Heritage Health Update

Health and Human Services Committee

December 18, 2017

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Nebraska Department of Health and Human Services

Today's Discussion

➢ Accomplishments

➢ Quality

➢ System improvements

➢ Member health

➢ Performance measures review

➢ Oversight

➢ Committees and forums

➢ Looking ahead to 2018

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Mission Statement

▸ Heritage Health is a person-centered approach to administering Medicaid benefits that provides Medicaid and CHIP members a choice of a single plan that provides all of their physical health, behavioral health, and pharmacy benefits and services in an integrated health care program. Integrated care through Heritage Health will improve member health outcomes, reduce costly and avoidable care, decrease reliance on emergency and inpatient levels of care by providing evidence-based care options that emphasize early intervention and community-based treatment, addresses social determinants of health, and improves the financial sustainability of the system.

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Accomplishments

Value the Heritage Health Plans bring to the program and across the State

- 2,950,721 claims paid January 1 through October 31
- $743,546,345.11 claims paid January 1 through October 31
- Health plan enrollment
- Care management for members
- Access to value-added services
- Health plans' NCQA accreditation
- Community partners across the state
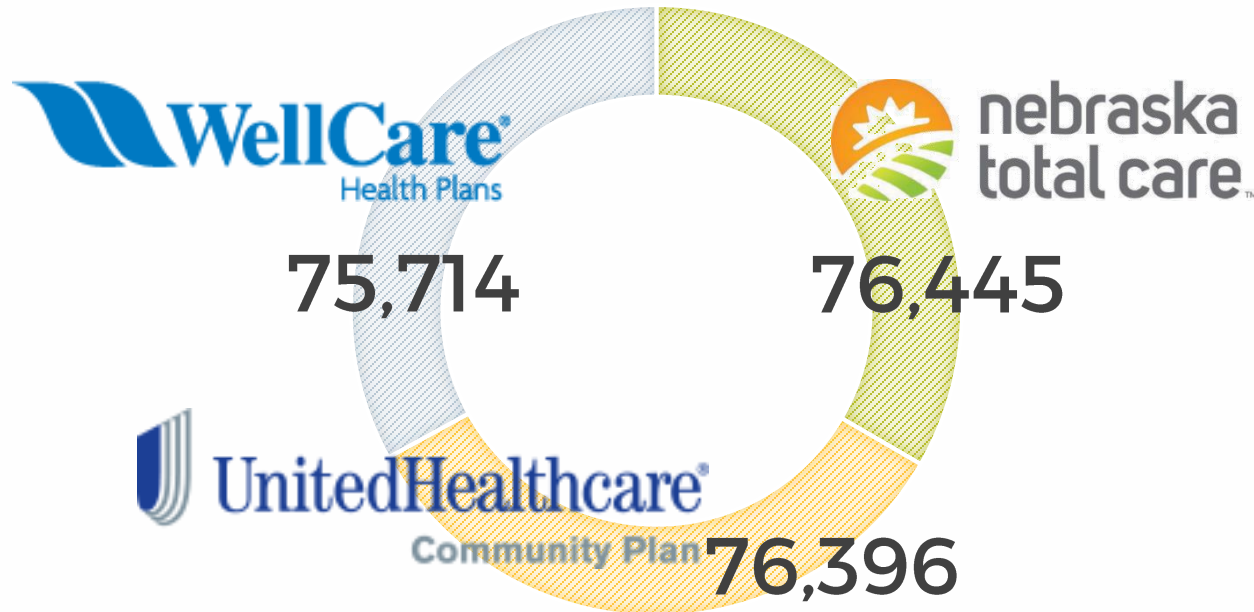- Giving back to the communities

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TOTAL ENROLLMENT – DECEMBER 2017

■ NTC ■ UHCCP ■ WHP

75,714

76,445

76,396

Open Enrollment – November 1st through December 15th
- Annual opportunity for members to select a new health plan.
- Our Enrollment Broker, Automated Health Systems, outreached out to members to offer assistance with their plan changes by mail, a call campaign, and online announcements.
- Members who are happy with their health plans do not have to take any action during the annual open enrollment period.

Value-Added Services

▷ Managed Care brings many value-added services to members. A few highlights for 2018 include:

nebraska total care

Weight Watchers free membership for members in active case management
YMCA 3-month membership in most communities for members in active case management
Boys and Girls Club free membership
CentAccount rewards card for healthy behaviors
Start Smart for Your Baby maternity management program (includes breast pumps)
Over the Counter certain OTC products at no cost, up to $30 per household per quarter
Call 1-844-385-2192 or visit online: NebraskaTotalCare.com

UnitedHealthcare Community Plan

myHealthLine – no cost smartphone program with texting to help members manage health
No Copays - there are no costs to you for benefits and services
myMoney Connect – prepaid reloadable debit MasterCard with wellness rewards
Healthy First Steps- Ensures that mom and baby get good medical attention
Baby Blocks – reminders and reward gift cards to keep mom-to-be and baby healthy
Transportation -Member transportation to WIC, parenting classes, AA/NA Meetings
Call 1-800-641-1902 or visit online: www.uhccommunityplan.com/ne

WellCare Health Plans

Girl Scouts/Boy Scouts annual membership for members ages 6-18
Lifeline – free cell phone
Steps2Success – Free job training and personal finance training, plus free GED testing
Additional *Waived Co-Payments*
Car Seats for pregnant members
Healthy Rewards Program - gift card rewards for specific wellness visits and preventive care
Call 1-855-599-3811 or visit online: www.wellcare.com/nebraska

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National Committee for Quality Assurance (NCQA)

- NCQA is the industry recognized gold standard for health plans, and its review encompasses quality, network, utilization management, credentialing, rights and responsibilities and member connections.

  - UnitedHealthcare Community Plan has been accredited by the National Committee for Quality Assurance (NCQA) since 2005 and has maintained a status of commendable.

  - WellCare of Nebraska obtained their Interim Health Plan Evaluation on June 13, 2017.

  - Nebraska Total Care obtained their Interim Health Plan Evaluation on October 6, 2017.

Community Events

Statewide participation with various partners

Omaha JDRF Walk

Community Baby Showers

Together Omaha, Hydration Station

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COMMUNITY CONNECTIONS

Giving Back to the Communities

A snapshot of programs & activities

- Community gardens

- Resource grants to 501c3 organizations

- Baby's First, free texting program for new parents

- Foster Care Connections Duffle Bag Program

- Kicking with the Jays – free soccer clinic for children

- Adopt-a-school partner

- Vision Van

- Coordinating with the Division of Behavioral Health, Division of Children and Family Services, Division of Developmental Disabilities, Department of Education, The Office of Probation, Nebraska Association Behavioral Health Organizations, other community & local agencies.

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Member Advisory Committee

⊳ To promote a collaborative effort to enhance the MCO's patient-centered service delivery system

⊳ Comprised of members, members' representatives, providers, and advocates who reflect the MCO's population and communities served

⊳ Orientation and ongoing training provided for committee members to ensure they have sufficient information and understanding of the managed care program to fulfill their responsibilities

⊳ Quarterly meetings

⊳ Allows clients to provide input into the MCO's planning and delivery of services; quality management; program monitoring and evaluation; and member, family, and provider education

⊳ Health plans report to MLTC on membership, training, and committee activities semi-annually

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Provider Advisory Committee

▷ The MCO's provider advisory committee must have representation from the major provider organizations in the State, as well as individual providers;

▷ The MCO's provider advisory committee must include behavioral health and pharmacy providers, as well as providers who primarily serve individuals with disabilities

▷ Whenever feasible, MCO staff shall work collaboratively with the provider advisory committee, as well as established provider organizations, to create network development and management strategies and procedures.

▷ In addition, the MCO must establish a behavioral health advisory committee to provide input to the provider advisory committee.

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Quality

➢ Value-based contracting

➢ Enhanced partnership with sister DHHS divisions

➢ Performance measures specific to Nebraska's Medicaid members

➢ Performance improvement projects (PIPs)

➢ Care management

➢ Social determinants of health determinations

➢ Referrals to community resources

➢ Customer satisfaction surveys

➢ HEDIS measures

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External Quality Review

Quality of Care - External Quality Review Organization (EQRO)

- An EQR is the analysis and evaluation of aggregated information on quality, timeliness, and access to Medicaid-covered services.
- Federal regulation set parameters that states must follow when conducting an EQR of the contracted health plans.
- The EQRO must review the MCO's compliance with standards for access to care, structure and operations, and quality management
- The EQRO must also validate performance measures and performance review projects

Looking Ahead...

