Minnesota Association of
COMMUNITY HEALTH CENTERS

MN Health Care Reform: Nuts & Bolts for FQHCs on Structuring And Paying for Care Coordination

MNACHC
Annual Conference
October 31, 2008

Objectives

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1. Case Management at the core of CHC model.
2. History of Community Health Workers and the Community Care Network.
3. Results of CHWs and CCN.
4. Reimbursement Issues.

The Value of Case Management

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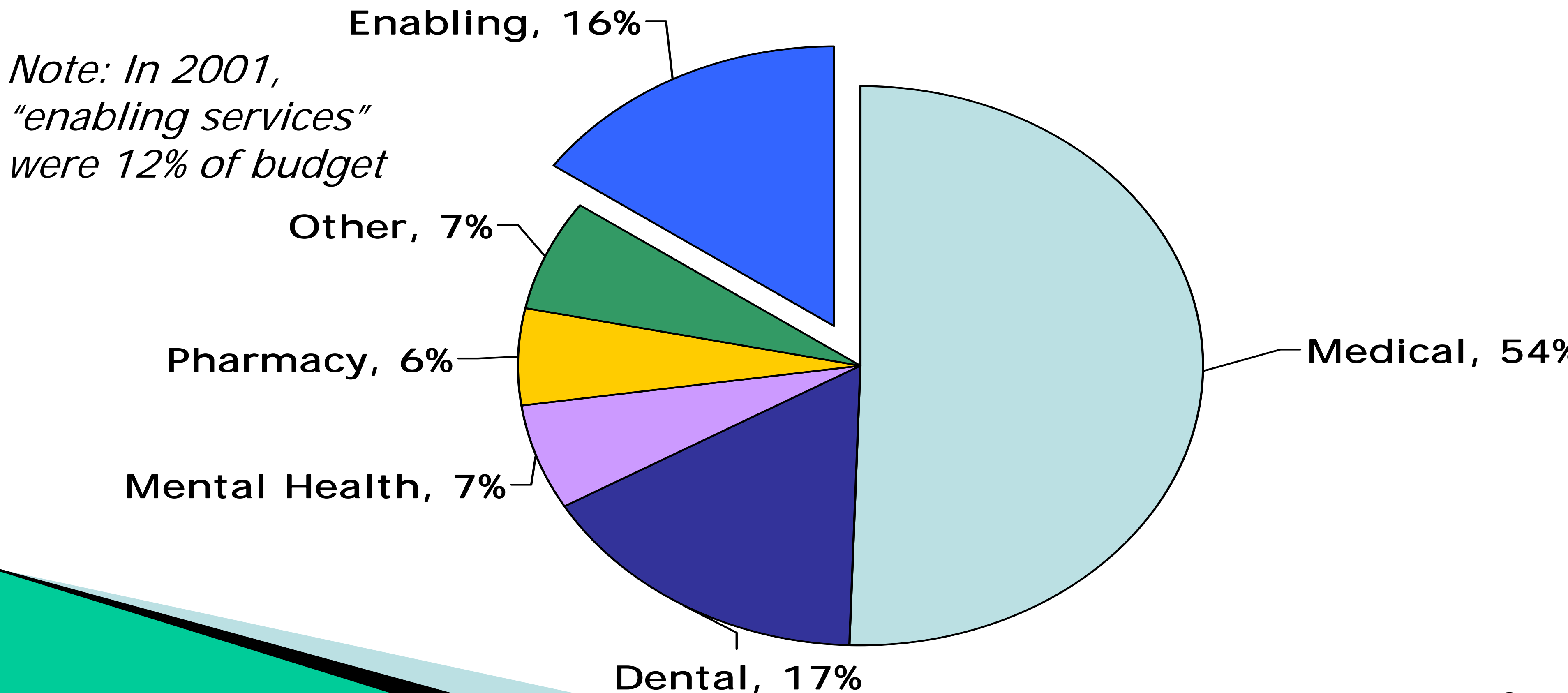
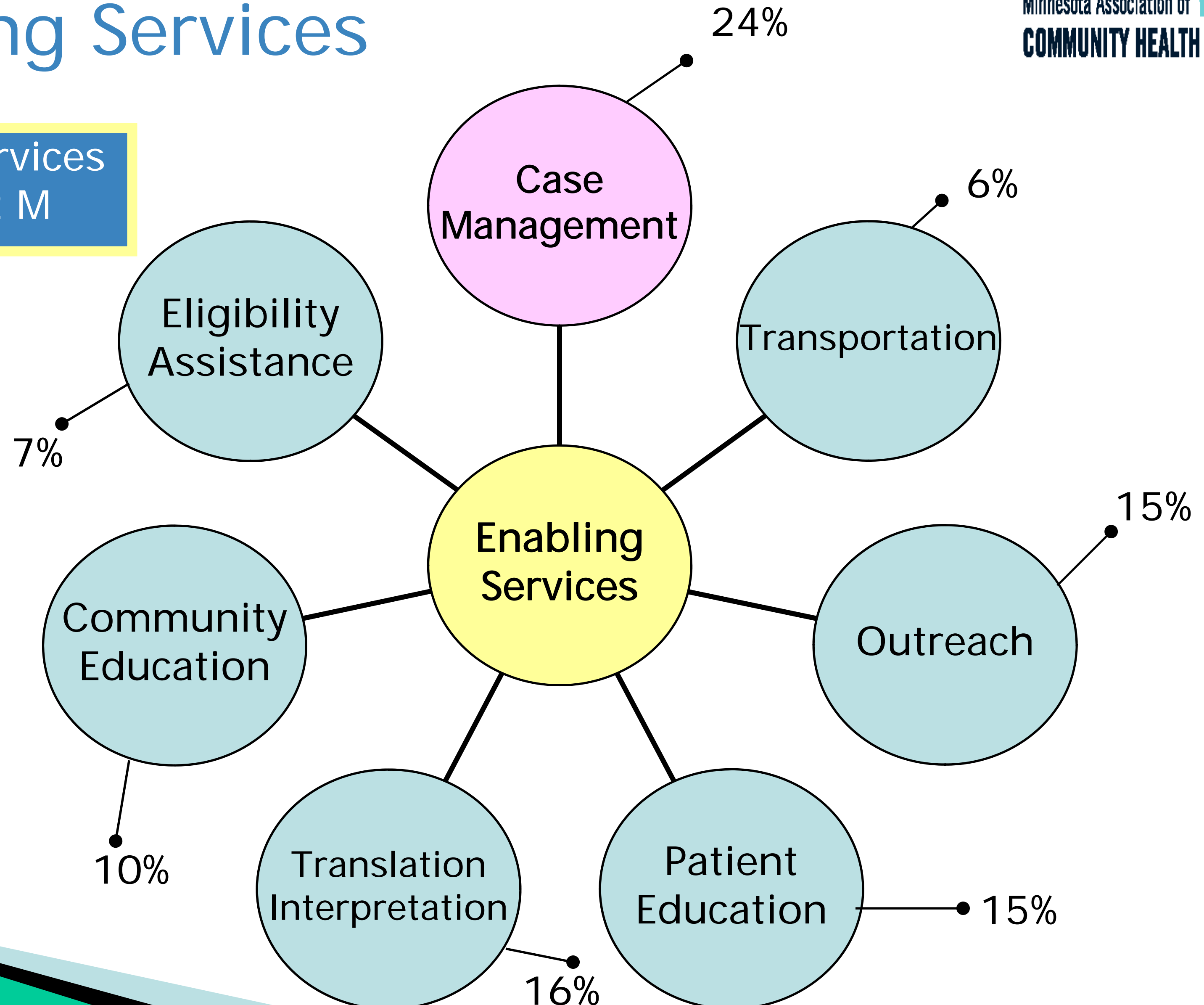
- Care coordination part of "enabling services"



Case Management Part of Enabling Services



Explosive Growth

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- Case Managers provide nearly 27,000 encounters per year.

