



## Welcome to “Positioning Your HCBS Program in the Healthcare Market

### Part 5: An Assessment of the Capacity of Your HCBS Organization”

Presenters: Tim McNeill, RN, MPH

Facilitator: Magda Hageman-Apol

*The webinar will begin at 3:30 p.m. Eastern Standard Time*



**1** Review of Major Topics from Series

**2** Overview of a SWOT Analysis

**3** Tim’s Senior Services

**4** Series Question Review

## Series Topic Review



- Medicare & Medicaid Program History
- Affordable Care Act
- Medicaid Managed Care
- Managed Long-term Services and Supports (MLTSS)
- Hospital/SNF payment reforms
- Accountable Care Organizations (ACOs)
- Bundled Payment Initiatives

3

## How do we prepare for the market?



- Now that we have a better understanding about the dynamic healthcare market, what do we do next?
- It is important to prepare and know your market before seeking contracts
- Know who your customer is
  - Customer is the entity that buys your services
  - Beneficiary is the recipient of the services that are paid for by your customer
  - BOTH the Customer and Beneficiary needs must be met

4

## Strategic Planning



- Market Analysis
- SWOT Analysis
- GAP Analysis
- GAP Mitigation Implementation Strategy
- Contract Capture

5

## Network or Not to Network



- Some areas find strategic advantages to establishing a network of providers to serve a target population of beneficiaries
- A Network or Coalition may have a strategic advantage in meeting the needs of the customer
- Customer may find greater value in buying services from a network that can meet their need

6

## Potential Advantages of a Network Approach



- Customer geographic coverage area
- Individual Agency capability to serve the entire customer coverage area
- A Network of providers that ban together may bring strategic advantages to meet the needs of the customer
- Customer advantages
  - Central Referral process
  - Single Contracting process
  - Uniform quality standards

7

## SWOT Analysis Elements



- SWOT should be performed for the individual agency and/or the Network
- SWOT
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats

8

## Pre-SWOT Preparation



- In order to prepare for completing a SWOT there are key elements that should be completed first
- If a network will jointly complete a SWOT, then an individual agency assessment should be completed as part of the SWOT
- Pre-SWOT should begin with a Market Analysis
- Market Analysis can also drive the need for a Network strategy

9

## SWOT Goals



- Closely assess potential customers
- Identify the point of pain for the customer
- Implementation strategy to address the point of pain for the customer
- Customers have more desire to buy services that specifically address a current point of pain
  - Identify the point of pain
  - Understand how your services specifically address the customer point of pain
  - Present how you bring continual value to fix the customer point of pain

10

## Pre-SWOT Market Analysis



- Know the current Health Reform Activity in your target area
- List each by topic area
- Define each of the entities that are engaged in these activities in your defined region
  - Medicare vs MA Population
  - Medicare Advantage Plans
  - Medicaid Managed Care initiatives
  - ACOs
  - Bundled Payment Initiatives

11

## Additional Market Analysis Resource



- Community Health Needs Assessment (CHNA)
  - Required of all 501(c)(3) Hospitals under the Affordable Care Act
  - Initial completed CHNA due by March 2012
  - Must be completed once every three years
    - Next one is due March 2015
  - Requires community engagement and assessment of needs and implementation strategy to address the identified needs
  - Publicly reported
  - Failure to complete can lead to fines and other penalties

12

## Market/SWOT Example



- Fictitious Community-Based Organization
- **Tim's Senior Services**
  - Located in Wichita Falls, TX
  - 30 year Non-Profit serving older adults and persons with disabilities
  - Provides OAA services under contract with the local AAA
    - Home Delivered Meals
    - Care Transitions Services
    - HCBS Services – Medicaid Waiver/Title XX/OAA

