

Umbrella Hub Learnings





# 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





Support & TA

Beneficiary **Enrollment** 



### **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 2<sup>nd</sup> year)

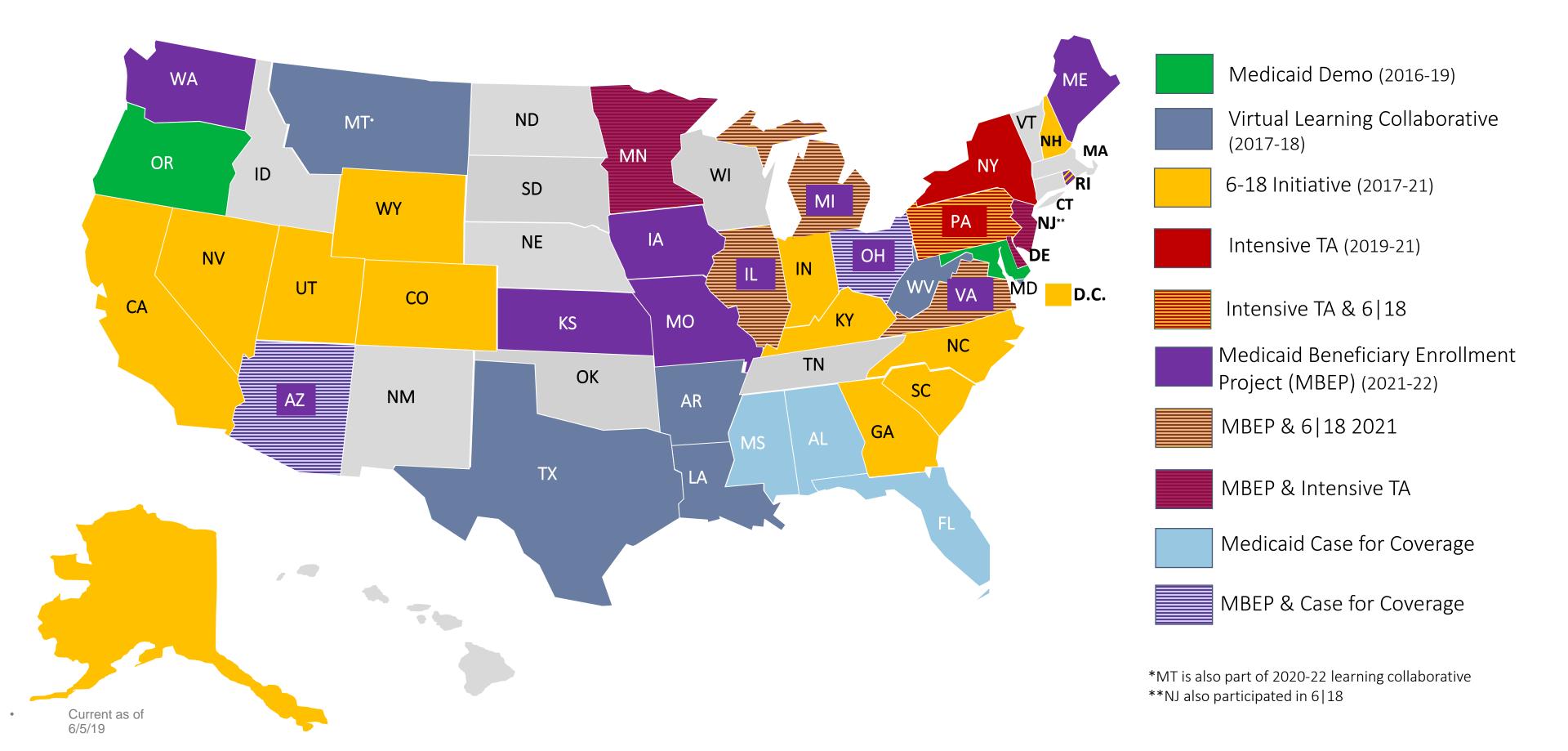
### MCO/Value-Based Track:

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)

