Medical Respite Funding and Return on Investment

Panel Discussion

Medical Respite Care: Positioning your Program for Success

National Health Care for the Homeless Conference & Policy Symposium

May 31, 2016 Hilton Portland Grand Ballroom II

Speakers

Moderator: Sabrina Edgington, MSSW
Director of Special Projects, *National Health Care for the Homeless Council*

- Henry C. Fader, Esquire
  Pepper Hamilton LLP

- Rebecca Ramsay, BSN, MPH
  Executive Director – Population Health Partnerships, *CareOregon*

- Carrie Harnish, LMSW
  Clinical Director Community Benefit, *Trinity Health*

- Brandon Clark, MBA
  Chief Executive Officer, *Circle the City*

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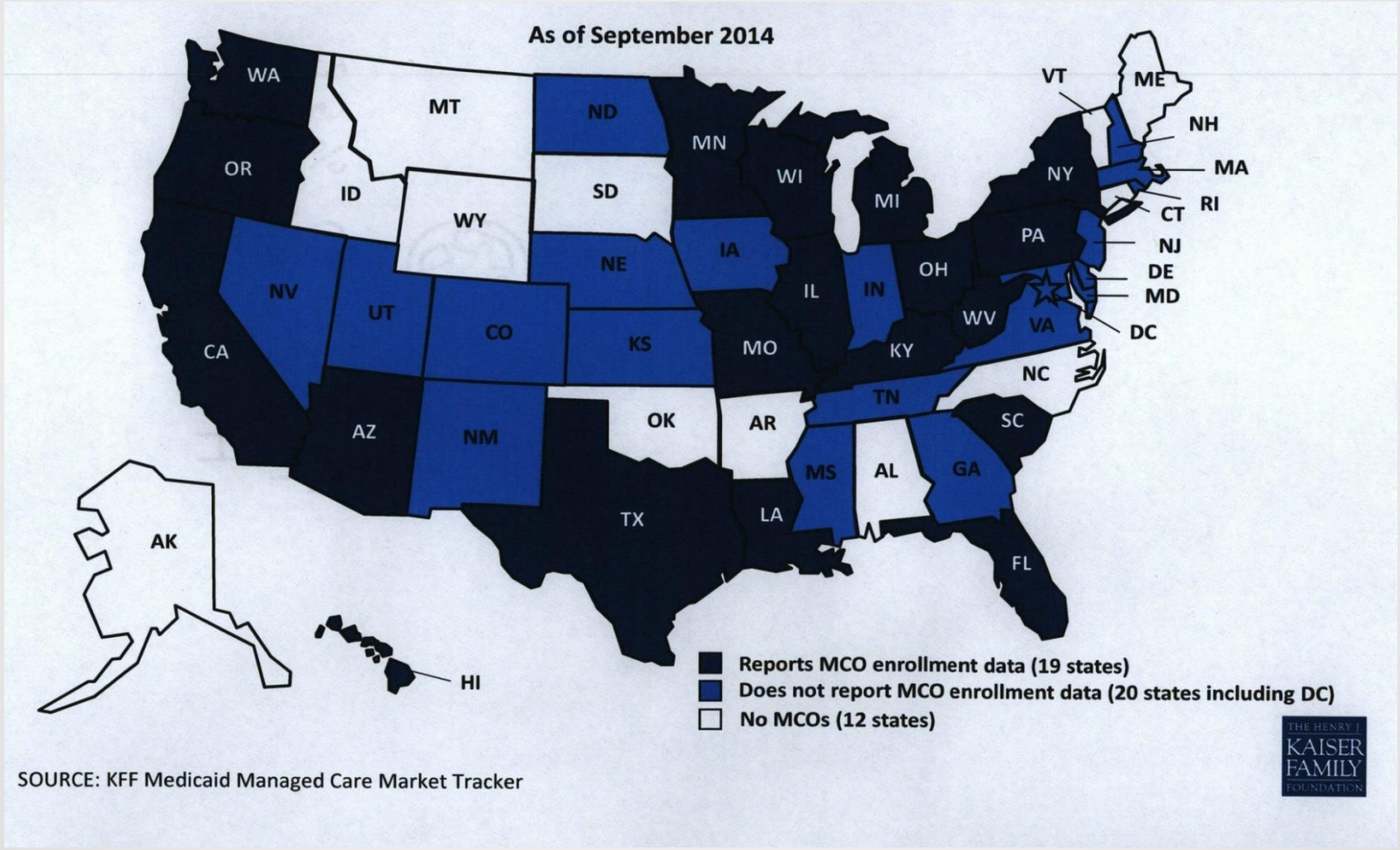
Henry C. Fader, Esquire
Pepper Hamilton LLP

