

PRIDE PLAN PROFILE

UCare

Expanding access to community-based substance use disorder treatment.

UCare, an independent, not-for-profit health plan, was established in 1984 by the Department of Family Practice and Community Health at the University of Minnesota Medical School. While UCare does not employ any of the providers that serve its members, its primary care roots are still evident. Members are encouraged to select a primary care practice that will provide the care coordination activities so vital to individuals with complex care needs. UCare provides health coverage and services to more than 406,000 members in Minnesota.

UCare offers two products for dually eligible beneficiaries:

1. UCare’s Minnesota Senior Health Options, a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP), for beneficiaries age 65 and over; and
2. UCare Connect + Medicare, a Dual Eligible Special Needs Plan (D-SNP) for Minnesota’s Special Needs BasicCare (SNBC) program, which enrolls beneficiaries with disabilities under age 65.

Quick Facts: UCare

- **Tax status:** Not-for-profit
- **Integration model:**¹ FIDE SNP, D-SNP
- **FIDE SNP enrollment:** 12,328
- **D-SNP enrollment:** 1,970
- **Service areas:** FIDE SNP, 66 of 87 counties in Minnesota; D-SNP, 11 of 87 counties in Minnesota

Delivery System Partner: Hennepin County Health and Human Services Department

UCare will be working with the Hennepin County Health and Human Services Department (Hennepin County), which is a major provider of health and social services in Minneapolis and surrounding areas, and the operator of the only non-private detox center in the county. In the first half of 2017, 113 UCare enrollees were treated by the detox center – representing 20 percent of the center’s publicly insured admissions.

Partnership Focus

UCare and Hennepin County seek to develop a withdrawal management service model for dually eligible members and Medicaid members with disabilities. This model will provide more integrated and coordinated withdrawal management services to meaningfully improve members’ experience of care while reducing avoidable emergency department (ED) use and hospitalizations.

PRIDE Promoting Integrated Care for Dual Eligibles

The *Promoting Integrated Care for Dual Eligible (PRIDE)* initiative, supported by The Commonwealth Fund and led by the Center for Health Care Strategies, is a learning collaborative of nine leading health plans to advance promising approaches to integrating Medicare and Medicaid services for dually eligible individuals.

This profile series highlights the leading-edge plans participating in *PRIDE* and how they are working with delivery system partners on specific initiatives to advance innovative care management practices for dually eligible populations.

Additionally, the partnership hopes to reduce the use of other high-cost crisis services, while better connecting members to community-based services for all behavioral health needs.

Description of the Planned Project

Hennepin County is densely populated and has a service-rich environment, but services for individuals with mental illness and chemical dependency are fragmented. In Minnesota, in-patient medical detoxification for drug or alcohol poisoning, including overdose, is a Medicaid-covered benefit paid for by UCare. If individuals need medical detoxification but do not require an in-patient stay, they can be treated in a community-based detox center, paid for through Minnesota's Consolidated Chemical Dependency Treatment Fund. Other services related to detoxification, such as medical care and medications, are covered by Medicaid and paid by UCare. Non-medical detoxification services are primarily funded through a county-based system and are not covered by Medicaid.

UCare and Hennepin County seek to treat plan members who need chemical dependency services in the most appropriate setting. In an earlier project that began in May 2018, UCare provided a grant to Hennepin Healthcare (formerly Hennepin County Medical Center) to embed Licensed Drug and Alcohol Counselors (LDAC) in its emergency department. This effort will take several months to staff, but when it is fully operational, the LDACs will screen and triage individuals and refer them to the most appropriate setting for treatment, which could range from a community-based detox center to an inpatient setting.

For the current project, UCare and Hennepin County will improve the quality of community-based detoxification services by using the American Society of Addiction Medicine criteria² and providing an enhanced level of care planning and transition services. Beginning in July 2018, individuals at the Hennepin County detox center who receive detoxification and support services for at least one day work with providers to develop a community-based, comprehensive plan of care. Other services include: primary care screening/assessment; withdrawal management services; residential mental health crisis services; care coordination; peer recovery support; and discharge/transfer planning to facilitate placement in the least intensive community-based environment.

The primary measure of the initiative's success is a reduction in the use of acute care services for substance use disorders (SUD). Specific performance measures include:

1. Percentage of members offered vs. enrolled in this care option;
2. Percentage of members who complete withdrawal management services through the detox center; and
3. Reduction in use of acute care services (inpatient and ED) for SUD services by enrolled members.

Through these two efforts, UCare seeks to divert members from the ED to community-based providers who can develop comprehensive care plans that holistically address members' needs including social determinants of health.

One challenge that UCare faces in implementing this partnership is accessing data on detoxification services provided to its members. *Confidentiality of Substance Use Disorder Patient Records*, Title 42 CFR Part 2, limits the circumstances under which information about an individual's substance use treatment may be disclosed by providers, even with a member's consent. These restrictions make it difficult for the detox center to share data with UCare for the purposes of care management and quality assurance. Ideally, UCare would like data on: (1) which of its members are being treated; (2) the community-based services to which members are being referred; and (3) whether members are following up on these referrals. This initiative may help to highlight promising practices in care delivery for health plan members using substance use treatment services.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

¹ Managed care plans can be used to promote the integration of care for dually eligible beneficiaries. The Medicaid-Medicare Plans (MMPs) operating under the Financial Alignment Initiative demonstrations are highly integrated models that combine Medicare and Medicaid services, administrative functions, and financing. Dual Eligible Special Needs Plans (D-SNPs) are specialized Medicare Advantage plans that must contract with the Medicaid agency in the states in which they operate, and seek to provide enrollees with a coordinated Medicare and Medicaid benefit package. When D-SNPs are aligned with Medicaid managed long-term services and support (MLTSS) plans, they can attain a higher degree of integration than D-SNPs operating alone. Fully Integrated D-SNPs (FIDE SNPs) are a type of D-SNP created to promote the full integration and coordination of Medicare and Medicaid benefits — primary and acute care and LTSS — and financing of services, for dually eligible beneficiaries.

² American Society of Addiction Medicine. “The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.” October 2013. Available at: <https://www.asam.org/resources/the-asam-criteria>.