

# Today's Session

## Facilitator

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SVP Population Health

Jefferson Health

## Speakers

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MRW Acuity

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Jefferson Health Plans

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President

Saint Alphonsus Health Alliance & Community Health and Well-Being

# Today's Session

- Overview of Medicaid Stakeholders
- Serving Member Needs and Care Models
- Successful Health System Medicaid MCO Partnerships
- Audience Q & A



# NAACOS 2024 Spring Conference

## ACO-Medicaid MCO

# Partnerships: Lessons Learned

Marinan Williams  
MRW Acuity



# Agenda

01

Medicaid  
Overview

02

Stakeholder  
Comparison

03

MCO  
Requirements

04

ACO/CIN  
Considerations

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Models

06

Conclusion

# Medicaid Members in U.S.

Members (millions)	CA	NY	TX	FL	IL	PA
<b>Total Medicaid / CHIP</b>	13.8	7.2	4.55	4.1	3.6	3.4
<b>Total Child</b>	5.1	2.59	3.5	2.56	1.5	1.51
<b>% Children</b>	37%	36%	76.9%	62.4%	41.6%	44.1%

[Source: Medicaid.gov: November 2023 Medicaid & CHIP Enrollment Data Highlights](#)



# Medicaid Regulatory Agencies



## Waivers and State Plans

Governed by Federal Statute  
and Rules & Written  
Agreements

## State Health Agencies

Subcontract  
with MCO's

# Stakeholders

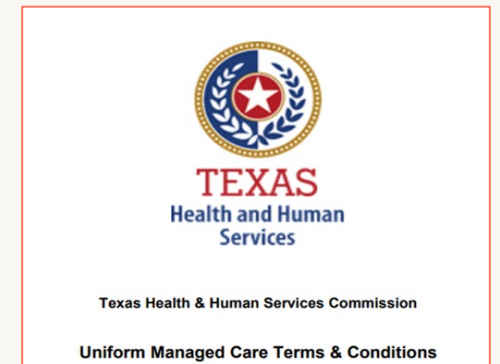


## Texas Department of Insurance (TDI):

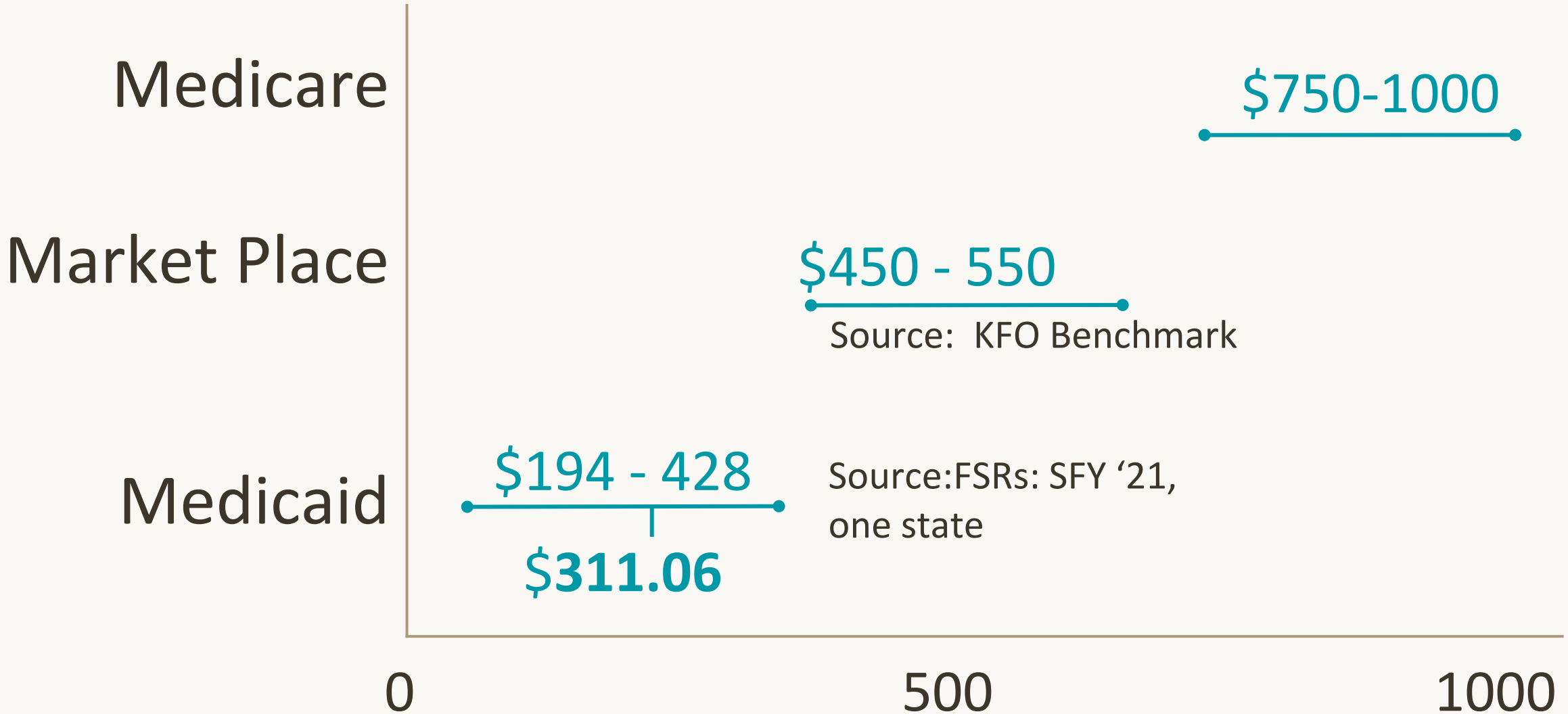
- + Texas Insurance Code (TIC)
- + Texas Administrative Code (TAC)

