

SPECIAL SUPPLEMENTAL BENEFITS AND THE FDRS THAT PROVIDE THEM - UNIQUE MONITORING CHALLENGES THEY POSE

Presentation by:

Gail Blacklock, Director of Compliance / Compliance Officer, InterValley Health Plan

*Jennifer Del Villar, Director of Gov. Pro Compliance / Medicare Compliance Officer
Cambia Health Solutions, Inc.*



1

AGENDA

- General Background
- Unique monitoring challenges with unique FDRs
- Monitoring the member match - right member to the right supplemental benefit
- Tracking & monitoring health outcomes

2

2

GENERAL BACKGROUND

3

3

AGENDA

CMS Administrator Seema Verma (April 2019)

“Today’s changes give plans the ability to be innovative and offering benefits and services that address social determinants of health for people with chronic disease.”

“With Medicare Advantage enrollment at an all-time high, plans need greater flexibility in offering benefits that they focus on preventing disease and keeping people healthy.”

CMS Fact Sheet – 4/19: “CMS finalizes Medicare Advantage and Part D payment and policy updates to maximize competition and coverage”

4

4

2019 OPENED THE DOOR

- Medicare Advantage were allowed to offer supplemental benefits that were not covered under Original Medicare, if those benefits:
 - Diagnosed
 - Compensated for physical impairments
 - Diminish the impact of injuries or health conditions
 - Reduced avoidable emergency room utilization

5

5

EARLY EXPERIENCE WITH SUPPLEMENTAL BENEFITS

- **2019 – Expanded supplemental benefits allowed plans to utilize rebate dollars toward flexible benefit categories:**

1. Reduced cost-sharing for services “medically-related” to the treatment of certain health conditions.

2. Supplemental benefits that assist in managing care

1. | Medicare Advantage Plan Adoption of New Flex Benefits in 2019 | Publications | Insights | Faegre Baker Daniels (M.S. Adelberg/A. Dobosenski), 1/25/2019

6

6

EARLY EXPERIENCE WITH SUPPLEMENTAL BENEFITS

-Results Year-End

- Few plans offered options under the new flexibility – 824 flex benefits in
 - 153 plans with
 - 55% of offerings for reduced cost-sharing
 - 44% represented new supplemental offerings

- Plans that took advantage of the new flexibility in 2019 offered these benefits only in selected areas Primarily offered with “care management or wellness program” pre-requisite & seeing plan-designated “high-value provider” – some plans used both

Example: Qualifying condition = diabetes – added eye exam per year \$0 cost-sharing with in-network contracted eye surgery center

Medicare Advantage Plan Adoption of New Flex Benefits in 2019 | Publications | Insights | Faegre Baker Daniels (M.S. Adelberg/A. Dobosenski), 1/25/2019

