Managed Care
Community of Practice
Preparing the I/DD Field for Managed Care

Managed Care Community of Practice

Community First Choice Option (CFCO)

April 2018

NYC, Rochester, & Albany
Regional Learning Collaborative

NEW YORK
ALLIANCE FOR
INCLUSION & INNOVATION

The Managed Care Community of Practice is a project of the New York Alliance for Inclusion & Innovation in partnership with the following organizations

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Agenda

9:30-9:45 AM Welcome and Introduction

9:45-11:00 AM DOH & OPWDD

Community First Choice Option (CFCO) Implementation

11:00-11:15 AM Break

11:15-12:00 PM Introduction to Managed Care

12:00-1:00 PM Lunch

1:00-2:00 PM Managed Care Key Ingredients

2:00-2:15 PM Break

2:15-3:15 PM Managed Care Key Ingredients (Continued), Technical Assistance Approach & Wrap Up

3:15-3:30 PM Questions & Discussion

Introduction & Housekeeping

- Housekeeping:
  - Slides will be posted at MC-COP.COM
  - Questions not addressed today will be:
    - Reviewed and incorporated into future trainings and presentations
    - Email us at mccop.info@nyu.edu
- Reminder: Information and timelines are current as of the date of the presentation

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Welcome & Introduction

NY Alliance for Inclusion & Innovation

What is the Managed Care Community of Practice (MC-COP)?

- A project of the New York Alliance for Inclusion & Innovation
- Designed to bring technical assistance and resources to the field of I/DD providers to prepare for the transition to managed care

Who is New York Alliance for Inclusion and Innovation (NY Alliance)?

- Statewide association representing 175 providers of services to people with disabilities and the people with disabilities they support
- Created through merger of New York State Association of Community and Residential Services (NYSACRA) and New York State Rehabilitation Association (NYSRA)

NYSACRA

STRONGER TOGETHER

NYSRA

Who Are MC-COP Resources For?

- ALL providers of I/DD services in NYS (not only NY Alliance members)

- MC-COP is funded through resources secured in the 2019-20 NYS Budget

MC-COP Partners

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What Do MC-COP Resources Include?

- Training, technical assistance, and education on managed care readiness, quality improvement and new reimbursement approaches associated with managed care

- Developed in collaboration with OPWDD and DOH

Overview of MC-COP – Part I

MC-COP is designed to be multi-year in scope, with components in Part I laying the groundwork for the resources to be deployed in later parts

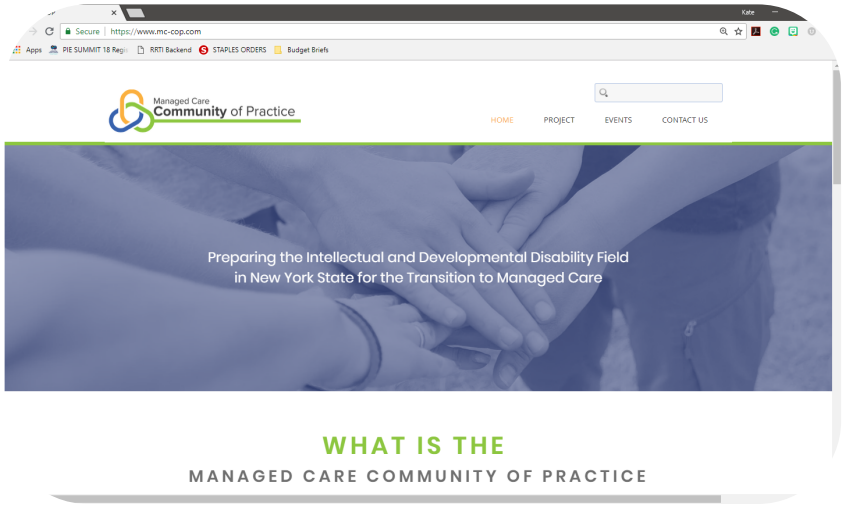
Part I included:

- Educational webinars on concepts associated with managed care and operational changes necessary for providers
- Creation, deployment and analysis of a provider readiness assessment – Organizational Self Assessment (OSA)
- Legal guidance and counsel on managed care related issues, including contracting with MCOs and developing IPAs
- Initial launch of Regional Learning Collaboratives, creating opportunities for communication and collaborative learning among providers

How to Get Information/Stay Informed?

MC-COP.com

- Archived webinars and .ppt presentations
- Resource Library
- FAQs
- Calendar of Events
- Event registration
- E-List Sign-Up Link



Email: mccop.info@nyu.edu

BREAKING NEWS!!!

CFCO Implementation was delayed from 7/1/19 to 1/1/20 as part of SFY 2019-20 NYS Budget agreement just enacted.

Q: What does this mean?

A: More time for implementing a very large shift for providers.

