



Introduction to Medicaid Managed Care:

Working with Managed Care Organizations and Getting Credentialed to Bill

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Presented by

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Who is Sage?

The screenshot shows the top of the Sage Health Strategy website. The header is dark teal with the SAGE HEALTH STRATEGY logo on the left and navigation links for ABOUT US, SERVICES, CASE STUDIES, and CONTACT US on the right. A LinkedIn icon is also present. The hero section features the text: "Sage Health Strategy partners with health care organizations to: *drive change.*" Below this text are two buttons: "LEARN MORE" and "CONTACT US".

Services



The screenshot shows the 'About Us' section of the website. On the left is an illustration of three interlocking gears in shades of teal and blue. To the right, the text reads: "About Us Sage offers experienced health system leaders and industry professionals who provide incisive, mission-critical, market insight. Our goal is to make a difference – for our clients and our community." Below the text is a "LEARN MORE" button.

A boutique consulting firm focused on publicly-funded *health* care, offering experienced health system leaders and industry professionals who provide insights and action for client success.

Our goal is to make a difference – for our clients and our community.

1. *Why Medicaid Managed Care?*
2. *Inside the Mind of an MCO*
3. *Getting Credentialed to Bill*
 - *IMPACT registration*
 - *MCO Universal Roster completion*
4. *Questions and Answers*

Agenda

A Quick Note...



HealthChoice Illinois

- Aetna Better Health of Illinois
- Blue Cross Blue Shield
- CountyCare
- Meridian
- Molina



MMAI

- Aetna
- Blue Cross Blue Shield
- Humana
- Meridian
- Molina



YouthCare

- Meridian (Name displays as YouthCare)

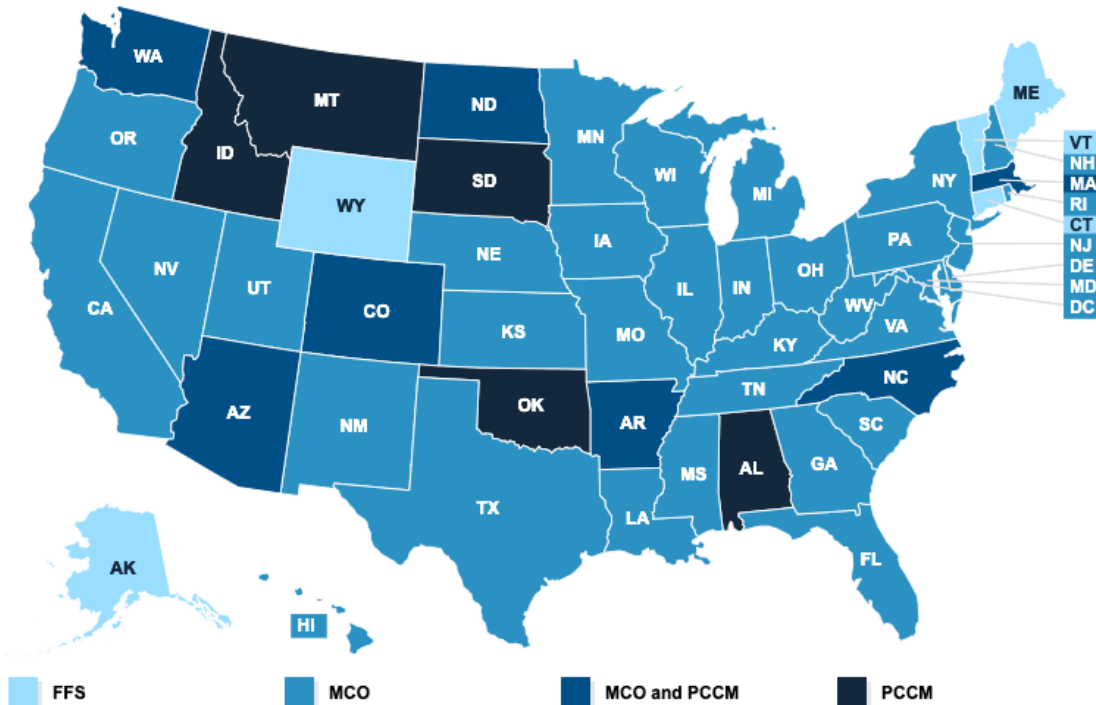
Why Medicaid Managed Care

Medicaid – Fast Facts

- *Medicaid is the nation's largest public health coverage program, serving almost 94 million individuals*
- *In Illinois, Medicaid covers approximately 3.8 million people, or about 20% of all Illinoisans*
- *In FFY2022, Illinois spent \$26.9B on the Medicaid program¹ (approximately 25% of the State's overall budget)*
- *Beginning in the early 2000's, as states grappled with rising Medicaid costs, a shift to coordinated and/or managed care began*

¹ Kaiser Family Foundation , State Health Facts (KFF.org)

Medicaid Managed Care is Here to Stay



47 states have implemented some form of Medicaid managed care.

