



Welcome to TIM TALK's: Business Acumen

"The Role of Accreditation as a CBO Business Strategy Option"

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The Role of Accreditation as a CBO Business Strategy Option

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Managed Medicaid Key Issues

- Increasingly States are adopting Managed Medicaid waivers
- Managed Medicaid and Managed Long-Term Services and Supports (MLTSS) impacts some of the most vulnerable residents
- Medicaid benefits managed by a third party MCO
 - Personal Care
 - Home-delivered meals
 - Transportation
 - Nursing home care



Benefit to the State and MCO

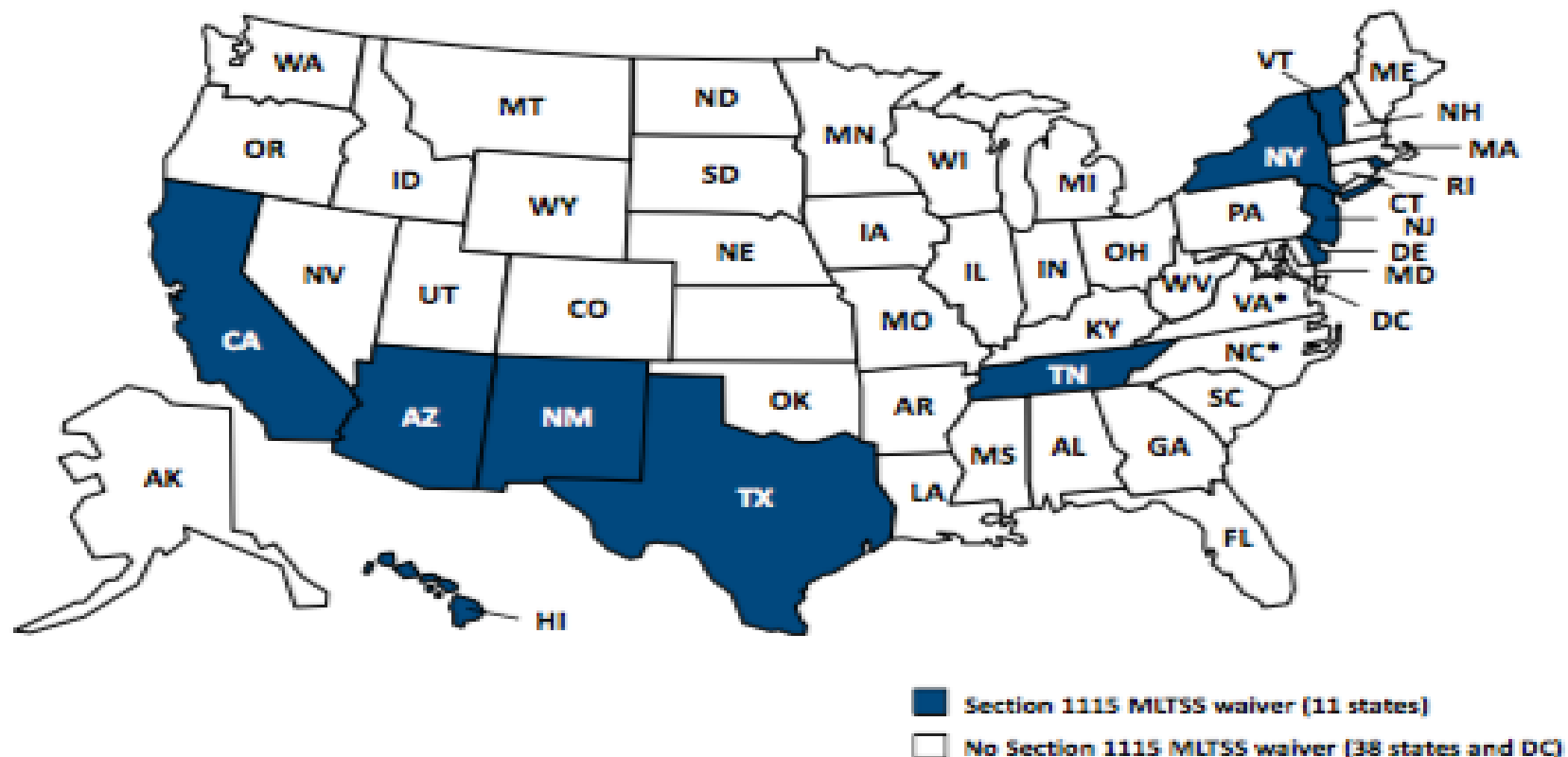
- States
 - Medicaid is the nation's largest payer of long-term services and supports
 - States seek to leverage capitated financing arrangements to achieve key objectives
 - Improve coordination of care
 - Promote HCBS over institutional care
 - Provide person-centered, high-quality care
- MCO
 - Financial incentive to manage a high-risk population
 - Rewarded with shifting from institution to community



MLTSS in 2016

Figure 1

States with Medicaid Section 1115 Capitated MLTSS Waivers, 2016



NOTE: Some states are implementing MLTSS through another authority.

