Community Care of Wake & Johnston Counties

Wake County Medical Society

www.ccwjc.com

Community Care of North Carolina

Community Care of Wake/Johnston Counties

What is Community Care of Wake & Johnston Counties (CCWJC)?

CCWJC is the Community Care network for Wake and Johnston Counties serving Carolina Access (CA) Medicaid patients

CCWJC is the 4th largest Community Care network in North Carolina

CCWJC serves approximately 80,000 recipients including more than 11,000 aged, blind, and disabled (ABD) people

Community Care of Wake & Johnston Counties

We are part of Community Care of North Carolina (CCNC), a statewide Medicaid Management effort designed to focus on improving quality of care rather than cutting eligibility or reimbursement.

We do this by:

- Establishing and supporting a Medical Home for each CA Medicaid patient to manage patient care (PCPs)
- Increasing Medicaid revenue by adding PMPM management revenue as fee-for-service reimbursement
- Improving care quality and reducing cost through the adoption of evidence-based practice guidelines
- Providing care management services to improve patient health outcomes
- Focusing attention on hospital transitions and the ABD Medicaid population

Community Care of North Carolina

Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Community Care of Western North Carolina
- Community Care of the Lower Cape Fear
- Carolina Collaborative Community Care
- Community Care of Wake and Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Carolina Community Health Partnership
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care
- Partnership for Health Management
- Community Care of the Sandhills
- Community Care of Southern Piedmont

Source: CCNC 2011

A medical home .....

- Assures primary care: preventive, acute and chronic care
- Exists as part of community-based, interdisciplinary, team-based approach to care
- Uses a family-centered partnership
- Exists as care that is: accessible, family/patient-centered, coordinated, compassionate, continuous and culturally effective
- Uses a single point of entry to a system of care that facilitates access to medical and non-medical services
- Conducts quality improvement

Adapted from Source: AAP, National Center for Medical Home Initiatives

Community links and resources
Multidisciplinary management support
QI Support
Primary Care Home
Patient

Community Care of Wake & Johnston Counties

A non-profit partnership between

- Primary Care Providers
- Hospitals
- County Health Departments
- County Departments of Social Services
- Mental Health Agencies
- Wake AHEC – Improving Performance In Practice (IPIP) / Regional Extension Center (REC)
- County School System
- Other Community Programs

Community Care of Wake & Johnston Counties

We are charged by DMA with:

- Improving health care outcomes
- Reducing care costs

We do this by:

- Implementing and promoting best practice guidelines
- Implementing disease management (Asthma, Congestive Heart Failure, COPD, Diabetes)
- Managing high risk patients
- Managing high cost services
- Building accountability

CCNC Priorities

- Focus on patients with multiple chronic diseases
- Reduce 30-day hospital readmissions for all patients
- Reduce cost of care for the Aged, Blind, & Disabled (ABD) population
- Reduce prescription drug costs
- Increase knowledge and practice of evidence-based chronic disease management
- Increase in Well Child Visit rates

How We Help Primary Care Practices & Providers

Care Management

- Care Managers are assigned to practices to reinforce providers' plan of care

Quality Improvement

- We promote best practice guidelines and evidence-based management of chronic diseases through tools, education to providers and staff, and CME credit event

Increased Reimbursement

- Management Fees paid to practice

How We Help Primary Care Practices & Providers

Care Management

- Reinforcement of provider plan of care
- Patient Education and Tools
- Practice Visits
- Home Visits
- Referrals from Primary Care Provider
- Review of patient records
- Transitional Care
- Medication Reconciliation

Community Care of Wake and Johnston Counties (CCWJC)

Adult Care Management Referral Form

Please fax completed form to (919) 510-9162

Date: ______________ Referral Source/Agency: ____________________________________

Patient Name: ____ **Male/Female (circle one)**
DOB: ______________________ Medicaid ID Number: ______________________________
Patient informed of referral? **Yes/No (circle one)**
Physical Address: ____ County: ____________
Primary Language: English _____ Spanish _____ Other (specify): ____________________

Person Referring: ________________________________ (MD, RN, SW, Other) **please circle**

Phone#: _____________________________ Fax #: ________________________________

Reason for Referral:

☐ **Asthma (please specify):** ____

☐ **Repetitive Use of ED Services/Multiple Hospitalizations:** ________________________

☐ **CHF (please specify):** ____

☐ **Diabetes (please specify):** ____

☐ **Social Concerns/Family Support (please specify):** ______________________________

