Medicaid Basics for HIV Prevention Programs

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Disclaimer

- Funding for this webinar was made possible (in part) by the Centers for Disease Control and Prevention (CDC).
- The views expressed in by the speakers and moderator do not necessarily reflect the official policies of the Department of Health and Human Services (DHHS), nor does the mention of trade names, commercial practices, or organizations imply endorsement by the US Government

Meet the Experts

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Four-Part Training Series

- **October 28, 2014:** Delivering HIV Counseling and Testing Services to Insured Populations
  (recording on CIS website , if you missed it)
- **November 6, 2014:** Medicaid Basics for HIV Prevention Programs
- **November 20, 2014:** Commercial Health Insurance Basics for HIV Prevention Programs
- **December 4, 2014:** New Opportunities for Community-Based HIV Prevention and Care Management Services to Insured Populations

ALL WEBINARS

2 PM EST

1 PM CST

11 AM PST

CBA for CBOs

Request CBA from CIS!

CIS Focus Areas

- Prevention with Positives
- Prevention with Negatives
- Organizational Development (including HIV financing)
- HIV testing

Directly CDC-Funded

If you are a CBO that receives direct funding from the CDC, request capacity building assistance using the CBA Request Information System (CRIS)

Indirectly or Not CDC-Funded

If you are a CBO that is not CDC-funded or indirectly funded, request the health department in your jurisdiction to submit a CBA request on their behalf

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Overview of Today's Topics

- Role of Medicaid
- Role of federal and state governments in operating Medicaid
- Eligible populations and impact of the ACA
- Mandatory and optional covered services
- How Medicaid organizes and pays for services
- Provider enrollment and participation
- Innovation through waivers, demonstration, and innovation grants
- Learn more about your state Medicaid program
- Leading billing-related change in your organization

Participant Poll

How familiar are you with current efforts in your agency to participate as a Medicaid provider?

A. Very familiar
B. Somewhat familiar
C. Neither familiar or unfamiliar
D. Somewhat unfamiliar
E. Not familiar

Medicaid Overview

- Federal and state entitlement program
- Medical assistance for people with limited income and resources
- Covers 60 million adults and children
- Supplements Medicare healthcare benefits for 9 million low income aged and/or disabled individuals

Medicaid Administration

- Federal/state partnership
  - Centers for Medicare and Medicaid Services (CMS) operate the federal program, including setting national policies
  - States receive federal matching funds or Federal Medical Assistance Percentage (FMAP)
    - Used to calculate amount of federal share of state expenditures
    - Varies among states
    - Based on state per capita income and other factors

State Medicaid Administration

- Within broad federal guidelines, states
  - Develop their own programs
  - Develop and operate their own State Plans
  - Establish eligibility standards
  - Determine the type, amount, duration and scope of services
  - Set payment rates for services
  - Partner with CMS to administer its program
- States may change eligibility, services, and payment during the year

Medicaid Eligibility

Medicaid Eligibility

- Eligibility tied to one of the main eligibility groups under the federal Medicaid law
  - Pregnant women
  - Children
  - People with disabilities
  - Seniors
- Financial and non-financial requirements

Children's Health Insurance Program (CHIP)

- Insures low-income children
- State-federal partnership
- CMS establishes broad guidelines
- Federal government provides matching funds
- CHIP FMAP commonly 15% above Medicaid funding
- States receive annual allocation determined by statute

CHIP Eligibility

- CHIP eligibility
  - Be under 19
  - Income up to 200% of FPL or income 50% higher than Medicaid as of June 1, 1997
- Many states have higher limits
- States may add eligibility criteria
- States can design their CHIP in one of three ways
  - Medicaid expansion, separate CHIP, combination

Medicare - Medicaid Enrollees

- Referred to as “dual eligibles”
  - 9 million nationally
- Medicaid may partially or fully cover
  - Part A and/or Part B premiums
  - Other Medicare cost-sharing
  - Long-term care
- Medicaid benefits provided to dual eligibles are also known as Medicare Savings Programs

