



Care Coordination Services

UnitedHealthcare (UHC) has worked with Iowa Medicaid to make care coordination simpler for members. There is no elimination or decrease of care coordination services; rather some eligible members, as prescribed below, will be provided the same coverage through a value based incentive care coordination program supported by UHC. Managing duplication is required by Federal/State regulations. A member eligible for health home services that is currently not eligible (by Iowa Medicaid guidelines) for attribution to an Accountable Care Organization will continue to receive their care coordination services through health homes (if a health home is available).

Frequently Asked Questions (FAQ)

Chronic Condition Health Home

Q: Who is eligible for enrollment into a Chronic Condition Health Home (CCHH)?

Iowa Medicaid members with chronic conditions as defined in the CCHH State Plan Amendment.

The State and MCO's must ensure there is no duplication of services, and payment for similar services, provided under any other Medicaid authority.

Members in a LTSS Program - A member that is eligible for the following 1915c Waiver programs – Elderly, Physical Disability, Health Disability, Intellectual Disability, Brain Injury, HIV/AIDS - receive case management support from their Community Based Case Manager (previously referred to or known as Targeted Case Manager/TCM). These members are not eligible for the CCHH Program.

Members are not eligible if they are an Iowa Health & Wellness Plan (non-Medically Exempt) or Iowa *hawk-i* Plan member.

Q: Is UHC enrolling new members into a Chronic Condition Health Home (CCHH)?

UHC follows a process to ensure there is no unnecessary duplication in care coordination and case management provided to its members. Therefore, UHC members are assigned care coordination/case management as follows:

LTSS Member - The UHC community-based case managers will provide case management and care coordination for UHC members that receive services through one of the following 1915c Waiver programs – Elderly, Physical Disability, Health Disability, Intellectual Disability, Brain

Injury, HIV/AIDS. These members will not be authorized for Chronic Condition Health Home services since would be a duplication of care coordination services.

NON-LTSS Members - UHC follows a hierarchy of enrollment (a diagram of the hierarchy is included below) in care coordination and case management programs to ensure there is no duplication of services.

1. UHC has active ACO arrangements with many health systems, and care coordination for UHC Medicaid members is included in the ACO incentives and shared savings arrangement. These members will not be authorized for CCHH since this will be a duplication of care coordination services. Members that have a PCP within the ACO will be assigned their same Primary Care Physician and be part of the ACO arrangement. The ACO and PCP are responsible for managing the care of their attributed members, including members with chronic conditions. UHC will monitor the effectiveness of the care coordination ACOs provide and, if needed, UHC will provide the ACO additional direction, guidance, and support to ensure the member's needs are met. The Department is responsible to ensure all care coordination meets MCO member needs.
2. If the member's PCP is not part of an ACO, UHC has an Intensive Case Management and Care Coordination program that integrates medical, behavioral and social determinants of care. UHC will either enroll the member in a CCHH or work with the member's PCP to ensure care coordination activities are met.

Q: Why are previous AmeriHealth CCHH members missing from my roster?

UHC will evaluate the AmeriHealth rosters provided to UnitedHealthcare. We will work with the provider to reconcile the rosters.

1. If the member is receiving care from a Primary Care Physician that is part of an ACO, UHC will include the member in the ACO arrangement. The ACO and PCP are responsible for managing the care of their attributed members, including members with chronic conditions.
2. If the member is receiving care from a PCP that is not part of an ACO, UHC will either enroll the member in a CCHH or work with the member's PCP to ensure care coordination activities and needs of the member are met.

Q: What is UHC doing with members in our CCHH?

UHC routinely evaluates members currently enrolled within a CCHH. We will work with the provider to reconcile the rosters.

1. If the member is receiving care from a Primary Care Physician that is part of an ACO, UHC will include the member in the ACO arrangement. The ACO and PCP are

responsible for managing the care of their attributed members, including members with chronic conditions.

2. If the member is receiving care from a PCP that is not part of an ACO, UHC will either enroll the member in a CCHH or work with the member's PCP to ensure care coordination activities and needs of the member are met.

Q: How will the ACO manage these members?

UHC has active ACO arrangements with many health systems, and care coordination for UHC Medicaid members is included in the ACO incentives and shared savings arrangement. The purpose of the delivery system transformation is to improve the value of services provided and creating better outcomes for Medicaid members. UHC supports the delivery system transformation activities of the SIM which includes supporting and equipping the system to adopt an ACO payment model and sustain its use.

Q: Is UHC bringing Chronic Condition Health Home care coordination activities in house?

