Working with Medicaid Managed Care Organizations to Ensure Equitable Access to Advanced Primary Care

June 2, 2022, 3:00-4:00 PM ET

Part of CHCS’ *Strengthening Primary Care through Medicaid Managed Care* learning series.

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Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Agenda

• Welcome & Introductions
• Ensuring Equitable Access to Primary Care
• Supporting Advanced Primary Care Models that Promote Equity
• Advancing Health Equity & Primary Care Goals at MassHealth
• Audience Q&A
• Wrap Up
Welcome & Introductions
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs.

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.
Core Features of Advanced Primary Care and Levers to Drive Uptake and Spread

- Enhance Team-Based Care
- Use Technology to Improve Access
- Integrate Behavioral Health Care
- Identify and Address Social Needs
- Engage Communities and Achieve Health Equity
- Promote Accountability for MCOs
- Move to Value-Based Payment in Primary Care
- Setting Primary Care Delivery Standards
- Monitor Primary Care Spending and Investment
Advancing Primary Care Innovation in Medicaid Managed Care: A Toolkit for States

For implementation considerations, state examples, and sample managed care contract language, access the toolkit at: www.chcs.org/primary-care-innovation.
Accountability Mechanisms in Medicaid Managed Care

• Incentive and withhold arrangements
• Rate adjustments
• Liquidated damages and penalties
• Auto-assignment
• State directed payments
• Community reinvestment
• Deep dive on:
  → MCO expenditures relating to health-related social needs
Today’s Presenters

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MassHealth
Ensuring Equitable Access to Primary Care

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Primary Care and Health Equity in Medicaid Managed Care

Sara Rosenbaum, JD
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Medicaid Managed Care Contract Projects and Essential Provider Study

Commonwealth Fund: How States Are Using Comprehensive Medicaid Managed Care to Strengthen and Improve Primary Health Care
Arnold Ventures: Family Planning and Medicaid Managed Care Integration
Commonwealth Fund: Medicaid and Safety-Net Providers: An Essential Health Equity Partnership
Health Affairs: Building Community-Oriented Medicaid Managed Care In Texas And Beyond

Methods:
- Analyses of State Medicaid Managed Care Model Contracts for 2019 (Primary Care) and 2020 (Family Planning)
- Interviews with State Medicaid officials (Primary Care and Family Planning); Providers (Primary Care and Family Planning), and MCOs (Family Planning)

1 https://www.commonwealthfund.org/medicaid-managed-care-database/
4 https://www.healthaffairs.org/do/10.1377/forefront.20220106.169006
Key Findings from Primary Care Study

- Primary care is central to all contracts but states vary widely in the details of coverage, care, and performance incentives and measurement.

- Reflecting standard contracting practices and federal rules, certain aspects of health care are universally addressed (e.g., cultural competence, travel time, travel distance). Other aspects, such as performance measurement, vary widely (e.g., only 24/40 states use performance to measure auto-enrollment).

- Substantial variance among and within state contracts regarding specificity versus contractor discretion. State leaders point to multiple factors that influence their approach: on-the-ground health care conditions, population health needs and priorities, procurement rules, state priorities, cost, and recognition of industry capabilities and limitations.
Family Planning Study Findings

- All states recognize family planning as a core managed care element despite 1981 “freedom-of-choice” carve-out
- Ambiguity in federal guidelines likely leads to uncertainty in scope of family planning – family planning versus family planning “related”
- In-network status is the norm for key family planning providers whether comprehensive (community health centers) or specialized family-planning only providers
- Few contracts direct plans to provide comprehensive information about freedom of choice
- Ambiguity in definitions of primary care and family planning related services
  - Health plans by and large perceive family planning as a key element of primary care
  - CMS’s longstanding distinction between family planning and family planning-related services has caused confusion
- Few contracts specified family planning-related access or network capability standards
- States grapple with performance standards, which are at an early stage
Key Findings from Essential Provider Study

• Safety net providers foundational to managed care: community health centers; Title X family planning; community mental health centers;

• Challenges:
  – Contracts that only selectively purchase safety net services
  – Payment models that fail to recognize health equity component that reflects safety net providers as community health system anchors, rather than simply patient-based payment incentives
Policy Recommendations

• Family planning:
  – Freedom of choice is a key safeguard and a clear definition of family planning is essential to performance, payment, and value-based care. Freedom of choice as a key element of member information
  – Provide clear federal guidance on the scope of family planning services. Align the federal definition of family planning services with the federal statute and eliminate the distinction between family planning and “related” services at least for STD treatment, HPV vaccination, and HIV assessment and counseling
  – Clear limits on utilization management are needed, especially prior authorization for out-of-network care
  – Consider payment reforms that encourage innovation in the accessibility and quality of family planning services

