Statewide Medicaid Managed Care Quality Initiatives

Public Meeting

January 25, 2019

Division of Medicaid

New SMMC Program Goals

The Agency is committed to ensure continuous quality improvement by working to:

REDUCE POTENTIALLY PREVENTABLE EVENTS

- Admissions
- Readmissions
- Emergency department visits

IMPROVE BIRTH OUTCOMES

- Reduce Primary Cesarean Section (C-section) Rate
- Reduce Pre-term Birth Rate
- Reduce Rate of Neonatal Abstinence Syndrome (NAS)

IMPROVE CARE TRANSITIONS

- Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility

IMPROVE ACCESS TO DENTAL CARE

- Increase the percentage of children receiving preventive dental services
- Reducing potentially preventable dental related emergency department visits

Goals for Today's meeting

1. Present the most recent rates for Potentially Preventable Events (PPEs) and birth outcomes

2. Share the most common interventions submitted by the health plans for reducing PPEs and improving birth outcomes

3. Share current stakeholder projects

Agency Goals Metrics - Potentially Preventable Events (PPEs)

Background

- Potentially Preventable Events (PPEs) offer an opportunity to increase efficiencies in managing care and reduce the costs of healthcare without compromising quality of care.

- 3M Population-focused Preventables Grouper
  - Potentially Preventable Admissions (PPA)
  - Potentially Preventable Emergency Room Visits (PPVs)

- 3M Potentially Preventable Readmissions Grouper
  - Potentially Preventable Readmissions (PPR)

Potentially Preventable Admissions (PPAs)

- Hospital Admissions which may have resulted from a failure to access primary care or a failure of ambulatory care coordination
- Examples of PPAs include ambulatory sensitive conditions such as Asthma, Diabetes, and COPD
- PPAs may have been avoided with better follow-up care or medication management
- PPAs are identified by identifying specific All Patients Refined Diagnosis Related Groups (APR DRG) conditions in fee-for-service claims and managed care encounters
  - 43 ambulatory sensitive conditions
  - 126 nursing sensitive conditions for patients admitted from a nursing facility

Potentially Preventable Readmissions (PPRs)

- PPRs are return hospitalizations within 30 days of an initial hospital discharge
- PPRs may result from the process of care during the prior admission (e.g., infection of a surgical wound) or from a lack of follow up after discharge from the hospital
- Identification of a PPR compares the APR DRG of initial admission to the APR DRG of readmission
  - PPRs must be clinically related to the initial hospital admission
- A chain of multiple readmissions that are clinically related to an initial admission counts as only one PPR

Potentially Preventable ED Visits (PPVs)

- PPVs are emergency department visits that may have resulted from a lack of adequate access to primary care or ambulatory care coordination
- Examples of PPVs include ambulatory sensitive conditions such as Asthma, Diabetes, COPD
- PPVs may be avoided with adequate monitoring and follow-up, such as medication management
- PPVs are identified by identifying specific Enhanced Ambulatory Patient Groups (EAPG) conditions in fee-for-service claims and managed care encounters
  - One of 194 ambulatory sensitive conditions,
  - 201 nursing sensitive conditions for patients from a nursing facility
  - 6,617 trauma codes for patients from a nursing facility

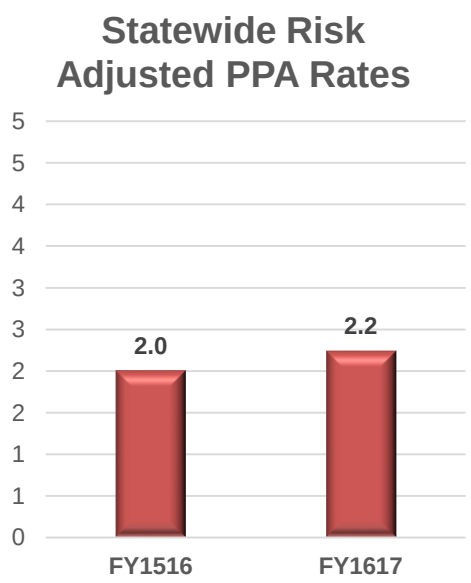
Methodology

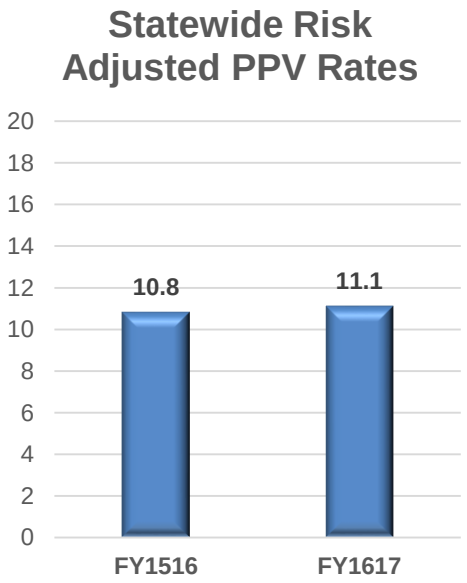
- Fee-for-service claims and managed care encounters are used to identify PPAs, PPVs, and PPRs
- PPAs and PPVs are Population Focused Preventables
  - Two years of data are used in the analyses
  - Rate is calculated for the entire population
  - Rate per 1,000 member months
- PPRs are Event Based Preventables
  - One year of data is used in the analysis
  - Rate is calculated for persons who experienced an event
  - Rate per 1,000 hospital admissions

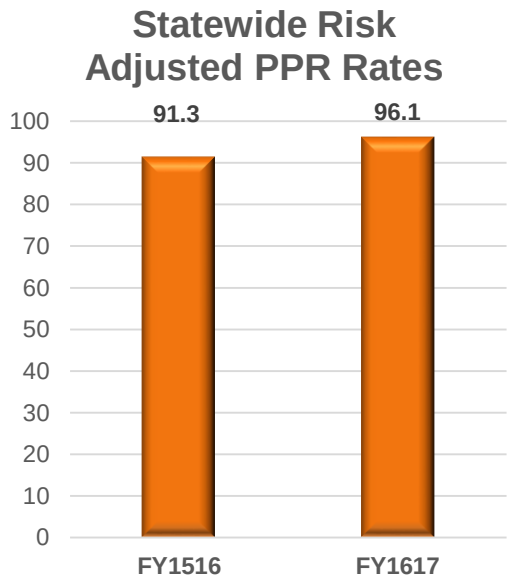
Methodology (cont.)

- Risk adjustment accounts for differences in the disease burden of different groups
- PPAs and PPVs use Clinical Risk Groups (CRG)
  - CRGs use claims data to assign each enrollee to a risk category that measures the enrollee's chronic illness burden
  - 9 CRG statuses are subdivided into 1,474 CRGs
- PPRs use a combination of APR DRG, severity of illness, age, and mental health status to risk adjust
- In addition to risk adjustment, PPAs and PPVs are weighted to adjust for differences in cost and resource use within each potentially preventable event

