Engaging Providers in Integrated Care Programs

November 6, 2014

4:00 PM Eastern

Participants

- Sarah Barth, Director of Integrated Health and Long-Term Services, Center for Health Care Strategies

- Sarah Broughton, Outreach & Education Coordinator, Virginia Department of Medical Assistance Services

- Tom Lutzow, President & CEO, Independent Care Health Plan (iCare)

Agenda

- Welcome, Introductions, and Roll Call

- Tips for Engaging Providers from Program Design, Implementation, and Beyond

- Virginia's Multi-Faceted Approach to Provider Engagement

- Health Plan Strategies for Building Plan-Provider Relations

- Questions and Discussion

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Integrated Care
Resource Center

Tips for Engaging Providers from Program Design, Implementation, and Beyond

Sarah Barth, Center for Health Care Strategies

November 6, 2014

Develop High-Level Messages to Engage Providers

- Messages should address billing and timely payment concerns
  - Hands-on billing training will be provided
  - New system will not create more work
  - Health plans will be kept to timely payment requirements (highlight current state payment timeframes)
  - Address provider rate establishment with MCOs
- Identify and address communication issues for providers who may be unfamiliar with managed care
- Partner with CMS to communicate messages to Medicare fee-for-service providers

Tailor Provider Outreach Efforts

- Identify provider champions who can communicate program benefits and others most in need of information (in-person forums; webinars)

- Consider a diverse group of provider types for outreach efforts and forums for communication (e.g., email, webinar, conference calls, association newsletters, provider association meetings)

- Develop compelling messages to specific provider types (e.g., nursing facilities, hospitals, primary care providers, behavioral health, HCBS)

- Identify providers that serve special populations and give them information specific to the people they serve

- Identify marketing rules as they apply to outreach by plans and providers and monitor for unusual activity

Build a Flexible Communications Approach

- Employ communications approaches to reach providers in different geographic areas:
  - Offer implementation council representation
  - Conduct presentations at local, state or regional forums
  - Hold after-hours webinars
  - Hold periodic provider call-in forums
  - Join meetings of professional organizations
- Be available when providers are available – if possible, hold events after working hours

Identify Communication Goals and Track Progress

- Build consensus with providers and other stakeholders such as provider organizations and contracted health plans to create a list of high priority issues to address

- Systematically address priority issues with providers and create provider-specific workgroups, as needed

- Establish separate meetings or conference calls to address pre-existing and individual provider issues

- Track issues and record progress toward resolving issues

Promote Ongoing Provider Engagement

- Continue provider engagement through local-level provider organizations

- Transition design- and implementation-phase councils or advisory groups into on-going program oversight bodies

- Maintain a clearly identifiable website regularly updated with program materials, a calendar of events, minutes from meetings, and updated frequently-asked provider questions

