

Heritage Health Briefing

**Health and Human
Services Committee**
June 27, 2017

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Nebraska Department of Health and Human Services

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Today's Discussion

- Background on Heritage Health
- Oversight of the plans
- Current issues
- Public transparency and stakeholder involvement
- Overview of current metrics
- Success stories from members

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Managed Care in General

- ▶ Medicaid managed care is not new to Nebraska.
 - ▶ Medicaid managed care has existed in Nebraska for over twenty years and has served members statewide since 2013. It has been the predominant method of administering the Medicaid program for some time.
 - ▶ Managed care is how the Medicaid population is being served across the U.S.
- ▶ Expenses are predictable for states
 - ▶ Capitation payments
 - ▶ Medical loss ratios for the MCOs
- ▶ MCOs have more flexibility and resources
 - ▶ Staffing
 - ▶ Information technology
 - ▶ Value-added services
 - ▶ Coordination of care

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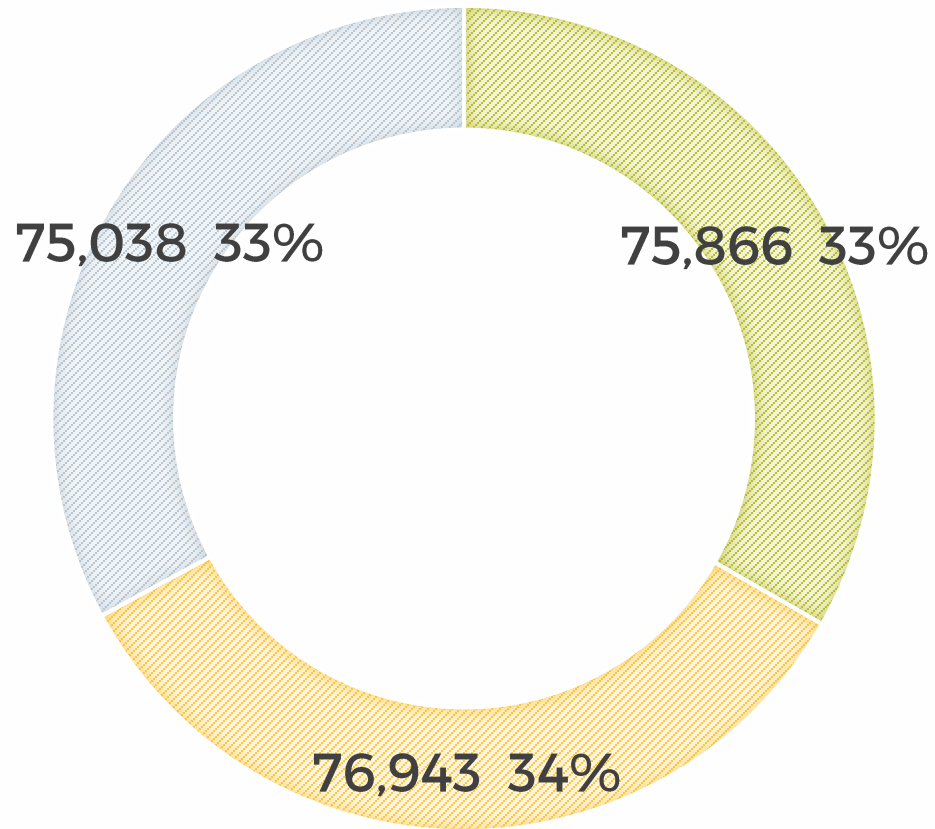
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Heritage Health Benefit Package

- ▶ All Heritage Health plans offer the same package of covered health services.
- ▶ Each plan also offers a variety of “extra” benefits and services that are not part of the Medicaid benefit package.
- ▶ **Some services are not part of Heritage Health, but are still covered by Medicaid.** These include:
 - ▶ Dental services
 - ▶ Non-emergency transportation
 - ▶ Long-term services and supports, including:
 - ▶ Personal Assistance Services (PAS)
 - ▶ Long-term care in a facility
 - ▶ Home and community-based waiver services (HCBS) for those eligible

