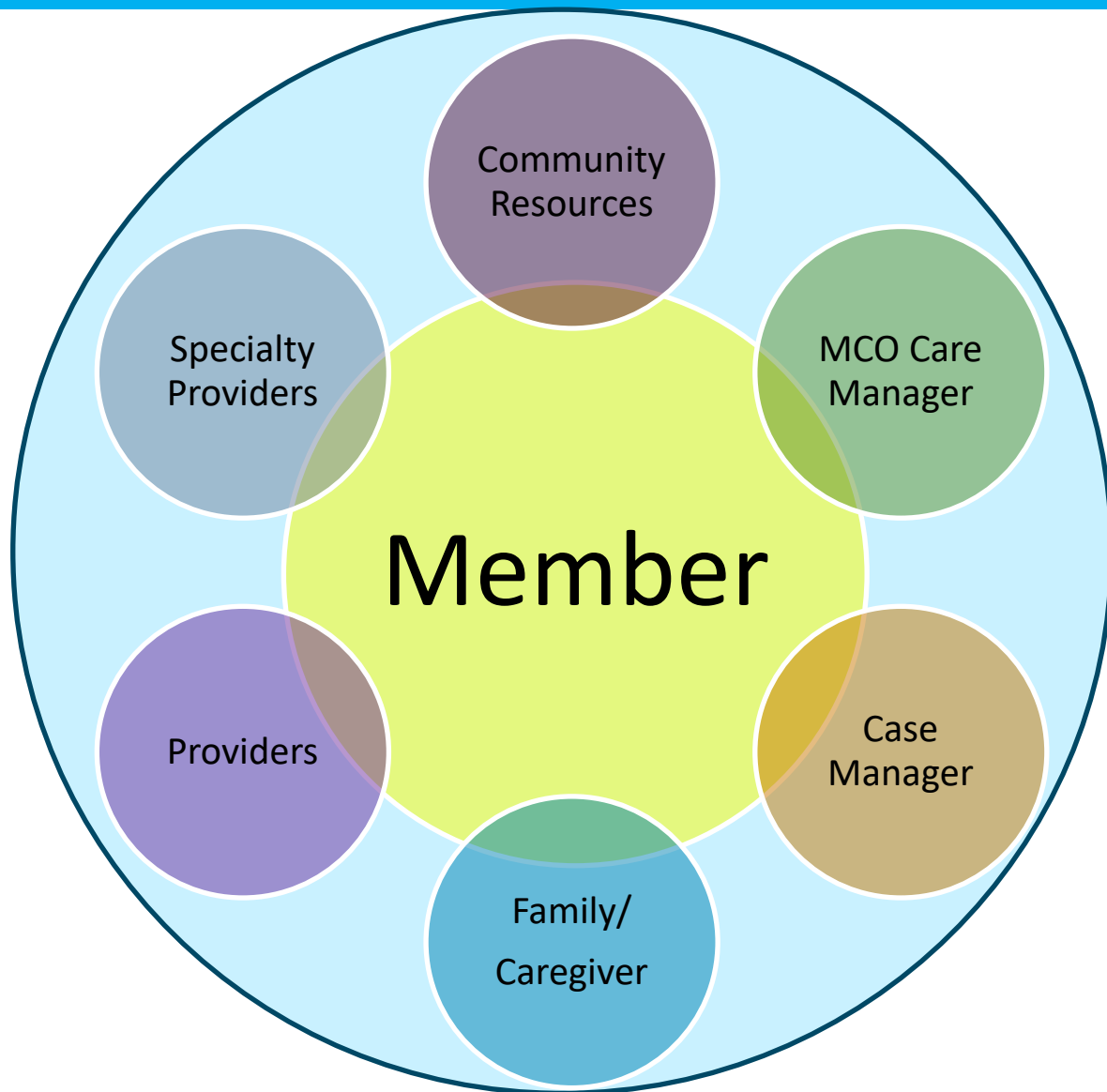
- Medical Necessity Criteria
- Using the identified assessment tool and forms
- Referrals – by provider, member or Care Manager
- Follow Intake process with the Plan of Care
- Launch the Plan of Care
- Explore resources and reduction of barriers with the Care Manager
- Ask questions about alternative services to meet member care needs i.e. different services, equipment or specialized items
- Monitor and Reassess

