

HealthCare Access Maryland (HCAM) Care Coordination Program (CCP)

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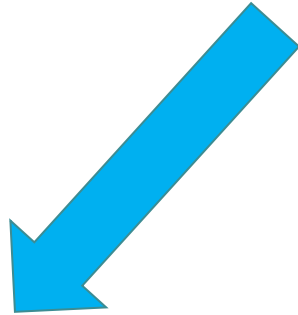
Maternal and Child Health Deputy Director of Centralized Intake System
Baltimore City Health Department/HealthCare Access Maryland

HCAM Care Coordination Program

HealthCare Access Maryland is Baltimore City Health Department's subcontractor to the Administrative Care Coordination Unit and other grants from:

1. The Maryland Department of Health HealthChoice Community Liaison and Care Coordination Division
2. Maternal and Child Health Division
3. CareFirst
4. Maryland Community Health Resources Commission (MCHRC)

HealthCare Access Maryland (HCAM) Care Coordination Program (CCP)



Maryland's
Administrative Care
Coordination Unit
for Baltimore City
for MA population

State Funding

**Medicaid Enrollment,
Navigation, and Access**



Baltimore City's
Centralized Intake
System for
Maternal and Child
Health Population
in Baltimore City

**Blended Funding
Public Health MCH
Initiatives (2009)**



*Locates women and
improves ACCU service for
MCH population*

Care Coordination Program (CCP)

- Maryland Medicaid provides grants to each of the twenty-four local health departments (LHDs) to support local Administrative Care Coordination-Ombudsman Programs (ACCU).
- The ACCU assists MDH to operate the administration of the Maryland Medicaid Program(HealthChoice) by serving as a local resource for information and consultation for Medicaid recipients and providers through the provision of care coordination, education and outreach.
- The purpose of these activities is to provide a safety net for and ensure that individuals who are eligible for Medicaid/HealthChoice access needed health care and Medicaid covered health-related services and that they use the services appropriately.
- The LHD ACCU/Ombudsman Programs provides care coordination, education and outreach in the local community and serves as the central link between the recipient, managed care organizations (MCOs), health care providers and the Maryland Department of Health.

Role of the ACCU

- Advocate for recipients to receive HealthChoice benefits and services. Assist members in participating within the MCO network to resolve any dispute for the delivery of health services.
- Educate recipients about Medicaid and the HealthChoice Program benefits and services, carve out benefits like Behavioral Health Services and Dental benefits, Medicaid System navigation and reduce barriers to the utilization of benefits.
- Facilitate linkages with the MCO for care coordination, case management or disease case management programs

Role of the ACCU

- Develop and maintain collaborative relationships with providers/MCOs to reduce missed appointment and poor adherence to treatment plans.
- To identify, find, and assist individuals, particularly those with special health care needs, who are “lost” to or “noncompliant” with care under HealthChoice linking them back to their Managed Care Organization/Providers.
- Facilitate linkages to transportation services, if needed, to access Medicaid covered healthcare services.
- Facilitate linkages with health-related resources in the community.

Care Coordination Beneficiaries

ACCU serves 12,000+ people per year
in Baltimore City

- Children and Youth
- Pregnant women and adolescent girls
- Parents
- Childless adults
- Immigrants
- Homeless people
- Youth in foster care
- People with substance use disorders
- Individuals recently released from jail
- People with mental Health disorders
- Many others

ACCU Referrals

- **PO2s** from Maryland Dept. of Health. Has no risks, only demographics.
- Maryland Prenatal Risk Assessment (**MPRA**) from OB/GYN Providers. Includes medical and psychosocial risks. **Unable to Locate MPRA.**
- Newborn Enrollment (**1184**) from Maryland Dept. of Health. Medicaid mother given birth.
- Postpartum Infant Maternal Referral (**PIMR**) from birthing hospital.

ACCU Referrals

- Local Health Service Request (**LHSR**) from Managed Care Organizations and Providers.
- **Ombudsman referrals** to support HealthChoice members navigate complex issues involving care coordination with the MCOs.
- **Intra-Agency Referrals** from other HCAM departments e.g. MATCH, BHOP, AHC.
- HealthCare Access Maryland **Self-Referral** form from client, community partners, or relative.

