Washington State Health Care Authority

MCO-Tribal Quarterly Meeting

August 20, 2015

Agenda

11:00 am	Welcome/Introductions/Single Points of Contact Confirmation
11:10 am	Tribal Care Coordination
	• How the Port Gamble S'Klallam Tribe Does It
11:30 am	Tribal Referrals and MCO Networks
	• What Are the Barriers (Legal and Motivational)
Noon	Indian Addendum and MCO Subcontractors
	• How to Get Subcontractors to Adopt and Implement
12:30 pm	Medication-Assisted Treatment (MAT) for Opioid Dependence
	• The Importance of Alternatives for AI/AN Care
12:30 am	Other Issues and Concerns
12:45 pm	Planning for Next Meeting
1:00 pm	Closing

WELCOME/INTRODUCTIONS

SINGLE POINTS OF CONTACT AT MCOS AND TRIBES/ URBAN INDIAN HEALTH ORGANIZATIONS

MCO Contact Information

Managed Care Plan	General Contact Information	Single Point of Contact for Tribes
Amerigroup RealSolutions in healthcare	Customer Service: 1-800-600-4441 Website: www.amerigroup.com Provider line: 1-800-454-3730	Kris Lee Director of External Affairs Kristine.lee@amerigroup.com 206 674 4473 (direct), 206 674 4466 (fax)
Columbia United Providers	Customer Service: 1-800-315-7862 Website: https://www.cuphealth.com/home Provider line:	Connie Mom-Chhing cmomchhing@cuphealth.com 360 553 7886
COMMUNITY HEALTH PLAN of Washington	Customer Service: 1-800-440-1561 Website: www.chpw.org Provider line: 1-800-440-1561	Thomas Melville Contract Administrator thomas.melville@chpw.org 206 652 7282 (direct), 206 521 8834 (fax)
coordinated care	Customer Service: 1-877-644-4613 Website: www.coordinatedcarehealth.com Provider line: 1-877-644-4613	Lisa Moore Provider Relations Representative lismoore@coordinatedcarehealth.com 206 817 5683)
MOLINA HEALTHCARE	Customer Service: 1-800-869-7165 Website: www.molinhealthcare.com Provider line: Phone: 1-800-869-7175	Crystal Cutter External Provider Service Representative crystal.cutter@molinahealthcare.com 425 424 1174 (direct), 877 814 0342 (fax)
UnitedHealthcare Community Plan	Customer Service: 1-877-542-8997 Website: www.uhccommunityplan.com Provider Line: 1-877-542-9231	Debra Butler Senior Physician Advocate debra_butler@uhc.com 360 871 8013 (direct), 855 576 1243 (fax)

TRIBAL CARE COORDINATION:
HOW THE PORT GAMBLE S'KLALLAM TRIBE DOES IT

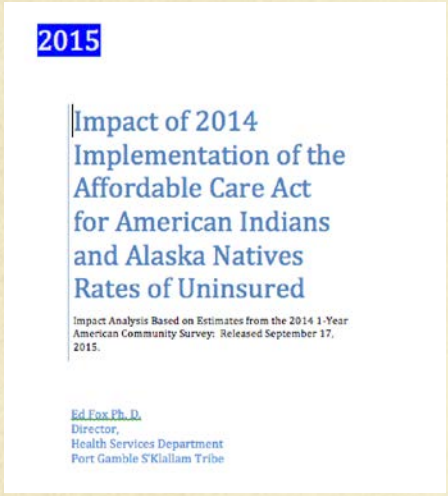
Ready for Reform!

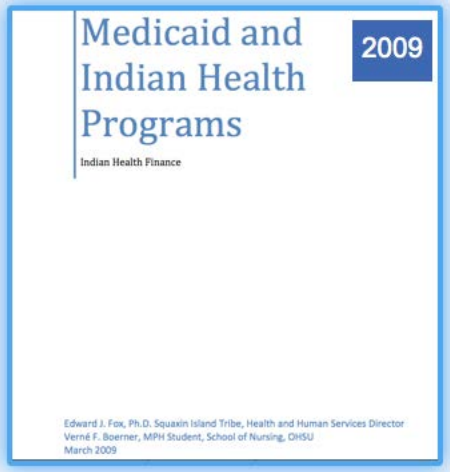
Medicaid Payments for Four Provider Types: Medical, Dental, Mental Health and Chemical Dependency

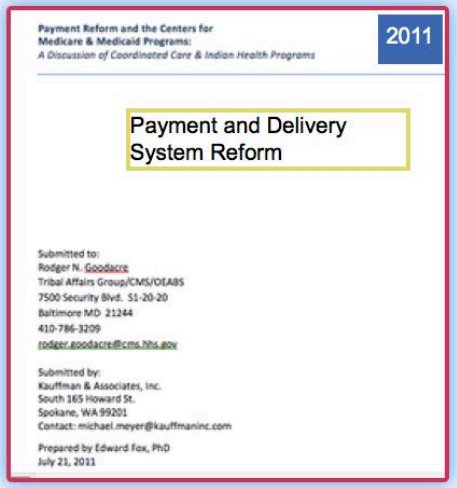
November 18, 2015, Managed Care Organizations Meeting

Ed Fox, Health Director Port Gamble S'Klallam Tribe

Reports on Medicaid







Contracting with Medicaid Managed Care Plans

Port Gamble S'Klallam Tribe's Contracts with Managed Care Organizations		
Managed Care Plan	Contract with the tribe	Indian Addendum
Amerisource	Yes	Yes
Community Health Plan of WA	Yes	No*
Coordinated Care	Yes	Yes
Molina	Yes	Yes
United HealthCare	Yes	Yes

*Special negotiated contract provisions/language incorporated to recognize federal laws, tribal sovereignty, etc.

