LESSONS LEARNED: ORGANIZING A COALITION TO NAVIGATE THROUGH THE MCO SYSTEM

NRCNA Learning Collaborative Grant: Meals on Wheels Texas
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GOAL OF THE MOWT NRCNA GRANT

- The purpose of the grant is to organize two pilot projects in which
  - We create regional coalitions of MOW Providers
  - Write a business plan
  - Acquire at least one new contract with a Managed Care Organization (MCO)
LATER IN THE PRESENTATION, WE WILL DISCUSS HOW COALITION BUILDING BECOMES CRITICAL TO ACQUIRING MCO CONTRACTS AND ACHIEVING LARGER GOALS

But first, we will discuss what we have learned about developing relationships with MCOs, the mechanics of which may be helpful to other grantees.
COMMUNICATION WITH MCOs IS DIFFICULT

• After having no luck getting responses from phone calls to MCOs, we requested the assistance of Texas Health and Human Services Commission (THHSC) to leverage contacts with the MCOs

• The THHSC office, which has monthly teleconferences with Provider Relations Managers (PRMs), asked the PRMs to identify points of contact with whom we could discuss contracts

• The PRMs recommended we contact the Texas Association of Health Plans (TAHP), a membership organization for all MCOs and health care systems in the state

• TAHP gave us a pre-printed list of PRMs’ email addresses
  • Most of the emails that were sent to these addresses received error messages, indicating the person no longer worked there, or the account no longer existed
  • The list included 1-800 phone numbers for central offices
WHAT HAPPENS WHEN YOU CALL MCOs

• The same number is provided for consumers and providers
• The first voicemail menu asks the caller to identify as a consumer or provider
• After identifying as a provider, the caller is presented a menu of several titles to whom one might speak
• If the caller requests an operator, and asks the operator, “May I speak to someone about contracting?,” the operator responds that she does not know, by name or title, who that would be
• If the caller chooses a title, the operator inserts the caller into the voicemail system again, and the caller finally comes to a voicemail with a recording requesting that you leave a voicemail, or preferably, send an email
• No one calls back
• MCOs are systems that prefer to conduct all business by email or online
• MCOs create firewalls to discourage direct contact from external parties
• MCOs create internal compartments that render many of their employees unfamiliar with how the entire system works
• This situation appears to be exacerbated by frequent turnover of staff
Sometimes you get lucky

- One day, someone picked up my call instead of leaving it to voicemail
- After dozens of calls, this was the first person who was receptive to questions and conversation
- He was a Contract Coordinator who gave me a working vocabulary with which to approach MCOs
- He also gave me his desk phone number and email and agreed to help me with follow up questions. (By this time, I had learned to be assertive about getting contact information and a commitment for follow up, because no one at the MCOs seems to offer that.)
THE BASIC VOCABULARY FOR MCO CONTRACTING

• Who’s Who
  • **Contract Coordinators or Managers** are responsible for developing new contracts with providers
  • **Provider Relations Managers** are responsible for dealing with providers with existing contracts

• What’s What
  • MCOs want providers to initiate a contract application online
  • After the contract application is processed, MCOs will ask providers to submit a credentialing application
  • This process will take 90-120 days
AND THERE’S MORE: DETAILS OMITTED FROM THE MCO CONTRACT EXPLANATION

• In addition to getting a contract and being credentialed by MCOs to provide services, contractors have to apply for
  • A Medicaid number
  • A Provider Number
  ....which will take additional time and money
But we proposed an alternative to the usual MCO process

• What if we have a coalition with a Memorandum of Agreement among several MOW Providers, and,

• Two or more members agree that one member who already has a contract expands that contract to incorporate another provider or county that does not have a contract?

• One Provider Relations Manager said such an expansion could be concluded in about two weeks.

• Another MCO is reviewing this proposal with expectations that it probably will be approved.

This is why we need to have a conversation with MCOs.
• Expanding a contract takes two weeks; creating a new contract takes 90-120 days
• Expanding a contract allows a more experienced, robust MOW Provider to support newer or smaller providers by
  • Administering the contract, reporting and billing, and
  • Allowing the newer or smaller providers to focus on meal preparation and delivery, which often is their interest more than the business/financial side of the operations
RATIONALE FOR EXPANDING A CONTRACT RATHER THAN CREATING A NEW ONE, PART 2

• Larger, more experienced providers
  • Have experience with applications, reporting and billing that will help inexperienced providers avoid expensive pitfalls or intimidating situations
  • Can help inexperienced providers apply for their own contracts if or when they wish to do so
  • Can train inexperienced providers how to manage applications, reporting and billing
  • Can help inexperienced providers improve their overall processes and efficiencies
Placing a larger regional area under one contract creates efficiencies:

