

Helping people achieve

*Lifelong well-being*



**INSPIRE**  
health



**CULTIVATE**  
uniqueness



**RETHINK**  
routine



**PIONEER**  
simplicity



**THRIVE**  
together

# Presentation to Medical Advisory Council

July 28, 2016



**Humana**®

**CareSource**™

# Membership

- Serving Kentucky's Medicaid Program since 2014
- Partner with CareSource for Administration of the Medicaid Program
- Currently have approximately 125,000 members



# Provider Network Strength

- Humana CareSource statewide Medicaid provider network has been developed based on the Humana's mature and comprehensive commercial provider network. Our strong Provider Network is enhanced by all safety net providers in the Commonwealth along with Medicaid "focused" providers and services.
- We are proud to have assisted 787 providers in obtaining Medicaid certifications.
- Our statewide network includes over 20,000 dedicated providers including:
  - Hospitals 124
  - PCPs 3,784
  - Specialists 13,047
  - Dental Providers 796
  - Behavioral Health Providers 1,846
  - Vision Providers 623
  - Pharmacy 966



# Provider Support

## Online Tools

- Web-based access to care delivery tools, care management programs.
- Electronic claims submission via provider portal- no costs  
Now upgraded to include certain pre-populated data which improves accuracy of submissions, by decreasing opportunities for transcription errors, missing, or incorrect data.
- 24-hour automated member eligibility verification
- Online Formulary Search Tool

## Your Partner in care

- Enhanced care management for patients identified with significant medical and behavioral needs



# Partnering with Providers

## Dedicated Provider Relations Representatives

Working to build strong partnerships with Providers to help facilitate a high quality of care and a respectful experience for our members.



1

**Mark Leonard – 270-217-6673**  
[Mark.Leonard@CareSource.com](mailto:Mark.Leonard@CareSource.com)  
**Kelly Dockter Dean 502-494-9639**  
[Mary.Dockterdean@CareSource.com](mailto:Mary.Dockterdean@CareSource.com)

2

**Mark Leonard – 270-217-6673**  
[Mark.Leonard@CareSource.com](mailto:Mark.Leonard@CareSource.com)  
**Kelly Dockter Dean 502-494-9639**  
[Mary.Dockterdean@CareSource.com](mailto:Mary.Dockterdean@CareSource.com)

3

**Felicia Wheeler – 502-262-7142**  
[Felicia.Wheeler@CareSource.com](mailto:Felicia.Wheeler@CareSource.com)  
**Lindsay Chatham - 502-648-1688**  
[Lindsay.Chatham@CareSource.com](mailto:Lindsay.Chatham@CareSource.com)  
**Dawn Powell - 502-938-1493**  
[Dawn.Powell@CareSource.com](mailto:Dawn.Powell@CareSource.com)

6

**Patricia Smith-Glover – 502-303-4680**  
[Patricia.SmithGlover@CareSource.com](mailto:Patricia.SmithGlover@CareSource.com)  
**Guy Custer – 859-469-2754**  
[Guy.Custer@CareSource.com](mailto:Guy.Custer@CareSource.com)

4

**Hope Lafavers – 502-216-6314**  
[Hope.Lafavers@CareSource.com](mailto:Hope.Lafavers@CareSource.com)  
**Kelly Dockter Dean 502-494-9639**  
[Mary.Dockterdean@CareSource.com](mailto:Mary.Dockterdean@CareSource.com)

7

**Brittany Whitaker – 606-802-4594**  
[Brittany.Anderson@CareSource.com](mailto:Brittany.Anderson@CareSource.com)  
**Trista Daugherty – 606-341-4679**  
[Trista.Daugherty@CareSource.com](mailto:Trista.Daugherty@CareSource.com)

5

**Patricia Smith-Glover – 502-303-4680**  
[Patricia.SmithGlover@CareSource.com](mailto:Patricia.SmithGlover@CareSource.com)  
**Guy Custer – 859-469-2754**  
[Guy.Custer@CareSource.com](mailto:Guy.Custer@CareSource.com)