40 of those are comprehensive, risk-based programs (i.e. contract with Managed Care Organizations).

75% of all Medicaid beneficiaries nationally receive their care from an MCO.

Source: KFF.org, *Share of Medicaid population covered under different delivery systems.*

Why Managed Care?

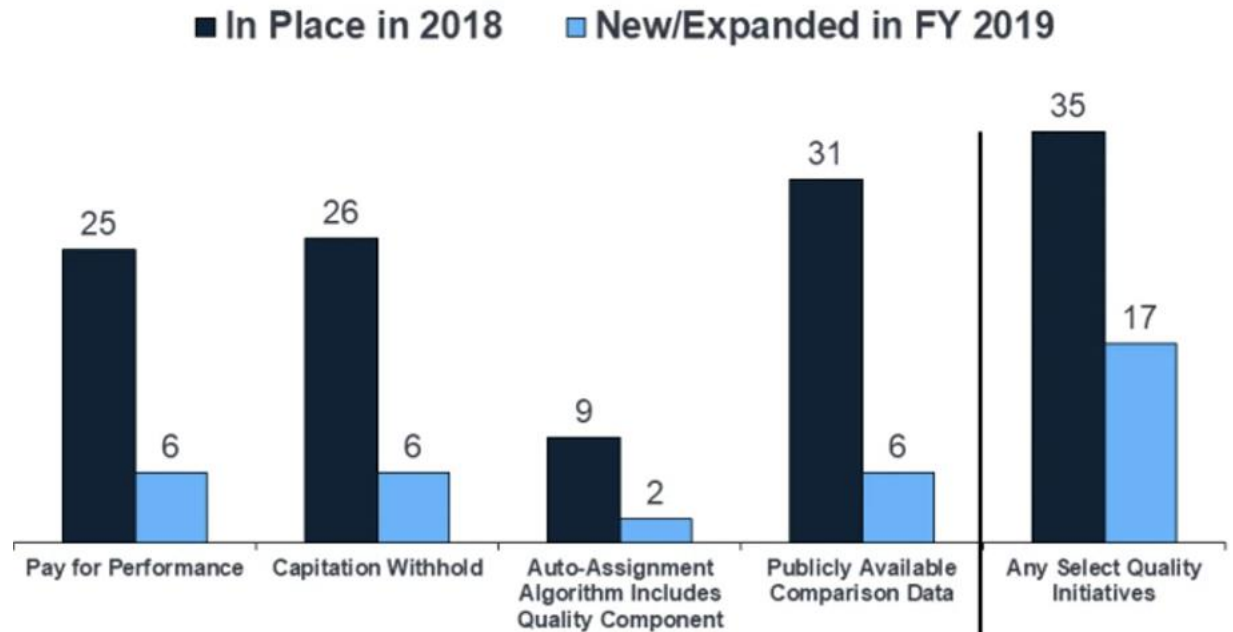
- *Budget predictability*

- *Program savings*

- *Better aligns with quality and value*

States are implementing an array of quality initiatives within MCO contracts.

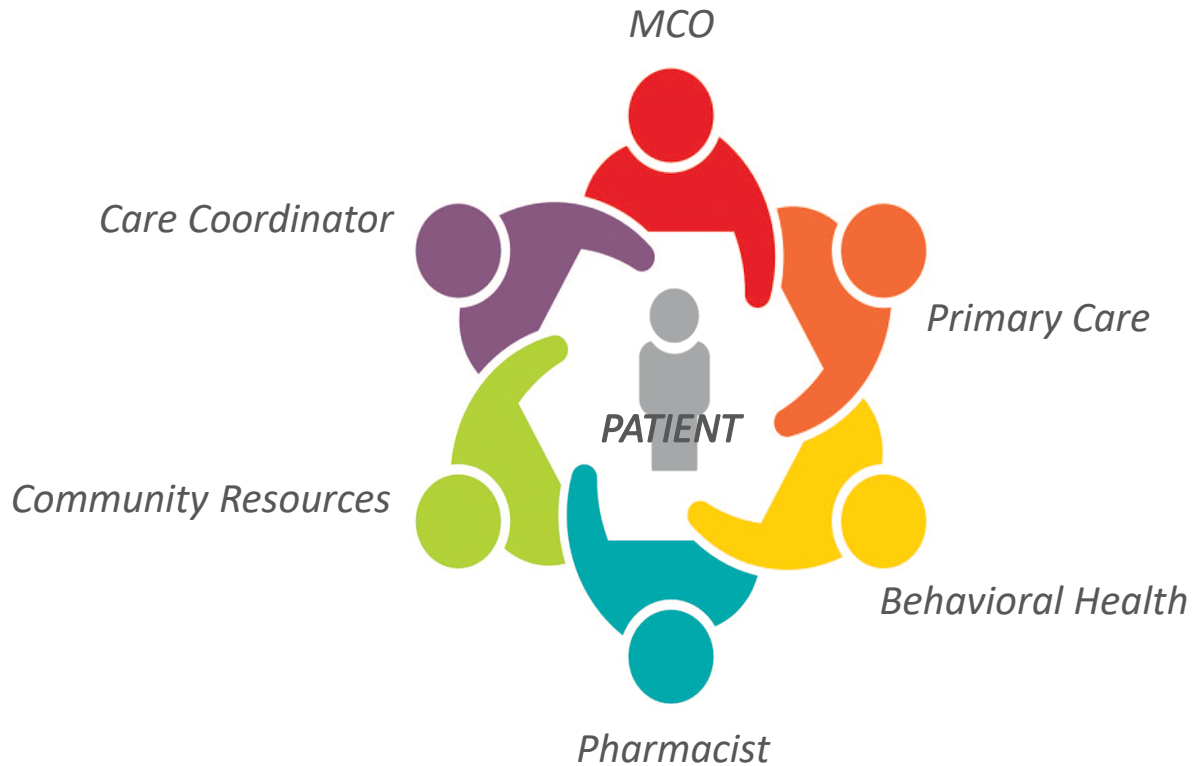
Select Medicaid Managed Care Quality Initiatives, FYs 2018 – FY 2019