13

## Tim's Senior Services Market Data



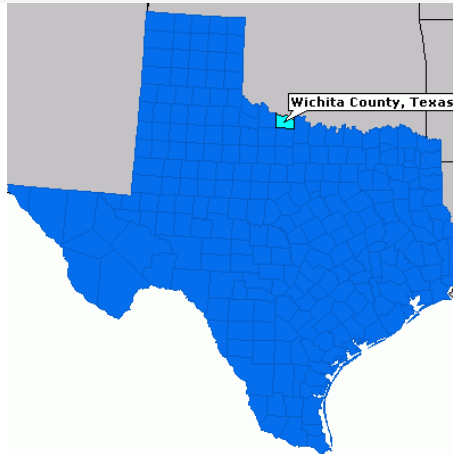
- Wichita County, TX
- 2013 Census Data – 132,047
- County Seat, Wichita Falls, TX
- Total Medicare Eligibles 22,432
  - Includes Original Medicare
  - MA Enrolled
  - Duals (Medicare + Medicaid)
- Enrolled in MA Plan – 3,055
- Non-MA Medicare population – 19,377

14

## Where is Wichita County, TX?

TX\_22818.gif 400x400 pixels

3/26/15, 4:33 AM



15

## Medicare Advantage Enrollment

- Low penetration of Medicare Advantage (MA)
  - 13.62% Penetration
- Leading MA Plan enrollment
  - Humana
    - 1194
  - Care Improvement Plus of Texas
    - 941
  - Aetna
    - 675
  - Highmark
    - 204

16



## Dallas Comparison



- Eligibles – 286,428
  - Medicare, Medicare Advantage, Duals, Medicare + Medigap
- Medicare Advantage Enrollment – 86,995 (30.37%)
- Leading MA Plans
  - United Healthcare of Texas – 44,576
  - Aetna – 8,784
  - Humana – 7,469
  - Wellcare – 5,704

17

## Managed Medicaid



- Texas State Senate Bill 7, 83<sup>rd</sup> Legislature, 2013, directs the Health and Human Services Commission to expand Medicaid Managed Care programs
- Managed Medicaid
- Managed Long-term Services and Supports
- MCO enrollment defined by region and mandatory and voluntary population

18

## Mandatory Populations



- Adults 21 and Older
  - Have a disability and SSI
  - Recipients of Medicaid HCBS waiver services
- Duals
  - Duals receives LTSS through Medicaid and acute care through Medicare
  - MCO has great interest in keeping LTSS benefits managed
  - Less interest in managing medical benefits

19

## LTSS Services



- Home delivered meals
- Personal assistance services
- Assisted Living
- Nursing Home populations carved into the plan

20

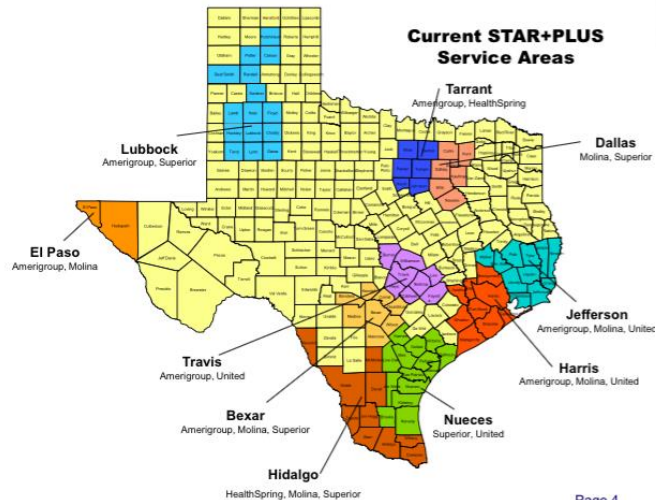
## Urban vs Rural MCO Coverage



- MCO awards available through the Division of Medicaid (Available Online)
- Major Metropolitan areas split into separate MCO service areas
- Rural Service areas separated as a individual bid
- Wichita County MCOs
  - Amerigroup
  - Superior Health Plan

