



Patient-Centered Healthcare Home for the Aged Blind & Disabled Medicaid Managed Care Population



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About Molina Healthcare

- Founded in 1980 by C. David Molina, M.D.
- Mission: To promote health and provide health services to families and individuals who are lower income and covered by government programs
- Provides managed care for 1.6 million Medicaid, Medicare, and Dual-eligible members in 10 states
- Owns and operates 20 Primary Care clinics

About the Aged Blind & Disabled (ABD)

- Medicaid ABD:
 - 45% have 3 or more chronic conditions¹
 - 49% have at least 1 mental illness¹
 - 5% have a substance use disorder¹
- Medicaid & Medicare Dual ABD:
 - 52% have a mental illness²
 - 38% have both mental illness & substance use disorder²
- Those with severe mental illness (SMI) have an average lifespan of age 53, foreshortened by 25 years compared to the general population³

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ABDs are Most Expensive 5% of Medicaid

3 of the 5 most expensive dyads includes psychiatric illness

Exhibit 7: Frequency of Diagnostic Dyads by Cost among Medicaid-only Beneficiaries with Disabilities, 2002, CDPS + Rx Data*

Diagnosis 1	Diagnosis 2	Frequency among all beneficiaries	Frequency among most expensive 5%
Psychiatric	Cardiovascular	24.5%	40.4%
Psychiatric	Central Nervous System	18.9%	39.8%
Cardiovascular	Pulmonary	12.5%	34.3%
Cardiovascular	Central Nervous System	13.1%	32.9%
Psychiatric	Pulmonary	11.2%	28.6%
Cardiovascular	Gastrointestinal	10.2%	27.8%
Central Nervous System	Pulmonary	7.0%	26.2%
Cardiovascular	Renal	7.1%	24.6%
Pulmonary	Gastrointestinal	5.9%	24.2%
Psychiatric	Gastrointestinal	9.5%	24.0%

The Faces of Medicaid III: Refining the Portrait of People with Multiple Chronic Conditions Center for Health Care Strategies, Inc., October 2009

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About WMIP

- Washington Medicaid Integration Partnership (WMIP) formed in 2005
- Supplemental Security Income (SSI) eligible
- Provides utilization management and coordination of care for ABDs
- Benefits include:
 - Mental health
 - Chemical dependency
 - Long-term care
 - Acute & specialty medical
 - Pharmacy

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WMIP Top 5 Diagnoses

Disease	% of Total Members
Psychiatry	30.4%
Diabetes	11.1%
Asthma	8.2%
COPD	4.5%
Substance Dependence	3.1%

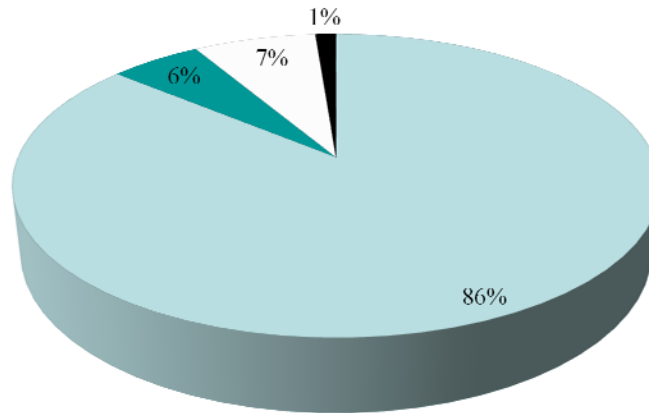
Median age = 47

Median member months = 29

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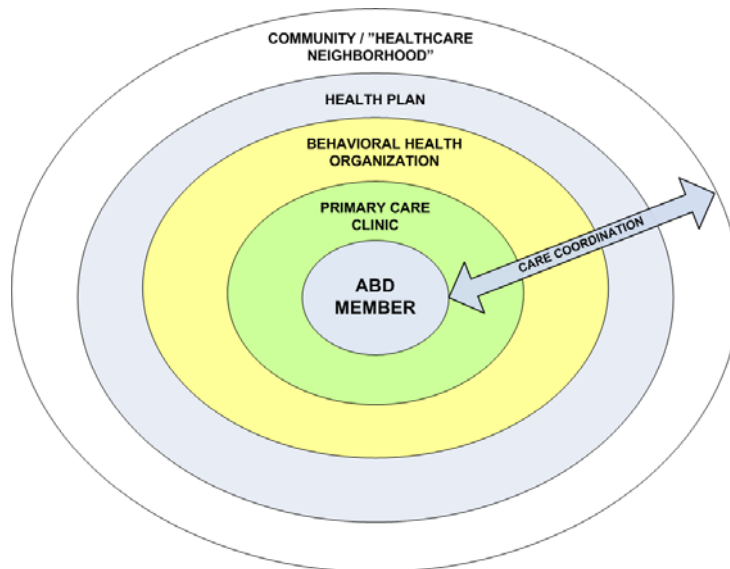
WMIP Membership by Eligibility