Description of the Universe of Tribal and IHS health programs

- There are 29 federally recognized Tribes in Washington State. All 29 have funding from the Indian Health Services to provide health care services.
- Three of the 29 tribes have programs operated by the federal Indian Health Services: the Spokane Tribe, Confederated Tribes of Colville and the Yakama Nation.
- Most of the remaining 26 tribes operate comprehensive health programs,
- 20 have medical clinics, most have behavioral health programs (mental health and chemical dependency), and
- 18 of the 29 tribes have dental clinics.

Behavioral Health and Medical Integration

- Medical and Dental Clinic are in Health Services Department
- Mental Health and Chemical Dependency are in Wellness Department
- Medical Clinic MD also provides Suboxone services; And Dr. McDaniel covers for Dr. Becks leave and vacation time
- Medical Clinic providers will refill prescriptions if no prescribing provider available for Behavioral Health.
- Joint meetings taking place between Medical and Behavioral Health Clinic.

NextGen EHR integration

- Ability to view each other's appointment schedules.
- Ability to view medication lists, allergies and dx history.
- Can view each other's visit notes.
- Behavioral Health counselors not added yet (access to their visit notes will be more restricted).

NextGen EHR integration

- Next Steps: Add a Patient Portal and Patient Population Health tracking module.
- Wellness staff will refer patients for exams when vital signs are out of range (e.g. elevated BP's) – would love if all Wellness would be referred for a PE.
- Clinic staff provide immediate referrals for clients with depression and/or anxiety or mental health issues as well as chemical dependency assessments and referrals for counseling services

Descriptive Statistics (Findings)

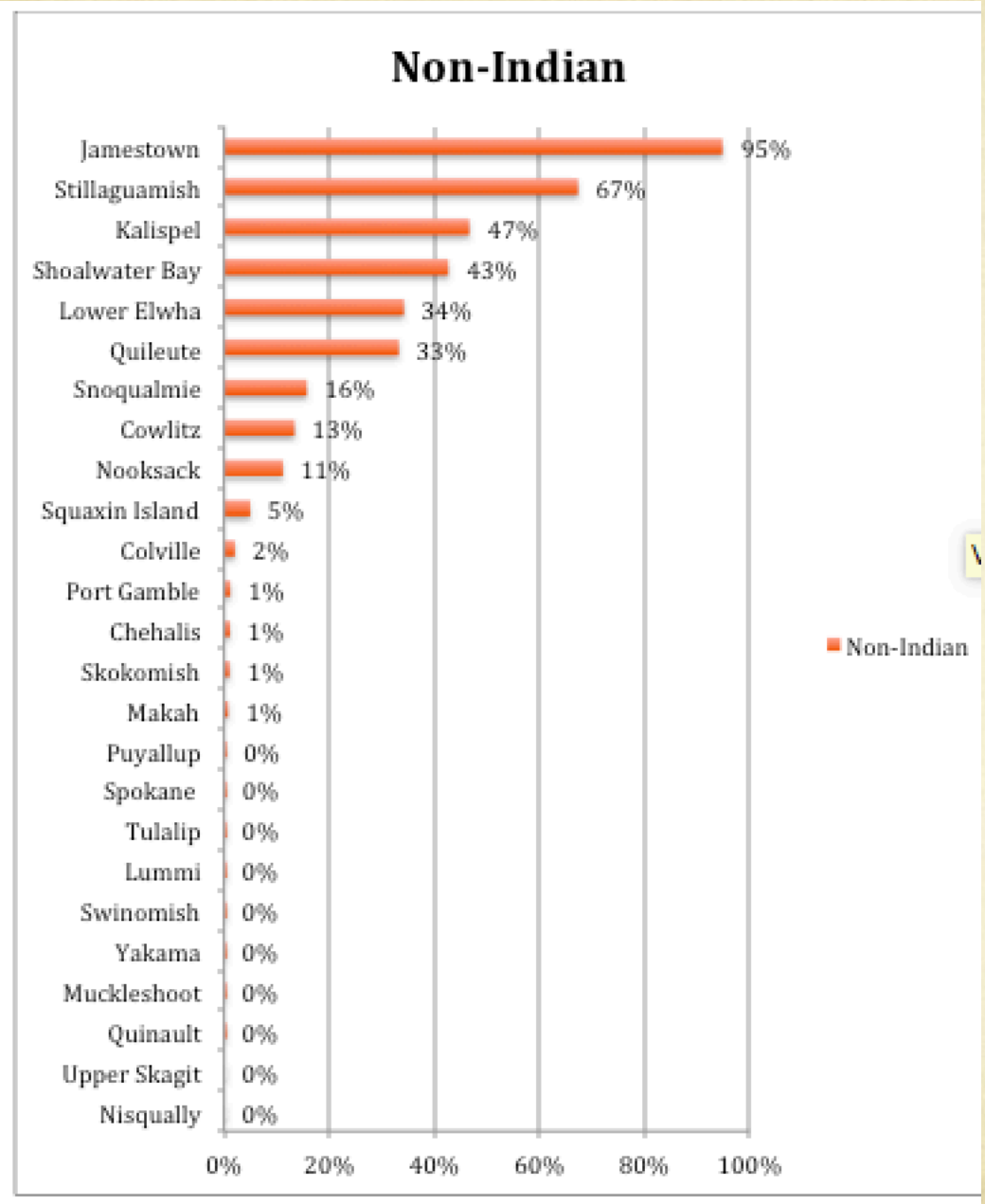
- *Patients*
- There were 21,332 patients with paid claims at the 25 Tribes reviewed here.
- About 3,000 are non-Indian patients. About 18,000 are American Indians or Alaska Natives.

