

MaineCare by the Numbers

OMS presentation to the MaineCare Redesign
Task Force

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Medicaid

Why have a Medicaid program = Mission Statement

What will be covered for its members = Services (Mandatory & Optional)

Who will be a member = eligibility requirements

Mission Statement- DHHS

- Provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources.

Services- Basic Requirements

- Must provide required services to mandatory populations
- Services must be available statewide
- Members must be able to choose their providers
- Services must be “sufficient in amount, duration, and scope to reasonably achieve their purpose”
- Services must be “medically necessary”
- Rates must be adequate to assure reasonable access/quality
- Services may be limited by utilization control procedures

Mandatory Services

- Inpatient hospital care
- Outpatient hospital care
- Physician's services
- Nurse mid-wife and nurse practitioner services
- Federally qualified health center ("FQHC") and Rural Health Centers
- Laboratories and x-ray services
- Nursing Facility services (age 21 and older)
- Home Health Services, including related supplies and equipment
- Transportation to medically necessary services
- Early Periodic Screening Diagnosis and Treatment (EPSDT- under 21)

Optional Services

- Prescription Drugs
- Chiropractors
- Psychologists
- Podiatrists
- Diagnostic and Screening
- Preventative services
- Rehabilitative services
- Clinic services
- Dental services (limited for adults)
- Physical and occupational therapy
- Speech, language and hearing services
- Prosthetic devices, including eyeglasses
- Inpatient psychiatric care for people under 21 and over 65 (adults 21-64 not covered by Medicaid)
- ICF/MR
- Case management services
- Personal care services
- Hospice care
- Home and community based services
- Personal care services
- Primary care case management services
- Respiratory care (for ventilator-dependent)
- Day Habilitation
- Eye care

Waiver Services

Waiver:

Allows for greater state flexibility under federal law

Primary requirement:

Federal government will pay no more than it would if no waiver existed.

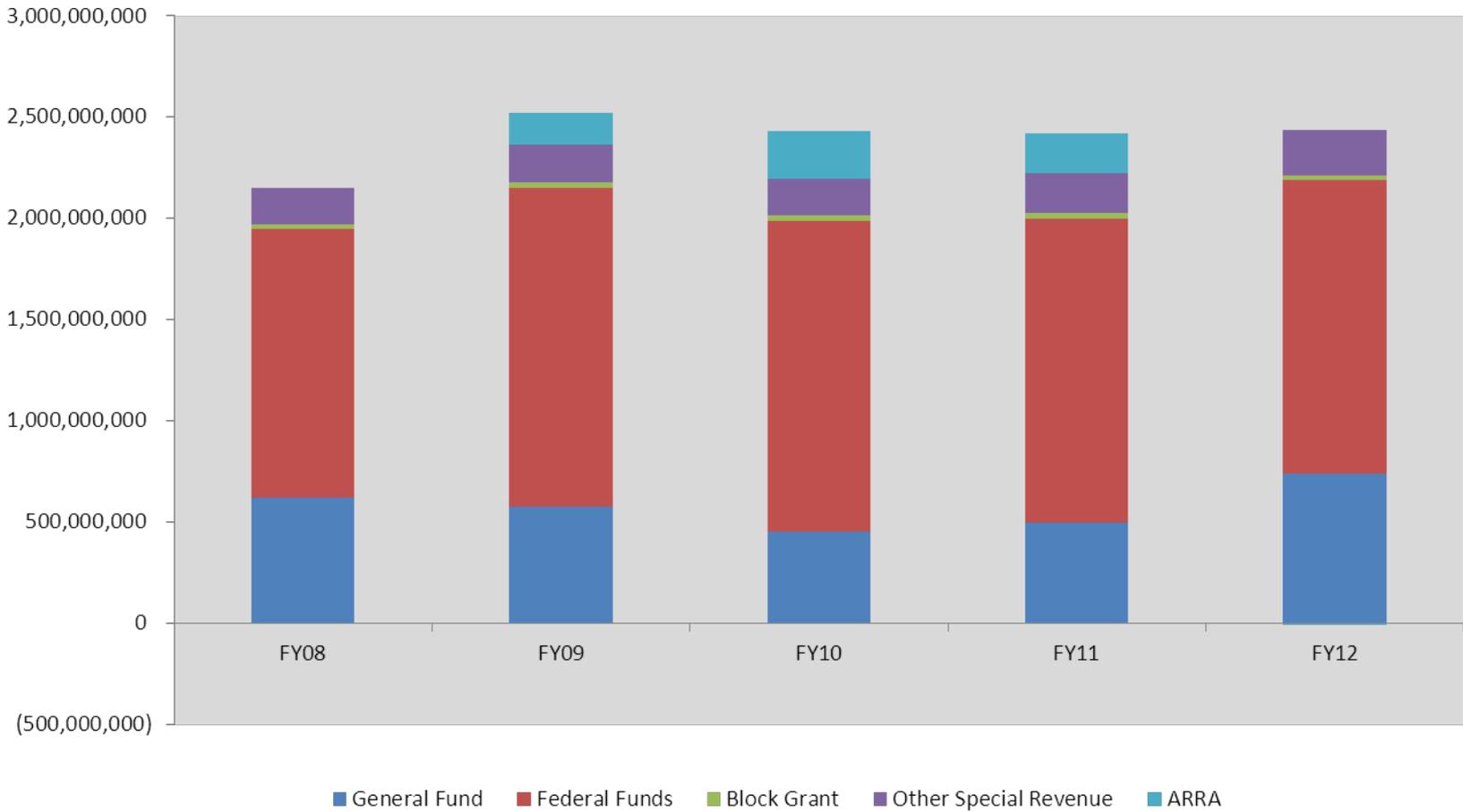
Maine's Current Waivers

- Disabled & Elderly Waiver
- Intellectual Disability or Autistic Disorder (Adult waiver & children's waiver)
- Home & Community Based Services for persons with physical disabilities
- HIV
- Non-Categorical

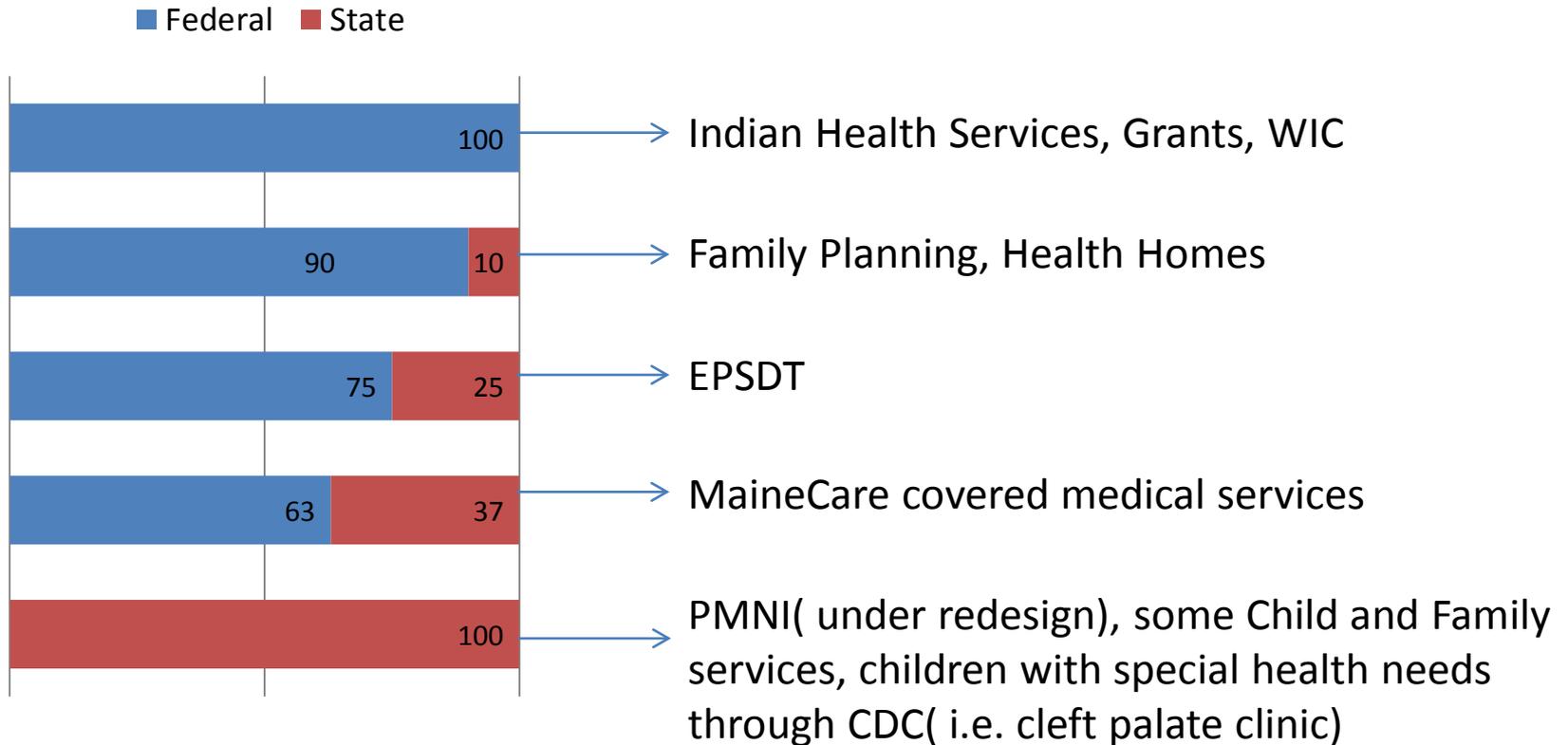
Data Source

- MIMHS- claims processing system
- Decision Support System (DSS) – Truven Health Analytics
- Advantage Maine

