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MEDICAID REDESIGN-IDAHO

Moving Indigent Care from Incident-based to Systematic Care

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What are the numbers?

- About 5,000 people used the indigent system in FY2014
- Cost of about $53 Million
- Male 53%/ Female 47%
- Age predominance 21-64

Random Sample

- Out of 1,500 cases reviewed, cases with charges over $50,000 were selected
  - Cancer – 10%
  - Infection – 22%
  - Cardiovascular – 18%
  - Diabetes – 11%
  - Trauma – 16%
  - Alcohol and Substance Abuse - 11%
  - Liver and Pancreas – 10%
- Mean charges per episode - $130,949
- 42% of the patients met Social Security criteria for disability

Sample (continued)

- About 10% of the acute/catastrophic cases could have potentially been mitigated by primary care prior to the episode
- All of the care required relatively high cost technical care
  - Neurosurgical/Orthopedic/General Surgery
  - Cardiovascular
  - Oncological
  - High cost pharmacy
- Over 70% would require ongoing specialty care beyond the episode.
- Continued need for predictable pharmacy, laboratory, radiology access

Problems with the current incident based care

- No systematic way to engage the population for preventive care
- Delay in seeking and getting care
- Delayed diagnosis with worse outcomes
- No method of care coordination or case management
- Bankruptcy
- No way to measure impact of interventions or health outcomes

We cannot improve the health of population if we do not have a systematic way to get the data.

Problems with the current incident based care (cont.)

- No consistent method of contracting for reimbursement rates or creating alternative methods of reimbursement that drive provider efficiency
- No consistent method of paying claims using state of the art bundling and editing logic
- Increase cost to taxpayers without federal sharing
- Inconsistent payment to hospitals and physicians that leads to cost-shifting to private payers
- Inconsistent payment methodology for physicians and hospitals makes planning and needs assessment difficult

We cannot control the cost of care that we cannot consistently measure.

Recommendations

- Include management of the indigent population in the “Redesigned Medicaid Model”
- Coverage should be comprehensive, primary care as well as specialty and hospital care to address the high cost, high risk, burden of disease in this population
- Must include seamless pharmaceutical coverage
- Engage systems of care using managed care concepts to drive efficiency (risk models), improved quality, and accountability
- Engage systems of care that allow tracking of cost and outcomes data that allow continued improvement

Questions