

# Heritage Health Update

**Health and Human  
Services Committee  
September 22, 2017**

**Thomas “Rocky” Thompson**

**Interim Director, Division of Medicaid and Long-Term Care**

**Nebraska Department of Health and Human Services**

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# Today's Discussion

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- Getting started
- Why three plans?
- What care management means for members
- Digging into the data
- Issues log & known issues reporting
- Committees and forums
- Corrective Action Plans (CAPs)
- Sister division and agency collaboration
- Upcoming open enrollment
- Member stories

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# Getting started



## *Transitioning to ongoing operations*

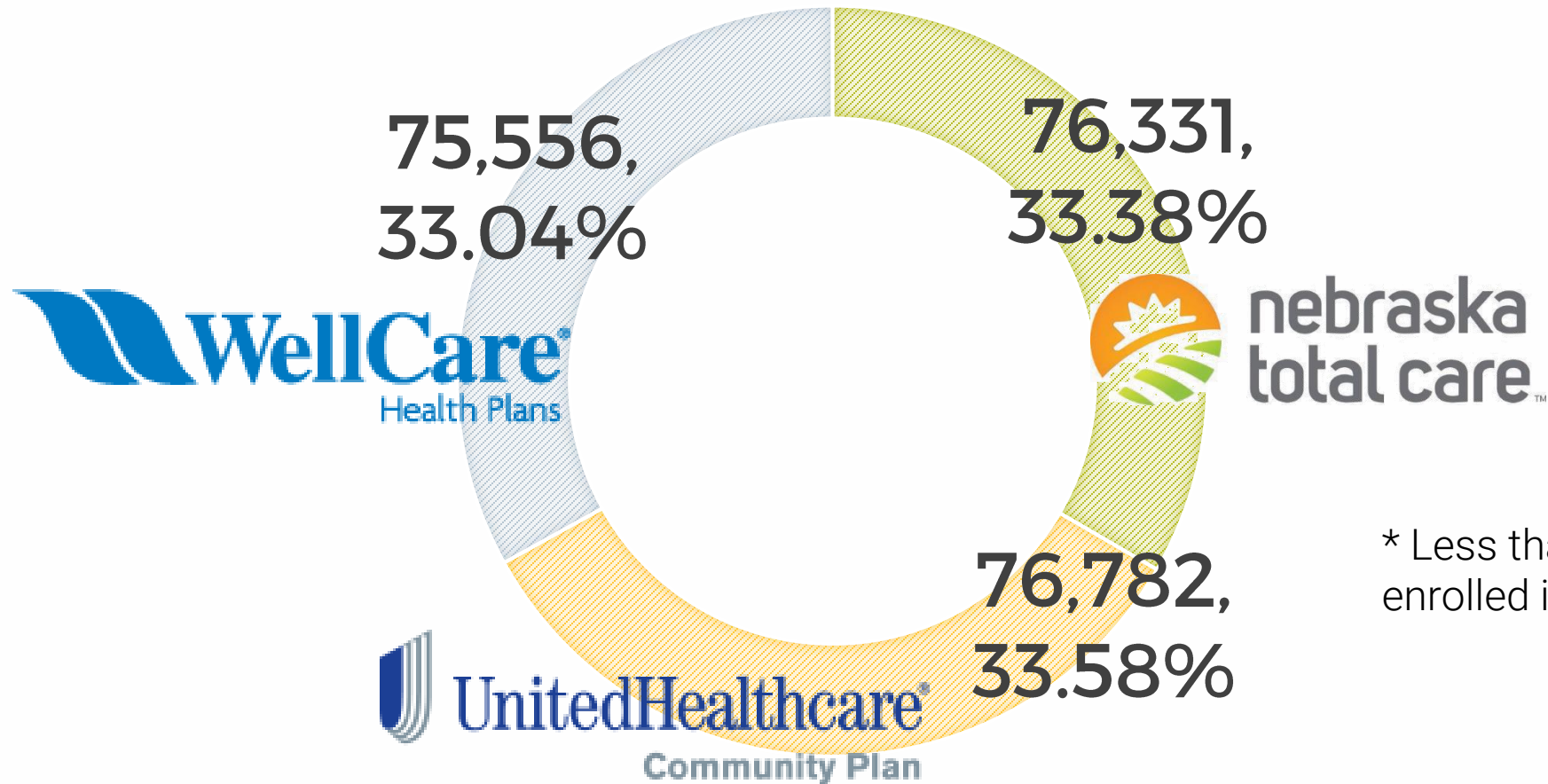
- ▶ Each plan is serving over 75,000 Nebraskans
- ▶ Working with over 30,000 providers in Nebraska
- ▶ Over 4 million claims processed through July 2017
- ▶ More than \$400 million paid to providers by the end of June 2017
- ▶ Initial more systematic claims payment issues largely resolved
- ▶ With two quarters of data, engaging process improvement measures
- ▶ Providers looking forward to member-focused initiatives



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# Why three health plans?

TOTAL ENROLLMENT - JULY 2017



\* Less than 2,000 members not enrolled into Heritage Health

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# Why three health plans?

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## *By thoughtful design*

- ▶ Managed care is the predominant form of service delivery for Medicaid nationwide
  - ▶ In 1998, around 40% received Medicaid through managed care
  - ▶ By 2013, over 75% received Medicaid through managed care
- ▶ Federal requirement to have more than one plan
  - ▶ Choice counseling
- ▶ Three plans further ensures stability
- ▶ Key principle of Heritage Health for members to have a choice
  - ▶ Active engagement in personal health outcomes
- ▶ Offer providers different options

# Benefit Highlights



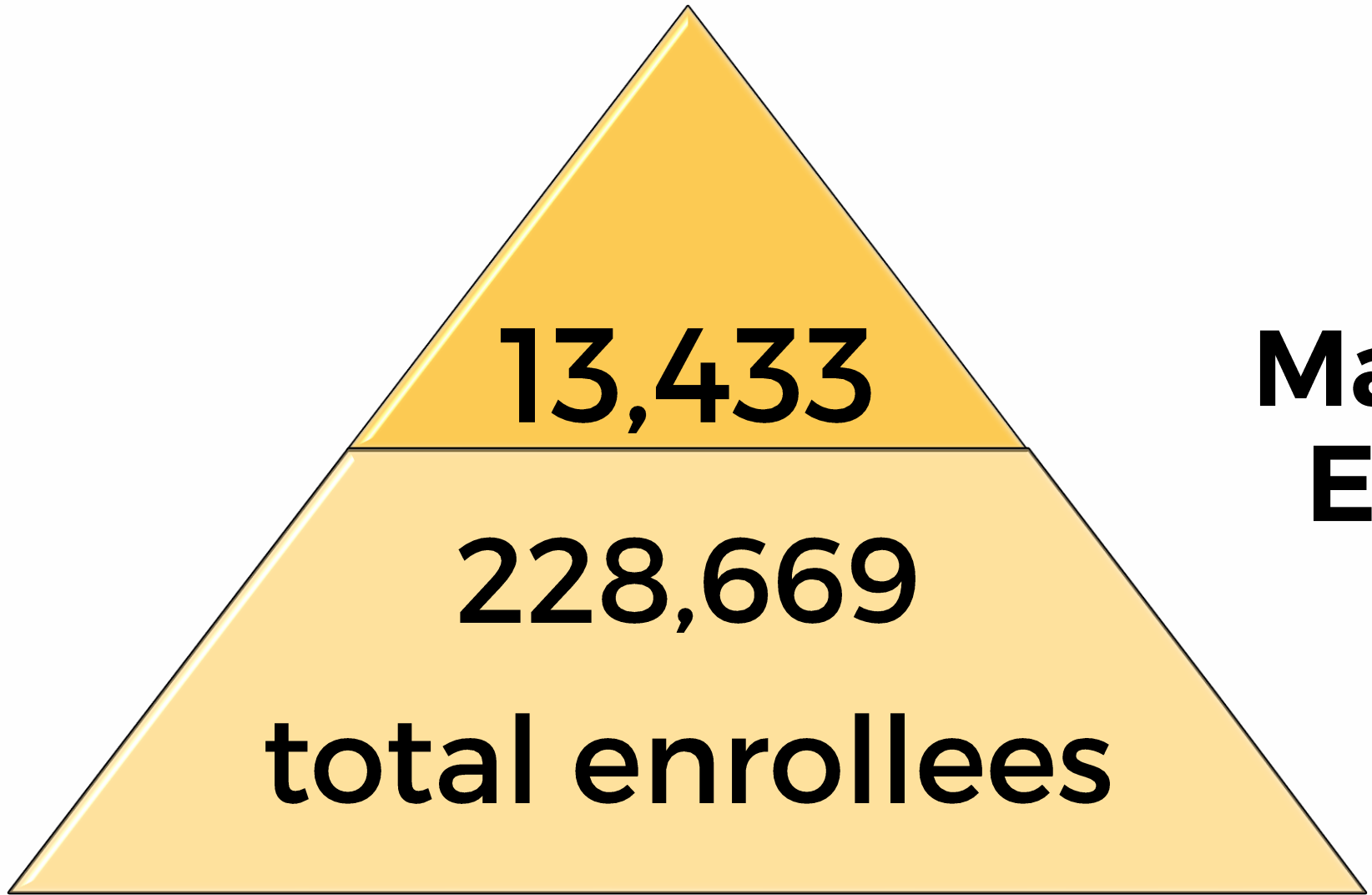
*Weight Watchers* free membership for members in active case management  
*YMCA* free, renewable, three month membership for members in active case management  
*Boys and Girls Club* free membership  
*CentAccount* rewards card for healthy behaviors  
*Start Smart for Your Baby* maternity management program (includes breast pumps)  
*Over the Counter* certain OTC products at no cost, up to \$30 per household per quarter  
Call 1-844-385-2192 or visit online: [www.nebraskatotalcare.com](http://www.nebraskatotalcare.com)