Integrated Care



- Care Planning and Care Teams
- Levels of Care/Transitions
- Non-covered and Enhanced Services

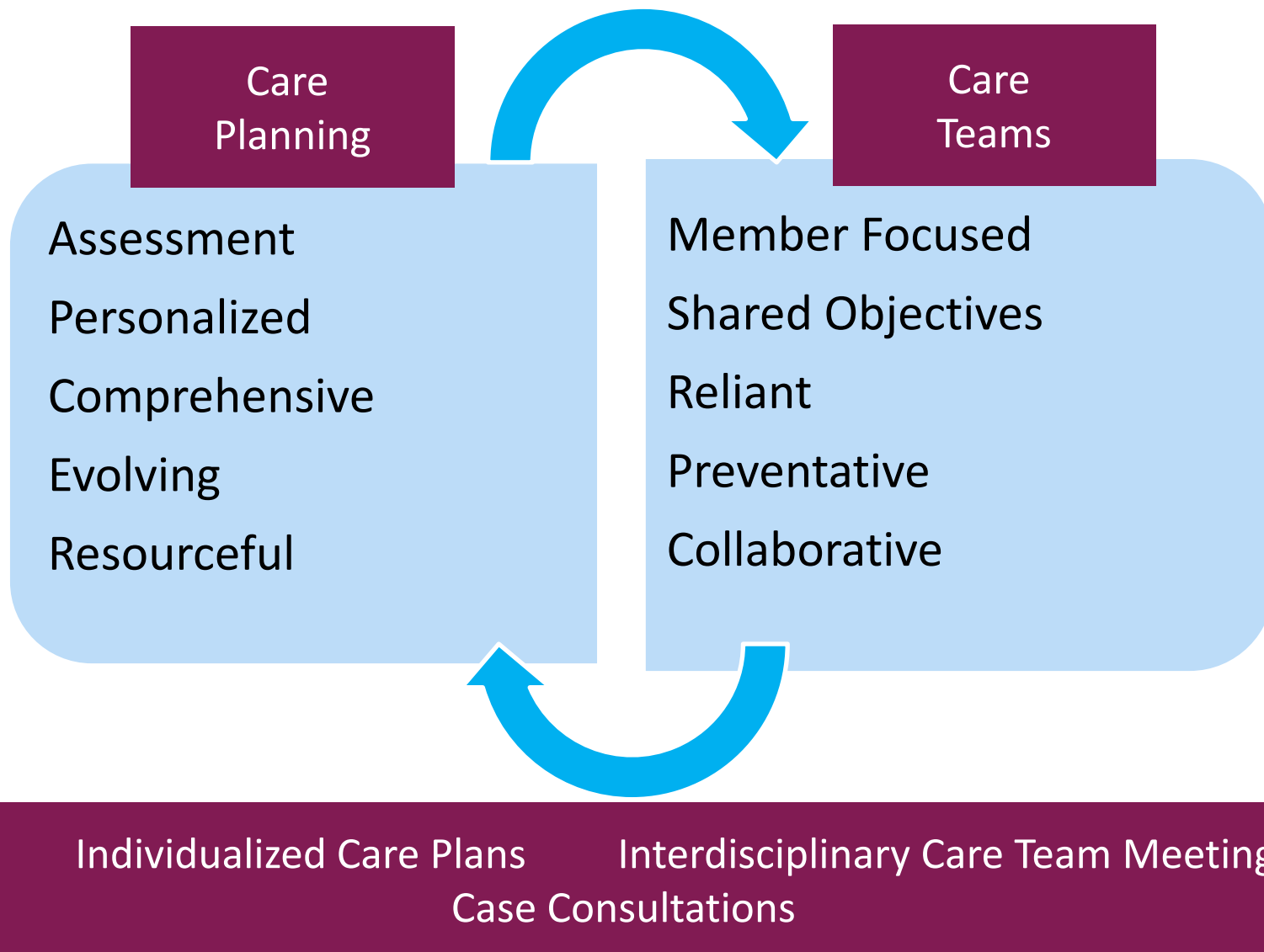
Interdisciplinary Care Team



- Multiple Variables
- Multiple Moving and Changing Parts
- Multiple Relationships
- Multiple Opportunities to Connect
- Multiple Layers

ICT Meetings - Your Participation is Needed!!!

Care Planning and Care Teams



Levels of Care and Transitions



Continuity
of Care

Hospitalizations

Nursing Facility to Home

Loss of Medicaid Eligibility

Loss of or Change in Provider

Aging out of EPSDT

Aging out of Foster Care

Transitions

Periods
Of
High Risk
for Disruption or
Discontinuation of
Needed Care
Leading to Potentially
Critical Incidents

Non-covered and Enhanced Services

- Medical, behavioral health and long-term services and supports in one program
- Health plans cover services within at least equal amount, duration, and scope as Medicaid
- Health plans provide additional benefits and links to resources to address social determinants of health
- Very few carved-out services (e.g., school health and DD Waiver services)
- Ask questions and problem solve with the Care Manager






Health Plan Enhanced/Added Benefits

<https://www.virginiamanagedcare.com/member-materials>



Health plan comparison chart

Read the **added benefits** that each health plan offers. For questions, call us toll free at **1-800-643-2273** (TTY: 1-800-817-6608).

