Health Reform Legislative Task Force

Presentation on Medicaid Managed Care

Arkansas Blue Cross and Blue Shield/Shared Health

August 20, 2015 • Little Rock, AR

ARKANSAS BLUE CROSS and BLUE SHIELD

An Independent Licensee of the Blue Cross and Blue Shield Association

Handout # 7

Shared Health: BlueCare Tennessee Affiliate

- Serving Tennessee's Medicaid Managed Care Program, TennCare, since inception (1994)
- Employs approximately 1,000
  - Headquartered in Chattanooga, TN; five regional offices
- Provides Medicaid benefits to over 555,000 members
- NCQA and URAC accredited
- High member and provider satisfaction scores
  - Achieved 100% CAHPS member satisfaction scores
  - Consistently achieve highest provider satisfaction among all TennCare MCOs
- Holds multiple contracts with the State of Tennessee
  - Integrated physical, behavioral and LTSS program
  - Implemented Dual Special Needs Plan (D-SNP) in 2014 to provide fully-integrated Medicare/Medicaid benefits
  - Operates a special needs plan for children eligible for SSI and those in state custody; ASO basis
- Strategic partner of Arkansas Blue Cross for Medicaid managed care

Arkansas Blue Cross and Blue Shield

- Strong commitment to Arkansas
- Largest carrier for state's Private Option program
- Market leader in developing public/private collaboration and approaches toward value-based payment reform:
  - Patient-Centered Medical Homes (PCMHs)
  - Episode-Based Reimbursement

Competencies for Medicaid Success

- Sophisticated and scalable managed care platform
  - Superior fundamentals (e.g. claims payment, customer service)
- Population health program that fully integrates physical, behavioral and LTSS health services – including D-SNP
  - One care manager coordinates all care across the continuum
  - Provides personalized member outreach
  - Helps us reach members "where they are"
  - Nationally recognized Medical Informatics department performing risk stratification and predictive analytics
- Quality is at the center of everything we do
  - Organizational commitment: *It is everyone's job to improve quality*

Competencies for Medicaid Success

- Acute understanding of plan membership
  - Acknowledge the social disparities that exist in Medicaid populations
  - Use population-specific data to inform community outreach
- Specialized customer service with focus on direct outreach
- Key competencies we will replicate in Arkansas
  - Strong community collaboration and resource integration
  - Collaborative relationships with both medical and patient advocacy groups
  - Consistently good relationships with State officials

Our Differentiator: The Value of Medicaid Managed Care

Traditionally, the value of managed care has been expressed in terms of financial savings.

This is not the future.

- We must perform exceptional care coordination for vulnerable and fragile populations (long term care)
- We must address long standing complicated problems (like duals)
- We must provide a greater level of customer experience
- We must perform administrative functions more efficiently than our state Medicaid agencies
- We must funnel dollars back into struggling communities
- We need to acknowledge the social disparities and work to address those needs

Mission Moments

The following are examples of how care coordinators go well beyond their professional obligations to help members:

- A care coordinator in Chattanooga learned sign language in order to communicate with a deaf member
- A care coordinator in Oneida, TN helped a member transition from a nursing home back to her house by helping her physically move her personal belongings out of a storage unit
- It is very common for care coordinators to assist members in locating housing options – either with family or with local public housing authorities
- A care coordinator in Memphis realized that a member had excessive Emergency Room (ER) utilization based ultimately on the fear of being alone. The care coordinator adopted a cat from the local animal shelter and gave it to the member. The member hasn't gone to the ER in well over a year.

Mission Moments

The following are examples of how care coordinators go well beyond their professional obligations to help members:

- A care coordinator in Morgan County, TN realized that one of her members was going to be alone over the Thanksgiving holiday. She packed up a plate of food and spent several hours at the members home on Thanksgiving afternoon.
- It is very common for care coordinators to lobby the local utilities agency to keep the electricity on at a member's home.
- Care coordinators are always on the lookout for any signs of emotional, financial or physical abuse of the members. We commonly make referrals to Adult Protective Services.
- A care coordinator planned and hosted a birthday party for a member who had no surviving family.