Background

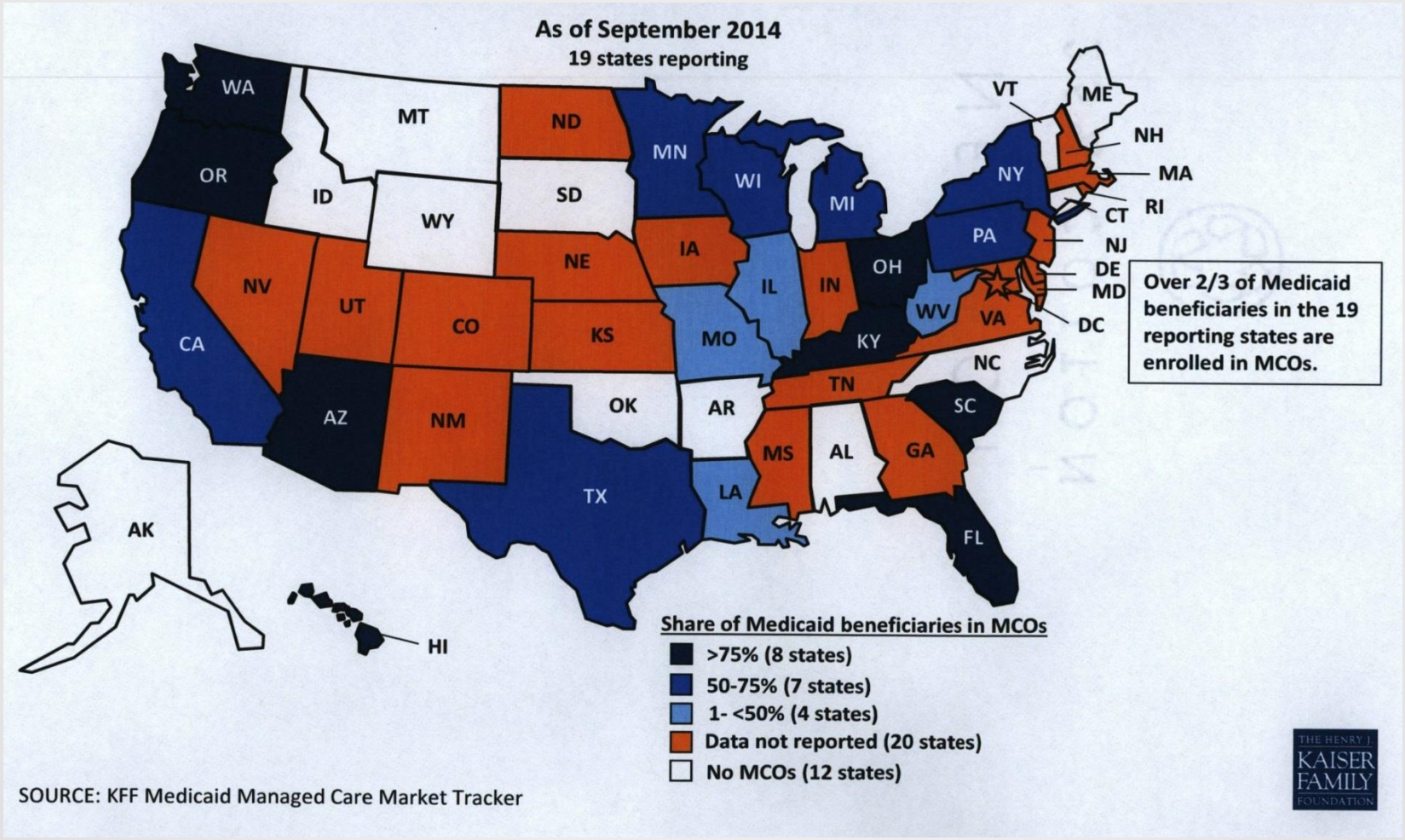
39 states contract with comprehensive Medicaid MCOs –

19 provide MCO enrollment data on their websites



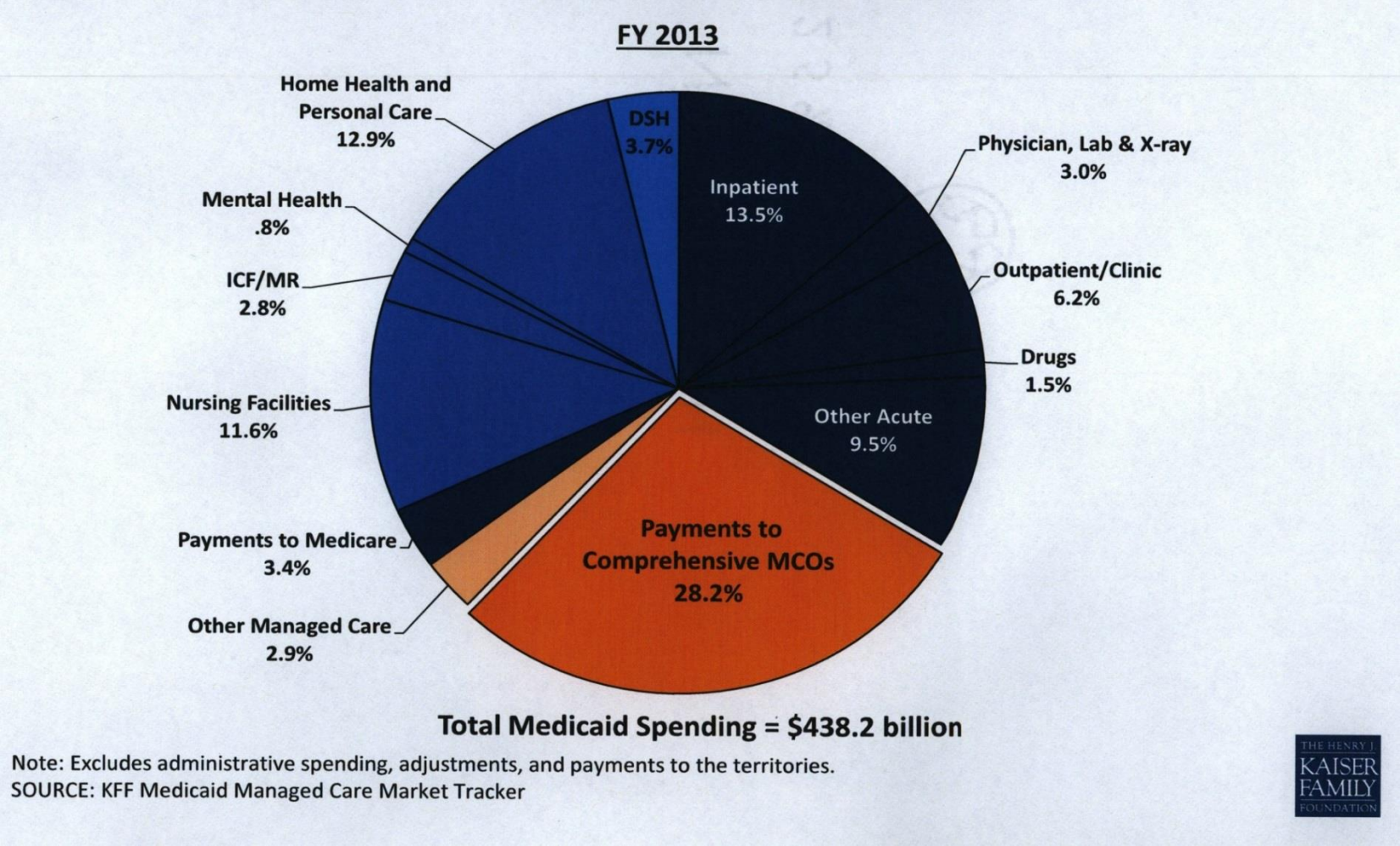
Background

In most states that report their Medicaid MCO enrollment, at least 50% of beneficiaries are in MCOs.