25 Tribes	Total	Patients	Per Person
2013	$49,536,798	21,332	$2,322.18

23 Tribes payments (2 with over 65% non-Indian patients removed)

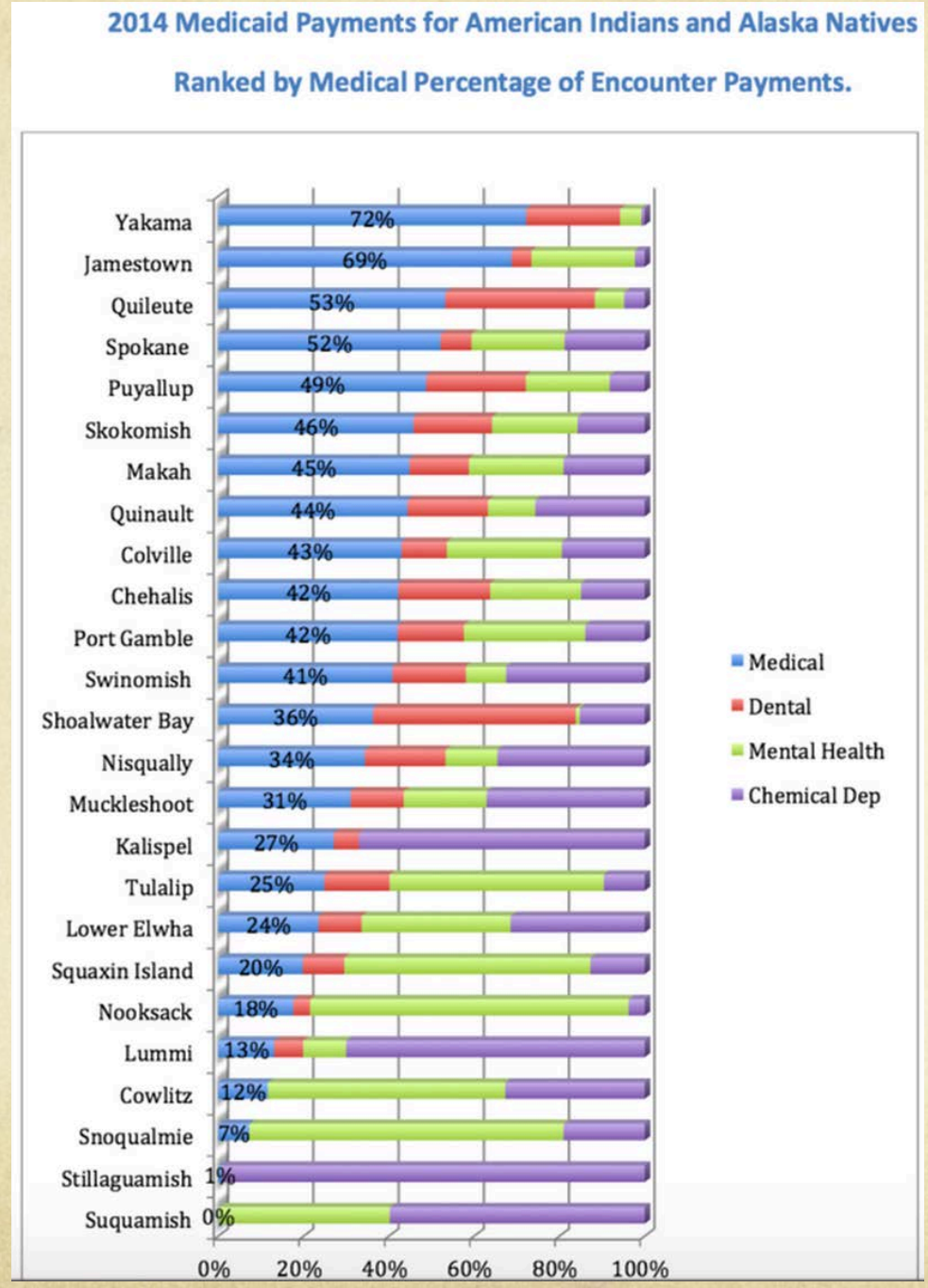
- Removing the two Tribes with very high percentages of Non-Indians results in a difference of about 3,000 fewer patients and $12 million less in annual payments for the year 2013.
- One of two is 90% chemical dependency with no medical program.

