Supporting Title V and Medicaid Collaboration in Pediatric Medical Home Implementation

A webinar brought to you by the National Center for Medical Home Implementation, the National Academy for State Health Policy, and the Catalyst Center

Thursday, July 20, 2017
2:00 – 3:00pm ET
Supporting Title V and Medicaid Collaboration in Pediatric Medical Home Implementation

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Moderator: Joan Jeung, MD, MS, FAAP
National Center for Medical Home Implementation
Member, Medical Home Implementation Project Advisory Committee
About the Sponsors

• National Center for Medical Home Implementation and Catalyst Center are funded by the Maternal and Child Health Bureau, Health Resources and Services Administration

• **Goal Statements**
  • National Center for Medical Home Implementation
    • Ensure all children and youth—particularly those with special health care needs—have access to a medical home
  • National Academy for State Health Policy
    • Independent academy of state health policymakers dedicated to helping states achieve excellence in health policy and practice.
  • Catalyst Center
    • Promotes universal, continuous, and affordable coverage for all children and youth with special health care needs; close benefit and financing gaps; promotes payment for additional services; and builds sustainable capacity to promote financing of care
Disclosures

• We have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this activity.

• We do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.
Learning Objectives

• Provide examples of specific states that are implementing successful cross-agency collaboration between Title V children and youth with special health care needs (CYSHCN) programs and Medicaid agencies

• Identify replicable strategies to facilitate collaboration between Title V CYSHCN programs and Medicaid

• Discuss outcomes and impact from Title V CYSHCN programs and Medicaid collaboration
National Center for Medical Home Implementation (NCMHI): What We Do

- Work to ensure that all children and youth have a medical home

- Collaborate with federal, state, and other agencies/stakeholders

- Adapt and respond to new and emerging issues in health care, public policy, and technology
NCMHI: Title V and Medicaid Support

- Provides targeted **technical assistance** to Title V and Medicaid programs
- **Tips and tools** for Title V programs focusing on National Performance Measure 11 (medical home)
- **State profiles** highlighting collaboration between Medicaid and Children’s Health Insurance Programs implementing and advancing pediatric medical home
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Faculty: Karen VanLandeghem, MPH
Senior Program Director, Child and Family Health
National Academy for State Health Policy
What are Some of the Top Trends?

• Nearly all state Medicaid agencies (48) contract with managed care organizations for services and enroll at least some children and youth with special health care needs (CYSHCN) either mandatorily or voluntarily.

• Heightened focus on integrated care through a medical home for adults and children, particularly enrollees with special needs (e.g., behavioral health).
What are Some of the Top Trends? (cont’d)

• New models of care and service delivery systems (eg, Accountable Care Organizations (ACOs) including pediatric ACOs)

• Increase in value-based payment models
  o Episodes of care (eg, maternity care)
  o Bonuses/withholds tied to performance on defined quality metrics or standards (eg, care coordination)
26 States with Medicaid Payments to Medical Homes Underway

21 States with Medicaid Payments to Health Homes Underway

Source: http://www.nashp.org/state‐delivery‐system‐payment‐reform‐map/ Updated: December 2016
Selected State Strategies for Advancing Medical Homes for Children and Youth with Special Health Care Needs

- Fostering interagency collaboration
  - Interagency agreements among child-serving programs
    - Examples
      - Medicaid
      - Title V
      - Early intervention
      - Schools
    - Representation on advisory committees or councils

- Providing enhanced payments for medical homes
  - Examples
    - Enhanced per member per month payments
    - Incentive payments based on performance
Selected State Strategies for Advancing Medical Homes for Children and Youth with Special Health Care Needs (cont’d)

• Supporting practice transformation
  o Funds for infrastructure development
  o Technical assistance and trainings for practices/providers
  o Monitoring and reporting on performance and outcomes

• Leveraging Medicaid managed care
  o Medical home standards incorporated into managed care contracts
  o Use of innovative payment arrangements
Connecticut’s Patient Centered Medical Home Program

