

# Leveraging Medicaid Managed Care in Community Engagement Initiatives

Tuesday, August 14, 2018

12:30 pm – 1:30 pm ET

# Agenda

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- ▶ **Welcome and introduction** **12:30 – 12:35 PM**  
*Judith Cash, CMS*
  - ▶ **Key considerations in engaging MCOs in CE initiatives** **12:35 – 12:55 PM**  
*Megan Lepore, CMS*
  - ▶ **Experiences and lessons learned from Indiana: CE and Medicaid managed care** **12:55 – 1:10 PM**  
*Allison Taylor and Natalie Angel, Indiana Medicaid*
  - ▶ **Audience Q&A** **1:10 – 1:25 PM**
  - ▶ **Wrap-up and next steps** **1:25 – 1:30 PM**  
*Judith Cash, CMS*
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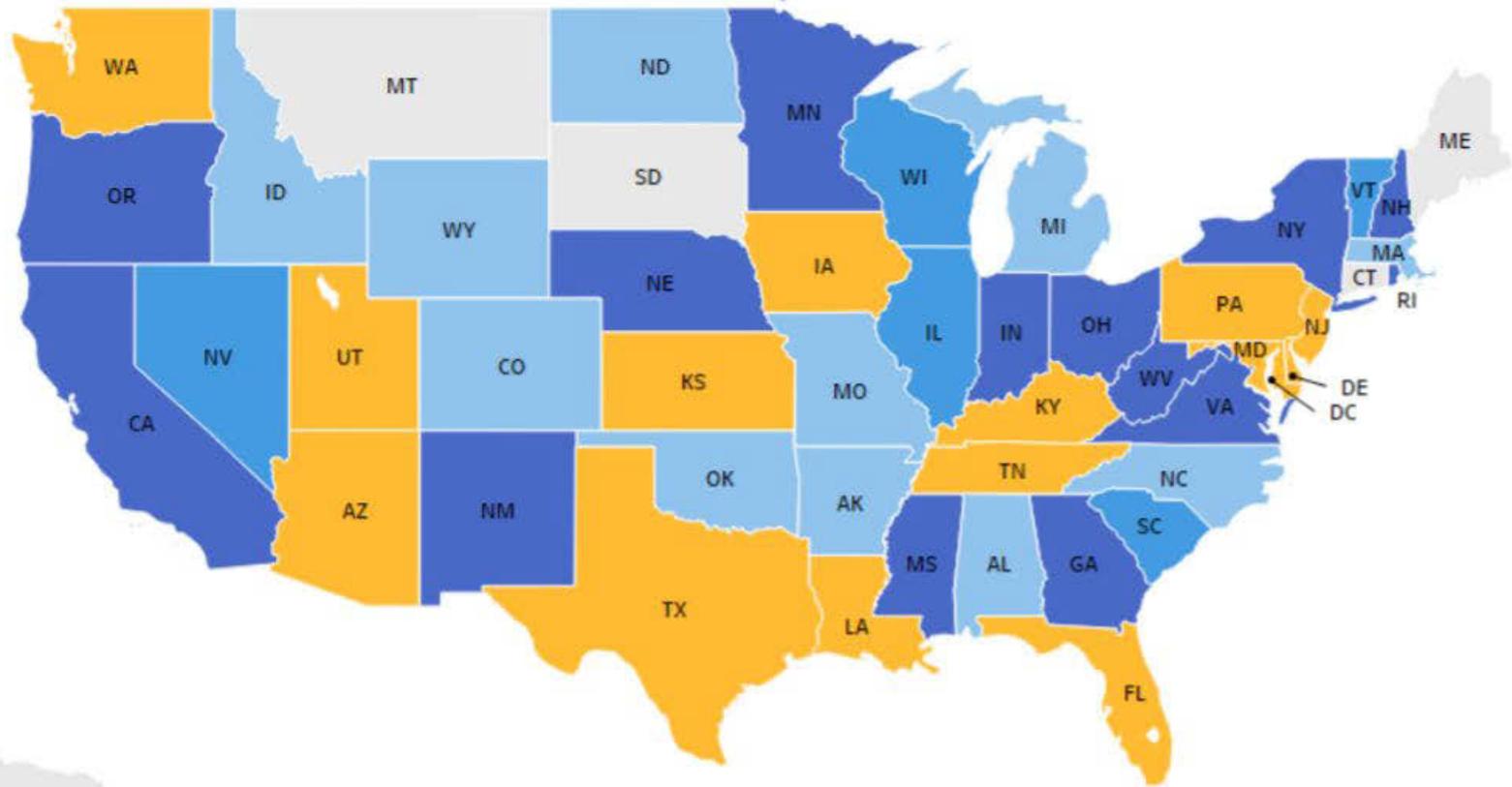
# Welcome and Introduction

At the end of this session, attendees will ...

