


# Managed Care: Key Concepts for New York's Family Peer Support Services Providers

## Part 1

August 13, 2015

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Please let us know how you heard about this webinar:

- CTAC or MCTAC listserv/email
- FTNYS listserv/email
- Email from Regional Parent Advisor
- Other



# Poll Question 2

Please let us know what best describes your roll:

- Parent of a child receiving services
- Family Peer Advocate
- Supervisor/Director of Family Peer Support Program
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## **Managed Care Technical Assistance Center (MCTAC)**

MCTAC's provides training and intensive support on quality improvement strategies including business, organizational and clinical practices, to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care. [www.mctac.org](http://www.mctac.org)

## **Community Technical Assistance Center (CTAC)**

CTAC's goal is to improve outcomes for families, adults, and children with a focus on supporting agencies to integrate both efficient business practices and effective clinical and support practices. [www.ctacny.com](http://www.ctacny.com)




# CTAC and MCTAC Partners



# Managed Care: Key Concepts for New York's Family Peer Support Services Providers

## Part 1

### Presenters:

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# Managed Care Key Concepts for FPSS

## Part 1 Objectives

- To understand how 'managed care' fits into all of the changes taking place.
- To begin to understand basic managed care terms and concepts.



# Many moving parts...

The Children's Plan

Health Homes Serving Children

DSRIP (Delivery System Reform Incentive Payment Program)