- Managed care auditor: MLTC plans to procure the services of a managed care financial auditor in 2018.

IPRO

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Financial Incentive for Quality

Quality Performance Program (QPP) Measures

➢ Contractual requirement for 1.5% withhold of total revenue

➢ Funds can only be earned by meeting QPP measures

➢ Year One – administrative measures

➢ Year Two – Shifting to a mix of clinical and administrative measures

These measures are revisited annually and can include operational and/or administrative measures that reflect MCO business processes and may lead to improved access to and quality of care, CMS Medicaid Adult and Child Core Measure sets, HEDIS measures, and MLTC-identified measures that represent opportunities for improvement.

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QPP Measures Year One

Base Performance Requirement	Payment Threshold	% of Payment Pool
Claims Processing Timeliness - 15 Days: Process and pay or deny, as appropriate, at least 90% of all clean claims for medical services provided to members within 15 business days of the date of receipt. The date of receipt is the date the MCO receives the clean claim.	95% within 15 business days	20%
Pharmacy Claims Processing Timeliness - 7 Days: Process and pay or deny, as appropriate, at least 90% of all clean claims from pharmacy providers for covered services within seven calendar days of receipt. The date of receipt is the date the MCO receives the claim.	95% within 7 calendar days	10%
Encounter Acceptance Rate: 95% of encounters submitted must be accepted by MLTC's Medicaid Management Information System pursuant to MLTC specifications.	98%	20%
Call Abandonment Rate: Less than 5% of calls that reach the Member/Provider 800 lines and are placed in queue but are not answered because the caller hangs up before a representative answers the call. Measured using annual system-generated reports.	<3%	10%
Average Speed to Answer: Calls to Member/Provider lines must be answered on average within 30 seconds. Measured using annual system-generated reports.	30 seconds	10%
Appeal Resolution Timeliness: The MCO must resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within 45 calendar days from the day the MCO receives the appeal.	95% within 30 days	10%
Grievance Resolution Timeliness: The MCO must dispose of each grievance and provide notice, as expeditiously as the member's health condition requires, within State-established timeframes not to exceed 90 calendar days from the day the MCO receives the grievance.	95% within 60 days	10%
PDL Compliance: The MCO shall dispense medications in PDL categories compliant with Nebraska State PDL Preferred Status at least 92% of the time each quarter.	95%	10%

QPP Measures Year Two

Base Performance Requirement	Payment Threshold	% of Payment Pool
Claims Processing Timeliness - 15 Days: Process and pay or deny, as appropriate, at least 90% of all clean claims for medical services provided to members within 15 days of the date of receipt. The date of receipt is the date the MCO receives the clean claim.	95% within 10 business days	20%
Encounter Acceptance Rate: 95% of encounters submitted must be accepted by MLTC's Medicaid Management Information System pursuant to MLTC specifications.	98%	20%
Call Abandonment Rate: Less than 5% of calls that reach the Member/Provider 800 lines and are placed in queue but are not answered because the caller hangs up before a representative answers the call. Measured using annual system-generated reports.	<2%	10%
Appeal Resolution Timeliness: The MCO must resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within 45 calendar days from the day the MCO receives the appeal.	95% within 20 days	10%
PDL Compliance: The MCO shall dispense medications in PDL categories compliant with Nebraska State PDL Preferred Status at least 92% of the time each quarter.	95%	10%
Lead Screening in Children - The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	65%	10%
Well-Child Visits in the First 15 Months of Life - The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: 0 Visits, 1 Visit, 2 Visits, 3 Visits, 4 Visits, 5 Visits, 6 Visits or more	52% with 6 Visits or more	10%
Childhood Immunization Status - The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Combination #2 - 19% Combination #10 - 8%	Combination #2 - 5% Combination #10 - 5%

System Improvements

Administrative Simplification Projects in Process

▷ Review of over-the-counter medications
  • Create a comprehensive list of OTCs that are preferred by Medicaid

▷ Prior authorization for DME based on price limits
  • Offer consistency across the plans to ease the administrative burden on providers

▷ Common form to change PCP selection for members
  • Ease the administrative burden for providers by having one form available to all members who express an interest in changing their PCP assignment on their member ID card.

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Member Health

Goals MLTC set for Heritage Health

▷ Improved health outcomes

▷ Enhanced integration of services and quality of care

▷ Emphasis on person-centered approach, care management, enhanced preventive services, and recovery-oriented care

▷ Reduced rate of costly and avoidable care

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Member Stories

Emphasis on person-centered approach and care management

▸ 29 year old member with multiple conditions and mobility issues. Her grandmother has taken over her care due to member's mother passing away a couple of months ago. NTC I/DD case manager (CM) received a call from the grandmother requesting our help with getting a Hoyer lift for member. Grandmother is elderly and has medical problems and is not able to lift the member.

  - A prior authorization (PA) had been received by NTC but clinical notes were missing.
  - CM spoke with the staff that was working on the PA and explained the situation.

▸ With the help of NTC's prior authorization department the authorization was able to be approved quickly. When CM called the member's grandmother to inform of the approval, she was in tears. "Thanks so much for all the help you all have given us."

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Member Stories

Improved health outcomes, reduced rate of costly and avoidable care

- ▷ 57-year-old male member who was has been diagnosed with uncontrolled Type 2 Diabetes, hypertension, chronic back pain, depression, and schizophrenia.

- ▷ 41-year-old female member experiencing mental illness, seizures, and learning disabilities.

- ▷ The couple was homeless and had been living at a shelter for two years.

- ▷ They do not have transportation which has been a barrier to their health and to accessing social supports and resources.

- ▷ The 57-year-old member was a frequent user of the ER and was often hospitalized for infections and diabetes.

- ▷ The UnitedHealthcare Community Plan housing navigator assisted the couple to secure housing

- ▷ Care management has resulted in improved health and decreased emergency room visits

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Member Stories

Enhanced integration of services and quality of care

- The 55-year-old female referred to CM; she was diagnosed with diabetes, cataracts and schizophrenia. She was not taking her medications because her income forced her to choose between getting her prescriptions or having enough food for the month. She had not seen a psychiatrist in several months.

- Her new WellCare care manager coordinated appointments for her with an ophthalmologist, a dentist and a psychiatrist. He ensured that transportation was arranged for each appointment and that she kept each appointment. He ensured that she got her prescriptions filled and also assisted her in identifying and applying for community resources that provide free cell phones and another which helped her lower her monthly utility bills.

- This WellCare member was facing institutionalization without CM assistance due to her decline in both medical and mental health.

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Monitoring Performance

➢ Data from the 50+ contractually required reports

➢ Evaluating and assessing whether the reporting elements are effective and assessing what could be done differently

➢ Plan management team are digging into the data along with MLTC's data and analytics team

➢ Continued evolution of the public dashboard

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TOTAL CLAIMS

NTC | UHCCP | WHP

	NTC	UHCCP	WHP
JANUARY Received	28,664	38,221	24,089
JANUARY Paid	7,944	21,519	3,212
FEBRUARY Received	135,048	82,773	87,601
FEBRUARY Paid	79,420	107,913	59,467
MARCH Received	133,621	87,402	98,667
MARCH Paid	105,845	99,685	57,438
APRIL Received	111,092	97,256	117,704
APRIL Paid	131,315	126,443	84,881
May Received	230,946	128,836	95,486
May Paid	175,256	107,351	77,592
June Received	202,551	148,903	102,133
June Paid	144,130	85,885	80,195
July Received	183,215	154,062	87,053
July Paid	155,186	117,486	92,393
August Received	200,347	156,847	99,600
August Paid	134,711	104,692	80,097
September Received	182,856	146,803	96,729
September Paid	155,619	96,609	85,617
October Received	203,552	160,696	107,046
October Paid	162,714	116,567	93,539

Front End Edits by Health Plans

According to guidelines developed by the Strategic National Implementation Process (SNIP), a part of Workgroup for Electronic Data Interchange (WEDI), entities need to test their system(s) to seven different types to assure compliance.