Changes In Risk Adjusted PPE Rates





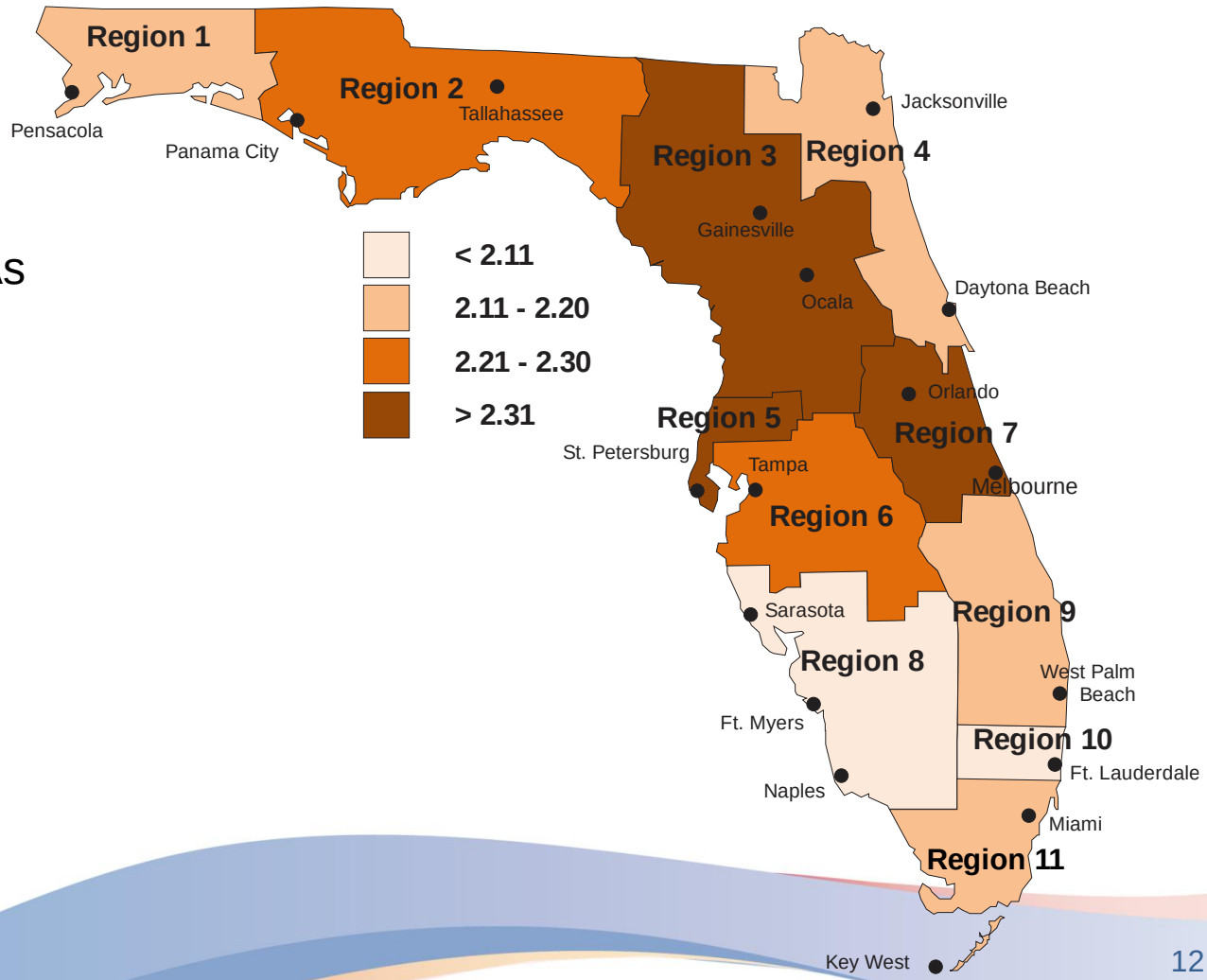


Risk adjusted PPA and PPV rates measure the number of potentially preventable admissions and ED visits for every 1,000 member months of Medicaid enrollment.

Risk adjusted PPR rates measure the number of potentially preventable readmissions for every 1,000 hospital admissions.

Risk Adjusted PPA Rates by Region
July 2016 to June 2017

- Region 5 had the highest rate of PPAs at 2.5 per 1,000 enrollee months.



Risk-Adjusted Potentially Preventable Admissions (PPA) Rates by Region

Region	FY 2015-2016	FY 2016-2017	Change from previous year
1	1.6	2.2	↑
2	1.9	2.2	↑
3	2.1	2.3	↑
4	2.1	2.2	↑
5	2.2	2.5	↑
6	2.0	2.2	↑
7	2.2	2.4	↑
8	1.9	2.0	↑
9	2.1	2.2	↑
10	1.7	2.0	↑
11	1.9	2.2	↑
Statewide	**2.0**	**2.2**	↑

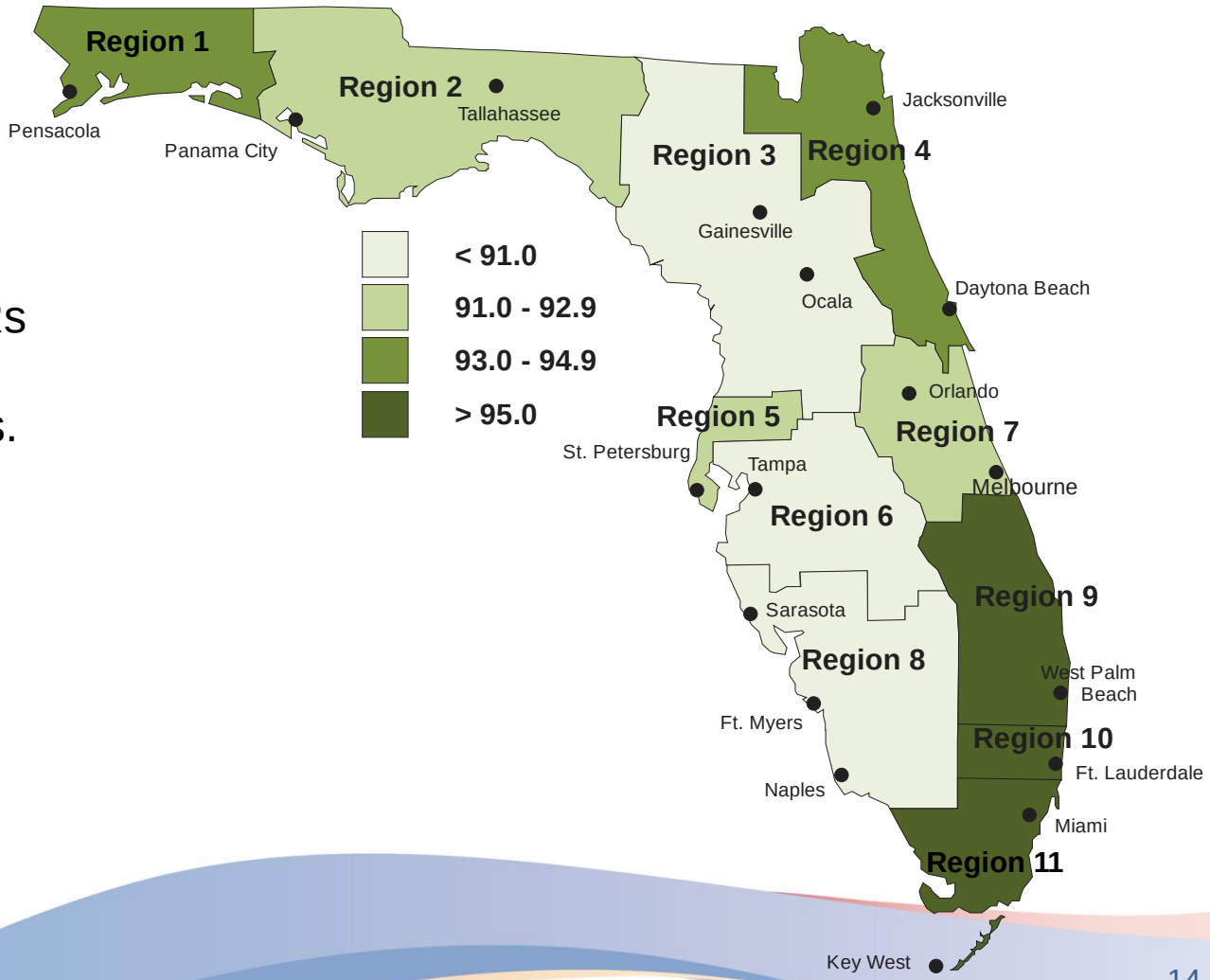
Indicates the rate went down

Indicates the rate went up

Indicates the rate remained the same

Risk Adjusted PPR Rates by Region
July 2016 to June 2017

- Region 9 had the highest rate of PPRs at 111.1 per 1,000 hospital admissions.



