The Wyoming Pay for Participation Program for Medicaid Health Management

2010 Medicaid Congress

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Wyoming Medicaid- EqualityCare

- **Frontier state with a population of 544,270**

  (Source: US Census Bureau, 2009)
- **61,841 individuals per month covered by Wyoming Medicaid (80-85,000/year)**
- **100% fee for service**
- **98% participation from providers**

Medicaid Health Management Program

- ***Healthy Together*** **program, administered by APS Healthcare, has served Wyoming EqualityCare participants since 2004**
- **Provides health and wellness services for all program members and care coordination services for those with illness or disease**
- **Goal: Reduce state expenditures by improving quality of care, decreasing preventable complications and promoting healthy behavior**
- **Includes maternity management program,** ***Healthy Additions***
- **After its first year** ***Healthy Together*** **showed positive results**

Why Pay For Participation?

- **Increasing the number of members engaged, a continual challenge in the Medicaid population, would further the program's success**
- **Increase provider involvement with *Healthy Together***
  - Key component to team approach
  - Increase EqualityCare member engagement with provider referrals
  - Focus on prevention and wellness for patients with chronic illness
  - Increase use of evidence-based guidelines
  - Support the primary care and case management model efforts to improve, coordinate and deliver care
- **Enhance provider confidence in the *Healthy Together* program**
  - Demonstrate improved patient compliance
  - Add revenue
  - Offer free CMEs
- **Expand from the ABD population**

Pay for Participation Implementation

- **Initiated by the Wyoming Department of Health and Medicaid program leadership**
- **Advisory Board formed February 2007**
  - Includes health department officials, private and public health providers and provider membership organizations
- **Engaged APS Healthcare to support program June 2007**
  - Provider Services Manager and Provider Services Coordinator
- **Established outcome measures to evaluate the success of the program**
- **Used PQRI, AHRQ and other evidence-based guidelines**
- **Implemented July 2007**

Pay for Participation Program Description

- **Provides Wyoming physicians with increased reimbursement for:**
  - Completing specific disease, age and gender screenings
  - Providing health education for Medicaid patients with chronic illness
  - Referring patients into the *Healthy Together* program
- **Once a provider refers a member, an APS nurse health coach:**
  - Monitors and evaluates progress
  - Helps eliminate barriers to care
  - Encourages behavior changes to improve health outcomes
  - Provides members with educational materials, appointment reminders, a 24-hour nurse support line and links to community resources

Pay for Participation Program Activities

- **Provider Outreach**
  - Face to face presentation on program
  - Clinic workflow assistance
- **Developed pre-program clinic profiles**
  - Patients by diagnosis
  - Revenue impact
- **P4P staff track participating clinics, follow-up visit timeframes, program engagement rates and internal quality assurance**
- **Continue to make recommendations and review current outcomes to measure success of the program**
  - Provide updates to P4P Advisory Board to monitor program success
  - Provide updates to Medicaid Physician Advisory Group (PAG) quarterly
  - Provide ongoing comprehensive reports on outreach efforts and program utilization

Pay for Participation Provider Engagement

- **Provider outreach began fall of 2007**
  - Targeted the top 100 Medicaid providers
  - Focus given to family practice and pediatrics
  - Outreach included OBGYN providers for the *Healthy Additions* maternity program
  - Leveraged "Champion Providers" to promote statewide initiative
  - Focus shifted to internal medicine providers in 2009
- **Timeline**
  - 10 clinics participating in 2007, 100 in 2008, 107 in 2009
- **As of April 2010**
  - 112 participating clinics
  - 3,656 referrals from providers since inception
  - Ongoing support for referral and billing processes
  - Physician program satisfaction rate of 98%