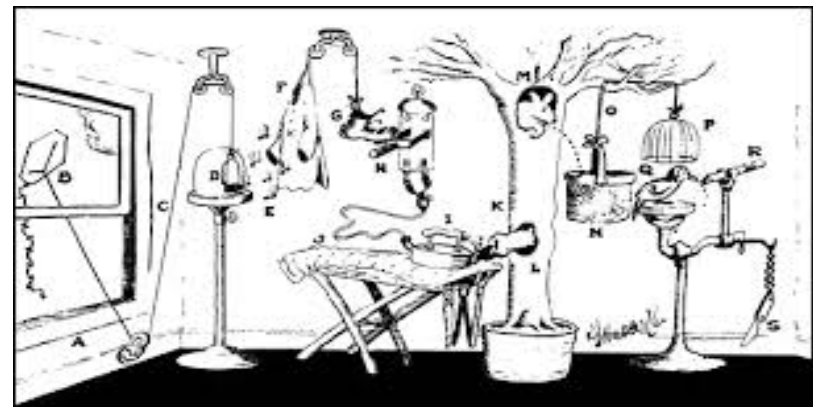
New Medicaid State Plan Services

Transition from Waivers to HCBS Services

Affordable Care Act/Health Insurance Exchange

Medicaid Expansion

Managed Care





# The Children's Plan and the Children's Medicaid Redesign Team (MRT)



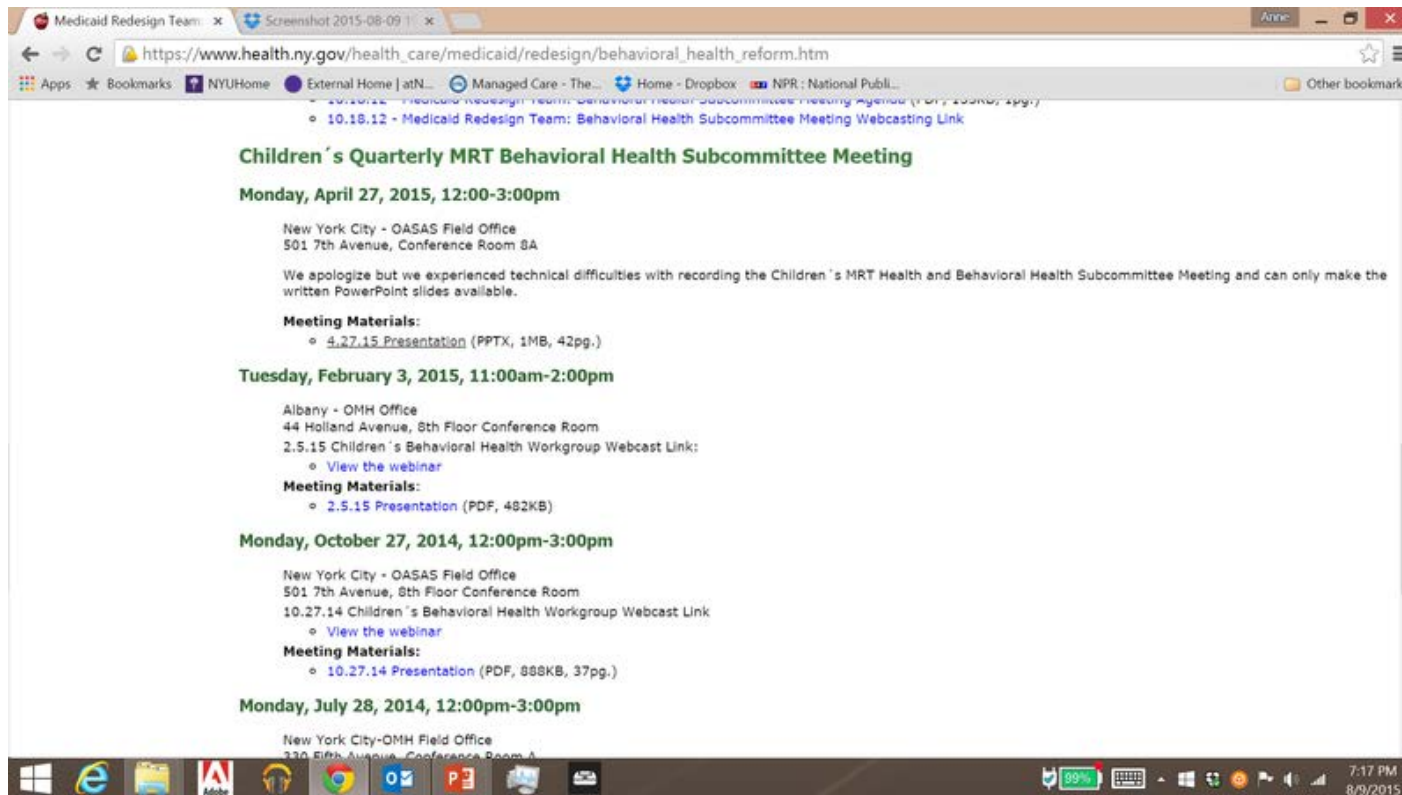
# The Children's Plan Goals

- Expand services available to children with needs and challenges
- Expand the number of children who can obtain Medicaid services
- Integrate service delivery within Children's Health Homes
- Offer all children Medicaid services within a **Managed Care** delivery system



# Children's Medicaid Redesign Team (MRT)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_reform.htm)



The screenshot shows a web browser window with the URL [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_reform.htm). The page content is as follows:

**Children's Quarterly MRT Behavioral Health Subcommittee Meeting**

**Monday, April 27, 2015, 12:00-3:00pm**

New York City - OASAS Field Office  
501 7th Avenue, Conference Room 8A

We apologize but we experienced technical difficulties with recording the Children's MRT Health and Behavioral Health Subcommittee Meeting and can only make the written PowerPoint slides available.

**Meeting Materials:**

- [4.27.15 Presentation](#) (PPTX, 1MB, 42pg.)

**Tuesday, February 3, 2015, 11:00am-2:00pm**

Albany - OMH Office  
44 Holland Avenue, 8th Floor Conference Room

2.5.15 Children's Behavioral Health Workgroup Webcast Link:

- [View the webinar](#)

**Meeting Materials:**

- [2.5.15 Presentation](#) (PDF, 482KB)

**Monday, October 27, 2014, 12:00pm-3:00pm**

New York City - OASAS Field Office  
501 7th Avenue, 8th Floor Conference Room

10.27.14 Children's Behavioral Health Workgroup Webcast Link:

- [View the webinar](#)

**Meeting Materials:**

- [10.27.14 Presentation](#) (PDF, 888KB, 37pg.)

