Asthma Care In Illinois Medicaid

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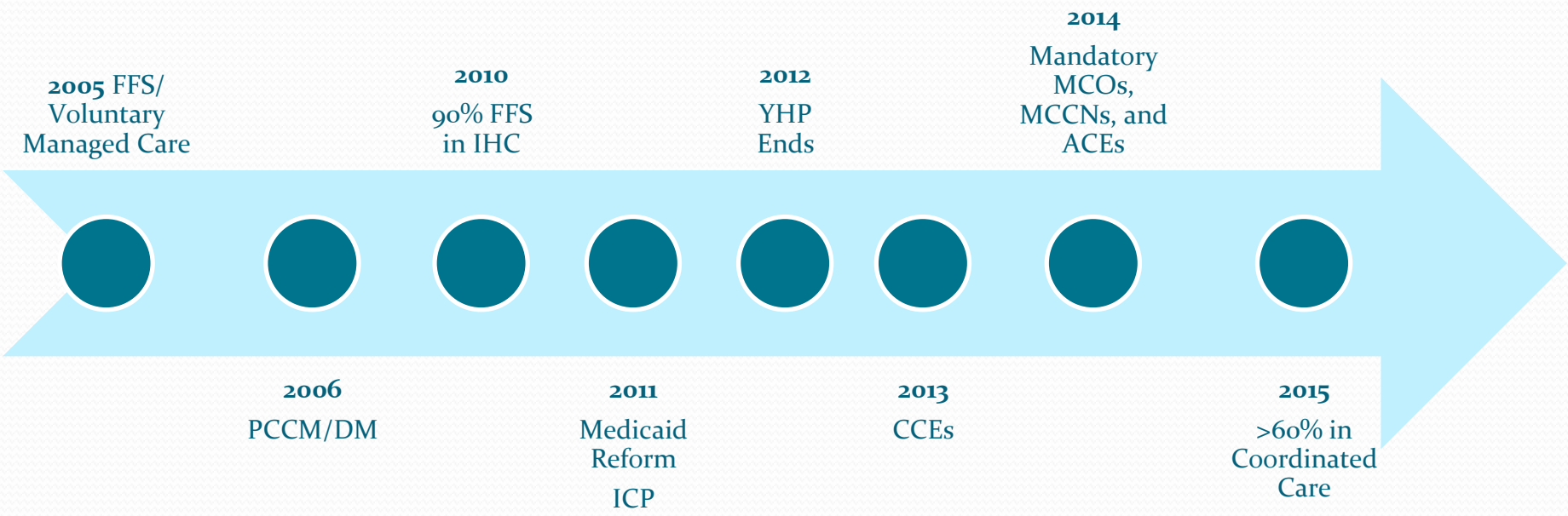
Topics

- Medicaid delivery system changes
- HFS covered services
- Asthma data/QI projects
- Resources
- Gaps/opportunities

