Healthy Connections

Primary Care For Idaho Medicaid Participants

Today's Topics

- ❖ Coordinated Care Agreement & Re-contracting
  - ❖ Fixed Enrollment
  - ❖ Referral Policy Overview
  - ❖ No Referral- Urgent Care
  - ❖ Compliance Process
  - ❖ Roster Changes
  - ❖ MMCP/IMP
  - ❖ HC Value Care
- ❖ Provider Performance Data
  - ❖ Contact Information

HC Coordinated Care Agreement (CCA)

❖ HC will start re-contracting with updated CCA, later 2019

❖ Strengthening policy requirements & compliance on timely access to care, provider dismissals, member dis-enrollments, and provider maintenance (upkeeping demographics, renderings, etc.)

❖ 24/7 after hour coverage

    ❖ HC expectations for 24/7 compliance are a member can reach an on call medical professional (MD, DO, NP, PA & RN or Nurse Hotline)

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:
  - ❖ Enrollment to a *new* HC Service Location initiates a 90-day grace period to change PCP
  - ❖ Thereafter- change allowed only during Annual Enrollment Period
  - ❖ Members allowed to change PCP, outside of annual enrollment period, under *special circumstances*
  - ❖ Providers only allowed to dis-enroll members as allowed per federal rules
- ❖ Enrollments will be effective the date the enrollment is approved

Fixed Enrollment

- ❖ Who can request a change in enrollment?
  - ❖ Member, HOH, Guardian, etc.
  - ❖ PCPs can **only** submit a request for change with a <u>completed and signed enrollment form by member or an authorized representative</u>
- ❖ Some changes may require documentation from the member to be verified by the Department
  - ❖ Special Circumstances
  - ❖ Closed panel clinics – clinics will need to authorize enrollment

Fixed Enrollment

❖ When will changes in enrollment be effective?

  ❖ All change requests must be approved by Healthy Connections staff based on change criteria and submitted documentation by member

  ❖ All changes in enrollment will be effective the date the enrollment is approved

❖ IMPORTANT- ALWAYS VERIFY ELIGIBILITY AND OBTAIN A REFERRAL IF NOT THE PCP OF RECORD

  ❖ Immediate processing to change a member's enrollment will no longer be automatic as change requests may require research by the HC staff

  ❖ Submission of a change request is no guarantee of approval

Fixed Enrollment & Auto Assigns

- ❖ If clinic accepts Auto Assignments (AA), member has not established care AND requesting referral to specialist, it is recommended to provide "one time" referral to ensure access to care
  - ❖ Failure to provide one time referral may inhibit access to care
    - ❖ To allow for continuity of care with specialist until care can be established with PCP
  - ❖ Refer to roster to determine if member was a mandatory assignment
  - ❖ HC Providers accepting AA have been receiving ongoing HC Case Management and are responsible to provide referrals for timely access to care per Coordinated Care Agreement

Referral policy reminders

- ❖ Importance of checking members Medicaid Eligibility
- ❖ 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.*5.4.5 Services not requiring an HC PCP Referral*
- ❖ HC referrals can be provided by any of the following methods *(Provider Handbook 2.5.4.3, Method of Referral):*
  - ❖ Electronic referral- Online via DXC Technology portal (preferred method)
  - ❖ HC clinic Electronic Medical Record (EMR)
  - ❖ Paper referral
  - ❖ Verbal- PCP & Specialist to document verbal referral
  - ❖ Admit Order (from PCP)

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- 2.5.4.1 General Guidelines*

❖ Recommend referrals for members *not* established be furnished by PCP promptly and without compromise to quality of care and access to care

    ❖ *HC Coordinated Care Provider Agreement, Obligations of Provider (Section 2.1)*

❖ Diagnose & Treat referrals can be passed on to another provider to treat the original condition

