ACAP Leadership Academy

2020 and 2021 Cohorts

1:00 pm – 4:00 pm ET

Association for Community Affiliated Plans

Strengthening the Safety Net Since 2000

About ACAP

- **Our mission** is to strengthen not-for-profit Safety Net Health Plans in their work to improve the health and well-being of lower-income people and/or people with significant health needs.

- **Our vision** is a country with accessible, affordable, high-quality care, regardless of income, provided through coordinated care entities.

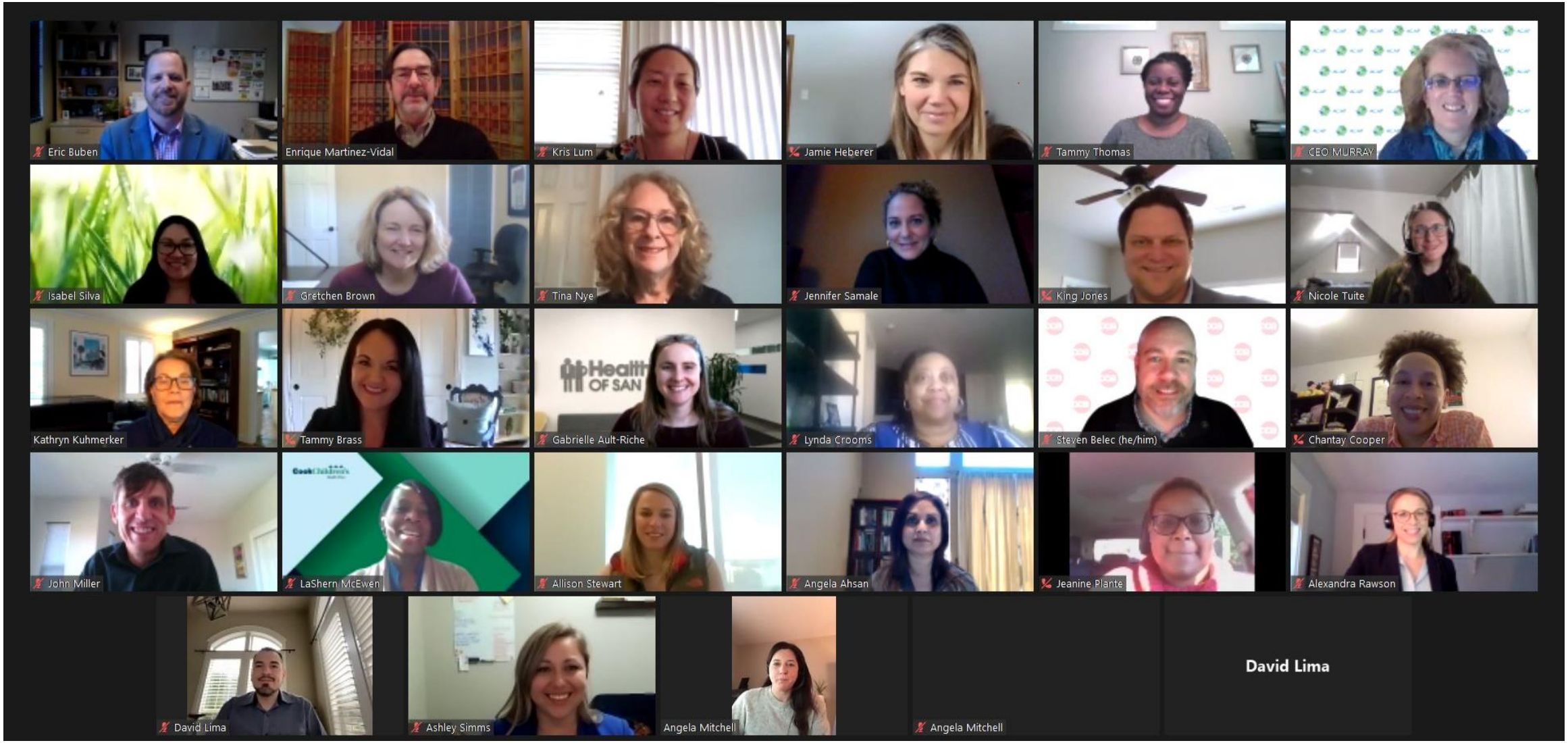
Participant Introductions

Michelle Martin

Allison Stewart

2020 Leadership Academy

2021 Leadership Academy



Recap of 2020 Leadership Academy - Overview

21 participants from 15 plans

Six webinars on various topics and Leadership Workshop

- The **COVID-19 Pandemic** and Its Impact on SNHP Staff, Members, Providers and Activities
- **Social Determinants of Health**: Challenges and Opportunities for Safety Net Health Plans
- The Role of Safety Net Plans in Tackling **Racial and Ethnic Disparities** in Health Care
- **Leadership Workshop** with Edward O'Neil
- Medicaid **Delivery System Reform and Payment Innovation**: Role of Safety Net Plans in System Reform
- Safety-Net **Health Plan Operations**: The Critical Role of Leadership and Decision-Making
- **Quality Performance** in Safety Net Health Plans

Ancillary Meetings with health plan COOs, CIOs, and CFOs

Recap of 2020 Leadership Academy – Case Studies

- Courtney Ware
- Tricia Grayson
- Felicia Garner

COVID-19 and the Role of SNHPs

- Toni Jones
- Elliot Clark
- Derek Wilson

SDOH

- Johanna Vidal-Phelan
- Ed Curis
- Juan Ortega

Delivery System and Payment Reform

- Ryan Thomsen
- Sarah Spiekermeier
- Deborah Reif
- Amy Turnipseed
- Victoria Hurtado
- Tracey Saucier
- Mallory Hee
- Kiesha Smith
- Julie Antholine

SNHP Operations

- Davina Green
- Katie Domalakes
- Katie-Elyse Turner

Quality

Recap of 2020 Leadership Academy – Ancillary Meetings

Conversation with COOs *(Nov 11)*

- Amy Dowd, Chief Operations Officer, CareOregon (OR)
- Paul Jaconette, Chief Operations Officer, CenCal Health (CA)
- Sherry Vetter, Chief Operations Officer, Cook Children's Health Plan (TX)

Conversation with CIOs *(Nov 12)*

- Helen Miller, Senior Director, Information Technology, Gold Coast Health Plan (CA)
- Stuart Myer, Chief Information Officer, VillageCareMax (NY)
- Kim Sinclair, Chief Information Officer, Boston Medical Center HealthNet Plan/Well Sense Health Plan (MA/NH)

Conversation with CFOs *(Nov 13)*

- Kelly Goodfellow, Executive Vice President, Chief Financial Officer, Alliance Health (NC)
- Anna Mateja, Vice President, Texas Children's Health Plan (TX)
- Peter Waziri, Chief Financial Officer, Parkland Community Health Plan (TX)

Brief Advice from 2020 Cohort

Emerging Federal/State Health Policy Trends

Speakers

Cindy Mann

Partner

Manatt Health

manatt

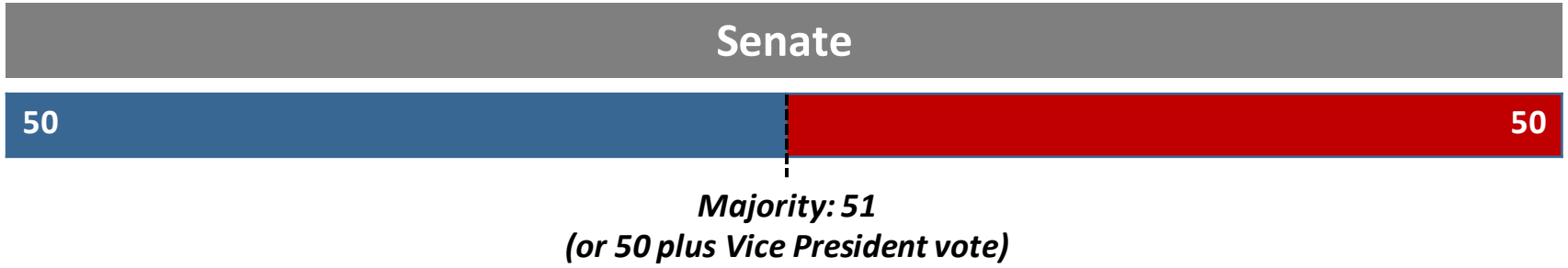
Health Policy Outlook: Medicaid

Cindy Mann, JD

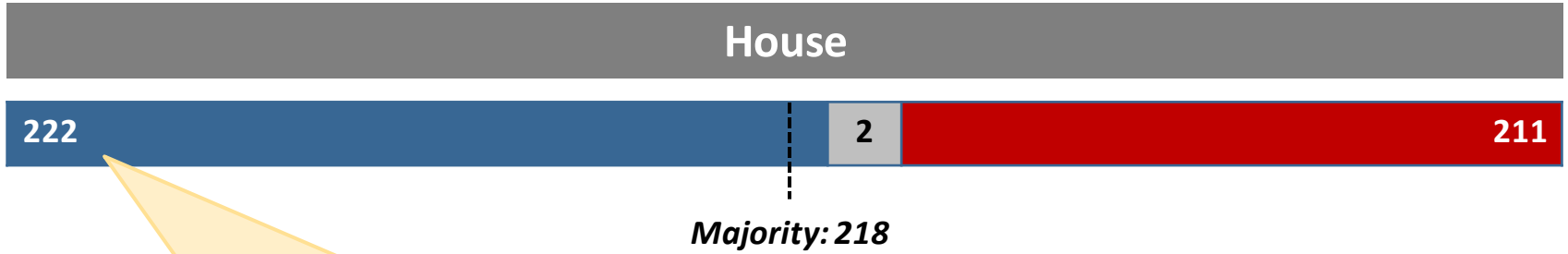
February 25, 2021

Congress: Health Policy Outlook

Democrats Narrowly Control the Senate and House



Vice President Kamala Harris is the tie breaker, giving Democrats majority control of the Senate



