

**FLORIDA MEDICAID  
DISEASE MANAGEMENT  
INITIATIVE**

**AMERICAN ENTERPRISE INSTITUTE**

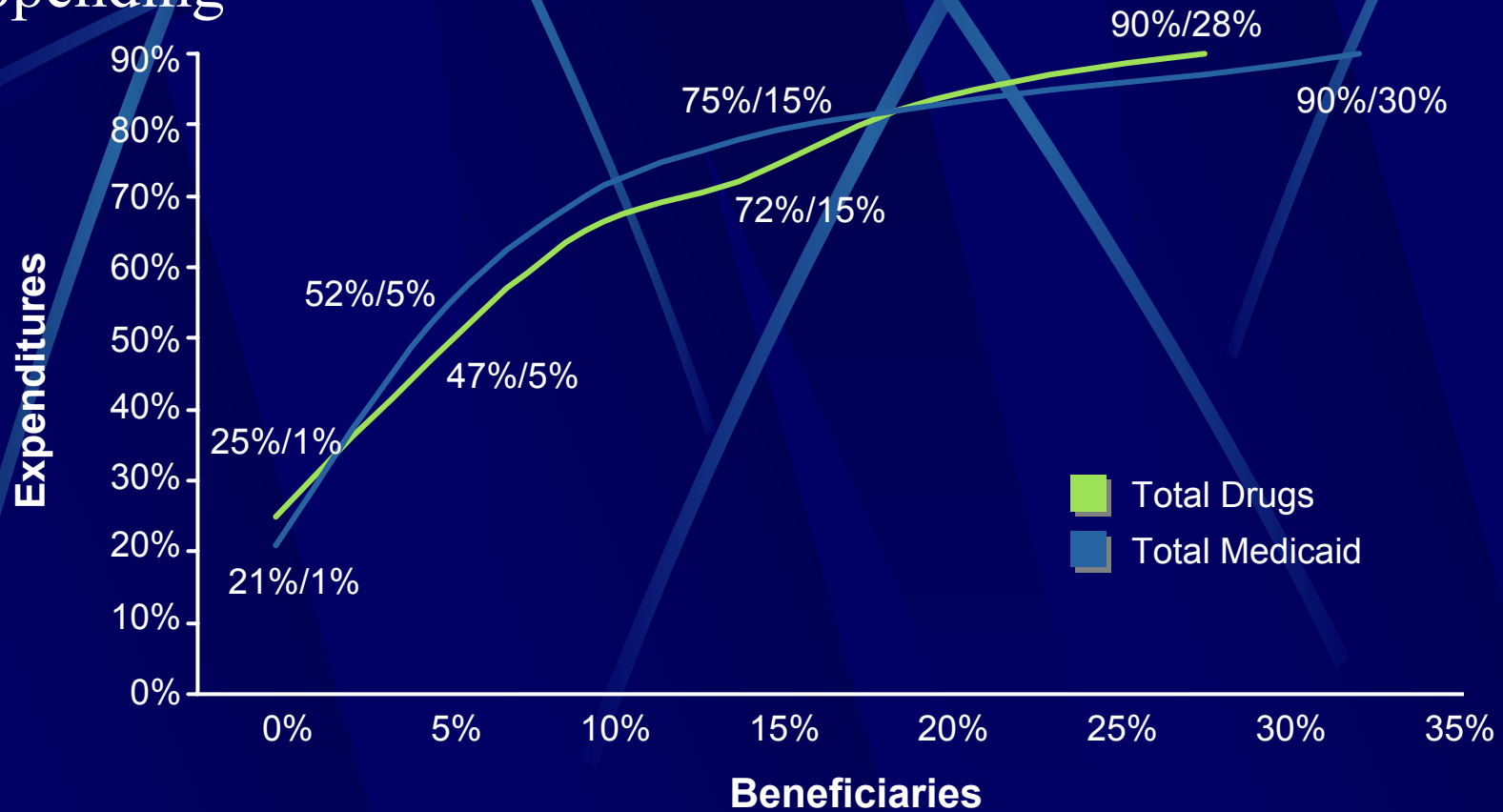
**MARCH 22, 2004  
WASHINGTON, DC**

# Florida Medicaid - A Snapshot

<b>Budget</b>	<ul style="list-style-type: none"> <li>• \$12.7 billion spending in FY 03-04;</li> <li>• Projected FY 04-05 \$13.8 billion</li> <li>• Florida 6th largest in Medicaid spending</li> <li>• Federal-state matching program - 56.4% Federal, 43.6% State</li> </ul>						
<b>Expenditures</b>	<ul style="list-style-type: none"> <li>• 47% of all Medicaid expenditures cover institutional services — hospitals, nursing homes; drugs are 17 percent</li> <li>• 50% of costs result from care provided to 5% of the population</li> </ul>						
<b>Eligibles</b>	<ul style="list-style-type: none"> <li>• 2.3 million eligibles</li> <li>• Elders, disabled, families, pregnant women, children in families below poverty</li> <li>• Fourth largest Medicaid population in the nation</li> </ul>						
<b>Providers/Plans</b>	<ul style="list-style-type: none"> <li>• Approximately 70,000 FFS providers; 12 Medicaid HMOs</li> </ul>						
<b>Managed Care Systems</b>	<table border="0"> <tr> <td>PCCM</td> <td>50%</td> </tr> <tr> <td>HMO</td> <td>49%</td> </tr> <tr> <td>PSN</td> <td>1%</td> </tr> </table>	PCCM	50%	HMO	49%	PSN	1%
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PSN	1%						
	<p>Source: Florida Medicaid</p>						