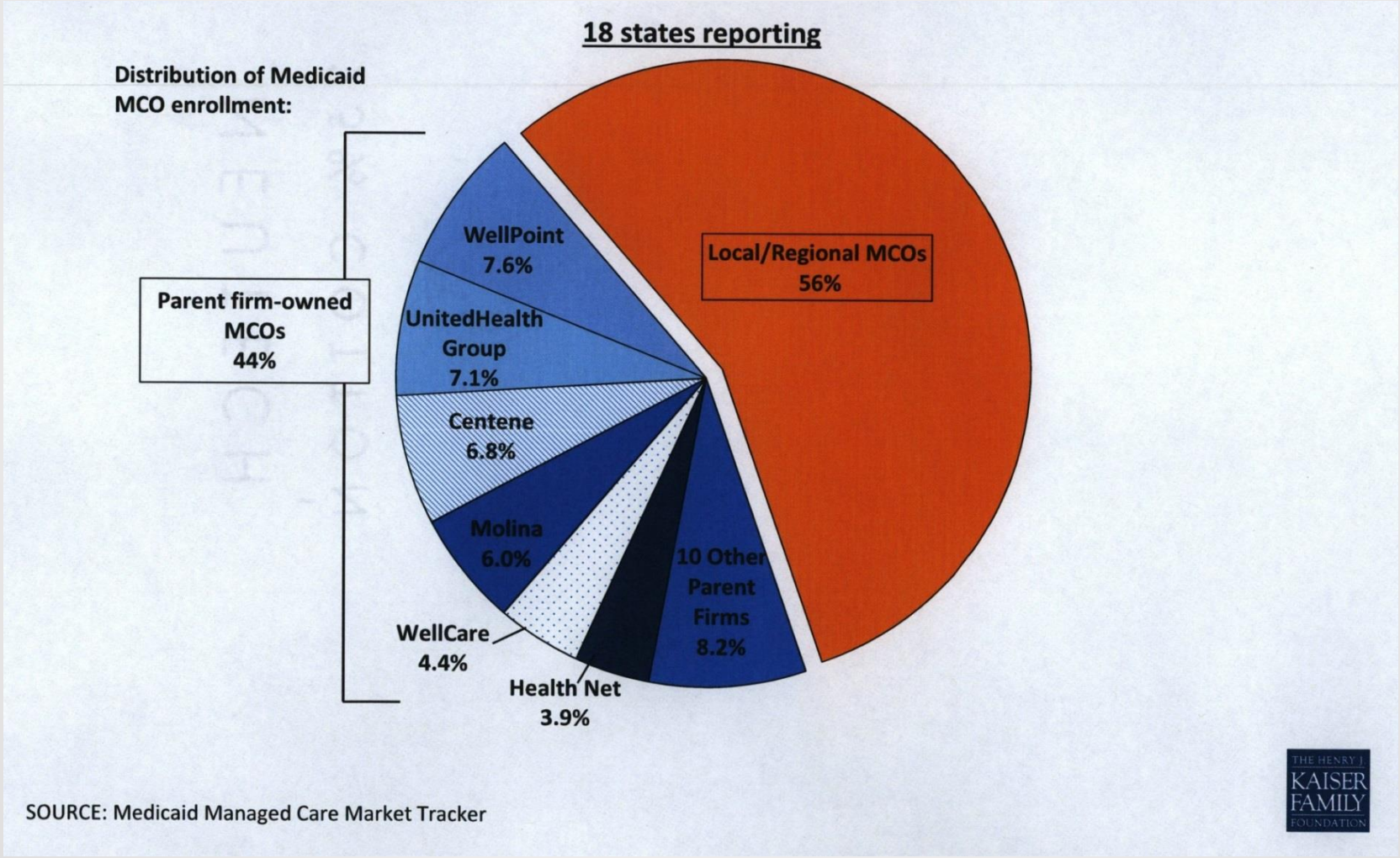
Background

Payments to comprehensive MCOs account for more than one-quarter of total national Medicaid spending.