## Texas Health & Human Services Commission (HHSC):

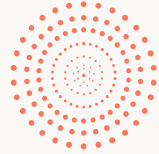
- + Uniform Managed Care Contract (UMCC) - 506 pages
- + Uniform Managed Care Manual (UMCM) - 19 chapters
- + Texas Medicaid Provider Procedures Manual (TMPPM) - 1,740 pages



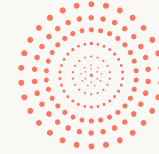
# Monthly Premium Comparisons



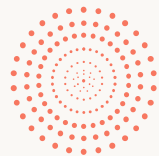
# Understanding MCO Requirements



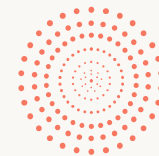
**State Quality Goals &  
Strategies**



**MCO's Funding  
Capabilities**



**Defining Care  
Coordination**

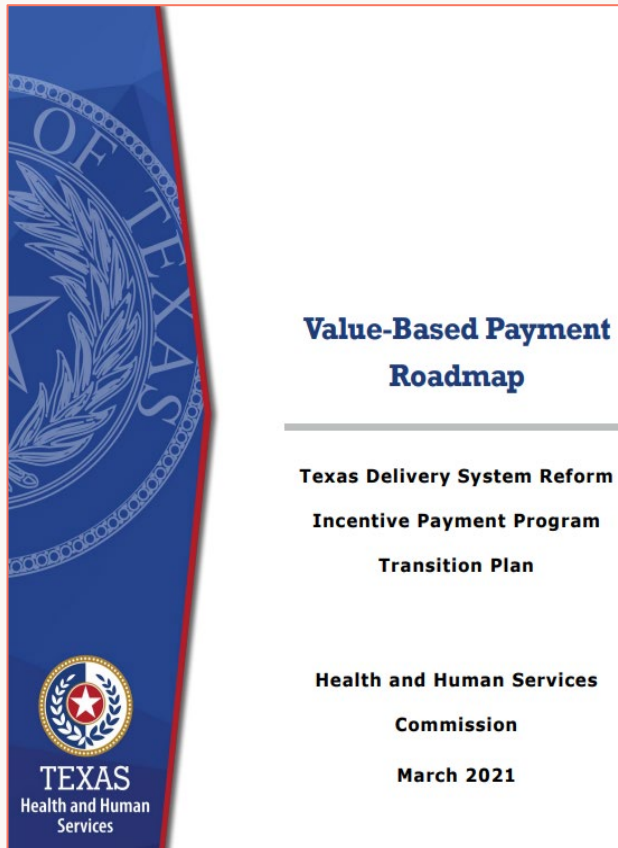


**Member / Patient  
Stability**





- ✦ **Attract and retain high-performing Medicaid providers, including medical, behavioral health, dental and long-term services and supports providers**



