


CENTAURI
HEALTH SOLUTIONS



How Medicaid is Currently Being Redefined
Shanna Hanson, FHFMA, ACB
September 2019

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Boogity, boogity, boogity...

**Boogity, boogity, boogity,
let's go racing today, boys!**



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"Re-Define"

Define

- Verb; action
- Identify qualities of
- Determine the boundaries, extent of

re-

- Do it again
- Repeat
- Go back



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Learning Objectives


- The changing Medicaid landscape
- Drivers behind the push for change
- Medicaid objectives
- Where we are and how we got here
- Actions your organization can take

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POWER TO SOLVE. PASSION TO SERVE.

Our History



Our Solutions lead to higher capitation rates for clients, reduced uncompensated care and greater well-being for patients and members.

Offering services to meet the needs of specialized populations we provide Risk Adjustment, a variety of Eligibility and Enrollment solutions, Quality program efforts and Out-of-State Billing.

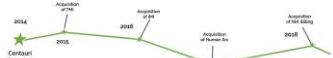

We tailor solutions which enable health plans and hospitals to manage variable revenue through a custom-built workflow platform, seamlessly integrating cross-functional service and support to meet the needs of specialized populations.

"Centaury is a critical part of our success and we look forward to reaching our higher growth through our continued partnership."
CML, California Health Plan


Centaury Corporate office located in Scottsdale, AZ
1,100+ associates
Health Plan & Hospital-experienced Leadership
All services are healthcare reimbursement-focused

We have become one of the fastest growing private companies in the United States:

- 2018 - Acquired NH Billing Services. Founded in 1996, NH was a national leader in Out-of-State (OOS) Medicaid Billing, managing more than \$1.5 billion in OOS Medicaid claims for hospital clients annually.
- 2017 - Acquired Human Arc. Founded in 1984, Human Arc brought more than 30 years of expertise in government program eligibility enrollment and reimbursement services for hospitals and health plans.
- 2016 - Acquired IMI Health. The quality analytics organization brought its NCA HEDIS-certified status; it first became certified in 2006.
- 2015 - Acquired TMI, Inc. The medical record retrieval and scheduling company was Centaury's first acquisition.

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Services Overview

SERVING 30M+ LIVES

Medicaid Eligibility
Hospital
Address risk of uncompensated care with patient Medicaid eligibility, enrollment, capture and completion for local community support organizations.

Out of State Medicaid
Hospital
Address risk of uncompensated care with Florida Medicaid enrollment support.

Disability Eligibility
Managed Medicaid Payer
Identification and assignment of potential at-risk members, Social Security application assistance and Social Determinants of Health support.

Risk Adjustment
MA, ACA Payer
Providing comprehensive software and services for comprehensive compliance management, internal, coding, and risk adjustment submissions.

HEDIS/Quality
MA, Medicaid, Commercial Payer
NCCA HEDIS Certified submitter. Care gap identification and closure.

Dual Eligibility
MA Payer
Identification of potential Medicaid Eligible members, application assistance, resources services and Social Determinants of Health support.

HITRUST

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Company Overview

Purpose
We are charting a new path in healthcare with power to solve and passion to serve.

Vision
We improve access to care by simplifying the healthcare system for insurers, providers, members and patients. We innovate and solve for the complex problems in the healthcare ecosystem. We are thoughtful, compassionate and collaborative. We are proud of the work we do and who we are.

Values

- INTEGRITY** We do the right thing. We keep our commitments. We do what we say we will do and we are transparent about how we are able to deliver.
- INNOVATION** We consistently introduce new solutions for the benefit of our patients, clients and other stakeholders.
- COLLABORATION** We work in the spirit of partnership internally and externally, respecting the success of our mutual partners.
- COMPASSION** We are thoughtful and empathetic as we work to improve the lives of our members and the people we serve.
- QUALITY** We strive for excellence and are committed to continuous improvement of our products and services through investing in our people, processes, technology and our relationships.

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What's the Driver? (Pun Intended!)

