

AIDS Foundation OF CHICAGO

New Illinois Medicaid Programs Impacting People with HIV/AIDS: Disease Management and Primary Care Case Management

In November 2005, Illinois Governor Rod Blagojevich and the Illinois General Assembly enacted changes to the Medicaid program to reduce expenditures and improve health outcomes. The impact on people with HIV is outlined below.

Disease Management (DM): On July 1, 2006, the Illinois Department of Healthcare and Family Services (HFS) will begin the new, voluntary Disease Management program. The DM program aims to improve health status and reduce cost of care for frequent emergency room users or individuals with chronic diseases, including people living with HIV/AIDS. DM utilizes a variety of strategies including intensive case management and close medical monitoring to ensure patients receive high-quality care. HFS retained McKesson (www.mckesson.com) to manage the program.

Medicaid beneficiaries receive different levels of DM services based on the relative cost of their Medicaid claims. Beneficiaries who use the most costly services will receive intensive case management and very frequent contact. The next tier of individuals using a great deal of care will be contacted by care managers in-person and by phone. Other individuals will receive less intensive care coordination.

Primary Care Case Management (PCCM): The goal of the PCCM program is to ensure that Medicaid enrollees have a primary care provider whom they see for preventative care and referrals to specialists. The program aims to reduce Medicaid spending by increasing preventative care and care coordination, reducing hospitalization and emergency room use, and managing access to specialists.

The contractor, Automated Health (www.Automated-Health.com), must first recruit and enroll providers to create a network of physicians who will serve as primary caregivers and make referrals to specialists. The vendor will monitor provider quality and performance by tracking the ability of doctors to achieve standards of care, such as regular viral load testing or hepatitis vaccination.

The contractor must also match Medicaid beneficiaries with providers. Beneficiaries can voluntarily select federally qualified health centers as their PCCM beginning August 1, 2006. Mandatory enrollment will begin in Cook and Collar Counties on December 1, 2006; beneficiaries who live in Northwestern Illinois will be enrolled beginning on January 1, 2007, and the beneficiaries in the remainder of the state will be enrolled on March 1, 2007. Clients will be asked to select from a list of primary care providers. HFS has indicated that people living with HIV/AIDS will not be auto-assigned to providers. HIV specialists can enroll as primary care providers, but must be willing to perform all primary care duties.

Excluded groups: Neither program applies to dual eligibles (people who receive both Medicare and Medicaid), home and community-based waiver participants (i.e., homemaker services through the Department of Rehabilitative Services), or individuals with spend-down. Nursing home residents are excluded from the PCCM program. Of the approximately 10,000 Medicaid beneficiaries with HIV/AIDS in Illinois, about 4,000 will be offered DM services (which are voluntary) or required to enroll in PCCM.

AFC will provide more information as it becomes available. For more information, sign up for AFC's email alerts or become a member of AFC's Service Provider Council at www.aidschicago.org. You may also contact John Peller at 312-334-0921 or jpeller@aidsschicago.org.