

CarePartners and MedAccess

Portland, Maine

Partners: MaineHealth (regional healthcare system) and four local lead hospitals: Maine Medical Center, Maine General Medical Center, Miles Hospital and St. Andrews Hospital

Counties Served: Cumberland County (population 70,000), Kennebec County (population 120,000) and Lincoln County (population 35,000)

Year collaborative incorporated: 1999

Year collaborative launched your access program: 2000

Year access program began direct service to your community: 2001

Overview & Structure:

In 1999, a group of Southern Maine health care stakeholders, both public and private, set out to re-design uncompensated care to be delivered in a more coherent, accessible, and effective manner for both patients and providers. Rather than having emergency room and tertiary care services available as a last resort, the stakeholders wanted to explore ways in which primary healthcare and prevention could be available to uninsured Mainers. The group, associated with MaineHealth, a broad-based integrated health care system, recruited public and private stakeholders and began the task of defining the nature of the problem and potential solutions. After careful consideration by a project Steering Committee that included physicians, hospital administrators, and community stakeholders, CarePartners was consciously designed as a “donated network model” access program.

The mission of the non-profit CarePartners program is to increase access to existing resources for under insured and uninsured adults, support healthy behaviors of enrollees, provide comprehensive services based on primary care, rather than emergency care, and assure financial stability of the program.

Features:

CarePartners is a program which provides access to free or very low-cost comprehensive medical care to low income uninsured resident in three Maine counties. The program also provided support services vital to serving the target population including comprehensive eligibility assessment, care management and access to low cost or free pharmaceuticals.

CarePartners provides comprehensive eligibility assessment every 6 months for our enrollees and for all individuals that contact the program. Resource and referral specialists refer individuals to federal, state and local healthcare and social service programs. To date, over 16,200 individual have been screened. Over 3,900 have been referred directly to the state’s Medicaid program and assisted with the application process as needed. Over 2,220 CarePartners enrollees have been transitioned from the program to Medicaid, Medicare or private insurance.

Every enrollee is assigned a to a bachelor's level general care manager who helps them navigate the healthcare system, links them to community resources and provides disease management for diabetes, depression, asthma and healthy lifestyle behavior education.

- New CarePartners enrollees are assigned to a primary care provider.
- About 75% already have a primary care doctor whom they continue to see through the CarePartners program.
- If enrollees have no doctor, CarePartners finds a participating physician in their communities.
- Enrollees pay a \$10 contribution for each office visit, and a \$5 to \$25 copay for prescriptions.
- CarePartners pays the additional drug costs and it helps patients obtain medications through free prescription programs.
- To date, CarePartners staff has processed over 33,000 prescription assistance applications on behalf of program enrollees which have resulted in \$9,870,000 in donated pharmaceuticals.

In April 2005, CarePartners initiated the MedAccess program which assists individuals who are not eligible for the CarePartners program with obtaining affordable medications via federal, state and local pharmacy assistance program and the pharmaceutical companies' prescription assistance programs (PAPs).

CarePartners is a donated services provider network model. Over 900 providers participate in the CarePartners network including 7 hospitals, primary care providers, specialists, physical therapists, mental health providers, and home health and DME services.

- Providers see CarePartners enrollees in their offices.
- Providers submit proxy claims for the purpose of tracking the donated care provided and enrollee utilization.
- Anthem Blue Cross/Blue Shield of Maine provides free third-party administration by processing claims and providing CarePartners enrollees with enrollment cards.
- Enrollees present their cards when visiting any provider, hospital, or pharmacy.
- Anthem processes the claims and collects the data on PCP and specialist health care utilization.
- Every month, Anthem sends the raw data on CarePartners enrollee utilization to a vendor, Martins Point Informatics, which analyzes the data and produces a utilization report for CarePartners.
- Both Martins Point and Anthem donate these services.

Anthem also serves as the program's pharmacy benefit manager. When a new enrollee needs prescription drugs immediately (before there is time to obtain free- or low-cost drugs through a PAP application), the enrollee has the prescription filled at a pharmacy, paying \$5, \$15 or \$25 as a co-payment. Anthem processes the claim and bills CarePartners for the administrative handling and for the cost of the drug.

