Innovations in Medicaid: How States Can Use ARPA Funding to Support HCBS Technology Needs

NORC Managed Care Organization Learning Hub Webinar Series with Support from MolinaCares Accord

3/9/2022

speire HEALTHCARE STRATEGIES

NORC at the University of Chicago

What is the NORC MCO Learning Hub?

- The NORC MCO Learning Hub is committed to providing information on ways to transform health equity and health care to key Medicaid and MCO leadership, consumer groups, and other key industry groups

Innovations in Medicaid Webinar Series

- Six-part quarterly webinar series through 2022, highlighting innovations in Medicaid
- Our last session focused on addressing the care fragmentation crisis for dually eligible individuals; the slides and recording are available on the Hub website: https://www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx

- **All attendees will remain in listen-only mode**
- **Please send any questions for presenters using the Q&A box at the bottom – we'll have a Q&A session at the end**
- **The slides can also be accessed on our website: https://www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx**

Agenda

01 Introduction

02 Presentation from Damon Terzaghi with Facilitated Discussion

03 Presentation from Allison Rizer with Facilitated Discussion

04 Presentation from Michelle Bentzien-Purrington with Facilitated Discussion

05 Open Q&A

06 Conclude

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NORC at the University of Chicago

- American Rescue Plan Act (ARPA) provides unique investment opportunity for states with an extra 10% federal funding (FMAP) for Medicaid HCBS
- Historic underinvestment in Health Information Technology (HIT) for the HCBS population
  - Excluded from previous federal efforts (HITECH)
  - Care coordination challenges, especially for dual eligible members
  - Electronic Visit Verification in early stages
  - Expanded efforts to connect public health and Medicaid data sources
  - Health information exchanges have value, but are currently not typically connecting to long-term care

Tom Betlach

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Damon Terzaghi

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Senior Director of LTSS Policy
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Leadership, innovation, collaboration
for state Aging and Disability agencies

ARPA HCBS Funding and IT

MCO Learning Hub
March 9, 2022

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Leadership, innovation, collaboration for state Aging and Disability agencies.

ADVANCING STATES

Our mission is to design, improve, and sustain state systems delivering long-term services and supports for older adults, people with disabilities, and their caregivers.

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State ARPA Spending Plans

- States must submit plans to the Federal Government (CMS) on how to spend the money
- State spending plans demonstrate Long Term Services and Supports (LTSS) priorities moving forward
- Compilation of all plans: https://www.medicaid.gov/medicaid/home-community-based-services/guidance/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817-spending-plans-and-narratives/index.html
- Analysis of plans available: http://www.advancingstates.org/policy/federal-advocacy/advocacy-alerts/advancing-states-releases-analysis-state-hcbs-spending-plans