Risk-Adjusted Potentially Preventable Readmissions (PPR) Rates by Region

Region	FY 2015-2016	FY 2016-2017	Change from previous year
1	89.1	93.2	↑
2	79.2	92.7	↑
3	89.0	90.8	↑
4	88.9	93.3	↑
5	87.7	91.5	↑
6	85.9	89.7	↑
7	88.9	92.3	↑
8	81.0	81.4	↑
9	101.5	111.1	↑
10	99.0	104.8	↑
11	98.4	104.4	↑
Statewide	**91.3**	**96.1**	↑

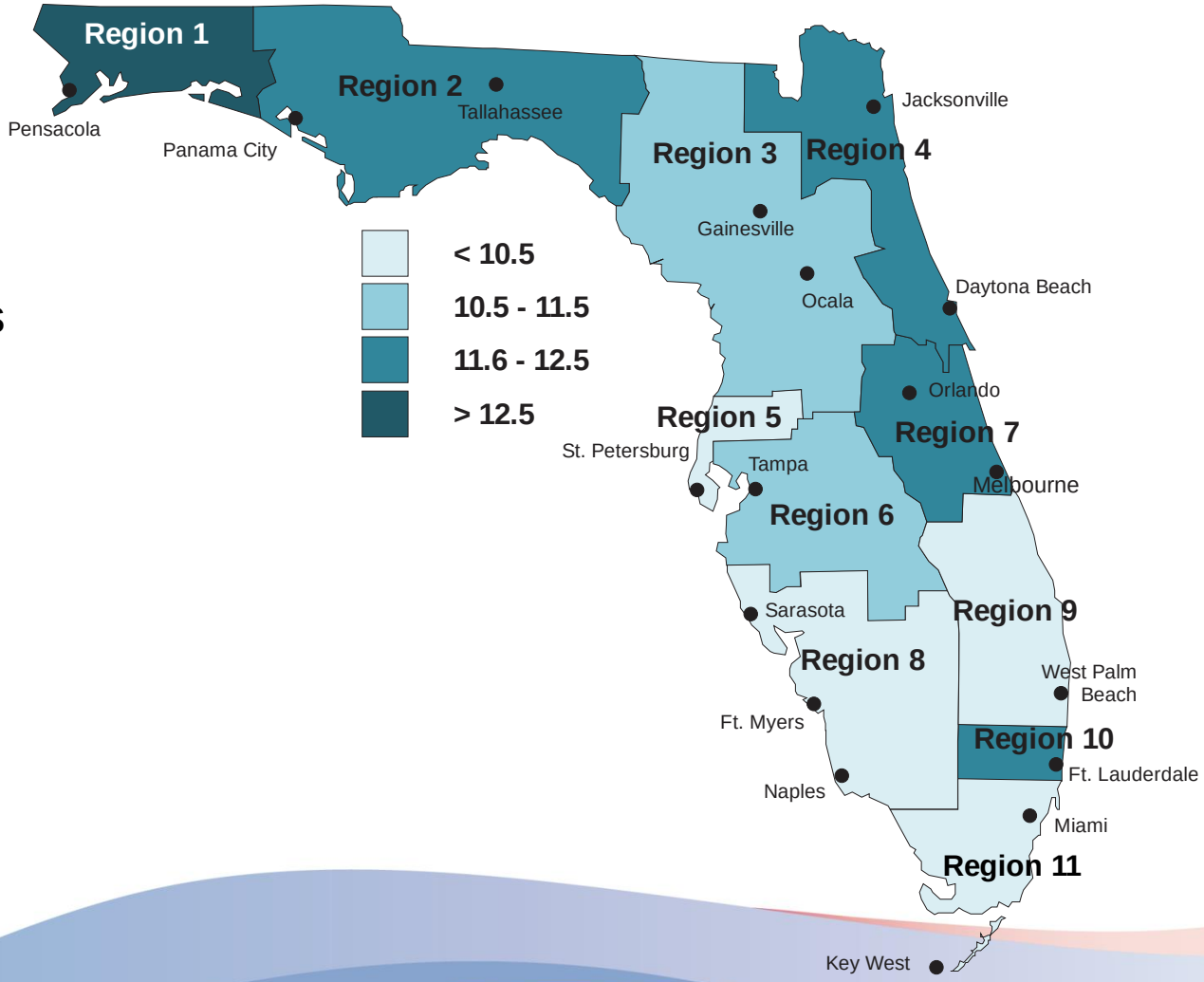
Indicates the rate went down

Indicates the rate went up

Indicates the rate remained the same

Risk Adjusted PPV Rates by Region
July 2016 to June 2017

- Region 1 had the highest rate of PPVs at 14.6 per 1,000 enrollee months.



Risk-Adjusted Potentially Preventable Visits (PPV) Rates by Region

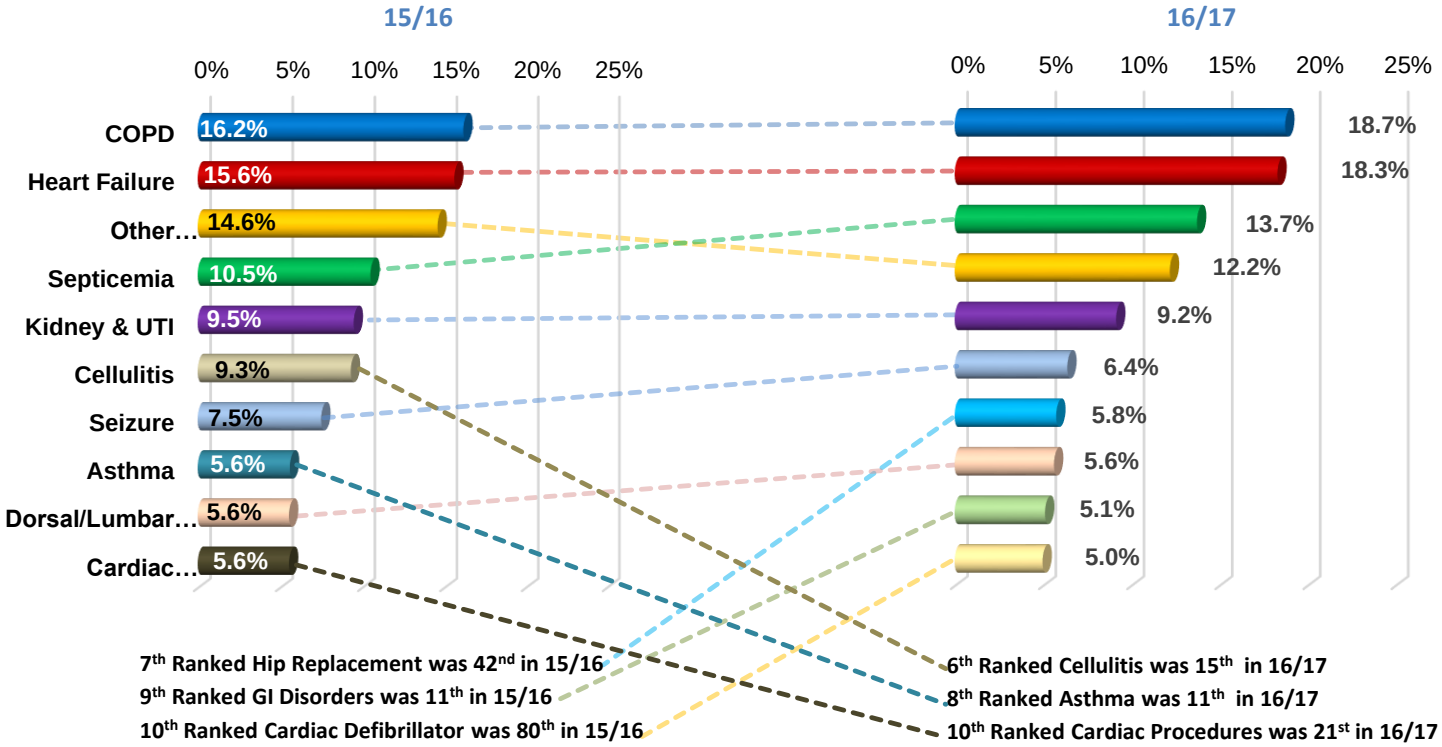
Region	FY 2015-2016	FY 2016-2017	Change from previous year
1	14.6	14.6	⟺
2	12.2	12.4	↑
3	11.2	11.3	↑
4	12.2	12.4	↑
5	10.3	10.2	↓
6	11.6	11.5	↓
7	12.5	11.8	↓
8	10.1	10.3	↑
9	10.5	10.1	↓
10	8.6	11.7	↑
11	8.8	9.5	↑
Statewide	**10.8**	**11.1**	↑