SOURCE: KFF analysis of waiver special terms and conditions.

NASUAD MLTSS Tracker

MLTSS Programs - 2017



What's happening in your State?

- <http://www.nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker>



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NASUAD > State Medicaid Integration Tracker

State Medicaid Integration Tracker

The State Medicaid Integration Tracker® is published each month by the National Association of States United for Aging and Disabilities (NASUAD).

The **State Medicaid Integration Tracker®** focuses on the status of the following state actions:

1. Managed Long Term Services and Supports (MLTSS)
2. State Demonstrations to Integrate Care for Dual Eligible Individuals and other Medicare-Medicaid Coordination Initiatives
3. Other LTSS Reform Activities, including:
 - Balancing Incentive Program
 - Medicaid State Plan Amendments under §1915(i)
 - Community First Choice Option under §1915(k)
 - Medicaid Health Homes

Publications

Friday Update

State Medicaid Integration Tracker

Business Opportunities for the CBO

- The MLTSS population poses the most risk for cost increases and lower quality
- Support the movement from Institutional care to HCBS
- Person-centered care
- Reducing unnecessary admissions and readmissions
- Addressing Social Determinants of Health
- Coordination of community resources to achieve Healthy Aging in Place



Factors Impacting MCO success

- Dual-Eligible and the MLTSS plan
 - *Limited ability to manage Medicare funded utilization that impacts Medicaid spending
 - *Limited capacity to coordinate Medicare/Medicaid & community-based social services
- Impact of Poverty
 - Healthy Lifestyles
 - Medication Adherence (Co-pays, coverage limits)
 - Access to care
- Limited disease self-management capacity
 - Health Literacy
 - Access and utilization of preventive health services



ACCREDITATION & HEALTH PLAN QUALITY REQUIREMENTS



Health Plan Quality Requirements

- Medicare Advantage plans must have an internal quality assurance program
 - Many States have similar requirements for Medicaid plans
- Medicare Advantage plans are deemed to have satisfied the Medicare quality assurance requirements by receiving accreditation and having a periodic review and re-accreditation, from a private organization approved by CMS
 - NCQA
 - URAC
 - Joint Commission



Select List of Accreditation Options that CBOs Can Consider

- NCQA
 - <http://www.ncqa.org>
- URAC
 - <https://www.urac.org>
- Joint Commission
 - <https://www.jointcommission.org>
- CARF
 - <http://www.carf.org/Accreditation>



The Alabama Experience

- As the State of Alabama prepares for MLTSS implementation, the State Unit on Aging Director and the AAA Directors began working together to develop a strategy to support ALL of the AAA's prepare for the change.
- Today, we are highlighting the experience of the AL AAAs as they are one of the first States that developed a Statewide strategy that focuses on supporting all AAAs in the State in seeking accreditation.



Do I Need Accreditation for Contracting?

- We know of AAAs and other CBOs that have secured contracts with and without accreditation
 - If your business development strategy is limited to working directly with physicians and hospitals, and doesn't include managed care contracting, there may be limited benefit in accreditation
 - If you plan to contract with MCOs, now or in the future, you may want to consider accreditation
- Accreditation, is only one of many things that should be considered as part of an overall business development strategy
 - There are no single magic bullets in this business



What should be part of the consideration for choosing an accreditation model?

- Do the plans in your area maintain NCQA accreditation?
 - <http://healthinsuranceratings.ncqa.org>
- For NCQA accredited health plans, an accredited MLTSS plan is required to provide all core services of LTSS case management
- For NCQA accredited health plans, if any element is delegated to another entity, the accredited entity is responsible for providing oversight of the services provided by the third-party
 - Failure of third-party delegated organization, to adhere to NCQA standards, can negatively impact the accreditation status of the accredited entity



When Could I Consider NCQA Accreditation?