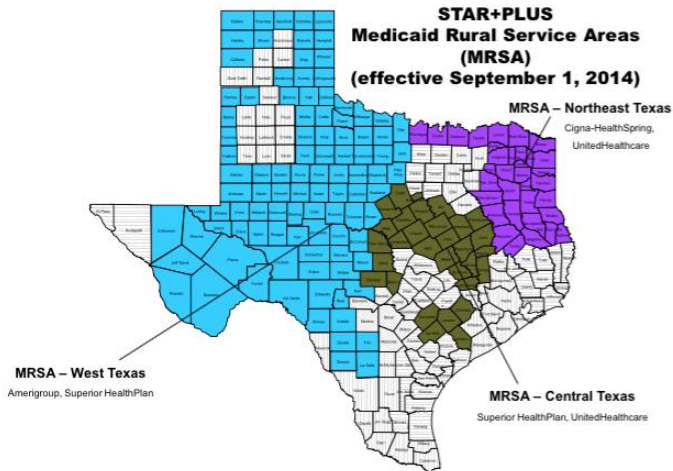
21

## Managed Care Organization Service Areas



Page 4  
22

## Rural Medicaid Markets



23

## Community Health Needs Assessment



- Leading hospital
- United Regional Health Care System
- Demographic Overview
- Health Data
- Prioritization
- Resources in the Community
- CHNA must be made available to the public
- CHNA Available on the Hospital Website

24

## CHNA Key Findings



- Report states that there is a key need to improve coordination of services provided by community-based organizations
- Fragmented care and lack of coordination with CBOs leads to poor health outcomes
- Increased need for patient education and prevention in the community
- Health Disparities – Low income, Elderly, Duals
- Unhealthy behaviors

25

## Tim's Senior Services SWOT



- Strengths
  - Established 30 year CBO
    - Detailed experience serving my rural market
    - Trusted member of the community
  - Established relationships with healthcare providers/hospitals
  - Large network of community volunteers
  - Provides services throughout the Wichita County service area

26

## Tim's Senior Services Core Service Menu



- Core Services
  - Comprehensive Nutrition Program
  - Care Transitions
  - Respite Care
  - Personal Care Aid
  - Medical/Social adult day health services

27

## Tim's Senior Services Weaknesses



- Limited experience with managed care
- Inability to manage electronic claims filing required by MCOs
- Limited capacity to manage the requirement of MCOs to check for eligibility monthly
- Limited knowledge of the authorization and re-authorization process
- Limited capacity to serve beneficiaries that are located outside of my core service area

28

## Weaknesses Cont.



- Limited access to Health IT to capture and report outcomes, monitor quality, and report to health plans and physicians
- Limited ability to track clinical outcome data
- Limited ability to provide disease-specific meals
- Limited integration of services with healthcare providers
- Lack of knowledge of a fee-for-service environment
  - Meal delivery is a separate service from nutrition assessment and home safety assessments

29

## Opportunities



- Medicaid Managed Care
  - Amerigroup
  - Superior Health Plan (Centene Corp.)
- Big Texas Regional Health Care System
  - Member of the Health Coalition of Wichita County
  - Operates a Community Partners Group (SNFs, Rehab, Hospice, Assisted Living Facilities, Social Services)
  - Operates a Supportive Care program for patients with two more chronic diseases
  - Goal to expand community education

30

## ACO/Bundled Payment



- **Big Texas ACO, LLC**
  - Serving Northern Texas and surrounding communities
  - Based in Wichita Falls, TX
  - Hospitals and Clinics in North Texas
- **Three Bundled Payment Initiatives currently implementing Model 3**
  - Model 1 – Retrospective Acute Care Hospital Stay Only
  - Model 2 – Retrospective Acute Care Hospital Stay Plus Post-Acute Care
  - Model 3 – Retrospective Post-Acute Care Only
  - Model 4 – Prospective Acute Care Hospital Stay Only