23 Tribes	Total	Patients	Per Person
2013	$37,677,698	18,379	$2,050.04



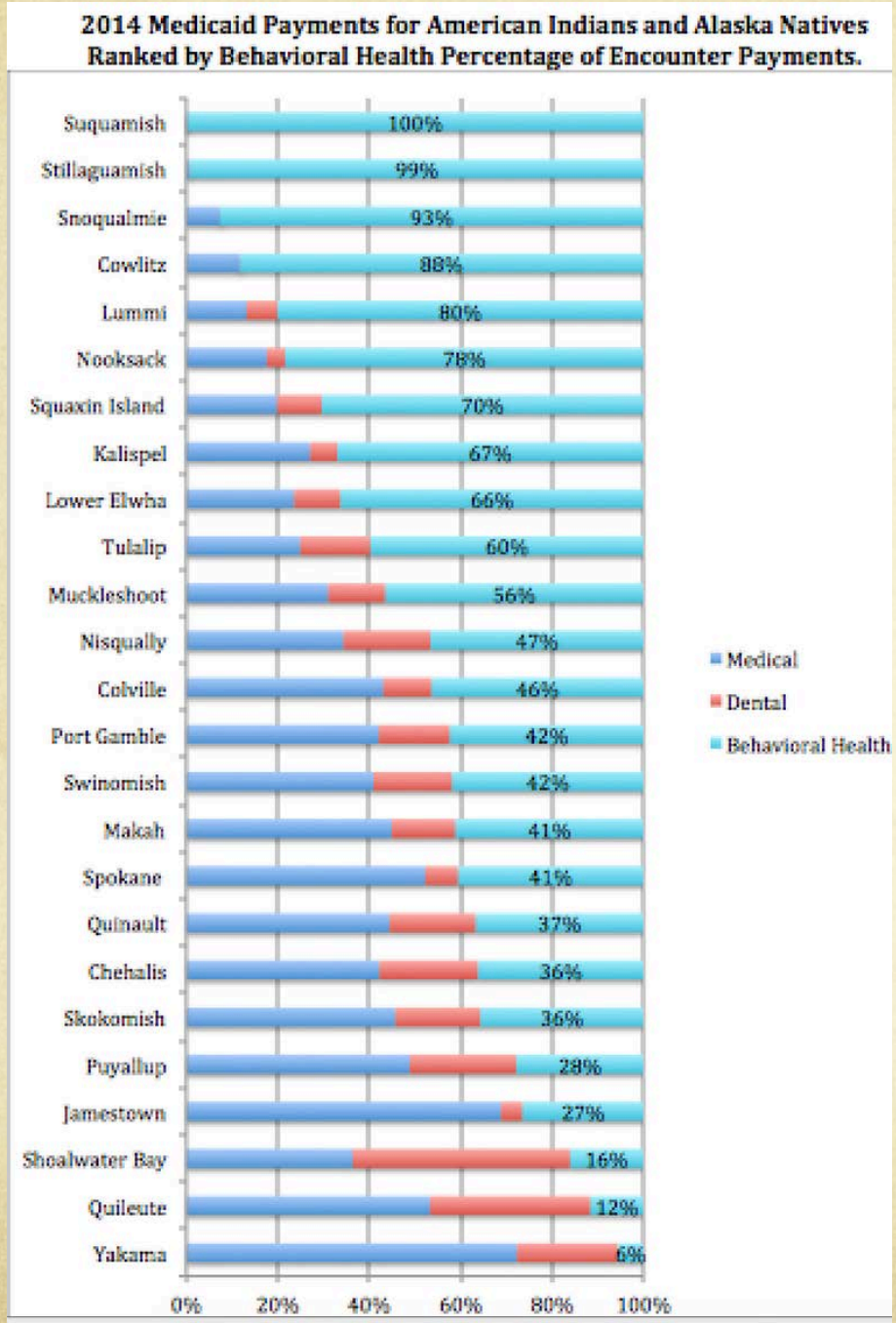
The average percentage of patients who are American Indian or Alaska Native of all tribes is 85%.
Six tribes have over 1/3 non-Indian patients.

The vast majority (19 of 25) of Washington Indian Health Programs are Indian-operated ***and*** largely serving Indian patients.



Washington Indian Health Programs have a wide variation in the amount of services they provide for:
Medical
Dental
Mental Health
Chemical Dependency

This chart ranks according to percentage of total payments for Medical, the following chart, by percentage behavioral health.