UHC is ensuring duplication of care coordination activities does not exist. The care coordination expectations of the State Plan Amendment for Health Homes are provided through the same PCP that is associated with the ACO. The Health Home care coordination activities are considered administrative (like case management) in nature. Many members are receiving services through an ACO arrangement. Members will be attributed, and enrolled, in their ACO for the delivery of care coordination activities. It would be duplicative to have care coordination provided both through a CCHH and an ACO. UHC also has an Intensive Case Management program that integrates medical, behavioral and social determinant care coordination programs, and UHC will work with the member's PCP to ensure care coordination activities and needs of the member are met.

Integrated Health Home

Q: Who is eligible for enrollment into an Integrated Health Home (IHH)?

Individuals are eligible for Integrated Health Home care coordination if the individual is:

- Enrolled in Medicaid and
 - An adult with a Serious Mental Illness (SMI)
 - A child or youth with a Serious Emotional Disturbance (SED)

The State and MCO's must ensure that there is no duplication of services, and payment for similar services, provided under any other Medicaid authority.

Members in a LTSS Program - A member that is eligible for one of the following 1915c Waiver programs – Elderly, Physical Disability, Health Disability, Intellectual Disability, Brain Injury,

HIV/AIDS - receives case management support from their Community Based Case Manager (previously referred to or known as Targeted Case Manager/TCM). IHH's do not meet the case management program requirements for these 1915c Waiver programs; these members are not eligible for the IHH Program.

Members are not eligible if they are part of the Iowa Health & Wellness Plan (non-Medically exempt) or Iowa *hawk-i* Plan.

Q: Is UHC enrolling new members into an Integrated Health Home (IHH)?

UHC follows a process to ensure there is no unnecessary duplication in care coordination and case management provided to its members. Therefore, UHC members are assigned care coordination/case management as follows:

LTSS Member -

The UHC community-based case managers will provide case management and care coordination for UHC members that receive services through the intellectual disability, physical disability, elderly, AIDS, Health and Disability, or Brain Injury 1915c Waiver programs. These members will not be authorized for IHH since that would be a duplication of care coordination services.

CMH/HAB Waiver eligible Members -

The Integrated Health Home (IHH) will continue to provide care coordination services to UHC members receiving services through the Children's Mental Health (CMH) waiver or the 1915i Habilitation waiver that are not enrolled in another 1915c waiver.

NON-LTSS Members and SME or SED - UHC follows a hierarchy of enrollment in care coordination and case management programs to ensure there is no duplication of services.

1. The ACO will provide comprehensive care coordination that meets the member's whole-person needs to UHC members with an SMI or SED actively enrolled with the ACO. These members will not be authorized for IHH since this will be a duplication of care coordination services. UHC will monitor the effectiveness of the care coordination ACOs provide and, if needed, UHC will provide the ACO additional direction, guidance, and support to ensure the member's needs are met. The Department is responsible to ensure all care coordination meets MCO member needs, including members with behavioral health needs.
2. If the member's PCP is not part of an ACO, UHC will enroll the member to an IHH through at least 1/31/2018. UHC will be evaluating the members during this time to determine care coordination and case management needs of the member. UHC has an Intensive Case Management program that integrates medical, behavioral and social determinant care coordination program. UHC will either enroll the member in

an IHH or work with the member's care providers to ensure care coordination activities are met.

Q: How is UHC handling former AmeriHealth IHH members?

LTSS Member -

The UHC community-based case managers will provide case management and care coordination for UHC members that receive services through the intellectual disability, physical disability, elderly, AIDS, Health and Disability, or Brain Injury 1915c Waiver programs. These members will not be authorized for IHH since that would be a duplication of care coordination services.

CMH/HAB Waiver eligible Members -

The Integrated Health Home (IHH) will continue to provide care coordination services to UHC members receiving services through the Children's Mental Health (CMH) waiver or the 1915i Habilitation waiver that are not enrolled in another 1915c waiver.

NON-LTSS Members and SME or SED - UHC follows a hierarchy of enrollment in care coordination and case management programs to ensure there is no duplication of services.

- The ACO will provide comprehensive care coordination that meets the member's whole-person needs to UHC members with an SMI or SED actively enrolled with the ACO. These members will not be authorized for IHH since this will be a duplication of care coordination services. UHC will monitor the effectiveness of the care coordination ACOs provide and, if needed, UHC will provide the ACO additional direction, guidance, and support to ensure the member's needs are met. The Department is responsible to ensure all care coordination meets MCO member needs, including members with behavioral health needs.
- If the member's PCP is not part of an ACO, UHC will enroll the member to an IHH through at least 1/31/2018. UHC will be evaluating the members during this time to determine care coordination and case management needs of the member. UHC has an Intensive Case Management program that integrates medical, behavioral and social determinant care coordination program. UHC will either enroll the member in an IHH or work with the member's care providers to ensure care coordination activities are met.

