The New Managed Care Environment

By: Paul Montgomery

As a brief update, as of August 2013, on Washington State’s development of a healthcare system testing/demonstrating the principles of managed care (joint and separate, health management and financial alignment), provided below is a snapshot of each of the programs currently in play or soon to be launched. At each program, provided is a web link should you want more detailed information or to allow you to stay apprised as the months pass towards full implementation. These endeavors address the whole of the Medicaid and Medicare covered health care system, with limited exceptions, in our state. It is the intent of the federal and state governments to include long term services and supports (LTSS) in these demonstrations and for the state in the already implemented managed care program for the Healthy Options recipients.

Washington Apple Health (Managed Care) fka: Healthy Options/Basic Health (HO/BH) – http://www.hca.wa.gov/medicaid/healthyoptions/Pages/index.aspx

The Health Care Authority, Washington’s Medicaid agency, adopted Managed Care principles for their HO/BH clients in Eastern Washington effective July 2012 and for Western Washington late fall 2012. The Healthy Options program currently has very limited impact in Long Term Services and Supports (LTSS). It is thought to be a rare occurrence that a Healthy Options enrollee will require LTSS. LTSS, care coordination and transitions, are the responsibility of the health plan. Initial payment for short term stays is the responsibility of the health plan. If the LTSS stay is deemed to be longer term, the payment reverts to fee for service through the Department of Social and Health Services, however.

Health Home -- http://www.hca.wa.gov/pages/health_homes.aspx - Managed Fee for service

Health Homes provide integration - or close coordination of primary, acute, post-acute, long term services and supports and behavioral health/substance use services. They are most commonly, but not always, focused on serving individuals with one or more chronic health conditions. The state projects to use Health Homes to serve 39,000 high cost/high risk Medicaid recipients statewide, except not in King and Snohomish Counties, by year’s end.

Health home services:
• Comprehensive care management
• Care coordination and health promotion
• Comprehensive transitional care and follow-up
• Patient and family support
• Referral to community and social support services
• Use of information technology to link services, if applicable

Medicaid Beneficiaries will be automatically enrolled in a health home with the option to “opt-out” and may dis-enroll at any time. Outreach and education materials will be developed to assist beneficiaries in learning about health home networks.

The first phase, beginning July 1, 2013, of Health Homes will include:
• Pierce, Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum counties Health Homes will be provided by Coordinated Care, Community Health Plan of Washington, United Healthcare, and Optum Regional Support Network.
• Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla and Yakima counties. The same group of contractors will be available there, along with a fifth, the Southeast Washington Aging and Long-Term Care.

There is Health Home contractors, as announced August 9th, in three other county groupings set to begin October 1. Those regions include:
• For Coverage Area 1 (Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, and Thurston Counties) Coordinated Care Corporation and Molina Healthcare of Washington, Inc. are designated as an apparently successful Qualified Health Homes. Three other managed care and/or fee-for-service applicants will be offered provisional designation on the condition that each satisfactorily submits a corrective action plan and implementation timeline. Those applicants are: Community Health Plan of Washington, United Behavioral Health, and UnitedHealthcare of Washington, Inc.
• For Coverage Area 2 (Island, San Juan, Skagit, and Whatcom Counties) five managed care and/or fee-for-service applicants will be offered provisional designation conditional on their satisfactory submittal of a corrective action plan and implementation timeline. Those applicants are: Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, Inc., Northwest Regional Council, and UnitedHealthcare of Washington, Inc.
• For Coverage Area 6 (Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, and Whitman Counties) Molina Healthcare of Washington, Inc. is designated as an apparently successful managed care Qualified Health Home. Four other managed care and/or fee-for-service applicants will be offered provisional designation on the condition that each satisfactorily submits a corrective action plan and implementation timeline. Those applicants are: Community Choice Healthcare Network, Community Health Plan of Washington, Coordinated Care Corporation, and UnitedHealthcare of Washington, Inc.

Health Homes -- no financial risk; only case, care and health management.

Health Plans -http://www.adsa.dshs.wa.gov/duals/- Managed Care - Three Way Contracts between Health Plan/Washington State/CMS
Washington’s integration project is **HealthPath Washington** it is to integrate Medicare and Medicaid services for people who are dually eligible. Under the CMS demonstration, Washington State cannot test concurrently both strategies, use of health homes with fee for service and use of health plans with managed care financial alignment, in the same county. Therefore, for King and Snohomish Counties, the state has opted to contract only to demonstrate managed care principles and the use of health plans.

Regence BlueShield and United HealthCare have been declared apparently successful bidders to coordinate Medicare and Medicaid for the 40,000 “dual eligible” residents of Snohomish and King Counties beginning April 2014.

**Comprehensive Plan Benefit Package**

- Medicare A, B & D Services
- Medicaid State Plan Services
- Medicaid Mental Health and Substance Use Services
- Medicaid 1915c COPES Waiver Services
  - Comprehensive Provider Network
    - Medical
    - Mental Health & Chemical Dependency
    - Long Term Services & Supports
  - Comprehensive Model of Care
    - Interdisciplinary Care Team (ICT)
      - Lead Primary Provider
      - Health Plan Care Manager
      - Care Team members
      - Community-based Care Coordinator
    - Comprehensive Individual Care Plan
      - Comprehensive needs assessment
      - Beneficiary health action plan
      - Care team member individual

**Health Plans** – full risk; financial; utilization; case, care and health management.