Compassion versus Economic Stability

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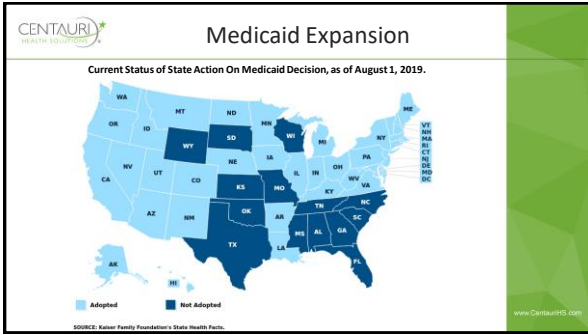
Divided Government / Society

<p>Compassion</p> <ul style="list-style-type: none"> • Important part of society • Driven public policy for ~75 years • Prioritized Medicare, Medicaid, entitlements • Health care (e.g. Medicare for All) • Medicaid expansion 	<p>Economic Leadership</p> <ul style="list-style-type: none"> • Government has a role in compassion, but we need economic leadership • 1115 Medicaid Demonstration Waivers (work requirements)
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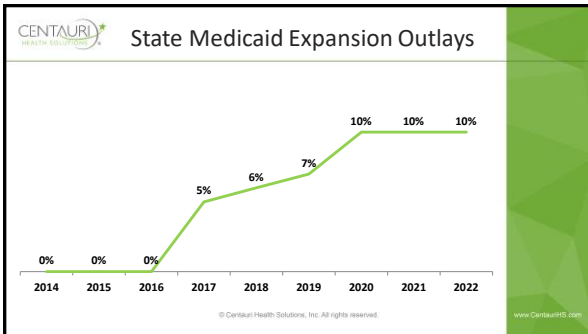
If we have Economic Leadership, we can afford to be a compassionate society.

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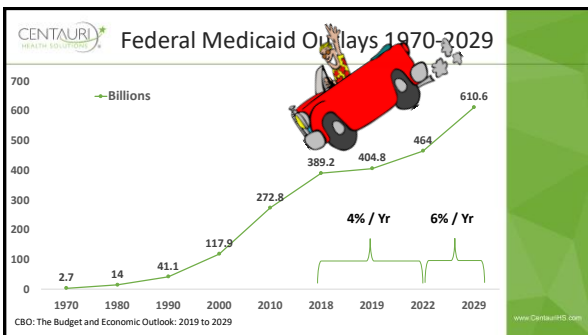
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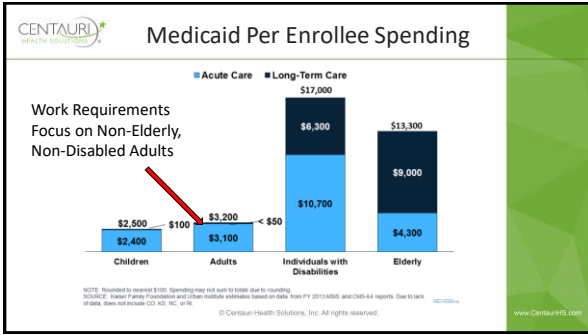
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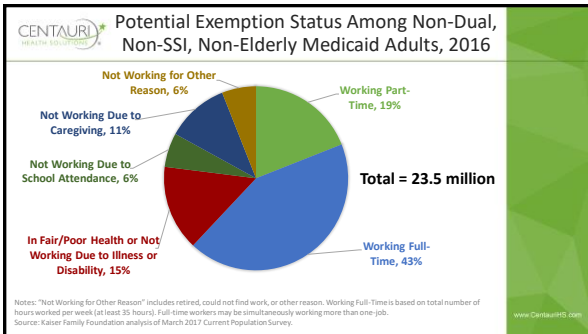
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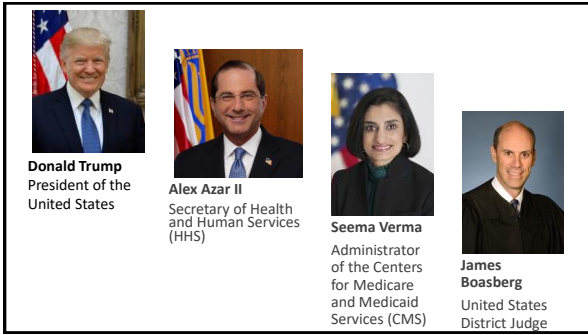