Washington Indian Health Programs have a wide variation in the amount of services they provide for:
Medical
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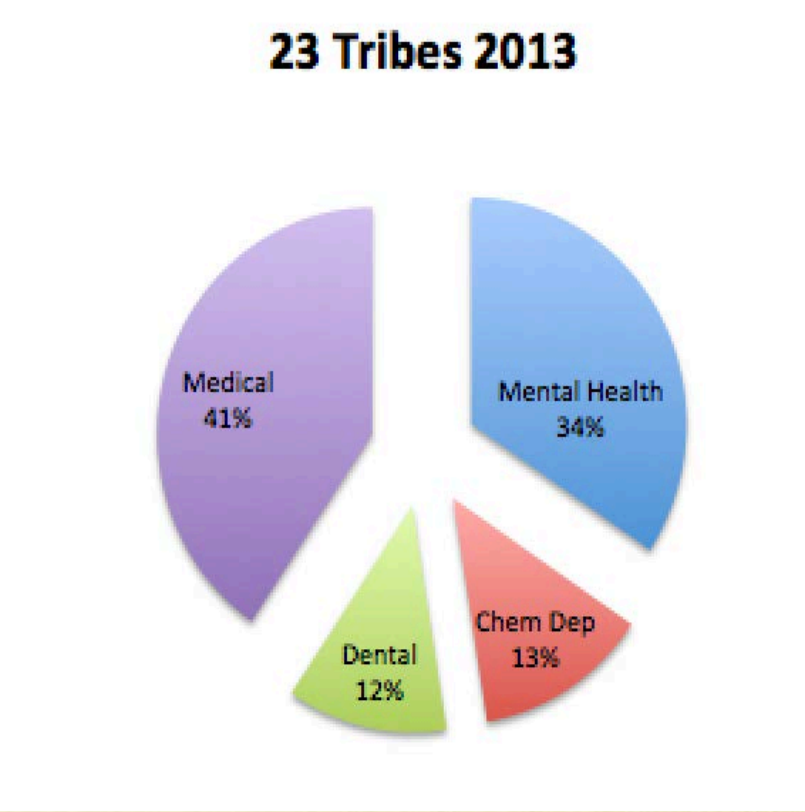
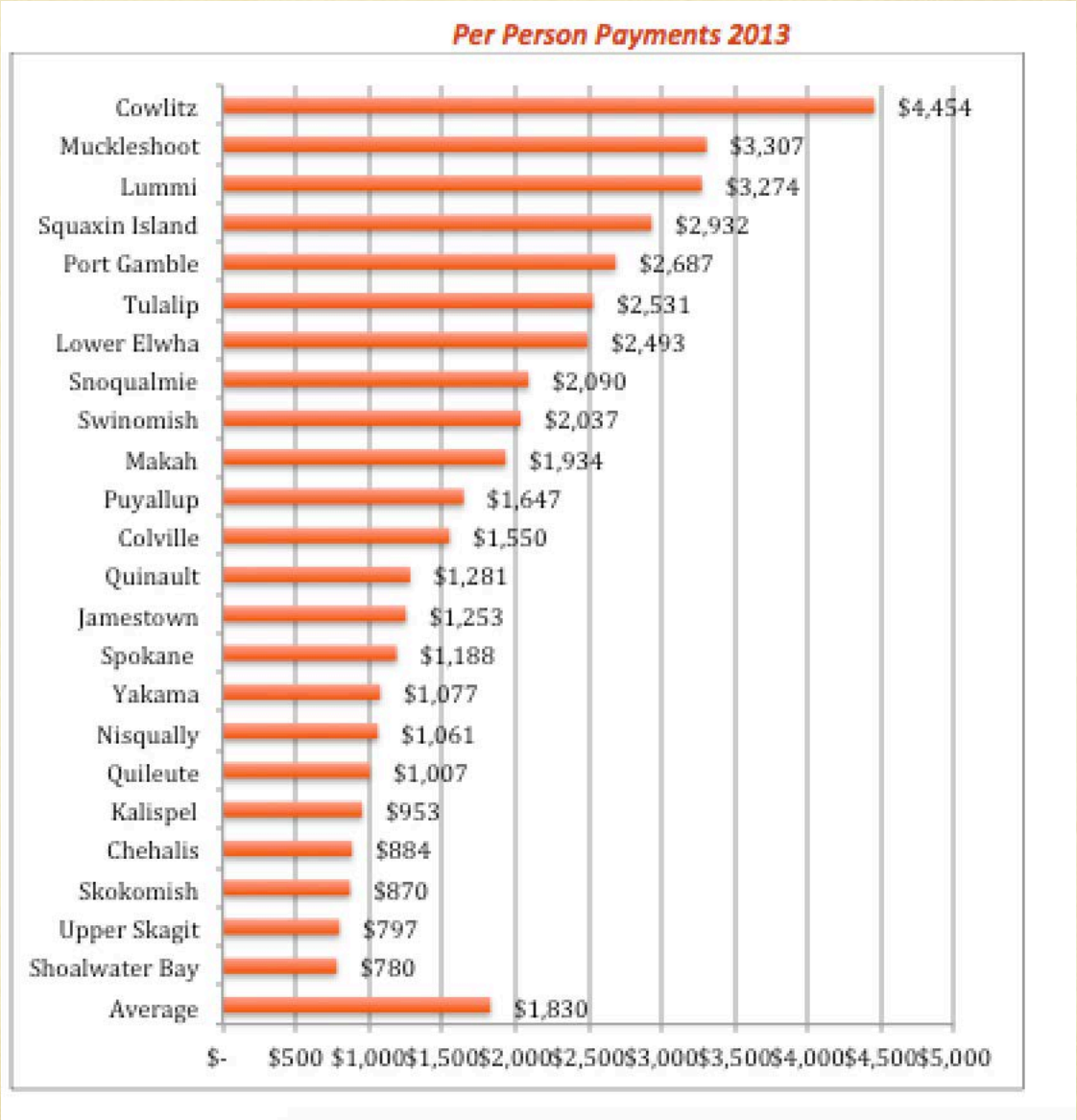
Chemical Dependency

This chart ranks by which have highest percentage of Behavioral Health (combining mental health and CD)