# The Chronically Ill

A Small Percentage of Beneficiaries Account for Most Spending



# Disease Management Initiative Program Objectives

- Provide and test disease management models
- Encourage the organization and delivery of services resulting in
  - Additional resource for providers
  - Better educated consumers
  - Improved care
  - Improved health outcomes
  - Reduced inpatient hospitalization
  - Reduced ER visits
  - Lower total cost

# Disease Management Timeline

<b>March 1997</b>	<b>Medicaid Reform Task Force</b>
<b>May 1997</b>	<b>Legislative Authorization (HIV/AIDS, Asthma, Diabetes, Hemophilia)</b>
<b>September 1997</b>	<b>Contract with Lewin Group</b>
<b>May 1998</b>	<b>Legislative Authorization (ESRD, Congestive Heart Failure)</b>
<b>June 1998</b>	<b>Asthma Agreement</b>
<b>August 1998</b>	<b>ITNs for HIV/AIDS, Diabetes and Hemophilia</b>
<b>November 1998</b>	<b>ITNs for ESRD and Congestive Heart Failure</b>
<b>April 1999</b>	<b>Diabetes Contract</b>
<b>June 1999</b>	<b>HIV/AIDS (excluding Dade and Broward Counties) and Hemophilia Contracts</b>
<b>May 2000</b>	<b>Legislative Authority to Expand Program to Other Diseases as Necessary</b>
<b>August 2000</b>	<b>COPD Contract</b>
<b>September 2000</b>	<b>ESRD and Congestive Heart Failure Contracts</b>
<b>June 2001</b>	<b>Legislative Authorization for Value-Added Programs</b>
<b>June 2001</b>	<b>Pfizer Agreement</b>
<b>September 2001</b>	<b>Bristol Meyers Squibb Agreement</b>

# Disease Management Phases

Phase	DMO(S)	Disease
<b>I</b>	-Integrated Therapeutics Group (ITG)	Asthma
<b>II</b>	-Coordinated Care Solutions	Diabetes
	-AIDS Health Care Foundation -South Florida Community Care Network	HIV/AIDS
	-Accordant -Caremark	Hemophilia
<b>III</b>	-RMS Disease Management	ESRD
	-Lifemasters Supported SelfCare	CHF
<b>IV</b>	-CyberCare Technologies	COPD
	-University of Florida	Autoimmune disorders
<b>V</b>	-Pfizer/Pfizer Health Solutions (PHS)	Diabetes, Asthma, Hypertension, CHF
	-Bristol Meyers Squibb	Diabetes, Mental Health

# Disease Management Programs

## **HIV/AIDS**

**AIDS Healthcare Foundation**  
**Statewide (except Dade and Broward)**  
**Enrollment = 4,014**

**AHF, Public Health Trust, and the North Broward Hospital District**  
**Dade and Broward**  
**Enrollment = 2,373**

## **Congestive Heart Failure**

**LifeMasters Supported Selfcare**  
**Areas 1 – 7**  
**Enrollment = 3,663**

## **Autoimmune Disorders**

**University of Florida Center for Orphan Autoimmune Disorders**  
**Statewide program**  
**Enrollment = 324**

Source: Florida Medicaid

# Florida: A Healthy State Program

- **Public / Private partnership between AHCA and Pfizer to provide Provider based DM services through 10 health systems across the state based on geographical location and high Medicaid patient volume.**
- **Pfizer contributes disease management program components such as proprietary disease management software, patient education materials, and community outreach programs**
- **Provides Statewide service for recipients with Asthma, CHF, Diabetes or HTN**
- **Care managers in each health system actively enroll recipients via telephonic outreach or Health System contact**

# Healthy Communities Program

- **AHCA, funded by BMS, implements a Community and Faith based Diabetes Promotora and Behavioral Health disease management program**
- **Utilizes Federally Qualified Health Centers to provide culturally appropriate community based care for diabetics and pre-diabetics**
- **Medicaid recipients screened for or diagnosed with depression will be eligible to enroll in the Behavioral Health program at targeted sites.**

# Disease Management Programs

## Florida: a Healthy State

Value Added Agreement with Pfizer Inc.

Asthma, Diabetes, Hypertension - Statewide  
Congestive Heart Failure – South Florida

Enrolled in care management = **14,028**

## Diabetes Promotora Program & Behavioral Health Program

Value Added Agreement with Bristol-Myers Squibb

Diabetes: Dade, Broward, Pasco, Manatee, Lee Hendry, Collier,  
Glades, Monroe, Palm Beach and Charlotte.  
Behavioral Health: Dade, Broward

Enrolled = **494** Diabetics, **95** in Behavioral Health  
**3,400** reached via Diabetic Sundays Faith Based outreach events

# Lessons Learned

**“Defining moments” .....**

**Valid contact information (telephone numbers) for enrollment.**

**Interruptions in Medicaid eligibility.**

**(20% of engaged patients lose eligibility in the first 6 months after enrollment).**

**Provider acceptance of and involvement in Medicaid disease management**

**Data collection efforts.**

**Savings reconciliations: Uniformity and Agreement**

# **Future Direction**

**Emphasis on guaranteed results related to health outcomes and quality improvements more so than guaranteed savings.**

**Ensure service integration between disease management interventions and other Medicaid programs.**

**Move away from multiple vendors and fragmented administration to a partnership of vendors, providers, beneficiaries and manufacturers.**

**Move focus from enrollment to engagement of beneficiaries, particular at critical contact points in the health care system prior to hospital or emergency room discharge.**

# Opportunities

**Other at-risk populations & disease states**

**Health disparities (for data and focused care)**

**Population demographic studies in general  
i.e. “ Know the Customer”**

