

Medicaid Managed Care Contract Provisions for Pediatric-to-Adult Transitional Care: Suggested Options and State Examples

Peggy McManus¹, Annie Schmidt¹, Joni Hollis², Tanya Hillary², Elizabeth Tucker³

¹ The National Alliance to Advance Adolescent Health/Got Transition[®]

² Children's Medical Services

³ EveryChild Texas

November 13, 2020

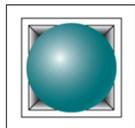


THE NATIONAL ALLIANCE
TO ADVANCE ADOLESCENT HEALTH



Funding

This work is supported by the Lucile Packard Foundation for Children's Health and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (U1TMC31756). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Lucile Packard Foundation, HRSA, HHS, or the U.S. Government.



Presentation Objectives

- Offer background information to make the case for including Medicaid contract requirements on transition to adult care
- Discuss options for incorporating pediatric-to-adult health care transition (HCT) language into Medicaid managed care contracts (MCCs)
- Share examples of how two states (Florida and Texas) have included HCT language in their MCCs

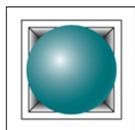


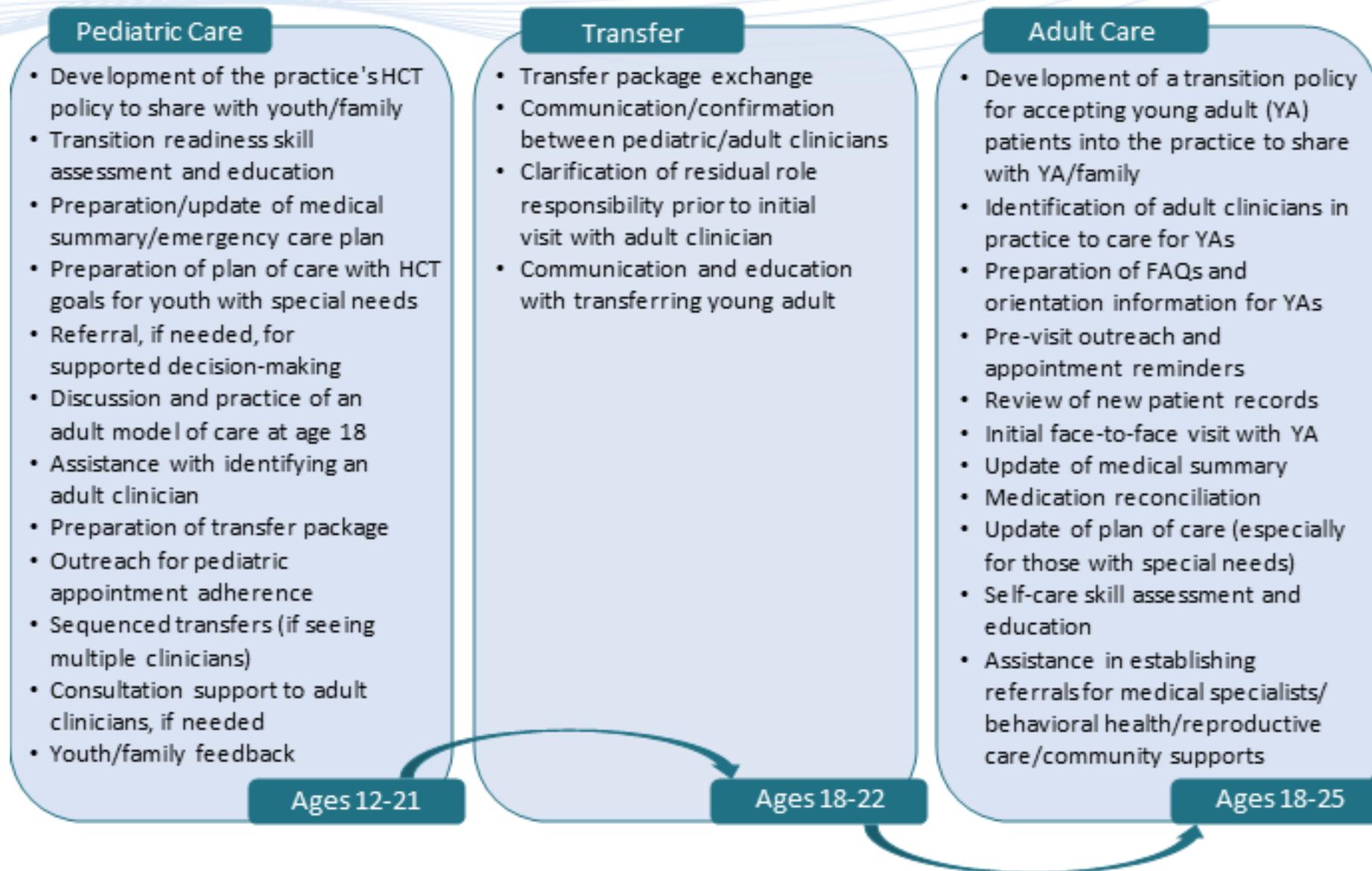
Background

- The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians recommend that all youth and young adults with and without special health care needs receive HCT planning, transfer assistance, and integration into adult care services¹
- Research shows that a structured pediatric-to-adult HCT process results in improvements in population health, experience of care, and utilization of care²

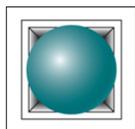
¹ White PH, et al. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2018;142(5):e20182587

² Schmidt A, et al. Outcomes of pediatric to adult health care transition interventions: An updated systematic review. *Journal of Pediatric Nursing*. 2020;51:92-107.





Source: McManus M, et al. [Medicaid Managed Care Contract Language to Expand the Availability of Pediatric-to-Adult Transitional Care](#). Washington, DC: The National Alliance to Advance Adolescent Health/Got Transition, September 2020.



Background

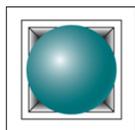
- Almost half of youth with special needs (YSHCN), ages 12-17, are publicly insured (43%)³
- Despite professional recommendations, only 22% of publicly-insured YSHCN and 16% of non-YSHCN receive HCT preparation services from their health care providers³
- Medicaid agencies and managed care organizations (MCOs) have extensive experience addressing transitions of care from inpatient to outpatient medical, behavioral, and long-term care settings

