Building State, Health Plan, and Nursing Facility Relationships in Integrated Medicare-Medicaid Programs

Purpose/Overview

The Integrated Care Resource Center (ICRC) is a national initiative of the Centers for Medicare & Medicaid Services (CMS) to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The ICRC provides frequent opportunities for states working on integrated care initiatives to come together to discuss topics of interest with other states, key stakeholders, and CMS.

This document summarizes an ICRC-led panel discussion on July 7, 2015 about successful approaches to building collaborative working relationships between states, health plans, and nursing facility providers in integrated Medicare-Medicaid programs. Panelists represented a cross-section of stakeholders with a broad range of experience with these programs, from recently-implemented financial alignment demonstrations managing "start-up" issues to programs with more than ten years' experience integrating care for dually eligible beneficiaries and included:

- *Care Providers of Minnesota*: Patti Cullen, President and CEO
- *CareSource*: Anthony Evans, Vice President of Integrated Health; Mark Grippi, Director of Health Partnerships
- *State of Massachusetts*: Ken Smith, Director of Long-Term Services and Supports, Executive Office of Health and Human Services
- *Molina*: Michelle Bentzien-Purrington, Vice President, Managed Long-Term Services and Supports; Carolyn Ingram, Associate Vice President, State Affairs
- *Ohio Health Care Association*, Pete Van Runkle, Executive Director
- *State of Texas*: Marisa Luera, Senior Project Manager; Sylvia Salvato, Nursing Facility Specialist, Texas Health and Human Services Commission

Key Takeaways

As programs shift from a fee-for-service (FFS) to managed platforms that integrated Medicare and Medicaid benefits, states, plans, and providers have had to work together to learn "new ways of doing business." Most of the discussion during this call focused on strategies for effective communication and engagement, which all panelists agreed is critical for establishing a foundation for successfully managing operational and administrative issues that can arise during new programs transitions. Following are key takeaways from the discussion:

1. **Active state leadership supports plans and providers during implementation.** Health plans and providers agreed that active state leadership helps to facilitate plan-provider relationships and guide both parties through programmatic and operational issues during program transition and implementation, particularly in states in which managed care is brand new to providers. Some states require that providers are included in relevant discussions about clinical decisions. For example, at the very start of Massachusetts' Senior Care Options program in 2004, the state required that nursing facilities be brought to the table for residents' care planning meetings to learn from providers' clinical expertise and foster a collaborative environment with health plans. A nursing facility representative noted that Minnesota's early involvement in and oversight of program operations of the Senior Care Options program helped to mitigate potential issues with claims and payment processing. Texas drafted and disseminated educational materials for health plans and providers to prepare them for transitioning nursing facility benefits into managed care in the STAR+PLUS program, such as uniform boiler plate contract requirements to familiarize stakeholders with contract provisions that could affect operations prior to implementation. Texas was able to use these materials to help educate providers about its financial alignment demonstration as well, which launched this year. In addition, staff from Texas' Health and Human Services Commission (HHSC) worked with staff from the Department of Aging and Disability Services (DADS) – the department that regulates nursing homes – to educate nursing home providers about the integrated care program and collect their feedback on program elements.

2. **In-person, multi-stakeholder events improve stakeholder communication.** All panelists reported that forums bringing plans and nursing facilities together to discuss operational challenges have been important to foster trust and a collaborative environment. For example, Medicare-Medicaid Plans (MMPs) participating in Ohio's financial alignment demonstration established a plan/provider collaborative that meets regularly to discuss operations and programmatic issues and educate providers about the demonstration. States have also facilitated similar forums; for example, Texas HHSC led monthly stakeholder meetings and other statewide conferences with health plans, DADS and nursing facilities. A health plan panelist noted that bringing health plan staff with broad expertise – such as claims analysts, and provider network and billing specialists – to these events and other trainings can help to address provider questions. Lastly, health plans noted that they continue to refine communication strategies to explain the benefits of integrated care programs over traditional FFS, such as streamlining care delivery for beneficiaries and reducing administrative burden for providers. Regular meetings create a venue for plans to work with providers on delivering and listening to providers' concerns about their message.

3. **There are opportunities for states and health plans to work with providers to minimize operational challenges.** Providers and health plans described operational challenges they faced post-program launch and approaches that could be taken to minimize these issues. For example, it can be difficult for providers to manage different billing, prior authorization and other administrative procedures in programs that have several contracting health plans. In Ohio, health plans and providers used its plan/provider learning collaborative to compile information from each health plan to help providers better navigate across them. States and health plans described approaches to clarifying prior authorizations requirements and, in some cases, easing certain requirements as providers get up to speed and become more familiar with the system. States can also help health plans explain complex administrative processes to providers; for example, Texas developed inquiry charts and provider web pages for nursing facility providers. A few panelists noted the importance of extensive pre-launch system testing between states, health plans, and providers. One health plan designed its system interface to look similar to the prior FFS system to ease providers' transitions.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The ***Integrated Care Resource Center*** is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided within the ***Integrated Care Resource Center*** are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.