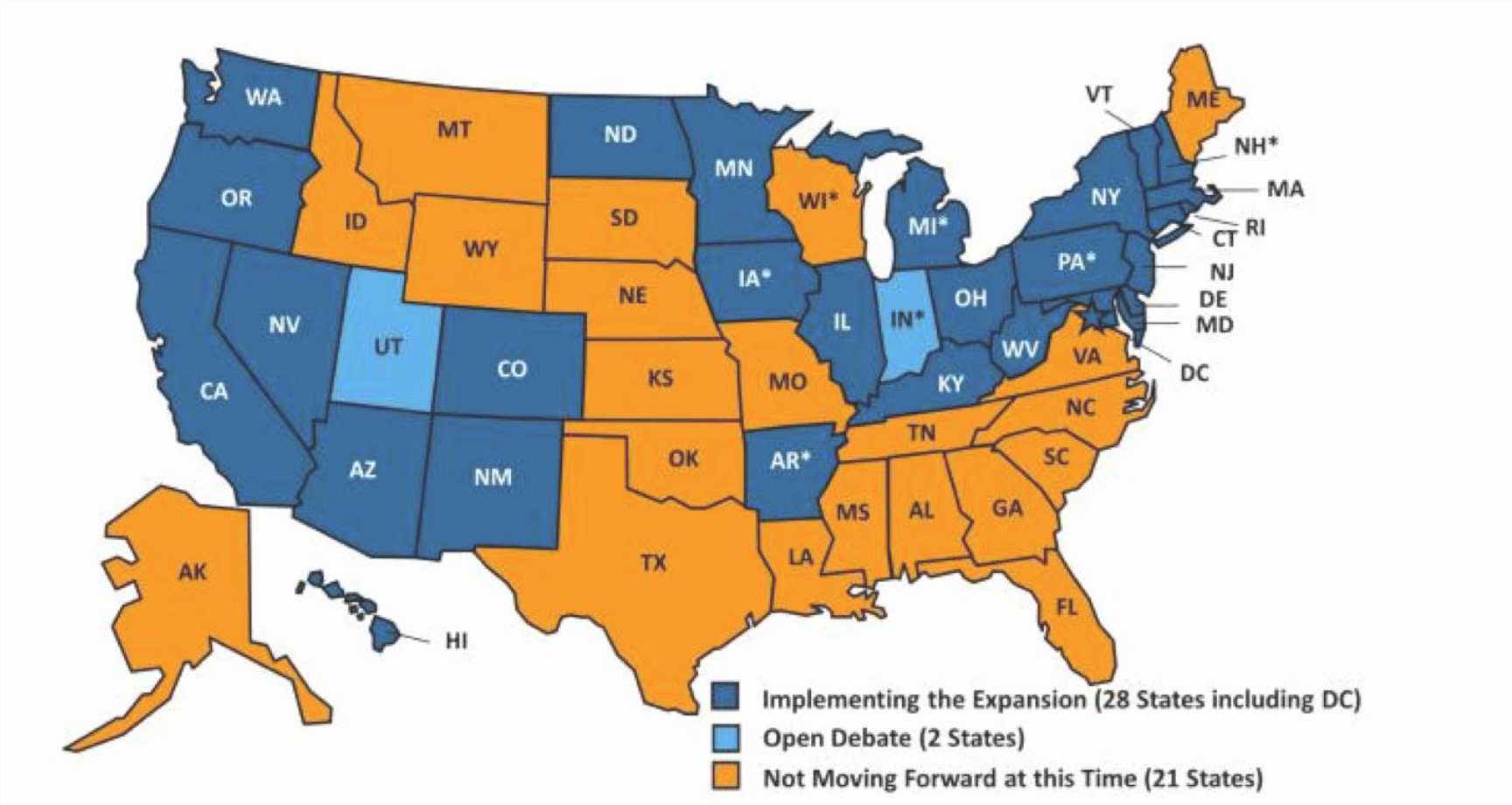
Medicare Savings Programs (MSP)

- Tiered MSP benefits
  - Full Benefit enrollees receive the full array of benefits available in the state
  - Partial Benefit enrollees
    - Qualified Medicare Beneficiary (QMB)
    - Specified Low-Income Medicare Beneficiary (SLMB)
    - Qualified Individuals (QI)
    - Qualified Disabled and Working Individuals (QDWI)
- Automatically qualify for Extra Help