³ United States Census Bureau. National Survey of Children's Health (NSCH). Available at: <https://www.census.gov/programs-surveys/nsch/data.html>. Accessed October 6, 2020.



Methods

- We analyzed 37 standard and 7 specialty MCCs in effect in 2018-2019 to identify any pediatric-to-adult HCT contract provisions in sections in the following sections:
 - Definitions
 - Member services and education
 - Provider network
 - Covered services
 - Care coordination
 - Quality and evaluation
- Few states included pediatric-to-adult HCT language in their MCCs



Methods

- Based on our findings, recommendations from the 2018 Clinical Report on HCT, evaluation studies, and our quality improvement experience, we developed at least three contract language options for each topic
- Options are summarized in a new report, *Medicaid Managed Care Contract Language to Expand the Availability of Pediatric-to-Adult Transitional Care*⁴
- The report includes examples of specific HCT language that states can use or adapt to include in MCCs

⁴ McManus M, Schmidt A, White P. *Medicaid Managed Care Contract Language to Expand the Availability of Pediatric-to-Adult Transitional Care*. Washington, DC: The National Alliance to Advance Adolescent Health/Got Transition, September 2020.



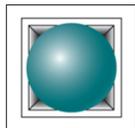
Definitions

1. Include a stand-alone definition of pediatric-to-adult HCT and specify transition-aged populations of interest
2. Expand an existing definition of transitional care to explicitly mention pediatric-to-adult HCT
3. Expand other definitions that encompass transitional care, such as continuity of care, to include pediatric-to-adult HCT



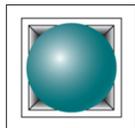
Member Services and Education

1. Include information and education about pediatric-to-adult HCT services and the MCO's approach to HCT in member handbooks
2. Include up-to-date information in provider directories about available adult providers for young adults with special health care needs
3. Assist members experiencing access barriers related to HCT, including difficulties finding adult care providers and lack of communication between pediatric and adult providers



Provider Networks

1. Conduct regular surveys of adult provider networks to assess availability for special populations of transition-aged youth and young adults
2. Describe mechanisms used to coordinate pediatric and adult providers
3. Establish organized processes for transfer from pediatric to adult health care



Covered Services

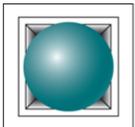
Incorporate HCT into...

1. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-visits
2. Patient-centered medical home programs
3. Behavioral health services
4. Health home services



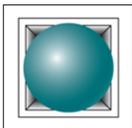
Care Coordination

1. Define pediatric-to-adult HCT approach as part of care coordination programs
2. Conduct transition readiness/self-care skill assessments and provide needed education and counseling
3. Incorporate HCT planning into care plans
4. Initiate transfer planning 1-2 years prior to the date when members age out of pediatric medical, behavioral, and other child serving systems of care



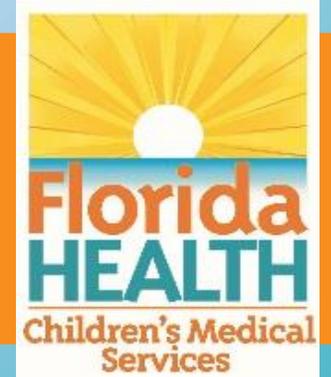
Quality and Evaluation

1. Measure implementation of HCT services
2. Measure outcomes of a structured HCT approach
3. Conduct pediatric-to-adult HCT performance improvement projects (PIPs)



Department of Health Children's Medical Services (CMS)

Health Care Transition



November 13, 2020

Presenters:

Joni Hollis, RN, MSN, CCM, CNL

Bureau Chief and Title V CYSHCN Administrator, Children's Medical Services Specialty Programs

and

Tanya Hillary

Vice President, CMS Operations, Children's Medical Services Health Plan

Florida: Children's Medical Services

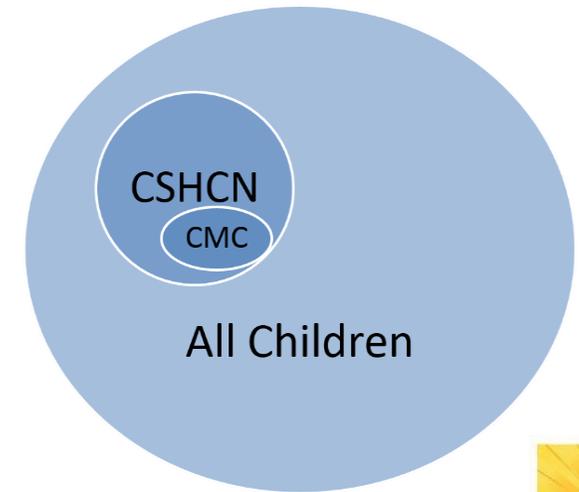
Every child with special health care needs has access to high-quality, evidence-based, family-centered medical care, regardless of which health insurance the family has.

Office of CMS Managed Care Plan & Specialty Programs

- Title V
 - Patient Centered Medical Home (PCMH)
 - Behavioral Health
- Specialty Programs/Statewide Networks focuses on access and quality
- Children's Multidisciplinary Assessment Team; Medical Foster Care
- Managed care organization for children with chronic medical complexity
 - CMS Health Plan