*myHealthLine* – no cost smartphone program with texting to help members manage health  
*No Copays* – there are no costs to you for benefits and services  
*myMoney Connect* – prepaid reloadable debit MasterCard with wellness rewards  
*Healthy First Steps* – Ensures that mom and baby get good medical attention  
*Baby Blocks* – reminders and reward gift cards to keep mom-to-be and baby healthy  
*Transportation* – Member transportation to WIC, parenting classes, AA/NA Meetings  
Call 1-800-641-1902 or visit online: [www.uhccommunityplan.com/ne](http://www.uhccommunityplan.com/ne)



*Girl Scouts/Boy Scouts* annual membership for members ages 6-18  
*Lifeline* – free cell phone  
*Steps2Success* – Free job training and personal finance training, plus free GED testing  
Additional *Waived Co-Payments*  
*Car Seats* for pregnant members  
*Healthy Rewards Program* - gift card rewards for specific wellness visits and preventive care  
Call 1-855-599-3811 or visit online: [www.wellcare.com/nebraska](http://www.wellcare.com/nebraska)



# Care Management Enrollment

# What care management means for members

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## *Contractual requirements*

- ▶ Each plan is required to have a care management program focused on collaboration between the plan, the member, his/her family or guardian, providers, and other services coordinators serving the members
- ▶ The plans must work with providers to ensure a patient-centered approach that addresses the member's medical and behavioral health care needs in tandem
  - ▶ Self-management strategies with interventions focused on the whole-person
  - ▶ Manage co-morbidities, adherence to medication management, regular monitoring
  - ▶ Not focus solely on the member's primary condition
- ▶ The plans must use a health-risk screening tool on all members upon enrollment to identify members in need of care management

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# What care management means for members

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*From an oversight perspective*

- ▶ The plans report quarterly on their care management populations, low/medium/high risk, and health risk assessment completion
- ▶ Monthly meetings with each of the plans to monitor that they understand/utilize available resources (DDD, CFS Care Coordinators, etc) and discuss specific difficult issues/cases
- ▶ Coordination across sister divisions, Developmental Disabilities and Children and Family Services
  - ▶ Significant work focused on coordinating care for state wards between the health plan care managers and the CFS caseworkers

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# What care management means for members

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- ▶ United Health Care member's reduction in ER visits after receiving housing assistance
  - ▶ The member had on average three ER visits per month and no visits after moving into his apartment. Over six months, prior to housing, his average monthly medical claims were \$6,598 and since housing his average cost per month is \$109 which generates an annualized savings, \$78,000
- ▶ Nebraska Total Care member who no longer needs a liver transplant thanks to dedicated care manager
  - ▶ Not only has the member's quality of life and health dramatically improved, the avoidance of a liver transplant has saved approximately \$130,000 to \$290,000 in transplant costs (depending on complexity) and considerable costs post-transplant for anti-rejection medications

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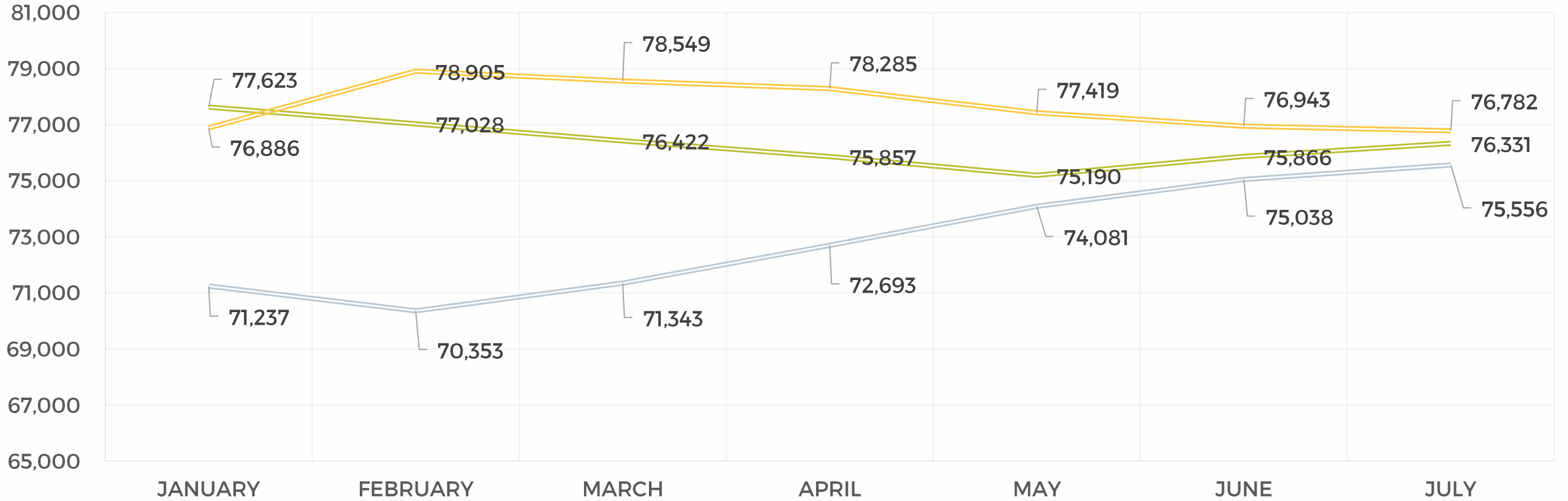
# Digging into the data

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- ▶ Two calendar quarters of data from the 50+ required reports
- ▶ Evaluating and assessing whether the reporting elements are effective and assessing what could be done differently
- ▶ Plan management team are digging into the data along with MLTC's data and analytics team
- ▶ Quality Performance Program (QPP) measures that the plans have to meet to earn 1.5% incentive
  - ▶ Claims processing timeliness, pharmacy claims processing timeliness, encounter acceptance rate, call abandonment rate, average speed to answer calls from members/providers, appeal resolution timeliness, grievance resolution timeliness, and preferred drug list compliance
- ▶ Evolving Public Dashboard