    ❖ *To include all core requirements*

Referral Submissions

Figure 3-72: View & Submit Referrals
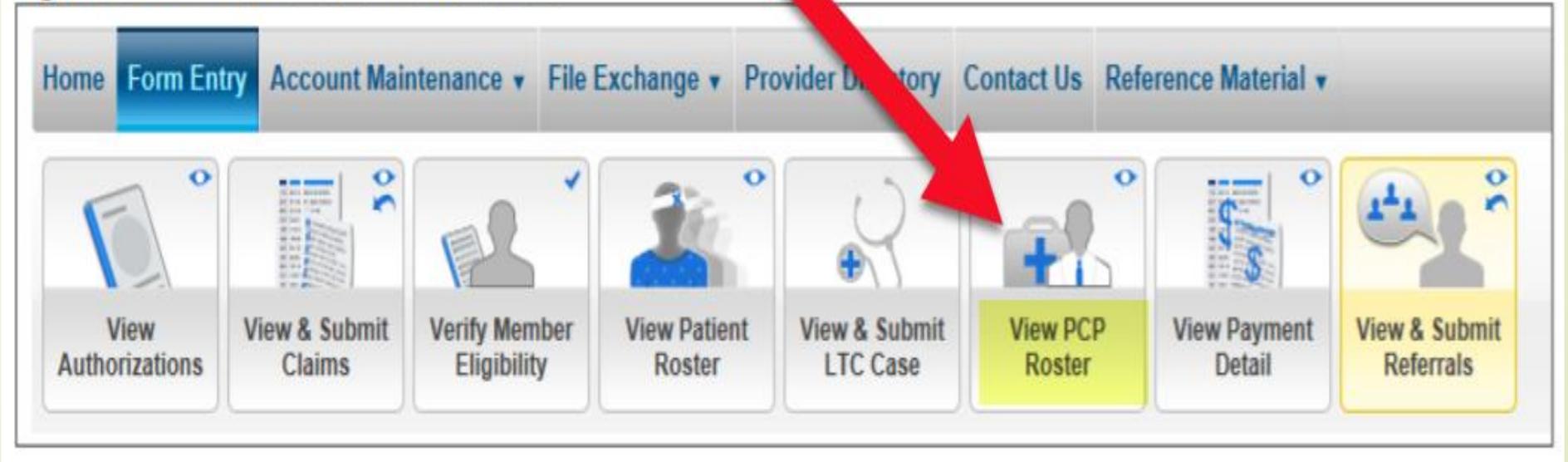
Urgent care- no referrals

❖ Effective July 1, 2019 Healthy Connection referrals will no longer be required for members to access Urgent Care centers.

❖ Urgent Care centers fill the gap between emergency rooms and primary care clinics by offering walk-in care and extended hours.

❖ Urgent Care centers can supplement a PCPs health care services by:

  ❖ Accepting overflow volume when the practice is at capacity

  ❖ Providing walk-in coverage when the Primary Care practice is closed

  ❖ Providing services not typically offered at the Primary Care practice, such as x-rays, lab testing, and medical procedures such as suturing and casting

  ❖ Referring patients with chronic illnesses to the Primary Care provider

Urgent Care Centers

❖ The following parameters must be met to be considered an Urgent Care center *with no Healthy Connections referral required:*

　❖ Evaluate and treat a broad spectrum of illness and injury

　❖ Walk-in appointments are the primary scheduling model

　❖ Posted hours of operation include: Open at least 1-hr daily outside the standard 8am-5pm weekdays & open a minimum 4-hours on weekends

　❖ Primary healthcare delivery model is Urgent Care (not Primary Care)

　❖ Clearly be identified as an Urgent Care center both physically and in marketing material

Urgent Care Centers

❖ In addition, Urgent Care centers are required to:

  ❖ Communicate the visit summary directly to the patient's HC PCP within three (3) days of the visit. At a minimum, this shall include:

