The Future of Nebraska Medicaid

Heritage Health and the Redesign of Long-Term Services and Supports

Friday, July 29, 2016

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Nebraska Department of Health and Human Services

20th Century Medicaid

- Health services policy, but little care management
- Providers enroll, but no real network management
- Paying claims fast, but no strategic purchasing
- Systems incentivize volume over value
- Manual and isolated eligibility function, disconnected from delivery system

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Managed Care in Nebraska

- In a risk-based managed care delivery system, health plans are responsible for the management and provision of specific covered services.
- Medicaid managed care in Nebraska has steadily evolved since 1995, from an initial program that provided physical health benefits in three counties, to today's program that oversees physical and behavioral health services statewide.
- Today, approximately 80% of individuals who qualify for Medicaid receive their physical health benefits through managed care and almost all Medicaid members receive their behavioral health benefits through managed care.

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A New Era for Medicaid in Nebraska

- Heritage Health
  - Fully integrated Managed Care
  - Paying few, if any, claims directly
- Enrollment Broker
  - Offering members *Choice Counseling*
- Dental Benefits Manager
  - Establishing a network and paying dental claims
- LTSS Redesign
  - Stakeholder outreach begins soon
  - Evaluation of current programs
  - Recommendations to better serve the long-term care population
- Data Management and Analytics
  - Complete replacement of MMIS
  - Need for greater analytics power
  - Value-based and outcome-oriented services

Iterative "To Be" State – Integrated Care

All* Medicaid Recipients
(few and very limited carve-outs)

Integrated Managed Care

- Nebraska Total Care (Centene)
- UnitedHealthcare Community Plan
- WellCare of Nebraska

- Physical health
- Behavioral health
- Pharmacy

REDESIGN

LTSS Services

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New Populations

- Heritage Health will include new populations currently excluded from participating in physical health managed care. These include:
  - ✓ Individuals participating in home and community based waivers (Aged and Disabled Waiver, TBI Waiver, and DD Waivers)
  - ✓ Individuals who live in long-term care institutional settings, such as nursing facilities and intermediate care facilities for people with developmental disabilities.
- These individuals will have their physical health (for example, physician and hospital care), behavioral health, and pharmacy services administered by their Heritage Health plan.
- Long-term services and supports will continue to administered as they are today.

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Services not changing under Heritage Health

- Long-term nursing facility and ICF/DD services
- HCBS waiver services
- Personal Assistance Services (PAS)
- Dental services
- Non-Emergency Transportation (NET)

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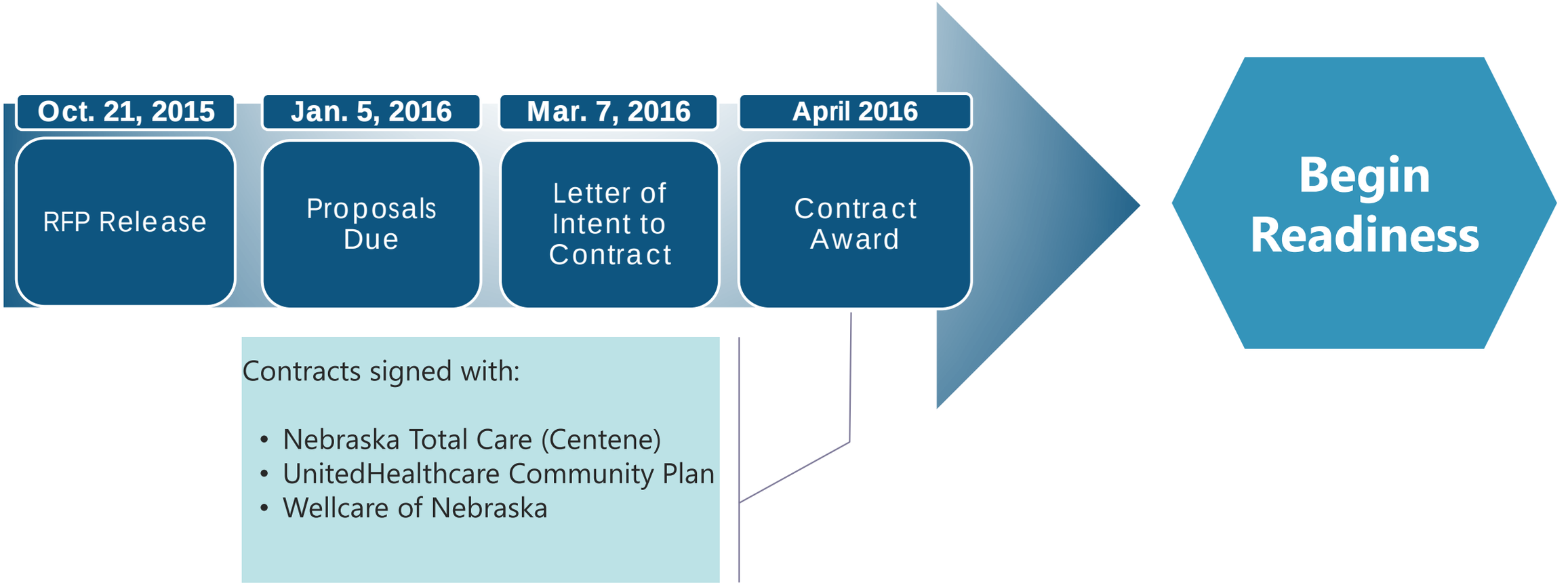
Procurement Timeline and Resources