Simplified Medicaid Eligibility

- Four main eligibility groups and minimum eligibility levels
  - Children: average 241% of FPL (varies by state)
  - Pregnant women: 133% FPL (varies by state)
  - Parents: 133% FPL
  - Other adults: 133 % FPL

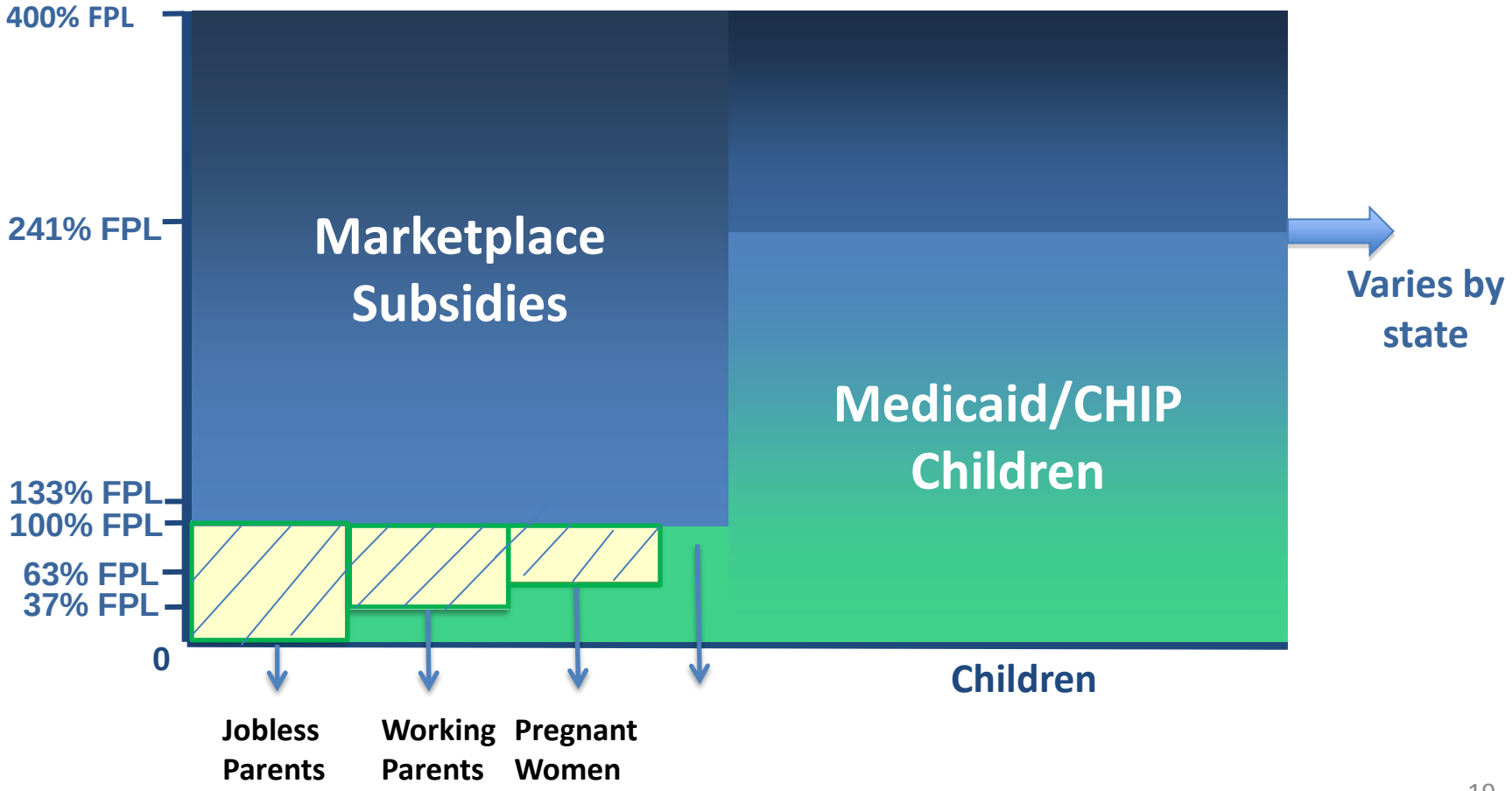
Medicaid Expansion in 2014
26 States and DC



