

# **IDHD AND EVALUATION OF THE INTEGRATED CARE PROGRAM: UCEDD INVOLVEMENT IN MEDICIAID MANAGED CARE**

Tamar Heller, PhD and Randall Owen, PhD

Institute on Disability and Human Development  
University of Illinois at Chicago

<http://www.idhd.org>

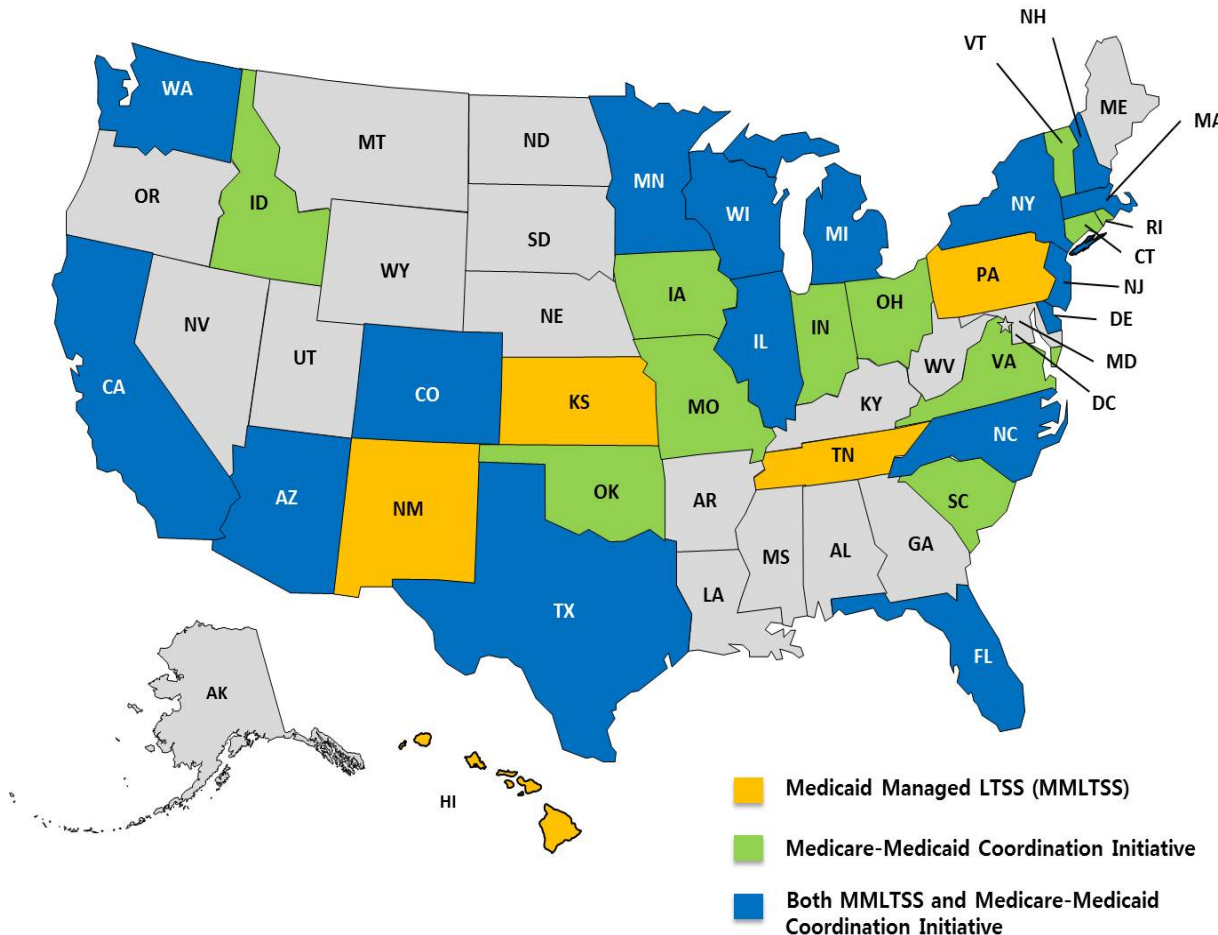
# National Context

- By 2010 Managed Care in 47 states and DC served 71% of Medicaid population
- Often integrate health and long term services and supports (21 states)
- 5-18% of “dual eligibles” have I/DD
- Carve outs for DD in 18 of 26 states in Duals Demonstrations Proposals

