

# HEALTHY CONNECTIONS PROGRAM

Primary Care For Idaho Medicaid Participants



# TODAY'S TOPICS

- ❖ Healthy Connections Today
  - ❖ Policy Overview
  - ❖ Recap Patient Centered Medical Home (PCMH) Phase I
- ❖ Healthy Connections Tomorrow
  - ❖ Fixed Enrollments
  - ❖ Provider Portal
  - ❖ Shared Savings Program Options
- ❖ Contact Information

# REFERRAL POLICY REMINDERS

- ❖ Services that do not require a Healthy Connections referral can be found in the provider handbook.
  - ❖ Complete list of services can be found under section *2.5.5.5 Services not requiring an HC PCP Referral*
- ❖ HC referrals can be provided by any of the following methods (*Provider Handbook 2.5.5.3, Method of Referral*):
  - ❖ Electronic referral- Online via Molina HealthPas portal
  - ❖ HC clinic Electronic Medical Record (EMR)
  - ❖ Paper referral
  - ❖ Verbal- PCP/Specialist to document verbal referral
  - ❖ Admit Order
- ❖ Importance of checking members Medicaid Eligibility

## REFERRAL POLICY REMINDERS

- ❖ Appropriate follow up communication for services referred by a PCP are critical for effective care coordination and patient safety
  - ❖ *General Provider and Participant Information- 2.5.5.1 General Guidelines*
- ❖ Referrals for members *not* established shall be furnished by PCP promptly and without compromise to quality of care and access to care
  - ❖ *HC Coordinated Care Provider Agreement, Obligations of Provider 2.1*
- ❖ Diagnose & Treat referrals can be passed on to another provider to treat the original condition
  - ❖ *To include all core requirements*

# WHAT IS PCMH

- ❖ Patient Centered Medical Home (PCMH) is a team based healthcare delivery model with goals of:
  - ❖ Improving access to care
  - ❖ Improving health outcomes
  - ❖ Increase patient and provider satisfaction (more engaged patients)
  - ❖ Reduce costs
- ❖ PCMH practices transform how they do business to organize care around the whole patient (*Meeting both primary and social health needs*)
- ❖ PCMH model is foundation to implementing Healthy Connections Tier Program 2016

# HEALTHY CONNECTIONS TIERS/NETWORKS

- ❖ **Tier I: Healthy Connections-** Limited PMPM to reflect the minimal care coordination needs of patients.
- ❖ **Tier II: Healthy Connections Access Plus-** For providers with minimal care coordination and enhanced access to care.
- ❖ **Tier III: Healthy Connections Care Management-** For providers with some patient centered medical home capabilities.
- ❖ **Tier IV: Healthy Connections Medical Home-** For providers with advanced patient centered medical home capabilities.
  - ❖ Further information can be found at: [www.healthyconnections.idaho.gov](http://www.healthyconnections.idaho.gov) & Information Release MA16-02

## HC PMPM PAYMENT PER TIER

	Tier I	Tier II	Tier III	Tier IV
Medicaid Plan:	Healthy Connections	Healthy Connections Access Plus	Healthy Connections Care Management	Healthy Connections Medical Home
Basic Plan participants:	\$2.50	\$3.00	\$7.00	\$9.50
Enhanced Plan Participants:	\$3.00	\$3.50	\$7.50	\$10.00
<b>Annual PMPM \$17 Million</b>				

## SUCCESS OF PCMH PHASE I – FOUNDATION FOR PHASE II

### ❖ Accomplishments:

- ❖ Advanced Tiers – 257 Clinics (technical & financial incentive)
- ❖ Increase number nationally recognized PCMH clinics
  - ❖ 26 during Phase I
  - ❖ 100 currently in process
  - ❖ To date 94 of 494 recognized
- ❖ Patients enrolled in clinics offering Care Coordination model – 132,836 or 56%
- ❖ Improved Care Coordination Resource - Idaho Health Data Exchange (IHDE)
  - ❖ Access to real time data
  - ❖ Statewide data analytics system to measure, report and move towards value-based reimbursement