- Have ideas for how and when to engage managed care organizations (MCOs) in planning for community engagement (CE) activities
- Be able to identify specific ways that MCOs can support states in their implementation of community engagement demonstrations (e.g., leveraging case management resources, beneficiary outreach, education)
- Know what CMS resources and technical assistance are available as they pursue community engagement initiatives in their states

**Key Considerations in  
Engaging MCOs in CE Initiatives**

# Landscape of Comprehensive Managed Care Penetration, as of July 1, 2016



U.S Overall = 68.1%

- 0 (5 states)
- >0 - 50% (11 states)
- 51-65% (5 states)
- 66 - 80% (15 states, including DC)
- 81 - 100% (16 states, including PR)

Source: Medicaid Managed Care Enrollment and Program Characteristics, 2016. Available at <https://www.medicaid.gov/medicaid/managed-care/downloads/enrollment/2016-medicaid-managed-care-enrollment-report.pdf>

- With over 55 million Medicaid beneficiaries enrolled in managed care, CMS aims to provide guidance and resources to states seeking to engage MCOs in implementing CE initiatives.
- MCOs play a critical role in the delivery of Medicaid health benefits and other services in many states and therefore are a key state Medicaid partner.
- Knowing that 46 states and territories utilize managed care in some capacity, CMS understands there is significant state interest in leveraging managed care to support a successful implementation of CE programs.
- Effective implementation of CE will require extensive outreach and communication with beneficiaries and applicants so they understand the requirements and can access needed support and assistance to meet the requirements.

- Because of this high level of outreach and frequent communication needed, managed care entities are potentially positioned to play a role in supporting state CE implementation because plans:
  - Have direct access to applicants and beneficiaries
  - Are trusted by their members
  - Can deploy effective communication through multiple channels
  - Have extensive experience in outreach and providing support

- Community Engagement initiatives represent a shift in Medicaid policy that positions work and other community engagement as a condition of eligibility or coverage.
- While the new CE policy does not change existing Medicaid eligibility or managed care rules, (e.g., how states may contract with and utilize managed care or engage contractors in supporting eligibility-related efforts or the role of contractors/non-government staff in supporting eligibility functions), CE may present new considerations in how states seek to leverage managed care to support CE.
- For example, changes in eligibility processes required to support CE initiatives are primarily the responsibility of states implementing the initiatives, although MCOs may play a supporting role in implementation.

- In planning and operationalizing CE initiatives, states should carefully consider how to engage with MCOs, and what functions are appropriate for MCOs to perform.
- The following slides represent some of the different ways states have indicated to CMS they are looking to use managed care.
- We invite states to continue to discuss these and other strategies for consideration with CMS as you develop your community engagement programs.

## ■ Strategies for engaging MCOs in CE initiative design and planning

- Transparency and inclusion during the design process – communicate early and often
- Facilitate coordination and foster connections across public and private entities
- Coordinate with MCOs on approaches to public messaging and outreach around CE
- Coordinate with MCOs on the development of support systems to ensure that beneficiaries can successfully comply with CE

## ■ Potential roles for MCOs in CE initiative implementation

- Outreach and education for beneficiaries regarding CE compliance activities and requirements
- Help to identify certain exempted populations (e.g., medically frail or beneficiaries with SUD/SMI)
- Support state monitoring and implementation activities with enhanced data reporting

## ■ Infrastructure and systems requirements

- Partnership between the state and MCOs regarding updates and enhancements to eligibility and enrollment systems or automated referral tools
- Implementing systems to support anticipated increases in beneficiary engagement with MCOs
- Using or supporting systems for enhanced data reporting between the state and the MCOs

## ■ Contractual and policy considerations

- Setting standards for MCO call center responsiveness to beneficiary inquiries
- MCO activities to support CE may be eligible for different Federal Financial Participation (FFP) rates; work with your CMS liaison to determine appropriate financial structure

- As states implement CE initiatives in their managed care programs, states will need to provide clear guidance on roles and responsibilities, expectations, and standards for MCOs.
  - For example, states should expect to prepare and disseminate standard scripts, talking points, training materials, protocols/SOPs and standard requirements for new tasks.
- MCO contracts should document and clearly define the boundaries between new roles and responsibilities for MCOs and core state functions.
  - For example, while MCOs may be responsible for early outreach, it is appropriate for communications about eligibility determinations to come from the state.

