Health Home Herald

Integrated Managed Care Expands in 2019

As Washington moves toward integrating physical and behavioral health for all Apple Health (Medicaid) clients by 2020, the Health Care Authority (HCA) has announced final decisions about which managed care plans will offer coverage in different regions of the state.

HCA made these decisions after a competitive bidding process available to the five existing Apple Health managed care plans.

Under integrated managed care, services are coordinated through a single health plan so that people receive the help they need for body and mind, including mental health and substance use disorder treatment.

Five regions will move to integrated managed care in January 2019: Greater Columbia, King, North Sound, Pierce and Spokane regional service areas.

The remaining areas will move to integrated managed care in January 2020: Great Rivers, Salish, and Thurston-Mason.

Southwest Washington region (Clark and Skamania counties) was the first to move to integrated care, in April 2016. The North Central region (Chelan, Douglas and Grant counties) integrated in January 2018. Since making the transition, Southwest Washington has seen several statistically significant changes in care compared to other regions of the state.

HCA has produced a map and matrix Care Coordinators may find helpful in understanding these changes to Apple Health. Please visit:

https://www.hca.wa.gov/about-hca/hca-announces-managed-care-plans-offering-integrated-care-starting-2019-and-2020

HCA will send notice of the upcoming changes by Oct. 1, 2018, and plan enrollment notices to clients in December.

Clients can change their plans at any time, so Care Coordinators should encourage their clients to review their enrollment letters in December and make sure their new plan will work with all their providers.

For more information:

https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apple-health-managed-care

Above: Community Health Plan of Washington (L to R): James Cook, Lori Cohen, Karen Mamaril, and Dana Janigian.

Spotlight on Resources

November 16: Great American Smokeout

The Great American Smokeout happens the third Thursday of each November. Here are several online resources available to help you support clients trying to quit smoking.

https://www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout.html

The American Cancer Society's Quit Now program has a Quit Coach® who can help clients become experts in living without tobacco use:

https://www.quitnow.net/Program/

This 90-minute online course will teach you how you can improve the health of your community by giving you tools and information to address tobacco use. You will learn how to use brief intervention and Motivational Interviewing techniques to encourage, empower, and assist people as they move toward a successful quit attempt. To learn more and to register visit:

https://www.kingcounty.gov/depts/health/tobacco/cessation-training.aspx

Or, email Norilyn de la Peña at:

norilyn.delapena@kingcounty.gov

Most MCOs have a smoking cessation program as well.

November is Diabetes Month

We recognize November as Diabetes Awareness Month and World Diabetes Day is celebrated around the world on November 14.

According to the American Diabetes Association, 1 in 11 Americans have diabetes. There is support and resources out for persons with all types of diabetes. Please visit the websites below for more information.

Bodies of persons with Type 1 Diabetes do not produce insulin. There is currently no way to prevent or cure Type 1 Diabetes.

In persons with Type 2 diabetes, the body becomes insulin resistant and does not use insulin properly. Persons with Type 2 diabetes may treat their disease with diet, exercise and pills. Over time, some may have to inject insulin.

Other types of diabetes include gestational diabetes, LADA, MODY and other diseases of the pancreas.

Below are some resources Care Coordinators can use to learn more about diabetes and how it can impact their clients' lives:

http://www.diabetes.org

https://www.jdrf.org/

https://www.cdc.gov/features/livingwithdiabetes/index.html

Webinar Trainings for the Fourth Quarter of 2018

We are pleased to announce the following upcoming webinars for the fourth quarter of 2018:

Date	Webinar
OCT 11	Special Programs: Traumatic Brain Injury
NOV 8	SHIBA and the Health Home program

Please use this link to register:

https://attendee.gotowebinar.com/register/5753965736017101314

Also, visit our website at:

https://www.dshs.wa.gov/altsa/washington-health-home-program

New Law Provides Free Security Freezes and Increased Fraud Alert Protection

On May 24, 2018, the President signed Public Law 115-174 into law. Section 301 amends the Fair Credit Reporting Act, to establish a new federal right for consumers to implement a security freeze of their credit file. The freezes are free of charge. The new legislation is effective September 21, 2018.

A security freeze is the single most effective tool to minimize the risk of identity theft. Identity thieves often target unsuspecting older adults, luring them into giving out personal information. The scammers then use this information to steal the older adults' identity and ruin a lifetime of positive credit.

As a general rule, security freezes allow a consumer to prohibit the release of their credit report. When a thief applies for credit in the victim's name, often the intended creditor will attempt to obtain the victim's credit report or score. The idea behind a security freeze is that, when the credit-reporting agency returns no information or a notice that the consumer has frozen the file, the creditor will deny the thief's application, thereby thwarting the thief and protecting the consumer's credit reputation as well as the business interests of the creditor.