More information, including a fact sheet, FAQs and links to procurement materials:

www.dhhs.ne.gov/*HeritageHealth*

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Building Provider Networks

UnitedHealthcare Community Plan:
Phone: 1-877-842-3210
E-mail: Nebraska_PR_Team@uhc.com
For more information visit:
www.unitedhealthcareonline.com
Pharmacy:
Phone: 1-800-613-3591
Email: pharmacycontracts@optum.com

WellCare of Nebraska:
Phone: 1-855-599-3814
E-mail: networkexpansion@wellcare.com
Mail: WellCare Health Plans, Inc.
Attn: Network Development-NE
P.O. Box 31409
Tampa, FL 33633-0029
Pharmacy:
Phone: 480-391-4623
www.caremark.com/pharminfo

Nebraska Total Care (Centene):
Phone: 1-855-688-6589
E-mail: networkmanagement@nebraskatotalcare.com
Fax: 1-844-536-2997
Mail: Nebraska Total Care
Network Development: NE
233 S. 13th St., 11th Floor
Lincoln, Nebraska 68508
Pharmacy:
Phone: 1-877-935-8026
Email: pharmacynetworkteam@usscript.com

Further information regarding Heritage Health Plans Provider Credentialing and Contracting can be found in *Provider Bulletin No. 16-14*, which is posted on the Heritage Health Website:
http://dhhs.ne.gov/heritagehealth

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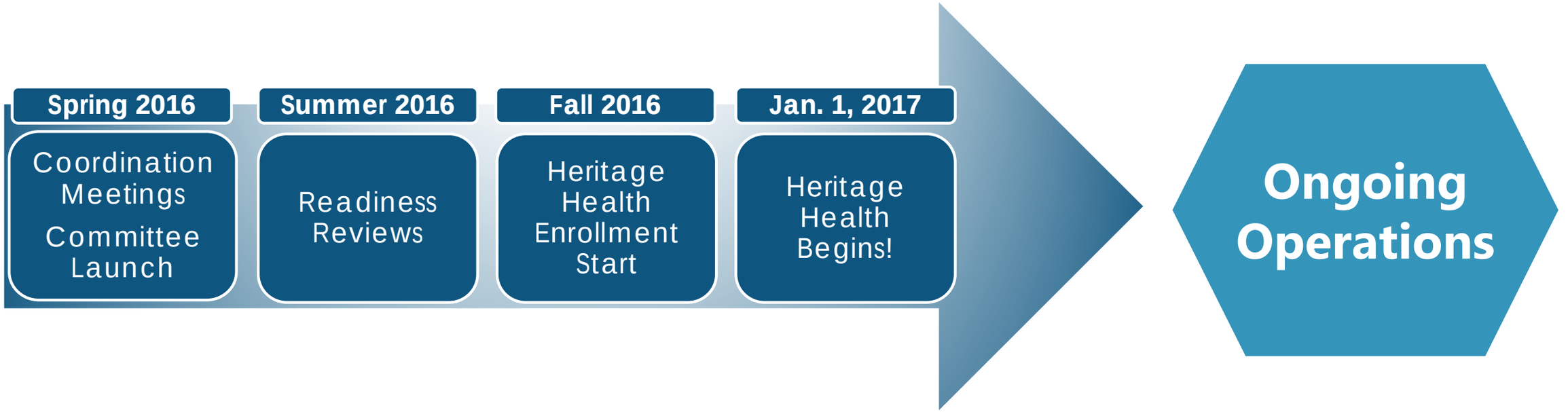
Implementation Timeline and Resources



- New and redesigned webpage
  - News releases and program updates
  - FAQs
  - Links to procurement site and contracts
- Public/stakeholder involvement

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A Collective Effort

Three separate committees will work to ensure a smooth transition into full implementation and integration:

- Administrative Simplification
- Behavioral Health Integration
- Quality Management

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Administrative Simplification

Mission:

Reduce administrative burden for Medicaid health care providers through identifying and implementing common processes that streamline administrative requirements and eliminate duplication.

