

History and Purpose

ECM Program

The Enhanced Care Management (ECM) Program provides care coordination and case management services to Aged, Blind or Disabled (ABD) Medicaid consumers with specified chronic diseases. The Ohio Department of Job and Family Services (ODJFS) contracts with Enhanced Care Management Plans (ECMPs) who form collaboratives with local providers and healthcare organizations to:

- Establish supportive and meaningful relationships between providers and patients.
- Develop comprehensive treatment plans.
- Coordinate specialist care for patients.

Services are provided in an environment that seeks to improve health-related outcomes and promote the appropriate use of cost-effective medical care. The program is offered to Medicaid ABD consumers at no additional cost and is voluntary.

Program Development

Over the past decade, the health care environment has generated an increasing and unprecedented demand for health care delivery approaches resulting in more cost-effective provision of health care services, while at the same time improving access, quality, and accountability.

In response, the Bureau of Managed Health Care (BMHC) undertook a course of action that included:

- (1) Consultation with leaders and experts in the healthcare field, both at the state and national levels.
- (2) Research regarding innovative health care delivery programs in other states.
- (3) Issuance of a Request for Information (RFI) to learn about additional approaches to improving the delivery of primary care services.

Consequently, BMHC released a request for application (RFA) in October, 2003, which sought to:

- Provide care coordination and case management services.
- Improve access to primary and preventive care.
- Assure Medicaid members' access to services and support ongoing improvement in the quality of care.
- Establish accountability for access to high-quality care.
- Minimize preventable or unnecessary use of emergency care and inpatient services.
- Target high-cost, chronic health care conditions.
- Improve cost predictability.

While the current program targets the ABD population, dual eligibles (consumers who are eligible for both Medicaid and Medicare) may be included in a later phase of program expansion.

Covered Conditions

By examining the standard best practice guidelines and potential for improvement in quality care, BMHC chose to cover the following conditions:

Adults:

- Asthma
- Diabetes
- Congestive heart failure (CHF)
- Coronary artery disease
- Non-mild hypertension
- Chronic obstructive pulmonary disease (COPD)

Children:

- Asthma

Program Implementation

Ohio signed its first ECM provider agreement with Paramount Health Care to serve Lucas County. Paramount Enhanced Care Management began accepting voluntary members on October 1, 2004.

BMHC expects to launch three more counties into the ECM program by February 1, 2005 (Phase 2) with three more service areas to be added to the ECM program by July 1, 2005 (Phase 3).

The Phase 2 counties are:

- Cuyahoga
- Franklin
- Hamilton

The Phase 3 counties are:

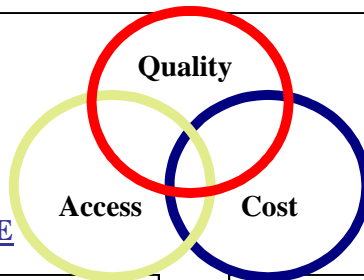
- Montgomery
- Stark
- Zanesville service area
 - Muskingum,
 - Coshocton
 - Guernsey
 - Morgan
 - Noble
 - Perry

IMPROVED QUALITY OF CARE

ECMPs will improve quality by:

- Assuring the provision of case management and care coordination services through an individualized care treatment plan for each member.
- Working with members to establish a medical home.
- Promoting the adherence to best clinical practice guidelines.

ECMP performance is evaluated based on clinical quality measures, member satisfaction, and health outcomes. In addition, primary care providers (PCPs) may receive an additional payment for attaining certain quality performance measures.



INCREASED ACCESS TO CARE

ECMPs will increase access to care by:

- Helping members establish an ongoing relationship with a primary care provider.
- Providing a 24-hour toll-free health advice line staffed by member services and health care professionals.
- Contacting each member within 30 days of membership in order to educate the member about the program and services and to review existing sources of care.
- Conducting an assessment within 60 days of enrollment.
- Developing a treatment plan within 90 days.
- Working with a member to establish a relationship with a provider, if one does not exist.

COST SAVINGS

The ECM program serves Aged, Blind or Disabled consumers with specified chronic health conditions.

- The ABD population comprises about 25% of the Medicaid population, yet account for almost 75% of total Medicaid spending.

ECMPs will decrease cost by:

- Improving care coordination.
- Increasing consumer compliance with health care treatment guidelines.
- Preventing inappropriate hospitalizations and emergency room use.

Plans will be assessed penalties or incentives based on their ability to provide cost-effective care.