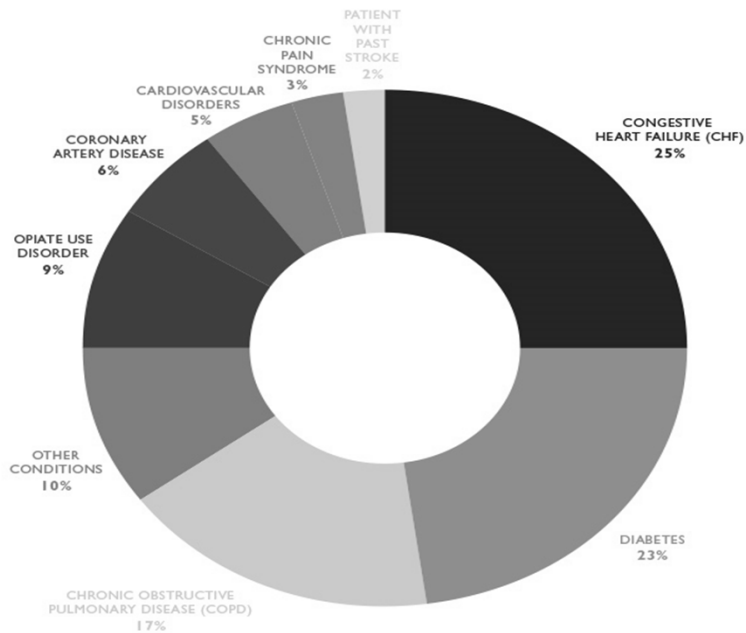
7

7

FLEX BENEFITS BY CONDITION OR DISEASE

Two-thirds focused on Three chronic conditions

- CHF
- COPD
- Diabetes

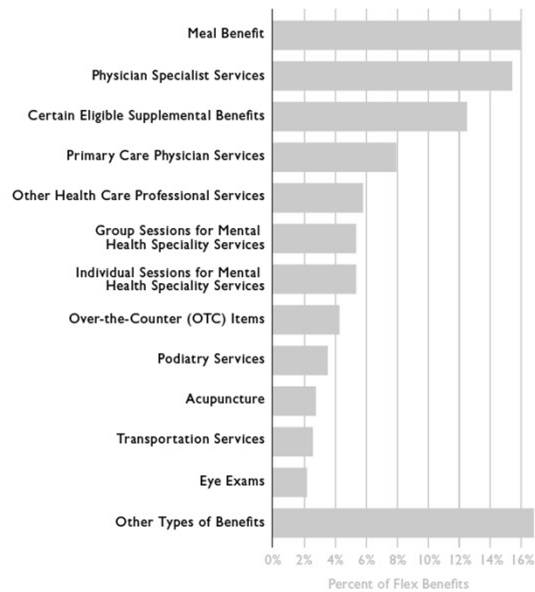


Medicare Advantage Plan Adoption of New Flex Benefits in 2019 | Publications | Insights | Faegre Baker Daniels (M.S. Adelberg/A. Dobosenski), 1/25/2019

8

8

FLEX BENEFITS BY CATEGORY



Medicare Advantage Plan Adoption of New Flex Benefits in 2019 | Publications | Insights | Faegre Baker Daniels (M.S. Adelberg/A. Dobosenski), 1/25/2019

9

9

2019 BARRIERS TO NEW SUPPLEMENTAL OFFERING

- **No new funding from CMS to support additional benefits – existing rebates**
- **Rebates already committed based on priority 2019**
- **Limited rebates prevented large geographic expansion**

Robert Wood Foundation; Publisher Urban Institute; 9-1-2019

10

10

2019 BARRIERS TO NEW SUPPLEMENTAL OFFERING

- **Lack of experience addressing social needs (Dual SNP, Medicaid)**
- **Limited provider networks for specialized services (contracting)**
- **Limited by CMS-targeting clinical criteria (diabetes & CHF vs. SDOH)**
- **Limited offering = Limited ROI**

Robert Wood Foundation; Publisher Urban Institute; 9-1-2019

11

11

CONTINUED EXPANSION INTO 2020

- **For chronically ill patients with Medicare Advantage there is even a broader range of supplemental benefits;**
 - **They do not have to be health-related but are expected to improve or maintain overall health and function.**
 - **These benefits can include social determinants of health for those with a chronic disease.**
 - **Meal delivery in more circumstances, transportation for non-medical needs, and home environment services to improve lung functions should they have asthma**

12

12

2020 SUPPLEMENTAL BENEFIT OFFERINGS

Expect to see more MA benefits in 2020 –

- **1 year of experience**
 - **Greater reach geographically**
 - **Varied, bundled flexible benefit offerings (prevent readmissions)**
 - **CMS estimates 500 plans will offer 2.6 million enrollees health-related supplemental benefits ; 250 plans with 1.2 million enrollees non-medical supplemental benefits**

13

13

CHALLENGES 2020

- **Continued limited rebate \$\$\$**
- **Increased contracting, community-based orgs as new participants to private health care (due diligence issues)**
- **Subject matter experts to match the member with the benefit (internal experts for vendors and members)**
- **Monitoring & Auditing (SDOH)**

14

14

UNIQUE MONITORING CHALLENGES WITH UNIQUE FDRS

15

15

UNIQUE CHALLENGES

- **Do you consider these vendors First-Tier Entities?**

- **How do you monitor FDR with a:**
 - **Transportation business?**
 - **Food delivery business?**
 - **Contracting business?**
 - **Carpet cleaning business?**

- **How do you monitor adult day health services and/or in-home support services?**

16

16

UNIQUE CHALLENGES

- **Providing Medical-related & Non-medical related services. Utilizing of vendors with no prior MA market experience** (contract terms; benefit administration; billing; reporting requirements); working with Part C)
- **Who administers the benefit – contracted vendor, delegated medical group, or health plan** (effective communication and coordination to demonstrate measurable outcomes)
- **Designing the administration of the benefits, vendor capability, resource allocation, program structure with policies & procedures** (marketing to members, training of staff internal/external, managing expectations based on narrow criteria and prior authorization limitations)

DO YOU CONSIDER THESE VENDORS FIRST-TIER ENTITIES?

