

Centene Corporation and the National Council on Independent Living Address Gaps in Disability Access – An Award Winning Idea

An Overview of the Centene and NCIL Provider
Accessibility Initiative (PAI)

Provider Accessibility Initiative

Agenda

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- Welcome and Introductions
- Overview of Centene, Buckeye, NCIL, Progress CIL, and the Provider Accessibility Initiative (PAI)
- Overview of the Barrier Removal Fund (BRF) Activities/Outcomes to Date
- Questions
- Closing

Provider Accessibility Initiative

Panelists & Company Overviews

Panelists

- **Centene** – Sarah Triano, Director of Complex Care Policy/Innovation
- **National Council on Independent Living** – Kelly Buckland, Executive Director
- **Progress Center for Independent Living** – Horacio Esparza, Executive Director
- **Centene** – Theresa Flanders, Manager of Provider Network Performance
- **Buckeye Health Plan (OH)** – Tara Bires, Provider Performance Specialist
- **Centene** – Kait Campbell, Product Performance and Innovation Analyst

Centene Overview



WHO WE ARE

Centene provides access to high-quality healthcare, innovative programs and a wide range of health solutions that help families and individuals get well, stay well, and be well.

PURPOSE

Transforming the health of the community, one person at a time

BRAND PILLARS



Focus on
Individuals



Whole
Health



Active Local
Involvement

WHAT WE DO



32 states

with government sponsored
healthcare programs

Centene successfully provides **high quality, whole health solutions for our diverse membership** by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps

14.7M Managed
Care Members

~340 Product / Market
Solutions



2 International
Markets

Buckeye Health Plan (OH)



- Buckeye Health Plan has a commitment to improving the health of the community one individual at a time through affordable and reliable health care plans. We do this through our focus on the individual, whole health and local involvement.
- **Focus on individuals.** We believe treating people with kindness, respect and dignity empowers healthy decisions and that healthier individuals create more vibrant families and communities.
- **Whole health.** We believe in treating the whole person, not just the physical body.
- **Active local involvement.** We believe local partnerships enable meaningful, accessible healthcare.

NCIL Overview



- The National Council on Independent Living is the longest-running **national cross-disability, grassroots organization run by and for people with disabilities.**
- Founded in 1982, **NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities** throughout the United States.

Progress Center for Independent Living Overview

- Progress Center is a **community-based, non-profit, non-residential service and advocacy organization, proudly operated for people with disabilities, by people with disabilities.**
- Progress Center is the Center for Independent Living that serves **Suburban Cook County (IL).**
- Progress Center works to **provide people with all types of disabilities the tools and resources to be independent in their own homes.** Progress Center is one of 22 centers serving Illinois.



Provider Accessibility Initiative

Overview of PAI and BRF

What is the Goal of the Provider Accessibility Initiative?

- Provide **equal access** to quality health care and services that are **physically and programmatically accessible**
- for our **members with disabilities** and their **companions** with disabilities
- by **increasing the percentage** of Centene's providers that **meet minimum** federal and state **disability access standards**.

Why are We Focusing on Provider Disability Access?

- It's the **right thing to do**
- Medicaid and Medicare members with disabilities **receive less preventative care** than those with no disability
 - <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Brief-Physical-AccessibilityBrief.pdf>
- It's a **federal requirement**
- **People with disabilities say we should**
 - Centene National Disability Advisory Council
 - Local Health Plan Member Advisory Councils (CA, FL, KS, MI, OH, PA, and TX)

How are We Accomplishing Our Goal?

1. **Improve the accuracy, completeness, and transparency of provider self-reported disability access data in Provider Directories so that members with disabilities have the most accurate, accessible, and up-to-date information possible related to a provider's disability access by:**
 - a. **Integrating standard, corporate disability access requirements** in provider on-boarding, cultural competency training, credentialing, contracting, etc.; and
 - b. **Conducting Accessibility Site Reviews (ASRs)** on specialty and ancillary providers with specified volumes of business over 12-month period.

How are We Accomplishing Our Goal?