↓ *Indicates the rate went down*

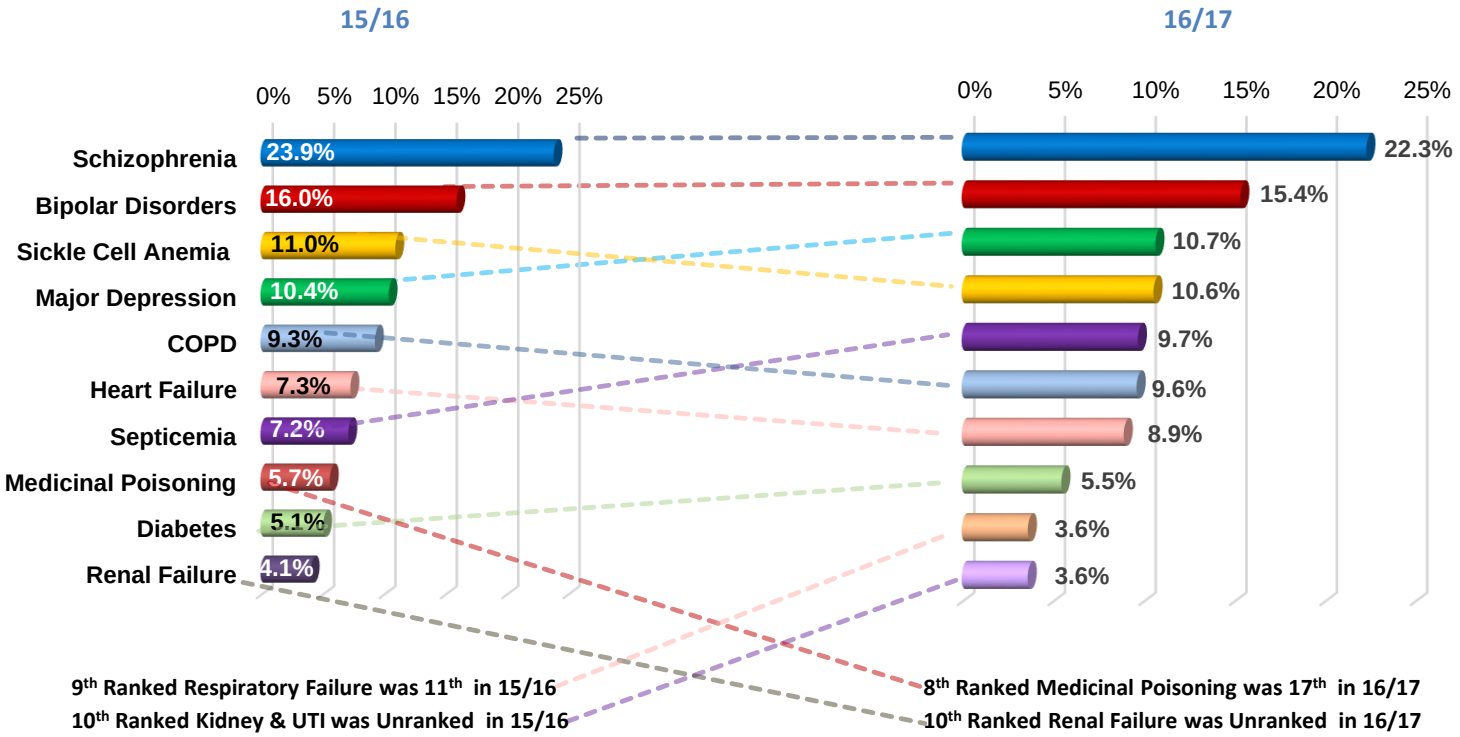
↑ *Indicates the rate went up*

⟺ *Indicates the rate remained the same*

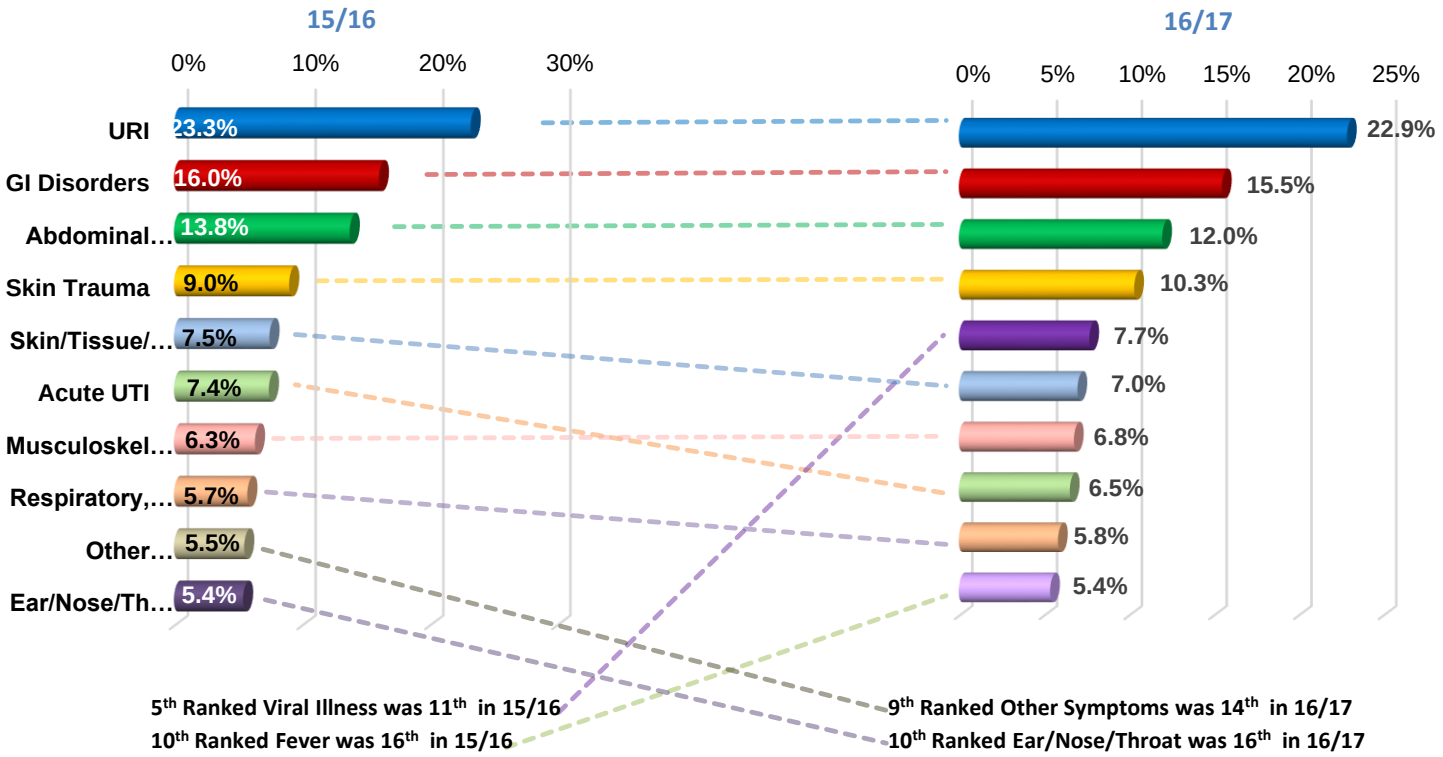
Changes in Rankings of Top 10 Conditions Leading to a PPA Statewide (FY 15/16 to FY 16/17)