- Do I wish to seek contracts, with an NCQA accredited MCO, to provide any service that is part of the required core care accreditation standards?
 - If Yes, then you should consider obtaining accreditation
- How does accreditation improve my ability to secure contracts?
 - Measure of quality of services
 - Assurance that the service provided meets established standards
 - MCO will receive credits towards their accreditation, when they contract with another accredited entity



Resources to Help Prepare for NCQA Accreditation

- <http://pages.ncqa.org/ltssroadmap/>



Download: Roadmap to Success in LTSS

A compilation of resources to guide organizations through meeting
Case Management and Health Plan Standards for LTSS



A Roadmap to Success in LTSS

A compilation of resources to guide organizations through meeting
Case Management and Health Plan Standards for LTSS



States and managed care organizations need assurance that their partners can coordinate care effectively across medical, behavioral and social services and help keep people in their preferred setting—often, their home and community. NCQA has released **Roadmap to Success in LTSS**, a compilation of resources to guide organizations through standards for Long Term Services and Supports (LTSS). NCQA's LTSS programs provide a framework for organizations to deliver efficient, effective person-centered care that meets people's needs, helps keep people in their preferred setting and aligns with state and MCO requirements.

Roadmap to Success in LTSS:

- Helps you understand the accreditation process and standards
- Guides you through the steps of preparing for the accreditation review process
- Provides examples, tools and resources you can use to prepare your organization for the accreditation journey

NCQA Accreditation Programs

- Health Plan Accreditation
- Disease Management
- Case Management
- Case Management for LTSS
- Wellness & Health Promotion
- Accountable Care Organizations
- Managed Behavioral Healthcare Organizations



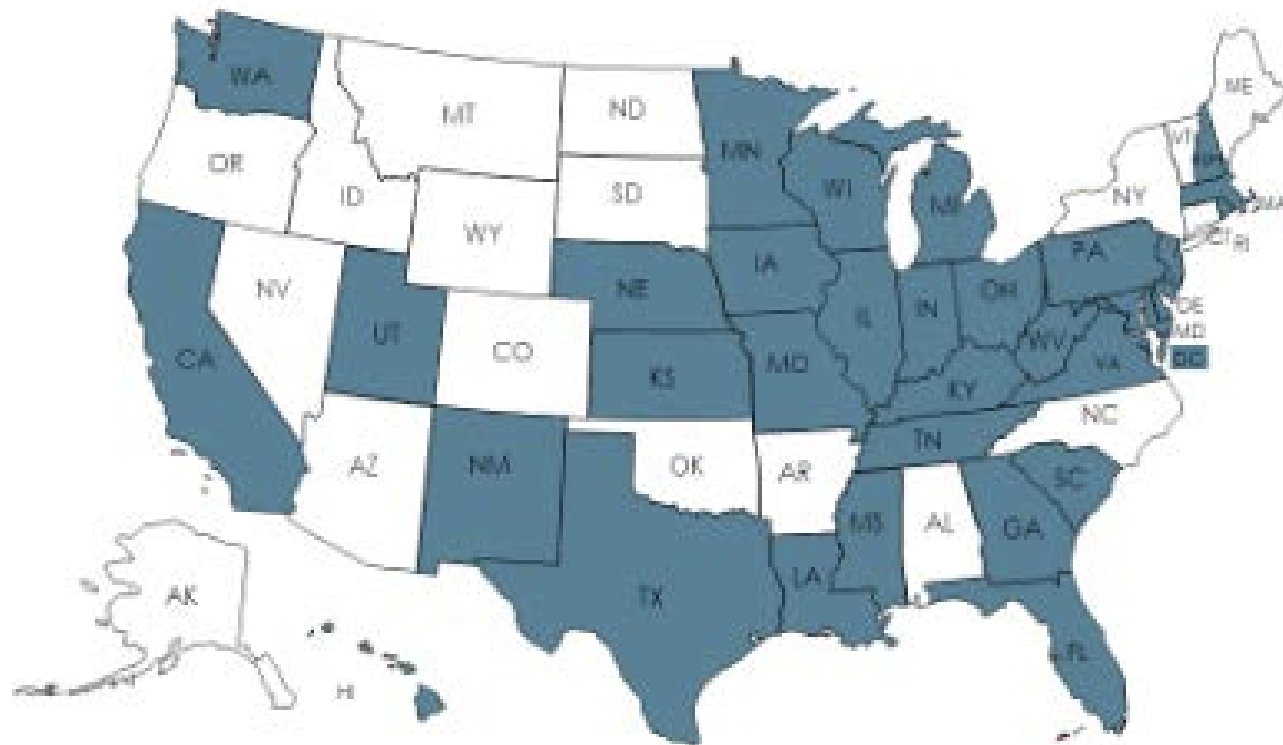
NCQA Case Management for LTSS Standards

1. Program Description
2. Assessment Process
3. Person-Centered Care Planning and Monitoring
- 4. Care Transitions**
5. Measurement and Quality Improvement
6. Staffing, Training and Verification
7. Rights and Responsibilities
8. Delegations of LTSS