 <p>Aetna Better Health[®] of Virginia</p> <p>1-800-279-1878 TTY: 711 AetnaBetterHealth.com/Virginia</p>	 <p>Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.</p> <p>1-800-901-0020 TTY: 711 anthem.com/vamedicaid</p>	 <p>1-800-424-4518 TTY: 711 MolinaHealthcare.com</p>	 <p>Including the former Virginia Premier plan</p> <p>1-800-881-2166 TTY: 711 Northern VA Kaiser Permanente members: 1-855-249-5025 optimahealth.com/medicaid</p>	 <p>Community Plan</p> <p>1-844-752-9434 TTY: 711 uhccp.com/virginia</p>
<p>Adult vision and hearing</p> <ul style="list-style-type: none"> 1 eye exam, \$250 for glasses or contacts per year 1 hearing exam, \$1,500 for hearing aids, 60 batteries per year <p>Healthy moms and kids</p> <ul style="list-style-type: none"> 300 free diapers, virtual baby showers, portable cribs, \$25 monthly for mom and baby Free swim lessons Mobile app with 24/7 lactation and doula support \$20 monthly for menstrual products Free yearly sports physicals <p>Phone and online tools</p> <ul style="list-style-type: none"> Free smartphone, unlimited minutes, texts, data, 10 GB hotspot <p>Wellness programs</p> <ul style="list-style-type: none"> MyActiveHealth management 12-week personalized weight management program Wellness rewards <p>Other benefits</p> <ul style="list-style-type: none"> 30 free round-trip rides per year 14 meals after hospital stay GED certificate incentive Therapeutic shoes or inserts Windows, door alarms, Smart Alert app for Alzheimer's Free mattress, bedding, \$150-\$400 per year for carpet cleaning for asthma 	<p>Adult vision and hearing</p> <ul style="list-style-type: none"> 1 eye exam, up to \$150 for glasses or contacts per year Adult hearing exam, \$1,000 for hearing aids, 60 batteries per year <p>Healthy moms and kids</p> <ul style="list-style-type: none"> 3 Baby Essential items (diapers, highchair, car seat, and more) Boys & Girls Club membership \$35 Barnes & Noble card for books <p>Phone and online tools</p> <ul style="list-style-type: none"> Free Safelink phone benefit Free Chromebook for high school seniors with 3.5 GPA <p>Wellness programs</p> <ul style="list-style-type: none"> \$120 for Weight Watchers (WW)[®] Up to \$50 healthy rewards 24/7 physician video visits 1 pair insoles, 3 pairs of socks for those with diabetic neuropathy <p>Other benefits</p> <ul style="list-style-type: none"> 12 rides per household per year to grocery store/food bank 14 meals after hospital stay \$120 in GED testing vouchers \$25 gift card for good grades \$1000+ in coupon savings \$20 gift card for doing health screener 2 items from assistive devices and wheelchair accessories catalog 2 items Asthma/COPD Catalog 	<p>Adult vision and hearing</p> <ul style="list-style-type: none"> 1 eye exam every other year, up to \$100 for glasses or contacts per year <p>Healthy moms and kids</p> <ul style="list-style-type: none"> Pregnancy supplies and mobile tools Baby showers quarterly per