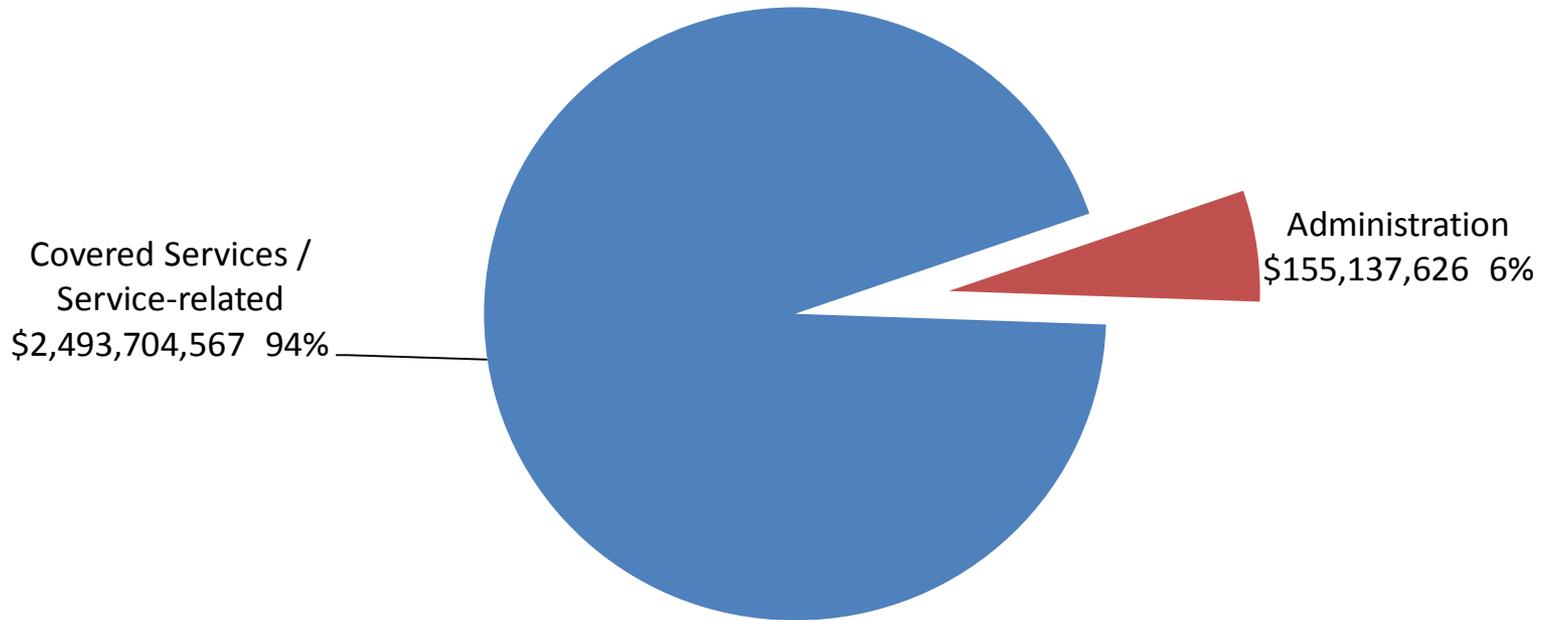
Sources of Funds SFYs



Federal/State Funding



How the money is utilized

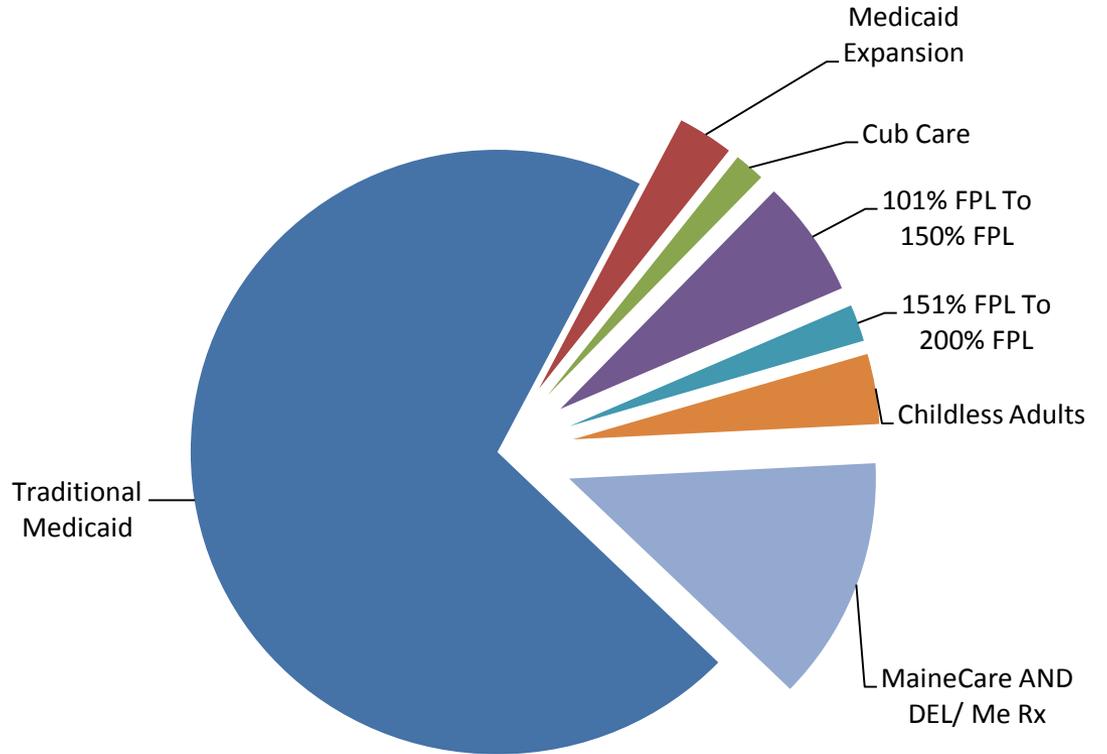


Members Covered

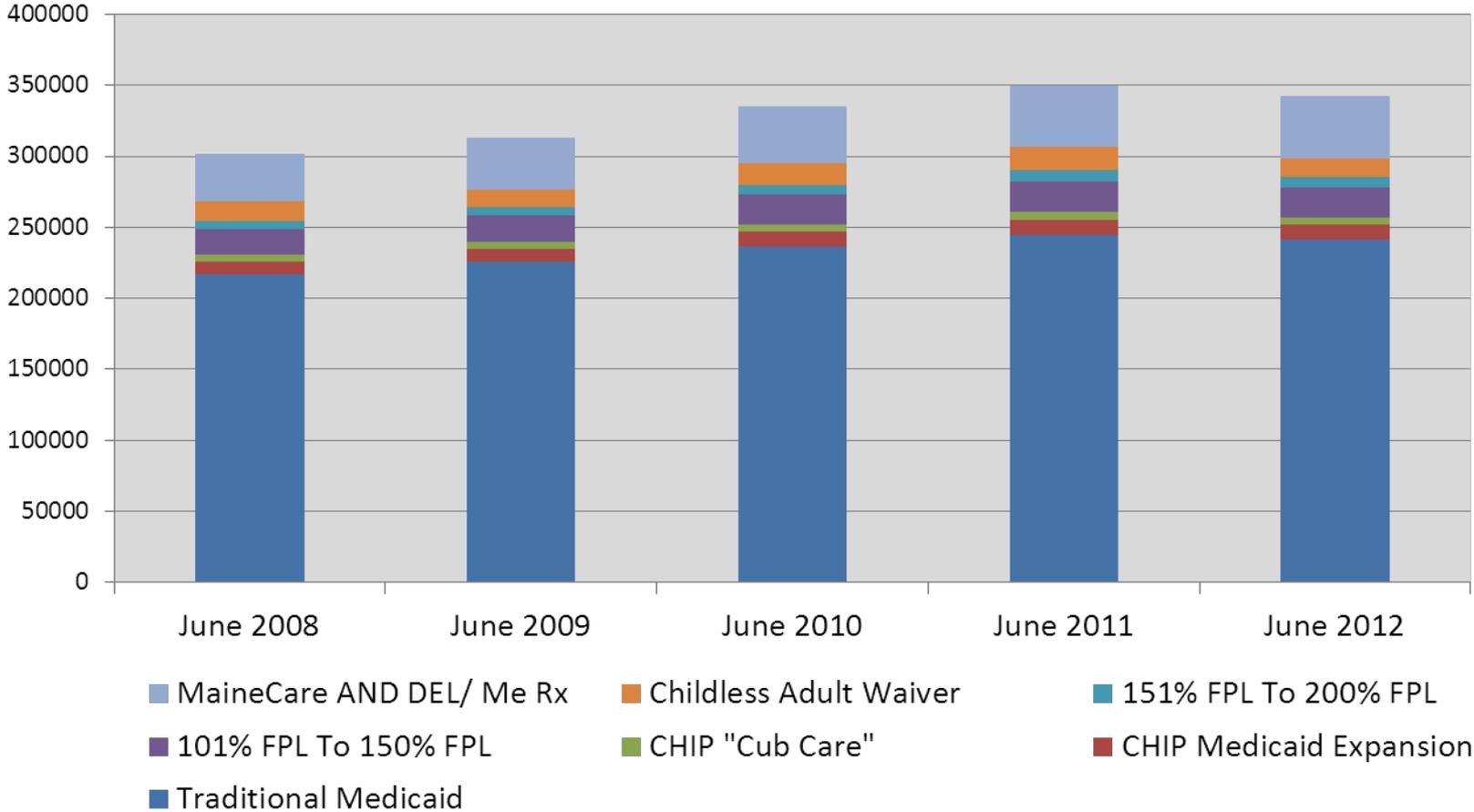
- Total distinct members covered for full benefits at year-end FFY 2011: 299,998
- Total distinct members covered for full benefits at some point during FFY 2011: 335,118
- Total number of distinct members covered at some point during FFY 2011: 476,072