- ✦ Promote optimal health for Texans at every stage of life
- ✦ Strengthen person and family engagement
- ✦ Keep patients free from harm
- ✦ Right care/Right Place/Right time
- ✦ Promote effective practices for people with chronic, complex & serious conditions

# MCO Requirements & Annual Performance

**Pay for Quality**

**Bonus Payments**

**PIPS**

CMS mandates states contract with an External Quality Review Organization (EQRO)

MCOs required to cover 50% + of membership in an APM model

Most models align VBPs with priority measures and continuous improvements initiatives

PIPs are additional projects, generally integrated programs



## Texas MCO's: Cost Pressure & Opportunities

Cap on Administrative fees 5.5% for Medicaid

Profit Margin sharing with state if exceeds 3%

Opportunities: Quality initiatives are included within  
medical care calculations

**HOWEVER**

Limit on amounts that can be paid for Quality: 1.1%

# Defining Care Coordination/Service

- + Specific and short timeframes
- + Individualized
- + Specific target populations

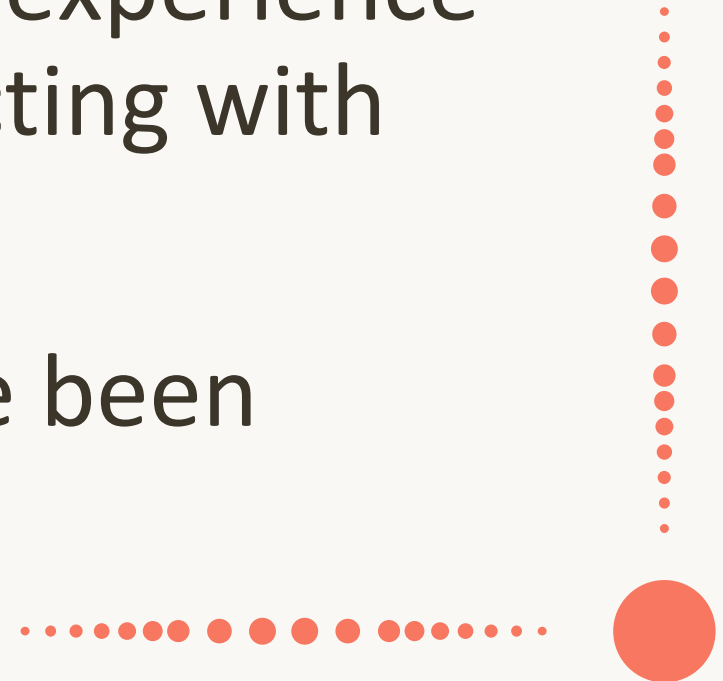


## Critical Pathways:

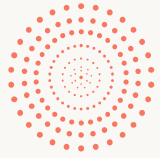
- + Pediatric
- + High Risk Maternity
- + NICU transitions
- + Mental Health
- + Therapies
- + SDOH Pathways

## Membership Stability

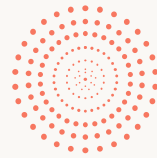
- + **Redetermination** - Process ending and reducing Medicaid membership across the country
- + **Stability** - Medicaid membership may experience fluid coverage and difficulty of connecting with vulnerable populations
- + **Reprocurements** - RFP processes have been significant over past three years



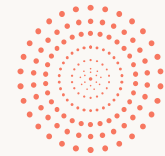
# Implications for CIN & ACOs



**CIN**  
**Competencies**



**ACO Strategies**



**Potential Model  
Framework**



Focus of Clinically Integrated  
Network For Medicaid

Medicaid focuses on pediatrics and pregnant mothers, requiring mix of pediatrics, pediatric subspecialists, OBs and behavioralists

Focus on pediatric HEDIS metrics and well child programs

Reducing ER visits

Person-centered + Family Care considerations



## ACO Strategies for Medicaid

- ✦ Address social determinants of health
- ✦ Improve access to care and reduce ER visits
- ✦ Administer “in lieu of” services
- ✦ Develop pediatric and OB pathways for therapies and complex populations
- ✦ Partner with MCO’s for innovation solutions