# Goals of Managed Care Programs

- Integrate care by improved coordination
- Reduce cost by reducing ER and hospital use
- Improve quality –better health and quality of life
- Provide more equitable access
- Streamline services and funding streams
- Fixed point of accountability
- Incentive for health promotion and crisis prevention

# State Medicaid Integration Tracker



(National Association of State Units on Aging and Disability, February 2013)

# Illinois Context

- History of fragmented fee-for-service Medicaid
- Moving towards managed care - General Assembly Legislation requires 50% of Medicaid eligible individuals to be in systems of coordinated care
- Reasons:
  - ▣ Save \$200 million over 5 years
  - ▣ Improve health outcomes (prevention and community integration)

# Integrated Care Program (ICP)

- Impacts 40,000 in Chicago area
- Medicaid-only seniors and adults with disabilities
- Move to Managed Care run by one of two MCOs (Aetna or IlliniCare)
  - Phase I: Acute health (5/1/2011)
  - Phase II: LTSS (except DD) (2/1/2013)
  - Phase III: DD LTSS (TBD)

# Role of UCEDD: ICP Evaluation

- Bring participatory process
- Establish Advisory Board
- Use quantitative and qualitative data geared to people with disabilities
- Develop process evaluation
- Conduct outcome evaluation of measures important to people with disabilities, government, providers, and MCOs

# ICP Evaluation Components

- Survey
  - Uses both standard Medicaid quality indicators and ones “customized” for people with disabilities
    - CAHPS
    - AHPPPAL
    - SF/RAND-12
    - Activities/Instrumental Activities of Daily Living
  - Participatory process
    - Input of State and MCO staff
    - Pilot testing with people with disabilities
- Focus Groups
- Medicaid claims data



# Findings after Year 1

- **Challenges and Progress in Network Development**
  - Initial challenges: Provider resistance
  - Steady progress: Increase in numbers signed, especially general hospitals and physicians.
  - Continuation of Providers: Extension past 90 days
  - Use of out of network providers: About half of claims
- **Timeliness of Payment of Providers**
  - Time to process claims: 1% of clean claims over 90 days
- **Pace of Enrollment**
  - Slowness of initial enrollment: Average time enrolled of 7 months
  - High use of auto-enrollment: Over 70% initially

# Findings after Year 1

- **Processes Used for Risk Stratification**
  - Use of different processes: resulted in difficulty making comparisons regarding level of need
  - Timeliness of risk stratifications: Quickly assign initial risk level but only complete a Health Risk Questionnaire within 90 days for about 40% of members
- **Prior Approval/Authorization of Services**
  - Differences in processes: e.g., Differences in number of days need to respond to requests (*10 vs. 14*)
  - Nature of requests: 35% of requests for inpatient services, 13% for durable medical equipment at 13%.

# Findings after Year 1

- **Changes in Emergency Department Events**
  - Decrease in emergency room (ER) use: 7% decrease in rate of ER visits per full-time member equivalent
  - Decrease in high frequency users: 39% decrease from 15% to 9%
  - Decrease in ER to hospital admission: 15% decrease from 20% to 17%
- **Changes in Hospital Admissions**
  - Decrease in hospital admissions: 18% reduction from 0.56 to 0.46
  - Decrease in length of stay: 25% decrease from 3.6 to 2.7 days

# Findings after Year 1

- **Nature and Outcomes of Grievances and Appeals**
  - ▣ Improved data compared to FFS
  - ▣ Nature of grievances: Highest for transportation
  - ▣ Nature of appeals: Nearly 3-quarters dealt with medical necessity
  - ▣ Resolution of appeals: The plans use different categories to report the resolutions of appeals. One plan averaged 19 days to make a decision while the other took 10 days.