- Began in 2012, person-centered medical home approach

- Patient Centered Medical Home (PCMH) Implementation Strategies
  - Enhanced payments for certain primary care codes for practices that meet National Committee for Quality Assurance (NCQA) PCMH level 2 or 3
  - Performance payments for measures including developmental screenings, emergency department utilization, etc.
  - Glide Path program that provides enhanced rates to help with start-up transformation costs for practices pursuing PCMH level 2 or 3 recognition
Connecticut’s Patient Centered Medical Home Program (cont’d)

• Connecticut Title V role includes the following:
  o Advise Medicaid on PCMH implementation
  o Advance care coordination for CYSHCN

• As of June 2015, 97 practices were participating, supporting 276,149 Medicaid beneficiaries
Texas STAR Kids

- Serves children who receive Supplemental Security Income (SSI) Medicaid and children enrolled in the state’s Medically Dependent Children Program

- Designed to integrate care with goal of promoting higher quality of care, improved outcomes and lower health costs for CYSHCN

- Includes specific requirements and standards in the following areas:
  - Identification and assessment of CYSHCN
  - Care coordination
  - Provider network requirements
  - Access to medical homes
Texas STAR Kids cont’d

• Title V CYSHCN program is partnering with Medicaid in the following areas:
  o Serving on legislatively mandated Advisory Committee to STAR Kids
  o Advising on best practices in serving CYSHCN and their families
  o Advising on system standards (used National Standards for CYSHCN) for Managed Care Organizations (MCO) and inclusion in Medicaid contracts with MCOs
  o Developing quality metrics for CYSHCN in Medicaid managed care
Key Questions about CYSHCN and Your State’s Health Care Delivery Landscape

• How is your state structuring health care delivery systems to meet the unique needs of CYSHCN and their families?
• Which groups of CYSHCN are enrolled in Medicaid managed care in your state?
  • All?
  • Condition specific?
• Who is ‘at the table’ in development of these models?
  • Medicaid
  • Title V CYSHCN program
  • Health plans
  • Families
  • Education
  • Mental health
  • American Academy of Pediatrics (AAP) chapter
How are Medicaid and Title V partnering and aligning their efforts to advance care for CYSHCN?

How is your state ensuring access to care and coordinating care for CYSHCN?

What quality improvement strategies and measures is your state using to promote and monitor quality of care for CYSHCN?
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Faculty: Susan Mathieu
Manager, Accountable Care Collaborative
Colorado Department of Health Care Policy and Financing
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Faculty: Gina Robinson
Program Administrator for Client and Clinical Services
Colorado Department of Health Care Policy and Financing
Medicaid Covers Over 1.3 Million Coloradans

FY 2015-16 Medicaid Case Load

- 42% Children & Adolescents under age 20
- 48% Adults ages 21-64
- 7% People with Disabilities in all age groups
- 3% 65 and older

75% of Medicaid adults work

- Drivers
- Child care workers
- Waiters & waitresses
- Cashiers

2016 Federal Poverty Levels by Family Size

<table>
<thead>
<tr>
<th>Family of 1</th>
<th>Family of 4</th>
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<tbody>
<tr>
<td>133% $15,804</td>
<td>$32,328</td>
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*Some earning more may still qualify.
Department Performance Plan Long Range Goals

- Improve health for low-income and vulnerable Coloradans
- Enhance the quality of life and community experience of individuals and families
- Reduce the cost of health care in Colorado
Colorado Medical Homes

2007
Legislation mandating medical homes for children - Bill 07-130 (CRS 25.5-1-123)

2011
Developed the Accountable Care Collaborative (ACC)

2012
Fully implemented the ACC

• Colorado (CO) specific program developed because of the following:
  o Unsuccessful attempt at capitated managed care in CO
  o 85% in an unmanaged Fee-For-Service (FFS) system
Our Delivery System: Accountable Care Collaborative (ACC)

Care Coordination (RCCOs)

Data & Analytics (SDAC)
Structure of Accountable Care Collaborative

• Health First Colorado’s primary health care program

• Administered by 7 Regional Care Collaborative Organizations (RCCOs)

