



2008 Annual Conference
Breakout Group: Expanding Managed Care for Populations with Special Needs

Date and Time: October 21, 2008
1:30pm – 2:45pm

Resources

Population Characteristics

The Faces of Medicaid II: Recognizing the Care Needs of People with Multiple Chronic Conditions,

Authors: Rick Kronick, PhD, Melanie Bella, Todd P. Gilmer, PhD, and Stephen A. Somers, PhD

Published: October 2007

http://www.chcs.org/publications3960/publications_show.htm?doc_id=540806

Published by the Center for Health Care Strategies this groundbreaking examination of the patterns of multiple chronic conditions among Medicaid beneficiaries.

The analysis sought to answer two key questions:

- What is the prevalence of chronic conditions within the Medicaid population; and
- Are there patterns of these conditions that can inform the development of more appropriate guidelines, care models, performance measurement systems, and reimbursement methodologies?

The resulting data show that beneficiaries with three or more chronic conditions are responsible for a significant portion of Medicaid spending. The findings shed light on how Medicaid stakeholders can rethink care management approaches for high-need, high-cost beneficiaries with multimorbidity. Traditional disease management programs focused on single diseases that "silo" beneficiaries into disease specific interventions do not address the complex needs of those with multiple conditions. By clearly identifying the complex needs of these beneficiaries, states, plans and providers can develop integrated and coordinated delivery systems that incorporate clinical care with behavioral and non-medical supportive services.

Prepared By:

Anne Cohen, Disability and Health Policy Consultant

© Disability Health Access, LLC

355 Serrano Dr. Suite 10K

Phone 415-239-9100 • Fax 415-239-9106

anne@disabilityhealthaccess.com / <http://www.disabilityhealthaccess.com>

Care Management and Predictive Modeling

Medicaid Best Buys: Using Predictive Modeling to Pinpoint “High-Opportunity” Medicaid Beneficiaries – Webinar

Published: August 2008, Centers for Health Care Strategies.

http://www.chcs.org/publications3960/publications_show.htm?doc_id=700481

This 90-minute webinar addressed how Medicaid stakeholders can apply predictive modeling approaches -- which have been largely designed to predict high costs for rate-setting purposes -- to identify beneficiaries who are most likely to benefit from care management interventions. Participants learned about the variables that are common to most predictive models as well as ways to supplement the information generated by these tools to identify good candidates for care management. The call featured innovative strategies being used in two states to identify and stratify high-risk Medicaid beneficiaries.

Managed Care Models for Aged, Blind, and Disabled Beneficiaries

Author: Centers for Health Care Strategies A CHCS WebExchange

Published: May 2007

http://www.chcs.org/publications3960/publications_show.htm?doc_id=494890

Aged, blind, and disabled beneficiaries make up only 27 percent of Medicaid enrollees, but account for close to 70 percent of total Medicaid spending. By managing the care of these beneficiaries more effectively, state Medicaid programs and health plans can improve health outcomes and better manage costs. This 90-minute web conference discussed innovative state and health plan strategies for improving care management for adults with chronic illnesses and disabilities.

Presenters:

David K. Kelley, MD, MPA, Chief Medical Officer, Pennsylvania Department of Public Welfare

Coleen Kivlahan, MD, MSPH, Senior Vice President of Medical Affairs, Schaller-Anderson

David Labby, MD, PhD, Medical Director, CareOregon

Improving Managed Care for Children with Special Needs: A BCAP Toolkit

Author: Margaret L. Oehlmann, MS

Published: October 2004

http://www.chcs.org/publications3960/publications_show.htm?doc_id=242607

This Best Clinical and Administrative Practices (BCAP) toolkit reflects the experiences of the *Improving Managed Care for Children with Special Needs* workgroup -- 11 health plans and a primary care case management (PCCM) program that collaborated over 24

Prepared By:

Anne Cohen, Disability and Health Policy Consultant

© Disability Health Access, LLC

355 Serrano Dr. Suite 10K

Phone 415-239-9100 • Fax 415-239-9106

anne@disabilityhealthaccess.com / <http://www.disabilityhealthaccess.com>

months to develop, pilot, and refine best practice models for serving this population. The toolkit sections detail the experiences of the workgroup using the BCAP Quality Framework. This toolkit also includes case studies of health plan pilot projects and resources they have agreed to share with other managed care organizations.