Pay for Participation Provider Reimbursement

Pay for Participation Screening and Education Codes

Wyoming Department of Health

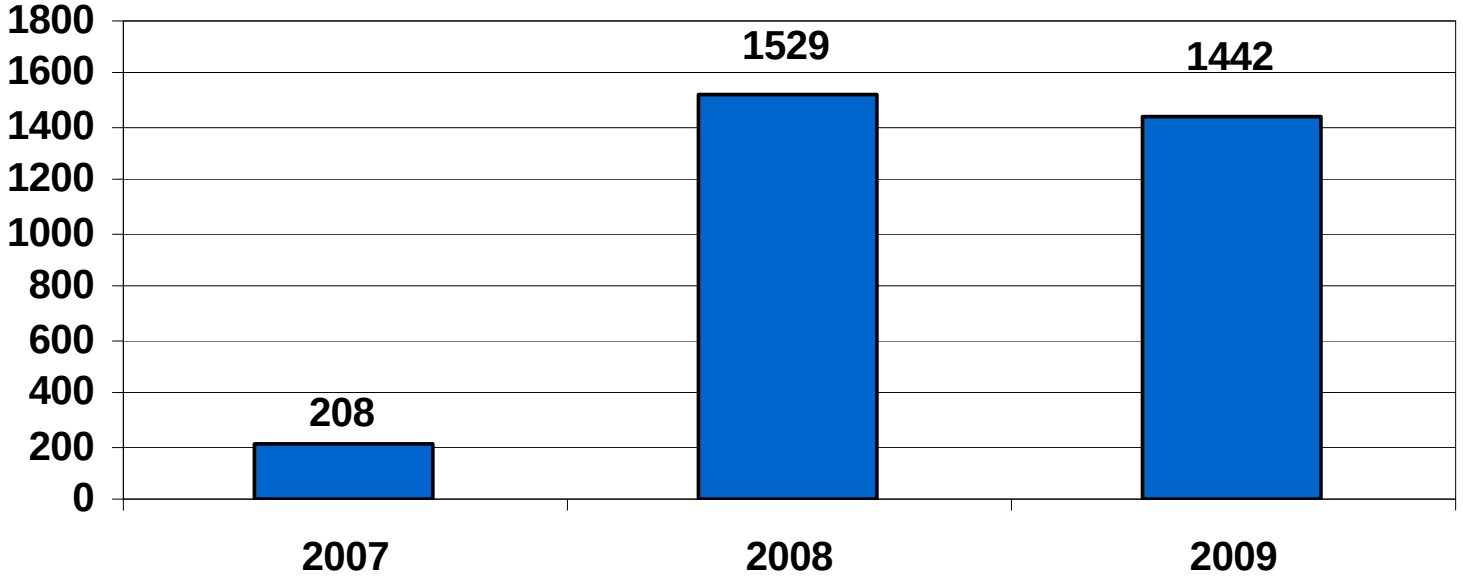
Total Health Record/Pay for Participation Program for Wyoming EqualityCare (Medicaid)

HEALTHY TOGETHER

Code	Description	Fee
	Disease Management Codes	
S0315	Disease Management Program; initial assessment and initiation of the program (by physician, PA or NP). Must refer client to ***Healthy Together!*** program with new or established illness.	$50.00
S0316	Disease Management Program; follow-up/assessment (by physician, PA or NP). Reinforce ***Healthy Together!*** program for established illness.	$25.00
	Screening and Education Codes	
G0102	Prostate cancer screening; digital rectal examination.	$24.99
G0245	Foot Exam Initial: Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensations, which must include diagnosis LOPS, patient history, physical exam, etc.	$74.96
G0246	Foot exam follow-up: Follow-up physician evaluation and management of diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation to include at least pt history, physical exam, exam feet, etc.	$44.28
99406	Smoking and tobacco cessation counseling visit: Intermediate, greater than 3 minutes up to 10 minutes which may include prescription.	$11.60
99407	Smoking and tobacco cessation counseling visit: Intensive, greater than 10 minutes.	$22.15
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.	$35.00

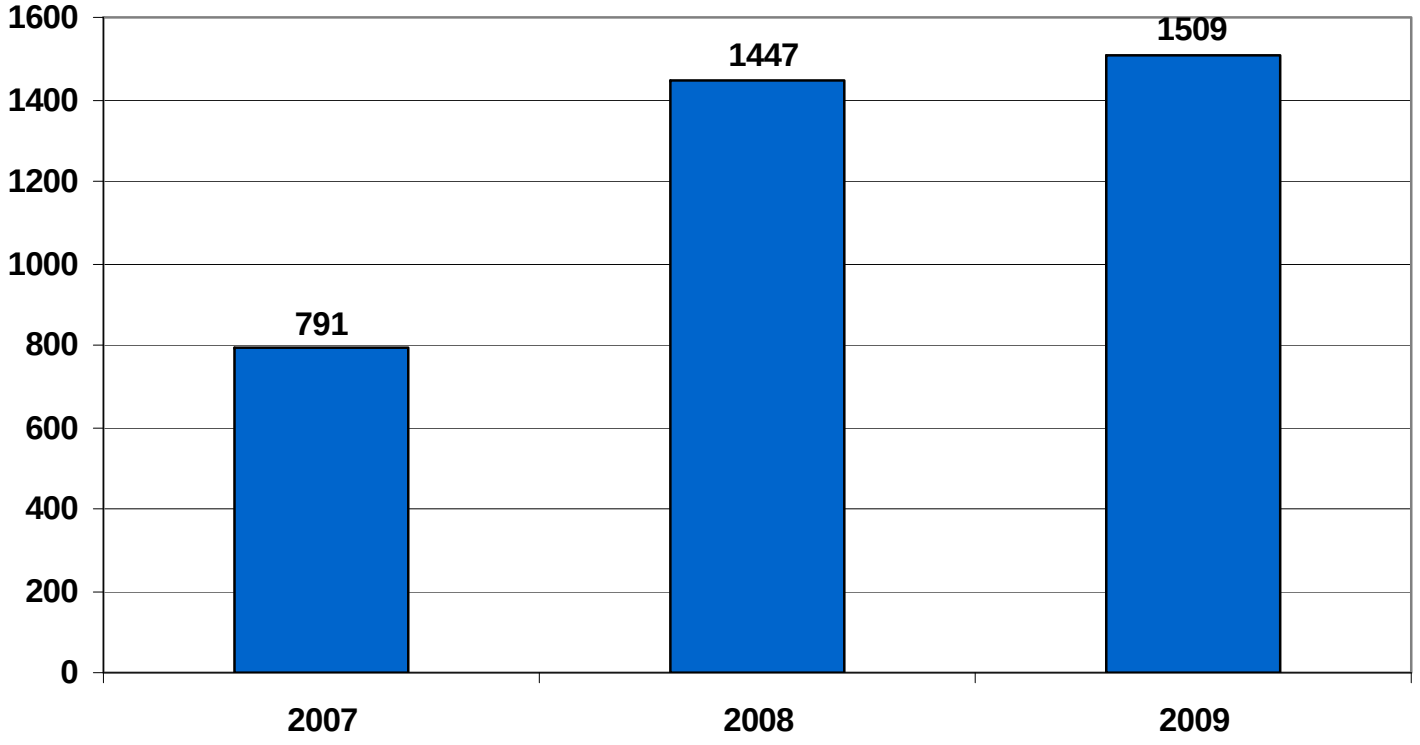
Number of Referrals Received- Primary Care