Enrollment by Plan



JUNE 2017

- Nebraska Total Care
- United Healthcare
- Well Care

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

Implementing Heritage Health



- ▶ Working with over 38,000 providers in Nebraska
 - ▶ Over 80,000 total including in bordering states and across the United States
- ▶ The three health plan contracts are one of the state's largest procurements
 - ▶ Each contract is over 1,800 pages
- ▶ MLTC and the plans continue to identify and resolve issues
 - ▶ Issues at this point are mostly isolated or more concentrated in certain provider types

MLTC Oversight of the Heritage Health Plans

- 850 contract requirements
- 53 separate, regular, and on-going reporting requirements
- Corrective Action Plans/Penalties/Sanctions
 - The state has the ability to require corrective action plans from the health plans if they are not meeting contract requirements and can also impose sanctions.
 - The state issued a letter requiring a corrective action plan from NTC on May 30th due to several ongoing issues, including delays in payment.
 - A corrective action plan from NTC is due to the state on June 30th.
 - Monetary sanctions can be imposed for non-compliance of \$25,000 per incident.
 - NTC has a list posted to its website of known issues with expected resolution timelines.

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Issues Log

- ▶ MLTC staff log and track every single issue received from providers and members.
- ▶ The plans have 24 hours to respond to the issue
- ▶ The issues are discussed in bi-weekly meetings with each plan's CEO

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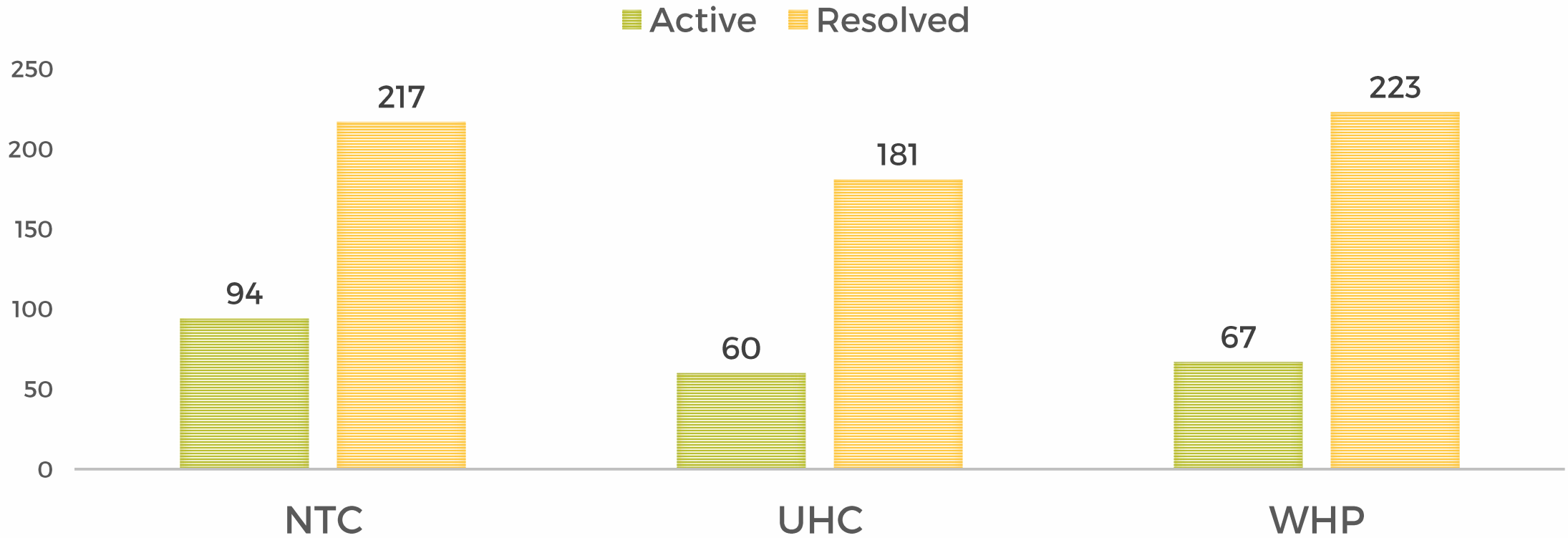
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Issue Log Metrics as of June 21st



Known Issues

Behavioral Health

- ▶ Administrative issues of moving from one plan to three plans
- ▶ Initial fee schedule issues
- ▶ Credentialing
- ▶ Prior authorizations
 - ▶ Health plan advisory issued requiring plans to relax prior authorization requirements (Health Plan Advisory 17-08)

Home Health

- ▶ Plans were requiring a Medicare denial prior to paying for Medicaid services, even if Medicare would never pay for the service.

