



Annual Care Management
Report

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JULY 2014 – JULY 2015

New Hampshire Healthy Families Annual Care Management Report July 2014 – July 2015

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Introduction

New Hampshire Healthy Families (NHHF) launched in December 2013 as a managed care organization serving the Medicaid population for New Hampshire.

The mission statement for the Health Plan is to **provide better health outcomes at lower costs for its Medicaid enrollees.**

The following report lists several key outcomes that NHHF has achieved in FY 2015. The Health Plan provides comprehensive coverage for its enrollees, including transportation for clinical access, high quality provider network, health and wellness programs, prenatal program for pregnant members, chronic care disease management, preventive care, and integrated care management that includes behavioral health case management, community care coordination, and access to patient centered care medical homes.

Quality Program

The NHHF Quality Improvement program provides an infrastructure to improve the quality and safety of clinical care and services provided to members. The Quality Improvement Committee assumes oversight of all the quality functions of the Plan, evaluates the program annually, monitors quality of care issues, conducts performance improvement projects, and evaluates members' satisfaction with the organization. There are several key sub-committees that support the program, such as Performance Improvement Team, Credentialing Committee, Pharmacy & Therapeutics, Clinical Policy, Peer Review and Appeals Committee. The Program addresses the quality of clinical care in addition to the services provided to NHHF members including medical, behavioral health, dental and vision care, when applicable. The Health Plan incorporates all demographic groups, benefit packages, care settings, and services into its quality activities, including outpatient care, inpatient, preventive care, behavioral health, emergency care, primary and specialty care, short- term rehabilitation and ancillary services.

Clinical measures are metrics by which the Health Plan assesses clinical and preventive care delivered, and compliance to evidence-based national standards of care. The effectiveness of care metrics as well as process metrics, and member experience results has established targets that are set against national benchmarks.

The Quality Program focuses on meeting the needs and expectations of its members, providers/practitioners, the community, regulatory/accreditation agencies and other key stakeholders. NHHF supports and fully complies with the Quality Strategy for the New Hampshire Medicaid Care Management Program. It also directs activities designed to improve the health for all its enrolled members, and meet the cultural and linguistic needs of its enrollees.

NHHF systematically monitors and evaluates the quality initiatives throughout the year by reviewing measurements for clinical and non-clinical indicators. In order to understand and interpret the results the Plan utilizes tools and techniques, such as driver diagrams, cause and effect charts, Pareto charts, brainstorming, and analytical reports. Potential interventions are identified and implemented and small tests of change are reviewed monthly to determine effectiveness of the initiatives. The intent of the Quality Program is to make quantitative improvement in processes or outcomes of care.

2015 Clinical Effectiveness of Care Measures

Our members benefit from preventive health care visits that address physical, emotional and social aspects of their health. New Hampshire Healthy Families implemented several initiatives for our members to improve preventive care for our members. Using the *NCQA Healthcare Effectiveness Data and Information Set (HEDIS) measures*, the NHHF monitors and evaluates preventive care that our members receive.

The following measures indicate that New Hampshire Healthy Families is exceeding performance in comparison to national benchmarks in the 2015 HEDIS reported rates for services performed in CY 2014.

2015 HEDIS rates that surpassed or exceeded the 75th percentile nationally:

- Children and Adolescents' Access to Primary Care: 97.7%
- Counseling for Nutrition: 74.7%
- Counseling for Physical Activity: 69.5%
- Appropriate Testing for Children with Pharyngitis: 84%
- Appropriate Treatment for Children with URI: 92%
- Controlling Blood Pressure: 65%
- Comprehensive Diabetes Care
 - Hemoglobin A1C testing: 89.2%
- Prenatal and Post- Partum Care
 - Timeliness of Prenatal Care: 91%
 - Postpartum care 70%
- Well-Child Visits 3-6 Years (6 visits) :79%
- Adolescent Well: 59%



Care Management

General Information

New Hampshire Healthy Families (NHHF) understands some members have unique health care needs. In those cases, NHHF offers our members care management services. These services are available for members who:

- have social and care coordination needs,
- have complex medical health needs,
- have behavioral health needs,
- are pregnant,
- have a disability, or
- have additional special needs (see page 23).

Our care managers are registered nurses, behavioral health clinicians or social workers. They help members understand major health problems and assist in arranging members' health care needs. Care managers work with members and their doctors to help identify barriers and support the provider's plan of care.

Members enrolled in care management often see several doctors. They may need medical supplies or help at home. NHHF's care managers can assist members in coordinating aspects of their care. Members enrolled in care management often have conditions which may include:

- Sickle Cell
- Multiple Sclerosis
- Kidney or Renal Disease
- Organ Transplants
- HIV/AIDS
- Hemophilia
- Behavioral Health

NHHF care managers are nurses, behavioral health clinicians or social workers that can help members manage their health problems. NHHF's care managers work with the member and their doctors to help them get the care they need. Nurses can identify community resources and set up home health or other needed services.

Care Management Enrollment

NHHF identifies members with complex healthcare conditions and helps them navigate the health care system to facilitate appropriate delivery of care and services. The goal of NHHF's Care Management program is to assist members to maintain and/or regain optimum health and improved functional capability in the appropriate setting and in a timely and cost-effective manner.

During the last contract year, 7/1/2014 – 6/30/2015, NHHF identified 6,991 members or 11% of total membership as suitable for care management services and enrolled 4,296 members or 7% of total membership in care management services. Of members that were identified for care management, 61% were enrolled and worked with either a nurse care manager, behavioral health clinician or a social worker.

NHHF Membership and Percent Enrolled in CM during 2015FY				
Membership	Identified	Enrolled in CM	Percent Enrolled of Total Membership	Percent Enrolled of Total Identified
64,178	6,991	4,296	7%	61%

Of those members that were not enrolled, 9% refused care management services and 29% were unable to be reached. NHHF care management staff work closely with our Member Services Department to get up-to-date and correct contact information for our members. Correct contact information allows care management staff to increase the number of members who are receiving care management services, which is benefit to the member and their provider since care managers can assist in coordination of care.

Integrated Care Management

In April 2015, NHHF launched an enhanced Integrated Care Management (ICM) Program which integrates physical health, behavioral health and social needs. The new ICM model recognizes each individual as a whole-person with complex needs and it provides one single point of contact for both members and providers to reduce confusion and duplication of services. This relationship-based approach is built on respect and trust and results in the member making needed changes or conforming to health recommendations that ultimately leads to improved member satisfaction, decreased resource utilization and health improvement.

NHHF has established three regional ICM teams comprised of clinical management experts including physicians, nurses, behavioral health clinicians, social workers, pharmacists, health coaches and non-clinical support personnel.

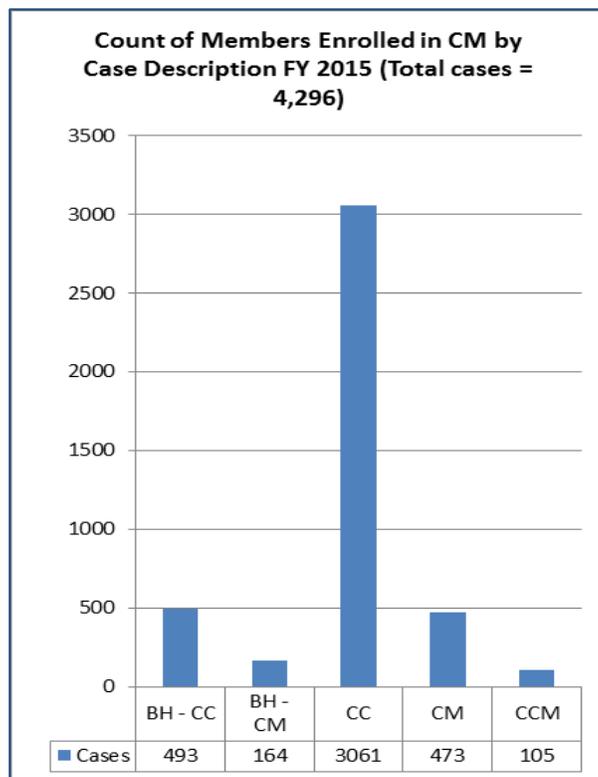
Members are assigned to a regional team based on where they live within the state of New Hampshire. Each team is well versed on the local resources available in the specific geographic region they serve and have received specialized training on the principles of integrated care management and member engagement techniques.

The goals of the new program include:

- Improve access to both primary care and behavioral health services;
- Merge the skills of primary care and behavioral health care clinicians to better manage chronic health issues;
- Ensure that evidence based practices are identified and implemented;
- Ensure consistent communication and coordination of clinical activities;
- Enhance medication adherence and treatment compliance and
- Measure outcomes.

In July 2015, NHHF received Dorland Health’s *Case in Point* Platinum Award in Bethesda, Maryland. The *Case in Point* Platinum Awards program recognizes case management programs that successfully deliver sustained efficiency and effectiveness across a variety of disciplines and settings in the continuum of care coordination.

Prior to integration, NHHF categorized care management cases into three major levels of care management or case types: care coordination, care management and complex care management. A member can be enrolled in more than one care management case type. Differentiating case types is helpful for our care managers and our members so the most appropriate level of assistance is provided. NHHF keeps track of case activity by case type to understand our membership and ensure our care management services are the best fit for the needs of our members.



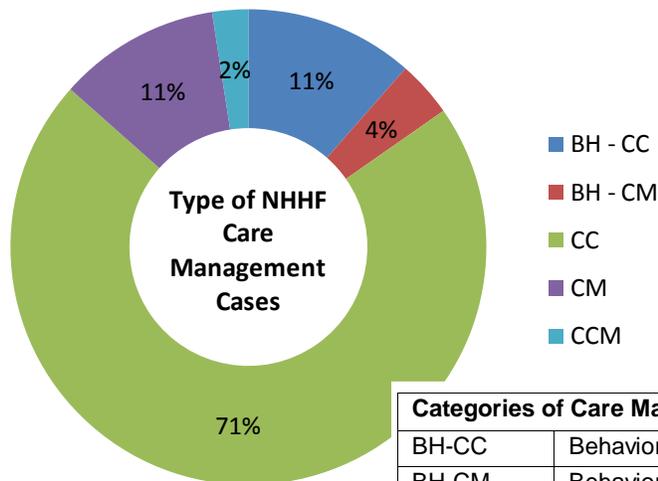
Categories of Care Management Cases as of 6/30/2015*	
BH-CC	Behavioral Health Care Coordination
BH-CM	Behavioral Health Care Management
CC	Care Coordination (medical)
CM	Care Management (medical)
CCM	Complex Care Management
*With the ICM model, BH and medical cases will be combined in NHHF’s care management	

Level of Care Management	Case Category	Description
Care Coordination	Medical and Behavioral reported separately	Primarily needs are housing, financial, etc. with need for community resources or assistance with accessing health care services. Care coordination typically involves non-clinical activities performed by non-clinical staff; clinical staff may assist if minor medical or behavioral health concerns arise. Services at this level of coordination include outreach to member, assistance scheduling appointments, assistance securing authorizations, and follow up to ensure compliance.
Care Management	Medical and Behavioral reported separately	Appropriate for members needing a higher level of service, with clinical needs. Members in case management may have a complex condition or multiple co-morbidities that are generally well managed, have family or other care giver support, and are in need of moderate to minimal assistance from a care manager. Services at this level of care management include the level of coordination along with identification of member agreed upon goals and progress towards meeting those goals.

Combined Complex Care Management

A high level of care management services for members with complex needs, including members classified as children or adults with special health care needs; those with catastrophic, high-cost, high-risk, or co-morbid conditions; those who have been non-adherent in less intensive programs; or those that are frail, elderly, disabled, or at the end of life. Complex care management available for members who have experienced a critical event or have a complex diagnosis requiring oversight and coordination to ensure the member receives appropriate services and care. Services at this level of complex care management include all coordination and care management services from above, along with a more frequent outreach to the member to assess compliance with their treatment plan and progress towards meeting goals. Care managers will monitor member's key indicators of disease progress, i.e., HgbA1c levels and medication adherence.

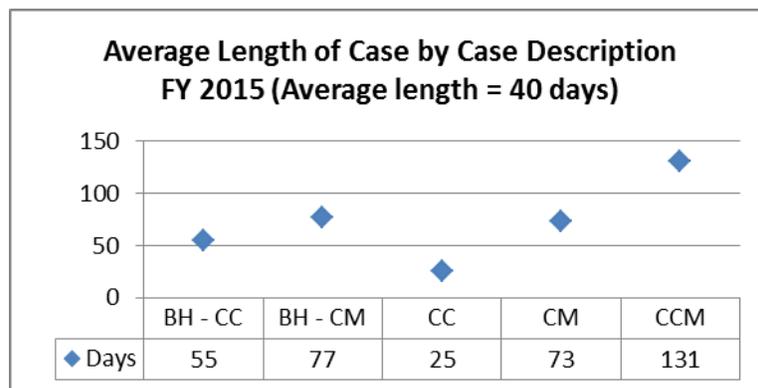
NHHF Percent of Members Enrolled in Care Management by Case Description FY 2015



Categories of Care Management Cases	
BH-CC	Behavioral Health Care Coordination
BH-CM	Behavioral Health Care Management
CC	Care Coordination (medical)
CM	Care Management (medical)
CCM	Complex Care Management

The large majority of care management cases during 7/1/2014 – 6/30/2015 were in the care coordination category. As stated above, care coordination cases are managed by a nurse or behavioral care manager (low risk) or by a social worker. These members receive social support assistance including connecting members to resources that provide housing, financial aid like help with utilities, food stamps, and other community resources.

Although 71% of NHHF care management cases are care coordination, these cases are on average shorter than other types of cases since members often need one-time assistance with social needs. Members needing the highest level of care management services are enrolled in complex care management cases. These high need members represent 2% of NHHF’s care management enrollment, but have the longest average length case of 131 days. These members require more in-depth assistance and coordination from nurse care managers. The contact frequency of these cases can range from more than once a week, every week, monthly, every other month, to quarterly depending on the healthcare needs of the member.