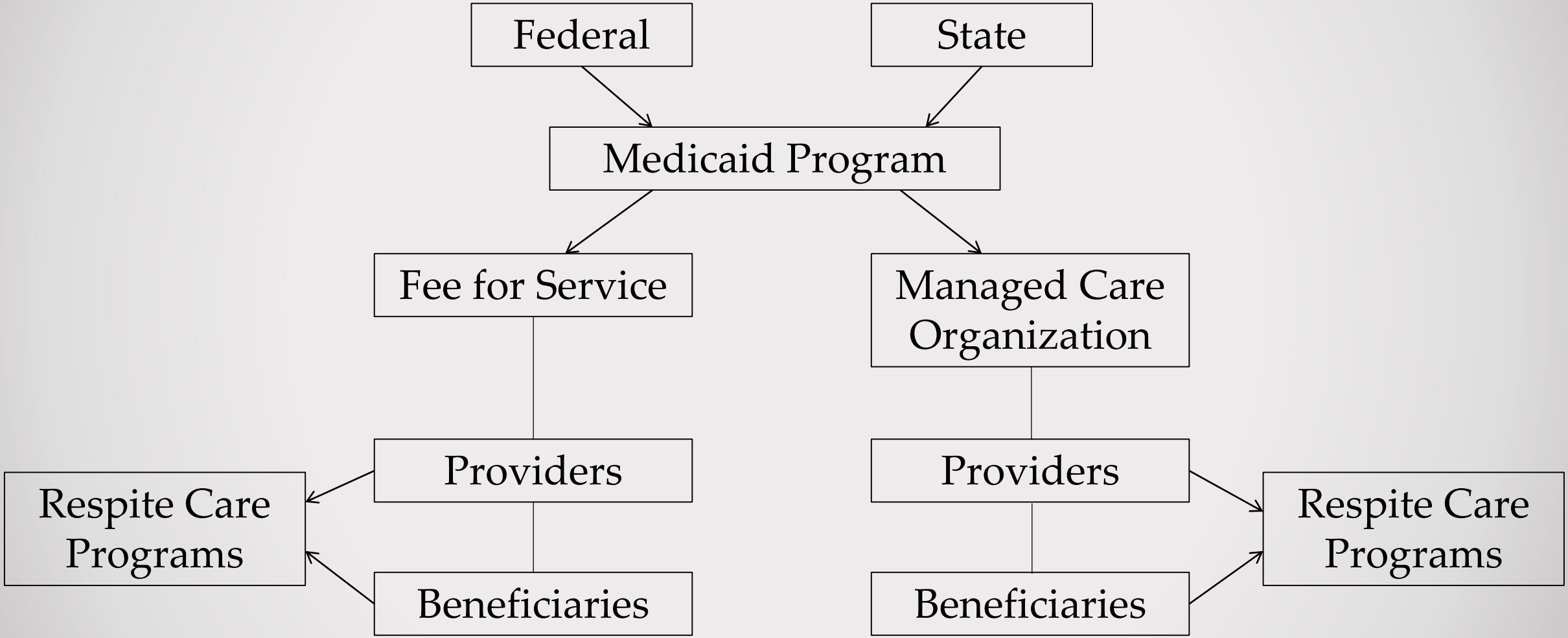


Background

Local and national MCOs both play a large role in the Medicaid managed care market.



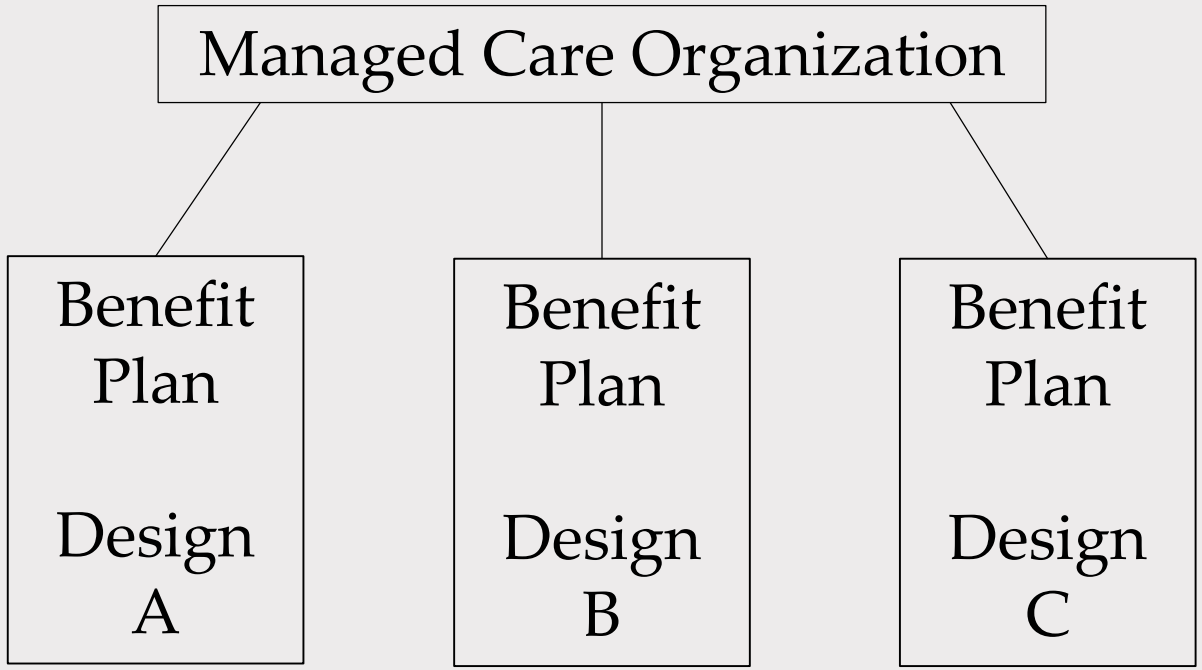
Medicaid Program Structure



Certain Characteristics of MCO Medicaid Plans

- Due to Waivers from Federal Government, Not All State Programs Are the Same
- Providers Taking Financial Risk/Capitation
- Limited Networks – Consists of Providers Offering Services at Discounted Rates
- Beneficiary Initial Choice of Plans and Ability to Change Plans
- Limited Cost Sharing by Beneficiaries
- Gatekeeper Requirement for Referrals

Medicaid Managed Care Organizations



Types of MCO Benefit Design

- Comprehensive Risk-Based Plans
- Primary Care Case Management
- Limited Benefit Plans

Contractual Legal Issues for Providers

- Use of Standard Provider Agreement
- Licensing of Medical Respite Providers
- Variations among Plan Designs, MCO and Benefits – Provider agrees to accept all
- Sharing of Pricing Information Generally Prohibited
- Credentialing Is Important to MCO for Medical Staff and Other Personnel
- "Medical necessity"
- Development of required encounter data
- Be clear on what constitutes "covered services"
- Claims submissions process – final claims usually required in 120 days

Contractual Legal Issues for Providers

- Federal/State/Plan Compliance Issues
- Excluded/Suspended Providers
- Confidentiality
- Privacy/Security