**Monday, July 28, 2014, 12:00pm-3:00pm**

New York City-OMH Field Office  
330 Fifth Avenue, Conference Room A



[Email Angela.Keller@omh.ny.gov](mailto:Angela.Keller@omh.ny.gov) to subscribe to the Children's MRT listserv

# Health Homes Serving Children



# Health Homes: Key Concepts

- A program that provides Care Management to high need Medicaid recipients
- All of the professionals involved in a member's care communicate with one another so that all needs are addressed in a comprehensive manner.
- Medical, behavioral health and social service needs are to be addressed
- Health Homes Designated to Serve Children will **begin phased in enrollment of children on January 1, 2016.**



# Health Homes for Children

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/health\\_homes\\_and\\_children.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm)

The screenshot shows a web browser window displaying the New York State Department of Health website. The page title is "Health Homes and Children". The navigation menu includes "Services", "News", "Government", and "Local". The main content area is titled "Health Homes and Children" and contains the following text: "The New York State Health Home Program was launched in 2012. While children who meet the Health Home eligibility requirements have been eligible for Health Home enrollment since that time, it has been the intent of the State to work with existing Health Homes and other providers to tailor New York State's Health Home Model to better serve children and to recognize the important differences in the approach to care management and planning for children and adults. The links below provide webinars and important information that is being developed by the State (e.g. The New York State Department of Health, the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and the Office of Children and Family Services) in consultation with Health Homes, Managed Care Plans, children's advocates and other stakeholders to tailor the Health Home model to better serve children. The State expects to work and collaborate with stakeholders over the next several months to tailor New York's Health Home model for children and anticipates that it will begin to phase in the enrollment of children in Health Homes on January 1, 2016."

The page lists several key resources:

- Health Homes Designated (Contingently) to Serve Children**
  - Designated Children's Health Homes – June 15, 2015 (PDF, 245KB)
  - Designated Children's Health Homes by County – June 15, 2015 (PDF, 330KB)
- Resources for Health Homes Designated (Contingently) to Serve Children**
  - View Resources for Health Homes Designated (Contingently) to Serve Children
- DRAFT Consent Forms and Templates For Health Homes Serving Children**
  - View forms and templates for Health Homes Serving Children
- Children's Health Home Training Webinars and Presentations**

The left sidebar contains a "Medicaid Health Homes" menu with links to various resources. The right sidebar includes a search bar and a "Site Contents" menu with links to various services and programs. The bottom of the page shows a Windows taskbar with various application icons and a system tray showing the time as 7:24 PM on 8/9/2015.



# Delivery System Reform Incentive (DSRIP) Plan



# NYS DSRIP: Key Components

- Key focus on reducing avoidable hospitalizations by 25% over five years
- Statewide initiative open to large public hospital systems and a wide array of safety-net providers.
- Payments are based on performance, on process, and on outcome milestones
- Providers must develop projects based upon a selection of CMS approved projects from each of the domains
- Key theme is collaboration! Communities of eligible providers worked together to develop DSRIP project proposals





# Performing Provider Systems (PPS): Local Partnerships to Transform The Delivery System

## Partners Should Include:

- Hospitals
- Health Homes
- Skilled Nursing Facilities
- Clinics & FQHCs
- Behavioral Health Providers
- Home Care Agencies
- Other Key Stakeholders

## Responsibilities Must Include:



# DSRIP

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/)

MCTAC HCBS Overview, x Delivery System Reform I: x Anne

← → ↻ [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/) ☆ ☰

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**DSRIP Program**  
DSRIP Home  
Draft Project Plan Application  
Medicaid Analytics Performance Portal (MAPP)  
Performance Data  
Webinars & Presentations  
How to Guides  
CMS Official Documents  
FAQs (PDF)  
Value Based Payment Reform (VBP)  
Vital Access Provider Assurance Program

You are Here: [Home Page](#) > [Redesigning New York's Medicaid Program](#) > Delivery System Reform Incentive Payment (DSRIP) Program