Appendix

Integrated Population Health – Medical Informatics

Reporting & Outcomes Layer

- Clinical and economic insights and business intelligence

Transformation & Predictive Analytics

- Predictive models, consumer segmentation, and a campaign management system to drive multi-channel personalized communication delivery to consumers

Data Aggregation & Integration Layer

- Clinical and economic data mart

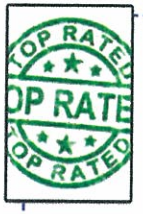
2014 CIO Magazine Top 100 Most Innovative Company Award for the BCBST Custom 360 Reporting & Analytics Platform - Using IT effectively to drive business value

2014 Computer World Data+ Editor's Choice Award for the BCBST Custom 360 Reporting & Analytics Platform - Leveraging Data & Analytics to drive business value

Culture of Quality – Medicaid Managed Care Awards

Highest ranked Medicaid plan for East and West Regions in Tennessee for 2012 and 2013*

2013 and 2014 Awarded Best All Around Managed Care Organization by the Bureau of TennCare



Top-Rated Health plan according to 2012 CAHPS Scores

2014 Awarded Best CHOICES LTSS Program by the Bureau of TennCare

Medicaid Health Plans of America: Breast Cancer, CCMS, Culture of Integration

Consistent 5 Star Rankings with External Quality Reviews

Commendable NCQA rating, fully accredited through October 2015

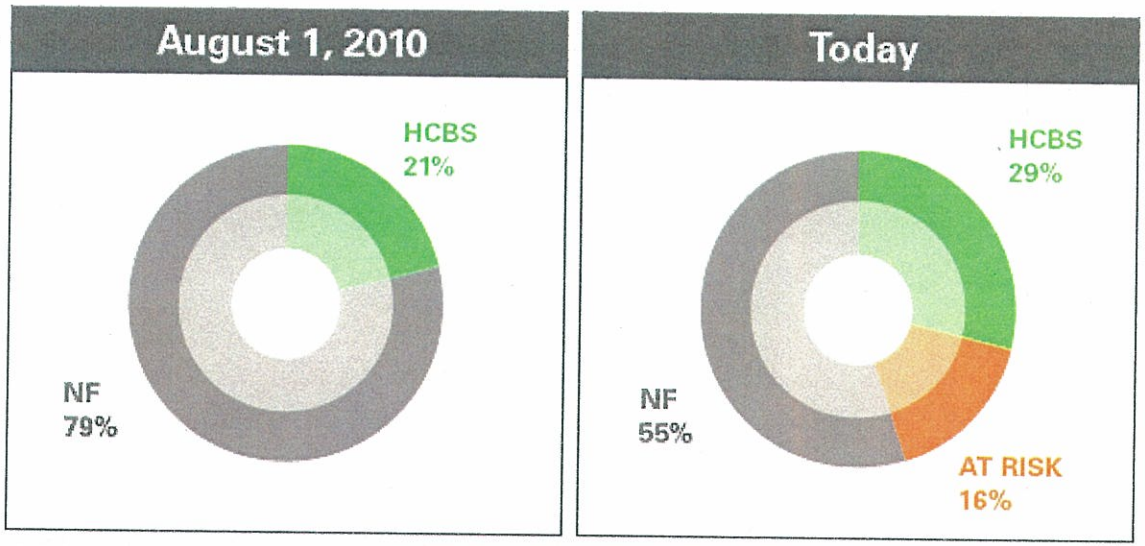
*Based on NCQA's national Medicaid Health Insurance Rankings for Consumer Satisfaction, Prevention, and Treatment as referenced in Consumer Reports.

Long-Term Services & Supports – Managed Medicaid Value

- Before Managed LTSS
  - Fragmented carve-out; multiple access points with no coordination
  - Limited options; limited choice
  - Heavily institutional; dependent on new money to expand HCBS
    - FY 2009 = 9.3 % HCBS
- Launched August 2010 – fundamental shift
  - Reorganize to decrease fragmentation
  - Refocus to increase options and expand HCBS
  - Rebalance to serve more people using existing LTSS funds

Long-Term Services & Supports – Managed Medicaid Value

- Service provided in the right setting at the right time
- Shorter institutional wait-lists; increased access to NF care for those who need it
- Cost-effective alternatives
- LTSS spending rebalanced



Long-Term Services & Supports – Innovative Solutions

- Training and Development
  - Role-specific
  - Combination of classroom and ride-alongs
- Care Coordinator technology
  - Smaller hardware footprint
  - More time focused on member's needs
  - Encrypted data sent directly to Support Center
- Support Center
  - Level 2 MLTSS Customer Service
  - Administrative Support and Service Scheduling
  - Operational support allows field staff to focus on what they do best – member engagement and needs assessments