# Focus Groups

- 16 groups with 110 participants
- People with various disabilities, providers, MCOs, state officials, family members/caregivers

# Focus Group Findings

- Confusion regarding enrollment
- Concern about adequacy of provider network
- Initial confusion with billing
- Helpful MCO outreach to providers
- Stakeholders' desire for more MCO accountability
- Coordination of care mixed with satisfaction by those who received it
- Challenges with changes in prescription medication
- Usefulness of training by MCO staff
- Lack of awareness of prevention efforts

# Survey Responses

Timing	Orig. Sample	Final Sample <sup>^</sup>	Responses (N)	Resp. Rate
Baseline	2,195	1,216	418	34.3%
1 Year Post	381*	275	202	73.5%

<sup>^</sup> People with valid means of contact

\* 37 people left ICP between baseline and Year 1

In addition to data reported here we collected survey data at Year 1 for another 524 ICP enrollees and another 425 respondents in a comparison group of people receiving Medicaid FFS.

# Longitudinal Respondent Demographics

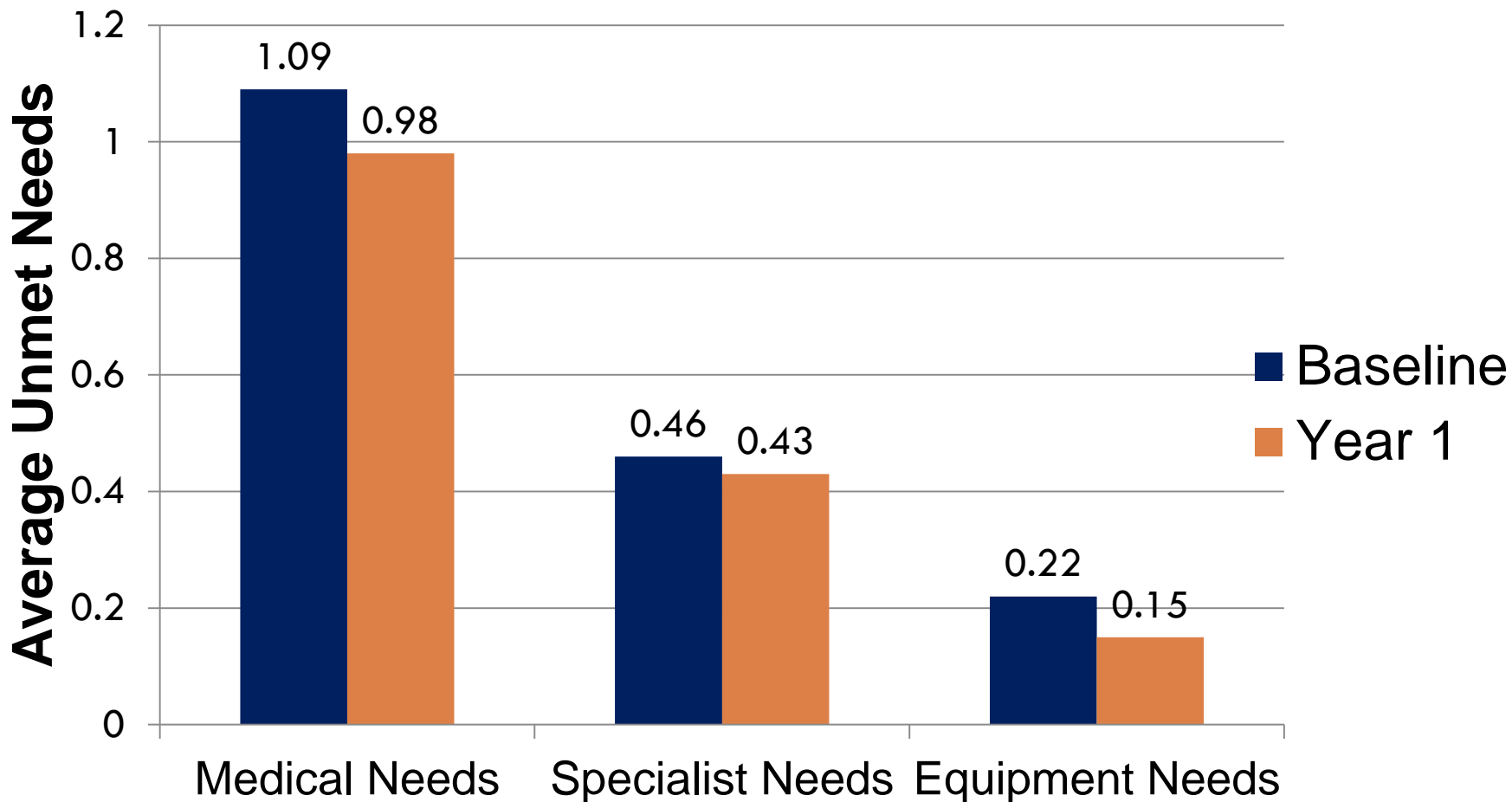
Demographic	# (n=202)	%
Female	111	55%
Hispanic Origin	21	10.4%
White	90	44.6%
Black	75	37.1%
Asian	26	12.9%
Language: English	163	81.1%
ID/DD Group	81	40.1%
Mental Health Group	42	20.8%
Physical Disability Group	54	26.7%
Mean Age – 49.2 day baseline and 50.5 after the first year		