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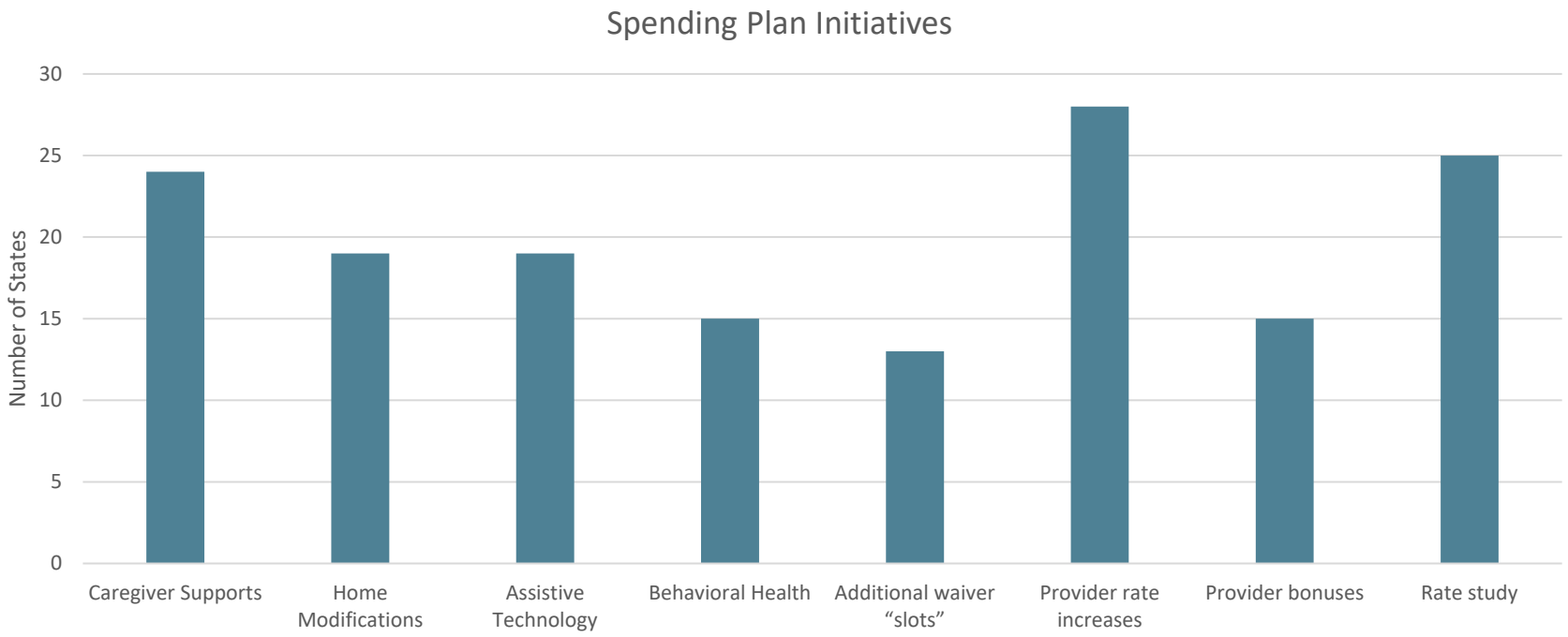
Summary of Plans



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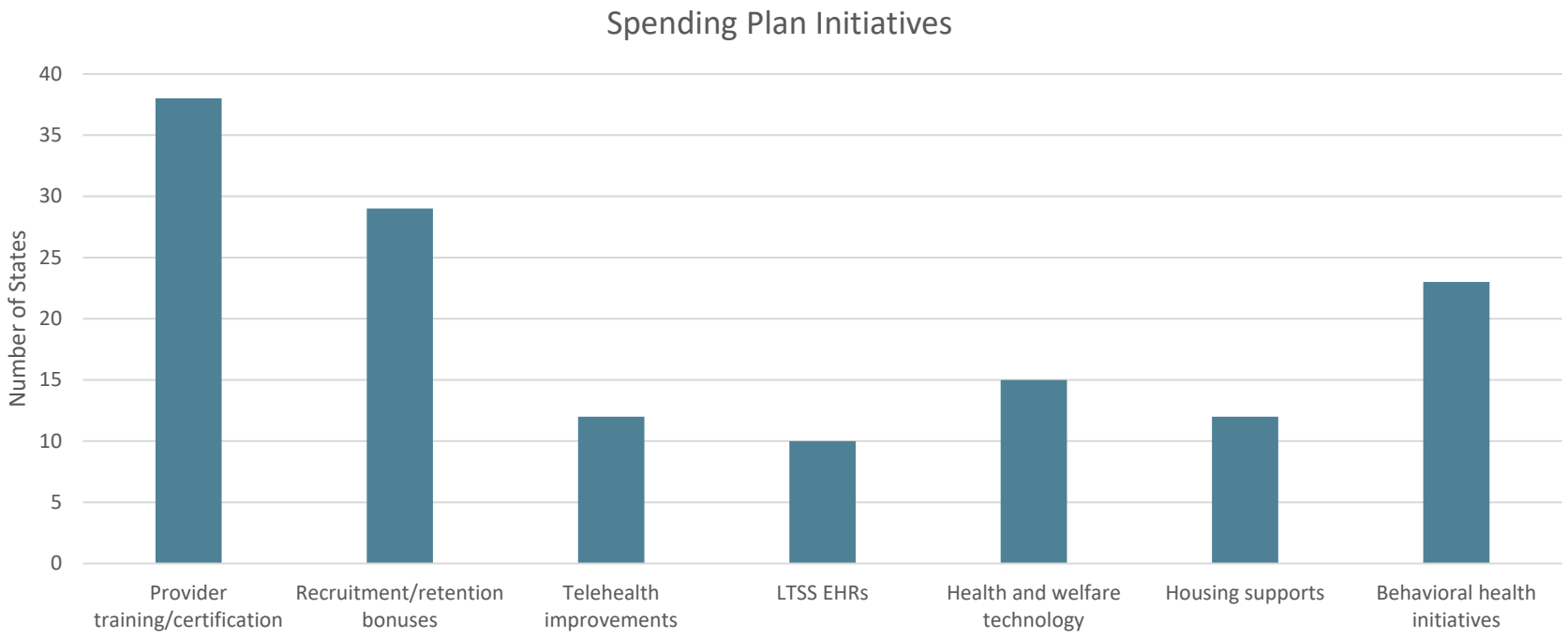

