

MEDICAID BENEFICIARY ENROLLMENT PROJECT

Umbrella Hub Learnings



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.



Support from the Centers for Disease Control and Prevention

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Presentation outline

Overview of CDC, NACDD, and SHD Medicaid National DPP work

Understanding State Medicaid

Overview of National DPP Medicaid coverage

UHO Project Planning Overview

- Planning & Design
- Development & Operationalization
- **Medicaid Enrollment & Reimbursement**
- Sustainability

Resources

Discussion: Q&A



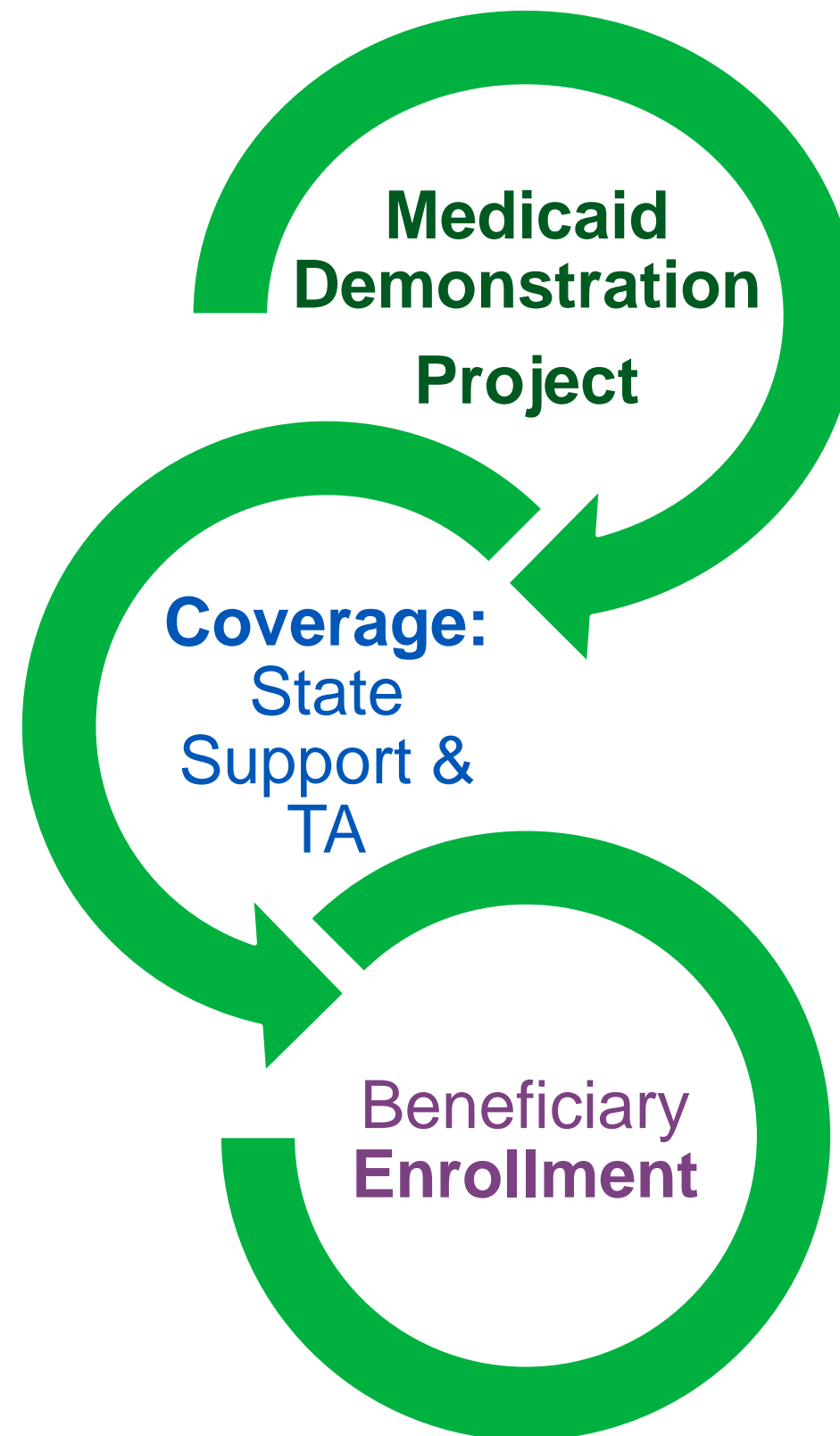
Overview of CDC, NACDD, State Health Department Medicaid National DPP Work



Background & Current Work

Coverage 2018–2021:

- Intensive TA and financial support for coverage states
- 6|18 Initiative
- Learning Collaborative
- Continued support to MD & OR



★ Medicaid Demo 2016–2019:

- Maryland & Oregon
- MCO/CCO engagement
- Evaluation
- Learning Collaborative

Enrollment 2021–2023:

- Medicaid Beneficiary Enrollment Project
- Medicaid Case for Coverage
- Learning Collaborative
- Continued support to MD & OR



Medicaid Beneficiary Enrollment Project (2021-2022)

Increasing access to and utilization of the National DPP lifestyle change program for Medicaid beneficiaries

UHA Track:

Building state capacity to develop or expand an existing UHA to increase Medicaid beneficiary access to and enrollment in the National DPP lifestyle change program

2021-2023 States: Delaware, Michigan, Minnesota, Missouri
(all participating for 2nd year)