NOTES: States with MCOs indicated if selected quality initiatives were in place in FY 2018, new or expanded in FY 2019.
SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2018.

Aligned Incentives = Focus on the Patient/Client

All parties are focused on improving quality/outcomes and reducing unnecessary cost



GOAL:
KEEP PATIENT HEALTHY

- ✓ TEAMWORK
- ✓ COLLABORATION
- ✓ COMMUNICATION

Inside the Mind of an MCO

The MCO Business Model – The Myth



Managed Care = Deny Care

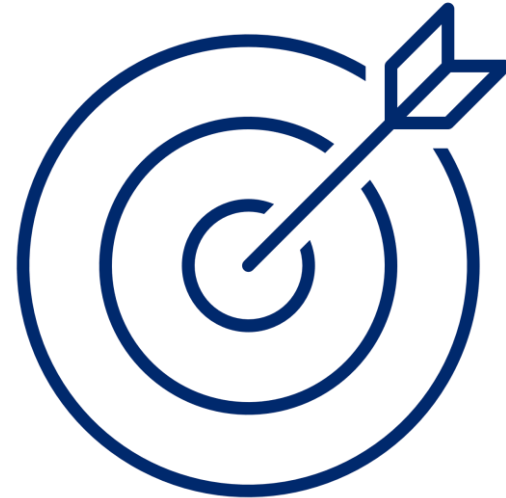
vs.



Managed Care = Coordinate Care

The MCO Business Model – The Goal

- **Managed Care defined**
 - *A health care delivery system organized to manage quality, utilization, and cost.*
- **Financing of an MCO**
 - *The State pays the MCO a monthly fixed amount for each member (PMPM - per member per month). This allows the state to better manage and predict costs related to the Medicaid program.*
 - *The MCO does not earn the entire fixed amount **unless quality outcomes are met** (quality withhold)*



THE GOAL:

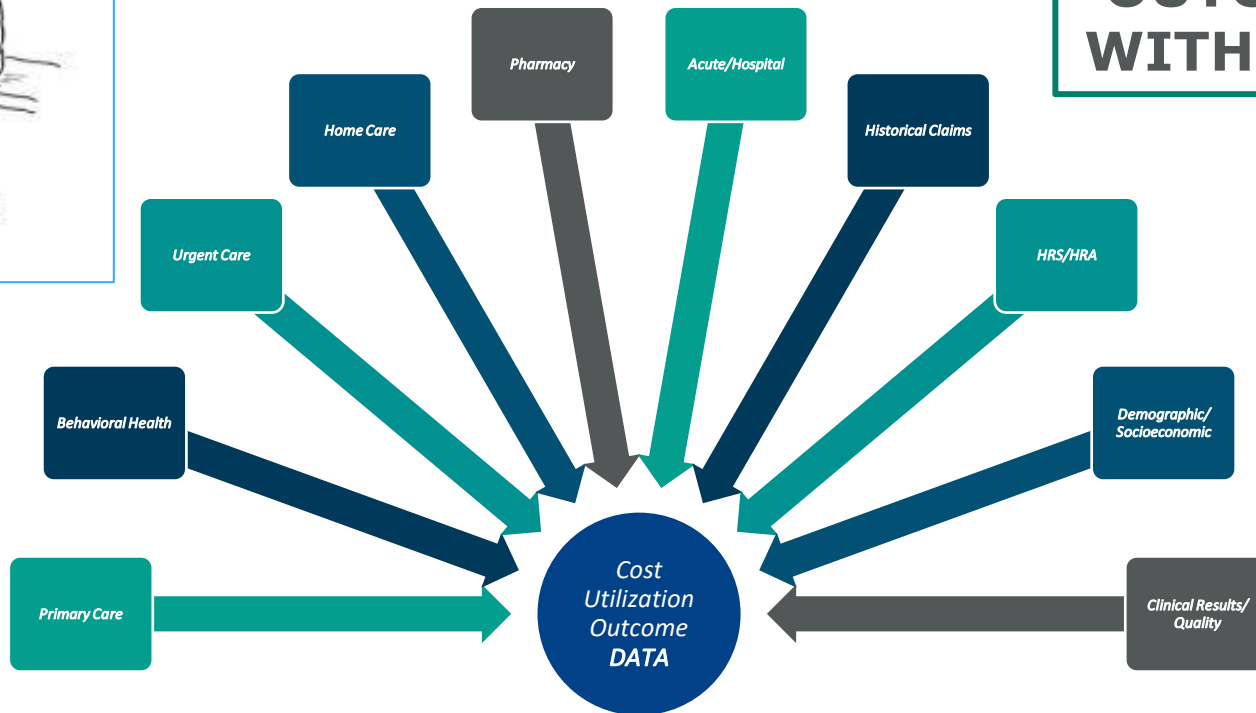
Maintain/improve quality while lowering the overall cost of care

