

# Medicaid Health Plan v1.1

## Medicaid Focus Areas

September 9, 2022

# Before We Get Started



Message  
Lisa Silverman  
for any ***tech issues***



Use the chat box for  
***questions*** and to  
***introduce***  
***yourself***



Explore ***resources***  
we'll share in the  
chat box



**Donna Merrick**

**Product  
Enhancement  
Principal**



**Steve Graham**

**Senior  
Accreditation  
Reviewer**



**Lisa Silverman**

**Client Education  
Specialist**

# OPENING POLL

Will Medicaid enrollment increase, decrease, or remain about the same through 2022?

# Medicaid Focus Areas

Benefits and Services (SVS)

Care Coordination and Continuity (CC)

Quality Services (QS)

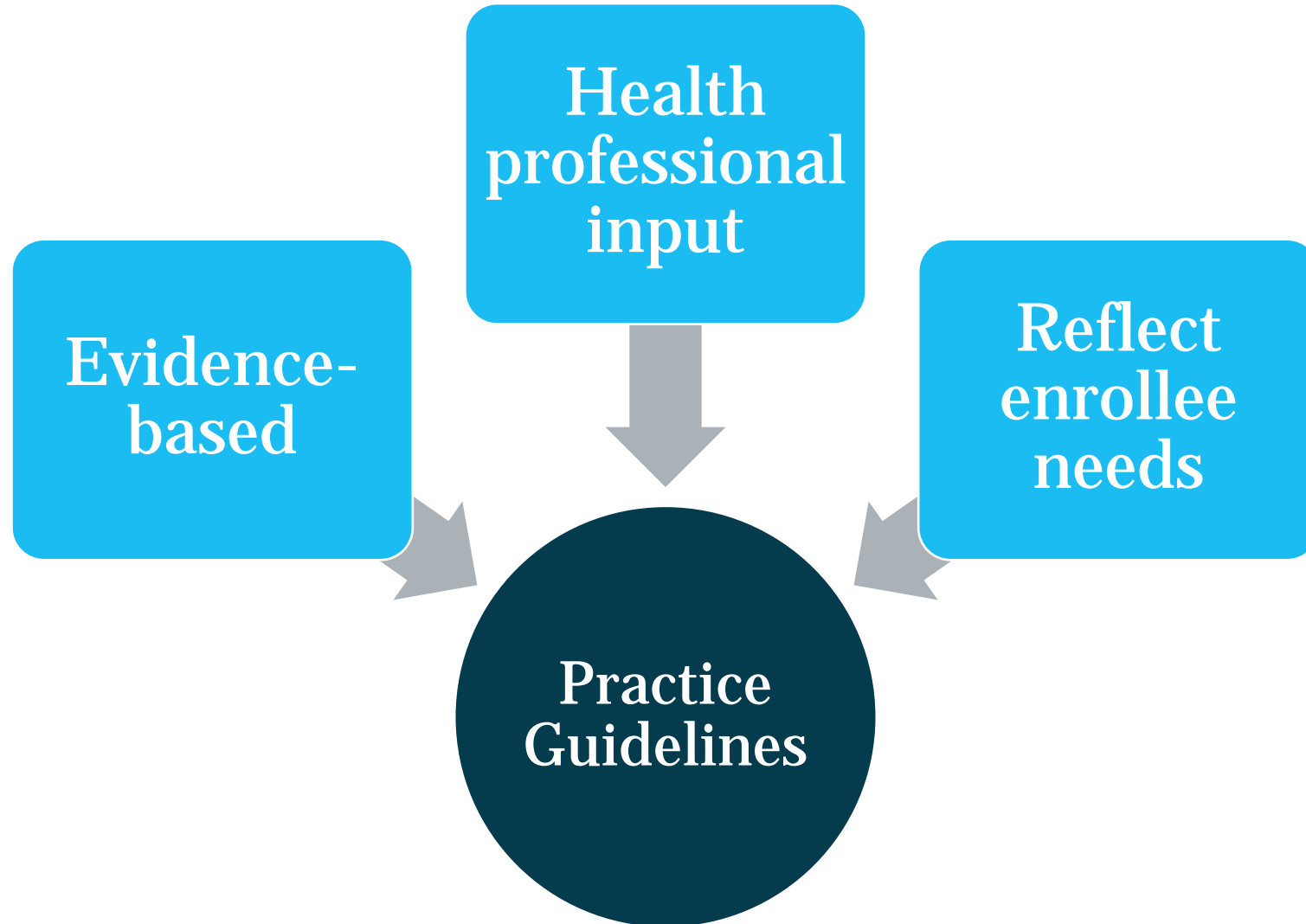
Medicaid Enrollee Service and Communications (MESCC)