I. **Economies of scale**—
   a. Perhaps it is not worthwhile to providers or MCOs to generate a contract that
      1) Results in a small number of meals
      2) Requires expensive software
      3) Requires additional staffing to manage the contract
   b. A successful coalition can result in
      1) Sharing expertise or staff
      2) Sharing facilities
      3) Sharing training
      4) Group rates for purchasing software licenses, system interfaces, supplies and equipment
      5) A regional branding and marketing campaign that gives smaller agencies greater reach
RATIONALE FOR EXPANDING A CONTRACT RATHER THAN CREATING A NEW ONE, PART 4

1. A multi-county regional organization creates a larger, more identifiable entity

   ....which makes it easier for MCOs to identify providers by region rather than county-by-county, especially in rural areas

2. Scalability—placing more than one provider under the same contract and operating as a coalition
   a. May facilitate efficient expansion of service areas
   b. May fill gaps in service areas
WHY COALITIONS ARE CRITICAL TO SUCCESSFUL BUSINESS OPERATIONS
MOW PROVIDERS ARE FACING A THREAT

- Mom’s Meals, and other corporations like them, have highly visible national operations with professional lobbyists and marketing staff.
- In Texas, Mom’s Meals is lobbying the state to allow them to compete with MOW Providers.
- Mom’s Meals argues that they are filling a gap in rural areas that MOW Providers have not been able to fill and “want to help MOW out.”
- The larger goal of Mom’s Meals is to expand into more lucrative urban areas.
- Individual MOW Providers are not in a position to compete with such an organization, but a coalition of MOW Providers might be able to level the playing field.
Currently, the MCOs that manage STAR+PLUS, the health care and Long Term Services and Supports for Medicaid beneficiaries in Texas, are the only state funded organizations that are allowed to contract with Mom’s Meals

MOW Providers also contract with MCOs, but many MOW Providers do not

When MOW Providers opt not to contract with MCOs, they

  • Provide evidence to the state that they are unable or unwilling to serve unserved populations, and
  • Default to Mom’s Meals as the more capable, and therefore preferred, provider
THE STATE OF TEXAS IS REVIEWING POLICY &
MOM’S MEALS HAS BEEN INVITED TO PARTICIPATE

• After years of denying requests from MOW for rate increases, Texas HHSC has decided to consider raising rates, but probably will not increase the total dollars available
  • The net effect would be that fewer clients are served
  • MOW Providers would accept the current lower unit rate rather than reduce the number of people served; corporations probably do not share that sentiment
• MCOs do not hold their meal providers to the same stringent standards as the Older Americans Act and Texas Administrative Code
  • The State of Texas now is considering more flexible standards
• The lobbyist representing Mom’s Meals at state policy meetings is a former Texas HHSC Commissioner
CONCLUSIONS

• While we have had some very small success with MCOs, it has been painstakingly slow. If contracting with MCOs continues to take this level of effort, success is not certain.

• MOWA, Administration for Community Living, Center for Medicare/Medicaid Services, National Association of Area Agencies on Aging and others are urging MOW Providers and other providers (e.g., Area Agencies on Aging) to approach MCOs to create partnerships that facilitate Integrated Care

• Our challenges accessing MCOs probably are not unique to our area

• If accessibility to MCOs is a systemic problem, then why are state and national agencies not using their leverage with MCOs to encourage the MCOs to reach out to, or at least respond to, providers?
QUESTIONS?
NRCNA Business Acumen Learning Collaborative

Looking Ahead, Part I

2015 -2016 Class
June 29, 2016
Updates

Dates to Keep In Mind

• Quarterly Report: Due July 15th
• Monthly Reporting Spreadsheet: Due July 15th
• Final Report: Due September 15th

Upcoming events

• Meals on Wheels America Annual Conference and Expo
  • Who’s coming?
Updates

Mini Grant Review: 2016-2017 Business Acumen Learning Collaborative

• 43 total applicants, 41 eligible applicants, Awards will be made on/around July 6th

Mentoring of the 2016-2017 Collaborative

• In-person meeting at Meals on Wheels Annual Conference/Expo
• One phone conversation during Fall 2016
Upcoming Event

Upcoming events

- Meals on Wheels America Annual Conference and Expo
  - Who’s coming?
  - If yes, great!
  - If not, can we help?
Exit Evaluation Plan

We invite you giving us your input on your experience this year via three opportunities:

• July Clinic Calls
• ACL Business Acumen Readiness Assessment
• ACL Business Acumen Learning Collaborative Outcomes and Process Evaluation

• Sign up/access to these will be deployed next week, and you will have the month to complete them.
Looking Ahead

So, Now What?

- July 27 Monthly Call | 2:30pm ET / 1:30pm CT / 12:30pm PT
- Outline
  - Overview of the 2015-2016 NRCNA Learning Collaborative
  - Sharing of Evaluation Findings
  - Next Steps / Fall 2016 Activities

- Keep in mind July reporting deadlines!
Upcoming Webinar

Meals on Wheels America Leadership Academy

• Think Bigger, Get Bolder: Exploring Trends for More Strategic Fundraising
• Tuesday, July 12, 2016 @ 3:30pm
• Presenter: Mazarine Treyz, Wild Woman Fundraising
• Fee: $25