State of Illinois

Addressing Healthcare Needs of the ABD Medicaid Population

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Illinois Population Facts

- **Total State Population**
  - ~12.6 million individuals
    - 7.7 million in Chicago and surrounding counties (61%)
      - 2.9 million in Chicago (23%)
    - 4.9 million in downstate Illinois (39%)
- **Total Medicaid Eligible Population**
  - ~2.8 million at end of FY09
- **Illinois Aged, Blind, Disabled (ABD) Population**
  - Total – approximately 409,500 individuals
  - Non-dually eligible – approximately 171,000
    - Ages 0-18: 19,345 individuals
    - Ages 19-64: 136,385 individuals
    - Ages > 65: 15,250 individuals

Illinois ABD Population

Health Care Delivery Models

Illinois Health Connect (IHC)

Your Healthcare Plus (YHP)

Illinois Integrated Care Program

Illinois Health Connect (IHC)

- Statewide Primary Care Case Management Program
  - Implemented in July 2006
  - Administered by Automated Health Systems (AHS)

- Based on patient-centered medical home model of the American Academy of Pediatrics

- Program Goals
  - Improve quality of healthcare and increase utilization of primary and preventive care
  - Reduce inappropriate emergency room utilization
  - Improve healthcare access
  - Provide the most appropriate and effective level of care

Illinois Health Connect (IHC)

- Impacted Population
  - Currently 2.0 million are eligible to participate in IHC, including most children enrolled in All Kids.
  - 1.76 million are enrolled with IHC for their medical home.
  - 194,000 enrolled with a MCO for their medical home.

- Current Medical Homes
  - 5,640 medical homes (including FQHC and RHC sites)
  - Panel capacity of over 5.3 million (greater capacity than the entire eligible population)
    - Expansive coverage offers several choices to clients in most counties

IHC Enrollee Support

- Education and Enrollment Support
  - Client Helpline
  - Program Website
  - Mailings and Newsletters
- Provider Location Assistance
  - Primary Care and Specialists
- Care Coordination and Case Management Support
  - Appointment scheduling assistance and reminder notices
- Illinois Nurse Helpline
  - Help direct appropriate level of care

IHC Provider Support

- IHC enrolled PCPs receive the following PMPM:
  - $2.00 per child (under 21)
  - $3.00 per adult
  - $4.00 per senior/adult with disabilities
- Provider Support
  - Field Staff Outreach
  - Provider Profile Messaging on Clinical Metrics
  - Quality Assurance Outreach
- Quality Tools
  - Panel Rosters
  - Claims History Summaries
  - Provider Profiles
  - Specialty Resource Database

IHC Bonus Payment Program

- Initial Bonus Program Year - 2008
- Drive the adoption of quality improvement initiatives within PCP practices
- Increase quality of care and promote improved access to care for clients by encouraging primary and preventive services according to bonus measurements
  - Immunization Combo 3
  - Developmental Screenings
  - Asthma Management
  - Diabetes Management
  - Breast Cancer Screening

    *The HEDIS 50th percentile was the established benchmark except for Developmental Screening, which was established by HFS
- Over 90% of IHC PCPs received a bonus payment in 2008

Your Healthcare Plus™ (YHP)

- Statewide Disease Management Program
  - Implemented in July 2006
  - Administered by McKesson Health Solutions (MHS)
  - A risk-based contract

- Eligible YHP Population (~265,000)
  - Adult Disabled Population with chronic health issues (117,800)
  - Children and Adults with Persistent Asthma (115,000)
  - Children and Adult Frequent Emergency Room Users (~25,000)
  - **Newly added as of July 1, 2009:**
    - Waiver – Persons with Disabilities (~7,000)
    - Waiver – Elderly > 65 yrs (~1,300)

- YHP Eligible Adult Disabled Population
  - Community-based (~107,100)
  - Institutionalized (~10,700)

Your Healthcare Plus™ (YHP)

- **Member Services**
  - Risk stratification and tailored outreach accordingly to address social, language and cognitive needs
    - Population-based model → YHP eligibility for program services is not limited to specific diagnoses (“all comers come”)
  - Outreach Materials Used
    - Written educational materials
    - IVR calls
    - Access to 24/7 nurse consultation line
    - Access to additional information via the Web

      https://yourhealthcareplus.careenhance.com/portal/index.jsp
  - High risk members receive nurse education and counseling by phone or community-based contact

