

HEALTH REFORM ISSUE BRIEF

COVERAGE OF CASE MANAGEMENT SERVICES

Overview

As part of NASTAD's cooperative agreement with the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB), the following issue brief provides HIV/AIDS and viral hepatitis programs with the tools to assess case management coverage offered by qualified health plans (QHPs), traditional Medicaid, and the Ryan White Program. Please contact [Xavior Robinson if you have questions](#).

Introduction

A principal goal of the Affordable Care Act (ACA) is to increase the number of people who have access to health insurance coverage. To this end, the ACA incentivizes states to expand Medicaid and creates the opportunity for un- and underinsured individuals to purchase QHPs through federally-facilitated and state-based Marketplaces. Insurance coverage is essential to providing comprehensive care for tens of thousands of people living with HIV (PLWH); however, there are a range of services that are critical to linking and retaining people in care that are not covered by public and private insurance. Access to case management is among services vital to PLWH that is not consistently and comprehensively covered across payers and jurisdictions.

Key Findings

NASTAD assessed the scope of case management coverage across three categories of payers: Ryan White Program, traditional fee-for-service Medicaid, and Essential Health Benefits (EHB) benchmark plans. Research included an analysis of the personnel credentialed to provide services, the scope of coverage offered in ten states, and eligibility requirements for receipt of case management services.¹ Key findings include:

- While new health coverage options have been made available through the ACA, the Ryan White

¹ States included Arizona, Arkansas, Florida, Maryland, Michigan, New Hampshire, New Jersey, New Mexico, Oregon, and Texas.

ACTION STEPS

As state HIV/AIDS and viral hepatitis programs assess case management coverage, there are four things to keep in mind:

1. Assess case management coverage of QHPs and Medicaid, and the ability of case management providers to bill and receive reimbursement for these services:
 - a. Ensure that case management services provided by the Ryan White Program are for clients with insufficient coverage
2. Encourage state Medicaid officials to include PLWH in the eligibility criteria to receive case management services
3. Ensure that training and resource materials are easily accessible to case managers
4. Educate clients about case management resources available to them

Program continues to offer the most robust case management services for PLWH

- Credentialing requirements for case management providers within benchmark QHPs, traditional fee-for-service Medicaid and the Ryan White Program varies widely in each state
- Eligibility for case management in state Medicaid programs is often reserved for specific populations based on level of need
- The majority of benchmark QHPs analyzed offer very limited case management services

Methodology

To assess the scope of coverage for this service area and identify potential gaps in coverage, NASTAD conducted a ten-state analysis of the coverage of case management services offered by the Ryan White Program, traditional fee-for-service Medicaid, and EHB benchmark plans. EHB benchmark plans vary by state and define the minimum scope of coverage of the plans offered in health insurance Marketplaces. While the extent to which services are covered varies by QHP, NASTAD's assessment analyzed benchmark plans because they provide baseline information

Raising the Bars with Case Management

A number of states have developed innovative solutions to promote access to case management services for PLWH, including:

- Targeted case management services for Medicaid beneficiaries living with HIV
- Expedited Medicaid enrollment into case management services with a confirmed HIV diagnosis
- Aggregating case management and surveillance data to enhance linkage to care efforts in Ryan White

For more information on how health departments are accelerating the prevention, care, and treatment of HIV, take a look at [Raising the Bars](#).

regarding the availability of medical case management coverage in Marketplaces. The Medicaid analysis was conducted prior to January 2014 and focused on traditional fee-for-service. The scope of services covered in states that have expanded Medicaid under the ACA, or use managed care organizations to administer Medicaid, may differ. Research (through policy analysis and informant interviews) was conducted by NASTAD staff between April and September of 2013.²

Credentialing Requirements

Credentialing is the process by which health insurance companies, public insurance programs, and other payer sources assess and approve the qualifications of providers to deliver services. Providers must be credentialed, or otherwise authorized, to receive reimbursement for the services that they deliver. The number and types of providers credentialed to provide a range of services directly impacts the availability of those services to patients. With regard to case management, credentialing standards vary by payer source in each state. This means that case management providers approved by the Ryan White Program may not automatically meet the credentialing standards of Medicaid or of a private insurance payer.