Chart 2: CHC Case Manager FTE, 2001 vs. 2007

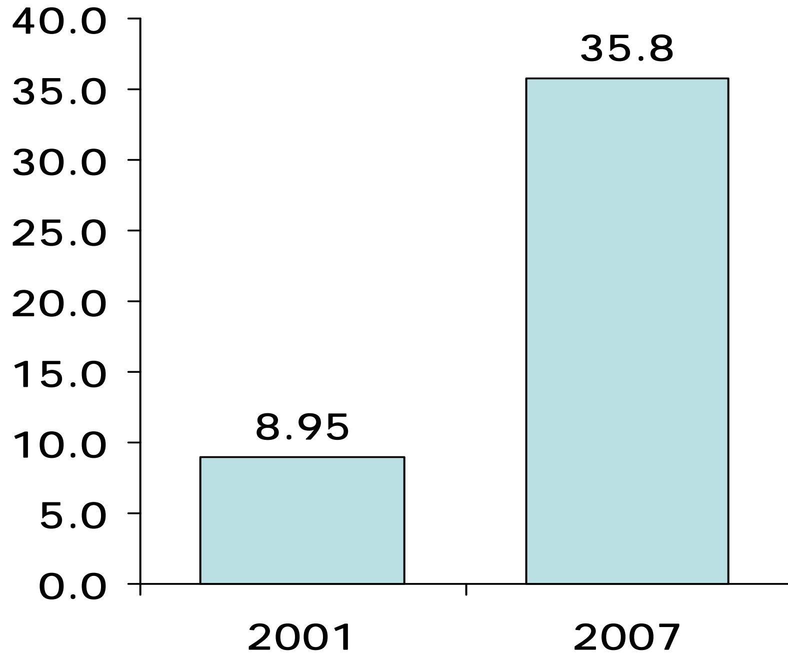
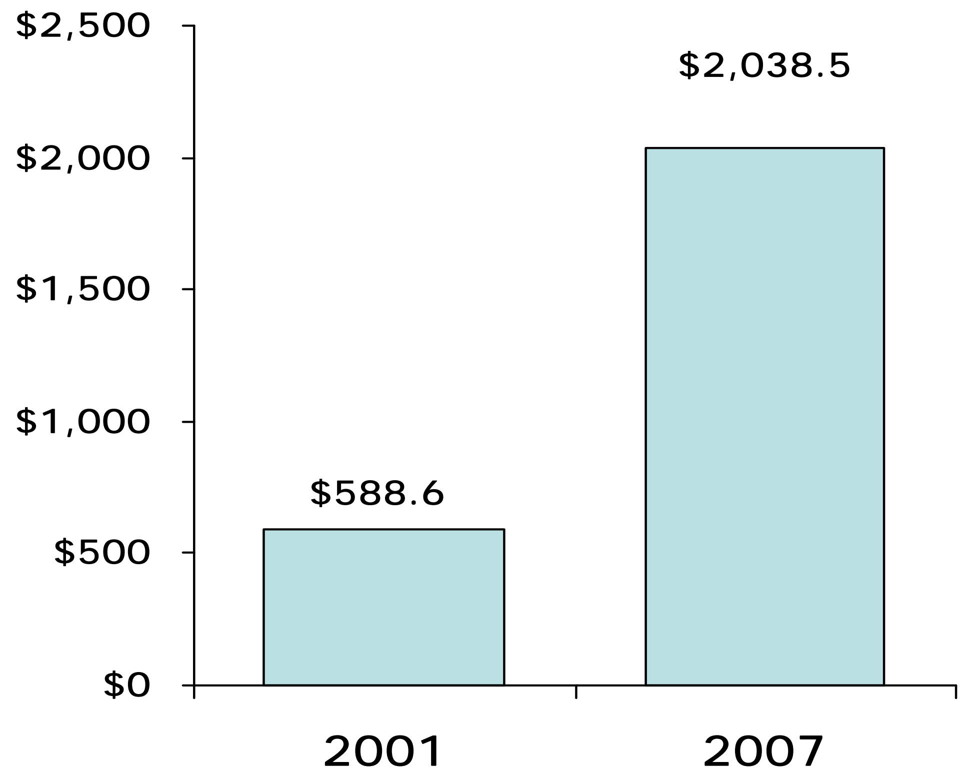