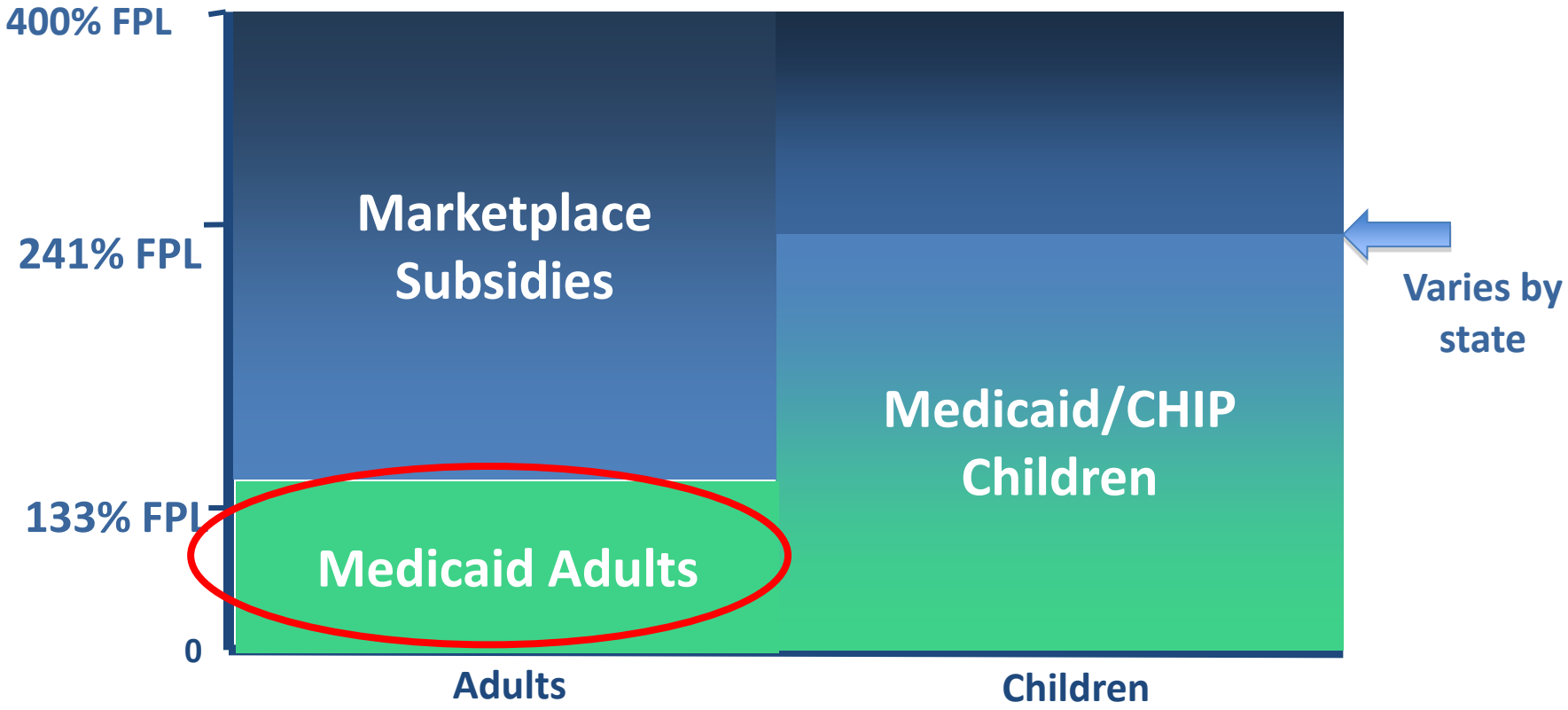
- Henry J. Kaiser Family Foundation, http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/, as of August 28, 2014

Affordable Insurance Programs - Without Expansion

For non-elderly, non-disabled individuals, based on current median state eligibility



