INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

# Integrated Care DC Managed Care Readiness Workshop

## Medicaid Managed Care Organization (MCO) Panel Q&A

Below are responses to follow-up questions posed to the four District of Columbia Medicaid managed care organizations (MCOs) that participated in a panel discussion on "How Can MCOs Support the Integration of Behavioral Health and Primary Care?" at the Integrated Care DC Managed Care Readiness Workshop on May 9, 2023. The responses are lightly edited for clarity. Recorded video of the one-hour panel discussion with representatives from Amerigroup District of Columbia (Amerigroup DC), AmeriHealth Caritas District of Columbia (AmeriHealth Caritas DC), Health Services for Children with Special Needs, Inc. (HSCSN), and MedStar Family Choice District of Columbia (MFC-DC) is also available on Integrated Care DC's YouTube channel.

Scroll down or click on each question below for each of the MCOs' responses:



Posted to the Integrated Care DC website January 2024

**Q1. Given the District's transition to integrated care, what is your approach to increase the collaboration and integration of physical and behavioral health providers? What has worked in other markets that might be applicable here in the District? How might the District be different?** Return to top ↺

## Amerigroup DC

Amerigroup DC is working in collaboration with the District of Columbia Behavioral Health Association, the Department of Behavioral Health, the Department of Health Care Finance, and the other MCO teams to coordinate fully on developing a comprehensive approach to the carve in of behavioral health services in 2024. We believe this will assure better communication among all care providers and help achieve integrated whole health approaches to treatment.

## AmeriHealth Caritas DC

Our approach to increase the collaboration and integration of physical and behavioral health providers is to build onto our existing Quality Enhancement Program that has, from the beginning, included physical health quality measures on the provider performance scorecards. We recognize that for many consumers, behavioral health providers are their primary medical home, so we want to make sure those providers are aware of their consumers' care gaps and how to close those gaps. When you move to a carve-in environment, you are now managing the total cost of care of consumers, and this creates opportunities for more advanced alternative payment models that address whole person health and risk sharing. We've done this already in other markets, like Louisiana and South Carolina, where the carve-ins [of behavioral health services into Medicaid managed care] have already taken place and think many of the same opportunities for improving integrated care will be applicable in DC.

## Health Services for Children with Special Needs, Inc. (HSCSN)

1. HSCSN is a fully integrated health plan and routine HSCSN activities include active engagement with our physical health and behavioral health provider networks around quality; move to pay for performance; shared data based on enrollee trends to promote access, including where possible access to the enrollee record to improve communication across all providers and support population health efforts for whole-person care.
    a. Establishing better health plan ability to access, review, track, and trend enrollee data
    b. Joint case management/case review of complex cases – internal process for co-occurring conditions
    c. System of care (SOC) process for complex cases
    d. Case management that organizes around the enrollee's whole person care needs – all enrollees are assigned a case manager for both behavioral health and physical health (have 1 case manager)

As part of an intentional process, HSCSN has a long history of engagement with our community and hospital partners.

2. Full carve-in of all behavioral health and substance use disorder (SUD) services [to Medicaid managed care] is an effective vehicle to promote an integrated system which can promote high quality care. Certainly, collaborative care models and clinically integrated networks make an impact, [with] shared data and access to enrollee records.

3. As in all markets, there are constraints on payment structure, network capacity, workforce constraints, and sharing enrollee information across all stakeholders. The District is moving to a behavioral health carve-in for 2024.

