Continuity of Care Analysis

October 15, 2012

Laura Spicer

CoC Advisory Committee Meeting
Presentation Goals

- Review examples of continuity of care/transition plan provisions
- Overview of analysis
- Obtain committee feedback on transition populations for analysis
Continuity/Transition Plan Examples
Examples of Transition Plans

- Maryland Medicaid
- Maryland commercial market
Maryland Medicaid

- Health risk assessment
- Self-referral
Health Risk Assessment

- Health risk assessments administered at the time of enrollment ask questions about health service needs.
- Information is transmitted to the MCO, which uses the information to take appropriate action for new enrollees with special or immediate health needs.
# Health Risk Assessment Form

Please answer the questions below. This information will be given to your MCO. It will help your MCO decide how soon you may need to see a doctor or nurse and what health care services you may need.

**Health Service Needs Information**

Complete the information for yourself as Head of Household and each family member. After completion, return this form with your HealthChoice enrollment form to HealthChoice, P.O. Box 17008, Baltimore, MD 21203.

<table>
<thead>
<tr>
<th>Information about you and family members</th>
<th>Head of Household</th>
<th>Family Member 1</th>
<th>Family Member 2</th>
<th>Family Member 3**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please write in today’s date</strong></td>
<td></td>
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<tr>
<td><strong>Please write in names</strong></td>
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<tr>
<td><strong>Please write in Medical Assistance Numbers</strong></td>
<td></td>
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</tr>
</tbody>
</table>

## Health questions

1. **Are you (or a family member) taking any prescription medications that need to be refilled?**
   - **Within a week?**
   - **Yes**
   - **No**
   - **Within 1 month?**
   - **Yes**
   - **No**
   - **Within 2 months?**
   - **Yes**
   - **No**
   - **Within a week?**
   - **Yes**
   - **No**
   - **Within 1 month?**
   - **Yes**
   - **No**
   - **Within 2 months?**
   - **Yes**
   - **No**
   - **Within a week?**
   - **Yes**
   - **No**
   - **Within 1 month?**
   - **Yes**
   - **No**
   - **Within 2 months?**
   - **Yes**
   - **No**

2. **Are you (or a family member) using any medical equipment or supplies that need to be renewed?**
   - **Within a week?**
   - **Yes**
   - **No**
   - **Within 1 month?**
   - **Yes**
   - **No**
   - **Within 2 months?**
   - **Yes**
   - **No**
   - **Within a week?**
   - **Yes**
   - **No**
   - **Within 1 month?**
   - **Yes**
   - **No**
   - **Within 2 months?**
   - **Yes**
   - **No**
   - **Within a week?**
   - **Yes**
   - **No**
   - **Within 1 month?**
   - **Yes**
   - **No**
   - **Within 2 months?**
   - **Yes**
   - **No**

3. **Does a health care worker come to your house?**
   - **Yes**
   - **No**

4. **Are you (or a family member) getting counseling for any of the following:**
   - **Mental health?**
   - **Yes**
   - **No**
   - **Alcohol use?**
   - **Yes**
   - **No**
   - **Drug use?**
   - **Yes**
   - **No**
   - **Mental health?**
   - **Yes**
   - **No**
   - **Alcohol use?**
   - **Yes**
   - **No**
   - **Drug use?**
   - **Yes**
   - **No**
   - **Mental health?**
   - **Yes**
   - **No**
   - **Alcohol use?**
   - **Yes**
   - **No**
   - **Drug use?**
   - **Yes**
   - **No**

5. **Are you (or a family member) pregnant or have you (or a family member) had a baby in the past two months?**
   - **Yes**
   - **No**
   - **If yes, answer 5b and 5c.**
   - **Yes**
   - **No**

   **b. If pregnant, how far along in months?**
   - **1-3**
   - **4-6**
   - **7-9**
   - **1-3**
   - **4-6**
   - **7-9**
   - **1-3**
   - **4-6**
   - **7-9**
   - **1-3**
   - **4-6**
   - **7-9**

   **c. Are you (or a family member) seeing a doctor or nurse for this pregnancy? If yes, write in the doctor’s or nurse’s name.**
   - **Yes**
   - **No**
   - **Yes**
   - **No**
   - **Yes**
   - **No**

**If you need additional space for extra family members, please call the HealthChoice Enrollment Line at 1-800-977-7388**

Page 1 of 2
**Heath Risk Assessment Form continued**

**HEALTH SERVICE NEEDS INFORMATION**

<table>
<thead>
<tr>
<th>Health questions</th>
<th>Head of Household</th>
<th>Family Member 1</th>
<th>Family Member 2</th>
<th>Family Member 3**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.</strong> Do you (or a family member) have any of the following health problem(s)? Check all that apply.</td>
<td>Asthma</td>
<td>Asthma</td>
<td>Asthma</td>
<td>Asthma</td>
</tr>
<tr>
<td></td>
<td>Cerebral palsy</td>
<td>Cerebral palsy</td>
<td>Cerebral palsy</td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>Heart disease</td>
<td>Heart disease</td>
<td>Heart disease</td>
<td>Heart disease</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
<td>High blood pressure</td>
<td>High blood pressure</td>
<td>High blood pressure</td>
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<tr>
<td></td>
<td>Sickle cell disease</td>
<td>Sickle cell disease</td>
<td>Sickle cell disease</td>
<td>Sickle cell disease</td>
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<tr>
<td></td>
<td>Lead poisoning</td>
<td>Lead poisoning</td>
<td>Lead poisoning</td>
<td>Lead poisoning</td>
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<tr>
<td></td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td><strong>7.</strong> Have you (or a family member) been seeing or are scheduled to see a doctor, nurse or visit a clinic? If yes, please write in the name of the doctor, nurse or clinic.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>8.</strong> Members of certain groups need special services. Are you (or a family member) a member of any of the special needs groups listed below:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A child with a special health care need? If yes, please explain the special need.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b. Have a developmental delay?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c. Homeless?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>d. Have a physical disability?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>e. Have HIV/AIDS?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>9.</strong> If you (or a family member) are between the ages of 2 and 21, when did you last see a dentist?</td>
<td>Less than 6 months ago</td>
<td>Less than 6 months ago</td>
<td>Less than 6 months ago</td>
<td>Less than 6 months ago</td>
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<tr>
<td></td>
<td>6 – 12 months ago</td>
<td>6 – 12 months ago</td>
<td>6 – 12 months ago</td>
<td>6 – 12 months ago</td>
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<td></td>
<td>12 months or more</td>
<td>12 months or more</td>
<td>12 months or more</td>
<td>12 months or more</td>
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</tbody>
</table>