# Focus Area: Benefits and Services (SVS)

Medicaid Health Plan v1.1

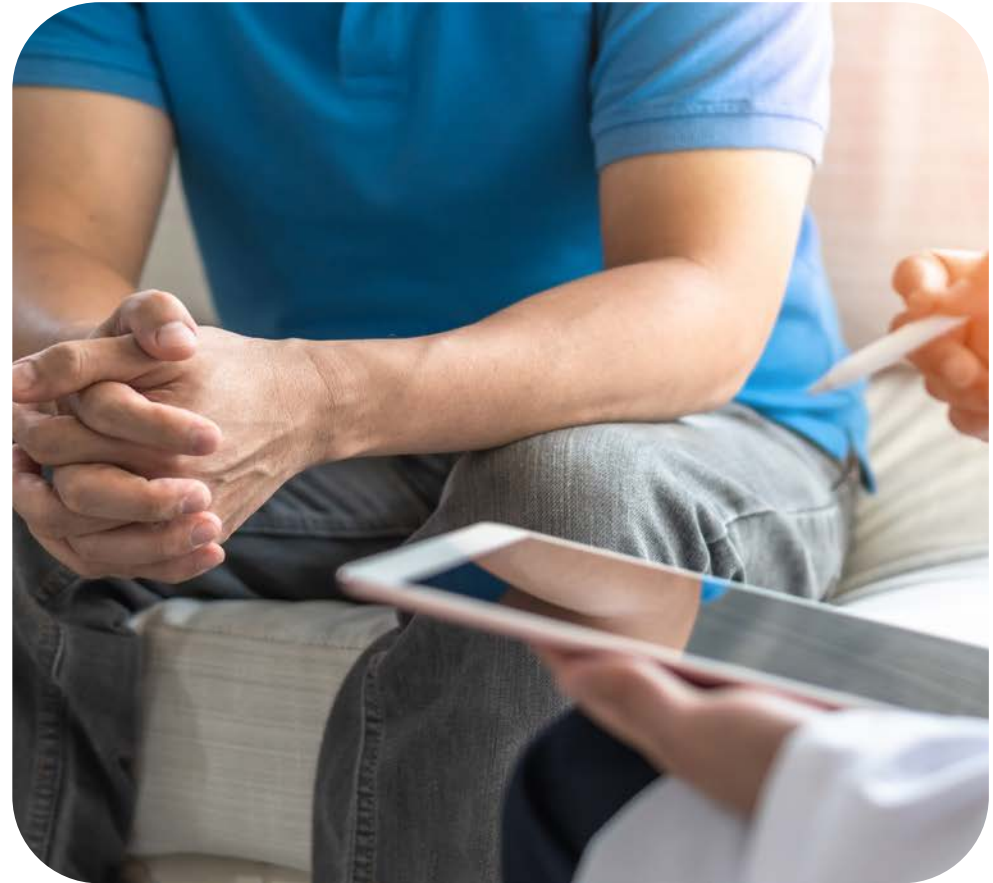
Medicaid Health Plan v1.1 with Long-Term Services and Supports

# SVS 1-1: Practice Guidelines



# SVS 1-2: Health Risk Assessment Tool

- Evidence-based
- Collects risk factors and comorbidities
- Identifies health disparities and other social needs
- Reviewed and approved
- Shared with state and providers



