

Lessons Learned from Health Management Associates Report on Medicaid Reimbursement for Evidence-based Programs

Kathleen Cameron, MPH

Sarah Barth, JD

Sharon Williams

December 16, 2020



Improving the lives of 40 million older adults by 2030

Agenda

- Project Overview
- Methodology
- Background – Financing and Funding Authorities, Current and Emerging Funding Sources
- Findings
- Conclusions and Call to Action
- Discussion

NCOA's Center for Healthy Aging



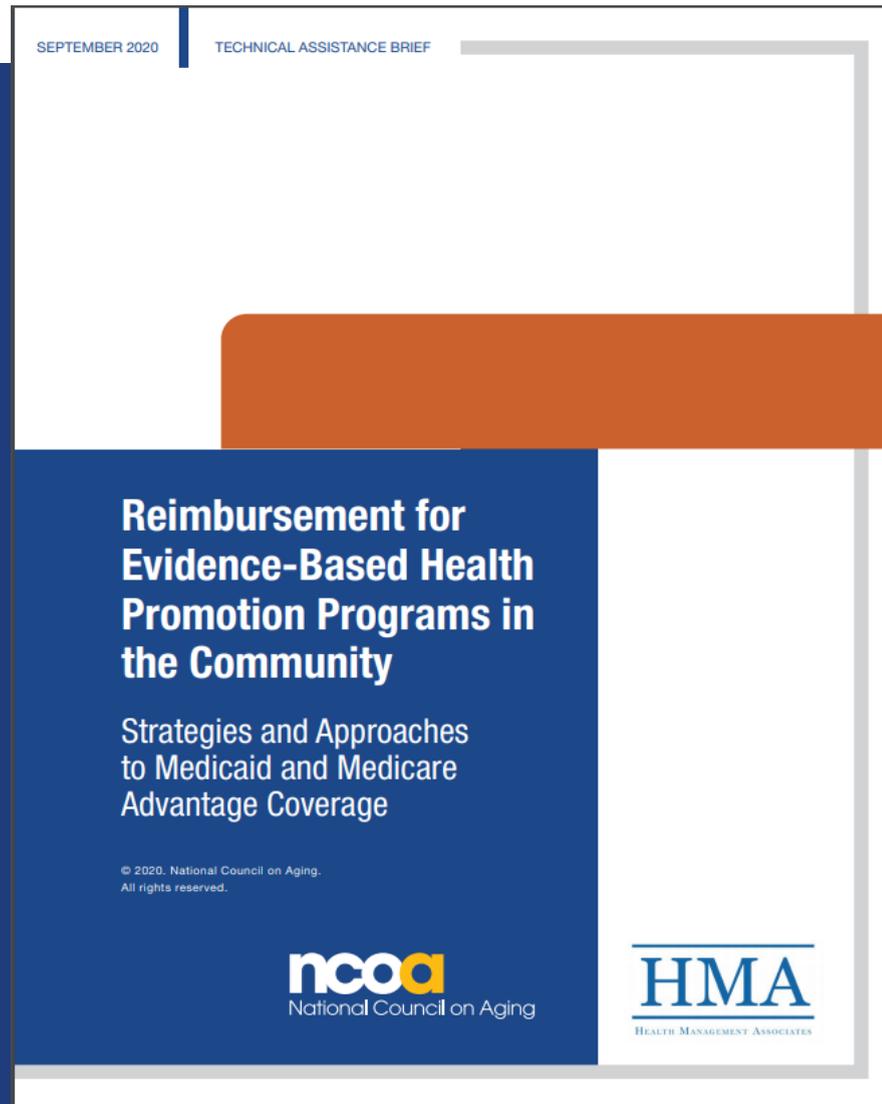
Goal: Increase the quality and years of healthy life for older adults and adults with disabilities.

Two national resource centers funded by the Administration for Community Living:

- Chronic Disease Self-Management (CDSME)
- Falls Prevention

Other key areas: behavioral health, physical activity, immunizations, oral health.

Reimbursement for Evidence-Based Health Promotion Programs in the Community



Access report here:

<https://www.ncoa.org/resources/report-reimbursement-for-evidence-based-health-promotion-programs-in-the-community/>

Acknowledgement and Thanks

- The National Council on Aging (NCOA) and authors of the technical assistance brief would like to recognize the **U.S. Administration for Community Living (ACL)** for their ongoing support of this work.
- This project is supported, in part by grant No. 90CS0058, from the U.S. Administration for Community Living, Department of Health and Human Services, 2020.



