Alliance for a Healthier South Carolina

Christian L. Soura
Director

April 26, 2016
Requested Discussion Topics

• How does DHHS contribute to Alliance goals?

• How does the Alliance contribute to DHHS goals?

• How can Alliance members support Medicaid enrollment for eligible populations?

• How can Alliance members support the best use of Medicaid services?

• What are DHHS’ priorities?
  ➢ The last addition, but probably the most important topic
Priorities
The Triple Aim

Experience of Care

Health of a Population

Per Capita Cost

IHI Triple Aim
The Triple Aim?

Experience of Care

Health of a Population

Per Capita Cost

IHI Triple Aim
Are These Our Priorities?

Experience of Care

Health of a Population

Per Capita Cost

IHI Triple Aim
Shifting Center of Gravity

Experience of Care

Per Capita Cost

IHI Triple Aim

Health of a Population

Budget Pressure

Budget Pressure
A More Realistic View?

Experience of Care

Per Capita Cost

Health of a Population

IHI Triple Aim
An Informal Survey

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy
An Informal Survey

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy

Experience of Care

CAHPS surveys

HEDIS Checkup

Hep-C carve-out
Vision carve-in

Health of a Population

Per Capita Cost

IHI Triple Aim
An Informal Survey

- Adult Preventive Dental
  - Birth Outcomes Initiative
  - Community Health Workers
  - Enhanced Physician Payments
  - Hospital Normalization
  - Hospital Transformation
  - Healthy Outcomes Plans
  - Nurse-Family Partnership
  - Obesity
  - PCMH
  - PCSC
  - Readmissions Policy

Experience of Care

CAHPS surveys

HEDIS Checkup

Hep-C carve-out Vision carve-in

Per Capita Cost

IHI Triple Aim

Health of a Population
An Informal Survey

Experience of Care

- CAHPS surveys
- HEDIS Checkup

Health of a Population

- Hep-C carve-out Vision carve-in

• Adult Preventive Dental
• Birth Outcomes Initiative
  - Community Health Workers
  - Enhanced Physician Payments
  - Hospital Normalization
  - Hospital Transformation
  - Healthy Outcomes Plans
  - Nurse-Family Partnership
  - Obesity
  - PCMH
  - PCSC
  - Readmissions Policy

Per Capita Cost

IHI Triple Aim

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
MEDICAID

12
An Informal Survey

Experience of Care

- CAHPS surveys

HEDIS Checkup

- Hep-C carve-out
- Vision carve-in

Health of a Population

- Per Capita Cost
- IHI Triple Aim

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
  - Enhanced Physician Payments
  - Hospital Normalization
  - Hospital Transformation
  - Healthy Outcomes Plans
  - Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy
An Informal Survey

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
  - Hospital Normalization
  - Hospital Transformation
  - Healthy Outcomes Plans
  - Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy
An Informal Survey

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
  - Hospital Transformation
  - Healthy Outcomes Plans
  - Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy
An Informal Survey

Experience of Care

CAHPS surveys

Hep-C carve-out Vision carve-in

HEDIS Checkup

Health of a Population

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
  - Healthy Outcomes Plans
  - Nurse-Family Partnership
  - Obesity
  - PCMH
  - PCSC
  - Readmissions Policy

Per Capita Cost

IHI Triple Aim
An Informal Survey

Experience of Care

CAHPS surveys

Hep-C carve-out Vision carve-in

HEDIS Checkup

Health of a Population

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
  - Nurse-Family Partnership
  - Obesity
  - PCMH
  - PCSC
  - Readmissions Policy

Per Capita Cost

IHI Triple Aim
An Informal Survey

Experience of Care

Health of a Population

CAHPS surveys

HEDIS Checkup

Hep-C carve-out Vision carve-in

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
  - Obesity
  - PCMH
  - PCSC
  - Readmissions Policy

Per Capita Cost

IHI Triple Aim

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID
An Informal Survey

Experience of Care

CAHPS surveys

Hep-C carve-out Vision carve-in

HEDIS Checkup

Health of a Population

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
  - PCMH
  - PCSC
  - Readmissions Policy

Per Capita Cost

IHI Triple Aim
An Informal Survey

Experience of Care

CAHPS surveys

HEDIS Checkup

Hep-C carve-out Vision carve-in

Health of a Population

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
- PCMH
  - PCSC
  - Readmissions Policy
An Informal Survey