Long-Term Services & Supports – Key Success Factors

- Collaborative State Agency
  - Garnered support during program creation
    - Tennessee General Assembly unanimously passed LTC Community Choices Act of 2008
  - Strong relationship with nursing facilities
    - Grant program encouraged operators to expand in to HCBS
  - Town-hall meetings held across the state
    - State, MCOs, and Providers working together to educate and engage the community
  - Ongoing quarterly meetings with the State and contracted MCOs to discuss program improvements

Behavioral Health – Managed Medicaid Value

- At risk behavioral health began in April 2007
  - Realized value:
    - IP Behavioral Health utilization **reduced 13%**
    - Sub-acute IP Behavioral Health utilization **reduced 71%**
    - Excessive use of ED **reduced 12%**
- Continue to promote and build integrated physical and behavioral healthcare delivery system
  - Behaviorally Effective Healthcare in Pediatrics (BEHIP)
  - Rural telemedicine program integrating physical and behavioral health care; increasing BH access

Behavioral Health – Innovative Solutions

- Pilot Program: Prevention of residential placement for TennCare children
  - Statewide collaboration with designated providers
  - Two program models developed and field tested
  - Common assessment and recording tools
  - Single database designed to evaluate program effectiveness
- Behavioral Health Transition of Care (TOC) Program
  - Part of population health management program
  - Focused on five areas:
    - Member/family engagement and activation
    - Medication management
    - Comprehensive transition planning
    - Care transition support
    - Transition communication

Behavioral Health – Innovative Solutions (cont'd)

- Addressing Neonatal Abstinence Syndrome (NAS)
  - Partnering with hospitals, FQHCs and CMHCs
  - Integrating physical and behavioral health care for pregnant mothers and mothers who have just given birth to a child with NAS
  - Two programs:
    - Mothers and Infants Sober Together (MIST) – Dayspring Health Center, Jellico, TN
    - Silver Linings – East TN Children's Hospital

Behavioral Health – Key Success Factors

- Integrated substance abuse treatment at the primary care provider level
- Integrated population health model
  - Physical, behavioral and social factors addressed
  - Efficient management of health care resources
  - Ensures treatment adherence
  - Efficient coordination of care across health care continuum, including provider types and benefit categories
- Integration of physical and behavioral healthcare provides depth of resources otherwise unachievable

Behavioral Health – Collaboration Highlights

- MCO collaboration is expected
  - Current MCO collaboration efforts include:
    - Redesign of community case management
    - Intellectual and Development Disabilities (I/DD) management
    - Crisis stabilization program for children
    - Behavioral health intervention programs

Developmental Disabilities (DD) – Managed Medicaid Value

- Before *Select*Community
  - Private company providing case management services to this population
  - No federal matching funds; very expensive for Tennessee
- DD population integrated into managed care
  - *Select*Community established in 2010
  - Leverage federal matching funds; expand program access
  - About 800 DD members prior to *Select*Community; approximately 2,100 today
- Increased quality and consumer satisfaction in each year of program
  - Improved care management practices are working

Developmental Disabilities (DD) – Innovative Solutions

- Member Body Mass Index (BMI) closely monitored
  - BMI for all members calculated annually; reported to PCP
  - Strategies for improvement integrated into care plan
  - Seeing decrease in overall average BMI every year
- Sponsor quarterly GYN Clinic
  - Exams performed in non-threatening, safe environment
  - People who know the member assist
- Establishment of Consumer & Clinical Advisory Councils
  - Valuable insight
    - Services needed
    - Effectiveness of the program
  - Sonic Toothbrush program result of Consumer Advisory Council

Developmental Disabilities (DD) – Key Success Factors

- Nurse Care Manager (NCM)
  - Single point of contact for all services
  - Initial comprehensive assessment; integrated plan of care
  - Ongoing, scheduled face-to-face member visits
- Consistent Provider and Consumer Input
  - Advisory panels have proven very effective

Developmental Disabilities (DD) – Collaboration Highlights

- Coordination and collaboration with:
  - Medicare (D-SNP)
  - Child and Adult Protective Services
  - DIDD State Waiver Agency
  - Commercial insurers
- Trusted steward of State taxpayer funds
  - Monthly State meetings
  - Eliminate duplication of services
  - Identify responsible party for payment
  - Assure timely access to service through proper coordination and collaboration

QUESTIONS?

THANK YOU