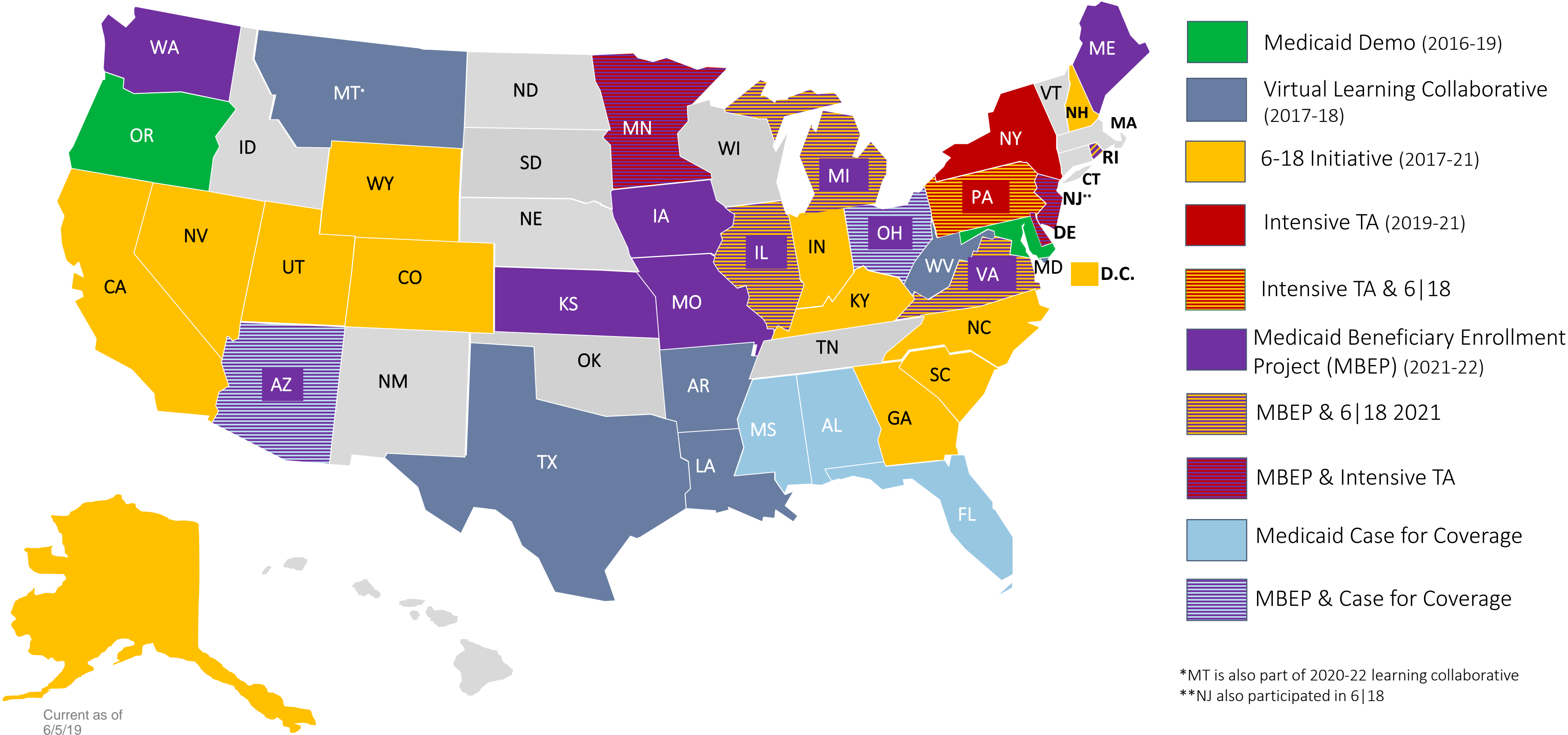
MCO/Value-Based Track:

Building state capacity and improving managed care engagement to operationalize an MCO pilot and/or value-based offering

2021/22 States: Illinois, Iowa, Maine, Rhode Island, Virginia

2022/23 States: Arizona, *Illinois*, Kansas, New Jersey, Ohio, *Rhode Island*, Washington

Medicaid Coverage Technical Assistance (2016 – present)



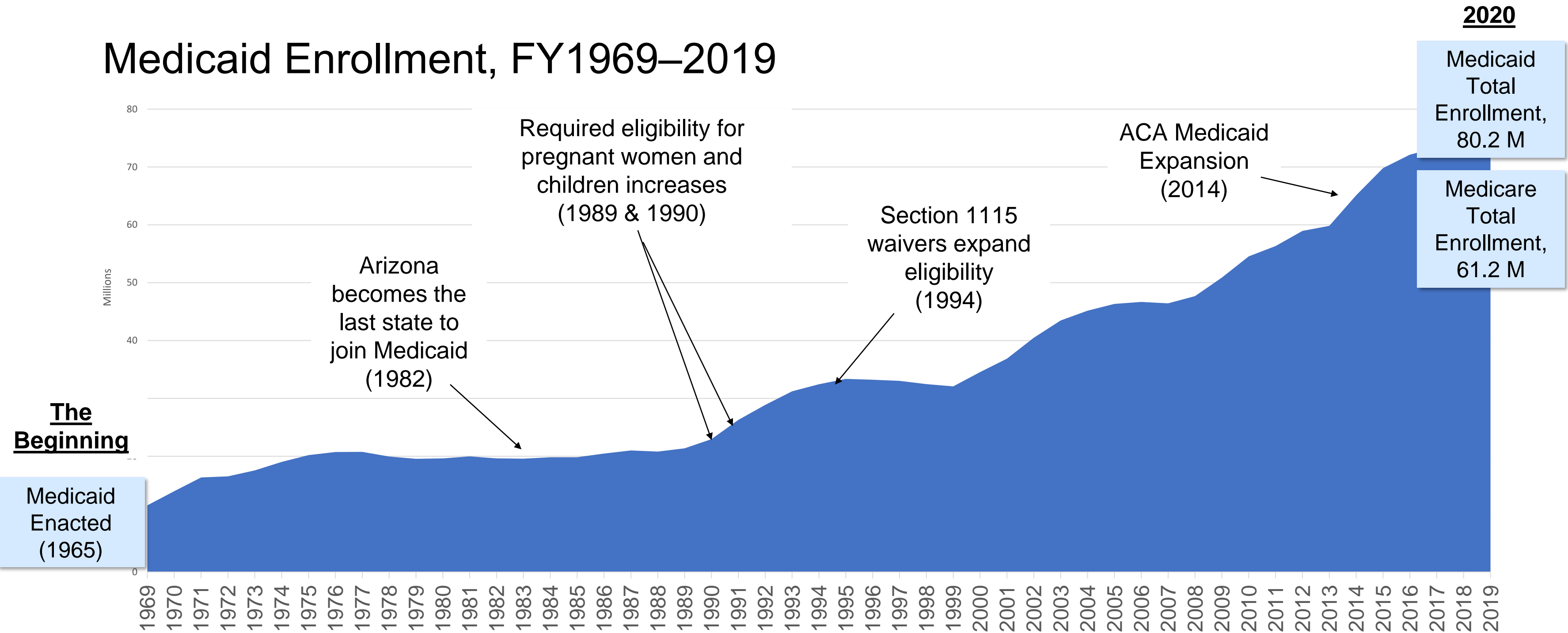


Understanding State Medicaid



History of Medicaid

Medicaid Enrollment, FY1969–2019





Types of Insurance Coverage



Private Insurance (66.5%)

Employer (54.4%)
Directly from an Insurer (10.5%)
ACA Marketplace (3.3%)
TriCare (2.8%)



Public Insurance (34.8%)

Medicare (18.4%)
Medicaid (17.8%)
VA & ChampVA (.9%)
TriCare (2.8%)





Medicaid: Funding and Administration

1

Medicaid is jointly financed by state and federal government

2

State/federal agreement on services and coverage

Federal Financing

- Federal Medicaid Assistance Percentage (FMAP): guaranteed percentage of all state Medicaid costs
- FMAP varies by state, set according to per capita income
- Range of federal financing ~55-85%



Movement to Managed Care



- Per service payment
- Rewards intervention
- Higher cost
- Care often uncoordinated