Affordable Insurance Programs - With Expansion



States Not Expanding Medicaid

- Resident of states NOT expanding Medicaid
  - May have fewer coverage options
  - May not qualify for either Medicaid or reduced costs on a private insurance plan in the Marketplace
  - May be able to get a hardship exemption and will not have to pay a fee if they do not obtain minimum essential health coverage

Medicaid Service Delivery and Payment

Mandatory Medicaid State Plan Covered Benefits

- Inpatient and outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Nursing facility services
- Home health services
- Physician services
- Federally Qualified Health Center (FQHC) services
- Rural Health Clinic (RHC) services
- Lab and X-ray services

Other Mandatory Medicaid Covered Benefits

- Family planning services
- Nurse midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding birth center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling

ACA-Related Medicaid Benefits

EXPANSION STATES

- ACA requires adults enrolling through Medicaid expansion must receive “alternative benefit plans” (ABPs)
- Must include the ten “essential health benefits” (EHBs) required for Marketplace Qualified Health Plans (QHPs)
- Must also provide the full range of prevention services, including preventive services rated “A” or “B” by the US Preventive Services Task Force (USPSTF) at no cost to the beneficiary
- Must cover family planning services and supplies (e.g., condoms), parity between physical health and behavioral health services, non-emergency transportation, and FQHC and RHC services

ACA Essential Health Benefits (EHBs)

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- **Lab services**
- **Preventive and wellness services and chronic disease management**
- Pediatric services, including oral and vision care

ACA-Related Medicaid Benefits

NON-EXPANSION STATES

- Can voluntarily cover EHBs under their traditional Medicaid benefit packages
- Coverage of preventive services in traditional Medicaid benefit packages is optional
- Some groups, such as the disabled, dual eligible and medically frail individuals, are exempt from enrollment in ABPs and may choose to obtain traditional Medicaid services

Medicaid Waivers

- Allow states to test alternative delivery systems
  - Certain federal laws “waived”
- Types of waivers
  - Section 1915(b) Managed Care Waiver
  - Section 1915(c) Home and Community-Based Services (HCBS) Waiver
  - Section 1115 Research and Demonstration Waiver
  - Concurrent Section 1915(b) and 1915(c) Waivers

Medicaid Payment Models

Fee for Service (FFS)

- Unit-based payment for each service provided
- Payment determined by formulas
- Claims require code systems (e.g., CPTs, ICD, and HCPCS)
- Retrospective payment

Other Payment Models

- Integrate new payment and service delivery models
- Prospective payment
- Primary care coordination payments
- Condition-specific capitation
- New models: shared savings, global payments, pay for performance, budget-based payment systems
- Accountable care organizations
- Vary in financial risk providers must assume

Learn How HIV Prevention Providers Can Participate in Medicaid

Key Next Steps

- Check with your agency about Medicaid contracting
- Understand basics of Medicaid FFS and MCO covered benefits
- Identify Medicaid FFS and MCO opportunities for HIV and other preventive services

Resource: HIVMA, *Strategies for HIV Medical Providers Contracting With Health Insurers*

Check With Your Agency

- Before moving forward
  - Ensure your HIV program's efforts are aligned with your agency's overarching Medicaid participation policies
    - An important step for HIV practices in public health departments
    - Contracts may have been negotiated or are being negotiated
    - Medicaid MCO contracts have probably been finalized for the current year
- Engage agency leadership, including ASO corporate board support
- Identify agency resources that may be applied in Medicaid readiness activities

Identify Medicaid Contracting Opportunities

- American Academy of HIV Medicine (AAHIVM) and Positive Outcomes, Inc. teamed to gather State-specific information about Medicaid FFS and MCOs: http://www.aahivm.org/frmHomeDetails.aspx?nId=NTg=
- Provider FFS and MCO network requirements
  - AAHIVM website
  - Insurer websites
- Covered benefits and participating providers
  - Medicaid provider websites, Medicare website, CMS (SPAs)
  - Insurers' consumer websites
  - Online member handbooks
- Verify that your staff meet credentialing requirements and complete required paperwork