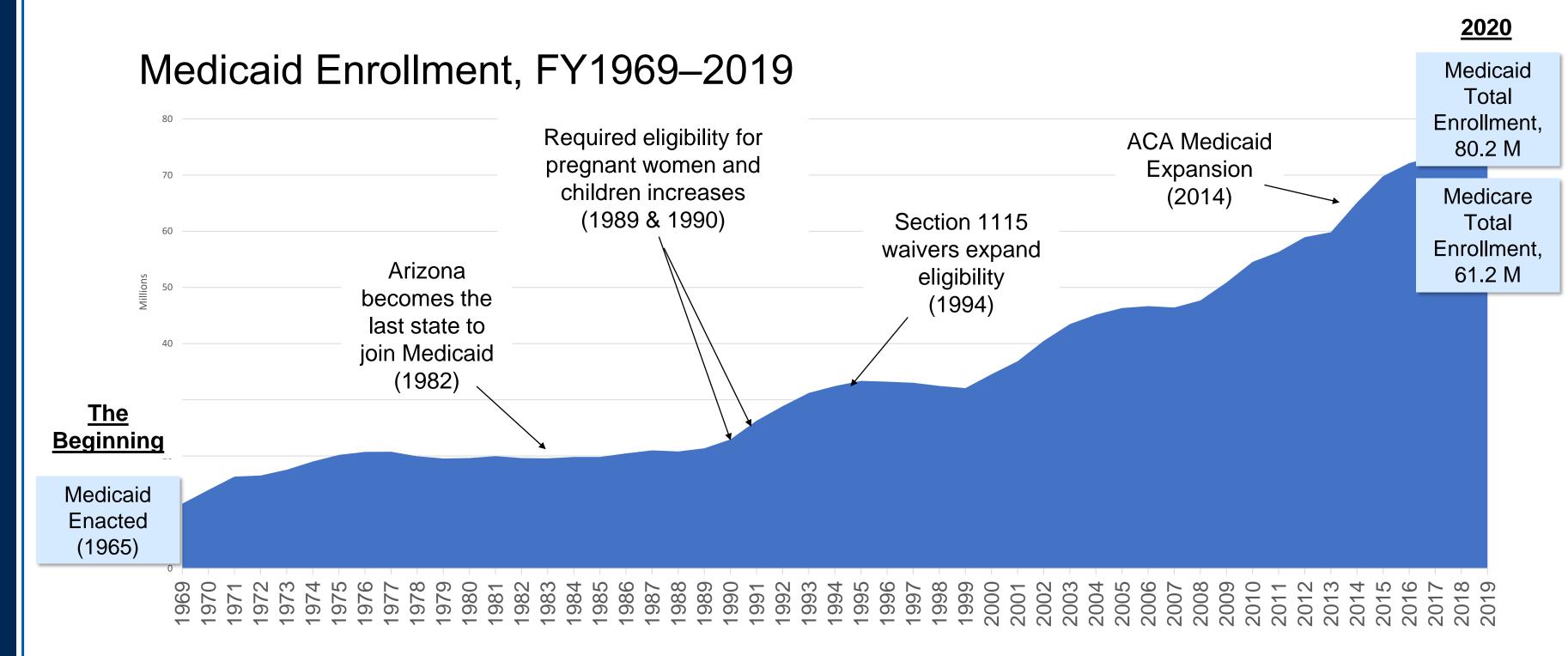




# Understanding State Medicaid



# History of Medicaid



Sources: MACStats Medicaid and CHIP Data Book. Kaiser Family Foundation.



# Types of Insurance Coverage





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

Medicaid is jointly financed by state and federal government

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

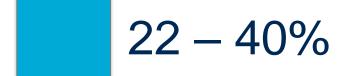
- Per member/per month payment
- Focus on health outcomes
- Rewards <u>prevention</u>
- Lower cost
- Patient care coordinated across settings