Changes in Rankings of Top 10 Conditions Leading to a PPR Statewide (FY 15/16 to FY 16/17)



Changes in Rankings of Top 10 Conditions Leading to a PPV Statewide (FY 15/16 to FY 16/17)



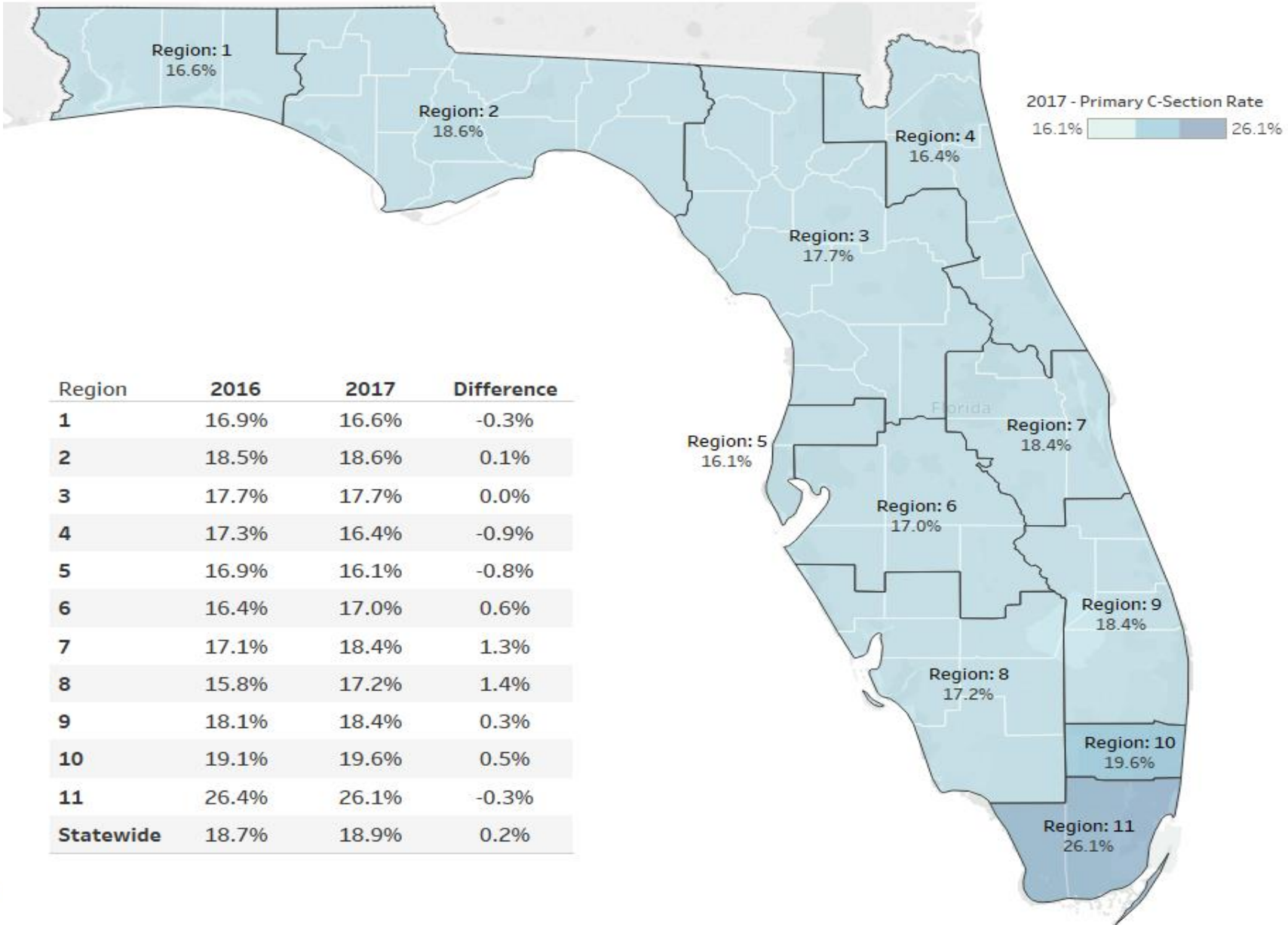
Agency Goals Metrics – Birth Outcomes

Primary C-Section Rate

- Measure identifies primary C-Section rate by region for Medicaid-eligible recipients who had a delivery within a calendar year
  - Numerator: Count of women who had a **primary C-section delivery**.
  - Denominator: Count of women who had a **delivery within a calendar year.**

Primary C-Section	Delivery
Identified using APR- DRG 540 or CPT codes – 59510, 59514, 59515, 59618, 59620, 59622 - on an encounter or paid fee-for-service claim. Recipients with a prior C-section code were identified using the presence of ICD-10 diagnosis code O3421 and were excluded from the numerator.	*Identified using a combination of APR-DRGs – 540, 541, 542, 560, or any of the following CPT codes – 59400, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 - on an encounter or paid fee-for-service claim. Outcome of delivery such as single live birth, multiple live births, still birth, was not taken into consideration.*

Primary C-Section Rate by Region (CY 2017)



Region	2016	2017	Difference
1	16.9%	16.6%	-0.3%
2	18.5%	18.6%	0.1%
3	17.7%	17.7%	0.0%
4	17.3%	16.4%	-0.9%
5	16.9%	16.1%	-0.8%
6	16.4%	17.0%	0.6%
7	17.1%	18.4%	1.3%
8	15.8%	17.2%	1.4%
9	18.1%	18.4%	0.3%
10	19.1%	19.6%	0.5%
11	26.4%	26.1%	-0.3%
Statewide	18.7%	18.9%	0.2%

Primary C-Section Rate by Region

Region	2016	2017	Change from previous year
1	16.9%	16.6%	↓
2	18.5%	18.6%	↑
3	17.7%	17.7%	↔
4	17.3%	16.4%	↓
5	16.9%	16.1%	↓
6	16.4%	17.0%	↑
7	17.1%	18.4%	↑
8	15.8%	17.2%	↑
9	18.0%	18.4%	↑
10	19.1%	19.6%	↑
11	26.4%	26.1%	↓
Statewide	**18.7%**	**18.9%**	↑