- Per member/per month payment
- Focus on health outcomes
- Rewards prevention
- Lower cost
- Patient care coordinated across settings





Medicaid Covered Services

15 Mandatory Benefits

- | | | |
|--|--|---|
| 1. Inpatient hospital services | 8. Federally qualified health center services | services (when licensed or otherwise recognized by the state) |
| 2. Outpatient hospital services | | |
| 3. Early and periodic screening, diagnostic, and treatment | 9. Laboratory and X-ray services | |
| 4. Nursing facility services | 10. Family planning services | 14. Transportation to medical care |
| 5. Home health services | 11. Nurse midwife services | 15. Tobacco cessation counseling for pregnant women |
| 6. Physician services | 12. Certified pediatric and family nurse practitioner services | |
| 7. Rural health clinic services | 13. Freestanding Birth Center | |

States can seek federal permission to cover other services like:

Prescription drugs

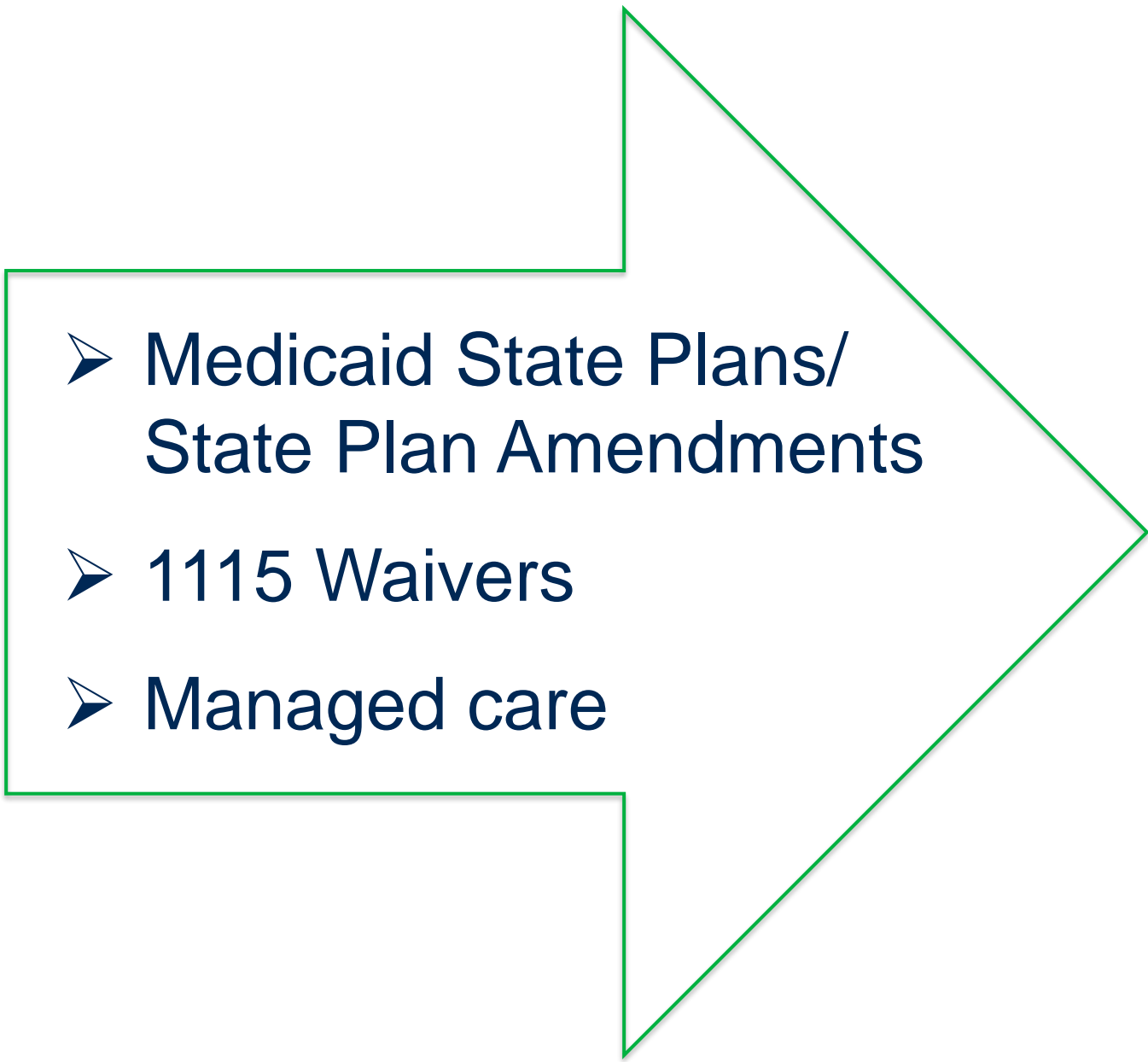
Physical therapy

Dental services

Chronic disease prevention program services



State Flexibility

- 
- Medicaid State Plans/
State Plan Amendments
 - 1115 Waivers
 - Managed care

Covered services

Covered populations & eligibility levels

Delivery models

Provider reimbursement

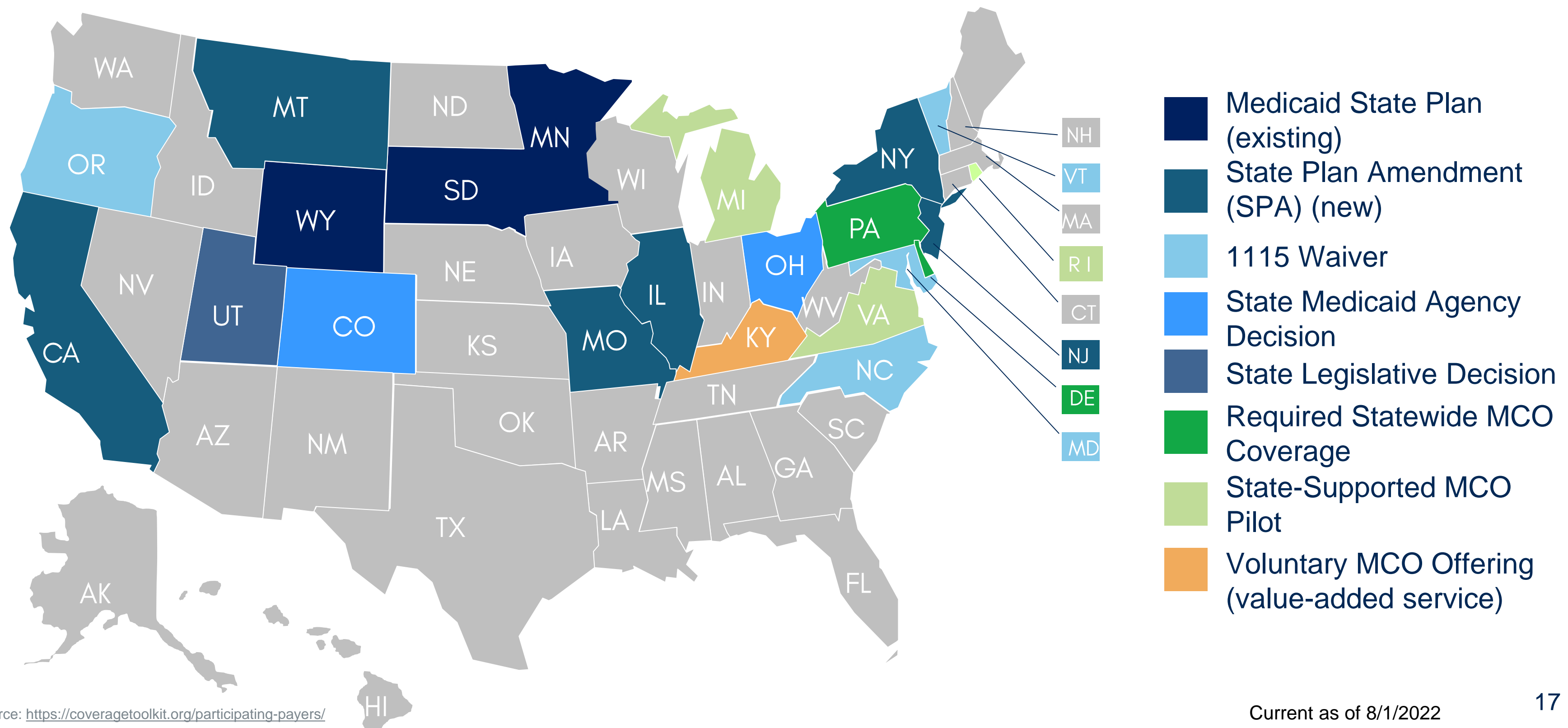
Program administration



Overview of Medicaid National DPP Coverage














National DPP Medicaid Coverage





Reimbursement Levels

												Medicare Diabetes Prevention Program (MDPP)
	California	Illinois	Maryland	Minnesota	Missouri	Montana	New York	Ohio	Oregon	Wyoming	South Dakota	
Year Rates Became Active	2019	2019	2019	2016	2016	2019	2019	2022	2019	2020	2019	2022
Some Reimbursement Contingent on Weight Loss	✓	✓	✓	✗	✗	✗	✓	✗	✗	✗	✗	✓
Year 1 Reimbursement	\$376	\$670	\$670	\$300	\$500	\$640	\$554	\$644*	\$644**	\$418	\$476	\$705
Year 2 Reimbursement	\$180	N/A	N/A	N/A	\$77	N/A	N/A	\$276*	\$552**	N/A	N/A	N/A