• Safety net provider contracting
  – Contracts that cover all covered services, not only selected services
  – Community health equity incentive, not just incentive payments tied to individual patient care
  – Invest in safety net modernization, especially management of financial risk and health information modernization
Supporting Advanced Primary Care Models that Promote Equity

Sarah Coombs, National Partnership for Women & Families
Advancing Health Equity and Primary Care Goals at MassHealth

Martha Farlow, MassHealth
MassHealth: Prioritizing Primary Care and Health Equity in Managed Medicaid
MassHealth’s Current Delivery System Reform: Overview

MassHealth’s current 1115 demonstration (2017-2022) was designed to restructure the delivery system toward integrated, value-based and accountable care.

Key goals and reforms

- Enact payment and delivery system reforms that promote integrated, coordinated care; and hold providers accountable for the quality and total cost of care.

- Significant re-structuring of MassHealth delivery system:
  - Launched MassHealth ACO program in 2018 with accountability for cost, quality, and member experience.
  - 17 of the state’s biggest provider systems became ACOs, enrolled >80% of eligible members.

- Established sustainable safety net hospital funding structure tied to ACO performance and preserved near-universal coverage.
MassHealth’s Current Delivery System Reform: Primary Care and Health Equity Highlights

- **Attribution is based on primary care enrollment**, empowering PCPs in plan negotiations

- **Strengthened member connection to primary care** - PCP visits increased 2% from 2018-2019, and were 12% higher for ACOs than non-ACOs

- Participation of nearly all FQHCs in the state, and creation of an **FQHC-based ACO** (Community Care Cooperative)

- **Improved clinical quality** - scores were high and increased in 2018-2019 on a significant majority of measures

- Risk-adjustment methodology that **accounts for social complexity/risk in ACO/MCO rates**, shifting dollars towards plans and providers that care for members with more challenging social determinants of health

- **Creation of the Flexible Services program**, wherein ACOs partner with social service organizations to provide housing and nutritional supports
Planned Delivery System Reform for MassHealth

MassHealth is currently negotiating a 1115 demonstration extension (for 2022-2027), and is re-procuring its ACO program, with a renewed focus on health equity. Goals for MassHealth’s 1115 extension include:

1. **Continue the path of restructuring and reaffirming accountable, value-based care** – increasing expectations for how ACOs improve care and trend management, and refining the model

2. **Make reforms and investments in Primary Care, Behavioral Health, and pediatric care** that expand access and move the delivery system away from siloed, fee-for-service health care

3. **Advance health equity**, with a focus on initiatives addressing health related social needs (HRSNs) and specific disparities, including maternal health and health care for justice-involved individuals;

4. **Sustainably support the Commonwealth’s safety net**, including level, predictable funding for safety net providers, with a continued linkage to accountable care

5. **Maintain near-universal coverage** including updates to eligibility policies to support coverage and equity.
Planned Delivery System Reform for MassHealth: Primary Care Highlights

Implement payment reform
- Change primary care payment from fee-for-service to risk-adjusted, prospective capitation

Change how care is delivered in practices
- Support practices to implement integrated, team-based primary care
- Incentivize focus on:
  - population health
  - behavioral health integration
  - children, youth, & families
  - health-related social needs
  - delivery system improvements

Improve population-level health outcomes
- Catalyze progress towards improved outcomes:
  - Incentivize team-based, integrated primary care
  - Enable flexibility to "provide the right care, at the right time, in the right location"
  - Improve member experience
  - Improve provider experience
Planned Delivery System Reform for MassHealth: Health Equity Highlights

• Creating **Health Equity Incentive payments** for ACOs (~1% of total cost of care), holding ACOs/MCOs accountable for:
  1. Health equity strategic planning / community engagement
  2. Strengthening data collection for race, ethnicity, language, disability, sexual orientation, and gender identity
  3. Identifying / reporting on health disparities across attributed population
  4. Closing gaps in health outcomes

• Continuing and refining **Flexible Services program** to enhance expectations and requirements of ACOs, including:
  • Improved focus on children
  • Increased % of attributed population served

• Introducing new community supports benefits for **members at risk of or experiencing homelessness**

• Provide MassHealth coverage for eligible individuals 30 days prior to release from jails and prisons, and transition supports to **improve health outcomes for justice-involved population** post release
Question & Answer
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