

March Meeting Notes

Medical Director Meeting

Kentucky Medicaid Managed Care Plans

Tuesday – March 18, 2014

1:00 p.m. – 3:00 p.m.

Location

WellCare of Kentucky

13551 Triton Park Blvd.

Suite 1800

Louisville, KY 40223

(502) 253-5103

Attendees (MCO's): Dr. Donald Wharton (Humana/Caresource), Dr. Stephen Houghland (Passport), Dr. Peter Thurman (Anthem), Dr. Fred Tolin (CoventryCares/Aetna), Dr. Howard Shaps (WellCare)

Attendees (Invited Guests): Gabriela Alcalde (Louisville Board of Health/Foundation for Healthy Kentucky), Susan Buchino (Louisville BOH/UL School Public Health), Caroline Foley (Louisville BOH/UL), Tom Walton (University of Louisville Hospital, KyOne)

Attendees (CHFS): Dr. Allen Brenzel (BHDID), Dr. Stephanie Mayfield (DPH), Emily Parento (OHP), Andrea Adams (OHP), Patricia Biggs (DMS), , Dr. John Langefeld (DMS)

Agenda Discussion Items

➤ **Update from past meetings**

• **Behavioral Health - Update**

Dr. Brenzel reiterated to the group that MCO's now have the flexibility to provide a broad array of behavioral health services that modernize the benefit to include services such as:

- Residential and Mobile Crisis Services
- Intensive Case Management
- In home supports
- Day and partial hospital programs
- Peer and family support

It was discussed that MCO's must now add these services to existing provider contracts and work with DMS to credential new providers to insure Medicaid enrollees have adequate access to these services.

MCO's will also have the responsibility to educate prospective new providers and reach out to develop new network providers to insure access and quality services for their Medicaid enrollees.

It was emphasized that the new CMHC rates effective January 1, 2014 have now been released to the CMHCs. With this release commissioner Kissner sent a communication that emphasized Kentucky Medicaid expects MCO's to honor the

intent and direction of the approved State Plan and e-regs by paying for services rendered over the past 9 weeks (since 1/1/2014). The CMHC's have been, and continue to be, our most valuable provider when it comes to treatment of mental illness and now substance abuse. The commissioner personally ask MCO's NOT to withhold or deny payment based on possible technicalities – such as failure to get prior authorization for services rendered in good faith or a contractual requirement to file claims in 90 days.

It is also an expectation that every MCO contract with all 14 CMHC's as they are our safety net provider for MH/SA. DMS will be tracking this issue and drilling down on network adequacy for the regions without a contracted CMHC.

A follow up from last meeting was a recommendation that a joint workgroup made up of key BH representatives from the MCO's along with DMS & DBHDID be convened with regular planned meetings. The initial objective will be to develop a detailed project plan that will outline objectives, identify common issues (including coding and reimbursement/rate structure), discuss development of continuum of care resources, and clarify regulatory and provider enrollment issues. Members of this workgroup have tentatively been identified:

- Allen Brenzel, MD (DMS)
 - John Langefeld, MD (DMS)
 - Angelina Harmon (Anthem/BCBS)
 - Kimberlee Richardson (Coventry)
 - Kristan Mowder (Humana/CareSource)
 - Elizabeth McKune (Passport)
 - Paul Kensicki (WellCare)
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- **ER Super-Utilizer Meeting Debrief**

There was a follow up to the March 13 on-site meeting which included NGA, CDC, Phase one hospitals and community representatives. Tom Walton joined the group and led a discussion around next steps and tools that can be utilized by local workgroups. He presented a “Community Capacity Self-Assessment Tool” modeled after a tool developed by IHI. A template spread for a “Workplan” was also discussed. There was also a discussion regarding next steps for sharing of data extracts for validity checking purposes and a request again for identifying appropriate technical contacts by respective MCO's.
 - **Health Home Planning Update**

The group was informed that the Department for Medicaid Services applied under ACA 2703 provision and received CMS approval for an eighteen month planning grant to develop a state plan amendment creating a Health Home Program to coordinate care for Medicaid patients with chronic conditions.

A planning phase director, Andrea Adams, has now been retained by CHFS. She will lead the core planning workgroup and be responsible for identifying experts and organizations that will provide consulting services and technical assistance; and

identifying organizations and stakeholders for partnership who will be involved in the planning process.

Health Home planning activities:

1. Define Health Home & determine population(s) who will be the focus of the program.
2. Develop stakeholder partnerships to play key roles in the design, implementation and operation of the program and help advance the concept model of comprehensive, holistic, and person-centered care for all enrollees with chronic conditions.
3. Ensure the model is inclusive of the full spectrum of needs including physical health, and behavioral health (including substance abuse) as well as other psychosocial factors affecting health of the population(s) selected.
4. Develop the technologic infrastructure necessary for ensuring continuous improvement as well as measuring results to determine if efforts are succeeding not only in changing clinical practices, but also in containing costs, improving quality, and patient experience.
5. Align reimbursement and purchasing to support and reward practices that reflect effective service delivery models of coordinated care with the goal of establishing a sustainable model into the future.
6. Create harmonization and linkages with previously existing models; ACO's, PCMH's, etc.