Your Healthcare Plus™ Staffing

- Indigenous community-based teams (24 catchments)
  - 170 team-based individuals
  - Nurses, lay educators, behavioral health professionals, pharmacists, social workers
- Hospital and clinic embedded staff
  - High volume FQHCs → care coordination using lay educators
  - Social workers collaborating with hospitals and emergency departments
- Local Medical Director for Provider facing and Outreach

Your Healthcare Plus™ Outcomes

- Clinical Metrics: evidence-based guidelines
  - Claims-based and Patient-reported
  - Medications, Preventative Services, Hospitalizations, ER use
  - Based on the specific sub-population
    - Inpatient admissions decreased from 8.5%-20%
    - ER visits decreased from 1%-13%
  - Self-reported flu vaccination rates increased 18% across all populations
- Financial Savings
  - Net savings: $307 million during program
    - ~$34 million in FY07
    - ~$104 million in FY08
    - ~$169 million in FY09

YHP Lessons Learned

- Population complexity
  - Mental Health → 40% of served population with a primary or secondary MH diagnosis
- Provider Acceptance
  - Critical Partnerships with:
    - Advocacy Organizations
    - State Physician Associations
    - Other State Agencies
    - LTC and other Trade Associations
    - Regulatory Agencies
    - Community Mental Health system
  - Understanding the “language” of each group
  - Facility or Practice Layering (especially LTC)
    - Ownership, Administration, Associations, Regulations
- Reliance on claims data

IHC & YHP Coordination

- Cooperation and Communication
  - Enrollment and Patient Identification Process
  - Quarterly provider newsletters
  - Nurse consultation line
  - Webinar trainings
  - Provider messaging, profiles
- Directed Provider Outreach to Medical Home

****Continuity of care between YHP and IHC to ensure the promotion of the patient's medical home****

Illinois Integrated Care Program

- Provide a full spectrum of Medicaid Covered Services through an integrated care delivery system to improve health care quality and outcomes for the state's most disabled and frail citizens while assuring efficiency and effectiveness of state resources

- Improve care quality and outcomes by:
  - Encouraging greater use of evidence-based, appropriate and coordinated prevention, primary, specialty and home and community based services
  - Using a team approach to collaborate around the needs of the individual
  - Encouraging community living and preventing unnecessary institutional care, enabling the most community-integrated setting possible
  - Utilizing electronic health information exchange

Illinois Integrated Care Program

- Currently seeking proposals to contract with two HMOs
- Program will operate in 6 counties: DuPage, Kane, Kankakee, Lake, Will, and suburban Cook
- Impacted Populations:
  - Medicaid only individuals in the ABD population (not Medicare)
  - Exclusions:
    - Spend-down, High level TPL, Children under 19 years, and Medicare Part A or B
  - Approximately 37,800 potential enrollees
    - 28,700 Community residents
    - 4,300 Residents of institutions
    - 1,800 Developmental Disability waiver participants
    - 1,100 Aging waiver participants
    - 1,500 Physical disability waiver participants
    - 400 Other waiver participants
- Enrollment will be Mandatory

Illinois Integrated Care Program

- Responsibilities of MCO will include all covered services currently funded by Medicaid through the State Plan or waivers, and will be phased in as follows:

  - **Service Package I**: All (assuming pharmacy here) medical, dental and behavioral health services for enrollees. This includes all non-long term care services, mental health services, alcohol and substance abuse services and short term post-acute rehabilitation stays in nursing facilities
  - **Service Package II**: Nursing Facility services and services provided through the Home and Community Based Services waivers, except those waivers serving individuals with developmental disabilities
  - **Service Package III**: Home and Community Based Service Waiver Services for individuals with developmental disabilities and ICF/DD services

Illinois Integrated Care Program Incentive Pool/Quality

- **HMP Incentive Pool**
- Withhold of capitation:
  - Year 1- 1%
  - Year 2- 1.5%
  - Year 3-2%
- Bonus of 5% of the capitation total

- HMOs may earn payments from the incentive pool by achieving improvements in specified Pay-for-Performance quality metrics

•Pay-for-Performance quality metrics include:

- •PCP visits within 14 days of hospital discharge
- •Antidepressant medication management
- •Services for population in DD waiver
- •Chronic conditions including diabetes, congestive heart failure, coronary artery disease, COPD
- •Care plans in place
- •Behavioral health assessments completed
- •Maintenance of waiver enrollees in the community

For More Information:

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