Medicaid’s Integration Efforts

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Areas of Focus

• Health Homes

• Integrated Care Models

• Shared Savings
Health Home Provision

Section 2703 adds to the Social Security Act to allow States to elect the health home option under their Medicaid State plan.

Health Home benefit provides a comprehensive system of care coordination for Medicaid individuals with chronic conditions.

Health Home providers will coordinate all primary, acute, behavioral health and long term services and supports to treat the “whole-person”.
Goals for Health Homes

- improved quality of care/outcomes;
- improved experience of care for beneficiaries;
- reduction in hospital admissions and readmissions;
- reduction in ER use;
- less reliance on LTC facilities and
- reduction in overall health care costs.
Chronic Conditions in 2703

• The *chronic conditions* listed in statute include:
  – mental health condition,
  – substance abuse disorder,
  – asthma,
  – diabetes,
  – heart disease, and
  – being overweight (as evidenced by a BMI of > 25).

• Through Secretarial authority, States may add other chronic conditions in their State Plan Amendment for review and approval.
As of October 2014, 16 states have a total of 30 approved Medicaid health home State Plan Amendments.

| States with Approved Health Home SPAs (number of approved SPAs) | Alabama, Idaho, Iowa (6), Kansas, Maine (2), Maryland, Missouri (2), New York (4), North Carolina, Ohio, Oregon, Rhode Island (3), South Dakota, Vermont (2), Washington (2), Wisconsin |

**Note:** The map visually represents the states with approved Medicaid health home State Plan Amendments.
Health Home Focused Strategies

1. **Serious Mental Illness** -- Focused adding primary care to BH providers
   - Missouri SMI - CMHCs
   - Ohio - CMHCs
   - Rhode Island SMI –CMHC
   - Kansas  SMI-CMHCs

2. **Broad Chronic Illness** -- Focused PCMH practice transformation:
   - Idaho
   - Iowa PCMH
   - Missouri PCMH
   - North Carolina
   - Oregon
   - Alabama
   - Maine

3. **Broad Chronic Illness and SMI** --- Focused building specialty providers:
   - New York
   - Washington State

4. **Targeted Condition** (one condition and at risk of another)
   - Wisconsin (HIV/AIDS)
   - Vermont (opioid focused)
Key Considerations

• Engage stakeholders early and often
• Build relationships with community partners
• Educate providers and other stakeholders
• Leverage existing resources
• Ensure accountability
• Provider requirements/standards
• Consider initial start up costs
• Health Information technology - communication
Key Themes / Lessons Learned

• States are leveraging existing programs and systems
• Building new relationships for coordination and integration of physical & behavioral health (FQHCs/CMHCs)
• Program variation among States – not a one-size fits all
• States continuing provider education and training – new approach to care
• Adding additional Chronic Conditions (i.e. HIV/AIDS, DD, SED)
• States are using providers that typically serve the population targeted
• States focus health homes primarily on adults, although children must have access. One HH program specifically focused on children with a designated provider that only serves children.
Challenges

• Serving both Children and Adults
• Defining a Role for Targeted Case Management
• Identifying, Engaging, and Enrolling Beneficiaries
• Practice transformation/ provider education
• Coordinating with Managed Care Organizations
• Integrating Health Information Technology
• Maintaining a Continuum of Care and Seamless Care Transitions
• Transitioning from Individual-based Model of Care to Population-based Model Care
Integrated Care Models

• Almost two years of policies re: creating integrated care models
• More of a vestige of managed care—needed to provide states with some tools re: FFS
• Introduced a new state plan option to pay for quality improvement in FFS programs without a waiver
State Plan Option

• Use authority under PCCM program to offer coordinating, locating and monitoring activities

• Can reimburse providers on a PMPM per month and /or create quality incentive payments through shared savings

• Options to reimburse for what:
  – a provider does—set of activities or
  – improvements in practice behaviors.
Participating States

• Approved:
  – Arkansas
  – Louisiana
  – Maine
  – Michigan
  – Minnesota
Additional Information

Health Homes information can be found on Medicaid.gov

Health Homes State Medicaid Director Letter:
http://www.medicaid.gov/SMDL/SMD/list.asp

Health Home SMD on HH Core Set of Quality Measures:

Health Home Technical Specifications for HH Core Set of Quality Measures:
Additional Information

Integrated Care Model information can be found on Medicaid.gov
