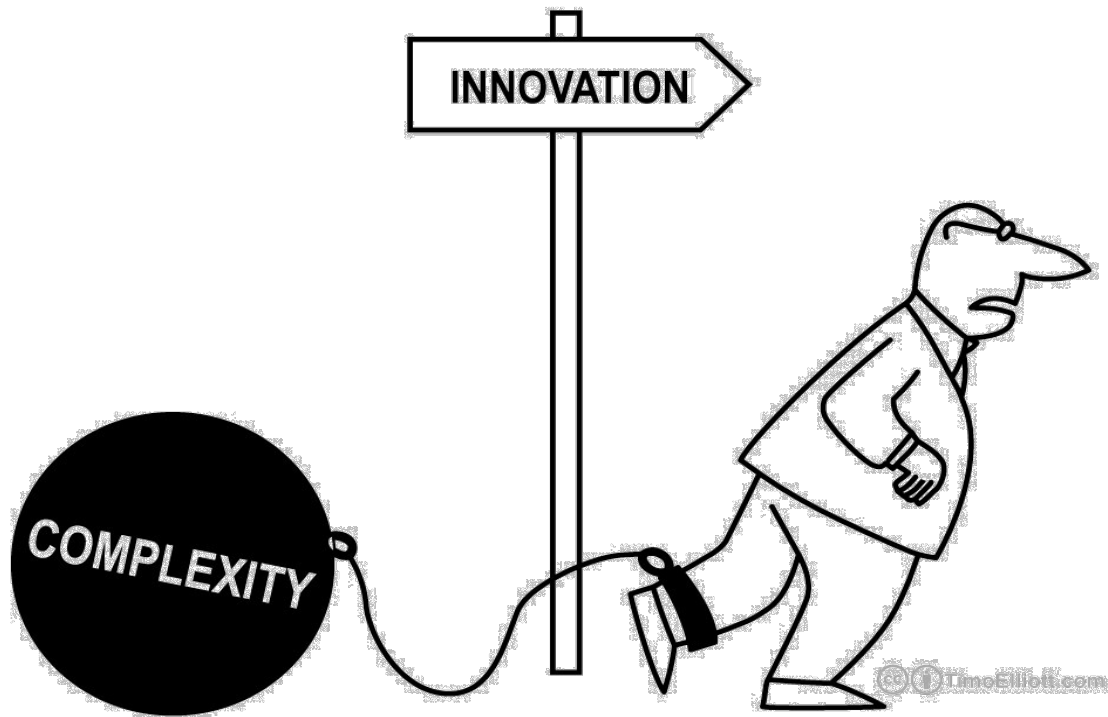# Out of the Box Services:

Promoting Innovation in Managed Care

Andrea Misenheimer, Director of Regulatory Affairs

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Myth Busted

Why the Ability to Innovate in Managed Care Matters

- Healthcare Practice continues to evolve
- Integrated Care
- Nimble benefit plans provide increased opportunity for individuals to achieve optimal outcomes
- Greater precision in linking individuals to appropriate levels of care
- Value based purchasing

Managed Benefit Plan Tools

Opportunity for Innovation

Type of Medicaid Services	Definition Design	State wideness	Entitlement	Utilization Criteria	Use of Alternative Payment Structure
State Plan or SPA	State design	Yes	Yes	May develop less restrictive criteria	Yes
1915 (b)(3)	Service Type and Core Elements State Design	Yes	Yes, up to the available state-wide capitation	May develop less restrictive criteria	Yes
Alternative "In Lieu Of"	Designed by MCO	No	No, optional for the enrollee	MCO develops and amends the criteria	Yes

Flexibility in Medicaid Authority

State Plan

- Can develop less restrictive UM criteria
- Alternative rate structure
- Can access EPSDT

1915 (b)(3)

- Definition can be customized beyond the core elements
- Service definition modifications can be changed
- Alternative rate structure
- Less restrictive UM criteria if UM criteria is listed

"In Lieu Of"

- Definition designed to meet identified gap in benefit package; can be modified
- UM criteria is customized
- Can be used for small scale pilots and expanded once more experience is gained with the service
- Alternative rate structure
- Can access EPSDT

- Cost effectiveness – "getting it right"
- Underestimating/overestimating utilization
- Destabilizing the Network