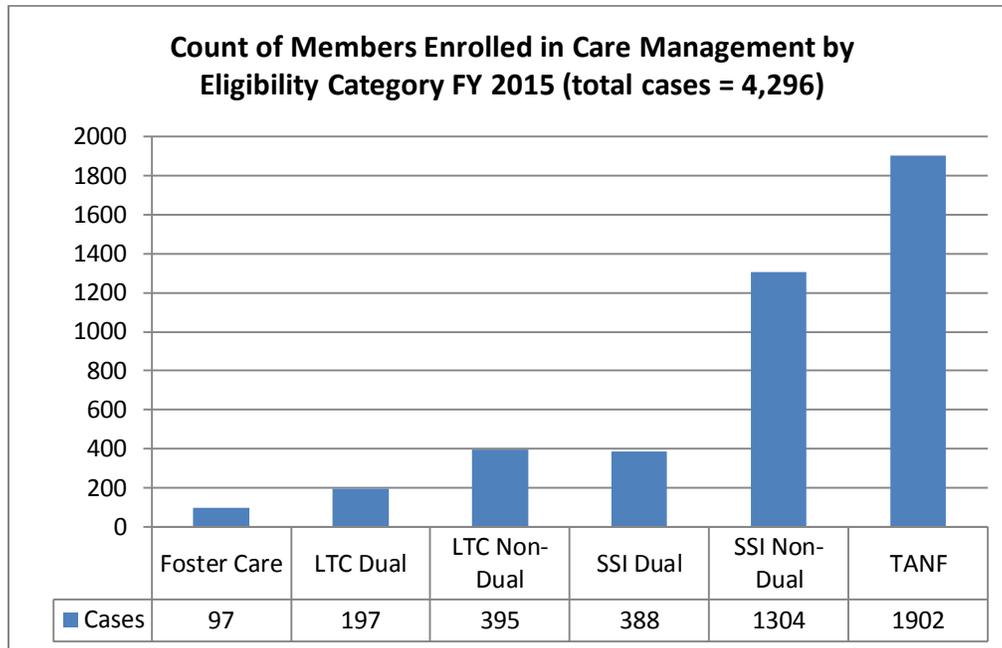
Categories of Care Management Cases	
BH-CC	Behavioral Health Care Coordination
BH-CM	Behavioral Health Care Management
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CM	Care Management (medical)
CCM	Complex Care Management

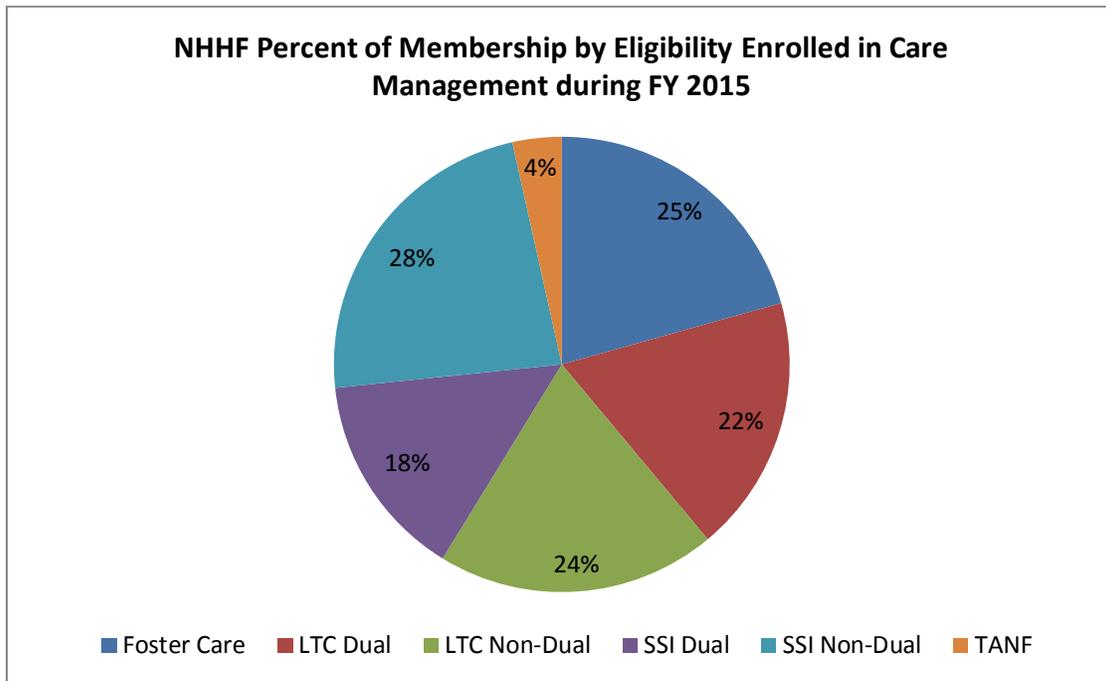
Program Segments: Eligibility Category and Waiver Population

In order to understand our membership further, NHHF tracks care management enrollment by eligibility category and waiver population. This helps NHHF’s care managers to develop a care plan or provide care coordination assistance specific to a member’s needs. By tracking members receiving benefits under any of these categories NHHF is able to more effectively coordinate a member’s care with their provider and community resources like connecting with local area agencies.

Eligibility Category

NHHF Membership and Percent Enrolled in CM by Eligibility Category during 2015 FY (7/1/2014 - 6/30/2015)			
Eligibility	Membership	# in CM	% in CM
Foster Care	385	97	25%
LTC Dual	884	197	22%
LTC Non-Dual	1634	395	24%
Medicaid Expansion	9781	13	Less than 1%
SSI Dual	2180	388	18%
SSI Non-Dual	4618	1304	28%
TANF	44696	1902	4%
Total	64178	4296	7%

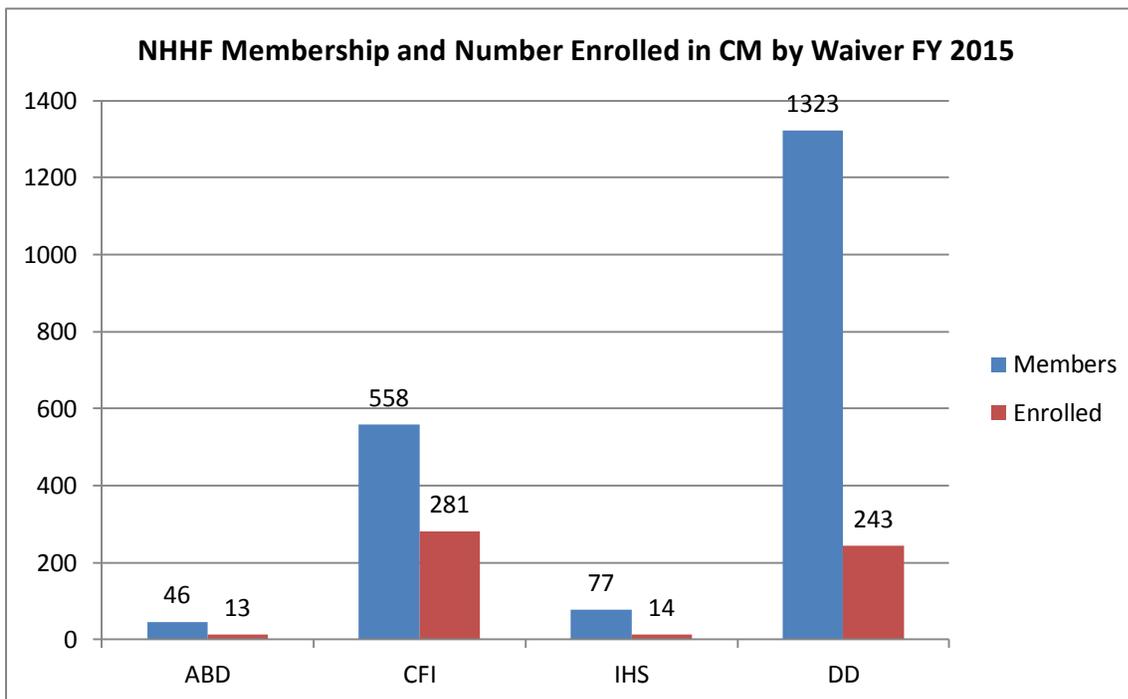
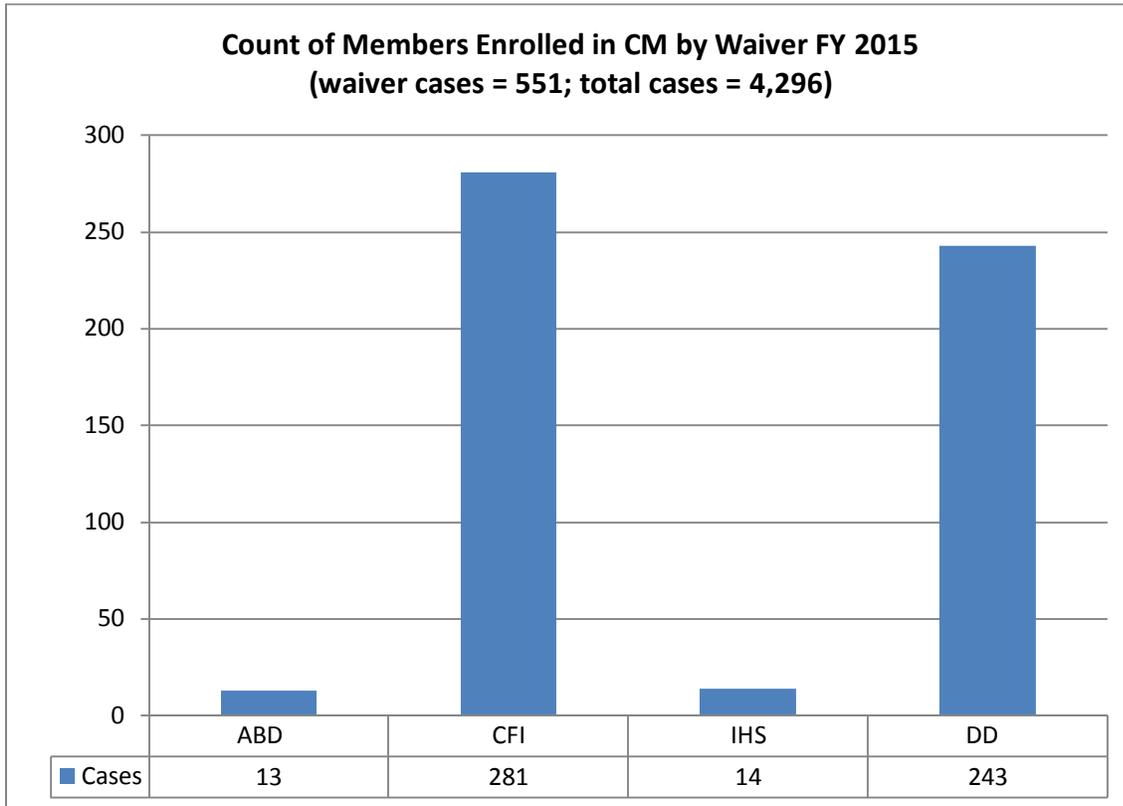


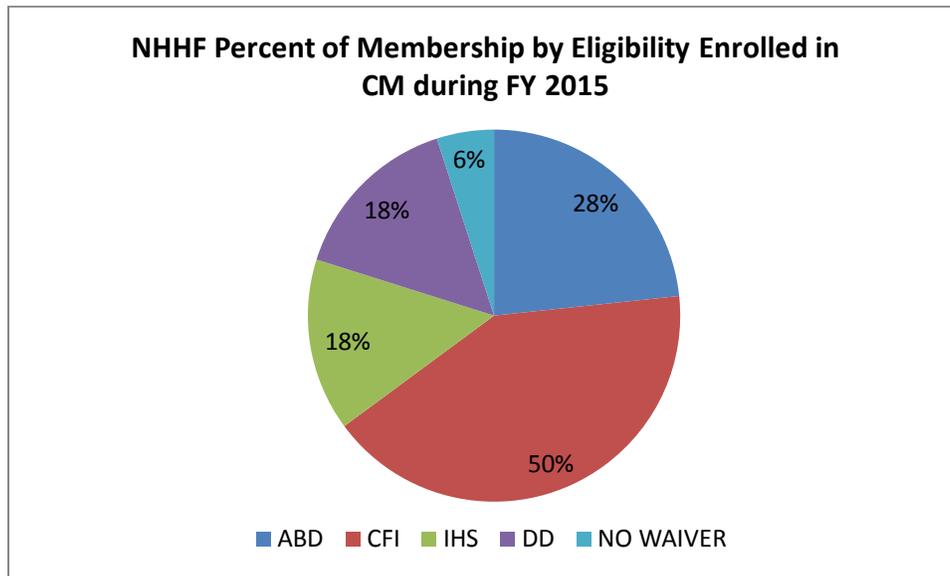


Members in the Temporary Assistance for Needy Families (TANF) program had the highest number of members enrolled in care management (n = 1,902) during 7/1/2014 – 6/30/2015; however, SSI Non-Dual members had the highest percent of members enrolled in care management (n = 1,304, 28%). Members enrolled in care management under Foster Care (25%) and LTC Non-Dual (24%) eligibility categories had the second and third highest percent of members with care management cases respectively.

Waiver Population

NHHF Membership and Percent Enrolled in CM by Waiver Category during 2015 FY (7/1/2014 - 6/30/2015)			
Waiver	Membership	# in CM	% in CM
Acquired Brain Disorder (ABD)	46	13	28%
Choices for Independence (CFI)	558	281	50%
In Home Supports for Children (IHS)	77	14	18%
Developmental Disabilities (DD)	1323	243	18%
No Waiver	62174	3745	6%
Total	64178	4296	7%





From 7/1/2014 – 6/30/2015, approximately 2,000 NHHF members were identified as receiving benefits through a waiver category and roughly 30% had an open care management case. Members in the Choices for Independence waiver (n = 558) had the highest percent (50%) of open care management cases, while members under the Acquired Brain Disorder waiver had the second high percent of cases (28%). Knowing if a member receives benefits under a waiver program helps NHHF work with members and their providers to understand their specific healthcare needs. NHHF also partners with surrounding Area Agencies to help create a complete care plans for our members.