Total Reimbursement	\$536 2-year total	\$670	\$670	\$300	\$577	\$640	\$554	\$920* 2-year total	\$1,196** 2-year total	\$418	\$476***	\$705

* The reimbursement amounts in the chart for Ohio are for in-person delivery. The maximum possible reimbursement for online delivery in Ohio is \$588 in year 1 and \$588 in year 2, making a total of \$1,176 for both year 1 and year 2.

** The reimbursement amounts in the chart for Oregon are for in-person and distance learning delivery. The maximum possible reimbursement for online delivery in Oregon is \$588 in year 1 and \$588 in year 2, making a total of \$1,176 for both year 1 and year 2.

*** Total reimbursement varies based on total instruction time and number of beneficiaries served. See example in tabbed table for details on how total reimbursement is calculated.

Provider Eligibility and Medicaid Enrolled Providers

Considerations:

1. Is the delivery program the Medicaid-enrolled provider?
2. Are there are different billing and rendering providers?
3. Is an existing Medicaid-enrolled provider the program provider?

Example Provider Types:

1. Facility (Health System, Hospital, Federally Qualified Health Centers)
2. Licensed health professional (Nurse, Registered Dietician)
3. Non-licensed personnel (Community Health Worker)



Working with Medicaid beneficiaries

Engagement and retention strategies to populations of focus can include:

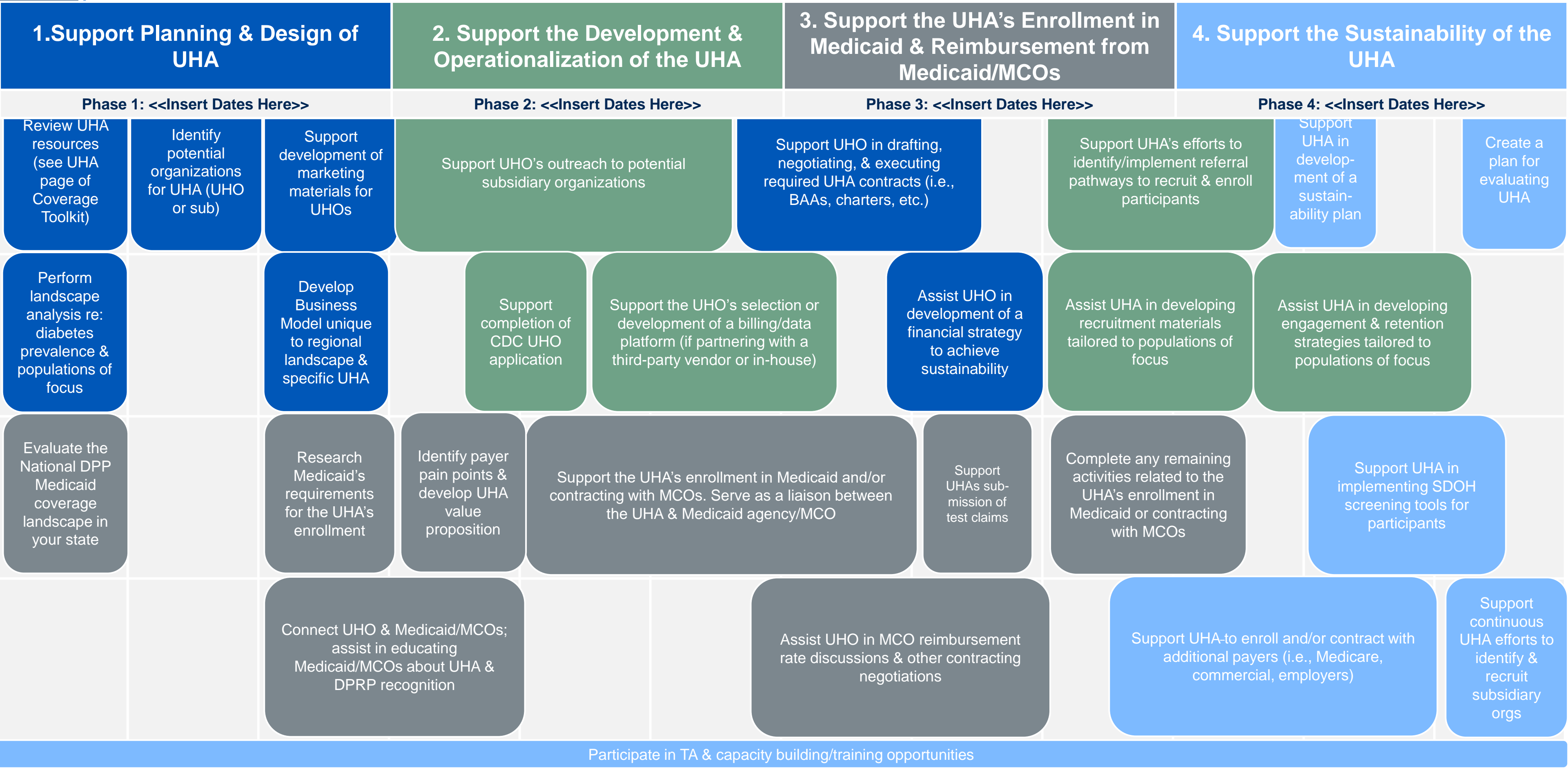
- Promoting health equity (E.g., culturally specific outreach, program supports, and screening participants for health-related social needs)
- Addressing barriers to participation
 - Example: In Minnesota, one of Trellis' subsidiary organizations partnered with the Mayo Clinic's Health Equity Coordinator to connect participants to transportation services to increase program retention
- Expanding flexibility through online and distance learning
- Incorporating program supports
 - Example: Michigan's UHO is using Instant Pots as a program support for participants who achieve 5% weight loss.
- Meeting other unique participant needs



