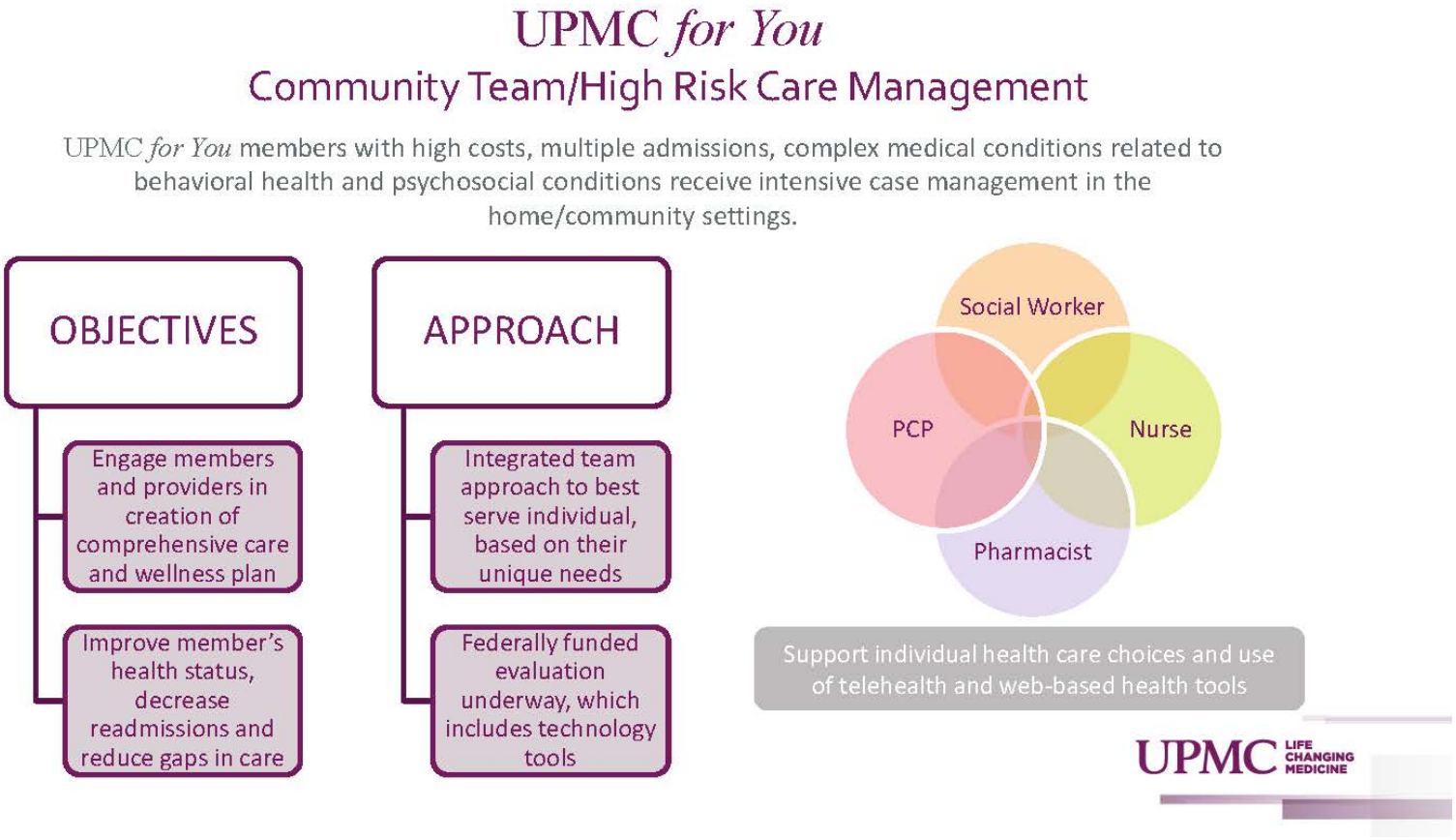
INSTITUTE FOR MEDICAID INNOVATION

2019 Medicaid MCO Best Practices and Innovative Initiatives

In conjunction with the 2019 annual Medicaid MCO survey report, the Institute for Medicaid Innovation has compiled eight examples of best practices and innovative initiatives implemented by Medicaid MCOs to correspond with the following eight categories of the survey report:

- High-Risk Care Coordination
- Value-Based Purchasing
- Pharmacy
- Behavioral Health
- Women's Health
- Child and Adolescent Health
- Managed Long-Term Services and Supports
- Social Determinants of Health

High-Risk Care Coordination
UPMC *for You*



UPMC for You offers community-based care management to support its members with complex medical and psychosocial needs. The Community Team/High-Risk care management team provides comprehensive targeted interventions and care coordination designed to improve members' quality of life and reduce utilization costs associated with repeated hospitalizations and unplanned care. Intensive care management is provided in the member's home, provider sites and other community settings, for members who have been identified as having high costs and high utilization related to physical and behavioral or other psychosocial conditions. The aim of the program is to engage members and by doing so, reduce unplanned care and total cost of care for members with complex needs, improve members' health status and reduce gaps in care. Web-based technology and information sharing capabilities help support individual health care choices with the use of telehealth, remote monitoring, and web-based health tools.

Value-Based Purchasing

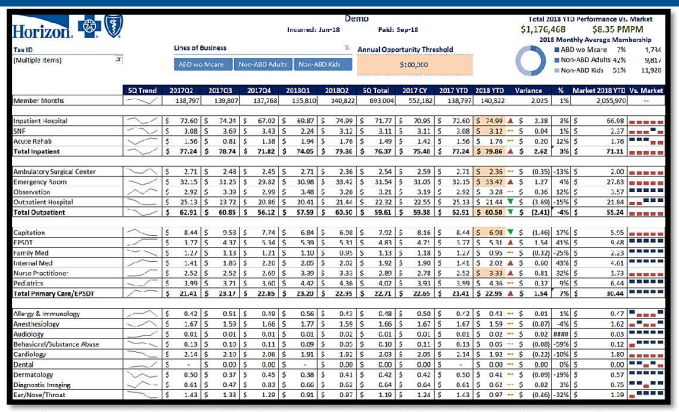
Horizon NJ Health

Horizon NJ Health (HNJH)
-Medicaid Population Health Management

Horizon NJ Health

Insightful, functional and transparent reporting

- Exec. Level
- Mgmt. Level
- Tactical Level
- Claims Detail

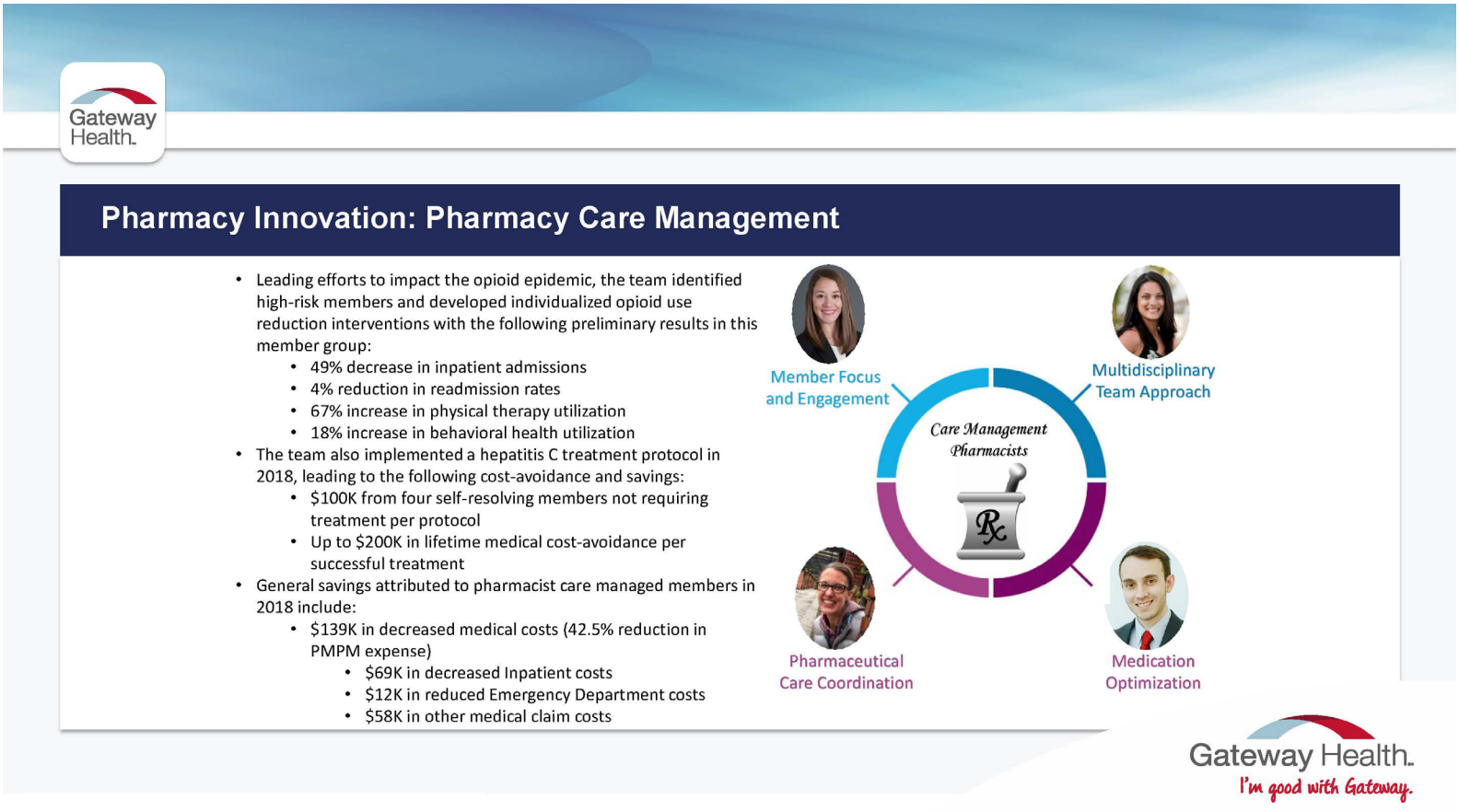


	SQ Trend	2017Q2	2017Q3	2017Q4	2018Q1	2018Q2	SQ Total	2017 CY	2017 YTD	2018 YTD	Variance	%	Market 2018 YTD	Vs. Market