The MCO Business Model – The Goal

THE GOAL = Maintain/improve quality while lowering the cost of care



**DRIVE
BETTER
OUTCOMES
WITH DATA!**



The Provider's Role in the MCO Model



Deliver Care



Member Engagement

Collaboration

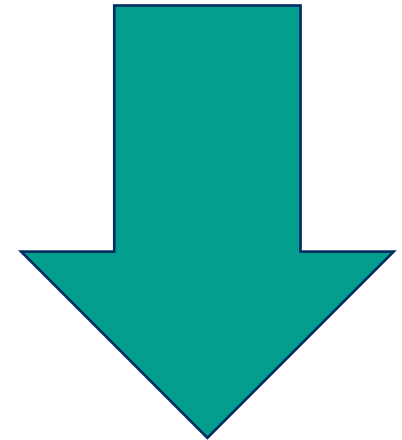
Coordination

Innovation

When It Works!

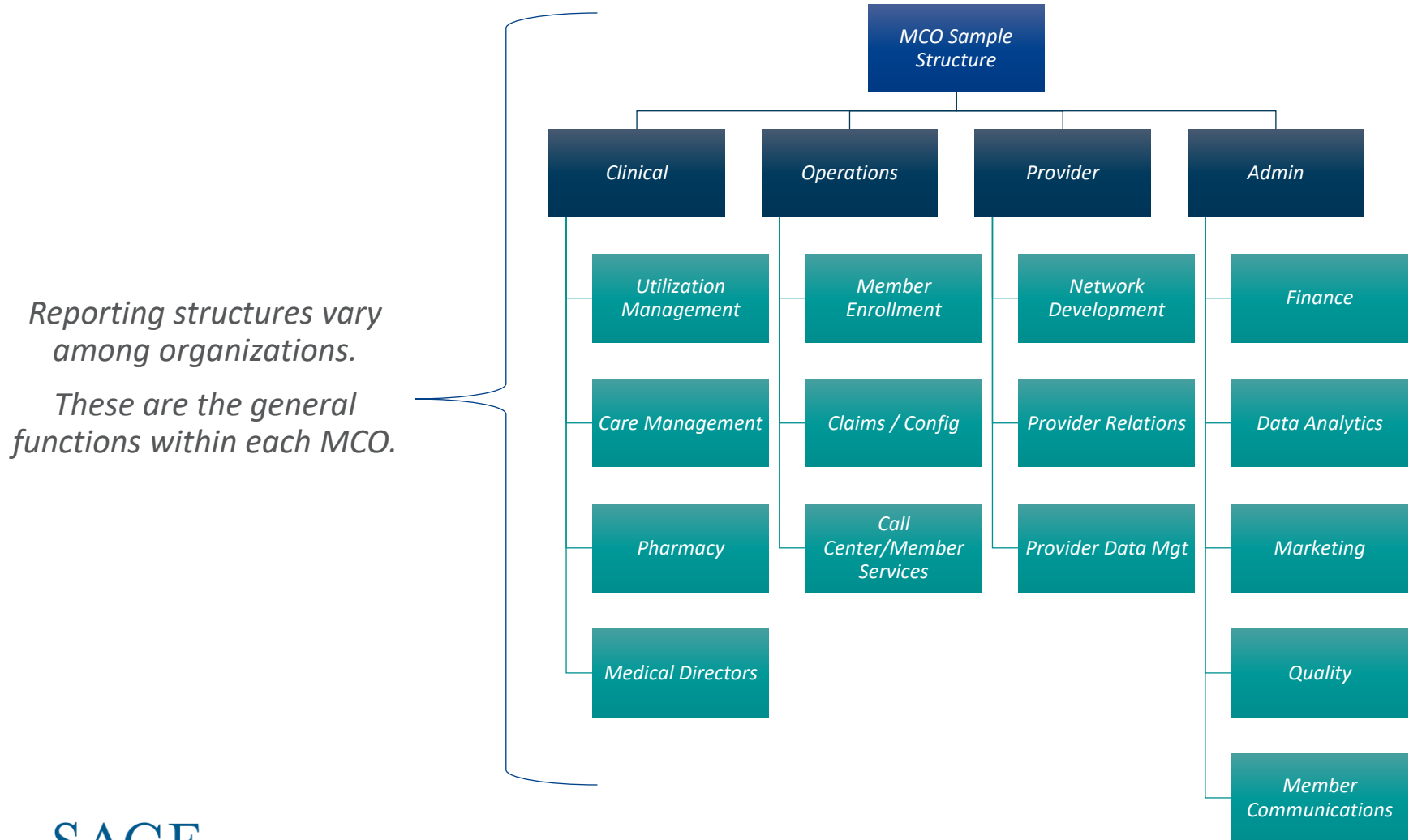
- *Example results in IL for the MMAI Duals Program (independent evaluator):*
 - *14.8% decrease in inpatient admissions*
 - *7.4% decrease in monthly ER visits*
 - *9.8% decrease in preventable ER visits*
 - *8.6% decrease in skilled care admissions*