- 2. Allowing providers to apply for a grant from the Centene National Barrier Removal Fund (BRF) that includes:**
 - a. Funding to remove disability access barriers; and**
 - b. Technical assistance from the National Council on Independent Living (NCIL), local CILs, and local health plans.**

National Barrier Removal Fund

- **Partnership with NCIL**

- **Funding available in 6 pilot states:**
 - **Illinois, Texas, and Ohio (2018)**
 - **Kansas, Florida, and New Mexico (2019)**

- **In 3 main areas of disability access:**
 - **Building Modifications**
 - **Diagnostic Equipment**
 - **Programmatic Access**

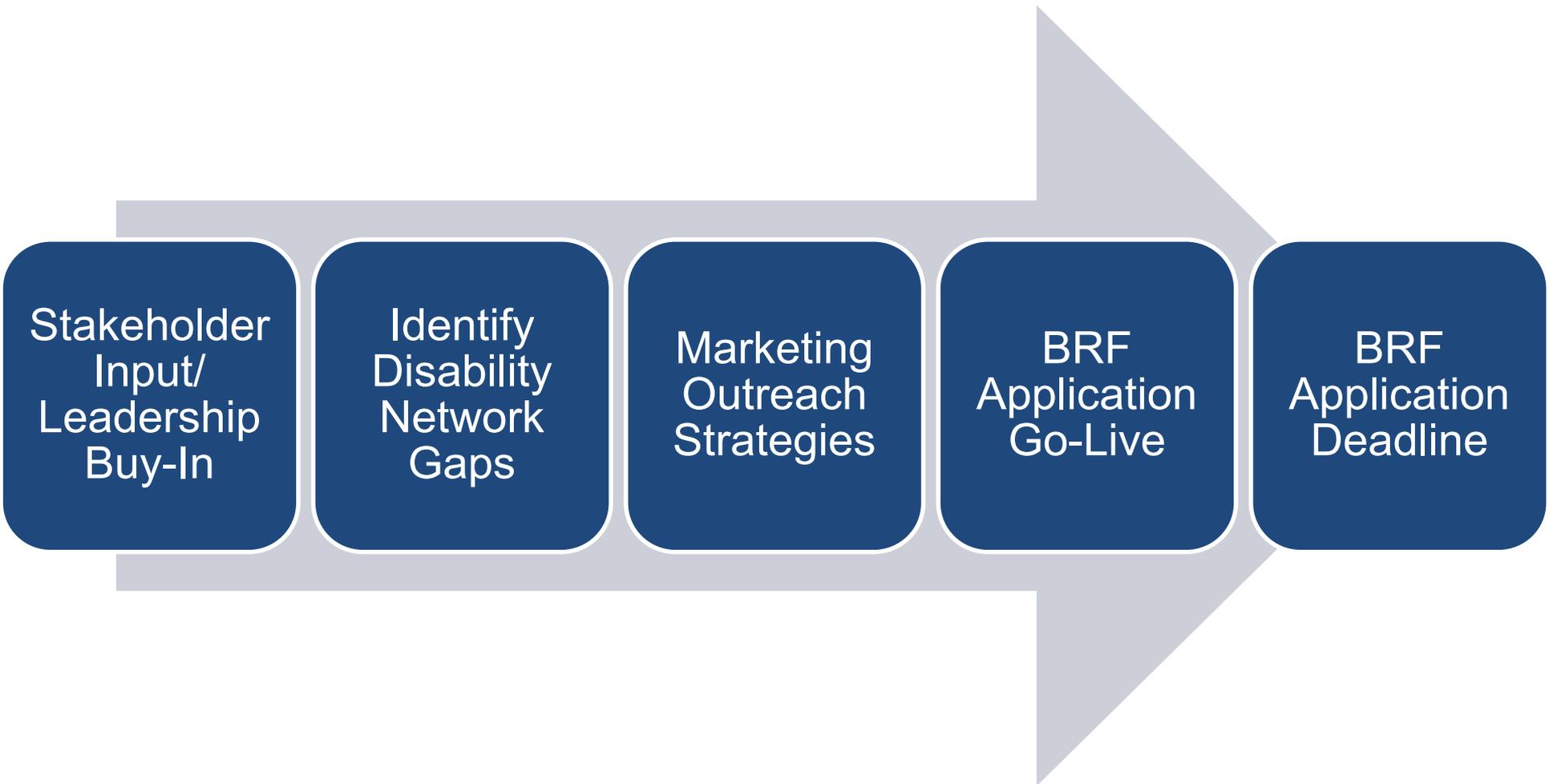
High Level Results

- **Over 2,600 onsite Accessibility Site Reviews (ASRs)** conducted across 7 states by health plan staff and **31 different Centers for Independent Living (CILs)**.
- **144 health care providers** across 6 states **received grants** to make physical and programmatic disability access-related improvements.
- **123,000** of Centene's members with disabilities (and their companions with disabilities) **have improved access to health care**, along with the countless other people with disabilities seen by those providers who are not Centene members.

