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beneficiaries.”
7
 If emergency departments are not being misused by Medicaid beneficiaries,
then this higher utilization “may be in part due to unmet health needs and lack of access to
appropriate settings” such as alternative primary care facilities.
8
 CMS statistics compiled in
2013 indicate that nearly 60% of Medicaid beneficiaries who were in the top 10% in terms of
annual costs remained in the top 10% for the next two years.
9
 This group of Medicaid
beneficiaries is referred to as “super-utilizers.”
10
 A super-utilizer, in this context, is a Medicaid
beneficiary who has four or more hospital admissions per year.
11
 In addition, these super-utilizers often have unaddressed health issues and frequent encounters with multiple and
diverse health care providers, coupled with behavioral and substance abuse issues that further
exacerbate their plight.
12
 In light of this information about super-utilizers, most states accept
that “efforts to reduce ED use should focus not merely on reducing the number of ED visits, but

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The VCCI “coach[es] clients on motivation, health literacy, and self-management skills.”
31
 “[It
also] assess[es] social and other non-clinical barriers to health and coordinate[s] client access to
available state or local resources (e.g., for housing, food and fuel, transportation, drug
rehabilitation services, and financial support for medications or other treatment needs).”
32

Real- time data shared between hospitals and VCCI administrators helps to better identify gaps
in care “and other opportunities to intervene with the client” to reduce and offset ED visits and
use of emergency facilities. As of fiscal year 2012 (FY12), participants in the VCCI were more
adherent to care than non-participants, resulting in a 10% reduction in ED visits and a 14%
reduction in inpatient admissions.
33
 Table 1 illustrates the reduction in hospital and ED
utilization that has resulted from the implementation of the VCCI. As is shown in the Table,
there has been a significant decrease in inpatient admissions, 30-day readmissions and overall
ED visits by the top-

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Minnesota: Hennepin Health and Hennepin County Medical Center Coordinated Care Clinic

The Hennepin Health program in Minnesota was created in 2010 in order to extend Medicaid
coverage to low-income adults who have no children.
44
 As of early 2016, Hennepin Health
serves 10,500 members
45
 with complex and diverse medical and social problems: “45% of
patients have substance abuse disorders, 42% have mental health needs, 30% require chronic
pain management, 32% are in unstable housing, and 30% have at least one chronic disease.”
46

Like the VCCI and MaineCare programs, Hennepin Health uses a county-wide data system that
integrates all medical information and shares that information among various local providers in
order to allow care providers “to see patients’ utilization patterns across providers and to
develop care interventions based on system-wide data.”
47

Hennepin Health also divides patients into three different utilization tiers based upon different
utilization patterns. Tier 3 patients must have “three or more inpatient admissions in the past
year . . . two or more psychiatric admissions in the past year . . . [or] five or more visits in a six
month time period.”
48
 Tier 2 patients must have “one or two inpatient admissions in the past
year, any chronic disease . . . and [be] taking at least four medications.”
49
 Tier 1 patients do not
have chronic health problems but “have social needs such as unstable housing.”
50
 Care
coordinators are assigned to all Tier 2 and Tier 3, and are alerted when patients are “admitted
to a hospital, visit the ED, or enter local homeless shelters or addiction facilities.”
51
 Care
coordinators work extensively with patients based upon their specific needs and are integrated
into the primary care facilities to provide “integrated primary care, behavioral health services

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and a 50% redu ction in hosp it alizat ion s b y p atients in Tie r 3 over the first 10 mont hs of the

programs existence.

53

Co nclusion

The CM S is “ver y sup portive of eff ort s t o en sure th at approp riate care is delivered in the mo st

appropriate settings.”

54

The current research suggests that broad strategies aimed at reducing

ED use b y supe r -ut ilizers h ave “con siderable p romise f or addressin g unme t health need s [tha t

are] the underlying causes of high ED utilization.”

55

In addition to broad programs targeted at