# MONTHLY ENROLLMENT BY PLAN

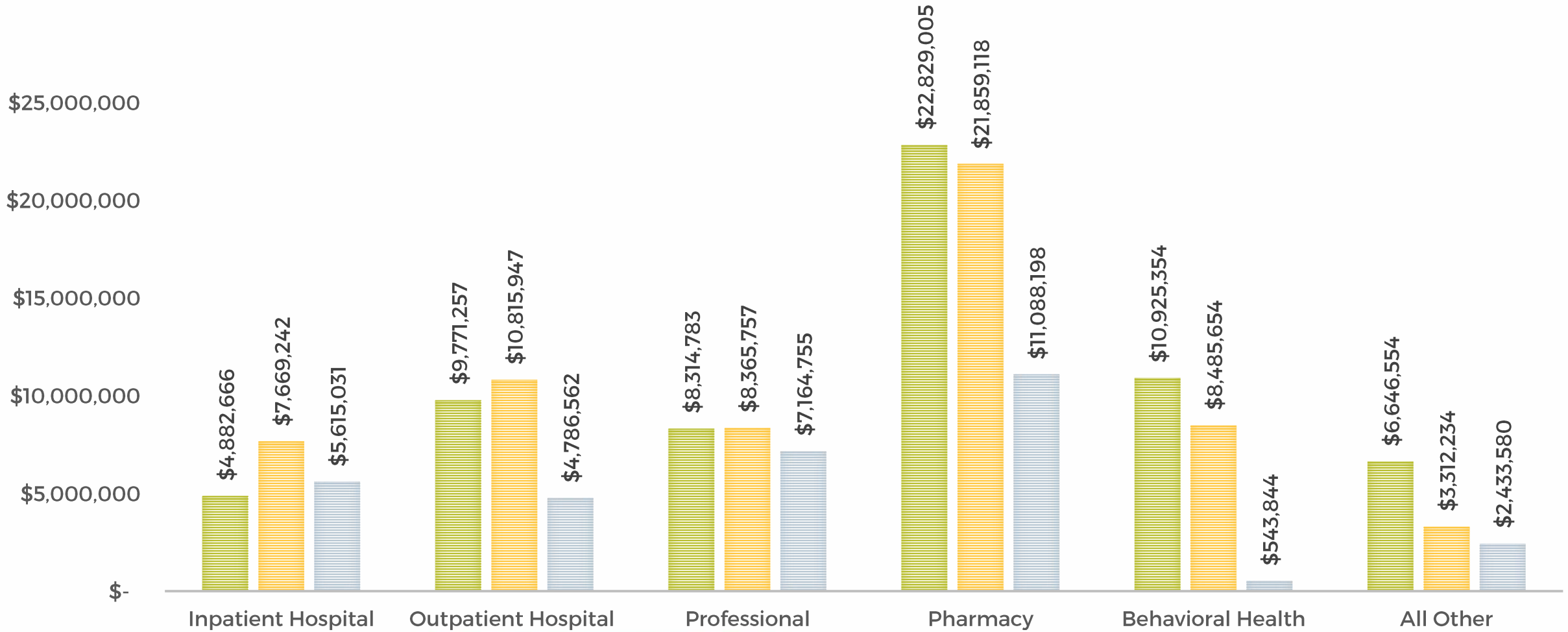
Nebraska Total Care    United Healthcare    Well Care