☐ **Mental Health Concerns:** ____

☐ **Financial/Housing/Community Resource Needs:** _________________________________

☐ **Transportation Needs:** ____

☐ **Chronic/Complex Medical Condition(s) Requiring Care Management**

☐ **Needs assistance in following plan of care for chronic illness (please specify):** _____

____

____

For Care Manager's Use Only:
Date: ____________________
_____ Accepted into Care Management
_____ Other Interventions: ____

Community Care of Wake and Johnston Counties (CCWJC)
&
Care Coordination for Children (CC4C)
Pediatric Care Management Referral Form – ***fax completed form to (919) 510-9162***

Date: __________ Patient Name: ______________________________ DOB: __________
Male/Female (circle one) Parent/Guardian informed of referral: **Yes/No (circle one)**
Parent/Guardian's Name & Phone #(s): ____
Physical Address: ____ County: ___________
Primary Language: English _____ Spanish _____ Other (specify): ____________________
Referral Source-Person: _____________________(MD, RN, SW, Other) **please circle**
Agency ________________ Phone: __________________ Fax : ___________________

For children 0-3yrs, refer directly to CDSA if concern is primarily developmental

Referrals for Children aged 0 to 5th birthday

☐ Medicaid ID: ____________________ ☐ Uninsured ☐ Private Insurance

☐ Asthma __________________________ ☐ Diabetes ___________________________

☐ Repetitive Use of ED Services/Multiple Hospitalizations ☐ Needs Medical Home

☐ Child in Foster Care Program ☐ Child w/Mental Health Concerns__________________

☐ Child with Special Healthcare Needs (chronic (> 12 mo) physical, behavioral, or emotional condition) (Please specify) ____

☐ Child who is exposed to toxic stress (**circle one:** current domestic/family violence, health/safety needs, neglect, unsafe/unstable environment, homeless/living in shelter, parent/guardian with substance abuse or mental health condition, parental rights terminated in the past)

☐ Other (Please specify): ____

Referrals for Children aged 5-20 years ***(Must have Carolina Access Medicaid)***

☐ Medicaid ID #: ____________________ ☐ Asthma ___________________________

☐ Diabetes __________________ ☐ Transportation Needs _________________

☐ Repetitive Use of ED Services/Multiple Hospitalizations ______________________________

☐ Child with Special Healthcare Needs (chronic (> 12 mo) physical, behavioral, or emotional condition) (Please specify) ____

☐ Child w/Mental Health Concerns __________________

☐ Other (please specify): ____

For Care Manager's Use Only:
Date: ____________________
_____ Accepted into Care Management
_____ Other Interventions: ____ Rev. 7.6.11

CCWJC's ABD Focus

- Focus to concentrate on ABDs
- Targeting care management and practice interventions to the 30% of patients who cost 70% of Medicaid bills
- "Thick Charts" who are in and out of the hospital and ED, have multiple co-morbidities

Transitional Care

- Care Manager in the hospital
- Home visit within three business days of hospital discharge
- Medication Reconciliation faxed to provider for majority of patients
- Work with patients in & out of the hospital and ED to reconnect them to their Medical Home
- Connect to DME, Home Health, Behavioral Health and other community services

How We Help Primary Care Practices & Providers

Quality Improvement

- Annual CCNC Chart Review
- Quarterly Utilization Reports
- Care Manager Chart Review
- Medicaid Claims Data
- Presentations on QI focus efforts
- Evening meetings with CME credit

Quality Improvement

Adult Quality Improvement Considerations

Community Care of Wake & Johnston Counties (www.ccwjc.com)

Patient Name________________________________ **Date of Birth**________________
Practice Name_______________________________ **MID #:** ____________________
Last Office Visit ____________________________

Reason for chart review: ☐ Pre-existing appointment ☐ CCNC Chart Review ☐ Other

☐ DIABETES **Per ADA 2010 Guidelines:**

Annual foot exam: ☐ Yes, last date: _____________ ☐ No
Dilated eye exam (within past 15 months): ☐ Yes, last date: _____________ ☐ No
Nephropathy detection or management: ☐ Yes, last date: _____________ ☐ No
Hemoglobin A1C: ☐ Yes, last date: _______; last value: _______ ☐ No
Blood Pressure: ☐ Yes, last date: _______; last value: _______ ☐ No
ACE/ARB therapy in patient with HTN: ☐ Yes ☐ No €N/A
Lipid Profile or Direct LDL: ☐ Yes, last date: _____________; last value: _________ ☐ No