UTILIZATION



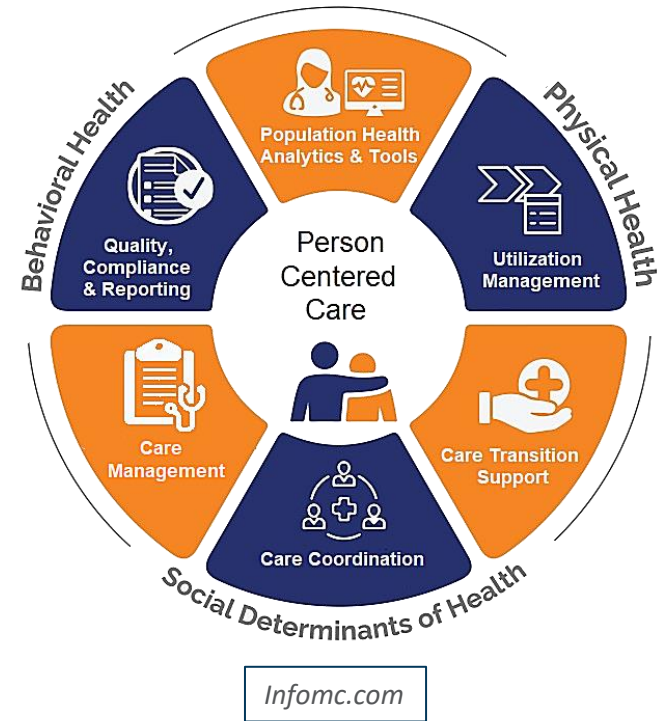
ⁱⁱ Walsh E. (2018, November 15). Illinois Medicare-Medicaid Alignment Initiative: First Evaluation Report. *RTI International*. Retrieved from <https://innovation.cms.gov/Files/reports/fai-il-firstevalrpt.pdf>

MCO Basic Organizational Structure



Tips for Working with MCOs

- *Build relationships throughout MCO organization*
- *Maintain two-way open and clear communication*
- *Document and archive decisions, discussions, follow-ups*
- *Monitor payments regularly*
- *Remember the MCO is incentivized on both quality and cost!*



Getting Credentialed

IMPACT vs the Universal Roster

- *IMPACT is the HFS on-line Medicaid credentialing system for providers. MCOs no longer credential providers.*
- *Once an application is approved by HFS, the provider is considered credentialed with the State and all MCOs to provide services (i.e. they have the requisite certifications, licenses, registrations, etc.).*
- *Credentialing on its own does not mean a provider and a health plan will be doing business together. Provider and plans must still enter into contractual relationships and satisfy all necessary operational requirements.*
- *Currently, MCOs do not receive everything a provider submits to IMPACT due to system limitations - hence the Universal Roster*