Check Out Your State's Medicaid Program Website To Learn More

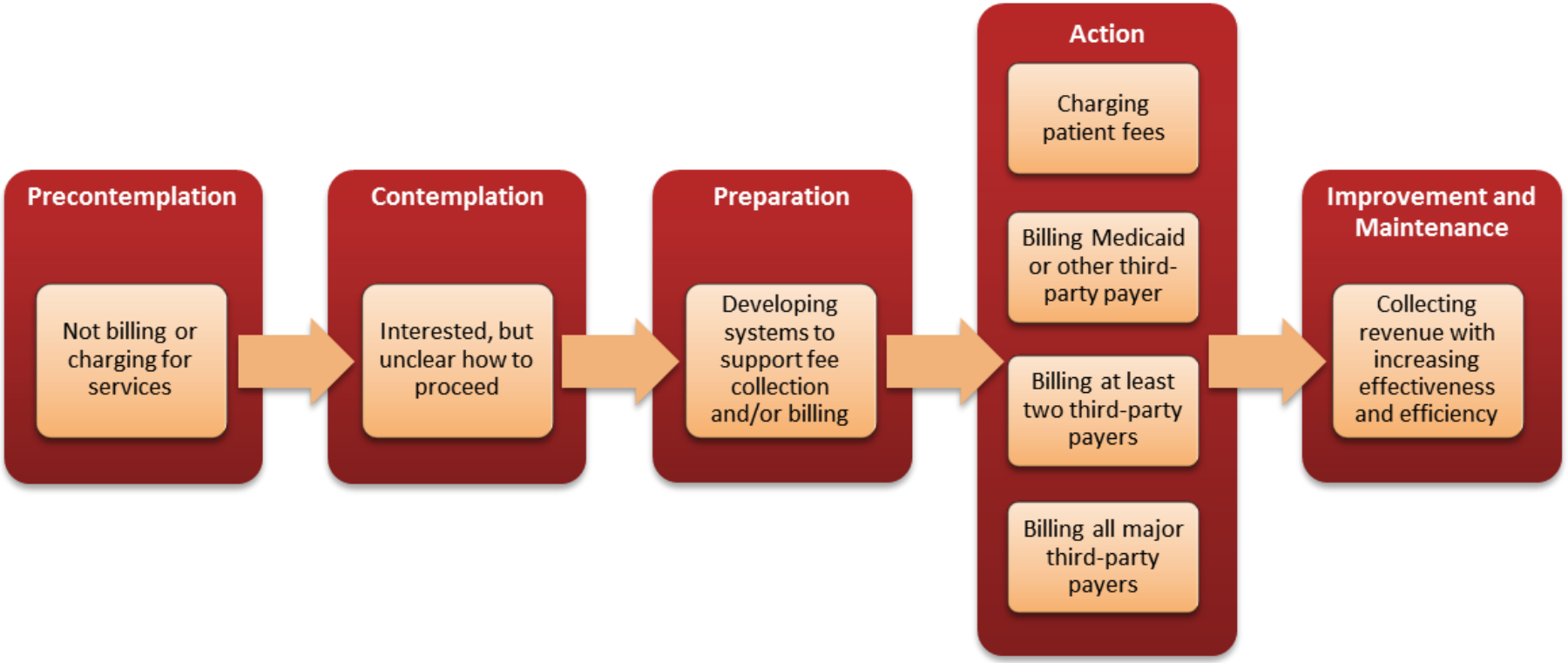
- General information
- Beneficiary eligibility requirements
- Covered benefits
- Provider requirements
  - Agency requirements, staff credentialing, manuals, training
- FFS fee schedule, claims submission requirements
- State plans, State Plan Amendments (SPAs), policy changes
- Managed care program
  - Participating MCOs, model contract, provider network requirements, member handbooks
- Waivers and demonstrations
  - Service delivery and payment model

Helping Medicaid FFS and MCOs to Address Their Interests By Offering HIV Prevention Services

Medicaid Interests	HIV Prevention Services
Address USPSTF preventive service requirements	HIV counseling and testing (CTS), linkage, reengagement
Identify beneficiaries that do not obtain preventive or other healthcare services	Outreach, counseling, linkage, navigation
Prevent communicable diseases including HIV, STDs, TB, and Hep C	PrEP and Hep C support services, behavioral prevention interventions, condom distribution and education, DOT, HIV risk reduction, treatment education and support

Q and A

Revenue Cycle Management Continuum



Cardea adapted the Transtheoretical Model of behavior change, or Stages of Change, developed by Drs. Prochaska and DiClemente, to identify benchmarks of organizational capacity building for revenue cycle management.