UHO Community of Practice Medicaid Beneficiary Enrollment Project

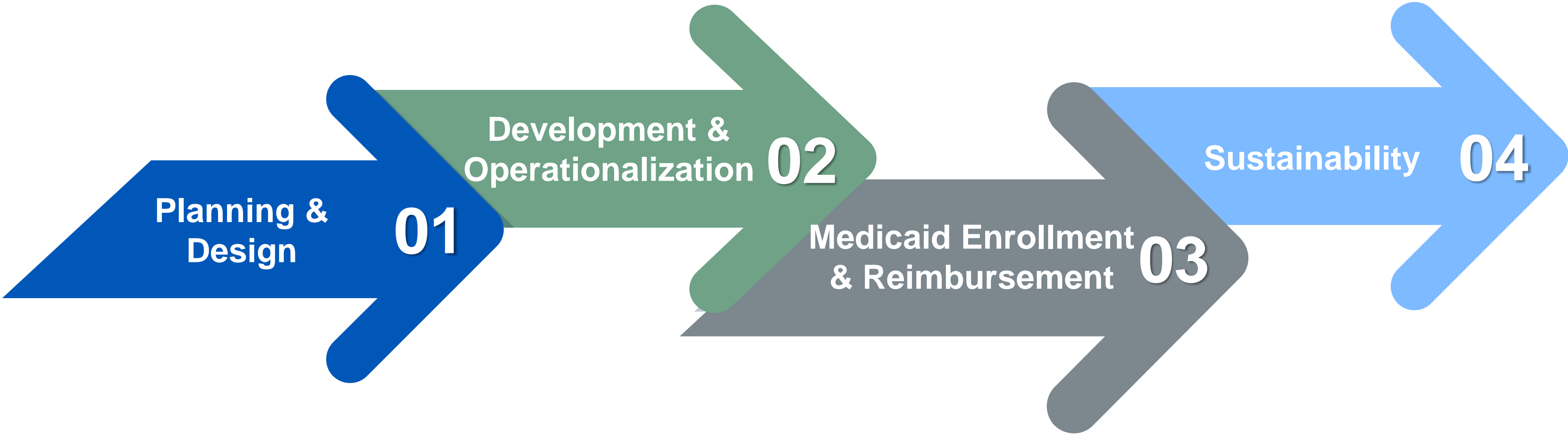


UHO CoP Project Plan Overview





UHA Project Plan Overview





Key Elements



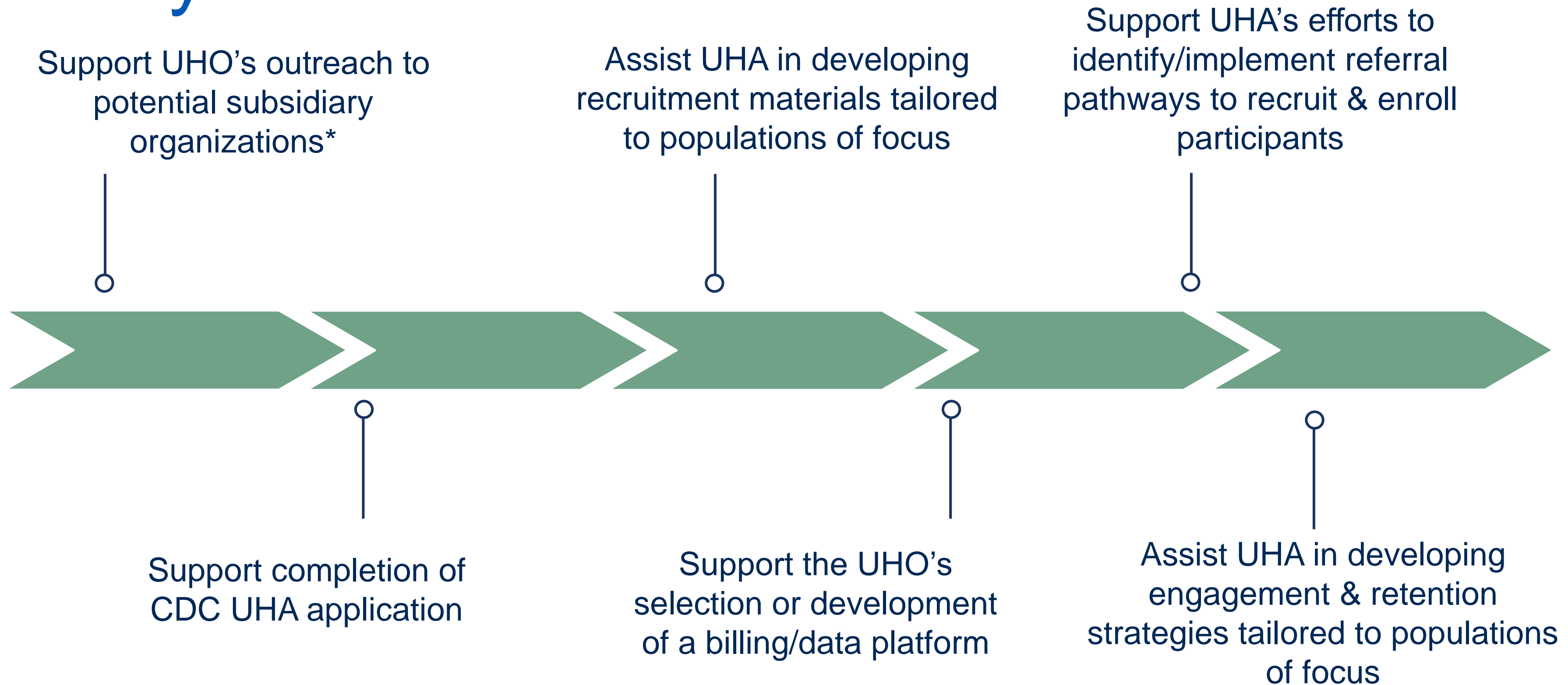


UHA Project Plan Overview





Key Elements



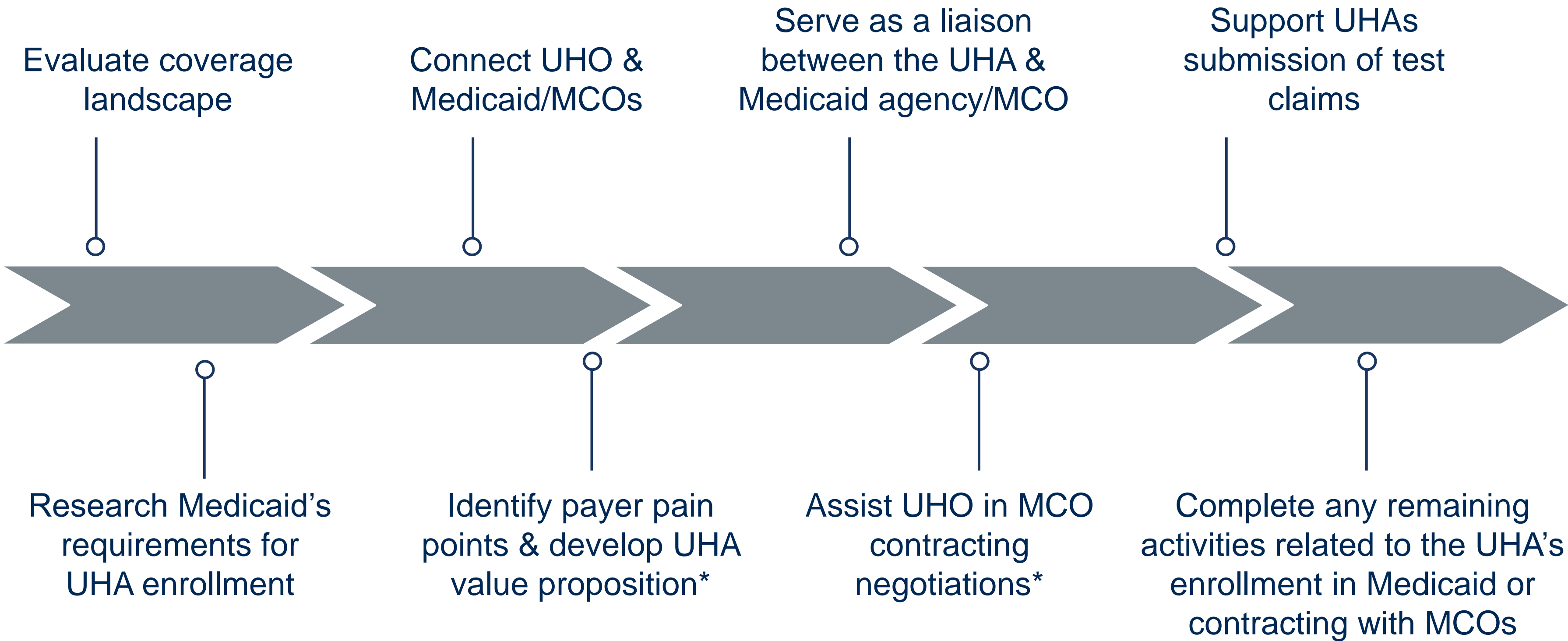


UHA Project Plan Overview





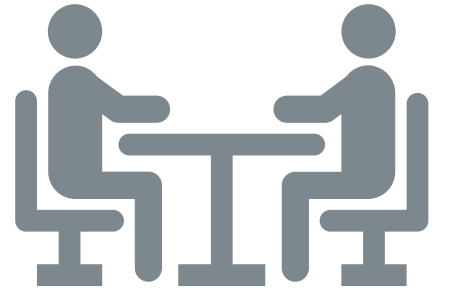
Key Elements



*Resources available on National DPP Coverage Toolkit [UHA Business Model](#), [Medicaid](#), and [MCO](#) pages



Partnerships



- Involve Medicaid partners early in UHA development
 - How have you or can you support Medicaid in their understanding of UHAs?
- Utilize existing relationships with Medicaid
 - What current partnerships or connections can be used to foster relationships between the UHA and Medicaid/MCOs?
- Understanding Medicaid/MCO goals to align vision with UHA
- Maintain consistent communication with partners
- Consider state-specific Medicaid enrollment requirements*
 - What could a Medicaid enrolled provider type look like for a UHO in your state?



UHA Value Proposition for Payers

Administrative Burden

- UHO provides administrative support to CBOs
 - UHO may hold a single contract

Outcomes/Metrics

- Improved outcomes with UHA in charge of metrics
- Increased participation supports better health outcomes

