Technical Assistance Tool | September 2019

# Partnering with Medicaid Managed Care Organizations to Advance Prevention Priorities under CDC's 6|18 Initiative

State Medicaid programs can contract directly with Medicaid managed care organizations (MCOs) to deliver health services to enrollees, with MCOs currently covering 69 percent of all Medicaid enrollees nationally. These organizations and their provider networks can be important partners in the adoption and delivery of the evidence-based interventions included in the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. In particular, MCOs have more flexibility than fee-for-service Medicaid to cover certain health services — including disease management strategies and community-based programs. States are also increasingly providing MCOs financial incentives to improve population health and keep members healthy, further motivating MCOs to invest in evidence-based prevention efforts. MCOs are especially willing to cover prevention benefits when the state presents clear evidence that coverage is associated with improved health outcomes and a positive return-on-investment.

**IN BRIEF**

This document outlines how states can partner with Medicaid managed care organizations (MCOs) to implement evidence-based prevention interventions under the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative for one or more high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. It describes strategies that states can use to engage MCOs to support prevention-related activities, including examples from public health-Medicaid teams that are collaborating to address 6|18 Initiative priorities.

## MCO Engagement Opportunities

MCOs can serve as partners to help states with all three implementation phases of prevention-focused activities under CDC's 6|18 Initiative:[1]

1. **Expanding access to covered benefits for Medicaid enrollees;**
2. **Increasing provider awareness and provision of covered benefits; and**
3. **Improving member utilization of preventive services.**

### 1. Coverage of Benefits for Medicaid Enrollees

Medicaid MCOs generally cover all services included in a state's Medicaid State Plan, although sometimes services are carved out of an MCO contract and provided in a different delivery system (e.g., behavioral health services through a

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Prepaid Health Plan). Beyond the services included in a state plan, Medicaid MCOs have the option to provide additional or enhanced benefits. Given this, they have more flexibility than fee-for-service programs to establish tailored benefit packages aimed at preventing or controlling certain health conditions. States have different options for engaging with MCOs to determine which benefits will be offered, changed, or enhanced under the state's MCO contracts. Opportunities include:

- Updating MCO contract language;
- Assessing and improving coverage under existing contracts; and
- Piloting new programs.

### *Updating MCO contract language*

States can change contract terms for 6|18 Initiative-linked prevention benefits by including specific prevention activities in requests for proposals (RFPs) for new MCO contracts released during the procurement process, or embedding these changes in new/updated MCO contracts that are subsequently awarded. For example, states can specify in an RFP or updated contract that an MCO is encouraged to reimburse for a service not previously covered (e.g., reimbursing for home visits that include asthma environmental screening and supplies). It can also use the contracting process to encourage that all Medicaid enrollees have access to the same comprehensive set of prevention services, regardless of which MCO they are covered by. An opportunity pursued by several states under CDC's 6|18 Initiative was eliminating copays for certain benefits (e.g., tobacco cessation medications) – a policy change that could be incorporated into MCO contracts once changed in the state Medicaid plan.

Another opportunity is to use the contracting process to specify that MCOs will be held accountable for certain quality measures, indicators, or pay for performance metrics, in order to encourage them to provide additional or higher quality services. For example, states could include quality measures related to tobacco use and cessation support, such as NQF0027[2] or NQF0028,[3] in their MCO quality reporting requirements.

### *Assessing and improving coverage under existing contracts*

States can also work cooperatively with MCOs under existing contracts to help identify and address barriers to care. A number of states pursuing 6|18 Initiative interventions — including Michigan, New York, South Carolina, Rhode Island, Minnesota, Indiana, Virginia and New Hampshire — administered benefits surveys to better understand how each Medicaid MCO was providing certain benefits, such as asthma self-management education or tobacco cessation counseling and medications.[4,5] Responses to the surveys helped the states identify concerns or barriers, including access or utilization restrictions (e.g., prior authorization requirements). For example, while Minnesota's nine MCOs covered all of the approved tobacco cessation medications as well as individual and group counseling services, a survey helped assess the variation in the scope and delivery of benefits across MCOs, including limits on days of medication coverage and counseling sessions, existence of prior authorization requirements, and MCO outreach activities.