8

**Brittany Whitaker – 606-802-4594**  
[Brittany.Anderson@CareSource.com](mailto:Brittany.Anderson@CareSource.com)  
**Trista Daugherty – 606-341-4679**  
[Trista.Daugherty@CareSource.com](mailto:Trista.Daugherty@CareSource.com)



# Dental



- Humana CareSource partners with Avesis for KY Medicaid Dental benefits as of 1/1/2016
- We are proud to have enhanced benefits by adding an extra cleaning for adults each year to match the benefit given to children
- Avesis Dental Network as of May 15, 2016  
796 Unique Providers at 611 Locations
- Provider Focused with provider welcome calls, orientations, routine office visits, off-site conference attendance, annual network validation, EOB reviews and targeted claims training
- Compliance Driven – Network evaluations, FWA site Audits, Secret Shoppers, Member Placement Requests

# Pharmacy – Striving for Excellence

## Medication Therapy Management (MTM) Program

Engaged over 15,300 members, with over 33,300 interactions, at 966 pharmacies in Kentucky (January – December 2015)

- The primary MTM interventions are medication adherence checks, formulary conversions, and Comprehensive Medication Reviews (CMR's)
- Interventions saved over \$ 1.8M, and continues to grow

**Generic Dispense Rate of 87.3%**

**Formulary compliance is 91.2%**



# Behavioral & Physical Health Integration

**Strong focus on integration of Humana CareSource and Beacon Health Strategies- onsite/co-located within our Kentucky office:**

- We are providing more holistic, better managed, care for individuals with co-occurring disorders
- Creating a system that allows for interdisciplinary care teams that can be accountable for the full range of medical and behavioral health services
- Continually striving to improve information and administrative data sharing across systems. These efforts make relevant information more readily available to the multi-disciplinary care teams.

**Always focusing efforts to initiate outreach and provide access to care for members whose situations are associated with higher risk for health problems.**

- 94 members engaged in Behavioral Health Case Management
- 43 of 94 are co-managed for physical health conditions



# Case Management

- Mobile Case Management utilizing a member centric team
- The Johns Hopkins ACG's incorporated into Humana CareSource cluster methodology to identify at-risk members
- Based on the 2015 SF-12 Quality Of Life Survey, members indicated improvement in 6 of 8 quality of life categories.
- Members rated their overall satisfaction with Case Management at 90% on the 2015 Case Management Satisfaction Survey.

## **Bridge to Home Care Transition Program provides follow-up to members discharged from an inpatient facility**

- 8% decrease in readmission Rate for 2015



# Reduced ER Rate

- The predictive modeling tool utilized for identification for case management incorporates ER utilization into the model for member referral to case management.

Case Managers coordinate care primary and specialty care needs.

- Overall ER Utilization decreased for members in case management by greater than 40% from October 2014 to March 2015.



# Quality & Preventive Care Initiatives

- Member incentive for prenatal, postpartum, and well-child care visits
- Age & gender specific Annual Birthday Cards identifying preventative care needs
- Seasonal Preventive Care Reminders
- Direct/Interactive telephonic outreach
  - Children due for well-child visits, lead screenings, and dental preventative services
  - Reminder/Assist newly pregnant members with scheduling prenatal appointments
  - Reminder/Assist members with postpartum visit scheduling
- Diabetes and Asthma Disease Management delivered via an educational and high risk approach
- Member Profile used by case managers to identify member care gaps
- Clinical Practice Registry for use by providers to identify member care gaps

# Our Quality Strategy Aligns with the Institute for HealthCare Improvement Triple Aim

**Improving the Member  
Experience of Care**  
(including quality and satisfaction)

**Improving the  
Health of  
Populations**



**TRIPLE AIM**

**Reducing the Per  
Capita Cost of  
Health Care**

# Community Partnerships



## Forging Community Partnerships

Dedicated Community Education Representatives engage in community education about Medicaid, Humana-CareSource benefits, and how to enroll

- In 2015, participated in events and conducted group presentations to consumers
- Actively engaging in community partnerships to meet the needs of vulnerable members

**•Partnership, and other initiatives , with a number of nonprofit organizations, such as:**

Crusade For Children

United Way

American Diabetes Association

National Kidney Association

Easter Seal

American Red Cross

National Alliance of Mental Health

Epilepsy Foundation of Kentuckiana

March of Dimes

American Lung Association

American Heart Association

American Cancer Society

Lupus Foundation

KaBOOM!



