



Aetna Better Health of Ohio

**National Home and Community
Based Services (HCBS) Conference**

**Unique Partnership with
AAAs to Better Serve Waiver
Members**

**At Aetna Medicaid
we believe in
improving every life
we touch as good
stewards to those we
serve.**



Empowering People to Live Healthier Lives



2017 at a Glance

49,500 Employees

22 million medical members

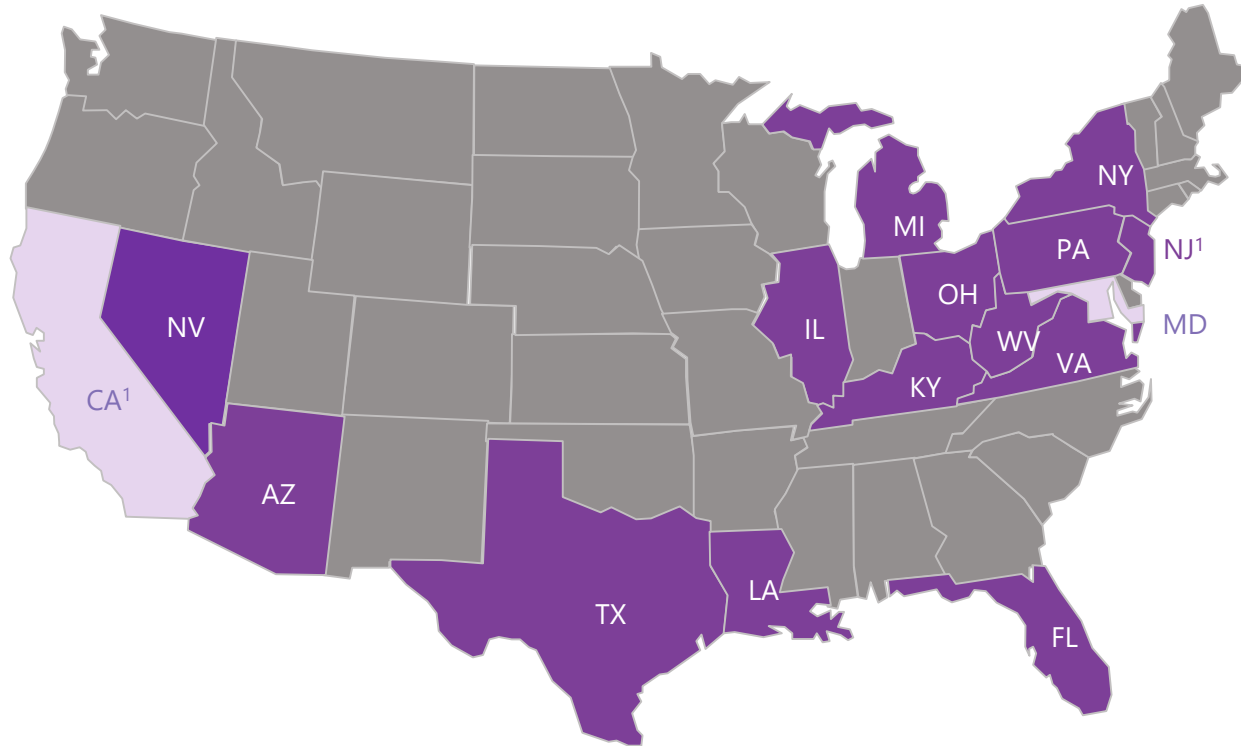
\$61 billion revenue

160 years of national and international experience

3rd largest managed care organization in the U.S.

We put the members we serve at the center of everything we do

aetnaSM | Medicaid 2017 Nationwide Footprint



We provide services for nearly
3.1 million members across
14 states and 35 contracts

- Aged, Blind and Disabled (ABD)
- Children in Foster Care (DCF)
- Children's Health Insurance Program (CHIP)
- Developmentally Disabled (DD)
- Dual Eligibles
- General or Serious Mental Illness (GMH/SMI)
- Long Term Services and Supports (LTSS)
- Medicaid Expansion
- Temporary Aid to Needy Families (TANF)

Populations we serve...