• RCCOs work to coordinate primary care and other services to improve the overall health of their members
Shifting Kiddos in the Accountable Care Collaborative (ACC)

• ACC provides care for populations with special health care needs
  o RCCOs receive information for new members
  o Share claims data on patients → allow for analysis
  o Coordinate care to cover all health needs

• Program has evolved over time
  o Inclusion of those who are eligible for Medicare and Medicaid with specific activities required
  o Implementation of ACC: Rocky Mountain Health Plans (RMHP) Prime on 6 counties to work with different payment models focuses on CYSHCN
  o Inclusion of child specific measure for performance payments
Accountable Care Collaborative Phase II Key Concepts

To improve health and life outcomes for Members

- Single regional administrative entity for physical health care and behavioral health services
- Strengthen coordination of services by advancing health neighborhood
- Population health management approach
- Payment for integrated care and value
- Greater accountability and transparency

To use state resources wisely
Title V Funded Care Coordination (HCP)

• An estimated 17.1% or 209,000* children with special health care needs (0 – 17 years)
• Title V funded HCP care coordination program administered by Department of Public Health and Environment
   Local public health agencies are contracted to provide HCP care coordination services for CYSHCN
   HCP has statewide program coverage
   In 2016, HCP provided intensive model of care coordination for 1,096 CYSHCN
   76.2%** of CYSHCN served through HCP were enrolled in Medicaid
• HCP care coordinators work closely with RCCO care coordinators to share care plans and coordinate care

*projected from 2007 NSCH data
**See HCP 2016 Snapshot for more data https://www.colorado.gov/cdphe/hcp-data-and-reports
www.HCPColorado.org
Title V and ACC Collaboration

• 2013 Title V and ACC participated in a pilot project aimed at aligning 3 statewide care coordination for children on Medicaid
  ➢ RCCOs, Healthy Communities and Title V HCP program
  ➢ Group formed the Colorado Care Coordination Collaborative (Team 4C)
  ➢ Established data use agreement between local public health agency and RCCO
  ➢ Developed process for sharing clients lists to reduce duplication of services
  ➢ Group included state level staff as well as local staff implementing care coordination services
  ➢ Identified over 20 opportunities for policy and systems changes at state and regional level to improve coordinated care for CYSHCN in Colorado
  ➢ Tri County Health Dept and Colorado Access (RCCO 3) continue to meet regularly to implement identified policy changes at the regional level
Title V and ACC Collaboration

- 2016 replicated Team 4C pilot to other areas of the state through the Title V Medical Home priority work for CYSHCN
  - 5 local public health agencies entered into MOUs, contracts or data use agreements with their respective RCCOs
  - Agreements focus on sharing data to align care coordination services for CYSHCN
    - For example San Juan Basin health dept (SJBHD) provides care coordination services to CYSHCN on behalf of the Rocky Mountain Health Plans (RMHP RCCO 1)
    - RMHP has given SJBHD access to Essette health information system to coordinate care in real time
  - 89.2% of CYSHCN receiving HCP care coordination through the 5 LPHAs have a shared plan of care with the family and PCP, RCCO or medical home
  - Piloting a care agreement between RCCOs and HCP care coordinators to further clarify roles and establish lead for shared clients
Colorado American Academy of Pediatrics Collaboration

- Pediatric representation at payment reform meetings
- Pediatric representation in ACC stakeholder advisory committees
- **Strong advocate:** Adoption of Bright Futures as the Health First Colorado (Medicaid) periodicity schedule
Colorado American Academy of Pediatrics
Collaboration cont’d

• **Strong partner:** Colorado Chapter shares trainings on Early and Periodic Screening Diagnosis and Treatment (EPSDT) and Health First Colorado directly with its members

• **Strong community member:** Local AAP chapter works directly with Health Care Policy and Financing (HCPF) Medical Director and Chief Nursing Officer on quality, data, analytics and special projects
Catalyst Center

- Center for Advancing Health Policy and Practice
- A main resource related to CYSHCN
- Provides direct services and assistance to CYSHCN populations
- EPSDT asks Catalyst for information, surveys and national data for reporting
Contact Information

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National Center for Health Insurance and Financing of Care for Children and Youth with Special Health Care Needs (Catalyst Center)
Boston University School of Public Health
Don’t be skeptical, we have tools to help you

- Worksheets
- Policy briefs
- Tutorials
- Academic papers
- And more!

