Medicaid Primary Care Case Management Redesign

November 6th, 2024

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Discussion Overview

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- New Partnerships
- I/T/U Engagement
- Possible Service and Revenue Overlap, and Impact on I/T/U Communities
- Collaborative Approach
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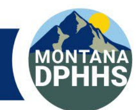

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Introduction:

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MONTANA DPHHS

Primary Care Case Management Redesign

Pre-2022: Multiple PCCM Programs

- 4 out of the 5 PCCM in operation are to be considered for redesign.
- Limited provider participation across programs.

2022: Initiative for Consolidation

- Health Resources Division tasked with developing a singular value-based program.

Key Objectives:

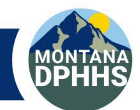
- Ensure: primary care access, establish member partnerships, provide continuous, coordinated care, improve care continuity, encourage preventive health care, Promote EPSDT services, reduce inappropriate medical service use, decrease non-emergent ED visits, control health care costs.

2022-Present: Collaborative Redesign:

- Focus on key partner (stakeholder) engagement to create an equitable program for primary care providers and clinics.
- Aim to support Montana Medicaid Members.

Vision:

- A unified, value-based program.
- Equitable participation for all primary care providers.
- Enhanced support for Medicaid Members.



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Importance of I/T/U's Participation in the PCCM Redesign (1/2)

Current Participation in PCCM programs:	Member Impact:	Potential Changes:	Ensuring Representation:
• All I/T/U providers already participate in one of these Medicaid programs. • Participation ranges from basic Passport Provider to T-HIP.	• Most Montana Medicaid members must have a Passport Provider. • Members know the term "Passport Provider", they do not know which providers are CPC+ or PCMH.	Shift to a single value-based program could affect: • Provider reimbursement methods. • Provider requirements. • Quality reporting for payments and incentives.	• Your input shapes the future of care delivery. • Protect the interests of your patients and communities.

Importance of I/T/U's Participation in the PCCM Redesign (2/2)

Opportunity for Improvement:	Maintaining Access:	Resource Allocation:	Collaboration:
• Chance to address current challenges in the system. • Potential for better alignment with I/T/U health care models.	• Ensure continued access to care for Tribal members. • Prevent unintended barriers to service.	• Influence how resources are distributed in the new program. • Advocate for fair allocation to I/T/U providers.	• Build stronger partnerships with state Medicaid programs. • Improve coordination between I/T/U and non-I/T/U providers.

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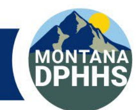
Primary Care Case Management Programs in Montana

Passport to Health	Comprehensive Primary Care (CPC +)	Patient Centered Medical Home (PCMH)	Tribal Health Improvement Program
Team Care			



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Programs in the Redesign

Program	Provider Requirements	Service Requirements	Reimbursement	Unique Features
Passport to Health	• Any Medicaid enrolled primary care provider (PCP). • Program includes various types of providers and facilities.	• Care coordination through referrals. • 24/7/365 emergency care guidance.	• $3.00 PMPM for ABD and Medically Frail. • $1.00 PMPM for others.	• Operated in all counties except 4 as of 2024. • Mandatory enrollment for eligible members.
Team Care	• Providers enrolled in Passport	• Educate members on proper use of health care services and prescriptions.	• Extra $3.00 PMPM for each Team Care Member.	• Add-on program to Passport. • TC members are also in PCMH and CPC+. These programs have enhanced payment from Passport, and do not receive additional payment. • Focused on prescription education.
Patient Centered Medical Home (PCMH)	• Meet Passport Provider criteria. • Maintain NCQA PCMH recognitions. • Report clinical quality measures.	• Educate members on PCMH services. • Address care gaps. • Engage patients and families. • Assist in goal setting. • Screen for behavioral health.	• Tier One: $3.33 PMPM • Tier Two: $9.33 PMPM • Tier Three: $15.33 PMPM	• Complex Care option available: $471.10 PMPM.
Comprehensive Primary Care Plus (CPC+)	• Providers participate in either Track 1 or Track 2. • Meet Passport Provider criteria. • Maintain PCMH recognition. • Report Clinical Quality Measures.	• Outreach to attributed members. • Review claims data. • Engage patients and families. • Use decision aids.	Track 1: • Tier One: $3.33 PMPM • Tier Two: $9.33 PMPM • Tier Three: $15.33 PMPM • Tier Four: $21.33 PMPM Track 2: • Tier One: $6.33 PMPM • Tier Two: $12.33 PMPM • Tier Three: $18.33 PMPM • Tier Four $24.33 PMPM • Tier Five: $34.33 PMPM	• Potential for annual incentive bonus.