Member Months		138,797	139,807	137,766	135,810	140,822	693,004	552,182	138,797	140,822	2,025	1%	2,055,970	
Inpatient-Hospital		$ 72.60	$ 74.24	$ 67.02	$ 69.87	$ 74.06	$ 71.77	$ 70.95	$ 72.60	$ 74.99	$ 2.38	3%	$ 66.98	
SNF		$ 3.08	$ 3.69	$ 3.43	$ 2.24	$ 3.12	$ 3.11	$ 3.11	$ 3.08	$ 3.12	$ 0.04	1%	$ 2.37	
Acute Rehab		$ 1.56	$ 0.81	$ 1.38	$ 1.94	$ 1.76	$ 1.49	$ 1.42	$ 1.56	$ 1.76	$ 0.20	12%	$ 1.76	
Total Inpatient		$ 77.24	$ 78.74	$ 71.82	$ 74.05	$ 79.36	$ 76.37	$ 75.48	$ 77.24	$ 79.86	$ 2.62	3%	$ 73.31	
Ambulatory Surgical Center		$ 2.71	$ 2.48	$ 2.45	$ 2.71	$ 2.36	$ 2.54	$ 2.59	$ 2.71	$ 2.36	$ (0.35)	-13%	$ 2.00	
Emergency Room		$ 32.15	$ 31.25	$ 29.82	$ 30.98	$ 33.41	$ 31.54	$ 31.05	$ 32.15	$ 33.41	$ 1.27	4%	$ 27.63	
Observation		$ 2.92	$ 3.39	$ 2.99	$ 3.48	$ 3.24	$ 3.21	$ 3.19	$ 2.92	$ 3.28	$ 0.36	12%	$ 2.57	
Outpatient Hospital		$ 25.13	$ 23.72	$ 20.86	$ 20.41	$ 21.44	$ 22.32	$ 22.55	$ 25.13	$ 21.44	$ (3.69)	-15%	$ 21.84	
Total Outpatient		$ 62.91	$ 60.85	$ 56.12	$ 57.59	$ 60.36	$ 59.61	$ 59.38	$ 62.91	$ 60.50	$ (2.41)	-4%	$ 55.24	
Capitation		$ 8.44	$ 9.53	$ 7.74	$ 6.84	$ 6.28	$ 7.02	$ 8.16	$ 8.44	$ 6.98	$ (1.46)	17%	$ 5.05	
EPSDT		$ 3.77	$ 4.37	$ 5.34	$ 5.39	$ 5.31	$ 4.81	$ 4.71	$ 3.77	$ 5.31	$ 1.54	41%	$ 9.48	
Family Med		$ 1.27	$ 1.13	$ 1.21	$ 1.10	$ 0.95	$ 1.13	$ 1.18	$ 1.27	$ 0.95	$ (0.32)	-25%	$ 2.23	
Internal Med		$ 1.41	$ 1.80	$ 2.16	$ 2.05	$ 2.01	$ 1.92	$ 1.90	$ 1.41	$ 2.07	$ 0.66	47%	$ 4.61	
Nurse Practitioner		$ 2.52	$ 2.52	$ 2.60	$ 3.39	$ 3.31	$ 2.89	$ 2.78	$ 2.52	$ 3.33	$ 0.81	32%	$ 1.73	
Pediatrics		$ 3.99	$ 3.71	$ 3.60	$ 4.42	$ 4.36	$ 4.02	$ 3.93	$ 3.99	$ 4.36	$ 0.37	9%	$ 6.44	