MaineCare Caseload FFY 2011

Traditional Medicaid	240,223
Medicaid Expansion	10,021
Cub Care	5,545
101% FPL To 150% FPL	21,225
151% FPL To 200% FPL	6,752
Childless Adults	12,820
MaineCare AND DEL/ Me Rx	44,411

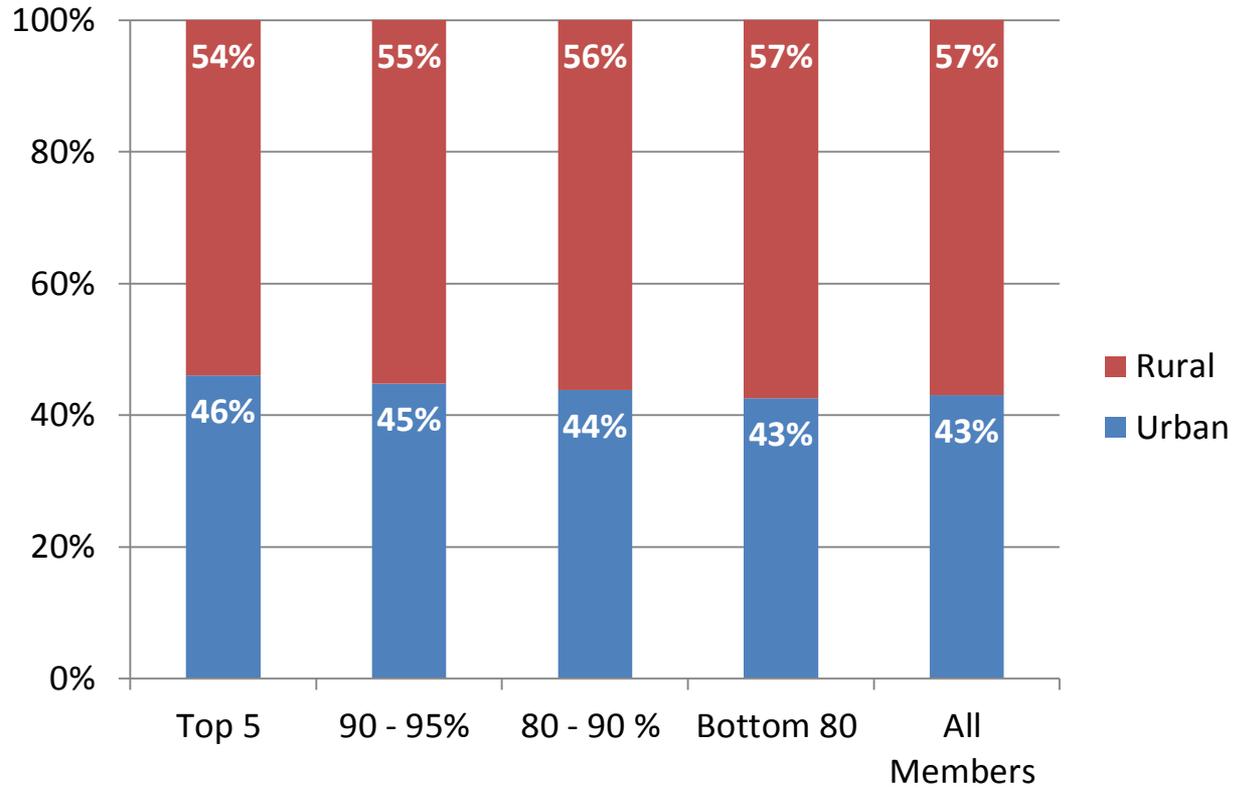


Enrollment SFYs 2008-2012





Geographic Distribution



Eligibility Categories

- 70% of the payments are for members in 7 eligibility categories

Eligibility Category	% of Net Payments
SSI Disabled	27%
Under age 19/ income <125% Federal Poverty	13%
Not receiving AFDC, but eligible	10%
SOBRA disabled	7%
Nursing Home Resident	6%
Non-cat/ childless adult	4%
Boarding home federal	3%

Top Eligibility Categories for Members Under Age 18

Eligibility Category		Net Payments
2P	UNDER 19 / INCOME UNDER 125% FPL	\$290,079,875
03	SSI DISABLED	\$96,208,496
3P	MEDICAID EXPANSION	\$23,334,102
09	FED. ADOPTION ASSIST. (FW)	\$19,864,632
66	UNDER 19 / WOULD BE ELIG IN INSTIT.	\$18,086,402
30	CUB CARE	\$13,134,550

Top Eligibility Categories for Members Age 18-44

Eligibility Category		Net Payments
03	SSI DISABLED	\$300,805,842
67	NOT RECEIVING AFDC / BUT ELIGIBLE	\$191,574,902
1C	SOBRA DISABLED	\$62,482,225
4Y	NOT RECEIVING AFDC BUT ELIG > 100% & =< 150% FPL	\$52,709,259
5C	Non Cat-Childless Adults	\$47,943,991
69	UNDER 21 / LOW INC / NOT DEPRIVED	\$25,868,764

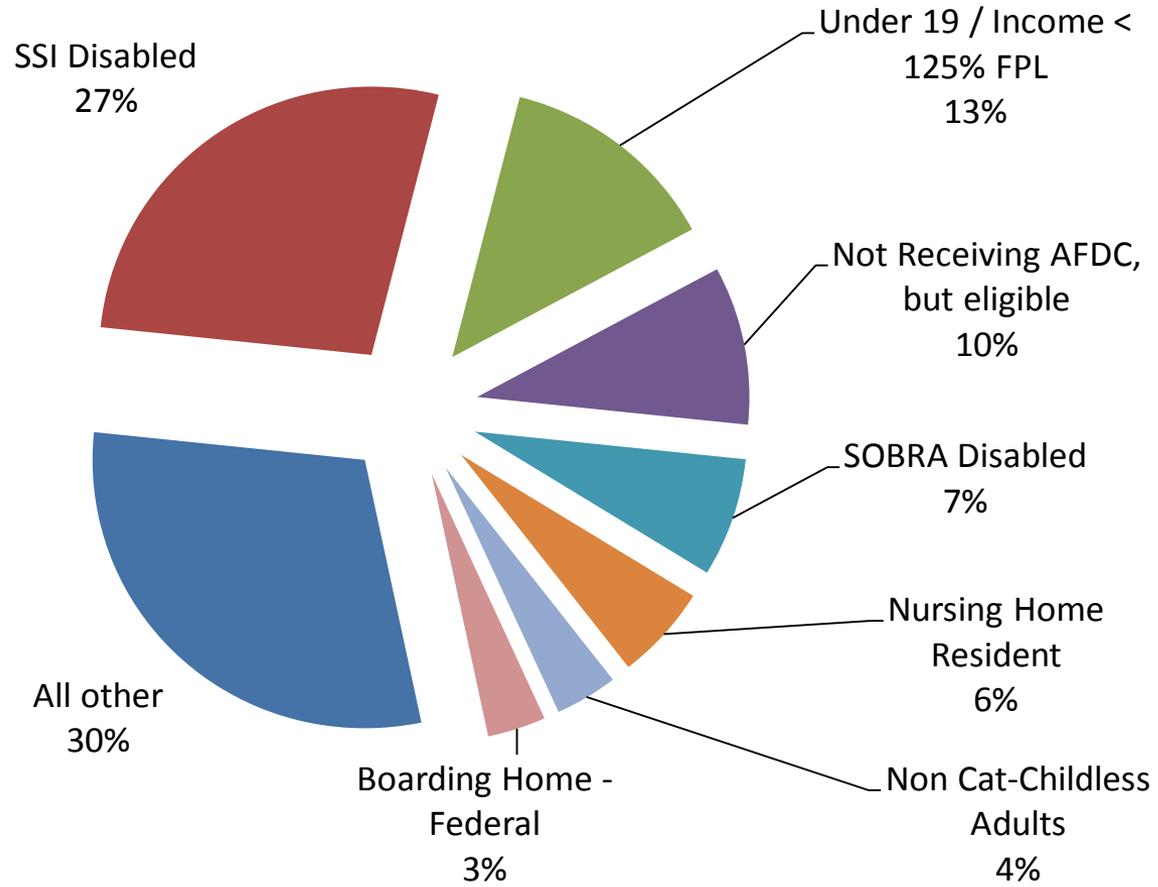
Top Eligibility Categories for Members Age 45-64

Eligibility Category		Net Payments
03	SSI DISABLED	\$238,063,858
1C	SOBRA DISABLED	\$95,813,022
5C	Non Cat-Childless Adults	\$38,903,704
67	NOT RECEIVING AFDC / BUT ELIGIBLE	\$30,834,706
37	DVLPMENTL SER COMP/DVLPMENTL SER SPPRT WAIVER	\$29,527,205
64	NUR. HOME RES. INC 100-300% DISABLED	\$21,472,473
2E	BOARDING HOME-FEDERAL	\$18,651,045