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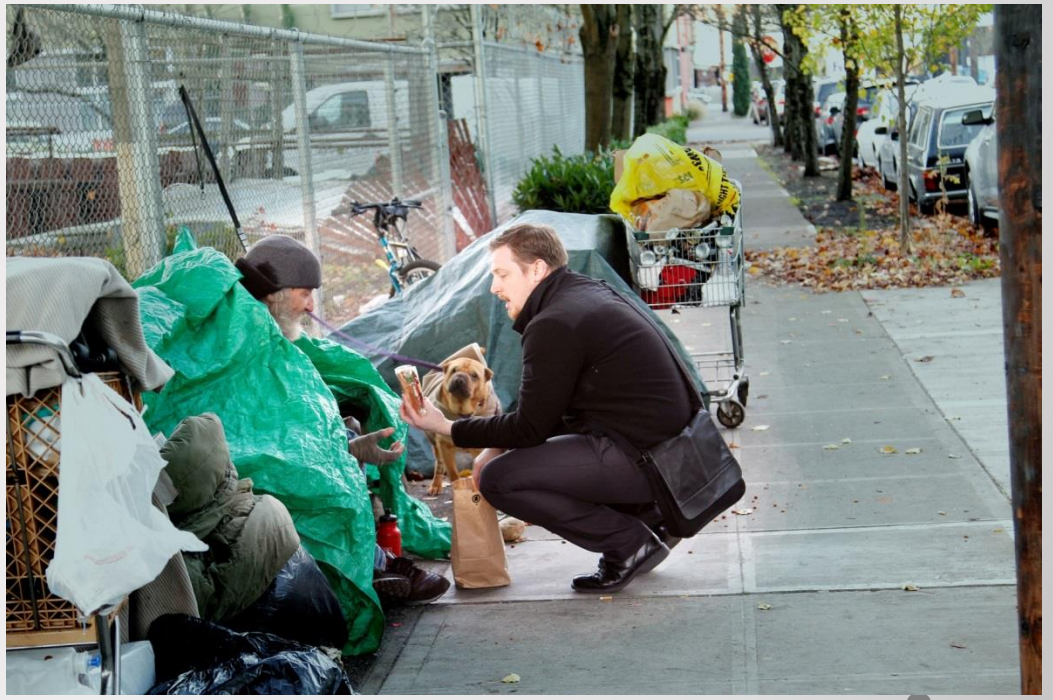
May 31, 2016

Rebecca Ramsay, BSN, MPH

Executive Director – Population Health Partnerships, CareOregon

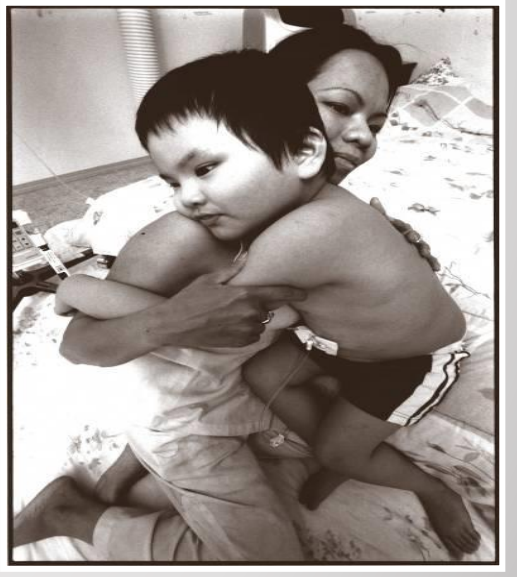


Curtis Peterson, Health Resilience Specialist and
Gordon Rasmussen, Care Oregon Member

CareOregon

Our Mission: *Cultivating individual wellbeing and community health through shared learning and innovation.*
Our Vision: *Healthy communities for all individuals regardless of income or social circumstances.*

- **Publically financed healthcare insurer for low-income citizens**
- **234,000 Members; Medicaid and Medicare beneficiaries**
  - **85% live in the Portland Metro region; rest are spread statewide**
- **Not for Profit**
- **Contracted network**
  - **Contracts with primary care providers, specialists, hospitals, medical equipment vendors, home health agencies, pharmacies**
  - **About 50% of our primary care providers practice in clinics that disproportionately care for the poor**
- **Participating in 4 regional Medicaid Coordinated Care Organizations**



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Payer – Provider Partnership
CareOregon & Central City Concern

Central City Concern is a critically important delivery system partner for CareOregon

- Old Town Clinic – FQHC that provides trauma-informed primary care to 2600 CareOregon members
  - 600 of these members (24%) are considered high risk, high cost members
  - Old Town Clinic was one of the five original primary care practices that partnered with CareOregon on a safety-net medical home transformation model (2006)
- Central City Recovery Center – safety-net community mental health and CD treatment provider that serves hundreds of CareOregon members
- Hooper Detox Center – medically supervised detox
- Recuperative Care Program – medical respite for homeless population
- Numerous housing and vocational programs that serve our members

Recuperative Care Program

- CareOregon initiated a contract with the Recuperative Care Program (RCP) in 2005; hospitals also initiated contracts for their uninsured populations
- CareOregon approves approximately 15 RCP admits per month; 180 per year
- Does not operate like a typical medical benefit
- Referrals generally come from hospital discharge planners/hospitalists/case managers
- Health Plan care coordinators process referrals; care coordination RNs assess eligibility along with CCC stafff, and present each referral to a medical director for approval or denial
- Initial approvals are for 30 days – we can extend for longer on a case-by-case basis