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IT Examples from ARPA Plans

- Support interoperability between ADRC technology and data systems with CBOs, health plans, and counties (**California**)
- Expand data sharing across entities, including state agencies, to improve member and care coordination, and ensure interoperability across technology systems (**Colorado**)
- Focused improvements that include software replacement to improve public reporting of HCBS metrics (**Connecticut**)
- Incentivize HCBS providers to adopt certified electronic health records (EHRs) and connect to the DC Health Information Exchange (**D.C.**)
- Build upon existing ACL/state initiative to explore opportunities to support the exchange of screening and assessment data across health information exchanges (**Missouri**)

IT Examples from ARPA Plans

- Assist HCBS providers purchase data systems, including EHRs and care coordination tools, and connect to the Health Information Exchange (**Vermont**)
- Funding for HCBS residential alternatives providers to upgrade electronic health record systems to ensure interoperability (**Hawaii**)
- Upgrades to the state's electronic Long-Term Services and Supports system & expansion of data sharing across entities, including promoting interoperability across technology systems (**Mississippi**)
- Establish a Behavioral Health Promoting Interoperability Program for providers based on incentive payments tied to provider milestones (**New Jersey**)

Key Considerations and Challenges

- Wide range of IT initiatives proposed:
  - EVV implementation/improvements;
  - Case management systems;
  - Incident management/health and welfare systems;
  - EHR/HIT implementation.
- Depending on the technology, states may be able to leverage 90/10 match on the state savings;
- States only have until 2024 to spend the funds:
  - Very tight timeline for IT development – APDs, RFPs, etc
  - Many states have not yet drawn down ARPA funds
- States received significant cash infusion but many did not receive additional staff

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for state Aging and Disability agencies

Thank you!