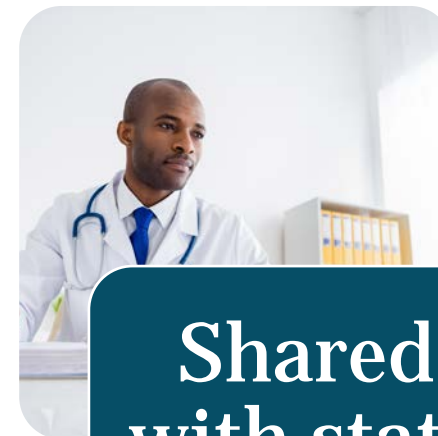
# SVS 1-3: Initial Screening



**Within  
90 days**



**Access to  
needed  
services**



**Shared  
with state  
or  
providers**

# SVS 2-1: Scope of Services



- Services not denied or reduced due to illness or condition
- No referral needed to access family planning
- Scope of services defined

# SVS 2-2: Emergency and Out-of-Network Services

Enrollee not liable for payment of services to diagnose or stabilize the enrollee with an emergency medical condition

Access to emergency care is provided

Treating provider determines when enrollee is stabilized

Post-stabilization care are covered services

## SVS 2-3: Service Requirements

- Limited English proficiency
- Diverse cultural and ethnic backgrounds
- Disabilities



# SVS 2-4: Use of Technology

Telehealth and related technologies are encouraged

- Compliance is demonstrated on Desktop Review only.
- Documentation describes how technologies are encouraged



# Question – chat in your response

Identify one (1) step a Medicaid Plan can take to “encourage” telehealth and related technologies.

# SVS 3-1: Federal Requirements

Second  
opinions from  
out-of-network  
providers

Out-of-network  
coverage

Network  
provider hours  
of operation

Advanced  
directives

Grievance and  
appeals  
documentation

# SVS 3-2: Demonstrating State Compliance

Preventive, primary care, specialty and LTSS offerings

Provider network maintenance

Performance measurement and reporting

Communications with the state

# Focus Area: Care Coordination and Continuity (CC)

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# CC 1-1: Care Coordinator Responsibilities

**Determines the person or entity to coordinate an ongoing source of care**



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**How to contact the designated person or entity coordinating care**



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# CC 1-2: Coordination with External Entities



# CC 2-1: Continuation of Health Care Services



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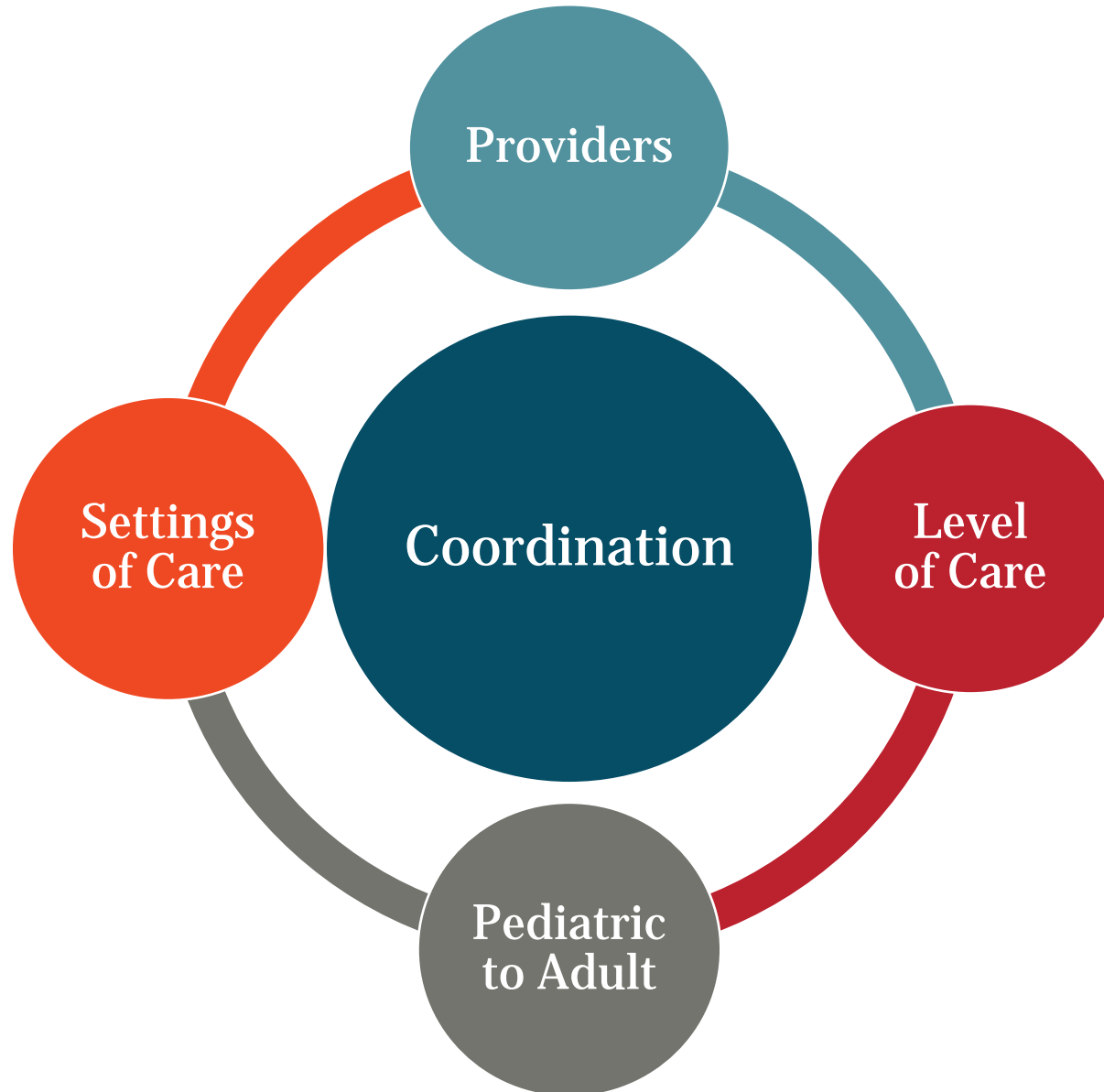
- Continued care through terminated provider up to 90 calendar days or through current active treatment (whichever is less)
- Continued coverage of services pending state fair hearing