After analyzing the results of an MCO survey and noting issues such as noncompliance with existing contracts, inconsistencies across plans, or confusion about existing contract terms, states can directly engage with MCOs about how to improve current practices or write guidance memos to provide clarification about which benefits can or should be covered and how. In Minnesota, the survey process revealed that some plans were not in compliance with state

Medicaid laws (e.g., had co-payment requirements) and enabled the state to work with the MCOs to ensure that benefits were being provided appropriately.

### *Piloting new programs*

For prevention services that are not yet included as a state Medicaid benefit, like the National Diabetes Prevention Program (DPP), piloting interventions with one or a few MCOs can be a way to test delivery and effectiveness of a potential new service. This can help states refine how to define or deliver a new prevention service. By testing programs like an asthma home-visiting service[6], and encouraging MCOs to invest in pilots, states can gain MCO buy-in. They can also obtain data to calculate return on investment (ROI) and develop a business case for future reimbursement by Medicaid and/or MCOs.[7,8] Pennsylvania Medicaid MCOs are conducting a contractually required pilot program to develop and implement diabetes prevention programs, including the National DPP lifestyle change program.[9] This pilot is enabling Pennsylvania's Medicaid program to test processes and build an infrastructure to support the National DPP across the state, and work toward the eventual goal of full Medicaid coverage for the program.

## 2. Provider Provision of or Referral to Services

MCOs have numerous channels for communicating with their provider networks to encourage implementation of prevention-related activities. Provider implementation can take different forms, such as clinics directly providing and billing for prevention services (e.g., cessation counseling) or primary care physicians referring patients to 6|18 Initiative-related programs or benefits (e.g., tobacco quitlines). Potential MCO communication channels with providers include: provider bulletins; web portals; contracts with providers; and provider relations staff. States can work with MCOs to leverage these existing channels to get the word out about new or changed benefits, training opportunities, resources, evidence-based treatments, management guidelines, and incentive programs. States can consult with their MCO contract liaisons for determining how the state can best support provider outreach.

Additional opportunities to engage providers in 6|18 Initiative-focused prevention activities via Medicaid MCOs include:

- **Performance improvement projects (PIPs):** Medicaid-contracted MCOs and their providers are required to participate in performance improvement projects (PIPs). States can either collaborate with MCOs to design PIPs, or require specific PIPs, that aim to identify and address access barriers to benefits, or promote the coverage, utilization, and/or quality of prevention services related to 6|18 priorities. States may also benefit from reviewing External Quality Review Organization reports on MCOs' PIPs to monitor the performance of health plans, including the validation and assessment of PIPs.[10]
- **Trainings**: Public health staff can conduct trainings to educate MCO staff about a condition/disease and recommended prevention and treatment guidelines that are part of the CDC's 6|18 interventions, which in turn can be communicated to provider networks.
- **Financial incentives**: States can encourage or require MCOs to link provider financial incentives to 6|18 Initiative-related processes or outcomes, thereby enhancing providers' roles in connecting patients to covered prevention benefits. MCOs may have existing provider incentives or value-based purchasing (VBP) strategies to reward providers for delivering high quality care. In such instances, states can work with their MCOs to tailor VBP approaches to include a particular 6|18 Initiative health conditions or interventions.[11] While VBP arrangements can be voluntary or mandatory for MCOs and their providers, they offer an opportunity to align MCO and state priorities and messages for providers with practice-based incentives. For

example, Massachusetts integrated its 6|18 Initiative tobacco cessation efforts with its state accountable care organization (ACO) program by including a quality metric for the percentage of ACO-attributed members screened for tobacco use and tobacco users who received cessation counseling. CMS is available to consult with states interested in integrating incentives into MCO contracts.

### 3. Member Utilization of Preventive Services

MCOs have existing direct communication channels with their members. By working closely with the MCOs, states can take advantage of these channels to promote new or changed benefits to members, or educate them about existing benefits. Opportunities include promoting the benefits in member newsletters or welcome packets, providing digital resources through portals, participating in community outreach events, tapping into MCO disease management or wellness programs, and leveraging MCO outreach to potential new members.