## ■ CMS resources and technical assistance (TA)

- Continue to engage with the CE Learning Collaborative
- Engage with your CMS liaison through the 1115 application and APD process
- Future guidance documents will include FAQs, policy briefs, implementation frameworks, and evaluation design templates
- Relevant guidance from CMS:
  - » Although CE-specific guidance is not yet available, existing guidance for implementing employment supports in Managed Long Term Services and Supports (MLTSS) programs may be helpful
  - » Relevant MLTSS technical assistance resources are available on the MLTSS page at [Medicaid.gov](https://www.Medicaid.gov)

**Experiences and Lessons Learned from Indiana:  
CE and Medicaid Managed Care**

- To help ensure Indiana has a healthy workforce, starting in January 2019, the Gateway to Work (GTW) program will require some Healthy Indiana Plan (HIP) members, with several exceptions, to work, go to school, volunteer, or participate in other qualifying activities up to 20 hours a week



- GTW Program seeks to connect HIP members to gainful employment, education, and community engagement in a way that improves physical and mental health and the individual's overall financial stability and well-being

- Indiana provides Medicaid managed care benefits through managed care entities (MCEs)
- HIP Gateway To Work wants all MCE members to be successful in the GTW program and benefit from the connections and opportunities to employment and community engagement activities
- HIP wants to leverage the MCE member relationships so 100% of HIP members benefit from GTW requirements in 2019 and beyond
  - MCEs know their members
  - HIP members trust their MCEs
  - MCEs have frequent communications with their HIP members

- **Education, communication, and customer service**

- Help members understand the requirement, make referrals to GTW partners statewide, assist with use of the ACHIEVE tool (portal to database that tracks member reporting, MCE exemption approvals, auditing, case management), and keep members informed of their standing in GTW participation

- **Tracking, monitoring, and quality assurance**

- In some cases, enter data into the ACHIEVE tool, identify potential exemptions that are not known to eligibility system

- **Compliance assistance and planning**

- For members who are failing to meet compliance requirements month after month, or who need more assistance than just general outreach, such as referrals to other support services

- **Education, communication, and customer service**

- Introduce and educate MCE members about the GTW program through MCE newsletters, website, and mailers
- Build GTW Member Status into MCE's monthly Member Statement
- Customer service:
  - » Answer MCE member questions about GTW
  - » Assist MCE members with documentation and entering Qualifying Activities
  - » Assist MCE members with use of online portals and potential apps
  - » Link MCE members to community resources and connections

- **Tracking, monitoring, and quality assurance**
  - Monitor monthly data to review MCE member progress
  - Provide referrals to members needing additional assistance
  - Review documentation and identify potential exemptions self-reported by members and make a recommendation to the state for approval
  - Monthly and quarterly reporting to the State and CMS (in development)

- **Compliance assistance and planning**

- Provide MCE member assistance to meet the GTW requirement
  - » Orientation and Needs Assessment (standard provided by the state)
  - » Conduct outreach to MCE members needing additional assistance
  - » Foster connections to alleviate personal barriers
  - » Make connections and referrals to services and potential Qualifying Activities

- **Conduct regular meetings with MCEs dedicated to specific topics:**
  - Policy and operations
  - Technical systems needs
  - Assistance planning expectations and practices
- **Provide comprehensive guidance regarding key MCE roles:**
  - Standardized approach to member outreach and education
    - » Language for official notices and call center scripts
    - » Protocol for member outreach
    - » Web-based tools for partner resources

## ■ Challenges

- Level of staffing for MCEs to assist members with meeting GTW compliance requirements is currently unknown
  - » MCEs don't have a benchmark to estimate increased customer service staffing needs
- Long-term community partnerships

## ■ Best practices

- Positive relationship with MCEs with history of transparent change management process
- Cultivate buy-in at top levels
- Seek feedback before policies are finalized
- Extended timeline for implementation
- Phasing in compliance requirements for members
- Lean on CMS partners for guidance

## Audience Q&A

## **Wrap-up and Next Steps**



## In-Person Symposium in Baltimore

- September 26, 2018

**Thank you!**

To ask questions and provide feedback, contact  
[CELC@mathematica-mpr.com](mailto:CELC@mathematica-mpr.com)