

# Managed Care Organization 101:

## *North Central ACH*

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Presented jointly by Amerigroup Washington, Community Health Plan of Washington, Coordinated Care, Molina Healthcare of Washington and UnitedHealthcare

# What is Medicaid Managed Care?

- Managed Care is a health care delivery system organized to manage cost, utilization, and clinical and service quality.
- By contracting with Managed Care Health Plans (MCOs), states can reduce Medicaid costs and better manage utilization of health services.
- MCO contracts with the State Medicaid Agency are profit-limited contracts.
- MCOs strive to reinvest cost savings through shared savings programs and provider partnerships.
- Improvement in health plan performance, health care quality, and outcomes are key objectives of Medicaid managed care.

# Medicaid Managed Care in Washington Today

- 1.6 million Washingtonians enrolled in Apple Health (Medicaid) and approximately 98% are enrolled in managed care
- The five MCOs are Amerigroup, Community Health Plan of Washington, Coordinated Care, Molina Healthcare of Washington and UnitedHealthcare
- MCOs are contracted with the state to deliver Medicaid State Plan Services (physical health and mild to moderate mental health services) to Medicaid beneficiaries
- In SW Washington, Fully Integrated Managed Care (FIMC) went live on 4-1-2016, with the full continuum of physical and behavioral health services within one contract. CHPW and Molina are the 2 FIMC MCOs in SW.
- The North Central Region is currently moving towards FIMC and is expected to go live January 1, 2018.

# Role of MCOs in Washington

- MCOs provide coordinated care through a defined network of health care systems and providers.
- The MCO role goes far beyond paying medical claims and authorizing services...MCOs emphasize care for the Whole Person today by investing significant time and resources toward:
  - Health Promotion, & Wellness
  - Building & Maintaining Provider Networks
  - Engaging & Partnering with Communities
  - Assuring Clinical and Service Quality
  - Monitoring & Maintaining Compliance & Program Integrity
  - Facilitating Care Management, and
  - Proactively identifying individual & population health needs

# Benefits/Services/Provider Types

Current (Apple Health Contract) Medicaid MCO Covered Services	Future (FIMC Contract) Medicaid MCO Covered Services**
Primary Care	Primary Care
Specialty Services (e.g. - Cardiology, Podiatry)	Specialty Services (e.g. - Cardiology, Podiatry)
Pharmacy	Pharmacy
Emergency Department	Emergency Department
Urgent Care	Urgent Care
Inpatient Care	Inpatient Care
Mild/Moderate Mental Health	Mental Health Treatment
	Substance Use Treatment
	Inpatient Behavioral Health

\*\* MCOs also cover Non-Medicaid Wrap Around Services & Behavioral Health Services for BHSO Medicaid Clients

# Building Provider Networks

- Contract with providers to ensure the availability of a sufficient number and type of providers within a required distance to meet the diverse needs of the members
- Networks are routinely monitored to ensure Access & Availability standards are maintained
- To engage providers, most MCOs offer a continuum of payment approaches including value based models for provider partners to provide opportunities to share savings and be rewarded for high quality care

# Contracting and Credentialing

## Contracting

- Each MCO has contracting reps to individually work with providers
- Build the contract that works for the provider and their services