# HEALTHY CONNECTIONS VALUE CARE PAYMENT REFORM – PHASE II

- **Medicaid Fee For Service Payment Model Today**
  - How we pay for care strongly influences how care is delivered
  - Current fee-for-service system pays providers when they do more - but there is little connection to quality and cost effectiveness
- **GOAL PHASE II – Transition to Value Based Care**
  - Delivers better care for patients, better health for communities and lower costs to Idaho
  - Mechanism to transition - Payment Reform
    - Implement a new payment system to reward quality and cost effectiveness
    - Participating providers will receive annual lump sum payments - if quality metrics are met and costs are managed

# HEALTHY CONNECTIONS VALUE CARE TIMELINE

- August 2018
  - Implementation Provider Portal
- January 2019
  - Implementation of Fixed Member Enrollment Process
  - Implementation Healthy Connections Shared Savings Program
  - Implementation Healthy Connections Medicaid ACO Program

# NEW HEALTHY CONNECTIONS FIXED ENROLLMENT PROCESS

- ❖ Annual Fixed Enrollment
  - ❖ Aligns with the PCMH model of care in supporting long-term patient/provider relationships
- ❖ The key components:
  - ❖ New to Medicaid- 90 day grace period to change PCP
  - ❖ Thereafter- change allowed only during Annual Enrollment Period
    - ❖ October 15<sup>th</sup>- December 7<sup>th</sup>
  - ❖ Members allowed to change PCP, outside of annual enrollment period, only under *special circumstances*
  - ❖ Providers allowed to dis-enroll members as allowed per federal rules
- ❖ Enrollment will always start the *first of the next month*

# PROVIDER PORTAL

- ❖ Healthy Connections is implementing a Physician Performance Assessment (PPA) Portal designed to:
  - ❖ Assist HC providers to move toward value based care by providing critical quality and cost data
  - ❖ Displays cost and quality data for national measures based on HC provider claims
  - ❖ Important for providers to keep Molina Provider Maintenance updated with organization information to receive accurate data on portal

# PROVIDER PORTAL TIMELINE

## ❖ June 2018

- ❖ Healthy Connections Provider Pilot testing

## ❖ August 2018

- ❖ Medicaid Newsletter portal article
- ❖ Healthy Connections Providers notified of enrollment process
- ❖ WebEx Training
- ❖ Go Live

# HEALTHY CONNECTIONS SHARED SAVINGS PROGRAM

- ❖ Builds on Healthy Connections PCMH Tier Program
- ❖ Dept. intent to share savings when PCP's improve quality and control costs
- ❖ No risk arrangement
- ❖ Minimum number of attributed members required to participate - 1,000

# THE FUTURE OF HEALTHY CONNECTIONS ACCOUNTABLE CARE ORGANIZATIONS (ACO)

- ❖ What is an ACO?
  - ❖ ACO's are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high quality care to their Medicaid patients
  - ❖ The ACO model directly ties payments to outcomes and the providers abilities to deliver care in an efficient manner
- ❖ Idaho Medicaid wanted to be part of the solution & help shape the future of health care
  - ❖ By participating early, may be able to shape the approach
  - ❖ Preparing for alternate payment model

IT'S ABOUT CULTURE CHANGE!





# CONTACT INFORMATION

Region		
1	1120 Ironwood, Suite 102 Coeur d' Alene, ID 83814	208-666-6766 800-299-6766
2	1118 F St. PO Drawer B Lewiston, ID 83501	208-799-5088 800-799-5088
3 & 4	1720 Westgate Dr, Suite B Boise, ID 83704	208-642-7006 208-334-4676 800-494-4133 800-354-2574
5	601 Poleline Rd Twin Falls, ID 83301	208-736-4793 800-897-4929
6	1090 Hiline Pocatello, ID 83201	208-235-2927 800-284-7857
7	150 Shoup Ave Idaho Falls, ID 83402	208-528-5786 800-919-9945
Healthy Connections	Phone: 888-528-5861 Fax: 888-532-0014	Email: <a href="mailto:hccr7@dhw.idaho.gov">hccr7@dhw.idaho.gov</a> Website: <a href="http://www.healthyconnections.idaho.gov">www.healthyconnections.idaho.gov</a>
QI Specialists	Regions 1 & 2 208-665-8846 Regions 3, 4 & 5 208-334-0842	Region 6 208-235-2927 Region 7 208-528-5786