# CC 3-1: Planning for Transitions of Care



- Eligibility criteria for TOC services
- Proactive plan for TOC services
- Engage enrollee and/or caregivers

# CC 3-2: Transitions of Care Facilitation



# CC 3-3: Transitions of Care Information

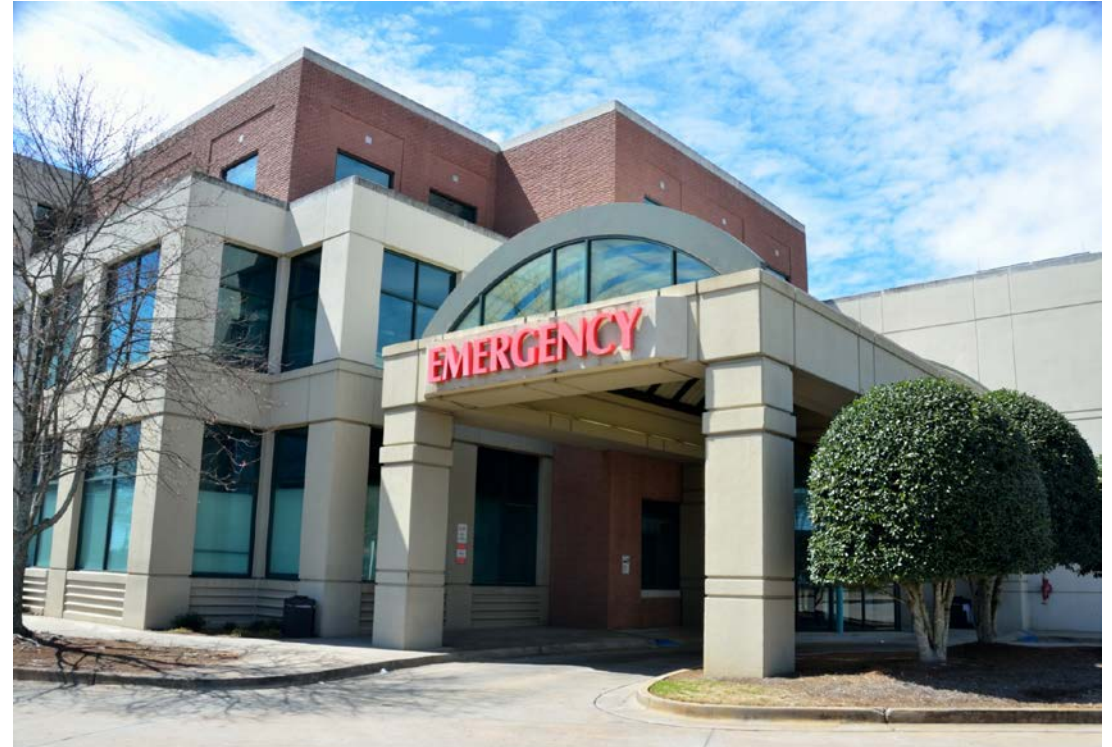


Written transition summaries:

- Shared prior to, or at the time of, the transition
- Sent to enrollee and/or caregiver
- Sent to next provider or health professional

# CC 3-4: Transitions of Care Follow-Up

- Enrollees at risk for readmission are identified
- Strategies to reduce readmission are implemented



# CC 3-5: Medication Safety Care Coordination

**Medicaid Plan promotes medication safety**

- Supports medication reconciliation during transitions
- Educates enrollees and/or caregivers on medication safety issues



# CC 4-1: Medical and Behavioral Integration

## Medical Care



## Behavioral Health Care





# Discussion Question

## Chat in your response

What have plans implemented to  
normalize behavioral health as part of  
total health?

# Focus Area: Quality Services (QS)

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# QS 1-1: Data Received from Providers

Suggestions and  
guidance about  
how to best  
serve enrollees

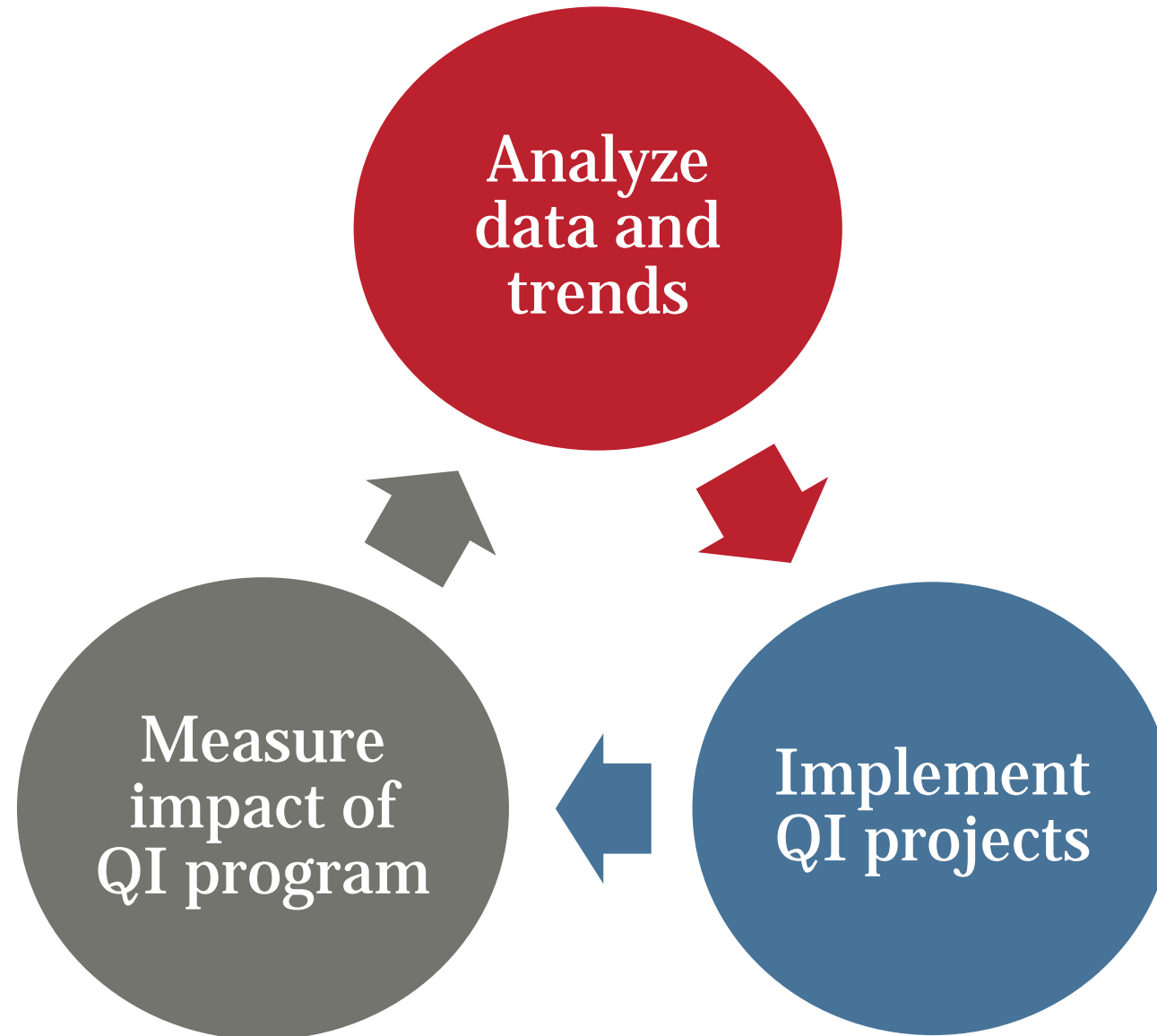
Standardize the  
provider data  
collection  
process