➤ **Ryan White Program**

Compared to the state benchmark QHPs and traditional Medicaid, the Ryan White Program offers the most flexibility with regard to staff who are able to provide medical case management services. HRSA broadly defines this staff as “trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team.”³ HRSA defines nonmedical case management as “advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Nonmedical case management does not

involve coordination and follow-up of medical treatments, as medical case management does.”⁴ Most states have exercised the option to further define these standards. Eight⁵ of the ten states in the analysis allowed both “medically credentialed” and unlicensed providers who were able to deliver case management services.

➤ **Medicaid**

On the whole, Medicaid credentialing standards were more stringent than those of the Ryan White Program. Arizona, Maryland, Michigan, and New Mexico were the only four states that allow staff without a four-year degree to provide case management. Six⁶ states license clinicians⁷ and/or primary care physicians to provide case management.

➤ **Benchmark Plans**

Private health insurance companies also use credentialing to determine which providers to allow in a plan’s network. None of the benchmark QHPs in the ten state analysis offered conclusive credentialing information for case management services.

Covered Services

The scope of coverage for case management services also varied by payer. Traditionally, HRSA has divided Ryan White Program case management services into two categories⁴:

1. *Medical Case Management* includes a range of services that links clients to health care and psychosocial services to ensure timely and appropriate access to health and supportive services.
2. *Nonmedical Case Management* covers advice and assistance in obtaining medical, social, community, legal, financial, and other needed services.

² NASTAD’s policy analysis was based on source materials that were publically available. While this information was often augmented by key informant interviews, it is possible that the payers analyzed engaged in practices that were not specified in the written policies that were available to the public.

³ See HRSA/HAB, [National Monitoring Standards](#) for Ryan White Part B Grantees.

⁴ See [HRSA Care Action: Redefining Case Management](#)

⁵ All except Arizona and New Jersey

⁶ Arizona, Arkansas, Michigan, New Mexico, Oregon, and Texas.

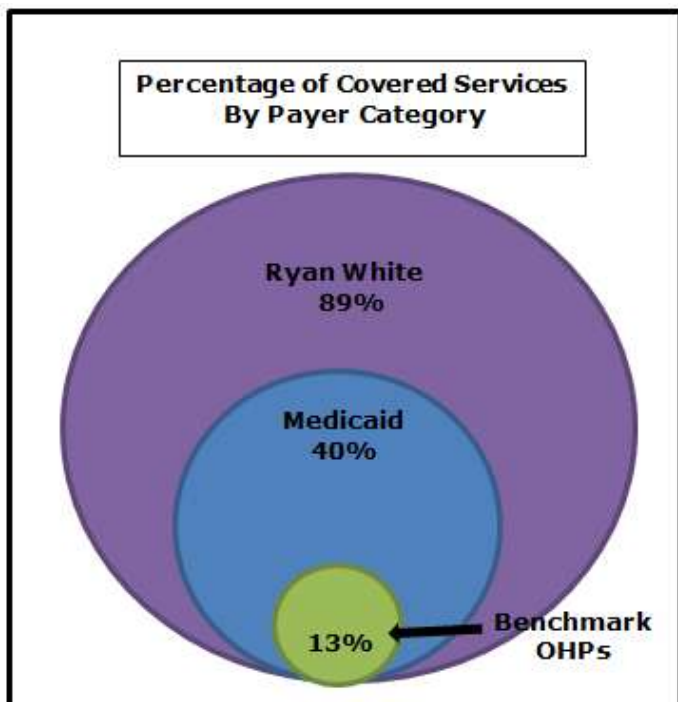
⁷ Includes physicians, mid-level providers (nurse practitioners, physician assistants, etc.), and licensed behavioral health providers (licensed clinical social workers, clinical psychologists, etc.)

This stratification of case management services was absent from the benchmark plans and Medicaid programs that were analyzed. NASTAD’s assessment of case management coverage was inclusive of both medical and nonmedical services. Specifically, the analysis assessed the coverage of seven different services across the Ryan White Program, fee-for-service Medicaid, and benchmark plans, including:

- Periodic phone calls to address patient inquiries
- Ongoing needs assessment/development of an individualized care plan (ICP)
- Client health education
- Treatment adherence
- Medical care coordination assistance
- Non-medical social services care coordination
- Insurance benefits counseling and enrollment

➤ **Ryan White Program**

Of the three payers analyzed, the Ryan White Program offers the most robust case management related services. The graph below depicts the aggregate availability of case management coverage by payer category across all ten of the states included in the analysis.