## Delivery System Reform Incentive Payment (DSRIP) Program

### Is the text on this page too small?

- Press Control + to enlarge
- Press Control - to decrease size

DSRIP is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

For Providers & Professionals	For Policymakers & Press	Recent Updates
<ul style="list-style-type: none"><li>• Timeline and Guidelines</li><li>• Workstream Information</li><li>• Project Specifications</li><li>• Supporting materials</li><li>• PPS Discussion Boards</li></ul>	<ul style="list-style-type: none"><li>• NYS DSRIP Quarterly Reports</li><li>• About DSRIP program</li><li>• Performance Dashboards</li><li>• Legislation Library</li></ul>	<ul style="list-style-type: none"><li>• Final VBP Roadmap</li><li>• PPS Partner Networks</li><li>• DSRIP Year 1 Timeline</li><li>• Data Security and Information Sharing – July 7, 2015</li><li>• DSRIP Domain 2-4 AV Webinar</li></ul>

**Contact**  
• Questions? Check-out the DSRIP FAQ  
• Email [dsrip@health.ny.gov](mailto:dsrip@health.ny.gov)  
• Share your Ideas on DSRIP - Join the MIX

**Follow Us**

**Search**  
Search Medicaid Redesign:

Windows taskbar: 100% battery, 3:07 PM 8/11/2015



# Changes to the Children's Medicaid Benefit Package



# New State Plan (SPA) Services

- Crisis Intervention
- Community Psychiatric Supports and Treatment (CPST)
- Other Licensed Practitioner
- Psychosocial Rehabilitation Services
- **Family Peer Support Services**
- Youth Peer Advocacy and Training



# Home and Community Based Services (HCBS)

- Care Coordination (only for those ineligible for, or opt out of, Health Home)
- Skill Building
- Family/Caregiver Support Services
- Crisis & Planned Respite
- Prevocational Services
- Supported Employment Services
- Community Advocacy and Support
- Non-Medical Transportation
- Day Habilitation
- Adaptive and Assistive Equipment
- Accessibility Modifications
- Palliative Care



# Timeline for Transition to Managed Care

- The newly proposed Medicaid State Plan services will be implemented as soon as possible pending approval from CMS. Initially fee-for-service and then in Managed Care
- In 2017, currently carved out Medicaid behavioral health services and children in foster care will be moved to Managed Care. January 1, 2017 (NYC and Long Island), July 1, 2017 (Rest of State)
- The existing Home and Community Based Services (HCBS) that are in the 1915c children's Waivers will be aligned to one array of HCBS benefits, pending CMS approval, and will be moved to Managed Care.



# FPSS providers' questions about the impact of Managed Care on their Work....



- How will managed care change the way we provide FPSS services?
- Will there still be '1650' funding?
- What will determine the number of visits we have with a family?
- How do we assess our readiness and capacity?
- Are there things we can do now to get ready?
- Should we be talking to Managed Care Organizations?
  - What does it mean to be a part of a network?
  - Can our small agency do this?
  - How do I find out more about contracting with an MCO?



# Managed Care 101...





# Governor's Vision for Medicaid Reform

“It is of compelling public importance that the State conduct a fundamental restructuring of its Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure.”

*- Governor Andrew Cuomo, January 5, 2011*

## EXPECTED OUTCOMES:

- Improved Health Status
- Improved Quality of Care
  - Reduced Costs
- Care Management for All



# Medicaid Expenditures: 2013



**\$49.1 billion**

# Managed Care

- An integrated system that **manages health services** for an enrolled population rather than simply providing or paying for the services
- Managed Care Organizations contract with providers to deliver a set of services (based on their qualifications).



