



AHIP DataWatch

Findings from the 2001 AHIP Annual Industry Survey

Snapshot of Health Care Services Offered to Medicaid Beneficiaries Enrolled in Managed Care Organizations: High Prevalence of Disease Management and Preventive Care Programs

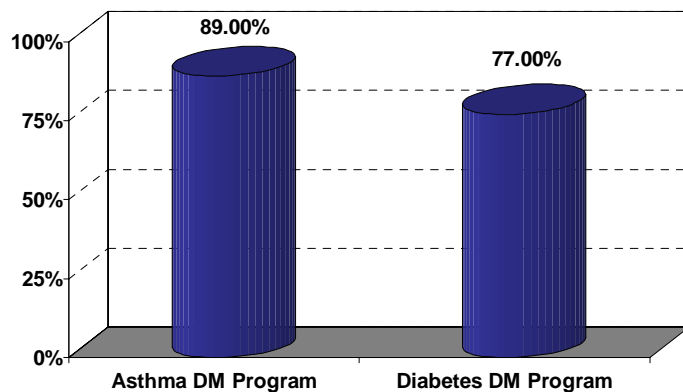
Nearly 100% of managed care plans that offer Medicaid services provide their enrollees with access to a wide variety of disease management benefits, with asthma and diabetes self-management programs especially prevalent. This high level of commitment shows that managed care plans are making a universal effort to develop and implement disease management services to improve the well-being of Medicaid recipients, and this is evident even in states where such services are not offered to Medicaid fee-for-service recipients. In addition, two-thirds or more of Medicaid managed care plans provide enrollees with a broad array of important preventive care services, including programs to safeguard patient safety. These findings are reported in the 2001 AHIP Annual Industry Survey (see Methodology section).

Medicaid MCOs and Disease Management Programs

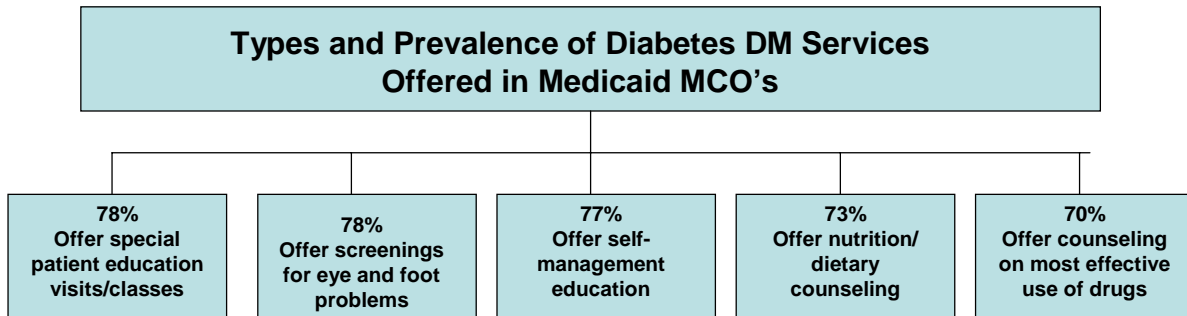
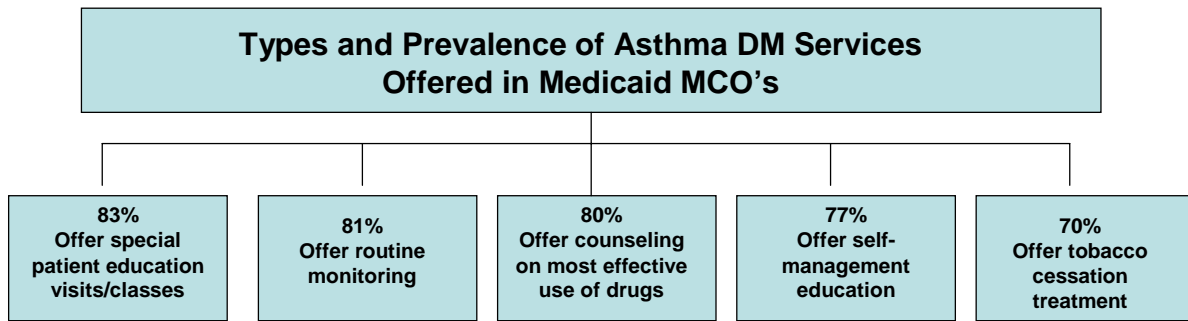
Disease management (DM) programs play an important and growing role in the delivery of cost effective, quality health care for people with chronic diseases. These programs offer structured, evidence based initiatives that are not otherwise typically available to patients and physicians in the traditional fee for-service system. Recent research has documented that virtually all commercial health plans have at least one DM program, with the most common ones focusing on diabetes, asthma, congestive heart failure, and high-risk pregnancy.

