

MANAGED MEDICAID PLANS (MCPS)

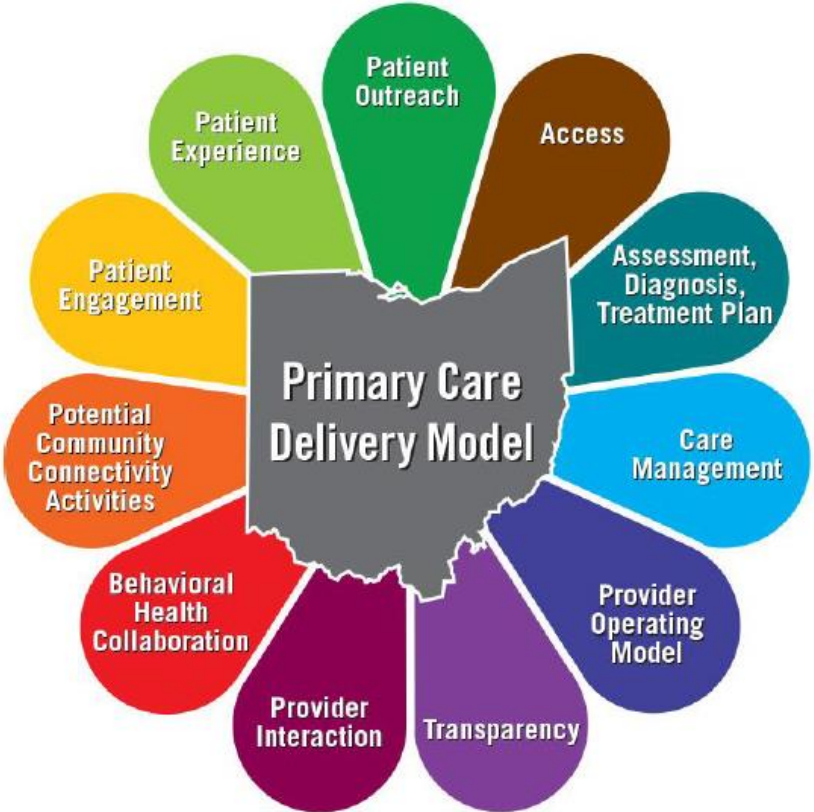
OHIO CPC WEBINAR

JANUARY 25, 2019



High performing primary care practices engage in these activities to keep patients well and hold down the total cost of care

- Patient Experience:**
Offer consistent, individualized experiences to each member depending on their needs
- Patient Engagement:**
Have a strategy in place that effectively raises patients' health literacy, activation, and ability to self-manage
- Potential Community Connectivity Activities:**
Actively connect members to a broad set of social services and community-based prevention programs (e.g., nutrition and health coaching, parenting education, transportation)
- Behavioral Health Collaboration:**
Integrate behavioral health specialists into a patients' full care
- Provider Interaction:**
Oversee successful transitions in care and select referring specialists based on evidence-based likelihood of best outcomes for patient
- Transparency:**
Consistently review performance data across a practice, including with patients, to monitor and reinforce improvements in quality and experience



- Patient Outreach:**
Proactive, targeting patients with focus on all patients including healthy individuals, those with chronic conditions, and those with no existing PCP relationship
- Access:**
Offer a menu of options to engage with patients (e.g., extended hours to tele-access to home visits)
- Assessment, Diagnosis, Care Plan:**
Identify and document full set of needs for patients that incorporates community-based partners and reflects socioeconomic and ethnic differences into treatment plans
- Care Management:**
Patient identifies preferred care manager, who leads relationship with patients and coordinates with other managers and providers of specific patient segments
- Provider Operating Model:**
Practice has flexibility to adapt resourcing and delivery model (e.g., extenders, practicing at top of license) to meet the needs of specific patient segments

Ohio CPC

There are three types of requirements that practices must meet in order to receive payments through the CPC program:

1. Activity requirements
2. Clinical quality metrics
3. Efficiency metrics

Practices must meet all activity requirements, 50% of applicable quality metrics, and 50% of applicable efficiency metrics in order to be eligible for payment.

MCP Partnership – Lead Plan

- Each CPC has a lead Medicaid Plan partner
- Will schedule meeting to engage on how to work with MCPs, how to begin working with the MCPs
- Overview of how to work with the MCPs
- Practice structure and process overview
- Initial areas of collaboration (care management, patient outreach)
- Note: for new CPCs in 2019, the Lead MCP is working to schedule these meetings.