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I/T/U Participation in a PCCM/PCCMe

	Passport to Health	Team Care	Comprehensive Primary Care Plus	Patient Centered Medical Home	Tribal Health Improvement Program
Tribes					
Blackfeet Tribe	Y	Y			Y
Chippewa Cree Tribe	Y	Y			Y
Crow Tribe	Y	Y			Y
CSKT	Y	Y			Y
Ft. Belknap Tribes	Y	Y			Y
Ft. Peck Tribes	Y	Y			Y
Little Shell Tribe	N	N			N
Northern Cheyenne Tribe	Y	Y			Y
Indian Health Service					
Blackfeet IHS	Y	Y			N
Crow IHS	Y	Y			N
Ft. Belknap IHS	Y	Y			N
Ft. Peck IHS	Y	Y			N
Little Shell IHS	Y	Y			N
Northern Cheyenne IHS	Y	Y	Participated in CY2023		N
Urban Indian Organizations					
All Nations Health Center	Y	Y			N
Butte Native Health Center	Y	Y			N
Helena Indian Alliance	Y	Y			N
Indian Family Health Clinic	Y	Y			N
Native American Development Corp.	Y	Y			N

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New Partnership

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Who is Health Management Associates (HMA)?

Our strength is in our more than 700 multidisciplinary consultants, and the experience they bring to the most complex issues, problems, and opportunities.

50^{+} Clinicians

Physicians • Clinical Psychologists • Advanced Practice Nurses • Registered Nurses • Physician Associates • Clinical Pharmacists • Mental Health Counselors • Licensed Clinical Social Workers

30^{+} Former C-Suite Leaders

Health Systems • Health Plans • Long-term Care Organizations • Physician Medical Groups • Federally Qualified Health Centers • Behavioral Health Organizations • Public Accounting and Actuarial Services Firms • Life Sciences Companies

40^{+} Former Federal, State, and Local Officials & Senior Advisors

CMS Senior Officials • Congressional Staff and Aides • OMB Leaders • Medicaid Directors • State Commissioners

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Health Management Associates: Tasks

- Research & Program Selection
- Regulatory & Compliance Review
- Waiver or State Plan Amendment Preparation
- Public Notice & Partner Input
- Support DPHHS Led Actuarial Analysis
- Support DPHHS Led Provider Education/Outreach

I/T/U Engagement

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October 2nd, 2024 Key Partners Meeting: List of Invitees

- **Tribal Health Chairs**
- **Tribal Health Departments**
- **Urban Indian Organizations**
- **Montana Consortium for Urban Indian Health**
- **Montana Primary Care Association**
- **Montana Hospital Association**
- **Montana Health Care Foundation**
- **Montana Pediatrics**
- **Montana Chapter of American Academy Pediatrics**
- **Headwaters Foundation**
- **Behavior Health Alliance of Montana**
- **Blue Cross Blue Shield**
- **Indian Health Services**
- **Montana Department of Health and Human Services**
- **Montana Medical Association**

Note: There will be a Key Pattern Meeting for Medicaid Members as the development of the redesign continues.

Targeted I/T/U Engagement

Post-October 2nd Actions:

- Initiated a smaller key partner meeting with Tribes and Urban Indian Organizations, with intention of engaging IHS at a later time.
- There has been little response.

Focus on Key I/T/U Representatives:

- Targeting those responsible for Passport to Health oversight and decision-makers.

Objectives of Targeted Engagement:

- Discuss potential revenue changes in new value-based programs: performance incentives for reporting, shared savings incentives, per member per month payments, etc.
- Assess capability to report quality measures through claims systems.
- Voice concerns of I/T/U providers and potential impact on Tribal Members.

