buckeye health plan™

HEALTH PLAN NCQA ACCREDITATION ACCREDITED

Quality and Performance Presentation

Joint Medicaid Oversight Committee

May 18, 2017






Buckeye Health Plan - Overview

- *Who are we?* We are 900 of your fellow Ohioans—backed by a dynamic, multi-national parent company—who are working hard every day to transform the health of our communities one person at a time
- *What do we do?* In conjunction with more than 38,000 providers across the state, we make it easier for our 300,000+ members—many of whom are poor and/or dealing with complicated medical conditions—to live healthy and productive lives

April 2017:

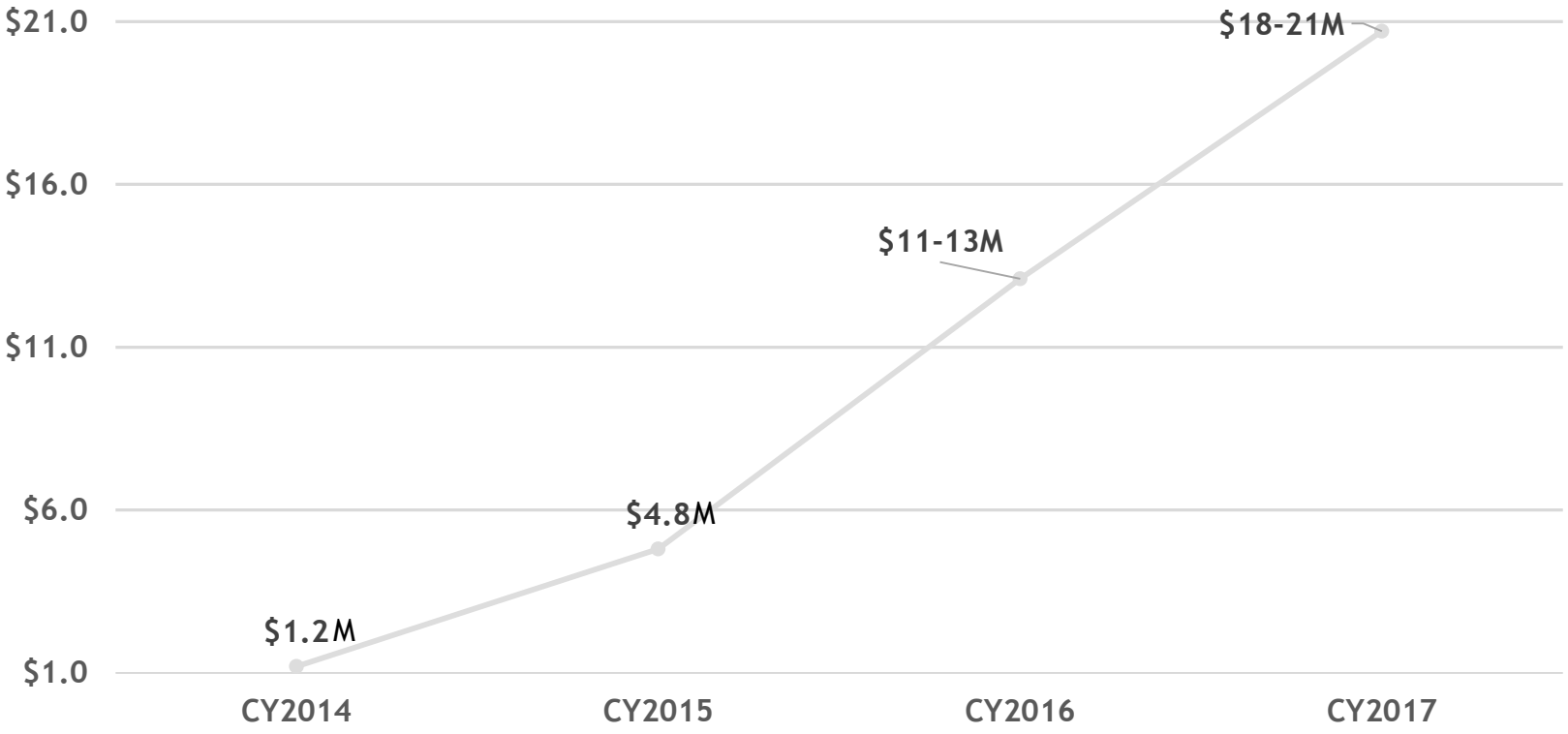
- **184,000 CFC members**
- **15,000 ABD members**
- **3,000 Children with Special Health Care Needs members**
- **89,000 Expansion members**
- **18,000 Duals**
- **600 Medicare SNP members**
- **16,500 Exchange members**
- **900 Ohio employees**
- **Network:**
  - **38,000+ providers**
  - **340+ facilities (200 hospitals)**