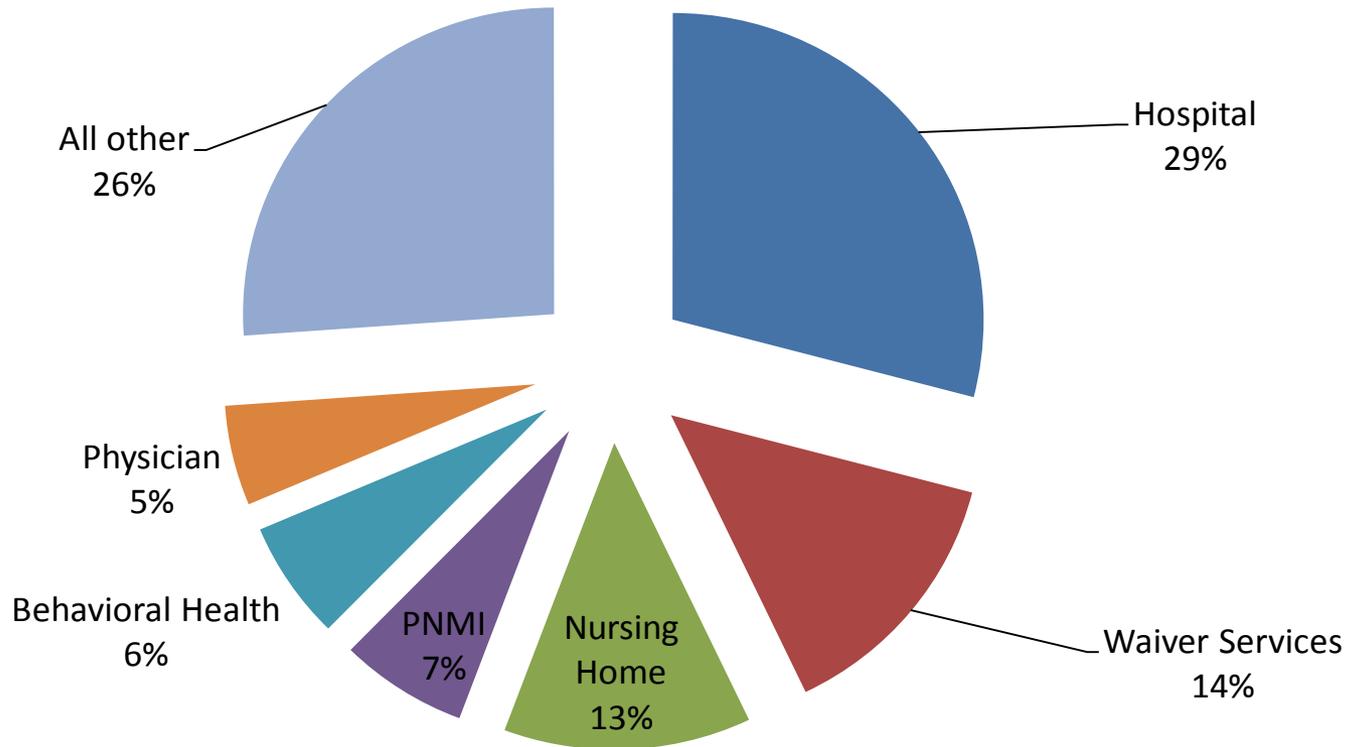
Top Eligibility Categories for Members Age 65+

Eligibility Category		Net Payments
56	NUR. HOME RES. INC 100-300% AGED	\$133,080,999
01	SSI AGED	\$57,993,159
2E	BOARDING HOME-FEDERAL	\$57,556,027
55	NUR. HOME RES. INC UNDER SSI AGED	\$43,146,583
53	COST REIMBURSEMENT BOARDING HOME	\$26,936,298
4G	DEL COMBO QMB AGED	\$19,885,031

