Health Data Decisions

The Whole Picture: Keys to Success Under Managed Care

Keith Bell, MPH

Director of Quality

5/7/2018

Agenda

Goal: Learn how to be successful in working with managed care companies

- How MCOs manage payment
- Information needs and uses
- Keys to success
- Future directions

Health Data Decisions

Get Ready to Poll

- Create a text to 22333
- Message: HDD2016
- Wait for a reply saying that you have been added to the poll

HEALTH DATA DECISIONS

How MCOs Manage Payment

HEALTH
DATA
DECISIONS

Disclaimer

- Information is general
- Rules and regulations vary by state
- Models vary by payer
- Terminology can be confusing

- All of HDD's work has been custom

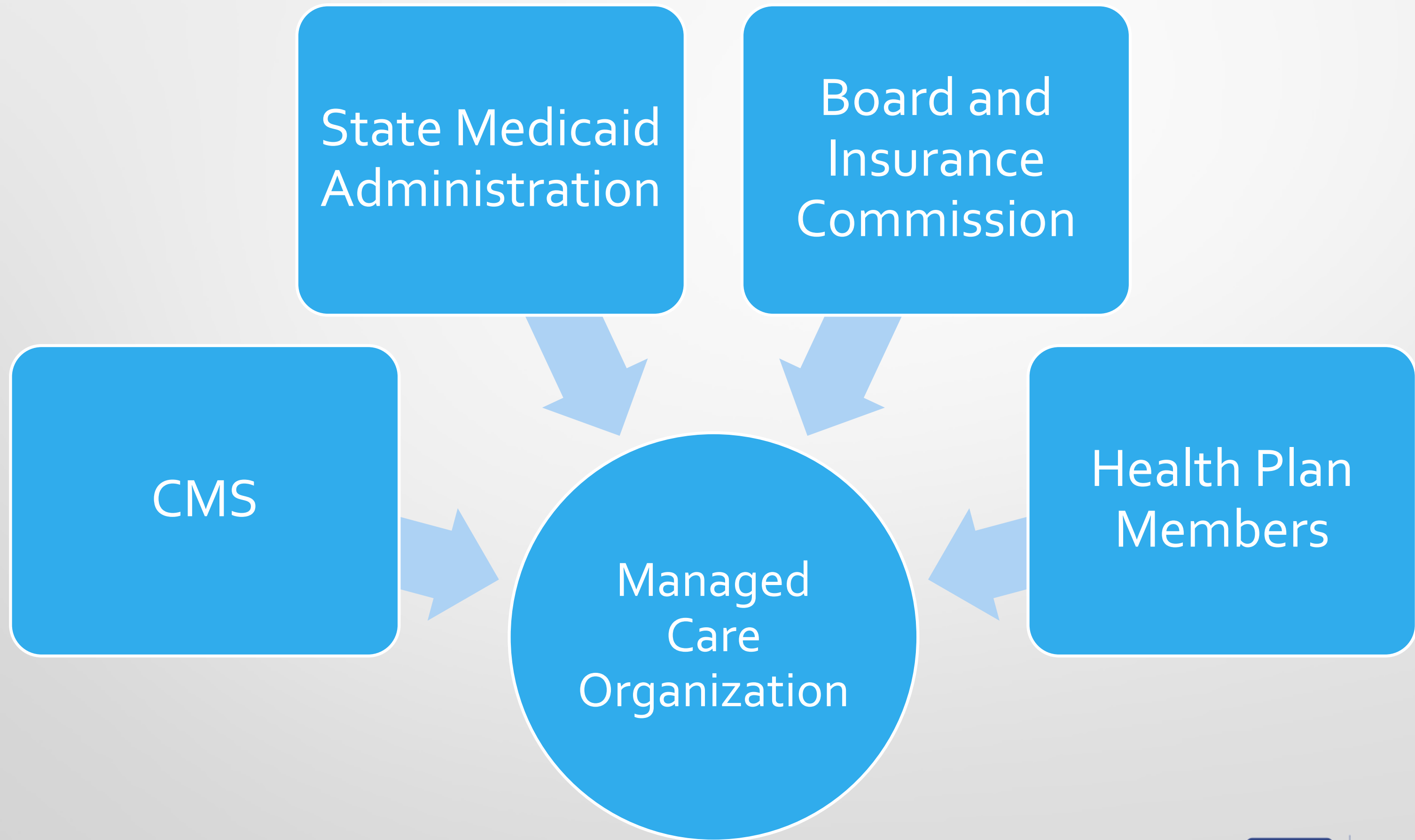
HEALTH
DATA
DECISIONS

©2018 Health Data Decisions

Poll: MCO payment goals

©2018 Health Data Decisions

MCO has many masters



HEALTH DATA DECISIONS

©2018 Health Data Decisions

Two Government Agencies

Medicare

- Generally primary payer
- Option 1: Traditional
  - Part A & B: medical care
  - Part D: medications
- Option 2: Managed Care
  - Part C and D with MCO
- Covers acute and preventive

