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## **MO HealthNet Chronic Care Improvement Program (CCIP) Financial and Clinical Evaluation State of Missouri**

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# CCIP Financial and Clinical Evaluation

## Financial Results

	SFY 2008		CY 2008	
	Dollars	Percent	Dollars	Percent
<b>Total CCIP – All Conditions</b>				
Gross <b>Cost</b> /(Savings)	(\$15.7M)	(1.4%)	(\$14.0M)	(1.2%)
Net <b>Cost</b> /(Savings)	<b>\$0.9M</b>	<b>0.1%</b>	<b>\$5.8M</b>	<b>0.5%</b>
Net ROI	0.94 : 1		0.71 : 1	
<b>CCIP Excluding Dual Eligibles – All Conditions</b>				
Gross <b>Cost</b> /(Savings)	-	-	(\$27.1M)	(3.2%)
Net <b>Cost</b> /(Savings)	-	-	(\$16.7M)	(2.0%)
Net ROI	-		1.6 : 1	
<b>CCIP Excluding Dual Eligibles</b>				
Asthma Net <b>Cost</b> /(Savings)	-	-	(\$3.5M)	(2.6%)
Net ROI	-		1.6 : 1	
Diabetes Net <b>Cost</b> /(Savings)	-	-	(\$8.1M)	(3.6%)
Net ROI	-		3.0 : 1	



## CCIP Financial and Clinical Evaluation

### Financial Observations

- CY 2008 increase in CCIP enrollment and resulting fees not offset by increased medical savings (across entire CCIP program)
- Dual eligibles comprise 48% of CCIP Population in CY 2008
- Care management efforts for the duals result in cost savings for services that are mainly the financial responsibility of Medicare
- CY 2008 observations on other conditions where Non-CCIP population not of credible size (excluding dual eligibles)
  - Heart Failure likely producing good savings
  - At-Risk Cardiac may be producing limited savings
  - COPD appears to be breaking even at best
  - GERD and Sickle Cell Anemia not likely generating program savings

## CCIP Financial and Clinical Evaluation

### Clinical Results (Excluding Dual Eligibles)

		Condition Metrics			
		Enrolled Population		Non-Enrolled Population	
Condition	Metric Description	Sample Size	Metric Percentage	Sample Size	Metric Percentage
<b>Asthma</b>	Inhaled Corticosteroid Medications	18,483	45.8%	4,218	39.5%
<b>At-Risk Cardiac</b>	At least <u>one</u> fasting lipid profile	17,318	57.7%	1,967	61.1%
<b>At-Risk Cardiac</b>	At least <u>two</u> fasting lipid profiles	17,318	25.3%	1,967	27.7%
<b>Heart Failure</b>	Treated with an ARB or ACEI	3,204	67.3%	320	65.9%
<b>Heart Failure</b>	Treated with Beta Blockers	3,204	62.4%	320	65.6%
<b>Heart Failure</b>	Treated with a diuretic	3,204	69.2%	320	72.2%

## CCIP Financial and Clinical Evaluation

### Clinical Results (Excluding Dual Eligibles)

		Condition Metrics			
		Enrolled Population		Non-Enrolled Population	
Condition	Metric Description	Sample Size	Metric Percentage	Sample Size	Metric Percentage
<b>COPD</b>	Treated with bronchodilator therapy	7,736	49.1%	1,062	50.7%
<b>Diabetes</b>	At least <u>one</u> fasting lipid profile	14,041	61.8%	1,895	68.3%
<b>Diabetes</b>	At least <u>two</u> fasting lipid profiles	14,041	30.1%	1,895	34.6%
<b>Diabetes</b>	At least <u>one</u> A1c measurement	14,041	68.8%	1,895	74.0%
<b>Diabetes</b>	At least <u>two</u> A1c measurements	14,041	43.8%	1,895	46.0%

Includes individuals with given condition and continuously enrolled for 12 months, excludes dual eligibles.

## CCIP Financial and Clinical Evaluation

### Clinical Observations (Excluding Dual Eligibles)

- Asthma metric for percentage of individuals treated with inhaled corticosteroids at 46% for CCIP and 40% for Non-CCIP Population
- Diabetes, with nearly credible sample sizes, did not show improvement in any of 4 metrics
- For other metrics where sample sizes were not credible, the percentage results between CCIP and Non-CCIP Populations were generally similar
- Improved clinical outcomes and associated cost savings are oftentimes minimal or not realized at all in initial year of DM program due to time it takes to engage members and change behaviors
- Contained ER and IP utilization trends within a reasonable level, driving the \$16.7 million in net financial savings
  - ER visits per 1,000 trended at an annual rate of 4.0%
  - IP admissions per 1,000 trended at an annual rate of 0.7%

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