Florida's Children

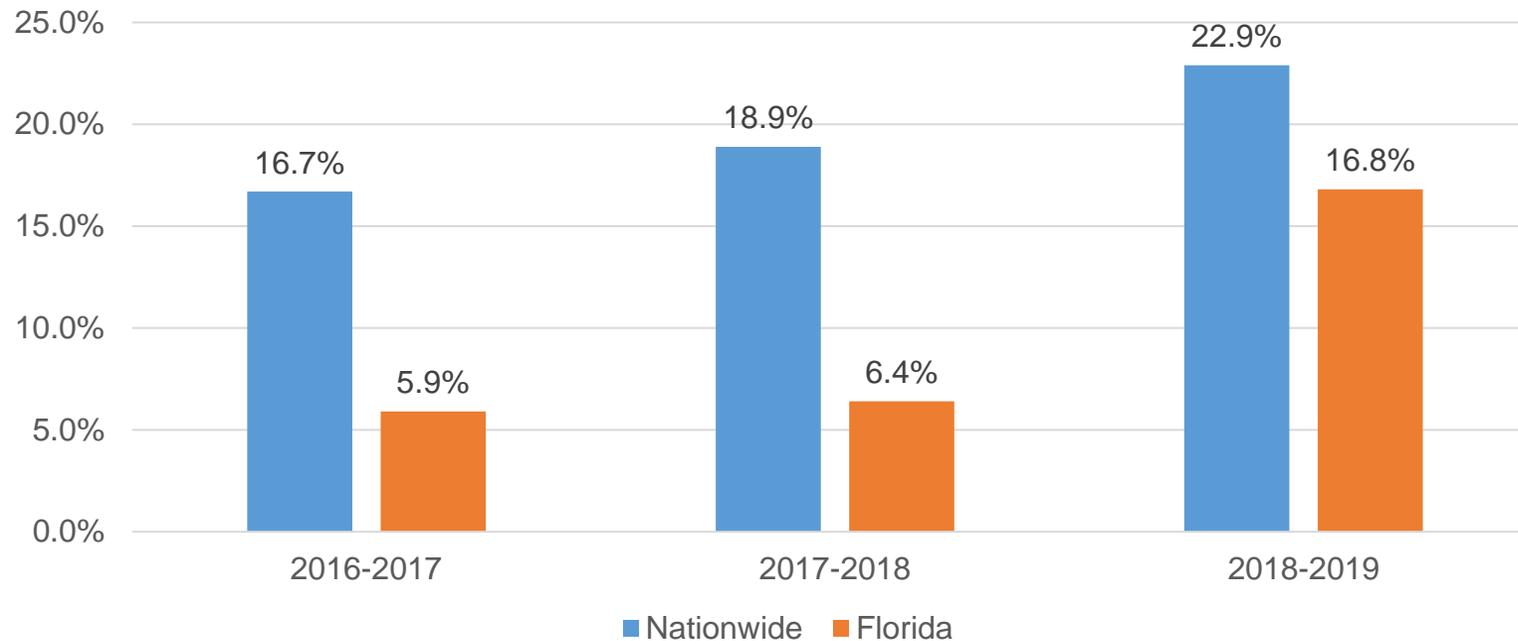
- 4.1 million children – vast majority are healthy
 - Obesity, poverty, neighborhoods, schools
- 800,000 children and youth with special health care needs (CYSHCN)
 - ADHD, anxiety, asthma, and 13,000 other conditions
 - Title V CSHCN responsibility
- 80,000 children with medical complexity (CMC)
 - Serious and chronic medical conditions
 - Multiple specialists or medical technology
 - Require tertiary/quaternary medical system-level care
 - 2% of children, but 1/3 of spending
 - 40% of child deaths



Reid, Keshia, Florida DOH, NSCH 2011-12
Cohen E et al Pediatrics 2017; Status Complexicus

Florida's Transitioning Youth

Florida's YSHCN who Received Services Necessary for Transition to Adult Health Care



Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health (NSCH) data query. Retrieved [10/26/20] from www.childhealthdata.org. CAHMI: www.cahmi.org.

CMS Health Plan

- Partnership with WellCare to implement an enhanced delivery system.
- Incorporated the National Standards for Systems of Care for CYSHCN, including health care transition components.
- Department of Health responsible for on-going administration and governance.
- CMS Health Plan's Transition-Age Youth (TAY) Program:
 - **GOT Transition** framework
 - Focus on **quality**



Operationalizing Transition-related Contract Requirements

- Aim to guide and support families
- Aligned to health care transition core elements from Got Transition
- Program includes
 - Policy
 - Electronic registry
 - Annual readiness assessment
 - Transition-related goals and interventions
 - Transfer of care
 - Measuring success



Performance Improvement Plan: Transition

- Goal: Increase the percentage of 18 to 21 year old enrollees who transition from a pediatric provider to an adult care provider.
- Baseline barriers identified
 - New program and development of program tools
 - Youth and parent/guardian reluctance to make decisions / changes
- Year-1 Interventions
 - Multidisciplinary workgroup
 - Program interventions



Challenges and Possible Solutions

- **Challenge:** Identifying and equipping the adult health care system that will accept YSHCN, including those with medical complexity.
- **Possible Solutions:**
 - Exploring physician reimbursement and other incentives.
 - Working with other Title V CYSHCN programs on activities for learning and action.
 - Using the Title V CYSHCN workforce in Florida to assist in identifying willing adult practices and building skills of their teams.
- **Challenge:** The medical record/information transfer.
- **Possible Solution:**
 - System-building that supports file/information transfer.
 - Utilizing technology and systems to develop a shared plan of care.