The Changing Medicaid Delivery System

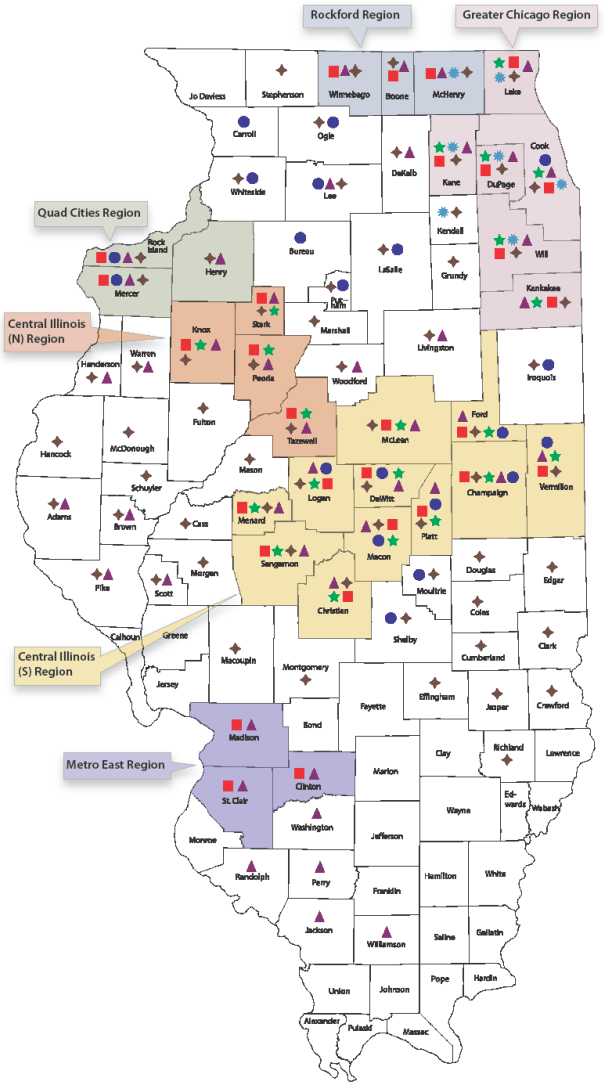


Coordinated/Managed Care

- PA 96-1501 – Medicaid Reform – 2011
  - Mandated that >50% of HFS population be enrolled in managed care entities by 2015
- Goal: Improve the lives of participants by purchasing quality health services through an integrated and coordinated delivery system that promotes and focuses on health outcomes, cost controls, accessibility to providers, accountability, and customer satisfaction.

Illinois Department of Healthcare and Family Services
Care Coordination Expansion

December 29, 2014



Integrated Care Program (ICP)

HEALTH PLAN NAME	
Aetna Better Health	Greater Chicago, Rockford
Blue Cross Blue Shield	Greater Chicago
Cigna-HealthSpring	Greater Chicago
Community Care Alliance of Illinois	Greater Chicago, Rockford
County Care	Cook
Health Alliance Connect	Central Illinois (N), Central Illinois (S)
Humana	Greater Chicago
IlliniCare	Greater Chicago, Rockford, Quad Cities
Meridian	Greater Chicago, Central Illinois (N), Metro East
Molina	Central Illinois (N), Central Illinois (S), Metro East

Accountable Care Entities (ACEs)*

HEALTH PLAN NAME	
Advocate Accountable Care	Cook, DuPage, Kane, Lake, McLean, McHenry, Will, Woodford
Better Health Network	Cook (certain zip codes)
Community Care Partners	Cook, Lake (certain zip codes)
HealthCura	Cook, DuPage
Illinois Partnership for Health	Central Illinois (N), Central Illinois (S), Rockford, Quad Cities, Adams, Brown, Cass, Clark, Coles, Crawford, Cumberland, DeKalb, Douglas, DuPage, Edgar, Effingham, Fulton, Grundy, Hancock, Henderson, Iroquois, Jasper, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, Livingston, Macoupin, Marshall, Mason, McDonough, Montgomery, Morgan, Moultrie, Ogle, Pike, Putnam, Richland, Schuyler, Scott, Shelby, Stephenson, Warren, Whiteside, Will, Woodford
Loyola Family Care	Cook, DuPage, Will (certain zip codes)
MyCare Chicago	Cook (certain zip codes)
SmartPlan Choice	Champaign, Cook, Ford, Iroquois, Kane, Kankakee, Vermilion, Will
UI Health Plus	Cook (certain zip codes)

Care Coordination Entities (CCEs)

CCE NAME	
Be Well	Cook (certain zip codes)
Choices (BH Demo)	Champaign, Ford, Iroquois, Vermilion
Entire Care	Cook (certain zip codes)
Medical Home Network	Cook
My Health Care Coordination	Macon, Logan, Piatt, DeWitt, Moultrie, Shelby
NextLevel	Cook
Precedence	Quad Cities, Bureau, Carroll, LaSalle, Lee, Ogle, Putnam, Whiteside
Together4Health	Cook

Children with Special Needs (CSN CCE)

CCMN NAME	
La Rabida Children's Hospital	Cook
Lurie Children's Hospital	Cook, Dupage, Kane, Kendall, Lake, McHenry, Will

Family Health Plans/Affordable Care Act Health Plans (FHP/ACA) *

HEALTH PLAN NAME	
Aetna Better Health	Greater Chicago, Rockford
Blue Cross Blue Shield	Greater Chicago
County Care	Cook
Family Health Network	Greater Chicago, Rockford
Harmony	Greater Chicago, Metro East, Jackson, Perry, Randolph, Washington, Williamson
Health Alliance Connect	Central Illinois (N) Central Illinois (S)
IlliniCare	Greater Chicago, Rockford, Quad Cities
Meridian	Greater Chicago, Central Illinois (N), Metro East, Quad Cities, Rockford, Adams, Brown, DeKalb, Henderson, Lee, Livingston, McLean, Pike, Scott, Warren, Woodford
Molina	Central Illinois (N), Central Illinois (S), Metro East

Medicare Medicaid Alignment Initiative (MMAI)

HEALTH PLAN NAME	
Aetna Better Health	Greater Chicago (excluding Lake)
Blue Cross Blue Shield	Greater Chicago
Cigna-HealthSpring	Greater Chicago (excluding Kankakee)
Health Alliance Connect	Central Illinois (N) Central Illinois (S)
Humana	Greater Chicago
IlliniCare	Greater Chicago
Meridian	Greater Chicago (excluding Kankakee, Lake)
Molina	Central Illinois (N) Central Illinois (S)

*Counties outside of a shaded area are voluntary.