MCP Partnership – All MCPs

- MCPs schedule meetings after the Lead Plan
- Partner on MCP-specific members/patients:
 - Identify opportunity for patient engagement
 - Identify high risk patients
 - Identify gaps in care (preventative and/or chronic)
 - Information sharing
 - Outreach campaign
 - Transportation assistance
 - Assist with community resources for social determinants
 - Assist in identifying participating providers
- Overview of MCP self-service tools for providers

MCP Partnership – Key Contacts



- Karen Berga: 1-866-246-4356 ext 24224
kberga@centene.com



- Robert Metzler: 1-937-224-3300 ext. 74141
robert.metzler@caresource.com



- Ann Fitzsimons: 1-888-562-5422 ext. 211417
Ann.Fitzsimons@MolinaHealthcare.com



- Chris Santoro: 1-419-887-2899
Christopher.Santoro@ProMedica.org



- Christy Richards: 1-612-838-4957
christy_a_richards@uhc.com

MCP Partnership – “What’s Worked”

- **All MCPs:**
 - Lead MCP Approach
 - Standardization of Attribution Logic
 - Consolidated Resource Guide
- **Individual MCPs:**
 - Standing Meetings (i.e. monthly, quarterly)
 - Review of CPC Quarterly Progress Reports & HSAG Results for Opportunities
 - Looking Ahead to Current Quality & Efficiency Thresholds
 - Gaps In Care Information (i.e. Adolescent Well Check, HbA1c Testing)
 - Understanding of Organizations Current Initiatives

MCP Partnership – Success Story

Managed Care Improvement Science Project (MCIS)

- **Goal:** To Improve the Engagement of CPC Members/Patients with a Risk Tier of 7,8,9 and Who Have Not Been Seen By a CPC in the Past 12 months
- **Key Drivers:** Accurate and Timely Data, Risk Stratification Identification, Access to Care, Patient Engagement Strategy
- **Attribution File “Clean Up”:** Members/Patients attributed but not engaged, High Risk Stratified, Provider Roster Accurate, Review of Contact Information
- **Engagement Strategy:** “Cleaned Up” Report, Phone Calls, Mailings, Outreach at Home if Necessary, Same Day Access
- **Map Out the Process**
- **Plan Do Study Act (PDSA)**
- **Chart the Data over Time**
- **87% Re-Engaged/Scheduled**

MCP Partnership – Pilot Project

PILOT: Telemonitoring Program

- Focus: Hypertension and Diabetes Management
- Monitor blood pressure and glucometer readings in real time
- Provide telemonitoring Equipment to Patients/Members:
 - Diabetics Pts/Mbrs Receive: Blood Pressure Cuff and Glucometer
 - Hypertension Pts/Mbrs Receive: Blood Pressure Cuff and Electronic Scale
- Equipment Forwards Their Vital Data to the 24/7 Care Center
- Determine Which of Your Patients Would Benefit From Closer Monitoring
- CPC Providers:
 - Receive notification of patients in program
 - Monthly report with vital sign data and trends for each enrolled
 - Receive notification by phone if a patient's reported vital sign readings exceed their established parameters.

MCP Partnership – Self-Service Tools

- MCPs have developed a consolidated resource guide to help with some of the most common needs of the CPCs.
- Guide includes information on:
 - Quick reference phone #s
 - Benefits and Programs
 - Care Management & Chronic Disease Management
 - Participating Provider Network
 - Transportation Assistance
 - 24/7 Nurse Advice Line Information