Chart 3: CHC Case Manager Budget 2001 vs. 2007 ($s in thousands)



History of CHWs

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- Legislation passed in 2007 that provides Medicaid reimbursement for community health worker activities
  - Supervision by MD or NP
  - Expanded in 2008 allowing dentists and public health nurses as “supervising” providers. (Awaiting CMS approval)

History of Community Care Network (CCN)

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- Care coordination payments in 2007
  - $50 per member per month.
  - Awaiting federal approval.
- Connecting safety net providers into a coordinated, cost effective care system that provides:
  - A medical home;
  - Culturally competent continuous care;
  - Preventive services; and
  - Chronic disease management services.
- Target high-risk diabetic populations, regardless of insurance status.
- Pilot project at North Point Health & Wellness and West Side Community Health Services.

Centralized Care Team for Patient

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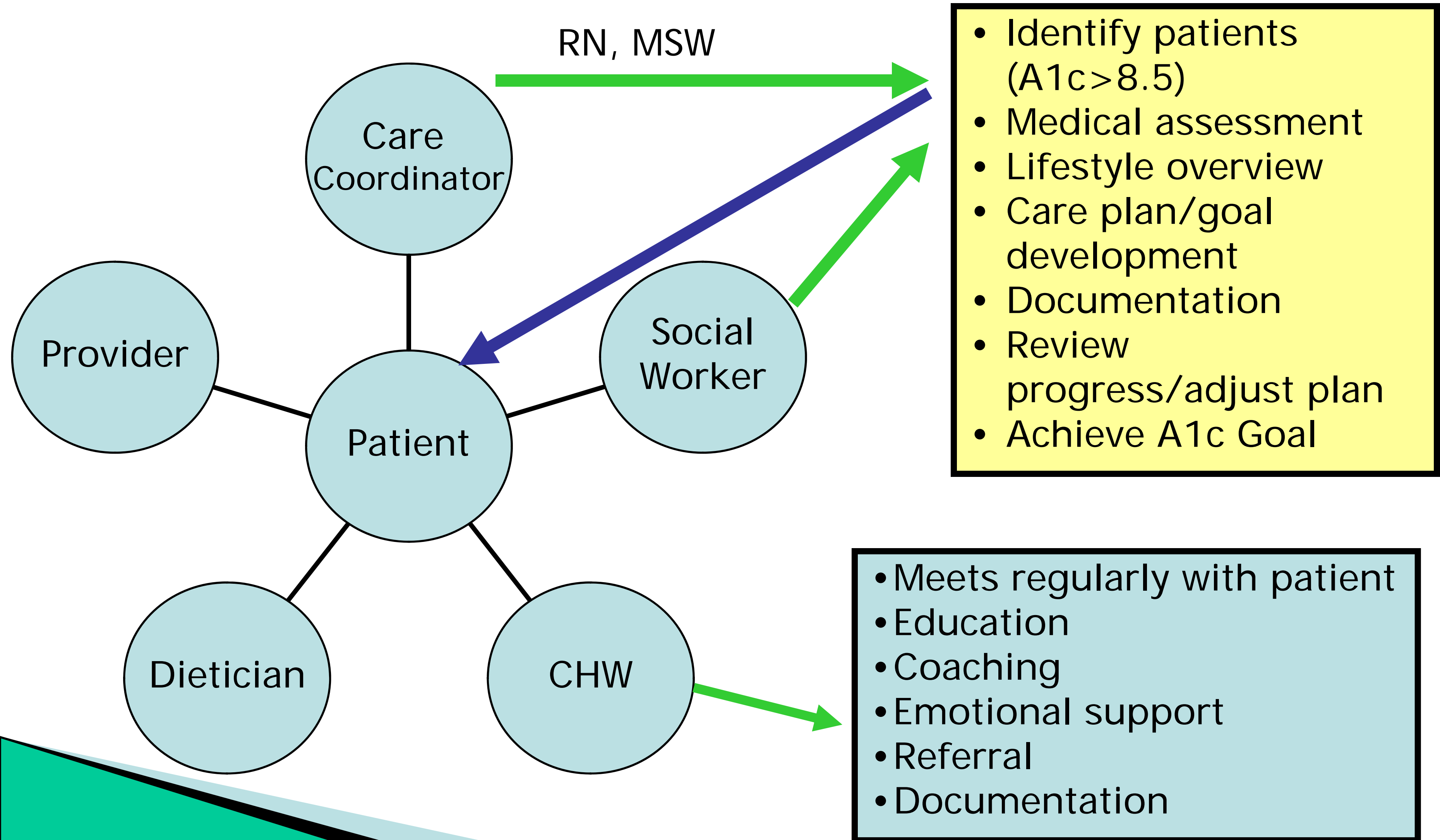