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Facilitated Discussion

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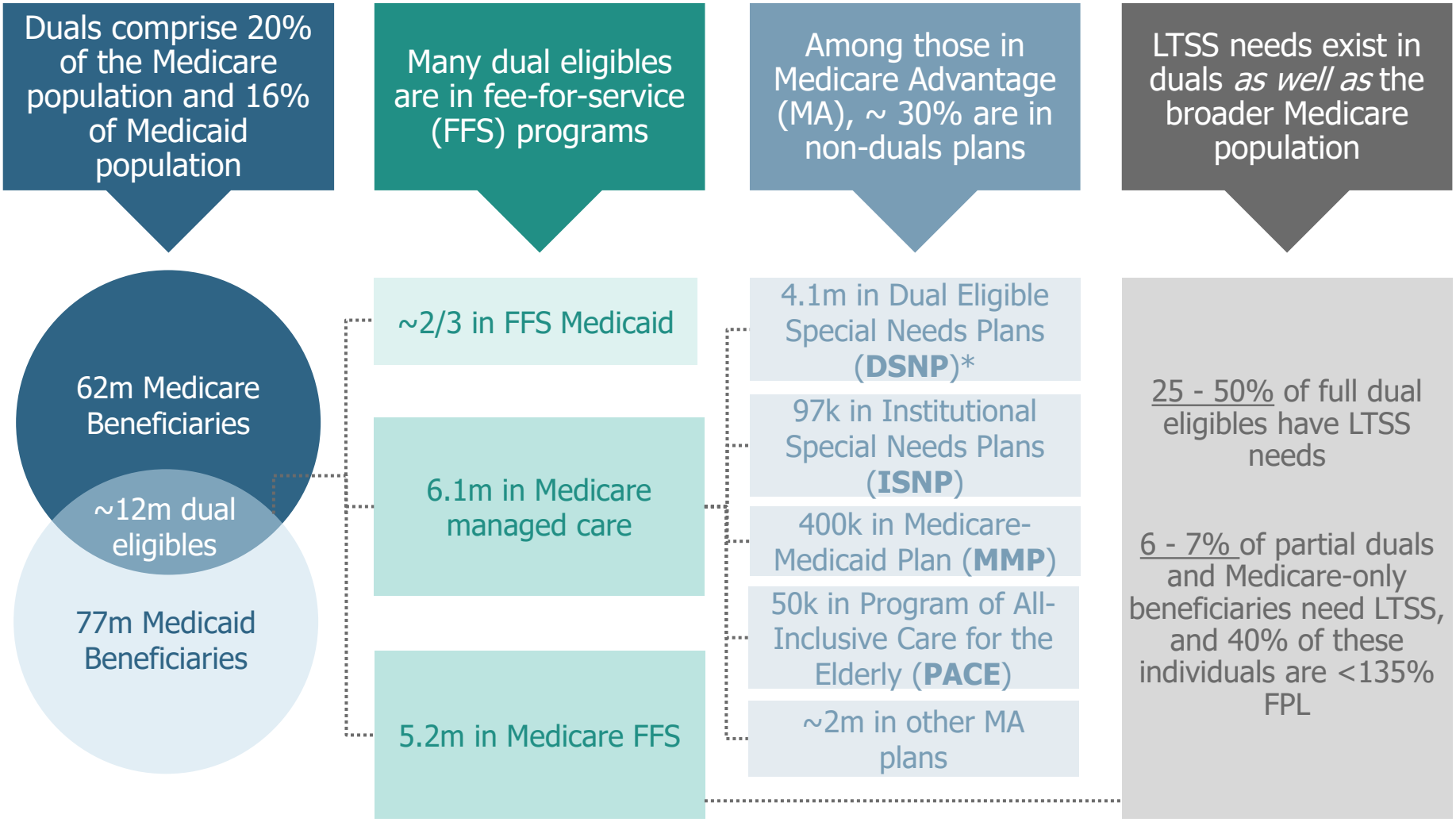
IDEAS TO ACTION IN HEALTHCARE & AGING

Using Technology and Data to Integrate with Medicare

March 9, 2022

Allison Rizer, Principal

Dual Eligibles Often Experience Disconnected Care



Numbers are approximate; *3.5m in DSNP in June 2021, growing to 4.1m by Feb 2022

Source: ATI Advisory analysis of 2017 and 2018 Medicare Current Beneficiary Survey (MCBS), CMS enrollment data (Feb 2022) and Master Beneficiary Summary File (June 2021), CMS Oct 2021 Medicaid data.

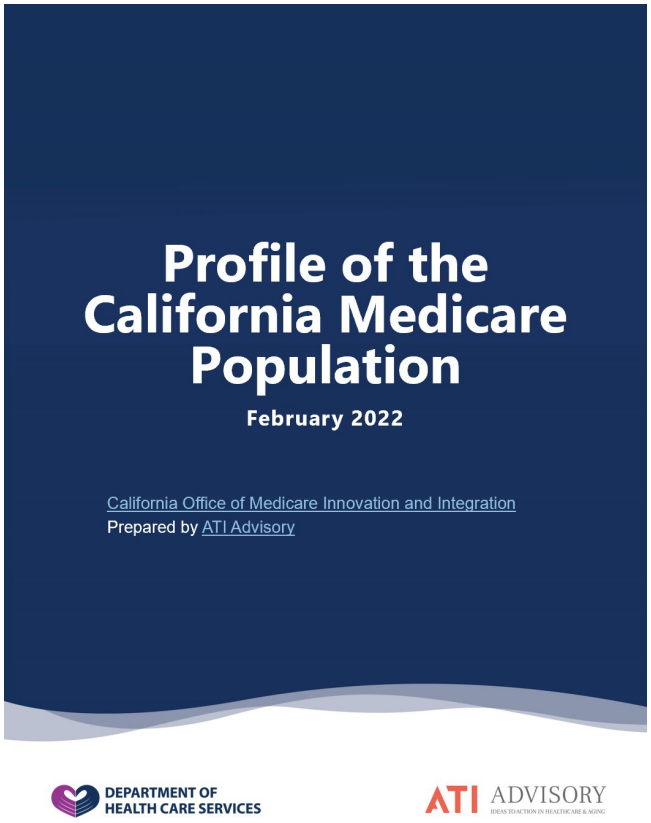
Different Solutions for Different Scenarios