# Financial Models

Medicaid Rates



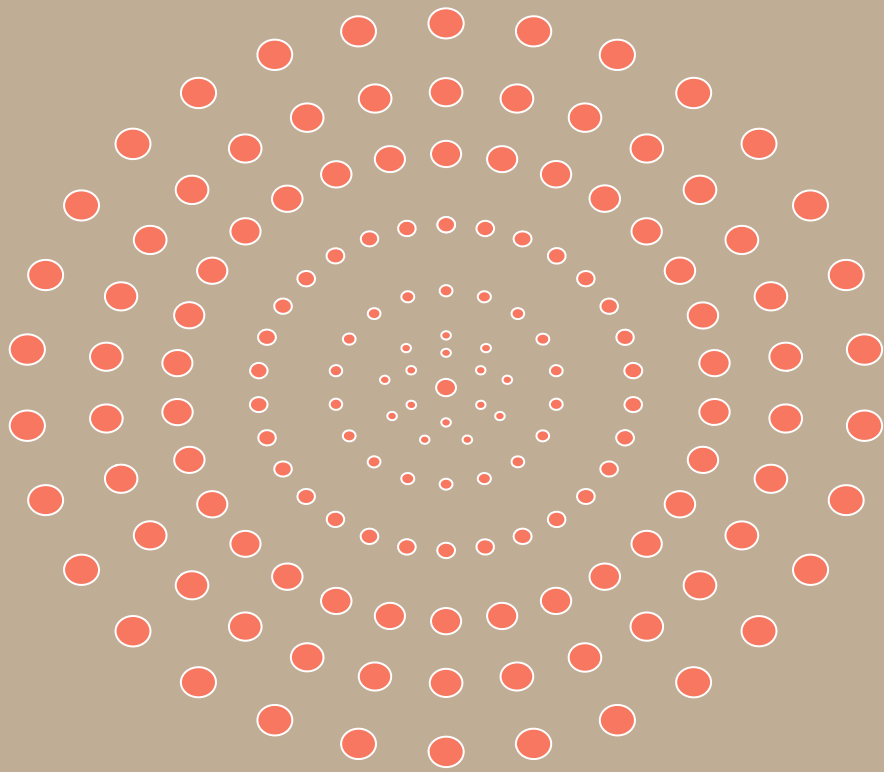
Potential APM Models



Other Options



Medicaid +++

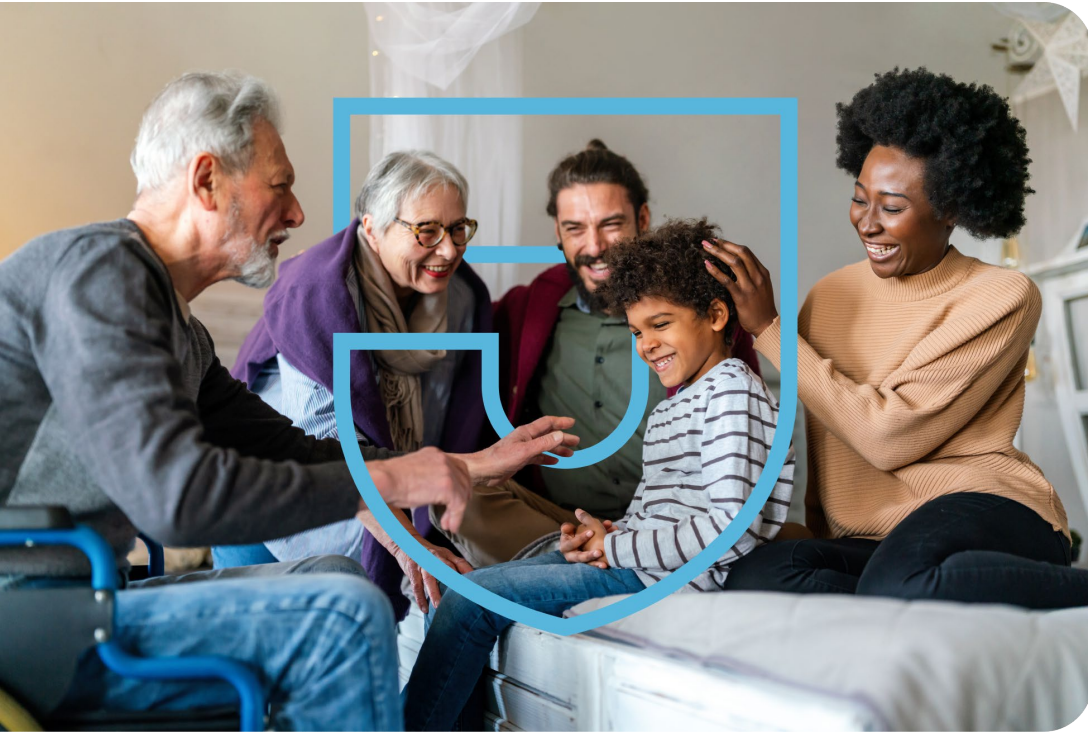


Thank You

Marinan Williams  
MRW Acuity

# Jefferson Health Plans Overview

# Offering high quality and affordable health plans



- Jefferson Health Plans (JHP), also known as Health Partners Plans is:
  - Solely owned by Jefferson since 2021
  - Headquartered in Philadelphia
  - Serving members for 40 years
- Our health plans include:
  - Medicaid and Children’s Health Insurance Program (CHIP) plans, which are offered statewide in Pennsylvania
  - Individual and Family plans (IFP), which are offered in three counties in Pennsylvania
  - Medicare Advantage (MA) plans, which are offered in 15 counties in Pennsylvania and five counties in New Jersey

# Jefferson Health Plans by the numbers



**40**

years serving  
members



**~750**

employees



**4**

lines of business:  
Medicaid, CHIP, IFP,  
Medicare Advantage



**350K+**

members

**4**

NCQA rating  
for Medicaid



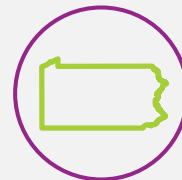
**3.5**

STARS rating  
for Medicare



**67**

PA counties covered by  
our Medicaid and CHIP  
plans



**5**

NJ counties covered by  
Medicare Advantage



## Guided by our mission, vision and values



- **Mission:** Build healthier lives and stronger communities.
- **Vision:** We meet our members where they are by going directly into the community to build relationships with our members and create programs and services tailored to meet their health care needs.
- **Values:** We serve our members and communities with integrity, commitment, compassion, excellence and inclusivity.

## Providing coverage for all stages of life

- Our programs offer individuals of all ages an opportunity to be insured at any stage of life.
  - **Medicaid:** Also known as Medical Assistance in Pennsylvania, provides coverage for health and other related medical-based services for those most in need including low-income children and their families, seniors, and people with disabilities.
  - **Medicare Advantage:** A Medicare federal insurance program—sometimes called "Part C" or "MA Plans"—offered by private companies and approved by Medicare. Medicare Advantage covers people who are 65 or older; certain younger people with disabilities; and people with End-Stage Renal Disease.
  - **Children's Health Insurance Program (CHIP):** Pennsylvania's program to provide health coverage to uninsured children and teens who are not eligible for or enrolled in Medicaid.
  - **Affordable Care Act (ACA):** Typically referred to as Individual & Family Plans (IFP), or colloquially as Obamacare, this type of coverage available to individuals and families who are unable to get health insurance through their employer or who don't qualify for Medicaid.