Importance:

- Ensure I/T/U perspectives are incorporated to program redesign.
- Address unique needs and challenges of I/T/U health systems.
- Facilitate smooth transitions to new value-based model.

Key Partner Survey

Before the October 2nd meeting, Health Management Associates (HMA) distributed a survey to key partners to gather valuable feedback. This survey was sent to Tribal Health Directors, Tribal Health Chairs, representatives from the Indian Health Service (IHS), Urban Indian Organizations (UIOs), and various health care associations. The purpose of the survey was to collect insights on the Primary Care Case Management (PCCM) programs to inform considerations for the new value-based program

HMA Survey: Summary of Key Feedback

Care Coordination	Technology and Data Sharing	Provider Reimbursement	Populations to Prioritize
» Tools/resources (CHAs, Integrated Behavioral Health) » PCMH Level 4 challenges with patient engagement and home-visits » Consider inclusion of after hours on-demand pediatric care as a support to care coordination » **Specific care coordination supports for Tribal health providers and Urban Indian Organizations**	» Need for additional access to timely data on health outcomes » Metrics that evaluate impact of intervention and impact on total cost of care » Provider-level information » Recommend use of state HIE and potentially data interfaces into provider EMRs	» Recommend linking incentives to quality » Increase reimbursement, if possible; PMPM too low	» Reconsider Tier 4 qualifications (Many patients need care coordination who have not had a recent ER/Inpatient encounter) » Prioritize highest cost members and dual eligibles » Potentially include Meadowlark Initiative in redesigned reimbursement model to support BH staffing in perinatal setting

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Possible Service and Revenue Overlap, and Impact on I/T/U Communities

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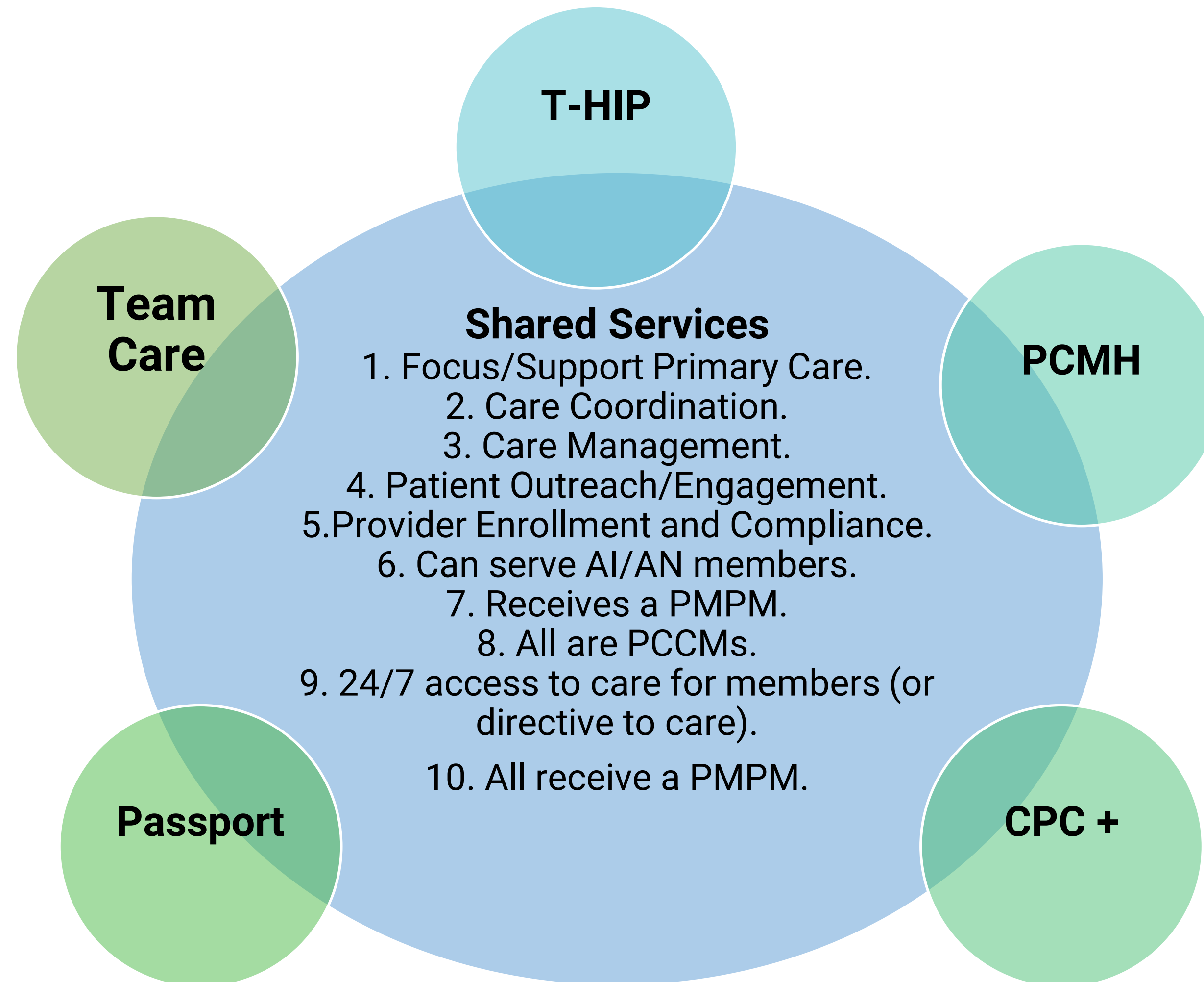
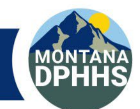
Current Program/Service Overlaps