	State ARPA Examples
D-SNP with Planned Medicaid Alignment	**Indiana.** Bring in Medicare encounter data from D-SNPs to integrate with the State's enterprise data warehouse. Incorporate D-SNP CAHPS data and other data with Indiana Health Information Exchange (HIE).
	DC. Enhance the District's web-based clinical case management system and services to assist in Managed LTSS (MLTSS) expansion and transition of Dual Eligible participants from 1915(c) waiver to D-SNPs.
D-SNP without Medicaid Alignment	**Missouri.** Implement HIT care coordination enhancements (e.g., hospital admission, discharge, and transfer notifications) to share information across settings. Integrate Medicare/Medicaid data and/or improve Medicaid MCO access to Medicare data for individuals receiving HCBS who are dually eligible.
No D-SNP Experience	**New Hampshire.** Develop experience with D-SNP or PACE pilots to learn how integration can meet community and institutional needs.

Deep Dive: California Office of Medicare Innovation and Integration (OMII)

Part of the Department of Health Care Services (DHCS), the purpose of OMII is to improve health outcomes, quality, affordability, and equity for Medicare beneficiaries in California. An area of focus is Medicare data analytics:

- Demographics (e.g., race, age, dual status, language)
- Medicare FFS utilization
- Medicare FFS Accountable Care Organization (ACO)
- Medicare Advantage participation and enrollment trends
- Medicare Advantage supplemental benefits
- Geographic comparisons (e.g., rural versus urban counties)



California HCBS spending plan includes No Wrong Door system/ ADRC to allow interoperability between ADRC technology and data systems of CBOs, health plans, and counties, in line with the state's Cal-AIM expansion and OMII goals. OMII also engaging on public dashboard reporting as part of the spending plan.

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A Medicaid MCO's Perspective: Technology Solutions for HCBS Populations