Q: What does this NOT mean you should do?

A: Pray for another implementation delay and ignore.

NOW IS THE TIME TO ACT!

NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

NEW YORK STATE OF OPPORTUNITY. Department of Health

Community First Choice Option (CFCO) Overview

Peggy Elmer Department of Health (DOH)
and
Allison McCarthy & Tim Byers Office for People with Developmental Disabilities (OPWDD)

Department of Health (DOH) Overview

Peggy Elmer Department of Health (DOH)

CFCO Implementation Timeline

Allison McCarthy & Tim Byers
Office for People with Developmental Disabilities (OPWDD)

Agenda

- DOH Overview
- CFCO Implementation Timeline
- CFCO Overview
- Eligibility
- Restriction Exception (RE) Coding
- Continuity of Care Requirements

CFCO Implementation Timeline

- The enacted 2019-20 State budget includes a delay in the implementation of CFCO services from July 1, 2019 to January 1, 2020
- The urgency to prepare for implementation is not diminished by this delay. It is an opportunity to ensure providers have more time to be prepared

CFCO Overview

What is CFCO?

Description

- CFCO is an optional State Plan authority allowing States to offer home and community-based services to eligible Medicaid enrollees
- Expands access to attendant services and supports to help with everyday activities

CFCO Service Delivery

- Consumer controlled, personal assistance services/ supports for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) and health-related tasks
- No "Budget Authority"
- Services must be provided to all Medicaid-eligible populations (DOH, OMH, and OPWDD)
- Provided in the community

CFCO Eligibility

Available to individuals who fulfill all of the following criteria:

- Eligible for Medicaid with "regular rules"
- Have an institutional level of care as determined by the functional assessment used by that population
- Are living in their own home or a family member's home

CFCO in Managed Care

Many CFCO Services are already included in the managed care benefit package offered to eligible enrollees:

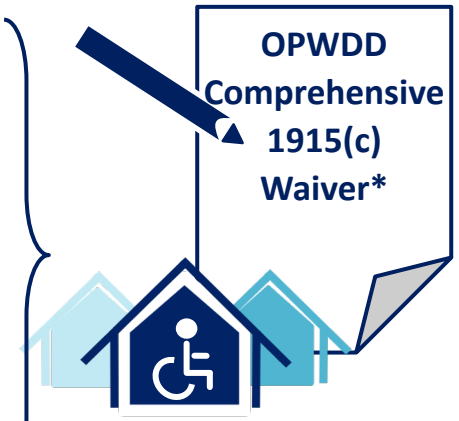
- Consumer Directed Personal Assistance
- Home Health Aide
- Homemaker/Housekeeper (Personal Care Level 1)
- Personal Care Level 2
- Personal Emergency Response System

CFCO Services

- Many CFCO services overlap with HCBS covered under 1915(c) Waivers and will also transition to mainstream managed care

CFCO Authorized Services

- Assistive Technology (AT)*
- Vehicle Modifications (V-mods)*
- Community Transitional Services (CTS)*
- Moving Assistance
- Environmental Modifications (E-mods)*
- Community Habilitation */ Skill Acquisition Maintenance & Enhancement (SAME)
- Personal Care
- Home Health Care Aide
- Consumer-Directed Personal Assistance Services
- Personal Emergency Response (PERS)
- Home Delivered Meals
- Durable Medical Equipment (DME)



**CFCO Service overlaps with 1915 (c) Waiver*

Duplicative services are not allowed in CFCO or HCBS programs

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How Will CFCO Operate?

Two Different Approaches:

Fee-For-Service (FFS)

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CFCO Operations

- CFCO services must be offered to *all* eligible individuals across the disability spectrum
- Recipients may participate in Waiver programs and receive other State Plan services and supports as long as they are **not duplicative**
- CFCO services will be available in FFS and in the Medicaid Managed Care benefit packages
  - Mainstream Medicaid
  - Managed Long Term Care
  - Medicaid Advantage Plus
  - Programs of All-Inclusive Care for the Elderly

Individuals enrolled in 1915(c) Waivers who do not meet CFCO eligibility criteria will continue to access services under the 1915(c) waiver

Who Authorizes CFCO Services?

Overlapping CFCO Services & For Individuals with I/DD enrolled in Fee for Service	• OPWDD
Other Services for all CFCO eligible people enrolled in Fee for Service	• Local Department of Social Services (LDSS)
For People Enrolled in Managed Care	• Managed Care Plan

Provider Designation/ Certification

- OPWDD will continue to:
  - Certify providers serving individuals with I/DD
- DOH will recognize these providers for designation
- Licensed Home Care Service Agencies (LHCSAs) and Certified Home Healthcare Agencies (CHHAs) will provide Skills Acquisition Maintenance and Enhancement (SAME) to the non-I/DD population

Providing CFCO Services

- CFCO services must be provided in a home or community based setting as defined in 42 CFR § 441.530
- Settings do not include:
  - Nursing Facility,
  - Hospital providing long-term care,
  - Institution for Mental Disease,
  - Intermediate Care Facility (ICF) for individuals with I/DD,
  - Setting with the characteristics of an institution,
  - Provider owned or controlled residence
- HCBS recipients must live in a compliant setting regardless of where the service is provided
- Must follow New York's Statewide Transition Plan for HCBS Settings (approved by CMS on November 18, 2018)

CFCO Eligibility

Who is Eligible for CFCO?

