Providing Better Health Outcomes at Lower Costs for Our Members

Helping a Homeless Member with SUD

• First encounter: living in tent post discharge
• ICM worked with him weekly for a year
• Connected with services and housing
• Now:
  – No longer uses, achieved One-Year AA Medallion, has new relationship with family.
Quality Assessment & Performance Improvement (QAPI)

Continuously improve the Quality and Safety of the Clinical Care and Services Provided to Our Members:

- Implemented member and providers outreach activities to improve clinical and preventive care
- Development of a Provider Tool Kit focusing on EPSDT required services & member value added services
- Patient Safety and Collaboration through providing expertise and ongoing support to practices.
2015-2016 Performance Improvement Projects

Four Performance Improvement Projects (PIPS)

• Screening/Monitoring Diabetic Retinal Exam
• Diabetes Screening for Members w/ Schizophrenia or Bipolar disorder on an Antipsychotic Medication
• Well Child Visit for Children Ages 3-6
• Weight Assessment & Counseling for Nutrition & Physical Activity for Children /Adolescents
Opportunities for Improvement: In Process

• Improvement in the HEDIS medical record abstraction process
• Increase the engagement of practitioners in improving HEDIS rates
• Incentives for enhanced quality of care
• Multi-tier interventions implemented earlier in the calendar
Integrated Care Management (ICM)

• NH Healthy Families care managers are nurses, behavioral health clinicians, or social workers.
• Care managers work with the member and their doctors to help them:
  – Get the care they need
  – Identify community resources
  – Set up home health care
  – Assist with other needed services
Integrated Care Management

Care management is available for all members including members with the following:

- Social and care coordination needs
- Complex medical health needs
- Behavioral health needs
- Pregnancy
- Disability

Dorland Health's
*Case in Point Platinum Award*
Received July 2015, Bethesda, Maryland
## Integrated Care Management

Categories of Integrated Care Management cases:

<table>
<thead>
<tr>
<th>Level of Care Management</th>
<th>Case Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>Medical and Behavioral integrated</td>
<td>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.</td>
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<tr>
<td>Complex Care Management</td>
<td>Medical and Behavioral integrated</td>
<td>Appropriate for members needing a higher level of service, with clinical needs. Members in case management may have a complex conditions or multiple comorbidities 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.</td>
</tr>
</tbody>
</table>
Membership in Integrated Care Management

### NHHF Membership and Percent Enrolled in ICM during FY 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Membership as of June 2016</th>
<th>Received Outreach</th>
<th>Enrolled in CM</th>
<th>Percent Enrolled of Total Membership</th>
<th>Percent Enrolled of Total Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>62,915</td>
<td>11,309</td>
<td>6,076</td>
<td>10%</td>
<td>54%</td>
</tr>
</tbody>
</table>

### NHHF ICM Enrollment

Case Type

7/1/2015 - 6/30/2016 (Total Cases = 6,076)

- **CC** (Care Coordination): 5,397 cases
- **CCM** (Complex Care Management): 679 cases

### Categories of Integrated Care Management Cases

- **CC**: Care Coordination
- **CCM**: Complex Care Management
ICM Program Highlights

Start Smart for Your Baby®
- Special program for pregnant women (ID through NOP)
- Of 306 members identified, 157 (51%) were enrolled in a Smart Start case

24-Hour Nurse Advice Line
- Registered nurses available 24/7
- Assist with finding a doctor, getting transportation, and determining the best place to go for care
ICM Program Highlights

Follow-up after Discharge

• Actively work to ensure members receive timely outreach after an inpatient discharge

• Post-hospitalization outreach can:
  – Prevent readmissions
  – Ensure appropriate follow-up services are in place
ICM Program Highlights

Follow-up after Discharge, cont.

• During FY 2016 NH Healthy Families staff completed the following outreach goals

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<tbody>
<tr>
<td>10 days</td>
<td>95.0%</td>
<td>96.1%</td>
<td>96.2%</td>
<td>92.1%</td>
<td>90.9%</td>
<td>95.6%</td>
<td>90.8%</td>
<td>96.1%</td>
<td>96.5%</td>
<td>97.1%</td>
<td>96.9%</td>
<td>96.7%</td>
</tr>
</tbody>
</table>
Disease Management

- Educational mailings and telephonic interactions with trained, clinical-licensed professionals
- Therapeutic interventions focused on behavior modification, symptom management, and prevention
- Improvement of member self-management

### Disease Management Programs

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Diabetes</th>
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<tbody>
<tr>
<td>COPD</td>
<td>Telecare Monitoring</td>
</tr>
<tr>
<td>Depression</td>
<td>Puff Free Pregnancy</td>
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<tr>
<td>Tobacco Cessation</td>
<td>Weight Management</td>
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<tr>
<td>Heart Disease (CAD &amp; CHF)</td>
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</table>
Disease Management Continued

During FY 2016, a total of 8,033 members (rolling total, year-over-year) were active in the DM program