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Health Plan Advisories

- ▶ If a systemic issue is identified and requires resolution across all three plans, MLTC issues a health plan advisory. Some examples include:
 - ▶ 17-09 (June 23, 2017): Authorization Requirements for Extended Brain and Spinal Cord Rehabilitation in Specialized Nursing Facilities
 - ▶ Changes authorization requirements for clients with brain or spinal cord injuries in specialized nursing facilities.
 - ▶ 17-08 (June 23, 2017): Authorization for Behavioral Health Outpatient Services
 - ▶ Requires all plans to suspend authorization of or concurrent review of outpatient behavioral health individual, group, and family therapy services
 - ▶ 17-05 (May 12, 2017): Initial Prior Authorization Time Periods for Certain Behavioral Health Services
 - ▶ Requires all plans to use specified authorization periods for identified services

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Public Transparency and Stakeholder Involvement

- ▶ Transparency is key to Heritage Health
 - ▶ Current health plan statistics, claims payment, call center, and other key information are posted to the Heritage Health website
 - ▶ Multiple advisory committees hold public meetings with invited legislative representation
 - ▶ By July 1, 2017, each plan must have a dashboard in place with minimum statistics to include:

| | | |
|----------------------|------------------------|--------------------------------------|
| Member enrollment | Call center statistics | Status of credentialing applications |
| Performance measures | Financial status | Claims payment |
| Care management | Grievances and appeals | Other issues identified by MLTC |

Stakeholder Committees

| 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 | September 2017 |
| November 7, 2017 | August 29, 2017 | December 2017 |
| | October 24, 2017 | |

Behavioral Health Integration Advisory Committee - Subcommittee Schedule

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

Every Monday at 11:00 am

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Administrative Simplification

Working to streamline processes between three plans

- Common authorization form for certain behavioral health services
- Common authorization timeframes for behavioral health residential services
- Common authorization timeframe for multi-systemic therapy (MST)
- Common authorization timeframes for extended rehabilitation for brain and spinal cord specialized services in a nursing facility
- Requiring DME products under \$750 per the Medicaid fee schedule not be subject to a prior authorization.