Indicates the rate went down

Indicates the rate went up

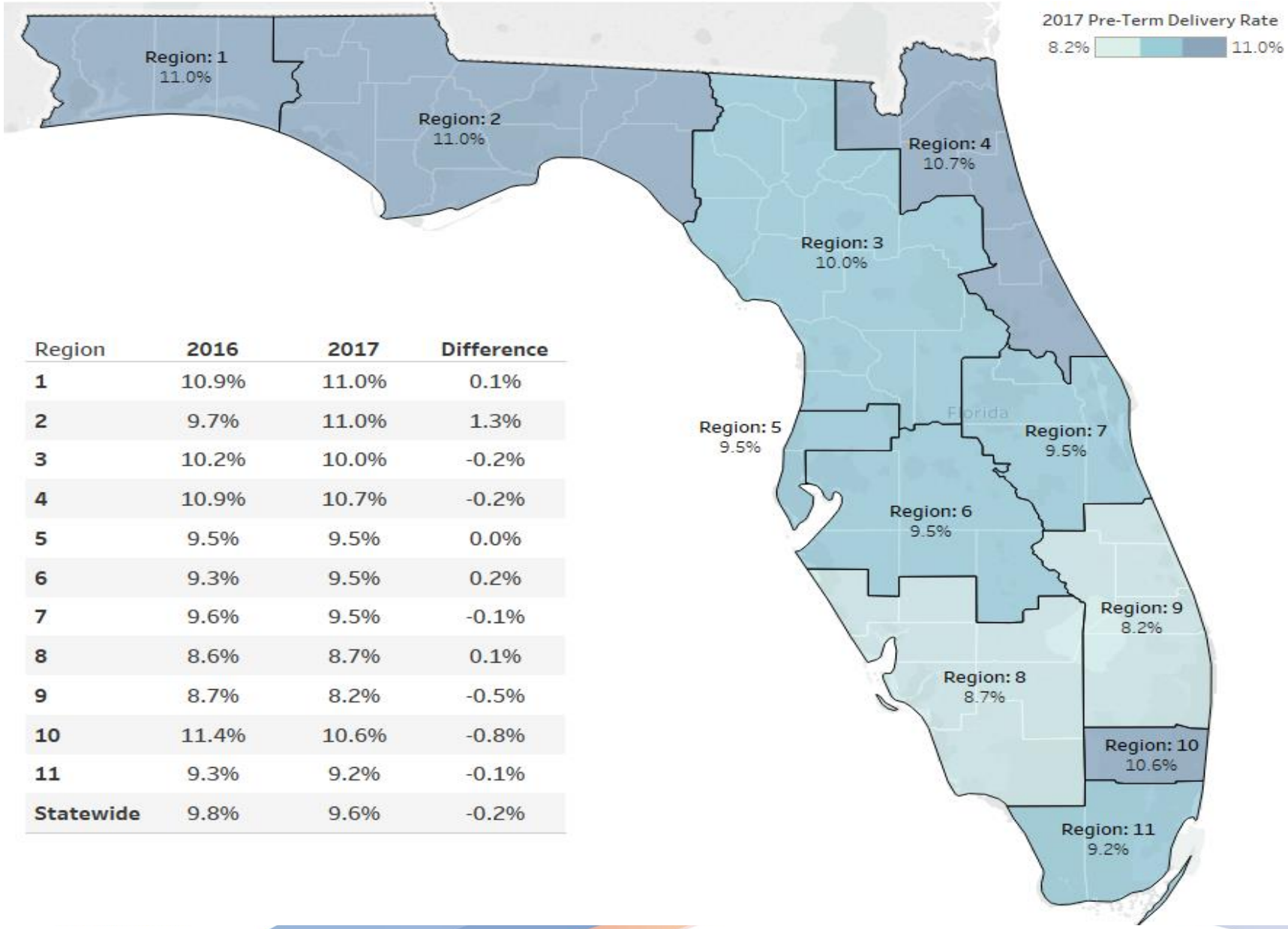
Indicates the rate remained the same

Pre-term Delivery Rate

- Measure identifies pre-term delivery rate by region for Medicaid-eligible recipients who had a delivery within a calendar year
  - Numerator: Count of women who had a **pre-term delivery**
  - Denominator: Count of women who had a **delivery within a calendar year.**

Pre-Term Delivery	Delivery
Less than 37 weeks of gestational age, during the calendar year. Presence of ICD-10 codes of preterm labor and delivery or gestational age< 37 weeks on the maternal delivery record was used to determine pre-term delivery.	*Identified using a combination of APR-DRGs – 540, 541, 542, 560, or any of the following CPT codes – 59400, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 - on an encounter or paid fee-for-service claim. Outcome of delivery such as single live birth, multiple live births, still birth, was not taken into consideration.*

Pre-term Delivery Rate by Region (CY 2017)



Region	2016	2017	Difference
1	10.9%	11.0%	0.1%
2	9.7%	11.0%	1.3%
3	10.2%	10.0%	-0.2%
4	10.9%	10.7%	-0.2%
5	9.5%	9.5%	0.0%
6	9.3%	9.5%	0.2%
7	9.6%	9.5%	-0.1%
8	8.6%	8.7%	0.1%
9	8.7%	8.2%	-0.5%
10	11.4%	10.6%	-0.8%
11	9.3%	9.2%	-0.1%
Statewide	9.8%	9.6%	-0.2%

Pre-term Delivery Rate by Region

Region	2016	2017	Change from previous year
1	10.9%	11.0%	↑
2	9.7%	11.0%	↑
3	10.2%	10.0%	↓
4	10.9%	10.7%	↓
5	9.5%	9.5%	↔
6	9.3%	9.5%	↑
7	9.6%	9.5%	↓
8	8.6%	8.7%	↑
9	8.7%	8.2%	↓
10	11.4%	10.6%	↓
11	9.3%	9.2%	↓
Statewide	**9.8%**	**9.6%**	↓

↓ *Indicates the rate went down*

↑ *Indicates the rate went up*

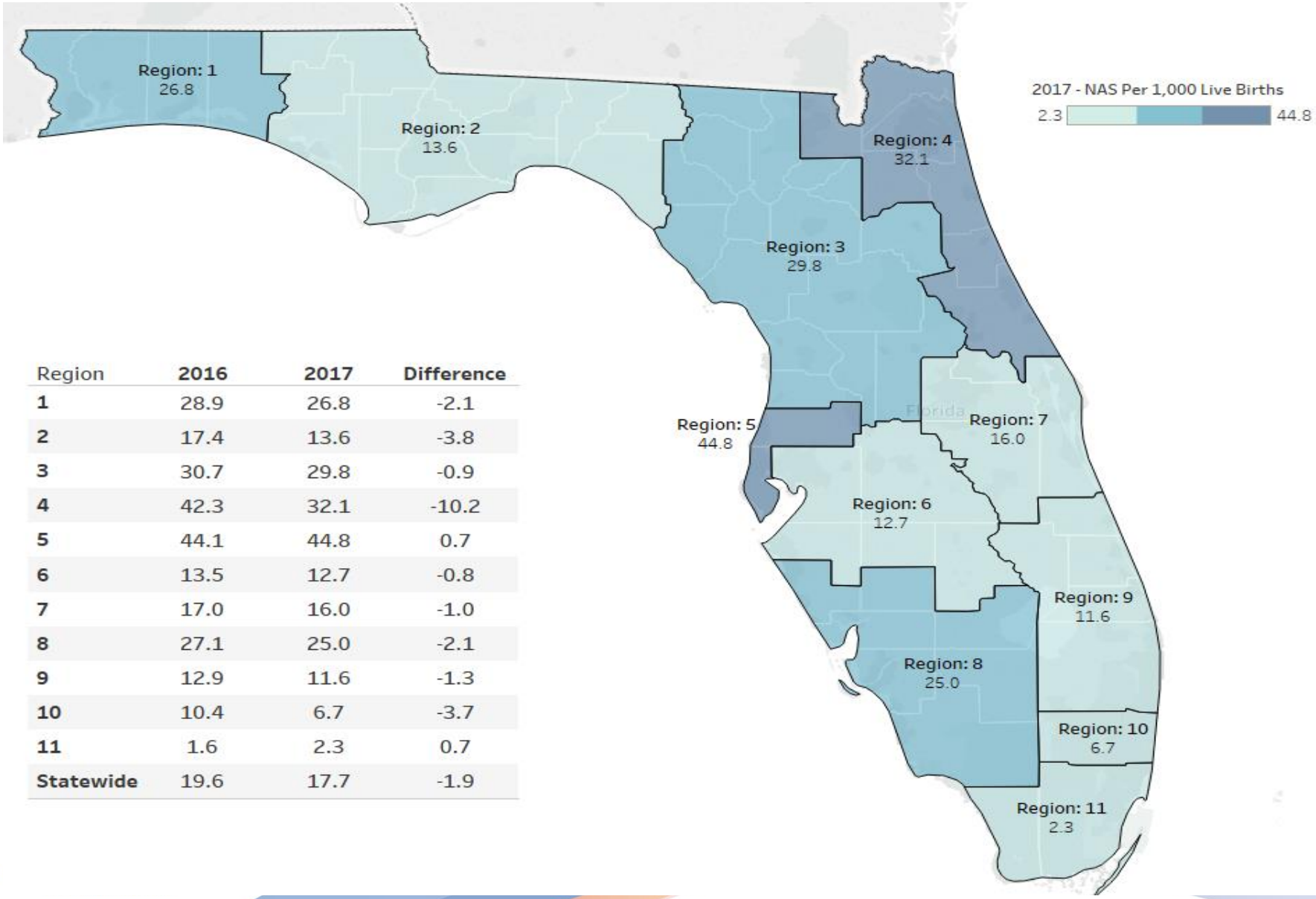
↔ *Indicates the rate remained the same*

