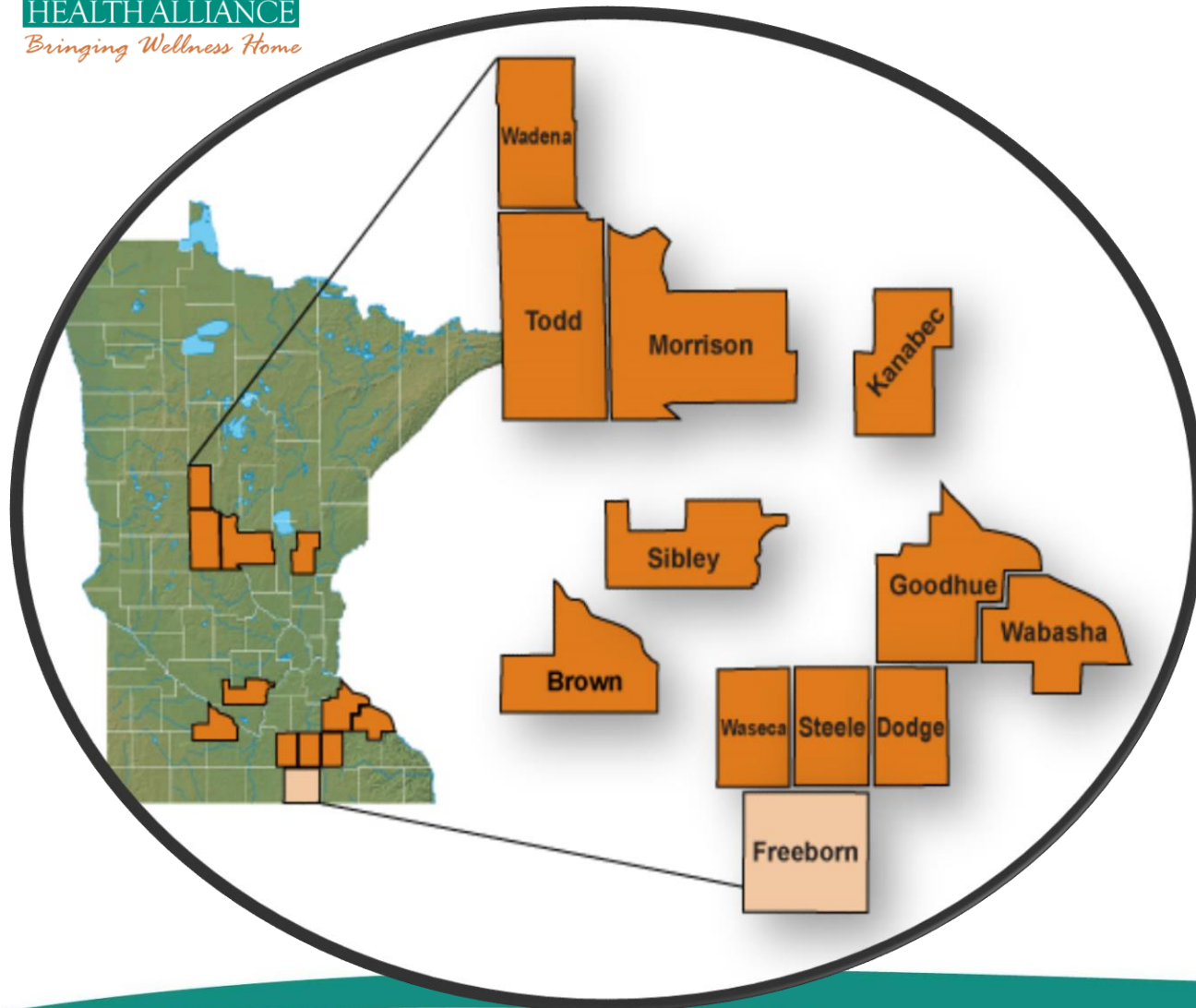


# County-Based Purchasing: Integration, Advocacy, Care

Heather A. Goodwin, Senior Health Services Manager

SNP Alliance 13<sup>th</sup> Annual Leadership Fall Forum

Washington, DC – November 2, 2017: 4:15pm – 5:15pm



- Began operations in 2001
- Owned by 11 rural Minnesota Counties
- Serves approximately 42,000 members
- Must be eligible for Medicaid
- Minnesota Medicaid Managed Care Organization and Medicare Advantage

# Product Offerings

## Medicaid

- (2) Families and Children
- (2) Disabled, 18-64 years
- (1) Seniors (65 years +)

## Medicare Advantage

- (2) FIDE SNPs
  - Disabled, 18-64 years
  - Seniors (65 years +)

# FIDE SNPs

- SeniorCare Complete – Minnesota Senior Health Options (MSHO) product
- AbilityCare – Special Needs Basic Care (SNBC) product
  - Full duals with zero cost share
  - Certified Disabled or developmentally disabled, 18-64 years old, eligible for Medicare Parts A and B, eligible for Medicaid

# AbilityCare HMO-SNP

As of October 2017:

- Total Enrollment: 599
- Highest average claim costs in age band 50-59 years
- Males 44%  
Females 56%

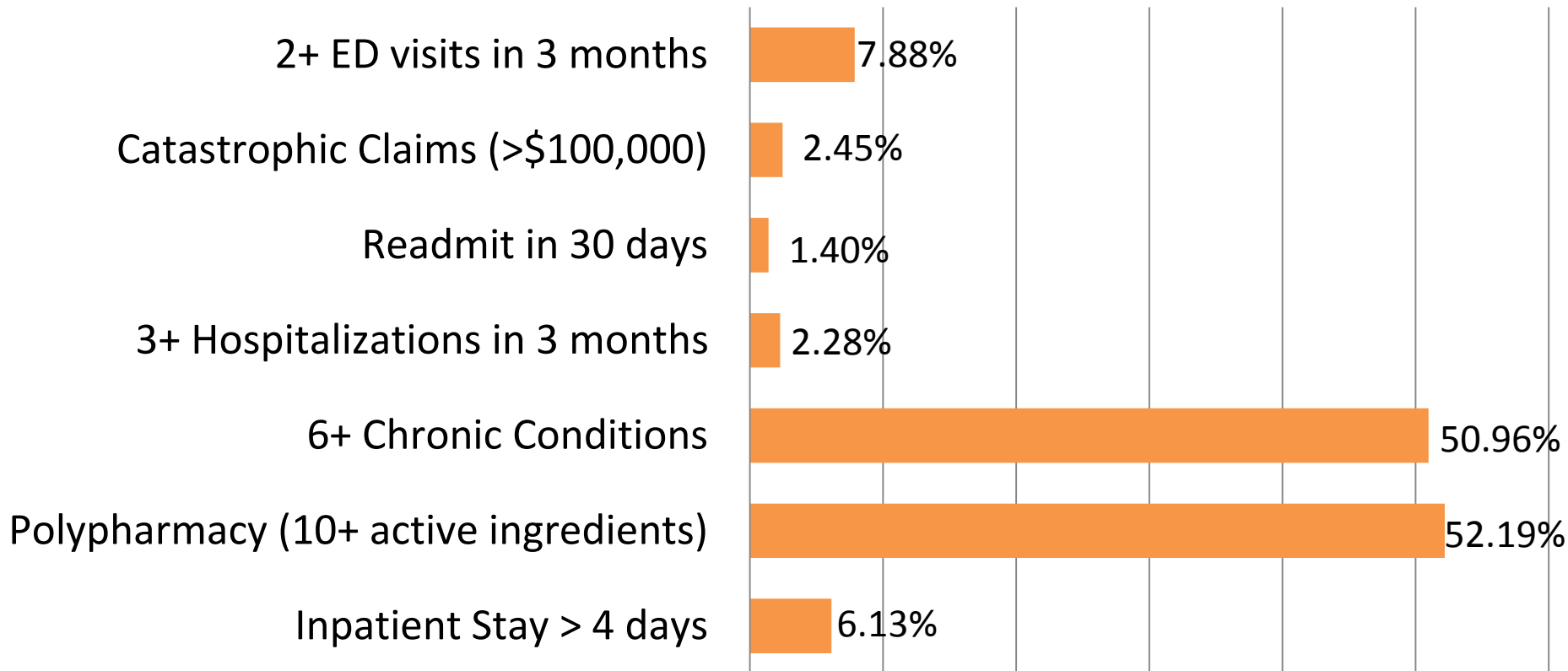
AbilityCare Age Breakdown	
18-24 years	5
25-29 years	25
30-39 years	101
40-49 years	129
50-59 years	235
60-64 years	104

# AbilityCare Characteristics

- 35% have an intellectual disability diagnosis
- 51% is enrolled in a home and community-based services (HCBS) waiver
- 78% has a household income of less than \$20,000 per year
- 87% have a psychosocial condition

# AbilityCare Characteristics

## Utilization Data



# Care Model

- All enrollees are assigned a Care Coordinator
- Unique relationship with our counties and is able to offer a comprehensive care coordination program at a local level.
- South Country utilizes county-based care coordinators to provide the overall care coordination of the enrollee's needs.





# Care Model



- Care Coordinators work within the county system where the enrollee resides.
  - Required to be a social worker, public health nurse, registered nurse, physician assistant, nurse practitioner, or physician.
  - Wealth of experience regarding service coordination and direct access to other county services, e.g. Veterans Services, Income Maintenance, etc....

# Care Model

- Ensure access to and integration of all Medicare and Medicaid
  - preventive, acute, post-acute, rehabilitative, mental health, and long-term services and supports including home care (e.g. skilled nurse visits and home health aide).
  - Knowledgeable of the services available within each community beyond the limitations of the Medicaid and Medicare benefit sets.



# Challenges

## Biggest challenges for the Care Model:

- Focus on basic needs for enrollees so they can then focus on their health care needs.
- Needing more frequent and complex medical care and coordination of care; hi-touch, face-to-face care coordination
- Needing formal in-home, community-based services and supports for personal care or physical/mental assistance plus a range of medical and informal community services.