CCN Demographic Data

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Table 1: CCN Demographic Data

	North Point	West Side
Gender	38% Male 62% Female	47% Male 53% Female
Percent Uninsured	30%	58%
Principal Populations Served	59% African Amer. 22% Asian	46% Latino 12% Asian

CCN Demographic Data

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- Assess patient-specific "barriers" (14) through lifestyle overview:
  - Learning, depression, financial, legal, alcohol use, tobacco use, safety/violence, housing insecurity, inactivity, transportation.

Chart 4: CCN Distribution of "Barriers"

	<2	3-4	5-6	>7
North Point	13%	43%	31%	15%
West Side	20%	54%	19%	8%

Results of CCN

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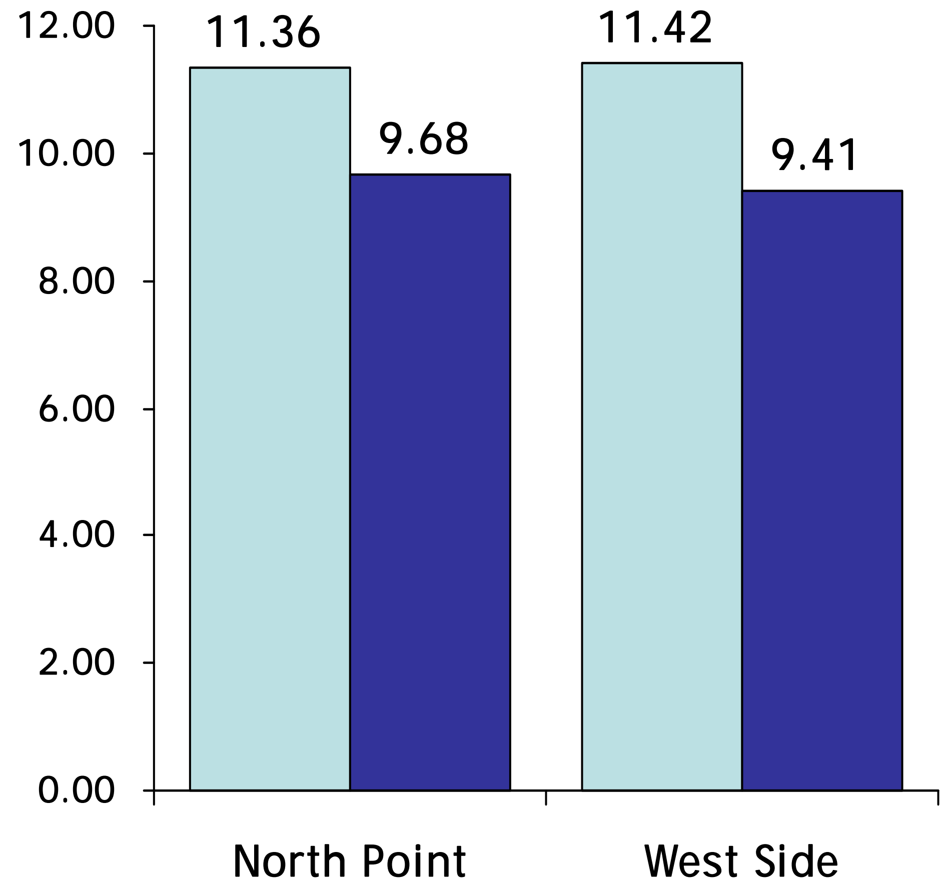
Table 2: CCN A1c History