1. Integrity testing
2. Requirement testing
3. Balancing testing
4. Situation testing
5. Code set testing
6. Product types/types of service testing
7. Trading partner-specific testing

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Top Claim Rejection Reasons

nebraska total care™

RENDERING NPI/TIN ON DOS NOT ENROLLED WITH STATE
MBR NOT VALID AT DOS
INVALID MBR

UnitedHealthcare® Community Plan

SUBSCRIBER AND SUBSCRIBER ID NOT FOUND
PROVIDER TAX ID IS NOT FOUND
PATIENT ELIGIBILITY NOT FOUND

WellCare® Health Plans

PATIENT WAS NOT ELIGIBLE FOR BENEFITS UNDER THIS PLAN ON THE DATE OF SERVICE
BILLING OR RENDERING PROVIDER NOT ON STATE ROSTER
NO TAXONOMY TO ACCOMPANY NPI

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PHARMACY CLAIMS RECEIVED

CLEAN CLAIMS

Legend: NTC, UHCCP, WHP

Month	NTC	UHCCP	WHP
JAN	60.2%	90.6%	65.8%
FEB	87.8%	87.6%	80.2%
MAR	93.4%	83.8%	80.8%
APR	95.5%	74.5%	91.4%
MAY	97.9%	74.2%	98.5%
JUN	98.6%	82.3%	69.8%
JUL	98.6%	82.3%	93.3%
AUG	98.5%	81.3%	86.4%
SEP	97.1%	81.7%	80.2%
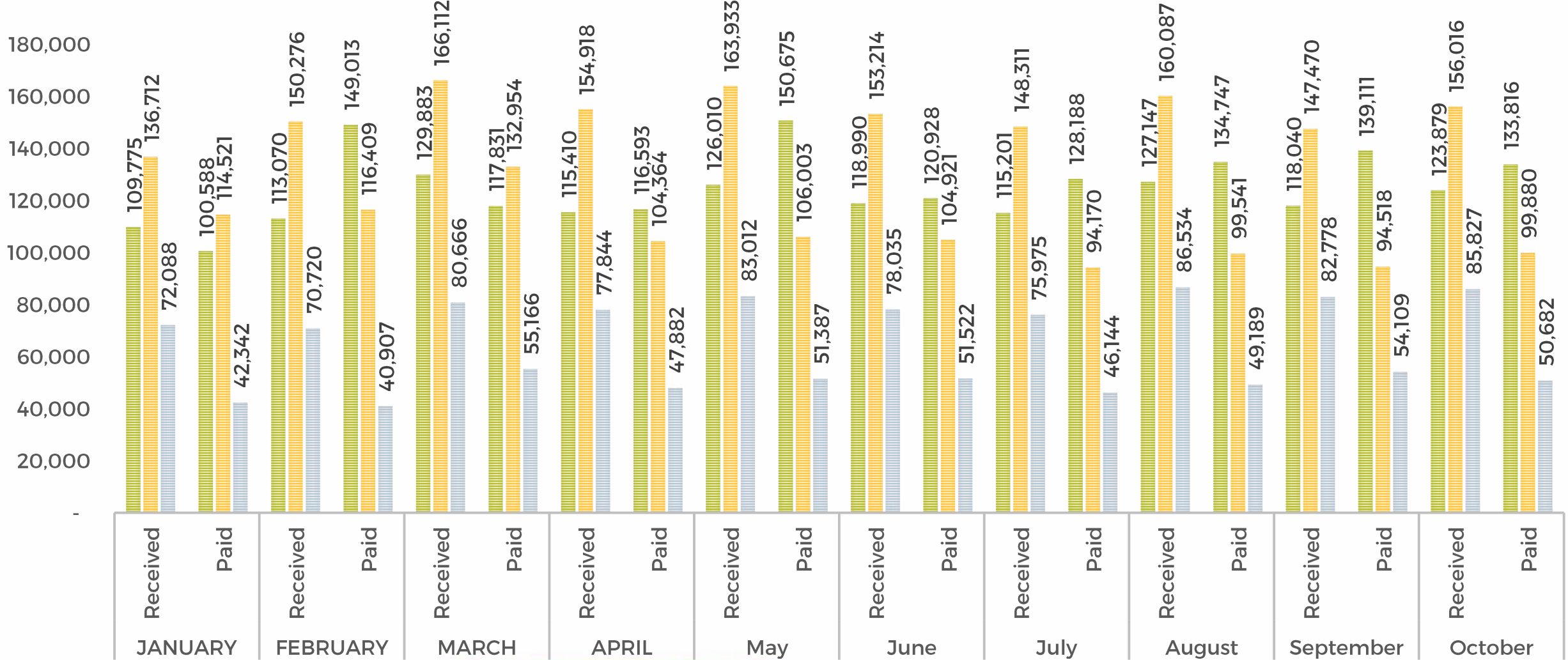
CLAIMS TIMELINESS

PHARMACY CLAIMS TIMELINESS

NTC UHC WHP

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NTC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UHC	80.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
WHP	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
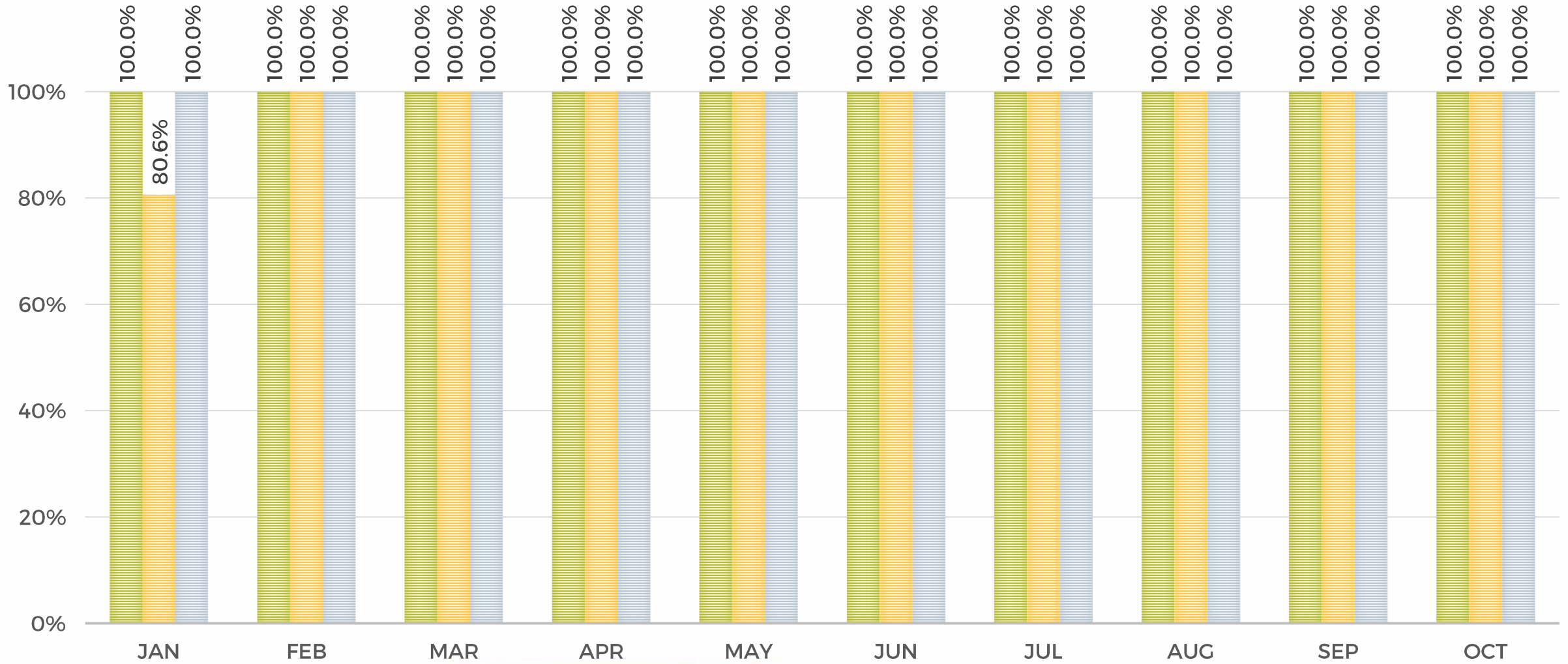
Top Claim Denial Reasons

nebraska total care

DUPLICATE CLAIM SERVICE
BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB
COVERAGE NOT IN EFFECT WHEN SERVICE PROVIDED

UnitedHealthcare Community Plan

EXACT DUPLICATE CLAIM/SERVICE
EXPENSES INCURRED AFTER COVERAGE TERMINATED.
MISSING/INCOMPLETE/INVALID PRIOR INSURANCE CARRIER(S) EOB.