# Our history of helping members lead healthier lives

**1984:** Launched managed care organization in Pennsylvania; entered Medicaid program in PA

**1998:** Launched Medicare Advantage line of business in Pennsylvania

**2003:** Became accredited by the National Committee for Quality Assurance (NCQA)

**2007:** Sold Medicare Advantage line of business

**2009:** Launched KidzPartners

**2011:** The first health plan in the country to receive the NCQA Multicultural Health Care Distinction Award

**2014:** Reentered Medicare Advantage marketplace

**2019:** Among the top 15 Medicaid plans in the country to receive an NCQA overall rating of 4.5

**2021:** 4Q221 Transitioned ownership solely to TJU

**2022:** Expanded Medicaid line of business statewide

**2023:** Expanded Medicare Advantage line of business into NJ and CHIP statewide in PA

**2024:** Launched seven ACA plans and added four new Medicare Advantage plans to our PA offerings

# Community/Member Involvement

# Member SDOH Demographics and Challenges

SDOH Domain with Percentage	
Education, Literacy and Language	5%
Employment Needs	10%
Experiences with Crime and Violence, and Judicial System	2%
Family and Social Support Issues	17%
<b>Financial Hardship</b>	<b>31%</b>
<b>Food Insecurity</b>	<b>16%</b>
Housing Insecurity	6%
<b>Psychosocial and Stress</b>	<b>10%</b>
Safety & Domestic Violence	2%
Social Health	13%
<b>Total</b>	<b>100%</b>

Medicaid SDOH data is sourced from claims and assessments.

- Addressing social issues before clinical needs
- Neighborhood disparities
- Cultural preferences
- Influence of unstable housing
- Challenges of fragile children

## Committed to the communities we serve



- Jefferson Health Plans has partnered with MANNA since 2015 to provide medically tailored meals for members with complex health care needs, including those managing high-risk pregnancies. As MANNA's first contracted partner, we delivered our one millionth medically tailored meal in 2021.
- Health Partners holds an annual Walk the Zoo event at the Philadelphia Zoo, which draws several thousand health plan and community members. After Medicaid expansion statewide in 2022, we expanded the event to the Lehigh Valley Zoo.
- Our Community Wellness Center hosts in-person and online classes and programs related to job readiness, fitness and nutrition.

## Committed to the communities we serve



- We began partnering with Fabric Health, an organization dedicated to educating low-income families about healthcare options while they're at local laundromats, in 2022.
- Through this program, we are using another channel to communicate with our Medicaid members.
- As a result of this partnership, we have connected with **829** members.



**Jefferson**  
**Health Plans**

[JeffersonHealthPlans.com](http://JeffersonHealthPlans.com)