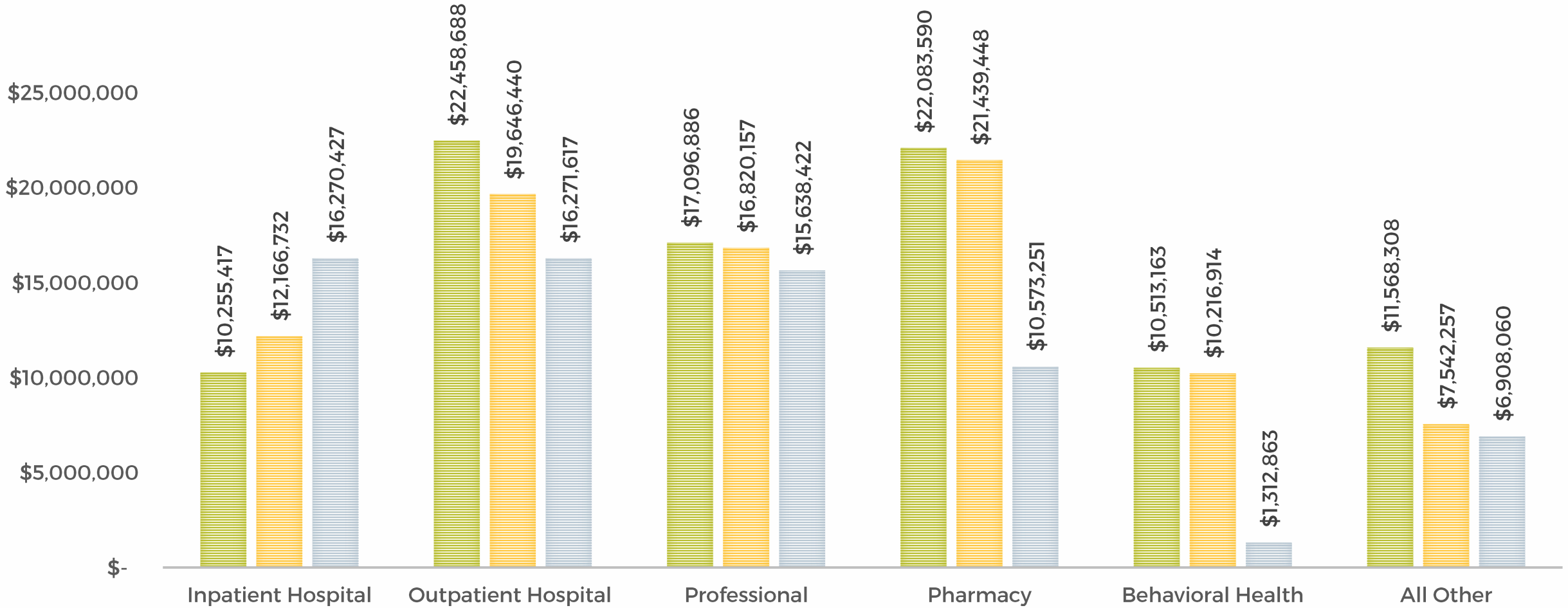
# TOTAL CLAIMS PAID - QUARTER 1 2017

NTC UHC WHP

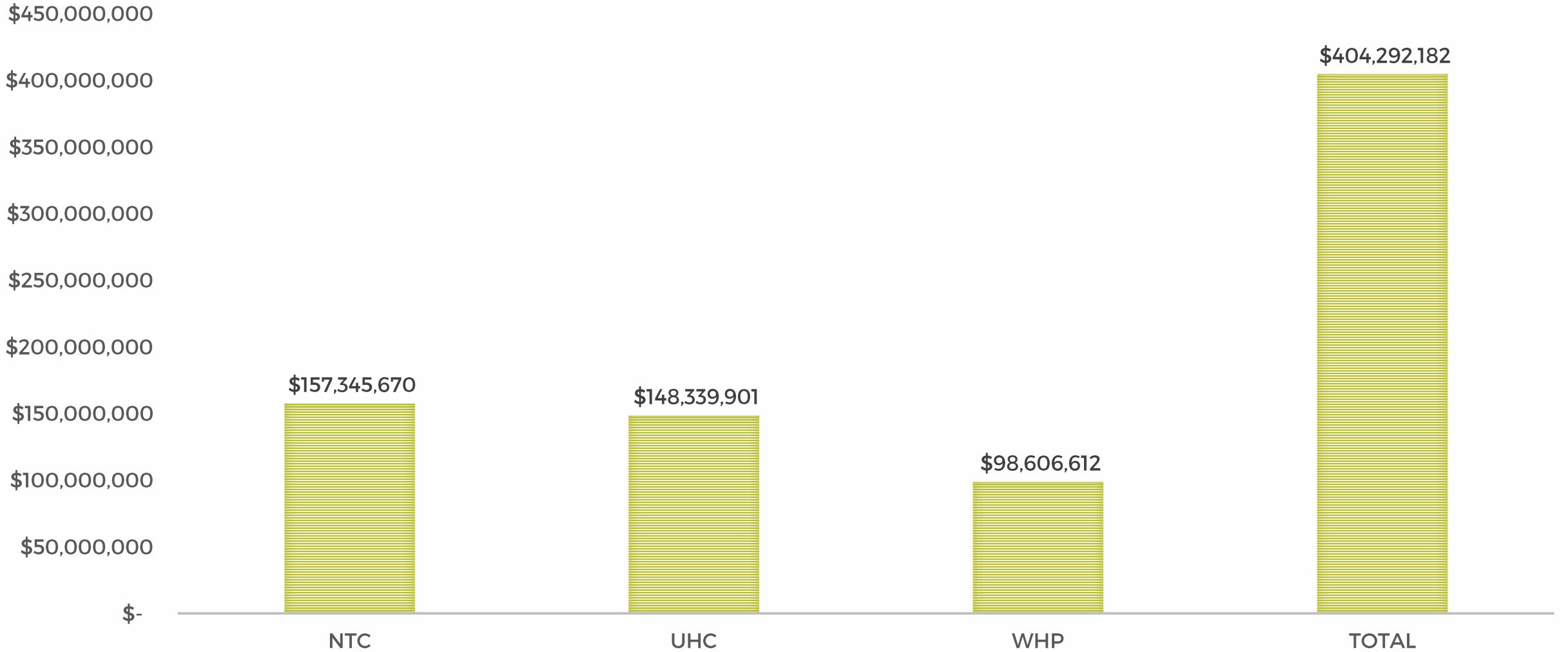


# TOTAL CLAIMS PAID - QUARTER 2 2017

■ NTC ■ UHC ■ WHP

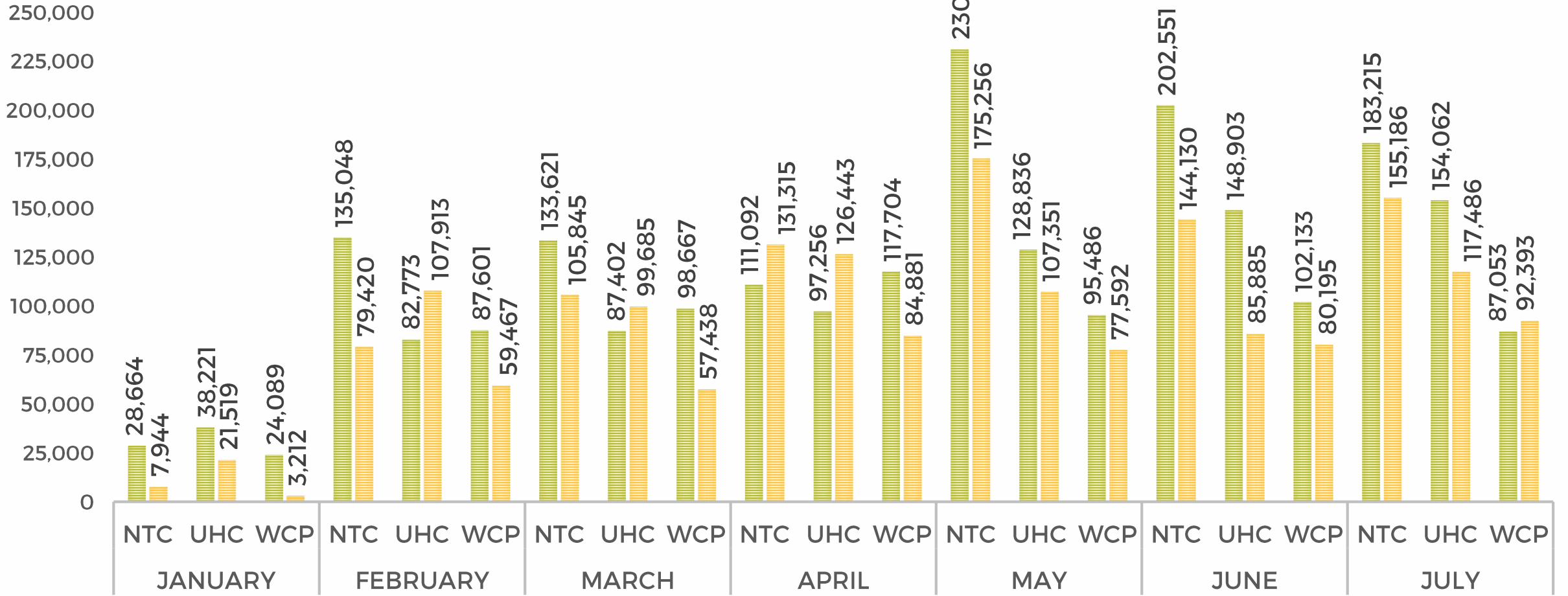


# TOTAL CLAIMS PAID - QUARTER 1 & 2 TOTAL