# Survey Findings: Services

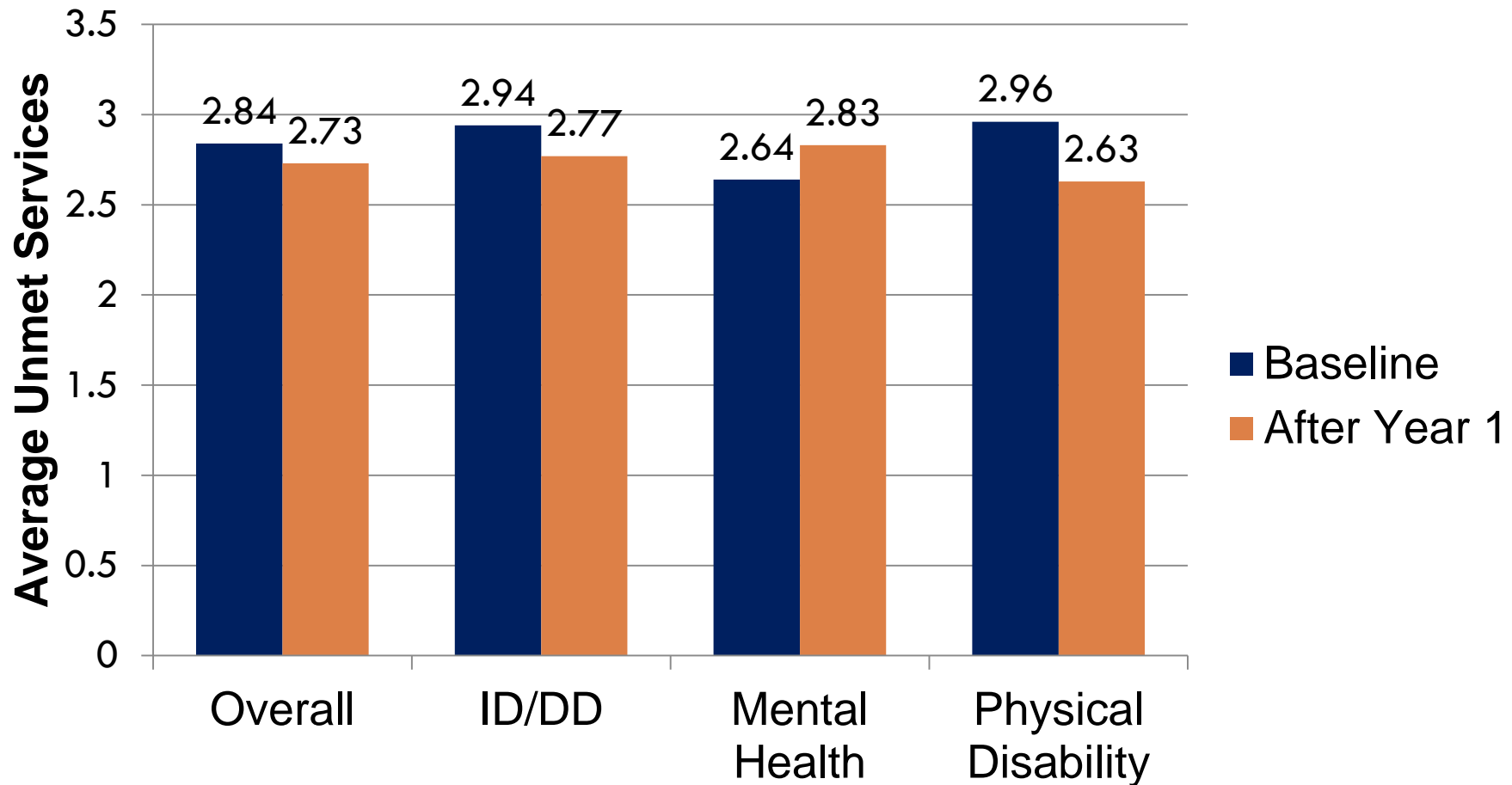
- Highest unmet need: dental (1/3)
- No significant differences from Baseline to Year 1 for medical services, specialist services or medical equipment needed and received
- No significant differences from Baseline to Year 1 for preventive care received
- No group differences in services

