

Medicaid Managed Care

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aetna



**BlueCross BlueShield
of Illinois**



Cigna

HealthSpringSM



Humana[®]



illinicare healthTM

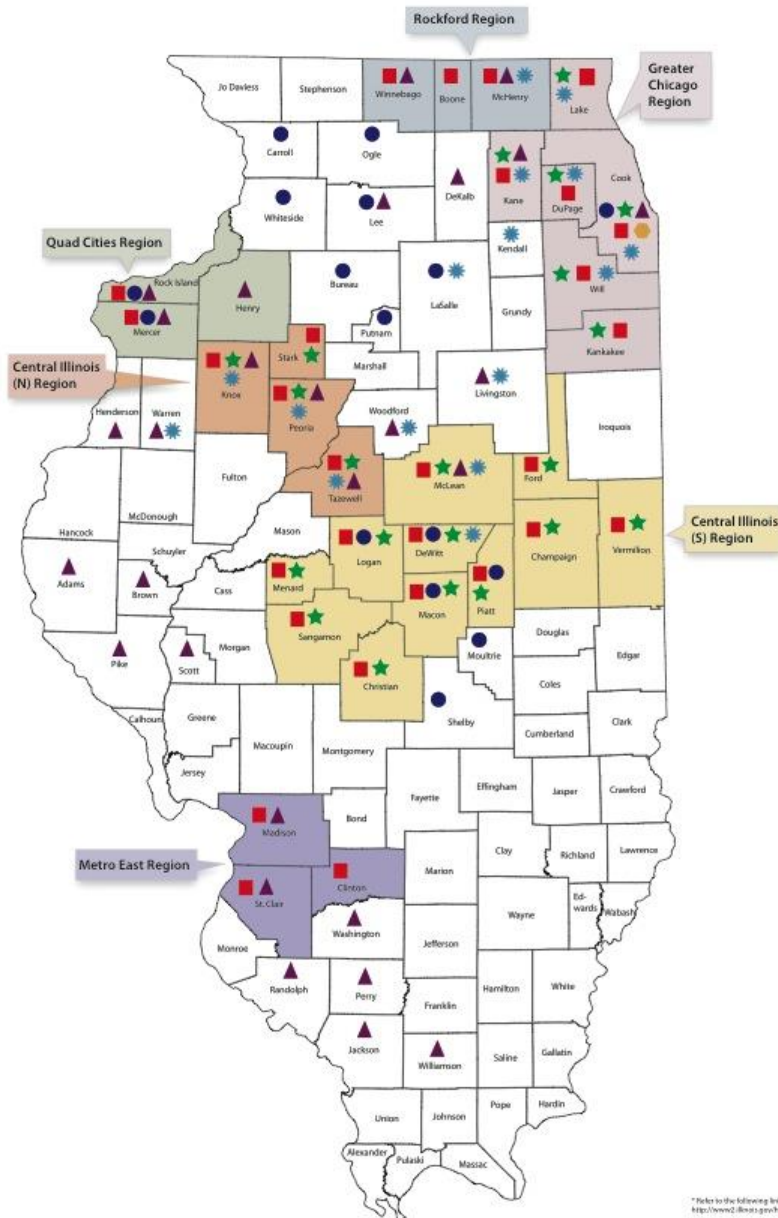


Meridian
Health Plan



Illinois Department of Healthcare and Family Services Care Coordination Expansion

April 25, 2014



Integrated Care Program (ICP)

HEALTH PLAN NAME	Counties
Aetna Better Health	Greater Chicago, Rockford
Blue Cross Blue Shield	Greater Chicago
Cigna-HealthSpring	Greater Chicago
Community Care Alliance of Illinois	Greater Chicago, Rockford
Health Alliance Connect	Central Illinois (S), Central Illinois (N)
Humana	Greater Chicago
IlliniCare	Greater Chicago, Rockford, Quad Cities
Meridian	Greater Chicago, Central Illinois (S), Metro East
Molina	Central Illinois (S), Central Illinois (N), Metro East

Care Coordination Entities (CCEs)

CCE NAME	Counties
Be Well	Cook (not an approved CCE)
Entire Care	Cook, Kaneva (not a CCE)
Medical Home Network	Cook
My Health Care Coordination	Illinois, Logan, Peoria, Rockford, Mendota, Shelby
Next Level	Cook (not an approved CCE)
Precedence	Quad Cities, Bureau, Carroll, LaSalle, Lee, Ogle, Putnam, Whiteside
Together4Health	Cook

Children with Complex Medical Needs (CCMNs)

CCMNs NAME	Counties
La Rabida Children's Hospital	Cook
Lurie Children's Hospital	Cook, DuPage, Kaneva, Kendall, Lake, McHenry, Will
OSF	DeWitt, Knox, LaSalle, Livingston, Mason, Peoria, Tazewell, Warren, Woodford

County Care Waiver

HEALTH PLAN NAME	Counties
County Care	Lack

Medicare Medicaid Alignment Initiative (MMAI)

