

Mississippi Medicaid Disease Management Program

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Background

State legislation passed during the 2002 legislative session mandated development of disease management programs for Mississippi Medicaid beneficiaries with asthma, diabetes, or hypertension. In response to this legislation, the Division of Medicaid developed a Request for Proposals (RFP) that was distributed in June 2002. The RFP was written to allow for proposal of Disease Management programs for either diabetes, asthma, hypertension, or any combination of these diseases; and in any geographic area with a minimum of one urban and two rural Mississippi counties.

Through a competitive bid process, McKesson Health Solutions was selected to provide disease management services statewide for all three chronic diseases. McKesson proposed to set up a call center in Jackson, MS, staffed by nurses who will work with beneficiaries and providers by mail and phone to educate and coordinate care. McKesson uses clinical protocols based on nationally recognized evidence-based practices to guide beneficiaries toward effective management of their chronic disease.

In addition to establishing a nurse call center, McKesson also proposed to work with several partners to provide additional services for beneficiaries enrolled in the Disease Management program. These partners include:

- Specialty Disease Management Services, Inc. – This partner will provide field-based nurses to visit certain beneficiaries in their homes and to facilitate community stakeholder involvement, such as working with local physicians.
- Health Alliance – This is a pharmacy and medical supply provider who will provide home delivery of pharmaceuticals and medical supplies to beneficiaries who choose to receive these items through the mail.
- The University of Mississippi Medical Center – As the only medical school in the state, UMMC will provide clinical leadership and protocol review for the McKesson call center, as well as participating in provider education and program evaluation.
- The Mississippi Primary Health Care Association – Through the MPHCA, local Community Health Centers will support the disease management program by serving as a resource for primary health care for those beneficiaries who do not have a primary care provider.

- Jackson Medical Mall – The call center will be based in the Jackson Medical Mall, which also serves as a center for provider and beneficiary education.
- Hinds County Health Alliance – This association of hospitals and physicians in the Jackson Metro area will assist with provider education, support, and outreach.

Goals

The goals of the Mississippi Medicaid Disease Management Program are:

1. Improve the health status and quality of life for Medicaid beneficiaries with asthma, diabetes, and hypertension.
2. Reduce or delay complications and disability of Medicaid beneficiaries caused by these chronic diseases.
3. Control health care costs associated with complications and disability related to these chronic diseases.

Program Design

1. The Division of Medicaid will identify beneficiaries who are eligible for the Disease Management program and provide this information to McKesson on a monthly basis. Beneficiaries will be automatically enrolled in the Disease Management program if they are eligible. Beneficiaries may opt out of the program if they choose.
2. Beneficiaries will continue to have freedom of choice of providers, including physicians, pharmacists, durable medical equipment providers, home health agencies, hospitals, and any other Mississippi Medicaid provider. There is no “lock-in” to any provider network.
3. Based on their diagnosis(es) and other criteria, each eligible beneficiary will be assigned to only one of four groups:
 - a. Diabetes Disease Management
 - b. Asthma Disease Management
 - c. High-risk Hypertension Disease Management
 - d. Demand Management
4. McKesson and its partners will provide services as follows:
 - a. Disease Management – Beneficiaries in this group will receive comprehensive disease management services, including nurse care management, beneficiary education, provider information and feedback, home visits if needed, and access to mail order pharmacy and medical equipment and supplies.

- b. Demand Management – Beneficiaries in this group have another major illness that impacts their health status more than any other chronic disease. For example, beneficiaries who have received a transplant or have a severe mental illness have health care needs that supercede or would interfere with their ability to manage their diabetes, asthma, or hypertension. These beneficiaries will have access to a nurse triage hotline and mail order pharmacy, medical equipment, and supplies only.
5. McKesson will receive a per enrollee per month fee for disease management services that covers the nurse call center services, field nurse visits, beneficiary education, provider education and outreach, care coordination, and all associated services. Health Alliance will submit pharmacy and medical supply claims at rates discounted below the rates paid to other Mississippi Medicaid providers.

Progress to Date

Following the contract signing in December 2002, McKesson began development of education materials and program procedures to prepare for program implementation. They conducted a historical analysis of claims and eligibility data for Mississippi Medicaid beneficiaries and identified approximately 56,000 beneficiaries who are eligible for the Disease Management program. Of this number, approximately 30,000 beneficiaries were identified as appropriate for active disease management and 26,000 for the Nurseline demand management services.

The target date for program operations to begin is April 15, 2003. Operations will be rolled out geographically, beginning in the Jackson Metro area, then the Coast, followed by the Delta and the rest of the state. The program is scheduled to continue until December 2005 with an optional one-year extension.

Program evaluation will be done throughout program operations and will include outcomes measurement to determine the impact of the program on beneficiaries' health status and Medicaid costs. Outcomes indicators will include utilization of inpatient hospital and emergency room services; changes in beneficiaries' self management practices; preventive measures such as blood glucose testing, weighing, appropriate use of medications, and immunizations; and beneficiary satisfaction surveys. A financial impact study will include pre- and post-intervention comparisons of total health costs and evaluation of cost and utilization trends. The Disease Management program must generate at least a five percent guaranteed minimum of net savings.