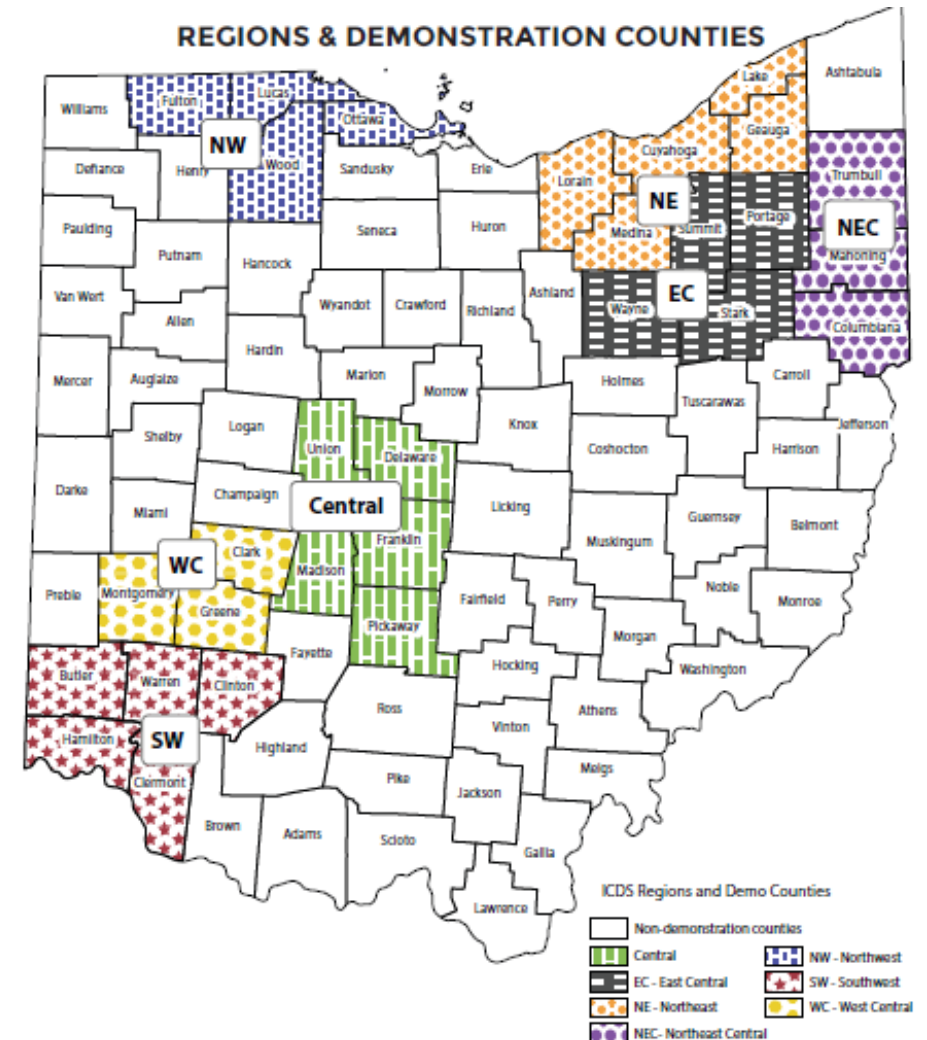


We coordinate and reimburse for the services & care our members need.



