



Supporting Title V and Medicaid Collaboration in Pediatric Medical Home Implementation

July 20, 2017, 1 – 2pm Central

Questions and Answers

Faculty:

Karen VanLandeghem, MPH

National Academy of State Health Policy

Susan Mathieu

Colorado Department of Health Care Policy and Financing

Gina Robinson

Colorado Department of Health Care Policy and Financing

Meg Comeau, MHA

Catalyst Center

Moderator:

Joan Jeung, MD, MS, FAAP

Medical Home Implementation Project Advisory Committee

This document includes a summary of major questions presented by participants that were not answered during the live webinar due to time constraints.

Questions	Answers
What percentage of Colorado children and youth with special health care needs are private pay? What steps or plans do you have for serving privately insured CYSHCN?	<ul style="list-style-type: none"> • The 2016 Child Health Survey (CHS) data shows 15.6% of children and youth with special health care needs (CYSHCN) ages 1-14 in Colorado are privately insured. • The Title V funded care coordination program for CYSHCN, Health Care Program (HCP), serves all CYSHCN from birth to age 21, regardless of insurance type. Approximately 76.2% of the children served through HCP are enrolled in Medicaid and 16.9% are privately insured. See HCP FY16 Snapshot for a breakdown of Medicaid insurance subtype.

	<ul style="list-style-type: none"> • As Colorado aligns their statewide care coordination services (Healthy Communities, Regional Accountable Entities, and HCPs) who serve CYSHCN enrolled in Medicaid they are implementing the following activities... <ul style="list-style-type: none"> ○ reducing duplication of services ○ maximizing resources for care coordination ○ identifying gaps in systems of care for CYSHCN • The result of this collaboration is more capacity created to serve privately insured and underinsured CYSHCN through the Title V funded care coordination program, HCP.
<p>How can Title V programs and Medicaid agencies collaborate to ensure integration and collaboration among care coordinators?</p>	<ul style="list-style-type: none"> • States have taken a variety of approaches to coordinate their care coordination activities to maximize resources and meet the needs of CYSHCN and their families. For example... <ul style="list-style-type: none"> ○ States with Medicaid managed care delivery systems might incorporate requirements into managed care contracts to ensure that the various entities involved in care coordination are working together. ○ In Michigan, local health departments (LHDs) provide care coordination services to children enrolled in the Children’s Special Health Care Services program (the state’s Title V CYSHCN program). Michigan Medicaid contractually requires its Medicaid Health Plans (MHPs) to establish agreements with the LHDs to support the development of care coordination plans, among other activities, to ensure the MHPs’ and LHDs’ efforts are coordinated. ○ The Title V funded medical home policy work establishes systems and processes for communication and collaboration between care coordinators from different systems including primary care, specialty care, education, public health, and human services. The strong partnerships and collaboration taking place at the local, regional, and state levels in Colorado reduces the need for one agency/entity to coordinate the care coordinators. ○ Pediatric care coordination is a patient and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the family’s caregiving capabilities. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes. Key activities of care coordination involve the creation of care plans, care tracking, and timely, structured information for all members of the care team, including the patient

	<p>and their family. For more information about care coordination, contact the National Center for Care Coordination Technical Assistance.</p> <ul style="list-style-type: none"> • These collaborative efforts have resulted in data sharing agreements between local public health agencies and Regional Care Collaboration Organizations. The agreements serve as a foundation for communication between care coordinators from each program. For example, agencies are now developing and sharing care plans for clients and a care agreement is also being piloted to further strengthen the collaboration.
<p>What are specific examples of data sharing between Medicaid managed care organizations, Title V agencies, practices, and community-based organizations? What data gets shared, and how? Who calculates relevant analytics, and how does this information then get used by the stakeholders?</p>	<ul style="list-style-type: none"> • In partnership with the National Academy for State Health Policy (NASHP), the National Center for Medical Home Implementation (NCMHI) created... <ul style="list-style-type: none"> ○ Medicaid Managed Care fact sheet to discuss challenges and opportunities for CYSHCN enrolled in Medicaid managed care. ○ Shared Plan of Care fact sheet examining key components of a shared plan of care, the role of families in creating and maintaining a shared plan of care, and strategies state agencies can utilize to support implementation of a shared plan of care. • States can share data between different agencies and use the data to inform ongoing activities to promote children’s health and services. Examples from states include... <ul style="list-style-type: none"> ○ Connecticut has a data sharing agreement between Title V and Medicaid to increase coordination in the administration of programs that serve children. Data that is shared between the two agencies includes the number of Medicaid births, children receiving lead screenings, children receiving Title V services, and children with asthma. For more information, view Connecticut’s data sharing agreement. ○ Illinois has an intergovernmental agreement between the Department of Public Health (Title V) and Department of Healthcare and Family Services (Medicaid) that includes data sharing requirements. Specifically, Illinois Medicaid provides Title V with data related to the Title V National and State Performance Measures and the Child Health Services National Health Systems Capacity Indicators, which is used by Title V to monitor and assess progress on achieving the state’s maternal and child health goals. For more information, view Illinois’s intergovernmental agreement. ○ Colorado, to date, has developed data sharing agreements between five Title V funded local public health agencies covering the largest metro areas in and their

corresponding Regional Care Collaborative Organizations (RCCOs) (Colorado Access regions 2, 3 and 5 and Rocky Mountain Health Plans region 1) with a focus on aligning care coordination services for CYSHCN. Other agreements also exist for the purposes of coordinating immunizations for children...

- Across these five local public health agencies, 89.2% of CYSHCN receiving care coordination services have a shared plan for care with the family, their primary care provider, medical home and/or RCCO.
- These agreements range from a full contract where a local public health agency is providing care coordination services to CYSHCN on behalf of the RCCO and to sharing data to reduce duplication of services and develop care agreements.
- Types of data shared include...
 - Notes and follow up on specific clients receiving care coordination services through one or all three programs
 - Lists of CYSHCN enrolled in Medicaid that are receiving services through Title V funded HCPs to identify...
 - degree of potential duplication
 - referral information
 - care plans
 - types of medical conditions (complexity)
 - Medicaid insurance sub type
 - Medicaid numbers
 - child's name and birth date
 - family information that may impact care