Distribution of Medicaid Payments by Encounter Type for 23 Tribes

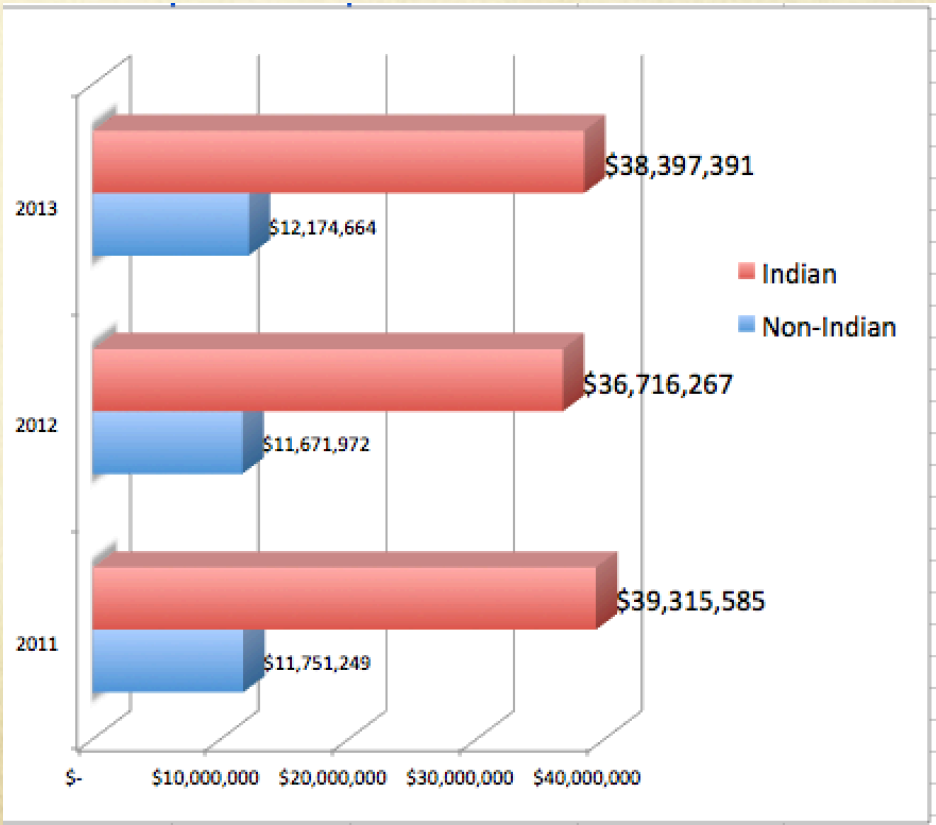
- *Distribution of payments between the four encounter types*
- For most tribes Medical payments represent the largest percentage of payments of the four encounter types. For all 23 tribes it is 41% of total payments, followed by Mental Health at 34%, Chemical Dependency at 13% and Dental payments at 12% of total Medicaid payments.




Per Person Payments 2013
Cowlitz $4,454
Muckleshoot $3,307
Lummi $3,274
Squaxin Island $2,932
Port Gamble $2,687
Tulalip $2,531
Lower Elwha $2,493
Snoqualmie $2,090
Swinomish $2,037
Makah $1,934
Puyallup $1,647
Colville $1,550
Quinault $1,281
Jamestown $1,253
Spokane $1,188
Yakama $1,077
Nisqually $1,061
Quileute $1,007
Kalispel $953
Chehalis $884
Skokomish $870
Upper Skagit $797
Shoalwater Bay $780
Average $1,830
$- $500 $1,000 $1,500 $2,000 $2,500 $3,000 $3,500 $4,000 $4,500 $5,000

2011,2012,2013 Paid Claims for AIANs

- Surprisingly, 2011 ($39 million) payments for Indian Patients were higher in 2011 than in 2013 ($38.4 million). The loss of adult dental coverage is the main reason for reduced payments.
- $52 Million Payments in 2014



Increase 2013-2014 (AIANs)

Medicaid Payments for American Indians and Alaska Natives	2014	2013	**Increase 2014**	% increase
	$52,189,715	$37,738,370	**$14,451,345**	38%
Puyallup	$7,391,138	$5,462,701	**$1,928,437**	35%
Muckleshoot	$3,090,988	$1,639,344	**$1,451,644**	89%
Cowlitz	$3,604,623	$2,325,447	**$1,279,176**	55%
Squaxin Island	$1,946,760	$890,625	**$1,056,135**	119%
Nooksack	$3,898,046	$3,024,863	**$873,183**	29%
Yakama	$3,604,151	$2,791,855	**$812,296**	29%
Makah	$1,964,107	$1,211,703	**$752,404**	62%
Quinault	$1,592,449	$864,355	**$728,094**	84%
Swinomish	$1,594,108	$899,536	**$694,572**	77%
Lower Elwha	$2,213,920	$1,581,034	**$632,886**	40%
Lummi	$5,890,961	$5,310,037	**$580,924**	11%
Port Gamble	$2,155,202	$1,617,659	**$537,543**	33%
Spokane	$1,354,463	$908,735	**$445,728**	49%
Nisqually	$853,079	$443,597	**$409,482**	92%
Tulalip	$2,390,000	$1,997,633	**$392,367**	20%
Skokomish	$783,589	$434,043	**$349,546**	81%
Quileute	$665,619	$394,083	**$271,536**	69%
Suquamish	$729,945	$477,673	**$252,272**	53%
Stillaguamish	$2,428,740	$2,188,459	**$240,281**	11%
Chehalis	$692,463	$475,751	**$216,712**	46%
Kalispel	$344,350	$134,230	**$210,120**	157%
Snoqualmie	$914,291	$710,910	**$203,381**	29%
Jamestown	$255,550	$143,779	**$111,771**	78%
Shoalwater Bay	$180,877	$104,195	**$76,682**	74%
Colville	$1,650,296	$1,706,123	**$(55,827)**	-3%