Total Primary Care/EPSDT		$ 21.41	$ 23.17	$ 22.85	$ 23.20	$ 22.95	$ 22.71	$ 22.65	$ 21.41	$ 22.95	$ 1.54	7%	$ 30.44	
Allergy & Immunology		$ 0.42	$ 0.51	$ 0.49	$ 0.56	$ 0.41	$ 0.48	$ 0.50	$ 0.42	$ 0.43	$ 0.01	1%	$ 0.47	
Anesthesiology		$ 1.67	$ 1.59	$ 1.66	$ 1.77	$ 1.59	$ 1.66	$ 1.67	$ 1.67	$ 1.59	$ (0.07)	-4%	$ 1.62	
Audiology		$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.02	$ 0.01	88%	$ 0.03	
Behavioral/Substance Abuse		$ 0.13	$ 0.10	$ 0.11	$ 0.09	$ 0.05	$ 0.10	$ 0.11	$ 0.13	$ 0.03	$ (0.09)	-69%	$ 0.12	
Cardiology		$ 2.14	$ 2.19	$ 2.06	$ 1.91	$ 1.92	$ 2.03	$ 2.05	$ 2.14	$ 1.92	$ (0.23)	-10%	$ 1.80	
Dental		$ -	$ 0.00	$ 0.00	$ -	$ 0.00	$ 0.00	$ -	$ -	$ 0.00	$ 0.00	0%	$ 0.00	
Dermatology		$ 0.50	$ 0.37	$ 0.45	$ 0.38	$ 0.41	$ 0.42	$ 0.42	$ 0.50	$ 0.41	$ (0.09)	-19%	$ 0.57	
Diagnostic Imaging		$ 0.61	$ 0.47	$ 0.53	$ 0.66	$ 0.62	$ 0.64	$ 0.64	$ 0.61	$ 0.62	$ 0.02	3%	$ 0.75	
Ear/Nose/Throat		$ 1.43	$ 1.33	$ 1.29	$ 0.91	$ 0.97	$ 1.10	$ 1.24	$ 1.43	$ 0.97	$ (0.46)	-32%	$ 1.59	

1. **Attributed membership**
   - Health System responsible for all claims for Medicaid members attributed to PCPs practicing in designated region.
2. **Medical cost target**
   - Target calculated by applying an MCR target to state premium for a specific member cohort.
   - MCR target will reflect the historical underlying claims experience of the attributed population.
3. **Risk model**
   - Upside-downside risk arrangement ensues after first year of contract. Health System receives payments for favorable cost containment performance and is at financial risk for lack of care/utilization coordination.
     - Losses initially capped at % of total revenue.