Resources

- S. Barth and J. Klebonis. *Engaging Providers in Building Managed Care Delivery Systems: Tips for States*. Center for Health Care Strategies, April 2014. Available at: http://www.chcs.org/resource/engaging-providers-in-building-managed-care-delivery-systems-tips-for-states/
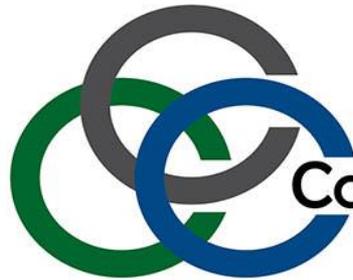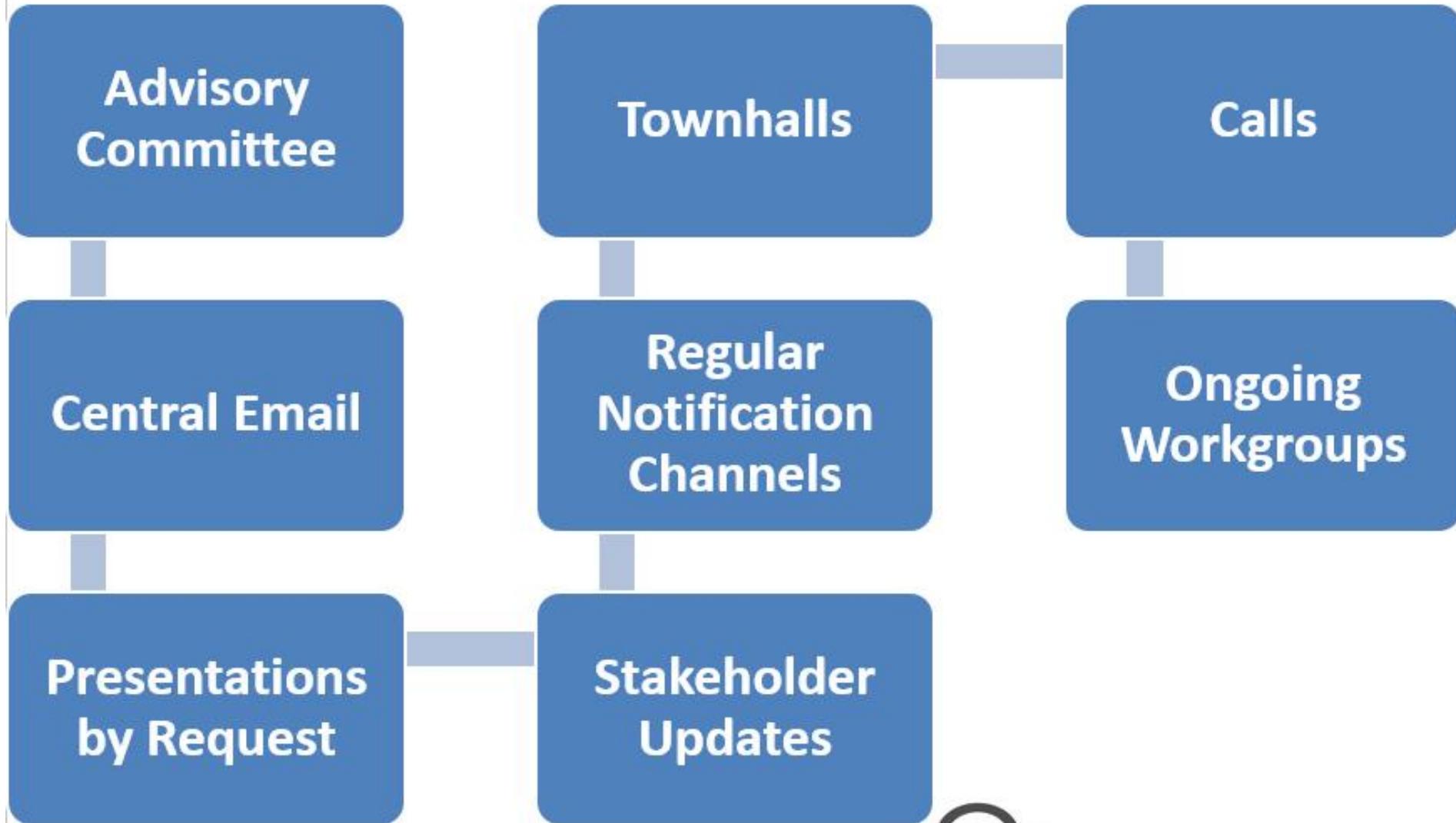
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Sarah Broughton, MSW: CCC Outreach & Education Coordinator
Virginia Department of Medical Assistance Services

ICRC Study Hall Call:
Provider Engagement
November 6, 2014

Multi-Faceted Engagement Approach

Advisory Committee

Townhalls

Calls

Central Email

Regular Notification Channels

Ongoing Workgroups

Presentations by Request

Stakeholder Updates

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Stakeholder Advisory Committee

- Formed prior to MOU signing
- Meets quarterly
- Membership includes:

Advocates

Providers

Self-Advocate

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Centralized Email

- CCC@dmas.virginia.gov

  – Monitored by multiple team members with internal system for ticking off response progress

  – Quick response helps build trust with stakeholders

- Stakeholder Distribution List

Monthly Stakeholder Updates

- Newsletter Includes:
  - Success stories
  - Enrollment data
  - Program updates (networks, adjustments, continuity of care reminders)
  - Evaluation
  - Outreach activities
- Timely updates so helpful to build trust!

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Where Do Providers Typically Find Information?

- Medicaid memos

- Remittance notices

- Relationships with provider associations

- Medicaid 101 trainings

Include basic demonstration info and central email address

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Townhall Meetings

Meeting Today!!

- 13 regional meetings to-date
- State overview & health plan info on authorizations, claims, joining networks
- Structured Q&A
- Obtain prior registration to send out questions that were not answered

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Weekly Provider Calls

- Q&A log: Documents work, sent weekly to email list

- Participation is Open and Varied: Some attend weekly, or join for a while and drop off when questions have been answered. Still seeing new providers

- Challenge: Information reaching direct care staff

- Availability and openness have done wonders for trust-building!

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Ongoing Outreach

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CCC UPDATE CALLS
Every Tuesday 12:30-1:30pm and Friday 10am-11am
To join the call dial:
1-866-842-5779
Pass Code – 6657847797 #

Great forum! Stakeholders ask their questions and DMAS/MMPs learn about beneficiary & provider experiences with CCC

Monday Provider Calls (LTSS)		Friday Provider Calls	
Adult Day Services	1:30-2p Conference Line 866-842-5779 Conference code 7143869205	Hospitals and Medical Practices	11-11:30am Conference Line 866-842-5779 Conference code 8047864114
Personal Care, Home Health & Service Facilitators	2-2:30p Conference Line 866-842-5779 Conference code 8047864114	Behavioral Health	11:30am-12pm Conference Line 866-842-5779 Conference code ...786...
Nursing Facilities	2:30-3p Conference Line 866-842-5779 Conference code 7143869205		

CCC Team conducting 7 calls every week

Provider Workgroups

Monday Meetings: Keep on the calendar and fill in provider workgroups and plan education as needed

- Offers a set venue & protects this time
- Opportunities to work through concerns raised by provider associations
  - Nursing Facilities
  - Home Health
  - Service Facilitators
  - Inpatient Rehab Facilities

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Hindsight is 20/20

- Emphasize Continuity of Care (COC) early on "Care should never stop"

- Ongoing COC reminders are best

- Keeping a fresh provider perspective: Just because we live and breathe it doesn't mean they do- they're busy giving good care!

