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Expanding Managed Care for Populations with Special Needs

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Prevalence of Chronic Conditions

*Development of care models, Performance Standards
reimbursement methodologies*

Health Plan that uses Data

Drive operations and evaluate quality

Quality Assessment Metrics

Managed care and fee-for-service

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**Return on Investment:
Managing Complex Populations using Data**

Linda Dunbar, PhD, RN, Vice President, Care Management

Peter Fagan, Ph.D, Director of Research

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**New Comparative Quality Measures
for
People with Disabilities**

Sue Palsbo, Ph.D
Principal Research Associate,
George Mason Univ. Center for the
Study of Chronic Illness & Disability

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History Medi-Cal Managed Care Expansion

Seniors and People with Disabilities

- 3113 • **LAO mandatory enrollment beneficiaries with disabilities**
- 3116 • **Governor redesign Medi-Cal**
CHCF group develop plan performance standards & measures
- 3117 • **Leg bill require DHCS implement standards**
- 3119 • **SB 1332 (Negrete-McCloud), Medi-Cal Managed Care Pilot**

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ë **Hospital Politics**

ë **Advocates Fears**

ë Limit choice and coverage

ë Contract standards

ë Compliance disability laws

ë **Health Plans**

ë Adequacy of rates

ë Lack knowledge fee-service-enrollees

ë Capacity & willingness network

ë No uniform support for expansion

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Commitment by Plan and Provider Groups

- *Investment Targeted Services and Medical Management*
- *Quality Monitoring*
- *Encourage Enrollment*

Commitment by State

- *Implement Contract Standards*
- *Rate Setting Methodologies*
- *Medical History*
 - *Health Status Screener at time Enrollment*
 - *Obtaining Information from Social Security*

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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

Centers for Health Care
Strategies, October 2007,
www.chcs.org

• In Medicaid, 25 % Elderly and Disabled beneficiaries account for 70% cost

• Among high-cost beneficiaries virtually all have multiple chronic conditions.

• 33% beneficiaries with 3 + chronic conditions responsible 66% of the costs

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Most expensive 1%

- 83% had 3 + chronic conditions
- 60% had 5 + chronic conditions

Cost

- Every condition over 3 associated, increase in costs \$700/month, or approximately \$8,400 per yr.



CMS data from the Medicaid Analytic eXtract (MAX) system for calendar yrs. '01 & '02.

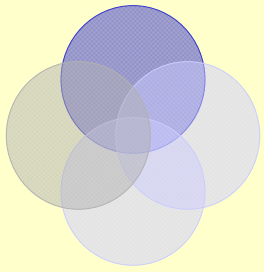
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- **68% Diagnosed with diabetes also had cardiovascular disease**
- **Most Prevalent among Highest cost 5% of patients are:**
 - **cardiovascular-pulmonary (30.5%);**
 - **cardiovascular-gastrointestinal (24.8%);**
 - **cardiovascular-central nervous system (24.8%)**
 - **central nervous system-pulmonary (23.8%)**
 - **and pulmonary-gastrointestinal (23.8%).**

R.G. Kronick, M. Bella, T.P. Gilmer, S.A. Somers, *The Faces of Medicaid II: Recognizing the Care Needs of People with Multiple Chronic Conditions*. Center for Health Care Strategies, Inc.,

Oct. 2007.



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- 20 include **Cardiovascular disease**
- 12 each include **Pulmonary & Skeletal & connective disease**
- 11 include **psychiatric illness** and **central nervous system disorders**
- 8 include **diabetes**

In community based

- **Coordinated care models** based on co-morbid conditions with multiple clinical and community based intervention strategies

Research develop evidence based care models

- **Refine payment systems** and steps fully integrate funding streams (limit carve out)

“The delay is not our fault it’s CCS”

- **New performance measures** tied to P4P responsive to complex populations

N p s f U g g s n b u j p o !

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