Care Management Changes and Initiatives for FY 2015

During the past contract year NHHF hired, on-boarded, and trained approximately thirteen (13) new Care Management team members. Additionally, a decision was made to assign staff members to regional teams bringing together both medical and behavioral care management staff. This change was made in an effort to better align the health plan with the needs of members and providers. All care managers were trained on all levels of care management. There was an intense effort to develop and enhance workflows and procedures to ensure consistency within the team.



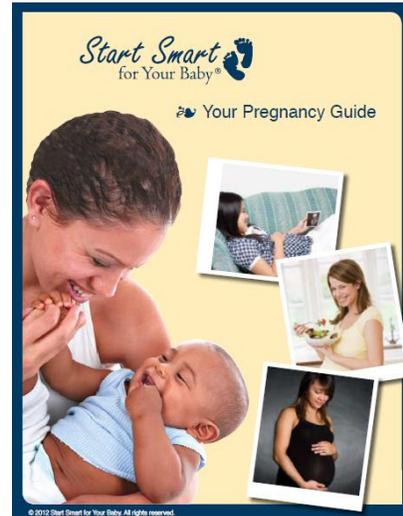
In support of NHHF’s contractual obligation with the Department of Health and Human Services (DHHS) and to better serve the population, the team employed a Development Disability Coordinator and Special Needs Coordinator to focus on members with unique needs.

During FY 2015 just seven months after start-up, NHHF medical management team focused on stabilizing operations and developing partnerships with members, providers, and community resources. In addition, the team focused on outreaching to and educating members who frequently use the emergency department and following-up with members after discharge from the hospital. NHHF MemberConnections® Representatives conducted home and community visits to ensure contacts are made with members who are difficult to reach by telephone (see Social Services section).

Start Smart for Your Baby®

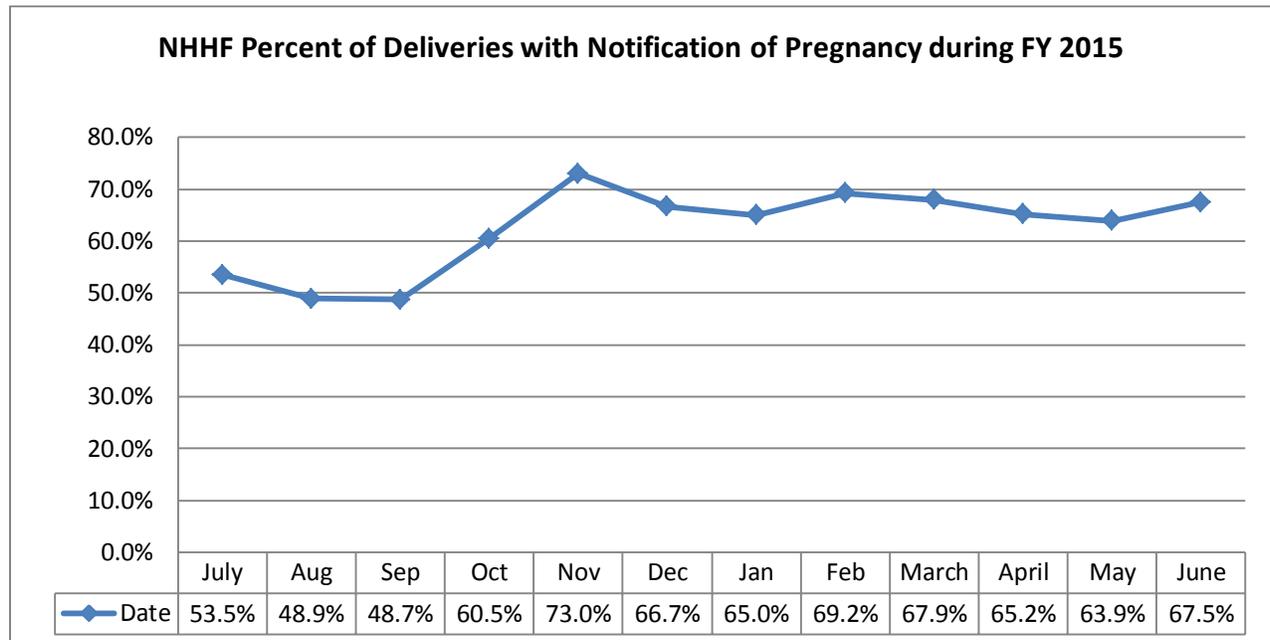
Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. New Hampshire Healthy Families wants to help members take care of themselves and their babies throughout a member's entire pregnancy.

NHMF care management staff use Notification of Pregnancy (NOP) forms submitted by providers and members in order to identify members eligible for Start Smart. Once NOPs are received, care managers reach out to pregnant members to enroll them in Start Smart, provide prenatal education, and ensure they are receiving timely and appropriate prenatal care. Information can be provided to members by mail, telephone, and through the Start Smart website, <http://www.startsmartforyourbaby.com>. Start Smart staff can answer questions and give support if a member experiences a problem. Home visits can also be arranged if needed.



Start Smart staff can answer questions and give support if a member experiences a problem. Home visits can also be arranged if needed.

From 7/1/2014 – 6/30/2015, 318 members were identified for Start Smart and 59% or 189 members were enrolled in a Start Smart care management case. NHMF's care management team actively works to increase the overall NOP rate to allow for early engagement of pregnant members. Early notification of pregnancy allows for timely care management intervention and leads to improved birth outcomes. Since



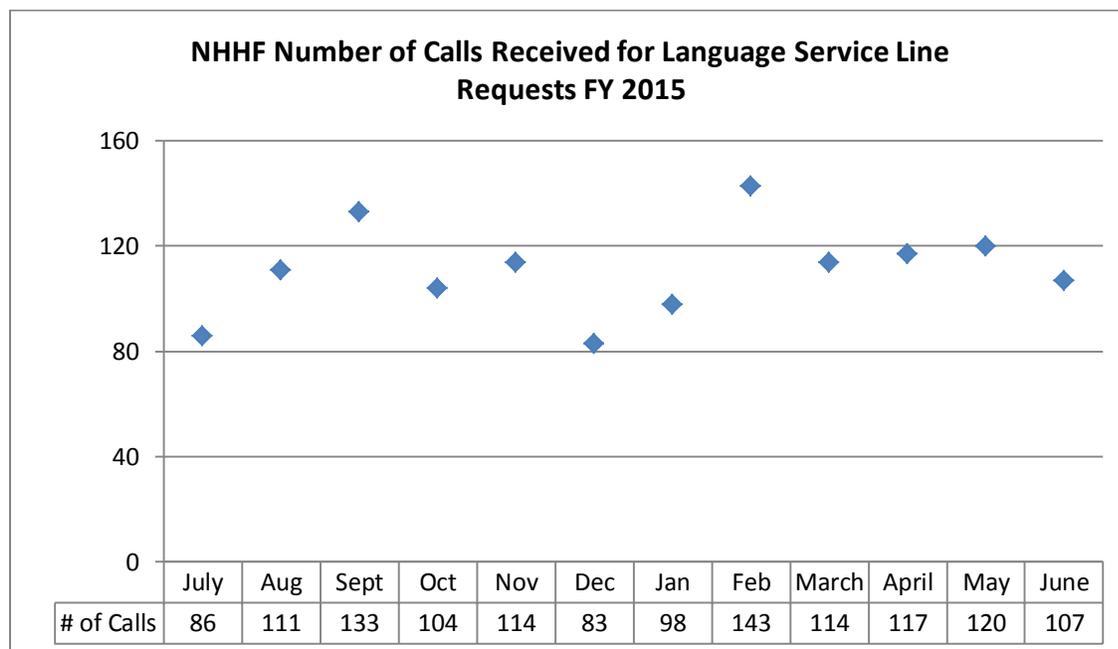
Interpreter Services

For members who do not speak English or do not feel comfortable speaking it, NHHF has a free service to help. This service is very important because members and their doctors must be able to talk about medical or behavioral health concerns in a way that is understandable. NHHF's interpreter services are provided at no cost and can help with many different languages. This includes sign language. We also have Spanish-speaking representatives available who can help you as needed. New Hampshire Healthy Families members who are blind or visually impaired can call Member Services for an oral interpretation.

The table below represents the top five languages for which members requested translation services during 7/1/2014 – 6/30/2015.

Top 5 Language Service Line Requests from 1/1/2014 – 12/31/2014

Language	Number of calls	Percentage of Total
Spanish	1019	76.7%
Nepali	70	5.3%
Arabic	40	3.0%
Bosnian	37	2.8%
Kinyarwanda	18	1.4%
All Other Languages	146	11%
Total	1,330	100%



NurseWise®

NurseWise is our health information line. NurseWise is ready to answer health questions 24 hours a day – every day of the year. NurseWise is staffed with Registered Nurses. These nurses have spent lots of time caring for people.

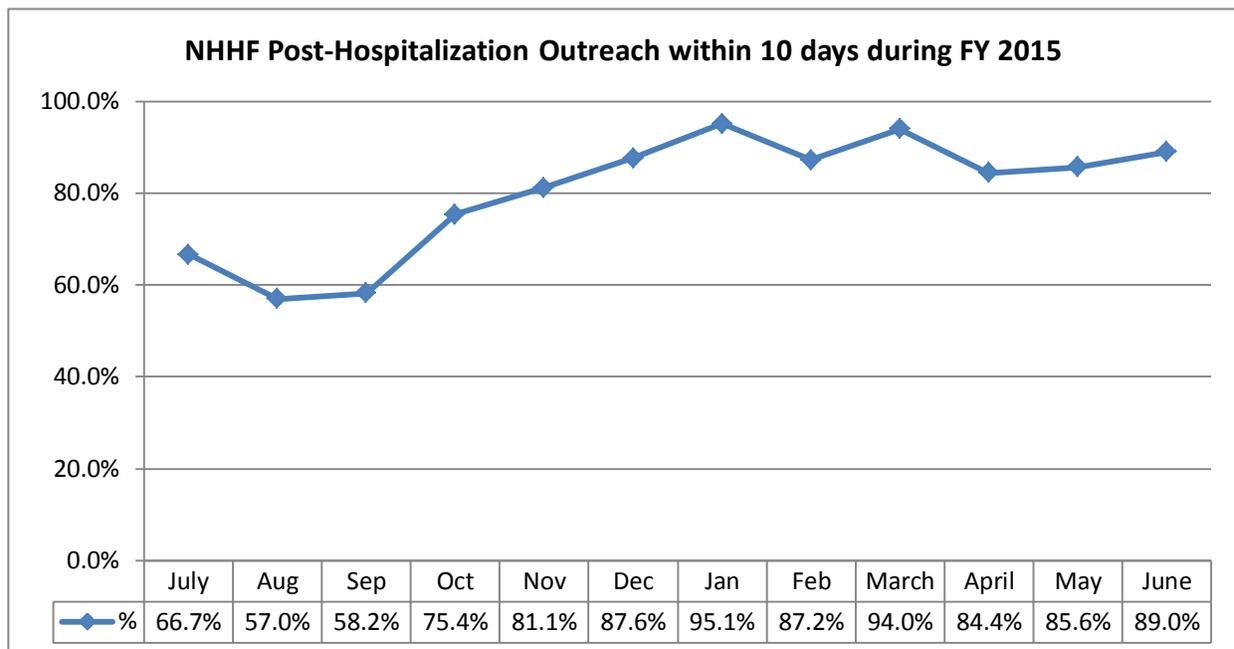
Follow- up After Discharge

Care management and utilization management teams actively work to ensure all members receive timely outreach after an inpatient discharge to prevent readmissions and ensure appropriate follow-up services are in place. During FY 2015 NHHF worked to increase the number of members contacted after discharge. Providing post-hospitalization outreach is a care management service that benefits our members, providers, and the quality of our overall program. Timely outreach after discharge has the opportunity to prevent hospital readmissions, drastically impact costs, and ensure our members are receiving the best follow-up care for their specific needs.

How can NHHF's nurse advice line help?

- Find a doctor
- Determine the best place to go for care – that could be your doctor, the ER or somewhere else
- Schedule transportation
- And more!

Sometimes you may not be sure if you need to go to the emergency room (ER). Call NurseWise. They can help you decide if you have a real emergency. If you have a real emergency, go directly to the nearest hospital ER.



Wellness and Prevention

During FY 2015, NHHF began promoting preventive health services through the use of Care Gap indicators. Care Management, Member Services, and Provider services staff use Care gap information to stress the importance of getting preventive health services to both our members and our providers. Examples include missed mammograms, pap smears, and/or well-child visits. Use of Care Caps allows NHHF's care management staff to better suit the needs of our members. These alerts tell a care manager the specific need of a member so our care management team can tailor a care plan to the member. The goal of using care gap indicators is to eliminate gaps in care among NHHF membership.

Care Cap indicators are an "alert" to care management staff. This alert gives a snapshot of care opportunities for a particular member. Use of care gap indicators helps care managers know the specific needs of a member.

Preventive Care

New Hampshire Healthy Families recognizes the importance of good health. We offer preventive care services to help our members and their families stay healthy. NHHF encourages members to receive immunizations and health screenings to help lower the risk for chronic diseases. Health screenings provide the opportunity for early detection and treatment with possibly better outcomes. It is important for members to visit their primary care provider or Medical Home for preventive care services. NHHF care management staff work with our members and their providers to ensure access to care; below are some of the preventive care services provided:

Covered Preventive Care Services for Adults include:

- Immunizations
- Cancer screenings
- Depression screenings
- Well visits
- Disease management screenings (see page 20)

Covered Preventive Care Services for Women include but are not limited to:

- Prenatal Care
- Educational and clinical services
- Start Smart for Your Baby
- Routine screenings and labs
- Well Women Visits
- Breast Cancer screenings
- Cervical Cancer screenings

Covered Preventive Care Services for Children may include:

- Autism screenings
- Behavioral screenings
- Congenital screenings
- Depression screenings

Common Preventive Health Services:

- *Well-child visits*
- *Blood pressure screenings*
- *Breast cancer and other cancer screenings*
- *Routine vaccines (flu, hepatitis, measles)*
- *Depression*
- *Tobacco and alcohol use*
- *Diabetes screenings*

- Developmental screening
- Fluoride Varnishing – Oral health
- Height, Weight, Body Mass monitoring
- Immunizations
- Risk Screenings
- Vision Care

NHHF started a new documentation system in order to more effectively track members’ care gap information and engagement in preventative services. Since this documentation system is a new feature to the NHHF care management team, data is still being collected and will be available for future reporting.