Coordinated/Managed Care

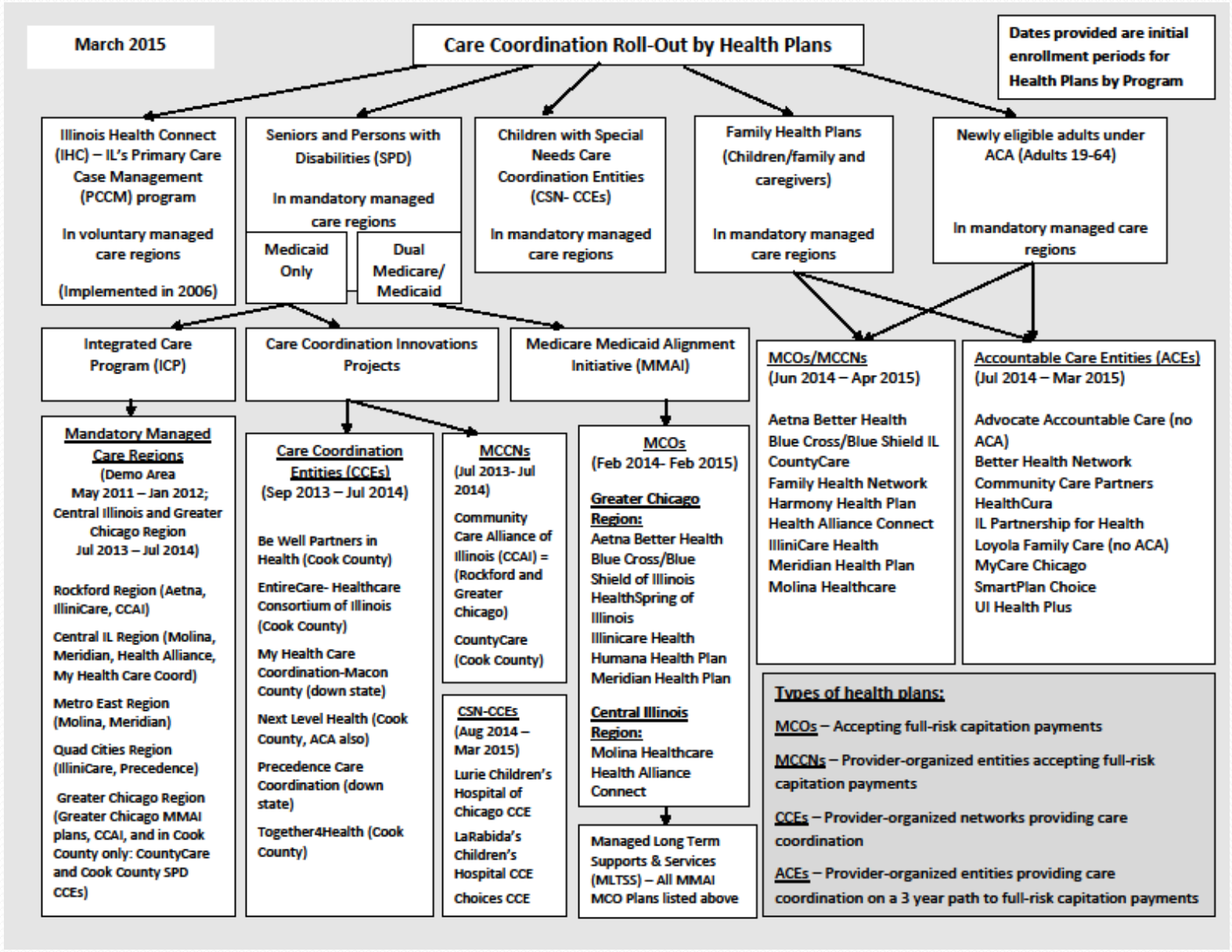
Populations

- Seniors and Persons with Disabilities (SPD) – formerly AABD population
  - Medicare/Medicaid enrollees - "Duals"
- Children with Special Needs (CSN)
- Children, Parents/Caretaker Relatives, Pregnant Women (FHP) – Family Health Plans
- Newly Eligible Adults under the

Managed Care Entities

- Care Coordination Entities (SPD and CSN)
- Accountable Care Entities (FHP, ACA)
- Managed Care Community Networks (all populations)
- Managed Care Organizations (all populations)

The delivery system continues to change. By 7/1/16, all CCEs and ACEs will cease to exist. They must become a MCO/MCCN, merge with an existing MCO/MCCN, or liquidate.