*On September 27, members of the Humana Medicaid Team volunteered for a KaBOOM! playground build at the Neighborhood House located at 201 N. 25th Street in Louisville.*

**Humana**

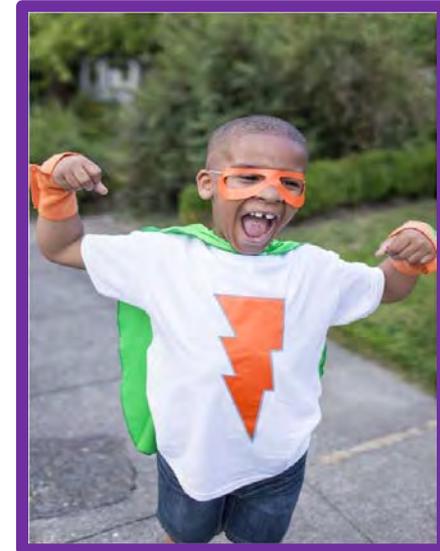
**CareSource**

# Member Stories

Alex is a pre-school aged child who suffered severe injuries as a result of alleged child abuse. He was admitted for 3 months, and had multiple surgeries.

Alex's Case Manager, Alicia, worked closely with DCBS Social Workers for Medically Fragile Children, and with the hospital Case Manager, to coordinate all post-discharge arrangements and services for Alex.

He was discharged to an approved relative, and the hospital reported to Alicia that Alex went home "with a big smile on his face". He now has to be fed via tube. Alex does have more surgery planned in the near future, and Alicia will continue to ensure a smooth and orderly coordination of care.



\*Member name and picture changed to protect privacy

# Member Stories

Betty\*, a Humana – CareSource (HCS) member, who was hospitalized with a high risk pregnancy entered into Case Management with her Case Manager, Josh\*.

At the time Betty was identified for Case Management she was homeless. Josh worked with a Social Worker who helped complete housing forms for Betty. Betty was then approved for housing and was able to move into an apartment. Betty's Case Manager worked with a local non-profit who assisted with obtaining furniture for Betty's apartment. Betty was also in need of glasses and Josh helped her complete an eye glass voucher.

Betty is doing well and keeping her OB appointments. In addition, Betty was also accepted into a program for single mothers who want to attend college.

\*Names and pictures have been changed for privacy purposes.



Questions

Thank You

Humana®

  
CareSource™

# Kentucky Medicaid Opportunities to Safeguard, Improve Quality and Reduce Costs

Cabinet for Health and Family Services

[chfs.ky.gov](http://chfs.ky.gov)



**CAHRDS**

Child & Adolescent Health  
Research Design & Support



LEVERAGING RESOURCES TO TRANSFORM HEALTHCARE PROGRAMS

# 2015-2016 Contract

- Synthesis of Relevant Literature
- Semi-structured interviews with DPP key personnel
- Epidemiologic analyses of KY Medicaid Claims

# Literature Synthesis

- Complex barriers oppose the coordination of an effective system of mental health services for children in foster care
- Subgroups should be prioritized for safeguarding psychotropic prescribing
- Prior authorization could be optimized by combining such policies with quality improvement interventions

# Summary of Interviews

- Problems with accessing and sharing mental health information:
  - Separate release forms are required by health care providers and agencies in addition to those required by the Cabinet
  - Many respondents expressed a desire for a single release form that would be accepted by all health care providers
  - Health privacy legal experts and personnel working with compliance will need to be engaged to define appropriate information sharing policies and procedures