# QS 1-2: Provider Relations

- Medicaid Plan documents describing how providers are supported regarding network issues
- Examples of information available to providers about the enrollee complaint system



# QS 2-1: Quality Improvement



# QS 2-2: Enrollee Satisfaction

- Measure enrollee satisfaction
- Analyze and identify trends
- Improve or correct identified problems

her Nor ree	Somewhat Agree	Strongly Agree	Agree Completely
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# QS 3-1: Program Requirements

Your PATHWAY to Reporting...



- Regulatory compliance committee oversight
- Annual reports to leadership
- Compliance Officer
- Avenues for reporting
- Audits
- State reporting of FWA

# Focus Area: Medicaid Utilization Management (MUM)

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# MUM 1-1: Initial Review Requirements

- Medicaid Plan documents outlining the clinical review criteria process
- If the organization does not provide LTSS services, provide a statement indicating this



# MUM 1-2: Review Time Frame Extensions

The Medicaid Plan may allow a **onetime 14-day extension**:

- Enrollee requests it
- Plan determines it is necessary and in the best interest of the enrollee



# MUM 2-1: Appeals Requirements



# MUM 2-2: Deemed Exhaustion of the Appeals Process

**Requirements  
Not Met**

**Exhausted  
Appeal  
Process**

**Initiate  
State Fair  
Hearing**

# MUM 3-1: External Review Requirements



- Optional
- Independent
- No extension of time frames
- No cost to enrollee

# **Focus Area: Medicaid Enrollee Service and Communications (MESc)**

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# MESC 1-1: Notification of Changes

- Information regarding changes in pertinent laws and regulations, including those involving advanced directives
- Changes the state defines as significant at least 30 calendar days in advance

**NOTICE**

# MESC 1-2: General Information

Upon enrollment, the Medicaid Plan provides the information needed for enrollees to optimize use of health services.



# MESC 1-3: Cost Information



- Cost of covered benefits
- Communicating with the plan on cost information
- Weighing cost and benefit information

## MESC 1-4: Enrollee Rights and Responsibilities

Right to disenroll

Freedom of choice among network providers

State fair hearing rights

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Reporting suspected fraud, waste and abuse

Notification requirements for changes that the state defines as significant



# MESC 2-1: Provider Directories



- Updated within 30 calendar days of credentialing and contracting
- Multiple formats
- Specific data in the online directory

## MESC 2-2: Provider Status Notification

Within 15 calendar days

Includes information on how to access customer support

# POLL QUESTION

Is your organization providing or planning to provide long-term services and supports?

A large, white, three-dimensional question mark stands on a light-colored wooden plank floor. The background is a plain, light grey wall. The scene is brightly lit, casting a soft shadow of the question mark onto the wall behind it.

# Questions

# Upcoming Events

## Webinars

- Monthly AccrediNet Training
  - Wednesday, September 14,  
2pm Eastern
- Network Management
  - Tuesday, September 13,  
2pm Eastern

Find more information at  
[clients.urac.org](https://clients.urac.org)

