



A Year of Opportunities & Challenges: Briefing from the National Association of Medicaid Directors (NAMD)



Speakers

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- **Ken Lalime**, *Community Health Center Association of Connecticut*
- **Kate McEvoy**, *Connecticut Department of Social Services*
- **Cheri Rinehart**, *Pennsylvania Association of Community Health Centers*
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Dianne Hasselman, MSPH

Deputy Executive Director (NAMD)

Connecticut

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Kate McEvoy



What is the FQHC – Medicaid Relationship?

Attributes of Connecticut structure:

- Medicaid program does not use capitated managed care contracts – state is self-insured, designs and implements statewide care delivery and payment reform strategies, and assumes financial risk
- Medicaid and CHIP are now serving almost 900,000 Medicaid members
- 17 health centers have over 400,000 attributed patients – 1 in every 9 CT residents
- Health Centers are performing extensive outreach and engagement functions
- Critical support in hard-to-reach populations
- in support of COVID 19 testing, vaccine administration and ongoing primary care
 - Working partnership has produced over 200,000 COVID 19 tests and Vaccination volume continues to expand
- Communication is frequent, with the right people in the room
- Medicaid and PCA are participating in state-level committees:
 - Future direction for delivering innovative primary care programs
 - Statewide cost-growth benchmark and goal for primary care investment

Graphic View of Medicaid Reform Agenda

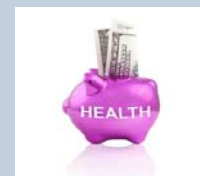
On a foundation of



Preventive services
and PCMH



ASO-based Intensive
Care Management



Pay-for-Performance
(PCMH, OB)



Data analytics/
risk stratification

we have built in



Community-based
care coordination through
expanded care teams
(health homes, PCMH+)



Supports for social determinants
(transition/tenancy sustaining
services, connections with
community-based organizations)



Value-based payment
approaches
(PCMH+ and other)

with the desired
structural result of
creating



Multi-disciplinary (medical,
behavioral health, dental
services; social supports)
health neighborhoods

What's going on? What's coming up?

Collaborations:

- Patient Centered Medical Home + program (PCMH +)
 - Alternative Payment Model developed by the Department of Social Services (DSS) with input from FQHC's
 - Up front pmpm supplemental payment for enhanced care coordination activities
 - Upside-only shared savings opportunity with quality and cost considerations
- Practice Transformation Network (PTN)
 - CMMI grant program held by CHCACT (PCA) to Enhance Quality and prepare Health Centers for Alternative Payment Models
 - Leveraged with collaboration with DSS
- E-Consults and other TeleHealth initiatives

What are the ongoing challenges?

➤ Trust

- Long history of differences of opinion and perspective
- Current administration of both organizations actively changing culture
- Transparency is significantly shifting the curve

➤ Data

- Development of “Single Source of Truth” data warehouse could be a game changer
 - PCA collects “Clinical Encounter Data” (as part of Health Center Controlled Network (HCCN))
 - DSS administers fully integrated, statewide set of claims data and pushes claims data reports, hospital Admissions/Discharge/Transfer data, and clinical data to primary care practices
 - Coordination of “Crosswalk” of UDS vs HEDIS data sets

➤ Budget and continued access to capital

What are you most excited about?

Achievements and Opportunities:

- During its last full performance year (January 1, 2018 to December 31, 2019; second, two-year cycle), **PCMH+**:
 - included 14 Participating Entities (9 health centers and 5 Advanced Networks)
 - served 130,760 HUSKY Health members, who were attributed based on their selection of PMCH+ practices
 - demonstrated significant improvement in results on the following measures:
 - Behavioral Health Screening 1-17 (21.0% improvement)
 - Developmental Screening in the First Three Years of Life (7.7% improvement)
 - Postpartum Care (25.3% improvement)
 - Produced credible savings of \$8.2 m. in CY2018 and \$14.6 m. in CY2019
 - Made shared savings payments to providers of \$5,529,777 in CY2018 and \$9,138,789 in CY2019
- Effective uses of data transformed into information and incorporated into the care delivery process
- Value-Based Insurance Design (VBID) and Alternative Payment Models



Cheri Rinehart, PACHC
Sally Kozak, PA DHS

What is the FQHC – Medicaid Relationship?

Attributes of Pennsylvania structure:

- Pennsylvania has statewide mandatory Medicaid managed care – 97% in an MCO
- Medicaid serves 3.2 million individuals, a 13% increase since February 2020
- 50 health centers serve more than 917,000 Pennsylvanians– 1 in every 14 PA residents
- We work to make sure our relationship works
 - Our joint mission to improve access to affordable, quality care for the most vulnerable, focus on whole person care and drive to improve health equity are key
 - We make time for and are available to one another and have open and respectful discussions
 - We recognize and respect our individual roles
 - We jointly explore options and alternatives

What's Working?

- PPS
 - Up to 4 visits per day – medical, dental, behavioral and vision
- Medicaid Enrollment
 - Cut the processing time for provider enrollment down from 6-8 months to around 2 weeks
 - Special expediting process for FQHCs
 - Partnership on MCO credentialing benchmark compliance
- Behavioral Health Eligible Provider Expansion
 - Licensed Professional Counselors and Licensed Marriage & Family Therapists
- APM
 - OB
 - MCO Payment at PPS

What's not yet quite working?

- Wraparound Reconciliation
- MCO Credentialing Timeframes
- Behavioral Health Compliance with APM

What excites us most as we look to the future?

- Whole Person Focus
 - Resource & Referral Tool
- Regional Accountable Health Councils (RAHCs)
 - Focus on Health Disparities and Health Equity Zones (HEZs) - areas of high burden of disease and demographics with high levels of disparities
 - Forum for regional strategic health planning and coordination of community-wide efforts to improve health outcomes across each region in the state
- Connecting People to Care
- Fine-tuning Telehealth Access Policy

Questions and Answers



**Monkey
says thanks
for
listening!**