Disease Management and Chronic Care

New Hampshire Healthy Families has several programs to improve the health of our members. We know this means more than just helping our members see their doctor. It also means helping members find their way through the healthcare system to get the treatments and the social services they need. It also means helping our members understand and manage their health conditions. In addition to the services provided through our care management program, NHHF does this through education and personal help from Nurtur Health, Inc. The goal of this service is to provide a whole health approach and add to the quality of our members’ care to help improve their health. NHHF partners with Nurtur to give wellness and disease management services to our members. Programs that are available to NHHF’s members are preventive and disease specific and are evaluated for relevance to the health plan’s membership demographics and utilization patterns.

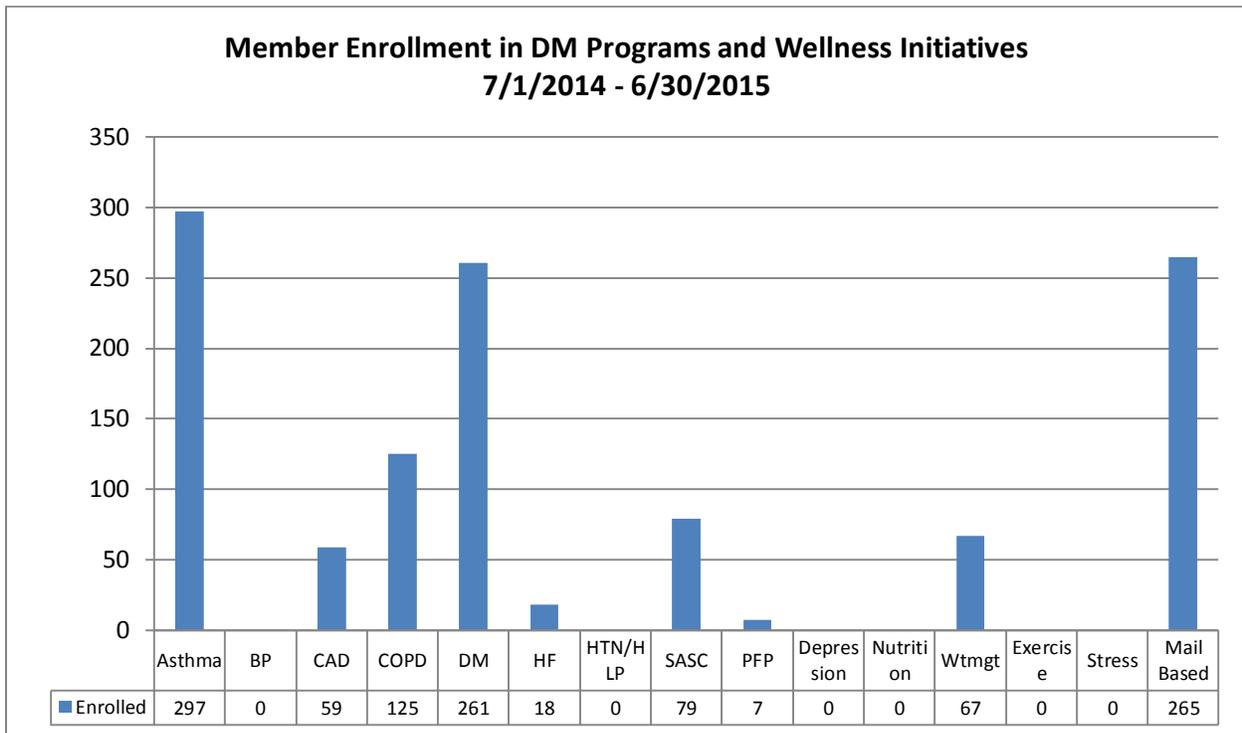
All of our programs are geared toward helping members understand and actively manage their health. NHHF staff is here to help members with things like:

- How to take medicines
- What screening tests to get
- When to call the doctor

NHHF DM Programs and Wellness Initiatives	
• Asthma	• Heart disease (CAD)
• Back pain (BP) management	• Heart failure (HF)
• Chronic obstructive pulmonary disease (COPD)	• Hypertension / Hyperlipidemia (HTN/HLP)
• Depression	• Telecare monitoring
• Tobacco cessation (SASC)	• Puff free pregnancy (PFP)
• Diabetes management (DM)	• Weight Management

Note: The depression disease management program is administered by Cenpatico Behavioral Health, a sister organization and NCQA-accredited managed behavioral health organization.

NHHF’s Disease Management (DM) Program interventions consist of health education mailings and telephonic interactions with trained clinical licensed professionals or health coaches. These therapeutic interventions focus on behavior modification, symptom management and prevention, and improvement of member self-management.



In FY 2015, a total of 7,262 members were outreached to participate in a DM program offered through Nurtur. Of those outreached, 26% (n = 1,876) were successfully contacted and fifteen (15) were auto-enrolled in the mail-based intervention after all attempts of contact were made. Of the 1,876 members for whom there was a successful contact made, 1,612 were administratively and medically eligible members for a Nurtur program. Roughly 73% of eligible members (n= 1,178) elected to be enrolled in a DM program. The graph below illustrates the number of members enrolled in a DM program during 7/1/2014 – 6/30/2015. Please note: data is subject to change as claims data are continued to be processed for Q2 2015.

NEMT

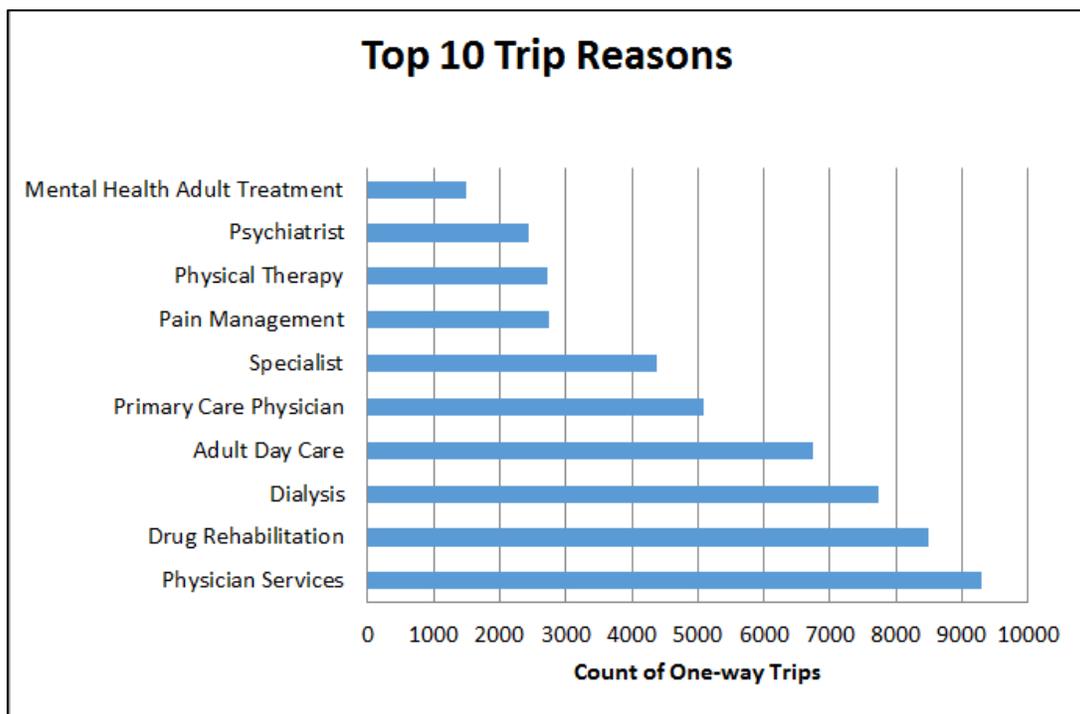
New Hampshire Healthy Families offers a transportation benefit. That means that New Hampshire Healthy Families helps members get to their important health-related appointments. A member can use the transportation benefit in two (2) ways.

A member can ask to be reimbursed for driving themselves or their child to an appointment. They can also ask to have a family or friend reimbursed for giving them a ride to an appointment. From December, 2013 through July, 2015, of the seventy thousand (70,000) members utilizing the transportation benefit, approximately 30% were reimbursed at the New Hampshire Healthy Families standard forty-one cents (\$.41) a mile.

The second way to use the benefit is to ask for help finding a ride. A member calls New Hampshire Healthy Families, asks for a ride, and we do the work to find the right type ride to get the member where they need to go.

If the member can walk, the member may take the bus or use a taxi or other commercial transport provider. Approximately fifty (50%) percent of members who used the transportation benefit completed this type of trip. For members who may not move easily or health needs that require use of a wheelchair or other assistive device, a wheelchair van or ambulance may transport the member to their destination. Approximately fourteen (14%) percent of members used the transportation benefit completed this type of trip.

Members used the transportation benefit for travel to many important types of health related appointments. The below table represents the top ten reasons members completed trips. Most common was physician services at nearly nine thousand five hundred (9,500) trips. Important appointments with the Primary Care doctor were also in the top ten, at approximately five thousand (5,000) trips completed.

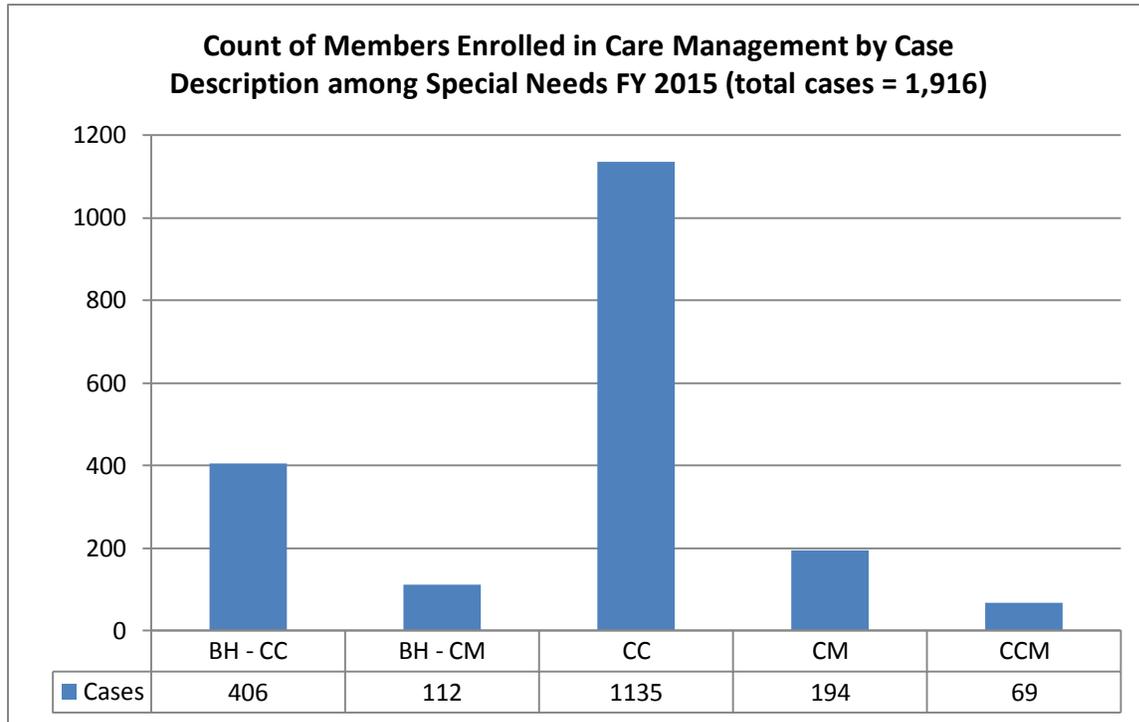


Member's with emergency transportation needs do not use this service. However, members with urgent but not emergent needs do use the transportation benefit. Urgent requests are considered to be requests for service made less than three (3) business days before the appointment. Of the trips requested, members were transported to approximately sixty (60%) percent of urgent appointments.

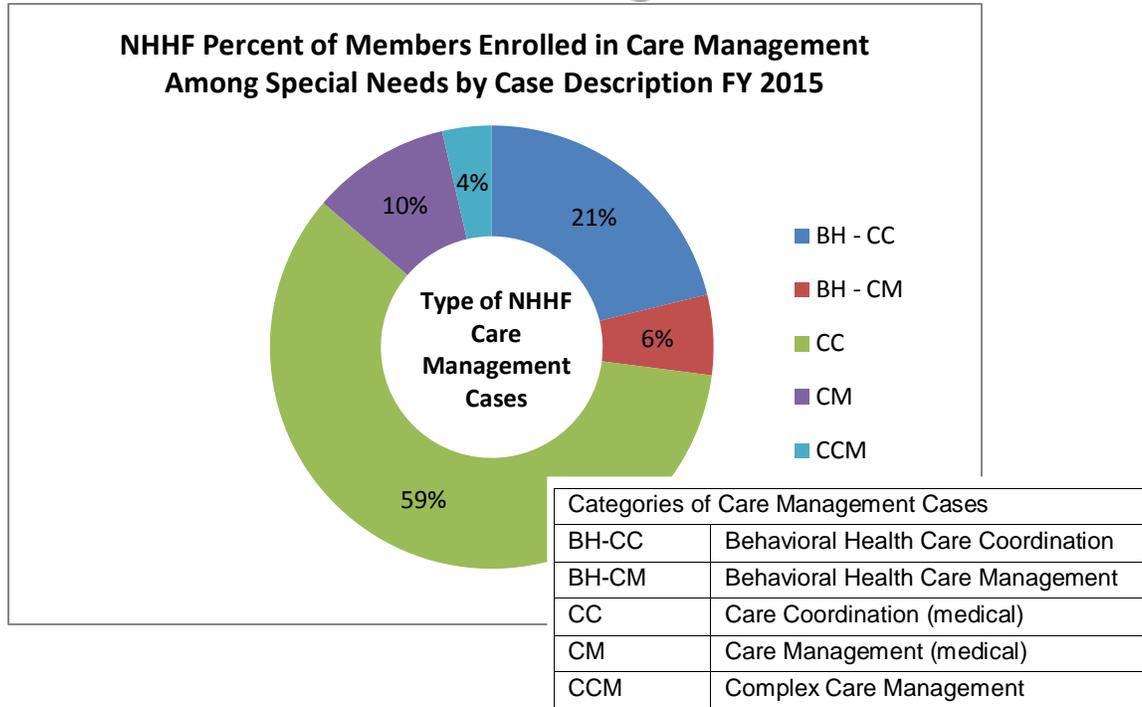
We can help members get the care they need, when they need it. New Hampshire Healthy Families' transportation benefit is designed to help members get to those important appointments.