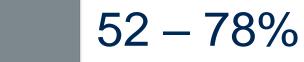


Medicaid Beneficiaries in Managed Care,

2019



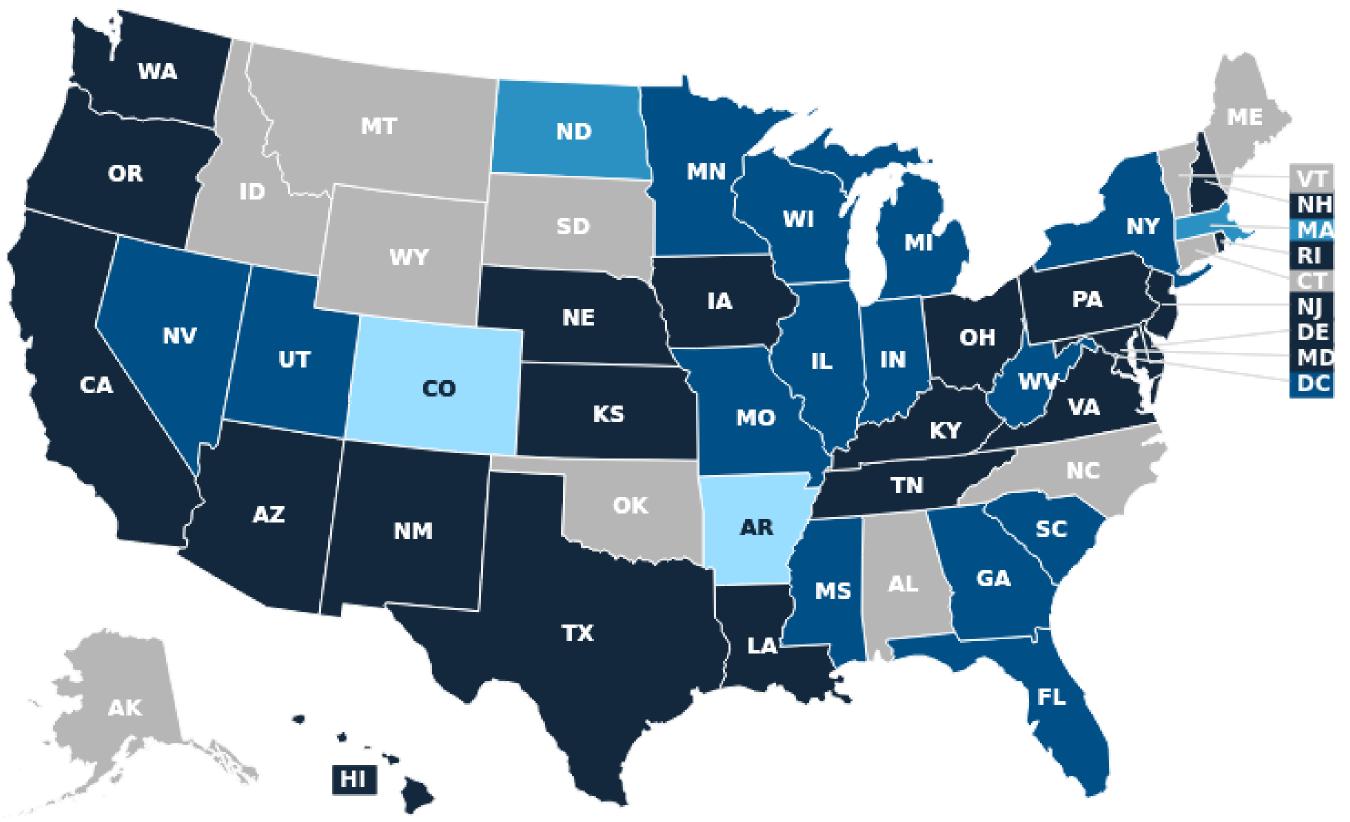








N/A



Source: Kaiser Family Foundation's State Health Facts



### **Medicaid Covered Services**

### 15 Mandatory Benefits

- 1. Inpatient hospital services
- 2. Outpatient hospital services
- 3. Early and periodic screening, diagnostic, and treatment
- 4. Nursing facility services
- 5. Home health services
- 6. Physician services
- 7. Rural health clinic services

- 8. Federally qualified health center services
- 9. Laboratory and X-ray services
- 10. Family planning services
- 11. Nurse midwife services
- 12. Certified pediatric and family nurse practitioner services
- 13. Freestanding Birth Center

- services (when licensed or otherwise recognized by the state)
- 14. Transportation to medical care
- 15. Tobacco cessation counseling for pregnant women

States can seek federal permission to cover other services like:

Prescription drugs
Physical therapy
Dental services

\*Chronic disease prevention program services\*

Source: Mandatory & Optional Medicaid Benefits, Medicaid.gov



# State Flexibility

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

### Covered services

Covered populations & eligibility levels

Delivery models

Provider reimbursement

Program administration

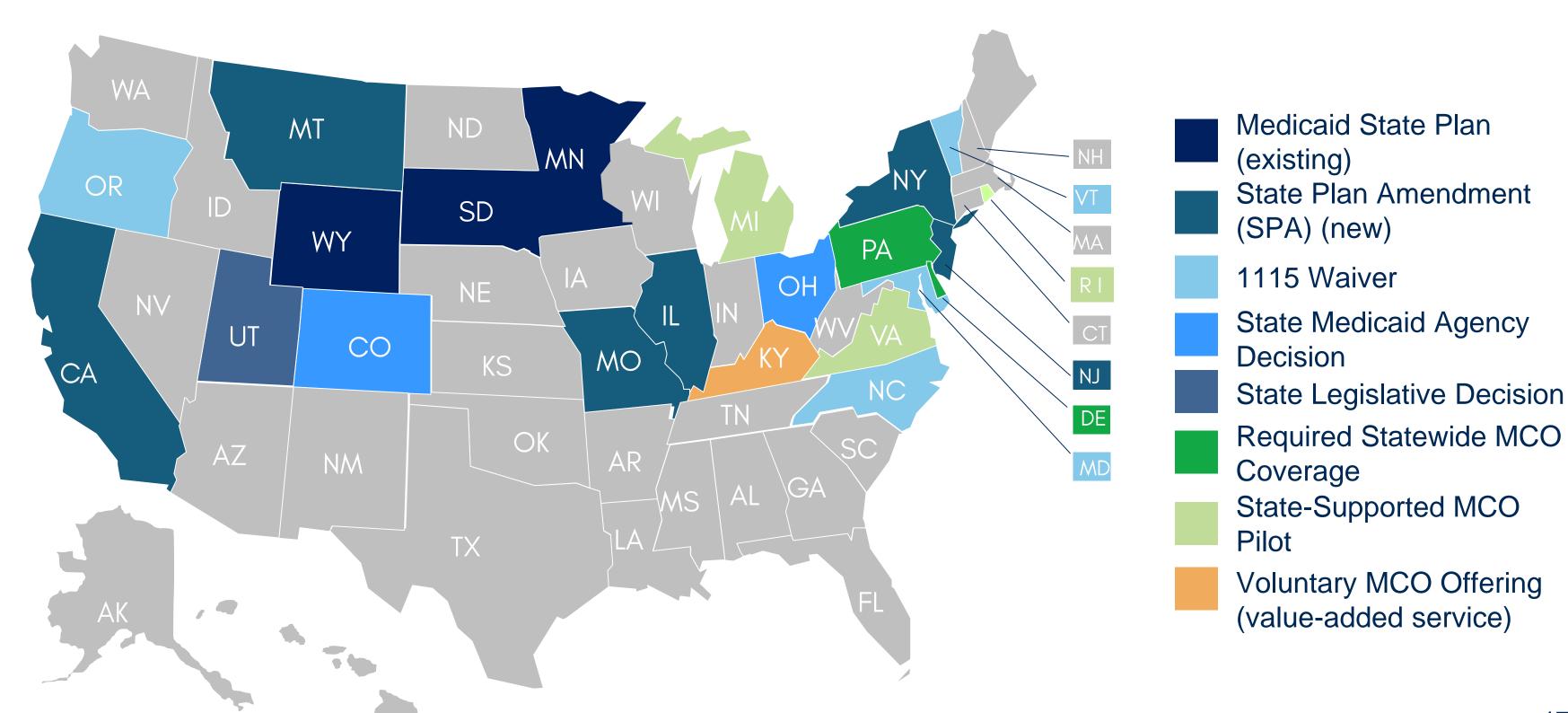


# Overview of Medicaid National DPP Coverage



Source: https://coveragetoolkit.org/participating-payers

# National DPP Medicaid Coverage





# Reimbursement Levels

			1								South	Medicare Diabetes Prevention Program
	California	Illinois	Maryland I	Minnesota	Missouri	Montana	New York	Ohio	Oregon	Wyoming	Dakota	(MDPP)
Year Rates Became Active	2019	2019	2019	2016	2016	2019	2019	2022	2019	2020	2019	2022
Some Reimbursement Contingent on Weight Loss	<b>~</b>	<b>~</b>	<b>✓</b>	×	×	×	<b>~</b>	×	×	×	×	~
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	<b>\$536</b> 2-year total	\$670	\$670	\$300	\$577	\$640	\$554	<b>\$920*</b> 2-year total	<b>\$1,196**</b> 2-year total	\$418	\$476***	\$705

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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:**