## MedStar Family Choice District of Columbia (MFC-DC)

MFC-DC has created advisory committees that include the behavioral and physical health community to meet with us regularly. Our participants include physician providers, non-physician providers, various community organizations, and community-based enterprises. We have also developed relationships with associations such as the DC Behavioral Health Association and DC Primary Care Association. We meet the enrollees and provider community where they are and are thus meeting with behavioral and physical health providers to get their ideas and perspectives. We continue to participate in outreach programs and community events and accept invitations to speak and participate. Through these efforts at achieving integration, there is no one size fits all approach. Co-locating behavioral and physical health providers is one model that can work, but other models like the Collaborative Care model, with payment codes that will provide payment of primary care providers who incorporate behavioral health resources into their settings, may work well too. Enrollees with special needs will benefit from the integration of primary care services into the behavioral health setting where these enrollees often go for care. Enhancing skill set to implement Z codes to help track these services as part of a fully integrated model will provide enhancements, collecting the efforts of the providers and providing payment.

**Q2. What metrics will you monitor to evaluate the success of better integrated care for your members with physical and behavioral comorbid conditions?** Return to top ↺

## Amerigroup DC

In addition to the contractually required metrics indicated in the responses by the MCOs, we meet regularly with joint physical health and behavioral health associates to identify those enrollees for whom creative approaches need to be tried to assure that their needs will be met.

## AmeriHealth Caritas DC

We will monitor common physical health HEDIS measures (e.g., diabetes care, preventive care) and pay-for-performance measures (e.g., All-Cause Readmissions, Low-Acuity Non-Emergent ER Visits, Potentially Preventable Admissions). In addition, we proactively outreach to our members who are newly diagnosed with chronic conditions to encourage them to have the emotional support that they need and track the impact it has had on their whole-person health.

## Health Services for Children with Special Needs, Inc. (HSCSN)

We use standard behavioral health and physical health HEDIS metrics in addition to contractually required reports for physical health and behavioral health. For behavioral health and substance use disorder (SUD) providers, follow up to hospital discharge and emergency department (ED) visits within 7 and 30 days is a big focus given the impacts on engagement and outcomes. Initiation and continuation of ADHD medications and antidepressants, as well as metabolic screening for individuals on antipsychotic medication, is also key. General health maintenance and EPSDT metrics are also critical, so we monitor adherence to general health screens, annual physicals, and management of asthma, obesity, diabetes, and lead screening, for example.

## MedStar Family Choice District of Columbia (MFC-DC)

We monitor compliance measures as contracted with DHCF. We are collaborating with our provider colleagues to understand existing metrics that are currently being used and to identify commonality to enhance integration and ones they can help measure. Aligning our metrics with established provider and DHCF metrics will enhance collaboration, reduce administrative burden, and build on efficiencies. Metrics undergoing active consideration include metabolic screening for medical conditions, such as diabetes; pre- and post-partum care; and breast and cervical cancer, including in behavioral health enrollees. Transitions in care are important, so we are also very interested in 7- and 30-day follow-up measures following inpatient, emergency department, or crisis visits. Pharmacy prescription data offer a good opportunity to track continuity of care by tracking prescriptions refills pre, during, and post transition. Since the preponderance of antidepressant medication prescribing is done by primary care, we also will track antidepressant usage in youth and adults. We are actively working with our provider advisory committee participants on screening tools that are commonly used to enhance behavioral health needs in the primary care setting.

**Q3. How do you plan to use value-based payment incentives to improve outcomes for this population?**

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| **Amerigroup DC** |
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| Amerigroup DC has been fortunate to achieve high rates of value-based payment approaches through the collaboration with many of our large community providers. |
| **AmeriHealth Caritas DC** |
| We use value-based payment incentives to create spaces with providers to have meaningful discussions around data and population health. We will work with providers at whatever stage they are at on the LAN Healthcare payment framework and help them advance forward to the next stage. Providers who are interested in moving forward in the ways that they work with payers should work with us on crafting a proposal with shared goals and outcomes. |
| **Health Services for Children with Special Needs, Inc. (HSCSN)** |
| HSCSN has a pay for performance, value-based payment model for physical health providers and a pilot for behavioral health is under development. |
| **MedStar Family Choice District of Columbia (MFC-DC)** |
| Value-based reimbursement is novel for many providers. We begin where our providers are so existing successes are highlighted. An effective approach is collaboration with providers, adding 4 or 5 performance measures to existing provider arrangements. These measures will reflect MFC-DC's objectives and provider goals to consider together as important and practical to continually improving performance and outcomes. Clarity and meaningful desired outcomes to derive measures should align with good performance. Enrollees with historically poor physical health outcomes will incentivize providers to do these screenings in a timely manner to improve enrollee outcome. |