Contacts

Joni Hollis, RN, MSN, CCM, CNL

Bureau Chief and Title V CYSHCN Administrator,
Office of Children's Medical Services
Managed Care Plan & Specialty Programs

Joni.Hollis@flhealth.gov

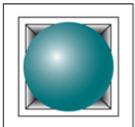
Tanya Hillary

Vice President, CMS Operations
WellCare of Florida, Inc.

Tanya.Hillary@wellcare.com

Texas Medicaid Managed Care Provisions

- In 2013 the Texas Legislature directed HHSC to create STAR Kids, a Medicaid Managed Care program for children with SSI and children receiving Home and Community-Based waivers.
- Legislation required input from the Children's Policy Council and a newly created STAR Kids Advisory Committee.
- In November of 2016 approximately 160,000 children and young adults 0 – 21 years of age with disabilities moved from fee-for-service Medicaid to Medicaid Managed Care.



Texas Medicaid Managed Care Provisions

Children's Policy Council

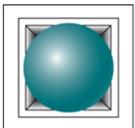
- Recommendations for essential STAR Kids contract elements including care coordination, individual service plans, and transition from pediatric care to adult care.

<https://hhs.texas.gov/sites/default/files/documents/services/health/other/Council-Recommendations.pdf>

STAR Kids Advisory Committee

- On-going feedback and recommendations for key contract elements including care coordination, service plans, network adequacy, assessments and transition from pediatric care to adult care.

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/star-kids-adv-comm-annual-report-jan-2020.pdf>



Texas Medicaid Managed Care Provisions

Contract Language – healthcare transition planning is required for all individuals in STAR Kids starting at the age of 15.

1. Annual Comprehensive Assessment
2. Individual Service Plan
3. Service Coordination
4. Transition Plan
5. Adult providers

<https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/star-kids-contract.pdf>

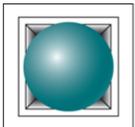


Texas Medicaid Managed Care Provisions

Handbook Language – the STAR Kids handbook includes an appendix describing transition activities based on age including:

1. Individual's knowledge of his or her current and future health care needs.
2. Health and wellness education to assist the individual with self-management.
3. Goals and ways for the individual to begin managing his or her own medical care, such as the individual making and keeping his or her own medical appointments, ordering supplies, etc.
4. Assisting the member with looking for a primary care provider, specialist as necessary, and a dentist.
5. Transition to STAR Plus Medicaid Managed Care for Adults

<https://hhs.texas.gov/laws-regulations/handbooks/skh/appendices/appendix-vi-star-kids-transition-activities>



Texas Medicaid Managed Care Provisions

Issues and Opportunities

1. Standardized processes and tools to be used by all MCOs to ensure quality HCT.
2. On-going training of MCOs on HCT best practices.
3. Improved coordination and communication between pediatric and adult Managed Care Organizations.
4. Value-based payment options for transition.
5. Transition planning and telehealth.
6. Expanded network of adult providers.



Summary

- State Medicaid agencies and their MCOs are in a unique position to expand the availability of transitional care.
- Florida and Texas offer exciting examples of innovation and best practices and a way forward to align policy and practice.
- The National Alliance/Got Transition's new report provides ready-made suggestions for specific MCC language that states can use or adapt.



Questions?

Contacts:

Peggy McManus at MMcManus@TheNationalAlliance.org

Annie Schmidt at ASchmidt@TheNationalAlliance.org

Joni Hollis at Joni.Hollis@flhealth.gov

Tanya Hillary at Tanya.Hillary@wellcare.com

Elizabeth Tucker at etucker@everychildtexas.org

Access the full report [here](#) and additional HCT resources at www.TheNationalAlliance.org and www.GotTransition.org