Medicaid

- Payer of last resort
- Method varies
  - CMS sets overall rules
  - State administers
- Many managed models
  - MLTC
  - Dual eligible
  - MMP demonstrations

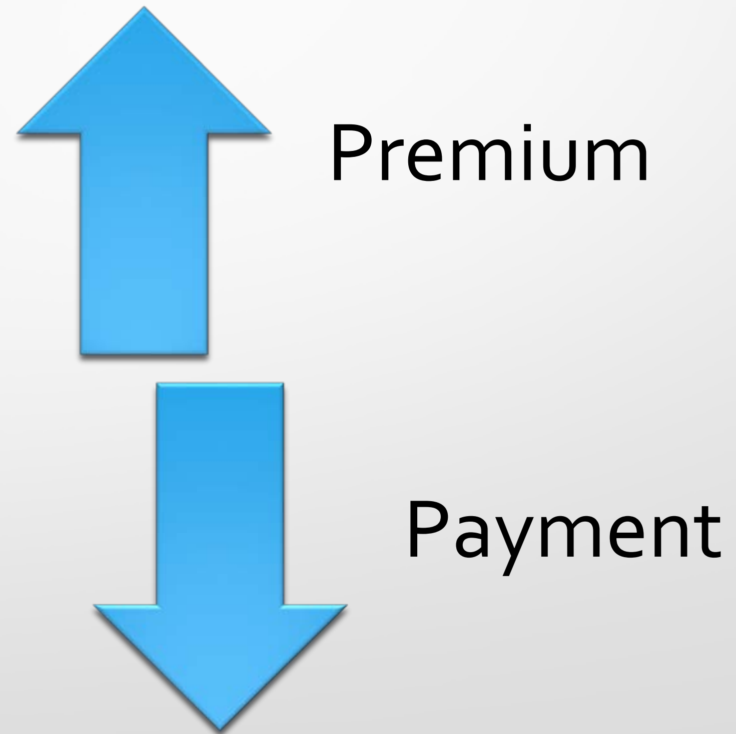
Health Data Decisions

Managing Long Term Needs

Clinical

- Medical care
    - Preventive services
    - Ambulatory visits
    - Inpatient care
- Mental health supports
- Daily management
    - ADL/IADL
    - Personal care
    - Medications

Financial



©2018 Health Data Decisions

Making Decisions

- What is the clinical need?
- What are the rules and guidelines?
- How do we pay for it?

©2018 Health Data Decisions

Cost certainty is a goal of managed care.

People are a complication.

HEALTH DATA DECISIONS

Acting on Decisions

Technical

- Claims system
  - Edit checks
  - Payment rules
- Care Management
  - Authorization
  - Referrals
- Analytics
  - Predictive costs
  - Review of care delivered

Operational

- Health plan operations
  - Policies
  - Training manuals
  - Job aids
  - Workflows
- Provider relations
  - Contracts
  - Payment arrangements
  - Technical assistance

Health Data Decisions

©2018 Health Data Decisions

Change Does Occur

- Regular review of policies
- New cases not addressed
- Changes to regulations
- Changes to premiums
- Negotiations and contracting

- Member status

HEALTH
DATA
DECISIONS

©2018 Health Data Decisions

Information Needs and Uses

©2018 Health Data Decisions

Poll: Information Sharing with MCO

HEALTH
DATA
DECISIONS

©2018 Health Data Decisions

What is a Claim?