WellCare Health Plans

PRIOR AUTHORIZATION REQUIRED BUT NOT OBTAINED
EXACT DUPLICATE OF ANOTHER CLAIM OR SERVICE
MUST SUBMIT AN EOB FROM THE PRIMARY INSURANCE CARRIER

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ABANDONMENT (MEMBERS)
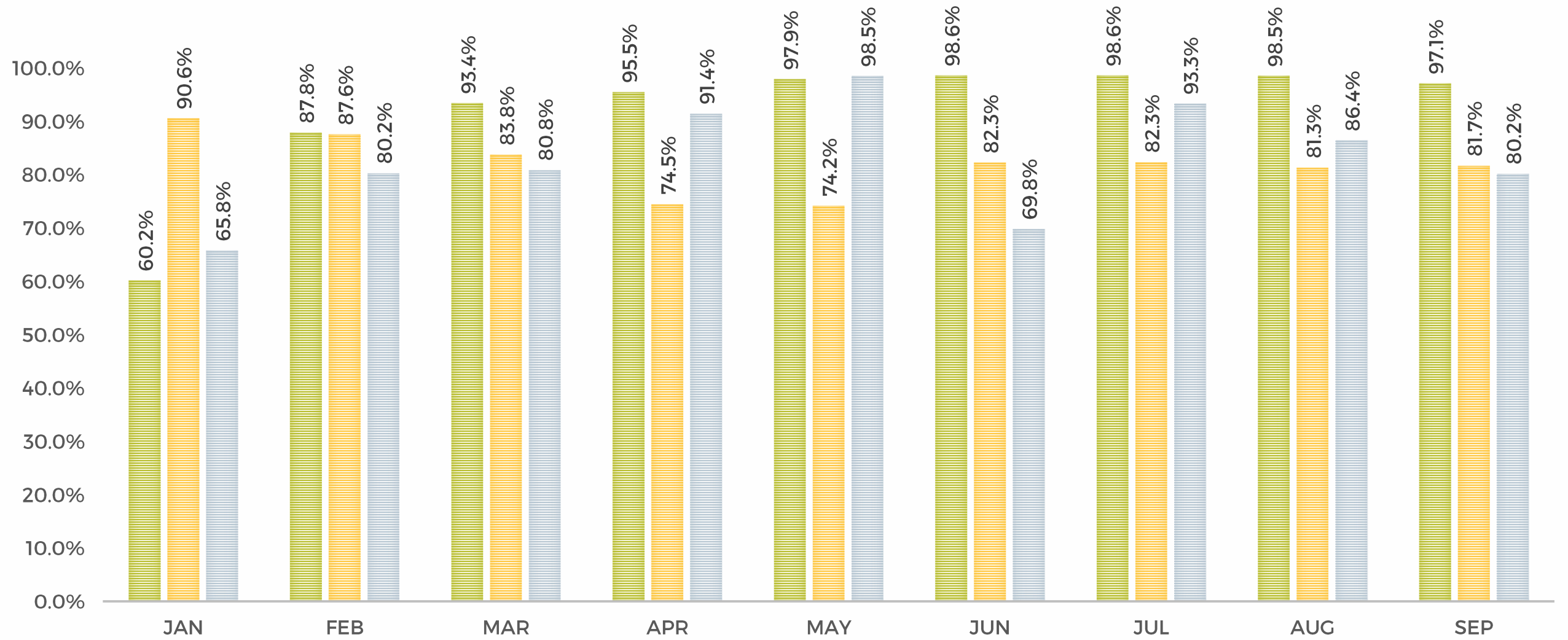
Nebraska Total Care — United Healthcare — Well Care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Nebraska Total Care	1.3%	0.5%	0.7%	1.3%	2.1%	0.7%	0.9%	1.4%	1.5%	0.9%
United Healthcare	1.1%	0.3%	0.4%	0.3%	0.1%	0.5%	0.9%	0.4%	1.2%	1.2%
Well Care	0.5%	1.2%	1.1%	1.2%	1.0%	1.2%	1.9%	1.8%	2.5%	1.4%
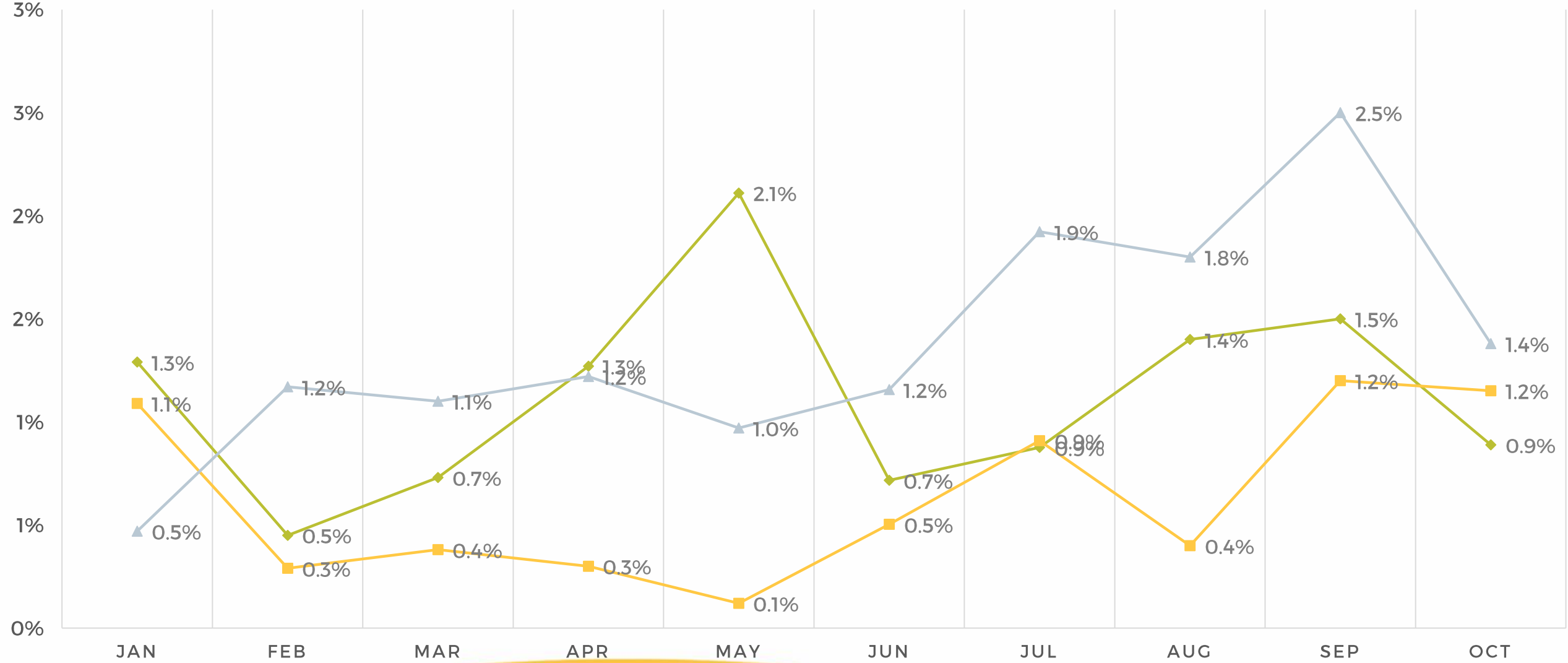
AVERAGE CALL LENGTH (MEMBERS)

