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Association for Community Affiliated Plans

Children with Special Health Care Needs and Medicaid Managed Care: How Safety Net Health Plans Innovate to Care for Kids

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Medicaid Managed Care & Safety Net Health Plans

CSHCN benefit from heightened care coordination and care management services

- Safety net health plans employ innovative models to provide care coordination and high-quality care
- Strong links with other safety net providers to provide higher quality, more integrated, and better coordinated care

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Purpose of Research

- Highlight innovative models used by selected ACAP member health plans to provide care coordination and high-quality care to children with special health care needs
- Provide a qualitative narrative about the range of plan efforts to improve outcomes, access to health care services, and other needed supports

Participating Plans

- Interviews with staff from 12 member plans across nine states; diverse group of plans with innovative programs (full list at end of slide deck)
- Most plans operate in portions of single states, including areas of one to two populous, urban counties
- Some programs are aligned with specific populations (e.g., children in foster care) or state programs (HCBS waivers or STAR Kids program)
- Plans identify children in need of enhanced care coordination from larger population (including children without specified diagnoses or SSI determinations)

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Pathways to Care and Care Coordination

- Plans use array of approaches and data, including predictive modeling, standard utilization management (UM), assessments and screenings, provider and family referrals
  - In **Community Children's Health Plan Care4Kids**, initial health screen is expected within two days of child's removal from home
  - **STAR Kids** Screening and Assessment Instrument (SAI) is comprehensive and takes 3-4 hours, with multiple modules that may be triggered based on the child's needs; the process allows staff to gather information on non-medical needs of children assessed and to build relationships and rapport with family

Partnerships with Providers

- CSHCN often require care of multiple types of clinicians and may require both physical and behavioral health services; partnerships with providers are critical to providing coordinated, high-quality care to this population
  - Program carve-ins offered **NHPRI** and **CareSource** each new opportunities to collaborate with providers to launch new services or programs
  - For **UPMC,** learning collaboratives offer open communication among stakeholders and partners
  - **Texas STAR Kids** plans conducted aggressive outreach, provider surveys, and hired new staff to assist with provider continuity during implementation

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Innovative Care Coordination

- Plans emphasize information sharing, enhanced communication, family involvement, and multi-disciplinary care planning to promote access to well-coordinated care
  - Texas **STAR Kids plans (Cook Children's, TCHP and Driscoll)** use a "pod" or team structure for care coordination
  - Interdisciplinary teams at **CountyCare's** partner, La Rabida Care Coordination, are mobile and "meet members where they are" in the community
  - Other plans (**UPMC, NHPRI, CCP, HSCSN**) use a single care coordinator to support care coordination needs

Innovative Care Coordination

- Plans “embed” care coordinators in high-volume primary care practices or co-locate care coordination staff
  - Intake coordinators in the **Care4Kids** program are onsite at local Child Advocacy Centers to coordinate with physicians completing initial screens and compile medical and other information
  - County public health nurses in CCS program are located onsite at **HPSM**
  - Behavioral health and medical care coordinators are physically co-located at **NHPRI**

Integration of Behavioral Health Care with Other Care

- Plans promote coordination of behavioral health services – often critical supports for CSHCN – through enhanced information sharing and coordination with child's behavioral health providers and primary care providers
  - Co-location of care coordination staff (**NHPRI or IEHP**) or staffing assignments of behavioral health specialists to care coordination teams (**Cook Children's**) ensure appropriate staffing targeted to child's needs
  - **CountyCare** coordinates with state program, (Crisis and Referral Entry Services (CARES)) to handle mental health crisis calls and to ensure follow-up care coordination

Supporting Non-medical Needs of Members and Families

- Needs of CSHCN and their families are diverse and span service systems: transportation, housing, education, social services, legal support, and support for caregivers
  - A **TCHP** staff member – parent of a CSHCN – knowledgeable of community supports available created a resource guide for members and families
  - Some plans offer respite services for caregivers (**IEHP, NHPRI, HSCSN**); others are considering this as a benefit in the future
  - Plans use assessment process to identify non-medical needs – and to get to know the family

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Effective Data Mining and Analysis

- Plans' analysis of their data allows for insight on spectrum of service use, gaps in care, opportunities for enhanced care management, and quality of care and care processes
  - **NHPRI** uses an advanced risk modeling program to identify high-risk members
  - **CountyCare** uses innovative web-based tool to alert care managers in real time about members' emergency department visits or inpatient admissions
  - **CCP** analyzes claims data to identify children without routine preventive care and translates data into texting campaign to encourage families to seek care

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Measuring and Investing in Quality

- Plans may track completion of screenings, assessments, contacts with members or families, care team meetings, or other care coordination milestones
  - **HSCSN** tracks 50 or more care coordination processes and events in routine report for internal monitoring
  - Plans also track timeframes for referrals to specialty care (as at **HPSM**)
- **Care4Kids** employs polypharmacy measure to assess number of children meeting polypharmacy definition who have received comprehensive polypharmacy interdisciplinary case review

Innovative Payment Models

- Pay-for-quality arrangements are common and driven by performance on commonly accepted markers of access and quality (rates of well child visits)
  - Plans (**Driscoll, NHPRI,** and **Cook Children's**) may offer primary care physicians incentives for implementing medical home models
  - Plans may operate shared savings arrangements with primary care physicians, especially large pediatric providers (**TCHP** and **UPMC**)
  - Plans are implementing novel capitated payment arrangements - **CountyCare's** capitated contract with local behavioral health provider

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Challenges and next steps

- Data availability and quality can be significant challenges
- Social determinants of health can adversely affect CSHCN in ways that are difficult to address
- Delivery systems evolve and plans have to remain adaptive and flexible
- Plans are eager to continuously improve care coordination and care delivery for CSCHN
- System reforms offer opportunities for plans to develop innovative partnerships and cutting-edge approaches
- Continuous feedback from plans' experience informs future plans for expansions and improvements

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For further information:

- Visit ACAP's website
  www.communityplans.net

- Contact ACAP
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Participating Plans

Plan Name	State
Health Plan of San Mateo (HPSM)	California
Inland Empire Health Plan (IEHP)	California
Community Care Plan (CCP)	Florida
CountyCare	Illinois
CareSource	Ohio
University of Pittsburgh Medical Center Health Plan (UPMC)	Pennsylvania
Neighborhood Health Plan of Rhode Island (NHPRI)	Rhode Island
Cook Children's Health Plan - STAR Kids	Texas
Texas Children's Health Plan (TCHP) - STAR Kids	Texas
Driscoll Children's Health Plan - STAR Kids	Texas
Health Services for Children with Special Needs (HSCSN)	Washington, D.C.
Children's Community Health Plan / Care4Kids	Wisconsin

Participating Plans

Plan Name	Population(s)
HPSM	Children with medical conditions eligible for care under CCS
IEHP	Children with medical conditions eligible for care under CCS
CCP	Children with medically enhanced cases/care needs
CountyCare	Children with special needs
CareSource	Children with special health care needs; children in the custody of the state
UPMC	Children with special health care needs, children with home care needs
NHPRI	Children with special health care needs; children in out-of-home care
Cook Children's	Children with special needs, eligible for SSI, or in the State's MDCP waiver
TCHP	Children with special needs, eligible for SSI, or in the State's MDCP waiver
Driscoll	Children with special needs, eligible for SSI, or in the State's MDCP waiver
HSCSN	Children and young adults up to age 26 who receive SSI
Care4Kids	Children in out-of-home (foster care) placements

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Note that different plans may use different terms to describe similar populations.