How States Can Use ARPA Funding to Support HCBS Technology Needs
3/9/2022

Michelle Bentzien-Purrington
Senior Vice President, MLTSS
Molina Healthcare

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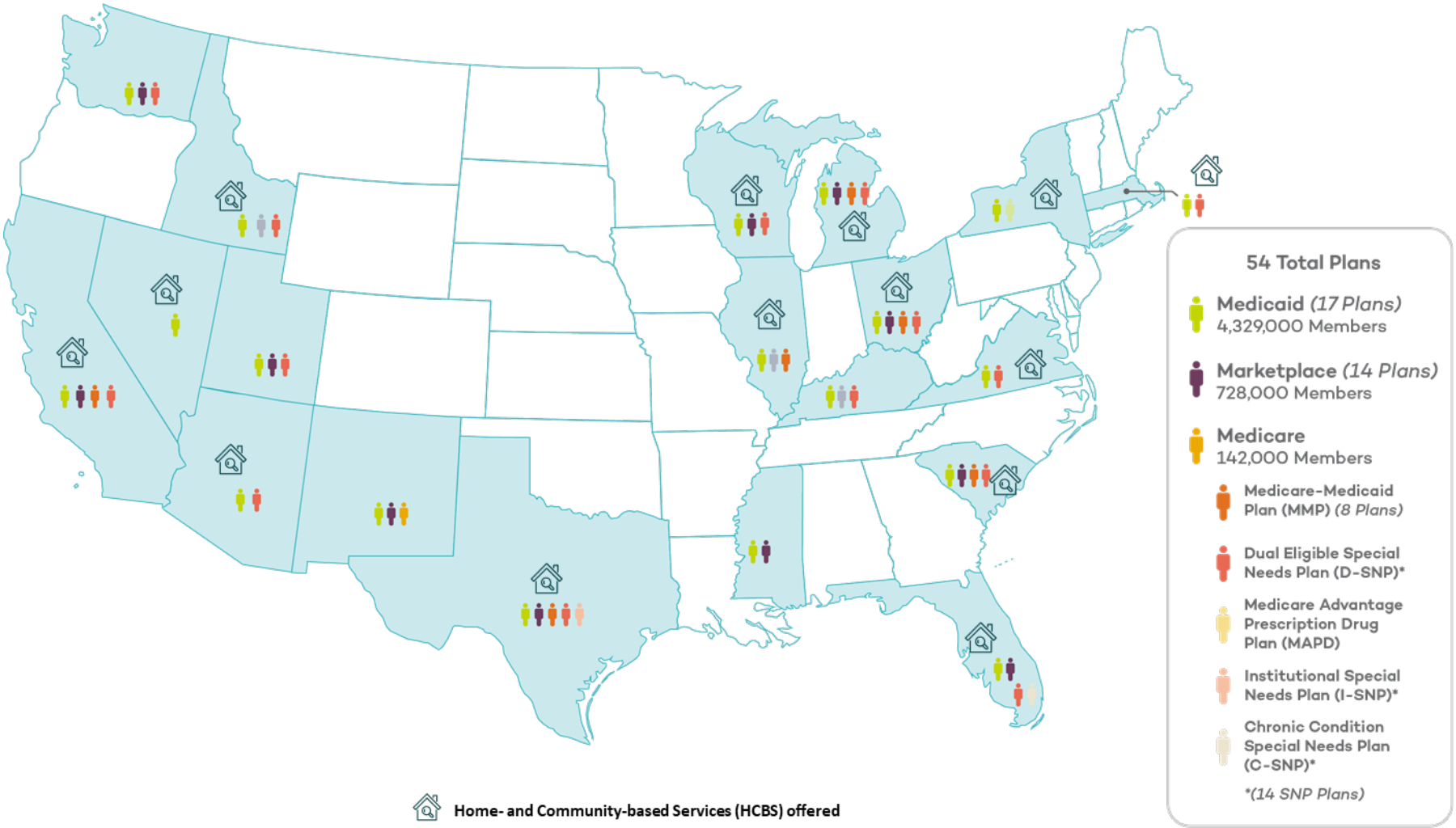
OVERVIEW AND HCBS EXPERIENCE

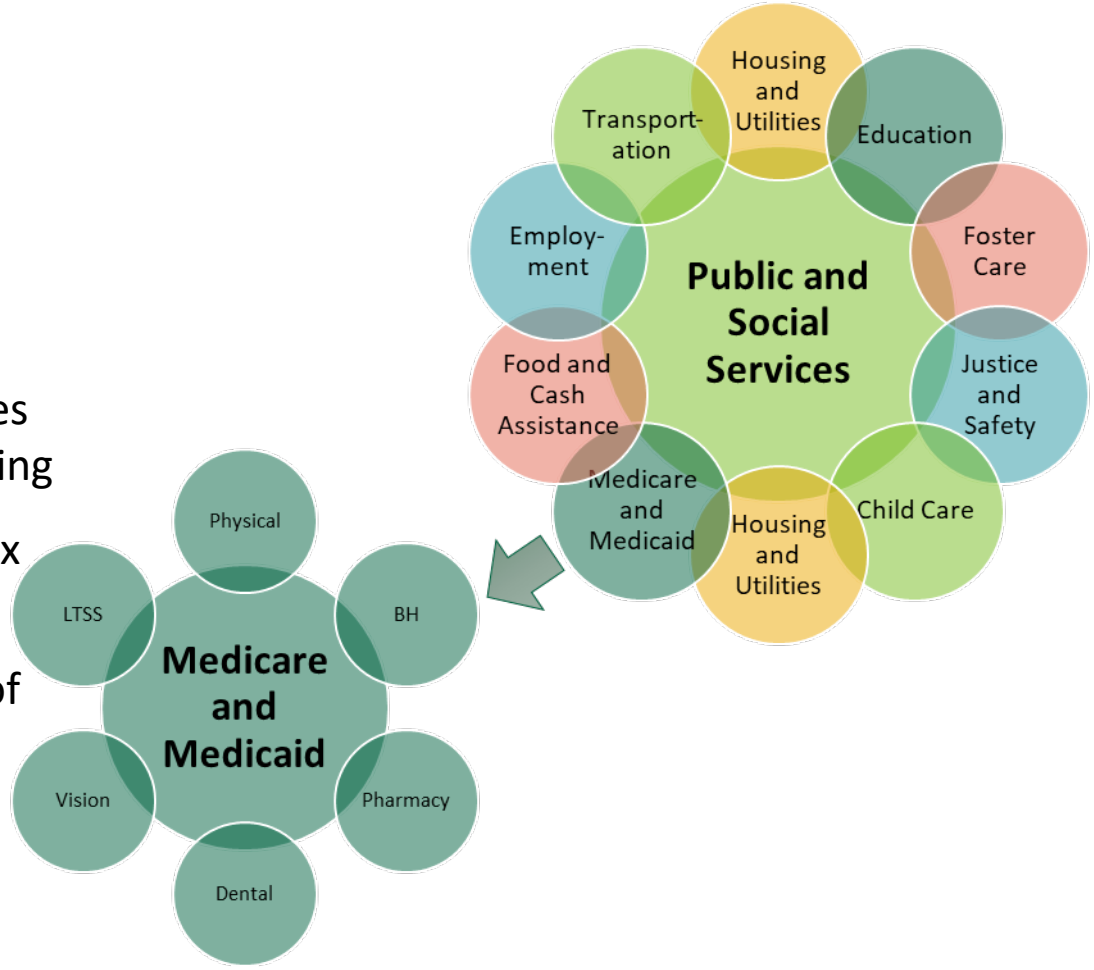
5.1M individuals served, offering HCBS in 14 states