Improving Quality Performance

Buckeye Health Plan Strategic Plan – Quality is Job 1	
2018 Quality of Care Performance Goal:	Be top 2 for Quality of Care in Ohio as measured by NCQA HEDIS overall score.
Strategies:	• Strengthen Member/Provider relationships • Support providers to improve and record the quality of care they deliver to Buckeye members • Support and encourage members to follow-through on quality recommendations to close care gaps • Develop preferred partnerships with quality providers that will enable members to receive the best quality outcomes

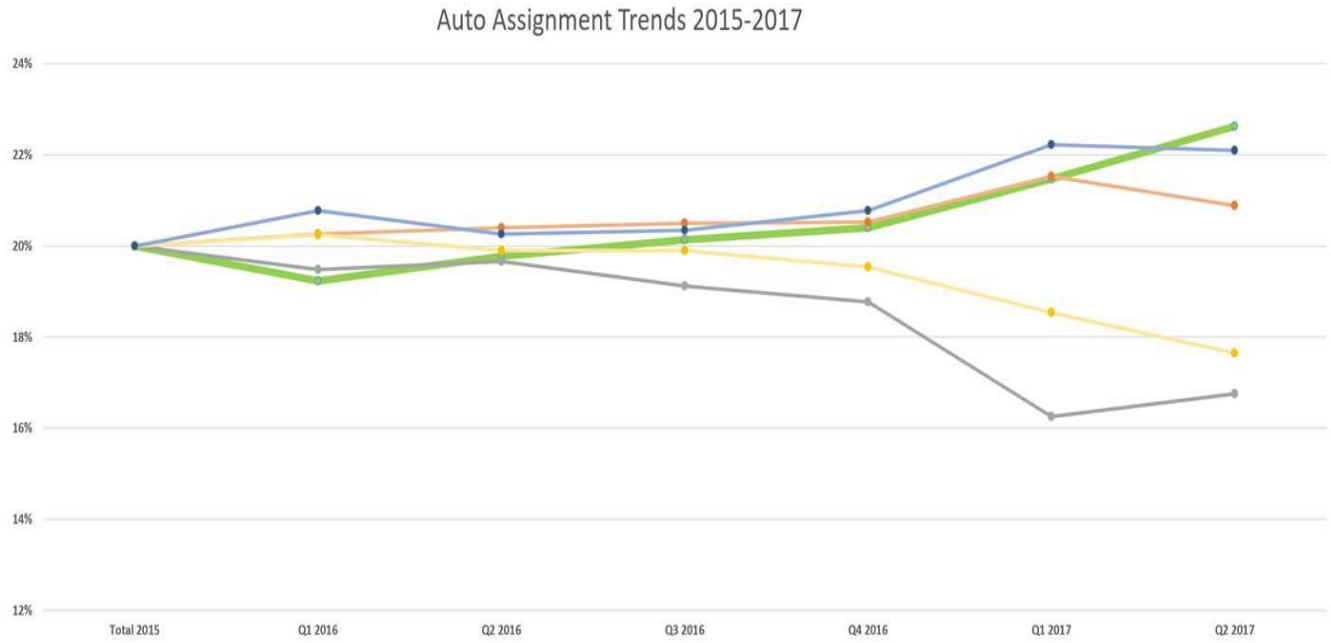
Total At-Risk Quality Dollars Earned (or to be earned)

Buckeye Quality Performance trending upward



Buckeye Quality History and Priorities

- In the first measurement period, Buckeye received **only 19.24% of the auto assignments** under the new QBA methodology.
- Beginning April 1, 2017, Buckeye will receive **22.62% of the auto assignments.**



On an annualized basis, this success means we are providing better care for our members.