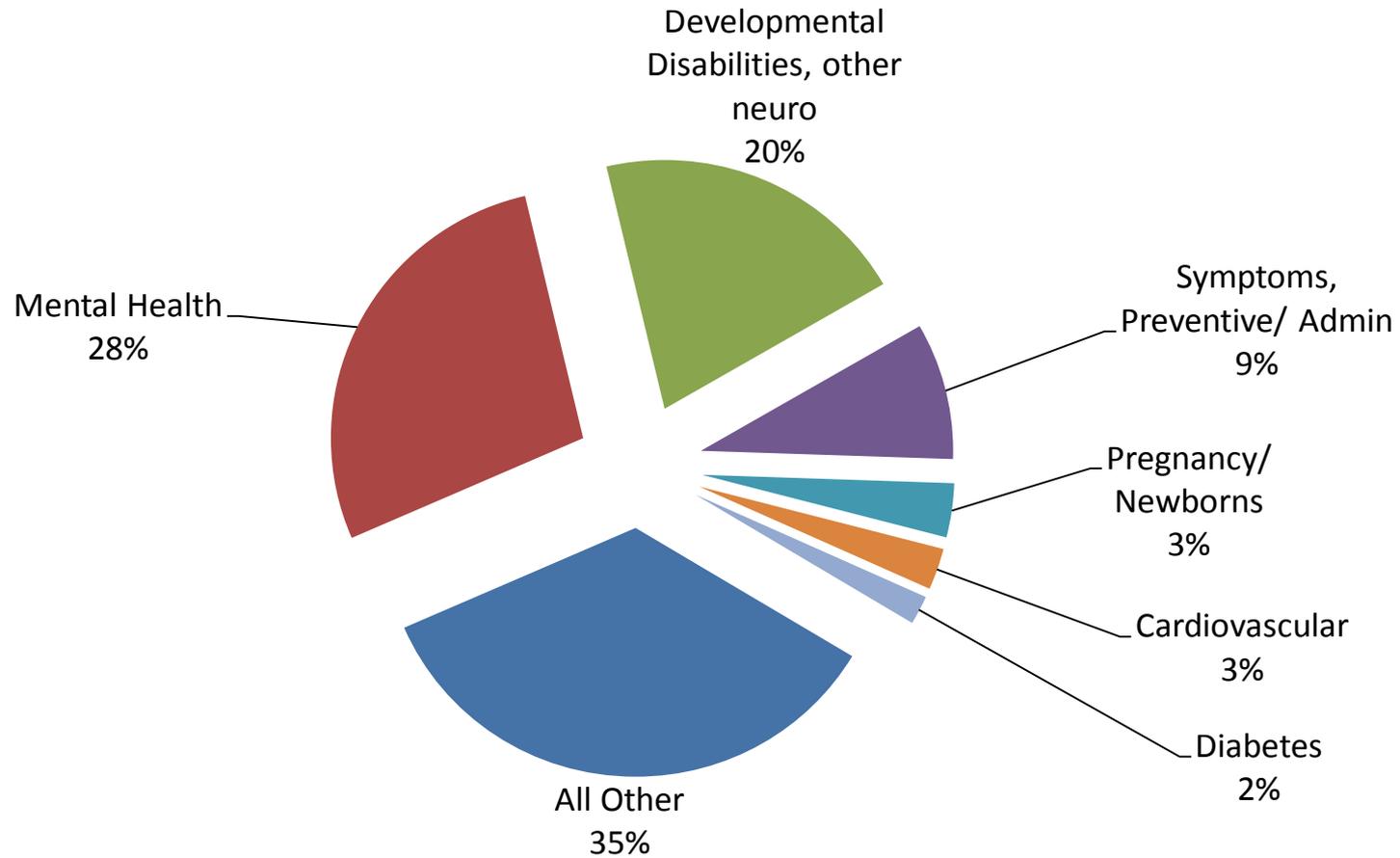
Expenses by RAC



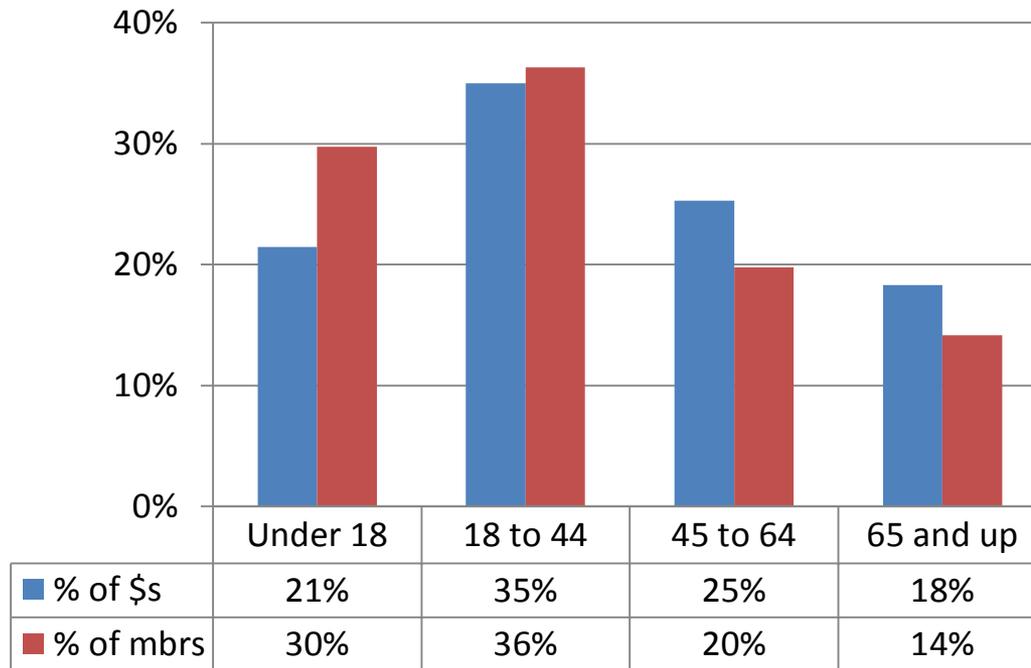
Expenses by Provider Type



Expense by Clinical Condition: All Members

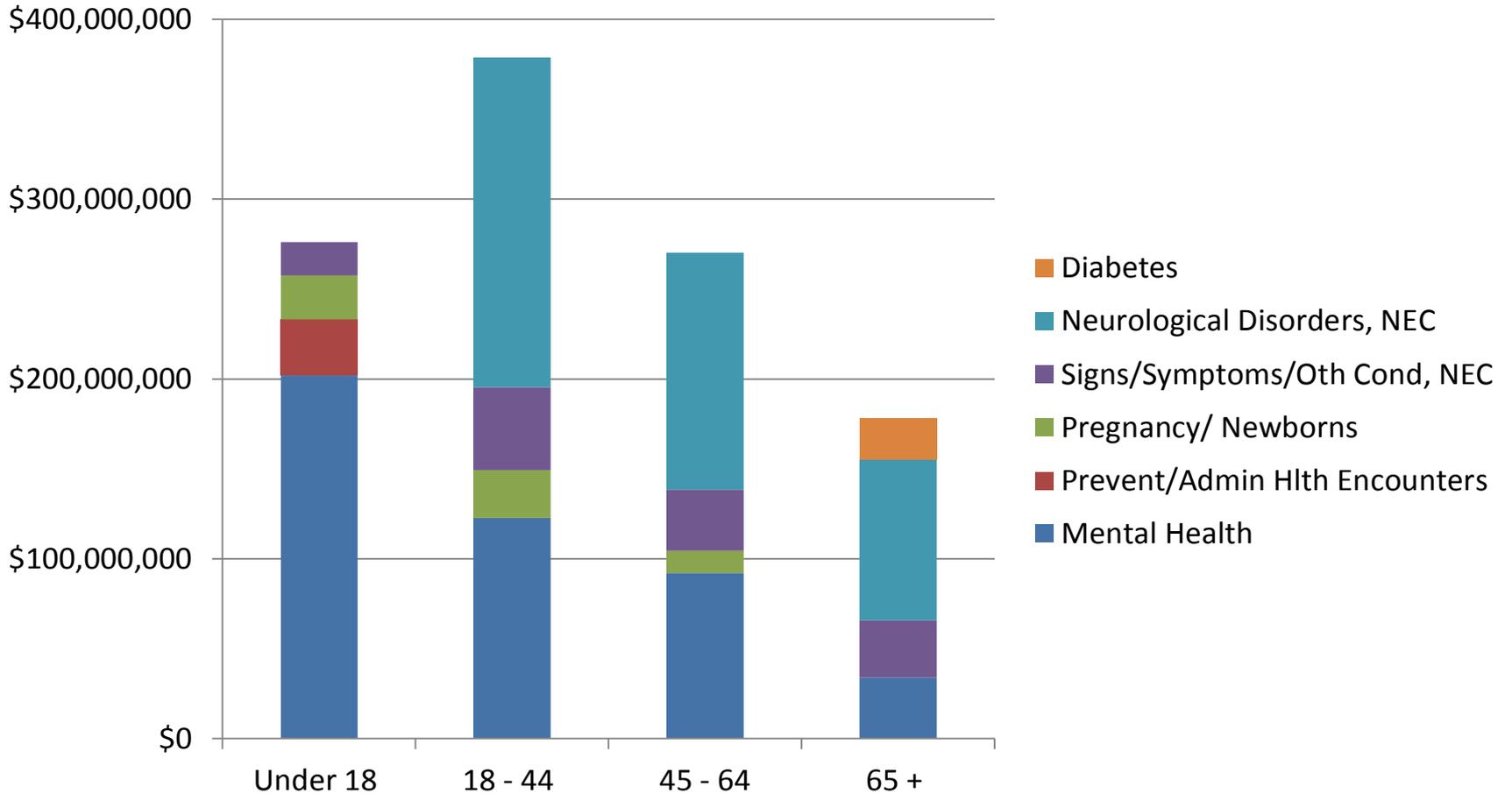


Age Groups and Net Payments FFY 2011

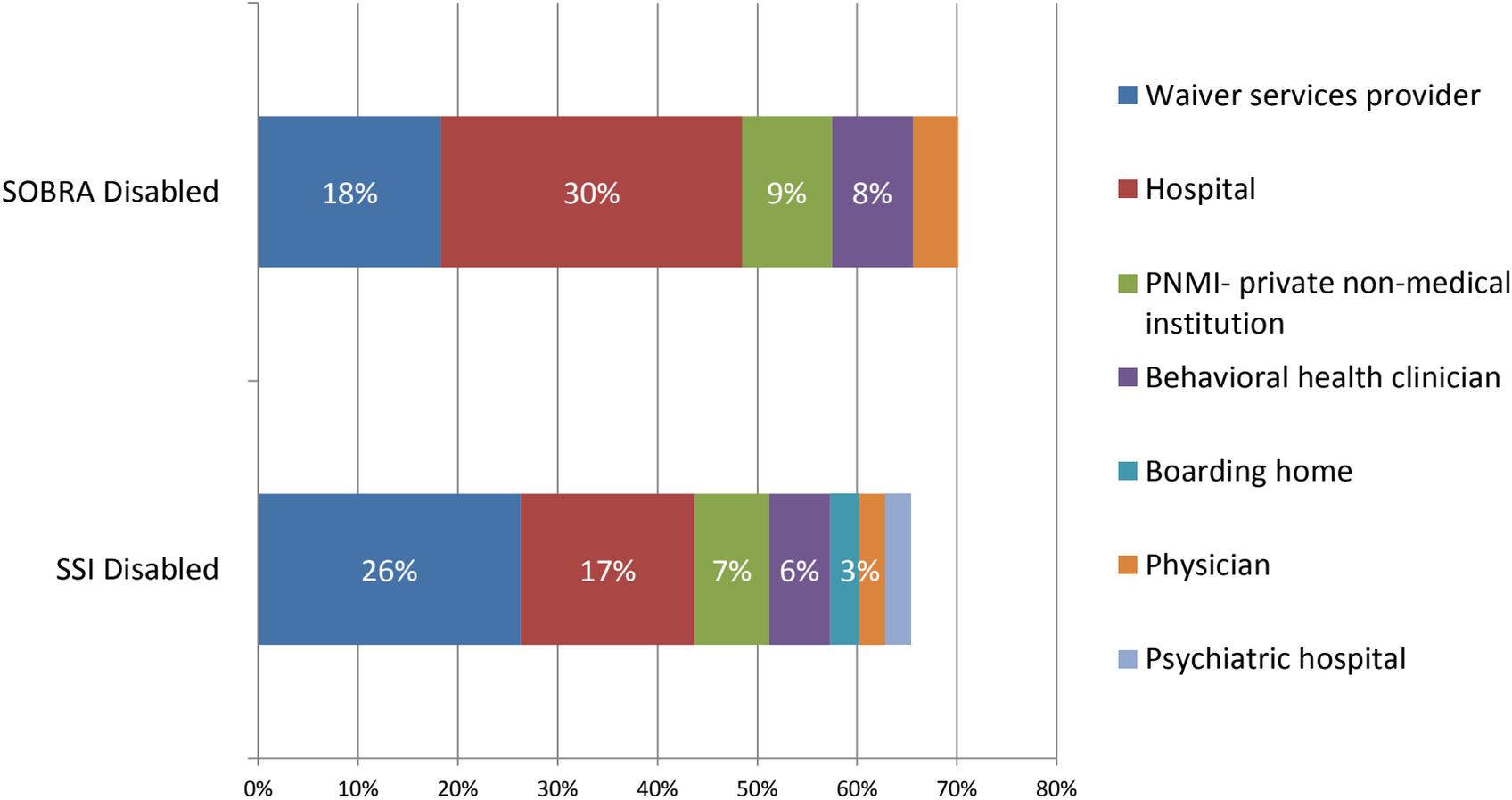


34% of members age 45 + used