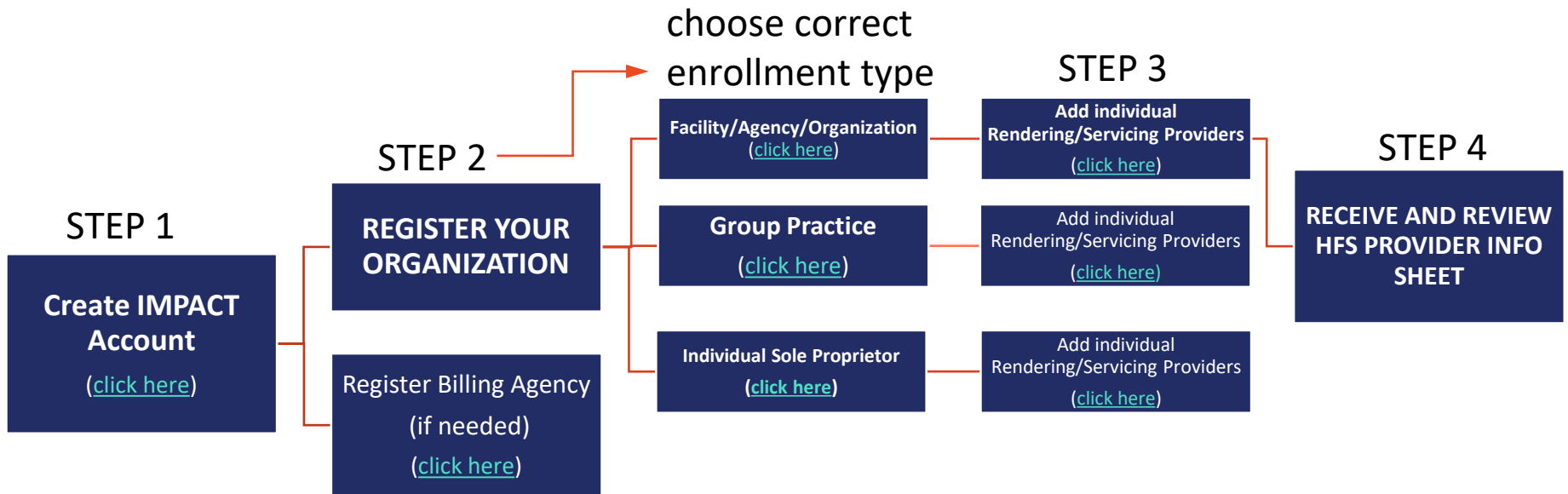
IMPACT Registration

- *Presentations/Instructions/Resources for registering in IMPACT are available on the HFS Impact website: <https://www.illinois.gov/hfs/impact/Pages/default.aspx>*
- *How a provider registers in IMPACT will directly affect how a provider is reimbursed by a health plan.*
- *Ensure that all applicable service locations, specialties and sub-specialties are selected and submitted to IMPACT.*
- *It is paramount that the taxonomy number(s) registered with IMPACT are the ones listed on claims and the Universal Roster to ensure payment.*

IMPACT Checklist

- Obtain a National Provider Identifier (NPI) and taxonomy (not applicable for waiver providers)*
- Confirm a certified W-9 is on file with Illinois Comptroller, if required*
- Renew your licensing and certifications if needed*
- Confirm a primary email is available and valid*
- Confirm your internet browser is supported (IE 8 or more recent browser)*
- Create a new IMPACT account (see “Single Sign-On” presentation on IMPACT website) in order to start application process*
- Review the spreadsheet of IMPACT provider types, specialties and sub-specialties for information on:*
 - ✓ *your type of enrollment*
 - ✓ *license and certification requirements*
- Check with your other funding agencies for any required supplemental enrollment documentation*

Overview of the IMPACT Registration Process



Universal Roster – The Basics



The Universal Roster is accepted by ALL HealthChoice MCOs.



The Universal Roster and instructions can be found on the IAMHP* website (www.IAMHP.org) under the Provider Resources page



The Universal Roster seeks to obtain three categories of information required for contracting and provider directories:

- Information that is required
- Information that is required only if applicable to your organization
- Information that is preferred, but not required



If your organization would like training on completing the Universal Roster, please contact IAMHP* or one of the MCOs.

* Illinois Association of Medicaid Health Plans

Basic Do's and Don'ts

- ✓ *Submit your full Universal Roster to the MCO at the SAME TIME as you complete your IMPACT registration*
- ✓ *Universal Rosters should be submitted on a monthly basis (or quarterly if changes are minimal)*
 - *Please check if plans can accept change files only or need full rosters monthly*
 - *Providers listed/changed on the roster will be loaded by the MCO within 30 days*
- ✓ *Universal Roster format*
 - *Providers are asked to use the most updated roster format (found at www.IAMHP.org)*
- ✓ *Changes to the Universal Roster template*
 - *Do not delete columns or headers*
 - *Fields that are not applicable should be left blank (i.e. do not state N/A)*
 - *Additional lines can be added to reflect additional locations for the provider.*
- ✓ *Incomplete rosters*
 - *Providers without complete information on the Universal Roster will not be loaded by the MCO.*

MCO Submission Variances

- *The content, structure and format of the Universal Roster has been standardized, BUT:*
 - *Providers should still communicate with MCOs on their submission policy (method of transmission, contact person, etc.)*
 - *FAQs on IAMHP website (under Provider Resources) will provide additional details for each MCO*
- **REMEMBER:** *Submit your Universal Roster at the SAME TIME as your IMPACT registration!*
- *The effective date of the provider with the MCO will be the later of:*
 - *Date provider is contracted*
 - *Date provider is effective in IMPACT*
 - *Date Universal Roster is submitted*