Care Management - Special Needs

As part of our care management program, NHHF identified members with special needs. Members are identified based on their healthcare needs, their condition, and eligibility criteria.



Similar to the general care management population, the majority (59%) of members enrolled in care management among the special needs population had an active care coordination case from 7/1/2014 – 6/30/2015. Among the special needs population, a larger percent of members (21%) had behavioral health care coordination than the general care management population (11%). This is expected as criteria for special needs focuses on members with behavioral and mental health conditions. Identifying members under the special needs criteria allows NHHF care management staff to provide better and more accurate care coordination services that are tailored to a member's specific needs. This ensures we are able to provide the highest level of care management services to our members with the highest needs.



Social Services and Community Care Coordination

NHHF members are enrolled in care management with a care coordination case if a member's primary needs are social services like accessing housing, financial assistance, or connecting with local community resources. As previously reported, the majority of care management cases during FY 2015 were care coordination (n = 3,154; 82%). Other services offered through NHHF's care coordination services are outlined below.

MemberConnections®

MemberConnections is a program that promotes preventive health and connects members to quality healthcare and community social services. MemberConnections Representatives are specially trained staff that provides support to NHHF members. They can help members determine which doctors are available in your area, find support services, and help arrange for needed services. The MemberConnections Representatives work with NHHF's care managers to ensure the healthcare needs of our members are addressed. MemberConnections Representatives often conduct home visits with NHHF's members to help with healthcare needs and social services.

MemberConnections Home Visit Outreach FY 2015



607 Home Visits

ConnectionsPLUS®

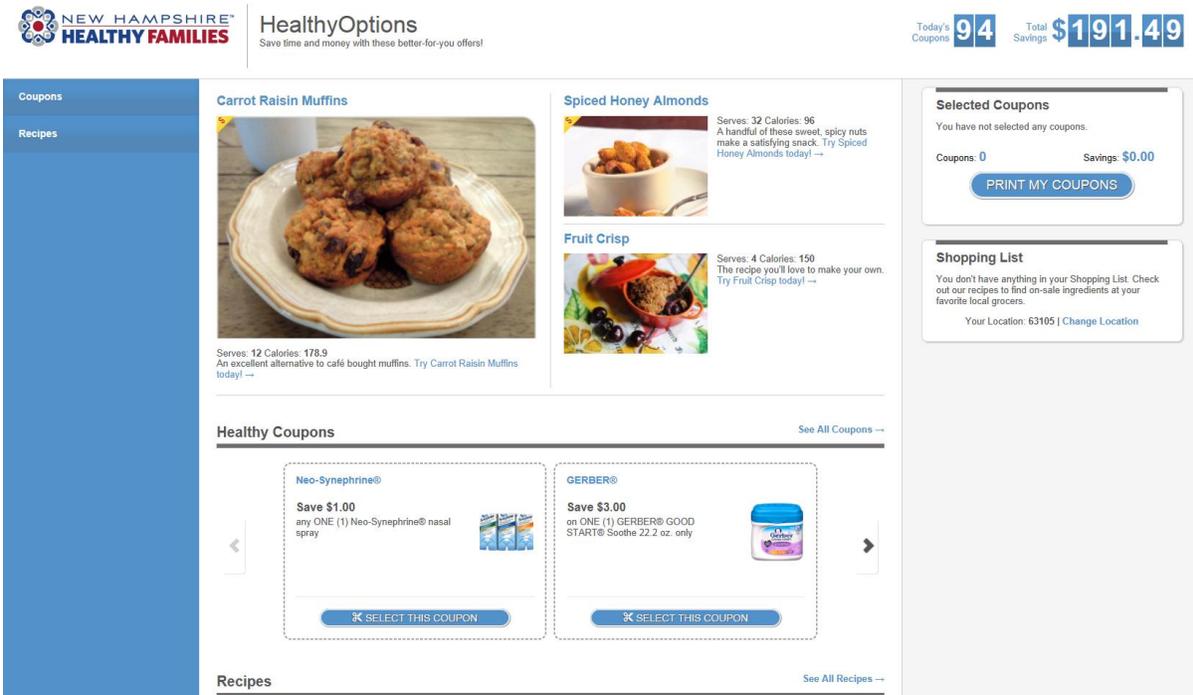
ConnectionsPLUS is part of the MemberConnections program that provides free cell phones to certain NHHF members who do not have safe, reliable access to a telephone. This program allows our members to have 24-hour instant access to physicians, care managers, New Hampshire Healthy Families staff, telehealth services, and 911.



25 Completed ConnectionsPLUS home visits in 9 months

Better For You

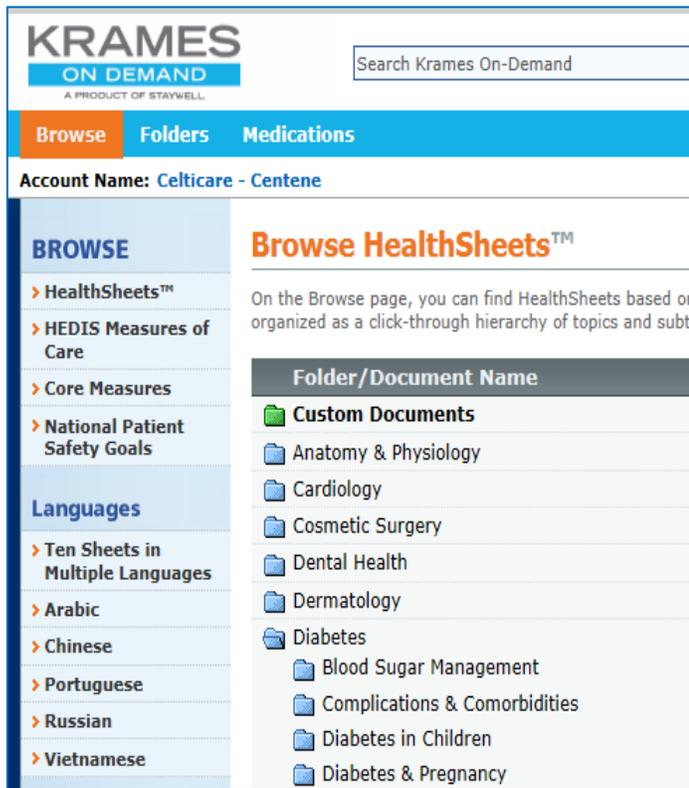
Members and non-Members of NHHF can access healthy recipes and coupons by visiting the New Hampshire Healthy Families Better-for-You Coupon Savers Program webpage. The site is updated regularly and includes recipes and coupons for healthy options that can save our members money.

The screenshot shows the 'Better For You' website interface. At the top left is the 'NEW HAMPSHIRE HEALTHY FAMILIES' logo. The main header is 'HealthyOptions' with the tagline 'Save time and money with these better-for-you offers!'. On the right, it displays 'Today's Coupons: 94' and 'Total Savings: \$191.49'. The left sidebar has 'Coupons' and 'Recipes' tabs. The main content area features three recipe cards: 'Carrot Raisin Muffins' (Serves: 12, Calories: 178.9), 'Spiced Honey Almonds' (Serves: 32, Calories: 96), and 'Fruit Crisp' (Serves: 4, Calories: 150). Below the recipes is a 'Healthy Coupons' section with two coupon cards: one for 'Neo-Syneprhine®' (Save \$1.00) and one for 'GERBER®' (Save \$3.00). On the right side, there are two boxes: 'Selected Coupons' (0 coupons, \$0.00 savings) and 'Shopping List' (empty list). A 'PRINT MY COUPONS' button is visible in the coupons section.

Krames

Krames is an online library of health education materials NHHF care managers use to provide information on patient health. These health education documents have been approved to send to members and/or providers. NHHF care management staff use Krames as an education tool for members and their families to find answers to questions about health, medication, wellness, and available resources. Krames provides health sheets in multiple languages including Spanish, Chinese, French, Portuguese, and Russian. Health sheets can be personalized to a member and allow NHHF care managers, social workers, or behavioral health clinicians to write messages.



Healthy Meals for Diabetes

Ask your health care team to help you make a meal plan that fits your needs. Your meal plan tells you when to eat your meals and snacks, what kinds of foods to eat, and how much of each food to eat. You don't have to give up all the foods you like. But you do need to follow some guidelines.

Eat foods rich in fiber

Fiber is a carbohydrate that breaks down slowly. Fiber is also healthy for your heart. Fiber-rich foods include:

- Whole-grain breads and cereals
- Bulgur wheat
- Brown rice
- Whole-wheat pasta
- Fruits and vegetables
- Dry beans, and peas

Choose healthy protein foods

Eating protein that is low in fat can help you control your weight. It also helps keep your heart healthy. Low-fat protein foods include:

- Fish
- Plant proteins, such as dry beans and peas, nuts, and soy products like tofu and soymilk
- Lean meat with all visible fat removed
- Poultry with the skin removed
- Low-fat or nonfat milk, cheese, and yogurt



Community Outreach

New Hampshire Healthy Families works to be an active member of the communities we serve.

- We participated in or sponsored over 100 events statewide including health fairs, community organization fundraisers, and social awareness events.
- Partnered with the Parker Varney School in Manchester in our Adopt-a-School program. Our Adopt-a-School program is led by the MemberConnections team and includes multiple engagements throughout the year to promote reading, good nutrition, healthy activities, and more.
- We sponsored the Manchester Monarch's Healthy Hat Trick Program to encourage fitness and healthy eating in over 30 schools at all levels.



Children from the Parker Varney Elementary School in Manchester showing off their certificates of completion from the Healthy Hat Trick program with Jen Hader from New Hampshire Healthy Families and Max, the mascot for the Monarch's Hockey Team.

Behavioral Health and Substance Abuse Disorder Program

Utilization Management Program

For this reporting period the Utilization Management Program had a total of 639 admissions. The majority of all admissions were at NHH with a total of 225 between TANF and SSI products. The average length of stay for our members was 9.3

Care Management

New Hampshire Healthy Families Behavioral Health department had a total of 975 enrolled in care coordination services or care management. Care coordinators help our members with accessing therapists and making appointments. They also assist with providing our members with different resources within their communities for their specific needs such as food pantries, transportation, social supports. The behavioral case management department works with members who are more chronically ill, and help to develop a person centered care plan in conjunction with the primary care provider and outpatient provider to work on needs the member has identified. Some of those would be relaxation techniques, medication reconciliation, appointment coordination, and resource gathering. Members enrolled in our Behavioral Health Care Management program are active participants in development of goals they wish to accomplish with assistance from New Hampshire Healthy Families.

Substance Use Disorder Program

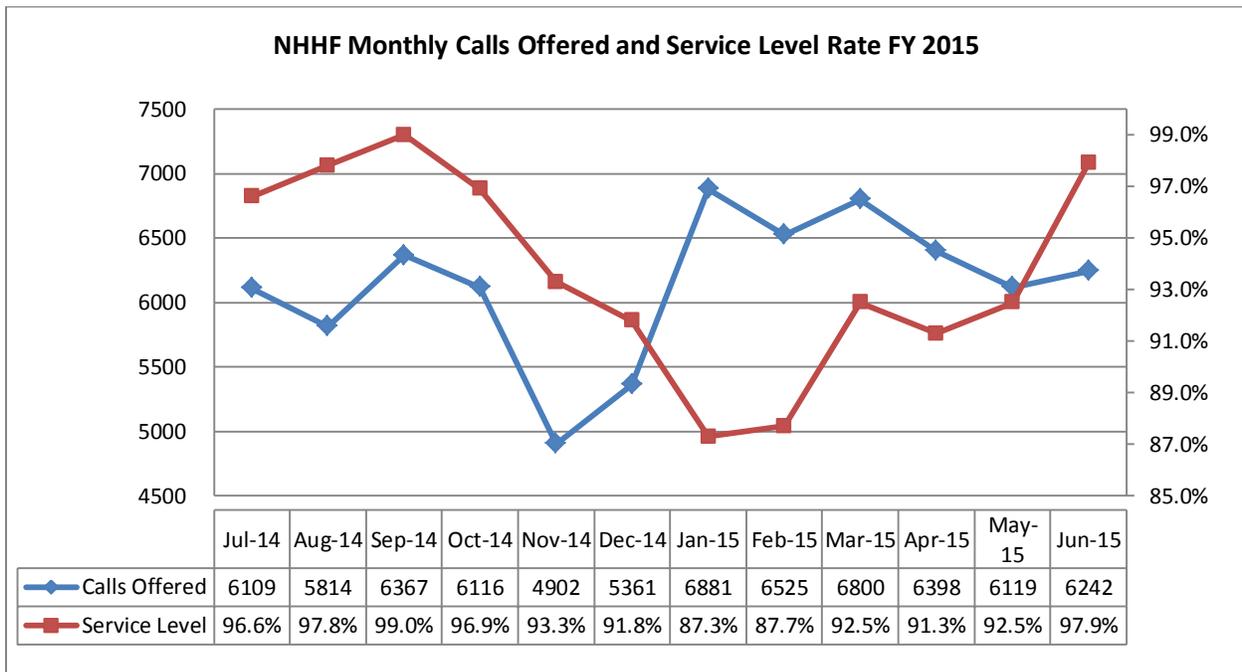
New Hampshire Healthy Families understands how substance use disorder affects not only members, but families and our communities. We have a designated a Substance Use Coordinator who consults and provides clinical direction for members and family into area resources such as NA/AA meetings and support groups, therapists, medication assisted treatment, Community Mental Health Centers, and treatment facilities.