Performance Measures, Contract Standards & Reimbursement Methodologies

Performance Standards for Medi-Cal Managed Care Organizations Serving People with Disabilities and Chronic Conditions

Author: Center for Disability Issues and the Health Professions, Center for Health Care Strategies, The Lewin Group

Date: July 2008

<http://www.chcf.org/topics/medi-cal/index.cfm?itemID=113558>

Out of approximately one million people with disabilities enrolled in California's Medi-Cal program, only 20 percent are enrolled in managed care. In January 2005, Governor Schwarzenegger proposed expanding mandatory managed care for people with disabilities. The California HealthCare Foundation (CHCF) recognized the Governor's proposal as an opportunity to foster a constructive dialogue among health plan representatives and consumer advocates, to improve the quality of care for people with disabilities and chronic conditions, and to establish better methods of measuring and monitoring health plan performance.

In Phase 1, the project team developed a set of recommendations to DHS for health plan contract performance standards (also called operating standards or contract specifications) and measures that can foster improvements in quality of care for people with disabilities and chronic illness.

In Phase 2 of the project, the project team worked with DHS to create a set of recommended strategies for DHS to monitor health plan contract compliance on an ongoing basis as well as a tool to assess the readiness of health plans to serve a large influx of new beneficiaries with disabilities and chronic illnesses.

The California Department of Health Care Services (DHCS) prepared a draft response to the 53 recommendations from the CHCF and held a public comment period through July 31, 2007. The department's response is available at:

http://www.dhcs.ca.gov/dataandstats/reports/Pages/CHCFRpt_DHCSRspns.aspx

Integrated Care Program: Performance Measures Recommendations

Author: Lindsay Palmer, Karen LLanos, Melanie Bella, and Carol Tobias

Published: June 2006

http://www.chcs.org/publications3960/publications_show.htm?doc_id=379026

Prepared By:

Anne Cohen, Disability and Health Policy Consultant

© Disability Health Access, LLC

355 Serrano Dr. Suite 10K

Phone 415-239-9100 • Fax 415-239-9106

anne@disabilityhealthaccess.com / <http://www.disabilityhealthaccess.com>

The performance measures available to purchasers and providers today are unevenly distributed across the acute medical, behavioral health, and long-term care sectors. Quality measures for preventive and acute medical care and common chronic illnesses (e.g., asthma and diabetes) are fairly well developed, in contrast with performance measures related to behavioral health and long-term care. This resource paper, developed for the *Integrated Care Program* in consultation with a group of national experts, outlines a set of recommended performance measures that can be implemented by states and health plans for the purposes of assuring the quality of integrated care for people who are dually eligible for Medicaid and Medicare, as well as people with disabilities who receive services solely through Medicaid

Measuring the Effectiveness of Managed Care for Adults with Disabilities

Author: Margaret Mastal, Delmarva Foundation for Medical Care, Susan Palsbo, Center for Health & Disability Research, National Rehabilitation Hospital

Published: December 2005

http://www.chcs.org/publications3960/publications_show.htm?doc_id=329417

Coordinated care organizations (CCOs) are an emerging type of comprehensive managed care program within Medicaid for adults with disabilities and complex chronic illnesses. Yet definitive outcome measures are mostly absent for these complex needs populations. Based on the evaluations of seven CCO pilot programs in six states, this resource paper outlines recommendations for measuring quality of care and outcomes coordinated by CCOs. The proposed approach allows CCOs and state Medicaid agencies to benchmark improvements in care delivery and outcomes and to identify areas for improvement

