Integrated Care Resource Center

# Building and Validating LTSS Provider Networks

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The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica Policy Research and the Center for Health Care Strategies.

# Participants

- Carolyn Ingram, Integrated Care Resource Center
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# Agenda

- Welcome, Introductions, and Roll Call
- Key State Considerations
- Building on Existing LTSS Networks: Florida's Experience
- Questions and Discussion

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# Developing "Non-Traditional" LTSS Network Adequacy Requirements

- LTSS network adequacy requirements may differ from traditional primary and acute care
  - Broad mix of providers offer therapeutic, supportive, and ongoing services
  - Non-traditional time/distance standards (e.g., ability to get to an individual's home)
  - Accommodations for individuals with physical disabilities (e.g., NM providers to help make home modifications)
  - Responsiveness to changes in members' service needs (e.g., increasing dementia or mobility limitations)
- States can require plans to incorporate existing LTSS providers into network to ease transitions

# Approaches to MLTSS Provider Network Access Standards

- **Objective measures** relevant to LTSS (e.g., intervals between service request and delivery)
- **Alternative service delivery models**, esp. in rural areas
  - e.g., electronic communication, roving care teams, Native American Community Health Representatives in NM
- **Ensure continuity of care during transition**
  - Out-of-network (e.g., tribal providers in NM)
  - "Any willing provider"
- **Standards reflecting MLTSS provider functions** in lieu of formal credentialing processes
- **Required annual or regular assessments** of member needs to help identify gaps in network coverage

# Mix of Professional Qualifications

- Assorted providers with required licenses or other credentials (e.g., nurses, home health aides) and unlicensed professionals (e.g., transportation, meals)
- CMS guidance recommends standard qualifications, credentialing and training requirements for non-licensed providers
- States can require plans to:
  - Use performance assessments or references for contracting
  - Adhere to applicable requirements for criminal background, abuse registry, other required checks
  - Provide supports in IT, billing, systems operations

# Lessons Learned from Overseeing LTSS Network Development in New Mexico

- Partner with sister agencies (e.g., Aging, Disability and Mental Health) to conduct oversight
- Allow plans flexible approaches to building networks based on capabilities and community ties
- Clearly communicate related contract requirements and other available resources to mitigate providers' concerns
  - Timely and complete provider payments
  - Plan-based incentives and supports such as EMR or billing software, data analytics, care coordination, etc.
- Provide support across critical training efforts
  - Plan-level training on provision of LTSS, person-centered care
  - Provider training on managed care operations
  - Hands-on training for non-traditional providers

# Building & Validating LTSS Networks in Managed Care: Florida's Experience

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Florida Agency for Health Care Administration

Presented at Integrated Care Resource Center Study Hall
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# FL Medicaid Background

- 3.7 million total recipients
- Implemented Statewide Medicaid Managed Care in 2013-14
  - Medical and LTC
- Implemented Managed Long-Term Care (LTC) in six stages over eight months
  - August 2013 - March 2014
  - 1-3 regions per stage

# Managed LTC Program

- 85,000 recipients in nursing facilities & home and community based settings
- Eligibility:
  - Age 65+ or 18-64 and eligible for Medicaid because of disability determination; AND
  - Meet nursing facility level of care
- Seven fully capitated plans selected through competitive bid
- Eleven regions; 2 to 7 plans per region

# Preference for Plans with Networks

- State law required us to give preference to plans with established network of service providers in the region
- Evaluated minimum network adequacy during bid proposal scoring
  - Lesson learned: automate this
- During contract negotiations discussed plans' strategies to remedy areas where networks were not yet adequate

# Used Existing Networks

- Law required plans to offer contracts to providers in the region:
  - Aging service network providers
    - That had billed for HCBS in the past 12 months
  - Nursing facilities
  - Hospices

# Helping Plans

- Posted online the list of qualified aging network providers
- All nursing facilities, hospices already online at http://www.FLHealthFinder.gov
  - Also listed other licensed providers like adult day care, home health, DME

# Validating Networks

- Reviewed signature pages of contracts and licenses (where applicable)
  - Plans uploaded scans to an FTP site for Medicaid staff to review
  - Switched to sending Medicaid teams to plans' offices to review credentialing files
- Lessons learned:
  - Automate as much as possible
  - Time-consuming

# Measures of Success

1. **No services are missed**
2. **No enrollees forced to move from their residence**
3. Providers get paid timely
4. Plans get paid timely

# Measure of Success: Nursing Facilities

- No one had to move from a nursing facility because:
  - Law required every NF to "participate" with all plans in their region
- This could be achieved through a network contract or through single case agreements

# Measure of Success: Assisted Living Facilities

- Law required plans to offer contracts to all ALFs that had been HCBS providers, however:
  - Not all ALFs with eligible enrollees in residence had been HCBS providers
  - Not all ALFs wanted contracts
  - Many ALFs waited to contract until recipients had selected a LTC plan

# ALFs: Special Efforts

- Gave plans lists of ALFs with number of Medicaid LTC enrollees in residence
- Six weeks prior to rollout in a region began weekly calls with plans on progress towards contracting with ALFs
- Master tracking sheet reviewed weekly by management team
- Medicaid staff called or visited ALFs that were not contracted

# ALFs: Special Efforts (con't.)

- If ALF did not contract with a plan or sign a single case agreement to serve their residents, Dept. of Elder Affairs staff counseled the residents:
  - Move to an ALF contracted with their plan
  - Choose a plan with which their ALF was contracted
  - Opt out of LTC program

# ALFs: Results

- No resident of an ALF was forced to move because of the program
- Almost all ALFs signed contracts or single case agreements to serve their residents
- Some residents chose to move or switch plans
- A handful of residents disenrolled

# Continuity of Care

- Medicaid required plans to allow recipients to continue with their current providers
  - For up to 60 days post-enrollment
  - Even if provider was out of network
  - Must pay out of network providers at previous rate
  - Could not require out of network providers to sign a full contract

# Why the Extra Effort Was Worth It

- Seamless implementation
- Minimal “noise”
- Satisfied recipients
- Goals met

# Questions and Discussion

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# Resources

- Centers for Medicare & Medicaid Services. “Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs.” May 2013. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/1115-and-1915b-MLTSS-guidance.pdf
- J. Klebonis and S. Barth. Developing Provider Networks for Medicaid Managed Long-Term Services and Supports Programs: Considerations for States. Center for Health Care Strategies, July 2013. Available at: http://www.chcs.org/resource/developing-provider-networks-for-medicaid-managed-long-term-services-and-supports-programs-considerations-for-states/

# About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees and other Medicaid beneficiaries with high costs and high needs
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: ICRC@chcs.org

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