The MCO Business Case for Medical Respite

Central City Concern, Recuperative Care Program

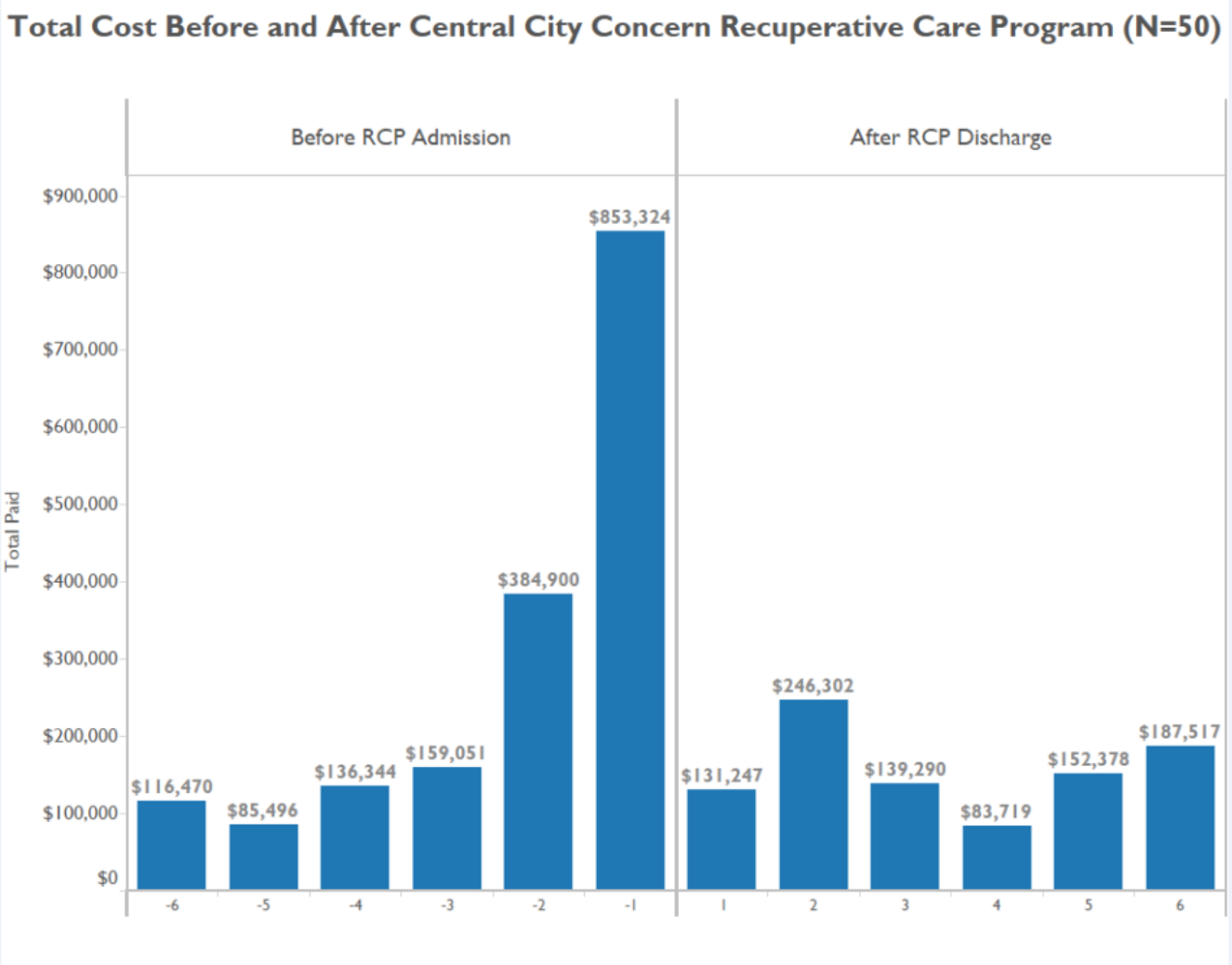
*Stays Discharged from October 1, 2014 to September 31, 2015***

Cumulative Readmissions After Discharge from RCP

Readmission Within XX Days of RCP Discharge n=50	30	60	90
0 Admissions	94%	86%	80%
1 Admission	6%	14%	16%
2+ Admissions	0%	0%	4%

- Average cost of hospitalization for complex CO member is $10,000
- For homeless members, even higher
- Previous studies published demonstrate avg 30-day readmit rate for homeless populations is around 50%

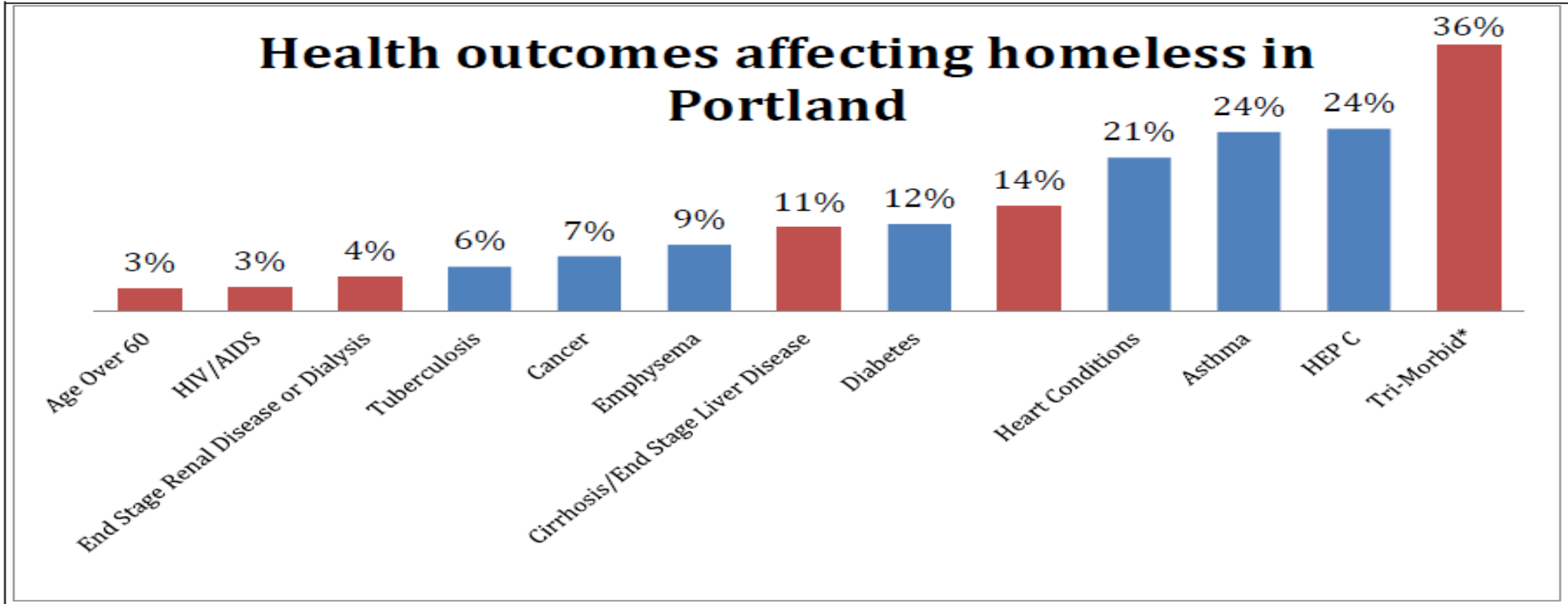
The MCO Business Case for Medical Respite