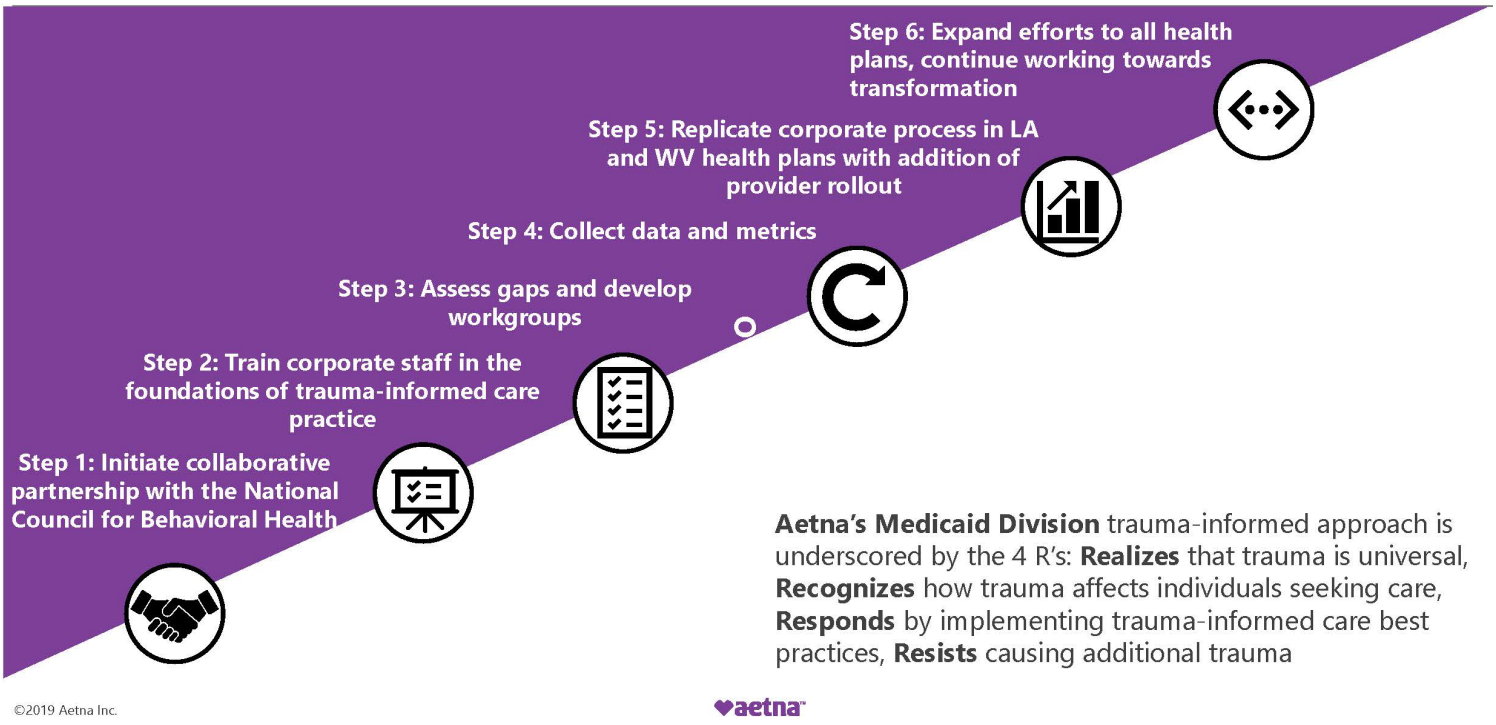
Horizon NJ Health is promoting Population Health Management through Value-Based Reimbursement arrangements that layout insightful, functional and transparent reporting through various levels of detail, i.e. executive-level summaries all the way to specific clinical, diagnostic and utilization level data. HNJH has developed an internal Complete Care team representing VB Provider Partnerships, Analytics, Contracting and Medical Economics to deliver this vision along with the expertise to partner with VB Providers and Groups to make shared data actionable. HNJH is developing and implementing regional-based pilots to effectively manage medical expense and utilization risk within a designated Health Care Ecosystem. Partnering providers and Health Systems use data analytics and reporting to build targeted interventions aimed at increasing access to appropriate care in the appropriate setting, increasing quality care and enhancing the customer experience.

