



Banner  
Health Network

# **The University of Arizona Health Plans Justice System Care Coordination Reach In Initiative**

*May 24<sup>th</sup>, 2017*

# Introduction



- The University of Arizona Health Plans (UAHP) Reach In Program is designed to maximize the opportunity to engage incarcerated members prior to their release in order to coordinate their health care services, identify other needs for services and provide community referrals and linkages in order to promote their successful transition back into the community.
  - This is achieved by collaborating with justice system partners;
  - Leveraging information technologies amongst entities;
  - Development of inclusion criteria;
  - Comprehensive Reach In Plan

# Mission

- The mission of the University of Arizona Health Plan Justice System Reach In Program is to support the health care needs and improve the health and member outcomes through proactive and early engagement with the member, coordination of care, collaboration with all stakeholders and ensuring timely access to primary/specialty care services upon release from incarceration.



# Goals



- Conduct early member engagement.
- Effectively assessing the member's health care status, environment, support system and self-management skills.
- Case managing the member and ensuring the members access to appropriate services.
- Establish value based purchasing contractual relationships with integrated providers.
- Collaborate with all stakeholders.
- Track and monitor outcomes.

# **Arizona State Medicaid (AHCCCS) Requirements for Contractors**

- Implement reach in care coordination for members who have been incarcerated in the adult correctional system for 30 days or longer, and have an anticipated release date.
- Reach in care coordination activities shall begin upon knowledge of a member's anticipated release date.
- The Contractor shall collaborate with criminal justice partners to identify justice-involved members in the adult criminal justice system with physical and/or behavioral health chronic and/or complex care needs prior to the member's release.
- When behavioral health needs are identified, the Contractor shall also collaborate with the member's behavioral health Contractor (if the member's care is not integrated).



# Care Coordination Requirements for Contractors

- Develop a process for identification of members meeting the established parameters for reach in care coordination.
- Strategies for providing member education.
- Scheduling of initial appointments within 7 days of member release.
- Strategies regarding ongoing follow up with the member after release.
- Should re-incarceration occur, strategies to reengage member and maintain care coordination.
- Strategies to improve appropriate utilization of services, reduce recidivism within the member population, and to address social determinants of health.



# Implementation

---

Creation of a cross functional steering committee

---

Building relationship with top facilities

---

Determined scope of project

---

Include behavioral health partners

---

Develop Sub Groups and work plans



# Reach in criteria



- HN/NC Criteria- ≥4 ED visits or ≥4 Admissions or ≥ \$50,000 medical spend in past 6 months (WITHOUT current AHCCCS exclusions); OR
- Diagnosis of HIV/AIDS; OR
- Diagnosis of Diabetes; OR
- Asthma; OR
- Filled a prescription for chemotherapy within 2 months prior to incarceration; OR
- Receipt of renal dialysis within 2 months prior to incarceration; OR
- GMH/SA Dual with diagnosis of Serious Mental Illness; OR
- Presence of an open Prior Authorization request for non-pharmaceutical service.
- Preliminary Data Reflects- 10% of incarcerated members meet criteria

# **Target Population Criteria for Reach In Program Enrollment**



- Potential members for Reach in coordination will be identified on the states enrollment file that indicates members suspended eligibility status and county location of incarceration
- Each week, claims and referral data on members identified as incarcerated are automatically reviewed in order to assess their risk according to our criteria.
- All members meeting ONE OR MORE of the criteria will be deemed in need of Reach In coordination 30 days prior to anticipated release date

# Incarcerated members by County

County	Amount
Pima	3787
Maricopa	2125
Pinal	1653
Yavapai	976
Yuma	902
Cochise	839
Gila	287
Graham	192
Coconino	178
Santa Cruz	145
Mohave	133
Navajo	132
Apache	58
Greenlee	41
LaPaz	40
<b>Total</b>	<b>7352</b>

Pima County current data

- We are receiving notification from of about an average of 86 members incarcerated per month
- Approximately 8% of these members will meet our reach in criteria and will need to be seen within 7 days of release.