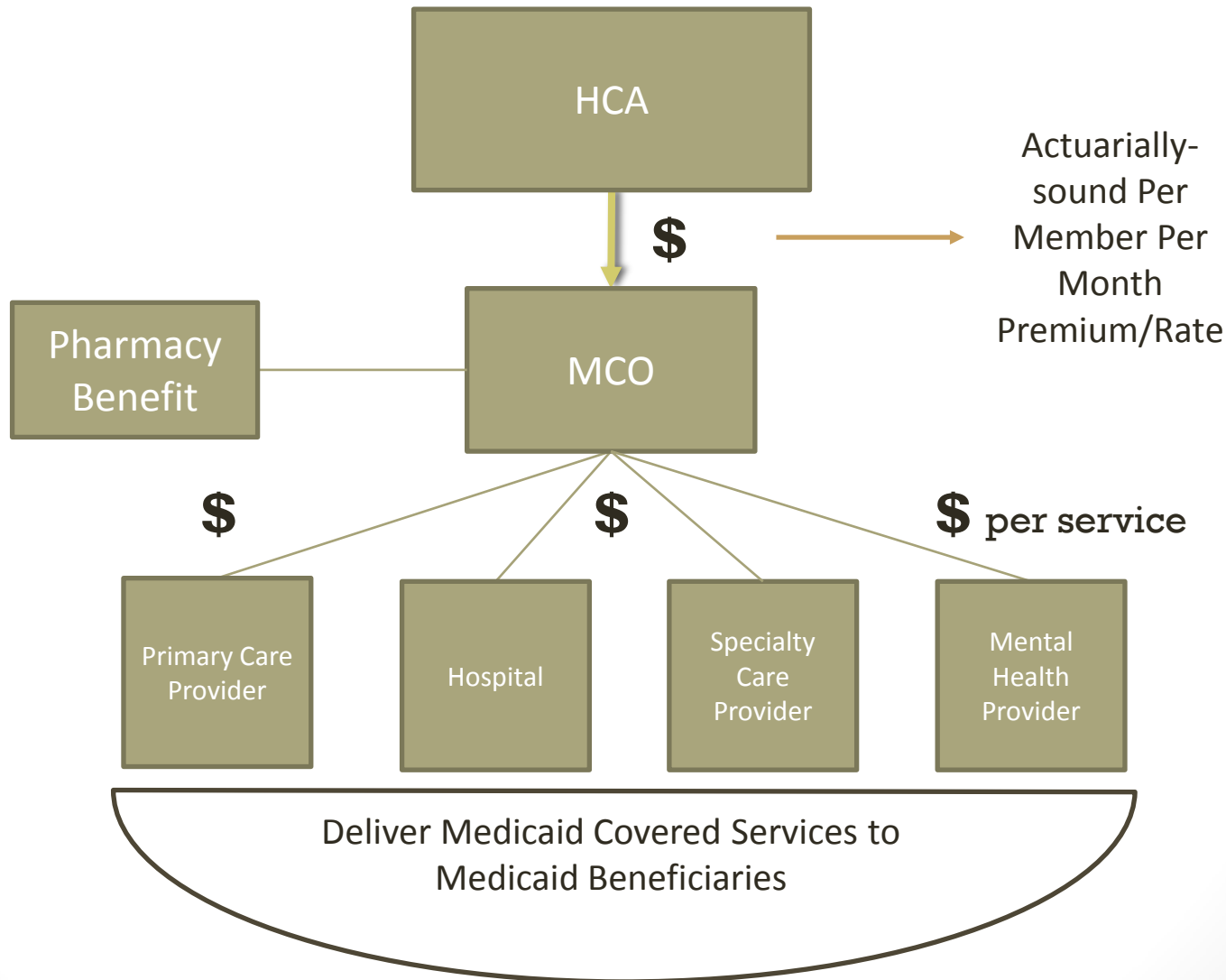
## Credentialing

- Once a contract is signed, clinics and providers start getting enrolled in the MCO's provider network
- Ability to include peers and non-licensed staff under "Agency-Affiliated" credentialing

## Bill

- Once credentialed, a provider can begin to bill for services

# MCO Funds Flow Visual-Current





# Financial Details

- MCOs are risk-bearing entities contracted by HCA for the full continuum of Covered Benefits
- MCOs have risk-adjusted rates by population
- MCOs are profit-limited.
- MCOs maintain sufficient reserves as required by the OIC
- MCOs have payment model expertise

# Administrative Processes

- **Successful bidders work to streamline and standardize administrative processes**
  - Examples from SW WA
    - FIMC Behavioral Health Provider Credentialing
      - e.g. - Practitioners associated with a Certified Mental Health Agency (CMHA) do not require individual credentialing as the CMHA is credentialed at the Agency/Organization level.
    - Joint Provider Trainings/Workshops
    - Highly aligned Prior Authorization requirements, utilization and case management collaboration
    - Billing process assistance

# Preparing for FIMC – From Transition to Transformation

- **Transition**

- Continuity of Care for Clients
- Timely Payment to Providers
- Monitoring Community Impact

- **Transformation**

- Collaborating with the Community to develop Integrated Care Models
- Promotion of Best & Promising Practices
- Technical Assistance for Behavioral Health Provider Capacity Building

# Questions?