17

17

THINGS TO THINK ABOUT

Transportation Business:

- **Establish initial criteria for bid submission (30 one-way trips; \$0 cost sharing)**
- **Determine vendor – requires buy in (due diligence)**
- **Contracting (terms and MA clauses)**
- **Training Programs addressing benefit offerings; administration of the benefit;**
 - **Varied training offerings**
 - **Plan to Vendor;**
 - **Vendor to Staff;**
 - **Plan to Delegated Medical Group based on DOFR**
 - **Member Education (member must be able to utilize bus, taxi, train transportation)**
 - **Physician Education**
 - **Support materials**

18

18

THINGS TO THINK ABOUT

Meal Delivery Business:

- Establish initial criteria for bid submission (Prevent readmission to address SDOH; 1 week (3 meals per day/per benefit year; \$0 co-pay)
- Determine vendor – requires buy in (due diligence – one or multiple vendors based on geographic coverage; dietary-specific meals based on chronic condition diagnosis to obtain supplemental benefit)
- Contracting (terms and MA clauses)

19

19

THINGS TO THINK ABOUT

Contracting Business & Carpet Cleaning Business:

- Establish initial criteria for bid submission and rationale for reasonable outcome of improved health
- Determine vendor – will vendors participate ; unfamiliar contracting terms and reporting requirements not seen in other industries.
- Look for vendors previously providing community-based services for Medicaid (safety railings; ramps)
- Internal expertise required to contract to obtain appropriate items; change orders; billing; net terms

20

20

MONITORING

- Who is the primary monitor? Business owner, Compliance, Etc.
- Identify metrics and/or industry standards – develop tracking tool (Excel, Dashboards)
- Share information and meet regularly to review monitoring & auditing efforts
- Gauge member satisfaction, closely monitor quality grievances; vendor/Plan surveys
- Review invoices and time spent
- Incorporate into Ancillary Credentialing Auditing

21

21

TRAINING

Training Programs addressing benefit offerings & administration of the benefit;

- Varied training offerings:
 - Plan to Vendor;
 - Vendor to Staff;
 - Plan to Delegated Medical Group based on DOFR (manage process to avoid access to care based on denials)
 - Member Education (clear and concise with prior authorization benefit year utilization)
 - Physician Education (prior history of chronic condition does not = prior auth for services); support materials

22

22

MONITORING THE MEMBER MATCH – RIGHT MEMBER TO THE RIGHT SUPPLEMENTAL BENEFIT

23

23

MEMBER MATCH

- In 2019 there was a tie to daily maintenance of health.
- In 2020, there is greater flexibility for those with a chronic disease where even a “reasonable expectation of improving or maintaining the health or overall function of the enrollees, supplemental benefits could be appropriate.”

* * * * *

So – how do you match these up?

- Who is involved in the decision making?
- What policies are in place so that everyone who reasonably should have access does?
- How do you market the benefit if you do have it in your bid?

24

24

CASE STUDY – MEMBER MATCH UP

- **Chronic condition supplemental benefit offering (requires prior authorization)**
 - ***Admission to inpatient hospital or skilled nursing facility with a diagnosis of:***
 - **Exacerbation of Congestive Heart Failure (CHF)**
 - **Exacerbation of Obstructive Pulmonary Disease (COPD)**
 - **Cerebrovascular Accident (also known as a stroke) with paralysis**

25

25

CHRONIC CONDITION - SUPPLEMENTAL

- **Prior authorization requires initial history of diagnosis and readmission:**
 - **In-home support services \$0 copay up to 20 hours each calendar year. Must be used in 4 hour increments**
 - **Home-Delivered Meals - \$0 for up to 20 meals each calendar year (up to 5 days/2 meals each day)**
 - **All must be requested by physician or discharge planner within 72 hours of discharge from inpatient or SNF**