# Healthy Pathways

- Lean on county expertise to solve problems
- Development led by county partners
- Started in July 2015
- Funded through South Country's surplus
- Early Intervention for enrollees that present with mental health symptoms
- Work with enrollee where they are at
- Build trust; advocate

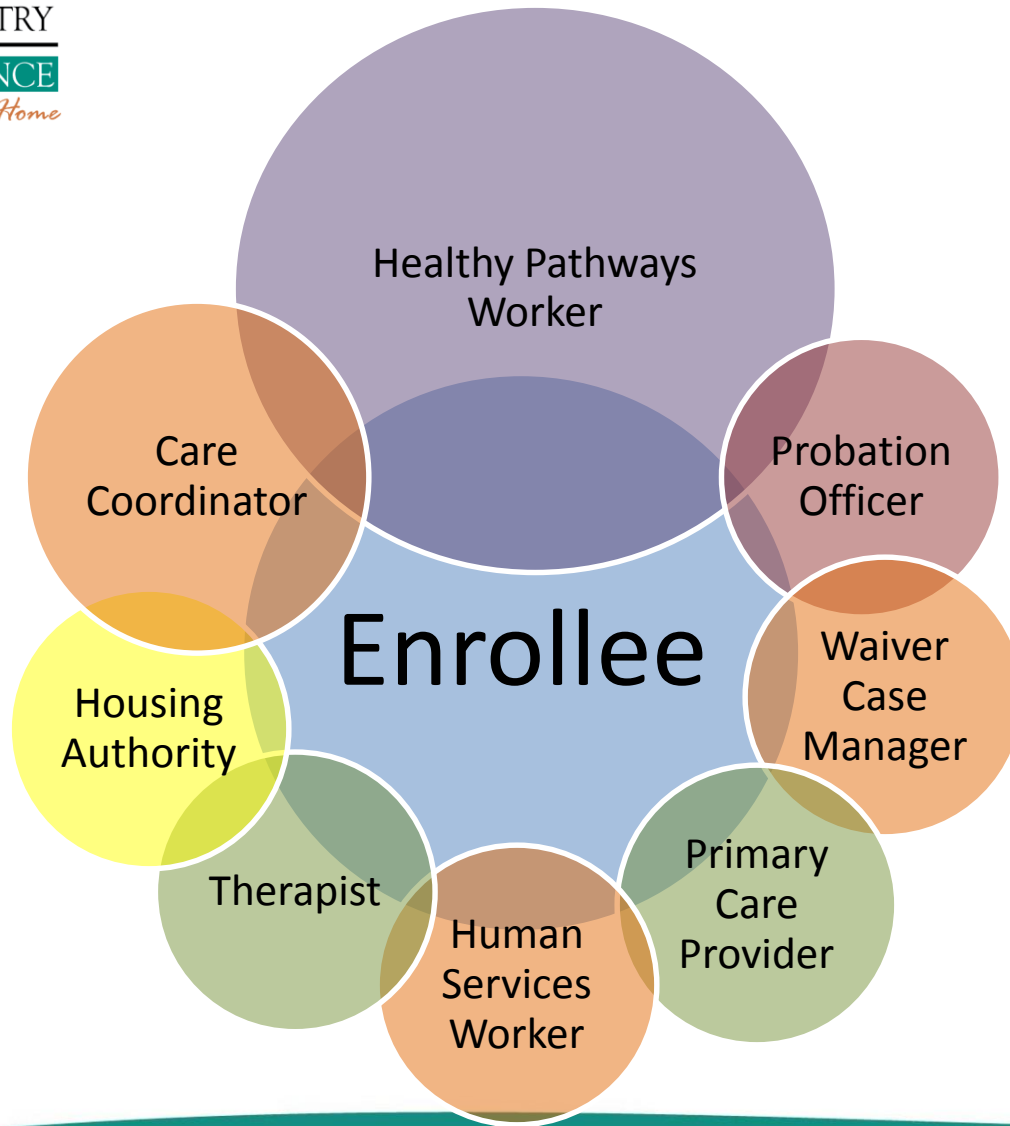
# Jane

## Before Healthy Pathways

- Multiple Incarcerations
- Many treatment stays for chemical use
- Children in foster care
- High Utilization of Emergency Room
- Involved in Drug Court

## After Healthy Pathways

- Found housing in the community
- Obtaining appropriate pain management treatment
- Children returned to her custody
- Remains free of illegal drugs
- Appropriately using prescribed drugs



# Why Healthy Pathways works

# Important Lessons

- Communication is critical. Need to create culture and systems to support easy exchange of information.
- Can't rely on the typical tools – must take a tool and modify to fit the need of the population.
- Health Plan must understand the local resources beyond traditional health care services.

# Future Integration

- Wrap in our Health Information Exchange (HIE) to connect behavioral and medical health care with the health plan.
- Exploring Integrated Care Systems Partnership in 2018 with largest behavioral health center that serves 3 out of 12 counties.



# QUESTIONS???

*Contact:*

*Heather A. Goodwin*

[hgoodwin@mnscha.org](mailto:hgoodwin@mnscha.org)