- **In 2008, outreach efforts increased the number of referrals into the *Healthy Together* program**
- **2009 referrals continued to average over 100 per month**



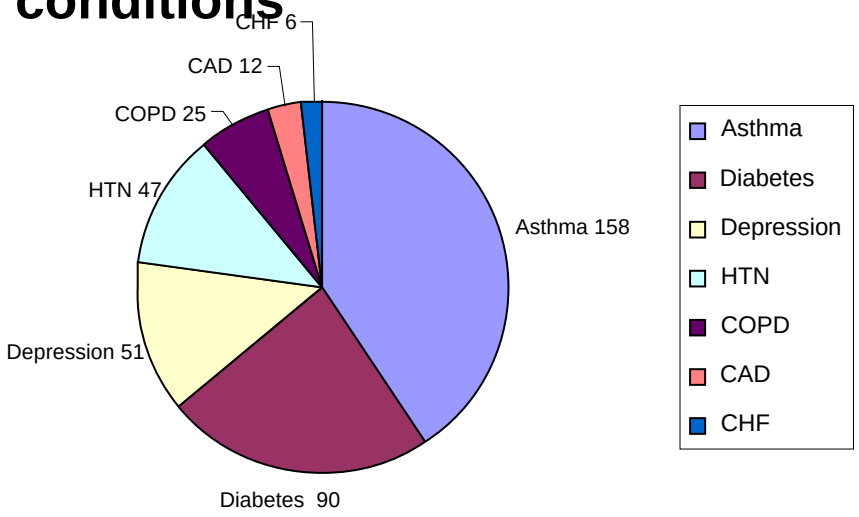
Referrals- *Healthy Additions* Maternity Program

- **In 2008, outreach efforts increased the number of referrals into the Healthy Additions program by 83% in one year**
- **2009 maintained steady with a 4% increase over the prior year**

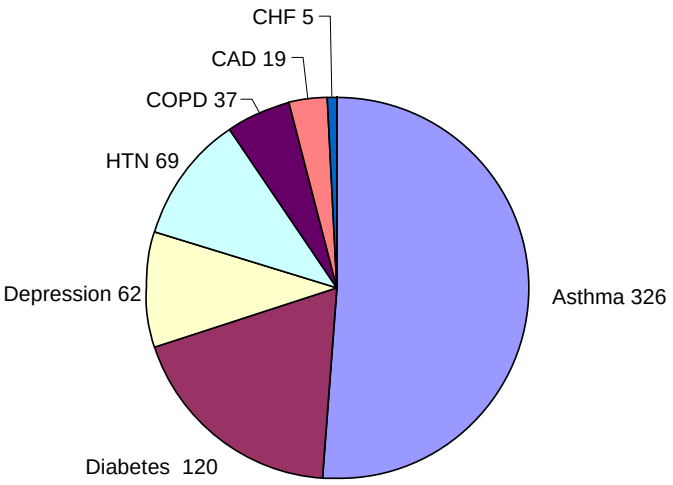


Referral Diagnoses at a Glance

- **Asthma, diabetes and depression were the top high-risk, high-cost conditions**
- **Approximately half of referrals were high-risk, high-cost conditions**



