

Contracting with Managed Care Organizations

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Presenters

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Overview

- What is Family Care
- Where is Family Care
- Contracting with Managed Care Organizations

History of HCBS in Wisconsin

- 1981 - State-funded Community Options Program
- 1983 - Community Integration Program waiver for developmentally disabled
- 1985 - Community Options Program waiver for elders and physically disabled
- 1995 – Brain Injury Waiver
- 1998 – Piloting Partnership -3 private organizations
- 2000- Piloting Family Care- 5 Counties

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What is Family Care?

- Aging and Disability Resource Centers (ADRCs) provide access to information and assistance
- Managed Care Organizations (MCOs) contract on a risk-based capitated rate basis to deliver the Family Care benefits:
 - Family Care, Family Care Partnership and PACE

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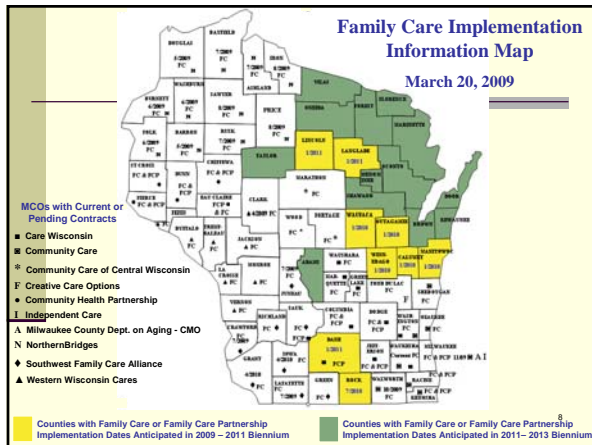
Why Family Care?

Goals of redesign of our LTC system:

- **Access** – Improve people's access to services
- **Choice** – Give people better choices about the services and supports available to meet their needs
- **Quality** – Improve overall quality by focusing on achieving people's health and social outcomes
- **Cost-effectiveness** – Create a cost-effective LTC system for the future

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Family Care Expansion

- Expansion of Family Care continues in 09-11 biennium, though at a slower pace
 - By the end of 09-11 biennium, there will be ADRCs in 61 counties, and MCOs in 59 counties
 - 40,600 total enrollees by end of FY 11
- MCOs
 - 22 new counties implement in 2009-11; 13 counties delayed until 2011-13
 - Timeline for enrolling waitlist individuals extended from 2 years to 3 years

Provider In Family Care

- MCO Provider Network
- DHS Certification of MCO Provider Network

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General Contracting Requirements

In Establishing and Maintaining Subcontracts, the MCO Must:

- Establish mechanisms to ensure compliance by providers.
- Monitor providers regularly to determine compliance.
- Take corrective action if there is a failure to comply.

Prohibited Providers

- The MCO may not knowingly subcontract with barred or ineligible providers

Additional Factors which affect MCO Subcontracting Language

- DHS requires MCOs to assure the quality and coordination of member support services, subsequently MCO subcontracts will incorporate many of these requirements into their subcontracts. Some of the most universally applicable standards MCOs incorporate into subcontracting language for this purpose include:

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Sub-Contract Components

(See Attached Contracting Review Tool)

- | | |
|---------------------------------|---|
| ■ Parties of the Subcontract | ■ Access to Premises |
| ■ Program Purpose | ■ Culturally Competent |
| ■ Services | ■ Certification and Licensure |
| ■ Compensation | ■ Or meet MCO State approved standards. |
| ■ Term and Termination | ■ Records |
| ■ Legal Liability | ■ Member Records |
| ■ QM Programs | ■ Confidentiality |
| ■ Restrictive Measures | ■ Access to Services |
| ■ Critical Incidents | ■ Authorization for Providing Services |
| ■ Utilization Data | ■ Billing Members/ Hold Harmless |
| ■ Non-Discrimination * | ■ Provider Appeals |
| ■ Insurance and Indemnification | ■ Member Appeals and Grievances |
| ■ Notices | ■ Prohibited Practice |
| | ■ Criminal Background Check |

* Specific requirements for providers remain under discussion with DHS

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Additional Factors Which Affect MCO Subcontracting Language

- Individual Service Plan and Member-Centered Plan Development & Review
- Comprehensive Assessment
- Providing, Arranging and Coordinating Services
- Re-Assessment Conditions
- Member Safety and Risk
- Prevention and Wellness Plan
- Protection of Member Rights
- Quality Management Program
 - Monitoring the Quality of Purchased Services
 - Identifying and Responding to Unintended Events
- Data Integrity Audits
- Program Integrity Plan, Program and Coordination
- Reporting and Data

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Before you sign ...

- A legal Contract is a "meeting of the minds"
 - Product of negotiation and discussion
 - Safety net for unavoidable business risk-taking
 - Contemplate worst case scenarios and impact
- Key: Understand the contract and term
- Leverage is greatest before the Contract is signed by the parties
- One size does not fit all
- Contract does not replace facility's regulatory obligations

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Additional Issues for Discussion with MCOs

- Admissions Agreements
- Ability to Accept or Reject or Limit Number of Members
- Costs of care and changes in care needs
- Participation in Pre-Admission Assessment and Care Planning Meetings with Member's Inter-disciplinary Care Team
- Notice for significant events, e.g., Member disenrollment; MCO financial insolvency

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Questions?

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Contact Information

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