Q: Why are previous AmeriHealth IHH members missing from my roster?

UHC will evaluate the AmeriHealth rosters provided to UnitedHealthcare. We will work with the provider to reconcile the rosters.

1. Members in a LTSS Program - The UHC community-based case managers will provide case management and care coordination for UHC members that receive services

through the intellectual disability, physical disability, elderly, AIDS, Health and Disability, or Brain Injury 1915c Waiver programs. These members will not be authorized for IHH since that would be a duplication of care coordination services.

2. CMH/HAB Waiver eligible Members - The Integrated Health Home (IHH) will continue to provide care coordination services to UHC members receiving services through the Children's Mental Health (CMH) waiver or the 1915i Habilitation waiver that are not enrolled in another 1915c waiver.
3. NON-LTSS Members and SME or SED - UHC follows a hierarchy of enrollment in care coordination and case management programs to ensure there is no duplication of services.
 - The ACO will provide comprehensive care coordination that meets the member's whole-person needs to UHC members with an SMI or SED actively enrolled with the ACO. These members will not be authorized for IHH since this will be a duplication of care coordination services. UHC will monitor the effectiveness of the care coordination ACOs provide and, if needed, UHC will provide the ACO additional direction, guidance, and support to ensure the member's needs are met. The Department is responsible to ensure all care coordination meets MCO member needs, including members with behavioral health needs.
 - If the member's PCP is not part of an ACO, UHC will enroll the member to an IHH through at least 1/31/2018. UHC will be evaluating the members during this time to determine care coordination and case management needs of the member. UHC has an Intensive Case Management program that integrates medical, behavioral and social determinant care coordination program. UHC will either enroll the member in an IHH or work with the member's care providers to ensure care coordination activities are met.

Q: What will happen with UHC members in our IHH?

LTSS Member -

The UHC community-based case managers will provide case management and care coordination for UHC members that receive services through the intellectual disability, physical disability, elderly, AIDS, Health and Disability, or Brain Injury 1915c Waiver programs. These members will not be authorized for IHH since that would be a duplication of care coordination services.

CMH/HAB Waiver eligible Members -

The Integrated Health Home (IHH) will continue to provide care coordination services to UHC members receiving services through the Children's Mental Health (CMH) waiver or the 1915i Habilitation waiver that are not enrolled in another 1915c waiver.

NON-LTSS Members and SME or SED - UHC follows a hierarchy of enrollment in care coordination and case management programs to ensure there is no duplication of services.

1. The ACO will provide comprehensive care coordination that meets the member's whole-person needs to UHC members with an SMI or SED actively enrolled with the ACO. These members will not be authorized for IHH since this will be a duplication of care coordination services. UHC will monitor the effectiveness of the care coordination ACOs provide and, if needed, UHC will provide the ACO additional direction, guidance, and support to ensure the member's needs are met. The Department is responsible to ensure all care coordination meets MCO member needs, including members with behavioral health needs.
2. If the member's PCP is not part of an ACO, UHC will enroll the member to an IHH through at least 1/31/2018. UHC will be evaluating the members during this time to determine care coordination and case management needs of the member. UHC has an Intensive Case Management program that integrates medical, behavioral and social determinant care coordination program. UHC will either enroll the member in an IHH or work with the member's care providers to ensure care coordination activities are met.

Q: Is UHC bringing IHH case management in house?

UHC is evaluating the potential for future programmatic changes regarding meeting the care coordination expectations of the State Plan Amendment for Integrated Health Homes. Health Home expenses (PMPM & IHH incentive payments to providers) are considered administrative (like case management) in nature.

Q: How will members not in an IHH be assessed for Habilitation or Children's Mental Health Waiver Program non-financial eligibility?