☐ HEART FAILURE **Per ACC/AHA Guidelines:**

Documentation of Left Ventricular Function: ☐ Yes, last date: _________; last value: __________ ☐ No
Beta Blocker therapy in patient with ejection fraction < 40%: ☐ Yes ☐ No €N/A (EF > 40%)
ACEI or ARB therapy in patient with ejection fraction < 40%: ☐ Yes ☐ No €N/A (EF > 40%)

☐ ASTHMA **Per NIH Guidelines:**

One Continued Care visit with symptom assessment (annually): ☐ Yes, last date _________ ☐ No
Assessment of environmental triggers: ☐ Yes, last date: _________ ☐ No
Maintenance asthma medication for patient with poor asthma control (e.g. frequent asthma ED visits, exacerbations, steroid pulses or ß-agonist overuse): ☐ Yes ☐ No €N/A
Written Asthma Management Plan (annually): ☐ Yes, last date _________ ☐ No

☐ ISCHEMIC VASCULAR DISEASE / CARDIOVASCULAR DISEASE **Per ACC/AHA Guidelines:**

Blood Pressure: ☐ Yes, last date: _____________; last value: _____________ ☐ No
Lipid Profile or Direct LDL ☐ Yes, last date: _____________; last value: _____________ ☐ No
Aspirin Use: ☐ Yes ☐ No ☐ N/A (contraindicated)

☐ PREVENTIVE SERVICES **Per Medicaid and USPSTF Recommendations:**

Height: _________ Weight _________ BMI: _________
Daily aspirin therapy, if applicable: ☐ Yes ☐ No ☐ N/A
Tobacco use status determined: ☐ Yes ☐ No
Tobacco cessation counseling offered annually, if applicable: ☐ Yes ☐ No ☐ N/A
Blood Pressure: ☐ Yes, last date: _______; last value: _______ ☐ No HTN Diagnosis: ☐ Yes ☐ No
Influenza Vaccine (annually), adult 50+ or high risk: ☐ Yes ☐ No ☐ N/A
Pneumococcal Vaccine, 65+ or high risk: ☐ Yes ☐ No ☐ N/A
Pap smear within 3 years (ages 21-64): ☐ Yes ☐ No ☐ N/A
Mammography within past 2 years (ages 40-69): ☐ Yes ☐ No ☐ N/A
Colorectal Cancer screen (ages 50-75): ☐ Yes ☐ No ☐ N/A

Comments: ____
____

Care Manager: **Chart Review Date:** **Phone:**

QI Adult Form rev 11.10

Pediatric Quality Improvement Considerations

Community Care of Wake & Johnston Counties (www.ccwjc.com)

Patient Name________________________________ **Date of Birth**________________
Practice Name ______________________________ **MID #:** ____________________
Last Office Visit ____________________________

Reason for chart review: ☐ Pre-existing appointment ☐ CCNC Chart Review ☐ Other

☐ ASTHMA **Per NIH Guidelines:**

One Continued Care visit with symptom assessment (annually): ☐ Yes, last date __________ ☐ No
Assessment of environmental triggers: ☐ Yes, last date: _________ ☐ No
Maintenance asthma medication for patient with poor asthma control (e.g. frequent asthma ED visits, exacerbations, steroid pulses or ß-agonist overuse): ☐ Yes ☐ No €N/A
Written Asthma Management Plan (annually): ☐ Yes, last date _________ ☐ No

☐ DIABETES **Per 2010 ADA Guidelines:**

Hemoglobin A1C: ☐ Yes, last date: _____________; last value: _________ ☐ No
Lipid Profile or Direct LDL: ☐ Yes, last date: __________; last value: _________ ☐ No ☐ N/A
Dilated eye exam (age ≥ 10): ☐ Yes, last date: ___________ ☐ No ☐ N/A
Nephropathy detection or management (age ≥ 10): ☐ Yes, last date: _____________ ☐ No ☐ N/A

☐ PREVENTIVE SERVICES **Per Medicaid policy:**

Well child visit (annually): ☐ Yes, last date: _____________ ☐ No
Height: _________ Weight _________ BMI: _________
Blood Pressure: ☐ Yes, last date: ______; last value: _______ ☐ No ☐ N/A
Blood lead level at 12 and 24 months of age: ☐ Yes, last date ___________; last value: _________ ☐ No ☐ N/A
Dental referral or fluoride varnish: ☐ Yes, last date ___________ ☐ No ☐ N/A
Standardized Written Developmental Screening (age ≤ 5): ☐ Yes, last date _____________ ☐ No ☐ N/A
Vision Assessment: ☐ Yes, last date ________ ☐ No Hearing Assessment: ☐ Yes, last date ________ ☐ No
Influenza Vaccine (annually, 6 months – 18 years): ☐ Yes ☐ No ☐ N/A
Tobacco Use determined (age ≥ 10): ☐ Yes ☐ No ☐ N/A
Tobacco cessation advice offered if applicable, annually (Age ≥ 10): ☐ Yes ☐ No ☐ N/A