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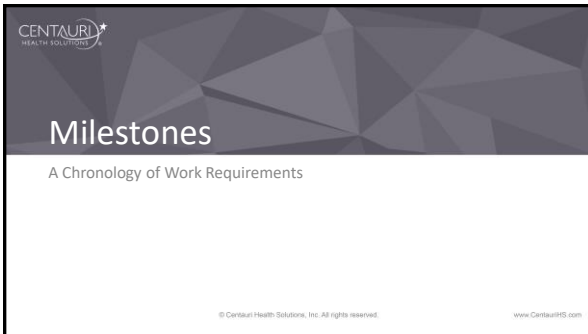
The Government of the U.S.
 Key Medicaid Decision Makers

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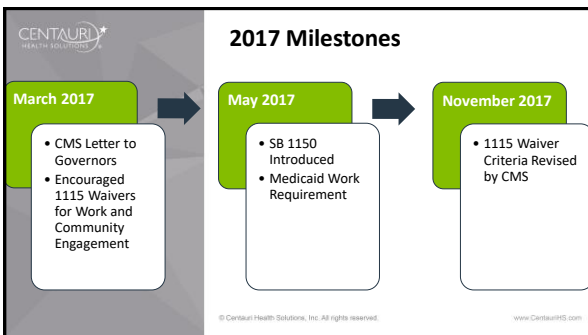
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Section 1115 Medicaid Waiver Criteria

<p>Historically</p> <ul style="list-style-type: none"> • Coverage • Outcomes • Providers and provider networks • Care 	<p>Currently</p> <ul style="list-style-type: none"> • Access to services • Medicaid's sustainability • Health determinants • Beneficiary engagement • Alignment between Medicaid policies and commercial health insurance products • Delivery system and payment models
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Medicaid Objectives

"...to furnish

<p>(1) <u>medical assistance</u> on behalf of families with dependent children and of aged, blind, or disabled individuals, <u>whose income and resources are insufficient to meet the costs of necessary medical services</u>, and</p>	<p>(2) rehabilitation and other services to help such families and individuals <u>attain or retain capability for independence or self-care[.]</u>"</p>
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• Section 1901 of the Social Security Act
• 42 U.S.C. § 1396-1 Appropriations
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2018 Milestones, First Quarter

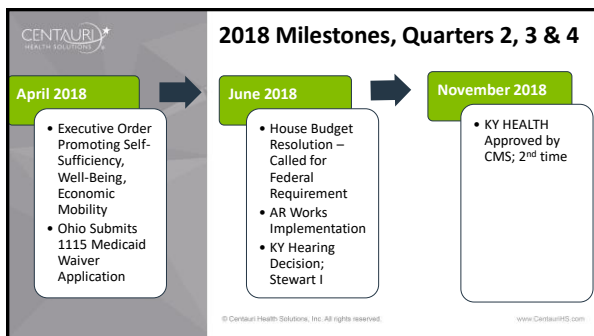
<p>January 11, 2018</p> <ul style="list-style-type: none"> • CMS Letter to State Medicaid Directors • Work and Community Engagement • Policy and Guidance 	<p>January 12, 2018</p> <ul style="list-style-type: none"> • KY Helping to Engage and Achieve Long Term Health (KY HEALTH) Approved by CMS • KY First State to be Approved by CMS 	<p>March 2018</p> <ul style="list-style-type: none"> • AR Works Approved by CMS • AR Second State to be Approved by CMS
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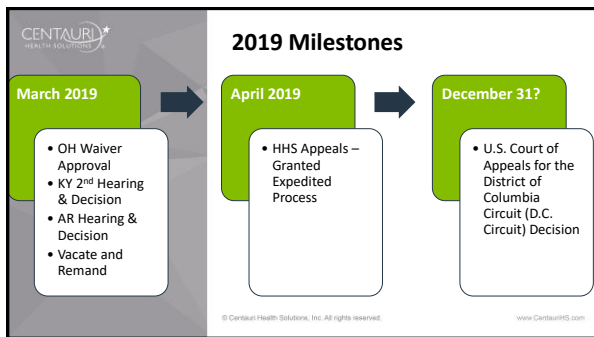
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	KY HEALTH	AR Works
Population	Expansion group & two groups of parents/caretaker relatives; ages 19-64	Expansion group; ages 19-49 (30-49 then 19-29 phased-in implementation)
Hours	80 per month	80 per month
Reporting requirements	Yes	Yes, online only (initially)
Retroactive eligibility	Month of application only for KY HEALTH	Month of application only for expansion group
Monthly premiums	Yes, with possible 6-month lockout	Previously approved
Lockouts	Yes, until 80 hours completed in a 30-day period or literacy class	Three months grace per calendar year, then locked out until first of next calendar year
Loss of coverage	95,000 Estimated	Never estimated