Pharmacy
Gateway Health



The Gateway Pharmacy Care Management team evolved out of an unmet need to address complex pharmaceutical care in collaboration with other embedded healthcare providers in the community setting. Using face-to-face interventions, the team improves member engagement and health outcomes related to medication therapy. Care Management Pharmacists identify and address the unique medication needs of our members, optimize drug therapies and adherence, coordinate care across providers, and continually engage the member as the focus of everything that they do.

Aetna: Trauma-Informed Transformation



Aetna Medicaid, in collaboration with the National Council for Behavioral Health, has undertaken a multi-year commitment to transform the organization to one that is trauma-informed and trauma-transformed. The ongoing, multi-pronged process included foundational training for over 500 staff members at the corporate and health plan level, a gap assessment and development of proprietary tools to capture data related to complex populations that are adversely impacted by trauma. The next phase of the project will focus on engaging and supporting providers to incorporate trauma-informed practices to meet the needs of members and reduce adverse health outcomes.

Women's Health

Centene

Data confirm that the award-winning Start Smart for Your Baby® program has a large impact on decreasing the number of low birth weight babies.[1]

[1]Effects of a pregnancy management program on birth outcomes in managed Medicaid. Mary V. Mason, Amy Poole-Yaeger, Brad Lucas, Cathie R. Krueger, Tamim Ahmed, Ian Duncan Manag Care. 2011 Apr; 20(4): 39–46.

To improve maternal and infant health outcomes and curb pregnancy-related complications, Centene launched the award-winning Start Smart for your Baby® program more than 10 years ago. The program leverages a proprietary pregnancy identification and risk stratification methodology to provide expectant mothers with timely and customized support using education, incentives, care coordination, and as-needed intensive care management through delivery and the infant's first year of life. Centene currently manages more than 200,000 pregnancies per year and, in the decade since its inception, SSFB has demonstrated pronounced success with reducing low birth weight deliveries, driving improvements in pregnancy-related HEDIS measures and improving infant outcomes and breastfeeding rates. In addition, the program has achieved significant financial cost savings estimated to be over $50 million per year.

Child and Adolescent Health
Upper Peninsula Health Plan

In 2018, Upper Peninsula Health Plan and Upper Peninsula Health Group joined forces to launch an innovative campaign, titled Healthy Kids, Healthy Futures (HKHF), designed to increase the completion of recommended well care visits for children and adolescents ages 3 to 20 years of age. The campaign ran through July and August 2018 and featured a robust marketing strategy, including various advertising platforms such as billboards, television, social media and newspapers. Provider toolkits supplied posters, decorations, staff prizes and care gap lists as well as prizes and gift card drawings for the clinics to distribute to members who participated. In total, 488 well care visits were completed throughout the duration of the campaign. Of the members who completed care during the campaign, 56% had not had a well care visit in more than 12 months.

Managed Long-Term Services and Supports
WellCare

Improving Quality of Care for MLTSS

WellCare
Beyond Healthcare. A Better You.