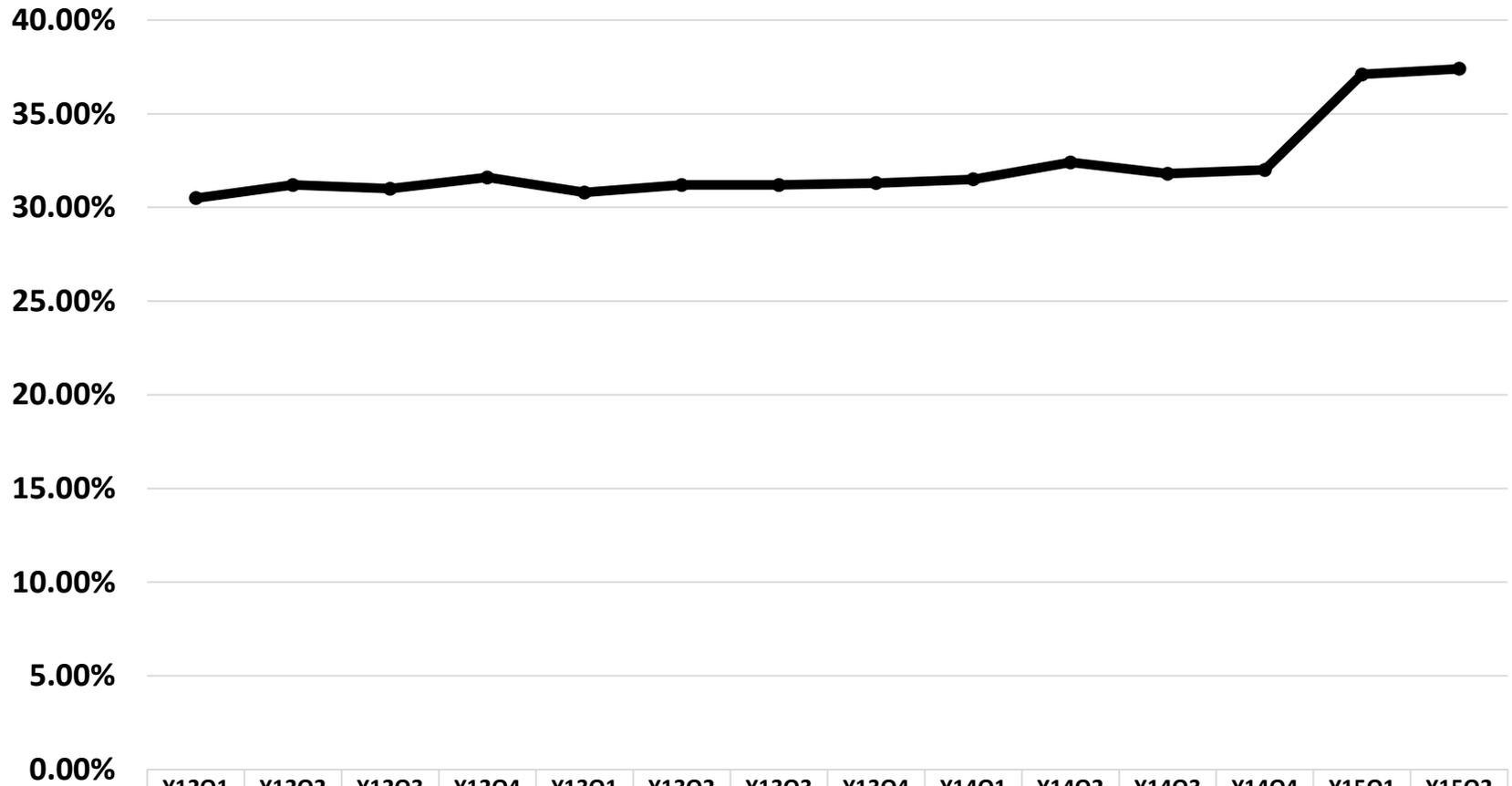
# Summary of Interviews

- Problems with knowledge of treatment methods:
  - Most case workers do not feel they have an appropriate understanding of risks and benefits of and alternatives to psychotropic medication use
  - Case workers express a need for training to gain knowledge and skills to improve comfort levels in questioning providers regarding psychotropic medication use