Guiding Principles:

- Streamline Requirements
- Eliminate Duplication
- Embrace Technology-based Solutions

Membership

The Administrative Simplification Committee will include broad representation from providers, managed care contractors, and State program administrators and systems and policy experts.

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Behavioral Health Integration

Mission

Ensure the successful integration of behavioral health services resulting in a seamless experience for providers and members and improved health outcomes for behavioral health recipients.

Guiding Principles:

- The Heritage Health program should proactively identify and implement best practices for behavioral health integration
- Behavioral health integration challenges should be identified and addressed in a timely fashion.

Membership

The Behavioral Health Integration Advisory Committee will include broad representation from providers, patient and community advocates, managed care contractors, and State program administrators and systems and policy experts.

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Quality Management

Mission:

The Quality Management Committee (QMC) advises MLTC on clinical and operational quality initiatives and provides oversight of the Heritage Health quality management program.

Guiding Principles:

- Heritage Health members should enjoy the highest level of care quality.
- Quality improvement initiatives should focus on achieving optimal clinical and operational outcomes.
- Quality measurement selection should reflect input from diverse sources including comprehensive operational and clinical reporting, consultations with medical experts, and feedback from members, providers, and other stakeholders.

Membership

The QMC will include broad representation from medical experts, providers, patient and community advocates, managed care contractors, and State program administrators and systems and policy experts. Members, excluding those representing the State or MCOs, will serve two-year terms.

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Enrolling Members

- Medicaid clients will have opportunity to begin choosing their Heritage Health plan this fall
  - **In April 2016, Nebraska Medicaid signed a contract with Automated Health Systems to act as Medicaid's enrollment broker for the Heritage Health program. The enrollment broker is an independent entity that provides the following services to Medicaid members:**
  - **Plan selection outreach**
    - Written and phone-based outreach alerting Heritage Health members to the open enrollment period and the timeline for making a voluntary plan selection
  - **Comprehensive and unbiased choice counseling**
  - **Searchable databases of providers that allow members to determine whether his/her current primary care provider or preferred specialist is a part of a specific health plan's network prior to the member selecting his/her health plan**

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Long-term Care Redesign

- While Heritage Health will not include LTSS services, MLTC has launched a reform initiative to run concurrently with its implementation.
- Concept paper released January 25, 2016:
  - Provides catalyst for stakeholder engagement and discussion as Nebraska examined all aspects of its current LTSS services before integration into a managed LTSS program (MLTSS).
  - Explores aspects of the LTSS system for all populations, including:
    - Principles for redesign
    - Program administration
    - Assessment tools and responsibilities
    - Care management roles and responsibilities
    - Service array and authorities
    - Provider management and reimbursement
    - Quality measurement and reporting
    - Delivery system design
- A RFP was released for a technical assistance consultant
  - Mercer selected and contract signed in early June

More information:

www.dhhs.ne.gov/*LTSS*

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Potential Opportunities for Improvement

- Program Administration
  - Making it easier to navigate the LTSS service delivery system
- Care Coordination
  - Improving person-centeredness and promoting efficient care management
- Provider Management
- Enhancing provider reimbursement structures and level of reimbursement, claims management, and service/provider tracking processes
- Measurement and Promotion of Quality
  - Integrating data-driven performance measures specific to LTSS in the current quality improvement function
- Service Array and Authority
  - Evaluating any duplication of services, revision of policies, potential use of alternate waiver or State plan authorities, and means of monitoring utilization
- Delivery System
  - Key considerations and options

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The Redesign Project

- Research, Service Delivery System Assessment, and Preliminary Recommendations
- Engagement of Stakeholders
- Development of a Redesign Plan
- Implementation of Redesign Plan

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Our Current System

- Legacy MMIS
  - Over 40 years since creation
- Limited analytics ability
- Limited edits
- Cumbersome management and updating
- Still paper reliant
  - Data entry and claims processing