Comments: ____
____

Care Manager **Chart Review Date** **Phone**

QI Pediatric Form revised 11.10

YourNetwork Profile

Community Care Peer Review Summary

Administrative Entity: Community Care of Wake and Johnston Counties

Admin Number: 6701011

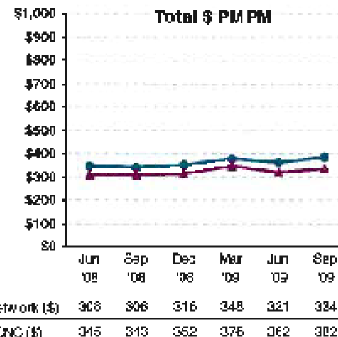
Managed Care Provider Type: Community Care of North Carolina

Time Period: Quarter ending Sep, 09

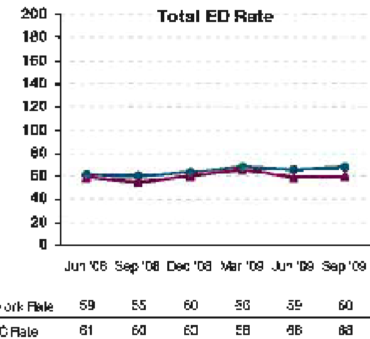
Avg. Monthly Enrollment: 69455

Eligibility 0 - 21: 58905

Eligibility > 21: 10550



	Jun '08	Sep '08	Dec '08	Mar '09	Jun '09	Sep '09
Network ($)	308	306	316	348	321	334
CCNC ($)	345	343	352	376	362	382



	Jun '08	Sep '08	Dec '08	Mar '09	Jun '09	Sep '09
Network Rate	59	55	60	66	59	60
CCNC Rate	61	60	63	68	66	68

Utilization	Network Qtr End 3/09		Network Qtr End 6/09		Network Qtr End 9/09		CCNC	
	Rate	PMPM	Rate	PMPM	Rate	PMPM	Rate	PMPM
PCP	316	$22	294	$21	311	$22	300	$21
Specialist	119	$18	111	$17	118	$19	158	$20
Hospital Inpatient	5	$25	4	$22	5	$24	6	$33
Hospital Outpatient	123	$28	120	$28	124	$29	150	$35
Pharmacy	774	$64	661	$54	697	$55	983	$71
ED Total	66	$28	59	$23	60	$22	68	$24
ED Non emergent	43	$15	39	$12	37	$11	41	$11
Labs	61	$3	60	$3	54	$3	60	$3
X-Rays	2	$2	2	$1	2	$1	3	$2
Out-patient Mental Health	276	$70	259	$66	265	$71	229	$64

Disease Management	Network Qtr End 3/09	Network Qtr End 6/09	Network Qtr End 9/09	CCNC
Asthma				
Case Count	2322	2361	2427	37301
Case Rate	3.54%	3.46%	3.48%	3.94%
ED Asthma Visits (rate per 1000 MM)	16.22	17.51	16.84	18.97
IP Asthma Visits (rate per 1000 MM)	4.59	3.25	4.81	3.27
Diabetes				
Case Count	1134	1145	1168	26485
Case Rate	1.73%	1.68%	1.67%	2.80%
Eye Exam (15 mo reviewed)	47.44%	47.25%	48.03%	53.62%

Provider Reimbursement

- **Providers in Network**
  - **$2.50 PMPM for all CA Medicaid**
    - Vs. $1 for CA or $0 straight Medicaid for non-Network
  - **$5.00 PMPM for ABD—NEW REIMBURSEMENT**
  - For XXXX Practice
    - XXX CA patients x $2.50 X 12= $ XXXXX
    - XXX ABD patients x $5.00 x12= $ XXXX

(Based on CA XXXX 2011 enrollment) $ XXXXX

Working Together To

- Refer Those Who Need Help
- Break the cycle of inpatient and ED visits for the same issues
- Collaborate on connecting these patients to health care and community services

Contacts

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