PRODUCT TYPE	ACUITY	TOTAL CASES	TOTAL ADMISSIONS
TANF	Low	197	91
TANF	Medium	234	179
TANF	High	13	9
TANF	TOTAL	444	279
SSI	Low	258	110
SSI	Medium	243	118
SSI	High	30	16
SSI	TOTAL	531	244
ALL PRODUCTS	TOTAL	975	523

Member Services

Call Center

NHNF service levels ranged from a high of 99% in September 2014 to a low of 87.3% in January 2014. Service Level goals are managed to 90% each month. This year's record breaking snowfall had a significant impact on the Call Center and service levels in January and February were impacted due to the weather. Additional staff were hired into the spring to help achieve and maintain service level goals consistently.



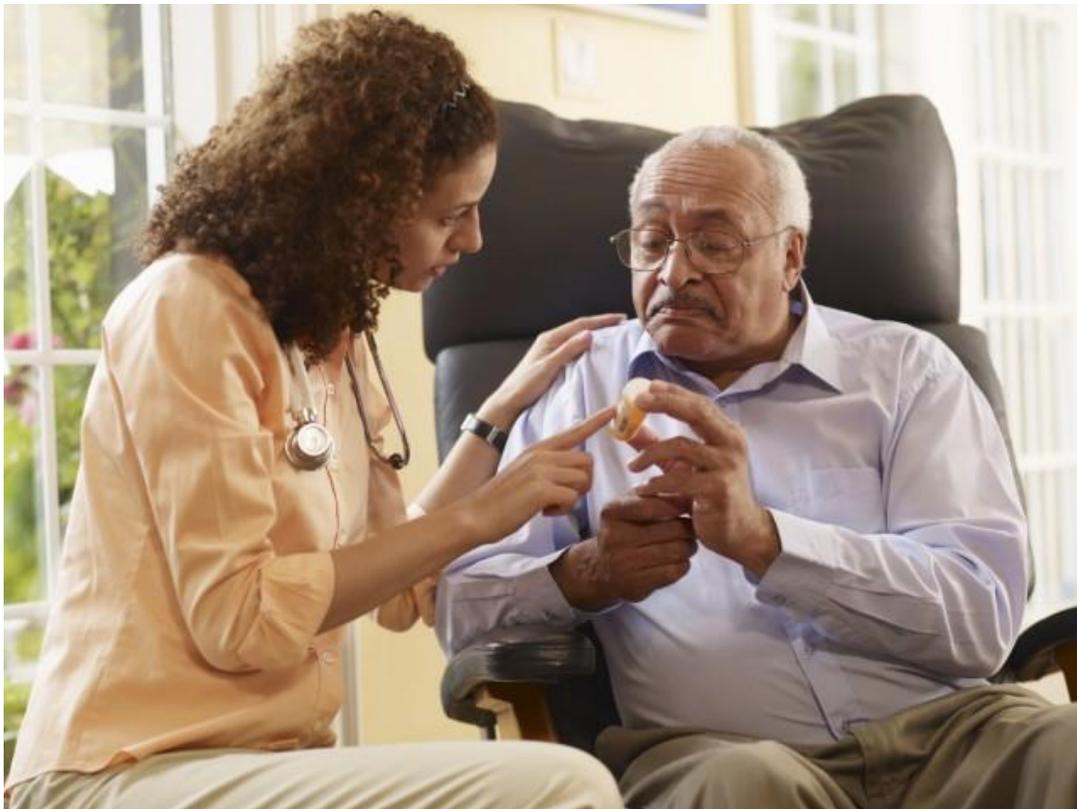
Grievances

NHNF has an easily accessible Grievances and Appeals process. Members are able to contact the Plan to file a grievance via phone, mail, fax, or in person. Once the grievance is received, NHNF's Grievances & Appeals staff work as quickly as possible to thoroughly investigate the member's concern and provide the member with a resolution, in no more than 45 days from the day we receive the request for a grievance.

NHNF tracks and monitors the complaints and grievances received on a regular basis, with the top two categories of grievances identified as the quality of service with the preferred non-emergent transportation provider and the service received from the Plan and the contracted providers. Through the regular monitoring, NHNF identified an opportunity for improvement with the contracted non-emergent transportation provider. As a result of the complaints received, NHNF has obtained a new preferred non-emergent transport provider, one that is very well regarded in the community.

Cultural Competency

NHHF provided services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual members and protects and preserves each with dignity. NHHF has developed a Cultural Competency Plan based on the federally culturally and linguistically appropriate services (CLAS) standard guidelines. NHHF program defines its values and principles, demonstrates behaviors, attitudes, policies and structures that enable employees and providers to work effectively across cultures. The Quality Program actively supports the goals, objectives and evaluation of the Plan by assessing the population characteristics annually and identifying any gaps or opportunities for improvement.



Utilization Management and Appeals

NHHF routinely monitors emergency room use, hospital readmissions, out-of-network services, as well as behavioral health inpatient and outpatient services. Monitoring this data ensures NHHF care management and utilization management staff understands the healthcare activity and needs of our membership. This allows the departments to make operational adjustments (e.g. hiring addition staff, conducting training, etc.) to better fit the needs of our members.

Medical Prior Authorization

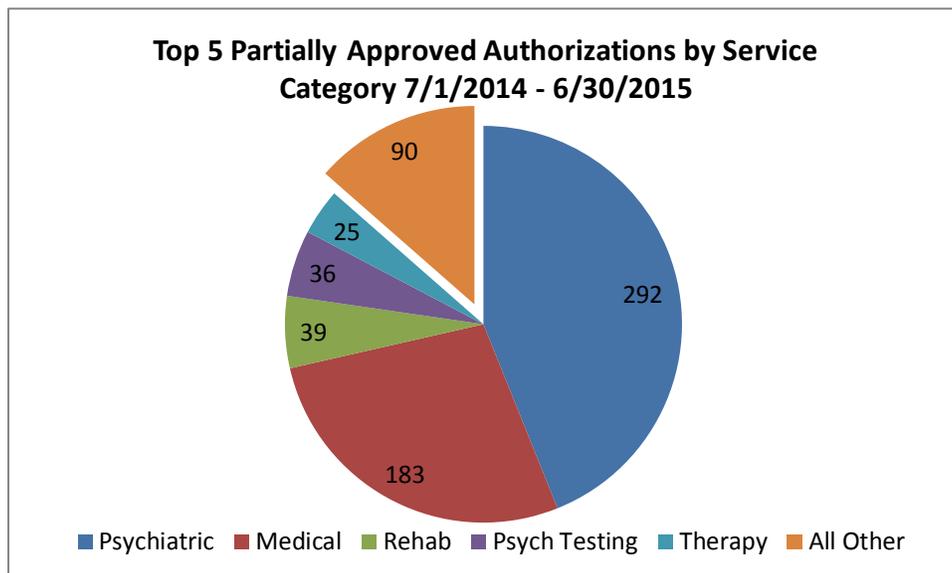
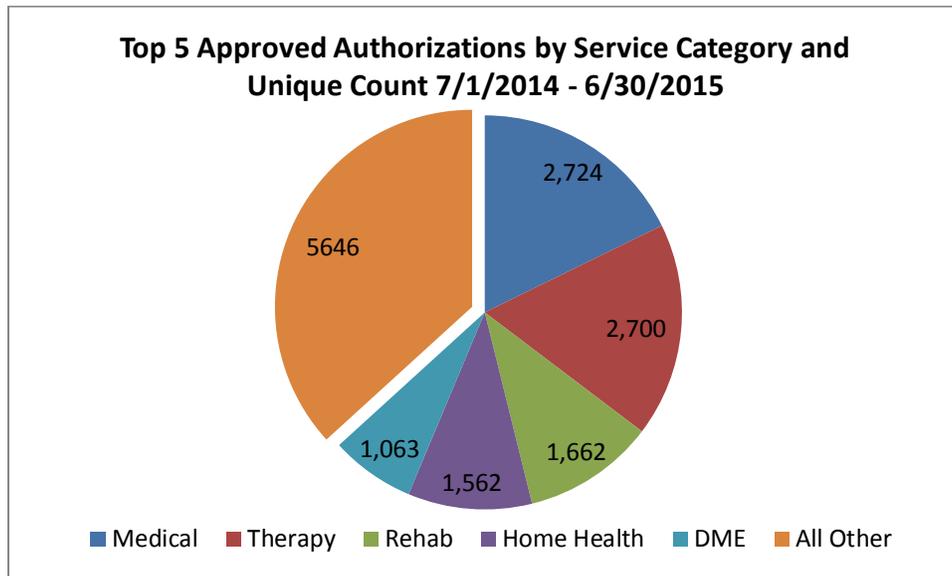
Preauthorization requires the provider or practitioner to make a formal request to NHHF prior to the service being rendered. Upon receipt, the prior authorization request is screened for eligibility and benefit coverage and assessed for medical necessity and appropriateness of the health services proposed. This includes assessing the setting in which the proposed care will take place, and the medical necessity or appropriateness of any requested non-covered benefit.

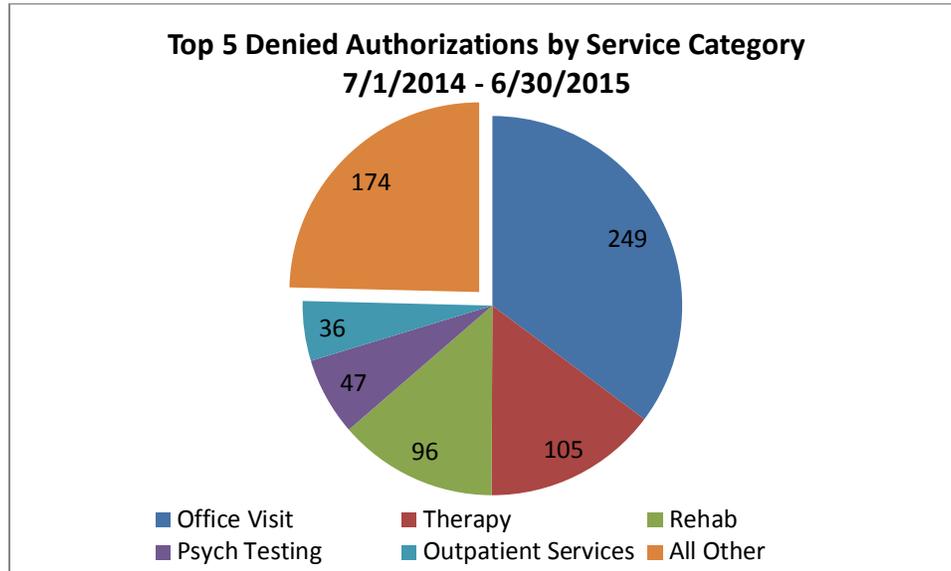
The following reflects authorization activity for NHHF membership during FY 2015. Data was extracted from NHHF’s clinical documentation system.

FY 2015 NHHF Completed Health Authorization Activity		
Authorization Status	Total Authorizations	%
Approved	15,357	92%
Denied	707	4%
Partial Approved	665	4%
Total Completed	16,729	

Top 5 Most Frequently Requested Service Category in FY 2015		
Description	Total Requested	% Approved
Medical	2,928	93%
Therapy	2,830	95%
Rehab	1,798	92%
Home Health	1,575	99%
DME	1,101	97%

The following figures depict NHHF's top 5 authorization service requests by status.





During FY 2015, NHHF either approved or partially approved over 16,022 authorizations and denied approximately 707 authorizations. Requests were commonly denied due to a lack of submitted clinical information or due to requests for out of network providers. Across authorization status, procedures most frequently submitted throughout 7/1/2014 – 6/30/2015 included therapy, rehabilitation, medical, home health, and office visits.

Timeliness of Decision Making

Provided below is NHHF’s compliance with medical prior authorization turnaround times during 7/1/2014 – 6/30/2015 agreement year.¹

Routine Authorizations

Total Requested	% determined within 14 Calendar days
21,710	92%

¹ Operational changes have been implemented in order to improve medical prior authorization turnaround times.