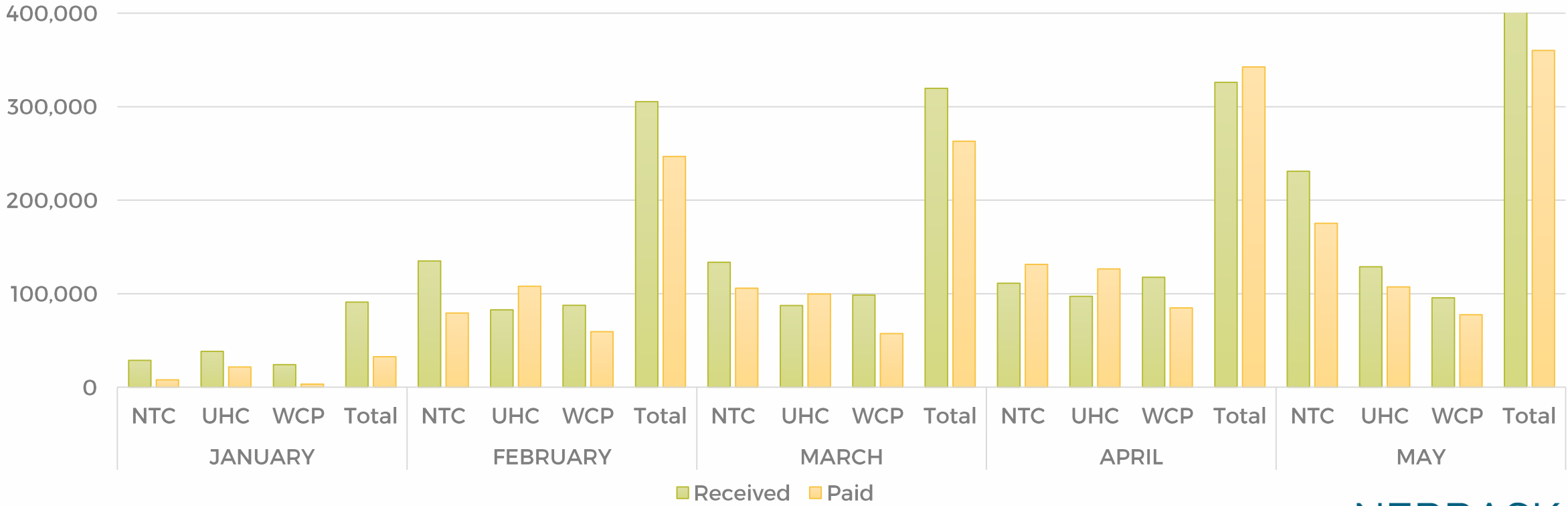
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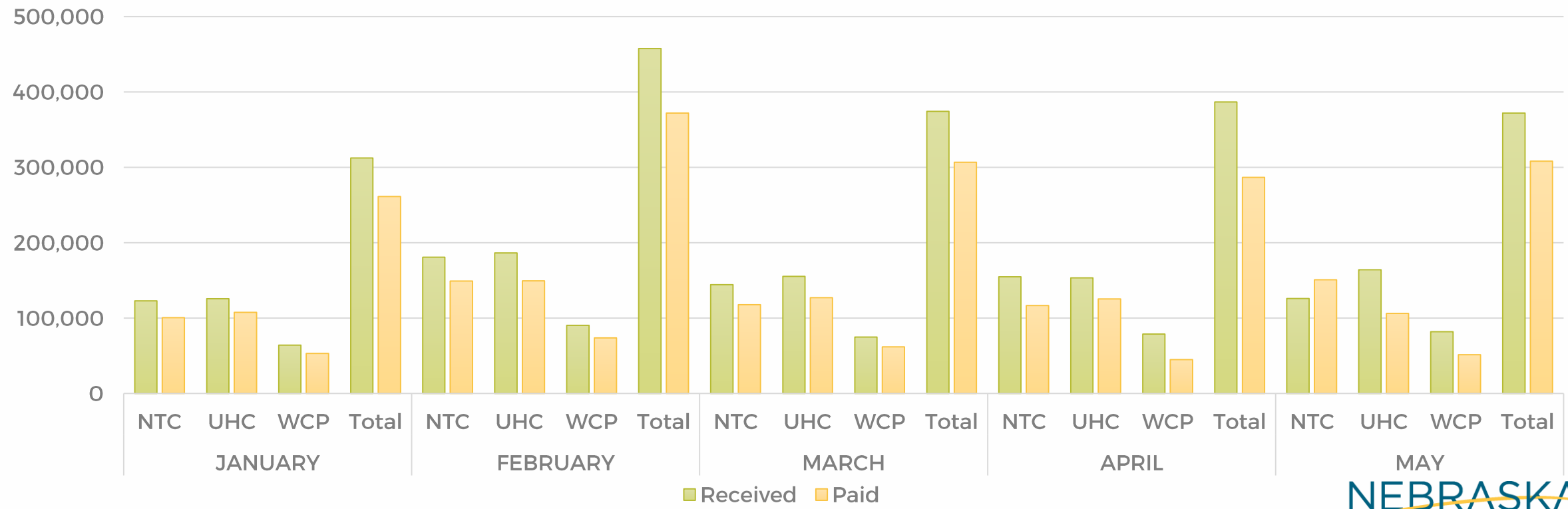