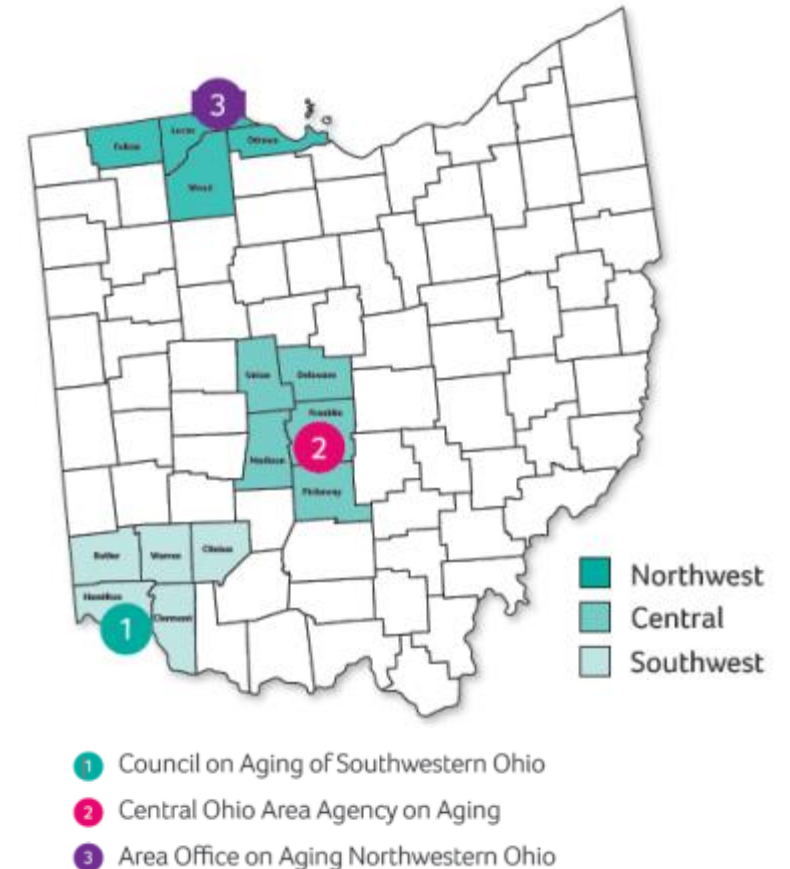
MyCare Ohio – Ohio's Financial Alignment Demonstration (Duals)

- One point of contact for members
- Person-centered care; seamless across services and settings of care
- Easy to navigate for members and providers
- Lower cost of care through wellness, prevention, coordination and community-based services
- Seven (7) geographic regions
- 29 Ohio counties
- Approximately 100,000 eligible statewide
- Aetna Better Health of Ohio (~23K members)
 - 14 counties; Northwest, Southwest, Central



Best Practice Ohio AAA Partnership

- Full case management delegation for waiver members (all ages)
- Contracted LTSS provider network
- PMPM reimbursement with VBS in development
- Aetna dedicated liaisons
- Top market share
- High duals opt in rate
- Rebalancing improvement of 14% in last year
- Higher member satisfaction
- 140 dedicated AAA FTEs



Area Office on Aging
of Northwestern Ohio, Inc.

