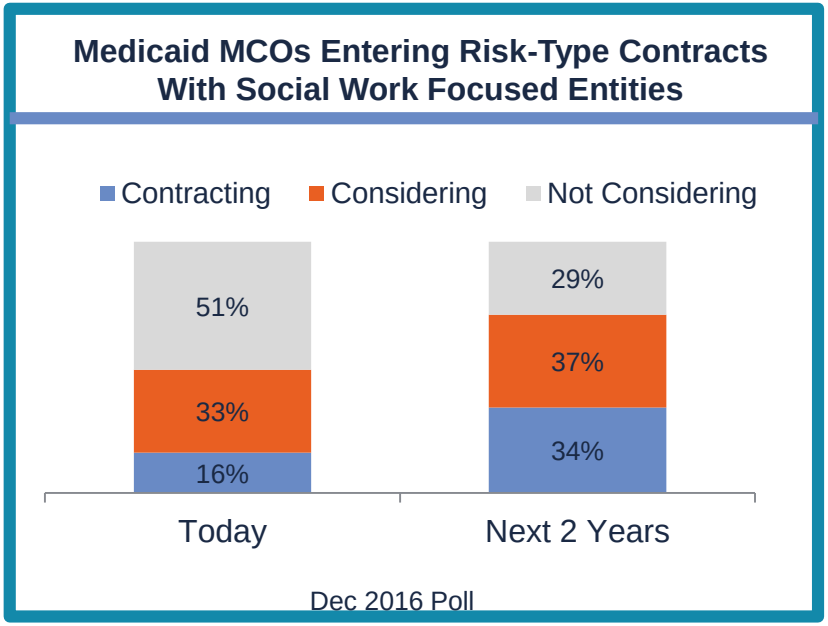
Medicaid MCO Contracts With Social Work Company

By Erin O'Donnell

Gateway, a Medicaid plan in Pennsylvania, has entered into a creative multi-year contract with a social services organization that uses a high-touch care management approach to monitor some of the plan's highest cost patients using home visits, video-conferencing and a focus on changing behaviors.

- The plan has given Wellbridge Healthcare a pool of adults dealing with congestive heart failure, chronic obstructive pulmonary disease, asthma and adult onset diabetes. They cost the plan upwards of $40,000 a year per patient, so Gateway contracted to pay Wellbridge around $2,000 per patient per year to manage these patients.
- Wellbridge gets around $500 per patient for the first month, then a smaller PMPM for the remainder of the year. The tiered payment approach more heavily weights the initial in-home assessment, set-up (of monitoring tools), education and goal setting. Wellbridge takes some downside risk if they miss their targets (related generally to total cost/hospitalizations), but at this point the downside risk is small.



- The contract is indicative of a new era in managed care, one where the health plan throws out the proverbial contracting playbook and looks to any providers, even non healthcare professionals, to bend the cost curve. Medicaid plans will likely lead the way with this approach given patient economic factors, state budget pressures and the increase in services or vendors able to scale care management.

Source: The Behavioral Health Hour

MSW Model Could Save $38,000 Annum Per Member

Berkeley Research Group

Population

- The health plan used its own inclusion and exclusion criteria to determine who needed to be managed most, such as the vast majority in Wellbridge's pool who also deal with depression. The health plan is fairly sophisticated in modeling and has a lot of these patients already categorized, but its ability to keep them out of the hospital has been limited.

How it Works

- The initial assessment evaluates medications and fall risk as well as the role of depression on their recovery and risk. Wellbridge uses MSWs but has nurses they can deploy to the home for more problematic issues and they use daily and weekly remote video chats ala the *Jetsons to* monitor symptoms like glucose levels.
- Its custom designed multi-touch tablet application is built specifically for older adults and at-risk populations for patients with health risks. When checking patient symptoms, such as a patient's sudden weight changes, they will quickly intervene to determine the cause and how to address.
- "We're not a licensed provider so we really have to walk that line. We really focus on behaviors," said Cynthia Zydel, Chief Executive Officer of Wellbridge. Zydel, herself an RN of 30 years, has helped the start-up firm create a clinical strategy and work closely to identify managed care relationships.

'We really focus on behaviors'

-Cindy Zydel, RN

- The quasi capitated arrangement (Wellbridge must maintain an 80% retention rate in the volunteer program) covers all the monitoring tools including an iPhone 6 Plus with data plan and a Misfit fitness bracelet to allow both Wellbridge and patient track steps and sleeping patterns. Data transmits back to Wellbridge through the apple product the "Cloud" and is monitored around the clock.
- The MSWs use condition-specific protocols. For example, heart failure patients must step on the scale every day to monitor their weight and Wellbridge's app, which is similar to a web browser, is specific for each health condition that the patient may experience. Zydel believes the model is scalable, particularly the monitoring component; finding 'MSWs and a select group of nurses' local to a market is likely vital to succeed outside the state.
- For companies like this, there will be opportunity but likely increasing competition in what is already a fragmented market and, in 3-4 years, pressure from Medicaid plans who will demand providers take more downside risk and try to shift high-risk patients to a single vendor that offers 'the full solution'.

Source: The Behavioral Health Hour

Questions Focus On Savings, Scalability

Berkeley Research Group

Key Questions	
	Will this model take away from health care provider spending in other areas?
	How many patients does it take to get a return on this investment?
	How will these programs proliferate among other health plans?
	Will other insurers – Medicare Advantage, even commercial/self-insured – adapt?
	Will these companies really be able to bend the cost curve in a meaningful way?
	What is the maximum reimbursement per patient per year payers will go once they see ROI?
	What does this development mean for technology/software platforms without a high touch component?
	Where and how is the physician engaged in this model, or connected, and at what point?
	Will health plans start to encourage hospitals to refer patients to these vendors as part of discharges?
	Will hospitals adjust their discharge protocols?
	From a macro policy perspective, what is the long term impact of this on Medicaid budgets and states?

Source: The Behavioral Health Hour