Buckeye Quality: Medicaid Pay for Performance

2017 HEDIS P4P Measures	HEDIS 2015 (CY 2014) FINAL RATE	HEDIS 2016 (CY 2015) FINAL RATE	HEDIS 2017 (CY 2016) Projected
1. Adolescent Well Care Visit	40.24%	35.82%	44.70%
2. Appropriate treatment for children with URI	85.40%	90.22%	90.50%
3. Comprehensive diabetes care: HbA1c Control (<8%)	35.70%	41.50%	43.20%
4. Controlling High Blood Pressure[a]	44.90%	45.71%	51.00%
5. Follow up after hospitalization for mental illness within 7 days of discharge	38.90%	31.13%	37.40%
6. Postpartum Care[b][c]	63.89%	60.35%	65.00%
7. Timeliness of Prenatal Care	85.20%	88.38%	88.40%

Measure: Diabetes HbA1C < 8

Performance Measure	Revenue Opportunity	HEDIS 2015 Final Rate	HEDIS 2016 Final Rate	HEDIS 2017 Projected
Comprehensive Diabetes Care: HbA1C <8	$2,471,000	35.70%	41.50%	43.20%

Opportunities for Improvement

- The HbA1C measure is based on control of a member's diabetes during the last reading of the year which coincides with a season when poor diet is common. Member and provider interventions are necessary throughout the year to affect the last quarter of the year.
- Ability to identify where member's control of diabetes currently stands.

Action	Outcome
• Create robust Provider Engagement program with top tier providers to create a shared partnership on programs for the improvement of diabetic members	• Improved provider education on member attribution, proper coding, and care management opportunities
• Drive services for members with access issues through in-home services or mailed at-home testing kits	• Improved access to care and monitoring of chronic condition for members
• Establish EMR access or data share with top tier providers	• Ability to view member's current status on A1c control allowing for initiatives to be focused on the correct population
• Medication adherence calls to members	• Better control of condition through the proper use of diabetic medications

Buckeye Health Plan Diabetes Initiative

In 2017, HSAG invited Buckeye Health Plan to participate in a Medicare Diabetes Empowerment Education Program (DEEP) Pilot with potential to spread to all product lines.

TARGET AUDIENCE:

Individuals living with or at risk of diabetes, including low-health literacy, and low-literacy

METHODOLOGY:

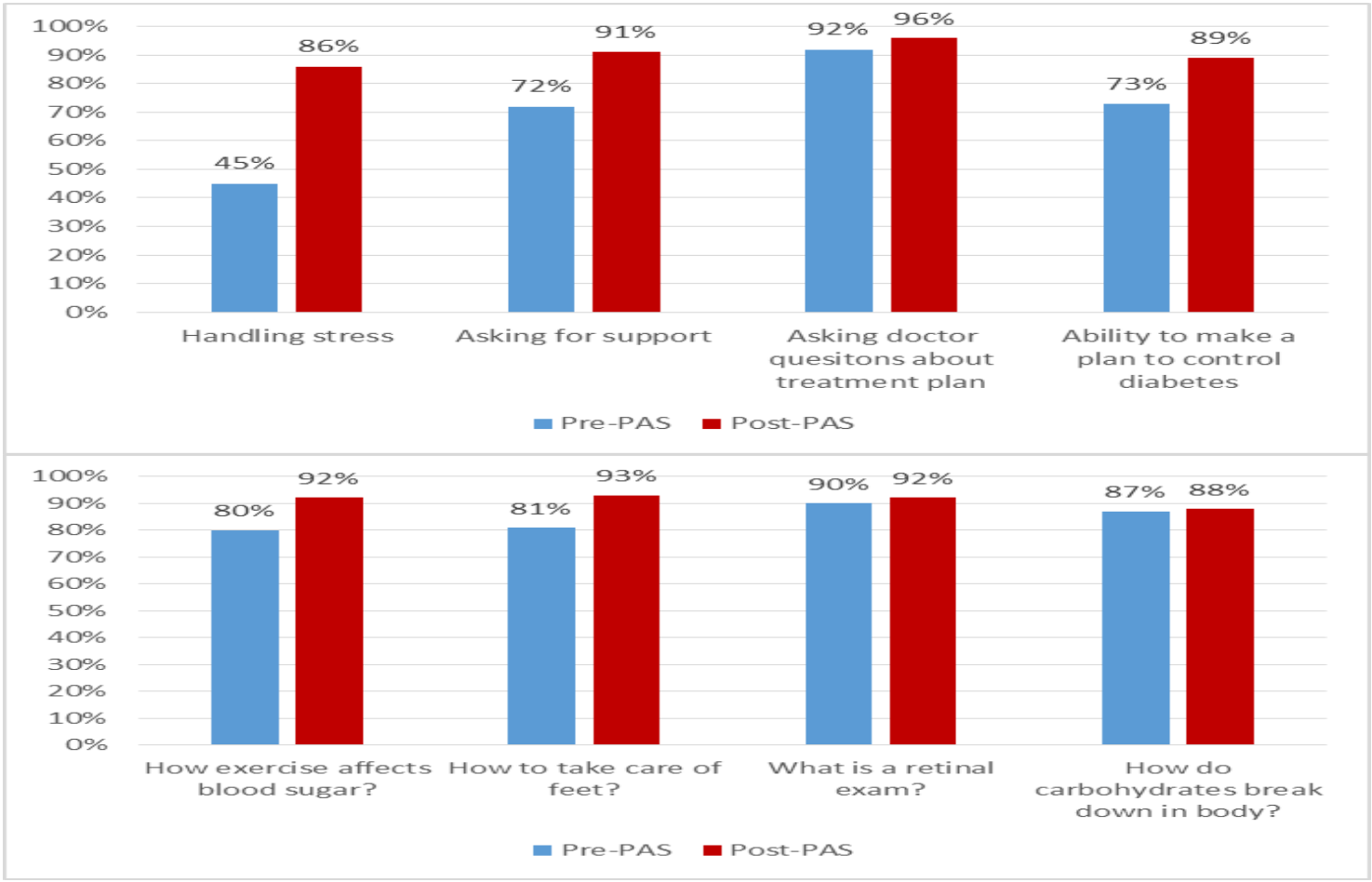
Positive outcomes driven by providing real-life group education in a community setting:

- Face-to-face, hands-on, whole person approach
- Topics ranged from “what is diabetes” to stress management and basic cooking/shopping techniques to improve diabetes and lifestyle

RESULTS:

Through Member Empowerment, this program reported improved individual self-care methods and improved diabetes knowledge compared with the traditional telephonic disease management approach.

Pre- and Post Program Member Knowledge



Measure: Adolescent Well Care

Performance Measure	Revenue Opportunity	HEDIS 2015 Final Rate	HEDIS 2016 Final Rate	HEDIS 2017 Projected
Adolescent Well Care	$2,471,000	40.24%	35.82%	44.70%

Opportunities for Improvement

Access to care and education for children's well visits, in particular the adolescent population of 12-21 years of age.

Actions	Outcomes
• Promote and increase the use of school-based health centers for well visits	• Improved access to health care for majority of the adolescent population, improved health of the age band
• Provide outreach to members eligible in the AWC measure who have been identified as consistently noncompliant	• Gaining participation from traditionally noncompliant population of members
• Promote and utilize member and provider incentive programs, in particular Buckeye Days	• Increased motivation for the reception of well visits
• Create robust Provider Engagement program with top tier providers	• Creates a shared partnership improving provider education on ability to capture well visits during other services (sick visits, OB-Gyn exams, etc.) while driving adherence programs

AWC: Adolescent Well-Care Visit

Members 12-21 years of age

Who had one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.
Well-care visits consists of all of the following:

- A health history
- A physical development history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

CPT:	99381-99385, 99391-99395, 99461
HCPCS:	G0438, G0439
ICD10CM:	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

Measure: Timeliness of Prenatal Care

Performance Measure	Revenue Opportunity	HEDIS 2015 Final Rate	HEDIS 2016 Final Rate	HEDIS 2017 Projected
Timeliness of Prenatal Care	$2,471,000	85.20%	88.38%	88.40%

Opportunities for Improvement
• Issues in identifying members who are pregnant during the first trimester creates a short window for member compliance leading to missed prenatal visits, un-facilitated high-risk pregnancies, low birth weights
• Lack of direct provider engagement with OB/Gyn offices in Ohio

Actions	Outcomes
• Improve member education on prenatal care (i.e. Text for Baby program) and promote pregnancy reward program	• Increase member knowledge on the importance of prenatal care
• Promote prenatal risk assessment form to facilitate high-risk pregnancies to the care of a BHP Case Manager on a timely basis	• Improved health of the mother and baby upon delivery, improved visit compliance, improved birth weights
• Extend Provider Engagement program to OB/Gyn providers	• Creates a shared partnership on initiatives, greater use of BHP resources for pregnant members
• Utilize in-home services to reach members with access barriers	• Reduces barriers to access for pregnant members and improved compliance with prenatal visits
• Enhance partnerships with Pregnancy HUBS and Centering Programs	• Reach members earlier in pregnancy; partner with programs that utilize para professionals who are indigenous to the community

