

2019 TA Institute

Discussion Notes

Topic: Managed Care

Notetaker: Dawn Rudolph

Facilitator: David Deere

Participants: Wayne Stuberg, Karrie Shogren, George Gotto, David Deere, Donna Gilles, John Tschida

How are UCEDDs interfacing with managed care in their states?

Virginia UCEDD has “Living Well” projects and will inform managed care eventually. Unsure how roll-out has progressed, has started within the last year. There were some MCOs, but they left the state. Challenge in rural areas and helping people get what they need.

Kansas is in second 5-year contract cycle (about 6 years in). Moving toward Medicaid expansion. Some issues named in first cycle were questionably addressed in second cycle. UCEDD has one person serving on policy committees in the state; workgroups organized to give feedback but there is question about what is happening with that feedback. UCEDD doesn't do much in the way of direct contracted services. UCEDD has been approached by 2 of 3 MCOs in state to assist in developing assessment for quality of life outcomes. State does do NCI, but doesn't track personal data along with cost data for individual services. If could get access to data – but can't because MCO data is proprietary in their contracts. Any deidentification on data? Got some funding to do a pilot project on employment & self-determination work in rural areas of state, but was from foundation arm and so findings not institutionalized. MCO staff have 1-2 people interested in disability, but those people don't have seat at important tables within MCO so very bifurcated. People have 2 case managers – very confusing. MCO is for health care and LTSS: Centene, Aetna, Anthem. United pulled out. Who is being served? All waiver participants.

Centene is doing some piloting of LTSS outcomes measures, some outcomes data is coming from KS. Is a small start.

Missouri working with DD state agency, support coordination organizations, looks like is going toward managed care. Living Well grants help navigate the transition. Have the “[charting the lifecourse](#)” framework – MCOs have approached UCEDD to use this framework to structure the services provided in a number of states. Worry about getting too cozy with MCOs but also want to influence them for best outcomes.

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Could be a TA-related area – what kinds of partnerships would be helpful? If MCOs want access to intellectual property with specific values and goals. What are formal licensing agreements to cannot be changed/modify that lose the values. MCO have lots of statisticians (mostly biostatisticians) but they still don't know how to measure quality of life – don't know how to incorporate constructs. Unsure legal protections trying to put in place will actually work as intended. May not to prevent them from doing that, but are still in the game. Who knows how to manage this kind of relationship with for-profit MCOs?

How to get quality measure written into standards of value? MCOs ho idea how to collect data on the ground, and use in way that help their cost models.

Kansas – relationship with Medicaid agency is not great. May change. States don't have means to hold MCOs accountable for contracts, this is area where UCEDD may be able to subcontract for this role – to do evaluation. External evaluator is best – may be opportunity to work with other UCEDDs in other states. States are each cherry-picking what quality measures they want to use.

Do we continue to do NCI for providers? Plus another survey for MCOs? What is burden on individuals and their families? Survey fatigue. How many times are we measuring the same thing?

Virginia recently got NIDILRR grant to identify outcomes & costs. Parthy Dinora leads this effort.

Appears to be a corporate strategy to align MCO with entities who have validity (the UCEDDs) then once they get what they need they let the UCEDD go. Smoke & mirrors. Concerned about how to position the UCEDD to be valuable, but not be victim to smoke & mirrors. Need to protect self to ensure tool isn't changed while UCEDD name is still attached to it. Need to maintain integrity & values. MCOs are like a train running down the track, with the UCEDD standing alongside the train tracks waving.

Kansas – DD network partners and self-advocacy coalition meet weekly to identify what they want to take to state, to MCOs. MCOs have monthly forums for community input, UCEDD supports self-advocates to participate. Takes tremendous amount of time.

ACL's business acumen effort was intended to address this, but outcomes are underwhelming. Need to go into negotiations thinking as a business not an academic institution – need confidentiality agreement, proprietary agreements – just like the MCOs have. Potential financial rewards if can get right guardrails in place. Centene has been most committed to the IDD population. John connects with Michael Monson (senior VP of LTSS, Centene). Managed care organizations at the national level – Centene is one of leaders. Centene purchased LifeShare, which was progressive organization with our shared values, hard

Should AUCD have a managed care SIG? If states are not yet involved, then they will be.