Nebraska Total Care — United Healthcare — Well Care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Nebraska Total Care	9.5	9.5	9.5	9.3	10.0	9.0	8.0	8.0	7.5	7.8
United Healthcare	6.7	6.6	6.2	7.1	9.9	9.1	9.5	9.5	8.9	9.0
Well Care	7.7	7.6	5.6	7.2	9.3	8.3	8.2	8.9	8.9	8.5
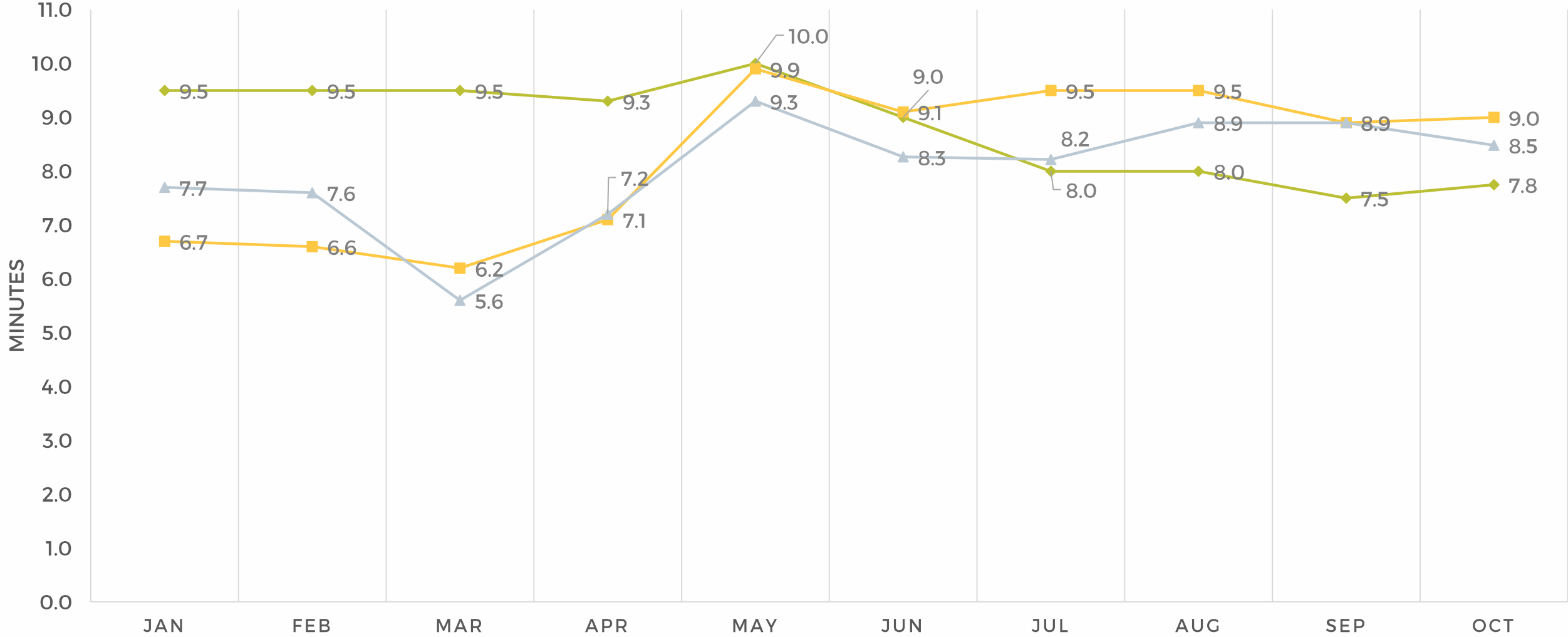
AVERAGE ANSWER SPEED (MEMBERS)

Legend: Nebraska Total Care — United Healthcare — Well Care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Nebraska Total Care	16.6	3.5	3.3	9.8	19.0	7.0	8.0	13.0	16.0	10.0
United Healthcare	20.4	6.1	6.0	3.1	3.0	4.0	11.0	5.0	15.0	14.0
Well Care	5.4	7.5	10.8	13.7	7.0	11.0	14.0	18	12.0	14.0

SECONDS
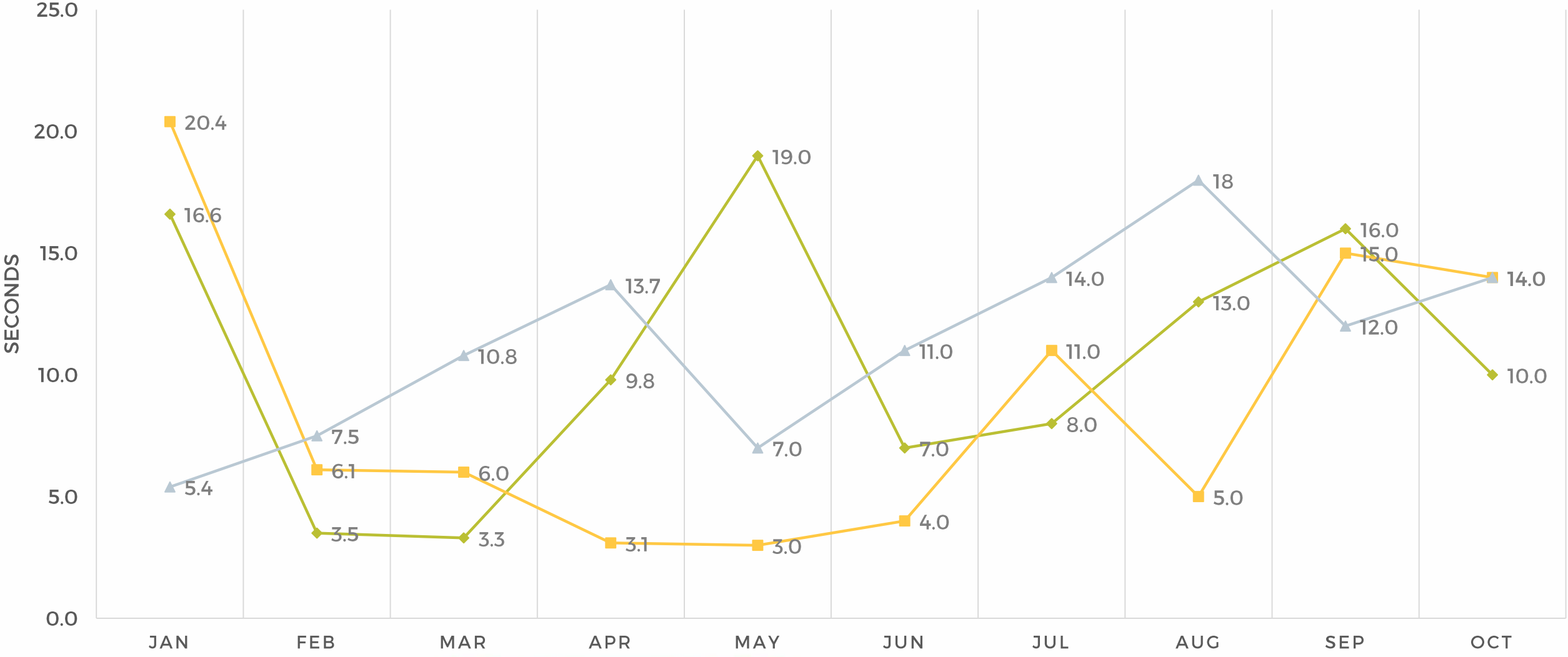
AVERAGE HOLD TIME (MEMBERS)

SECONDS

Legend:
- Nebraska Total Care
- United Healthcare
- Well Care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
United Healthcare	100	111	96	148	118	91	96	106	95	91
Nebraska Total Care	51	38	42	62	58	41	31	34	42	32
Well Care	6	6	11	14	7	11	14	18	12	14
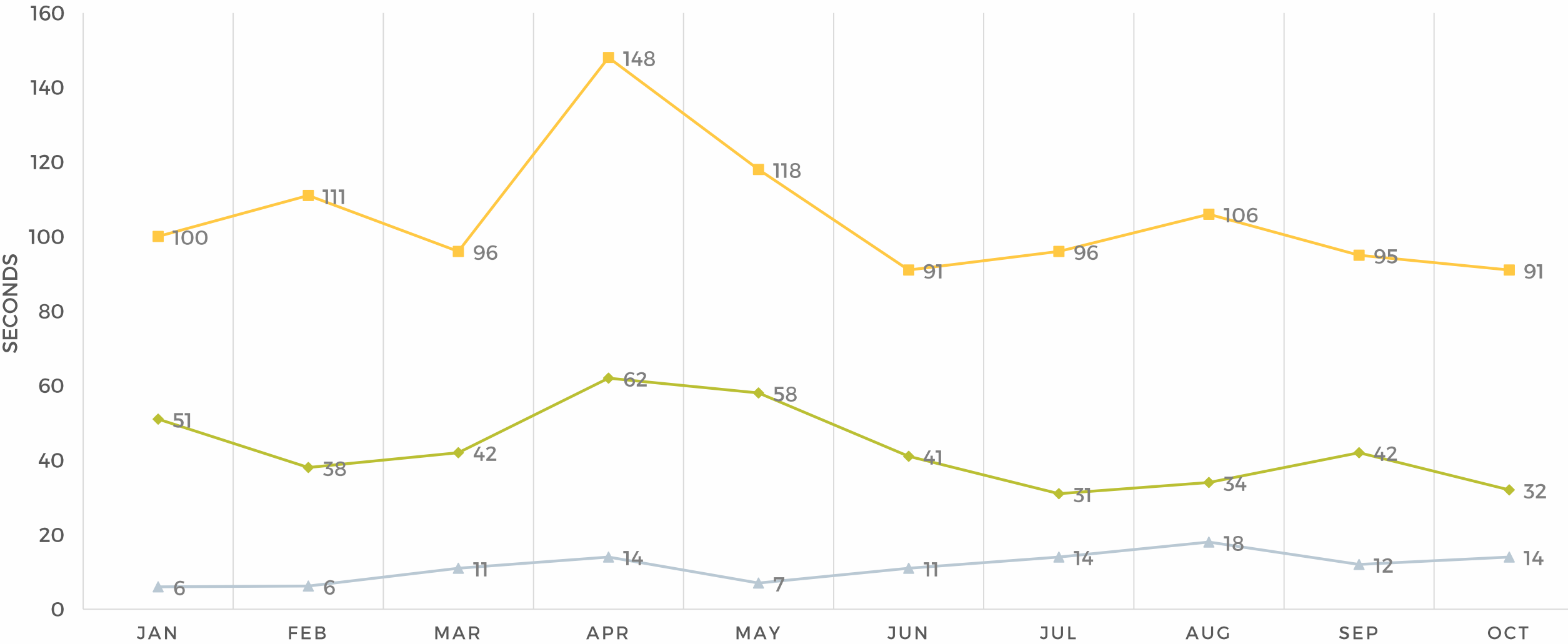
ABANDONMENT (PROVIDERS)