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Possible Impact to I/T/U Communities (1/2)

Current Situation:

- Most Medicaid members (about 70%) are in the Passport program.
- Members must choose a Passport provider unless they qualify for an exemption.
- This rule will likely continue in the new program.

Member Options:

- Medicaid members can choose their provider, but it must be a Passport provider.
- If an Indian Health Service, Tribal, or Urban Indian (I/T/U) clinic doesn't join the new program, Native American members will need to pick a different primary care provider who is in the program.

Access to Care:

- Native American members can still get care at I/T/U clinics without a referral.
- For non-I/T/U providers, members will still need a referral from their members primary care provider.

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Possible Impact to I/T/U Communities (2/2)

Special Considerations for Tribal Providers:

- There might be confusion if the new program and T-HIP offer similar services.
- Tribes might have to choose between being a T-HIP provider or joining the new program.
- Members can still choose a non-Tribal provider as their main care provider.

Department's Commitment:

- The Department is taking proactive steps to prevent potential conflicts between the Tribal Health Improvement Program (T-HIP) and the new value-based program. We are:
  - Collaborating with HMA to identify and address any overlaps in services.
  - Actively reaching out to engage with I/T/Us to ensure their perspectives are incorporated.
  - Developing clear distinctions between care coordination and care management services in T-HIP and PCCMs to avoid duplication and enhance efficiency.

Collaborative Approach and Next Steps

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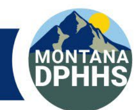
Collaborative Opportunities in PCCM Redesign

Working Together:

The Department and Indian Health Service, Tribal, and Urban Indian Organizations (I/T/Us) have a significant opportunity to collaborate on redesigning the Primary Care Case Management (PCCM) program.

Key Benefits of Collaboration:

1. ***Improved Coordination:***
   - Identify ways to enhance coordination between I/T/Us, other health care providers, specialists, and Medicaid services.
2. ***Address Participation Concerns:***
   - Recognize any limitations I/T/Us might face in the new value-based program.
3. ***Department Support:***
   - Determine areas where the Department can offer support regarding Medicaid and the new program.
4. ***Impact Discussions:***
   - Engage in meaningful discussions about how changes will affect American Indian and Alaska Native (AI/AN) members.