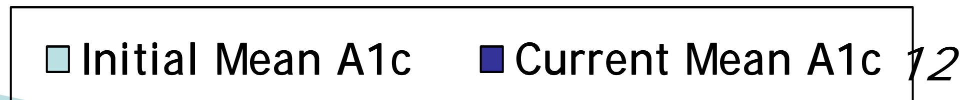
	North Point	West Side
Initial A1c<8.6	0	0
Current A1c < 8.6	28%	35%
Current A1c < 7.0	10.5%	13%

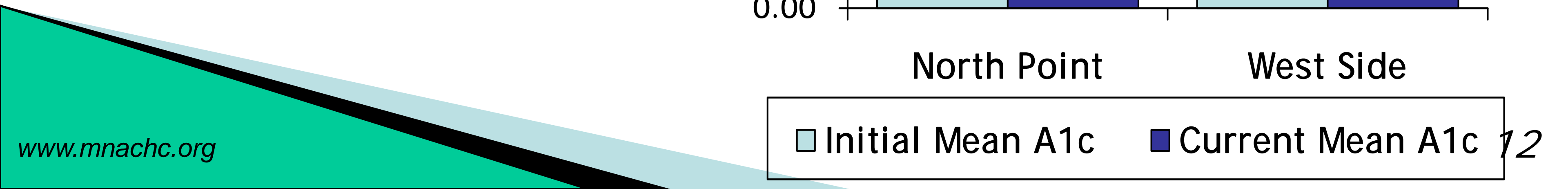
Results of CCN

- Community care network
  - 15%-18% drop in A1c levels.
  - 65%-71% of patients experienced drop