Project Overview

- NCOA contracted with HMA to provide research and strategy services to support ACL and NCOA's shared grant goals to increase the adoption of evidence-based health promotion and disease prevention programs (evidence-based programs or EBPs) by:
 - Medicaid
 - Medicare
 - Other health insurance markets.
- HMA research identified common themes across five target states and one city in which EBPs are reimbursed by payors:
 - California
 - Colorado
 - Maine
 - Massachusetts
 - Washington
 - New York City

Project Overview – Technical Assistance Brief

The resulting technical assistance brief identified the following:

1. **Medicaid authorities and financing mechanisms** through which states have adopted evidence-based health promotion programs;
2. **Barriers to adoption** of evidence-based health promotion programs and actionable steps to avoid or address;
3. **Promising practices** establishing reimbursable EBPs and approaches that may be replicated in other states in Medicaid, Medicare Advantage and other emerging markets to support program sustainability beyond grant funding; and
4. **Actionable information** to move forward relationships with state Medicaid programs or Medicaid managed care organizations.

Project Overview – CBO Network Definition

The term CBO network for research purposes for the technical assistance brief is the following:

An entity that organizes the dissemination of and provides contracting support for CBOs offering evidence-based health promotion and disease prevention programs. These entities are sometimes referred to as statewide, regional or network "hubs."

Methodology

Literature Review

- **HMA conducted a literature review from January 2019 through February 2019 expanding on information provided by NCOA. Efforts focused on:**
 - Current Medicaid authorities and funding mechanisms used to pay for CBO EBPs;
 - States and health plans participating in Medicaid and/or Medicare programs in selected states that have adopted EBPs; and
 - Contracts or Medicaid waiver documents reflecting reimbursable relationships with EBPs.
- **State and City Selection for Research**
 - Based upon the literature review results, HMA and NCOA selected *California, Colorado, Maine, Massachusetts, New York City and Washington* as target geographies for research to inform lessons learned and successful approaches regarding reimbursement of EBPs outside of grant funding

Methodology (continued)

Interviews

- **HMA used a template interview tool jointly created with NCOA to inquire about the following:**
 - Medicaid authority and funding mechanisms used by states
 - Partners engaging CBOs in evidence-based programs and payment for services (state, or health plan adoption);
 - Barriers to pursuit of payment outside of grant funding, how they were addressed, and lessons learned;
 - Promising practices in developing Medicaid and/or Medicare payment of EBPs; and
 - Strategies for increasing beneficiary and provider engagement in Medicaid and Medicare-reimbursed EBPs through CBOs.
- **Technical assistance brief synthesizing research findings**

Medicaid Reimbursement of EBPs

- **Medicaid authority is established under Title XIX of the Social Security Act. States provide services based on these federal rules. States may request exceptions to some Medicaid rules by petitioning CMA via *waivers* to allow modifications the federal standards to align with their state's needs.**
- **Each state has a Medicaid State Plan that identifies the scope and nature of the program, including groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and administrative activities.**
 - EBP services are not covered under Medicaid State Plan as mandatory or optional services.
- **States may seek authority to reimburse EBP services as Medicaid services outside of the Medicaid state plan services options through submission of waivers to and receipt of waiver approval by Centers for Medicare and Medicaid Services (CMS).**
- **Currently, states in which EBP services are reimbursed as Medicaid services have used the following waiver authorities:**
 - Section 1915(c) Home and Community-Based Services (HCBS) Waivers
 - Section 1115 Demonstration Waivers

Current Funding Authorities Used for Medicaid EBP Reimbursement – Section 1915 (c) HCBS Waivers

1915 (c) Waiver

- **Within federal guidelines, states can develop HCBS waivers to meet the needs of people who prefer to receive long term services and supports (LTSS) in their home or community, rather than in an institutional setting.**
- **HCBS waiver programs must:**
 - Demonstrate that providing waiver services won't cost more than providing these services in an institution
 - Ensure the protection of people's health and welfare
 - Provide adequate and reasonable provider standards to meet the needs of the target population
 - Ensure that services follow an individualized and person-centered plan of care
- **States using this authority for Medicaid payment of EBP services include Massachusetts and Washington.**