    ❖ Facts & Findings

    ❖ Prescriptions and/or DME ordered

    ❖ Other pertinent healthcare information

  ❖ Direct the patient to their HC PCP

    ❖ For ongoing treatment or coordination of chronic/complex conditions

    ❖ When secondary or specialty care is needed

    ❖ For those seeking wellness services

  ❖ Educate patients when urgent care is appropriate

Compliance Process

- ❖ 24/7 coverage- Access to a medical professional for medical questions and/or referrals

- ❖ Provider Maintenance-must keep provider record current & notify DXC of *any changes in their record,* within 30 days of the date of change, *including but not limited to:*

  - ❖ The addition or removal of any providers

  - ❖ Address changes

  - ❖ Hours of operation for the primary care clinic

  - ❖ Clinic closures

- ❖ Referral compliance- Failure to communicate findings with the PCP may result in services considered non-covered and subject to recoupment. *(provider handbook- General Guidelines 2.5.4.1* ***Medicaid Providers Receiving Referrals****)*

TIER III AND IV COMPLIANCE

❖ Quality Improvement and Quality Assurance efforts maintain forward progress

❖ No QA changes to Tier I & II clinics

❖ Tier III clinics

   ❖ Complete the Healthy Connections PCMH Tracker bi-annually until recognized

   ❖ Mirrors the NCQA recognition process

❖ Tier IV clinics

   ❖ Bi-annual reporting on current PDSAs falling under one of the eight change concepts of PCMH

   ❖ Selected by organization, based upon their own directives and priorities

Roster Changes

- ❖ **Dynamic Roster-** New fields added to the *exportable* online PCP roster
  - ❖ Phone Number
  - ❖ Address
  - ❖ City
  - ❖ State
  - ❖ Zip
  - ❖ Head of Household
  - ❖ Enrollment Indicator (Mandatory or Voluntary)
- ❖ **Payment Roster-** Report has been modified to serve as the HC Case Management Payment report. Specific member demographic information has been removed & can now be found on the HC dynamic online PCP roster (exportable listing).
- ❖ To view changes, follow the directions in the *Trading Partner Account (TPA) User Guide*

MMCP/IMP & Healthy Connections

- ❖ Once enrolled with MMCP or IMP – members are dis-enrolled from HC

- ❖ PCPs no longer responsible for HC referrals and will not receive a HC PMPM

- ❖ Disenrollment from HC does not change Medicaid eligibility and benefits

- ❖ More questions?

  - ❖ Contact MMCP/IMP program or Blue Cross/Molina Healthcare

Healthy Connections Value Care Payment Reform

❖ **Medicaid Fee For Service Payment Model Today**

  ❖ Current fee-for-service system pays providers when they do more- but there is little connections to quality and cost effectiveness

  ❖ Current payment model not sustainable- last year's Medicaid budget exceeded $2.4 billion and next year's is forecast to exceed $2.5 billion

❖ **PAYMENT REFORM- Transition to Healthy Connections Value Care**

  ❖ HCVC is a value and risk based reimbursement model with a yearend settlement payment based on financial and quality performance

  ❖ Goal- Work together under a provider/led collaborative model to improve quality and control costs

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Value Care Reform

❖ PAYMENT REFORM- Two Models

  ❖ **Accountable Primary Care Organizations:** Primary-care clinic providers who improve total cost of care and quality performance for their attributed Medicaid patients can earn shared savings, or are held accountable for a level of risk

  ❖ **Accountable Hospital Care Organizations:** An integrated network of providers that includes an acute care hospital serving large numbers of Medicaid patients who improve total cost of care and quality performance can earn a portion of shared savings, or are held accountable for a level of risk.

❖ HCVC Program under development

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 DXC Provider Maintenance updated with organization information to receive accurate data on portal
- ❖ Intend to launch in the near future
  - ❖ For providers interested in participating in HCVC Program, Quality and Cost data reports will be available through HC Representative in the future

Contact Information

Region		
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