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Rethinking our Systems Needs

- Future state:
  - Paying few, if any, claims directly
  - Role shifts to purchaser of services
  - Need for greater analytics power

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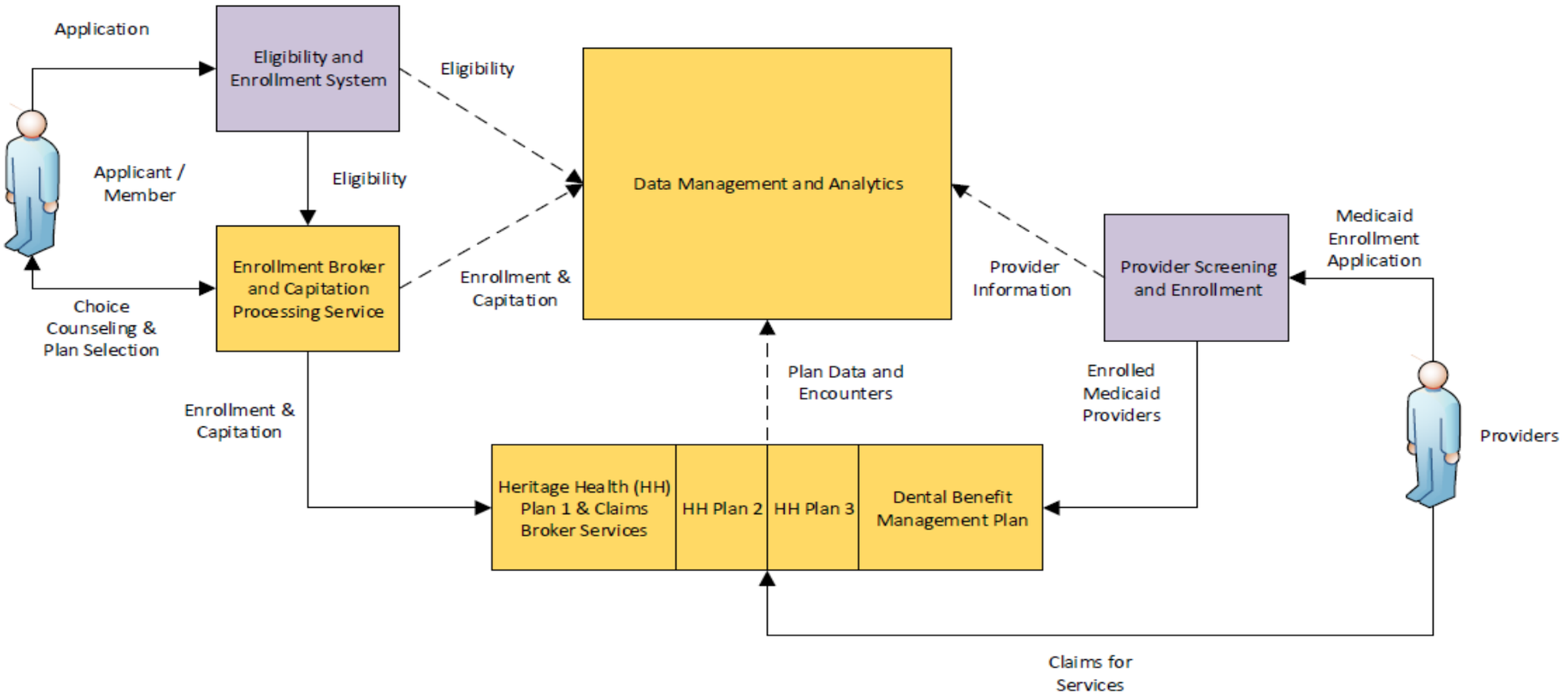
Nebraska Medicaid High Level Model



Legend

Implementation Progressing

In Procurement

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A New Day at MLTC

- Changing Roles and Responsibilities
- Changing How We Look
- Changing How We Work
- Becoming the Model of an Outcome-Oriented, Smart Purchaser of Services

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Strategic Staffing

- Our Current State
  - Taking an inventory of our current expectations and available resources
- Our "To Be" State
  - Envisioning what we want MLTC to look like after full implementation of various new procurements
    - Paying few, if any, claims
    - Focus on Contract Management
- The Transition
  - How do we shift resources with coinciding roles and responsibilities?
  - Ensure we can fulfill current responsibilities while evolving into our new role

