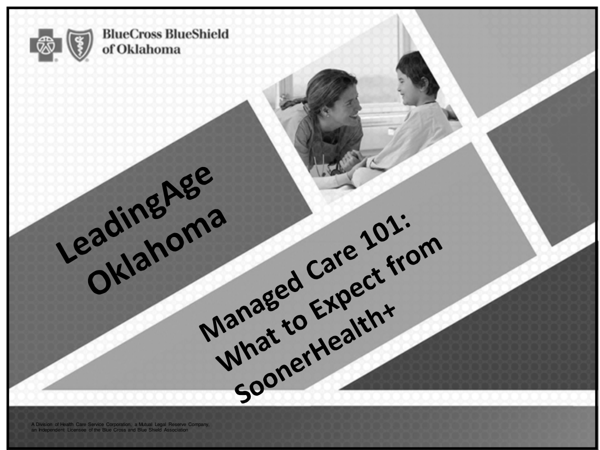

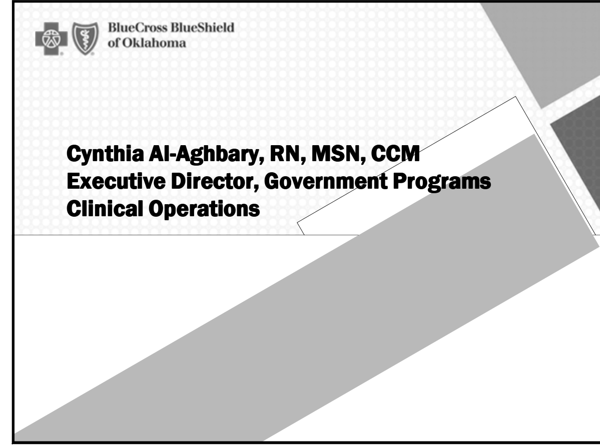

Agenda

Welcome, Opening Remarks & Introductions
Goals and Objectives
Managed Care 101 – Components of the Organization
Care Management Model
Role of Adult Day Health Providers in the Model
Q&A Session

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Goals and Objectives

- Goal – Develop a High Level Understanding of Managed Care Operations
- Objective – Describe which departments are important to members and providers in managed care
- Goal – Understand the SoonerHealth+ Care Management Requirements
- Objective – Discuss how the care management components work to develop the Person-Centered Care/Service Plan
- Goal – Discuss how Adult Day Health Providers can participate and enhance the new SoonerHealth+ Model

BlueCross BlueShield of Oklahoma

Managed Care 101(H

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Managed Care Key Departments and Their Functions

Member Services
- Membership
- Member assistance with understanding the health plan, ID cards, finding providers (mandated metrics)
- Member advocacy

Provider Services
- Contracting
- Training
- Claims Payment Assistance
- Delegation Oversight

Managed Care Key Departments and Their Functions

Care Management
- Case Management (mandated timeframes)
- Utilization Management (mandated TATs)
- Training
- Auditing and Accreditation

Appeals & Grievances (mandated timeframes)
- Member appeals of adverse determinations
- Member complaints regarding services

Managed Care Key Departments and Their Functions

Claims
- Payment of providers (mandated timeframes)
- Payment of vendors and delegates
- Encounter submissions

Medicaid Operations
- Compliance and Oversight
- Interaction with the state Medicaid programs
- Implementation

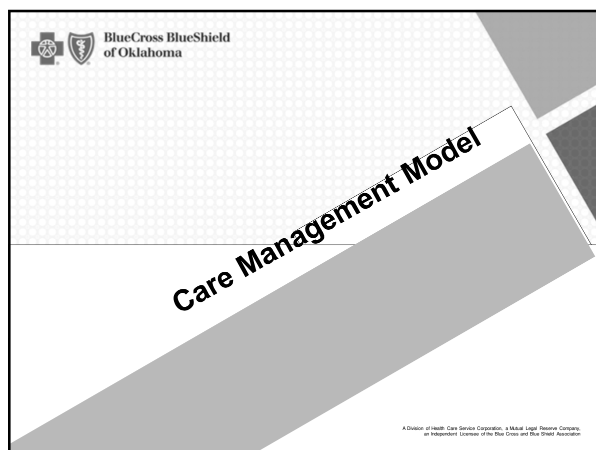
Managed Care Key Departments and Their Functions

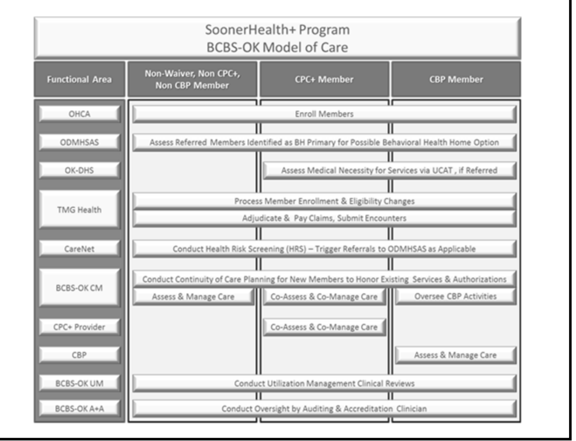
Reporting and Analytics
- Mandated reports
- Predictive modeling
- Operational reports
- Utilization reporting and analysis