Democrats control the House with the narrowest Democratic majority since the 1940s

Source: Election results from the Associated Press

Democratic Control of the Senate Will Have a Significant Impact on the Biden Administration's Agenda, But…

The Democratic Senate majority will facilitate confirmation of Biden Administration nominees and control of the Senate and House floors, but tight margins in Congress will constrain legislative activity

Senate confirmation of key nominees, including judicial appointments, will be easier and more rapid—a significant boost to the Biden Administration

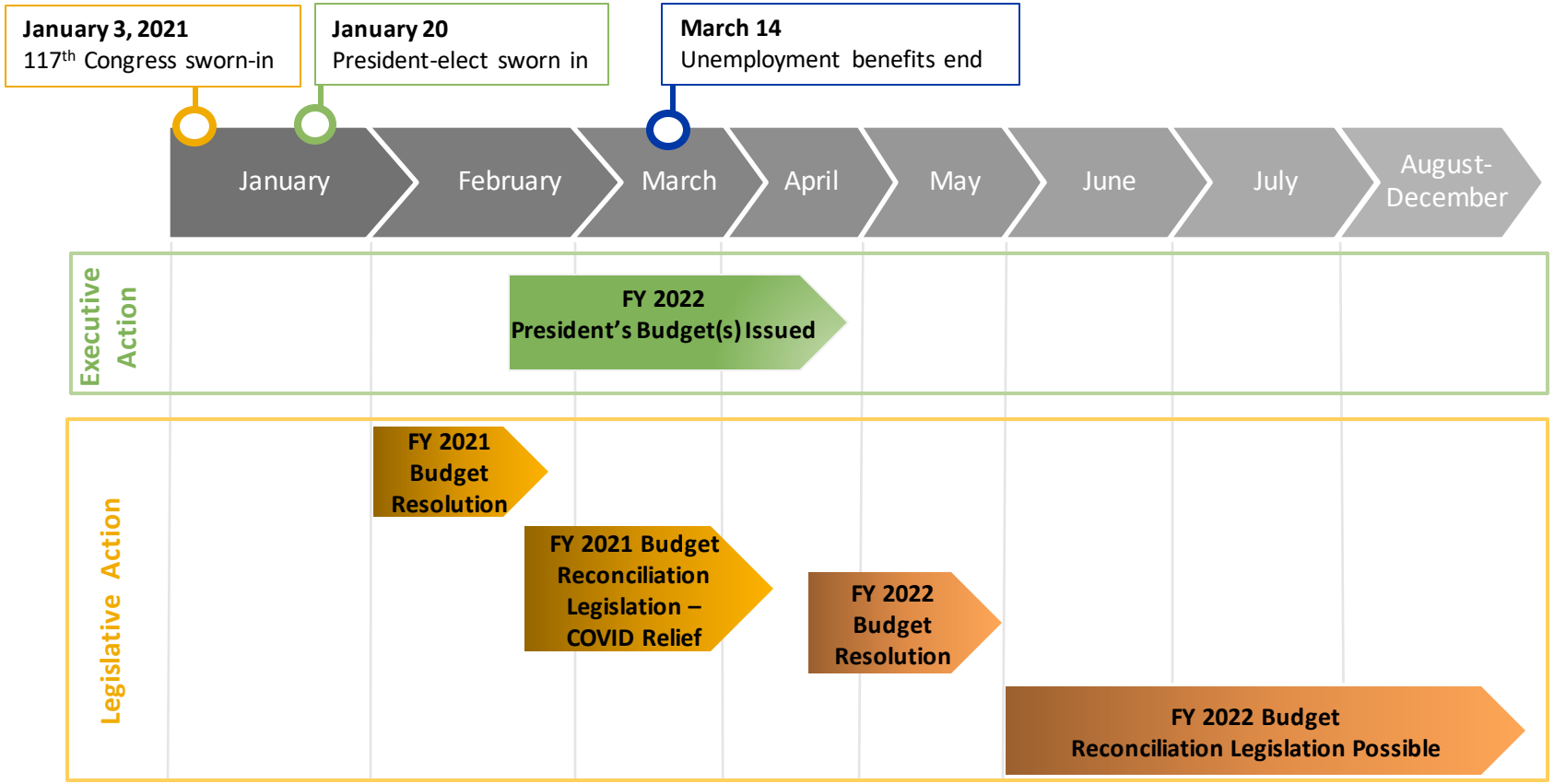
The Congressional Review Act (CRA) could be used to overturn recent Trump Administration rulemaking

- *Rules issued after August 21 are vulnerable to the CRA, but Congress is likely to use the CRA sparingly*

Most bills in the Senate require 60 votes, preventing significant partisan legislative action without rule changes or reconciliation, which only requires 50 votes

Budget Reconciliation Timeline

Congress could use reconciliation twice over the next year to advance COVID-19 legislation by mid-March and subsequent health policy legislation later this year



*It is likely that the 117th Congress could enact two rounds of budget reconciliation by first enacting an FY 2021 budget with reconciliation instructions.

Medicaid – Federal Actions

Key Medicaid Priorities Could Include:

Democratic control of the Senate opens the opportunity for some legislative reform; however, a narrow margin will prevent significant change without bipartisan support. Executive actions are most likely.

- Medicaid adult expansion incentives*
- Expand postpartum coverage to a full year after giving birth*
- Increase the FMAP for states during the COVID-19 crisis*
- Reconsider block grant and work requirement waivers
- Eliminate waiting lists, end institutional bias, and build capacity for home and community-based services (HCBS)
- Modernize Medicaid eligibility for people with disabilities and their families
- Leverage innovative payment options to help community health centers and rural health clinics
- Lift the five-year waiting period for lawfully present immigrants*

* Indicates that legislative action is required

Executive Actions will be Key to Advancing Biden Administration Health Policy Agenda

Given the Senate split, most Medicaid opportunities will come through administrative actions

Rescind or Repeal

Improve and Support

Push New Priorities

Administrative Opportunities in Medicaid:

- Addressing disparities
- Work requirements
- Anti-choice waivers
- Public charge
- "Good Guidance" Regulation
- Innovative 1115 waivers
- CMMI initiatives/VBP
- Improve outreach/ enrollment
- Social Determinants of Health

Rescind or Repeal

The Administration has broad enforcement discretion and can address existing regulations by postponing effective dates, withdrawing or re-issuing rules, or rescinding proposed modifications

- Work Requirements
- Block Grants
- Public Charge
- Title X Restrictions
- Access Rule
- SUNSET and "Good Guidance" Regulations

Biden Administration Administrative Options for Work Requirements:

- **State Medicaid Director Letters**
  - ✓ Rescind SMD 18-002 "Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries"
- **Address Existing State Waivers: Options**
  - ✓ Revise the waivers in light of court decisions
  - ✓ Negotiate changes immediately
  - Negotiate changes at time of renewal

Improve and Support

In addition to repealing and rescinding policies from the Trump Administration, the Biden Administration will likely work to improve Trump era rules that have bi-partisan support and shore up Obama era policies