March 2015
Care Coordination Roll-Out by Health Plans
Dates provided are initial enrollment periods for Health Plans by Program
Illinois Health Connect (IHC) – IL's Primary Care Case Management (PCCM) program
In voluntary managed care regions
(Implemented in 2006)
Seniors and Persons with Disabilities (SPD)
In mandatory managed care regions
Medicaid Only
Dual Medicare/ Medicaid
Children with Special Needs Care Coordination Entities (CSN- CCEs)
In mandatory managed care regions
Family Health Plans (Children/family and caregivers)
In mandatory managed care regions
Newly eligible adults under ACA (Adults 19-64)
In mandatory managed care regions
Integrated Care Program (ICP)
Care Coordination Innovations Projects
Medicare Medicaid Alignment Initiative (MMAI)
MCOs/MCCNs
(Jun 2014 – Apr 2015)
Aetna Better Health
Blue Cross/Blue Shield IL
CountyCare
Family Health Network
Harmony Health Plan
Health Alliance Connect
IlliniCare Health
Meridian Health Plan
Molina Healthcare
Accountable Care Entities (ACEs)
(Jul 2014 – Mar 2015)
Advocate Accountable Care (no ACA)
Better Health Network
Community Care Partners
HealthCura
IL Partnership for Health
Loyola Family Care (no ACA)
MyCare Chicago
SmartPlan Choice
UI Health Plus
Mandatory Managed Care Regions
(Demo Area
May 2011 – Jan 2012;
Central Illinois and Greater Chicago Region
Jul 2013 – Jul 2014)
Rockford Region (Aetna, IlliniCare, CCAI)
Central IL Region (Molina, Meridian, Health Alliance, My Health Care Coord)
Metro East Region (Molina, Meridian)
Quad Cities Region (IlliniCare, Precedence)
Greater Chicago Region (Greater Chicago MMAI plans, CCAI, and in Cook County only: CountyCare and Cook County SPD CCEs)
Care Coordination Entities (CCEs)
(Sep 2013 – Jul 2014)
Be Well Partners in Health (Cook County)
EntireCare- Healthcare Consortium of Illinois (Cook County)
My Health Care Coordination-Macon County (down state)
Next Level Health (Cook County, ACA also)
Precedence Care Coordination (down state)
Together4Health (Cook County)
MCCNs
(Jul 2013- Jul 2014)
Community Care Alliance of Illinois (CCAI) = (Rockford and Greater Chicago)
CountyCare (Cook County)
CSN-CCEs
(Aug 2014 – Mar 2015)
Lurie Children's Hospital of Chicago CCE
LaRabida's Children's Hospital CCE
Choices CCE
MCOs
(Feb 2014- Feb 2015)
Greater Chicago Region:
Aetna Better Health
Blue Cross/Blue Shield of Illinois
HealthSpring of Illinois
Illinicare Health
Humana Health Plan
Meridian Health Plan
Central Illinois Region:
Molina Healthcare
Health Alliance Connect
Managed Long Term Supports & Services (MLTSS) – All MMAI MCO Plans listed above
Types of health plans:
MCOs – Accepting full-risk capitation payments
MCCNs – Provider-organized entities accepting full-risk capitation payments
CCEs – Provider-organized networks providing care coordination
ACEs – Provider-organized entities providing care coordination on a 3 year path to full-risk capitation payments

HFS Covered Services - Asthma

Fee-For-Service – Medically Necessary Services and Supplies

- Primary and specialty care office visits
  - Health education is a component part of each visit
- Durable medical equipment/ supplies
  - Nebulizers
  - Peak flow meters
  - Holding chambers/spacers
- Pharmaceutical products
  - Controller medications
  - Rescue inhalers
- Emergency care
- Acute hospital care