Choosing Partner Organizations



**Respected
Community
Organization**



**Competence With
the Population**



Visionary Leadership

Choosing Partner Organizations



**Nimble
Governance**



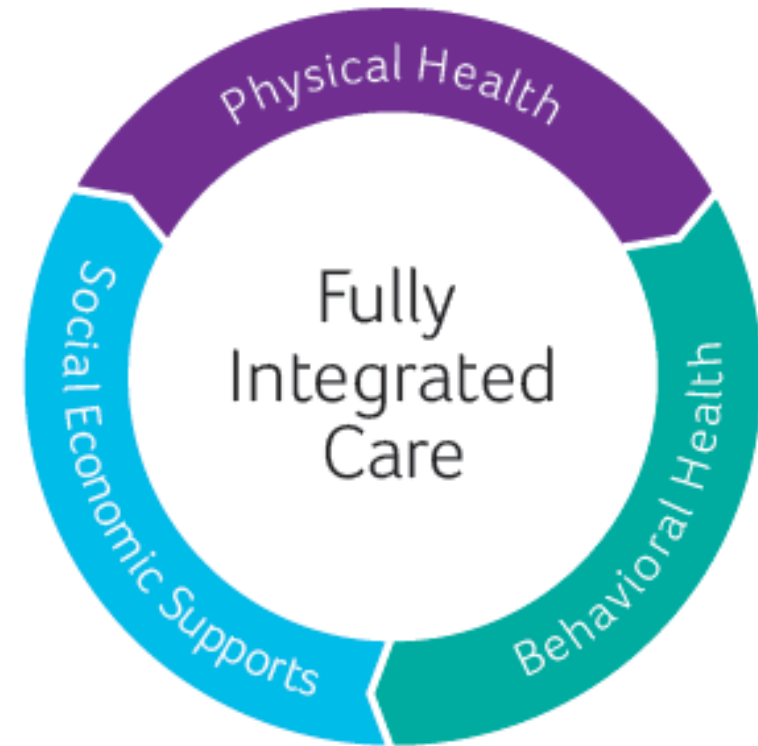
**Collaborative
Partner**



**Ability to Comply
with Regulatory
Requirements**

Learning Lessons

- Communication, problem solving
- System access, security
- Data sharing and reporting
- Shared policies and procedures
- Delegation oversight
- Regulatory audits
- AAA clinical expertise/staffing
- Training
- Value based reimbursement



We put the members we serve at the center of everything we do

Realizing Partnership Benefits

Aetna Better Health

- Leverage community based expertise and staffing
- Rebalancing success
- Support member enrollment and retention
- Single point of contact for member

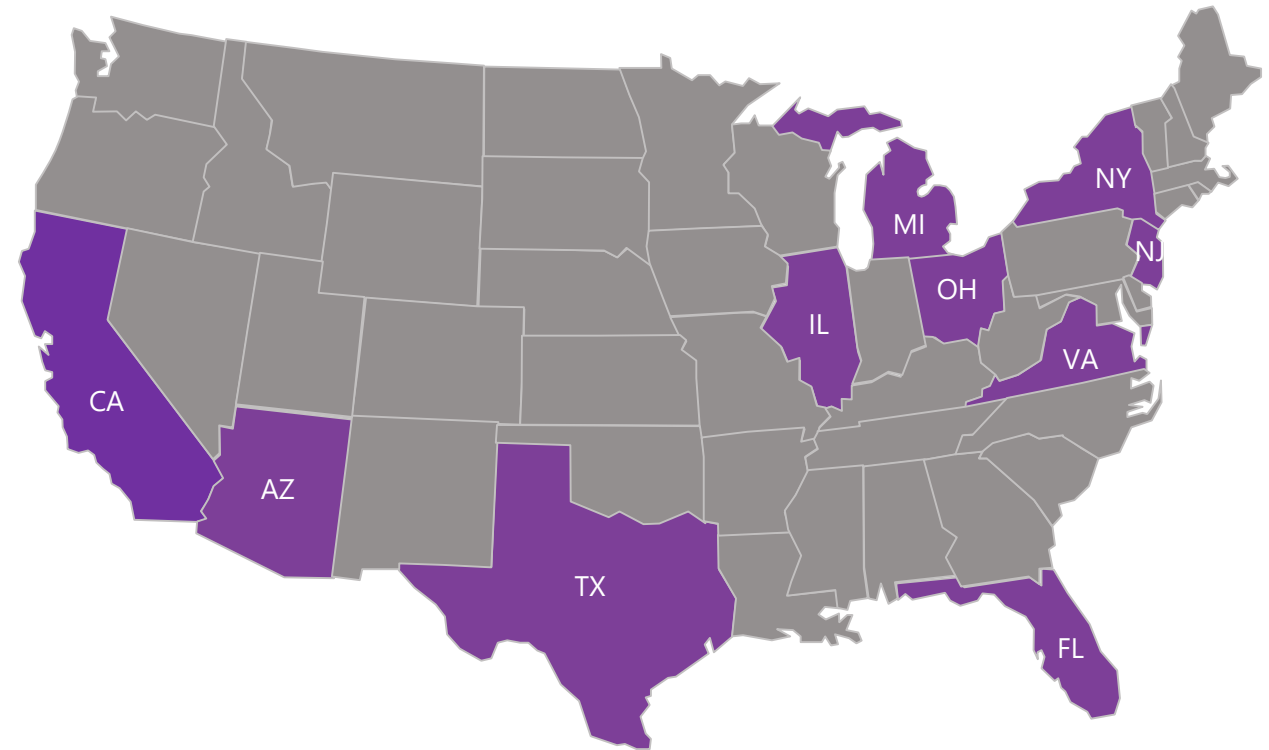
AAA

- Diversify programs
- Expand revenue sources
- Enhance clinical expertise
- Increased employment