# CLAIMS RECEIVED/PAID BY PLAN

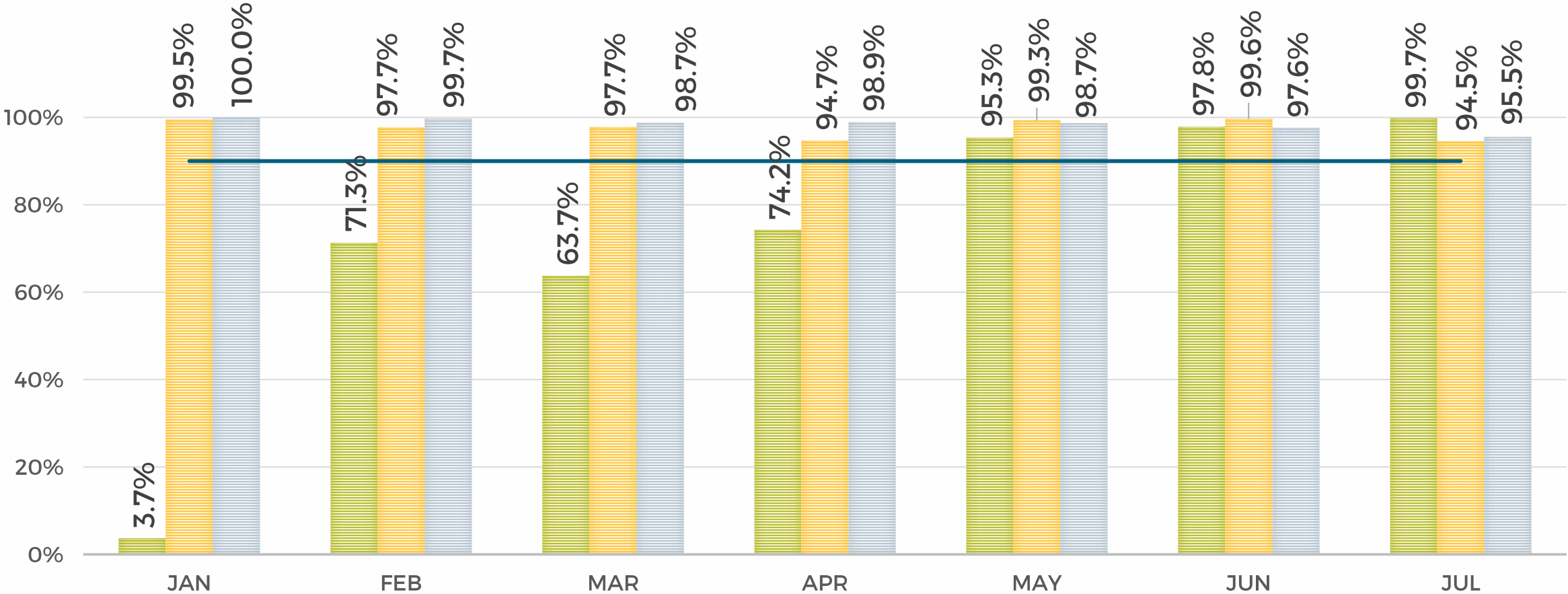
Received Paid





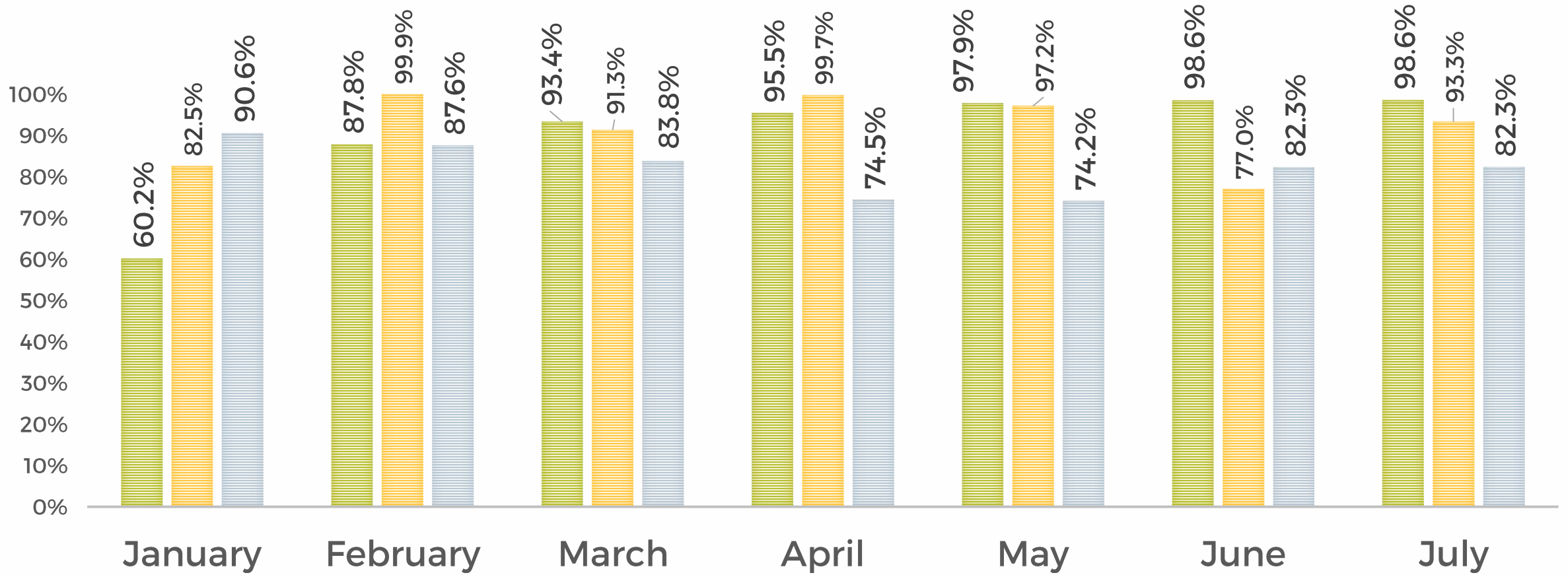
# CLAIMS TIMELINESS

■ NTC   ■ UHC   ■ WHP   — Target



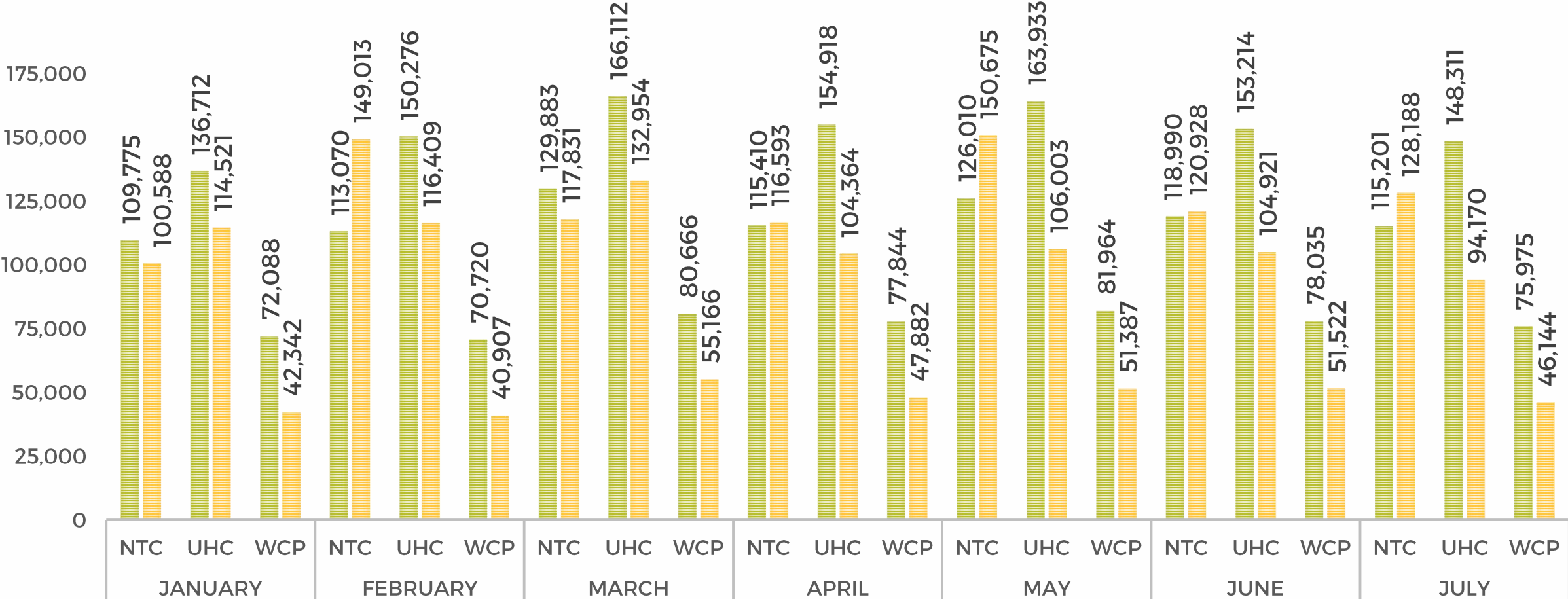
# CLEAN CLAIMS AS A PERCENTAGE OF TOTAL CLAIMS

■ NTC ■ UHC ■ WHP