**Q4. What's at the top of your list for providers to know?** Return to top ↺

## Amerigroup DC

Providers are hopefully aware even within the short time we have been working with them that Amerigroup DC supports innovative and creative approaches to the integration of treatment services for those whose needs are complex and challenging. We are always looking for new approaches and will work to support those approaches.

## AmeriHealth Caritas DC

The best source of information for knowing the care teams connected to your consumers is the CRISP DC Health Information Exchange (HIE). In addition to the care team function, your quality leads should feel comfortable managing daily Admission, Discharge, Transfer (ADT) feeds, so that they are aware of all the places consumer are getting acute care. Lastly, the more data behavioral health providers share with CRISP, the more opportunities there are for integrated care on the primary care side as well.

## Health Services for Children with Special Needs, Inc. (HSCSN)

1. Given our special population, HSCSN's focus is on quality care and promotion of access to evidence based behavioral health and physical health treatment services for enrollees.
2. As part of the promotion of access to evidence-based therapy (EBT), HSCSN is also focused on the promotion of the use of standard, evidence-based behavioral health screening tools and assessments to promote identification and referral for enrollees in a timely manner.
3. Providers will benefit from general information and education about HSCSN as a health plan, including eligibility for enrollment.
4. Provider readiness
5. Enrollee readiness for the shift from DC Department of Behavioral Health (DBH) and DC Community Services Agency (CSA) to what will be in some ways de-centralized with the MCOs
6. Learning point of contracts (POCs) for MCO
7. Understanding the focus on quality of care
8. Understanding the HSCSN approach to complex case management/system of care (SOC)
9. All enrollees assigned a case manager who ensures engagement for behavioral health and physical health
10. HSCSN serves a partner with a goal to promote whole person care. We have a robust benefit which includes value adds to address social determinants of health (SDoH), such as transportation and coverage for summer camps.
11. HSCSN is collaborative with a focus on good outcomes

## MedStar Family Choice District of Columbia (MFC-DC)

Communication. MFC-DC prioritizes communication and collaboration. We wish to empower our providers to be successful, so our enrollees have access to timely and evidenced-based excellent care.

Education. MFC-DC will assist our providers to navigate managed care. Initially during transitions there may be challenges, but we are providing forums to hear from our providers what are successes and challenges. MFC-DC is partnering with organizations and providers to foster a system that thrives.

Enrollee Needs at the Point of Care. Achievement requires understanding and leveraging the strengths of both providers and community-based organizations. Providers manage enrollees with complex conditions and barriers. You as providers understand the proximity at the point of care, the impact it provides, and tools and solutions needed as data analytics to be communicated to MFC-DC. Utilization of the health information exchange will provide care transparency independent of the various points of enrollee care.