Funding Beyond Medicaid

- MCOs use state funding to meet the needs of the uninsured who are eligible

- Standard benefit plan that covers the continuum of care

- May develop Alternative State Services

- Provides an opportunity to develop "seamless systems"

Medicaid Service Definition | State Service Definition

Peer Support

Identifying Needed Benefit Plan Change…Innovation

- Clinical Design Plan

- Network Adequacy and Accessibility Analysis

- Community Needs Assessments

- Identification and adoption of EBP or Best Practice Models

- Stakeholder feedback

- Evaluation of service effectiveness

- Grants and Pilots that the MCO chooses to continue

- Proposal
- Approval of concept to meet need
- Development/revision of definition
- Submission to DMA for approval
- "In Lieu Of" service amended in DMA contract, (b)(3) service approved

Proposal

- Basis of the Need
- Type of service needed - can this need be met through a change to an existing (b)(3) or "In Lieu Of" definition or is a new service needed
- Where the new service/revised service aligns in the benefit plan and why
- Information to support the service being requested
  - population
  - service model
  - outcomes
  - data

Committee led by the Chief Medical Officer reviews the proposal and makes the final determination to make the change to the benefit plan

Cross Functional Team
revises or designs the definition

Medical Office	Network Management
Regulatory Affairs	Finance
Quality Management	Utilization Management
Care Coordination	

Developing/Revising a Definition: Key Issues to Consider

- Definition clarity

- Staffing expectations

- If "In Lieu Of" - what service is it replacing

- Service concurrency

- Cost analysis - getting it right

- Rate structure

Implementation: Key Issues for Consideration

- Pilot or area wide implementation
- Identification of Providers: Who and how many, sufficient access, sustainability
- Active Collaboration with the identified provider
- Is the service available through Medicaid and State Funding - "Seamless System"
- Training, training, training
- Good communication with the provider as you implement

Payment Structure

- What rate structure will provide the greatest outcome for the service
- Coding to make the rate structure work
- Options currently in use: shared risk, bundled rates, case rates, per diem
- Making the payment structure similar

(b)(3) Services Available to Cardinal Innovations Members

- Community Guide
- Community Transition
- DI Service Array
- In-Home Skill Building*
- Individual Supports
- Intensive Recovery Supports*

- Peer Support
- Psychiatric Consultation
- Respite
- Supported Employment
- Transitional Living*

Piloted by Cardinal Innovations

Innovation for Child Mental Health

In Home Therapy   IIH   MST   Family Centered Treatment

Innovation for Crisis Continuum

Mobile Crisis   Rapid Care   Inpatient

Innovations for Dually Diagnosed Children and Adults

Level lll/DDA   Complex Residential   PRTF/ICF

Example of Integrated Service Array: Child Mental Health

Outpatient Services

- (b)(3) Psychiatric Consultation
- Assessment and Testing
- Therapy
- Physician Services

Family and Caregiver Services

- (b)(3) Respite
- Respite

Home and Community Based Services

- (b)(3) Transitional Living (ages 16+)
- (b)(3) Supported Employment (ages 16+)
- In-Home Therapy Services
- Intensive In-Home Services
- Multi Systemic Therapy (MST)
- Family Centered Treatment (FCT)

Residential Services

- Level I/Family Type (Foster Home)
- Level II/Family Type (Foster Home)
- Level II (Group Home)
- Level III (Group Home)
- Group Living (Low, Moderate, High Intensity)*
- Residential Services - Complex Needs (ages 10+, co-occurring with I/DD)
- Psychiatric Residential Treatment Facility (PRTF)

Crisis Services

- Mobile Crisis Management
- Behavioral Health Urgent Care (Rapid Care)
- Facility-Based Crisis Services for Children and Adolescents

- If you build it, they may not come
- Small changes can yield big benefits
- Monitor, evaluate, modify
- Choose reasonable measurements
- Clear, consistent communication

Maintaining benefit plan flexibility will be vital as we implement Medicaid Reform

- The (b)(3) services need to be included in the benefit package
- MCOs need the continued ability to develop "In Lieu Of " services to address benefit plan gaps
- A comprehensive, nimble benefit plan will be vital to the success of the Tailored Plans

Questions/Discussion

For more information contact:

Andrea Misenheimer

Director of Regulatory Affairs

Cardinal Innovations Healthcare

704-305-2120

andrea.msienheimer@cardinalinnovations.org