2008 Referrals-High Risk High Cost



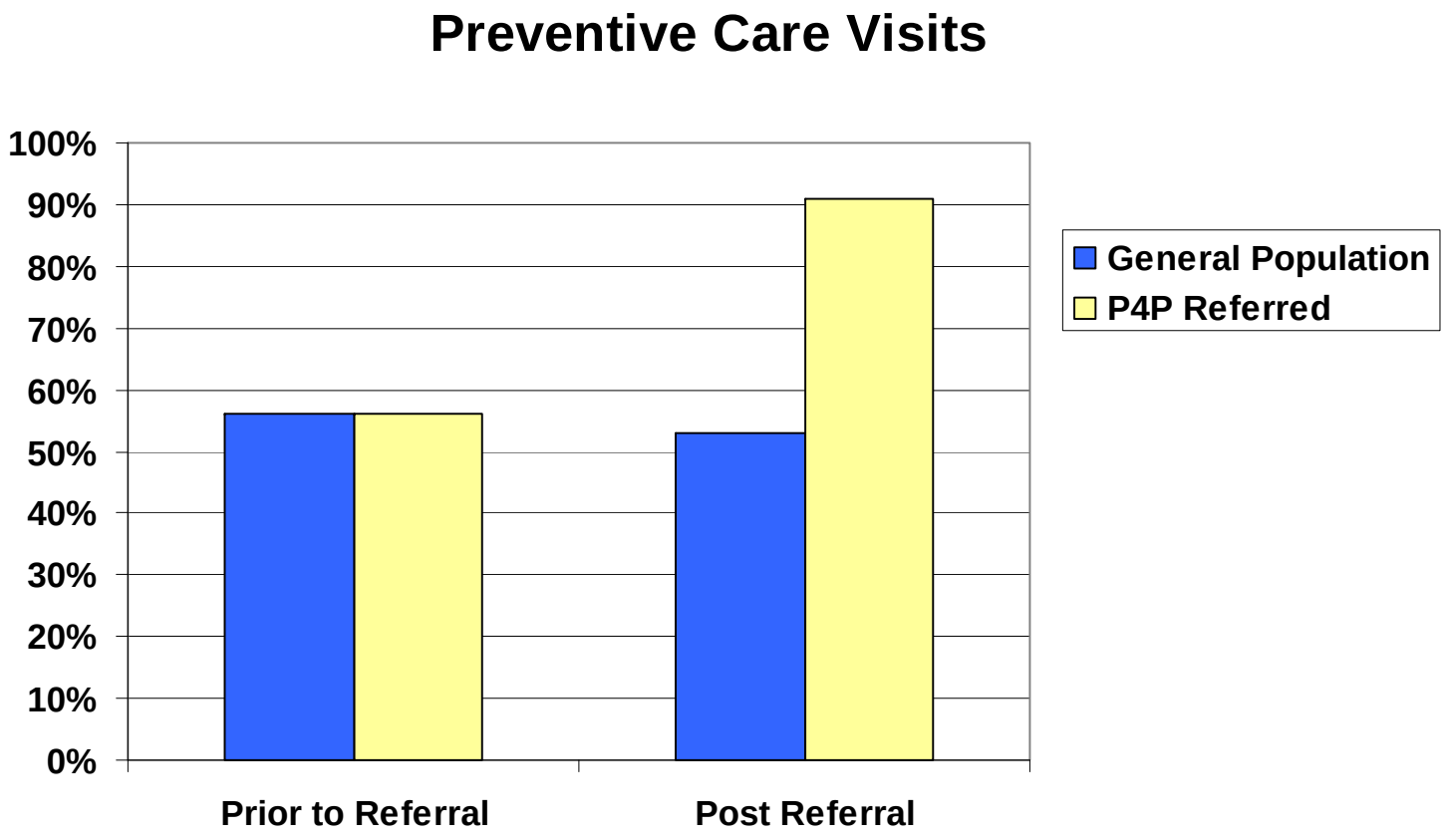
2009 Referrals-High Risk High Cost

Measuring Outcomes

- **Claims-based data taken from two populations: P4P population data (identified P4P referrals) and general EqualityCare population data**
  - Data for general population was collected from primary diagnosis only
  - 2009 HEDIS (Healthcare Effectiveness Data Information Set) measures were used with the exception of two measures that are P4P specific