HFS Covered Services - Asthma

Managed Care

- All HFS FFS covered services
- Additional services offered at the expense of the health plan and approved by HFS
- Health risk screening upon enrollment
- Health assessments and care plans based on risk; regular reassessment
- Specific services/protocols based on risk (low, moderate, high)
- Care coordination/care transitions
- Care management/disease management
- Patient outreach and education to promote self-directed care

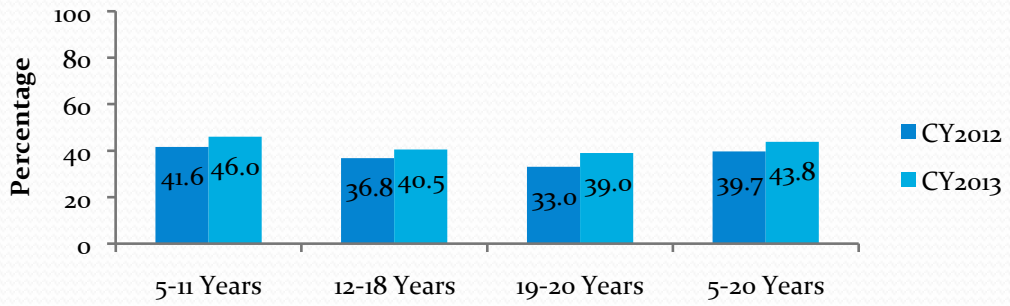
Managed Care Pharmacy Benefit

- Managed care plans must cover drug classes covered by HFS FFS
- At least one medication in the drug class covered by HFS FFS must be on a health plan's formulary. The medication does not have to be identical to the drug covered by FFS since there are multiple medications in a drug class.
- Health plans may have prior authorization requirements
- Providers may serve FFS patients and be contracted with more than one health plan, each with a different formulary
- Always check a patient's eligibility to determine if they are FFS or managed care, and if managed care:
  - Identify their health plan
  - Confirm that the drugs prescribed are covered on the plan's formulary
  - Determine if prior authorization is required

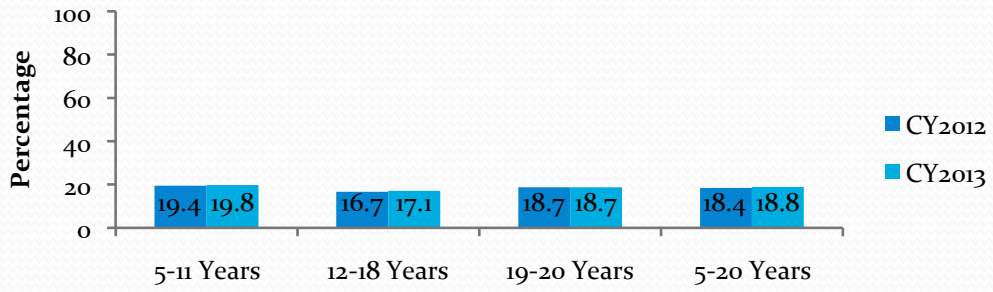
Asthma Performance Measure

Use of Appropriate Medications for People with Asthma

Medication Management for People with Asthma: Proportion of Days Covered ≥50%



Medication Management for People with Asthma: Proportion of Days Covered ≥75%



Source: CHIPRA Data Book CY 2014

The percentage of children ages 5 through 20 that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. The treatment period is the Index Prescription Start Date through the last day of the measurement year.

HFS Drug Utilization Review (DUR) Board

- Federal regulations require that state Medicaid agencies establish DUR Boards - 42 CFR 456.716
- The DUR Board is comprised of health care professionals appointed by the Medicaid Director and includes physicians and pharmacists that actively practice and serve the Medicaid population in Illinois
- Responsibilities of the DUR Board include:
  - Advising HFS on the establishment and implementation of medical standards and criteria for the retrospective and prospective DUR program
  - Advising HFS on the development, selection, application, and assessment of educational interventions for physicians, pharmacists, and patients

Asthma in HFS' FFS Population

- 3 million total beneficiaries; in SFY 2013 ~90% FFS; now ~40% FFS
- 5% of FFS patients had a primary diagnosis of asthma (no COPD)

State Fiscal Year 2013	Children	Adults
Asthma is primary diagnosis for medical visit	68%	32%
Persistent asthma	23%	21%
Medical visit	61%	47%
Emergency care for asthma	14%	13%
Hospitalized for asthma only (primary diagnosis)	2%	1%

Persistent asthma: 4 or more controller medications filled annually
Medical visit: all patients had at least 2 visits for asthma