The MCOs were invited to collaborate on the development of the Health Home model. Problems with eligibility criteria in the Ohio Health Home program were discussed. Potential issues of service and payment duplication were mentioned. The MCOs were requested to complete a service inventory (attached) and return it to andrea.adams@ky.gov by April 8th.

➤ **New Discussion Items**

• **ACA implementation activity: Louisville Board of Health**

Gabriela Alcalde from the Foundation for Healthy Kentucky made a presentation outlining a discussion with the Louisville Metro Board of Health.

In September 2013, the Louisville Metro BOH invited key stakeholders in the Louisville community to discuss opportunities and challenges regarding ACA implementation.

Areas of focus and discussion with this group have centered around 1) Enrollment, 2) Workforce, 3) Education and health Literacy, 4) Evaluation.

Overview of "Role for MCO's" was outlined and included:

- Community engagement and education
 - High-level education

- Care coordination/family-level education
- How are MCOs educating their newly insured members?
- Do MCOs collect quality of life data?
 - Predictive of health outcomes; opportunities for education, prevention, and cost savings.
- Data available on care coordination and transition of care?
- Enrollment: enrollees with KCHIP kids
- Metrics/data: Baseline>Jan 1, 2014>Quarterly
 - Age-appropriate screening and immunizations
 - Ambulatory-sensitive conditions (asthma, diabetes, COPD)
 - ED utilization and admission rates (including mental health and substance use related to ED utilization and admission rates)
- Workforce (Jefferson Co)
 - Number and type of providers in MCO networks?
 - Mental health and substance use providers
 - MCO efforts in attracting providers to accept Medicaid
- Role in reshaping health care delivery
 - ACA Implementation Steering Committee with provide feedback from local level
 - Includes key stakeholders at the same table
 - Lessons to improve health and decrease costs
 - Apply strategies for super-utilizers at the population level
 - *Other opportunities for MCO roles reshaping health care system?*

❖ **Next Steps**

- ✓ MCO's seen as active partners in local efforts and evolving conversation
- ✓ Request for MCOs to send a representative to ACA Implementation Steering Committee meetings (monthly)
- ✓ Information sharing (what is already shared with state?)
- ✓ Opportunities for funding support:
- ✓ Health literacy and education efforts
- ✓ Evaluation (doctoral public health student stipend)
- ✓ Steering Committee (public health graduate student coordinator stipend)

● **Review summary; IPRO MCO Progress Report**

Patricia Biggs, Director, Division of Program Quality and Outcomes gave an overview of findings from the IPRO Progress Report.

- HEDIS measures that need to be monitored for improvement include:
 - Well child visits up to 15 months and from 3-6 years;
 - Initiation and Engagement of Alcohol and other Drug Dependence treatment; Adolescent well care;
 - Postpartum visits;
 - Board certification for primary care providers.

Discussed the need for monitoring of access and availability of provider appointments with mention that some of the MCOs were already doing a secret shopper type survey and others were calling the providers directly.

It was not possible to assess improvement for all the MCOs since for all but Passport, it was their first submission. However, all plans need to monitor Cervical cancer screening, Appropriate treatment of children with Upper Respiratory Illness, Comprehensive Diabetes Eye Exam (Retinal), Disease Modifying Ant-Rheumatic drug therapy in Rheumatoid Arthritis, Use of imaging in low back pain, Childhood Immunization Combo3 and Weight assessment and counseling for Nutrition and Physical Activity for Children and Adolescents-BMI percentile. It was also noted that the DMS is more than willing to assist the MCOs if they are not receiving the care plans needed from DCBS and DAIL on a timely basis.

➤ **Misc. items**

▪ **NGA Workforce Policy Academy**

Emily Whalen Parento, Executive Director Office of Health Policy, gave an overview of the opportunity provided by NGA for participation in a “Policy Academy” focused on workforce evaluation and development. Kentucky is applying for participation to the NGA and the MCO’s were asked to support and be actively involved if Ky is selected.

▪ **Request for immunization data extract**

Question was raised regarding requests from 2 of the MCO’s of a data extract from the immunization registry. The response from 2 of the medical directors was the data would be utilized to complete the information that currently exists within their internal data repository. This could be used for better outreach to members that have not had appropriate immunizations from multiple or various sources. We will continue this discussion and explore how this can be accomplished most effectively within CHFS (KHIE is potential resource).

▪ **Request for program activity**

Update was provided and a preliminary grid has been created around Commissioner Kissner’s request for any programmatic activity in P4P, care coordination, value-based modeling currently existing or contemplated.

❖ **Next Meeting:** The next meeting is tentatively scheduled for April 15th, 1-3pm. The location and agenda will be distributed.