Chart 5: CCN CHC A1c Levels







Results of Case Management

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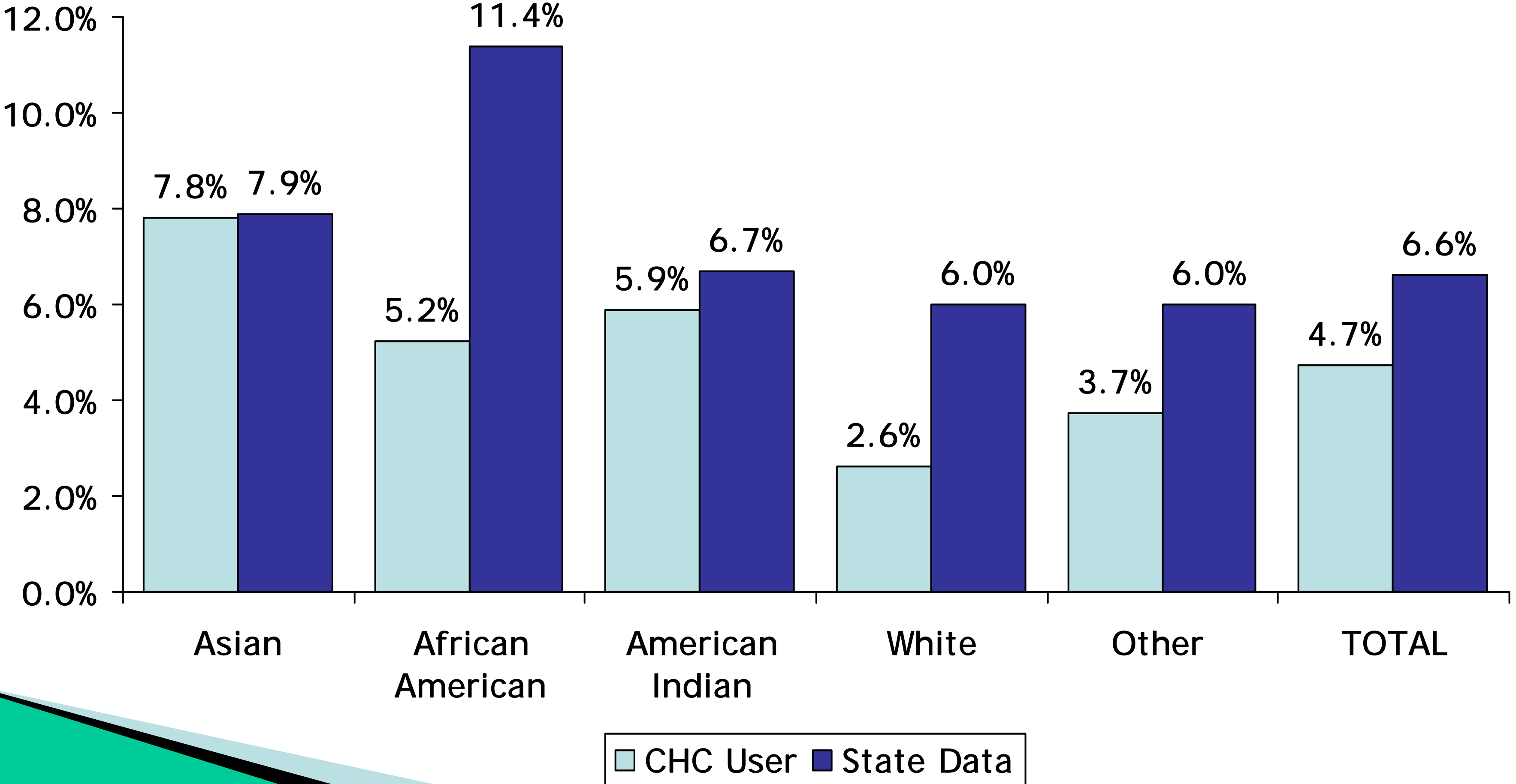