Engagement/Retention

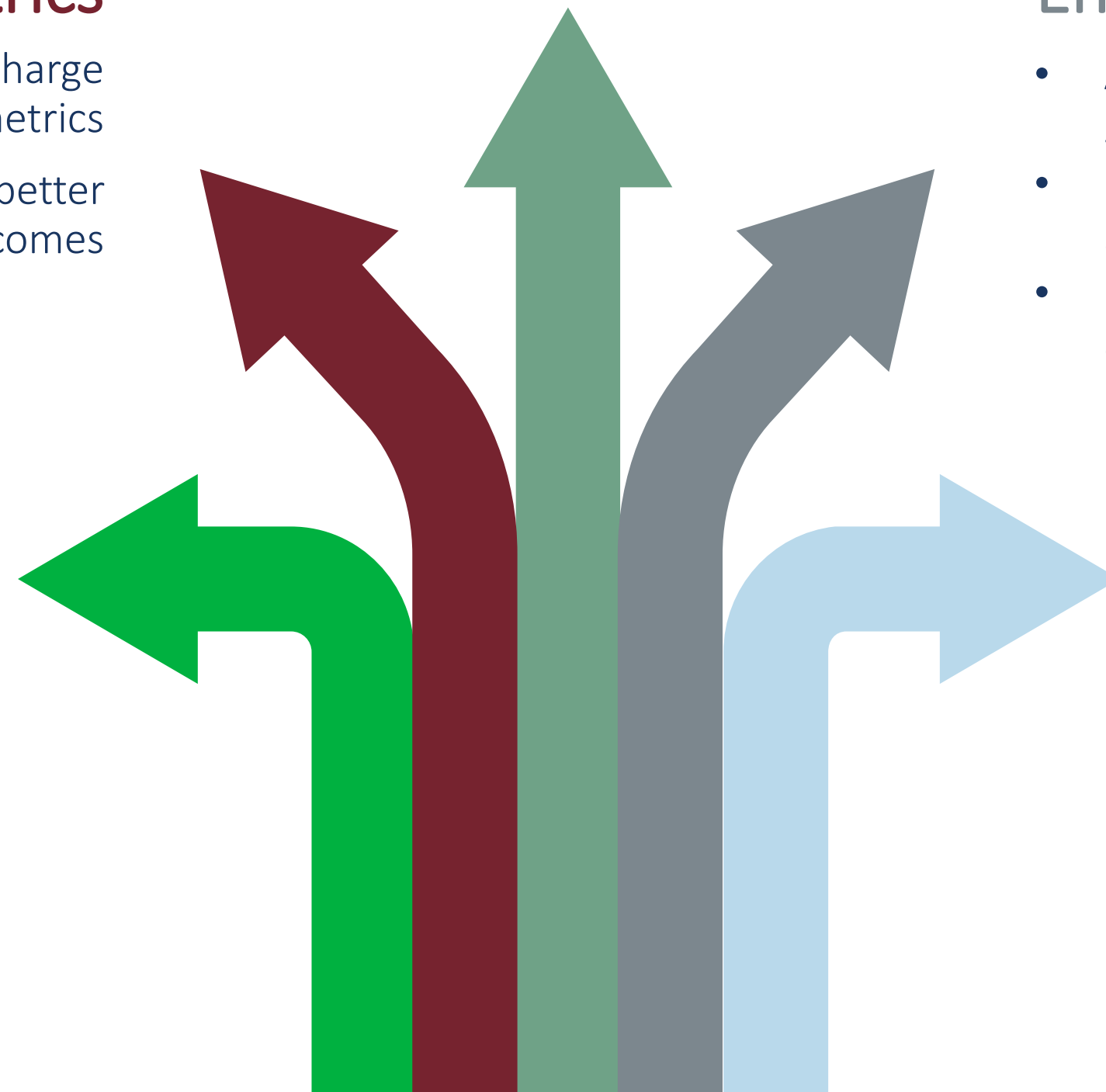
- Access to a “one-stop-shop” for multiple services
- UHA expands network, availability, and access
- UHA can tailor the lifestyle change experience for populations of focus

Cost

- Improved enrollment and completion improve return on investment
- Achieve cost savings related to providing an intervention at the prediabetes stage

Health Equity/SDOH

- Increased resources to address barriers to accessing the National DPP lifestyle change program
- Partnership with organizations that are in priority communities





MCO Interviews

01

MCOs confirmed that the UHA model would provide value to CBOs (including assistance with engagement, enrollment, billing/claims, and data submission)

02

MCOs expressed a desire to further value-based care reimbursement models

03

MCOs reiterated the importance of sustainable reimbursement and flexible delivery modality

04

MCOs confirmed that the value proposition of contracting with one organization is appealing, however did have some concerns about quality assurance and loss of control

05

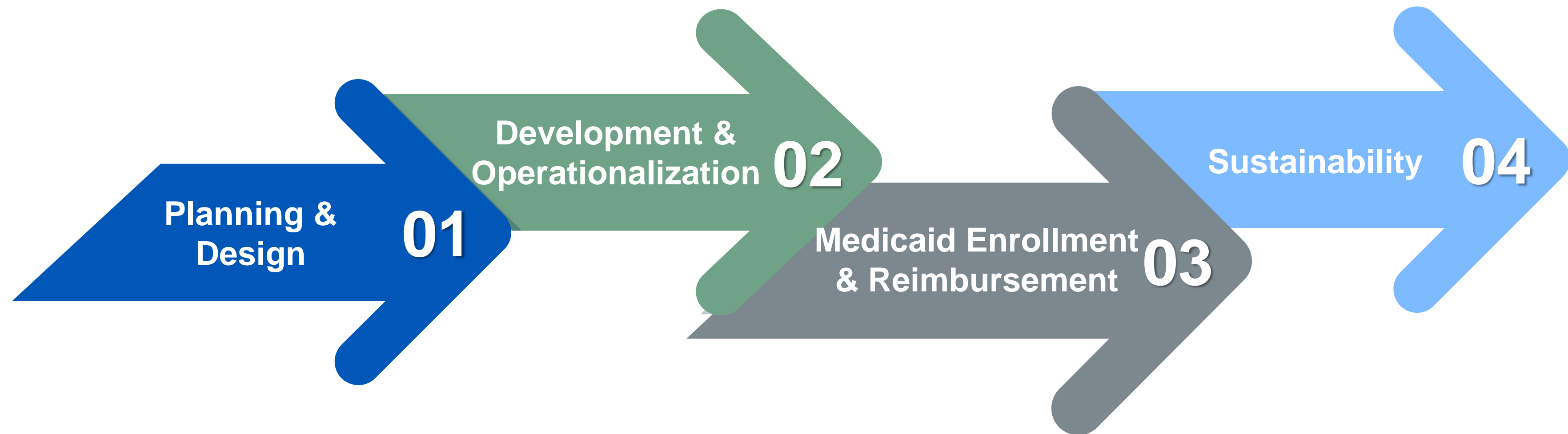
MCOs stated that UHAs with the ability to engage hard-to-reach populations or fill geographic gaps would be valuable

06

MCOs noted that the process for obtaining DPRP recognition was rigorous, which may aid in building trust with MCOs