- 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

### 3. Support the UHA's Enrollment in 1.Support Planning & Design of 4. Support the Sustainability of the 2. Support the Development & **Medicaid & Reimbursement from** UHA **Operationalization of the UHA** Medicaid/MCOs Phase 3: << Insert Dates Here>> Phase 1: << Insert Dates Here>> Phase 2: << Insert Dates Here>> Phase 4: << Insert Dates Here>> Support Review UHA Identify Support UHA in Support UHO in drafting, Support UHA's efforts to resources potential development of developnegotiating, & executing (see UHA Support UHO's outreach to potential identify/implement referral organizations marketing ment of a required UHA contracts (i.e., pathways to recruit & enroll page of subsidiary organizations for UHA (UHO materials for sustain-BAAs, charters, etc.) Coverage participants **UHOs** or sub) ability plan Toolkit) Perform Develop Assist UHO in landscape Business Support the UHO's selection or Assist UHA in developing Assist UHA in developing Support development of a analysis re: development of a billing/data Model unique completion of recruitment materials engagement & retention financial strategy diabetes to regional CDC UHO platform (if partnering with a tailored to populations of strategies tailored to to achieve prevalence & application landscape & third-party vendor or in-house) focus populations of focus populations of sustainability specific UHA focus Evaluate the Identify payer Research Complete any remaining National DPP Support UHA in Support pain points & Medicaid's Support the UHA's enrollment in Medicaid and/or activities related to the Medicaid UHAs subimplementing SDOH develop UHA contracting with MCOs. Serve as a liaison between requirements UHA's enrollment in mission of coverage screening tools for for the UHA's value the UHA & Medicaid agency/MCO Medicaid or contracting test claims landscape in participants proposition enrollment with MCOs your state Connect UHO & Medicaid/MCOs;

assist in educating Medicaid/MCOs about UHA & DPRP recognition

Assist UHO in MCO reimbursement rate discussions & other contracting negotiations

Support UHA-to enroll and/or contract with additional payers (i.e., Medicare, commercial, employers)