43% of the payments or \$1.0
billion

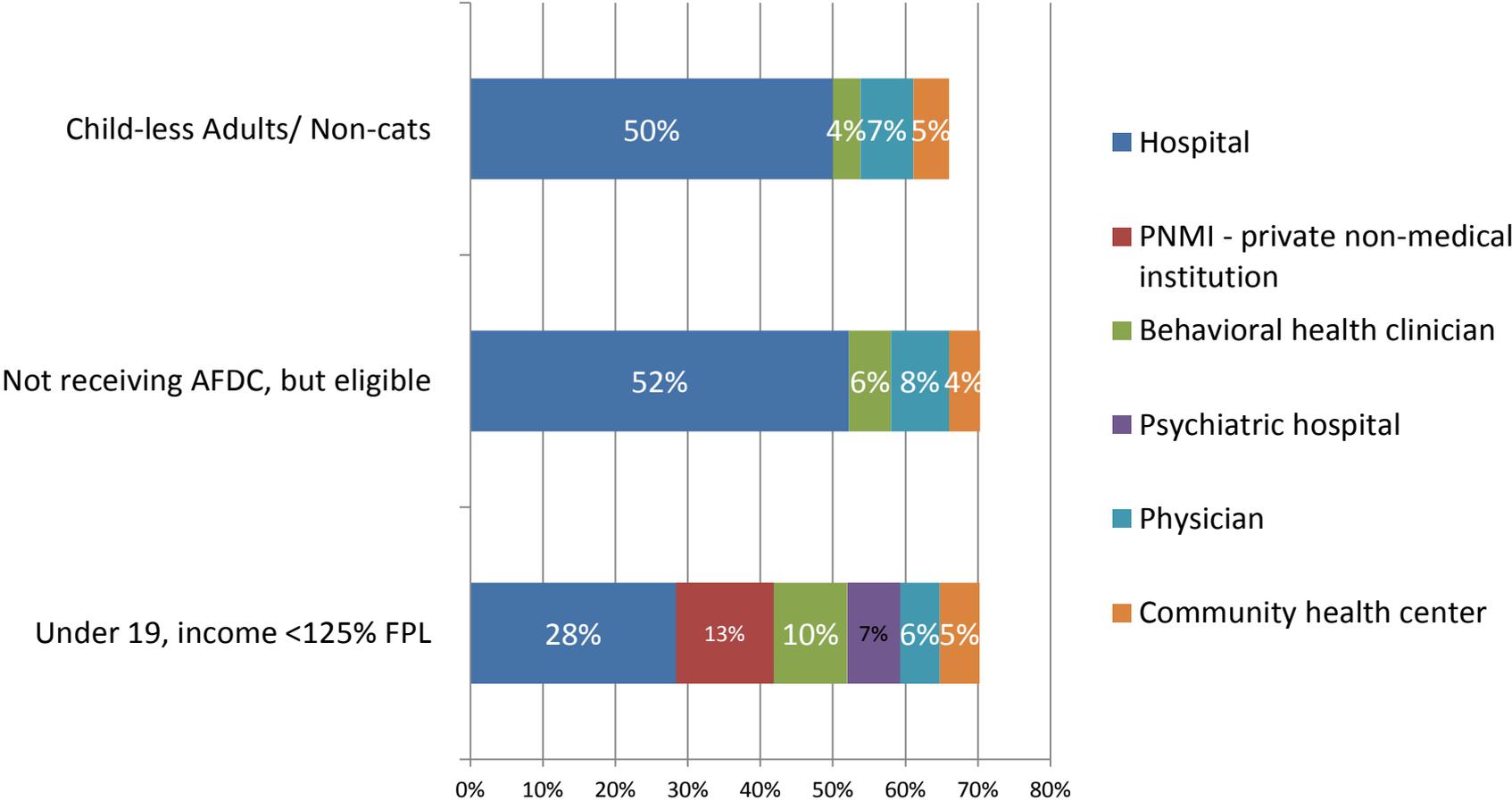
Expense by Clinical Condition & Age



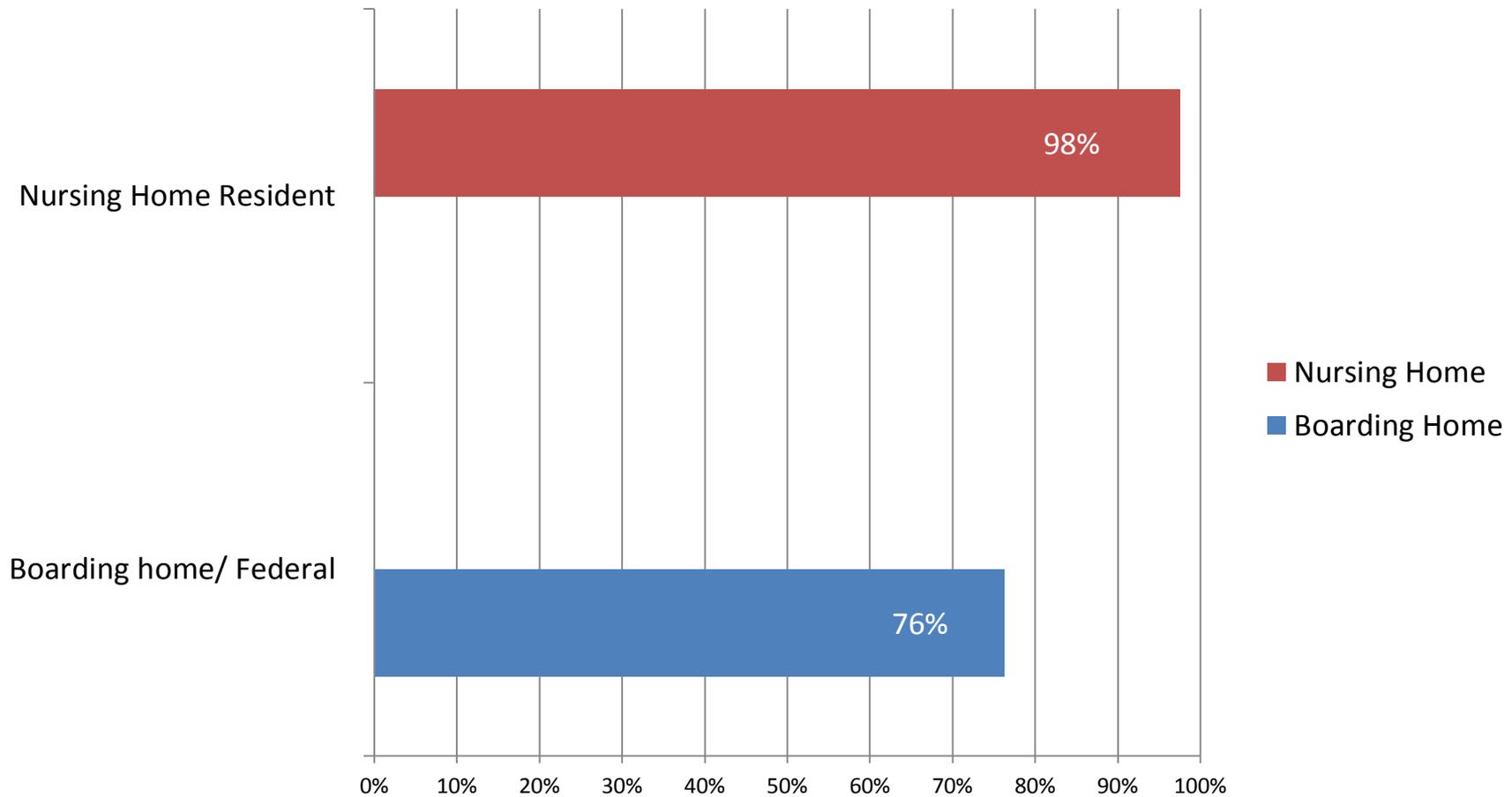
Expense by RAC & Provider Type: SSI Disabled and SOBRA Disabled



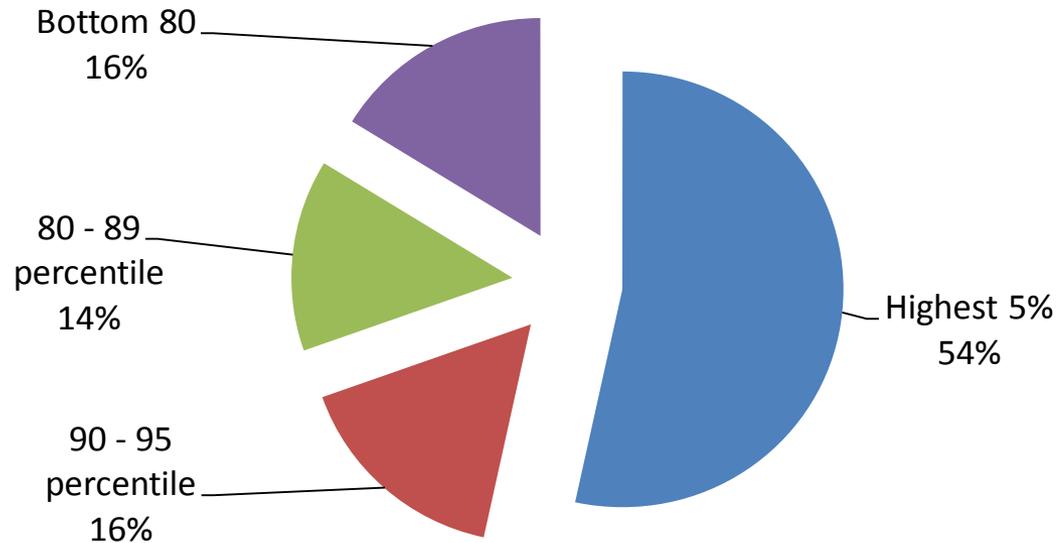
Expense by RAC & Provider Type: Under age 19, AFDC eligible and Non-Cats