Provider Accessibility Initiative

Barrier Removal Fund Process

Barrier Removal Fund Process



Barrier Removal Fund Process Continued...

Provider Data
Analysis/
First Round
Eligibility
Screening

Accessibility
Site Reviews
(ASRs)

BRF
Committee
Meeting

Award
Decisions
Released/
Contracts
Signed

Barrier Removal Fund Process Continued...

Current phase in 2019



Scope of
Work
Underway

Invoices
Submitted

Health Plan
Verifies
Completion

ASR Findings
Shared with
Applicants

Data
Uploaded to
Provider
Directory/
Ongoing
Improvements

Provider Directory Data Challenges

- Challenges in Collecting and Displaying Disability Access Data

Provider Accessibility Initiative

2018 & 2019 Outcomes To Date

Project Outputs (2018 & 2019)

- Over **2,600 onsite Accessibility Site Reviews (ASRs)** conducted since 2011 across 7 states (California, Illinois, Texas, Ohio, Kansas, Florida, and New Mexico) by health plan staff and **31 different CILs**.
- In 2018 and 2019, NCIL received **255 Barrier Removal Fund (BRF) applications** across 6 states (Illinois, Texas, Ohio, Kansas, Florida, and New Mexico), and **provided over 150 hours of technical assistance** to applicants and grantees.
- Six locally based Barrier Removal Fund committees that included local members with disabilities, directors from local Centers on Independent Living, and providers, **reviewed and scored 176 of the 255 applications**.

Project Outputs (2018 & 2019)

- **144 health care providers** across IL, TX, OH, KS, FL, and NM **received over \$1,000,000 in grants** from the Centene Barrier Removal Fund.
- Grantees range in **size, location** (urban and rural), and **specialty** (e.g. primary care, OB/GYN, mental health, addiction recovery, dentistry, podiatry, urology) and **include both physical and programmatic access improvements.**

Project Outputs (2018 & 2019)

- **60 Accessible Exam Tables** (1 accessible OB/GYN table, 2 accessible podiatry exam chair, 1 accessible dentist chair)
- **19 Accessible Scales**
- **56 Automatic Door Openers**
- **10 Renovations to Parking Lot**
- **15 Restroom Improvements** (Faucet paddle handles, ADA toilet, handrails, etc.)
- **10 Entrance Improvements**
- **9 Interior Building Improvements** (Vinyl flooring, widening of doorways less than 32' wide, waiting room chairs without side arms, portable air filter, portable blood pressure machine, Hoyer lift)
- **11 Ramps**
- **45 Programmatic Access Improvements** (details in later slide)

2018 Outcomes



Rock Island County Council on Addictions



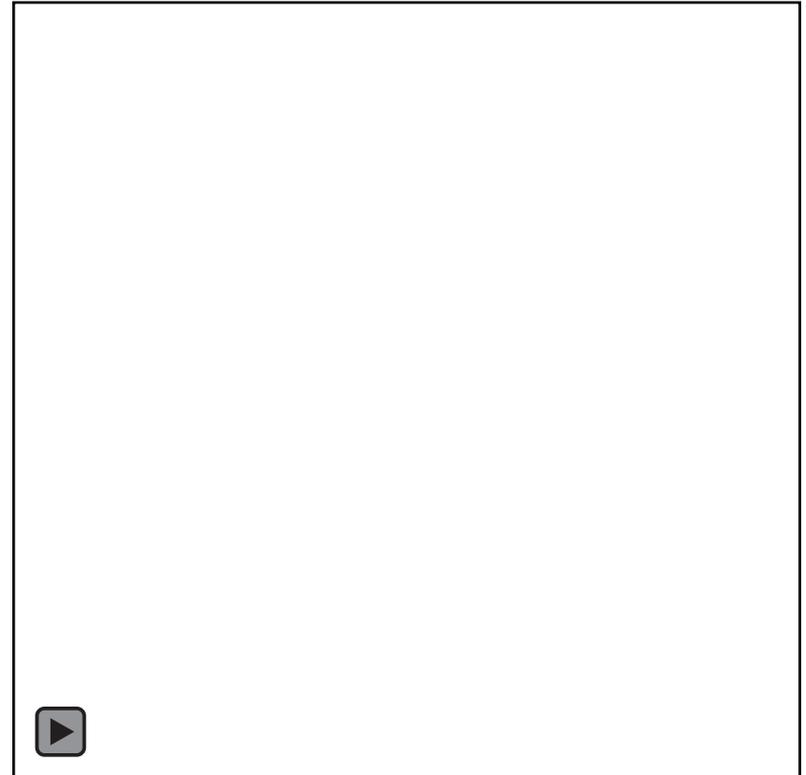
2018 Outcomes Continued...