Support continuous UHA efforts to identify & recruit subsidiary orgs

Create a

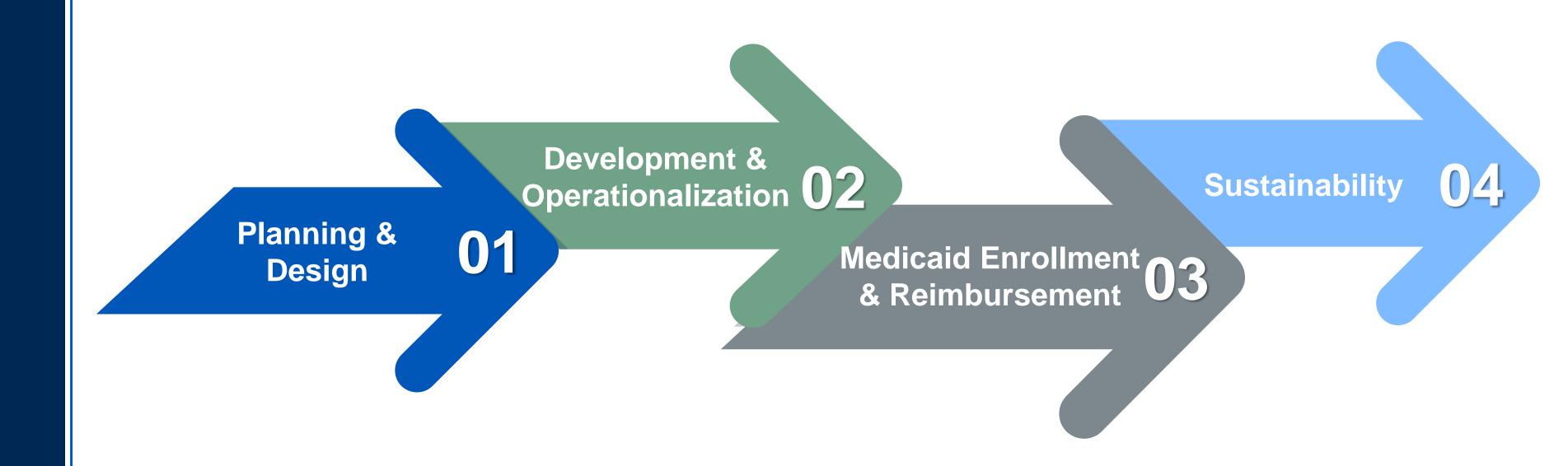
plan for

evaluating

UHA



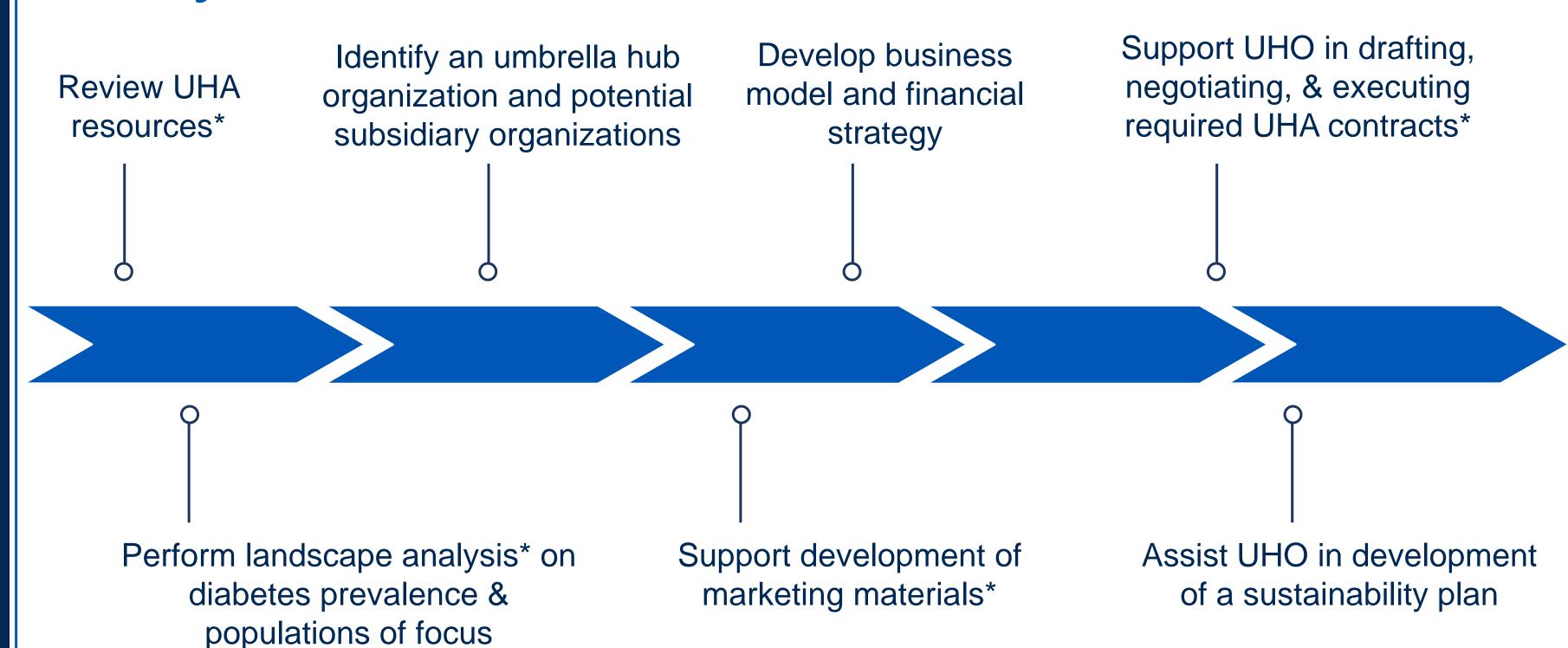
# UHA Project Plan Overview





### **Support Planning & Design of the UHA**

# Key Elements





# UHA Project Plan Overview



### Support the Development & Operationalization of the UHA

# Key Elements

Support UHO's outreach to potential subsidiary organizations\*

Assist UHA in developing recruitment materials tailored to populations of focus

Support UHA's efforts to identify/implement referral pathways to recruit & enroll participants