Information Technology (IT)
- Ensures that all teams have computer systems that perform functions, allow for documentation, data sharing, reporting
- These include:
  - Medical management Platform
  - Claims, membership & member services system
  - Provider contracting system

Managed Care Key Departments and Their Functions

Finance
- Develops the budget
- Ensures that the plan remains on budget
- Files appropriate reports





Health Care Management Model

- **Care Management assists members and their families with complex needs**
  - Care is member-centered, family-focused, and culturally competent.
  - CM assists in locating services to meet the health and social needs of the member.
  - Coordinate with ODMHSAS for identified BH needs and OK DHS for newly identified LTSS needs
- **The CM team is comprised of Medical, Social and Behavioral Health Clinicians, Paraprofessionals and Health Coordinators**

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Health Care Management Model

- **The care model includes the following elements:**
  - •**Health Risk Screening/Welcome Call**
    - •Must be completed within 30 days of enrollment (during transition)
    - •Must be completed within 10 days of enrollment (steady state)
    - •Tool determines risk stratification level
      - •**Level 1 low risk** – dually eligible members who are not receiving HCBS services or have unstable chronic conditions
      - •**Level 2 moderate risk** – moderate risk Medicaid only members, duals who have unstable chronic conditions, members on IID waiting list, and members who appear moderate risk based on utilization data
      - •**Level 3 high risk** – members who are receiving HCBS, children receiving PDN, members who are receiving case management services prior to enrollment, and those members deemed high risk based on claims utilization data
- **The member's claims and case management history will also be used to determine their risk level.**

Health Care Management Model

•**A care manager is assigned to every member – the care manager can be an MCO staff person or work for a delegated entity**
•**Care Managers help ensure the member's needs are identified and addressed:**

- The identified CM is members' single point of contact
- Coordinating care with members and locating providers to meet their needs
- Assisting with coordination of medical, social and behavioral health services
- Helps locate community resources
- The care manager team must be available 24/7

Health Care Management Model

- **Comprehensive Assessment**
  - •In home face to face assessment for members who are moderate and high risk
    - •The assessment must be scheduled within 30 days of the HRS completion and completed within 45 days of the HRS completion during the implementation period
    - •During steady state the assessment must be scheduled within 14 days of completion of the HRS and completed within 30 days of HRS completion
    - •Must be completed for members who have a risk stratification of a Level 2 or Level 3
    - •Must be scheduled within 72 hours and completed within 7 days when a member has a change in health status
    - •Must be completed at least annually.
- **If the member is identified as potentially needing LTSS services, a referral to OK DHS will be made for a UCAT assessment**

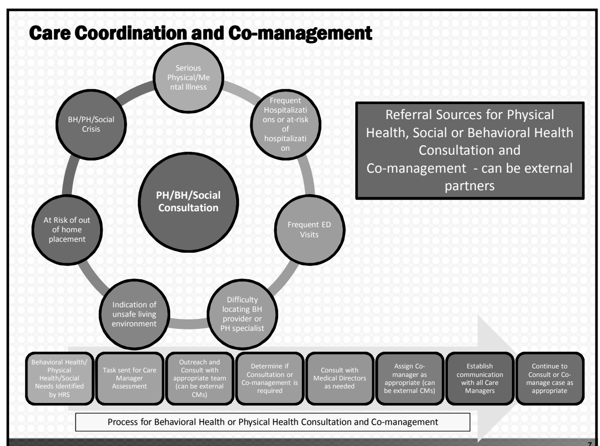
Health Care Management Model

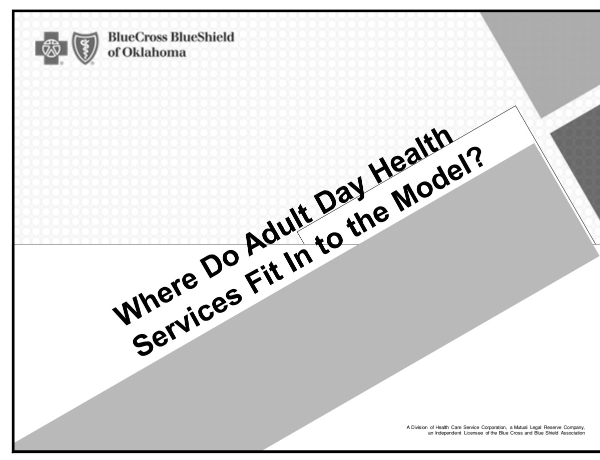
•**Person-centered care plan – Level 2 & Level 3**
- •Member driven process with input of the Interdisciplinary Care Team
- •Members who are level 3 must also have a Service Plan
- •The care plan will address the member's goals and their physical health, behavioral health, and social needs
- •Consumer-Directed Option for members on waivers