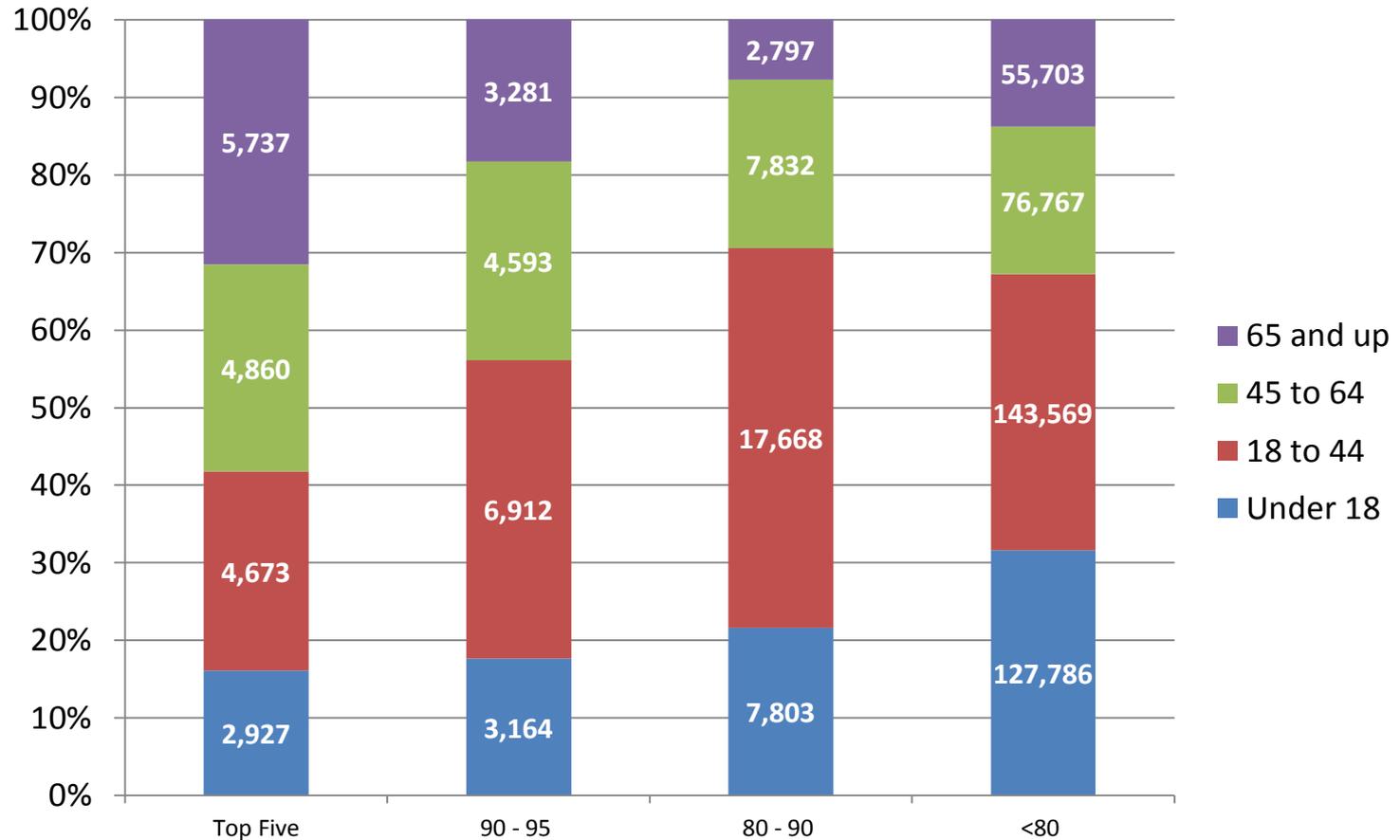
Expense by RAC & Provider Type: Nursing Home and Boarding Home Residents



Expense by Cost Distribution FFY 2011

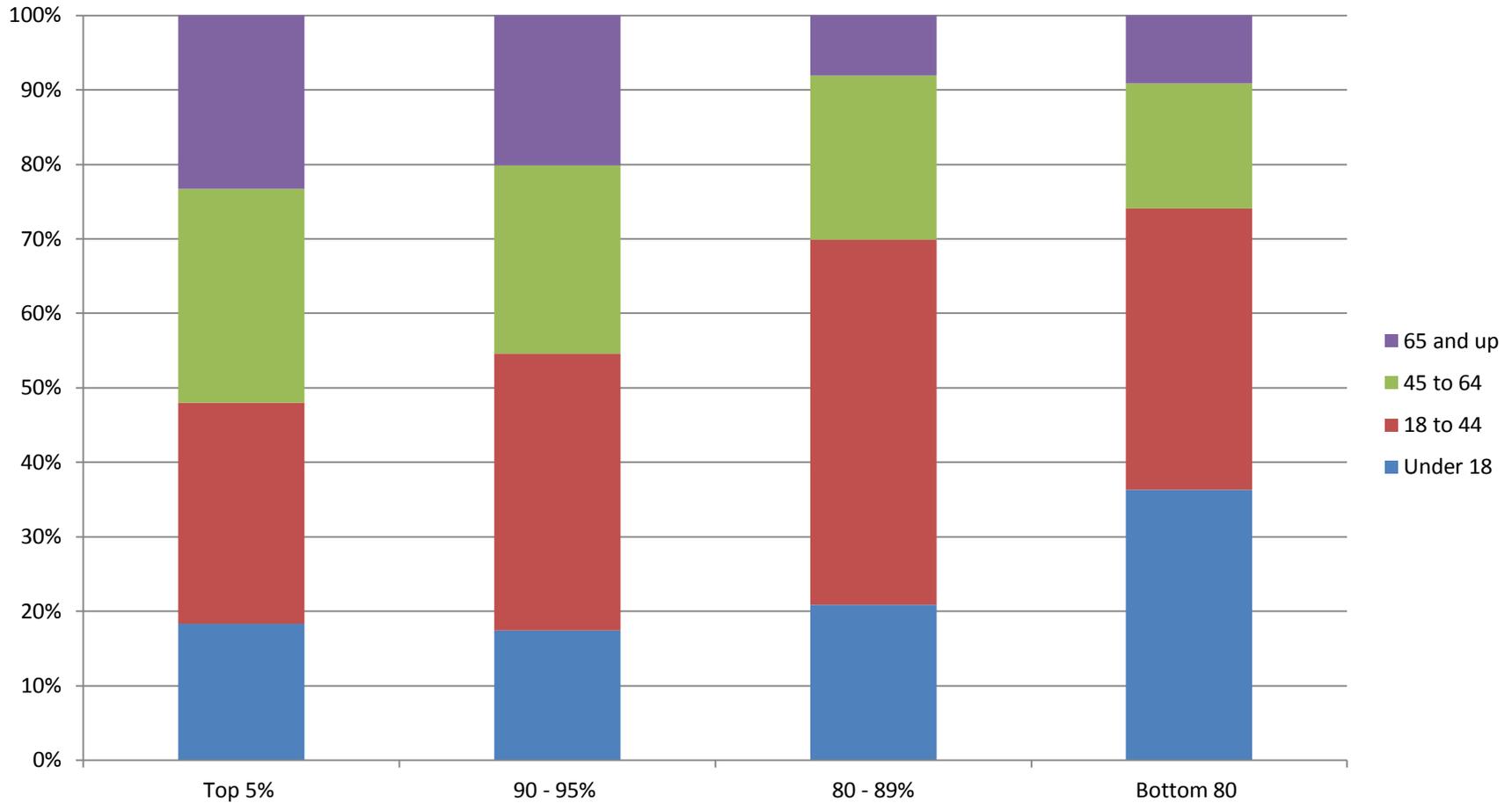


Age Distribution for Top 5% and Other Cost Groups





Cost Groups by Age Category/ Proportion of Net Payments FFY 2011





Top 5 RAC categories for Cost Groups

RAC	Top 5%	90 to 95	80 to 90	Bottom 80
SSI Disabled	✓	✓	✓	✓
Under age 19, < 125% FPL	✓	✓	✓	✓
SOBRA Disabled	✓	✓	✓	
Nursing Home Resident 100 – 300% FPL	✓			
Boarding Home Federal	✓	✓		
Not receiving AFDC, but eligible		✓	✓	✓
Child-less Adults			✓	✓
Not receiving AFDC, 100 – 150% FPL			✓	✓

A blank cell means that the RAC was not in the top 5 for the group.

Top Clinical Conditions – Total Payments

	Top 5	90 to 95	80 to 90	Bottom 80
Mental Health	\$ 311,756,435	\$ <i>93,047,064</i>	\$ <i>65,120,364</i>	\$ <i>33,523,118</i>
Signs/Symptoms/Oth Cond, NEC	\$ 57,116,808	\$ 26,043,121	\$ 24,092,254	\$ 23,382,225
Neurological Disorders, NEC	\$ <i>350,511,170</i>	\$ 21,940,044		
Diabetes	\$ 20,784,343	\$ 9,734,030		
Dementia, Primary Degenerative	\$ 34,841,102			
Prevent/Admin Hlth Encounters			\$ 7,473,665	\$ 26,673,474
Pregnancy w/ w/out Compl			\$ 22,794,381	
Infections - ENT Ex Otitis Med				\$ 9,520,166
Total Number of Members	18,197	17,950	36,100	403,825

Top clinical condition for the Cost Group is in bold italic.

A blank space means that the condition is not in the Cost Group's top 5, ranked by net payments.