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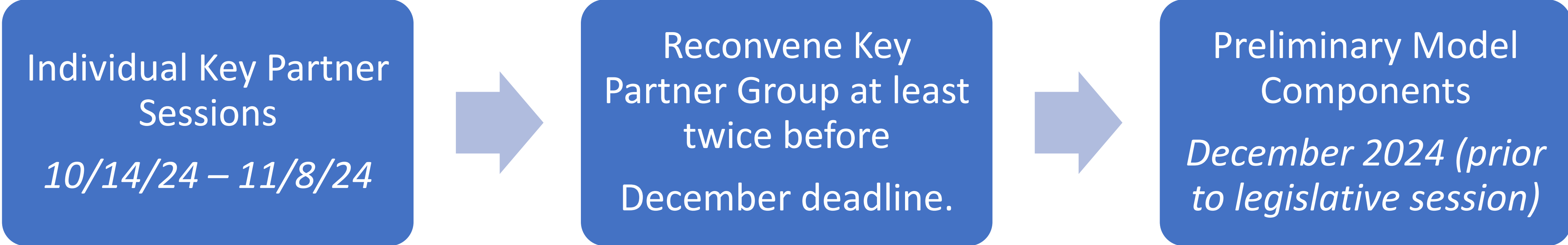
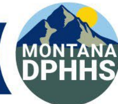
Collaborative Approach- Key Partner meetings





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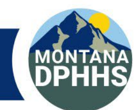
Decision Points Still in Review

Delivery System Model	Value-Based Payment Strategy(s)	Provider Eligibility & Qualifications - Including Federally Qualified health care Clinics Regulatory Considerations & Specialist, Behavioral Health, and Home and Community Based Services Coordination
Outcomes to Incentivize	Infrastructure to Support Providers - Including Data Sharing Strategies	Enrollee Eligibility, Assignment, or Attribution
Opportunities to Address Health Related Social Needs	Governance Model	State Operations and Infrastructure to Support Model



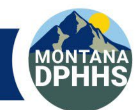
Schedule Key Partner Meetings

We've identified Tribal Health Directors, Urban Indian Organization Directors, and IHS Billings Leadership as key partners for the new value-based program. We urgently need your input:

1. Please contact us to schedule key partner meetings for I/T/Us.
2. Attend our upcoming group meetings on November 18 and December 16.

Despite our efforts, we've had limited engagement from I/T/Us. Your participation is crucial. If you're not the right contact, please direct us to the appropriate representative in your organization.

To schedule meetings or confirm attendance, contact Jacqui Roberts, Health Management Associates, or Stephanie Iron Shooter.



Contact Information and Resources

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Contact Information:

Name	Title	Phone Number	Email
Jacqueline (Jacqui) Roberts	Care Management Section Supervisor	406-444-09	Jacqueline.Roberts@mt.gov
Joshua Turner	Primary Care Value-Based Program Specialist	406-444-0991	Joshua.turner@mt.gov
Stephanie Iron Shooter	American Indian Health Director	406 417 9714	stephanie.ironshooter@mt.gov
Rebecca Kellenberg	Health Management Associates, Principal	(406) 529-9825	rkellenberg@healthmanagement.com

Additional Resources

	Website	Staff
Passport to Health Provider Manual - Includes information for CPC+, PCMH, and Team Care.	https://medicaidprovider.mt.gov/manuals/passporttohealthmanual	• Joshua Turner • Jacqui Roberts
Tribal Health Improvement Program (T-HIP) Provider Manual	https://medicaidprovider.mt.gov/manuals/THIP	• Elizabeth Wisner-Kinsey • Casey Peck

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Acronyms

- **CCM** – Complex Care Management
- **CPC+** – Comprehensive Primary Care Plus
- **DPHHS** – Montana Department of Public Health & Human Services
- **ED** – Emergency Department
- **HRD** – Health Resource Division
- **HMA** – Health Management Associates
- **I/T/U** – Indian Health Service/ Tribal 638/ Urban Indian Organizations.
- **NCQA** – National Committee for Quality Assurance
- **PCCM** – Primary Care Case Management
- **PCMH** – Patient Centered Medical Home
- **PMPM** – Per Member Per Month
- **PCP** – Primary Care Provider
- **T-HIP** – Tribal Health Improvement Program
- **URB** – Utilization Review Board