Current Funding Authorities Used for Medicaid EBP Reimbursement – Section 1115 Demonstration Waivers

1115 Demonstration Waiver

- **Section 1115 of the Social Security Act allowed for federal approval of projects likely to promote the objectives of the Medicaid program. These demonstrations give states additional flexibility to design and improve their programs to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations. Proposed reforms can (but are not limited to):**
 - Improve access to high quality, person-centered services that produce positive health outcomes for individuals;
 - Strengthen beneficiary engagement in their personal healthcare plan, including incentive structures that promote responsible decision-making;
 - Enhance alignment between Medicaid policies and commercial health insurance products to facilitate smoother beneficiary transition.
- **States using this authority for Medicaid payment of EBP services include Massachusetts and Washington.**

Emerging Funding Authorities

- **Emerging and potential markets for CBO EBPs include Medicare Advantage, Medicaid programs serving individuals not using long-term services and supports and commercial health plans.**
- **Emerging Markets**
 - California – A Medicare Advantage and commercial plan offer community-based organization (CBO) EBPs to their members.
 - Washington – In the process of adding access to EBP services to Medicaid enrollees that are not accessing long-term services and supports through its Accountable Community of Health (ACH) program to expand access to EBPs and provide a broader based of potential consumers to EBP providers.
- **Potential Markets**
 - Medicare Advantage Dual Eligible Special Needs Plan (D-SNPs) through provision of EBPs expanded supplemental benefits.

Findings Categories

Findings are categorized into two categories:

1. Barriers to adoption of and consumer access to EBPs
2. Successful and replicable approaches

Barriers to Access and Adoption of EBPs

Barriers and challenges

- Demonstrating return on investment(ROI)
- Exclusion from covered plan benefits and reimbursement
- Clinical perspective on ROI
- Case managers have limited time to assess individuals and make referrals
- Consumer attendance and adherence to EBPs can be challenging
- Cost of running a program, staffing and maintaining a training network
- CBOs risk program disruption and loss of business if contracting is limited to one payer

Successful and Replicable Approaches

Promising Practices

- Build relationships and communication channels with state Medicaid programs and Agencies on Aging
- Build relationships and partnerships through a CBO network
- Leverage grant funding and state interests and resources
- Position CBO(s) as a key community resource
- Establish listening sessions with prospective partners to tailor services to their needs and challenges – may include services not part of EBP
- Build business infrastructure and understanding of the health care system
- Use multi-pronged referral structure
- After obtaining health plan contracts, establish channels for ongoing communication and training

Conclusion

- CBOs are well-positioned to be valuable partners to Medicaid programs and health plans, including Medicare Advantage plans, to promote healthy aging and demonstrate value to decision makers.
- CBOs can fill gaps by conducting environmental scans, including identifying community and healthcare partners, local barriers and factors for success, and determining what types of EBP programs are going to be the best fit to meet needs.
- CBOs know local communities' needs, cultural, health and disability status of their populations, available resources and gaps in resources.

Looking Forward

- Looking forward, more work is needed for CBOs seeking reimbursable partnerships to identify short-term and long-term ROIs and the impact that their EBPs have on Medicaid and Medicare quality measures for fee-for-service providers, as well as managed care organizations.
- Tracking successful efforts and replicable approaches for reimbursement outside of grant funding by multiple payors will continue to be important for long-term sustainability for EBPs.

NCOA Call to Action

- **Encourage broader use of state Medicaid authorities** and other mechanisms that support health promotion and disease prevention evidence-based programs
- **Develop model laws, regulations and contracts** for states to adopt in their Medicaid programs for support of evidence-based programs.
- **Demonstrate that evidence-based programs** make a difference for the Medicaid population

NCOA Call to Action (cont.)

- **Educate and partner with key decision makers;** participate in networking opportunities.
- **Provide federal incentives to states** to implement health promotion and disease prevention programs
- Create partnerships and develop a framework and infrastructure for **CBO networks**
- **Adjust quality measures** to capture the benefits of evidence-based programs
- **Identify Value-Based Payment Models**

Discussion and Q&A