**Experience of Care**

- CAHPS surveys

**Health of a Population**

- HEDIS Checkup

- Hep-C carve-out Vision carve-in

- Per Capita Cost

**IHI Triple Aim**

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy
An Informal Survey

Hep-C carve-out
Vision carve-in

CAHPS surveys
HEDIS Checkup

Experience of Care
Health of a Population

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy
A Toehold in the Center Ring

Experience of Care

- CAHPS surveys
- HEDIS Checkup

Health of a Population

- Hep-C carve-out
- Vision carve-in

Per Capita Cost

IHI Triple Aim

Adult Preventive Dental
Birth Outcomes Initiative
Community Health Workers
Enhanced Physician Payments
Hospital Normalization
Hospital Transformation
Healthy Outcomes Plans
Nurse-Family Partnership
Obesity
PCMH
PCSC
Readmissions Policy
The Grand Prize?

Experience of Care

- CAHPS surveys
- HEDIS Checkup

Health of a Population

- Hep-C carve-out
- Vision carve-in

Per Capita Cost

IHI Triple Aim

- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
- Enhanced Physician Payments
- Hospital Normalization
- Hospital Transformation
- Healthy Outcomes Plans
- Nurse-Family Partnership
- Obesity
- PCMH
- PCSC
- Readmissions Policy

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID
Takeaways from the Thought Exercise

• Our initiatives have been rooted in population health
  ➢ Nearly all touched the Population Health circle

• The most “central” initiatives were BOI and hospital readmissions policies
  ➢ HOP wasn’t far behind
  ➢ The items with the greatest stakeholder engagement

• Applying the retrospective test – in the past year, the more “peripheral” items have had a lower priority
  ➢ Hospital Transformation application window is now closed
  ➢ Palmetto Coordinated System of Care – narrower focus
  ➢ Utilization for new obesity codes and for Checkup has been limited; Checkup members are not renewing
The Road Ahead

• Accelerating and expanding on the transition to a more rational and more value-based payment system
  - Moving away from cost-settlement, retrospective payment
  - Exploring “episodes of care” and other value-based models
  - Connecting payments to services; eliminating unmatched subsidies

• Driving down administrative and avoidable costs
  - Revisiting the pace, scope, and sequence for big IT projects
  - Aggressively pursuing fraud, abuse, and TPL opportunities
  - Stopping improper payments – inmates, tax deadbeats, deceased

• Preparing for the long-term
  - Managed care contracts expire June 30, 2016
  - Significant federal rulemaking on MCO contracts, network access...
How do DHHS and the Alliance contribute to each other’s goals?
### Alliance Goals

#### Common Agenda for Health Improvement

<table>
<thead>
<tr>
<th>Healthy Babies</th>
<th>Improve the health of moms and babies from pre-conception to the first year of life</th>
<th>For ALL people in SC</th>
<th>At a lower per-capita cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Children</td>
<td>Improve the health and educational outcomes of children</td>
<td>Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, neighborhood, disability, ethnicity, educational attainment, or socioeconomic status.</td>
<td>Reduce the per-person cost of healthcare in the state (when accounting for all public and private healthcare expense)</td>
</tr>
<tr>
<td>Healthy Bodies</td>
<td>Improve physical health through healthy nutrition, physical activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Minds</td>
<td>Improve physical health through enabling access to high quality primary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve behavioral health through improved access to appropriate behavioral health services and other necessary clinical and support services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Department’s Goals

2016 Balanced Scorecard
November 17, 2015

Better Health
- Provide at least 12% of managed care payments using a value-based approach
- Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually
- Reduce the rate of very-low birth weight babies by 3%

Outstanding Member Services
- Increase the number of value-based incentive payments on in-person and telephonic reviews by 10%
- Increase the number of applications by 5%
- Increase rate of same-day walk-in services by 10%

Sound Fiscal Stewardship
- Maintain General Fund expenditures within 3% of forecast
- Keep per-member costs below national benchmarks
- Increase the percentage of expenditures analyzed for liability by 5%

Responsive Member Services
- Process 99% of electronic claims submissions within 14 days

Fiscal Year 2016-17
Agency Budget Plan

FORM A – SUMMARY
My agency is submitting the following recurring decision packages (Form B): 7564, 7600, 7872, and 2283. At this time, for FY 2016-17, my agency is [mark “X”]:
- Requesting a net increase in recurring General Fund appropriations.
- Not requesting a net increase in recurring General Fund appropriations.

