Leveraging Managed Care to Support Community Health Workers and Promote Population Health

Association of State and Territorial Health Officials (ASTHO)
September 9, 2015
9:30 AM – 10:45 AM ET
Thomas Pryor

US Public Health Service
Center for Medicare and Medicaid Innovation
Webinar Objectives

- Describe the importance of building an effective partnership with Medicaid to achieve population health goals.

- Discuss how states can use the MCO contract as a policy and financing lever to support population health goals.

- Examine models of how MCOs have successfully financed CHWs.
Speakers

Sue Moran
Senior Deputy Director, Public Health Administration
Michigan Department of Health and Human Services
Leveraging Managed Care to Support Community Health Workers and Promote Population Health

September 9, 2015
Susan Moran, MPH
Michigan Department of Health and Human Services
Population Health Approach

- Measurement of health outcomes
- Considers a broad array of determinants
- Intervention at the community level
- Shared accountability for health
Community Health Workers

- A Community Health Worker (CHW) is a frontline public health worker
- Close understanding of the community served
- Culturally competent
- Ability to engage and establish trust
- Link between health/social services and the community
Michigan Pathways to Better Health

- CHWs assess needs related to the social determinants of health
- Use checklists that trigger Pathways (i.e., protocols for resolving needs)
- CHW and client work together to achieve the client’s health goals
- Payment model ties reimbursement to intermediate/final outcomes
Michigan Medicaid

**Vision:** Create a Medicaid managed care system that maximizes the health status of population through evidence- and value-based care delivery models.

**Four Pillars:**
- Population health management
- Pay for Value
- Integrated care
- Structural Transformation
Population Management

- Managing and paying for health care services for a discrete or defined population
- New partnerships among providers and payers
- Integrated data support
- Focus on non-traditional health care workforce
- New care management models
- Shift from fee-for-service delivery to bearing financial risk for the populations served

http://www.ihi.org/communities/blogs/_layouts/ihi/community/blog/itemview.aspx?List=81ca4a47-4ccd-4e9e-89d9-14d88ec59e8d&ID=50
New Requirements for Medicaid Health Plans

- Population Management Approach
  - Data analysis
  - Address health disparities
  - Substantively engage with community
  - Maintain a CHW to Enrollee Ration of at least one full time CHW per 20,000 enrollee
Look for “Leverage Opportunities”

- Medicaid Managed Care contractual requirements
- Medicaid State Plan Amendments and policies
- State Innovation Model (SIM)
- Patient Centered Medical Home (PCMH) Transformation initiatives
- Affordable Care Act
- State Health Improvement Plan (SHIP)
Thank you

- Contact Information:
  Susan Moran, Senior Deputy Director
  Population Health and Community Services Administration
  Michigan Department of Health and Human Services
  morans@michigan.gov
Speakers

**Dodie Grovet**
Clinical Programs Training Manager
Molina Healthcare Inc.
Molina Healthcare’s Vision & Mission

We envision a future where everyone receives quality health care.

Our mission is to provide quality health care to people receiving government assistance.

We strive to be an exemplary organization.
Discussion At A Glance

1. The Molina Story
2. Lines of Business
3. CHW Employment History
4. Financing Strategies
Lines of Business
What is Our Business?

Molina Healthcare is a multi-state healthcare organization with flexible care delivery systems focused exclusively on government sponsored healthcare programs for low income families and individuals.
Specialized Government Programs

- Medicaid
- Children’s Health Insurance Program (CHIP)
- Medicare Special Needs Plans (SNP)
- Duals
- Health Insurance Marketplace
CHW Employment History
How do Community Health Workers fulfill Dr. Molina’s purpose to:

“Treat every patient as if they were your own family?”
CHW Employment History

Molina New Mexico story

Return on Investment study

Enterprise expansion
Member Identification – What is their story?

- Health Risk Assessment
- Emergency Department Utilization Report
- Hospitalization Report / Chronic Conditions
- High Dollar Cost Report
- Integrated Care Team recommendations
- Case Manager referrals
- HEDIS Missed Services Report
About 9 million individuals are dually eligible for Medicaid and Medicare.

Duals typically have low incomes and chronic medical conditions.

According to CMS, Duals comprise a disproportionate share of Medicaid and Medicare spending due to their complex health needs (approximately $120B annually).

**CHW Functions**

- Outreach
- Coaching
- System navigation
- Connector to care
- Eyes & Ears
Arthur is a 32 year old male, referred to a CHW by a Molina Case Manager because of frequent ER visits and hospitalizations for various medical conditions. He had been unable to be contacted and it was reported by hospital staff: “We don’t know how we can help this patient.”
What We Learned About Arthur

• Homeless
• Illiterate
• No family
• No telephone
• No knowledge on taking his medicine
• Sleeping in shelters

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What CHW Saw First Hand

Arthur’s living condition
He couldn’t read the medication labels

He didn’t understand the hospital discharge instructions
No one knew of his inability to read or write

Both Arthur and his local providers did not recognize the magnitude of his barriers to receiving appropriate care
How Arthur Was Helped

- Arthur was connected to a housing resource which provided Arthur with an apartment.

- He was referred to a Home Care Agency. Nurse was assigned to arrange Arthur’s medicines in a pill box on a weekly basis.

- Molina provided a KIT Cell Phone, with numbers for Case Manager and CHW entered.

- Great Call KIT Company arranged for a phone call directing Arthur taking his medicines: “time to take the red pill or time to take the blue pill, etc.”

- Arthur was informed of transportation service to take him for his medical appointments. KIT Phone had transportation number programmed for him to easily access the transportation vendor.
Cost Impact of a Community Health Worker

- About 9 million individuals are dually eligible for Medicaid and Medicare.
- Duals typically have low incomes and chronic medical conditions.
- According to CMS, Duals comprise a disproportionate share of Medicaid and Medicare spending due to their complex health needs (approximately $120 billion annually).

**ONE MEMBER**

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<th>Period</th>
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<tr>
<td>Pre Community Connector (CC)</td>
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<td>During CC Claims</td>
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MOLINA HEALTHCARE
Your Extended Family
Understanding Basic Human Needs

Food
Shelter
Clothing

If these basic needs are not being met, it’s too hard to focus on health care needs.
Financing Strategies
- Claims Analysis
- Retrospective evaluation
- 4:1 ratio
Strategies for Sustaining CHW Workforce

- Grassroots operation
- Building a business case
- Insurance Industry
- Speak the language
- A Story to Tell
- Win-Win Proposition
Member focused: helping to change their story
Benefits

- CHW lives in the serviced community
- Improvement of health care utilization: at a lower, outpatient level with improved quality of life and health outcomes
- Remove barriers to accessing care
- Address Social Determinants of Health
- Member and Provider satisfaction
- Interdisciplinary Care Team contribution
- Decreased healthcare costs
- Responsible stewards of Medicaid funding
thank you!
Q&A

Please type your question in the chat box.

Speakers:
- Sue Moran, Michigan Department of Health and Human Services
- Dodie Grovet, Molina Healthcare Inc.
THANK YOU!!

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WEBINAR WILL BE POSTED HERE:
http://www.astho.org/community-health-workers

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