About 80% of participants in webinar #1 were in precontemplation or contemplation

Concerns about Billing

- Public health has always been free
- Billing might turn away those most in need
- It is not worth all the work

Participant Poll

Which of the following concerns have been raised in your organization?

A. Public health has always been free
B. Billing might turn away those most in need
C. It is not worth all the work
D. Other (tell us in Chat!)

Beliefs about Change

- Does not improve and may ruin teams, systems and organizations
- Is temporary and can be stopped or reversed through resistance
- Never ends
- Is not a process that answers all of the problems

Change presents opportunities

Leading Change

John Kotter's 8-Step Process

1. Create a sense of urgency
2. Build a guiding coalition
3. Form a strategic vision and initiatives
4. Enlist a volunteer army

Leading Change

5. Enable action by removing barriers
6. Generate short-term wins
7. Sustain acceleration
8. Institute change

Create a Sense of Urgency

- Close budget gaps
- Offset the cost of providing free services to clients/patients without health insurance
- Free up resources to fund efforts not covered by other funding streams

Create a Sense of Urgency

- Assess feasibility of billing
  - What is your competitive advantage? How can you leverage it?
  - What organizations (CBOs)/other programs (HDs) are providing HIV prevention services?
    - ✓ Are they billing?
    - ✓ Are they potential partners? What are potential types of partnerships?

Create a Sense of Urgency

- Identify Medicaid-eligible clients
  - Understand impact of Medicaid expansion (if appl.)
- Describe Medicaid FFS and MCO opportunities for HIV and other preventive services
- Highlight opportunities to leverage existing agency capacity
  - Medicaid or MCO contracts for other programs
  - Partnerships with agencies already billing Medicaid

Build a Guiding Coalition

- Ensure leadership support
- Convene a team to drive billing forward
  - Cross-functional: managers, clinical staff, registration/front-desk, billing/finance staff, outreach
- Provide opportunities for team-building, learning and reflection

Build a Guiding Coalition

- Develop talking points for leadership
  - Connection to organizational mission and priorities
  - Information on your state's Medicaid program
  - Assessment of feasibility (likely costs, potential revenue, current capacity, realistic timeline)
- Share today's webinar with leadership and staff
- Identify and engage staff with related interests and expertise
- Engage partners as appropriate

Form a Strategic Vision & Initiatives

- Identify the “big opportunity”
- Create a vision for change
- Outline activities that will make the vision a reality

Form a Strategic Vision & Initiatives

Vision for change: Sustained delivery of accessible, high-quality services supported by new revenue streams, including Medicaid reimbursement.

Initiatives/Activities

- Enroll as Medicaid provider
- Credential individual providers
- Adapt or create policies/procedures/systems
- Train staff
- Etc.