- Individuals with an assessed Institutional Level of Care (LOC)
- Individual **does not** live in a provider-owned or controlled residential setting
  - Resides in his/her own home, or the home of a family member
- Individual must be Medicaid eligible for community coverage with community-based long term care (with or without a spend down) or be Medicaid eligible for coverage of all care and services

Who is NOT Eligible for CFCO?

Not Medicaid eligible for CFCO:

- Medicaid eligible via waiving of parental income
- Medicaid eligible via spousal impoverishment
- Medicaid eligible via Special Income Standard for Housing Expenses

CFCO Allowable Medicaid Coverage

Medicaid Coverage Code	Medicaid Coverage Code Name
01	Full Coverage
02	Outpatient Coverage
06	Provisional Coverage
10	All Services Except Nursing Facility Services
11	Aliessa Aliens
19	Community Coverage with Community Based Long Term Care (CBLTC)
21	Outpatient Coverage with CBLTC
23	Outpatient Coverage with no Nursing Facility Services

OPWDD Self Direction & CFCO

- CFCO does not include self direction with budget authority

- Individuals self-directing their Community Habilitation services with budget authority will continue to receive Community Hab under OPWDD 1915(c) Waiver

CFCO Recipient Restriction/Exemption (RR/E) Codes

How Do I Recognize Someone in CFCO?

Individuals eligible for CFCO will be coded with one of two eMedNY Recipient Restriction/Exemption (RR/E) codes:

- **CF** –individual's who are CFCO eligible through DOH/LDSS. Assessed with a Nursing Home Level of Care. LDSS and Managed Care Plans are responsible for coding
- **CO** – individuals who are CFCO eligible and have an RRE95 code. Assessed at the ICF Level of Care. OPWDD and Managed Care Plans are responsible for coding

OPWDD's TABS system will also have a program code that indicates CFCO

How do I know someone is Enrolled in a Managed Care Plan?

- Medicaid eligibility verification will inform the type of Medicaid an individual has
  - It will also tell you if that individual receives Medicaid through a managed care plan
- Additional information on an individual's managed care enrollment, the type of plan, and the enrollment dates is expected to be available by 7/1/19 through CHOICES
- Care Coordination Organizations (CCO) receive a monthly roster of individuals enrolled with a managed care plan
  - Important for CCOs to track utilization and share with managed care plan
- Managed care plans and Community Habilitation providers received enrollment reports in January
  - The next iteration of that report is scheduled for April