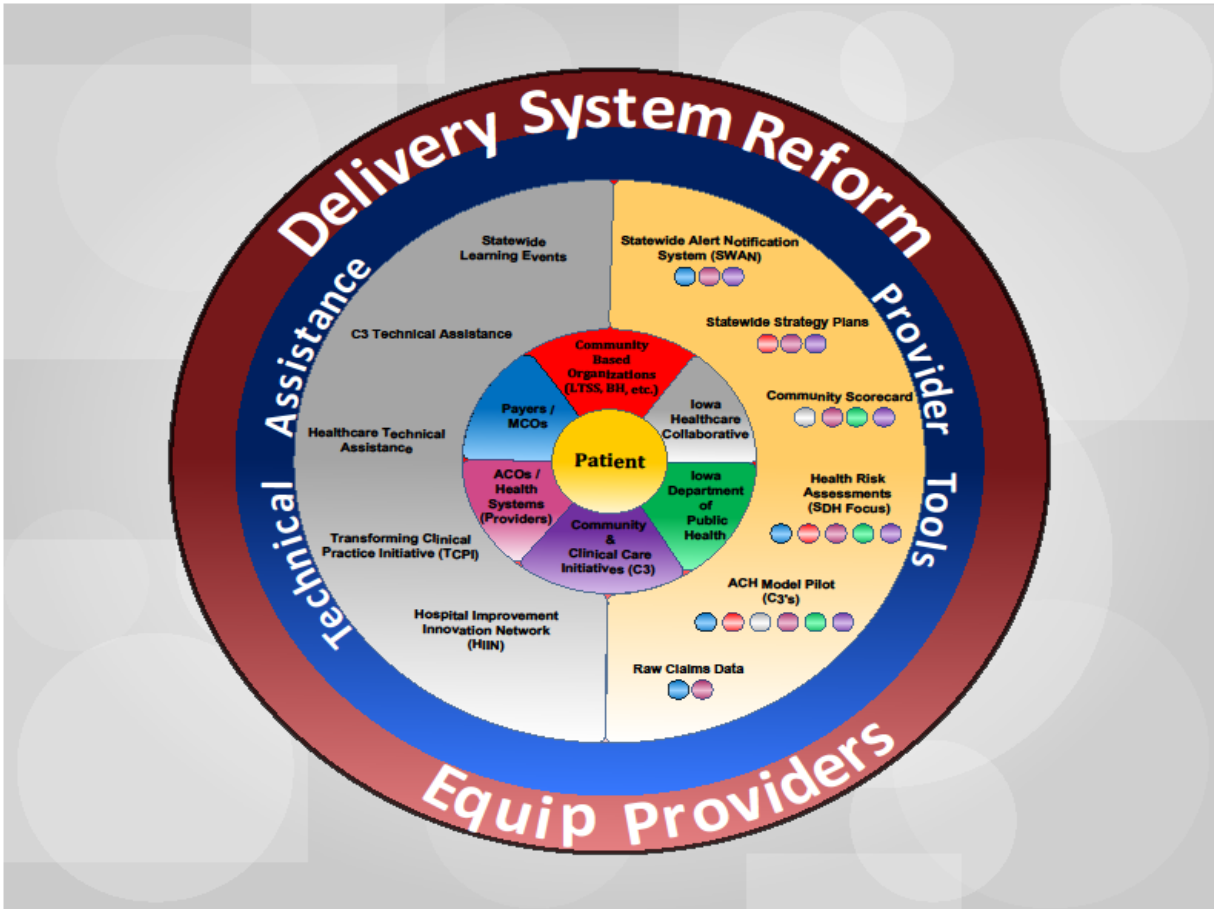
UHC will perform internal reporting and review claim experience to identify individuals potentially eligible and would benefit from Habilitation or Children's Mental Health Waiver Programs. UHC will train internal care coordinators to identify and assess members who may be eligible for these waivers, based on 1915c or 1915i criteria. Upon identifying and assessing new members, UHC will work to complete enrollment documentation in collaboration with the member for waiver eligibility. While on the waitlist, UHC will continue to provide care coordination services and on a case-by-case basis determine whether IHH enrollment is appropriate.

Q: How will the ACO manage these members?

UHC has active ACO arrangements with several health systems, and care coordination for UHC Medicaid members is included in the ACO incentives and shared savings arrangement. UHC supports the Delivery system transformation activities of the SIM including supporting and

equipping the system to adopt an ACO payment model and sustain its use. ACOs are accountable for all the member's needs, including behavioral. UHC will support the ACO's if they have areas or activities that are not fully developed to ensure the member's needs are met.

The approach is to ensure delivery of care coordination through a comprehensive model that includes both field based and telephonic outreach.



If you have questions not addressed above, please contact your UnitedHealthcare transformation consultant.

For members, they can directly contact UnitedHealthcare via the Nurse Line 24 hours a day, 7 days a week at 1-877-244-0408.