**If you need additional space for extra family members, please call the HealthChoice Enrollment Line at 1-800-977-7388**
Self-Referral

- Enrollees may self-refer for certain services from out-of-network providers:
  - Family planning
  - School-based health center
  - Pregnancy-related services initiated prior to enrollment
  - Initial medical exams for children in state custody
  - One annual diagnostic & evaluation visit for enrollees living with HIV/AIDS
  - Renal dialysis in a Medicare-certified facility
  - An initial medical exam for a newborn in the hospital
  - Substance abuse treatment services
  - Emergency services
Self-Referral continued

- MCO must reimburse the out-of-network provider at the Medicaid rate
Maryland Commercial Market

- Maryland insurance code
- National Committee for Quality Assurance (NCQA) standards
- Example CareFirst policy
Maryland Insurance Code

- Continuation of coverage for surviving spouses/dependent children; divorced spouses/dependent children; and involuntarily terminated employees (MD Insurance Code Ann. §15-407-409)

- Extension of benefits (MD Insurance Code Ann. §15-833): Requires certain health plans to
  - Pay covered benefits for individuals who are totally disabled when the coverage terminates up to the lesser of 12 months or the date the individual ceases to be totally disabled
  - Pay a claim in progress on the date coverage terminates up to the lesser of the release from care from the physician or 12 months
Maryland Insurance Code continued

- Extension of benefits …
  - Pay covered benefits for individuals confined in a hospital on the date coverage terminates up to the lesser of the discharge date or 12 months
  - Provide covered vision benefits if contacts/glasses ordered prior to the termination date, if the individual receives the glasses/lenses within 30 days
  - Provide covered dental benefits for a course of treatment for at least 90 days after termination if the treatment began before the termination date and requires two or more separate visits
NCQA Continuity & Coordination Standards

- Applies to NCQA-accredited commercial health plans and requires:
  - Collection of data and analysis to identify and prioritize opportunities to improve coordination of medical care
  - Annual action to improve coordination on at least two of the opportunities identified
  - Notification of members affected by the termination of a practitioner or a practice group in general, family, and internal medicine, at least 30 days prior to termination, and helps select a new practitioner
NCQA continued

- If a practitioner’s contract is discontinued, continuation of treatment through current period of active treatment for chronic or acute medical condition for up to 90 days; or continuation through postpartum period for members in 2\textsuperscript{nd} or 3\textsuperscript{rd} trimester

- Help a member transition to other care, if necessary, when benefits end, including offering to educate members about alternatives for continuing care and how to obtain care if the covered benefits are exhausted while a member still needs care
Example: CareFirst Transition of Care Program

- Allows members/covered dependents to request to continue to receive care from an out-of-network physician for up to 90 days following the date of enrollment (benefits paid at in-network level)

- Applies to certain unstable and serious medical conditions that require a limited course of treatment or follow-up care
Example: CareFirst Transition of Care Program
continued

- Examples of conditions that may qualify:
  - Pregnancy (beyond 24 weeks)
  - Bone fractures
  - Recent heart attack
  - Other acute trauma or surgery
  - Joint replacement
  - Newly diagnosed cancer
Overview of Analysis
What is “Churn”?

- “Frequent movement between Medicaid and state-run health insurance Exchanges”
- National estimates project that 35% of adults <200% of the FPL will shift between Medicaid and Exchange eligibility within a 6-month time period
- Need for Maryland-specific estimates

Sources:

Estimation of Churn in Maryland

- Estimate the rate of turnover in Medicaid eligibility
  - Identify Medicaid beneficiaries who lost eligibility or were newly enrolled in 2011

- Separate by Medicaid eligibility categories
Cost Estimation

- Identify Medicaid claims history for churn population
- Identify health care services provided in the months prior to loss of eligibility and post new enrollment
- Estimate cost of services for each individual
- Contract actuary will estimate impact of several transition plan options on premiums
Transition Populations for Analysis
## Committee Feedback

<table>
<thead>
<tr>
<th>Transition Populations</th>
<th>Committee Comments</th>
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</thead>
<tbody>
<tr>
<td>1. Pregnancy</td>
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<td>2. Hospitalizations occurring during the termination date</td>
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<td>3. Chronic treatment conditions:</td>
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<tr>
<td>Chemotherapy</td>
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<td>Radiation</td>
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<td>Dialysis</td>
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<td>4. Organ transplant care</td>
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<td>5. Individuals demonstrating ongoing care needs</td>
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<td>Durable medical equipment</td>
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<td>Home health</td>
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<td>Prescription medications for management of chronic care conditions</td>
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<td>6. Individuals with approved prior authorization for procedures</td>
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<td>7. Behavioral health and chemical dependency</td>
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<tr>
<td>8. Other?</td>
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About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

www.hilltopinstitute.org
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