Unless otherwise noted, the following Catalyst Center materials are available at [http://cahpp.org/project/the-catalyst-center/](http://cahpp.org/project/the-catalyst-center/)
Designed specifically for Title V staff and family leaders, each chapter includes the following:

- “Test Your Knowledge”
- “Find Out In Your State”
Medicaid/CHIP Tutorial
Table of Contents

• How do Different Systems Define and Think about Children with Special Health Care Needs?

• The Basics: What are Medicaid and CHIP?

• Building Partnerships: What Kinds of Partnerships Between Title V and Medicaid/CHIP are Required and Feasible to Build?

• The Value of Medicaid, CHIP, and Title V Partnerships
Medicaid/CHIP Tutorial
Table of Contents cont’d

• Pathways to Coverage
  • TEFRA/Katie Beckett Option: A Pathway to Medicaid for Children with Disabilities

• Covered Services: What Will Medicaid and CHIP Pay For?
  • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

• Financing: How Do Medicaid and CHIP Dollars Flow?

• Service Delivery Models: How Do States Deliver Health Care Services to Children Enrolled in Medicaid and CHIP?

• Quality Measurement and Improvement

• Next Steps: Making the Case for Successful Partnerships in Your State
• What is Medicaid? Fact Sheet
• What is CHIP? Fact Sheet
• Infographic: Medicaid & CHIP: What’s the Difference?
• Title V and Medicaid/CHIP Customizable Interactive Worksheets
Title V/Medicaid Partnerships

- Leveraging Title V Partnerships to Advance National Performance Measure # 15: Adequate Health Insurance

Alternative Payment Methods and Delivery Innovations

- A Primer on Value-based Strategies for Improving Financing of Care for Children and Youth with Special Health Care Needs

• **Statement of the Problem: Health Reform, Value-Based Purchasing, Alternative Payment Strategies, and Children and Youth With Special Health Care Needs** (Bachman S, Comeau M, Long, T) *Pediatrics*. 2017, 139 (Supplement 2) S89-S98; **DOI**: 10.1542/peds.2016-2786C

Targeted Populations and Topics

- Financing the Special Health Care Needs of Children in Foster Care: A Primer
- Health Care Coverage and Financing for Children with Special Health Care Needs: A Tutorial to Address Inequities
- Breaking the Link Between Special Health Care Needs and Financial Hardship

- The Care Coordination Conundrum: What is Care Coordination? Who Should Receive It? Who Should Provide It? How Should It Be Financed?
Contact Information

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Boston University School of Public Health

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Resources

National Academy for State Health Policy

• Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid
• CHIP and Medicaid are Essential Partners for Cross Agency Collaboration to Better Serve Children
• Lead Screening & Treatment in Medicaid and CHIP
• Treatment for Children with Autism Spectrum Disorders and the EPSDT Benefit
• State Financing and Delivery Innovations to Address Disparities in Uncontrolled Childhood Asthma
• State Strategies for Promoting Children’s Preventive Services
• Visit nashp.org for more information

Joint NASHP-NCMHI Publications:

• Connecticut State Profile
• Pennsylvania State Profile
• Texas State Profile
• State Pediatric Medicaid and CHIP Initiatives: At-A-Glance Table
• Medicaid Managed Care – Challenges and Opportunities for Pediatric Medical Home Implementation for CYSHCN
Resources cont’d

• Making Connections: Medicaid, CHIP, and Title V Working Together on Medical Home Initiatives
• Methods of Coordination Between Title V and Medicaid
• National MCH Workforce Development Center, Skills & Knowledge to Support National Performance Measure 11 (Medical Home)
• States At-a-Glance Table
• National Center for Medical Home Implementation
• National Academy for State Health Policy
• Catalyst Center
Questions?
Thank You