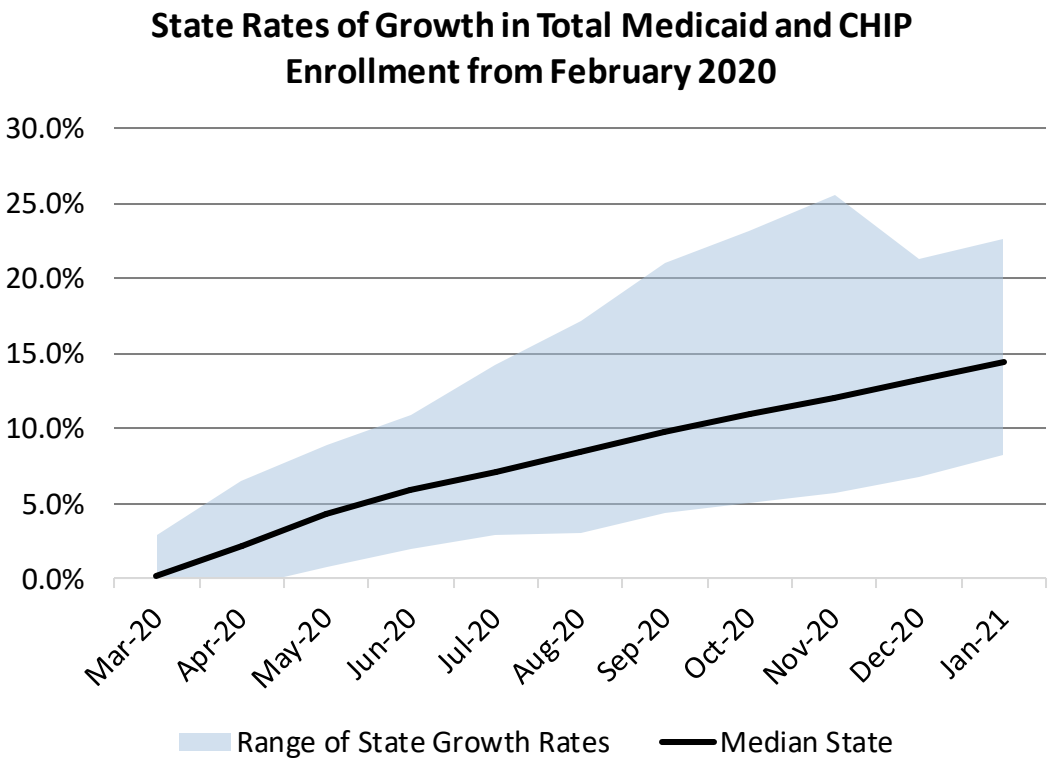
- Immigrant Coverage
- Continuous Eligibility Unwinding
- ✓Extending PHE
- Increase the FMAP for states during COVID-19 PHE
- Medicaid Managed Care Rule
- Access Rule
- Oversight and Transparency
- VBP

Biden Administration Administrative Options for Eligibility Unwinding:

- CMS (Trump) released "subregulatory" guidance to unwind CHIP and Medicaid SPA continuous coverage requirements.
- The Biden Administration can maintain, revise or replace that guidance
- **Potential CMS Actions on Continuous Coverage**
  - Provide more time for redeterminations
  - Identify allowable best practice
  - Provide technical support
  - Require /monitor readiness

Medicaid and CHIP Enrollment Trends

Medicaid and CHIP enrollment has grown significantly since the beginning of the pandemic as a result of both the economic downturn and the Families First continuous coverage requirement



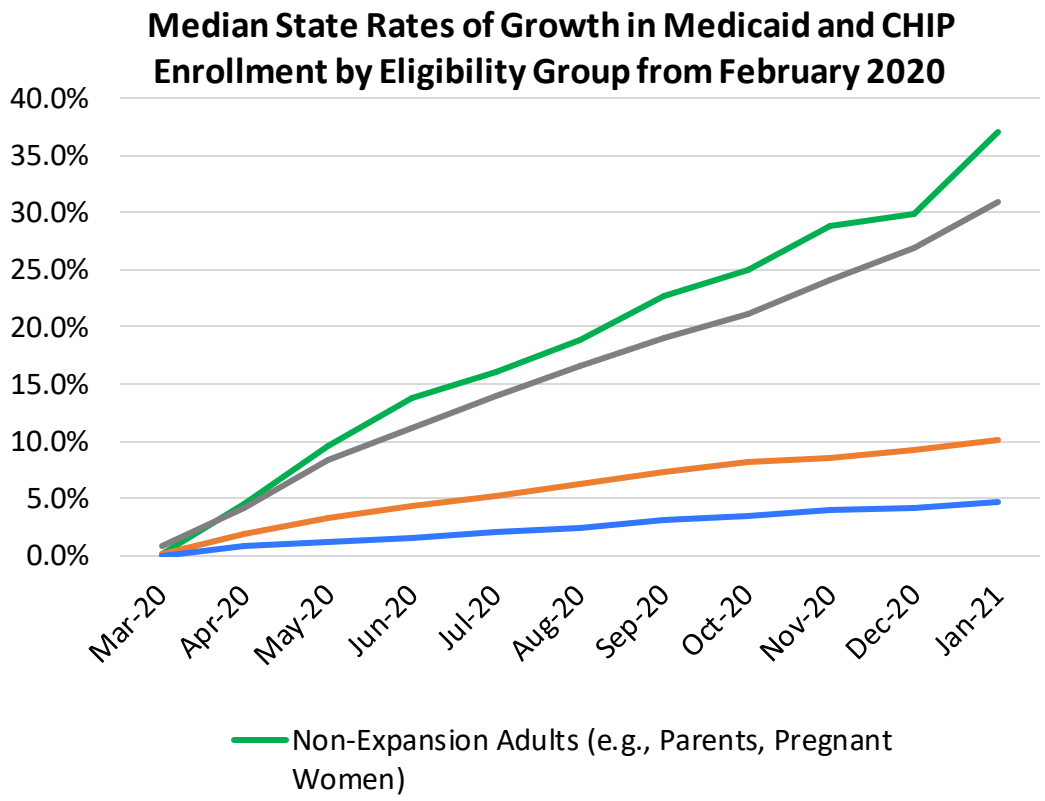
- From February 2020 through January 2021, **total Medicaid and CHIP enrollment grew by 14.5%** in the median state
- This suggests that Medicaid and CHIP have **added approximately 10 million enrollees** since the beginning of the pandemic
- Some states have seen overall growth **in excess of 20%**

Note: fluctuation in the range of state growth rates after November 2020 reflects changing data availability and does not necessarily reflect changes in overall growth patterns.

Sources: Manatt analysis of state Medicaid and CHIP enrollment data
CMS Monthly Medicaid and CHIP Enrollment Report, https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/index.html

Medicaid and CHIP Enrollment Trends (Cont'd)

While enrollment has grown across all major Medicaid eligibility categories, growth has been substantially faster among non-disabled adults (including those enrolled through ACA expansion group and others such as parents and pregnant women)



- From February 2020 through January 2021, **non-disabled adult enrollment has grown by more than 30% in the median state**
- Several states have seen non-disabled adult enrollment grow by **more than 50%**
- **Growth among child and aged, blind, and disabled groups has been significantly slower** (though still elevated relative to normal times)

Sources: Manatt analysis of state Medicaid and CHIP enrollment data

Push New Priorities (*and Support State Priorities*)

The COVID-19 pandemic has laid bare the urgent need to address health disparities and social determinants of health. Biden has outlined plans to improve disparities across geography, race, and ethnicity.

- Promoting Equity
- Closing the coverage gap
- Maternity Care
- Justice Involved
- Equity-Focused
- Social Determinates of Health
- HCBS
- Outreach and Enrollment

- **Improving Health in Rural America.** Biden's Plan for Rural America calls for providing rural hospitals with funding and flexibilities to identify, test, and deploy innovative approaches to provide care to rural communities; doubling funding for community health centers and equipping them to be hubs for health communities; promoting a diverse medical workforce in rural areas; and deploying telehealth.
- **Improving Racial Health Disparities.**
  - Biden's Plan for Black America and agenda for the Latino Community emphasize investments to end health disparities by race
  - The Biden campaign has also released plans to improve health for women, Native Americans, LGBTQ+ Americans, and people with disabilities

Emerging Medicaid Managed Care Trends

Speakers

Jennifer E. Moore

Founding Executive Director

Institute for Medicaid Innovation

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Medicaid Access & Coverage in 2019

Results from the Institute for Medicaid Innovation's
2020 Annual Medicaid Managed Care Survey

Jennifer E. Moore, PhD, RN, FAAN
Founding Executive Director

December 8, 2020

Robert Wood Johnson Foundation

MISSION

Improve the lives of Medicaid enrollees

- Develop, implement, and diffuse innovative and evidence-based models of care
- Promote quality, value, and equity
- Engage patients, families, and communities

VISION

Provide independent, unbiased, nonpartisan information → Inform Medicaid policy → Improve the health of the nation

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It's not the statistics that make Medicaid real.

