

Plan to Implement a Primary Care Case Management Pilot Program

*Submitted in accordance with section 16 of
Public Act No. 07-2, June Special Session*

The Connecticut Department of Social Services

Michael P. Starkowski,
Commissioner

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Introduction

The Connecticut legislature in the June 2007 special session directed the Commissioner of Social Services to:

- Develop and implement a primary care case management pilot program of not less than one thousand individuals who are otherwise eligible to receive HUSKY Plan, Part A (Medicaid managed care) benefits.

Introduction

- Primary Care Case Management (PCCM) is a system to manage and coordinate care by a primary care provider (PCP)
 - P CCM will be offered in addition to the three managed care plans operating under HUSKY A
 - The PCP is responsible for coordinating and monitoring the care of enrolled HUSKY A beneficiaries
 - The PCP is paid a monthly case management fee to pay for support staff who will assist in locating, coordinating, monitoring and reporting the health care services received by their patients.

Pilot Goals

The goals of PCCM are consistent with the goals of Managed Care to:

- Improve overall medical outcomes.
- Improve access to primary and preventive care
- Reduce unnecessary emergency room visits and other non-optimal treatment options.
- Improve doctor-patient relationships.
- Increase patient education about disease management and healthy lifestyles.
- Lower overall medical expenditures.
- Improve linkage of patient to existing non-medical community based services.

Pilot Program Design

- **Pilot Geographic Area**
 - P CCM program availability will be based upon the location of the enrolled PCPs (i.e. pediatricians; OB/GYNs; adult PCPs and specialist availability) into the program and their distance to HUSKY A members.
- **Target Population**
 - 1 915b waiver HUSKY A recipients
- **Target Primary Care Providers**
 - P roviders in group or independent practices and clinics that:
 - have substantial HUSKY A patient bases;
 - participate in the CT Medical Assistance Program (CMAP); and
 - are willing to enroll in the PCCM pilot program.

Pilot Program Design, cont...

- **Provider Advisory Group**
 - Interested PCCM participating providers will advise the Department on the implementation of the pilot, ongoing operations and planning for further expansion of the pilot.
- **Provider Payments**
 - In addition to the \$7.50 per member per month fee (PMPM) providers will also be paid the standard Medicaid rates in accordance with the Medicaid fee schedule for visits and procedures.
- **Consumer Input**
 - Will be solicited through focus groups, surveys, etc.

Pilot Program Design, cont...

- **Case Management**
 - Each participating PCP or group practice will identify and designate a case manager.
 - Case managers may be social workers, nurses or other trained staff.

Pilot Program Design, Case Management

Case Management functions include:

1. Performing risk assessment - utilizing an screening tools may identify medical or social risk factors;
2. Identifying and targeting case management activities based on the screening process and other methods of identifying enrollees at risk;
3. Identifying high costs and high utilizers to develop a plan to reduce unnecessary utilization and cost
4. Collecting data on process and outcomes measures, such as EPSDT.

Pilot Program Design, Case Management,

cont.

- Establishing written care plans signed by both the patient and the PCP;
- Helping patients coordinate their care or access to needed services;
- Implementing and providing disease management services;
- Integrating appropriate outreach, follow-up, and educational activities based on emergency department use by enrollees.

Services That Require Either Prior Authorization or Referral

| | | | |
|--|-------------------------------------|--|---|
| Specialist/ Procedure | Referral by PCP Required | Prior Authorization From PCP Required | Prior Authorization Required (by State or Agent) |
| Non-Emergency Hospital Admissions | Required* | No | Required |
| Visits to Specialists | Required* | No | N/A |
| Outpatient Procedures | Required* | No | As required by Medicaid policy |
| Emergency Care | No | No | No |

* A Referral can be for one visit or longer duration based on patient need.

Coordination with CT-BHP and Dental Benefits Management (DBM) Contractors

- PCPs will be required to:
 - Make referrals, as appropriate, to the CT-BHP and DBM for patients assessed as requiring either behavioral health or dental services;
 - Utilize the Department's Preferred Drug List and PA process;
 - Coordinate care with the patient's behavior health and-dental providers;
 - Provide medication management.

Quality

The success of the PCCM program will depend on the ability of participating providers to:

- Develop and implement case and disease management initiatives;
- Implement processes that will improve care of the HUSKY A population within their practice;
- Participate in measuring the effectiveness of those initiatives through effective and measurable clinical, financial and functional outcomes.

Administrative Support

The Department will:

- Schedule and facilitate provider advisory committee meetings;
- Provide training and technical assistance to providers concerning the PCCM program
- Collect and review data;
- Provide utilization feedback to providers.

Member Enrollment Policies

- Enrollment into PCCCM is voluntary under the 1915b waiver for HUSKY A eligible individuals.
- Enrollment will be processed by ACS, the Department's contracted Enrollment Broker.

Outreach

HUSKY A Clients living in the PCCM pilot areas will be notified of the availability of PCCM:

- T hrough HUSKY informational materials such as brochures, flyers, enrollment forms, comparison charts and letters used by the Department or its HUSKY outreach partners;
- P CCM specific informational materials;
- P CCM offices will also be allowed to conduct limited marketing, in compliance with the Department's HUSKY marketing guidelines.

Provider Recruitment

- Provider recruitment efforts will include:
 - Collaboration with the various medical professional groups
 - The release of a request for enrollment (RFE) for interested providers.