Nebraska Total Care — United Healthcare — Well Care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Nebraska Total Care	1.9%	0.8%	0.7%	1.0%	0.9%	0.7%	0.5%	0.8%	0.8%	0.7%
United Healthcare	0.5%	1.3%	0.4%	1.5%	1.7%	0.6%	0.2%	0.2%	0.4%	1.2%
Well Care	0.7%	0.7%	1.0%	1.3%	2.0%	1.0%	1.1%	1.6%	2.3%	4.3%
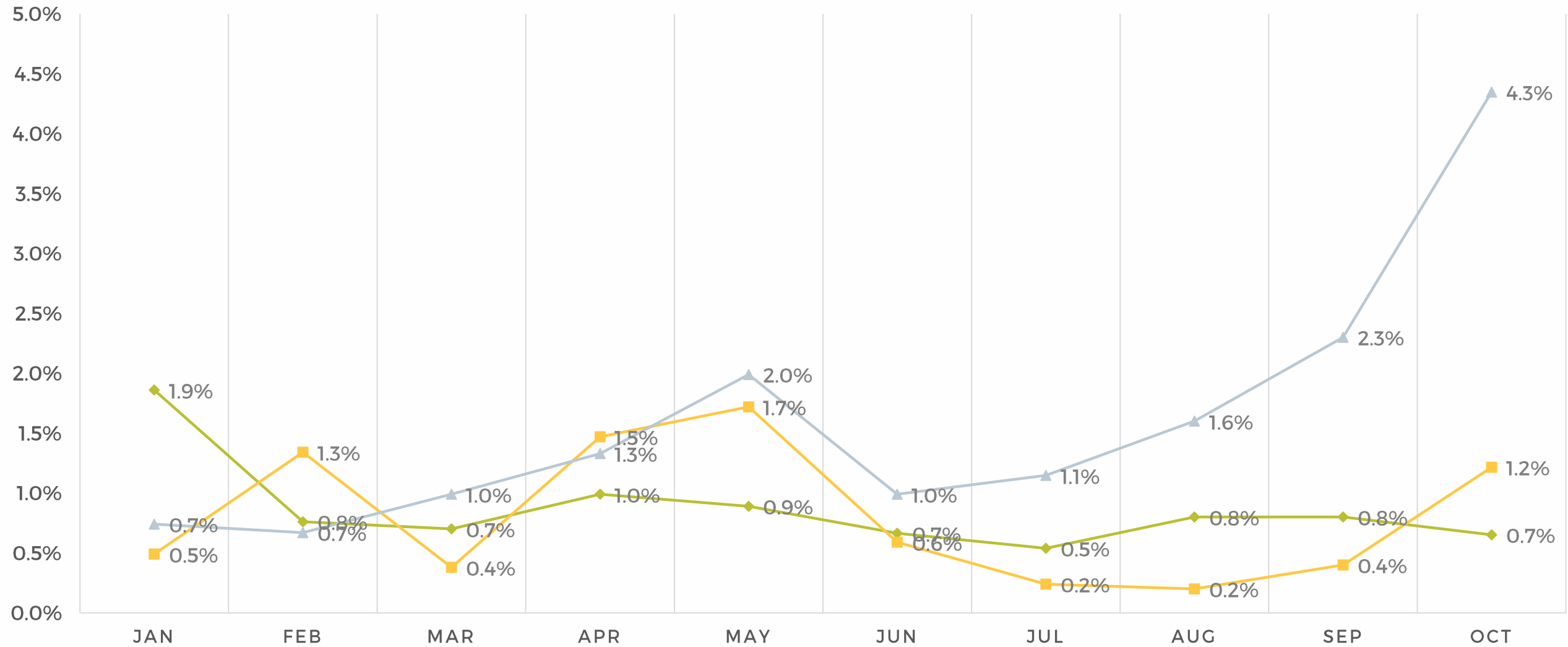
AVERAGE CALL LENGTH (PROVIDERS)
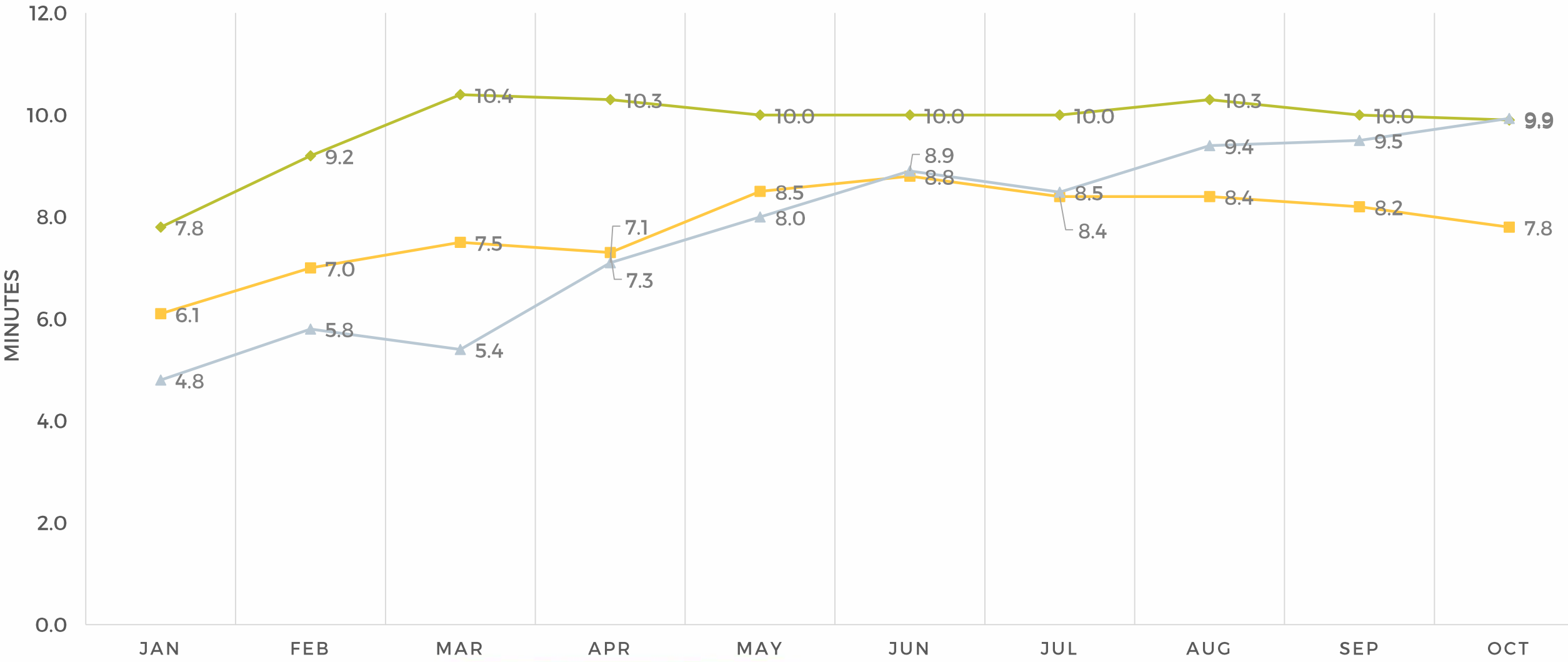
AVERAGE ANSWER SPEED (PROVIDERS)