- Combines bill and record of care
- Covers the W's
  - Who provided care?
  - What services did they perform?
  - Where was it done?
  - When did it start and end?
  - Why was it necessary?
- Necessary to ensure payment is accurate
- Coded at visit level

Health Data Decisions

Claim is Acute Model

- Personal care services don’t fit properly
  - Not in coded units
  - Beginning and end not strictly defined
  - Beyond just medical care
- Claim = episode of care
  - One per day
  - One per week
  - One per month
- Claim/non-claim mixed model

Health Data Decisions

©2018 Health Data Decisions

Need More Why

MINIMUM DATA SET - HOME CARE (MDS-HC)©

• *Unless otherwise noted, score for last 3 days*

• *Examples of exceptions include IADLs/Continence/Services/Treatments where status scored over last 7 days*

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	NAME OF CLIENT	**a.** (Last/Family Name) **b.** (First Name) **c.** (Middle Initial)
2.	CASE RECORD NO.	
3.	GOVERNMENT PENSION AND HEALTH INSURANCE NUMBERS	**a.** Pension (Social Security) Number **b.** Health insurance number (or other comparable insurance number)

2.	REASONS FOR ASSESSMENT	***Type of assessment*** 1. Initial assessment 2. Follow-up assessment 3. Routine assessment at fixed intervals 4. Review within 30-day period prior to discharge from the program 5. Review at return from hospital 6. Change in status 7. Other

SECTION BB. PERSONAL ITEMS *(Complete at Intake Only)*

1.	GENDER	1. Male 2. Female
2.	BIRTHDATE	Month — Day — Year
3.	RACE/ ETHNICITY	(***Check all that apply***) ***RACE*** American Indian/Alaskan Native **a.** Asian **b.** Black or African American **c.** Native Hawaiian or other Pacific Islander **d.** White **e.** ***ETHNICITY:*** Hispanic or Latino **f.**
4.	MARITAL STATUS	1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other
5.	LANGUAGE	Primary Language 0. English 1. Spanish 2. French 3. Other
6.	EDUCATION (*Highest Level Completed*)	1. No schooling 2. 8th grade/less 3. 9-11 grades 4. High school 5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree
7.	RESPONSIBILITY/ ADVANCED DIRECTIVES	(***Code for responsibility/advanced directives***) 0. No 1. Yes **a.** Client has a legal guardian **b.** Client has advanced medical directives in place (for example, a do not hospitalize order)

SECTION B. COGNITIVE PATTERNS

1.	MEMORY RECALL ABILITY	(***Code for recall of what was learned or known***) 0. Memory OK 1. Memory problem **a.** Short-term memory OK — seems/appears to recall after 5 minutes **b.** Procedural memory OK—Can perform all or almost all steps in a multitask sequence without cues for initiation
2.	COGNITIVE SKILLS FOR DAILY DECISION-MAKING	**a.** How well client made decisions about organizing the day (e.g., when to get up or have meals, which clothes to wear or activities to do) 0. *INDEPENDENT*—Decisions consistent/reasonable/safe 1. *MODIFIED INDEPENDENCE*—Some difficulty in new situations only 2. *MINIMALLY IMPAIRED*—In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times 3. *MODERATELY IMPAIRED*—Decisions consistently poor or unsafe, cues/supervision required at all times 4. *SEVERELY IMPAIRED*—Never/rarely made decisions **b.** Worsening of decision making as compared to status of **90 DAYS AGO** (or since last assessment if less than 90 days) 0. No 1. Yes
3.	INDICATORS OF DELIRIUM	**a.** Sudden or new onset/change in mental function over **LAST 7 DAYS** (including ability to pay attention, awareness of surroundings, being coherent, unpredictable variation over course of day) 0. No 1. Yes **b.** In the **LAST 90 DAYS** (or since last assessment if less than 90 days), client has become agitated or disoriented such that his or her safety is endangered or client requires protection by others 0. No 1. Yes

SECTION C. COMMUNICATION/HEARING PATTERNS

1.	HEARING	(*With hearing appliance if used*) 0. *HEARS ADEQUATELY*—Normal talk, TV, phone, doorbell 1. *MINIMAL DIFFICULTY*—When not in quiet setting 2. *HEARS IN SPECIAL SITUATIONS ONLY*—Speaker has to adjust tonal quality and speak distinctly 3. *HIGHLY IMPAIRED* —Absence of useful hearing

SECTION CC. REFERRAL ITEMS *(Complete at Intake Only)*

1. DATE CASE

Needs-level Authorization

- ADL and IADL needs
  - Surveyed on regular schedule
  - Intended to be “bad day” level
- Diagnoses and severity
  - Condition-related care
  - Monitoring and provider follow-up requirements
- Medications
  - Schedule
  - Dosing and administration of injectables