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It's when you love one of the numbers.™

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Robert Wood Johnson Foundation

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Core Areas of Medicaid Managed Care Coverage

High-Risk Care Coordination
Value-Based Purchasing Pharmacy
Women's Health Behavioral Health
Child and Adolescent Health
Managed Long-Term Services and Supports
Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

INSTITUTE FOR MEDICAID INNOVATION

The Medicaid MCO survey respondents represented **67% of all covered lives in Medicaid managed care** across almost every state with Medicaid managed care in 2019

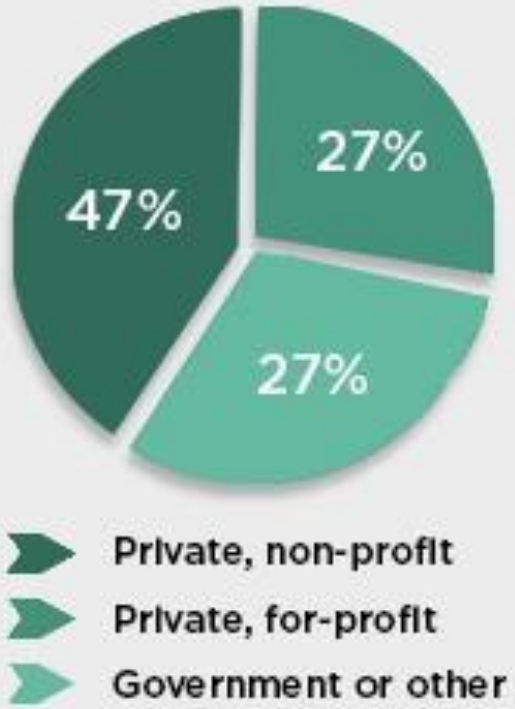
Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

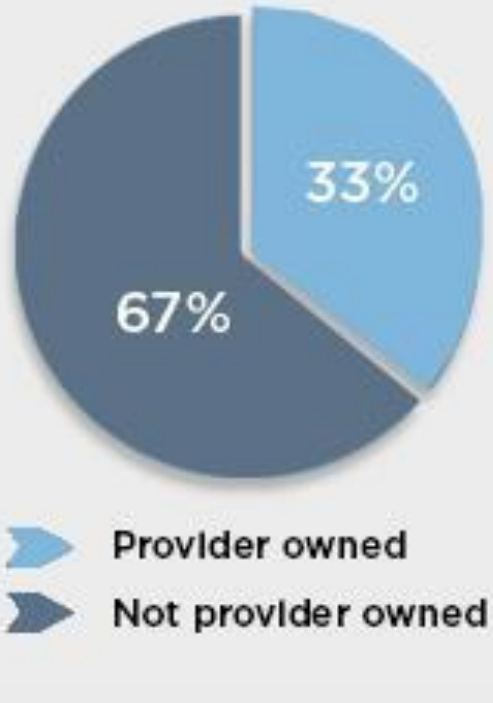
INSTITUTE FOR MEDICAID INNOVATION

Survey Respondent Descriptives, 2019

Medicaid MCO Tax Status



Parent Organization



Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Medicaid MCO Markets, 2019

	Small	Medium	Large
	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to 1 million covered lives	Medicaid MCOs with over 1 million covered lives
Multiple States	0%	0%	75%
Single State	100%	100%	25%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

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Comparison of Elements of Medicaid MCO Coverage by Health Plan Size, 2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to 1 million covered lives	Medicaid MCOs with over 1 million covered lives	All Medicaid MCO Respondents
High-Risk Care Coordination	100%	100%	100%	100%
Value-Based Purchasing	80%	100%	100%	93%
Pharmacy	100%	83%	100%	93%
Behavioral Health	80%	67%	75%	73%
Women's Health	100%	83%	100%	93%
Child and Adolescent Health	100%	100%	100%	100%
Long-Term Services and Supports	40%	33%	100%	53%
Social Determinants of Health	100%	100%	100%	100%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

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Percentage of Medicaid MCOs with Special Provider Contracts, 2019

Type of Provider Contracts	Percentage of Medicaid MCOs
Public hospitals	93%
Behavioral health centers	93%
Community health centers	93%
Urgent care clinics	93%
School-based clinics	87%
Methadone and other MAT clinics	87%
Academic medical centers	80%
Maternal and child health clinics	80%
HIV/AIDS services organizations	73%
Family planning clinics (Title X)	73%
Planned Parenthood	73%
Retail clinics	73%
Local/County health departments	67%
Indian Health Service providers or tribal health clinics	40%
Other (e.g., FQHCs, rural health clinics, skilled nursing facilities)	13%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

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Top 10 Strategies Used by Medicaid MCOs to Recruit and Retain Providers, 2019

1. In-person outreach to providers
2. Financial Incentives
3. Streamlined referral and authorization practices
4. Use of technology
5. Dedicated provider hotline for questions, problems, and needs
6. Automatic assignment of members to primary care providers
7. Prompt payment policies
8. Streamlined credentialing and re-credentialing processes
9. Reduced administrative burdens
10. Pay rates comparable to Medicare or commercial rates

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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60% of MCOs offered a targeted program to address sexual and gender minority health in 2019

20% were considering a targeted program in 2019

60% of MCOs covered gender-affirming treatment, including hormone therapies and surgical procedures in 2019

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Core Areas of Medicaid Managed Care Coverage

- High-Risk Care Coordination
- Value-Based Purchasing Pharmacy
- Women's Health Behavioral Health
- Child and Adolescent Health
- Managed Long-Term Services and Supports
- Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

High-Risk Care Coordination

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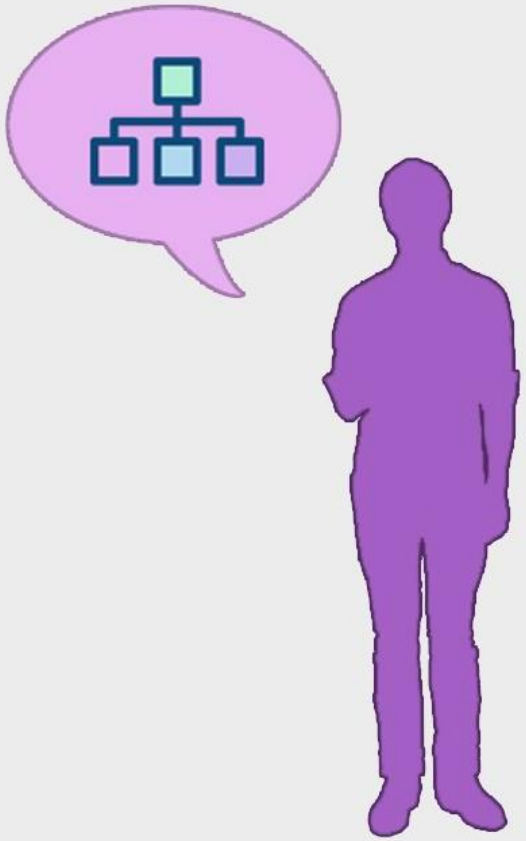
93 percent of Medicaid MCOs measured the effectiveness of high-risk care coordination in 2019



Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

High-Risk Care Coordination

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Most Common Barriers Cited by Medicaid MCOs in Completing an Individual Health Risk Assessment, 2019

Inaccurate Member Information (e.g., phone number)

Difficulty Reaching the Member

Lack of Member's Willingness to Participate in a Needs Assessment

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

High-Risk Care Coordination

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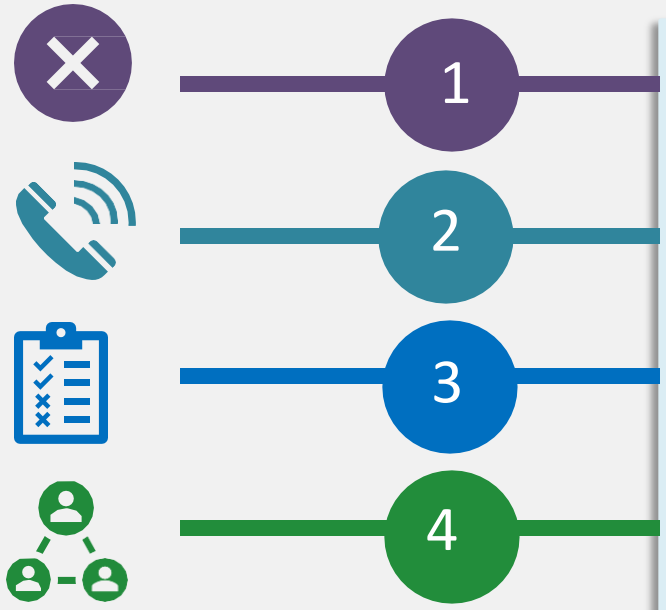
Most Common Barriers Cited by Medicaid MCOs in Providing High-Risk Care Coordination in 2019



1. Member's willingness to engage
2. Ability to Contact Member
3. Member's Unmet Social Needs
4. Availability of Social Supports

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Core Areas of Medicaid Managed Care Coverage

High-Risk Care Coordination

Value-Based Purchasing Pharmacy

Women's Health Behavioral Health

Child and Adolescent Health

Managed Long-Term Services and Supports

Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Value-Based Purchasing

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Percentage of Medicaid MCOs Using APM or VBP Structures, by Health Plan Size, 2017-2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to one million covered lives	Medicaid MCOS with over one million covered lives	All Medicaid MCO respondents
2017	100%	86%	100%	92%
2018	86%	100%	100%	95%
2019	80%	100%	100%	93%

93% of Medicaid MCOs utilized an APM or VBP arrangement in 2019.

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Value-Based Purchasing

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86% of Medicaid MCOs implemented VBP arrangements directly with **primary care providers** (i.e., physicians, advance practice nurses) in 2019.