# Unmet Needs – All Groups



\*Out of 9 possible medical, 8 specialist and 4 equipment needs

# Unmet Preventive Services: All Groups

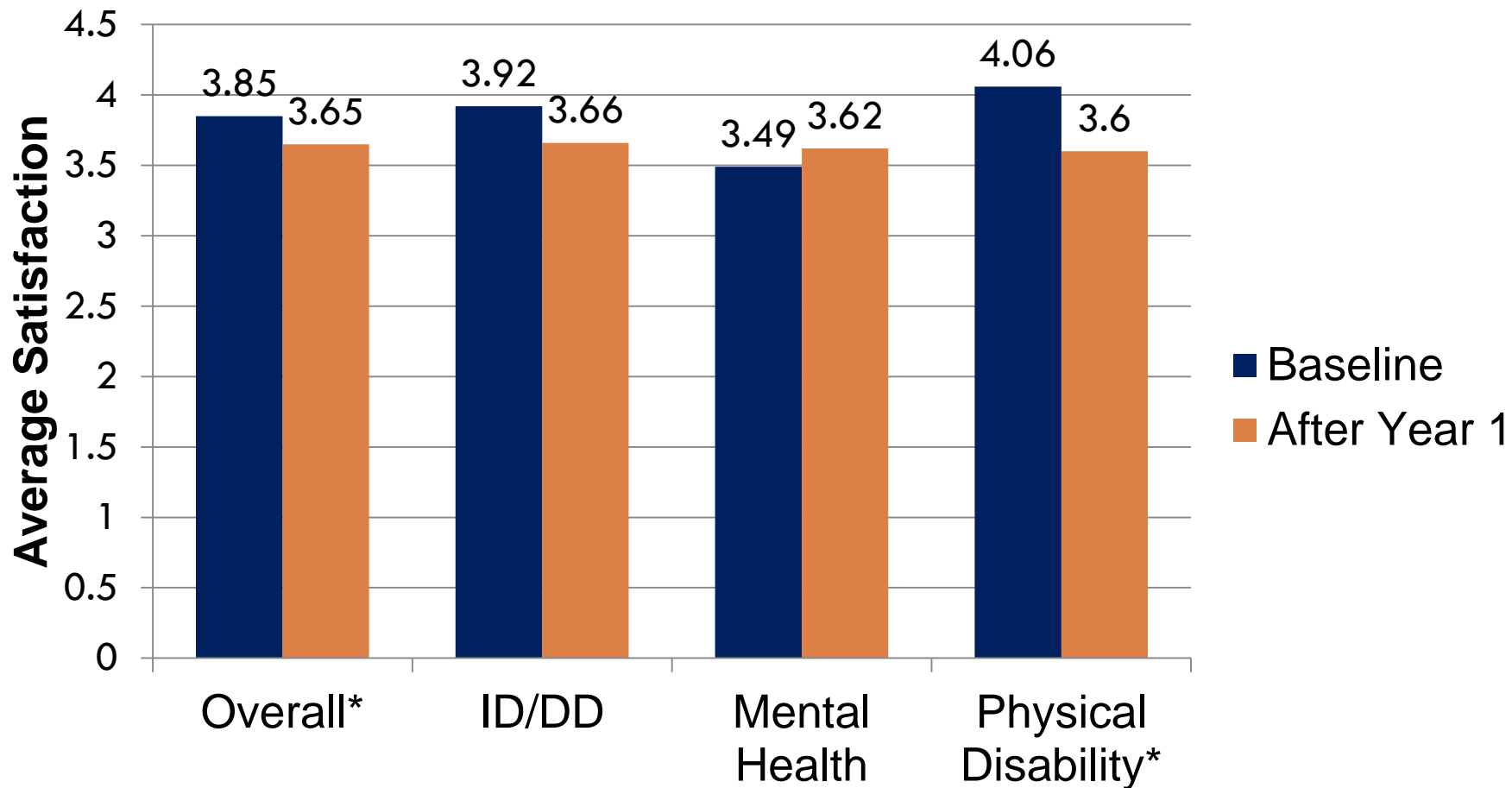


\*Out of 6 possible preventive services

# Survey Findings: Satisfaction

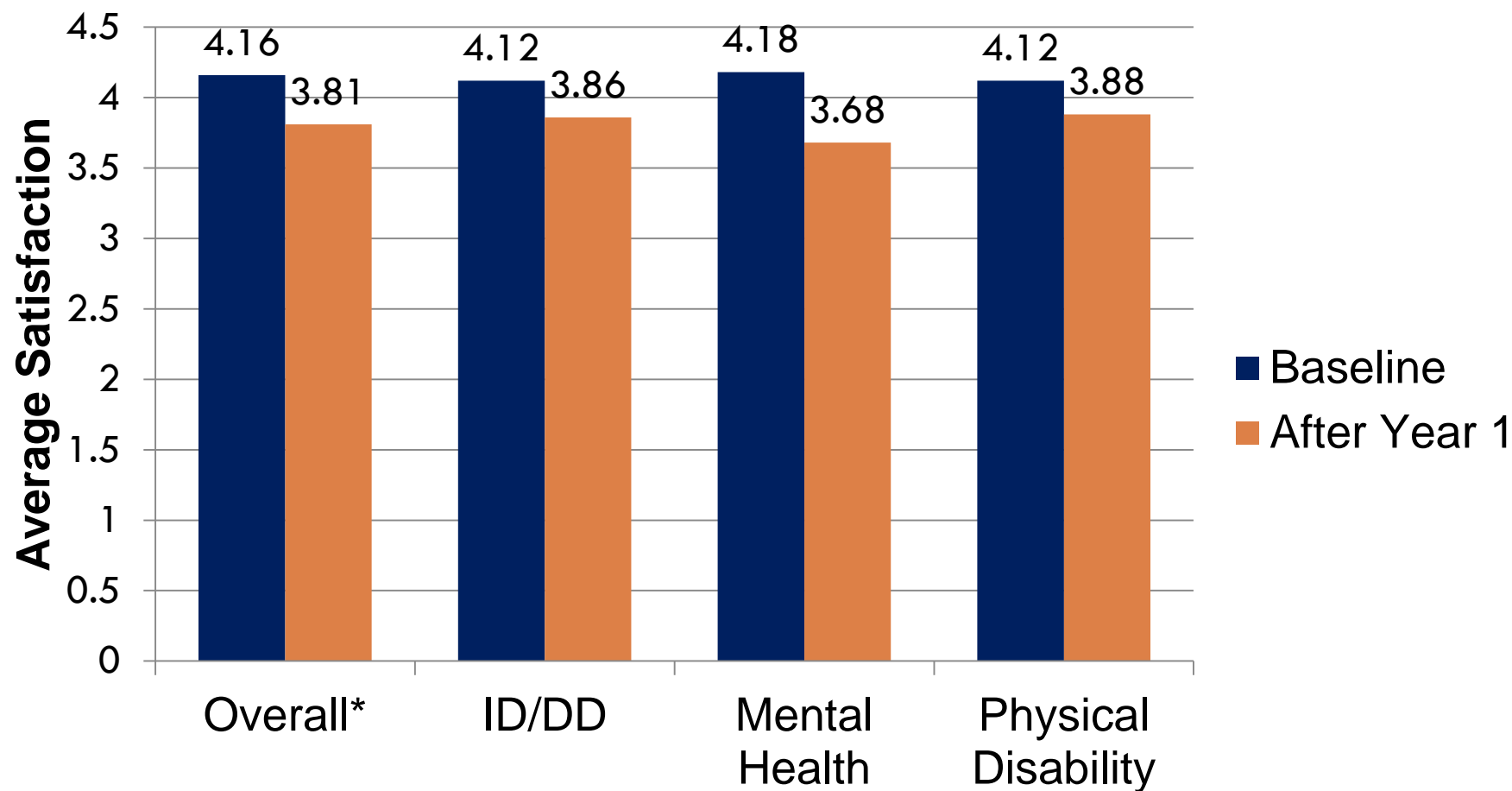
- Decrease in overall satisfaction with healthcare for everyone (3.85 to 3.65;  $p=0.05$ ) and people with physical disabilities (4.06 to 3.6;  $p=0.02$ )
- Decrease in satisfaction with primary care physicians for everyone (4.16 to 3.81,  $p=0.003$ )
- Decrease in satisfaction with medical services for everyone (4.06 to 3.62;  $p=0.002$ ) and people with physical disabilities (4.09 to 3.43;  $p=0.003$ )
- Rated from 1 (very dissatisfied) to 5 (very sat.)

