Care Coordination Entities for Children with Complex Medical Needs: A Population Health Initiative in Illinois

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Introduction

Background & Significance

- The Affordable Care Act provides incentives to states to provide "Health Homes" to people with chronic conditions
- States are experimenting with new models of care to children with medical complexity and disabilities who use Medicaid
- By January 1, 2015, 50% of Illinois Medicaid clients are to be enrolled in some form of care coordination or a managed care system with risk-based payments
- Within a 3 year period of time, all FFS and models of care will be converted to full capitation

Objectives

- To describe the Illinois Medicaid Care Coordination Entity (CCE) program
- To analyze the potential impact of the program on children with medical complexity

What is a Care Coordination Entity?

- A Care Coordination Entity (CCE) is a model of care that is responsible for the provision and coordination of all aspects of health care for individuals
- Fee For Service with Care Coordination Fee and/or Shared Savings
- Will use ACA Health Home funding

What services will Care Coordination Entities provide?

- Medical Home
- Care coordination
- Interdisciplinary Care Teams
- Priority access to specialists
- Medication reconciliation and alignment

Which providers will be operating Care Coordination Entities in Illinois?

- Lurie Children's Health Partners Care Coordination Entity
- La Rabida Coordinated Care Network for Children with Complex Medical Needs

Who is eligible to enroll in a Care Coordination Entity?

- Based on the state's criteria, CCE eligible children must be enrolled in a Medicaid program and have a chronic or complex condition (3M Clinical Risk Groups 6-9)
- Not eligible
- CRG 1,2 = Acute Illnesses Only
- CRG 3,4,5a = Episodic Chronic Conditions
- CRG 6b = Lifelong Chronic Conditions in a single body system
- Eligible
- CRG 6,7,9 = Lifelong Chronic Conditions in 2+ body systems
- CRG 8 = Malignancy
- Screening instrument to be developed for children with insufficient Medicaid claims data
- In Chicago and collar counties, 45,232 children were identified by state as being eligible for CCE

How will providers be paid?

- Per Member Per Month Care Coordination Fee
- Shared Savings if quality metrics are met (admit rate, ED use rate, PCP visits post-discharge, influenza vaccine rate)
- Goal is to transition to full-risk systems of care

What are the strengths of the program?

- Potential mechanism to provide more care coordination to families
- Potential cost-savings
- Leverages federal money
- A provider-run alternative to managed care for vulnerable children

What are the alternatives?

- Children with SSI cannot be forced to join an alternative program to regular Fee For Service Medicaid
- Families may elect instead to join an Accountable Care Entity, care coordination programs focused on non-complex kids and adults, or a managed care organization
- If families do not sign up, their children will be auto-enrolled in a plan

Resources

- State of Illinois Care Coordination Innovations Project: http://hfs.illinois.gov/cc
- Affordable Care Act Health Home Option: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Integrating-Care/Health-Homes/Health-Homes.html