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Value-Based Purchasing

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Trends in the Most Common External Factors Influencing Adoption and Innovation in VBP/APMs from 2017-2019

External Factors	Percentage of Medicaid MCOs in 2019	Direction of Change from 2017 - 2019
Provider readiness and willingness	100%	-
Provider IT capabilities	79%	↓
Medicaid payment rates	57%	↓
Uncertain or shifting policy requirements/ priorities	43%	↓

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Value-Based Purchasing

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Most Common Operational Barriers to Implementing Value-Based Arrangements in 2019

1. Data reporting to providers
2. IT system preparedness
3. Support to providers to make determinations on VBP/APM
4. Tracking quality and reporting within new structure

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Core Areas of Medicaid Managed Care Coverage

High-Risk Care Coordination
Value-Based Purchasing **Pharmacy**
Women's Health Behavioral Health
Child and Adolescent Health
Managed Long-Term Services and Supports
Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Pharmacy

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Percentage of Medicaid MCOs Fully at Risk for Pharmacy Health Benefits by Health Plan Size, 2017-2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to one million covered lives	Medicaid MCOS with over one million covered lives	All Medicaid MCO respondents
2017	100%	57%	75%	69%
2018	86%	80%	100%	89%
2019	100%	83%	100%	93%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Pharmacy

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Trends in the Most Common Challenges in Managing Medicaid Prescription Drug Benefits from 2017-2019

Challenges	Percentage of Medicaid MCOs in 2019	Direction of Change from 2017 - 2019
Utilization and cost history unknown for new drugs entering a market	85%	↓
Increase in number of specialty pharmacy medications	77%	N/A
Pharmacy benefits or subset of benefits carved out of managed care	69%	↓
Member comprehension of engagement programs	62%	↑

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Core Areas of Medicaid Managed Care Coverage

High-Risk Care Coordination
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Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Behavioral Health

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Percentage of Medicaid MCOs at Risk for Behavioral Health Benefits, by Health Plan Size, 2017-2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to one million covered lives	Medicaid MCOS with over one million covered lives	All Medicaid MCO respondents
2017	50%	71%	100%	77%
2018	72%	80%	100%	84%
2019	80%	67%	75%	73%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Behavioral Health

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Top operational, network, and policy barriers to integrating behavioral and physical health across all three years of the survey (2017-2019)

Operational

Access to data between care management and behavioral health teams

Network

Provider capacity to provide integrated physical and behavioral health at point of care

Access to behavioral health providers in select regions (e.g., rural, underserved)

Policy

Fragmentation in program funding and contracting for physical and behavioral health services

42 CFR Part 2 limitations on SUD treatment information being shared

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Women's Health

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Percentage of Medicaid MCOs with **Targeted Women's Health Programs**, by Health Plan Size, 2017-2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to one million covered lives	Medicaid MCOS with over one million covered lives	All Medicaid MCO respondents
2017	100%	86%	100%	92%
2018	86%	80%	100%	89%
2019	100%	83%	100%	93%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Women's Health

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93% of Medicaid MCOs provided targeted women's health programs in 2019.

100% of health plans indicated that prenatal and postpartum care is a priority and that they have targeted programs and engagement strategies to address this priority.

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Women's Health

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Most common impact of churn on Medicaid health plans addressing the long-term health of women enrollees from 2017 to 2019

Clinical care disruption (77%)

Care management continuity (62%)

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Child and Adolescent Health

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Percentage of Medicaid MCOs Offering **Targeted Child Health Programs** by Health Plan Size, 2017-2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to one million covered lives	Medicaid MCOS with over one million covered lives	All Medicaid MCO respondents
2017	100%	86%	100%	92%
2018	86%	100%	100%	95%
2019	100%	100%	100%	100%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Child and Adolescent Health

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Most Common Priority Topics with Targeted Programs and Engagement Strategies in 2019

1. Children with Special Healthcare Needs
2. Asthma
3. ADD/ADHD
4. Behavioral Health Screening and Treatment

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Child and Adolescent Health

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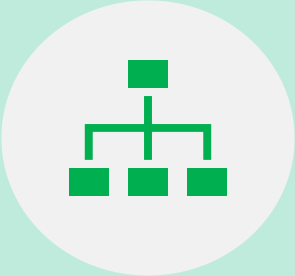
Most Common Barriers for Medicaid MCOs in Addressing Children with Special Healthcare Needs in 2019

Carved-out services created inefficient services for families

Poor communication among multiple providers to families



Carved-out services created an increased risk for duplication and costs

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Child and Adolescent Health

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In 2019, 20% of Medicaid MCOs indicated that health disparities impacting sexual and gender minorities **were a priority** for child and adolescent members

13% offered a **targeted program and engagement strategy** to address those health disparities

43% of MCOs **covered gender-affirming care** for transgender and gender-nonconforming children with special health care needs in 2019

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Managed Long-Term Services and Supports

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Percentage of Medicaid MCOs at Risk for MLTSS by Health Plan Size, 2017-2019

	Medicaid MCOs with 250,000 or fewer covered lives	Medicaid MCOs with 250,001 to one million covered lives	Medicaid MCOS with over one million covered lives	All Medicaid MCO respondents
2017	50%	86%	100%	85%
2018	43%	60%	100%	67%
2019	40%	33%	100%	53%

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

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Common Barriers for Medicaid MCOs in 2019

75% — **Medicaid and Medicare misalignment**

63% — **State program requirements**

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Managed Long-Term Services and Supports

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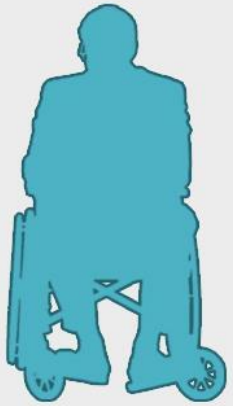
In 2019, the **most common approaches used** by Medicaid health plans for innovations in MLTSS were:

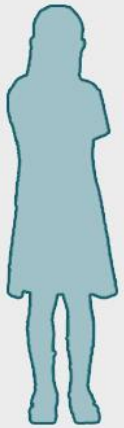


Self-advocacy (100%)

Money follows the person or community transition programs (100%)

Partnerships with community-based organizations (100%)

Wellness initiatives (88%)



Caregiver supports and services (88%)

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Annual Medicaid MCO Survey

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Core Areas of Medicaid Managed Care Coverage

High-Risk Care Coordination
Value-Based Purchasing Pharmacy
Women's Health Behavioral Health
Child and Adolescent Health
Managed Long-Term Services and Supports
Social Determinants of Health

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Social Determinants of Health

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100% of Medicaid health plans offered targeted SDOH programs in 2019

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Social Determinants of Health

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The most common populations targeted for social determinants of health programs:

Homeless/Housing Insecure (87%)

Pregnant individuals (73%)

Adults with serious mental illness (67%)

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Social Determinants of Health

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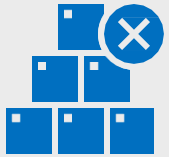
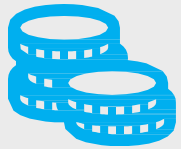
Top barriers to serving member social needs

High rate of member churn

Unsustainable resources



CBO capacity and financial support



Inability to pay for non-medical services

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

Social Determinants of Health

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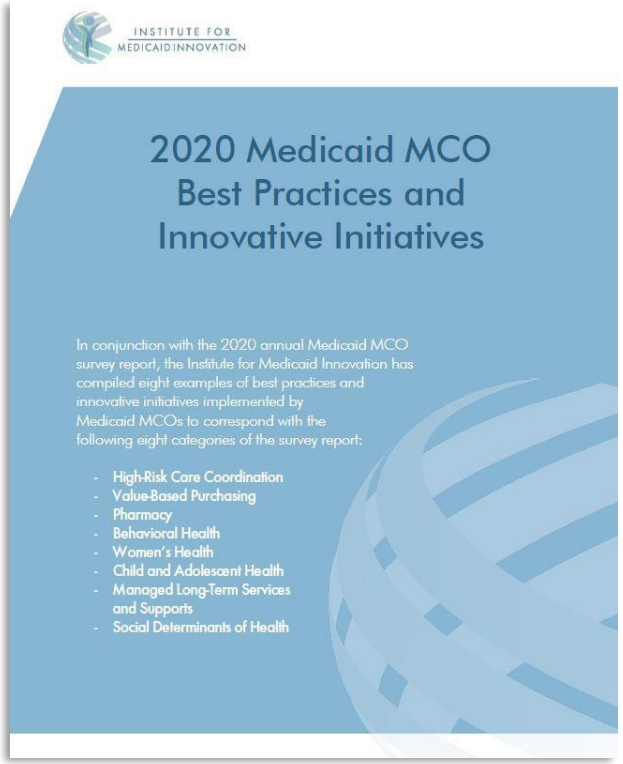
7% of MCOs provided a targeted SDOH program for members who identify as sexual and gender minorities in 2019

Source: Institute for Medicaid Innovation. 2020 Annual Medicaid MCO Survey

2020 Best Practices and Innovative Initiatives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2020 Medicaid MCO Best Practices and Innovative Initiatives

In conjunction with the 2020 annual Medicaid MCO survey report, the Institute for Medicaid Innovation has compiled eight examples of best practices and innovative initiatives implemented by Medicaid MCOs to correspond with the following eight categories of the survey report:

- High-Risk Care Coordination
- Value-Based Purchasing
- Pharmacy
- Behavioral Health
- Women's Health
- Child and Adolescent Health
- Managed Long-Term Services and Supports
- Social Determinants of Health

ALOHACARE

UnitedHealthcare COMMUNITY & STATE

CENTENE Corporation

HEALTH UNIVERSITY OF UTAH

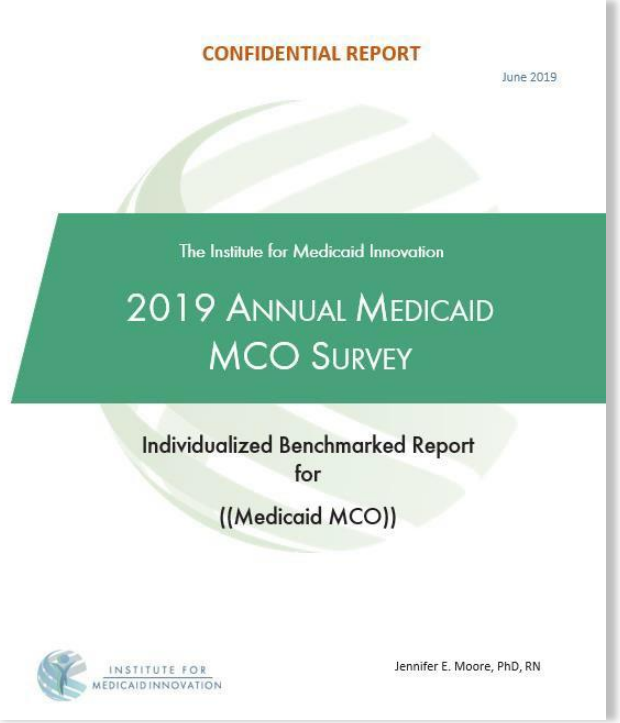
Horizon Horizon Blue Cross Blue Shield of New Jersey

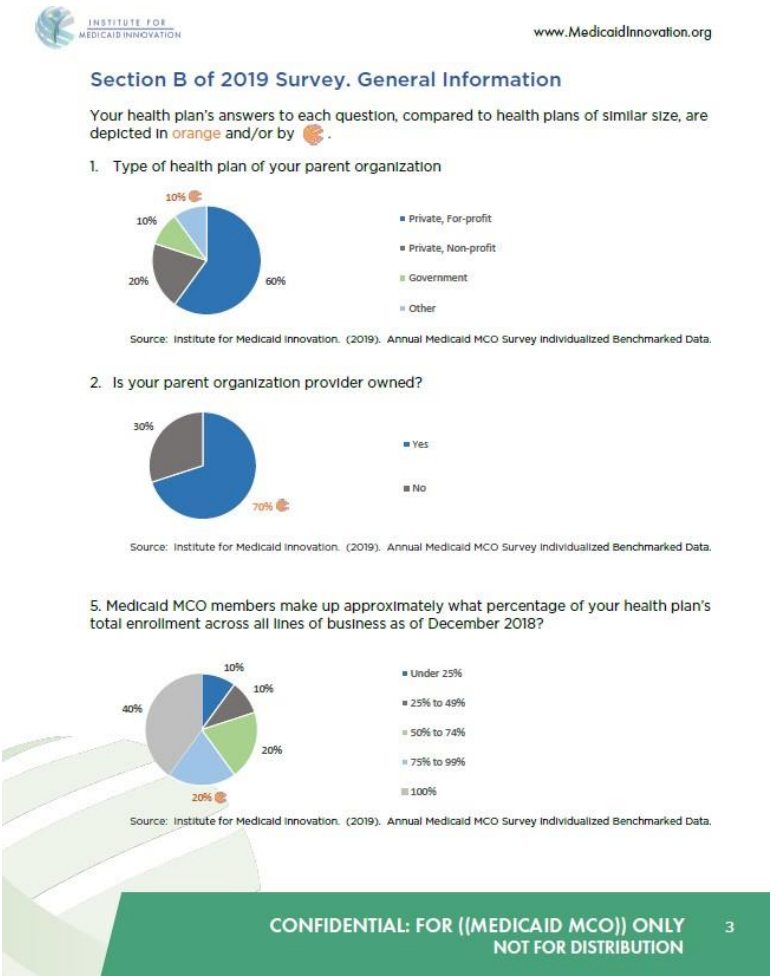
UPMC for You Affiliate of UPMC Health Plan

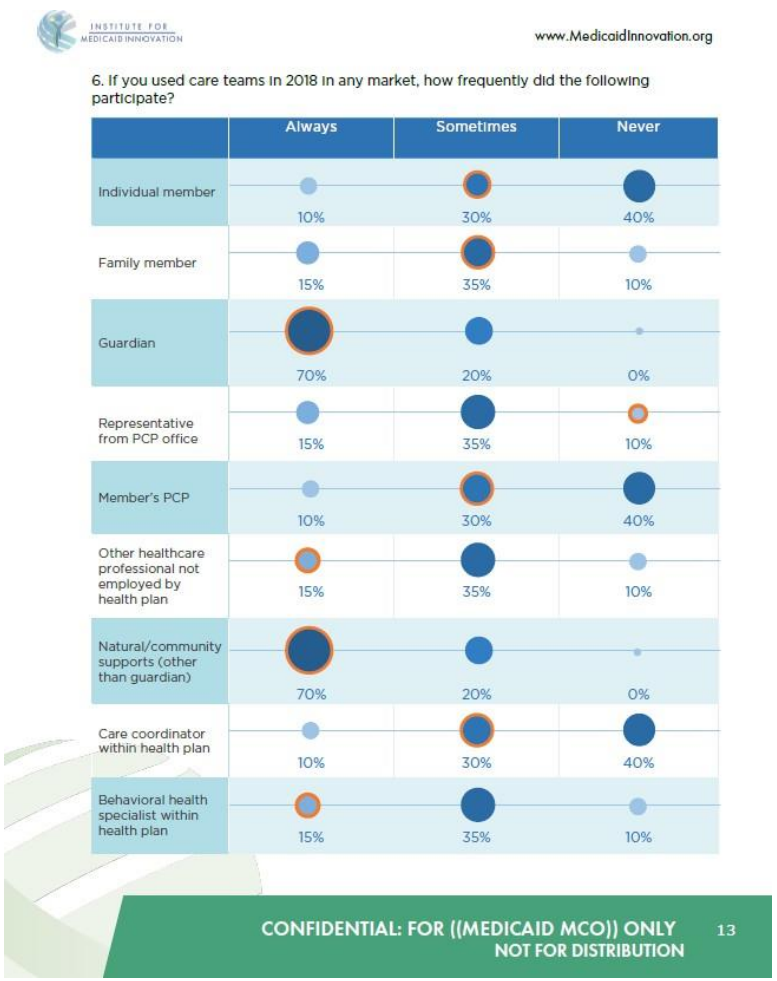
L.A. Care HEALTH PLAN

COMMUNITY HEALTH PLAN of Washington™

Individualized, Benchmarked Reports







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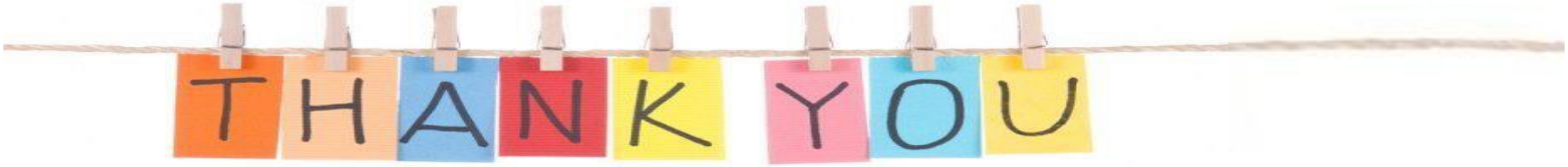

Annual Medicaid MCO Survey Subcommittee

Chair: Sayanti Saha, PhD, MBA
Horizon Blue Cross Blue Shield of New Jersey

Andrea Bennett, PhD, MSW	Aetna Medicaid
Andreas Cravalho II	AlohaCare
Nelson Clayton, CMCH, MBA	University of Utah Health Plans
Poppy Coleman, MPP	UPMC *for You*
Jordan Crowder, MHA	Centene
Leigh Anne Kustra	Gateway Health Plan
Christina Novotni, MBA	UPMC *for You*
Katrina Parrish, MD, FAAFP	L.A. Care Health Plan
Nicole Truhe, MPA	UnitedHealthcare Community & State

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Opportunities to be Engaged

Serve on IMI's Survey Subcommittee

Guides the annual revision of the survey tool and development of the accompanying reports

Volunteer on IMI's Survey Workgroups

Supporting a complete overhaul of the survey tool to ensure collection of meaningful data

Complete the 2021 Survey

To be released on **March 12, 2021**

Responses due **April 9, 2021**

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Advancing Health Equity: Overview of Project & New Resources