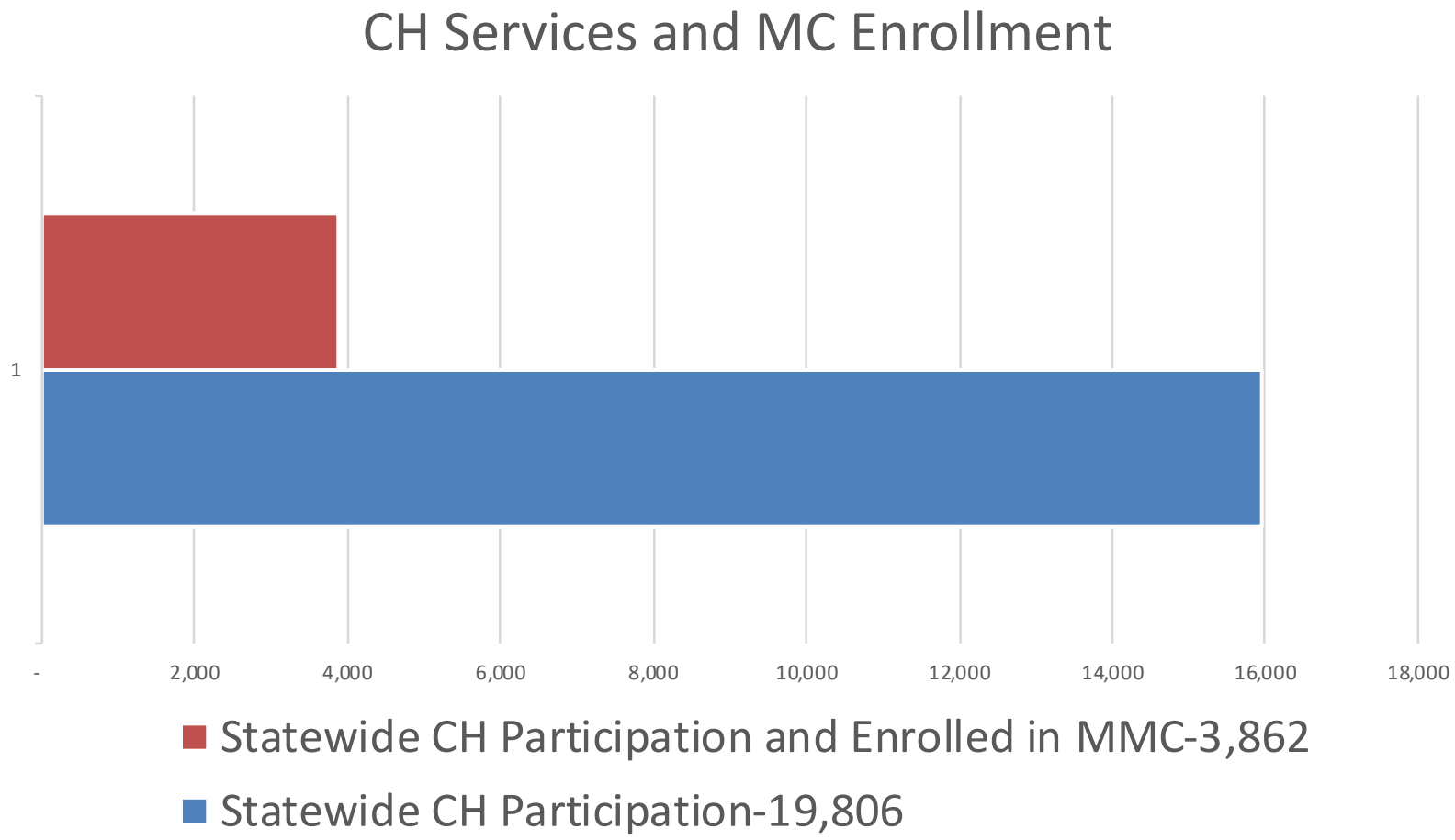
CFCO & Community Habilitation: Continuity of Care

Eligibility: CFCO vs. Waiver

Community Habilitation (CH) & Managed Care (MC)

- All CFCO services will be included in the Managed Care benefit packages
- For CH providers serving individuals enrolled in a MC Plan
- Provider must either contract or have ‘single case agreement’ with MC Plans
  - Claims are submitted to the MC plan & payment issued by the MC plan
  - Future service amendment requests are submitted to the MC plan

Community Habilitation Services and Managed Care Enrollment



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Continuity of Care

- Managed Care Plans are required to offer contracts to an OPWDD Community Habilitation provider that serves at least 5 enrollees
- For other OPWDD Community Habilitation providers (less than 5 enrollees), the plan should at a minimum offer single case agreement to ensure continuity of care for individuals

Aligning CFCO and Waiver

- Draft “Amendment 05” of the OPWDD 1915 (c) HCBS Waiver aligns service definitions in the Waiver with the service definitions in the CFCO State Plan
- Aligning the Waiver with CFCO will allow for seamless service delivery whether the person gets the service through the Waiver or CFCO

Aligning CFCO and Waiver

Service	Service Caps
Environmental Modifications	Limit was a hard cost limit of $60,000 every 5 years. Now $15,000 annually – with ability to exceed due to medical necessity
Vehicle Modifications	Limit was a hard cost limit of $35,000 every 5 years. Now $15,000 annually – with ability to exceed due to medical necessity
Assistive Technology	Limit was a hard cost limit of $35,000 every 2 years. Now $15,000 annually – with ability to exceed due to medical necessity
Community Transition Services (CTS) and Moving Assistance	Moving Assistance was previously included in CTS and had a $5,000 once in a lifetime limit. The two are now separate services and each has a once in a lifetime service limit of $5,000. Service limits for both Moving Assistance and CTS may be exceeded due to medical necessity
Community Habilitation	Service definition does not change – fee schedule is aligned with CFCO rate regions and fees

CFCO Rate Codes

For individuals in FFS, OPWDD will continue to bill for Medicaid for services that process through State Ops, i.e., AT, EM, VM. Services that do not process through State Ops will use the Rate Codes below:

OPWDD Code for MOVING ASSISTANCE		
Rate Code	**Description**	**Effective Date**
7449	MOVING ASSISTANCE	Into HCBS Waiver 7/1/19 CFCO 1/1/2
OPWDD Code for Community Transition service		
Rate Code	**Description**	**Effective Date**
4786	COM TRANS SVCS; VIA Fl: Vol;	Current; CFCO 1/1/2020
Community Habilitation OPWDD COM HAB RATES (OPWDD SAME)		
Rate Code	**Description**	**Effective Date**
4722	Comm/Res Hab Vol; INDIV 1/4 HR - Downstate	Current; CFCO 1/1/2020
4722	Comm/Res Hab Vol; INDIV 1/4 HR - Upstate	Current; CFCO 1/1/2020
4723	Comm/Res Hab Vol; Group-2; 1/4 HR - Downstate	Current; CFCO 1/1/2020
4723	Comm/Res Hab Vol; Group-2; 1/4 HR - Upstate	Current; CFCO 1/1/2020
4724	Comm/Res Hab Vol; Group-3; 1/4 HR - Downstate	Current; CFCO 1/1/2020
4724	Comm/Res Hab Vol; Group-3; 1/4 HR - Upstate	Current; CFCO 1/1/2020
4755	COM HAB: Agy Sup: Vol; INDIV 1/4 HR - Downstate	Current; CFCO 1/1/2020
4755	COM HAB: Agy Sup: Vol; INDIV 1/4 HR - Upstate	Current; CFCO 1/1/2020
4756	COM HAB: Agy Sup: Vol; Group 1/4 HR - Downstate	Current; CFCO 1/1/2020
4756	COM HAB: Agy Sup: Vol; Group 1/4 HR - Upstate	Current; CFCO 1/1/2020
KIDS Consolidated Waiver- New Rate Codes Com Hab/SAME		
Rate Code	**Description**	**Effective Date**
8012	Community Habilitation - Individual - hourly/downstate	4/1/2019
8012	Community Habilitation Individual - hourly/upstate	4/1/2019
8013	Community Habilitation Group of 2 hourly/downstate	4/1/2019
8013	Community Habilitation Group of 2 hourly/upstate	4/1/2019
8014	Community Habilitation Group of 3 hourly/downstate	4/1/2019
8014	Community Habilitation Group of 3 hourly/upstate	4/1/2019

Additional Information

NYS Department of Health (DOH) CFCO Webpage:
https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm

Managed Care Quality Reports (DOH):
https://www.health.ny.gov/health_care/managed_care/reports/

OPA Website:
https://www.hcrapools.org/

For Questions:
CFCO@health.ny.gov

For Specific OPWDD Questions:
peoplefirstwaiver@opwdd.ny.gov

Questions & Discussion

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Getting Your Organization Ready for the Transition to Managed Care

Transitioning to Managed Care: AGENDA

I. Team Approach

II. What is Managed Care?

III. Managed Care Key Ingredients

   I. Contracting

   II. Credentialing

   III. Finance & Billing

   IV. Claims Testing

   V. Utilization Management

About the McSilver Institute

The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice.

McSilver develops and provides a range of **technical assistance**, ***trainings, tools, and intensive support*** to help providers navigate the changing healthcare landscape.

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Before We Talk Readiness: Team Approach

Organizational Areas of Readiness

- Board, Senior, Executive Staff
- Program
- Finance/Billing
- Information Technology/Electronic Health Record
- Quality Assurance/Improvement
- Compliance
- Legal
- Human Resource

Managed Care Readiness Team: Purpose & Composition of the team

- Transition to managed care requires all part of an organization to be involved and participate in.
- Readiness Teams should include representatives from:
  - Finance/Billing
  - Program/Operations
  - Legal/Compliance
  - Human Resources
  - Quality Assurance/Improvement
  - Training
  - IT

Managed Care Readiness Team: Key Lessons

- Team must:
  - Have a leader to hold everyone accountable
  - Must be fluid/adaptable and collaborative
  - Meet on a regular basis
  - Maintain greater vision and focus on shifting details (almost daily!)
  - Establish trust to problem-solve across the departments
  - Document Resolutions and Next Steps

Staff Education/Communication: The Basics

- Many ways to educate and communicate with staff – use all of them!
  - Staff meetings
  - Newsletter to inform staff of upcoming and on-going changes
  - Town Hall Meeting
  - Formal trainings (in-house and external)

Let's Discuss

- How many people in the room have already established a Managed Care Readiness team?
- Does your team have representation from all areas?
- How many of you meet regularly?

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What is Managed Care?