We put the members we serve at the center of everything we do

Creating AAA Partnerships in our LTSS States

- Case management delegation
- LTSS provider network contracting
- Care Transitions
- Initial health risk assessments
- Locating hard to reach members
- Waiver applications
- Waiver service coordination
- NF to community transitions



Nationally recognized, locally focused

Tackling the Road Ahead Together

Addressing staffing demands in the marketplace

Innovations in training and oversight

Streamlining service approvals

Refinements in operating structure



Thank You

aetna[®]

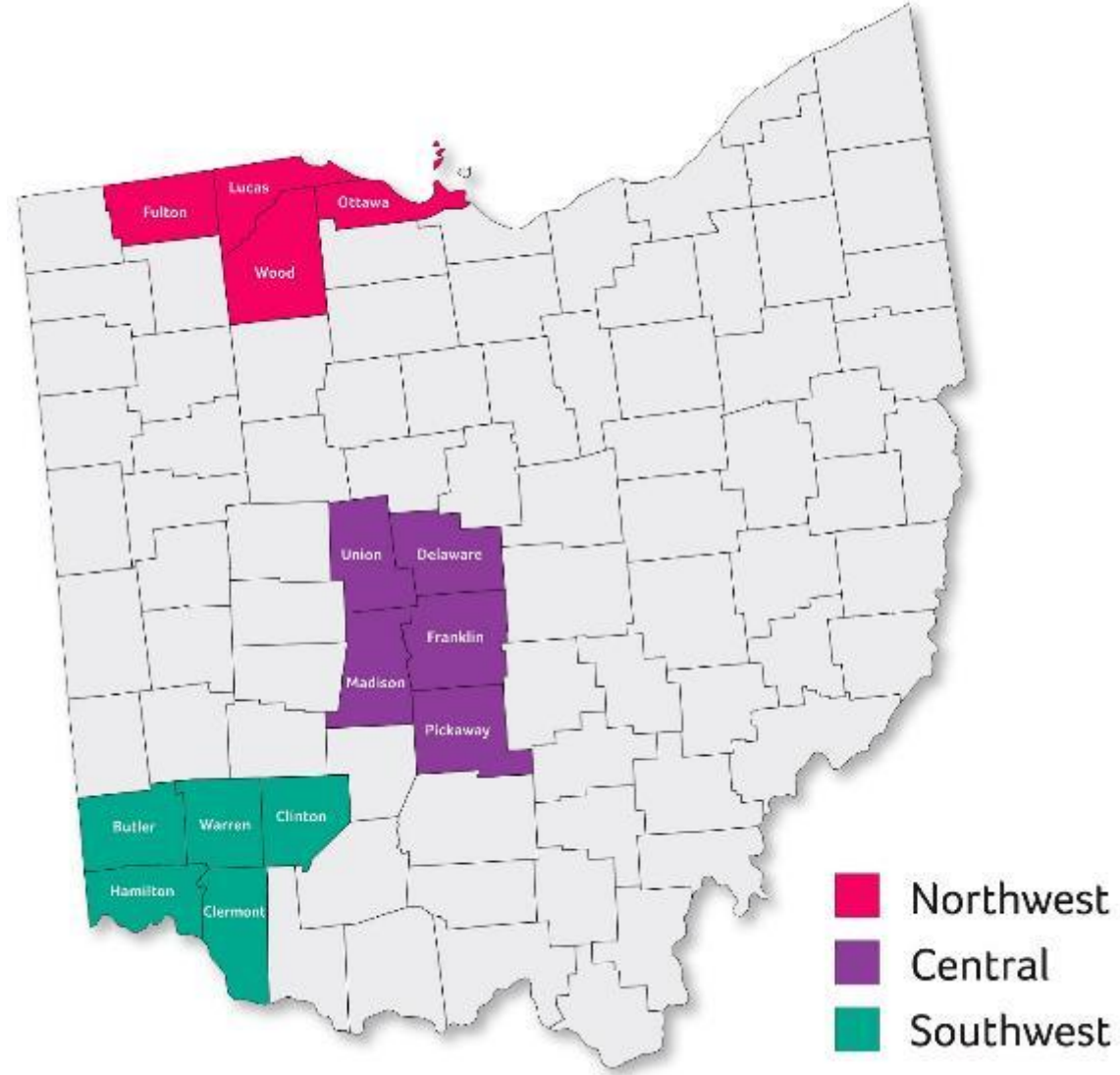


COA's MyCare Ohio Experience:
Contracting for success with MCO's

NASUAD Conference



[Aetna – MyCare Ohio Regions]



[Ohio AAAs]

- Strong Aging Network
- Front Door/ADRN
- **Care Management:** Performed care management function for individuals on home and community based waivers for decades
- Managed the provider network for PASSPORT/AL providers to include monitoring, claims payment, etc.

[Aetna Better Health of Ohio Model]



[Care Management/Service Coordination]

- AAA provides service coordination/care management for all benefits for all Aetna members receiving HCBS services regardless of age

[Contract Requirements]

- Utilizing Aetna data systems, protocols, etc.
- Dedicated staff for Aetna contract
- Meeting quality standards
- Ensuring compliance with all ODM requirements - very aggressive/stringent