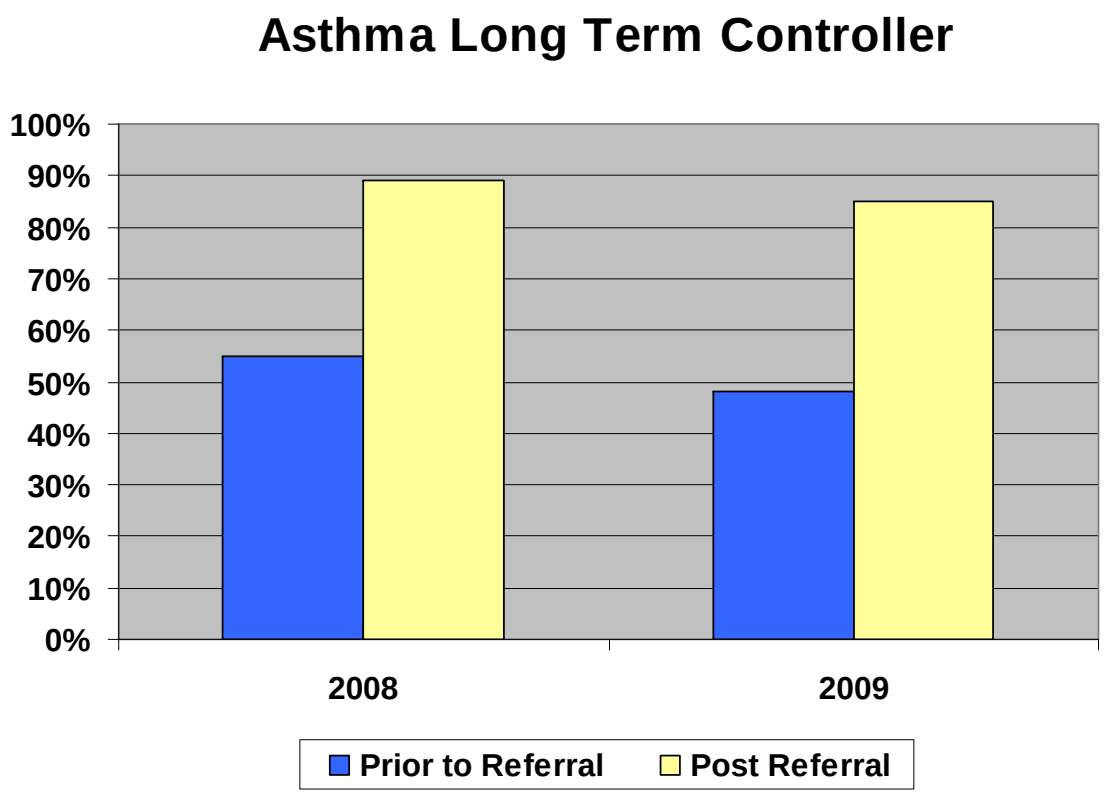
Outcomes- Preventive Care Visits

- **Preventive care for P4P referred members increased by 63% (From 56% prior referral to 91% post)**



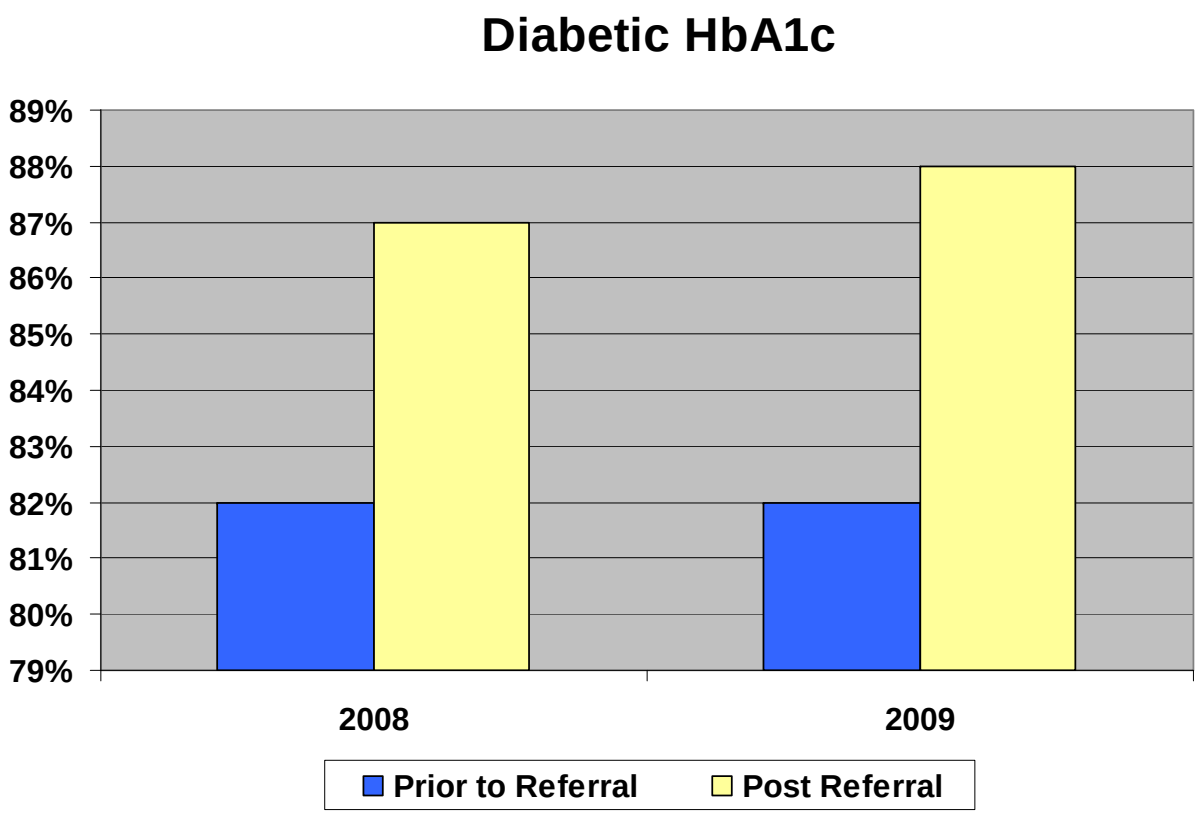
Outcomes- Asthma

- **After referral, members with asthma increased their usage of long term controllers by over 60% in both 2008 and 2009**