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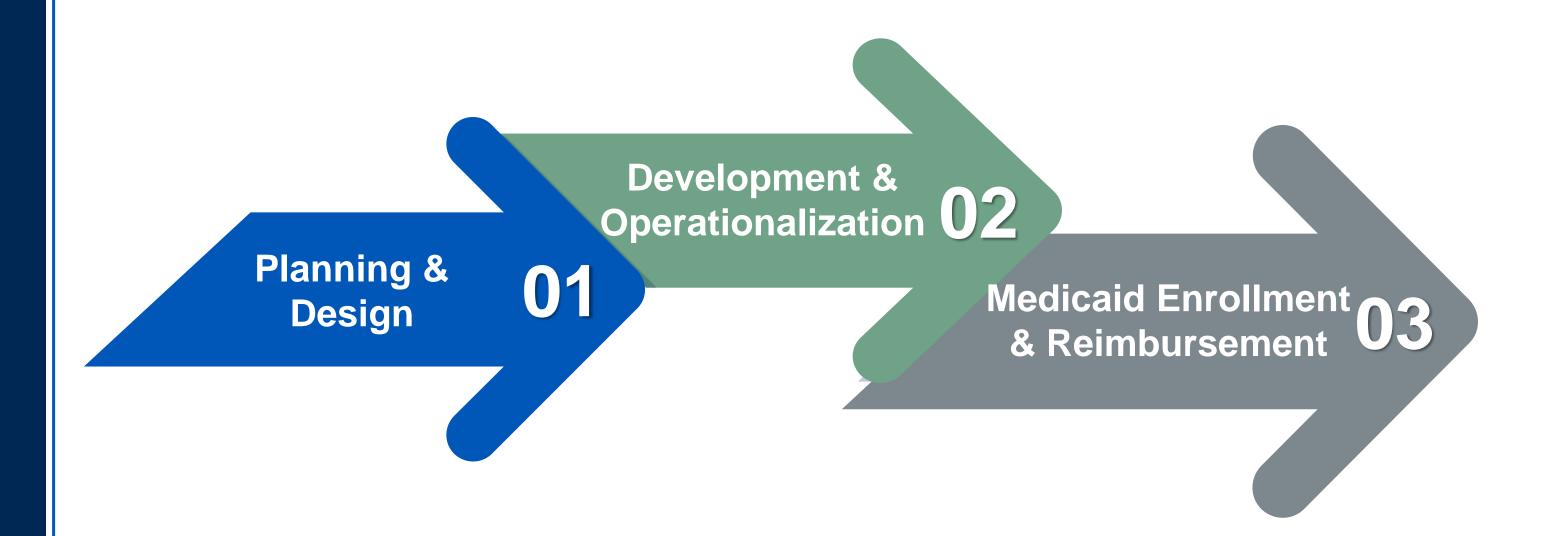
Support completion of CDC UHA application

Support the UHO's selection or development of a billing/data platform

Assist UHA in developing engagement & retention strategies tailored to populations of focus