Managed Care Definition

- An integrated system that manages health services for an enrolled population rather than simply providing or paying for the services
- Services are usually delivered by providers who are contracted as a network provider with the plan
- Value/medical necessity of services vs. volume of services

Managed Care Goals

- Control Costs
  - Reduce inappropriate use of services
  - Increase appropriate use of services
  - Focus on value and medical necessity
- Improve Service Quality
- Improve Population Health
- Increase use of Preventative Healthcare/Promote Health (not just treat illness)

Managed Care Key Ingredients

- Care Management
- Utilization Management
- Network Development and Management
- Credentialing
- Vertical and Horizontal Service Integration and Coordination
- Financial Risk Management

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LUNCH

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Managed Care Key Ingredients

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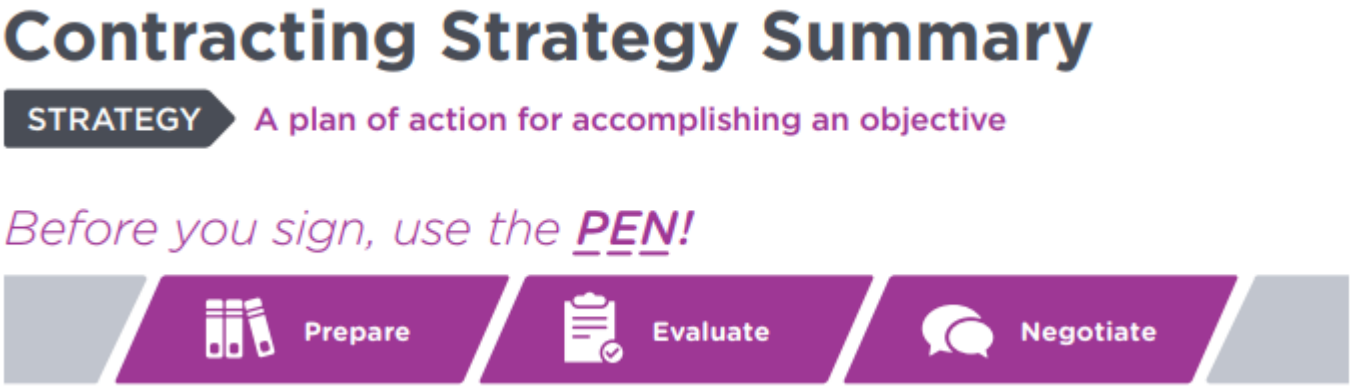
Contracting

Contracting Tips

- Know which Managed Care Organizations are licensed to operate in your region.
- Proactively reach out to each MMCP
  - MC-COP is in the process of developing a Matrix to find contracting contacts for each MMCP
- Option to consider single case agreements
- Be responsive
- To be considered in-network, providers must contract and credential with MMCP

P.E.N. Guide

- Prepare
- Evaluate
- Negotiate



Major Components of the P.E.N. Guide

- **Preparation**
  - Assess Your Leverage
  - Competing on Value
  - Collaborations with Other Providers
- **Evaluation**
  - Establish a timeframe for review
  - Assemble your team
  - Assemble documents
  - Assess MCO's operational performance
  - Assess MCO's financial condition
  - Review the contract
  - Identify and prioritize issues

Major Components of the P.E.N. Guide (Continued)

- **Negotiation**
  - Decide Logistical Issues Upfront
  - Take a Collaborative Approach to Negotiations
  - Avoid Common Negotiating Pitfalls
  - Know When to Walk Away
  - Remember: *E.L.V.I.S.*
    - **E** ducate the MCO's representative on your concerns and issues
    - **L** earn about the MCO's position by responding with questions rather than statements
    - **V** oice options for mutual gain and generate various possibilities before making final decisions
    - **I** nsist that resulting provisions be based on objective standards
    - **S** tate the importance of maintaining an ongoing relationship

Collaborating with MMCPs

- Interactions with MMCPs will involve many of your agency's departments
  - Can designate a single staff person as primary point person or gatekeeper with MMCPs (if there is capacity)
  - If no single designated person, keep information flowing through regular team meetings
- Contacting MMCPs
  - Provider Relations are the MMCP gatekeepers
  - Reach out to them if you don't have a more specific contact

Provider Protections

- State Mandated Medicaid Managed Care Rates
- Medicaid Managed Care Plans must contract with all OPWDD CFCO providers
- Be aware of “All Products” clause
- Timely filing: Minimum of 90 days
- Credentialing

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Credentialing

Credentialing

- "Credentialing" is a catch-all phrase
  - Approval process conducted by each MMCP
  - Ensures your agency site and staff are all appropriately registered with MMCPs
  - Required for reimbursement
- Not the same as contracting
- Having credentialed staff doesn't make you credentialed
- Submitting documentation doesn't guarantee your organization is entered into all the MMCP's systems

Credentialing

- When credentialing, the MCO shall accept state licenses/designations, operating certifications in place of, and not in addition to, any MCO requirements

- MCOs can still collect and accept agency/program level credentialing related information

Credentialing

- Based on state directives, MCOs may not be credentialing individual practitioners. However, they might request a roster of an organization's staff

- MCOs shall require that such providers not employ or contract with any employee, subcontractor, or agent who has been suspended by the federal or state government, or otherwise excluded from participation in the Medicare or Medicaid program

Tips for Credentialing

- Agencies are required to ensure that the services are provided by appropriately credentialed staff based on state requirements