Of the seven services analyzed, the majority were explicitly covered by all Ryan White Programs.

➤ **Medicaid**

While Medicaid coverage of case management was more accessible and robust than that of the benchmark QHPs analyzed, in most states it was not available to people living with HIV. In the states where an HIV diagnosis entitled individuals to case management, it was unclear whether or not the

services would be comprehensive enough to address the complex needs of people living with HIV.

➤ **Benchmark Plans**

Benchmark plans covered few of the seven services analyzed (most commonly, periodic phone calls to discuss appointments).

Client/Beneficiary Eligibility for Case Management Services

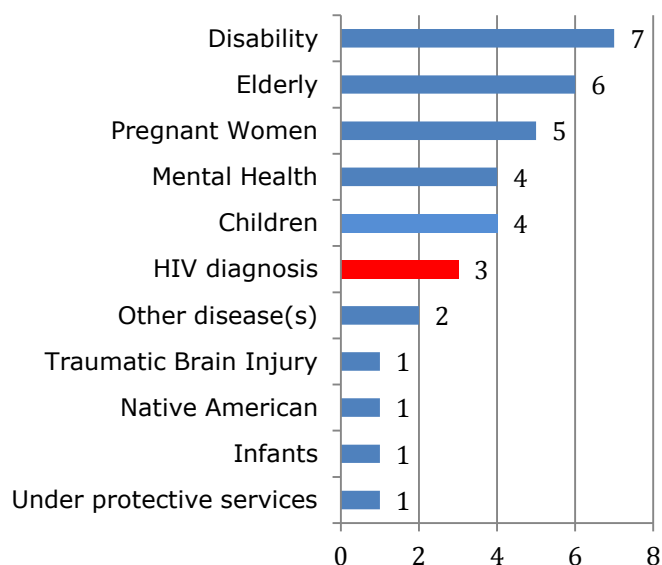
➤ **Ryan White Program**

Ryan White Program eligibility guarantees access to case management services in all states. This is in contrast to Medicaid, where eligibility may depend on a particular diagnosis or degree of need; and benchmark QHPs, which offers the most limited coverage of services.

➤ **Medicaid**

While nine out of ten state Medicaid programs offered case management to some extent, each program had specific eligibility criteria that had to be met for beneficiaries to receive these services. These criteria included factors such as age, disability status, disease diagnosis, and level of need. Case management services were most often available to the disabled, elderly individuals, and pregnant women. Florida, Oregon, and Maryland were the only states to specifically include a diagnosis of HIV in their eligibility criteria. These states achieved HIV specificity through [Medicaid Section 1915 waivers](#). The Medicaid eligibility graph illustrates the case management eligibility criteria for the ten states that were analyzed.

Medicaid Case Management Eligibility Criteria



➤ **Benchmark Plans**

On the aggregate, EHB benchmark plans offered the least amount of the case management services to

their members. Some included eligibility requirements such as a case-by-case determination, diagnosis with a chronic disease, and small business employment. While conducting interviews with key informants from benchmark plans, it became apparent that the definition and application of case management varied greatly from that of the Ryan White Program, and was often inconsistent across insurance companies. These incongruous standards may lead to confusion for PLWH seeking case management services.

Lessons Learned and Next Steps

Case management is an essential tool in the effort to prevent and treat HIV. State health departments can

support the availability of case management for PLWH by:

1. Assessing case management coverage of QHPs and Medicaid, and the ability of case management providers to bill and receive reimbursement for these services:
 - a. Ensuring that case management services provided by the Ryan White Program are for clients who have insufficient coverage
2. Encouraging state Medicaid officials to include PLWH in the eligibility criteria to receive case management services
3. Ensuring that training and resource materials are easily accessible to case managers
4. Educating clients about case management resources available to them

Resources on Case Management

- [TARGET Center Case Management Page](#) houses reports, presentations, and fact sheets on case management for the Ryan White community.
- [HRSA's Outreach, Enrollment, and Benefits Counseling Page](#) defines case management for Ryan White grantees and offers guidance on the role of case management in the outreach and enrollment process.

NASTAD Resources on Health Reform

- [NASTAD Health Reform Website](#) houses NASTAD's presentations, issue briefs, fact sheets, and other resources on health reform.
- [NASTAD Blog](#) provides timely updates and breaking news with regard to federal and state health reform implementation.