# Epidemiologic Analyses

- Kentucky Medicaid data:
  - 1<sup>st</sup> quarter 2012 through 2<sup>nd</sup> quarter 2015
    - Medical and Pharmacy Claims
    - Enrollment Data
    - Foster Care

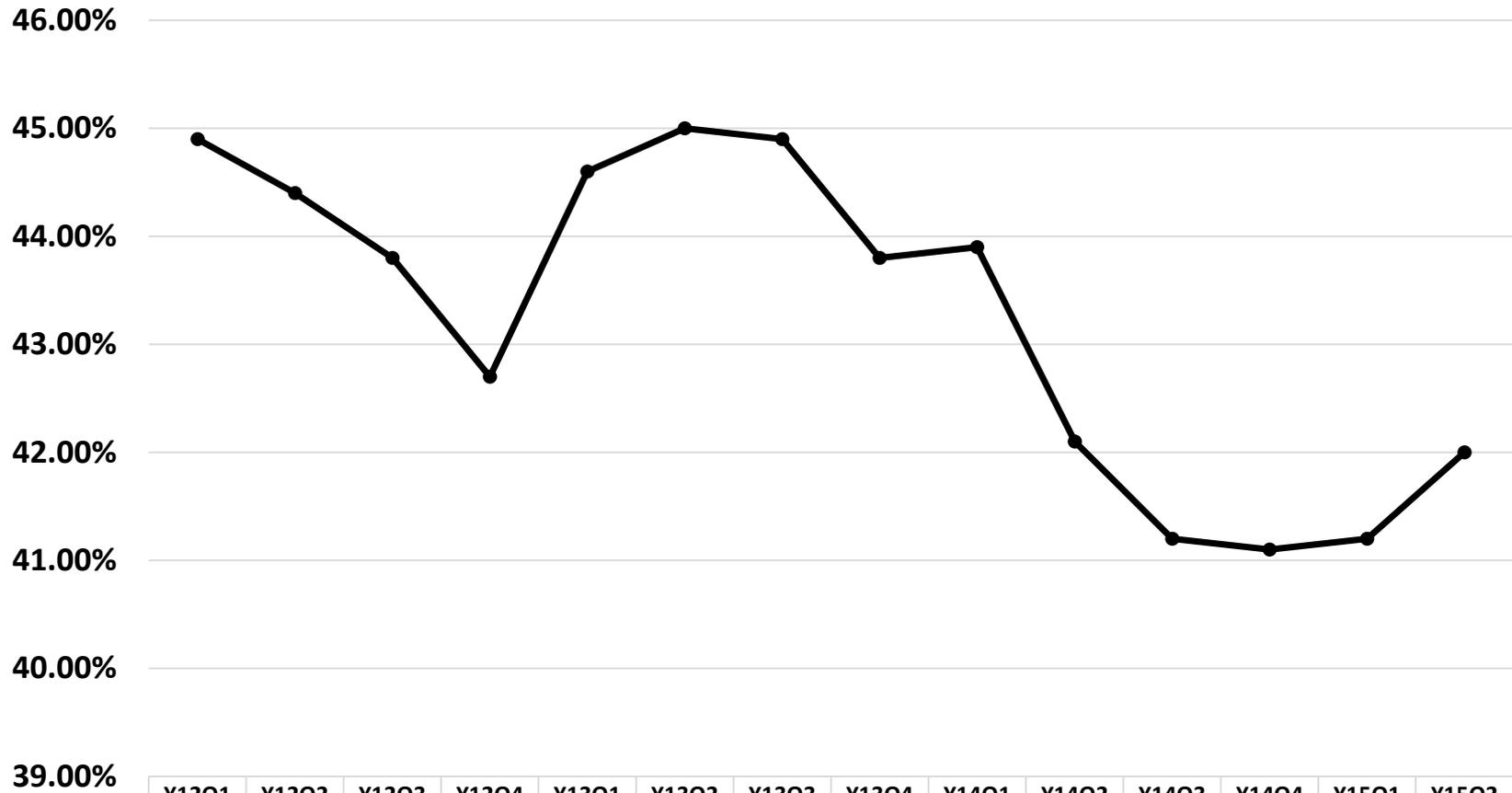
# Foster Care Children on Psychotropic Medication