26

26

MEMBER MATCH UP – WHO ARE THE DECISION MAKERS

- **Plan started “Pilot Program” with contracted IPA/Medical Group**
 - **Plan acts as benefit administrator and uses multi-pronged approach to match member to supplemental benefit based on chronic conditions noted**
 - **Plan and IPA coordinate to identify at-risk beneficiaries in weekly meetings with IPA & Plan clinical and social case management and medical directors and act as interdisciplinary care team to identify and provide supplemental services, address SDOH, and monitor outcomes and member satisfaction.**

27

27

Approach #1 - Member Match up - Weekly Care Coordination Meetings

- **IPA delegated for utilization management, including reporting of inpatient hospital & SNF admissions, discharges, at-risk members currently case managed**
- **Plan and IPA Medical Directors and Casework Managers (clinical/social) identify cases that potentially qualify for chronic supplemental. IPA and Plan work with primary care physician and/or discharge planner to gather necessary data to determine qualification.**
- **Plan performs vendor coordination to provide supplemental benefits to qualifying members.**
- **Vendors utilize work flow processes to ensure proper provision of supplemental benefits per requirements**

28

28

Approach #2 - Member Match up - LACE Tool Identification Readmission Risk Assessment

- IPA delegated for utilization management uses Plan-designated LACE Index-Scoring Tool to perform readmission risk assessment on all inpatient hospital and SNF admissions.
- Plan and IPA Medical Directors and Casework Managers (clinical/social) review any LACE Tool identified at-risk for members with chronic conditions that potentially meet criteria for additional supplemental benefits. Record review performed determines next step.
- Plan performs vendor coordination to provide supplemental benefits to qualifying members.
- Vendors utilize work flow processes to ensure proper provision of supplemental benefits per requirements

29

29

LACE INDEX SCORING TOOL

Member Name _____
ID No. _____
Date _____

LACE Index Scoring Tool for Risk Assessment of Hospital Readmission

STEP 1. LENGTH OF STAY

Length of stay (including day of admission and discharge): _____ days

Length of stay (days)	Score (circle as appropriate)
1	1
2	2
3	3
4-6	4
7-13	5
Previous Readmission	7



STEP 2. ACUITY OF ADMISSION

Was the patient admitted to hospital via the emergency department?
If yes, enter "3" in Box A, otherwise enter "0" in Box A



STEP 3. COMORBIDITIES

Condition (definitions and notes on reverse)	Score (circle as appropriate)
Previous myocardial infarction	+1
Cerebrovascular disease	+1
Peripheral vascular disease/Aneurysm	+1/ +2
Diabetes without complications	+1
Congestive heart failure	+2
Diabetes with end organ damage	+2
Chronic pulmonary disease	+2
Mild liver or renal disease	+2

If the TOTAL score is between 0 and 3 enter the score into Box C. If the score is 4 or higher, enter 5 into Box C

LACE Index Scoring Tool for Risk Assessment of Hospital Readmission

CONDITION	DEFINITION AND/OR NOTES
Previous myocardial infarction	Any previous definite or probable myocardial infarction
Cerebrovascular disease	Any previous stroke or transient ischemic attack (TIA)
Peripheral vascular disease	Intermittent claudication, previous surgery or stenting, gangrene or acute ischemia, untreated abdominal or thoracic aortic aneurysm
Diabetes without microvascular complications Congestive heart failure	No retinopathy, nephropathy or neuropathy Any patient with symptomatic CHF whose symptoms have responded to appropriate medications
Diabetes with end organ damage	Diabetes with retinopathy, nephropathy or neuropathy
Chronic pulmonary disease Mild liver or renal disease	Admission secondary or co-Dx Cirrhosis but no portal hypertension (i.e., no varices, no ascites) OR chronic hepatitis Chronic Renal Disease
Any tumor (including lymphoma or leukemia)	Solid tumors must have been treated within the last 5 years; includes chronic lymphocytic leukemia (CLL) and polycythemia vera (PV)
Dementia	Any cognitive deficit??
Severe COPD AIDS	Primary admission Dx +/or O2 Dependent AIDS-defining opportunistic infection or CD4 < 200
Moderate or severe liver or renal disease	Cirrhosis with portal hypertension (e.g.,

