

Medicaid Disease Management: Program Design, Features and Results

ANTHONY SPINELLI: This is Anthony Spinelli with the Healthcare Intelligence Network. Today I am speaking with David Hunsaker, president of public programs at APS Healthcare. Mr. Hunsaker is presenting at HIN's audio conference on "Medicaid Disease Management: Program Design, Features and Results". Thank you for being with us Mr. Hunsaker.

DAVID HUNSAKER, PRESIDENT OF PUBLIC PROGRAMS AT APS HEALTHCARE: Glad to be here.

ANTHONY SPINELLI: First of all, we've heard from other health plans that the non-domicile Medicaid enrollee is a substantial roadblock to implementing successful disease management program. Can you share any tips for locating and maintaining contact with the population that is often transient?

DAVID HUNSAKER: Certainly. There are a lot of things that go into making for an effective engagement plan, Anthony. One of the major things that you have to realize is that Medicaid folks are on again off again in terms of enrollment and obviously often times have transient living conditions. So you'll find a lot of bad addresses and bad phone numbers in the database. One of the things that we found very effective is working very closely with providers and working very closely with provider types that Medicaid enrollees quite often frequent. So for example we've had a great deal of success in placing health coaches into community settings in community health centers. We've also had a practice of engaging pharmacists where folks are coming in to refill their medications to help us collect more recent information. So those are a couple of things that we've found to be helpful. Also there are sometimes places where folks are more likely to be found if they are homeless for example or receiving benefits from faith based organizations and so forth. So keeping good community

contacts and having a good network within the community is also very important.

ANTHONY SPINELLI: That's great. Now what is the biggest myth about Medicaid enrollees?

DAVID HUNSAKER: There are probably a bunch. The things that you hear out there about Medicaid enrollees I think you see things partitioned into two areas. There's your TANF (temporary assistance for needy families) group of Medicaid enrollees that are basically moms and kids and then there are your aged blind and disabled enrollees and there are sub categories for each. The transience issue and on again off again enrollment issue tends to be fairly pronounced in both groups. However, the aged blind and disabled group does tend to have less of a lapse in enrollment quite often those folks are depending upon Medicaid and public assistance for not only their health care but also their living and arrangements in transportation and so forth. And so you don't have as much transience in that population as you have sometimes with moms and kids.

Another item that has really changed in the last several years is with the advent of S chip programs, state children's health insurance programs. We have seen the number of children in the uninsured roles drop very tremendously as more states have brought those folks through S chip programs and so the traditional idea of welfare being someone who might be a street person or whatever is not necessarily the case. We have many, many, many more children on the Medicaid rolls than we do adults.

ANTHONY SPINELLI: Interesting. Now my final question has to do with non-urgent emergency room use. Has it been an issue with your organization and if so how are you working to reduce it?

DAVID HUNSAKER: It is an issue, I think not only with our organization, but with every state Medicaid agency that we work

with. We work with 22 different states on a variety of different programs across the country. And you'll find that there are a significant number of folks that are using emergency room quite a bit for primary care location. So what we've attempted to do is to put into place medical home programs where either working with community based providers or in some cases actually placing health coaches within emergency room settings. We help to find those folks that are using the ER as a primary care location and on their way out the door or at a different community setting that we might be able to find them at, we give them educational materials. We'll help them with maps to provider locations.

We also have an online provider locator function and we'll actually take the consumer through an Internet portal and show them their choices and print out a map for them as they're leaving. And then our health coaches take a very hands-on approach. Not only for helping with primary care office visits and transportation and so forth, but also serving as that glue in between the office visits, helping to make sure that folks are staying on a diet, taking their medications, getting their medications refilled and so forth. So those are a number of techniques that have been effective for us.

ANTHONY SPINELLI: All right. Well thank you very much for speaking with us Mr. Hunsaker.

DAVID HUNSAKER: Real pleasure. Thank you.

ANTHONY SPINELLI: We're looking forward to the audio conference. This is Anthony Spinelli for the Healthcare Intelligence Network.