Strategies for Assessing Health Plan Performance on Chronic Diseases Selecting Performance Indicators and Applying Health-Based Risk Adjustment

Author: Ann Volpel and John O'Brien, University of Maryland, Baltimore County; Jonathan Weiner, Johns Hopkins University

Published: March 2005

http://www.chcs.org/publications3960/publications_show.htm?doc_id=263738

As Medicaid managed care programs mature, states are looking to refine their methods of measuring and improving the performance of participating health plans. This CHCS Resource Paper serves a guide for Medicaid agencies who want to develop a performance measurement program using administrative data to evaluate the care provided to enrollees with chronic diseases. It reviews the factors to consider when developing a program and identifies potential performance indicators that are associated with improved medical outcomes. Using encounter data from Maryland's Medicaid program, the report also demonstrates the application of diagnosis-based risk adjustment to performance measurement by profiling six health plans.

Prepared By:

Anne Cohen, Disability and Health Policy Consultant

© Disability Health Access, LLC

355 Serrano Dr. Suite 10K

Phone 415-239-9100 • Fax 415-239-9106

anne@disabilityhealthaccess.com / <http://www.disabilityhealthaccess.com>

Designing a Program Evaluation for a Multi-Organizational Intervention: The Minnesota Disability Health Options Project

Author: Susan Palsbo, PhD, Phillip Beatty, National Rehabilitation Hospital Center for Health & Disability Research; Pamela Parker, Minnesota Department of Human Services; Chris Duff, AXIS Healthcare

Published: January 2004

http://www.chcs.org/publications3960/publications_show.htm?doc_id=208393

Most public and private sector health insurance is designed to meet acute health care needs. The focus on acute care creates benefit and service gaps for people with chronic or complex needs. In an effort to close that gap, many innovative programs have sprung up around the country since the mid-1980s, including Minnesota Disability Health Options, which receives its care coordination services from AXIS Healthcare. AXIS Healthcare program, located in the Twin Cities of Minneapolis and St. Paul, Minnesota, serves adults with physical disabilities who are Medicaid beneficiaries, and incorporates Medicare benefits for dual beneficiaries. This program offer voluntary enrollment and a strong voice for consumers. Because these programs are so new, people with disabilities and policy makers are very interested in how well the programs perform. A successful evaluation design will help potential plan sponsors, clinicians, and enrollees determine if these programs "work," how they work, whether hiring care coordinators saves money in the short and long run, and if clinical outcomes and quality of life are improved. This Resource Paper describes the process and presents the evaluation tools developed.

Data on Managed Care vs. Fee-For-Service

Medi-Cal Beneficiaries with Disabilities: Comparing Managed Care with Fee-for-Service Systems

Author: California Health Care Foundation

Date: August 2005

<http://www.chcf.org/topics/medi-cal/index.cfm?itemID=113383>

As part of his efforts to close California's budget gap, Governor Schwarzenegger has proposed restructuring Medi-Cal, including for beneficiaries with disabilities. The plan would triple the number of disabled beneficiaries enrolled in managed care.

This issue brief synthesizes recent research about the experiences of non-elderly beneficiaries with disabilities in managed care and fee-for-service systems in California and other states. It is intended to help California policymakers understand and evaluate options for changing the delivery of and payment for services to Medi-Cal beneficiaries with disabilities.

Prepared By:

Anne Cohen, Disability and Health Policy Consultant

© Disability Health Access, LLC

355 Serrano Dr. Suite 10K

Phone 415-239-9100 • Fax 415-239-9106

anne@disabilityhealthaccess.com / <http://www.disabilityhealthaccess.com>

Prepared By:
Anne Cohen, Disability and Health Policy Consultant
© Disability Health Access, LLC
355 Serrano Dr. Suite 10K
Phone 415-239-9100 • Fax 415-239-9106
anne@disabilityhealthaccess.com / <http://www.disabilityhealthaccess.com>