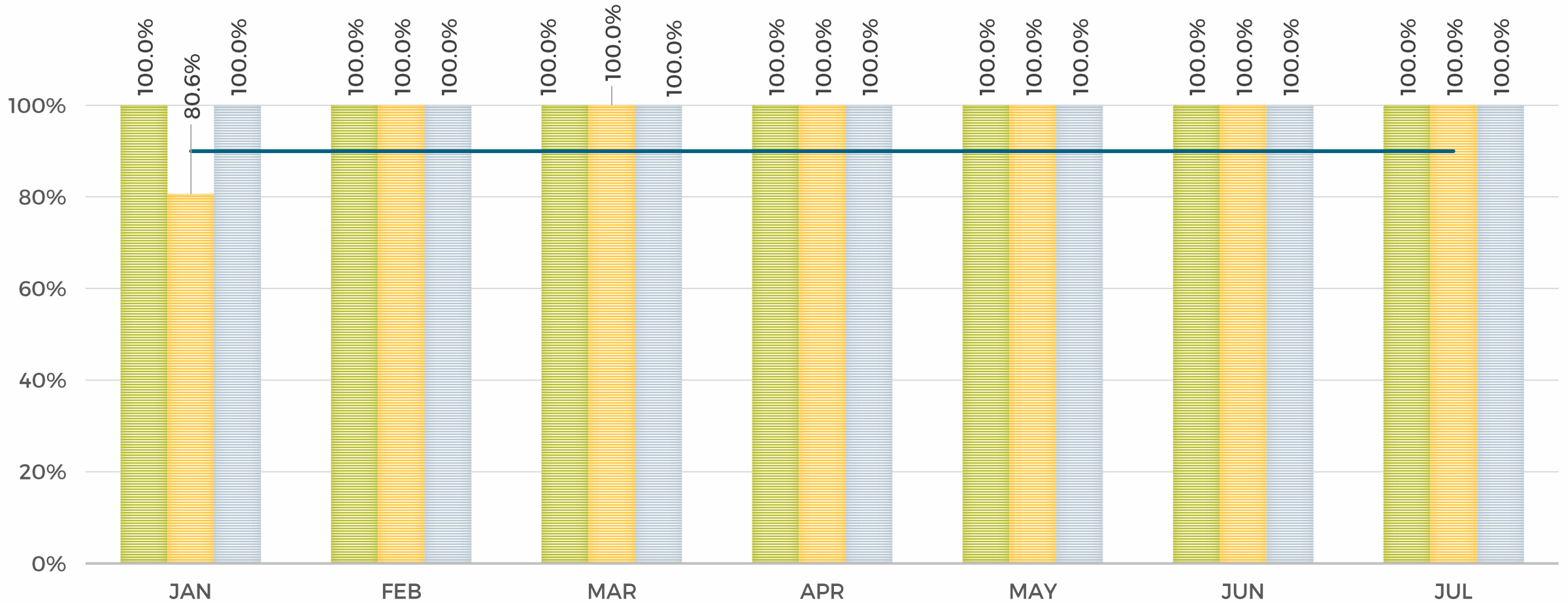
# PHARMACY CLAIMS RECEIVED/PAID BY PLAN

Received Paid



# PHARMACY CLAIMS TIMELINESS

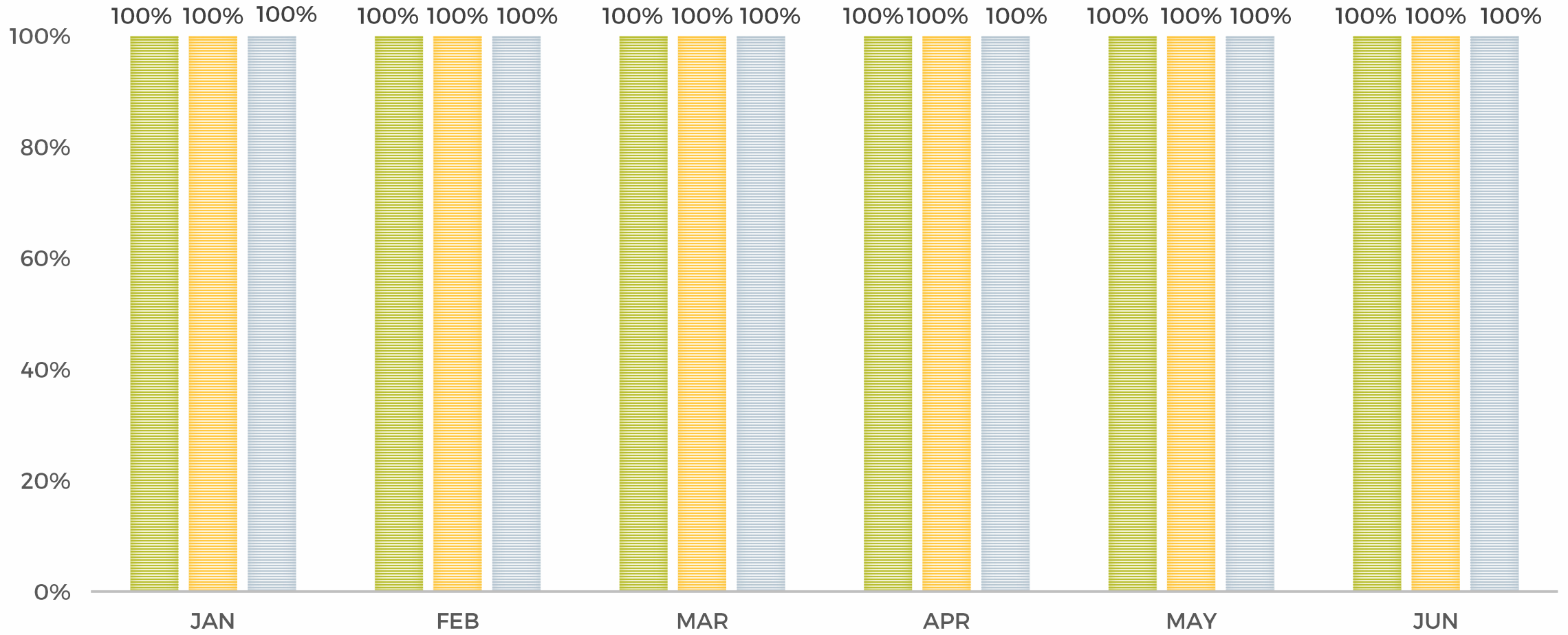
NTC UHC WHP Target





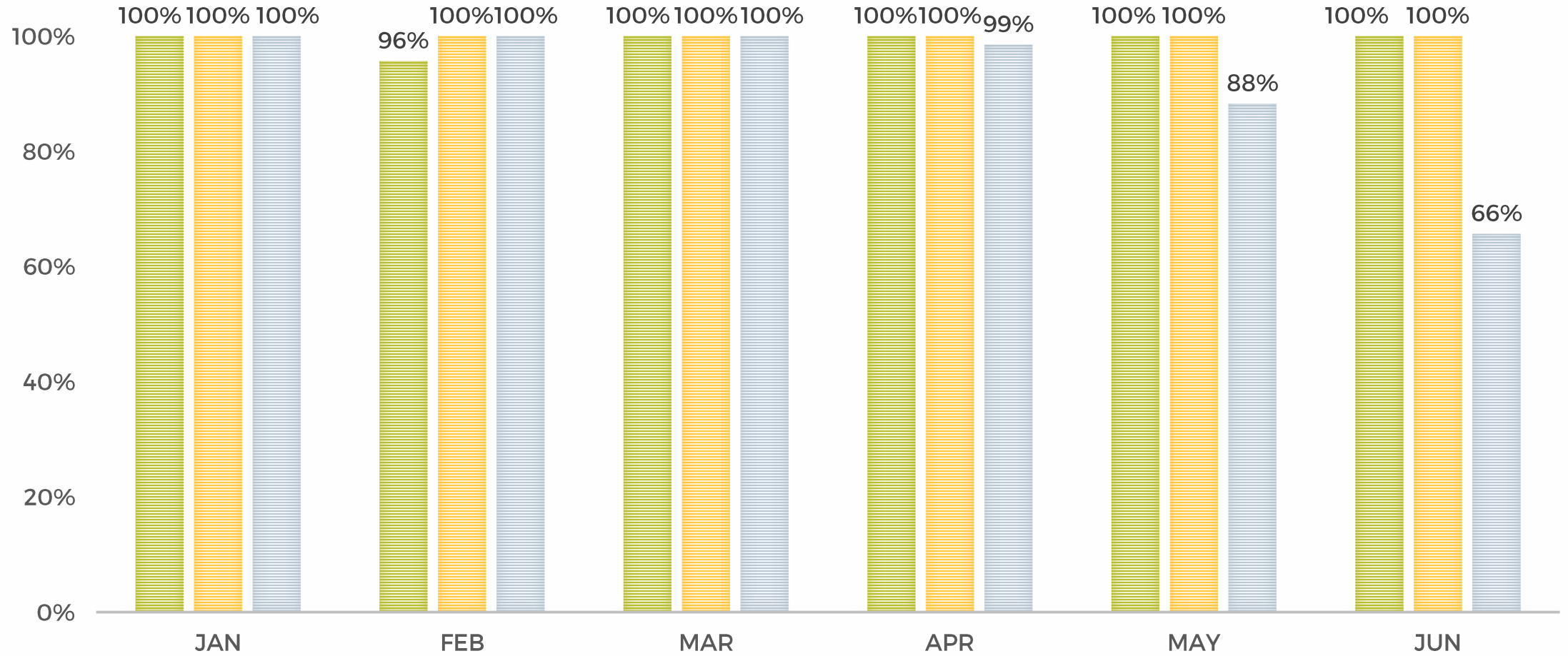
# GRIEVANCE TIMELINESS (CONTRACT)