Neonatal Abstinence Syndrome (NAS) Per 1,000 Live Births

- Measure identifies Medicaid-eligible infants diagnosed with Neonatal Abstinence Syndrome (NAS) per 1,000 Live Births.
  - Numerator: Count of live-born infants who were diagnosed with **Neonatal Abstinence Syndrome**.
  - Denominator: Count of live-born infants whose birth or newborn admission was **reimbursed by Medicaid**.

Neonatal Abstinence Syndrome	Medicaid
Based on the calendar year the infant was born. Babies with NAS were identified using the presence of ICD-10 diagnosis codes of P961 or P962 on the infant's inpatient or professional encounter or paid fee-for-service claim.	*Live births were identified using the presence of live-birth ICD-10 diagnosis codes (Z38) on the initial record of a newborn baby.*

NAS Per 1,000 Live Births by Region (CY 2017)



Region	2016	2017	Difference
1	28.9	26.8	-2.1
2	17.4	13.6	-3.8
3	30.7	29.8	-0.9
4	42.3	32.1	-10.2
5	44.1	44.8	0.7
6	13.5	12.7	-0.8
7	17.0	16.0	-1.0
8	27.1	25.0	-2.1
9	12.9	11.6	-1.3
10	10.4	6.7	-3.7
11	1.6	2.3	0.7
Statewide	19.6	17.7	-1.9

NAS Per 1,000 Live Births

Region	2016	2017	Change from previous year
1	28.9	26.8	↓
2	17.4	13.6	↓
3	30.7	29.8	↓
4	42.3	32.1	↓
5	44.1	44.8	↑
6	13.5	12.7	↓
7	17.0	16.0	↓
8	27.1	25.0	↓
9	12.9	11.6	↓
10	10.4	6.7	↓
11	1.6	2.3	↑
Statewide	**19.6**	**17.7**	↓

↓ *Indicates the rate went down*

↑ *Indicates the rate went up*

Potentially Preventable Events (PPEs)
Common Interventions

Regional Benchmarks: Potentially Preventable Events

Potentially Preventable Admissions (PPAs)	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Average
Year 1 % Reduction	-17.22%	-9.75%	-9.84%	-10.68%	-5.28%	-16.74%	-13.00%	-8.46%	-4.00%	-12.57%	-17.49%	-11.37%
Overall % Reduction	-23.65%	-19.02%	-20.25%	-24.14%	-24.05%	-25.15%	-23.82%	-18.44%	-14.89%	-21.74%	-29.87%	-22.28%

** PPAs per 1,000 Enrollee Months*

Potentially Preventable Readmissions (PPRs)	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Average
Year 1 % Reduction	-5.76%	-7.91%	-7.78%	-8.21%	-6.78%	-9.45%	-6.15%	-7.21%	-5.00%	-5.51%	-9.58%	-7.21%
Overall % Reduction	-22.78%	-19.36%	-21.16%	-23.11%	-24.88%	-20.05%	-18.33%	-16.11%	-20.39%	-19.25%	-22.54%	-20.73%

** PPRs per 1,000 Hospital Admissions*

Potentially Preventable Emergency Room Visits (PPVs)	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Average
Year 1 % Reduction	-2.79%	-1.05%	-2.37%	-0.93%	-5.78%	-1.19%	-2.36%	-2.45%	-2.50%	-2.51%	-2.28%	-2.38%
Overall % Reduction	-16.06%	-12.19%	-14.30%	-14.04%	-21.00%	-11.01%	-13.91%	-10.61%	-11.87%	-14.10%	-16.45%	-14.14%

** PPVs per 1,000 Enrollee Months*

Reducing Potentially Preventable Hospital Admissions (PPAs): Common Intervention Themes

Targeted Disease Management Programs for Common Admitting Diagnoses

- Identification of moderate to high risk diagnosis areas.
- Assigned Case Managers to implement disease management interventions and care coordination for the target group.

Targeted Member and Caregiver Education and Outreach

- Identification of red flags and self-management
- Ongoing home monitoring tools

Value-Based Arrangements

- Enhance focus on inpatient admission rates and reduce PPAs.

Reducing Potentially Preventable Hospital Admissions: Common Intervention Themes

Expand Access to Services

- Extended Care Hours (After Hours & Weekends)
- Urgent Care
- Alternative Sites of Service