 - Contact Schedule
 - Significant Events

Case Management Contact Schedule

Risk Level	Initial & Reassessment Mode	Time	Min Contact: Mode	Month 7+
Intensive	In-Person (IP)	15/365	Mo. 1: 2 IP Mo. 2-6: 1 IP/mo	1 IP/mo
High	In-Person	30/365	Mo. 1: 2 IP Mo. 2-3: 1 IP/mo Mo. 4-6: 2 IP	1 IP/2 mo; monthly phone
Medium	In-Person	60/365	Mo: 0-2: 1 IP Mo. 3-6: 2 IP	1 IP/3 mo. Monthly phone
Low	In-Person	75/365	Mo. 0-4: 1 IP Month 5-6: 1 tele.	1 IP/6 mo. Quarterly phone

Significant Event Requirements

- Contact member via phone within 24 hours
- Care Manager must conduct a face to face visit within 72 hours of notification of the member's current location
- Update assessment; complete post discharge assessment
- Document, etc.

[Contract Requirements]

- AAA will implement an inter-rater reliability program to ensure that care managers are consistently applying policies
- AAA will audit five care management records per care manager quarterly and submit a quarterly summary of results
- AAAs will be subject to delegation audits, etc.

[Contract Requirements]

- Must utilize Aetna data systems
- Training of AAA staff
 - Job specific training: Assessment, Eligibility, Enrollment, LOC, Care Planning, Use of Person Centered Language, and a dozen more
 - General training: HIPAA, Customer service, cultural competency, community resources, etc.

Why am I telling you all this contract stuff?



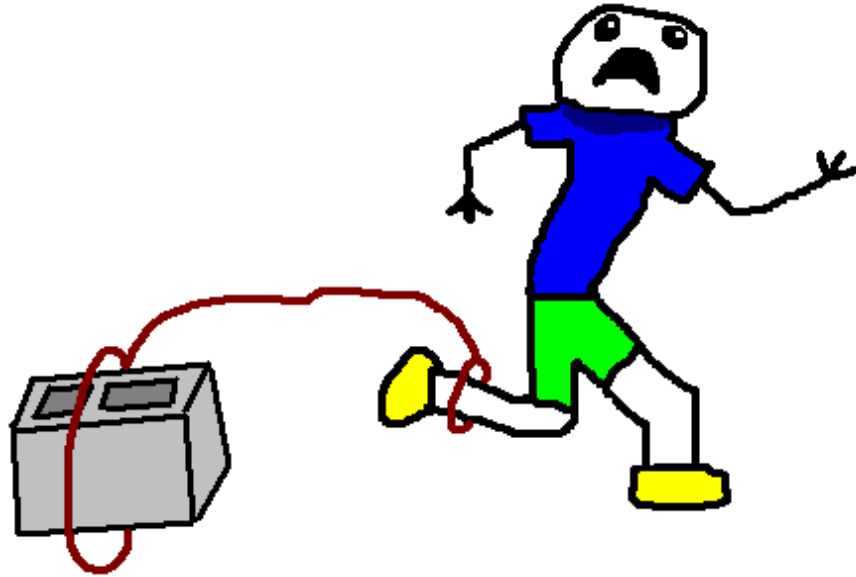
[Because contract details....]