Quality Makes a Difference in the Lives of Buckeye Members

Frequency of Prenatal Care >81% of Expected Visits

2013	2014	2015	2016
67.3	68.9	71.1	76.2%

Evidence-based strategies

- ✓ Start Smart Program
- ✓ Addiction in pregnancy
- ✓ Puff free smoking cessation program
- ✓ Diaper days and baby showers
- ✓ 17-P program
- ✓ Onsite Care Management at high-risk, high volume OB provider offices
- ✓ 24/7 nursing support
- ✓ Pre-programmed cell phones
- ✓ Inter-conception Care Program

Impacting Members Through Innovations

Buckeye Addiction in Pregnancy Program

- **Challenge:** Neonatal Alcohol Syndrome (NAS) hospitalization rate among infants grew 6x from 14 per 10,000 live births in 2004 to 88 in 2011, and hospital costs increased 11x in the same period; infant mortality rate exceptionally high in Ohio
- **Trends:** Steady incline in the NAS rates/100 in the past few years. Have demonstrated a slight reduction in 2017 YTD.

Birth Year	Total Newborns	Total Healthy Newborns	Total Newborns with a NAS Diagnosis	NAS Newborn Rate per 100
2014	6,790	5,640	156	2.3
2015	7,382	6,020	185	2.5
2016	7,655	6,301	213	2.8
2017	2,573	2,108	45	1.7

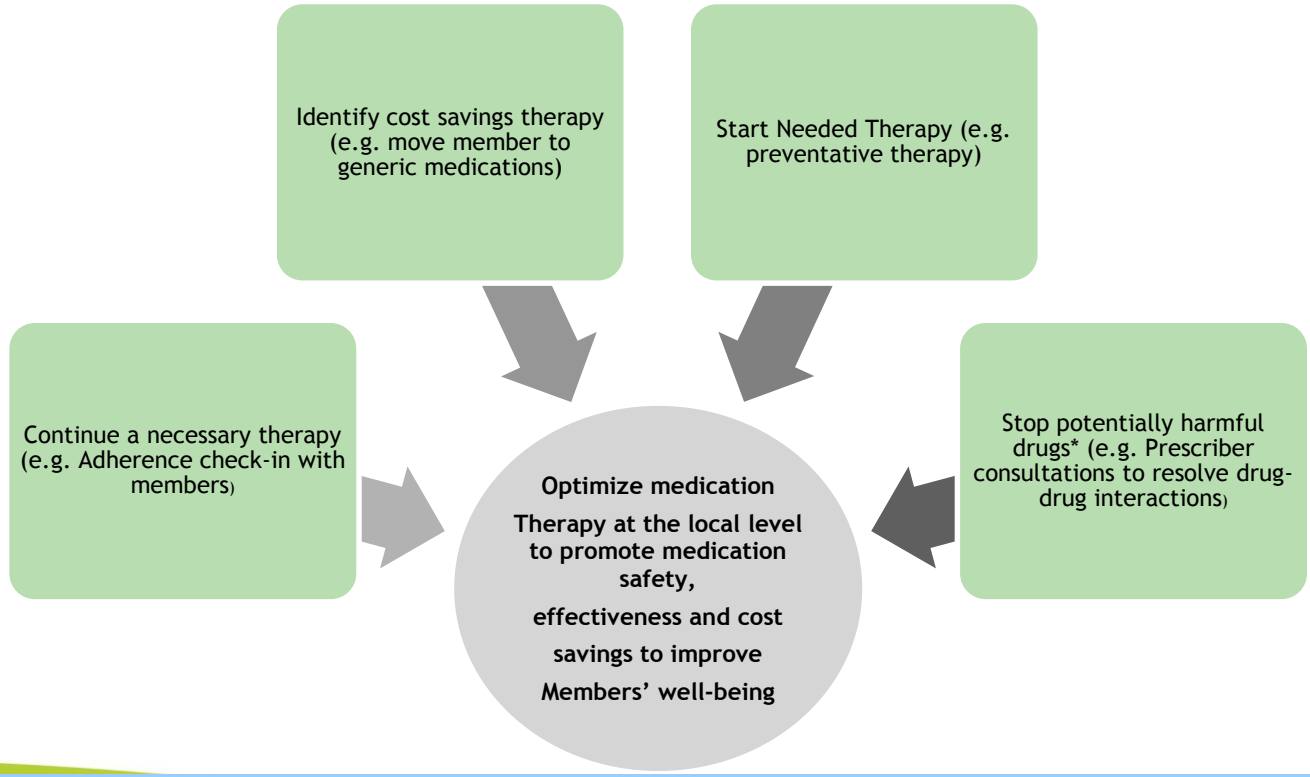
Addiction in Pregnancy Program

- **Buckeye's Response:** Design a program to meet the needs of members who are pregnant and have battled alcohol or substance abuse
- **Results:**
  - Average length of stay in special-care and intensive-care nurseries for Buckeye babies with NAS was **9.1** days in 2 years compared to the National Average of **16.9** days
  - Average gestational age at delivery **37** weeks
  - Mom's enrolled in program at time of delivery saw a 30% reduction in the cost per NAS NICU baby
  - Birth weight increased slightly from an average low of **6.3lbs to 6.5lbs**