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Working within the Division

- Updated Organizational Charts
  - Visualizing the "To Be" State
- Identifying Opportunities to Realign Sections
  - Streamlining efficiencies to better operate
- Tearing Down Silos
  - Understanding the need for cross-sectional cooperation and support within the Division and the Department
- Building a Strong Division-wide Foundation
  - Working together to better serve our members and support our stakeholders

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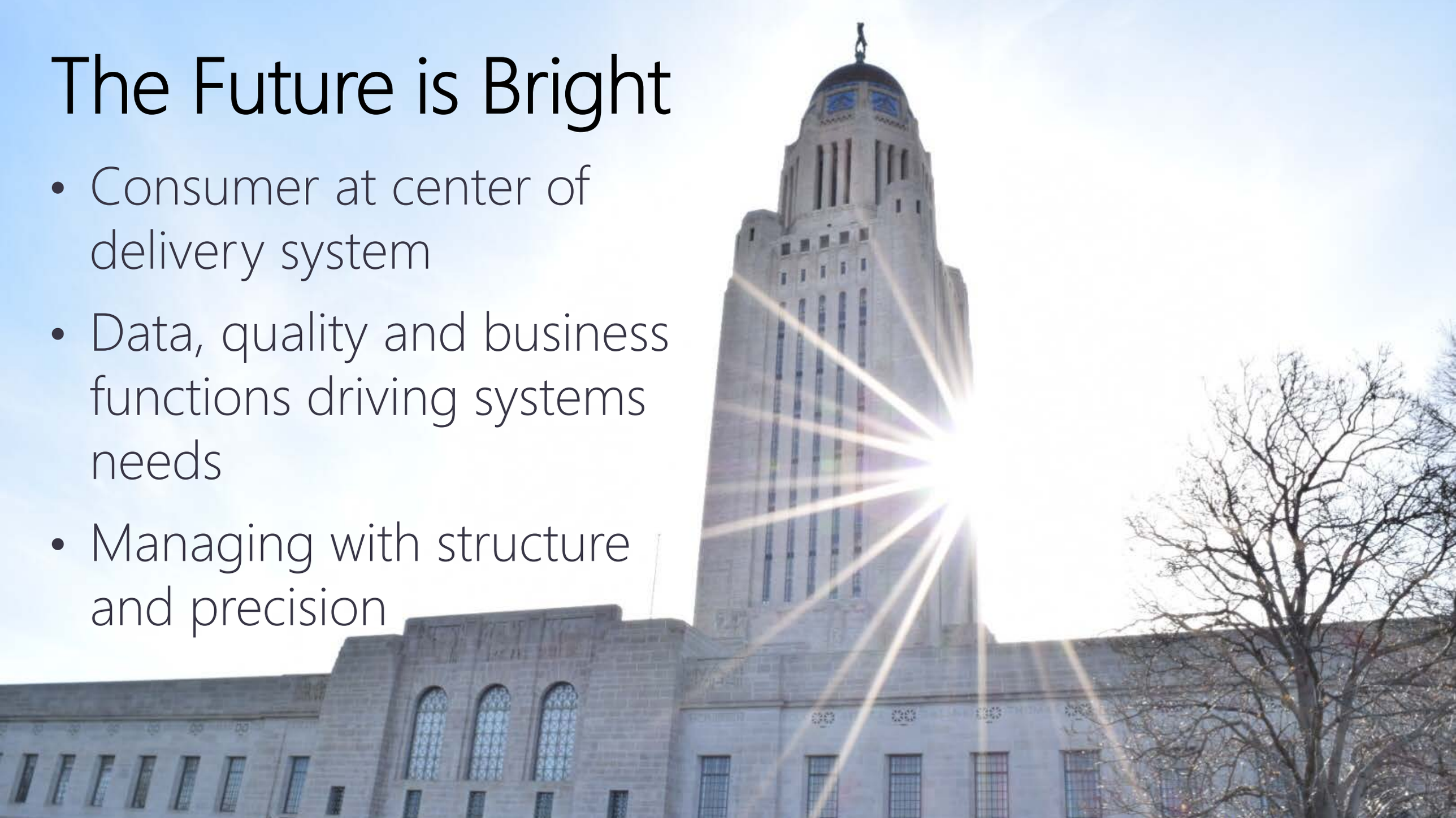
The Future is Bright

- Consumer at center of delivery system
- Data, quality and business functions driving systems needs
- Managing with structure and precision



Questions and Answers

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