

CARE COORDINATION FOR SUPER-UTILIZERS

Funding Request: Reimbursement for Care Coordination

Establish an incentive payment for the implementation of hospital-based care coordination teams to support more comprehensive team management of community health and social services for Medicaid patients who are super utilizers of emergency room services and inpatient services.

GR: \$15,000,000

TF: \$20,700,000

Total: \$35,700,000

Key Takeaway: A small percentage of Medicaid patients with chronic, complex health conditions are responsible for a growing proportion of health care expenditures.



In 2020, 1% of Medicaid Beneficiaries consumed \$174 Billion of health care services



Often, these are patients with significant medical and mental health needs who are unable to get timely access to comprehensive care coordination in the community

The top 1% Medicaid super-utilizers account for 25% of the federal Medicaid budget, averaging \$260,000 annually per person

Key Takeaway: Effective comprehensive care management and coordination for these patients can provide improved outcomes for the patient and reduce utilization of higher cost hospital services.



The team model for this care coordination often includes nurse care managers, case managers, social workers and other health professionals as needed to support the management of numerous services and to coordinate the warm handoffs within the community to reduce the fragmented care delivery.



Establishing a comprehensive Medicaid care coordination team for super utilizers to better manage community-based healthcare and social services involves additional investments in staffing, community-based engagement, technology and data analysis and additional resources to effectively manage this patient population.

Key Takeaway: FHA is advocating to create a distinct outpatient and inpatient per-claim add-on for hospitals based on the use of these care coordination teams.



These recurring funds will be used to create, sustain, or enhance care coordination services to support Medicaid patients receiving the right care, at the right time and in the right setting and reducing the frequency of higher cost utilization.



The implementation of patient-centric, value-based, wrap-around services that empower provider organizations to care for the whole person is essential to lowering healthcare costs and improving the lives of this population.

306 E COLLEGE AVE
TALLAHASSEE, FL 32301

850.222.9800
VISIT FHA.ORG



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