Psychotropic Medication

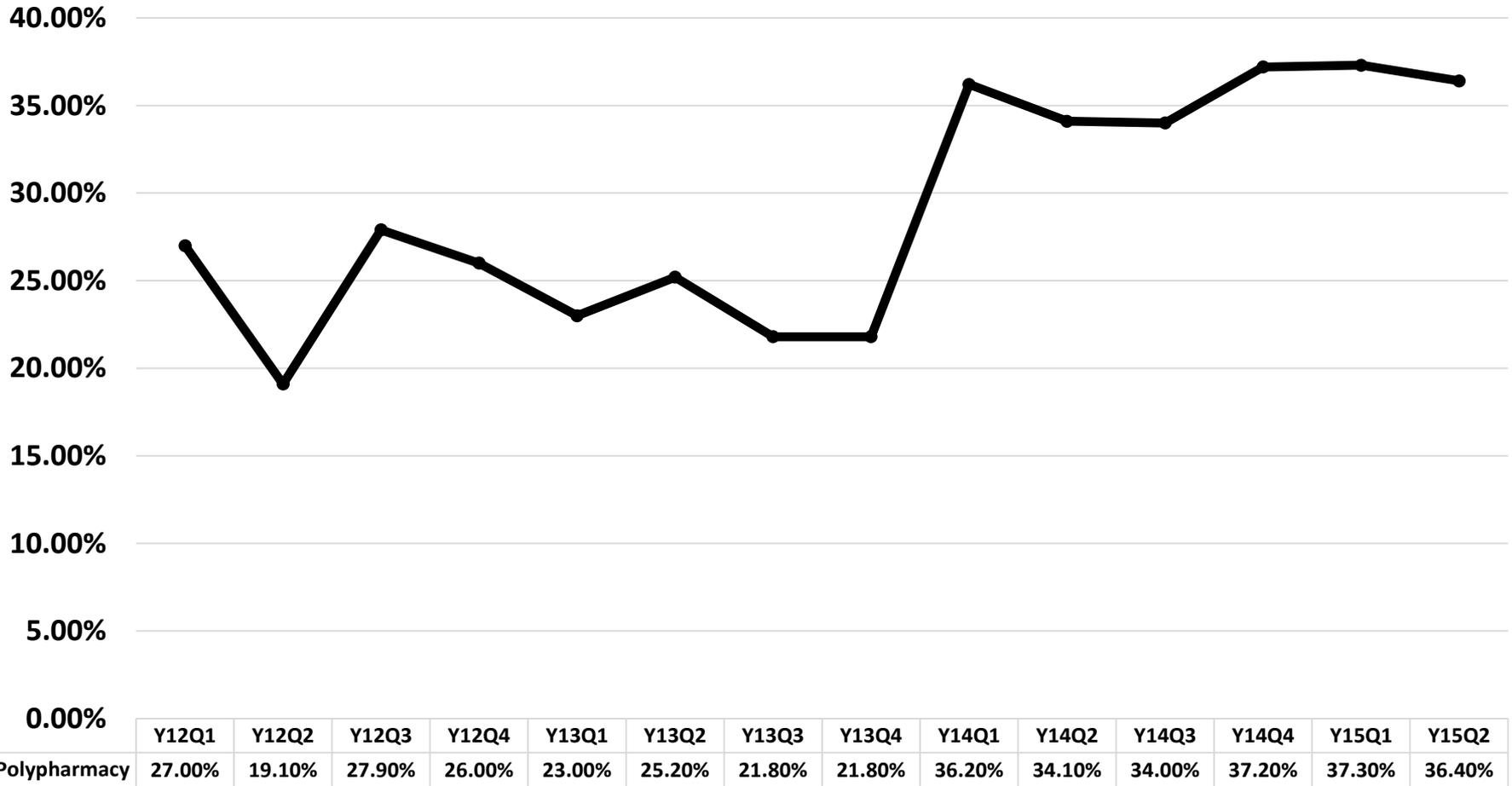
Y12Q1	Y12Q2	Y12Q3	Y12Q4	Y13Q1	Y13Q2	Y13Q3	Y13Q4	Y14Q1	Y14Q2	Y14Q3	Y14Q4	Y15Q1	Y15Q2
30.50%	31.20%	31.00%	31.60%	30.80%	31.20%	31.20%	31.30%	31.50%	32.40%	31.80%	32.00%	37.10%	37.40%