region Bicycle helmets for children Free yearly sports physicals <p>Phone and online tools</p> <ul style="list-style-type: none"> Free smartphone with 350 minutes, unlimited texts, 4.5 GB data monthly <p>Wellness programs</p> <ul style="list-style-type: none"> Up to \$50 healthy rewards gift cards each year after health care activity <p>Other benefits</p> <ul style="list-style-type: none"> 3 meals per day, up to 5 days delivered to home for member and 1 family member after hospital stay Online directory of community services and organizations SaveAround retail coupon book with over \$2500 in savings. MyMolina mobile app access Backpack with supplies for foster children leaving foster care or adults with frequent or avoidable emergency room visits 	<p>Adult vision and hearing</p> <ul style="list-style-type: none"> 1 eye exam, \$100 for frames per year <p>Healthy moms and kids</p> <ul style="list-style-type: none"> Maternal health programs and baby showers with up to \$75 raffle gift 400 free diapers (restrictions apply) Grocery card for pregnant moms (restrictions apply) Free yearly sports physicals <p>Phone and online tools</p> <ul style="list-style-type: none"> Free smartphone with 350 minutes, unlimited texts, 4.5 GB data monthly Free unlimited wireless, texts, minutes and hotspot (1 per household) <p>Wellness programs</p> <ul style="list-style-type: none"> Up to \$50 wellness rewards Weight management Financial wellness program Pedometer <p>Other benefits</p> <ul style="list-style-type: none"> 24 free round-trip rides per year to grocery stores and more Up to 56 meals delivered to home after hospital stay Up to \$275 for GED prep, test Up to \$75 for college application help (restrictions apply) Free mattress cover, pillowcase for those with asthma Memory alarms, devices for dementia/memory loss 	<p>Adult vision and hearing</p> <ul style="list-style-type: none"> 1 eye exam per year, glasses 2 years <p>Healthy moms and kids</p> <ul style="list-style-type: none"> Up to \$100 Healthy First Steps maternity program rewards Meals sent home after delivery Period underwear, those ages 11-49 who qualify Up to \$100 vaccine incentives at Footlocker[®] up to age 18 Boys & Girls Club membership Free yearly sports physicals, ages 5-18 <p>Phone and online tools</p> <ul style="list-style-type: none"> Free smartphone with unlimited minutes, texts, 10 GB hotspot monthly Self Care[®] app for stress, anxiety, depression support <p>Wellness programs</p> <ul style="list-style-type: none"> Free gym membership to 300+ gyms and local YMCAs 14,000 free virtual fitness choices 13 Weight Watchers (WW)[®] vouchers Up to \$50 healthy rewards <p>Other benefits</p> <ul style="list-style-type: none"> 12 free round-trip rides to places of worship, grocery, DMV, DSS, library 14 meals delivered to home after hospital stay GED certificate assistance Housing application assistance Mattress cover for those with asthma