The screenshot shows the IAMHP website with a navigation bar at the top containing links for HOME, ABOUT US, INDIVIDUALS, PROVIDERS, HEALTH PLANS, EVENT CALENDAR, CONTENT CORNER, and CONTACT US. Below the navigation bar, there are sections for 'Key Contact & Escalation Documents' and 'Resource Documents'. The 'Resource Documents' section features two main items: 'COMPREHENSIVE BILLING MANUAL' and 'HEDIS GUIDE'. To the right, a 'Quick Links' sidebar lists various resources, including 'HES Direct Link', 'HES & IAMHP Provider Meeting Material', 'IAMHP Notices', 'IAMHP Provider Memo - DSI Guidelines', 'IAMHP Video Library', 'Key Contact & Escalation Documents', 'Maternal Health Toolkit', 'MCO Consistent Tracking Number Memo', 'MCO Mandated Training Material', 'Oral Health Resources', 'Peer-To-Peer Review', 'Pre-Authorization Links', and 'Provider Manuals'. A callout box from the 'Universal IAMHP Roster Template' link in the sidebar points to a detailed list of resources:

- Universal IAMHP Roster Template (Updated 2/24/24)
- Pre-Submission Roster Validation Tool
- Provider Roster Template FAQs
- Standardized Contracting and Payment Processing Information Template
- Updated Roster Memo (Effective 10-1-21)
- Well Child Visits & Immunization Tool Kit

Filling out the Universal Roster

- *The Universal Roster is a multi-tabbed Excel workbook:*
 - *The First Tab – **INSTRUCTIONS** – provides definitions and basic outline of how to complete the workbook.*
 - *There are three different sections (tabbed in **green**): Practitioners, Groups/Locations, and Facilities. Depending on your organization, you may not have to complete all sections.*
 - *Before each green tab, there is a corresponding tab with more detailed instructions on how to complete each field.*
 - *Each sheet has certain fields that are drop-downs (Status, State, Y/N, M/F, etc.) Not all fields contain a drop down, and these are free text. Please utilize the drop down when appropriate.*

Universal Roster: Definitions



All Practitioners

- This tab is relating to each individual practitioner in a group. Some practitioners will have more than one line to represent them due to operating out of multiple service locations. Please complete ***all required*** fields related to each practitioner as appropriate.



Group Location Practices

- Group Location Practices are the service locations where providers treat patients. These locations do not double as a provider therefore they do not have individual NPIs, licenses, and the like. Each location is required to meet ADA standards and to specify any limitations and services offered. Please complete ***all required*** fields related to each group location as appropriate.



Facility

- Similar to the Group Location Practices, this is a physical building, however **facilities have the ability to bill direct as well**. Each facility is required to meet ADA standards and to specify any limitations and services offered. Please complete ***all required*** fields related to each facility as appropriate.

Universal Roster: Group Location Tab



This is the tab where clinic/agency information should be.



Existing data elements

Location

Billing

Hours



New data elements as required by state and federal policy:

Languages

Transportation Access

Practice Information

Completion of training

Location Services

Detailed ADA information

Universal Roster: Group/Location Instructions

	A	B	C	D	E	F	G
5	Location Information	Location Name	Text	Required	Required		
6		Address 1	Text/Numerical	Required	Required		
7		Address 2	Text/Numerical	Required	Required		
8		City	Text	Required	Required		
9		State	Text	Required	Required		
0		Zip Code	Numerical	Required	Required		
1		Location Phone	Numerical	Required	Required	555-555-5555	
2	Location Fax	Numerical	Required	Required	555-555-5555		
3	Appointment Phone (if Different than Location Phone)	Numerical	If Applicable	If Applicable	555-555-5555		
4	Provider Fax (if different than Location Fax)	Numerical	If Applicable	If Applicable	555-555-5555		
5	Call Coverage Phone (if Different than location)	Numerical	If Applicable	If Applicable	555-555-5555		
6	Website	Text/Numerical	If Applicable	If Applicable	Practice Website	X	
7	Email	Text/Numerical	If Applicable	If Applicable		X	
8	Billing Information	Tax Identification Number	Numerical	Required	Required	Tax Identification Number used for Billing and 1099 purposes, no dashes	
9		Primary Tax Identification Number	Text	Required	Required	Yes - Y, No - N. Identifies if the TIN is the Primary Billing TIN, if multiple TINs exist	
0		Legal Business Name	Text	Required	Required	Legal Billing Name as indicated on W-9	
1		Remittance Address 1	Text/Numerical	Required	Required	Address for where checks/remittance advices should be sent	
2		Remittance Address 2	Text/Numerical	Required	Required	Address for where checks/remittance advices should be sent	
3		Remittance City	Text	Required	Required	Address for where checks/remittance advices should be sent	
4		Remittance State	Text	Required	Required	Address for where checks/remittance advices should be sent	
					Address for where checks/remittance advices should be sent		