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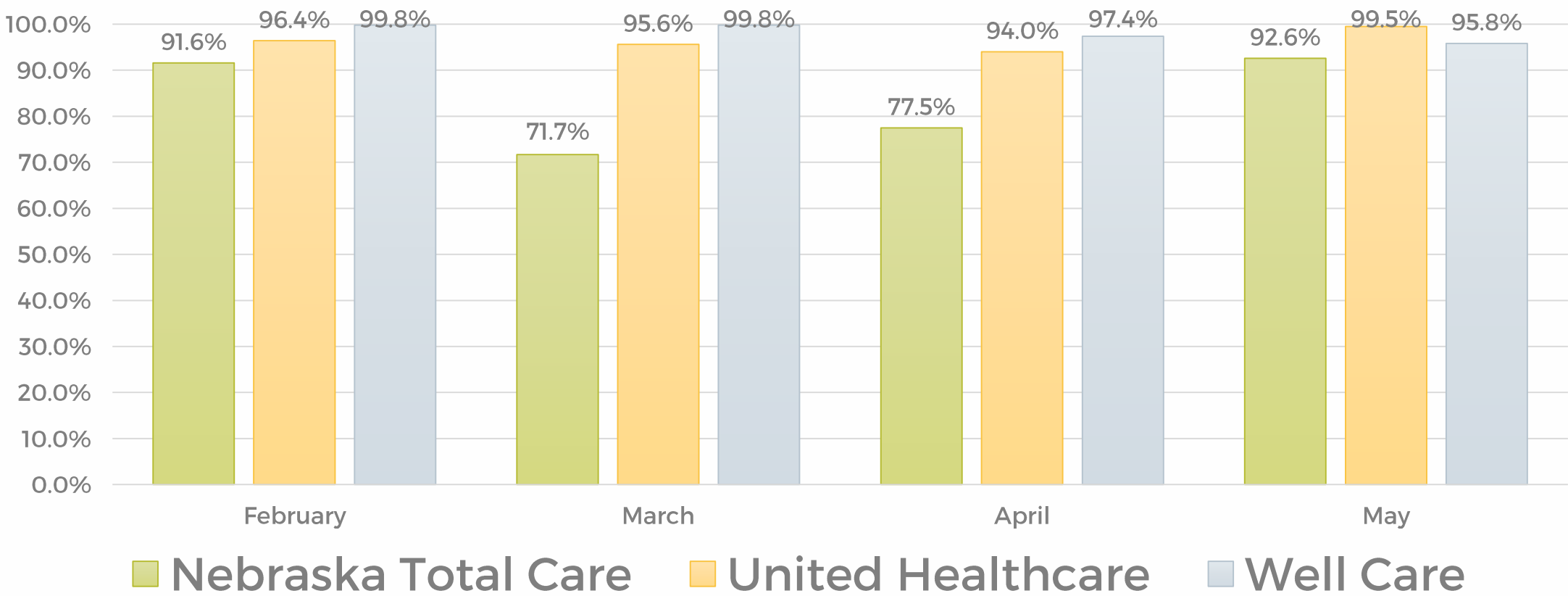
Claims Paid to Date