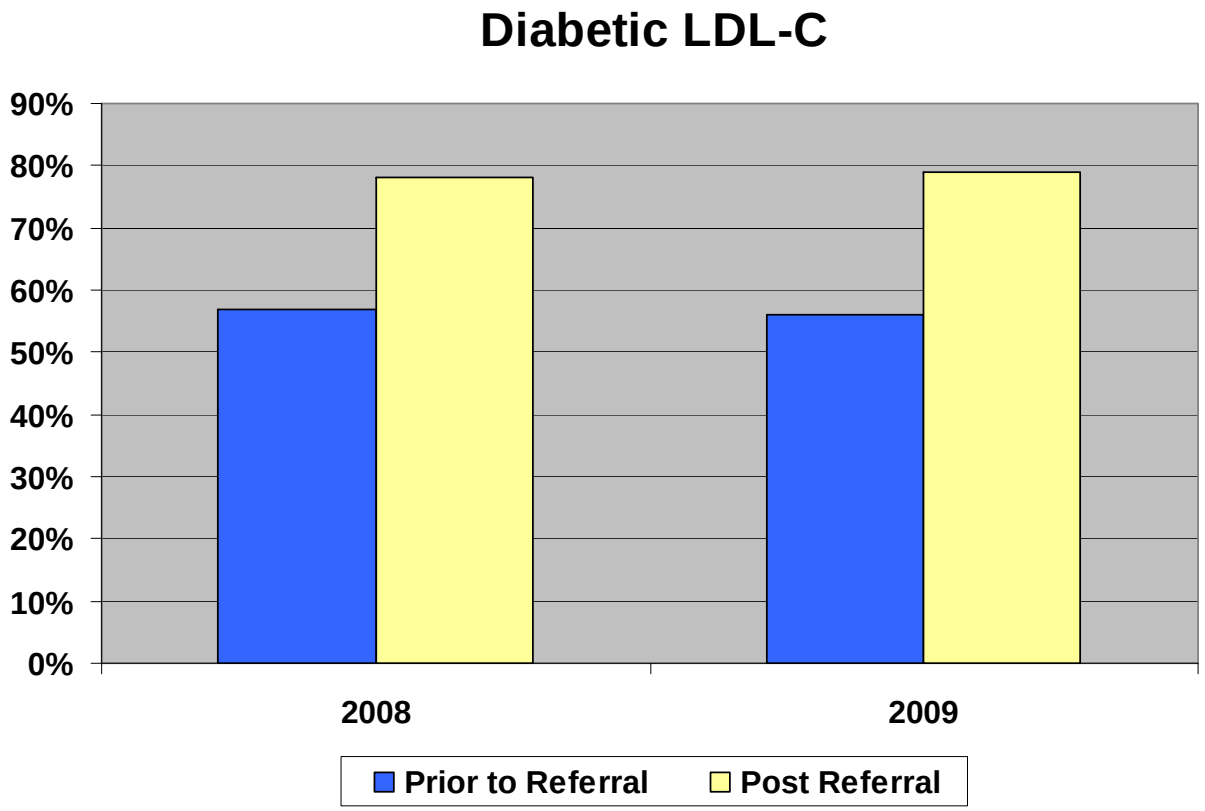
Outcomes- Diabetes (HbA1c)

- **After referral, the number of diabetics with an annual HbA1c increased in 2008 and 2009**



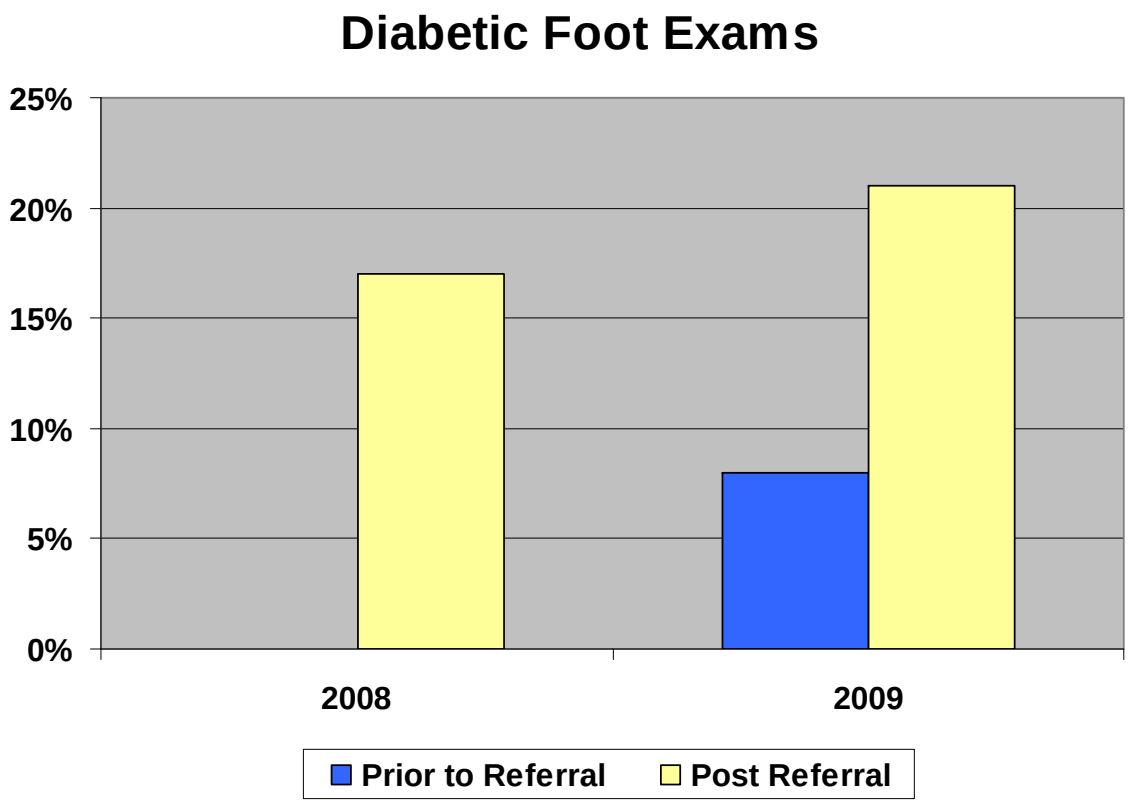
Outcomes- Diabetes (LDL-C)