Urgent Authorizations

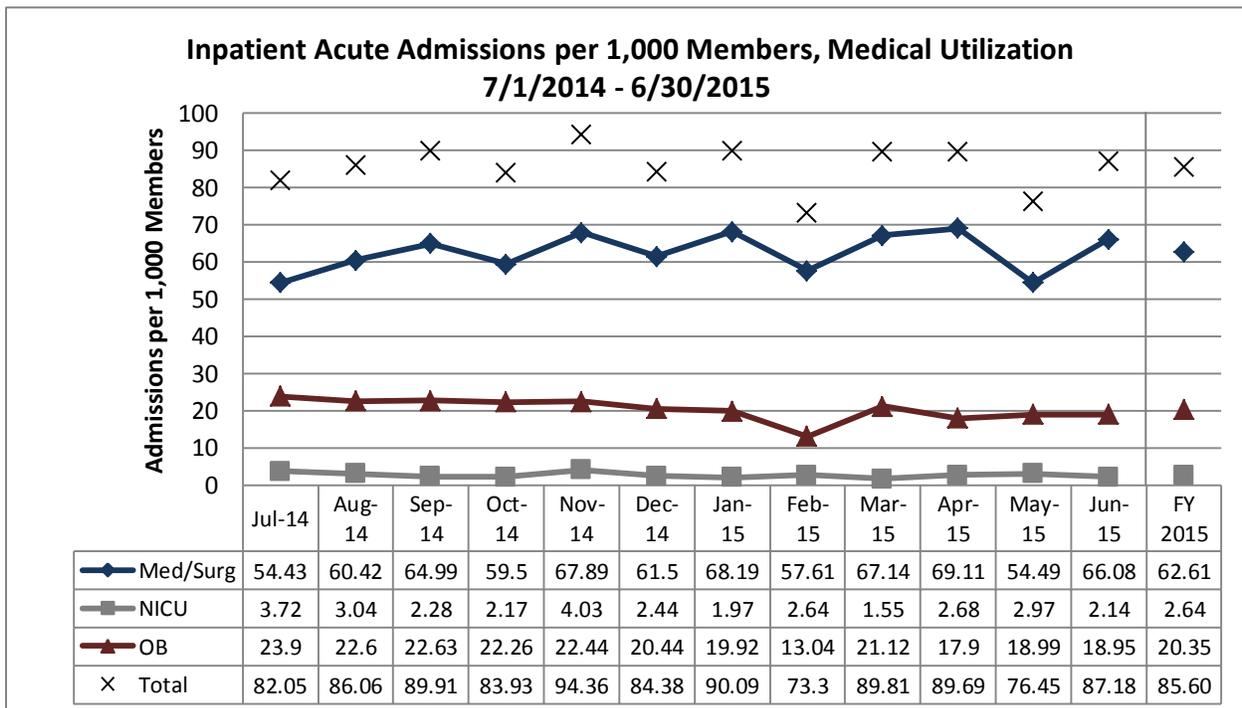
Total Requested	% determined within 72 hours
3,536	72%

Continued / Extended Authorizations

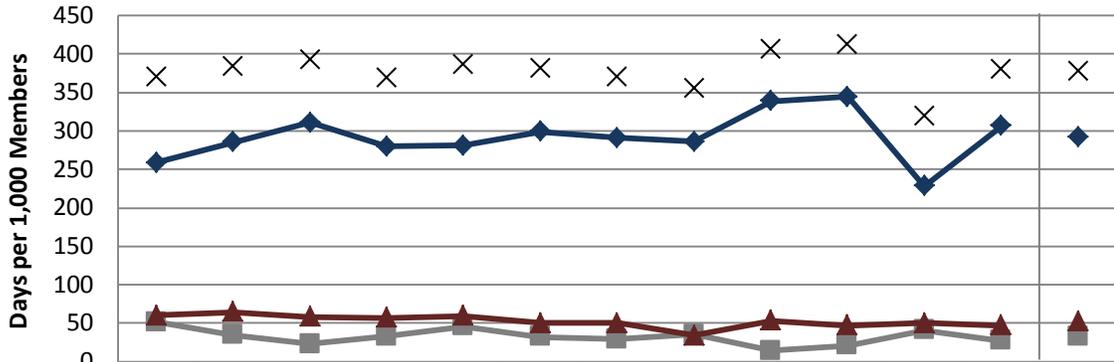
Total Requested	% determined within 24 hours
5,258	59%

Medical (Non-Behavioral Health) Inpatient Utilization

NHMF concurrent review nurses assess all inpatient admissions to ensure medically necessary utilization of services, identify quality of care issues, and assist with transition of care post-discharge. The following three figures reflect NHMF's medical (non-behavioral health) inpatient utilization trends from 7/1/2014 through 6/30/2015.

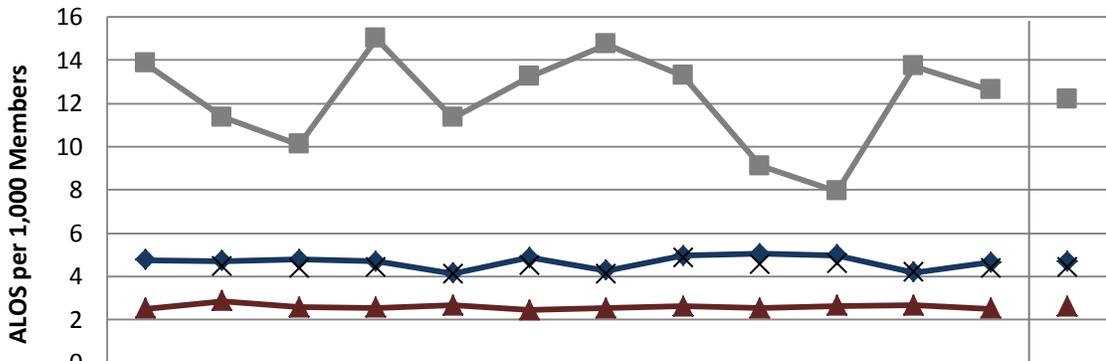


Inpatient Acute Days per 1,000 Members, Medical Utilization 7/1/2014 - 6/30/2015



	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FY 2015
◆ Med/Surg	258.89	285.36	311.04	279.58	281.35	299.25	290.9	285.96	339.15	344.36	228.54	306.35	292.56
■ NICU	51.51	34.56	23.05	32.51	45.64	32.25	29.07	35.06	14.08	21.25	40.79	27.03	32.23
▲ OB	60.01	64.55	58.35	56.94	59.65	50.06	50.25	34	53.41	47.19	50.23	47.3	52.66
× Total	370.41	384.46	392.44	369.03	386.64	381.57	370.22	355.02	406.64	412.8	319.85	380.67	377.48

Inpatient Acute Average Length of Stay, Medical Utilization 7/1/2014 - 6/30/2015



	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FY 2015
◆ Med/Surg	4.76	4.72	4.79	4.7	4.14	4.87	4.27	4.96	5.05	4.98	4.19	4.64	4.67
■ NICU	13.86	11.36	10.09	15	11.33	13.23	14.73	13.27	9.11	7.94	13.72	12.62	12.19
▲ OB	2.51	2.86	2.58	2.56	2.66	2.45	2.52	2.61	2.53	2.64	2.66	2.5	2.59
× Total		4.47	4.36	4.4	4.1	4.52	4.11	4.84	4.53	4.6	4.18	4.37	4.41

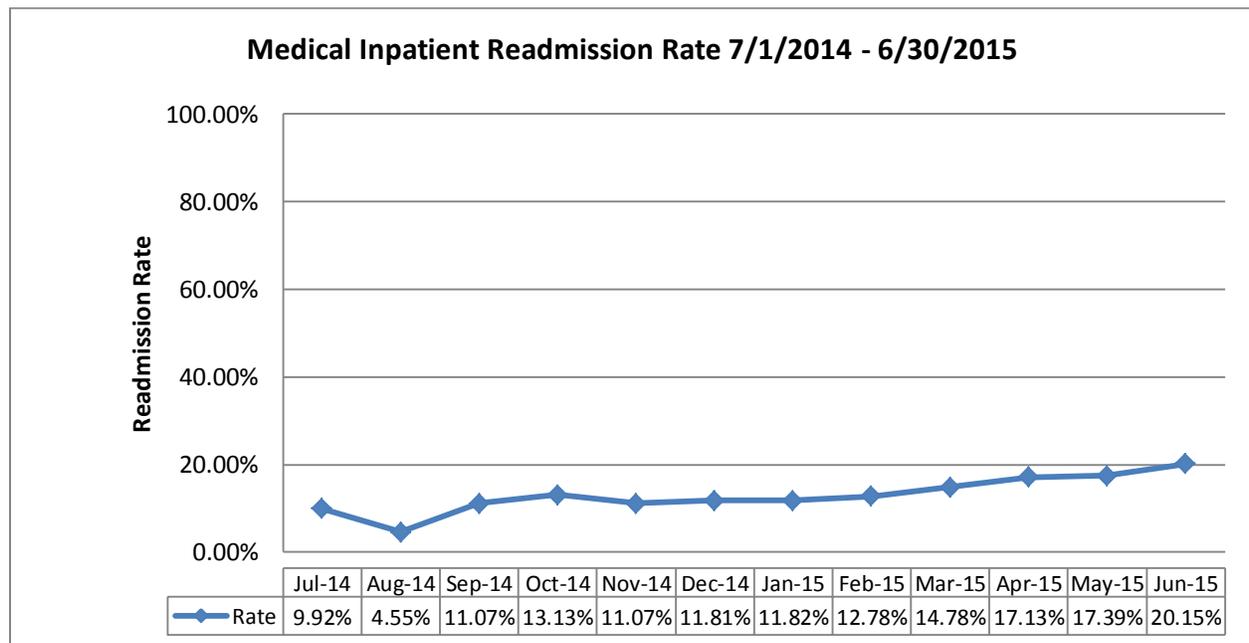
Since July 2014, there has been an overall steady trend in inpatient utilization among the NHHF member population; however, utilization does vary by type of admission. For instance, the variability in inpatient admissions per 1,000 was experienced by lower than average medical or surgical inpatient admissions in October 2014, December 2014, February 2015, and May 2015. Acute inpatient days per 1,000 members experienced a decrease in utilization activity among membership admitted for medical or surgical inpatient admissions in May 2015 after a slight increase in March and April 2015. Activity among both OB admissions and neonatal admissions remained fairly constant.

The pattern of utilization among the three measures coincides with overall randomness of medical activity. Although there are seasonal trends, it is known that pregnancies occur throughout the year and can be considered a fairly constant measure of activity; however, general medical or surgical admissions are random and therefore difficult to predict and plan for. Similarly, overall average length of stay (ALOS) for the twelve month period is explained by extreme fluctuation in the neonatal population; ALOS for medical and OB admissions remained constant. Variation among the neonatal population is expected as this population is categorized by arguably more sensitive cases than the general member population.

Over- and Under-Utilization Monitoring

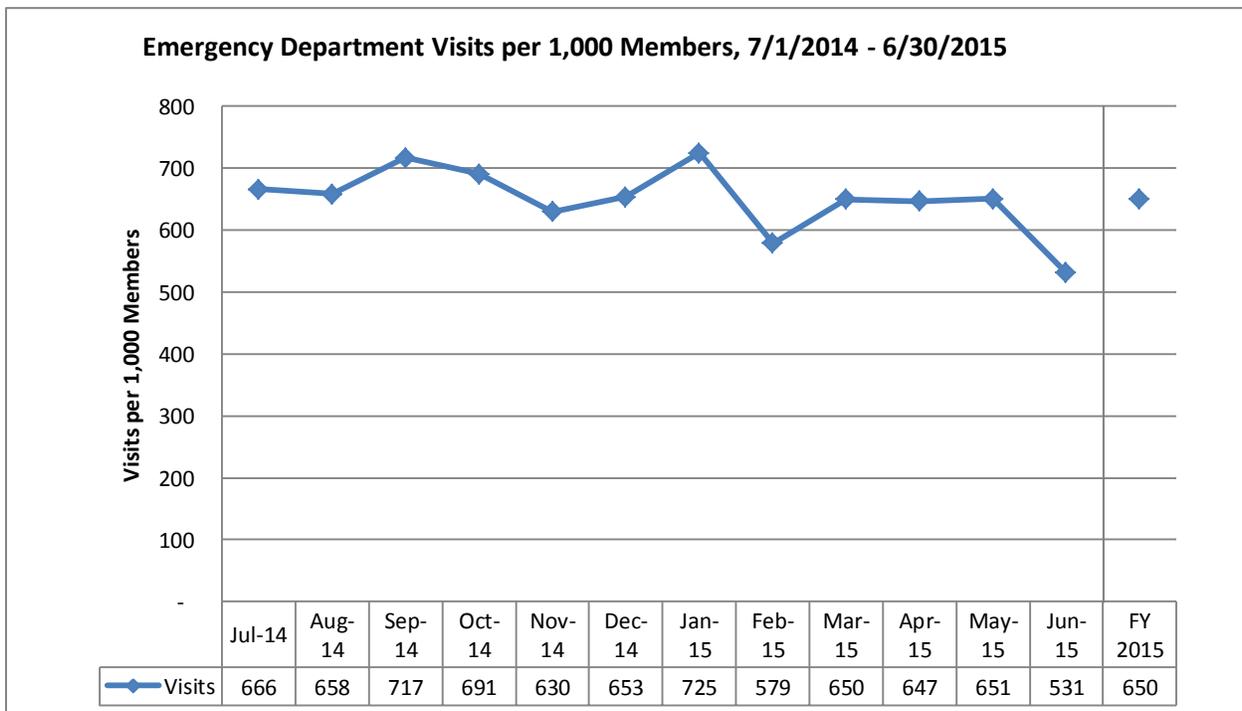
UM program activities implemented to achieve the program’s goals include monitoring for appropriate utilization of readmissions and emergency department utilization. The following three figures reflect NHHF’s readmission and emergency department utilization trends from 7/1/2014 through 6/30/2015.

Medical Readmission Rate



Readmissions are defined as the percent of admissions to an acute inpatient setting for any cause occurring within 30 days of a previous acute inpatient admission for a given member. For FY 2015, NHHF membership was marked by an average inpatient readmission rate within 30 days of discharge during the twelve month period of 12.97%. The lowest rate of readmission was in August 2014 (4.55%). An increasing trend in readmissions was experienced beginning mid-Q1 2015 and continued into Q2 2015. NHHF monitors readmission rates among our membership to benefit both internal and provider operations. Efforts are underway to reduce the frequency of medical readmissions. NHHF strives to reduce 30 day readmission rates through timely outreach to members within 72 hours following discharge from an acute care hospital. These post discharge calls are geared towards mitigating risk factors for readmission and serve as an opportunity to enroll members in care management.

Emergency Department (ED) Utilization



ED visits per 1,000 members was marked by an overall declining trend with an average rate of 650 ED visits per 1,000 members. Although other indicators of inpatient utilization experienced spikes during Q3 2014, ED visits per 1,000 members declined following an increasing trend during mid-Q1 to Q2 and peak of 744 ED visits per 1,000 members in May 2014. Although ED utilization declined throughout the twelve month analysis period, NHHF is enhancing its ED diversion program to further prevent inappropriate emergency room use. These efforts and initiatives can positively affect program quality and cost, impact on provider operations, and member experience.