■ Non-I.T.C./Non-Dual ■ Non-I.T.C./Dual □ I.T.C./Non-Dual ■ I.T.C./Dual



17% of LTC members are Duals

Surrounding Our ABD Members with a Healthcare Home



Integrated Direct Delivery

- Primary Care clinic built within a Behavioral Health organization and designed for ABDs
- Have opened second clinic and planning a third using this model to further serve our ABD population
- Our ABDs treated in this model compared to ours who are not have a 5% claims cost reduction





Paths to Success

- Significant outreach: educate providers; informational materials
- Medical providers with many years experience working with ABDs
- Flexible schedule for walk-ins and longer appointments
- Easy referral process that gets needed clinical information to providers (i.e., BH providers screen for medical needs)
- Advanced HIPAA compliance : Organized Health Care Arrangement (OHCA); shared “email tunnel”
- Disability accommodations: wheelchair accessible scales; Braille door signs
- Health plan Care Coordinators onsite with clinical team

Integration is more than Collocation

- Care Integration Committee (CIC) integrates onsite services for primary care, mental health, chemical dependency, and pharmacy by coordinating:
 - Referral systems
 - Appointment scheduling and no-shows
 - Policies and procedures
 - Care management services
 - Clinical best practices
 - Joint case conferences and consultation
 - Privacy laws (HIPAA compliance; 42CFR Part2)
 - Staff and patient safety
 - Clinical records

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Onsite Wellness Program

- Grant-funded program run at Behavioral Health organization
- Referrals from primary care clinic and mental health providers
- Training modules tailored to SMI population conducted by Peer Counselors (overseen by clinicians):
 - Tobacco cessation
 - Weight loss through nutrition and physical activity
 - Chronic disease management and cancer screenings
 - How to navigate the healthcare system & be your own advocate
- The likelihood of being obese increases with depression, bipolar disorder, and schizophrenia by up to 350%³
- SMI population comprise 44% of the entire U.S. tobacco market⁴

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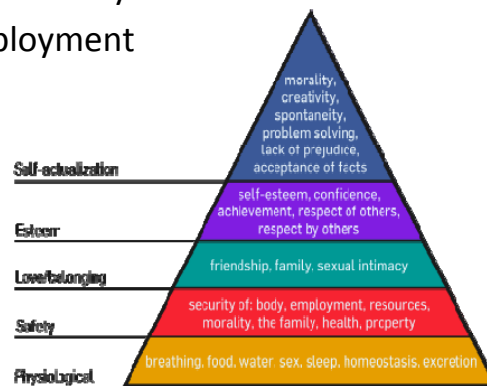
Health Plan Functions

- Enrollment and disenrollment
- Member services
- Member assignment to PCPs
- Provider network- credentialing and contracting
- Utilization management
- Claims payment from blended funding stream
- Fraud and abuse detection
- Quality tracking and reporting
- Care coordination

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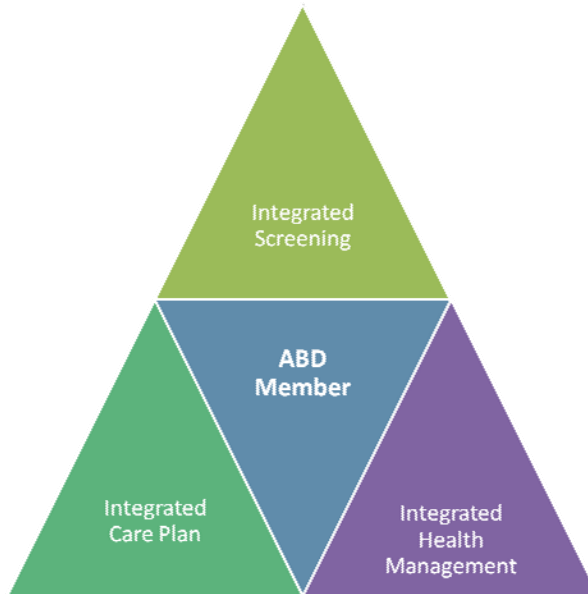
Community/ Healthcare Neighborhood

- Long-term care home & residential services
- Jail transition for continuity of care
- Housing, food, employment
- Specialty providers
- Hospital systems
- Residential CD tx