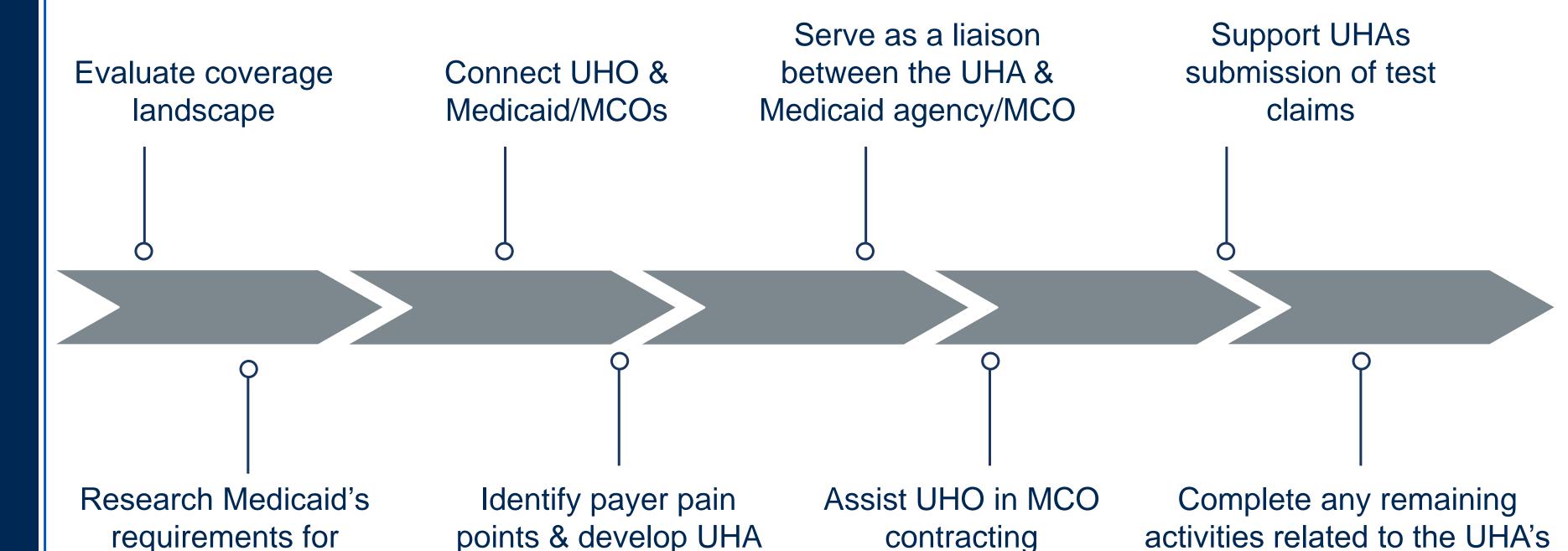
# UHA Project Plan Overview



### Support the UHA's Enrollment in Medicaid & Reimbursement

# Key Elements

**UHA** enrollment



negotiations\*

value proposition\*

enrollment in Medicaid or

contracting with MCOs

<sup>\*</sup>Resources available on National DPP Coverage Toolkit <u>UHA Business Model</u>, <u>Medicaid</u>, and <u>MCO</u> pages



### Support the UHA's Enrollment in Medicaid & Reimbursement

# 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

### Cost

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

### 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

### Health Equity/SDOH

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



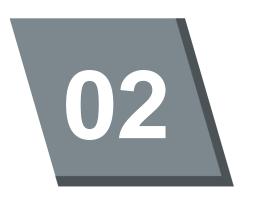
### MCO Interviews

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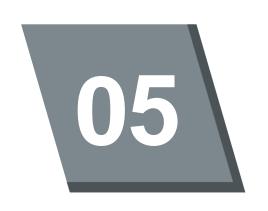
MCOs confirmed that the UHA model would provide value to CBOs (including assistance with engagement, enrollment, billing/claims, and data submission)



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



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



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



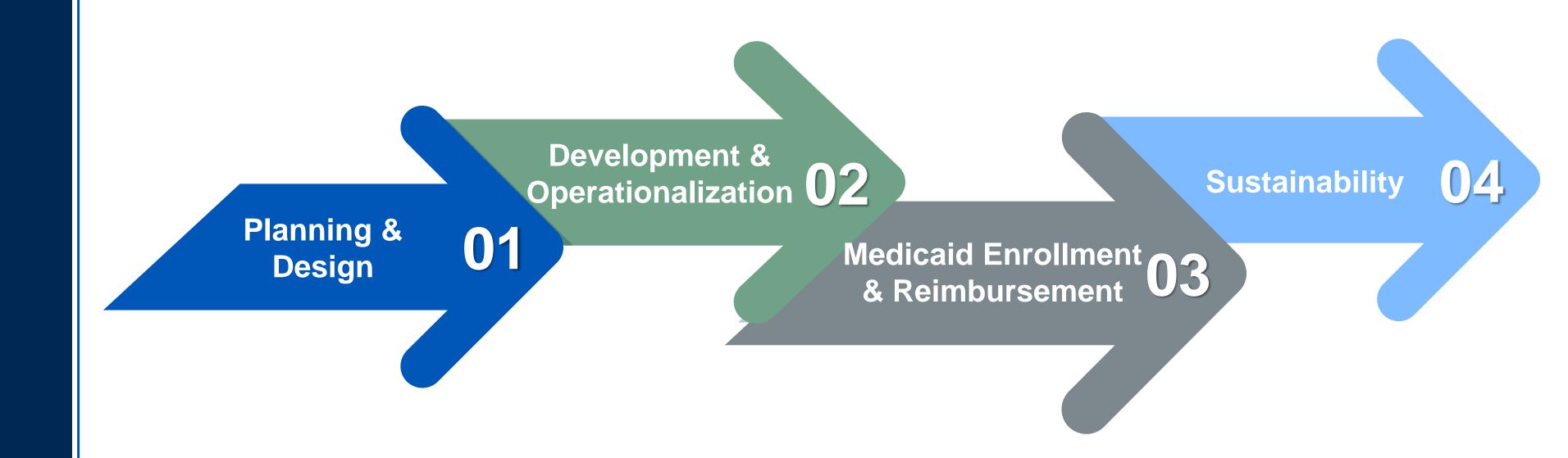
MCOs reiterated the importance of sustainable reimbursement and flexible delivery modality



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



# UHA Project Plan Overview





### Support the Sustainability of the UHA

# Key Elements

Support UHO in development of a sustainability plan

Support UHA in implementing SDOH screening tools for participants

Create a plan for evaluating the UHA

Participate in TA & capacity building/training opportunities



Support UHO in enrolling or contracting with additional payers

Support continuous UHA efforts to identify & recruit subsidiary organizations



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Create a

plan for

evaluating

UHA



### 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