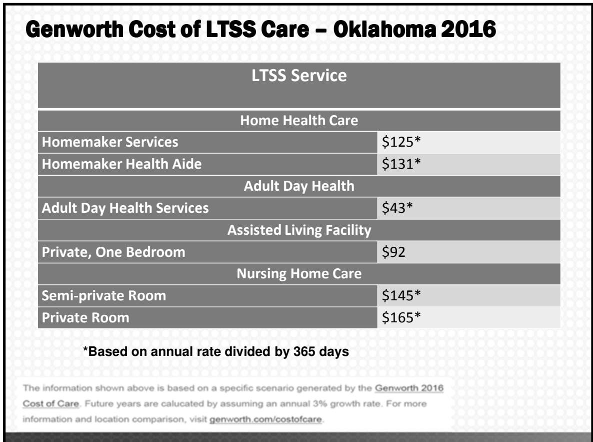
•**Must be completed within 15 days of completion of the comprehensive assessment and must be signed by the member and providers responsible for implementing the care plan**
•**All level 1 members will have a care plan developed telephonically with their care manager**
•**Care/Service plans must be approved by the MCO**

Health Care Management Model

- **Interdisciplinary Care Team Meetings**
- **Collaboratively with the member, Medical CM, Behavioral CM, and Member Care Support staff (social) and the inter-disciplinary care team (ICT) develop a plan of care.**
  - •**The ICT may include a variety of professionals:**
    - **Natural supports**
    - **Family members**
    - **Community members and resources**
    - **Medical, LTSS and Behavioral Health Providers**
    - **Member Care Support MCO staff (advocacy)**
  - •**Importance of early alerts is essential to reduce crisis**
  - •**Communication is a key to success!**







Genworth Cost of LTSS Care – Oklahoma 2016

LTSS Service	
Home Health Care	
Homemaker Services	$125*
Homemaker Health Aide	$131*
Adult Day Health	
Adult Day Health Services	$43*
Assisted Living Facility	
Private, One Bedroom	$92
Nursing Home Care	
Semi-private Room	$145*
Private Room	$165*

*Based on annual rate divided by 365 days

The information shown above is based on a specific scenario generated by the Genworth 2016 Cost of Care. Future years are calcuated by assuming an annual 3% growth rate. For more information and location comparison, visit genworth.com/costofcare.

Adult Day Health Services Advantages

- More cost effective
- Better health outcomes than home based or institutional care
- Greater quality of life
- Reduces Caregiver Stress
- Delays institutionalization
- Allows participants to remain home with their families

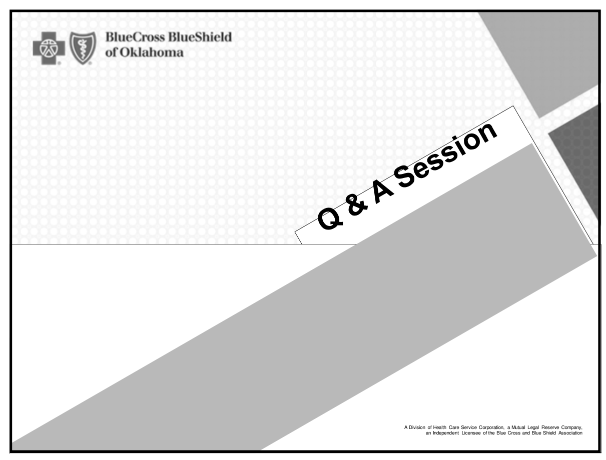
Care Manager Staff Training Needed

- Underutilized in the Long-term Care Service Package
- MCO and community based partner staff need to be better trained on the advantages of Adult Day Health Care
- Recommend it as an option during the Service Planning process
- Can mix home based services and Adult Day Health Care on a Service Plan

Health Advantages

In a discussion with Duane Ross, MD, former PACE Medical Director he observed these health outcomes in his patients:

- Lessened cognitive decline due to getting up and getting out of the house – provided increased stimulation and socialization (more than staying at home with a homemaker)
- Less depression
- Fewer ER visits and hospitalizations as staff identified subtle changes that resulted in early clinical interventions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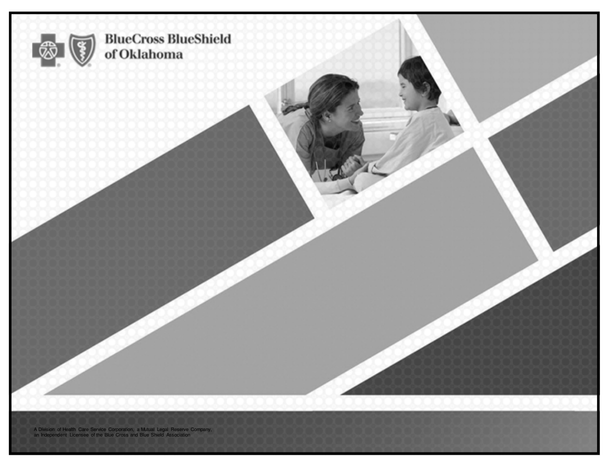
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