- **After referral, the number of diabetics with an annual LDL-C increased by more than 35% in 2008 and 2009**



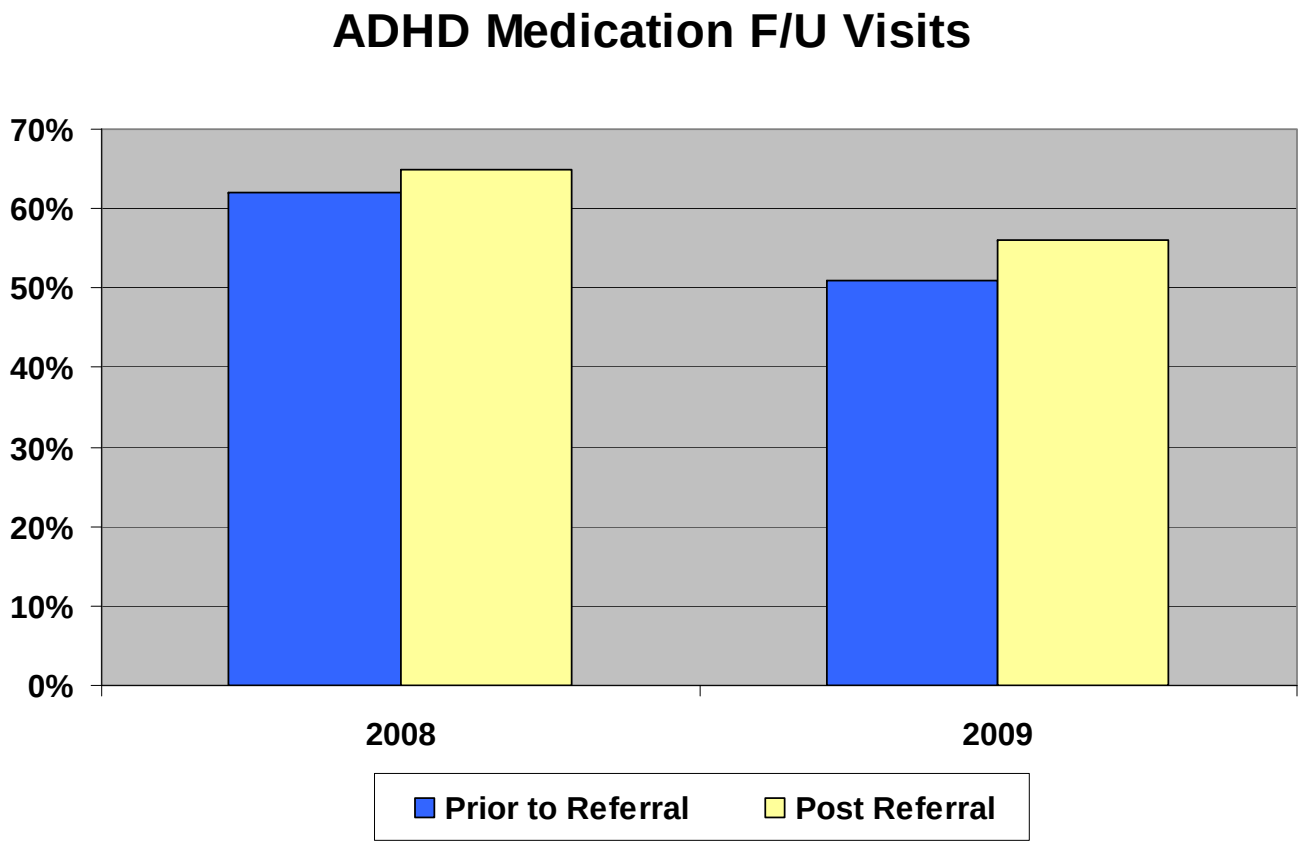
Outcomes- Diabetes (Foot Exams)

- **After referral, the number of diabetics with an annual foot exam increased from no usage to 17% in 2008 and 21% in 2009**



Outcomes- ADHD

- **After referral, follow-up visits of children with ADHD after being prescribed medication improved by 5% in 2008 and 8% in 2009**