Fiscal Year 2014-15
Accountability Report

SUBMISSION FORM
To purchase the most health for our citizens in need at the least possible cost for taxpayers.
## Department’s Goals

### 2016 SC Medicaid MCO Quality Indices

<table>
<thead>
<tr>
<th>Index 1: Diabetes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1c (HbA1c) Testing</td>
<td>45% CDC</td>
</tr>
<tr>
<td>HbA1c Poor Control (&gt;9.0%)</td>
<td>15% CDC</td>
</tr>
<tr>
<td>Eye Exam (Retinal) Performed</td>
<td>20% CDC</td>
</tr>
<tr>
<td>Medical Attention for Nephropathy</td>
<td>20% CDC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Index 2: Women’s Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care, <em>Timeliness of Prenatal Care</em></td>
<td>40% PPC</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>20% BCS</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>20% CCS</td>
</tr>
<tr>
<td>Chlamydia Screening in Women, <em>Total</em></td>
<td>20% CHL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Index 3: Pediatric Preventative Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-Child Visits in the First 15 Months of Life (w15), 6+ Visits</td>
<td>30% W15</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)</td>
<td>30% W34</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits (AWC)</td>
<td>30% AWC</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: <em>BMI Percentile, Total</em></td>
<td>10% WCC</td>
</tr>
</tbody>
</table>
Is There a Connection?
Alliance Goals vs. HEDIS Measures

<table>
<thead>
<tr>
<th>Alliance Goal</th>
<th>HEDIS Measures</th>
<th>Other Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Babies</td>
<td>• Prenatal Care, <em>Timeliness of Prenatal Care</em></td>
<td>• Birth Outcomes Initiative</td>
</tr>
<tr>
<td></td>
<td>• Well-Child Visits in the First 15 Months of Life</td>
<td>• Nurse-Family Partnership</td>
</tr>
<tr>
<td>Healthy Children</td>
<td>• Well-Child Visits in the 3rd – 6th Years of Life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adolescent Well-Care Visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Well-Child Visits in the 3rd – 6th Years of Life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: <em>BMI Percentile, Total</em></td>
<td></td>
</tr>
<tr>
<td>Healthy Bodies</td>
<td>• Hemoglobin A1c (HbA1c) Testing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HbA1c Poor Control (&gt; 9.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Eye Exam (Retinal) Performed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medical Attention for Nephropathy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breast Cancer Screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cervical Cancer Screening</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Chlamydia Screening in Women, <em>Total</em></td>
<td></td>
</tr>
</tbody>
</table>

1.5% of MCO Payments
Alliance Dashboard vs. DHHS Measures

• Evidence of alignment:
  ➢ Common measures and indicators – also used for assignment to managed care plans
  ➢ Collaborative efforts (BOI, HOP, etc.)

In 2014, 372 babies died before their first birthday (This is 6.5 infant deaths per 1000 live births). This is a historic low; however African American Infant Mortality is more than twice as high as White Infant Mortality. We must target our efforts to decrease the gap.

In 2014, the proportion of low-income children 3-6 years old that received their annual well-child check-up was 52.9%.

In 2014, 19% of people with diagnosed Diabetes Type 2 had their A1C levels above 9% (Normal is 7.0%)
How can the Alliance support Medicaid enrollment?
Takeaways from the Enroll America model

- The gap between the uninsured rate for South Carolina and the nation fell from 3.3% (2013) to 3.2% (2015).
- Only 1/6 of the remaining uninsured are Medicaid-eligible.

Other relevant context

- Last fiscal year, our enrollment penetration rate was about 91.5%.
- Continuing to exchange data with other agencies.
- Discussing “Targeted Enrollment Strategies” with CMS to further automate the application process.

Ways to help

- Don’t file paper applications.
- Consider annual reviews – not just applications (stay in vs. get in).
- Privacy rules can be an impediment to individual outreach efforts.
Enrollment is Just One Component of Access

• Holding an insurance card is just the first test of “access”
  ➢ What about utilization?
  ➢ As we climb from 91.5% enrollment, how many of those who remain are or would likely be utilizers?
  ➢ How many of those enrolled today are utilizers (and if not, why not)?

• True assessment of access must include other factors
  ➢ Many states generate the state match to sustain or expand their programs by cutting reimbursement rates.
  ➢ “Wider but shallower” coverage.
  ➢ CMS is starting to take a harder look at network adequacy.

• If 100% coverage is not attainable, then what’s the real target?
  ➢ Natural churn from movements across state lines, FPL thresholds, etc.
  ➢ How do you count those who make the individual mandate payment?