**Q5. What training and resources do MCOs offer contracted providers?** Return to top ↺

| Amerigroup DC |
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| Amerigroup DC has a comprehensive array of educational supports and will work with our Provider Advisory Committee to identify new areas to create educational materials. |
| **AmeriHealth Caritas DC** |
| We work closely with Integrated Care DC to help tailor trainings that are most beneficial to providers during these transitions. We will also work closely with DC Department of Behavioral Health's approved vendor(s) that will be doing fidelity monitoring of evidence-based practices. Lastly, we offer technical assistance for any provider who is interested in moving forward in their roadmap of integrating trauma-informed care into their practices. Regarding resources, we offer many value-added benefits (e.g., gym membership) that members can take advantage of to improve their overall health and wellness and we educate our providers on what those resources are, so that they can offer them in clinical visits. |
| **Health Services for Children with Special Needs, Inc. (HSCSN)** |
| HSCSN's Provider Network Management (PNM) team has standard onboarding for new providers to the HSCSN network. HSCSN also has PNM team members who are dedicated/assigned to provider groups and in-network providers will be given a point of contact (POC).<br><br>HSCSN also offers forums for specific service types, such as Applied Behavior Analysis (ABA), now scheduled for twice a year.<br><br>Targeted training events for technical assistance and to address findings through tracking and trending of data also occur.<br><br>Needed resources such as forms and information about the Prior Authorization process; list of HSCSN Quality Council-approved evidenced-based screening tools; and important events, including community events, are all available on the HSCSN website. HSCSN will conduct outreach with prospective providers and those slated to transition as part of the behavioral health integration. |
| **MedStar Family Choice District of Columbia (MFC-DC)** |
| MFC-DC has various training and resources for providers. The library of material available is accessible in person, online on our website, and in paper-based newsletters and mailings. Current subject matter includes clinical topics, such as evidence-based practices and integrated models, and administrative topics, such as authorization, claims procedures and value-based reimbursement. MFC-DC will provide curricula in trauma-informed care, motivational interviewing, case management, and common behavioral health diagnoses. Provider relations representatives are assigned to each provider and available to answer questions and are a liaison between the provider and the plan. Care management staff are available to work with providers, especially about complex conditions. |

**Q6. What advantages and concerns do you see for behavioral health providers to join existing clinically integrated networks (CINs) serving the Medicaid population or consider forming a CIN of just behavioral health providers**? Return to top ↺

## Amerigroup DC

Amerigroup DC has seen promising results where community providers have achieved maximum integration of services and will continue to look for ways to assure that such integration of services also receives support through reimbursement strategies.

## AmeriHealth Caritas DC

Clinically integrated networks (CINs) allow providers to leverage shared administrative services, like technology infrastructure, credentialing, and data analytics to standardize processes across their organizations. This can help minimize the cost that each organization incurs and can help hold each other accountable towards shared outcomes. We have already seen the value of CINs in the integrated primary care space in DC with our Federally Qualified Health Centers (FQHCs). There is a huge need for behavioral health and substance use disorder providers to take a similar step and demonstrate their value by either joining existing CINs or forming their own. The main concern may be on the provider side of how to get from A to Z and to see the other providers in the network as partners and not competitors.

## Health Services for Children with Special Needs, Inc. (HSCSN)

HSCSN's focus is to improve outcomes and promote access to quality services. Given the data show that co-occurring behavioral health conditions impact the outcomes for individuals with specific physical health conditions, patient outcomes are better when a whole person, integrated approach to their care is taken. As such, one expects improved care and outcomes for patients when behavioral health providers who are part of clinically integrated networks (CINs). Having been in the provider world, a concern and challenge is how to configure your day-to-day operations and workforce to navigate a world that requires more active and intentional collaboration across systems, including how to share information (bi-directionally); have the resources and bandwidth to collect, track and trend data; and have the ability to adopt and apply evidence-based screening tools, to refer out appropriately, and to apply (over time) what you have learned. Leveraging the resources and collaboration within a CIN as it relates to social determinants of health (SDoH) impacts on the population is a benefit.

## MedStar Family Choice District of Columbia (MFC-DC)

Advantages for joining an existing clinical integrated network (CIN) include participating in a network that is provides a broad array of medical specialists, infrastructure for coding integrity, revenue cycle management and functional, and integrated timely payments. Participation in an existing CIN may reduce administrative burden and facilitate communication and collaboration among its participants. Regulatory updates, compliance alerts, and plan to implement plans of corrections as needed help reduce the administrative burden in CINs. Disadvantages include being a relatively small part of a larger organization and not benefitting from the CIN as much as some of its larger members, which may impact value-based payments. Some physical health-based CINs may not appropriately prioritize behavioral health.

**Q7. Please share key contact information or resources for providers.** Return to top ↺

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