- **Matter!!**
- Can require significant changes to your infrastructure
- Demonstrate the regulatory nature of the work you will be doing
- Have a lot of hidden costs

[MCO contract requirements yielded]

- Additional investment in almost every area:
 - VP of Medicaid Services
 - Quality Staffing
 - Business Intelligence Staffing
 - Human Resources – Compliance, Training
 - Operations Analysts – Contract Compliance/Policies & Procedures
 - More Supervisory staff
 - Accounting/Finance - Reconciliations

[Lessons Learned]



We can't move fast enough.

What did MyCare mean for COA? Let's start with the Pros

- Maintained, and in the case of Aetna contract, expanded our role
- Gave us the opportunity to “make” or “lose” money on a program
- Gave us experience in working with a managed care plan
- Enhanced our expertise

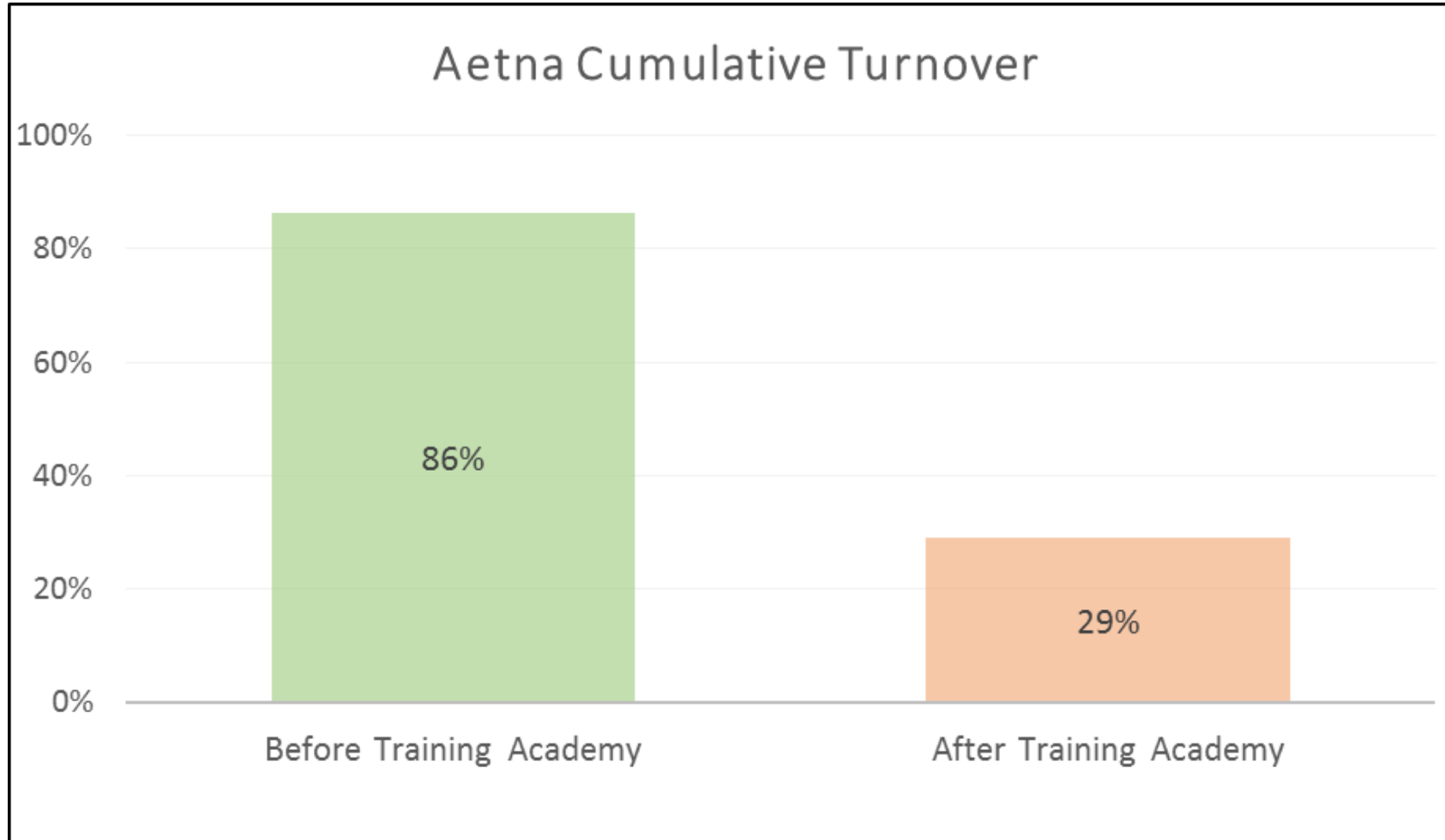
[MyCare Challenges]