We LOVE to Collaborate! Reach us at:
CCC@dmas.virginia.gov

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Where to begin

ENGAGEMENT

Thomas H. Lutzow, PhD
President/CEO
November, 2014

Opt-Out Experience (Reflections)

- **Why are Op-Outs occurring? – More Study Required**

MassHealth One Care To-Date (Oct Y14)	
Enrolled	Opt-Outs
17,465	25,840

Possible Reasons for Non-engagement		
•Change Aversion	•Life Transitions	•Network Structures
•Management Resistance	•Loss of Medicaid Eligibility	•Plan Processing Routines
•Competing Plans	•Reimbursement Mix	•Invasive Interactions
•Payer Experience	•Performance Scoring	•Gain Austerity
Gerald Riley, "Continued Disenrollment Bias," CMS, MMRR 2012: Volume 2 (4)		

Member

Provider

- **If member driven:**
  - Are opt-outs more costly? Less costly? More complex? Predictable?
  - Is the passive enrollment process inherently insulting? Insensitive?
  - Do trusted caregivers (opinion makers) view plans as helpful? Supportive?

- **If provider driven:**
  - Do providers view plans as an extension of their practices?
  - Does "member-centricity" mean providers don't matter?
  - Are complex cases stretching provider capability?   Financially?   Metricly?

Plan Value to Providers (Unrecognized?)

- **Shared Performance Measures**

Y14 Physician PQRS		Y14 Plan 5-Star	
046	Medication Reconciliation	C11	COA-Medication Review
117	Diabetes: Eye Exam	C15	Diabetes Eye Exam
182	Functional Assessment	C12	COA-Functional Assessment
236	Controlling HBP <140/90	C19	Controlling HBP <140/90

- **FFS Withhold and Penalty Protection**

Provider VBP	Plan VBP
2% FFS withhold for EP non-participation	No plan participation withhold
2-4% FFS withhold pending VBP outcomes	No plan performance withhold
Penalty for certain readmissions	No readmission penalty
Penalties for missing meaningful use benchmarks	No meaningful use penalties

- **Chronic Care Management Support**

New MH Model	Plan Value-Add
360° View of the Member	Complete Across-System Claims Profile
Blending medical and social support	Access to all supports (medical and social)
Managing chronic conditions	Extension beyond the PCP office/clinic

Opportunities for Enhanced Design

◉ **Role of Plans**

- **Confirm plans as care support partners with providers**
- **Encourage performance information sharing – "e.g., with authorizations"**
- **Measure and reward shared accountability – "force-multiplying"**

◉ **Role of Pharmacists**

- **Transition care model from "dispensing" to "coordinating"**
- **Link pharmacy mini-clinics to primary care EMRs**
- **Encourage pharmacist house calls -- http://hayatrx.com**

◉ **Role of Primary Care Physicians**

- **Create a reimbursable code for care team consultation**
- **Reward PCPs for care team performance contributions**
- **Encourage PCPs to use plans to fulfill the medical home model**

Plan Value to Members (Most members?)

Everyday Chatting with Members	Operationalizing the Chatting
1)- "You can stay where you are … we'll come to you … we make house calls."	Attach NP vendors for HCC and 5-Star delivery of assessment and treatments in the home.
2)- "We're available 24-7 … no need to leave the house."	Attach 24-7 nurse-call service to reduce ER use and alert care teams to pending issues.
3)- "Not a problem … place to live, food, what else can we help you with?"	Acquire internal solutions specialists within the plan -– HUD, SSI, food bank, etc.
4)- "Can we get Marge across the hall to help you with that?"	Create an EHR that has relationship depth with informal caregiver & contact avenues.
5)- "How is Felix your cat feeling today .. are you sure he has enough to eat?"	Create an EHR that has life activity, member preference, member values depth.
6)- "Here's my direct number … call anytime."	Encourage personal, direct, free-flowing access to the care team.
7)- "I can take care of that right now …"	Establish line level authority to resolve problems & complaints at first pass levels.
8)- "I really enjoyed talking with you today … you're so important to us."	Script EHR closings that show appreciation for a member's choice of managed care.

Thank You

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Questions and Discussion

About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees and other Medicaid beneficiaries with high costs and high needs

- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies

- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges

- Send additional questions to: ICRC@chcs.org