Trinity Health

# Creating successful synergy and partnership with Health Systems & Medicaid MCOs

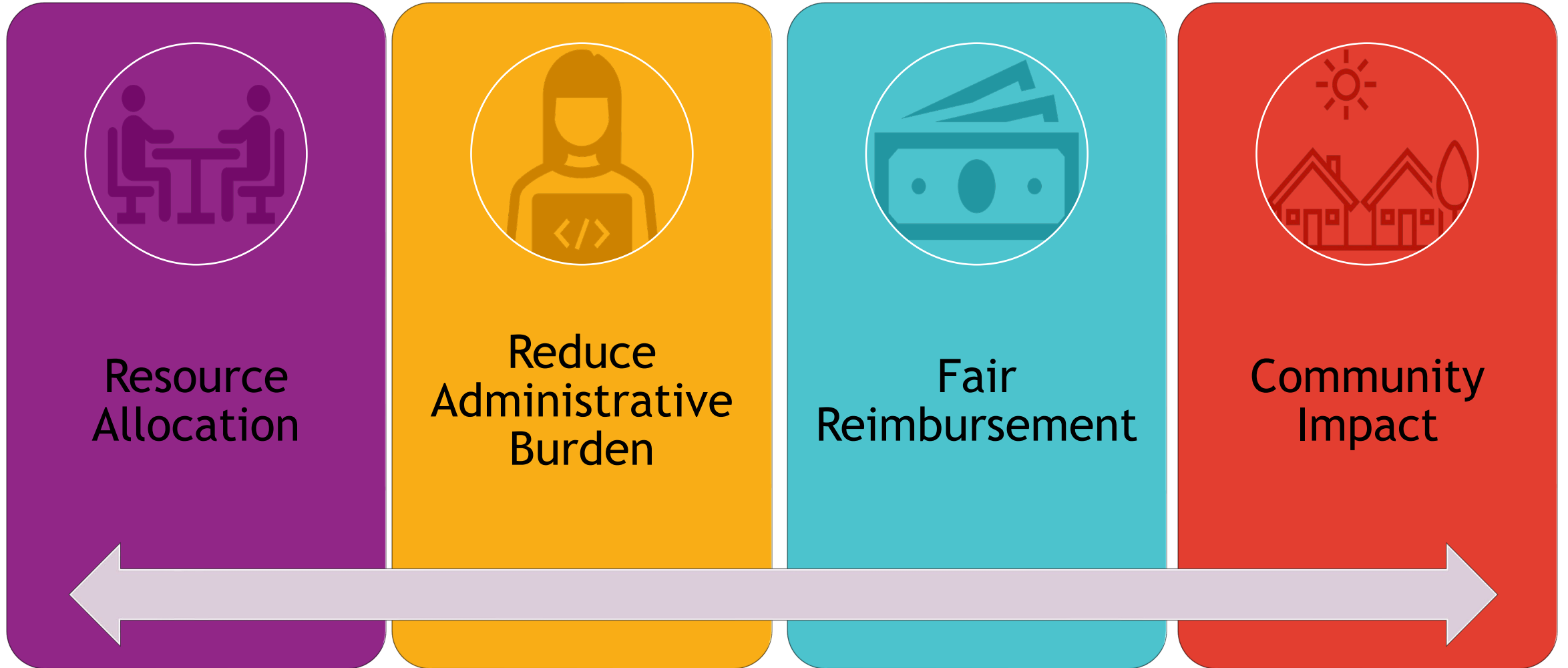
**Stacy Meyr**  
April 2023

# Medicaid

- Covers [41% of all births](#) in the United States
- Five in eight [nursing home](#) residents
- Among the non-elderly covered by Medicaid
  - Half are [children under age 19](#)
  - Six in ten are [people of color](#)
  - [57% are female](#)
  - [Seven in ten](#) are in a family with a full or part-time worker



# Opportunities



# Resource Allocation



Resource  
Allocation

Health systems and payers often duplicate or overlap efforts which are inefficient and create confusion for patients.

- Care or Disease Management
- Patient engagement activities and campaigns
- Vendor or carved out services

Establishing a clear understanding of what is managed by the health system versus any contractual requirements at the payer level **creates efficiencies and more positive experience for patients.**

# Reduced Administrative Burden



Reduce  
Administrative  
Burden

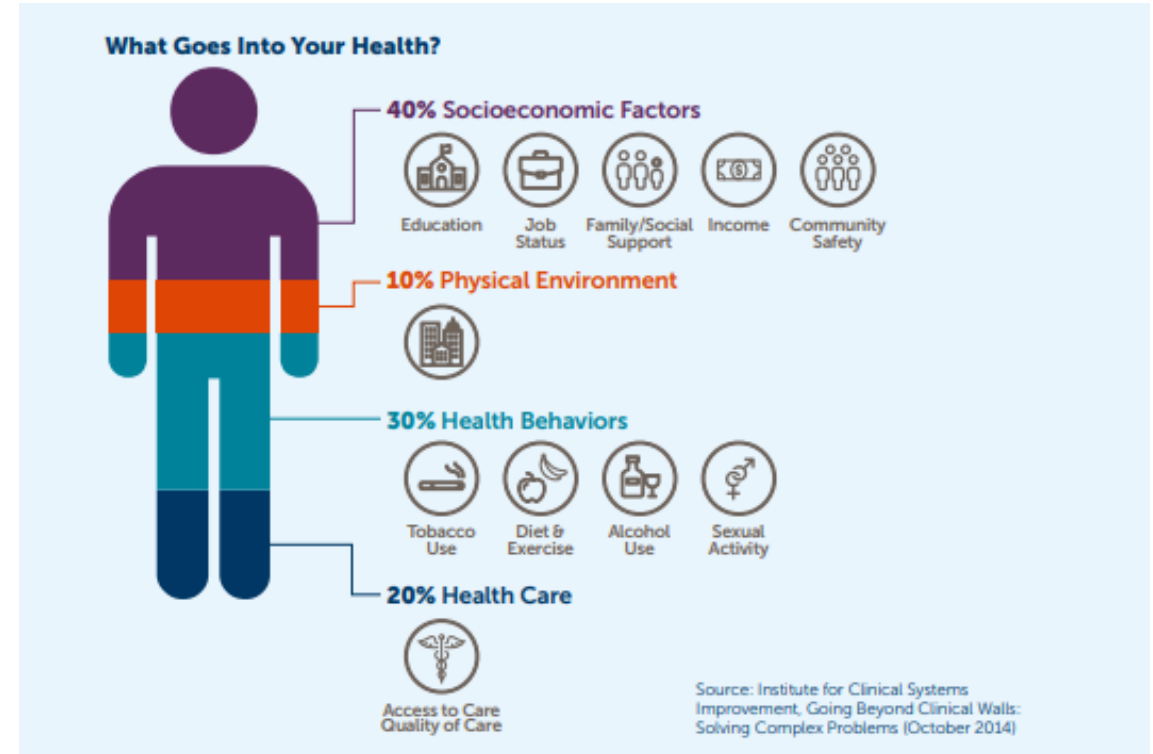
***Preparing and reporting data for 162 unique quality metrics estimated 108,478 person-hours, costing an estimated \$5,038,218.28 (2022 USD) in personnel costs.<sup>1</sup>***