# Overall Satisfaction with Healthcare



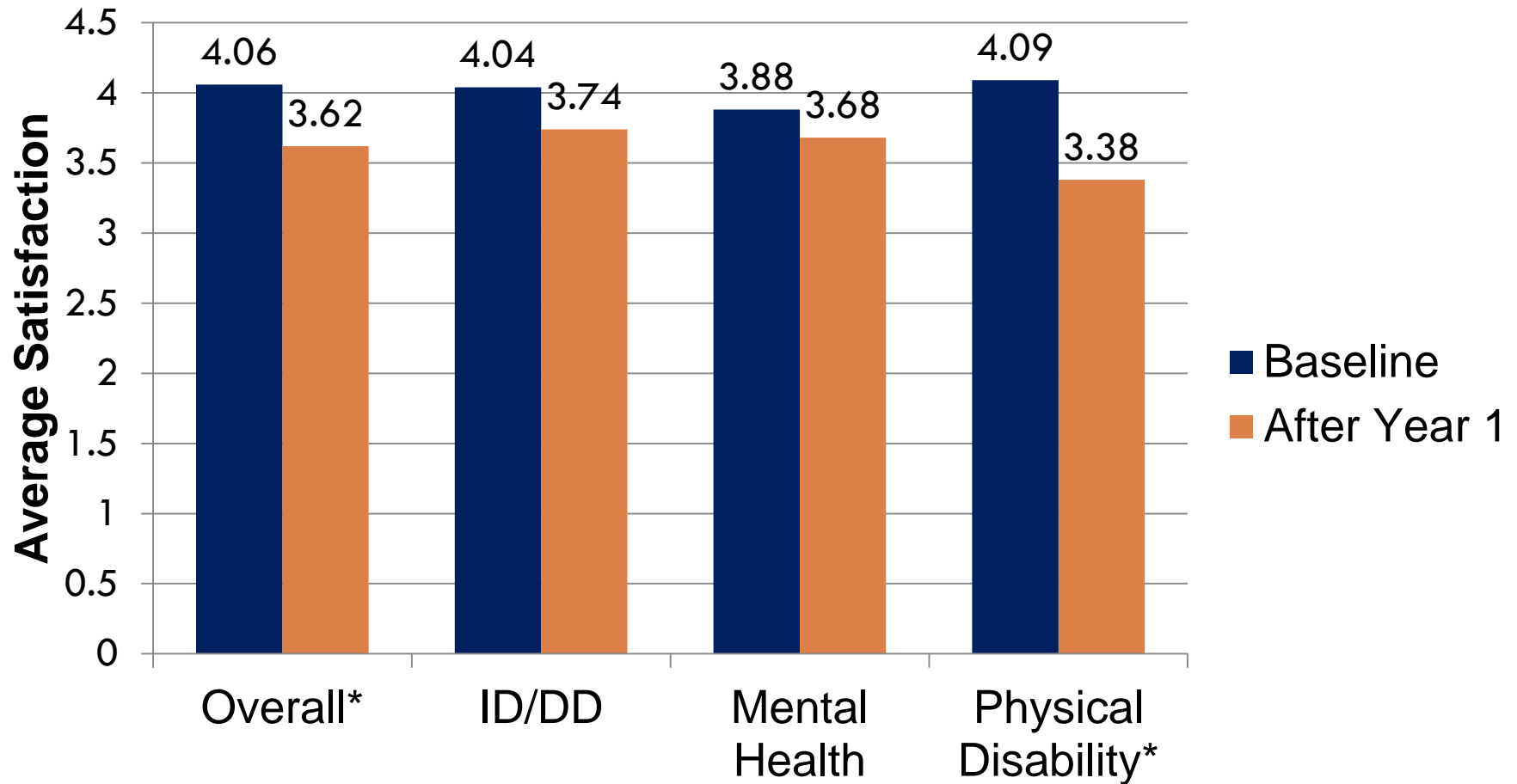
\*Difference is statistically significant at .05 level

# Satisfaction with PCP



\*Difference is statistically significant at .05 level

# Satisfaction with Medical Services



\*Difference is statistically significant at .05 level

# Recommendations for the State Medicaid Agency

- ❑ Improve development of new provider networks and continuity of care.
- ❑ Strengthen communication/involvement with stakeholders, providers, and state agencies.
- ❑ Expand the state's "readiness review" process to include more public participation and to accommodate smaller providers.
- ❑ Support the enrollment of and transition processes for new members.
- ❑ Improve consistency of reporting requirements for MCOs.



# Potential Concerns

- Adequacy of PCP, specialty provider network
- Involvement of key providers such as large medical centers and teaching hospitals
- MCOs unfamiliar with clinical needs of people with disabilities
- Disruptions in continuity of care

# Phase 2 Future Analysis: LTSS

- Assess the degree to which participants report satisfaction, self-determination, and self-direction regarding their LTSS.
- Assess outcomes for individuals including health and function, residential status, community participation, employment, and overall well-being.

# Next Steps

- 2,156 distributed in Year 2 (524) for ICP
  - Includes 380 person longitudinal group (202)
  - Assess ICP relative to baseline
- 2,000 distributed in Year 2 (425) in Chicago for comparison
  - Compare ICP to another sample to account for external factors
  
- Analysis of Administrative and Encounter data

# Potential Role of UCEDDs/LENDS

- Make sure disability stakeholders are at the table and consulted and that meetings are accessible
- Educate and provide oversight regarding issues important to people with disabilities and their families
- Make sure that core values are part of the plans and adhered to
- Provide information regarding experiences of other states

# Potential Role of UCEDDs/LENDS

- Provide technical assistance to MCOs
- Conduct evaluations of these initiatives
- Ensure that evaluations include relevant assessment tools and outcomes
- Provide feedback and solutions to implementation issues