Medication Therapy Management (MTM)

Goals:

- **Partner with local pharmacies (e.g. to ID members needing HbA1c test, Flu vaccinations)**
- **Adherence check-ins with members (e.g. Diabetes, High Blood Pressure, Cholesterol)**
- **Coordinate with providers (e.g. High Risk Medications)**
- **Add preventative therapy where needed (e.g. statin therapy for members with Diabetes and Cardiovascular disease)**



**An intervention alerted Danielle that a patient's high blood pressure medication interacted with their cholesterol medication which was used concurrently. This increases the risk of adverse effects such as muscle cramping and pain. Danielle recommended lowering the dose of the cholesterol medication to avoid the interaction. The prescriber agreed and the pharmacy received a new prescription for a lower dose.*

Opioid Epidemic…what are we doing?

- Coordinated Services Program (CSP)
  - State-specific criteria developed to govern locking members into one specific pharmacy
- Addiction in Pregnancy Program
- Refill Limit Adjustment
  - Adjusted the refill limit from 80% to 90% on all controlled substances to help reduce the excess dispensing of controlled substances into the market
- Provider Rx Limits
  - Prior authorization required after 5 short/long acting opioid medications within a 30 day period
  - Morphine Equivalent Dosing edits
  - Additional limits on prescriptions coming soon
- Access to Medication-Assisted Therapies
  - Removed prior authorization on Vivitrol and changed approval timeframe on Suboxone therapy
- Methadone Prior Authorization
  - Due to the addictive nature and adverse effect profile, a prior authorization was added Methadone to reduce its overall use and steer to less addictive opiods

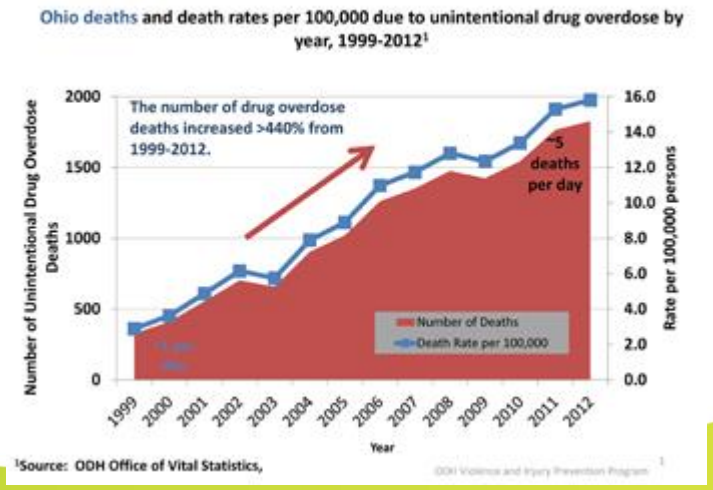


Image courtesy of: http://opiatecollaborative.cuyahogacounty.us/en-US/The-Epidemic.aspx

Best Practices and Future Initiatives

2018 Year Performance Goal: Be ranked in the top 2 plans for Quality of Care in Ohio as measured by NCQA HEDIS overall score.

Member Interventions	Provider Interventions
✓ Pharmacy Coordination with members who are non-compliant ✓ Maternal Child: postpartum calls, Pregnancy Test Kit distribution, outbound calls to close care gaps, HUB partnerships ✓ Flu: Retail pharmacy partnership for member education – 300% increase ✓ Chronic Conditions: Outbound calls to newly diagnosed members, in home diabetic eye exams and HbA1c testing, in-home colorectal and HbA1c testing kits ✓ Pharmacy: Asthma controller medication adherence, comprehensive medication reviews	✓ Pharmacy: Provider outreach for High Risk Medications and Drug Interactions ✓ Maternal Child: "Buckeye Days" to offer well check appointments with partnering FQHCs and local county offices ✓ Behavioral Health: Letters to prescribing providers and pharmacy liaison ✓ Chronic Conditions: Physician Toolkits, nurse liaison to address coding and gap closure questions

Thank You

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