Robert Wood Johnson Foundation

Advancing Health Equity: Leading Care Payment and Systems Transformation

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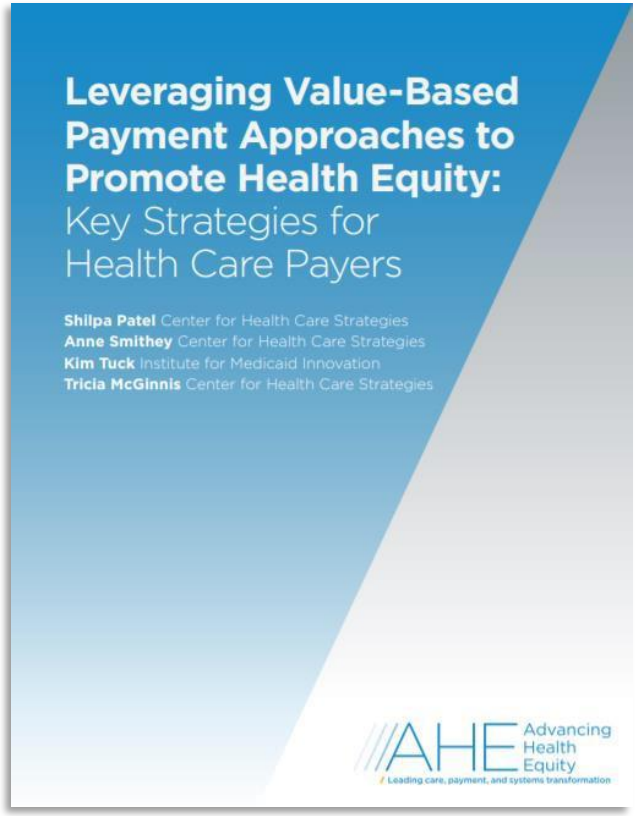
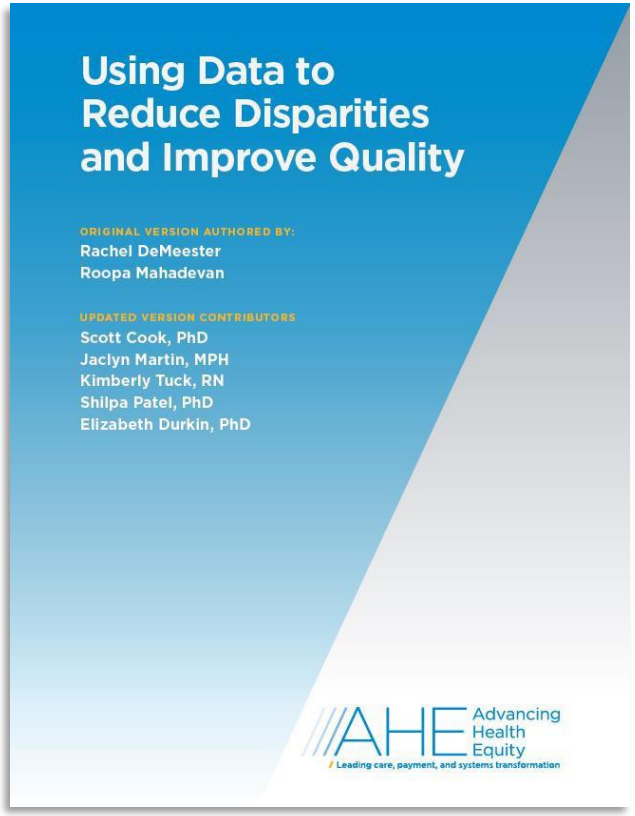
Leveraging Value-Based Payment Approaches to Promote Health Equity & Using Data to Reduce Disparities and Improve Quality





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Overview of New Resource

Leveraging Value-Based Payment Approaches to Promote Health Equity: Key Strategies for Health Care Payers

Strategy #1: Articulate the Equity Goal

Strategy #2: Assess the Current Payment and Care Delivery Environment

Strategy #3: Select the Performance Measures that Reflect the Equity Goal and Support Care Delivery Transformation

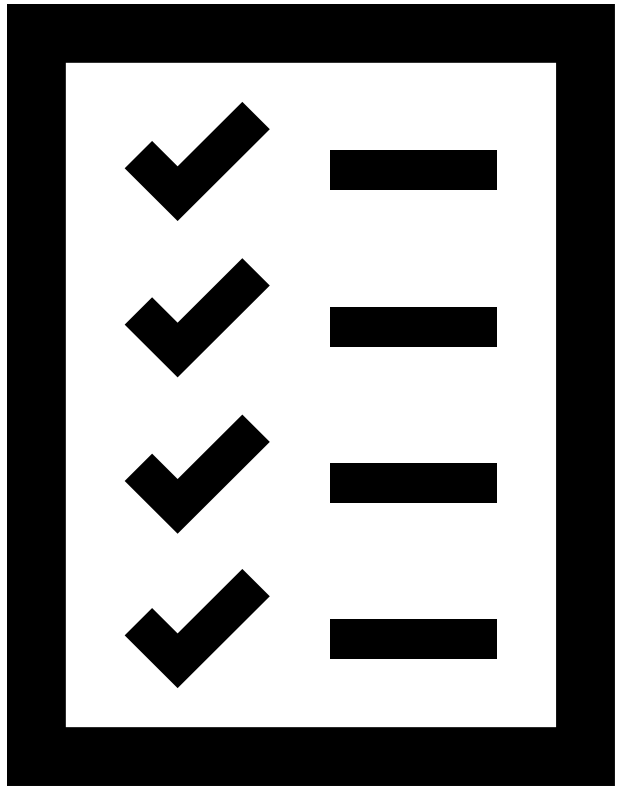
Strategy #4: Set Performance Targets that Explicitly Support the Necessary Care Transformations

Strategy #5: Design the Payment Approach

Strategy #6: Address Operational Issues and Other Considerations Faced by Health Plans and Providers

Strategy #1: Articulate the Equity Goal

- Consider…
  - How data will be used to identify health disparities
  - What the equity goal will address
  - The timeframe of the equity goal



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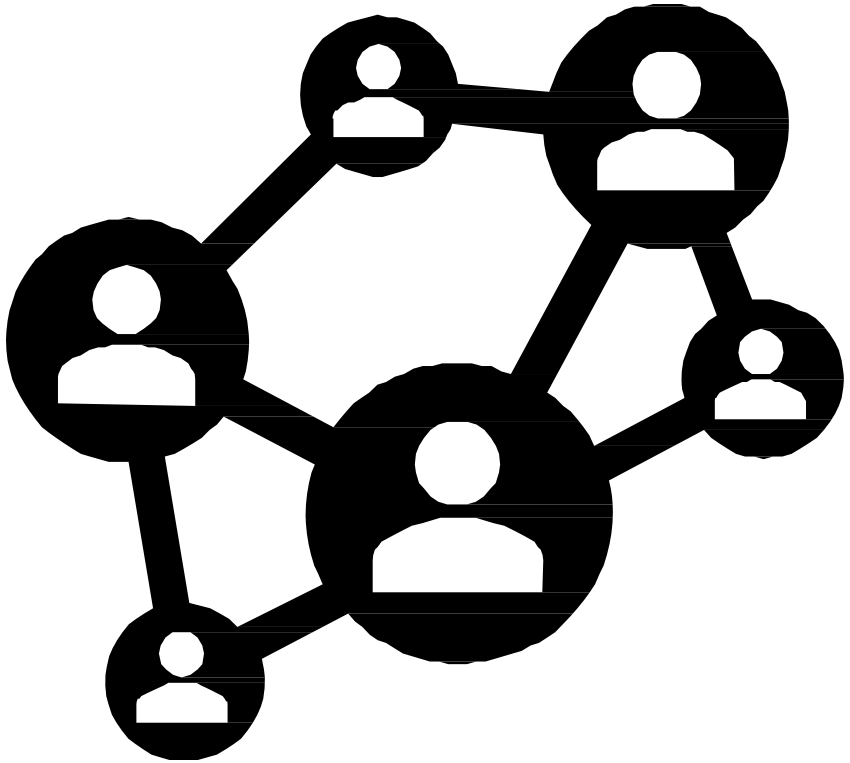
Strategy #2: Assess the Current Payment and Care Delivery Environment



- Consider…
  - If any VBP approaches are preferred or "off the table"
  - If the care delivery transformation will require upfront, one-time costs
  - If existing VBP arrangements can be used to support the proposed equity goal and care delivery transformation
  - Other priorities that can increase buy-in for VBP and the care delivery transformation