Methodological issues:

- Regression to the Mean
- Need a longer time horizon to "prove" effect
- Comparison groups are difficult

Figure 6: Health Outcomes Affecting Homeless in Portland



* Tri-Morbid definition: Co-occurring psychiatric, substance abuse, and chronic medical condition.

2008 Vulnerability Index: Data from a 2008 survey of 646 homeless individuals in Portland to determine the fragility of their health and identify the most vulnerable according to risk factors and the duration of homelessness.[46]

Medicare STARS and CCO quality incentives – Quality Scores determine PMPM revenue

Medicare Quality Measure	CCO (Medicaid) Quality Measure
Hypertension – is blood pressure in control?	Hypertension – is blood pressure in control?
Diabetes Care – is blood sugar level under control?	Diabetes Care – is blood sugar level under control?
Diabetes Care – are all appropriate tests being completed regularly?	Diabetes Care – are all appropriate tests being completed regularly?
Cancer – are breast cancer and colon cancer screenings occurring regularly?	Cancer – are colon cancer screenings occurring regularly?
Care for Older Adults – is a comprehensive medication review completed at least annually?	Pregnancy – are prenatal visits occurring regularly?
Care for Older Adults – is a functional assessment completed at least annually?	Mental Health – are regular outpatient mental health visits occurring after psych hospitalization?
Osteoporosis – is appropriate screening occurring regularly?	Dental – are dental sealants being applied?

Medical Respite

Opportunities for Hospital Partnerships

Carrie Harnish, LMSW
Clinical Director Community Benefit
May 31, 2016

Trinity Health
Livonia, MI

Agenda

- Brief description of the community benefit program and how medical respite programs can partner with local hospitals.
- Discussion of the wide range of partnerships possibilities and program models, including examples from the field

What is Community Benefit?

1. Programs or activities that provide treatment and/or promote health and healing
2. Responses to identified community needs
3. Increases access to health care and improves community health
4. Required by the IRS to maintain tax exemption

Get a Seat at the Table

- Community Health Needs Assessments (CHNAs) and Implementation Plans
- Community Coalitions
- Build Relationships
  - Speak Their Language
  - Share Knowledge
  - Share Your Research
- Connect the Dots

Medical Respite Partnership Opportunities

- Make the Case
- Have a Clear Ask
- Be Patient & Persistent
- Be Willing to Work Through the Issues

Mercy Medical Center - Springfield, MA

- Partnership with St. Luke's Rest Home
- Room is available on a pre-arrangement basis
  - Prep
  - Recovery
- Appropriate for patients who do not need a lot of care
- HCH staff coordinate the stay
  - Phone Call
  - Face Sheet
- Cost is covered by donations

Mercy Care - Atlanta, GA

- Recuperative Care Program
- A floor of the Gateway Shelter
- Funding from Mercy Care Foundation and small grants
- Receive referrals from the local hospitals
- Provide team-based support for healing and planning
- Team includes a nurse manager, social worker and a personal support aide, M-F, 9-5pm
- In 2015, admitted 133 clients and successfully discharged 106 of them to more stable situations
- Average length of stay is 35 days

MERCY CARE

St. Peter's Health Partners – Albany, NY

- Need is identified
- Funding is allocated
- Location is the challenge
  - Shelter is too small
  - NIMBY
  - Locations are too close to schools or parks