- Since MCOs may not be credentialing individual practitioners, agencies **must** maintain accurate and up to date credentials of individual staff (*as a reminder, credentials need to be updated*)

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Finance & Billing

Billing: Getting paid

- Need a well-organized workflow to get clean claims out the door
- Most denied claims are due to nuts and bolts of the claims process, not clinical reasons
- Pay attention to when you bill (no payment after 90 days)

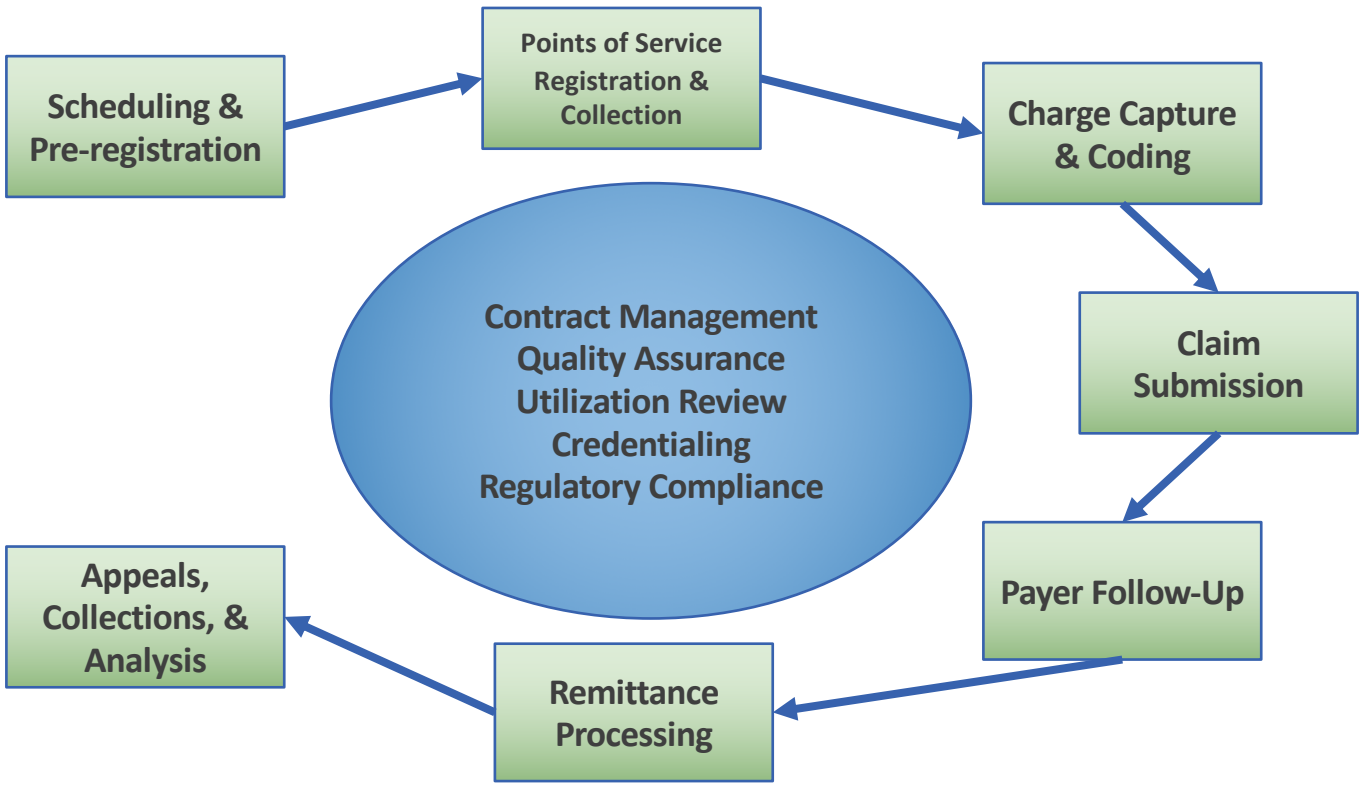
Determining Service Provision and Payment

YES

- Member?
- Service Included?
- Medically Necessary?
- Authorization?
- MMCP Network?

The answers to all of the above questions must be "YES" if the service is to be paid by the MMCP.

Revenue Cycle Management



MCO Tips for Successful RCM

- Develop a good relationship with your clearinghouse vendor
- Review HIPAA requirements for electronic claim submissions
- Review and respond to clearinghouse reports (i.e. acceptance and denials)
- Promptly make corrections and submit the claim(s) to clearinghouse
- Review and respond to payer provider remittance advices to allow time to make corrections and appeals

MCO Tips for Successful RCM

- Remember timely filing deadlines
- Review and update claim form and make adjustments to ensure correct information is in each field to avoid delay/denial of payment with managed care payers
- Be mindful that claims forms often have pre-populated fields which worked for FFS but won't work with MCOs
- Sign up for Electronic Payments and Statements for each payer
- If the individual practitioner is Medicaid enrollable they must enroll and use NPI number on claims.