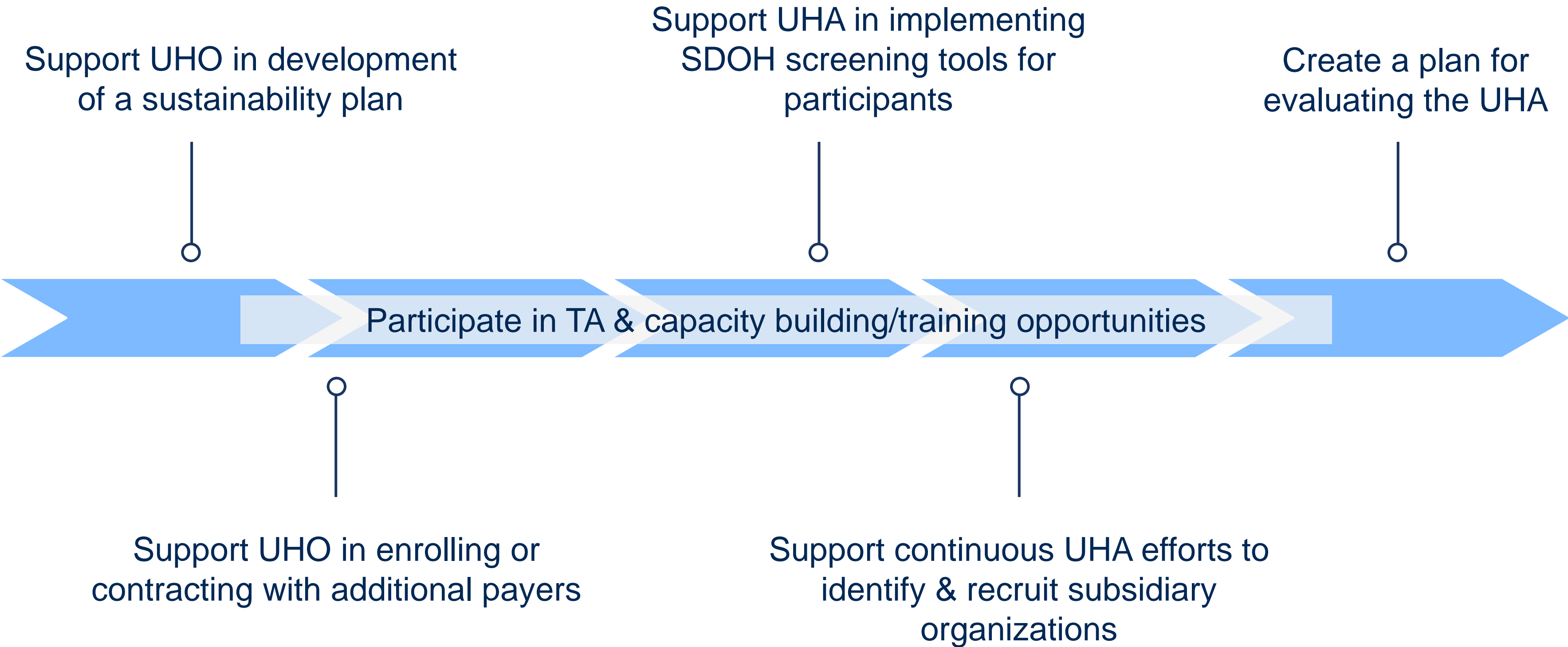


UHA Project Plan Overview



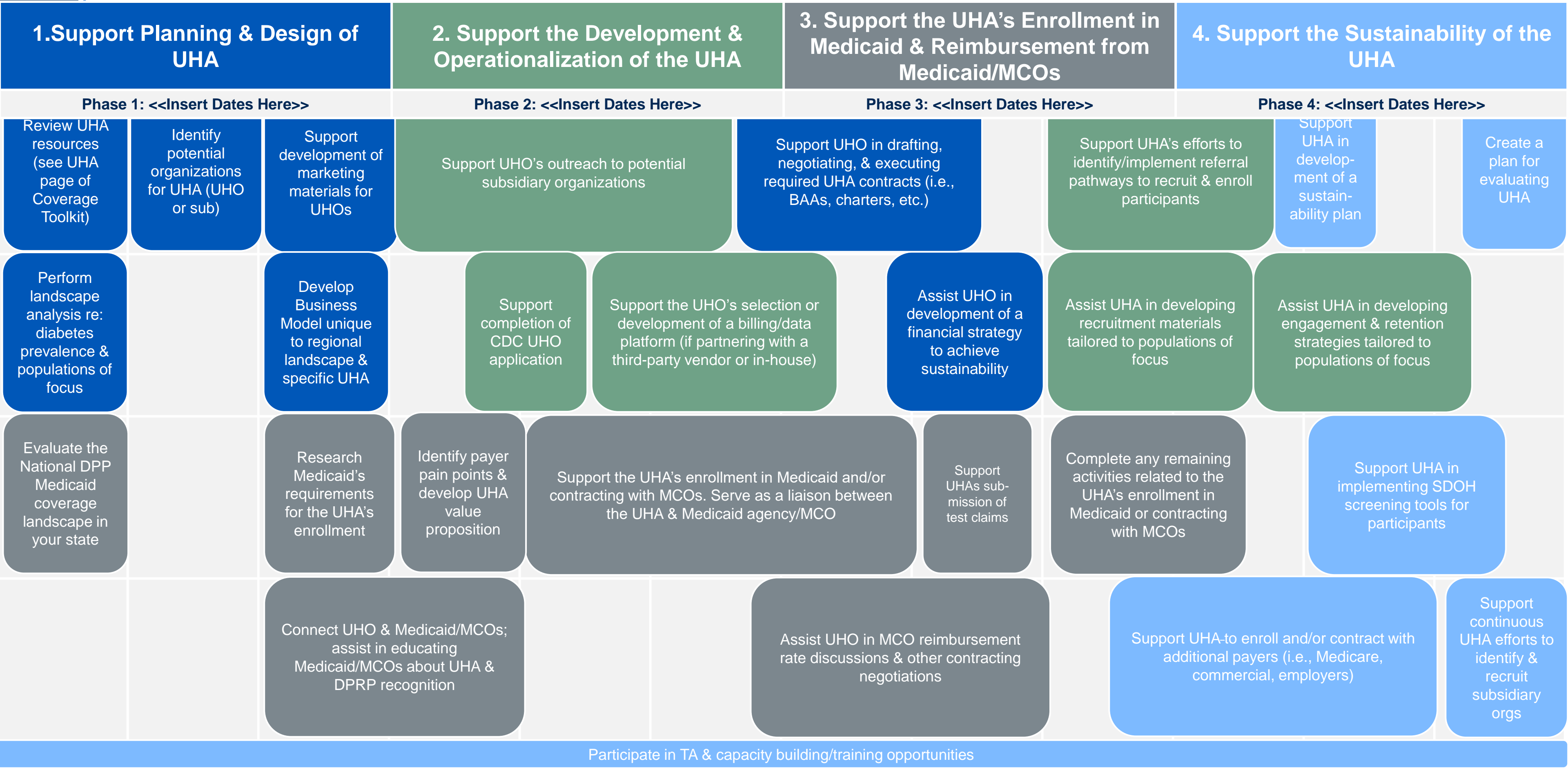


Key Elements





UHO CoP Project Plan Overview





Resources



The following Coverage Toolkit pages contain many helpful resources for UHAs:

- [Umbrella Hub Arrangement Overview](#)
- [Business Model for Umbrella Hub Arrangements](#)
- [Reimbursement for Umbrella Hub Arrangements](#)
- [Sustaining Umbrella Hub Arrangements](#)

Discussion:

Questions and Answers