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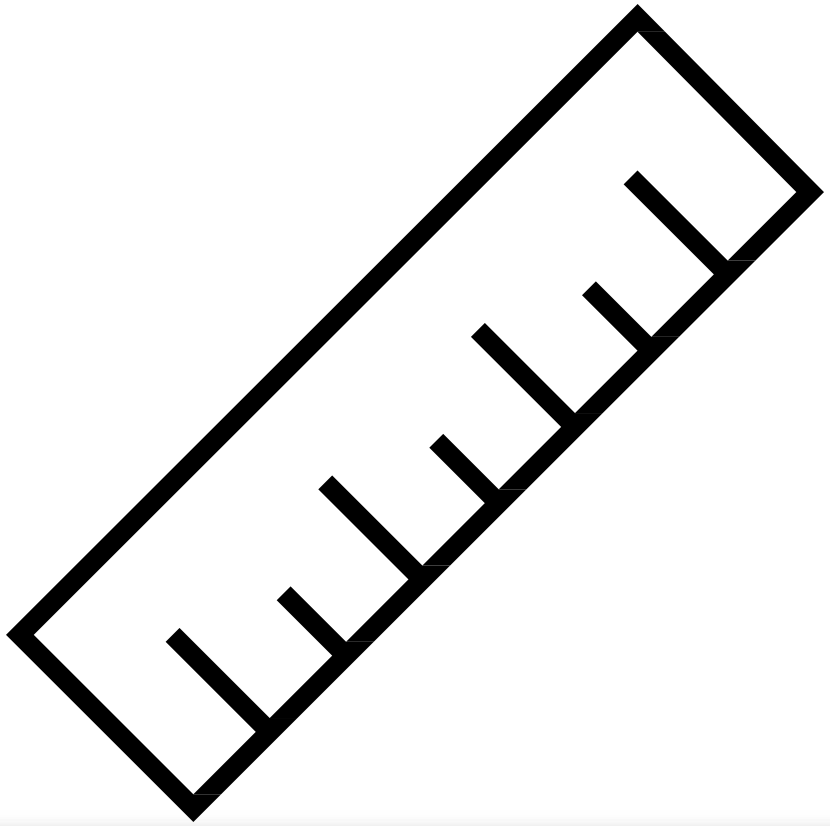
Strategy #3: Select the Performance Measures that Reflect the Equity Goal and Support Care Delivery Transformation

- Consider…
  - How measures can be structured to reflect the equity goal
  - Process and outcome measures
  - The feasibility of collecting complete, accurate, and timely data.



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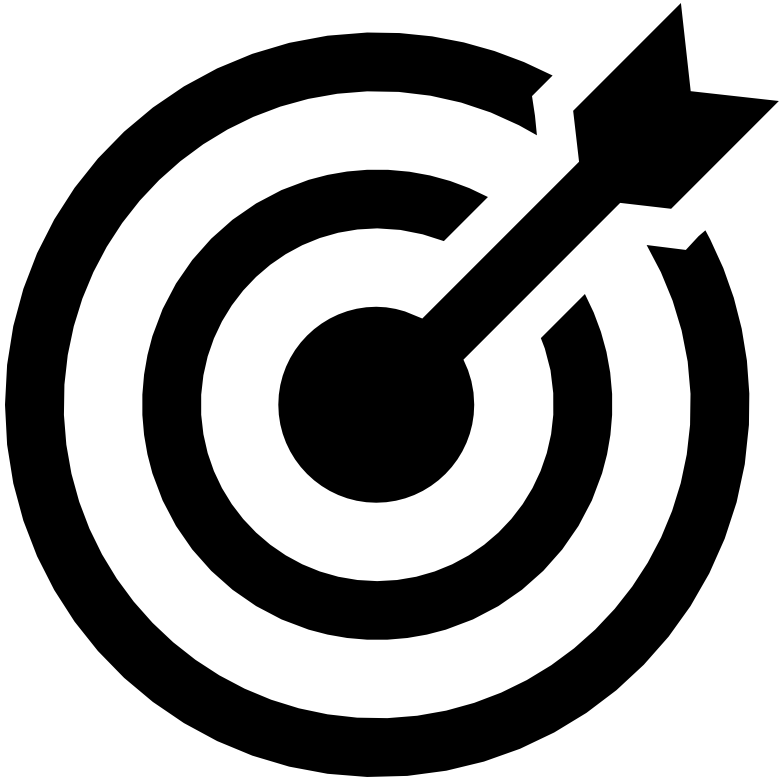
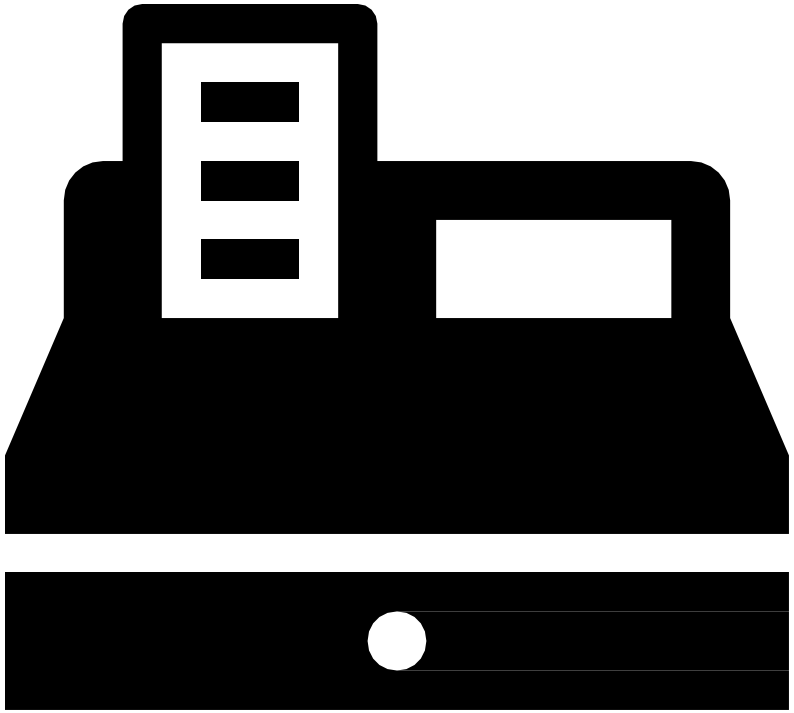
Strategy #4: Set Performance Targets that Explicitly Support the Necessary Care Transformations



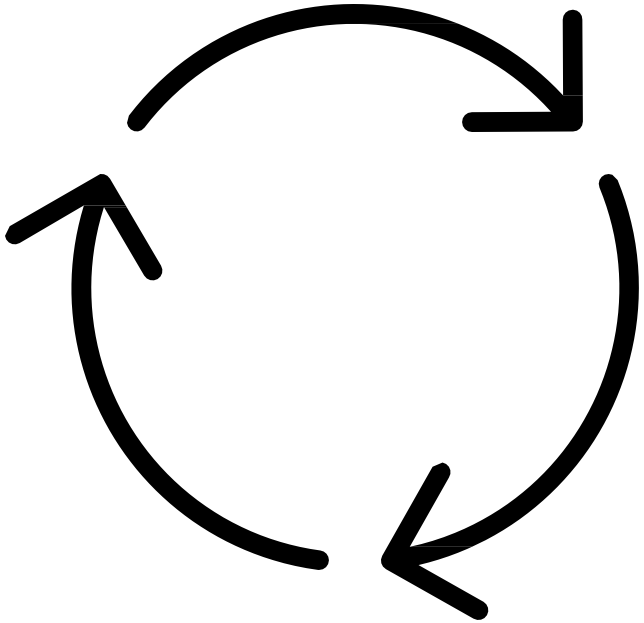
- Consider…
  - How the disparities will be measured
  - What types of performance targets will be used for performance-based payment
- Improvements relative to a provider organization's own benchmark
  - Setting targets that change over time
  - Risk adjustment approaches that support equity
  - How individuals will be attributed (i.e., which providers are responsible for which individuals)
  - Leveraging non-financial incentives to increase engagement and improve performance

Strategy #5: Design the Payment Approach

- Consider…
  - How different payment types can work with one another
  - The appropriate levels to direct incentives
  - The magnitude of the incentive
  - How payment approaches may change over time
  - What level of risk is appropriate and does not undermine equity goals



Strategy #6: Address Operational Issues and Other Considerations Faced by Health Plans and Providers



- Consider…
  - The quality of the data used
  - How data will be shared, collected, and analyzed
  - Providing training around payment reform
  - Developing a tailored evaluation plan

Opportunities to be Engaged

The AHE team is currently pursuing a renewal of funding from RWJF to continue the learning collaborative in a second phase.

Potential components of renewal:

- Involve a **new cohort** of teams
- Incorporate a stronger focus on addressing **structural racism**
  - Simultaneous internal and external work
- Increase focus on **member engagement** and **SDOH**

If renewed, the AHE team will be soliciting applications for the next cohort.

BREAK!

See you at 3:00 pm ET!

Lessons from Executive Leadership

The ACAP Coffee Break Podcast

- Meg interviews Safety Net Health Plan leaders.
- Audience: Health plan staff (Both ACAP and non-ACAP members), vendors, other health policy influencers
- Goals: Highlight SNHP leaders, build audience.
- **Hear it:** communityplans.net/podcast

Speakers

Moderator: Meg Murray,

CEO, ACAP

Frank Dominguez, President and Chief Executive Officer, EL Paso Health

Elizabeth Gibboney, Chief Executive Officer, Partnership HealthPlan of California

Kathy Pettway, Senior Director, Priority Partners

Happy Hour!