Legend: Nebraska Total Care · United Healthcare · Well Care

Y-axis: SECONDS (0.0 to 80.0)

Month	Nebraska Total Care	United Healthcare	Well Care
JAN	22.8	12.0	8.7
FEB	2.6	25.3	9.9
MAR	3.3	9.0	16.8
APR	11.0	24.9	28.1
MAY	12.0	8.0	23.0
JUN	11.0	11.0	18.0
JUL	13.0	9.0	16.0
AUG	13.0	8.0	24.0
SEP	15.0	8.0	45.0
OCT	12	8	71
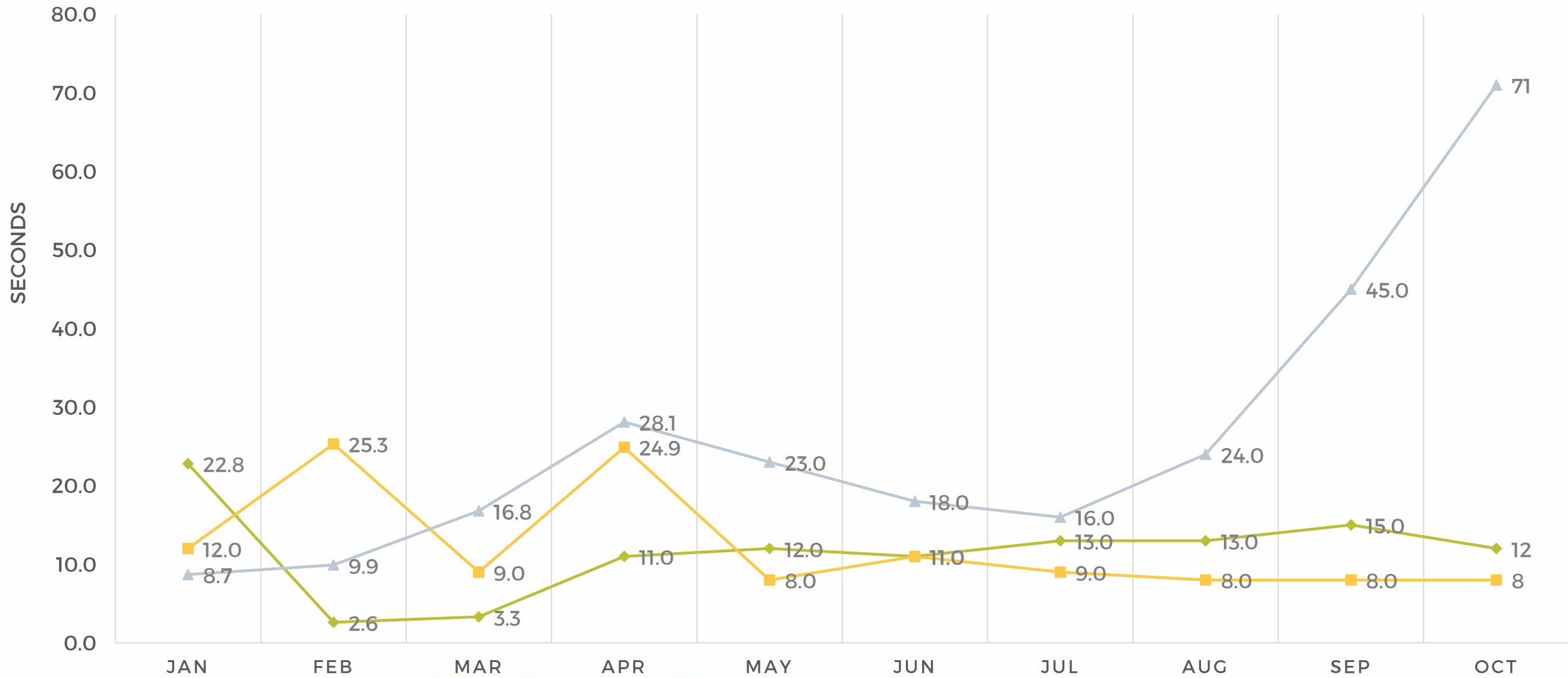
AVERAGE HOLD TIME (PROVIDERS)

◆ Nebraska Total Care ■ United Healthcare ▲ Well Care

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Nebraska Total Care	55	47	48	54	47	47	53	47	39	47
United Healthcare	65	60	60	52	51	46	34	35	39	45
Well Care	9	9	16	28	23	18	16	24	45	71

SECONDS
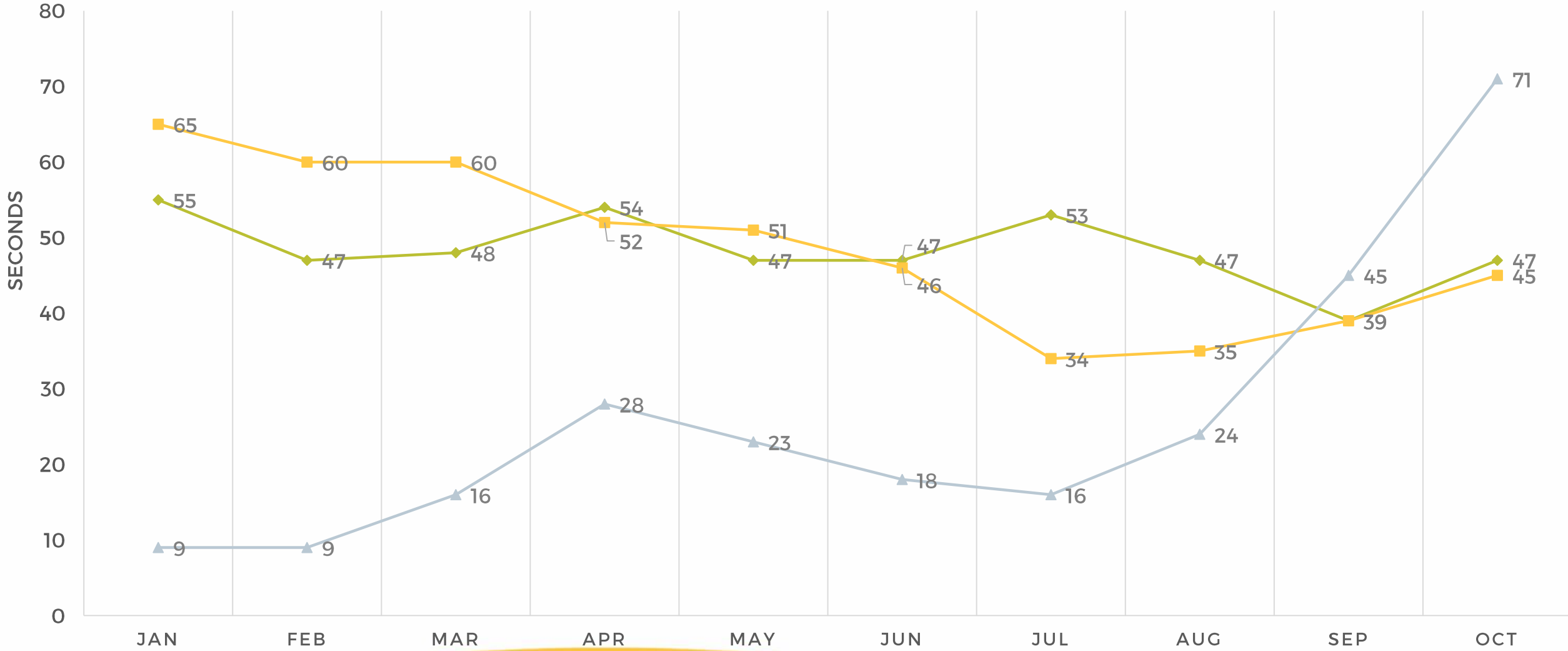
GRIEVANCE TIMELINESS (CONTRACT)