# APM Use among Foster Care Children on Psychotropic Medication

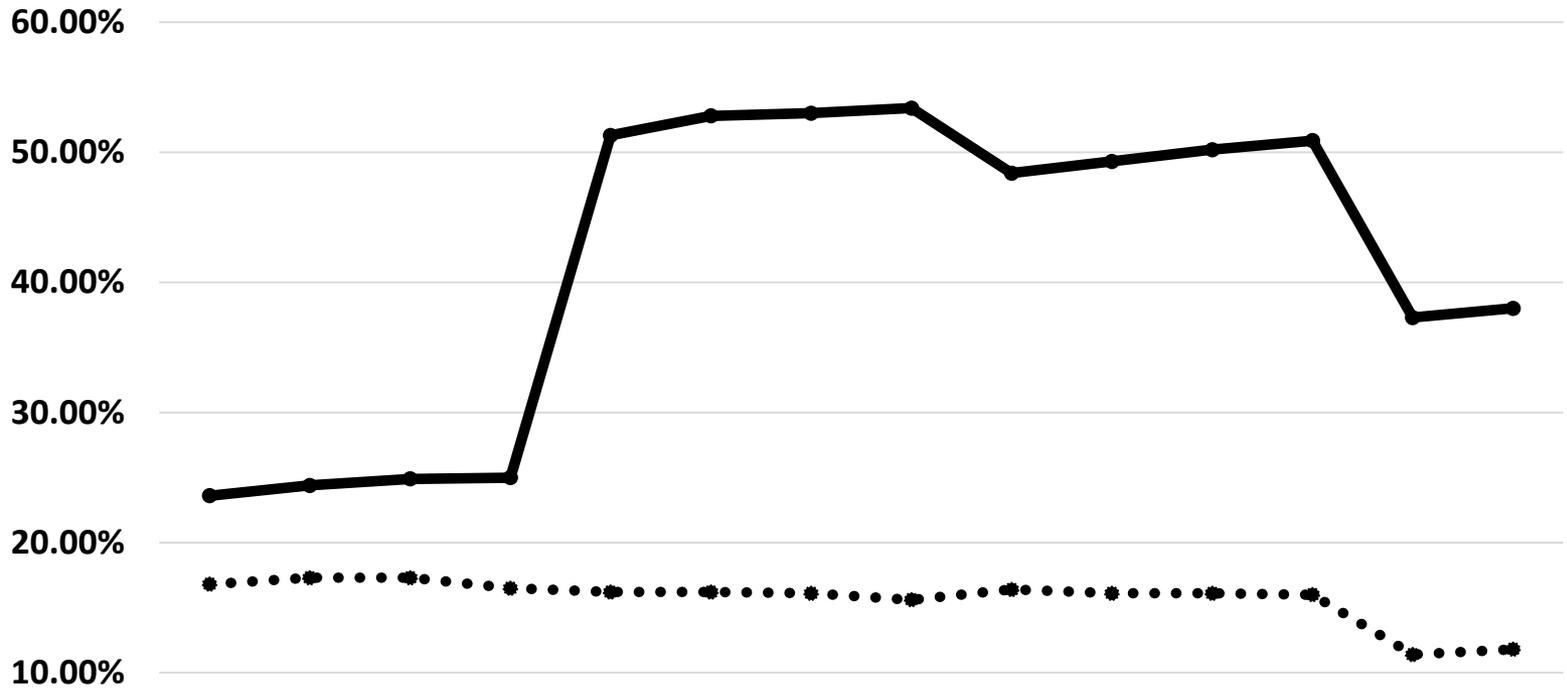


Antipsychotic Medication	44.90%	44.40%	43.80%	42.70%	44.60%	45.00%	44.90%	43.80%	43.90%	42.10%	41.20%	41.10%	41.20%	42.00%
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# Polypharmacy among Foster Care Children on Psychotropic Medication



# Behavioral Health Service Claims and Lab Monitoring for Foster Care Children on Psychotropic Medication



	Y12Q1	Y12Q2	Y12Q3	Y12Q4	Y13Q1	Y13Q2	Y13Q3	Y13Q4	Y14Q1	Y14Q2	Y14Q3	Y14Q4	Y15Q1	Y15Q2
<b>Behavior Health Service Claims</b>	23.60%	24.40%	24.90%	25.00%	51.30%	52.80%	53.00%	53.40%	48.40%	49.30%	50.20%	50.90%	37.30%	38.00%
<b>Lab Monitoring</b>	16.80%	17.30%	17.30%	16.50%	16.20%	16.20%	16.10%	15.60%	16.40%	16.10%	16.10%	16.00%	11.40%	11.80%

# Other Findings

- More than 20% of children had at least one gap in enrollment. Gaps in coverage may serve as a barrier to receiving needed medication, psychosocial therapy, and advocated follow-up (metabolic monitoring)
- Overall, 59% ( $n=6,465$ ) of children with Autism Spectrum Disorder (ASD) were prescribed any psychotropic medication and 51% ( $n=3,267$ ) of those had interclass polypharmacy

# Other Findings

- Antipsychotic medication (APM) use in preschool-aged children is higher than the national rate
- Clinical diagnosis patterns are consistent with management of developmentally limited impulsive and aggressive behaviors
- A majority of APM prescriptions for low-income preschool-aged children are not written by child or adolescent psychiatrists

# Recommendations

- MCOs should collaborate to optimize prior-authorization requirements for all children and youth under 18 who are prescribed atypical APM.
- This optimization should include offering quality improvement resources and developing a more uniform, standardized formulary that is consistent across MCOs