Fragmented social system is challenging to navigate and poses a barrier to person-centered, holistic care and service

Molina's HCBS Members

- 100% low income
- 76% medically complex
- 27% meet nursing facility criteria
- 44% rely on paid attendant services with workforce challenges increasing
- 79% have Social Vulnerability Index >50
- 68% Black, Indigenous, & People of Color (BIPOC)
- 64% of members are Medicare-Medicaid dual eligible enrolled in unaligned health plans



Limited interoperability among systems

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IMPROVING COORDINATION

Using data to better serve individuals with HCBS needs

Challenges

- Limited visibility to members' emerging risks and needs
- Lack of information sharing among providers, community-based organizations (CBOs), social services agencies
- Limited and outdated member information from government partners

Molina Initiatives

- **Molina Insights** aggregates information from disparate sources to inform person-centered solutions and value-based relationships
- **Molina Data Hub** exchanges information with multiple systems to improve coordination

Outcomes

- Increased visibility of emerging needs
- Increase SDOH gap closure, expand CBO capacity
- Improve outcomes through earlier, tailored interventions
- Increase interoperability, coordination with health, community and plan providers

Start with the possible

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SPOTLIGHTS

Improving coordination and community living

Opportunity 1

Improve hospital and institutional transition outcomes through earlier intervention

ADT alerts 4x daily

+

Earlier engagement

=

- Increased discharges to community
- 12% decrease in readmission
- 82% increase in member contact information
- 7% decrease in ED utilization

Opportunity 2

Close gaps and increase community persistence

EVV change in condition monitoring

+

Custom interventions

=

- Closed quality gaps
- 9% improvement in AAP rate
- 7% decrease in inpatient utilization
- 100% remain in the community

Data sharing improves coordination and outcomes

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ADDITIONAL OPPORTUNITIES

Recommended best practices for improving provider and member experience through data sharing

Delivery System Data Sharing

- Member data
  - Medicare payor
  - Medicare claims
  - Race, ethnicity, language, disability, gender, sexual orientation
  - SDOH information (income, food, housing, transportation, justice-involved, refugee status)
- Raw EVV data
- Assessment information
  - Medical necessity level of care
  - SIS, InterRAI
  - ACEs
  - PASRR
  - MDS
- Care and service plans

Collaboration

- Leverage health plans' skills and resources
- Extend flexibilities to leverage data, technology and technology training
  - Alternative care delivery method
  - In lieu of traditional services
- Promote SDOH platforms that demonstrate interoperability without redundant costs to the social system
- Offer data extracts and exchanges in addition to system access
- Promote and adopt data exchange standards

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Facilitated Discussion

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Future webinars in this series will be scheduled soon; subscribe on our website to receive notifications!

Thank you.

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