Group_Location Practices Direct

Universal Roster: Group/Location Data Elements

Location Information												Billing Information				
Location Name	Address 1	Address 2	City	State	Zip	Location Phone	Location Fax	Appointment Phone (If Different than Location Phone)	After Hours Phone	Website	Email	Tax ID (No Dashes)	Primary Tax ID (Y/N)	Legal Business Name	Remittance Address 1	Re Ar
INSTRUCTIONS	Practitioner Directions		Practitioner Data		Group_Location Practices Direct				Group_Location Practices Data		Facility Directions		Facility			

Universal Roster: Individual Practitioner Instructions

	Data Field	Format	Medicaid	All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Accepted Data Response	Published in the Provider Directory
Provider Status	New/No Change/ Update/ Term	Text	Required	Required	New/No Change/ Update/ Term	
	Effective Date	Text	Required	Required	Effective Date of the Provider Status	
	NPI	Numerical	Required	Required	NPI for the individual Practitioner	X
	Last Name	Text	Required	Required	Upper and Lower Case Text Preferred	X
	First Name	Text	Required	Required	Upper and Lower Case Text Preferred	X
	Middle Name	Text	If Applicable	If Applicable	Upper and Lower Case Text Preferred	X
	Suffix	Text	If Applicable	If Applicable	Upper and Lower Case Text Preferred - If Applicable (i.e Jr. Sr, II etc)	X
	Degree	Text	Required	Required	Degree Type for practitioner, (i.e. MD, DO, DPM, CNP, APN, PA, etc)	X

Universal Roster: Individual Practitioner Data Elements

Provider Status		Practitioner							
New/No Change/ Update/ Term	Effective Date	NPI	Last Name	First Name	Middle Name	Suffix	Degree	Date Of Birth (MM/DD/YYYY)	SSN # (No Das

INSTRUCTIONS | Practitioner Directions | **Practitioner Data** | Group_Location Practices Direct | Group_Location Practices Data

Behavioral Health Specialized Training & Experience

	Behavioral Health Specialized Training and Experience In Treating	
2	ADD/ADHD	
3	Addictive Disorders	
4	Addictive Medicine	
5	Adjustment Disorder	
5	Adolescent Behavior Disorders	
7	Adolescent Psychiatry	
3	Adolescent Psychotherapy	
9	Adolescent Sex Offender	
0	Adolescents	
1	Adoption Issues	
2	Adult ADD Medical Illness	
3	Adults	
4	Anger Management	
5	Anxiety/Panic Disorder	
6	Applied Behavior Analysis	
7	Art Therapy	
8	Attachment Disorder	
9	Attachment Therapy	
0	Autism/Asperger's	
1	Behavioral Therapy	
2	Biofeedback	
3	Bipolar Disorder	
4	Brief Therapy	
5	Chemical Dependency	
6	Child Parent Psychotherapy	
7	Child Psychiatry	
8	Child Psychological Testing	
9	Child/Parent Bonding	
0	Christian Counseling	
1	Chronic Pain/Pain Management	

Location Services

A	B
Location Services	
24 Hr. Emergency Service	
Acute Rehabilitation	
Ambulatory Surgical Care Center	
Behavioral Health (BH) Acute Care	
Behavioral Health (BH) Residential Treatment	
Cancer Care	
Cardiac Care	
Dialysis Equipment & Supplies	
Durable Medical Equipment	
Electronic Medical Records	
Extended Office Hours	
Gynecological Services	
Heart Transplant Programs	
Home Health	
Hospice	
Immunization Provided	
In Home Visits	
Inpatient Psychiatric Services	
Kidney Transplant Programs	
Knee and Hip Replacement	
Lab Services	
Level 3 Perinatal Facility	
Liver Transplant Programs	
Long-Term Acute Care (LTAC)	
Lung Transplant Programs	
Mammography Services	
Neonatal Intensive Care Unit (NICU)	
Nursing Facility Supplies	
OB/Gyn Services	
Obstetrics Services	

Let's talk.

Q&A

Appendix

MCO Key Plan Contacts

KEY PLAN CONTACTS

Aetna Better Health® of Illinois	Call Provider Services at 866-329-4701 or email ABHILProviderRelations@Aetna.com . To find your Aetna Better Health of Illinois Representative, please refer to PR Assignment Listing
Blue Cross Community Health Plan (BCCHP)	To find your designated point of contact, please refer to the Government Provider Network Consultant List . For more detailed information, you can contact Provider Services at govproviders@bcbsil.com or call 855-653-8126 .
County Care Health Plan	Call Provider Customer Service at 312-864-8200, Option 6 or email ProviderServices@countycare.com .
Meridian	Call Meridian Customer Service at 866-606-3700 or email ilproviderrelations@mhplan.com
Molina Healthcare	To find your Molina Provider Relations Manager click here or call Provider Services at 855-866-5462 .