States Use of Accreditation

33 States Require or Recognize NCQA Health Plan Accreditation for Medicaid Managed Care (July 2016)



NCQA Quality Measures

- HEDIS
 - Health Effectiveness Data and Information Set
 - HEDIS is the Registered trademark of the National Committee for Quality Assurance (NCQA)
- Tool Used to measure performance of health plans
- 90% of all health insurance plans use HEDIS to measure performance
- LTSS Quality Measures
 - NCQA is working with Mathematica to develop LTSS standards
 - MLTSS Quality Measures will closely align with NCQA accreditation requirements



Guest Panelist

**Torshira Moffett,
MPH
Director, Product
Development
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**Dana G Eidson,
CPA
Executive Director
SARCOA, Area
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**Neal Morrison
Former
Commissioner,
Alabama
Department of
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The background features a collage of financial and medical-themed elements. At the top, there's a red banner with a faint image of a telephone keypad and a line graph. Below this, the main area is white with a large, faint watermark of a grid. Overlaid on the grid are various financial charts: a bar chart labeled 'Spentdown by category', a line graph labeled 'Revenue projection', a pie chart labeled 'Outstanding Equity', and a line graph labeled 'Year-to-date'. In the bottom right corner, there's a prominent graphic of a stethoscope with a large yellow dollar sign (\$) attached to it.

PANEL GUEST QUESTIONS

TORSHIRA MOFFETT, NCQA, MPH

PANEL GUEST QUESTIONS

DANA EIDSON, SARCOA, CPA



PANEL GUEST QUESTIONS

NEAL MORRISON



CONTRACTING IMPLICATIONS



Expressing Your Value Proposition

- Improving quality and reducing costs
 - Capturing clinical quality measures
 - Drive member engagement
- ROI greater than 1 (>1): greater than expected savings
- ROI less than 0 (<0): less than expected savings
- Track and continually reinforce your ROI to the customer



Leading MCOs in the MLTSS Market

- Centene
- United Healthcare
- Amerigroup
- Molina
- Cigna Healthspring
- AmeriHealth



Risks DRIVE the MCO

- It is **CRITICAL** that you determine the risks to the MCO
- Risks will drive the decision making for the MCO
 - What their risks are
 - What population presents the most risk
 - Their ability to manage these risks
 - Your access to the population that presents the most risk
 - Your ability to mitigate risks for the MCO



MLTSS Risks

- Changing utilization patterns
 - Overall reduction in Long-term care facility admissions over time
 - Shift towards HCBS expansion
- Many States are requiring that Medicaid MCOs adopt Value-Based Payment Models that align with Medicare VBP models
 - ACOs
 - Bundled Payment



Skilled Nursing Facility coverage

- Medicare covers the cost of care for SNF care as follows
 - *Avg length of stay in a SNF is 20 days
 - SNF Readmissions likely occur between day 20 - 39

For Days	Medicare Pays for Covered Services	Beneficiary is responsible for the following
1 – 20	Full Cost	Nothing
21 – 100	All but a daily copayment	Daily copayment (2014 = \$152/day)
Beyond 100	Nothing	Full Cost



How Payment Alignment is impacted by MLTSS

- Alignment of MLTSS and Medicare VBP models
 - Some States are now requiring MCOs to establish Medicaid and MLTSS Value-Based Payment models that align with Medicare VBP
 - This will require greater adoption of the following contract types:
 - Bundled Payment
 - ACOs
 - The possibility exists for LTSS ACO Networks that align with Medicare ACOs and Bundled Payment Programs



Alignment of Payment Incentives

- Incentives to reduce Medicare and Medicaid directly impacts providers that serve duals
- Reductions in Medicare costs and Medicaid costs can have a dramatic impact on the overall cost of care
- Medicare
- Medicaid (Medicare Supplemental Coverage)
- Managed Long-Term Services and Supports
 - Medicaid Waiver



Challenge for CBOs

- Understanding how your business brings value to the system
- Determine if Accreditation aligns with your contracting strategy
- Define your value proposition and outline the return on investment (ROI)
- Implement the required culture change to realize the opportunity
- Implement systems to drive change and document your impact



Guest Panelist

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