■ NTC ■ UHC ■ WHP



# APPEALS TIMELINESS (CONTRACT)

■ NTC ■ UHC ■ WHP



## ACCESS STANDARDS

Emergency	24 hours/day, 7 days/week
Urgent Care	Same Day
Family Planning	7 Calendar days
Preventative Care (non-urgent)	28 Calendar days
Non-Urgent Sick Care	72 Hours
Specialists – Routine	30 working days
Prenatal - First Trimester	14 Calendar days
Prenatal - Second Trimester	7 Calendar days
Prenatal - Third Trimester	3 Calendar days
High Risk	3 Calendar days
Lab and X-Ray Services – Routine	21 Calendar days
Lab and X-Ray Services - Urgent Care	48 Hours
Time Availability - One Medical Doctor	20 hours/week
Time Availability - Two or more Medical Doctors	30 hours/week

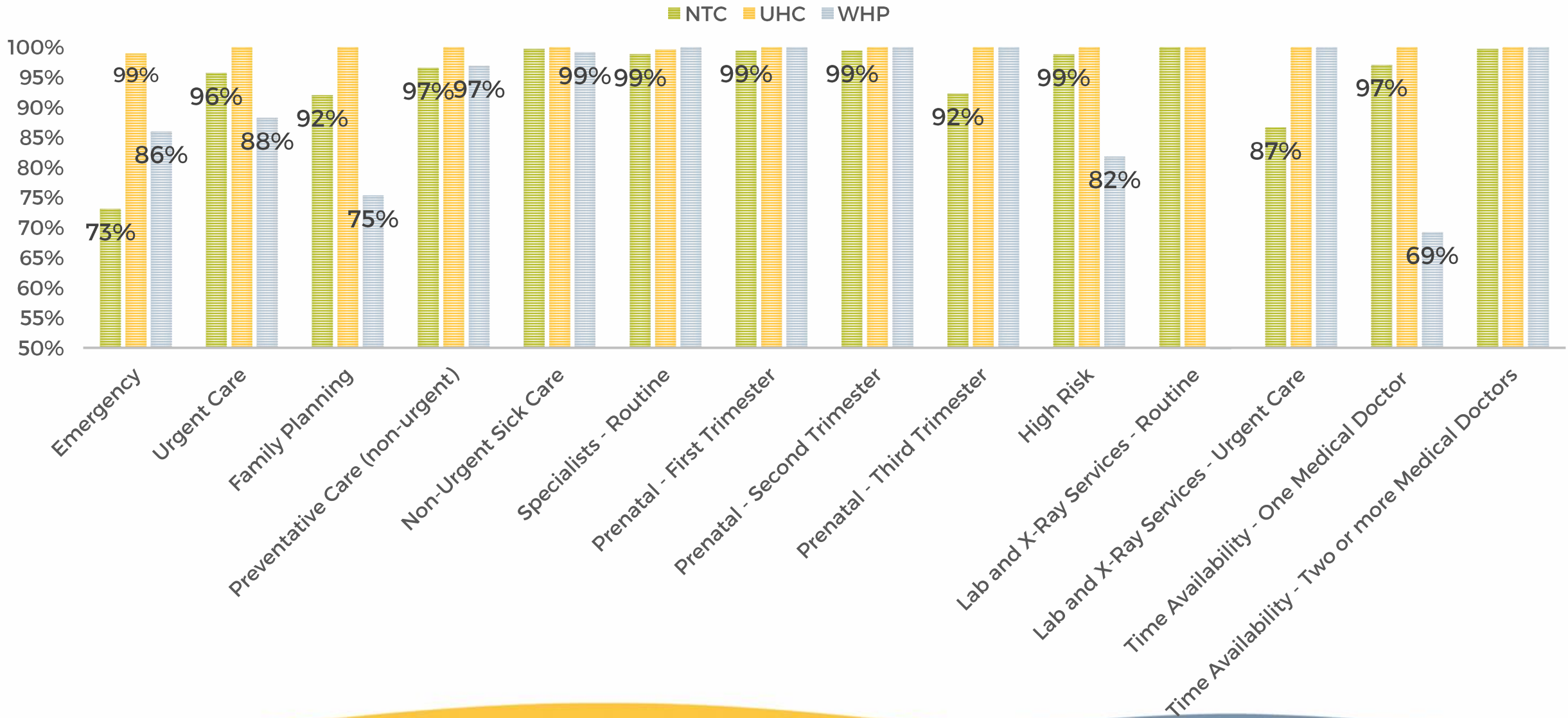
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# PRIMARY CARE PROVIDER AND NETWORK ACCESS



The percentages appear only for those areas not meeting the standard 100% of the time.



# Issue log and known issues tracking

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- ▶ Encourage all providers to submit any issues to the issues log at: [dhhs.heritagehealth@nebraska.gov](mailto:dhhs.heritagehealth@nebraska.gov)
- ▶ Twenty four hours to respond— plan management team tracks to resolution
- ▶ The provider has to report that the issue is resolved
- ▶ Issues we are seeing now are more provider-specific, provider education type issues as opposed to systemic issues
- ▶ Monitoring ongoing, health plan CEOs discuss in regular meetings every other week

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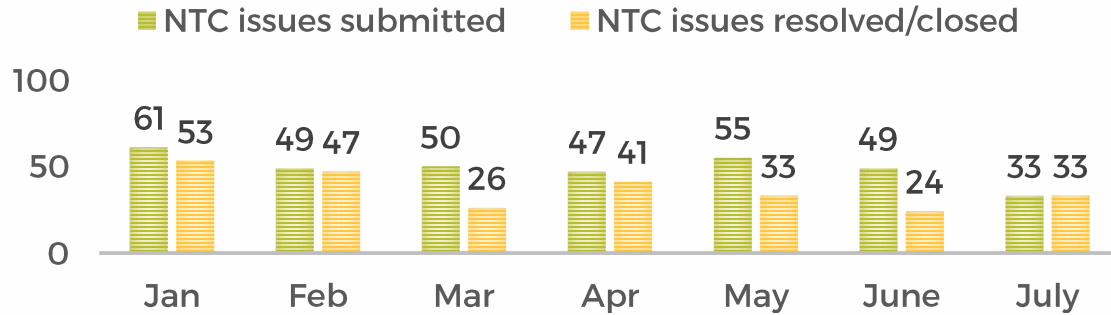
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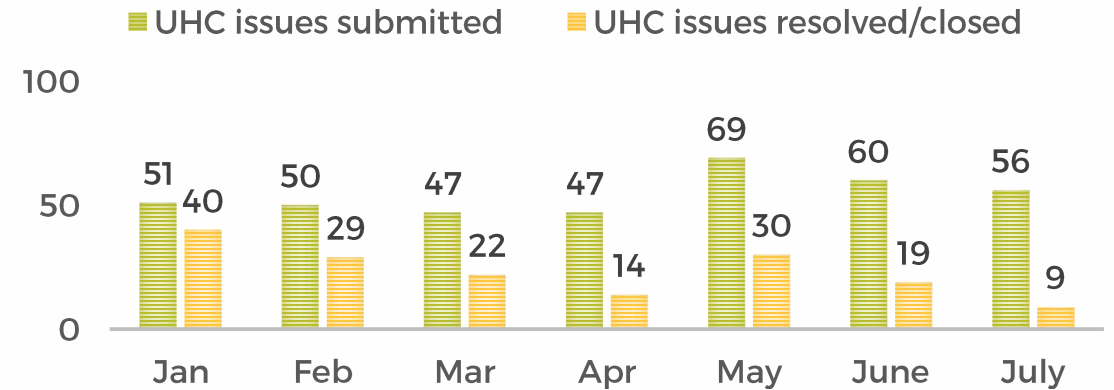
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# Issue log and known issues tracking