AHIP survey results show that 97% of the responding Medicaid managed care organizations (MCOs), 2 operating in 24 states, provide DM and chronic care services. Asthma and diabetes are the two illnesses most targeted for DM services by Medicaid MCOs, with 89% of plans operating asthma management and 77% providing diabetes management services (see chart). Besides using the latest and most innovative techniques, Medicaid MCOs regularly provide patient self-management education, counseling to improve compliance with medications, and regular

Medicaid Managed Care Plans That Offer Disease Management Programs



screenings to monitor the patient’s progress in treating his or her disease (see table). In terms of outcomes for enrollees in DM programs, Medicaid MCOs report substantially improved health status outcomes: 72% of plans document reduced morbidity and mortality, and 70% record patients’ greater ability to perform daily living activities.



Independent research shows that DM programs improve patients’ lives by increasing access to preventive health care services, improving health status, and more actively engaging program participants in the course of their treatment. For example, a recent study in Diabetes Care found that health plan enrollees participating in a diabetes DM program experienced lower inpatient health care and ER use, were more likely to be screened for eye and kidney conditions, and had lower blood sugar scores than diabetic patients who choose not to receive DM services.

Medicaid MCOs and Preventive Health Care Services

Medicaid recipients enrolled in managed care plans receive health services provided in a stable environment with physicians and providers who create a “medical home” for low-income families and disabled individuals. This environment affords an opportunity for enrollees to benefit from systematic health screenings and preventive care, coordination of care, management of chronic conditions, and proactive health education. The availability of and encouragement to use preventive

health services is a long-standing tradition within Medicaid managed care plans. In this regard, AHIP survey results show that MCOs are, in fact, providing Medicaid recipients with almost unlimited access to a variety of preventive health care services. For example, low or no-cost counseling programs are offered by 89% of MCOs; reminder notices to encourage enrollees to receive immunizations or cancer screenings are provided by 86% of MCOs; and programs to prevent medical errors are in place in 84% of MCOs (see table).

Preventive Health Care Services Offered in Medicaid MCO Programs

- **89% Offer Free Low-Cost Counseling**
 - 88% prenatal counseling
 - 70% smoking cessation counseling
 - 58% alcohol dependency counseling
- **86% Offer Patient Visit Reminders Via Phone or Mail**
 - 78% send child immunization reminders to parents
 - 69% send mammogram reminders to women age 50+
 - 69% send well-child reminder notices to parents
 - 67% send cervical cancer screening reminders
- **Patient Education Materials**
 - 84% send disease-specific information to affected enrollees
- **Medication Safety Initiatives / Medical Errors Programs**
 - 84% have practices to prevent medication errors
 - 77% have systems to collect information on medical errors and to evaluate/correct errors

Medicaid MCOs Leading the Way to Healthier Lives

The 2001 AHIP Annual Industry Survey shows that Medicaid managed care plans are providing enrollees with access to innovative and effective DM programs. MCOs also provide a number of other services intended to ensure that Medicaid recipients receive preventive benefits that allow enrollees to live healthier lives. These results when compared to findings about the fee-for-service Medicaid program suggest that managed care enrollees are more likely to receive valuable disease management and preventive health care services than Medicaid fee-for-service recipients.

Survey Methodology

For more than a decade, AHIP has conducted an annual survey of the managed care industry, reporting on trends in network-based health plans in the United States. The 2001 AHIP Annual Industry Survey was conducted in partnership with the Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropy devoted to improving the health and health care of Americans. Policymakers, health care analysts, and health industry leaders use the results to monitor and improve services provided to health plan members.

For the 2001 industry survey, 225 plans were sampled, with 149 (66%) returning a completed questionnaire: 64 health plans responded they served Medicaid recipients, including 16 Medicaid-dominant plans and 48 commercial plans. Approximately 4.8 million Medicaid recipients were enrolled in these health plans in 2000, about 39% of all enrollees in Medicaid managed care organizations. Responding health plans operated in 24 states,⁶ which included over 80% of all enrollees in Medicaid MCOs in 2000.

References

P. Welch, et al., "Disease Management Practices of Health Plans," *The American Journal of Managed Care*, Vol.8, No.4, 2002.

Medicaid managed care organizations (MCOs) described here do not include primary care case management programs or prepaid health plans.

14 state Medicaid programs provide DM services to fee-for-service recipients. National Academy for State Health Policy, *Medicaid Managed Care: A Guide for States – Fifth Edition*, May 2001.

For descriptions of several Medicaid MCO asthma, diabetes, and other chronic illness or high-risk condition DM programs, see E.Rabinowitz, "Disease Mangement in Medicaid Plans: Moving Helath Care Into the Patient's World," *Healthplan*, Vol.42, No.6, 2001.

J. Sidorov, et al., "Does Diabetes Management Save Money and Improve Outcomes?" *Diabetes Care*, Vol. 25, pp.684-689, 2002.

The states are AZ, CA, FL, IA, IL, KY, MA, MD, MI, MN, NC, NJ, NM, NV, NY, OH, OR, PA, TN, TX, UT, VA, WA, and WI.



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