Source: DUR Board Meeting Summary, April 23, 2014, HFS EDW Claims Data for SFY 2013

DUR Board Retrospective Review

- Extensive data analysis
  - In-depth medication profile review for 30 children who overuse rescue inhalers and underuse controller medications(SFY 2014)
- Educational intervention/QI
  - Telephone outreach, including provider education by HFS pharmacists
  - Fax follow-up to provider with description of DUR initiative, review treatment recommendations, and provide patient emergency, medical, hospitalization, and pharmacy claim history
  - Patient education by providers

DUR Board Retrospective Review

- Results for pilot (12/2014-2/2015)
  - 78% of providers were not aware of non-adherence
  - 73% of providers use the Asthma Control Test or an EMR-based assessment
  - All providers using Asthma Action Plan
  - 12% of patients with intermittent asthma were reclassified as persistent based on fill history indicating excessive need
  - Of those with mild or moderate persistent asthma, a therapy change was recommended for 1/3 of patients; the rest needed to improve adherence with prescribed therapy
  - Providers requested that HFS reach out to 20% of patients with education
  - During the outreach period, 45% of targeted patients moved from FFS to managed care
- Next steps
  - Focus outreach efforts on FFS patients
  - Next QI focus will be children with more than one emergency or medical visit for asthma, who filled 8 or more rescue inhalers and 3-6 controller inhalers
  - Need to identify non-adherence earlier and notify medical provider
  - Involve pharmacies in patient education when non-adherence is identified

Asthma Adherence - FFS

- Underuse of controller medications may result in more need for rescue inhalers
- Overuse of rescue inhalers may signal ineffective control and result in asthma exacerbations
- 1-2 rescue inhalers per year expected with as needed (PRN) use
- At least 250 FFS children used 8 or more rescue inhalers in a year.

State Fiscal Year 2013	Children	Adults
Rescue inhaler overuse	2%	9%
Filled controller inhaler for maintenance management in a year	54%	43%
Filled 4> controller inhalers in a year	23%	21%

CHIPRA PCMH-Asthma Project

- CHIPRA Quality Demonstration Grant
- April 2014 – February 2015
- 15 diverse practices
- PCMH principles/transformation; clinical focus of asthma
- Formal learning collaborative structure –Model for Improvement
  - Plan-do-study-act cycles
- Asthma experts/parent engagement expert
- Robust practice coaching

PCMH-Asthma Successes

- Significant improvement in all asthma measures
- Significant improvement in measures of PCMH principles
- Overall, practices moved from Level 2 to Level 3 on a the Medical Home Index (4 levels) over 10 months
- Used EHR functionality to improve asthma care
- Staff training/patient education
- Built relationships with schools/nurses
- Improved asthma care and awareness in their communities

Success Story – Danville PolyClinic

- Solo practice; 1 pediatrician; 1 nurse; 1 MA
- Maximized EHR functionality (ACT and AAP) and used registry (identify, outreach and pre-visit planning)
- Partnered with community hospital to get ER/IP information; follow-up with patients
- Educated school district on asthma law
- Engaged all pediatricians in community
- Ongoing partnership with school district; held education sessions for school staff and parents on asthma
- Sharing AAP with schools/nurses
- Nebulizers in all district schools
- Schools flag all students with asthma/allergies; all teachers aware
- School nurses sent letters to families of asthmatic students about flu vaccine
- Plan to expand education to entire county (Vermilion)

Opportunities – Advocate/Educate

- Transparent Medicaid drug formularies (FFS and managed care)
- Communication/coordination between primary care/ school – IEPs, AAPs

Resources

Resource	Description
HFS Provider Handbooks	Healthy Kids Handbook – Children Practitioners' Handbook - Adults
Billing/Policy Clarification Issues	Bureau of Professional and Ancillary Services 1-877-782-5565
Fee Schedule	• Durable Medical Equipment Suppliers • Pharmacies • Practitioners
Pharmacy Information	Notices, links, preferred FFS drug list, prior approval
Care Coordination Health Plan Identification and Billing Procedures Depending on Health Plan Enrollment, March 9, 2015	Instructions to confirm eligibility and delivery system, health plan contact information
Request e-mail notification of Provider Releases	• All Medical Assistance Providers • Durable Medical Equipment Suppliers • Pharmacies • Physicians
Drug Utilization Review Board	Description, members, minutes, meeting schedule
CHIPRA Core Set Data Book	CY 2009-2013

Contact Information

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