OHIO MANAGED MEDICAID - CONSOLIDATED PLAN RESOURCE GUIDE

	Buckeye	CareSource	Molina	Paramount Advantage	UnitedHealthcare
Managed Care Plan:	Buckeye	CareSource	Molina	Paramount Advantage	UnitedHealthcare
Mailing Address	4349 Easton Way, Suite 300, Columbus Ohio 43219	P.O. Box 8738 Dayton OH 45401	3000 Corporate Exchange Drive, Columbus, OH 43231	P.O. Box 928 Toledo, Ohio 43697-0928	UnitedHealthcare Community Plan 5900 Parkwood Place Dublin, OH 43016
Public Website	https://www.buckeyehealthplan.com/	www.caresource.com	http://www.molinahealthcare.com	www.paramounthealthcare.com/AdvantageMedicaid	http://www.uhccommunityplan.com/oh/medicaid/community-plan.html
Support					
Ohio CPC Specific Questions	Karen Berga: 1-866-246-4356 ext 24224; kberga@centene.com	Robert Metzler: 1-937-224-3300 ext. 74141; robert.metzler@caresource.com	Ann Fitzsimons: 1-888-562-5422 ext. 211417; Ann.Fitzsimons@MolinaHealthcare.com	Chris Santoro: 1-419-887-2899; Christopher.Santoro@ProMedica.org	Christy Richards: 1-612-838-4957; christy_a_richards@uhc.com
General Questions	Provider Services: 866-246-4358	Provider Services Mon - Fri 8am to 6 pm: 800-488-0134 (TTY 1-800-750-0750 or 711)	Provider Services: 1-855-322-4079	Provider Relations Department: paramount.providerrelations@promedica.org	Provider Services: 877-842-3210
Support Questions	Provider Services: 866-246-4358	Provider Services Mon - Fri 8am to 6 pm: 800-488-0134 (TTY 1-800-750-0750 or 711)	Provider Services: 1-855-322-4079	Provider Inquiry Department: 888-891-2564 paramount.providerinquiry@promedica.org	Provider Services: 877-842-3210
Member Questions	Member Services at (866) 246-4358 or TTY (800) 750-0750). Or https://www.buckeyehealthplan.com/members/medicaid/resources/handbooks-forms.html	Member Services Mon - Fri 8am to 6 pm: 800-488-0134 (TTY 1-800-750-0750 or 711)	Member Services: 1-800-642-4168 (TTY: 1-800-750-0750 or 711)	Member Services Department: 800-462-3589 TTY 888-740-5670 paramount.memberservices@promedica.org	Member Services 800-895-2017 / TTY: 711
Care Management Questions	Main Switchboard: 1-866-246-4356	Care Management: https://www.caresource.com/providers/ohio/caresource-mycare-ohio/patient-care/care-management/	Molina Care Management: 1-800-642-4168 http://www.molinahealthcare.com/members/oh/en-US/mem/medicaid/overvw/coverd/hm/Pages/casemngt.aspx	Care Management: paramount.cm@promedica.org	800-895-2017 / TTY: 711

Tips & Tools - Services

- MCP Secure Provider Portals provide useful information to identify key needs for patients:
 - Missing Services reports to identify patients needing services
 - Recent claims activity including emergency room visits, inpatient admissions, filled prescriptions
 - Assigned MCP care manager

❖ Always feel free to reach-out to the MCP contact directly for any information or questions.

The screenshot shows the MCP Secure Provider Portal interface. At the top, it says "Welcome to the Provider Portal!" followed by a sub-header: "Take care of business on your schedule. The portal is yours to use 24 hours a day, seven days a week. It's an easy way for you to accomplish a number of tasks, including:". Below this are four circular icons with corresponding text: 1. A person with a checkmark icon labeled "Check member eligibility". 2. A clipboard icon labeled "Submit and check the status of your claims". 3. A group of people icon labeled "Submit and check the status of your service or request authorizations". 4. A laptop icon labeled "View your HEDIS scores". Below these icons is a link: "Want to learn more? [View our Quick Reference Guide](#)". The bottom section is titled "Provider Login" and contains two input fields: "User ID:" and "Password:". Below the "User ID" field are links for "Forgot Your Password?" and "Account Unlock". A teal "Sign In" button is positioned below the "Password" field. The background of the login section features a photo of two healthcare professionals, a woman and a man, in white coats.

Tips & Tools - Billing

- Use CPT II Codes when able (see link to ODM guide):
<https://www.medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/CPC/Updated-Billing-Codes-121918.pdf>
- Commonly missed services during billing:
 - BMI assessment for children/adolescents
 - Adult BMI assessment
 - HbA1C poor control
 - Controlling high BP
 - Tobacco use: screening and cessation intervention
- Submit a claim for each and every service rendered
- Make sure chart documentation reflects all services billed

Summary

MCPs are committed to partnering with CPC practices:

- Self-service tools
- Dedicated contacts at each MCP
- MCP Case Management support
- Assistance connecting patients with resources
- Collaborate/Solution for:
 - Activity Requirements
 - Quality Measures
 - Efficiency Measures

Next Steps

- 2019 CPCs - Lead MCPs are outreaching to 2019 practices to schedule initial meetings
- All CPCs - We want to continue receiving your feedback on how best to partner with your practice
 - How to streamline working with the MCPs
 - Bringing more convenience for the CPCs

A blue rounded rectangular graphic with a background of repeating words like 'how', 'why', 'when', 'where', 'what', 'who', 'how', 'why', 'when', 'where', 'what', 'who'. In the center, the letters 'Q&A' are prominently displayed in a large, bold, black font. The ampersand is white. Below the 'A', the word 'time' is written in a smaller, white, lowercase font.