The legislation establishes standards for the creation, temporary lifting or "thaw," and permanent removal of security freezes from the nationwide consumer reporting agencies. The security freezes are essentially limited to parties seeking the consumer's information for credit purposes.

The freeze does not apply to parties who seek the report for employment, insurance, or tenant-screening purposes. It also does not apply to existing creditors or their agents or assignees conducting an account review, collecting on a financial obligation owed them, or seeking to extend a "firm offer of credit" (*i.e.*, prescreening).

The legislation also preempts state security freeze laws and extends initial fraud alerts from 90 days to one year. A fraud alert notifies users that the consumer has been or may become a victim of fraud or identity theft. The legislation's preemption extends to any state requirement or prohibition with respect to subject matter regulated by the statute's provisions relating to security freezes. For example, some state statutes are stronger than the new federal standards by allowing consumers to freeze access to credit reports for employment or insurance purposes.

Background on PRISM

Article adapted from the WA State Health Home Program's 2018 Milbank Award, honoring the use of PRISM to select Health Home eligible clients.

Washington began developing its Predictive Risk Intelligence System (PRISM) in 2007 to identify Apple Health clients who accounted for most of the state's Medicaid costs. It has since become a valuable technological tool connecting Care Coordinators with those who most need their services.

"Without the intervention side, the technology is a toy, not a tool," said David Mancuso, the director of research at Washington's Department of Social and Health Services, the department that led the initiative. "Many states are doing Health Homes. We happen to do health homes using predictive modeling. It allows us to target our not-very-expensive care management system at people who are in the top 5% of the Medicaid risk pool."

PRISM's architects initially relied on state Medicaid medical, mental health, and long-term services and support records, which had to be drawn from multiple health information technology systems. It was the only data available to them.

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However, Medicaid beneficiaries who were also eligible for Medicare—largely low-income elderly and the disabled, often housed in nursing or group homes—represented a special problem. The state did not have their medical records and would not benefit anyway if it spent scarce care-coordination dollars on keeping them out of the hospital or away from physician offices. The federal government paid those bills and did not forward those to providers.

"They excluded dually eligible beneficiaries when it was first conceived because of the financial misalignment," said Tim Engelhardt, director of CMS's Medicare-Medicaid Coordination office. "This misalignment of financial incentives has always been a constraint to innovation in the field."

Washington's PRISM model made it easy to arrive at a solution: give the state all CMS's Medicare claims data and allow it to share in any Medicare savings that resulted from the Health Home's care coordination for Duals.

In this way, the power of PRISM comes from its timely incorporation of CMS data. The federal agency sends Medicare's hospital, physician, and pharmacy claims data on a daily basis. The state then incorporates the data into PRISM weekly.

The merged data proved eye opening for state officials. "A lot of our high-risk folks are seeing tons of different providers with many prescriptions," Mancuso said, noting that is crucial information for a provider seeing that patient for the first time.

When the system flags a person with multiple ER visits, "it identifies those conditions that might be preventable," Mancuso said. "It's a key reason why the Health Home program has been effective."

Washington has also been innovative in deciding who gets access to the system. Care coordination often winds up referring people for housing assistance, food pantry support, or behavioral health services.

"In the last three years, we have identified classes of workers in our social service delivery systems who perform health care functions and are now legally authorized to access protected health information," Mancuso said.

There are now over 1,400 authorized users across the state. They include:

- Insurers handling the state's Medicaid managed care program
- Long-term care agencies
- Health Home Care Coordinators
- Social workers in the community
- State social service agencies

PRISM's website recorded over one million page views in the past year, Mancuso said.

Other states have expressed interest in replicating the PRISM model, in part because it cost so little to build. Mancuso's team has done presentations about the system in dozens of states. Washington spent about $500,000 to develop the first iteration of the program, with the current expanded version costing just $800,000 a year to operate.

"We didn't have to invest millions up front," Mancuso said. "If we went the commercial route, you'd be talking about a multi-million-dollar contract."

PRISM is user-friendly. "For Care Coordinators in the field, access to PRISM data gives the right amount of client history," said MaryAnne Lindeblad, Medicaid director in Washington.

"Care Coordinators use the data to help develop and work towards client-centered goals and to increase clients' activation in their own health care. Using information in PRISM, Care Coordinators can find the best approach to engaging clients and showing them ways to avoid costly care at the ER or in the nursing facility."

Participant Portrait

Stefan (not his real name) opted into the Health Home program and began working with his Care Coordinator (RN) to identify goals/action steps. He wanted to check into an inpatient substance use disorder program, and wanted to take his medications daily. During each visit and follow-up phone call, the Care Coordinator and Stefan discussed his goals and assessed his progress towards completing his action steps. During these conversations, Stefan disclosed that he was not taking his medications every day because he only thought about using, and would forget to take his medications after he used.