\*10/1/14-9/30/15 AHCCCS March 31, 2016 Report

# Reach In Process

- Report is generated to identify members who have had their AHCCCS suspended due to incarceration.
- Receive members known release dates from stakeholders.
- Justice System Liaison will identify which members meet the criteria, determine the current facility and send the member the UAHP Member Re-Entry Kit.
- Liaison will then refer the member to Case Management to initiate Reach In.
- The Case Manager contacts the facility health care vendor/staff to coordinate care.
- Case Manager sends the member a letter notifying them of their follow up PCP appointment.
- The Case Manager conducts a health history questionnaire and develop a care plan.
- After the member is released, the Case Manager will continue to follow up with member.
- Case Management will be ongoing with the member as needed.



# Member engagement

- Member Re-entry kit includes:
  - Details about the health plan
  - Health history questionnaire
  - How to access benefits
  - Additional Resources
    - ✓ Job assistance
    - ✓ Family support services
    - ✓ How to connect to services in the community
    - ✓ Substance abuse programs
    - ✓ Behavioral health services
    - ✓ Transportation
    - ✓ Housing



# Continued Case Management

- The Case Manager will continue to conduct high touch case management with the member and their providers.
- If appropriate, members can be enrolled in one or more of our Disease Management Programs:
  - Diabetes
  - Asthma
  - Cardiovascular Health
  - Depression
  - COPD
- Members are not disenrolled from the Reach In Case Management Program until they have reached medical/behavioral stability and have not been re-incarcerated for at least 12 consecutive months.



# Lessons Learned

---

Each facility has different protocols to address the Reach In Program.

---

RBHAs/BH Providers are co-located in some jails but addressing different population.

---

VBP collaboration with specific providers for 7 day access to PCP appointment.

---

Stakeholder training needed to explain program and AHCCCS suspension.

---

Case Management staff require training on Video Visitation and registration to each facility.



# Preferred provider pilot – Pima County

- Provider incentive: Integrated provider Cope Community Services will continue with a VBP arrangement for CYE 2017, to include a new performance measure for Justice System.
  - ❖ Provider will be eligible for PMPM quarterly incentive for meeting the following requirements:
    - ✓ Insure that 90% of members transitioning out of the Justice System and assigned to COPE will be scheduled for an appointment within 7 days of release.
    - ✓ COPE will supply a quarterly reports on members appointment scheduling outcome (completed, rescheduled, no show).
    - ✓ COPE will participate in data exchange on member's HN/HC criteria conditions.
- Member incentive: Members who complete their PCP appointment within 7 days from release will receive a Subway gift card.

# **Update on Justice Reach-in Efforts**



# What's Working/What Needs Improvement

## What's Working

- Continue to build relations with facilities and have regular communication with staff
- We have been able to provide training to the medical staff regarding the Medicaid benefits.
- Receiving release information from the RHBAs and release dates directly from jails.
- Successful face to face meeting with members in 2 jails.
- Re-entry kits are sent to any member identified as Reach In member

## Needs Improvement

- Video conferencing has been difficult to establish due to each jail uses a different outside vendor.
- No way to contact members except through face to face visit, except in Yavapai.
- PCP offices are reluctant to give appointments to patients they cannot speak to directly.
- Jails have varying knowledge of and interest/commitment to the program.



# Member Engagement

- We originally looked at any member with a known release date, preferably at least 30 days in the future and met one of the reach-in criteria components
- Due to low numbers we look at any member with a known release date and screen claims for any diagnosis related to injuries, substance abuse, or lack of PCP engagement.
- Member engagement happening more in person than through video visitation
- Members in certain counties are received Reach-in Kit
- Member engagement success story!
  - Member with medical and behavioral health concerns was able to see not just one but 3 different providers within 4 days of release!
  - Members have a better understand of Medicaid and what benefits are available to them