HEALTH DATA DECISIONS

©2018 Health Data Decisions

Data is Important

- Complete claims
- Service verification
- Diagnostic information and status
    - Changes in ADL/IADL
    - Changes in conditions
    - Communicate with care team

- Payment can only be made for known needs

Health Data Decisions

Keys to Success in Working with Managed Care

HEALTH DATA DECISIONS

©2018 Health Data Decisions

Poll: Opinions about MCO's

HEALTH
DATA
DECISIONS

©2018 Health Data Decisions

Understanding MCOs

- Plans follow the rules
  - Internal policies
  - Rules and regulations—may be multiple sets
- Personal care is fee not wage
  - Collection of services with regular frequency
  - Categories paid set in regulation or policy
- Claim processing is highly automated
- A goal is to provide appropriate care

Health Data Decisions

©2018 Health Data Decisions

Management Part of Managed Care

- Documentation requirements serve purpose
  - Regulatory—regular HRA (MDS)
  - Health status verification
  - Ensure delivery of care
- Care Managers can advocate for caregivers
  - Work cooperatively
  - Provide information

Health Data Decisions

Authorization and Payment

Authorization

- Be forthcoming
  - Authorization justifies care
  - Terminology important
  - Have backup
- Explain, don't request
- Use health plan language
  - Terms in policy or regulation
  - Ask for definition

Payment

- Monitor frequency and timeliness
  - "Net" in contract
- Most payment automated, not all
  - Care services may be manual
  - Ask if EOB doesn't state
- Denial isn't personal
  - Glitches or human error occur
  - Look for innocuous reason first

HEALTH DATA DECISIONS

Appeals and Grievances

- Strict regulated process
- First stage is internal with plan
  - Medical director and/or internal committee
  - Issue final determination
- Second stage uses outside entity
  - Not always government
  - Maximus is Independent Review Entity for Medicare
- **Tracked by regulators**—Stars incentive includes appeals

Health Data Decisions

©2018 Health Data Decisions

Satisfaction is Important

- ACA supports incentives for quality and satisfaction
- Medicare Star ratings
  - Satisfaction with the Experience of Care
  - Improving Physical Health
  - Improving Mental Health
- Increasing organizational awareness
- Substantial payment for high rated plans

HEALTH DATA DECISIONS

©2018 Health Data Decisions

Future Directions

HEALTH DATA DECISIONS

©2018 Health Data Decisions

Innovative Uses of Data

- What works best to maintain or improve health?
  - Compare status changes among care models
- Cost modeling
  - Most effective to maintain health at lowest cost
  - Highest satisfaction at lowest cost

Health Data Decisions

©2018 Health Data Decisions

Model of Care

- Increased use of telehealth
  - “Home” visits by video clinician
  - Remote monitoring
- Improved collaboration
  - Connect providers, plan, caregivers
  - Online access to records and tools

©2018 Health Data Decisions

Rules and Regulations

- Long change cycle
  - CMS rulemaking process
    - Proposed rule
    - Public comment
    - Final rule
  - State rule—varies
  - MCO policy change
- Trend towards reduction in payments, cost control

Health Data Decisions

Questions?

Typed questions will be answered in order

HEALTH DATA DECISIONS

©2018 Health Data Decisions

Session Presenter

Keith Bell, MPH

Director of Quality

Health Data Decisions

kbell@healthdatadecisions.com

(617) 334-5187

Health Data Decisions

About Health Data Decisions

Health Data Decisions is a Massachusetts-based health analytics firm founded in 2008. We offer strategic data solutions for health plans and vendors, bringing broad expertise in data management and analytics, medical economics, risk adjustment, HEDIS, CMS 5-Star®, regulatory reporting, and systems strategy. Our principal consultants have an average of 15 years of health care data analytics and management experience. Our core competencies include:

- HEDIS and CMS 5-Star® optimization
- Medicare Advantage revenue optimization
- Advanced analytic services and predictive modeling
- Clinical outcomes and program evaluation
- Patient centered medical home (PCMH) programs
- Behavioral health system development, reporting and analysis
- Clinical registry data standards and database application design
- Multistate all-payer database design and implementation
- Health risk assessment (HRA) and PHQ9 implementation
- Integration of clinical grouping tools (ETG, DCG, ACG, CRG, DRG)
- Data governance and best practices

HEALTH DATA DECISIONS

©2018 Health Data Decisions