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Here Comes the Judge!

- Stewart v Azar (Stewart I and II): Kentucky HEALTH
- Gresham v Azar: Arkansas Works
- Agency action, **NOT** legality of work requirements
- Administrative Procedures Act (APA): "judicial authority to **review executive agency action for procedural correctness**"
- Arbitrary and capricious



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Two-Step Chevron Framework

Step 1 Has Congress directly spoken to the precise question at issue?

Step 2 If not, is the agency's answer based on a permissible construction of the statute?

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Chevron Analysis

- 42 U.S.C. § 1396-1 Appropriation Authority
- Congress appropriated Medicaid funds to furnish
 1. Medical assistance
 2. Rehabilitation and other services
- Medical Assistance = 'payment of...'
- Congress' intent? **Pay** for medical treatment for needy persons

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Secretary's Position

Alternative criteria:

- Health and well-being
- Fiscal sustainability
- Self-sufficiency and lessening dependence on government assistance



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Retroactive Coverage

- Secretary identified only one element that might promote health coverage
- Single sentence: “[t]he approval of the waiver of retroactive eligibility encourages beneficiaries to obtain and maintain health coverage, even when healthy.”
- Obvious counter-argument
- Our Comment: “The gap in coverage that will be created by the elimination of retroactive coverage could be devastating to those newly enrolled ... recipients who received services prior to their start date.”


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Judge's Decision

- Secretary failed to “adequately analyze” coverage
 1. Lose coverage
 2. Promote coverage
- Arbitrary and capricious



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What About Ohio?

Putting Around the Track!

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Ohio	Approved; January 1, 2021 Implementation
Population	Expansion group; ages 19-49
Hours	80 per calendar month
Reporting requirements	Yes, within 60 days; changes-only
Retroactive eligibility	Yes
Monthly premiums	N/A Rep. Jim Butler intends to propose under Healthy Ohio 2.0
Lockouts	None
Loss of coverage	18,018 (1/2 of non-exempt, not working)
https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/oh/oh-work-requirement-community-engagement-ca.pdf	

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	KY HEALTH	AR Works	Ohio
Retroactive eligibility	Month of application only for KY HEALTH	Month of application only for expansion group	Yes, all populations
Lockouts	Yes, until 80 hours completed in a 30-day period or literacy class	Three months grace per calendar year, then locked out until first of next calendar year	None
Loss of coverage	95,000 Estimated	Never estimated	18,018 (1/2 of non-exempt, not working)

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Healthy Ohio 2.0 ???

- Representative Jim Butler; author and sponsor
- Plans for stand-alone bill
- Small premiums and copays
- Impact 4-in-10 Medicaid recipients
- Plus and Basic components
- No obvious negative impact to retroactive eligibility


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The Road to the Supreme Court

- Arkansas: STOP!
- KY and AR decisions appealed
- D.C. Circuit
- Race starts over: 0-0
- Decision expected by year-end
- SCOTUS?



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More to the HHS Medicaid Story...

- Experimental?
- Are work requirements, premiums, elimination of retroactive coverage legal?
- Does CMS' January 2018 SMD letter require a comment period?
- Does the Secretary have an expenditure authority?
- Is the Executive Branch violating the Take Care Clause of the Constitution?

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Helping Those You Serve

- Compliance: Assistance and documentation
 - Community health workers
 - Health plans
 - Hospitals
 - Other providers
 - Enrollment brokers
- Employment-related activities / programs identified
 - Number of openings
 - Available state funding
 - Workforce and job training registration (SNAP-recognized activity)

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Thank You for Attending!



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