B'more for Healthy Babies MCH Initiatives

Mom and Baby w/Safe Sleep Coordinators



MCH Initiatives

MCH Initiatives use innovative ways to locate pregnant and postpartum women and infants in Baltimore City to ensure they have health insurance, support to navigate the health system, and receive necessary care coordination.

MCH Initiatives contribute to the ACCU by:

1. Educating clients on access to low-cost/no-cost health services in Baltimore.
2. Linking clients to the Maryland's Managed Care Program, HealthChoice.
3. Educating clients about health benefits, linkage to primary care and specialty services, work to improve birth outcomes in Baltimore City with innovative prenatal outreach strategies.
4. Providing access to health services and community resources.

MCH Initiatives/Referrals

- **Electronic Notification** from partnering with Mercy Hospital to identify and provide care coordination services for pregnant women that come through the emergency department via CRISP MCO panels (Amerigroup and Maryland Physicians Care).
- In collaboration with **WIC**, to ensure pregnant moms or postpartum moms with their infants that may have missed triggering referrals through their provider/hospital, are referred to HCAM for care coordination.
- In collaboration with B'more for Healthy Babies community partners and schools, receive **Map to Success referrals** for pregnant and parenting young adults (12-24 years), this includes young dads.
- Safe Sleep Education and **Crib Referral** program to ensure babies are sleeping in a safe environment and moms/guardians are educated on the ABCDE formula for safe sleep.

B'more for Healthy Babies Results, 2009-2017

36% reduction in infant mortality

29% decrease in sleep-
related infant deaths

Care coordination for
more than 4,000
pregnant women
every year

55% decrease
in teen birth

Zero infant mortality
in Upton/Druid
Heights for 2 years

38% reduction in
Black-White racial
disparity in infant
mortality

How BHB Will Measure Progress?

All mothers have a safe pregnancy and delivery



Maternal mortality rate and Black-White disparity in maternal mortality

All babies are born healthy and reach their first birthdays



Infant mortality rate and Black-White disparity in infant mortality

All babies and toddlers are safe



Child abuse and neglect and Black-White disparity in child abuse and neglect

All babies and toddlers are ready for school



Kindergarten readiness scores and the Black-White disparity in kindergarten readiness

B'more for Healthy Babies MCH Initiatives

Maternal and Child Health Population

OUR VISION FOR BALTIMORE'S PRECONCEPTION, PREGNANCY, AND EARLY CHILDHOOD SYSTEM

Referral Sources

For pregnant women

- » Health care providers via the Prenatal Risk Assessment at first prenatal care visit
- » Community organizations
- » Self-referrals



For women with infants

- » Hospitals via the Postpartum Infant & Maternal Referral
- » Community organizations
- » Self-referrals



- ✓ Central resource database used citywide
- ✓ Single point of access
- ✓ Referral to appropriate resources

Centralized Intake System

- ✓ No duplication of services
- ✓ Streamlined communication with providers

BHB home visiting

- » In-home support through the city's network of home visiting programs, including Healthy Start

BHB's group programs

- » Prenatal education (Moms Clubs)
- » Grief support (HOPE Project)
- » Nutrition/fitness/stress classes (B'more Fit)

Support services

- » WIC
- » Baltimore Infants & Toddlers Program
- » Mental health and substance use services
- » Adolescent reproductive health services

Social determinants

- » Housing including emergency shelter and lead abatement
- » GED & literacy classes
- » Job training and mentoring
- » Income supports including WIC, SNAP, Earned Income Tax Credit
- » Services for families experiencing violence

Health care services

- » Navigation of health benefits
- » Primary care and specialty care

MCH Initiatives

Meet Our Pregnancy Engagement Specialists



Care Coordination Program Service Response Letter

- HCAM's official response to OB Providers, MCOs, referring partners
- U.S. Postal Mail, email, or fax
- Informs and closes loop of what happened to the client after a referral was made to CCP



- Documentation in eCW and case is closed

Voices from the community: Young mom graduated from the Nurse Family Partnership Home Visiting Program



Care Coordination Program Leadership

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For more information about HCAM, visit
<http://www.healthcareaccessmaryland.org/>