Enlist a Volunteer Army

- Identify other “champions”
- Engage this group in the change

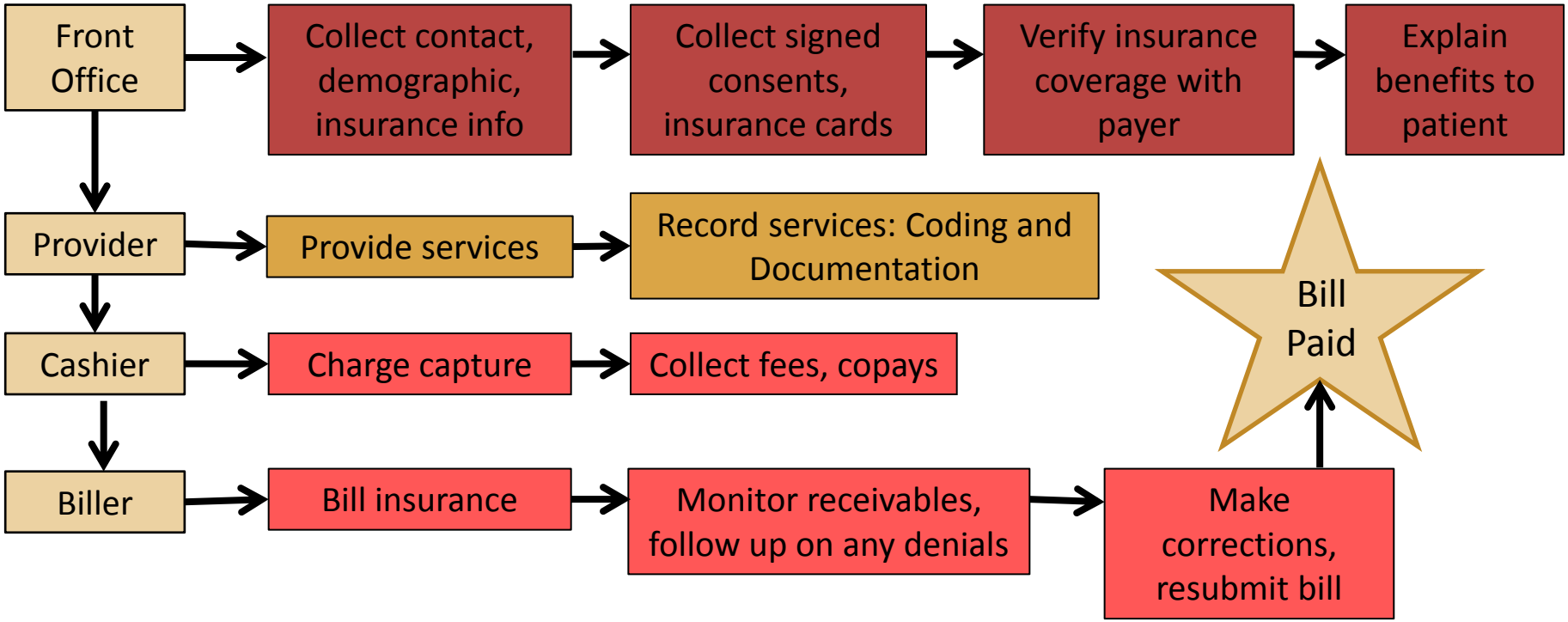
Enlist a Volunteer Army

- Continually communicate the vision of change and anticipated impacts of new activities to all staff
- Seek innovative ideas for systems change
  - Form/process updates – how to collect insurance info, document services
  - Client flow – scheduling to check-out, utilizing providers
  - Staff training (including cross-training)
  - Client messaging

Enable Action by Removing Barriers

- Review current staffing and adjust, as needed
- Enhance/establish systems for managing client/patient information
- Develop policies and procedures
- Provide training and support to all staff

Staffing



Adapted from Kern County Department of Public Health Services

Policies and Procedures

- Outline overall fee policy/philosophy
  - Fee assessment steps and rationale
  - Payer- or program-specific workflows
  - Procedures for collection of client fees or donations
  - Confidentiality policies
- Review policies/procedures and secure required approval
- Share policies/procedures with staff and fee policy with clients

Generate Short-Term Wins

- Short-term targets and long-term activities/goals
- Celebrate success

Generate Short-Term Wins

Activities

- Enroll as Medicaid provider
- Credential individual providers
- **Adapt or create policies/procedures/systems**
- Train staff
- Etc.

Generate Short-Term Wins

Activity (long-term)

- Adapt or create policies/procedures/system

Short-term target

- Begin collecting insurance information from clients

Sustain, and Institute

- Measure progress toward goals
- Solicit feedback…and respond
- Celebrate success

CBA for Health Departments

University of Washington Public Health Capacity Building Center provides capacity building assistance (CBA) to state, local, tribal and territorial health departments in the areas of:

- HIV testing
- Prevention with HIV-positive persons, with an emphasis on Data to Care
- Organizational development and management, including billing

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Q and A

For Additional Information

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You can find this webinar recording on the CIS Website 24 hours after this presentation!

http://www.etr.org/CIS

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