Additional Resources

- Care Managers link members to community resources that address social determinants of health such as food, housing etc.
- Care Managers may recommend and coordinate community based services. Below are resources utilized:
 - Local non-profit organizations
 - Faith-based resources
 - Virginia Navigator/No Wrong Door
 - United Way
 - 211
 - Area Agencies on Aging
 - Centers for Independent Living
 - Social Service Resources such as SNAP benefits, TANF, etc.

Client Appeals Process

2 Levels

1

CCC Plus Health Plan

- Appeal any adverse benefit determination or medical decision, including denial or partial approval of service authorizations or claims

2

DMAS State Fair Hearing

- After exhausting the health plan's appeal process member can appeal through the State fair hearing process

Challenging Cases

- Complex cases often involve complex dynamics due to high stress levels and uncertainties.
- Support member in understanding of health care delivery and efforts underway to help them access and receive necessary care.
- Give regular updates and stay in contact. People want to know what is happening even if you can't solve the problem. Clarification of roles may be needed.
- Communicate with the member using their preferred method (phone, text, email, etc.) This could be related to a disability that needs to be accommodated or their personal preference.
- Address barriers to care, help where you can within your scope of expertise and experience.
- Work with the MCOs as much as possible whether through ICT meetings, direct contact or SA process.
- Request an ICT meeting if the member or family is agreeable, especially ICT if there is confusion, differing opinions or a lot of people involved.
- Remember the care team includes the MCO Care Manager who supports YOU helping the member.
- Engage the MCO Care Manager, the MCO BH team and any other specialty resources needed to help you utilize the best strategies for each member. All members are unique and each approach should be individual and unique to that member.
- Set limits on hostile communications.
- Report any quality of care concerns.
- Document, Document, Document.
- **Self-care is as necessary as caring for others!**

Office of the State Long-term Care Ombudsman: Role of the Medicaid Managed Care Advocate

Medicaid Managed Care Advocates can help with:

- Enrollment and disenrollment
- Continuity of care
- Access to covered benefits, urgent needs, prescription drugs, behavioral health care and long-term services and supports
- Timeliness of plan responses to Member questions and needs
- Questions about bills, care coordination, and plan benefits
- Information and assistance with grievances and appeals

**Office of the State Long-Term Care Ombudsman
Department for Aging & Rehabilitative Services**

1-800-552-5019 Toll Free

www.ElderRightsva.org

Highlights for Success

Provider Opportunities

Care Coordination
Specialized Services
Integrated Care
Quality
Health Outcomes

WHEN AREAS OF CONCERN FOR PROVIDERS OCCUR

Methods for Resolution

- Authorizations are based on Medical Necessity Criteria (MNC). Provider should ensure the documentation submitted justifies MNC.
- Providers should utilize the reconsideration and appeal process.
- Providers should contact the specific MCO directly regarding any claims issues.
- MCOs have the discretion to request additional documentation to make determinations regarding MNC and continuity of care.
- Communication and collaboration are key

Resources

Aetna Better Health

<https://www.aetnabetterhealth.com/virginia>

Anthem HealthKeepers Plus

<https://mss.anthem.com/va/Pages/aboutus.aspx>

Magellan Complete Care of VA

<http://www.mccofva.com/>

Optima Health Community Care

<https://www.optimahealth.com/communitycare/Pages/default.aspx>

United Healthcare Community Plan

<https://www.uhccommunityplan.com/va/medicaid/ccp-plus.html>

Visit the DMAS webpage and portal for more information!

<https://www.dmas.virginia.gov/>

Program Information MCO Contracts Member Enrollment Information
Health Plan Information Memos and Changes Helpful Links
And so much more....

Questions?