■ NTC ■ UHC ■ WHP

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NTC	100%	100%	100%	100%	100%	100%			
UHC	100%	100%	100%	100%	100%	100%	100%	100%	100%
WHP	100%	100%	100%	100%	100%	100%	100%	100%	100%
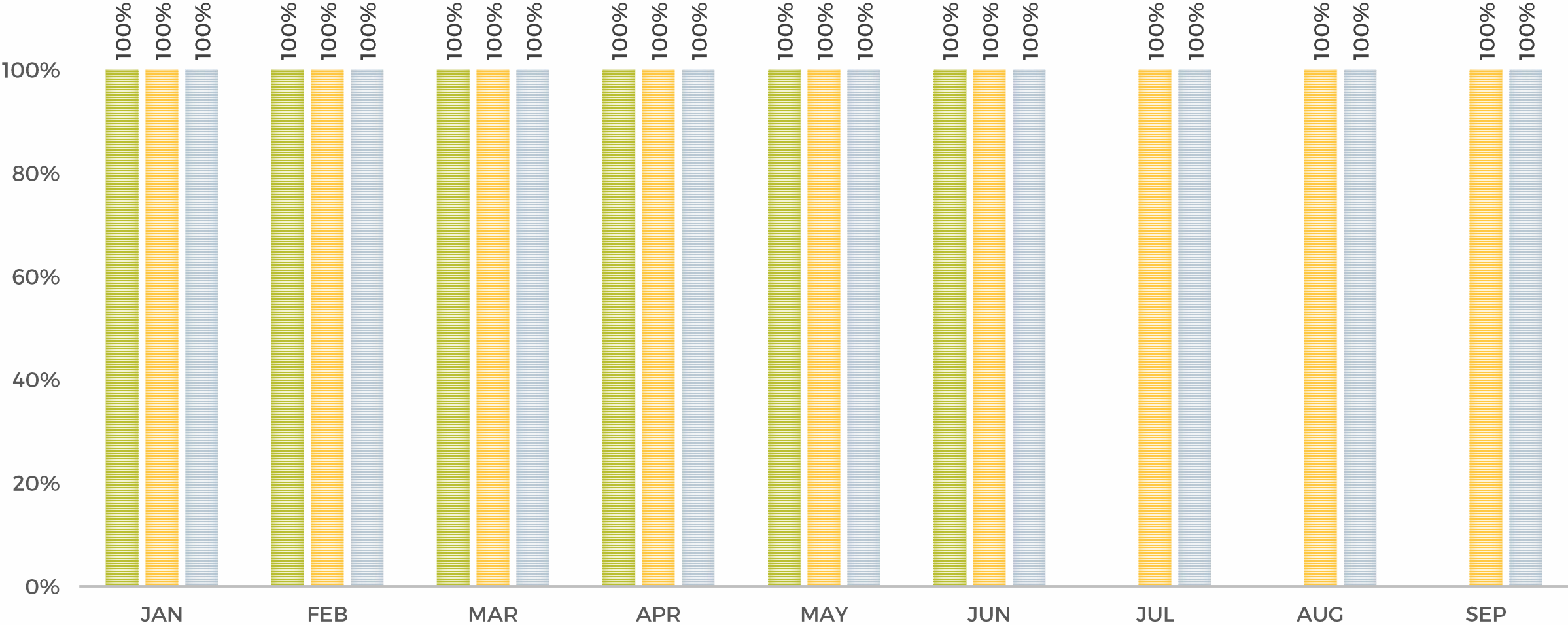
APPEALS TIMELINESS (CONTRACT)

NTC ■ UHC ■ WHP

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
NTC	100%	96%	100%	100%	100%	100%			
UHC	100%	100%	100%	100%	100%	100%	100%	100%	100%
WHP	100%	100%	100%	99%	88%	66%	100%	100%	100%
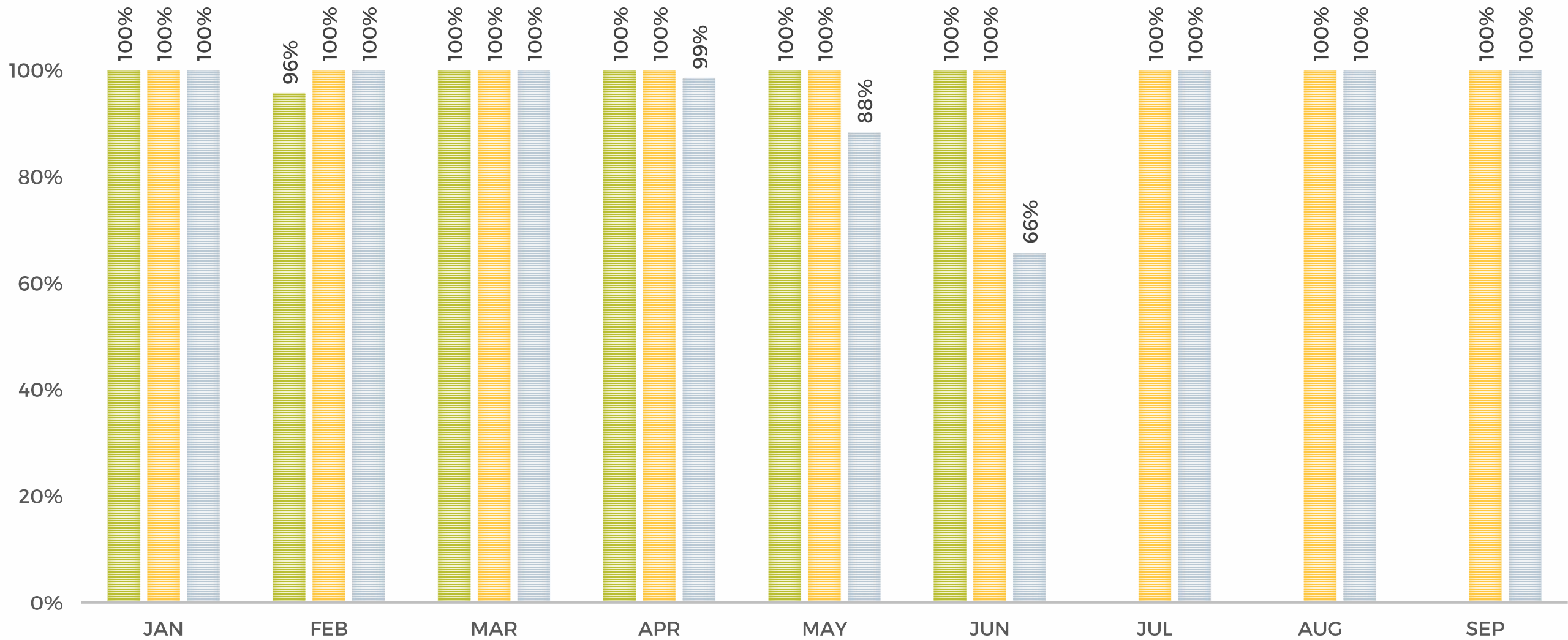
Oversight

- Regular meetings and conference calls with health plan leadership, onsite visits, weekly monitoring of all active issues, provider outreach, ad hoc requests for claims payment information and review of contractually required reports.

- Looking forward to 2018 with new QPPs and continued progress with issue resolution

- Additional year two recourses include managed care auditor, member surveys

- WellCare CAP was lifted after extensive efforts to improve systems & ensure claims payment accuracy
  - WellCare has to continued to:
    - Provide MLTC with claims payment reports
    - Participate in bi-weekly calls with MLTC with plan leadership regarding issues raised in the CAP.
    - Maintain the "Known Issues and Resolution Timeframes" log on public website

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Committees and forums

Administrative Simplification Committee	Behavioral Health Integration Advisory Committee	Quality Management Committee
February 20, 2018	December 15, 2017	January 17, 2018
May 15, 2018	February 13, 2018	April 18, 2018
August 21, 2018	April 17, 2018	July 18, 2018
November 20, 2018	June 12, 2018	

Administrative Simplification Subcommittee
Updates on Known Issues and Open Forum for Providers
December 19, 2017

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Committee Accomplishments

▷ Common authorization forms for behavioral health providers

▷ Utilization of provider and association feedback to improve processes related to:

  ▷ Billing forms
  ▷ Billing instructions
  ▷ Physical therapy authorizations
  ▷ Home health services
  ▷ Crossover claims

▷ Improved relationships with and continued outreach to providers

▷ Progress toward a steady state of operations

▷ Steady decline of issues reported to MLTC since June

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Questions & Answers

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dhhs.ne.gov/heritagehealth

dhhs.ne.gov

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