# Recommendations

- KY DHHS should expand investments in and reimbursements for non-pharmacologic behavioral health interventions
  - Particularly feasible approaches include university collaborations and increased statewide access to evidence-based treatments for childhood trauma
  - Savings realized from appropriate safeguarding of PM use would, potentially, offset the cost of additional services and improve long-term outcomes

# Recommendations

- DHHS and MCOs should broadly incorporate more robust PM oversight policies to include:
  - screening and evaluation to identify mental health needs
  - standards of consent and assent to treatment and ongoing communication
  - monitoring systems with referral mechanism for expert panel review
  - availability of mental health expertise and consultation
  - mechanisms for sharing current information and education materials regarding the use of PM

# Recommendations

- DHHS should ensure ongoing population level oversight and data collection to capture changes in health outcomes related to PM use statewide, at the county level, and by each health plan
- These data can help provide a baseline for KY Medicaid to set “best practice” targets related to PM use for children and youth in Medicaid, especially those in foster care

# 2016-17 Plan

- Ongoing efforts around psychotropics and APMS:
  - QI initiatives to optimize prescribing
  - Improve access to mental health professionals
  - Work with DCBS to streamline data sharing
  - Evaluation of healthcare utilization

# 2016-17 Plan

- Two new medication priorities:
  - Stimulant medications
    - In 2011 10% of KY children received medication for ADHD
    - 2<sup>nd</sup> highest state
  - Antibiotics
    - In 2011 KY led the nation in per-capita antibiotic prescriptions