# Why is Care Managed?

- To **improve service quality** by establishing treatment guidelines based on research with a focus on outcomes
- **Improve the experience of care** and satisfaction
- Increase **accountability**
- To improve **coordination of care**
- Prioritize wellness and **prevention**
- **Improve population health**
- **Focus on value and cost-benefit**



# Managed Care: Key Terms

- MCO (Managed Care Organization)
- Care Coordinator
- Provider network
- Medical Necessity
- Utilization management and review
- Prior Approval/Authorization
- Benefit Package
- Revenue Cycle Management
- Outcomes/Value Based Care
- Capitation
- Financial Risk
- Credentialing



# MCTAC On-line Glossary

Glossary | MCTAC

glossary.mctac.org

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WHAT WE DO | PROVIDER READINESS | GET THE RIGHT TOOLS | LEARNING COMMUNITIES | EVENTS | NEWS

Top Acronyms

Glossary of Terms

Managed Care Language Guide

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# Different Managed Care Products:

- Managed Medicaid
- Child Health Plus
- Private/Commercial
- Exchange/Affordable Care Act (ACA)
- Self Pay/Sliding Scale
- Managed Medicare



# How Does Managed Care Work

- State and Managed Care Organization (MCO) agree to a contract, which lays out benefits, limitations and rules.
- The MCO contracts with providers to deliver services. These providers are referred to as ‘network providers’ because they are in the MCO’s network of contracted providers.
- Managed Care contracts sets rates, limitations and rules.
- Children/Families (referred by Managed Care as Members) are referred to providers that have signed contracts (in-network providers) to provide specific services in the benefits package.





# How Does Managed Care Work (continued)

- Providers will work with the MCO to determine if the child is eligible and meets medical necessity requirements.
- Providers will have to follow utilization management procedures and may be required to obtain prior authorization.
- Members who use a lot of services are assigned a care manager within the MCO.



# How Does Managed Care Work (continued)

- Providers submit bills to Managed Care
- Managed Care reviews bills to ensure that they are within contracted services and authorized
- Managed Care pays or denies bills (“claims”)
- Quality and Compliance audits are conducted by Managed Care
- Revenue Cycle Management refers to the procedures an organization adopts to manage and track claims through these steps.



# Determining Service Provision and Payment

YES

- Member?
- Service Included?
- Medically Necessary?
- Authorization?
- MCO Network?

The answers to all of the above questions must be “**YES**” if the service is to be paid for by the MCO



# Value-Based Care

The switch to value-based reimbursement is a big change from the traditional model of healthcare reimbursement.

Instead of providers being paid by the number of visits or services they provide (fee-for-service), their payments are now based on the value and outcomes of care they deliver (value-based care).



# What is the value of FPSS?

- Outreach and Engagement
- Reduce hospitalization and length of stay
- Reduce emergency room use
- Increase HEDIS Scores
  - 7 Day Post Hospitalization Follow Up
  - Medication Refill Rates
- Increase 'adherence' to plan
- Enhance wellness
- Increase in quality indicators
- Promote community support



# Questions for your FPSS Transition Team?

- Is our agency going to become a Medicaid Provider of FPSS?
- Have we looked at the results of our Managed Care Readiness Assessment? What steps do we need to take to get ready?
- What is the value of our FPSS services? What are our outcomes? How do we communicate that?
- How can FPSS help other network providers achieve their outcomes? Who are some new potential partners we can meet with?



# Next Steps

- Create a team** to focus on your transition to managed care. If your FPSS program is part of a larger agency, collaborate with your agency's team.
- Complete the **managed care readiness assessment** and participate actively in MCTAC and CTAC activities.
- Be proactive**, network with colleagues, ask questions!
- Focus on quality!** Understand, assess, improve, and monitor your organization's services, outcomes, family experience, business practices, and financial performance. Review your data!







# Managed Care Key Concepts for FPSS Providers Part 2 Focus

- Consider how you can demonstrate desired outcomes /value
- Consider some of the changes your agency may need to make to adapt to managed care.
- Understand the infrastructure needed to become a Medicaid service provider

Respond to your questions



# Managed Care Technical Assistance Center (MCTAC)

[www.mctac.org](http://www.mctac.org)

# Community Technical Assistance Center (CTAC)

[www.ctacny.com](http://www.ctacny.com)



# Thank you!