30

30

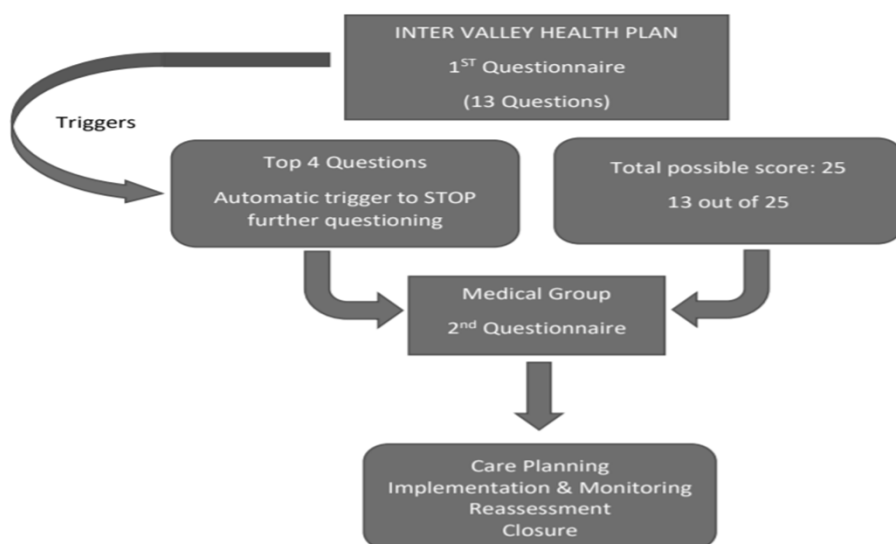
Approach #3 - Member Match up - SEEM Outreach Identification

- IPA delegated for utilization management utilizes Plan-designated Pre-LACE Questionnaire to contact enrollees currently in case management; and those potentials identified through member services representatives; service authorizations & denials. Based on birth month.
- IPA Case Management Team performs three (3) telephonic outreach attempts to provide enrollees with an introduction to the supplemental benefits and initiate enrollment. Those members who choose to participate and qualify are listed with the Plan and IPA to track for admissions and post discharge supplemental benefit services.
- Those members that choose not to participate are forwarded educational materials.
- Three unsuccessful outreach attempts prompt the IPA to send written letter of introduction.
- Participants are provided services at qualifying event
- Plan social case managers address immediate/urgent need SDOH and work to address long-term solutions

31

31

SOCIAL EARLY ECONOMIC MANAGEMENT "SEEM" QUESTIONNAIRE



32

32

SEEM QUESTIONS – SCORED FOR LEVEL OF RISK AND CASE MANAGEMENT/FLAG FOR CHRONIC SUPPLEMENTAL BENEFITS

1. Would you rate your health/quality of life as: (3)
 - a. Good
 - b. Fair
 - c. Poor

2. Have you visited an emergency room or been admitted to the hospital in the last 3 months? (3)
 - a. Yes
 - b. No

3. Do you feel as though you need a caregiver? (3)
 - a. Yes
 - b. No

4. Do you ever run out of food or don't have enough money to buy food? (3)
 - a. Yes
 - b. No

33

33

SEEM QUESTIONS – SCORED FOR LEVEL OF RISK AND CASE MANAGEMENT/FLAG FOR CHRONIC SUPPLEMENTAL BENEFITS

5. Over the last month, have you been bothered by feeling down or had problems with depression? (1)
 - a. Yes
 - b. No

6. Do you experience stress regularly or do you feel that you live in a stressful environment (family problems/other)? (2)
 - a. Yes
 - b. No

7. Do you feel unsafe in your home environment (affordable rent/safe neighborhood/no in-house safety risks)? (1)
 - a. Yes
 - b. No

8. Do you have any health conditions that interfere with your daily activities? (2)
 - a. Yes
 - b. No

9. Do you have problems with balance or falling? (2)
 - a. Yes
 - b. No

10. Do you live alone? (1)
 - a. Yes
 - b. No

34

34

SEEM QUESTIONS – SCORED FOR LEVEL OF RISK AND CASE MANAGEMENT/FLAG FOR CHRONIC SUPPLEMENTAL BENEFITS

11. Have you lost or gained more than 5 pounds in the last month? (1)
a. Yes
b. No
12. Are you on medications you can't afford or have other problems getting/taking them? (2)
a. Yes
b. No
13. Do you use tobacco/alcohol more than 3 times a week? (1)
a. Yes
b. No

Script:

Hi Mrs./Mr. _____,

My name is _____ and I am a Nurse/Social Services Care Manager at Inter Valley Health Plan.