“Since the installation of our automatic doors, I have been pleased to notice more adult *wheelchair patients* in our facility receiving much needed services. I see this being a positive addition and great way to meet ALL members of our community. We would not have been able to make these upgrades to our facility at this time without the funds from this grant. Thank you again!”

- Dr. Sarah Patrick, Administrator, Jackson County Health Department

2018 Outcomes Continued...



Roll-on scale

The UpScale M430. Combined accessible exam table and scale.

- Penne Jaster,
Nurse Practitioner
at Life Choices
Medical Clinic

2018 Outcomes Continued...



**Van Wert County
General Health District**

2018 & 2019 Outcomes: Programmatic Access

Noise Cancelling
Headphones

Digital
Annunciator for
Elevator

Assistive
Listening
Devices

Braille Signage &
Materials

Sound Proofing
Walls

TV/DVD Sensory
Accommodations

Weighted Stuffed
Animals

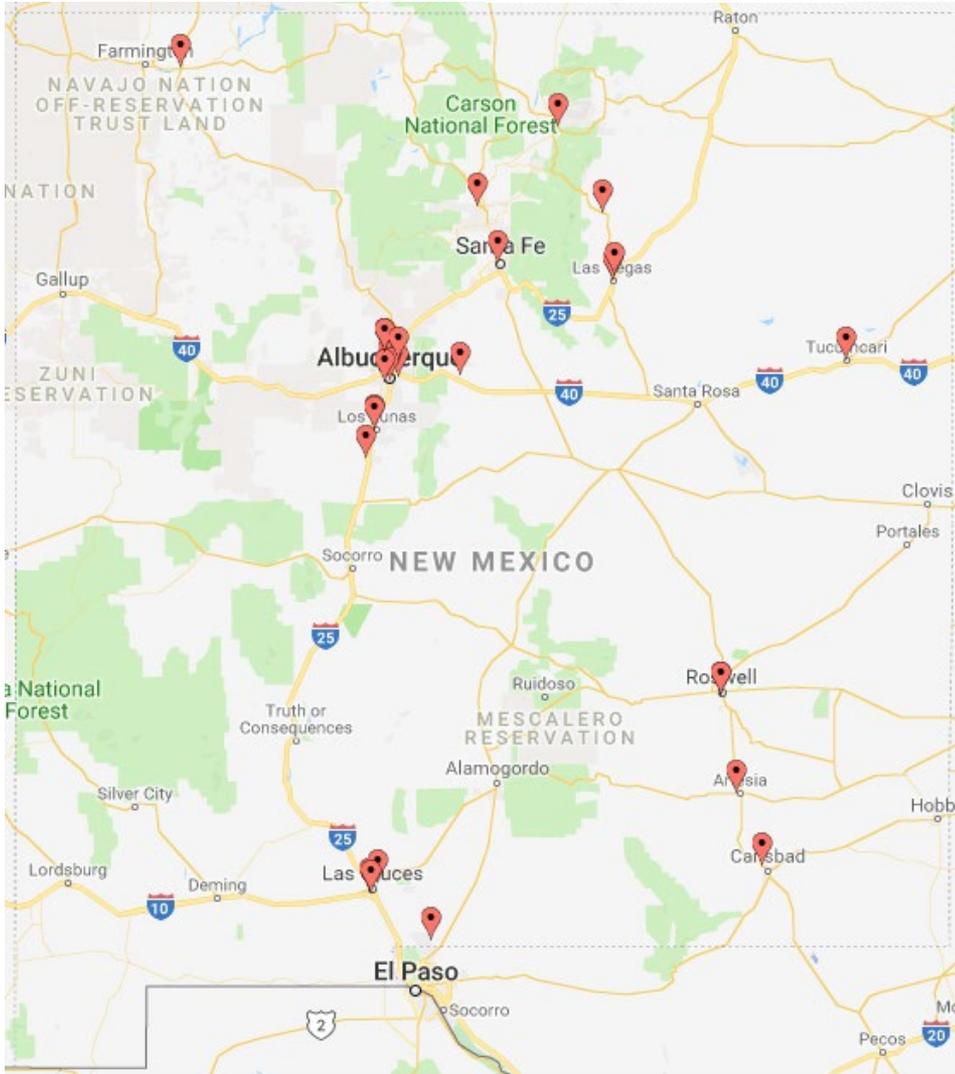
Natural Lighting

Weighted
Blankets

Circadian
Lighting

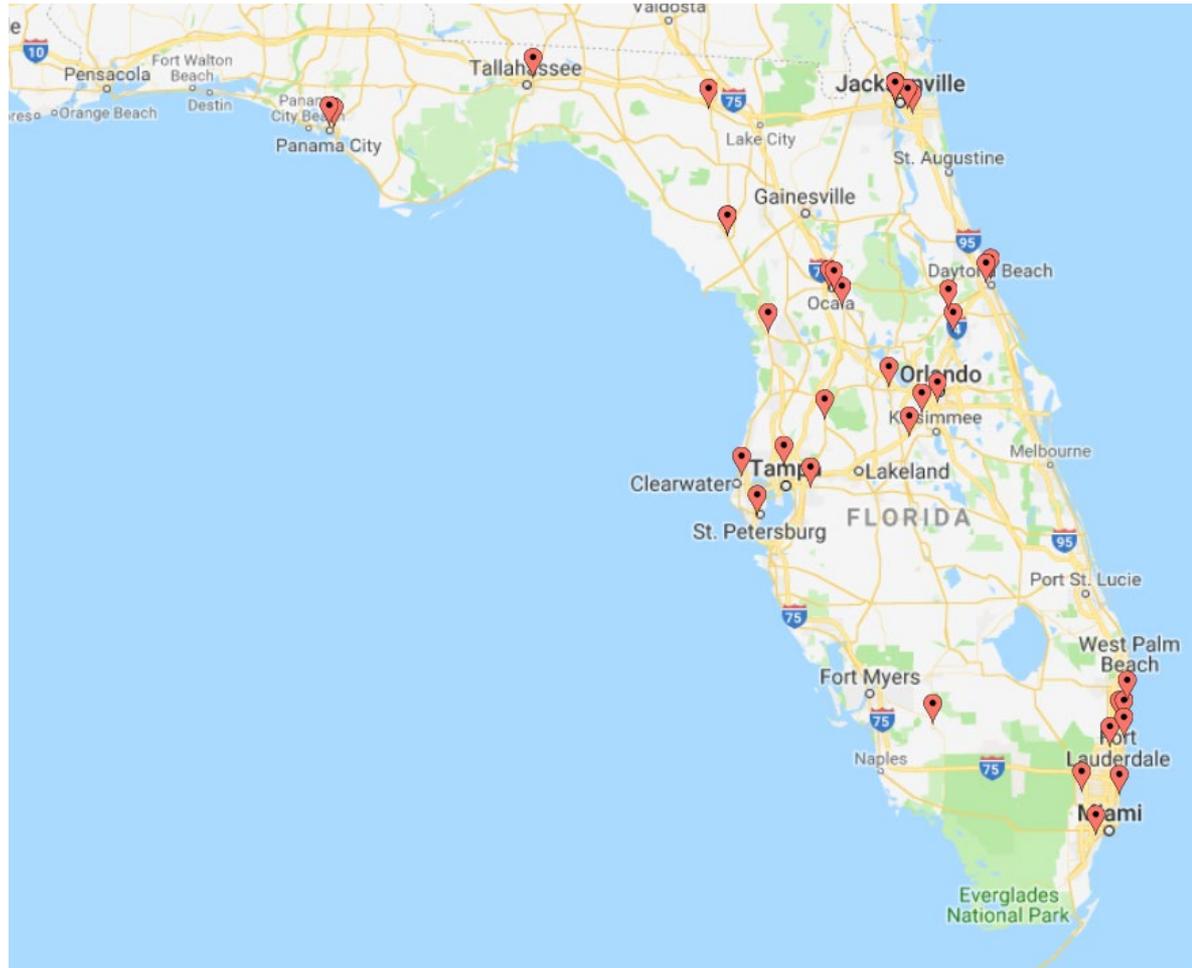
Video Remote
Interpreting (rural
location, 1 ASL
interpreter)

New Mexico



- 52% rural
- Specialties:
Gastroenterology,
Podiatrist, Urologist,
Clinical Psychologist,
etc.