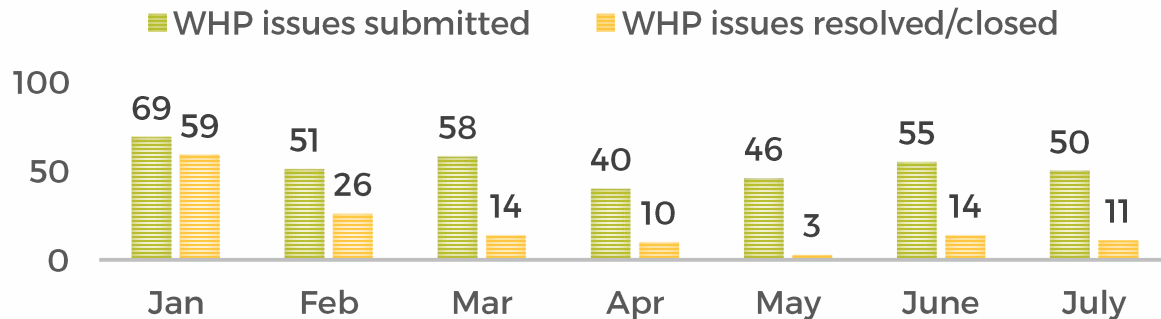
## NEBRASKA TOTAL CARE



## UNITED HEALTHCARE



## WELLCARE



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# Issue log and known issues tracking

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- ▶ Each plan has a known issues log
- ▶ Reports issues in the process of resolution with an estimated timeline
- ▶ Resolution date for resolved issues

❑ Nebraska Total Care: <https://www.nebraskatotalcare.com/providers/provider-alerts.html>

❑ WellCare Health Plan: <https://www.wellcare.com/en/Nebraska/Providers/Medicaid/Claims>

❑ United Health Care Community Plan:  
<http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/Bulletins/NE-Bulletins/NE-Open-Issues.pdf>

# Issue log and known issues tracking

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## *Example issues by plan*

- ▶ **Nebraska Total Care**
  - ▶ Institutional claims denying for invalid NDC when drugs are billed, expected resolution 9/30/17
  - ▶ Payment for Medicare Part B therapy coinsurance in Skilled Nursing Facility, claims paid 7/26/17
- ▶ **WellCare Health Plan**
  - ▶ DME payable while member is in a Skilled Nursing Facility, expected resolution TBD
  - ▶ National Drug Code rejections for vaccines, claims paid, claims paid 8/13/17
- ▶ **United Health Care Community Plan**
  - ▶ Paying providers the full co-insurance amounts when processing Medicare Part A crossover claims, expected resolution TBD

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# Committees and forums

Administrative Simplification Committee	Behavioral Health Integration Advisory Committee	Quality Management Committee
January 31, 2017	February 17, 2017	March 8, 2017
May 15, 2017	April 25, 2017	June 7, 2017
July 18, 2017	June 20, 2017	December 2017
November 7, 2017	August 29, 2017	
	October 24, 2017	

## Behavioral Health Integration Advisory Committee - Subcommittee Schedule

Service Definitions, Medical Necessity, Authorization Process, Claims and Encounters, Provider Issues

Every other Monday at 11:00 am

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# Committees and forums

- ▶ Administrative Simplification Sub-Committee Provider Forum
  - ▶ Set up as another avenue to share information to improve processes and share best practices
    - ▶ Allows providers to bring their issues for open discussion
    - ▶ Meets twice a month
    - ▶ Last meeting was yesterday, September 21, 2017
- ▶ NTC Town Halls, WellCare Welcome Rooms, UHC On Air & Provider Expo
- ▶ Tours of health plan operations for the Health and Human Services Committee



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# Corrective Action Plans (CAPs)

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- ▶ NTC CAP was lifted after extensive efforts to improve payments systems
  - ▶ NTC hired additional staff, worked with a consultant, and implemented swim lane approach for claims processing
  - ▶ NTC has to continue to:
    - ▶ Provide MLTC with weekly behavioral health and home health claims payment reports
    - ▶ Participate in bi-weekly calls with MLTC with plan leadership
    - ▶ Maintain the “Known Issues and Resolution Timeframes” log on public website
    - ▶ MLTC may take action again in the event NTC fails to perform obligations under the contract
- ▶ WellCare CAP issued
  - ▶ In the process of reviewing response to CAP at this time, submitted last Friday, 9/15/17
- ▶ Details on both available on the Heritage Health website

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# Sister division and agency collaboration

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- ▶ Coordination with Children and Family Services, Behavioral Health, Developmental Disabilities
  - ▶ Services for foster care youth including UHC's app for foster youth transitioning to independence
  - ▶ Participating in DD unbundling case meetings with providers and DDD staff to support information and understanding related to covered services and how to access them
  - ▶ Participating in Heritage Health panel discussion with the People's Council Meeting through the Office of Consumer Affairs on September 27, 2017
  - ▶ Engaged in multiple processes and operational meetings with DBH and regional administrators to support coordination of services for members and identify shared provider service offerings
  - ▶ UHC engaged in Project ECHO training with DBH as part of support for the state-wide Opioid SAMHSA grant work
- ▶ Working with the Office of Probation on ensuring access to behavioral health supports and other services including Multisystemic Therapy (MST) (monthly meetings)

# Upcoming Open Enrollment

*Begins November 1, 2017 and goes through December 15, 2017*

- ▶ Members have the opportunity to change plans
- ▶ If the member is happy with current plan, no need to do anything
- ▶ CMS encourages but does not require a “choice period”
- ▶ Nebraska uses an enrollment broker
  - ▶ States have access to federal financial assistance for enrollment services

HERITAGE HEALTH 1-888-255-2605 MON-FRI 7AM-7PM CT

Compare Health Plans Find A Provider Change Now Resources

Compare Health Plans in Your Area  
Learn about Health Plans available in your area.  
Compare different benefits and providers offered by the Health Plans.

Learn More About Health Plan Change

Health Plans and Providers Available to Me

I Would Like to Change My Health Plan

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# Member stories

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- ▶ A care coordinator at Nebraska TotalCare helped a 44-year old woman obtain a GED. After sending the member a study guidebook, a MemberConnections representative accompanied the member to Northeast Community College to meet with a counselor/testing coordinator. The member obtained her GED and decided to sign up to continue her education. Nebraska Total Care is also working with her on improving attendance at her doctor appointments and helping her identify public transportation options to assist with getting around town.

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# Member stories

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- ▶ A 50-year-old man with unmanaged schizophrenia was isolating excessively due to his unmanaged yet recognized mental health symptoms. He had no support other than his disability income and housing assistance. Since their first face-to-face meeting, WellCare's care manager has helped the member to see a psychiatrist and receive medications, and he is receiving follow-up calls from care management that help remind him to go to his appointments. He calls his care manager to follow-up after his appointments and also regularly participates in physical rehabilitation for a shoulder injury.

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# Member stories

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- ▶ A formerly homeless UnitedHealthcare Community Program of Nebraska member began working with a housing navigator who helped him first to move into a homeless shelter, then into low-income senior housing. The housing navigator helped him obtain behavioral health services through Heritage Health. Before Heritage Health, he was incurring an average of three ER visits a month. That dropped to zero in 2017. (video)

# Questions & Answers

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**Medicaid and Long-Term Care**

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**Website:**

**[dhhs.ne.gov/medicaid](https://dhhs.ne.gov/medicaid)**



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