Claims Paid to Date – Pharmacy

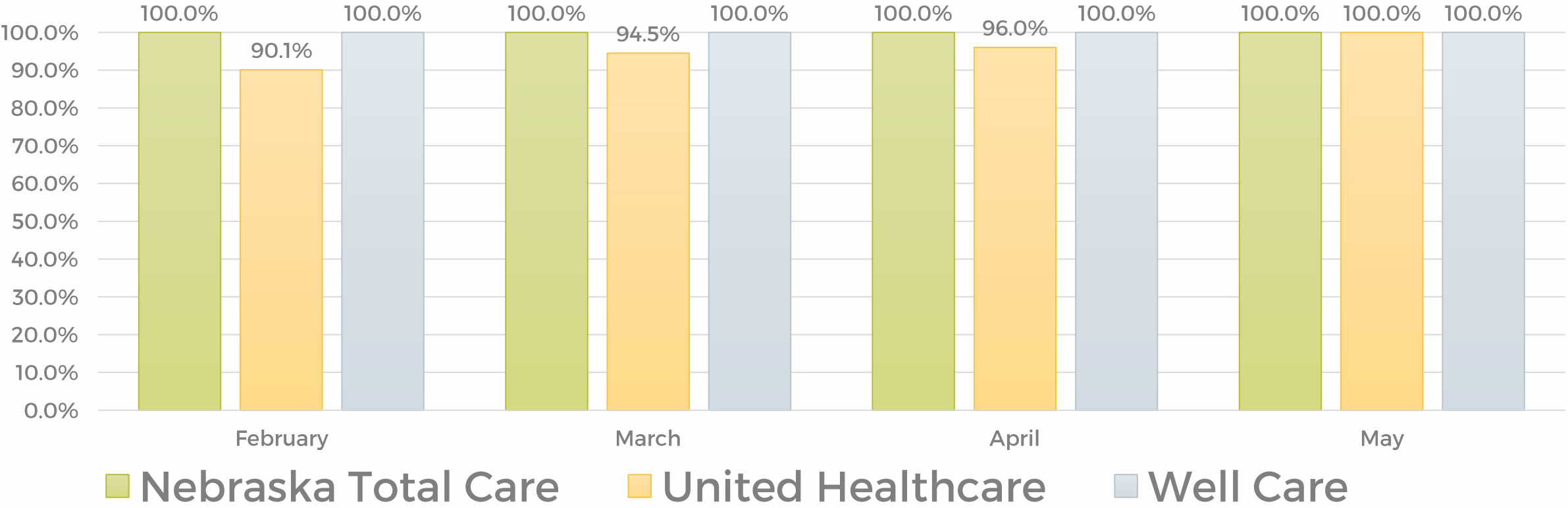


Claims Paid Within 15 Days



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Claims Paid Within 15 Days - Pharmacy



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Success Stories from Members

United HealthCare

- ▶ A member struggled with chronic homelessness, alcoholism, poor physical health and mobility issues. The member reports owing money to the housing authority and this debt has been a barrier in accessing supportive housing.
- ▶ This past winter, the member was hospitalized for frostbite acquired while sleeping in a car on cold nights. The condition worsened due to a lack of appropriate post-hospital care and followup. Transportation has been an ongoing barrier in getting needed medical care. The member was hospitalized again early this year after frostbite turned to gangrene. Out of necessity, the member's toes were amputated.
- ▶ The care manager worked with the community health worker from a federally qualified health center to get the member's needs met. They arranged home health to provide wound care for the member's foot. The care manager assisted in arranging transportation for all medical appointments through Intelliride and referred the member to the UnitedHealthcare housing navigator and tribal liaison to assist with housing needs and potentially reconnecting with the member's tribe. (continued)

Success Stories from Members

United HealthCare Member (continued)

- ▶ The care manager and community health worker followed up on all medical appointments, assisted with transportation and being at the medical appointments. The community health worker was the first to notice that the foot was not doing well and arranged to get the member to the ER when the foot had become gangrenes. The care manager worked with hospital discharge planner to transition the member to a stable living arrangement.
- ▶ The member was accepted at a nursing facility outside of Omaha. The care manager and community health worker have worked together to ensure the entire care team continues to be informed to meet the member's complicated ongoing needs and plan for a healthier future.

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Success Stories from Members

Nebraska Total Care

- ▶ Member is a 13-year old individual enrolled in Nebraska Total Care's Case Management program. She has Angelman's Syndrome, is nonverbal, uses a wheelchair, and communicates with NovaChat.
- ▶ Once enrolled with NTC, her mother immediately sought access to the health plan's value-added services that included YMCA and Weight Watchers memberships in order to help the member get healthier and lose weight.
- ▶ Having access to these value-added services for the past five months has resulted in her losing 15lbs. Her mother explained that swimming allows her to walk freely in the water, which has allowed her to move on to crutches outside of the pool. She is increasing her distance using crutches and her endurance is also growing.
- ▶ She also shared that her daughter enjoys the socialization of the weekly Weight Watchers support group and the sharing of food ideas on Facebook has been fun. Mom reported the combination of Weight Watchers and the YMCA has truly "made a difference in her daughter's life."

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Success Stories from Members

WellCare

- ▶ A 50-year-old male 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 from the Omaha Housing Authority. When the care manager first called, the member was agitated and did not want to speak with the care manager. The member then called back and apologized, saying he had not left his apartment in a few days at the time of our call and was paranoid. It was a subsequent challenge for the care manager to persuade the member to let him in.
- ▶ Since their first face-to-face meeting, the care manager has helped the member become more receptive to case management and as a result, the member:
 - ▶ is now seeing a psychiatrist and receiving medications;
 - ▶ has had regular appointments with a PCP;
 - ▶ has completed AccessNebraska applications for additional support;

(continued)

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Success Stories from Members

- ▶ is also receiving personal assistance in accessing his SNAP benefits (he went to a treatment center 17 years ago, and a certificate of completion is a prerequisite for SNAP);
- ▶ is receiving follow-up calls from Care Management which help remind him to go to his appointments, and he is to call his Care Manager to follow-up after his appointments; and
- ▶ is also regularly participating in physical rehabilitation for a shoulder injury.

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Questions & Answers

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