Fluoride Varnish Impact

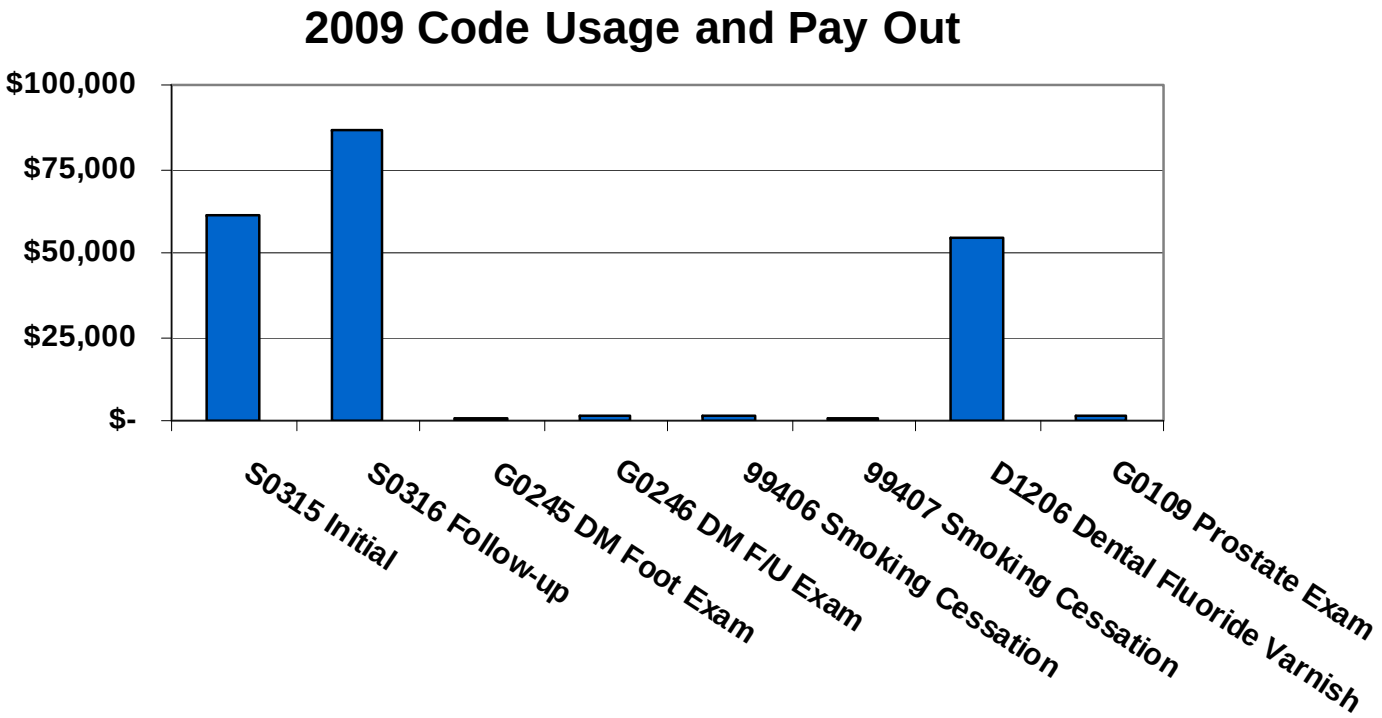
- **Children under age 4 on Medicaid doubled from 6,687 in 2006 to 12,508 in 2009**
- **There is a strong need for dental hygiene visits in this population**
- **Wyoming has a shortage of dentists**
- **In late 2007 a dental fluoride varnish code became available to PCPs**
  - Important preventive dental care available to more children, in spite of low access to dentists
- **82% of Pediatricians quickly added it to their well child visits**
  - *Healthy Together* will continue to encourage other PCPs to access this benefit on behalf of children

Fluoride Varnish Impact Outcomes

- **P4P Program**
  - Increased the number of children receiving oral fluoride varnish treatments by 33%
  - Because more children received the fluoride varnish, the percentage of children receiving restoration decreased from 16% to 11%

Medicaid Expenditures for P4P Codes

- **Total Medicaid expenditures for P4P codes in 2009 were $207,930**



Benefits for Providers

- **Receive updated evidence-based guidelines**
- **Health coaches serve as an extension of practice**
- **Improved billing and coding**
- **Increased revenue**
- **Access to decision support tools**
- **More informed patients**
- **Higher patient compliance with treatment plan**
- **Better member self-management**

Benefits for Members

- **Receive a personal health coach that:**
  - Provides telephonic case support
  - Reinforces treatment plans
  - Provides disease-specific health education
  - Encourage self-management and behavior change modification
- **Potential for improved health status**
- **More compliant with preventive visits**
- **Better management of chronic diseases**

Benefits for EqualityCare and *Healthy Together*

- **Increased provider involvement**
  - Over 100 clinics participating in P4P
  - Increase in provider referrals to the *Healthy Together* program
  - Averaged 100 referrals per month throughout 2009
- **Increased the number of providers using evidence-based guidelines**
- **Enhanced communication and confidence with providers**
- **Potential for improved health outcomes and decreased healthcare expenditures with P4P program**
- **Ability to reach a greater number of members and impact their behavior due to increased referrals**

Next Steps

- **Return on investment**
  - Comparison of ER usage and inpatient days - P4P referred versus general population
  - Comparison of kindergarten and 3rd grade children's dental claims to evaluate fluoride varnish impact
  - Comparison for decreased birth weights and NNICU admits

Contact Information

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Questions?