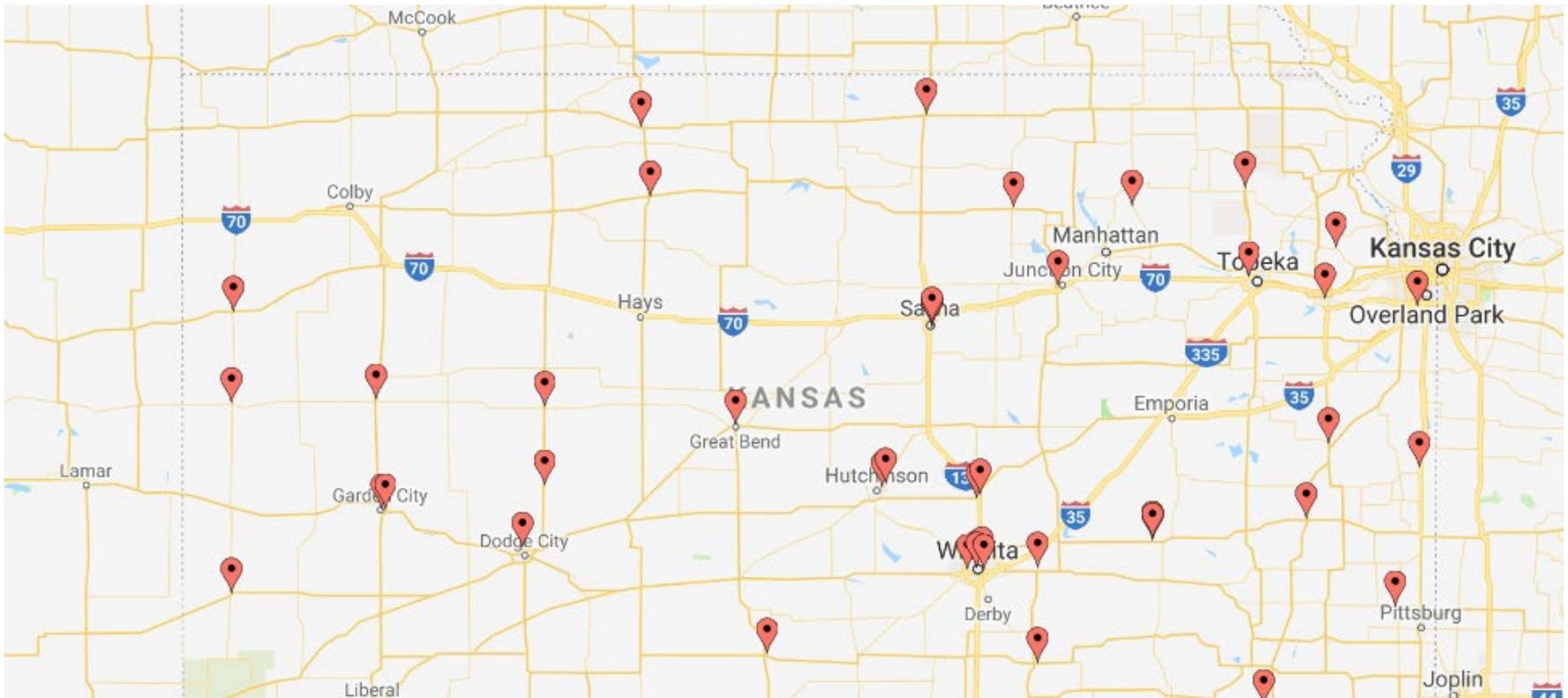
- 11% rural
- Specialties: Rural Health Clinics, Podiatry, Speech-Language Pathology, Chiropractic, Behavioral Health, etc.



Kansas



- 50% rural
- Specialties: Dentist, Substance Use Disorder, Chiropractic, Public Health, FQHC, Group Practice, etc.



Provider Accessibility Initiative

Questions, Next Steps, Call to Action

Questions

- Audience questions
- Panel questions (barriers, lessons learned)
- Next Steps
- Call to Action
 - For Disability and Aging Activists
 - For Researchers

Thank You

- Please send any additional feedback or questions to:
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