- Program rollout – significant issues with rosters at state level
- No ownership to fix problems (state level)
- Rollout with both MCO's was chaotic
 - Leadership instability
 - No policies and procedures – constantly changing – policy by email or meeting
 - No reports to tell us how we were doing
 - Significant turnover in the program

What issues did this cause for us as an organization?:

- Chaotic rollout caused **significant** turnover at our agency in both MyCare MCO programs
- Programs/systems are extremely complex
- Our goal for the past 24 months has been to stabilize those program
- Significant investment in training that was not contemplated

Aetna Program AAA Turnover



[Lessons Learned]

- Complex and requires long training curve - invest early in training and over staff
- Policies and procedures in writing is critical
- System access issues must be resolved prior to rollout
- Having management data is critical

[Lessons Learned]

- Innovation mindset is important
- Can't have bureaucratic approval systems – **must be nimble**
- Culture of compliance
- Have to have a champion at MCO – we have been lucky to have Jason/Janet at Aetna
- It's going to cost you more than you think.....

[Most important....]

a · dapt

/ə'dapt/

Verb

Make (something) suitable for a new use or purpose; modify.

Become adjusted to new conditions.



**HCBS Conference
Partnership with Aetna**

Compliance and Culture

Central Ohio Area Agency on Aging





- “Culture of Compliance”
- COAAA entered partnership with
 - Strong sense of professionalism
 - High ethical standards
 - Focus on client rights
 - Success in keeping people at home
- Performing well under PASSPORT metrics/ODA Reviews



Brand New World

- Metrics in MyCare were many
- Performance standards high = 95 – 100%
- Work was good but did documentation show it
 - issues with documentation systems
- Early feedback was hard – emphasis seemed to be on failures rather than successes
- To staff it often felt that focus was less on care and more on checking boxes

- Slight internal shift in perspective – accompanied by new position
- Keep Care Managers focused on care but set up to perform well on standards
- Supervisory/Managerial focus
 - What is meaningful
 - How to track it
 - How to use information effectively in supervision and training





- Compliance is *ALWAYS* a work in progress!
- Critical to our successful partnership/future of AAA
- *ALSO CRITICAL* ~ AAA needs to define and embrace who they are in partnership



Becoming a Strong Partner

- If you have seen one AAA, you have seen one AAA!
- Understand strengths and what you bring to the table
- Look for partners who align with your values and emphasize similarities to build partnership



Being a Strong Partner

- Discern between a challenging model versus a challenging partner
- Partners need to understand and respect each others' perspectives
- Manage change and **COMMUNICATE!**