



Aging and Disability **BUSINESS INSTITUTE**

Connecting Communities and Health Care



advocacy | action | answers on aging

**DISABILITY &
Aging Work Group**



Contracting with Health Plans: Why Working with Health Plans and Payers is Vital to the Independent Living Movement

Part of the Aging and Disability Business Institute Series —
a collaboration of n4a, ASA, ILRU and the
National Center for Aging and Disability



The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.n4a.org/businessinstitute



Partners and Funders

Partners:

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence

Funders:

- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation



Meet the Presenters

- **Richard Petty** - Director, National Center for Aging and Disability at TIRR & Co-Director, Independent Living Research Utilization (ILRU) at TIRR
- **Suzanne Crisp** - Senior Advisor, Public Partnerships
- **Audrey Schremmer** - Executive Director, Three Rivers, Inc. (3Rivers)



Learning Objectives

- Highlight how working with health plans and payers can build self-sustaining programs for CILs
- Identify the benefits to CILs and CIL consumers in contracting with health plans and payers.
- Highlight challenges CILs and other CBOs might face when partnering with health plans and discuss potential strategies to overcome obstacles.
- Describe the initial steps to building relationships and in partnering with other Community-Based Organizations
- Describe the role state agencies play and how best to work with them.



Highlights of CILs with Contracts

- Southwestern Center for Independent Living (SWCIL) in Minnesota
 - Provides person-centered counseling component of VD-HCBS program
 - Veterans Administration Medical Centers (VAMCs) purchased VD-HCBS from 212 agencies in the Aging and Disability Networks
 - SWCIL partners with the Minnesota River Area Agency on Aging (MNRAAA) and the Sioux Falls VA Medical Center (Sioux Falls VAMC).



Highlights of CILs with Contracts (cont'd)

- LIFE/RUN in Texas
 - Has contracts with five MCOs for relocation services
 - Assessed 363 and relocated 224 last fiscal year
- Boston Center for Independent Living in Massachusetts
 - Contracted with healthcare organization to provide care coordination for LTSS services
 - Seven staff contracted to provide the service for approximately 500 consumers enrolled in Accountable Care Organizations and Medicaid-Medicare (duals) plans



Who are health plans and payers?

- Medicaid Managed Care Organizations
- Accountable Care Organizations
- Hospital or Health Systems
- VA Medical Centers
- Medicare/Medicaid Duals Plans
- State Medicaid Agencies
- Commercial Health Insurance Plans

Why Partner?

- To Sustain Your Mission
- Expand Your Mission Reach
- Increase Ability to Advocate for Systems Change
- Increased Consumer Advocacy Options
- Because “Not for Profit” is a tax status, not your financial status



Why Partner? (cont'd)

- Benefits for CIL Consumers
 - Service delivery with Independent Living philosophy
 - Ensure consumers' education on rights and options
 - Peer support is built into services CILs provide
 - Encourages Self-Direction
- Benefits for CILs
 - Create relatively stable income source
 - Gain a seat at the table to discuss service delivery
 - Position your CIL as a strong IL Advocate within Managed Care System



What is Managed Care?

- Health care delivery system organized to:
 - Manage cost
 - Manage utilization
 - Manage quality
- Contractual arrangement between the State Medicaid Agency and Managed Care Organizations – the State tells the MCO what to do
- Reimburses on a per member per month rate or capitation not fee-for-service
- May provide the service or contract with other providers
- Selected through a competitive bid process
- Must serve everyone within the plan



More about Managed Care

- Usually mandatory enrollment
- Serves all populations, all services
- Growth:
 - 65 million Medicaid participants
 - 81% of Medicaid population
 - 24 states
- Anticipated outcomes
 - Reduces program costs
 - Manages utilization - eliminates duplication
 - Provides quality care
 - Improvements to health plan performance



Finding Your Place in the System

- Conduct web searches:
 - Legislation
 - Policy and procedures review
 - Existing MCO contract? Carefully review.
- Meet with State:
 - Discuss what you currently provide
 - Introduce what you could provide
 - Ask to be on Advisory Councils
 - Ask how you can help the State
 - Stay visible

Benefits to MCOs

- Train:
 - Independent living philosophy
 - Consumer Direction
 - Support brokerage
 - Peer support
- Develop
 - Handbooks or policy and procedures
- Manage:
 - Attendant registries
 - Peer relationship systems
 - Participant engagement efforts

Benefits to MCOs (cont'd)

- Conduct:
 - Participant experience surveys
- Direct Services:
 - Support brokerage
 - Non-Medicaid transportation
 - Financial management services



Case Management

- Case management/care coordination is one of the most common services provided through contracts
- Can be a combination of CIL core services
- Operation as a fiscal agent for self-directed service recipients who are their own employers
- Case management provided in a consumer-directed setting is more effective than case management in other settings



Challenges with Health Payers

- Turning Ideas into Action Takes Persistence
- Educating Health Payers never ends
- You have to understand how the Health Payer systems work
- Marketing your services must be ongoing
- Even when you secure contracts, keep educating
- Maintain outreach to the medical community and other service providers to keep referrals flowing



How to Guide for Marketing CIL Services to Health Plans and Payers

- Access the how to guide [here](#).
- For questions about the “How to” Guide, contact ILRU at ilru@ilru.org.



Questions & Answers: Please Submit Using the “Questions” Box



Please join us for future webinars in this series!

“Building and Financing Sustainable Partnerships between Healthcare and Community-based Organizations” - June 19

“Integrating CBOs to Provide Social Services and Supports: A Blueprint for Health Plans” - July 2

Future webinars in this series will be posted on the ASA website. For questions, contact ILRU at ilru@ilru.org.



advocacy | action | answers on aging

**DISABILITY &
Aging Work Group**



**Aging and Disability
BUSINESS INSTITUTE**



Questions about the Aging and Disability Business Institute?

Email us:

BusinessInstitute@n4a.org