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Electronic Health Record (EHR)

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Information Technology

- Are your IT, not just EHR, systems adequate?
- Do you have a strategy for billing?
- Are you HIPAA compliant?
- Do you have an EHR and is it set up for new services?

Electronic Health Record (EHR) Tips

- Flexible
- Responsive to agency needs
- Ability to connect finance and clinical data
- Ability to handle data from multiple platforms
- Able to generate needed reports and monitor quality and outcomes

Electronic Health Record (EHR) Tips

- Make sure EHR can bill multiple MMCPs (not just a single Medicaid payer)
- If applicable, make sure EHR has capacity to bill for all relevant programs (not just some)
- Are other organizations in your region using the same EHR system?
  - Collaborate/troubleshoot with each other
- All systems need to be capable of electronically receiving and integrating the I/DD documents (Life Plan, CAS/DDP2 results, service authorization from DDRO) to produce, submit, and track.

EHR: Tools to Support Revenue Cycle Management (RCM)

- A full featured properly implemented EHR/EMR with a strong billing component can bring significant efficiencies and accuracy to the revenue cycle process by:
  - Providing electronic scheduling to maximize the use of provider capacity
  - Efficiently evaluating insurance eligibility
  - Tracking authorizations and alerting staff when they are approaching thresholds
  - Providing behind the scenes management of charge capture (amount billed, expected and received) and coding to eliminate errors, maximize revenue, and minimize audit risk

EHR: Tools to Support RCM

- Catch and suspend claims that do not meet payer and documentation requirements to minimize audit risk
- Efficiently post payments to maintain accurate client accounts
- Provide reports necessary to address staff, system, and payer performance issues

EHR: Some Options

- Short of a fully functional EMR/EHR, for a strong Revenue Cycle Management system, other options include:
  - Outsourcing billing services
  - Using Clearinghouse services
  - Making sure in-house or standalone billing systems are available
  - Using a combination of in-house billing systems (either EMR/EHR or standalone based) and a clearinghouse claims processor

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Utilization Management

What is Utilization Management

- Procedures used to monitor or evaluate clinical necessity, appropriateness, efficacy, or efficiency of health care services, procedures, or settings.

- Utilization management can be conducted prospectively or retrospectively. However, it is most common to conduct utilization management during authorization for services.

Authorization

- Administrative Authorization: provide the plan with a roster of your clients
- Pre-Service/Prior authorization: provider must request permission from the MMCP before delivering a service in order to receive payment
- Concurrent review: occurs during an ongoing course of treatment (such as inpatient hospital admission) to ensure that such treatment remains appropriate
- Will be standardized process via a general form

What do Medicaid Managed Care Plans Look For

- Medicaid Managed Care Plans (MMCP) will use Medical Necessity guidelines approved by the State to determine appropriateness of new and ongoing services related to this transition.

- Medicaid Managed Care Plans (MMCP) should view each request for authorization for a specific service level within the larger context of the individual's needs.

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Preparing for Day 1

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Preparing for Day 1

- **Innovate/Adapt:** Consider how your work might nee to change order to support the outcomes required in the transformed system
- **Build Relationships with MCOs and other partners**
- **Building a Team:** Inclusive of members across departments that focuses on preparing for and implementation of the shift to managed care
- **Training:** Think about the training you will need in order to be successful in this new model - and share your thoughts with your supervisor
- **Get Involved:** Participate in relevant trainings/agency planning sessions

Preparing for Day 1 (continued)

Do you have a strategic plan?

- Do you have a process for transitioning existing clients?
- Have you communicated with the community and other providers?
- Have you communicated with managed care for members you are already serving?
- Have you worked out staffing, caseloads, process to ensure timely service delivery?

Preparing for Day 1 (continued)

Before day 1:

- Ensure that there are contracts with Managed Care Organizations, or at the very least single case agreements, that cover individuals you are supporting
- Training/Information: Are staff at all levels informed and knowledgeable about transition and impact on their day to day work
- If you use subcontractors, have they been informed and contracts updated to reflect change
- Have you done claims testing

Technical Assistance Approach

- In-person and online technical assistance (TA)
  - Webinars
  - In-person events
  - Tools and resources
  - Focus/Advisory Groups
  - Learning Communities

- Topics will include:
  - State Policy
  - Implementation Support
  - Topic specific technical assistance

Managed Care
Community of Practice
Preparing the I/DD Field for Managed Care

Questions & Discussion

Thank You!

We thank you for joining us today!

Visit www.mc-cop.com for more information

Contact us at mccop.info@nyu.edu

For specific OPWDD questions, email us at peoplefirstwaiver@opwdd.ny.gov