Enrollment requirements for PCCM Providers

PCCM providers must meet the following requirements:

1. Be enrolled as one of the following Medicaid provider types:

| | |
|----------------------|--|
| Family Medicine | Nurse Midwife |
| General Practitioner | APRN (Consistent with state statutes) |
| Internist | A Specialist that may function as a PCP (per DSS approval) |
| Pediatrician | Primary Care Physician (affiliated with a Federally qualified health center) |
| Osteopath | |
| OBGYN | |

Enrollment requirements for PCCM Providers, cont.

2. Have and maintain hospital admitting privileges or maintain a collaborative relationship that allows for hospital admissions.
3. Be available to see patients a minimum of 30 hours per week.
4. Provide access to medical advice and care for enrolled recipients 24 hours a day, 7 days a week and allow same or next business day appointments for urgent visits.
5. Agree to HUSKY program standards of appointment availability.
6. Offer weekend and/or evening office hours.

Enrollment requirements for PCCM Providers, cont.

7. Have or implement an electronic Medical Record (EMR) system or an electronic disease management data registry within one year.
8. Must be enrolled with the Department as a Medicaid provider in addition to entering into a separate PCCM agreement with the Department.

PCCM Provider Responsibilities

Will be responsible to:

- Provide primary care and patient care coordination services to each enrollee in accordance with the policies set forth in Ct Medicaid provider manuals and Medicaid bulletins and as defined by CT Medicaid policy
- Provide coverage under program rules and access to medical advice/services 24/7 ;
- Develop and apply recommended practice guidelines to assess patients and develop treatment plans;

PCCM Provider Responsibilities, cont.

- Develop an ongoing patient/provider relationship for the purpose of providing continuity of care;
- Collaborate with the Department in the development and implementation of a reporting methodology that will support best practices to improve patient outcomes;
- Submit to performance measurement and review;
- Provide patient education designed to assist patients manage their own care and to appropriately use medical equipment and pharmaceutical products;

PCCM Provider Responsibilities, cont.

- Refer to and consult with specialty providers as needed;
- Receive enrollment files, data and reports electronically from the Department;
- Collaborate with the Department to develop and implement quality initiatives of disease management programs and performance improvement projects.

Timetable

- RFA Released 9/23/08
- Provider Informational Forums 10/08
- Provider Application Deadline for 1/1/09 Member Enrollment 10/24/08
- Providers Selected & Contracted 11/10/08
- Member Notification 11/25/08
- Enrollment Effective Date 1/1/09

What will the costs be?

- 2 new staff positions:
 - Health Program Supervisor
 - Research Analyst
 - Salary costs for SFY 2009 (5 months) are estimated at \$48,200
 - Salary costs for SFY 2010 are estimated at \$117,500
 - Salary costs for SFY 2011 are estimated at \$121,400

Other administrative costs:

- Other contractual obligations:
 - Including start-up costs and on-going costs for ACS and EDS:
 - SFY 2009 \$395,400
 - SFY 2010 \$391,300
 - SFY 2011 \$394,700
- Assessment Costs Annual:
 - Estimated at \$200,000

Systems Costs

- System costs include purchasing and yearly costs of licensing agreements for several software packages and the maintenance of equipment.

| | |
|-----------|----------|
| –SFY 2009 | \$27,900 |
| –SFY 2010 | \$ 5,175 |
| –SFY 2011 | \$ 5,175 |

Other Costs/Offsets

- Admin

| | | |
|--------------|--------------|--------------|
| <u>1,000</u> | <u>5,000</u> | <u>8,000</u> |
| \$535,694 | \$557,694 | \$574,104 |

- Variable based on enrollment

Capitation Fee Offset (Annual)

| | | |
|---------------|----------------|----------------|
| <u>1,000</u> | <u>5,000</u> | <u>8,000</u> |
| \$(2,353,320) | \$(11,766,600) | \$(18,826,560) |

PCCM Case Fee \$7.50 (Annual)

| | | |
|--------------|--------------|--------------|
| <u>1,000</u> | <u>5,000</u> | <u>8,000</u> |
| \$90,000 | \$450,000 | \$720,000 |

Other Costs/Offsets, cont.

- Variable based on utilization

| Nurse Line (Annual reporting(\$4/pmpy) | <u>1,000</u> | <u>5,000</u> | <u>8,000</u> |
|---|--------------|--------------|--------------|
| 30/1,000 | \$4,000 | \$20,000 | \$32,000 |
| 60/1,000 | \$4,860 | \$224,300 | \$38,880 |
| 100/1,000 | \$9,720 | \$48,600 | \$77,760 |
| | \$16,200 | \$81,000 | \$129,600 |

Medical Costs (196.11-19.41admin)

| | <u>1,000</u> | <u>5,000</u> | <u>8,000</u> |
|-----|--------------|--------------|--------------|
| 5% | \$2,226,420 | \$11,132,100 | \$17,811,360 |
| 10% | \$2,332,440 | \$11,662,200 | \$18,659,520 |
| 25% | \$2,650,500 | \$13,252,500 | \$21,204,000 |

Does not include costs for Performance Bonus which was estimated to be paid at @250,000 beginning with SFY 2010.

Also does not include the Assessment expense which was estimated at \$200,000. Assessments were assumed to begin after one year of data, beginning in January of 2009