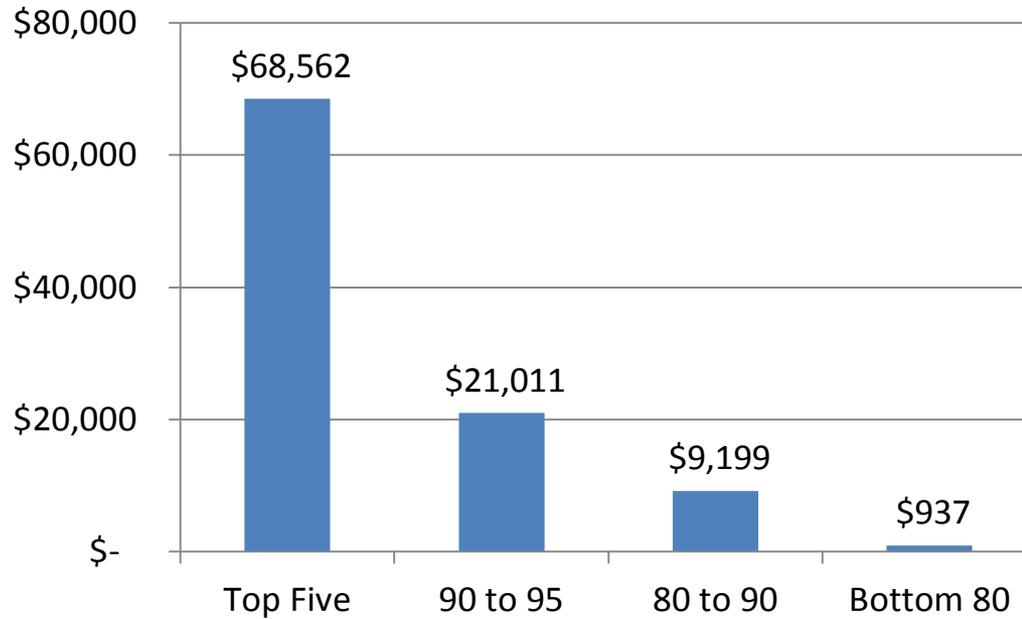
Top Clinical Conditions – Cost per patient per month

	Top 5	90 to 95	80 to 90	Bottom 80
Mental Health	\$1,397	\$361	\$155	\$40
Signs/Symptoms/Oth Cond, NEC	\$349	\$163	\$83	\$22
Neurological Disorders, NEC	\$4,426	\$591		
Diabetes	\$454	\$259		
Dementia, Primary Degenerative	\$1,574	\$826		
Prevent/Admin Hlth Encounters			\$28	\$15
Pregnancy w/ w/out Compl			\$184	
Infections - ENT Ex Otitis Med				\$15
Total Number of Members	18,197	17,950	36,100	403,825

Who is the typical consumer?

	Top 5%	2 nd 5%	80 – 89%	<80%
Age Group	18 – 44	18 - 44	18 – 44	Under age 18
RAC	SSI Disabled	SSI Disabled	Not receiving AFDC, but eligible (parents/ care givers)	Under 19, income < 125% FPL
Clinical Condition	Developmental Disability	Mental health: neuroses	Pregnancy with complications	Preventive/ Admin Encounters
Provider Type	Waiver Services	PNMI/ Waiver Services	Physician / Hospital	Physician / Hospital

Annual Cost Per Member



Cost PMPM	Top 5	90 to 95%	80 To 90%	Bottom 80%
	\$5,713	\$1,750	\$766	\$78

Options for improved utilization of resources

- Decrease rates
- Control utilization
- Decrease need for services

Decrease Rates

- Pros- easy to adopt, easy to explain & understand, expected solution based on past approaches, access becomes a concern
- Cons- the healthcare system has fixed costs which are based upon current patterns so if rates are decreased utilization must increase or the provider will have fiscal failure
- Example- more MRIs performed, more inpt stays

Decrease utilization

- Pros- costs are controlled in a predictable fashion, satisfaction for members and providers plummets, access becomes a concern
- Cons- Health system has fixed costs that if not met will lead to fiscal failure, other unanticipated costs and events appear and drive the cost, increased cost of monitoring
- Example- no CT of abd= inc in exploratory lap

Decrease need for service

- Pro- Right Care Right Place Right Time(improved service & quality), allows for reallocation of resources(hospital beds become hospice/respice centers, home support staff access increases...)
- Cons- time to transition

Three year monitoring

- **Low-Low-Low**-good care/ missed opportunity
- **Low-High-Low**-one time events
- **Low-High-High**-chronic disease progression/
better care
- **High-High-High**-chronic disease end stage
- **High-High-Low**-improved care/ withdrawn
from care
- **High-Low-Low**-continued improved care

Decrease need for service bottom 80%

- Analyze top 5% in this group
- Slow or stop transition to high cost member
- Prevent onset of chronic disease
- Better manage chronic disease before it hits the high cost phase of care
- ***Value Based Purchasing***

Top 5%

- DHHS ACO
- Two representatives from each office of DHHS
- Break group down into similar groups of 5-10 members
- Compare to next 5% for ideas of improving care and service delivery
- Identify where coordination of care through more than one office would benefit outcome
- Create workgroup that is empowered to work with member and providers

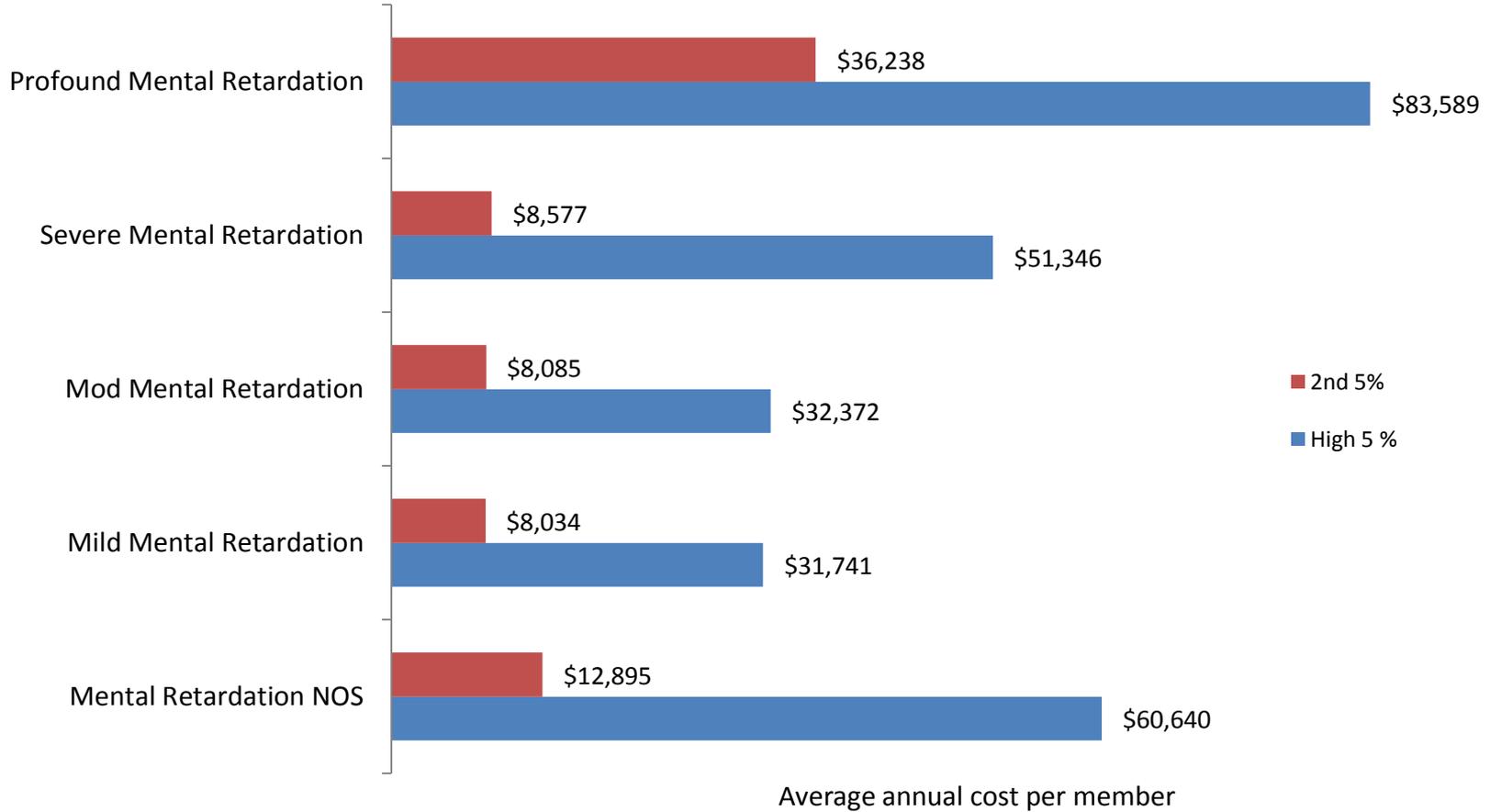
Examples of Costs not OMS dependent for Top 5%

- Nursing Home
- Residential Care

Examples of Provider dependent Costs

- Home Services
- Studies/Tests
- Medications
- Consults

Comparing top 5% to second 5%



Example: Depression

- Two adult females
 - Both receiving rent subsidy and MaineCare
 - SSI disabled
 - Diagnosis: depression*
 - Risk scores were within 15% of each other
- Medical costs CY 2011
 - Member #1 : \$12,530
 - Member #2 : \$47,254

* Diagnosis of highest cost clinical condition during the time period.

Example: Back Disorder

- Two adult females
 - Both receiving TANF and MaineCare
 - Diagnosis: Spinal/Back Disorder/ Low Back*
- Medical costs CY 2011
 - Member #1 with higher risk score: \$10, 814
 - Member #2 with lower risk score: \$27,760

* Diagnosis of highest cost clinical condition during the time period.

Example: Cognitive Disability

- Two adult males
 - Age 50 and 52
 - RAC – SSI Disabled
 - County: Cumberland
 - Diagnosis: Mental Retardation NOS
- Care costs SFY 2011
 - Member #1: \$279,287
 - Member #2: \$12,025

Example: Cognitive Disability

- Two adult females
 - Ages 57 and 64
 - RAC: Disabled Adult Child
 - County: Franklin
- Care costs SFY 2011
 - Member #1: \$93,521
 - Member #2: \$27,765