Workforce Development

Initiatives focused on increasing the workforce

- Established scholarship program for CNAs to expand available workforce and address future availability of qualified frontline healthcare workers
- In-person/online education with incentive payments & certification training for specialty providers to enhance quality of care delivery

Caregiver Supports and Benefits

Targeted benefit packages for caregivers

- Counseling/therapy services
- Health and nutrition coaching
- Preventive vaccinations
- Respite: In-home and out-of-home (vacation for caregiver)
- Burnout prevention

Transitioning to Safe and High-Quality Community Care

Across all plans, 94-100% of nursing facility members transitioned to home and community-based services (HCBS) and remain in community for more than 90 days

100% of HCBS members assessed for fall risk

This is What Going Beyond Health Care Looks Like

98% ***satisfaction*** *rate of service coordination program*

31% ***lower*** *overall inpatient admission rate*

25% ***reduction*** *in nursing facility utilization*

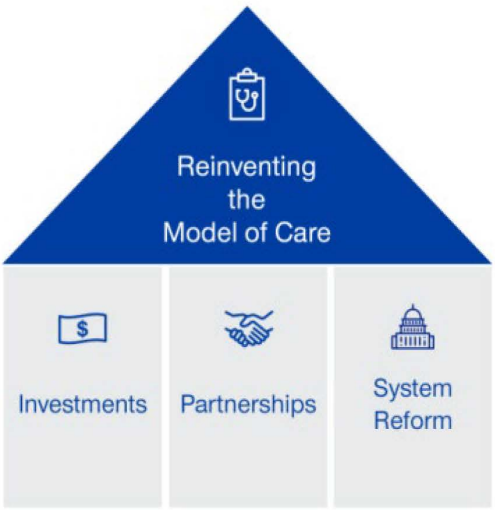
These metrics are gathered from WellCare's experience from 2015-2017.

The goal of WellCare's MLTSS program is to transfer members from nursing facilities and keep them in the least-restrictive care possible so they can thrive in their communities. Through Workforce Development and Caregiver Supports and Benefits, we work to ensure there are enough caregivers who are trained and supported – through offerings like training courses around safety in a natural disaster – and have the tools and resources they need to take care of themselves, too. The program is uniquely positioned on caregivers and improving the quality of care that Direct Service Workers provide to their members.

Social Determinants of Health
UnitedHealthcare Community & State

Housing + Health Delivers Improved Well-Being

UnitedHealthcare COMMUNITY & STATE



myConnections Overview

- UnitedHealthcare is seeing promising results for a targeted subset of homeless individuals.
- Intensive, multi-disciplined engagement along with stable housing are positively impacting outcomes, including ER and Inpatient utilization.
- Outcomes to date:
  - 55% decrease in inpatient admits
  - 67% decreased in inpatient days
  - 33-43% decrease in ER visits

UnitedHealthcare is reinventing the model of care through their myConnections program, which is a data-driven, flexible, and scalable housing and social services solution for frequent utilizers of the health care system. Through the myConnections program, individuals are provided with intensive, multi-disciplined engagement along with stable housing to positively impact outcomes such ER and inpatient utilization. Intensive wraparound care is delivered on site, which includes end-to-end care management, patient-centered health coaching, addiction recovery support, employment navigation, and non-emergent transportation assistance.

Acknowledgements

Medicaid managed care organizations (MCOs) across the country are designing timely, targeted and effective programs to reach Medicaid members with a variety of needs. These innovative projects are helping MCOs bridge social service gaps and deliver effective health services to members, especially those with complex medical needs.

The Institute for Medicaid Innovation (IMI), the non-profit, nonpartisan Medicaid research and policy group, released the second year of its first-of-its-kind national, health plan survey on September 19, 2019.

The survey collected information from Medicaid managed care organizations (MCOs) in eight critical categories, demonstrating the capabilities of the industry in these areas.

As part of the survey report release, IMI's founding executive director, Jennifer E. Moore, PhD, RN, highlighted innovative best practices led by Medicaid MCOs in each of the eight categories.

"Medicaid health plans are leading the country's efforts to implement evidence-based initiatives that address important issues for Medicaid members," said Moore. "These eight programs are part of the new wave of Medicaid innovations to deliver health services in targeted, efficient ways so members can lead healthier lives."

To access the full 2019 Medicaid MCO survey report, click here.

About the IMI

The Institute for Medicaid Innovation (IMI) is a 501(c)3 nonprofit, nonpartisan research and policy organization that provides independent, nonpartisan information and analysis that informs Medicaid policy and improves the health of the nation.

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