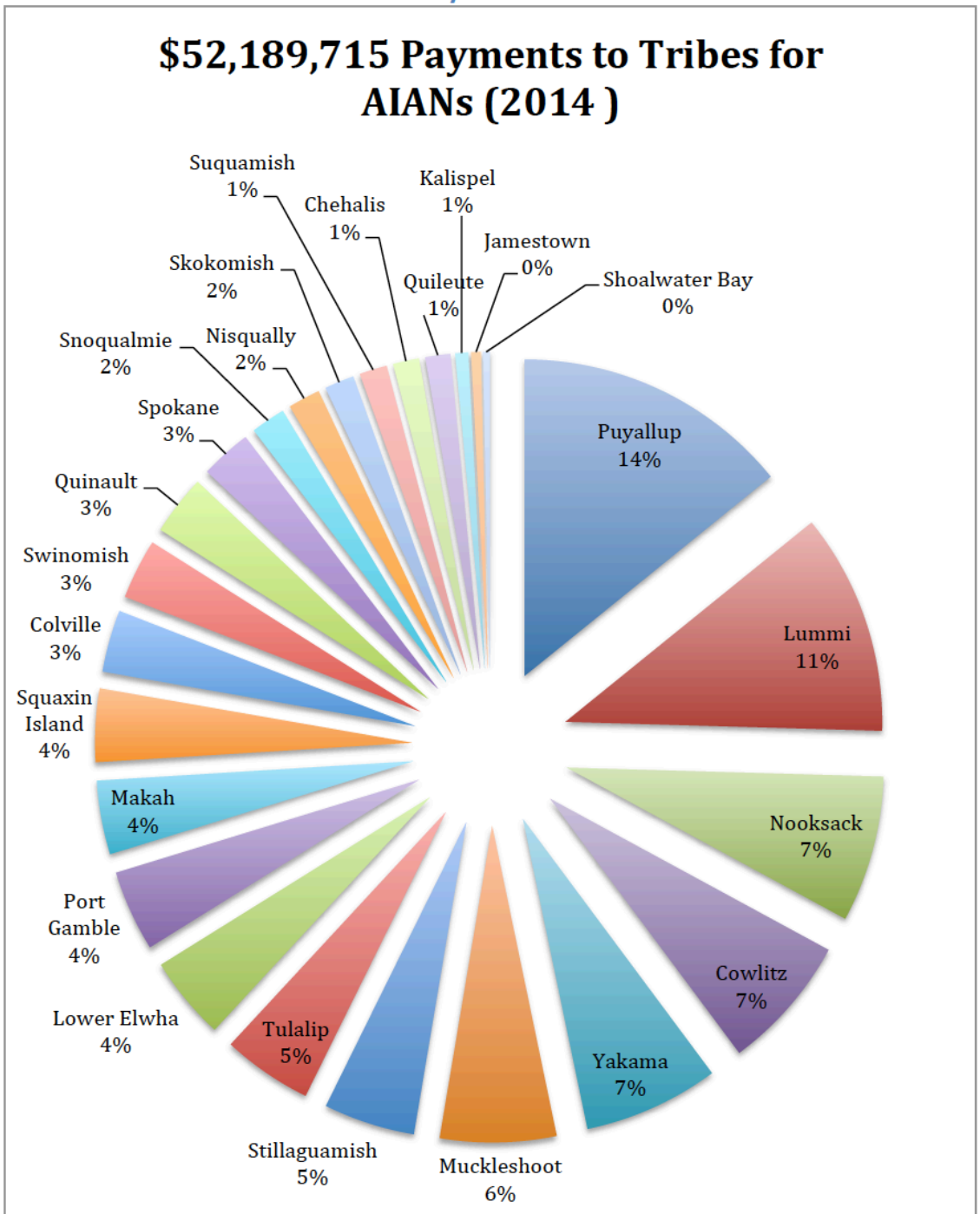
2014 Medicaid Paid Claims

The State of Washington paid about $114 million for AIANs Medicaid health care services in 2014. $62 million was paid directly to Tribal and IHS programs. $50 million was paid to outside providers and for Medicaid eligible services.

Source: WA Health Care Authority, September 2015 Data Pull of 2014 payments/claims matching Provider ID for those served in IHS-funded programs to payments for those same patients outside IHS funded-programs. Note: Preliminary Data.

2014 Paid Claims				
Claim type	**IHS & Tribal**	**Urban**	**All Other**	**Total**
Professional	$ 50,512,587	$ 497,818	$ 14,968,180	$ 65,978,586
Pharmacy	$ 4,236,317	$ 35,855	$ 8,056,619	$ 12,328,792
Outpatient Hospital	$ -	$ -	$ 11,406,833	$ 11,406,833
Inpatient Hospital	$ -	$ -	$ 9,739,738	$ 9,739,738
Dental	$ 6,471,508	$ 30,207	$ 2,043,986	$ 8,545,703
DME, Non-DME, & Supplies	$ 156,960	$ -	$ 1,748,758	$ 1,905,718
EPSDT	$ 1,088,228	$ 3,782	$ 273,473	$ 1,365,484
Nursing Facility	$ 154,855	$ -	$ 1,107,253	$ 1,262,108
Medicare Part B Crossover	$ 312,347	$ -	$ 132,384	$ 444,732
Ambulatory Surgical Center	$ -	$ -	$ 250,050	$ 250,050
Medicare Part A Crossover	$ -	$ 179	$ 226,105	$ 226,284
Kidney Center	$ -	$ -	$ 201,990	$ 201,990
Home Health	$ -	$ -	$ 76,685	$ 76,685
Hospice	$ -	$ -	$ 59,457	$ 59,457
Total	**$ 62,932,802**	**$ 567,841**	**$ 50,291,511**	**$ 113,792,160**