Stefan was also facing legal troubles due to several drug possession charges, and he was concerned about going to jail. The Care Coordinator partnered with another Care Coordinator on her team, who is a MSW/ CDP, and the two identified a program Stefan qualified for through the local Drug Court program. The Care Coordinator shared the information with him, and Stefan agreed to petition the court for enrollment into the Drug Court program and to seek inpatient treatment.

After three months of waiting, Stefan was accepted and was scheduled for a drug evaluation. During that period, the Care Coordinator assisted Stefan with locating a treatment program, connected him to support services, and attended all his follow-up appointments. Stefan maintained sobriety and made all his weekly Drug Court check-ins. He was enrolled in a residential treatment program, and the Care Coordinator saw that the member completed his follow-up PCP appointment to help manage diabetic foot ulcer.

Stefan has since completed treatment and has managed his legal concerns. He thanked the Care Coordinator for believing in him, and not giving up when he felt that everyone else had.

Medicaid Alternative Care for Care Coordination Clients

Medicaid Alternative Care (MAC) is an in-home services program that Health Home care coordination clients may be interested in accessing. Many have already met one of the eligibility requirements: to be currently accessing Apple Health but not Long-Term Services and Support.

In addition, if care coordination clients meet nursing facility level of care and have a family member or friend who provides regular (unpaid) assistance to them with their activities of daily living or instrumental activities of daily living, they and their family member/friend (together referred to as the dyad) may be eligible to receive MAC services almost immediately under Presumptive Eligibility status.

MAC provides services to both the unpaid family member or friend (CG) and the care coordination client (CCC). Services include home delivered meals for both the CG and CCC, respite care which can include in-home or out-of-home options, durable medical equipment not covered by Apple Health, Assistive Technology, one-to-one consultations with occupational therapy, physical therapy, dementia specialists, and lawyers, as well as training, education, massage, ChronicDSMP, Powerful Tools for Caregivers, STAR-C Consultants and more.

Upcoming training sessions for this program include:

- October 8, 8:00 a.m. – noon, 660 SW 39th St., Conference Room A, Renton (contact Linda Gardino at 360-725-2528)
- October 8, 1 pm – 5:00 p.m., 660 SW 39th St., Conference Room A, Renton (contact Linda Gardino at 360-725-2528)
- October 22, noon – 4:oo p.m., Douglas County PUD Auditorium, 1151 Valley Mall Parkway, East Wenatchee (contact Pam Draggoo at 509-886-0700 ext. 229)

For more information:

https://www.dshs.wa.gov/altsa/stakeholders/medicaid-transformation-project-demonstration

Health Home Puzzles and Games

Search the PRISM below for words in any direction – up, down, backwards, forwards, diagonal…good luck!

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K S
Z I
G O S K
H Y O G
L C U N S Z
V M M G N H
C E B Y A O V C
Y T L K I I U W
L P I C I D T P A B
Q O Q Q Z G P G G J
U T R O P E R I L G T S
X P C K B B L R B L O L
D N I R N G P W C T I E I L
W R Z D O I O D S Y B L T Q
L C I A Q S V S L E S P H I O P
O E V G O U C I Y R I Y G O T B
J D K O K C B L I D P D L G C J Y F
M L H S U X F H S H E N U L U A C W
U M L I C Z H D C S N P R H G B C R M F
P J R F Q O S R R E A Y A S U L J N E T
S A V C P S F F N L S E D K R R P F G K Q T
N I L Y P P N P I R H Y C N E G R E M E D Z
Z F N O I W F U F Y M G E N D E R O P C I N C N
I M N T L L K O L F E W V P O A A I M A I L Y F
R E H A Q E O R S A U R A H E J I N W B E A V Q T F
D P L K U Q P E X I S B A L M X W O T T I D R R E X
A Z Y G B E H A V I O R S L Q Z S A C C M K Y K R E Q C
K R G B D A S M S I P R O C E D U R E S D H L H C S S X
H N R H E A L T H U K S R O T A C I D N I B S T N E V E Z U
C E V I U R C I K Y R E I F I T N E D I U Z D O Q I E G A H
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RISK	HEALTH	HOSPITAL	PROFILE
CLAIMS	SERVICE	EMERGENCY	DEMOGRAPHICS
PROVIDERS	LABS	CARE	IDENTIFIER
ELIGIBILITY	EVENTS	BEHAVIORS	AGE
DIAGNOSIS	DASHBOARD	PAIN	GENDER
PROCEDURE	PRESCRIPTIONS	INDICATORS	REPORT

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