Outcomes:

An analysis of the program by the Institute for Health Policy at the Muskie School found that the average CarePartners member had significantly lower rates of hospitalizations and emergency room visits than the typical Medicaid patient, despite the fact that many CarePartners patients are older and have chronic health conditions.

- **Declining medical costs and utilization:** CarePartners enrollees over 18 months shows a dramatic decrease in health care costs and utilization after enrollees receive consistent medical care and access to needed prescription drugs. For example, medical costs dropped from \$336 per member per month (PMPM) upon enrollment, to \$173 PMPM after 18 months of coverage.
- **Reduced ED visits:** In June 2002, shortly after the program began, CarePartners enrollees' ED visits were 51.7 per 1,000 member months, similar to levels found in Maine's Medicaid population. By December 2006, CarePartners enrollee ED visits declined to 42.6 per 1,000 member months, well below the national ED visit rate for Medicaid enrollees of 54.4 per 1,000 member months.
- **Reduced hospitalizations:** In June 2002 (shortly after the program began), the hospital discharge rate per 1,000 CarePartners member months was 15, well above national benchmarks. By December 2006, hospitalization rates had declined to 7.3, below the average Medicaid hospitalization rate of 8.1 per 1,000 member months.

Eligibility/number served:

- CarePartners has enrolled over 5,400 individuals since the program inception in June 2001. The program serves approximately 1,000 individuals at any given time across all three counties.
- The program's target population is adults, between the ages of 18 and 65 with incomes 175 percent of the FPL, who are not eligible for other public or affordable private health care coverage. Almost 70% of enrollees work part- or full-time. The typical CarePartners enrollee makes about \$1,308 per month.
- Individuals are referred to the program from the Maine Department of Health and Human Services (which administers the state's Medicaid program), hospital social workers, social service agencies and other sources, including physicians who refer their own patients who lose a job or insurance coverage.

The MedAccess program as assisted over 1200 individuals obtain access to free medications valued at over \$3.4 million.

Financing/Costs:

- **Start-up funding:** Approximately 80 percent of CarePartners funding for its first year of operation came from grants from the Robert Wood Johnson Foundation (\$235,570), the U.S. Health Resources and Services Administration (\$400,000), and The Bingham Program (\$25,000). About 20 percent of its funding came from MaineHealth member and affiliated hospitals.
- **Ongoing funding:** In fiscal year 2007, health system and hospital funding made up 90 percent of CarePartners' \$1.3 million annual budget. The local lead hospitals in each county support each local program's staffing and pharmaceutical costs. In addition, CarePartners received a \$125,500 grant from the Maine Health Access Foundation.

- **In-kind donated services:** In addition to the \$4 million in donated medical services provided by hospitals, physicians, and pharmaceutical companies annually, Anthem Blue Cross/Blue Shield donates CarePartners insurance cards and performs medical services claims processing, while Martin's Point Informatics donates analytic support.

Lessons Learned:

- ✚ Engage key providers in the original program planning and design process
- ✚ Diverse Funding
 - A secure funding base coupled with program enhancing small grants enables program to grow and adapt
- ✚ Identify measures to gauge program success
 - Standard data collection and reporting methods
 - Compatible data systems across institutions
- ✚ Flexibility
 - Eligibility guidelines may need to be raised or lowered to accommodate fluctuating demand and need
- ✚ Once the data are available, show hospital leaders evidence of decreased enrollee hospitalizations and ED visits, and effective leveraging of PAP programs to secure enrollee access to prescription drugs. This evidence, which is critical in securing much-needed, ongoing hospital support and funding, can be especially persuasive in situations where physician practices are affiliated with hospitals, or in capitated systems where cost avoidance benefits both hospitals and physician practices.
- ✚ Sustain physician participation by emphasizing the positive benefits of case management on enrolled patients. PCPs who participate in CarePartners, for example, report that enrollees' adherence to prescribed medications and their strong commitment to preventive health practices are important factors in their decision to remain with the program.

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