Total 2014 Medicaid Payments for 25 Tribes for AIANs



Medicaid as a Percentage of Active Users

- The chart depicts a wide range; from high of 62% to low of 15%.
- Average 32%

Average 19 Tribes	32%
1	62%
2	49%
3	49%
4	44%
5	42%
6	39%
7	38%
8	31%
9	29%
10	27%
11	26%
12	26%
14	23%
15	20%
16	19%
17	17%
18	15%
19	15%

Conclusion

The data contained in the *ProviderOne* Medicaid Claims database can provide valuable information for program planning and policy making for IHS and Tribal health programs.

The information developed from this modest exploratory research provide very useful information about the recent past of Medicaid payment history and the degree of success in accessing the benefits of the Affordable Care Act and the expansion of Medicaid eligibility.

The evidence is clear from this data that increased enrollment and consequently increased payments have occurred.

Conclusions

- The finding of increases is mainly inclusive of all tribes, but significant variation is also evident, particularly when comparing the four encounter types.
- Some of the variations are easily explained, such as the expected increase in patients covered by Medicaid and increase in payments thanks to the 2014 restoration of adult dental coverage and expanded eligibility.
- Individual tribes are likely to be very keen to know how their experience varies from others and for some it will point to opportunities for improved Medicaid payments and coverage.

Recommendations

It is highly recommended that the State continue to assess how tribes can utilize Medicaid claims data.

It would be wise to consult with tribes in advance of the availability of detailed full year 2015 claims data so a decision can be made soon on how to best make this rich data set available to those tribes who wish access to it.

In the future claims data will play a larger role in managing health care services (both delivery and payment systems) and there is no better time than the present to become familiar with the data that is currently available.

Discussion and next steps

- Tribes should review data and determine it's utility for policy and program planning (and accuracy)
- Next Steps
  - State was able to link the payments to Indian health programs to the payments to outside providers; specialists and hospitals.
  - This required a link between two databases.
  - This report and others should be produced periodically (at least annually).

Contact

- Thank you
- Comments?
- Questions

- Ed Fox 360 790 1164
- efox@pgst.nsn.us (Port Gamble S'Klallam Tribe)
- edfoxphd.com

TRIBAL REFERRALS AND MCO NETWORKS:
WHAT ARE THE BARRIERS (LEGAL AND MOTIVATIONAL)

INDIAN ADDENDUM AND MCO SUBCONTRACTORS:
HOW TO GET SUBCONTRACTORS TO ADOPT AND IMPLEMENT

OTHER ISSUES & CONCERNS

Other Issues & Concerns

Fully Integrated Managed Care (FIMC)/Early Adopter Program in Clark and Skamania counties: Two Options for AI/ANs

- FIMC MCO
  - MCO administers payment for physical, mental, SUD
  - AI/AN can choose FIMC MCO, switch FIMC MCO, and disenroll from FIMC MCO (transfer to fee-for-service)
- Fee-for-Service + BHSO MCO
  - Medicaid fee-for-service for physical health
  - MCO administers mental health and SUD benefit (no fee-for-service available except for AI/ANs at Tribes)
  - AI/AN can switch BHSO MCO

Other Issues & Concerns

Q: Do Tribal providers need to be credentialed by the MCO for the Tribe to bill?

A: From Molina—

- Non-participating (non-contracted) Tribal providers do not need to be credentialed for claims to be submitted and processed/paid.
- However, if your providers would like to act as the client's PCP with referral access to the MCO's network and utilize the MCO's case management resources, then credentialing is required. If a Tribal provider does contract with the MCO, they become a participating provider and listed in our directory.

Other Issues & Concerns

Q: Sometimes the claim EOB is not helpful. For example, one EOB indicated that the date of birth on the claim was not correct – when the underlying issue appears to have been the client ID number. How should ITUs work with MCOs to efficiently address these kinds of issues?

Other Issues & Concerns

Q: How many MCOs use subcontractors for mental health or substance use disorder benefit administration? What are those subcontractors? Do MCOs transfer claims processing to these subcontractors for categories of claims? If so, how does a Tribe work on getting a claim paid without being transferred back-and-forth between the two entities?

Example: Denied claim is for an office visit for schizophrenia. MCO directs Tribe to its subcontractor for mental health benefits to get the claim paid.

Other Issues & Concerns

Other Issues? Concerns? Questions?

PLANNING FOR NEXT MEETING

Planning for Next Meeting

Possible Topics and Presentations

- MCO Care Coordination Process
  - Generic or MCO-Specific
- How to Coordinate Care Coordination
- How to get Tribal Referrals considered In-Network for:
  - MCO-enrolled AI/AN clients
  - Fee-for-service AI/AN clients
- Other Topics and/or Presentations?

CLOSING