Source: MDH Center for Health Statistics & BPHC 2006 Report

Results of Case Management

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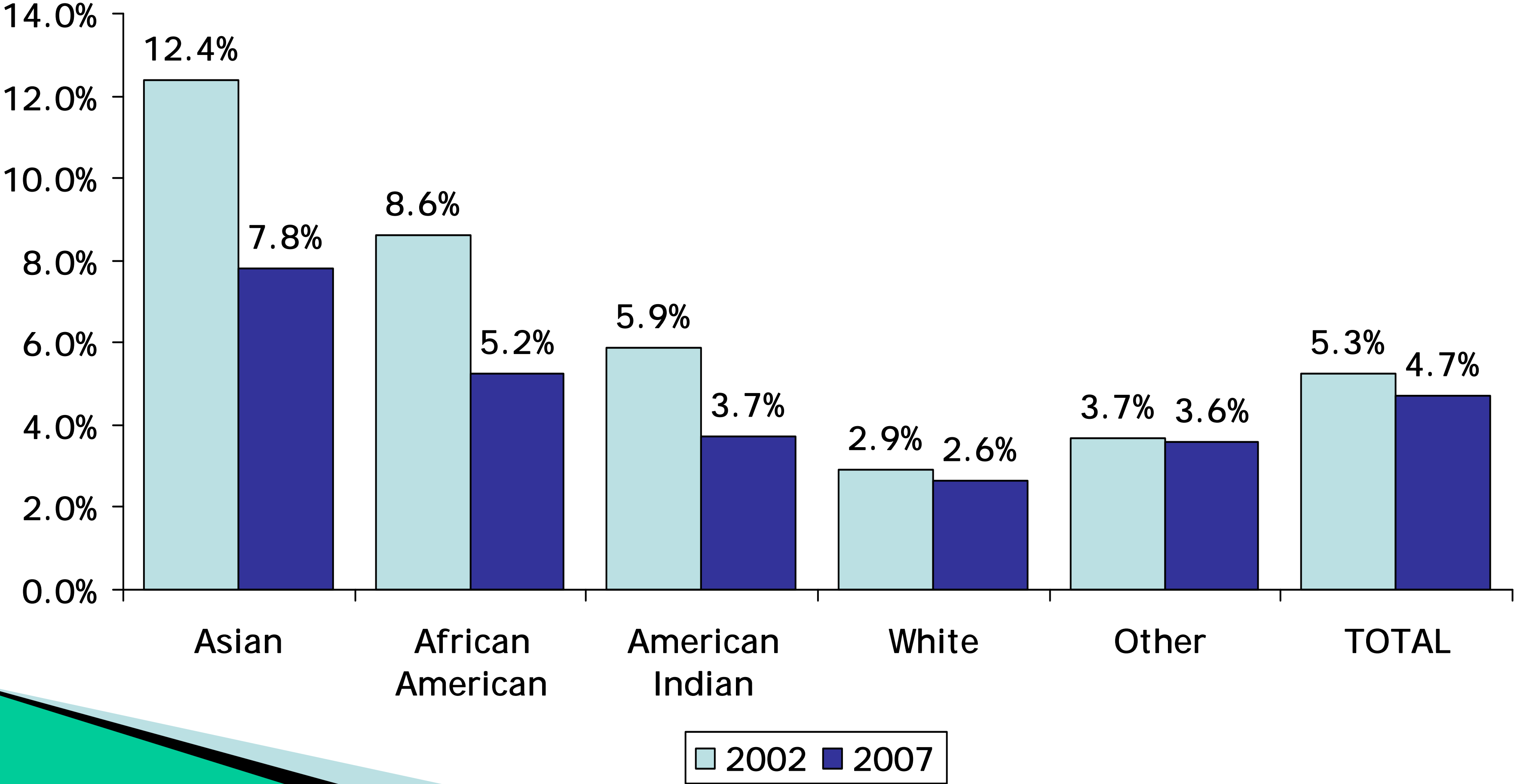
Chart 7: CHC LBW/VLBW By Race, 2001 vs. 2007



Source: BPHC 2002 & 2007 Report

Funding/Reimbursement Issues

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- Pilot Program
  - Planning and pilot testing activities supported through foundation funding and community partners.
    - Minneapolis Foundation, UCare
- CHW reimbursement is the "linchpin" for CCN and new CHW program
  - CHW payment to CHCs will not be made separately from the encounter rate.
    - No "add-on" to CHC Medicaid rate.
  - Most CHCs Medicaid rate established without CHW costs or encounters included in 2001.
    - "Change of Scope" application?? (Methodology unclear)

Funding/Reimbursement Issues

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- CCN
  - Awaiting federal approval for $50 per member per month payment for CCN program
- Health Care Home
  - Begin 7/1/10
  - Criteria (SF3780) includes:
    - Consistent personal clinician/team
    - Patient-centered care
    - Wide range of health professionals
    - Comprehensive care plan for those with chronic conditions
  - Relies heavily on CHW and CCN activity.
  - Payment for CHCs included in existing encounter rate or an "add-on?"
  - Commonwealth Fund application from NHCN/HCMC to assist CHCs in adopting health care home model