HEALTH PLAN NAME	Counties
Aetna Better Health	Greater Chicago, Jacksonville, LaSalle
Blue Cross Blue Shield	Greater Chicago
Cigna-HealthSpring	Greater Chicago, Jacksonville, Rockford
Health Alliance Connect	Central Illinois (S), Central Illinois (N)
Humana	Greater Chicago
IlliniCare	Greater Chicago
Meridian	Greater Chicago, Jacksonville, Rockford
Molina	Central Illinois (S), Central Illinois (N)

Voluntary Managed Care Organizations (VMCOs)

HEALTH PLAN NAME	Counties
Family Health Network	Cook
Harmony	Cook, DuPage, Kaneva, Madison, Peoria, Randolph, St. Clair, Washington, Williamson
Meridian	Adams, Bureau, Cook, DeKalb, Henderson, Henry, Knox, Lee, Livingston, Montgomery, Morgan, Peoria, Pike, St. Clair, Scott, Tazewell, Warren, Woodstock, Woodford

* Refer to the following link for additional information:
<http://www2.illinois.gov/hfs/Pub40/medicaid/medicaid/Pages/IRMAAImplementationStatus.aspx>

Medicaid Care Coordination Programs

- * Integrated Care Program
 - * Serves Seniors and People with Disabilities
- * Medicare Medicaid Alignment Initiative
 - * Serves Dually eligible, those enrolled in Medicare & Medicaid
- * ACA Adults
 - * Serves the newly eligible Medicaid members
- * Family Health Plan
 - * Serves the traditional Medicaid population

Medicaid Models of Care Coordination

- * Managed Care Organizations (MCOs)
 - * Traditional HMOs
- * Managed Care Community Networks (MCCN)
 - * Provider or county based but function similarly to an MCO.
- * Accountable Care Entities (ACE)
 - * Provider based serving ACA and Family Health Plan population in a fee for service setting.
- * Care Coordination Entities (CCE)
 - * Provider based serving seniors and people with disabilities in a fee for service setting.

What Each Care Model Means for Providers:

- * MCO & MCCNs

- * Bill Care Coordination Organization.
- * Receive necessary Prior Authorizations from Care Coordination Organization.
 - * Prior Authorization requirements may differ from the State's.

- * ACE & CCE

- * Bill the State.
- * Receive Prior Authorizations from the State.
 - * Follow existing fee-for-service standards.

Challenges for Providers

- * Several MCOs in a given region.
- * Have to learn how to contract and credentialing with MCOs.
- * Have to learn a new billing process.
- * Have to learn several utilization control models.
- * Timelines and details about the transition changed regularly.

Challenges for Health Plans

- * Coordination between Providers, HFS, & Health Plans.
- * Patient and Provider confusion regarding the timeline and process for care coordination.
- * Small presence of Care Coordination Organizations in Illinois Medicaid.
- * A lack of integrated healthcare in Illinois.

How to overcome the challenges

- * Communication: MCOs, IAMHP, & HFS want to work with providers to address the challenges we all face.
- * Focus on what we have in common: The Member.
- * Recognition of the benefits of Care Coordination.

Physician specific concern: Staff Turnover

- * Health Plans recognize that during the transition to managed care there has been staff turnover and this has caused a point of frustration for our provider partners.
- * While Health Plans cannot eliminate staff turnover, they have committed to handling it better.
- * **What have Health Plans done to address this concern?**
 - * Regularly updated contact list for provider relations team members.
 - * Escalation contact if your provider relations member is not providing you with the information you need.
 - * Increased effort to notify providers if a provider relations member has left the organization.

Physician specific concern: MCO responsiveness

- * Health Plans have an internal policy to respond to provider inquiries and concerns within 24 to 48 hours.
- * Health Plans recognize that for various reasons they have not always been able to meet this goal.
- * **What have Health Plans done to address this concern?**
 - * Health Plans have increased their staff significantly.
 - * Regularly updated contact list for provider relations team members.
 - * Escalation contact if your provider relations member is not providing you with the information you need.

Physician specific concern: Provider Portals

- * Health Plans recognize that during the transition provider portals needed improvement.
- * **What have health plans done to improve their provider portals and websites?**
 - * Health Plans ensured that provider portals were easy to locate.
 - * Health Plans have moved provider manuals to the front page of their website.
 - * Plans have created frequently used documents and made those easier to locate.
 - * Plans have included phone numbers and contact information within the portals as well.

Physician specific concern: Timely Payment & Billing Concerns

- * Health Plans recognize that there are billing concerns regarding the transition to care coordination.
- * Plans are required to pay within 30 days of a clean claim.
 - * *90% within 30 days and 99% within 90 days.*
- * **What have Health Plans done to address these concerns?**
 - * Health Plans are committed to providing additional training to any organization that requests it.
- * **What can providers do to remedy billing issues?**
 - * Notifying a Health Plan quickly when a mistake is identified.

The Benefits of Care Coordination

- * Increased focus on the Member.
- * Increased coordination of medical benefits.
- * Increased oversight of the Medicaid Program.
- * Timely payments and predictability.
- * Modernization of the Medicaid Program.
- * Decreased Costs and Increased Quality.

Questions