State teams can also obtain useful information from MCOs about their members. For example, de-identified MCO call center logs, or reports, can provide valuable insight into member issues. States can also leverage available claims data resources, such as an All Payer Claims Database (APCD), if available, and/or Medicaid claims or encounter data, to understand how utilization of services varies across MCOs. Minnesota has analyzed its APCD to gain insights on provider tobacco cessation prescription and counseling patterns for Medicaid beneficiaries who smoke. States can define and track utilization measures regularly to assess the impact of a 6|18 Initiative intervention on access to and use of a particular benefit or program.[12]

## Tips for MCO Engagement

Below are recommendations for states to consider in partnering with MCOs to implement CDC's 6|18 Initiative interventions.

1. ***Focus on the issues, not pre-determined solutions.*** It is beneficial to facilitate interactions with MCOs as a partnership and not a "top-down" relationship, particularly because of the state's role as both a purchaser and regulator of MCOs. While the state Medicaid agency, as the contract holder, has authority over MCOs, a partnership model recognizes the expertise of MCOs by basing discussions on state-identified issues or problems and soliciting MCOs for their ideas about the viability of potential solutions. Incorporating MCO suggestions is especially critical in Medicaid's MCO contracting process to clearly establish expectations for coverage and delivery of prevention benefits. An approach, for example, could be for Medicaid to use CAHPS or claims data to support an observation it would like to raise with the MCO. Instead of the state Medicaid agency suggesting that an MCO should remove all copays for tobacco cessation medications despite copays still being in the state plan, it could note that the state has observed — through member feedback surveys and utilization data analyses — that members are not accessing certain tobacco cessation medications easily. The state could then present some potential solutions gathered from other states or the MCOs themselves, and engage them about potentially feasible options.

2. ***Ensure public health and Medicaid aligned priorities are clearly communicated as "state" priorities.*** The CDC's 6|18 Initiative encourages state Medicaid and public health agencies to work together to establish clear, statewide priorities around population health and coverage concerns. Clearly communicating these as both public health and Medicaid priorities sends a unified message to MCOs, as well as to providers, that Medicaid as a purchaser and public health as a regulator have shared goals.

3. ***Engage multiple MCOs.*** When planning an MCO engagement approach, it is best to facilitate discussion of issues and solutions with multiple MCOs to avoid triggering anti-trust concerns. In Georgia, Medicaid and public health recognized an opportunity to improve Care Management Organizations' (CMO) knowledge of pediatric asthma control issues, including the disease burden, associated costs, and recommended prevention and treatment guidelines. In response, the public health team joined regularly scheduled Medicaid-CMO meetings and conducted trainings on asthma self-management education and healthy home assessments with CMO staff, providing a value-added service as the state prepared to expand asthma intervention pilots with select CMOs. Bringing both Medicaid and public health to the table for these types of MCO meetings is another good practice.

4. ***Develop a communications strategy***. States participating in CDC's 6|18 Initiative have used various communication tactics and tools to engage MCOs. For example, Rhode Island invited an associate medical director from one of the MCOs to join the 6|18 team and participate in technical assistance calls and convenings. The state also included MCO contract liaisons in state meetings and discussions. Multiple states hold routine meetings between Medicaid and MCOs to share information and issues. To ensure that members' voices are heard, states can set up consumer advisory committees and request member representatives from each MCO.

5. ***Tailor messaging.*** States can help facilitate engagement efforts by "speaking the same language" as MCOs. In communicating with MCOs about consumers, for example, it is important for states to use the same terms that MCOs use, such as "member," "customer," or "enrollee" and not "beneficiary." Similarly, when presenting a business case to MCOs for coverage of a particular benefit, states might seek to include MCO-specific ROI data and discuss how coverage may impact the MCO's particular utilization rates and costs.

## ADVANCING IMPLEMENTATION OF THE CDC'S 6|18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of partners, is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. The CDC's 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.

## ENDNOTES

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[12] Center for Health Care Strategies. "Monitoring Progress and Outcomes in the CDC's 6|18 Initiative." June 2018. Available at: https://www.618resources.chcs.org/wp-content/uploads/2018/05/Monitoring-Progress-and-Outcomes-in-618_050718.pdf