PARTNER
SHIP

Circle the City

Funding Medical Respite, 2012-present

Our Mission…

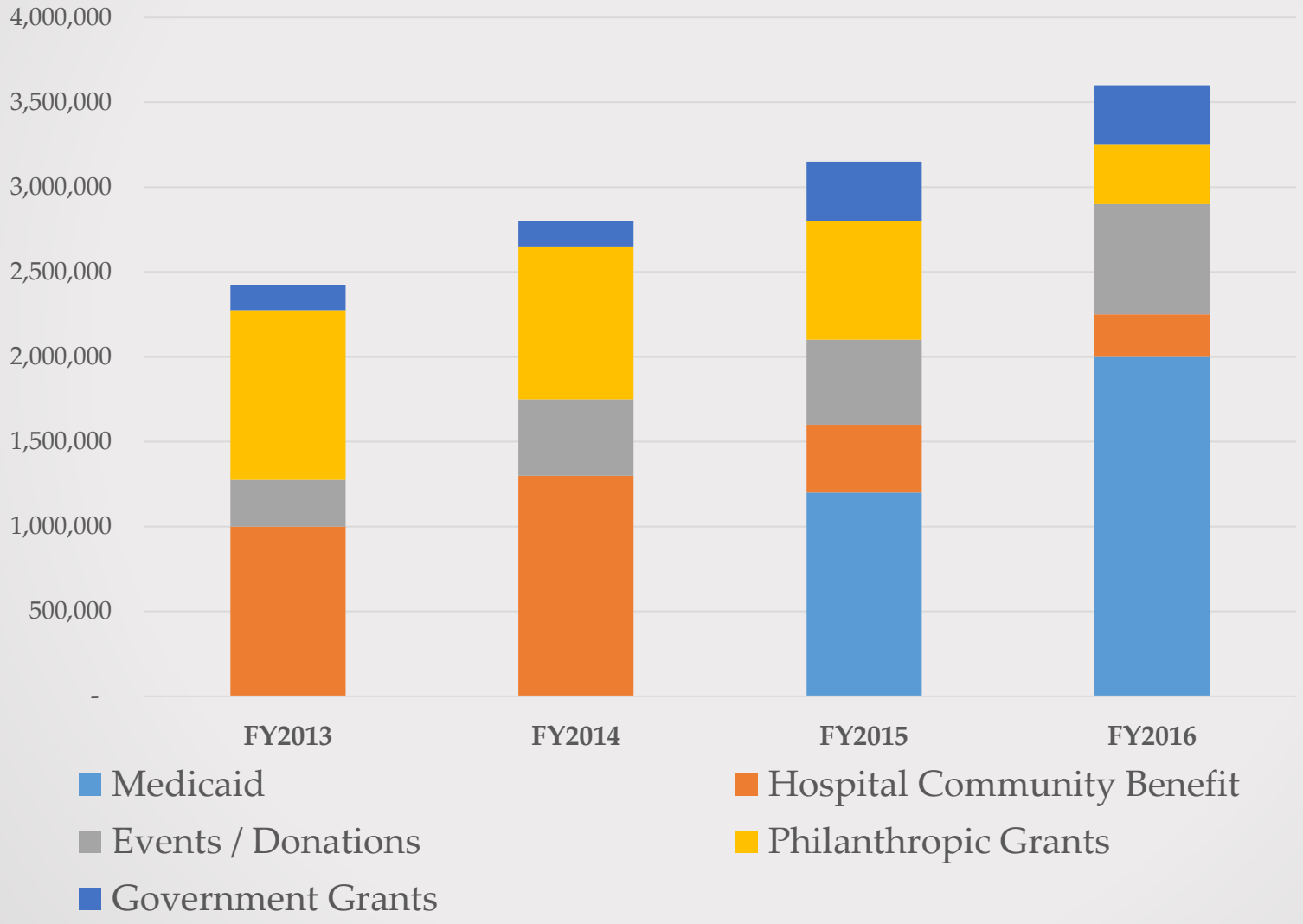
To create and deliver innovative healthcare solutions that compassionately address the needs of men, women and children facing homelessness.

Medical Respite Program

- Overview
  - 50 bed, free-standing medical respite center in Central Phoenix, AZ;
  - Staffed 24/7 by nurses (RN's/LPN's), 'respite assistants,' and security;
  - Providers on-site 7 days/wk.
  - Serves ~350 patients/yr.

Medical Respite Program Funding

FY2013-FY2016



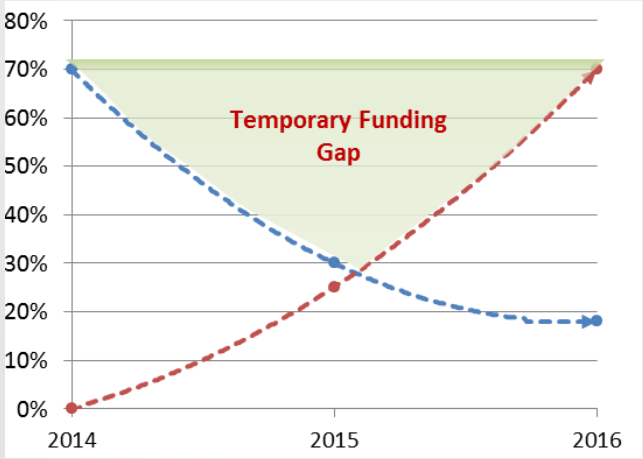
Medical Respite Program Funding

Normalized to Growth; FY2013-FY2016

Strategic Backdrop

FY2013 – Medical Respite is Launched

FY2014 – State Medicaid Expansion



FY2015 – Initial MCO Partnerships

FY2016 – FQHC Alignment

Funding Mechanisms for MCO Partnerships

- **Fee-for-service billing**
  - Professional fees for services provided by duly licensed medical providers via routine Medicaid benefit;
- **Bundled payments**
  - MCO's may choose to bundle your services provided into a single CPT and pay an enhanced rate;
  - CTC partnered with 3x MCO's in 2014/2015 – billed home visit CPT's (99342-99345 / 99348-99350) via a bundled rate of $202-$272 per diem.
- **Value-based payments**
  - Special contractual agreements that let you share the value your program creates for MCO's;
  - *Examples*: Administrative investments, Quality-based payments, Outcomes-based payments, Shared savings, Hybrids, etc.
  - Structures vary widely by MCO.

Tips for Engaging MCO's

- On-site tours and conversations;
- Leverage your network, community and board to reach decision makers;
- Involve consumers – especially MCO members;
- Share as much data as you have;
- Don't undervalue qualitative data and storytelling;
- Let them worry about the mechanics of billing and payment.

Other Considerations

- Billing systems – invoicing, claims or both?
- Revenue cycle and cash timing;
- Utilization management – both hospital and health plan;
- What data are you gathering, tracking and/or sharing with your payers?

Circle the City

Piecing Together the Safety Net

1. MCO/Medicaid revenue;
2. Hospital community benefit for uninsured/underinsured;
3. Government block grants (CDBG, etc.);
4. Private philanthropic grants for uninsured;
5. Private charitable funding via donations, special events, etc.

At the end of the day…

Questions?

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