Maslow's Hierarchy of Needs 16

Care Coordination



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WMIP Staffing Model



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WMIP Staff

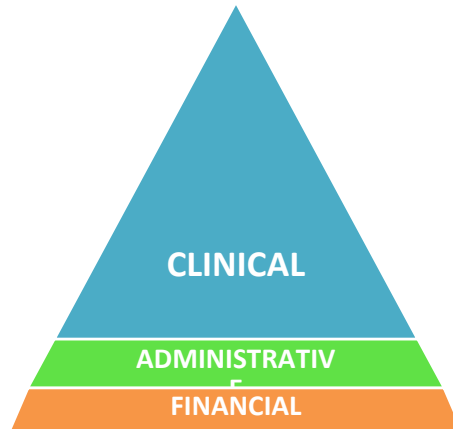
- *Care Specialist*: paraprofessional
 - *How*: telephonic or in-person
 - *Where*: health plan or clinics
- *Care Coordinator*: licensed clinician (RN or SW)
 - *How*: telephonic or in-person
 - *Where*: health plan or clinics
- *Community Health Worker*: paraprofessional
 - *How*: in-person
 - *Where*: in the community wherever member is (homeless shelters, soup kitchens, etc)

Health Integration Defined

Center for Health Care Strategies (CHCS):

- *The “gold standard” of integration is a coordinated system in which patients have the full range of primary, acute, behavioral, substance abuse, social, and long term care support needs met, including Medicare and Medicaid benefits*
- *A multidisciplinary care team is responsible for working with the patient and caregivers on coordinating care, discharge planning, care transitions, service utilization, and overall biopsychosocial needs to reduce inpatient admissions, prevent readmissions, and improve overall quality of care*

3 Levels of Health Integration



Financial: blended and braided funding

Administrative: health plan staff coordinate benefits and care for members and providers

Clinical: integrated direct delivery with interdisciplinary staff

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Tracking Success

Process Measures:

- Percent of members who receive PCP annual visit
- Percent of members receiving primary and secondary screenings
- Percent of members with Integrated Care Plans
- Percent of members receiving Integrated Health Management resources

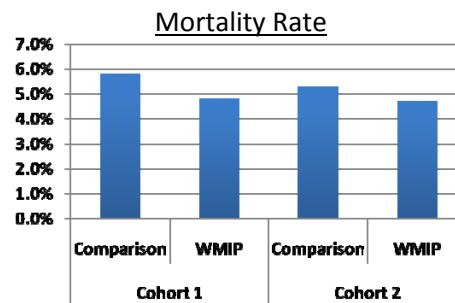
Outcome Measures:

- HEDIS quality scores
- Inpatient stays, readmissions, and SNF placement
- Preventable emergency room utilization
- Percent of members receiving outpatient office visits for primary care and mental health
- Percent of members receiving chemical dependency treatment
- Prescription refills

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Results

- Our ABD hospital admissions and ER visits have trended down significantly in the past year
- Analysis with data from 2005-2009: WMIP members showed significant decrease in inpatient admissions, reduction in arrests, and lower rate of early mortality as compared to fee-for-service matched samples⁵



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Challenges

- High administrative complexity coordinating:
 - Benefits and networks for medical, mental health, chemical dependency, long-term care, and pharmacy
 - Medicaid and Medicare
 - Social service and government agencies
- ABD population is transient so often difficult to locate our members
- Limited network access because some providers prefer working with higher functioning populations
- Bridging the primary care clinic's and the behavioral health organization's workflows, policies, and procedures is intricate
- Communication barriers- different provider types see through the lens of their training/specialty and may not consider care beyond their scope of practice
- Hard to change provider practice patterns (i.e., BH providers screening for medical conditions)

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Future Relevance

Expansion of Medicaid under the Patient Protection and Affordable Care Act:

- New Medicaid beneficiaries below 50% of federal poverty level are expected to have high rates of mental illness and substance abuse and multiple chronic conditions⁶
- States may cover new enrollees the same way that disabled beneficiaries are covered
- States are considering enrolling more of the ABD population into managed care

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References

- ¹Kronick, R. G., Bella, M., & Gilmer, T. P. (2009). *The Faces of Medicaid III: Refining the portrait of people with multiple chronic conditions*. Center for Health Care Strategies.
- ²Kasper, J., O'Malley Watts, M., & Lyons, B. (2010). *Chronic disease and comorbidity among dual eligibles: Implications for patterns of Medicaid and Medicare service use and spending*. Kaiser Commission on Medicaid and the Uninsured.
- ³Mauer, B., (2006). *Morbidity and mortality in people with serious mental illness*. National Association of State Mental Health Program Directors.
- ⁴Grant, B.F., Hasin, D.S., & Chou, S.P. (2004). Nicotine dependence and psychiatric disorders in the United States, results from the national epidemiologic survey on alcohol and related conditions. *Archives of General Psychiatry* 61:1108–1115.
- ⁵Mancuso, D., Ford Shah, M., Felver, B., & Nordlund, D. (2010). *Washington Medicaid Integration Partnership: Medical care, behavioral health, criminal justice, and mortality outcomes for disabled clients enrolled in managed care*. Olympia, WA: DSHS Research and Data Analysis Division, Report number 9.100.
- ⁶Somers, S. A., Hamblin, A., Verdier, J. M., & Byrd, V. L. H. (2010). *Covering low-income childless adults in Medicaid: Experiences from selected states*. Center for Health Care Strategies.

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Questions and Comments?



Thank You!

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