- 1,560 eligible members were identified and 32% of those members were enrolled

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</thead>
<tbody>
<tr>
<td>Newly Identified</td>
<td>254</td>
<td>216</td>
<td>246</td>
<td>96</td>
<td>7</td>
<td>10</td>
<td>35</td>
<td>271</td>
<td>63</td>
<td>94</td>
<td>144</td>
<td>124</td>
<td>1560</td>
</tr>
<tr>
<td>Newly Enrolled</td>
<td>43</td>
<td>29</td>
<td>21</td>
<td>58</td>
<td>8</td>
<td>14</td>
<td>12</td>
<td>57</td>
<td>95</td>
<td>50</td>
<td>49</td>
<td>63</td>
<td>499</td>
</tr>
<tr>
<td>Total Active (rolling totals)</td>
<td>736</td>
<td>691</td>
<td>638</td>
<td>621</td>
<td>583</td>
<td>569</td>
<td>774</td>
<td>664</td>
<td>706</td>
<td>689</td>
<td>678</td>
<td>684</td>
<td>8033</td>
</tr>
</tbody>
</table>

2/15/2017
ICM Program Highlights

MemberConnections®

• Promotes preventive health & connects members to healthcare and social services
• Conduct community visits to help with immediate needs

Representatives completed 718 community visits
• 628 were in the member home
• Other locations include:
  – Homeless shelters, community centers, hospitals, nursing homes, etc.
ICM Program Highlights

ConnectionsPlus®
- Free cell phones for members needing safe, reliable access

Educational Resources
- Award-winning publications & communications focusing on specific conditions and disease management.
Pharmacy Operations

- Processed 782,600 Prescriptions with a 98.9% Approval Rate
- Preferred Drug List (PDL) Conversion
- Developed and implemented Comprehensive Medication Review offer and adherence letter program
- Leveraged local presence to improve Provider relationships
- Epocrates Implementation
Substance Use Disorder: Programmatic Focus

Initiatives undertaken to address the opioid crisis:

- Substance Use in Pregnancy Program (13 active enrollees)
- Designated MLADC licensed Substance Use Coordinator
- Implemented SUD Medicaid Benefit Expansion 7/1
- Luncheon sponsor for the Governor’s Summit on Substance Misuse.
- Sponsored Tilton Recovery Coach Academy graduating 32 new recovery coaches.
Substance Use Disorder: Pharmaceutical Focus

- Implemented opioid analgesic policy to limit dosage to the equivalent of 100 mg of morphine.
- Suboxone policy revised to waive the PA requirement for 16mg/day or less of the preferred film form.
- Distributed hundreds of Naloxone atomizers free of charge to any FQHC that wants them.
- Tracked and contacted all high-prescribing providers.
CentAccount Program

- Cash awards offered for doing healthy behaviors.
- No fees or cost to member.
- Awards automatically loaded onto card.

Helping a Struggling Family

- Member is 3-year old needing liver transplant
- Mom is caregiver and money is tight.
- ICM helped by showing that with CentAccount and MyHealthPays they could access over $500.
- Mom is so grateful!
Consumer Advisory Board

- Conducted quarterly meetings
- Held meetings from geographic areas around the state including Laconia, Keene & Berlin (2).
- 36 Members attended

<table>
<thead>
<tr>
<th>Topics Discussed</th>
</tr>
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<tbody>
<tr>
<td>Ease of using benefits</td>
</tr>
<tr>
<td>Member experience with the plan</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>CentAccount</td>
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<tr>
<td>Preventive Care</td>
</tr>
<tr>
<td>Preferred communication methods</td>
</tr>
<tr>
<td>Care management</td>
</tr>
<tr>
<td>Getting appointments</td>
</tr>
<tr>
<td>PCP satisfaction</td>
</tr>
<tr>
<td>ER utilization</td>
</tr>
</tbody>
</table>
## Consumer Advisory Board Outcomes

<table>
<thead>
<tr>
<th>Areas of Satisfaction</th>
<th>Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors in the Network</td>
<td>Is Urgent Care covered?</td>
</tr>
<tr>
<td>Member Services</td>
<td>PDL required choices</td>
</tr>
<tr>
<td>Care Management Program</td>
<td>More/better Dental care &amp; coverage</td>
</tr>
<tr>
<td>Coming to this meeting</td>
<td>Didn’t know CentAccount</td>
</tr>
</tbody>
</table>
Provider Satisfaction Survey

218 Surveys Completed

<table>
<thead>
<tr>
<th>Highest Scores</th>
<th>Lowest Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting member information</td>
<td>Formulary does not reflect current standards</td>
</tr>
<tr>
<td>Quality of Specialists in network</td>
<td>Quality of Provider Orientation</td>
</tr>
<tr>
<td>Provider Relations representatives</td>
<td>Consistency of Formulary over time</td>
</tr>
</tbody>
</table>
Provider Advisory Board

• Met quarterly with physicians/ providers to solicit feedback

• Issues identified by providers include:
  – Fee schedule
  – Prior Authorization
  – Pharmacy

• Each issue leads to an action plan:
  – Policy change in pharmacy PA for Suboxone to remove barriers.
  – Claims-related issues are being addressed
  – Education provided on product differences.
Community Outreach

Participated in or sponsored 145 events

Highlight: *Keep It Moving* program

- An original 5-week program
- Everyday sessions focused on healthy eating and physical activity.
- Run in collaboration with a local Boys & Girls Club
- Over 50 children participated.
Contact Information

Thank you for your time and attention today.

• Dr. Sam DiCapua, Chief Medical Director
  – 603-263-7141
  – SDiCapua@Centene.com
• Ann Marie Sciammacco, Vice President, Quality Improvement
  – 617-779-5124
  – Ann.M.Sciammacco@Centene.com
• Nancy Sullivan, Manager, Quality Improvement
  – 603-263-7278
  – NASullivan@Centene.com