Pharmaceutical Management

NHHF's Pharmacy Management Program is overseen by our Chief Medical Director and our Pharmacist.

Pharmacy Benefit Manager (PBM)

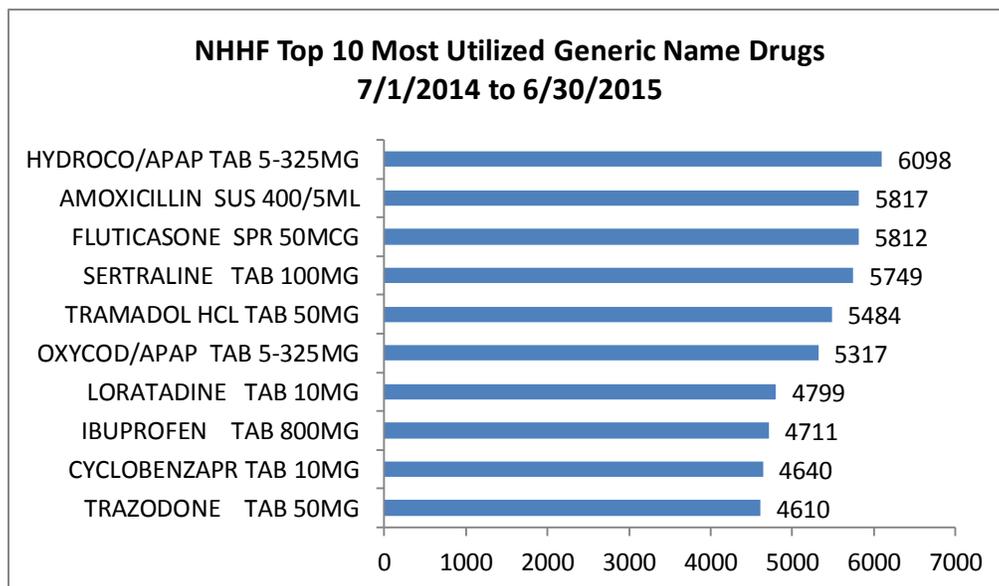
US Script, a sister organization and wholly-owned subsidiary of Centene Corporation, is the current Pharmacy Benefit Manager (PBM) for NHHF. The PBM is responsible for pharmaceutical administrative and clinical operations, including pharmacy network contracting and credentialing, pharmacy claims processing system and data operations, customer service, pharmacy help desk, prior authorization, clinical services and quality improvement functions. The PBM follows and maintains compliance with NHHF policies and all pertinent New Hampshire and federal statutes and regulations. As a delegated entity, US Script is monitored according to the delegation policies and processes outlined in the 2014 UM Program Description. NHHF contracted with its affiliate specialty pharmacy providers, AcariaHealth Inc. and CVS/Caremark, as necessary.

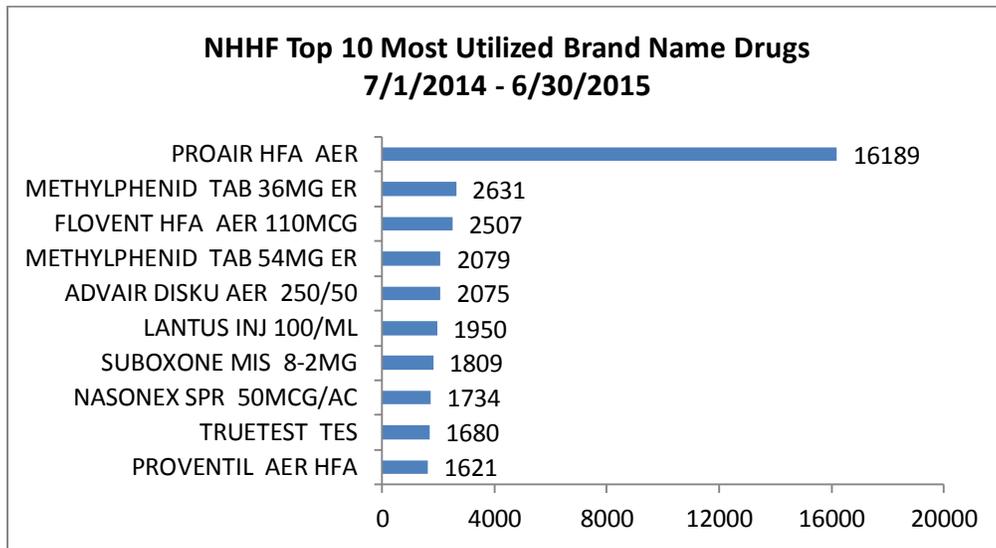
Pharmacy Lock-In Program

NHHF implements a Pharmacy Lock-In Program to monitor and control for suspected abuse of the pharmacy benefit. As part of the program, pharmacy claims data is analyzed to identify members who meet the pharmacy lock-in criteria. Once identified, members are restricted to one pharmacy for prescription fills in order to better manage and control for abuse.

Drug Utilization

NHHF monitors drug utilization by frequency of total drug fulfillment during July 2014 to June 2015 to understand the health care needs of our members. Drugs utilization is broken out by dosage, and by generic or brand name. The following figures show the top ten utilized drugs for 2014 broken out by generic and brand name.





Generic drugs accounted for approximately 82% of total drug fills made among NHHF's membership from July 2014 to June 2015. Of those generic drugs, the top drugs filled during fiscal year 2015 were Hydrocodone, Amoxicillin, Fluticasone, Sertraline, Tramadol, and Oxycodone. Brand name drugs accounted for roughly 18% of total drug fills made from July 2014 to June 2015. Of those brand name drugs, the top drugs filled during fiscal year 2015 were Proair HFA, Methylphenidate, and Flovent HFA.

Appeals

Members are able to contact the Plan to file an appeal via phone, mail, fax, or in person. Once the appeal request is received, NHHF's Grievances & Appeals staff work as quickly as possible to obtain all pertinent information, have the appeal reviewed by a clinician not party to the appeal, and provide the member with a determination.

NHHF's Appeals process provides members (or their authorized representatives) the opportunity to request that NHHF take a second look at a denial for authorization. Often times, denials are made because the necessary information was not available during the very short amount of time allowed to make an initial decision. This is supported by the fact that almost 50% of appeals are approved because the medical necessity was established during the additional time allowed in an appeal review.

The appeals process, for non-urgent situations, can take place over the course of 30 days and up to 44 days, if additional time is needed. If the appeal is in regards to an urgent situation, the process usually takes no more than 72 hours. The majority of the appeals are standard appeals, that is non-urgent appeals; they are generally resolved in an average of 2-3 weeks and expedited appeals are generally resolved in 1-2 days.

NHHF tracks and monitors the appeals received on a regular basis, with the top two categories identified as appeals for coverage of medications and services with out of network providers. There are improvement efforts in place to address these areas that have been identified as opportunities to improve members' satisfaction with the plan.

Provider Relations Overview

The NH Healthy Families (NHHF) Provider Relations team is based locally in the Bedford, NH office. The Provider Relations team is led by the Provider Relations Territory Supervisor and includes two external Provider Relations Specialists and two internal Provider Relations Specialists. The external Provider Relations Specialists are field based staff that are assigned to a specific geographic territory. The overarching goal of the provider relations team is to be engaged and visible in the provider community; to provide support, education and training. The following outreach activities were performed by the provider relations from July 1, 2014-June 30th, 2015:

Number of Field Visits	1123
Number of New Provider Orientations	175
Number of Formal Trainings	8

Primary Care Physician Access

New Hampshire Healthy Families' (NHHF) analysis was completed on the current NHHF provider network in order to evaluate PCP appointment accessibility for routine care, urgent care, and after-hours access, and to ensure the network complies with the health plan standards.

New Hampshire Healthy Families (NHHF) monitors primary care practitioner appointment and after hours accessibility annually against its standards, and initiates actions as needed to improve.

PCP Appointment Availability and Accessibility surveys were conducted by the provider relations team. The surveys were executed in person by the assigned Provider Relations Specialist whenever possible. If the office was not willing to complete the survey in person, the surveys were returned to the provider relations team via email.

A total of 1,109 PCPs were surveyed, representing PCPs assigned to over 50% of the NHHF membership.

Primary Care Appointment Access Results

Appointment Type	Standard	Results	Goal Met? (Yes/No)
Regular/Routine Appointments	90% of the surveyed PCPs report the office has availability for a routine appointment within 30 calendar days	97% (1076/1109) of PCP offices met the standard for regular/routine appointments	Yes
Urgent Care Appointments	90% of the surveyed PCPs report the availability of an urgent care appointment within 48 hours	100% (1109/1109) of PCP offices met the standard for urgent care appointments.	Yes
Primary Care After-Hours Care	100% of PCP offices have an after-hours access availability that meets New Hampshire Healthy Families' Standards	98% (770/771) of PCP offices have acceptable after-hours access	No

Analysis of After- Hours Availability

99% of the PCP offices surveyed on after-hours availability met the internally defined NHHF after-hours access standard. Two provider groups, representing 1% of PCP offices in the after-hours study, did not have an acceptable method of providing after-hours access for members and therefore did not meet the health plan goal of 100%.

After-Hours Access Detailed Results

Criteria	# PCPs and % Compliant
Live person answering service with assistance for urgent issue (offer to have doctor call member back or to telephonically transfer member's call to doctor on call) and for emergency issue (directs member to call 911 or go to nearest ER)	59% (455/771)
OR	
Answering machine provides instructions for urgent issue (instructions on how to page doctor and to go to ER or urgent care if situation cannot wait to next business day) and for emergency issue (instructions to call 911 or go to nearest ER if situation is emergent)	39% (304/771)
OR	
Did not have after-hours access	2% (12/771)

Fraud Waste and Abuse

Combatting Fraud, Waste and Abuse

New Hampshire Healthy Families is committed to complying with all applicable Federal and State regulations. All employees are trained on the identification, investigation and reporting process for allegations of Fraud, Waste and Abuse.

Identification of Fraud, Waste and Abuse

New Hampshire Healthy Families has a team of resources dedicated to supporting Fraud, Waste and Abuse activities. This team is called the Special Investigative Unit (SIU). Our SIU team received Fraud, Waste and Abuse referrals through three potential avenues: reactive, proactive and systematic.

Reactive referrals are defined as a person or agency, outside of Centene or the associated health plans, who forwards information to the SIU for further review.

- **State Notification** - SIU works close with the Department of Health and Human Services (DHHS) to identify all cases of any suspected FWA. Regularly monthly, quarterly, and ad hoc SIU meetings provide an opportunity for SIU and DHHS to collaborate and share information regarding current concerns affecting members as well as atypical trends. If any abnormalities are found SIU, with permission from DHHS, will proceed with an investigation.
- **Hotline Number** - The hotline number is 1-866-685-8664. A toll-free hotline number has been established to report potential fraud, waste, and abuse issues. All calls are logged and reported within 24 hours and investigated by SIU. It is against corporate policy to retaliate against anyone who makes a referral. All callers have the option to remain anonymous. The hotline number may also be found on every Explanation of Benefits (EOB) sent routinely to members.
- **Employee Referrals** - During the normal course of business, employees will often see or hear unusual information that warrants further review. Employees must report potential billing irregularities to the SIU or their health plan representative within twenty-four (24) hours of identification. Employees may complete an FWA referral form or contact SIU directly at any time to report any suspicious activity

Proactive referrals are defined as a provider/member who has been identified as an outlier by a Centene or health plan employee

- **Prepayment Review Identification** - The SIU Prepayment Review Identification as a tool that proactively identifies outlier codes. Software analyses flag billing patterns that are outliers as compared to a provider's peers. As of May 2015, FFP has provided a cost savings of \$219,053.99 for the fiscal year. The year to date per member per month savings ratio of 4.2 is consistent other larger states with higher populations.

Systematic referrals are obtained with the assistance of software. SIU has several systematic waste/fraud detection audits in place which help to educate the providers, as well as adhere to state regulations and reduce future potential FWA issues.

- Peer to Peer Identification – A tool that systematically identifies billing irregularities based on hundreds of industry standards. Outliers and irregularities are identified in quarterly reports and investigated for retrospective review.

Combating the Controlled Substance Abuse Challenges in New Hampshire

All three of these referrals have been used to identify the increased problem of Suboxone/Bupamorphine and Schedule 2 prescription drug epidemic across New Hampshire. The top priority for SIU is to maintain patient safety, quality, and oversight. In cooperation with DHHS, the SIU is focusing its resources in monitoring and investigating the growing epidemic of the rising opioid addiction throughout New Hampshire. Investigations that concern opioid abuse, including its synthetics such as Suboxone/Bupramorphine are approached in a multi-faceted methodology including but not limited to medical record examination, provider prescription history, and transportation information.

Staying Ahead of Fraudsters to Protect Our Members

Weekly meetings among the SIU department provide investigators opportunities to identify FWA trends in regional and national settings. Joint efforts throughout the team create a “think tank” among investigators furthering the knowledge of the SIU to combat FWA on local and regional levels.

SIU Case Review:

- *Upcoding, where a provider bills a services performed as a more complex or time-consuming procedure, maintains to be a top focus upon the Prepayment Review Identification process. Proper billing of Evaluation/Management codes provides opportunities for the SIU to educate providers, and provide oversight to protect patient safety as well as maintain provider quality for every encounter with a member.*
- *The SIU also focuses upon overutilization in the Prepayment Review Identification process. Billed codes are analyzed to find outliers and irregularities in billing patterns. Overutilized codes can be stopped before payment providing for valuable cost savings and opportunities to recoup payment.*
- *Suboxone and/or Schedule 2 Drug Investigations - SIU remains to be committed to patient quality and safety by recognizing the epidemic of opioid abuse and is working closely with DHHS on new approaches of identifying Suboxone and narcotic abuse through the use of member claims and pharmaceutical data.*
 - *Preliminary Investigation of pain management facility currently under review was originally brought to SIU by DHHS. SIU is comparing medical, pharmaceutical, and transportation claims for any inconsistencies and evidence that members are paying cash for physician visits to obtain their Suboxone or controlled substance treatments.*