How are you doing today? (Engage in conversation)

I am calling you because you have been a member with our plan for over 2 years and we would like to ensure that we are doing our best job to maximize your quality of life. Would you please give me 2-5 minutes of your time to answer a yes/no 13-question survey? I would greatly appreciate it. 😊

*If member meets criteria for 2nd Phase referral, please let member know that he/she will be referred to their medical group for further follow-up.

35

35

TRACKING & MONITORING HEALTH OUTCOMES

36

36

HEALTH OUTCOMES – TRACKING & MONITORING

- How do you know that the supplemental benefit actually is providing a favorable outcome?
- What monitors are you using to measure?
- Who is involved?
- How is it documented?

37

37

CASE STUDY – MONITORING PHASE I & II “SEEM” OUTREACH

Outreach x3	Successful Outreach	Met Criteria	Not Met Criteria	Refused
161	80%	4%	63%	12%

Follow up Letter Response

33 outreach letters resulted In 22 member return calls 21 did not meet criteria

Forward to IPA – Phase II	Successful Outreach	Assigned Case Management	Education Materials
21	86%	33%	67%

*Physician interaction & re-education of criteria required

38

38

TRACKING & MONITORING

- Plan utilizes case management software to flag membership based on LACE tool and weekly meetings for qualifying criteria; tracks admissions and provision of chronic condition supplemental benefits – total 1 member qualified 2019
- SEEM data is tracked within excel spreadsheet as monitoring efforts are still in design. Plan tracks successful outreach, qualification for benefits; other members moved to case management; services obtained for members with social issues
- Plan developed resource database for IPA and physician use through portal
 - Plan assists with grants, access to Medi-Cal, LIS and works long-term solutions for members (Cal Heat program; Cal Fresh; Care Program).
 - Barriers to contacting enrollees to inform benefits available and family support remain.
 - Plan marketing for chronic supplements includes: Evidence of Coverage, Summary of Benefits, Benefit Highlights, Provider Tools to review Member Coverage, and articles in member newsletter. Telephonic outreach is primary source for member contact and education on benefits.

39

39

TRACKING & MONITORING – CONTRACTED FDRS

- Weekly meetings with all shared-risk delegated medical groups allows Plan to closely monitor progress, issues
- Plan and vendor coordinated effort to produce work flows and policies to ensure member tracking through the entire process – close the loop.
- Plan performs post service update to monitor vendor and member satisfaction
- Plan reviews all denial letters to capture services requested for chronic condition members through IPA that should be administered by the Plan
- Need more incoming data to complete measurement process to determine outcomes
- Plan working to create survey to address specifics of chronic condition and access to services and quality of care
- Ancillary credentialing to ensure licensing current, participation status, etc.
- Vendors added to Compliance annual attestation and audit process to ensure compliance and training

40

40

Housing Choice Vouchers/Section 8 Housing

The program assists very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Housing choice vouchers are administered locally by public housing agencies. Since the demand for housing assistance often exceeds the limited resources available, long waiting periods are common.

LA County 1-626-262-4510	San Bernardino County 1-909-890-0644
Orange County 1-714-480-2700	Riverside County 1-951-351-0700

TELACU

Provides affordable senior, independent housing units in LA County, San Bernardino County, Riverside County, and San Diego.

[Property Listings](#) [Eligibility Requirements](#)

[Request an Application](#)

Affordable Housing Rental Directory

SEEM Resource Tool | Index | APS | Financial | **Housing** | LIS | Rx Assistance | Medi-Cal | Home ...

PROVIDER PORTAL - SEEM RESOURCE

41

41

QUESTIONS?

42

42

CONTACT INFORMATION

Gail Blacklock, gblacklock@ivhp.com, 909-623-6333 x 248

Jennifer Del Villar, Jennifer.delvillar@cambiahealthsolutions.com, 503-220-6237

43