

# ACAP

Association for  
Community Affiliated Plans



Presentation to the CHCS  
Integrated Care Program  
Policy Summit  
December 12, 2007

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The ACAP SNP plans are designed to  
lower costs and increase quality  
through...

- Tailored care management
- Low income social support services
- Coordination of Medicaid and Medicare benefit

## ACAP Mission Statement

- To represent and strengthen not-for-profit, safety net health plans as they work in their communities to improve the health and well being of vulnerable populations.

# Our Principles

## **A**dvocacy

- For public program beneficiaries
- For publicly-sponsored programs
- For providers who serve vulnerable populations
- For expanded access to affordable health care coverage

## **C**are

- Through high quality delivery systems
- Through efficient use of scarce resources
- With dedication to continuous quality improvement

## **A**ccess

- To appropriate services that promote and preserve wellness
- To high quality, culturally competent providers

## **P**ublic Good

- To use public resources in an ethical, socially-responsible manner
- To improve the health of individuals and communities, and thus strengthen the social fabric

## Strategic Priorities

- **Honest Broker** – Position ACAP as an authority on publicly sponsored coverage programs
- **Support for Vulnerable Populations** -- Influence public policy to support continuation and improvement of publicly sponsored health coverage programs, particularly focused on Medicaid managed care
- **Excellence and Accountability** -- Strengthen ACAP members operationally to improve their quality, efficiency and competitiveness.

# 35 Current ACAP Members

## 4.2 M Lives

*Affinity Health Plan*

Alameda Alliance for Health

*AlohaCare*

AmeriHealth Mercy Health Plan

Boston Medical Center HealthNet

*CareOregon*

CareSource

*Colorado Access*

Commonwealth Care Alliance

*Community Choice Health Plan*

*Community Health Network of*

*Connecticut*

*Community Health Plan of Washington*

Children's Mercy Family Health Plan

Contra Costa Health Plan

Crescent Care

Denver Health Medical Plan

*Health Plus*

Health Plan of San Mateo

*Health Right, Inc*

Horizon NJ Health

*Hudson Health Plan*

Keystone Mercy Health Plan

LA Care Health Plan

Maricopa Health Plan

Maryland Community Health Systems\*

MDWise

Mercy Care Plan

Monroe Plan for Medical Care, Inc.

*Neighborhood Health Plan Neighborhood*

*Health Plan of Rhode Island*

Network Health

Prestige Health Choices

Santa Clara Family Health Plan

*Total Care*

University Family Care

Virginia Premier Health Plan, Inc

\*Associate Member

*Plans in Italics are original CHC plans*

# ACAP SNP Support

## ACAP SNP Plans

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Twelve plans offering SNPs as of early 2007

- Affinity Health Plan
- AlohaCare
- CareOregon
- Colorado Access
- Commonwealth Care Alliance
- Community Health Plan of Washington
- Contra Costa Health Plan
- Denver Health Medical Plan
- Health Plan of San Mateo
- Mercy Care
- Neighborhood Health Plan of Rhode Island
- Santa Clara Family Health Plan

- 3 more in 2008; LA Care, Care Source, Virginia Premier
- 2 in 2009; Health Plus, NHP

## ACAP SNP Plan Statistics

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2007 Projected Enrollment

~42,000

2008 Projected Enrollment

~ 100,000

### Size Range

Boutique Plans

~100

Largest Plan

~18,000  
(9<sup>th</sup> largest in US)

ACAP plans also offering MA plans

2 plans

## How ACAP SNP Plans are “Special”

- Purpose of the study is to describe how 6 not-for-profit, Medicaid-focused plans are using the SNP authorization to serve dual eligibles through focused care models.