Bi-directional, real-time data exchange can staff time spent on utilization review activities for inpatient stays. Sharing quality data creates significant substantial time and cost savings.

<sup>1</sup>. [The Volume and Cost of Quality Metric Reporting | Health Care Economics, Insurance, Payment | JAMA | JAMA Network](#)

# Motivation

*“Medicaid enrollees—low-income by definition—are particularly likely to struggle with basic needs, including food, clothing, and shelter. With state Medicaid programs increasingly looking to pay for health outcomes—not simply the volume of health care services delivered—there is an increased focus on strategies to address social needs that contribute to outcomes. To date, the evidence base for the cost-effectiveness of addressing social need is strongest for high-need populations.”<sup>1</sup>*



[1. Medicaid's Role in Addressing Social Determinants of Health RWJFhttps://www.rwjf.org/issue\\_briefs/rwjf452222](https://www.rwjf.org/issue_briefs/rwjf452222)

# Incentives

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Ensuring provider payments reinforce a commitment to addressing social determinants of health (42 C.F.R. § 438.6(c)).

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Directly incentivizing health plans to invest in efforts to meet nonmedical needs (42 C.F.R. § 438.6(b)).

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Making it easier for health plans to cover nontraditional services (42 C.F.R. § 438.3(e))

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Strengthening care coordination across clinical and nonclinical contexts and improving care transitions (42 C.F.R. § 438.208(b)).

*[Addressing the Social Determinants of Health Through Medicaid Managed Care \(commonwealthfund.org\)](http://commonwealthfund.org)*

# Fair Reimbursement



## Fair Reimbursement

When a health system partner has demonstrated success in **quality performance and value-based arrangements payers are more motivated to invest.** A key motivator being quality performance can directly correlate to the number of members attributed to high performing MCO.

Especially when a system is not-for-profit, with focus on community need, payers recognize the level of engagement. This helps to better position for sustainable reimbursement in order to administer resources and, in some cases, expanding them outside of traditional fee-for-service arrangements to serve the Medicaid population. **Resource allocation is often already in place or projected, making it easier to quantify and establish a PMPM and/or additional quality incentives to ensure sustainability.**

# Community Impact



MCOs intimately understand the importance of Social Influencers of Health(SIoH) within a community. **Non-profit hospitals responsible for completing the Community Needs Assessment(CNA) are a natural alignment with focus on community benefit.**

In addition, the community benefits as MCOs often invest in community initiatives, provide grant opportunities and support other community partnerships which can directly impact health outcomes of their members.

# Considerations



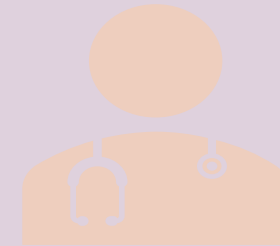
Both MCO payers and health systems bring forth resources focused on impacting patient care. With simple, coordination those efforts should be coordinated for maximum impact and ideal patient experience



Organizations which are effective in managing quality and advanced payment models are ideal MCO partners and can often be effective in negotiating more favorable financial terms to support the Medicaid population



Investment in connecting with MCOs can significantly reduce administrative burden and cost



Effective management can allow the provider to retain more control of the patient leading better experience and outcomes



Communities may benefit from MCO investment to sustain or expand needed services