31

## Model 3 - Retrospective



- **Retrospective Post-Acute Care Only**
  - Inpatient care is not included in the Model 3 bundled payment
- **Episode of Care: Post-Acute Care Services with a participating skilled nursing facility**
- **Range of time: 30, 60, or 90 days**
  - The longer the episode, the higher the payment
- **Includes: All non-hospice Part A and Part B services**
- **Example: Rehab facility, long-term care hospitals, home health, and community support services**

32



## Threats



- **System Threats**
  - MCO lack of knowledge of the benefits of a comprehensive meal service
    - “What is the difference? A meal is a meal”
  - Lack of uniformly accepted quality standards for LTSS
  - Ambiguous authorization requirements
- **For-Profit Competition**
  - Meal Delivery Services that drop ship meals in bulk
  - Large marketing budgets and fully automated referral systems
  - Ability to provide customized automated reports to the MCO on quality, quantity and services delivered
  - Well-defined ROI and rigorous quality assurance processes

33

## Threats (Cont.)



- **Non-Profit Competition**
  - Larger non-profits that want to expand into your region or territory
  - Network partners that want to gain market share
  - Dissolution of a coalition as partners become unable to agree to collaborate on contracts
- **Internal Threats**
  - Reduction in volunteers
  - Increased fuel expenses
  - Increased operational expenses
  - Lack of proper insurance
  - Inability to maintain continuous quality improvement efforts

34

## Outcome of SWOT



- Priority Opportunities
  - MLTSS
  - Partnering with the Hospital
  - Partnering with ACOs
  - Partnering with Bundled Payment Programs
  - Define the target population covered for services
  - Establish a defined automated referral process that includes receiving a order for comprehensive nutrition services
  - Transmit physician order to customer

35

## Next Steps



- Establish a Network to address the findings of the SWOT
- Gap Analysis
- Strategic Planning

36

## Questions from Previous Webinars



- How should a provider present their services to a partnering hospital or MCO?
  - Complete your Market Analysis
  - Complete the SWOT
  - Define your menu of services
  - Define your value proposition
  - Present your strengths detailing your value proposition, outline the ROI for your services, and express how your services meets the customer's point of pain

37

## Question 2



- What are the verifiable benefits of nutrition programs?
  - Groundbreaking research study – More Than a Meal
  - Pilot Research Study
  - Randomized Control Trial
  - <http://www.mealsonwheelsamerica.org/theissue/facts-resources/more-than-a-meal>

38

## Question 3



- How to get ACO quality measures?
  - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/Downloads/ACO-NarrativeMeasures-Specs.pdf>

39

## Additional Web Resources



- CMS ACO Information Website
  - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharesavingsprogram/ACOs-in-Your-State.html>
- CMS Bundled Payment Information Website
- ACL Medicare Advantage Penetration Tip Sheet
  - [http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/docs/MA\\_Penetration\\_Analysis\\_Tip\\_Sheet\\_Final.pdf](http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/docs/MA_Penetration_Analysis_Tip_Sheet_Final.pdf)

40

## Additional Web Resources (Cont.)



- ACL Medicare Advantage Enrollment Tip Sheet
  - [http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/docs/MA\\_Plan\\_Enrollment\\_Analysis\\_Tip\\_Sheet\\_Final.pdf](http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/docs/MA_Plan_Enrollment_Analysis_Tip_Sheet_Final.pdf)
- ACL Medical Loss Ratio Tip Sheet
  - [http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/docs/Medical\\_Loss\\_Ratio\\_Tip\\_Sheet\\_Final.pdf](http://www.acl.gov/Programs/CDAP/OPAD/TechnicalAssistance/docs/Medical_Loss_Ratio_Tip_Sheet_Final.pdf)

41

## Questions



- Tim McNeill, RN, MPH
  - Phone: (202) 344-5465
  - E-mail: [tmcneill@me.com](mailto:tmcneill@me.com)