## Six ACAP Plans Studied

- Affinity Health Plan, NY
- CareOregon, OR
- Community Health Plan, WA
- Denver Medical Health Plan, CO
- Mercy Care, AZ
- Neighborhood Health Plan of Rhode Island, RI

## All Six Plans Invest In...

1. Coordination of the Medicare and Medicaid Benefit
2. Intensive Case Management for High-Risk Members
3. Links to Community Social Services
4. Benefit Design

# **1. Coordination of the Medicare and Medicaid Benefit**

- Actively coordinate Medicaid and Medicare benefits using dedicated plan staff
- Identify needed services, schedule appointments, arrange transportation, counsel members on HCB waiver services
- Regardless of whether plan is capitated for Medicaid for dual eligibles

## **Coordination of the Medicare and Medicaid Benefit: Care Oregon Example**

- CareOregon found that dual eligibles with cognitive impairments found the disparate Medicaid and Medicare coverage, provider networks and administrative processes confusing and an impediment to care.
- The integrated SNP and the care manager can serve as the central point of contact among PCP, specialist, psychiatrist and pharmacist.
- For example when a physician calls with a Rx question or a PCP calls for a psych referral.

## **Coordination of the Medicare and Medicaid Benefit: Care Oregon Results**

- Due to better coordination, plan has already seen a drop in inpatient health care utilization and an increase in outpatient mental health therapy.

## **Coordination of the Medicare and Medicaid Benefit: NHPRI Example**

- NHPRI and BCBSRI formed partnership to create a SNP
- Plans are not capitated for dual eligibles' Medicaid services
- However, NHPRI does coordinate services provided by Medicaid through its care management programs.
- Care managers identify possible Medicaid HCB waiver programs and guide members through the eligibility process.
- NHPRI also helps members recertify for Medicaid eligibility.

## **2. Intensive Case Management for High-Risk Members**

- Protocols to identify high risk members
- Intensive case management programs established using high touch methods
  - Often require more phone calls, visits and contact from the plan than for a non-dual population

# **Intensive Case Management for High-Risk Members: Mercy Care Example**

- Mercy Care identifies high risk members through Itc service use, predictive modeling, self-reported health status and community referrals.
- Highest risk members contacted twice a week by case manager.
- NPs visit patients on site at nursing home, take lab samples and prescribing treatment.
- Case managers make sure that patients keep appointments, obtain preventative care, provide clinical authorizations for hospitalizations and arrange for transportation or DME.

## **Intensive Case Management for High-Risk Members: Mercy Care Results**

- Mercy Care has seen an average 10% reduction in hospital admissions per thousand in its SNP population over the last year.
- Attributed to care management program.

## **3. Links to Community Social Services**

- Look beyond medical needs to other social and community needs that impact health status and costs
- Link members to housing assistance, food needs and home heating programs so beneficiaries can focus on their health care
- Plans use their existing networks in the low income communities

## **Links to Community Social Services: Community Health Plan Example**

- Patient navigator assigned to every 80 SNP members; Case manager also assigned to chronically ill members.
- They help patients determine what benefits they might be eligible for and can provide referrals to 100s of agencies, including food banks, financial assistance, alternative living situations, counseling, household help and other outlets.
- Navigators are embedded in the community so that they know appropriate channels for patients, for example an food bank with rice for Asian members

## **Links to Community Social Services: Community Health Plan Results**

- In May, 2007, patient navigators facilitated 36 appointments for 320 SNP members.
- Facilitated more than 95 referrals to community services.
- Perform 120-150 interventions a month on average.

## **Links to Community Social Services: Affinity Health Plan Example**

- Most Affinity staff live in communities served by the plan and are familiar with community services.
- Maintain a database of community contacts
- Medicare advocate provides information or makes calls on behalf of member to community agencies

## 4. Benefit Design

- Plans use their supplemental dollars to fund enhanced care coordination
  - Assisting with Medicaid applications
  - Ensuring patients can get appointments
  - Assisting with access to community services
- Other services such as dental, vision, transportation

## Benefit Design: Denver Medical Health Plan Example

- Supplemental benefits selected based on provider and member feedback on gaps in coverage
- Up to \$1000 per year in dental care
- Up to \$1500 every three years for hearing aids
- Up to \$100 every two years for eyewear
- Up to ten round trips per year
- Coverage for drugs not covered under Part D

## Key Considerations

- Case Studies show that these plans offer innovative approaches to caring for dual eligibles
- These Plans invest in “high-touch” care models to achieve better patient outcomes and reduce program costs, for both Medicaid and Medicare.

## Key Considerations

- Stronger requirements and criteria may contribute to greater consensus around the role of SNPs in providing services tailored to dual eligibles.
- SNP designation provides an administrative vehicle to set and expect high standards for plans.

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