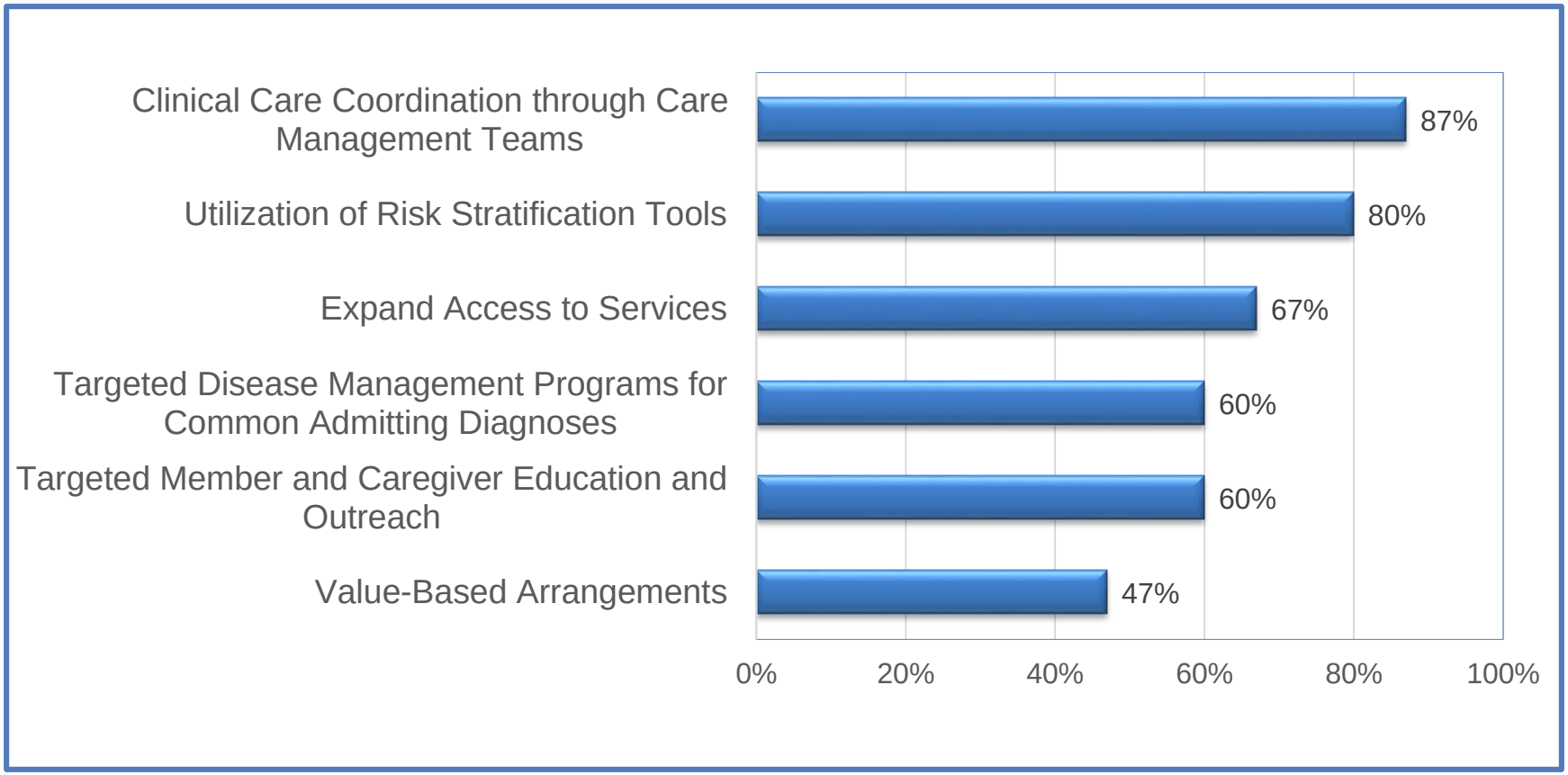
Utilization of Risk Stratification Tools

- Biometric monitoring of high-risk members
- LACE Predictive Tool
- Encounter Notification Service (ENS)

Clinical Care Coordination through Care Management Teams

- Programs for high-risk members focusing on care coordination, self-management & multi-disciplinary care plans.

Percentage of Health Plans Implementing the Most Common Potentially Preventable Hospital Admissions Interventions (15 plans)



Reducing Potentially Preventable Hospital Re-Admissions (PPRs): Common Intervention Themes

Transition of Care Programs

- Concurrent review and transition of care clinicians working with enrollees
- Coordinating services post-discharge
- Educating enrollees on discharge instructions and medication adherence
- Follow-up after discharge
- Coordination of community resources

Utilization of Risk Stratification

- Identify enrollees with the highest risk for 30-day re-admission
- Targeted intensive care management

Reducing Potentially Preventable Hospital Re-Admissions: Common Intervention Themes

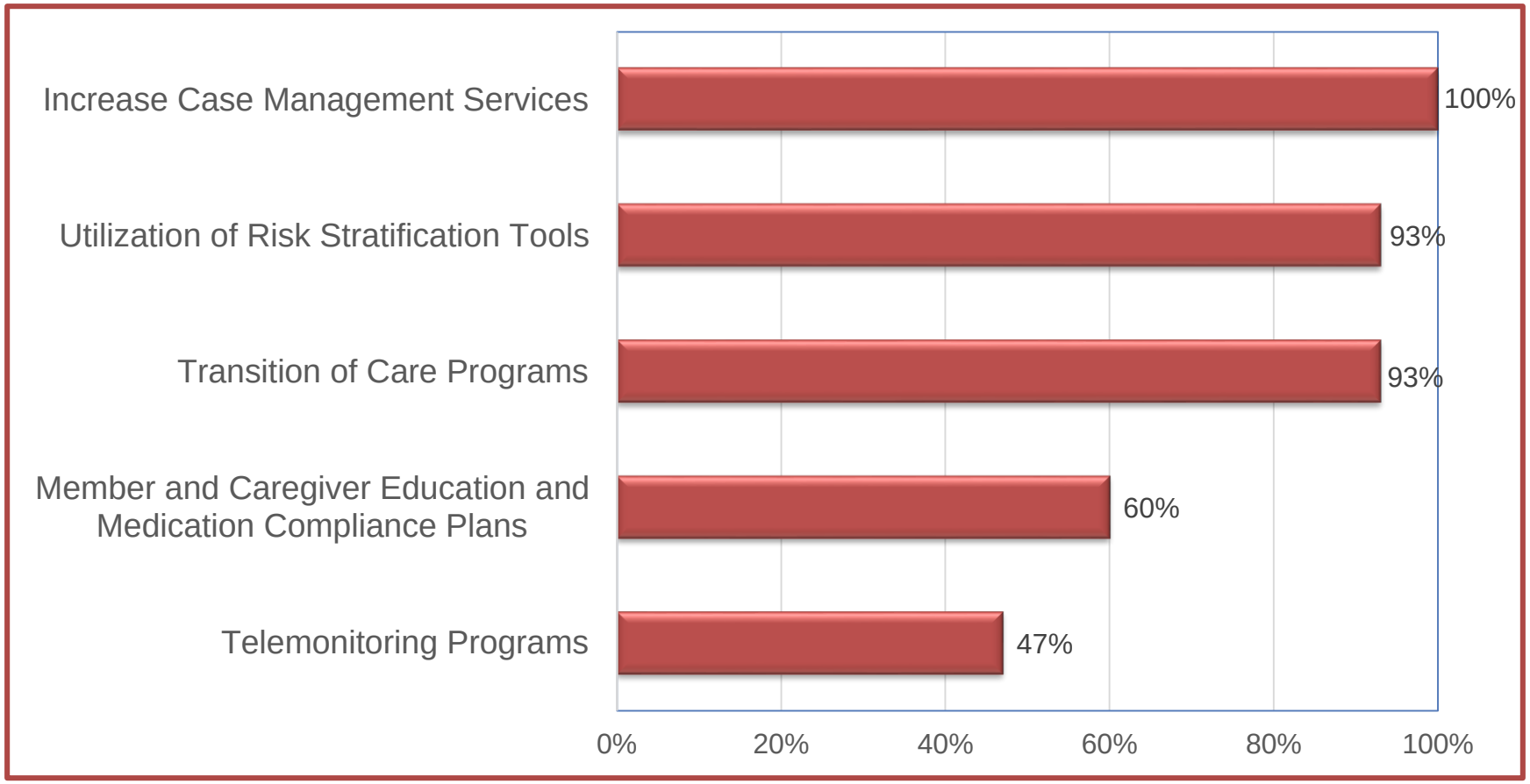
Increase Case Management and/or Peer Support Services

- Care plans for members at high-risk of 30-day readmission
- Home Visits
- Rx Reconciliation in home

Telemonitoring Programs

- In home telemonitoring for enrollees with complex chronic conditions
- Impower telehealth for expanded access to behavioral health management

Percentage of Health Plans Implementing the Most Common Potentially Preventable Hospital Re-Admission Interventions (15 plans)



Reducing Potentially Preventable Emergency Department Visits (PPVs): Common Intervention Themes

Expand Access to Acute Care Services

- 24-hour nurse information line
- 24-hour behavioral health hotline
- Telemedicine and telehealth programs

Complex Care Management

- Clinical home visits
- Follow-up calls after ED visits
- Ongoing education to members and caregivers

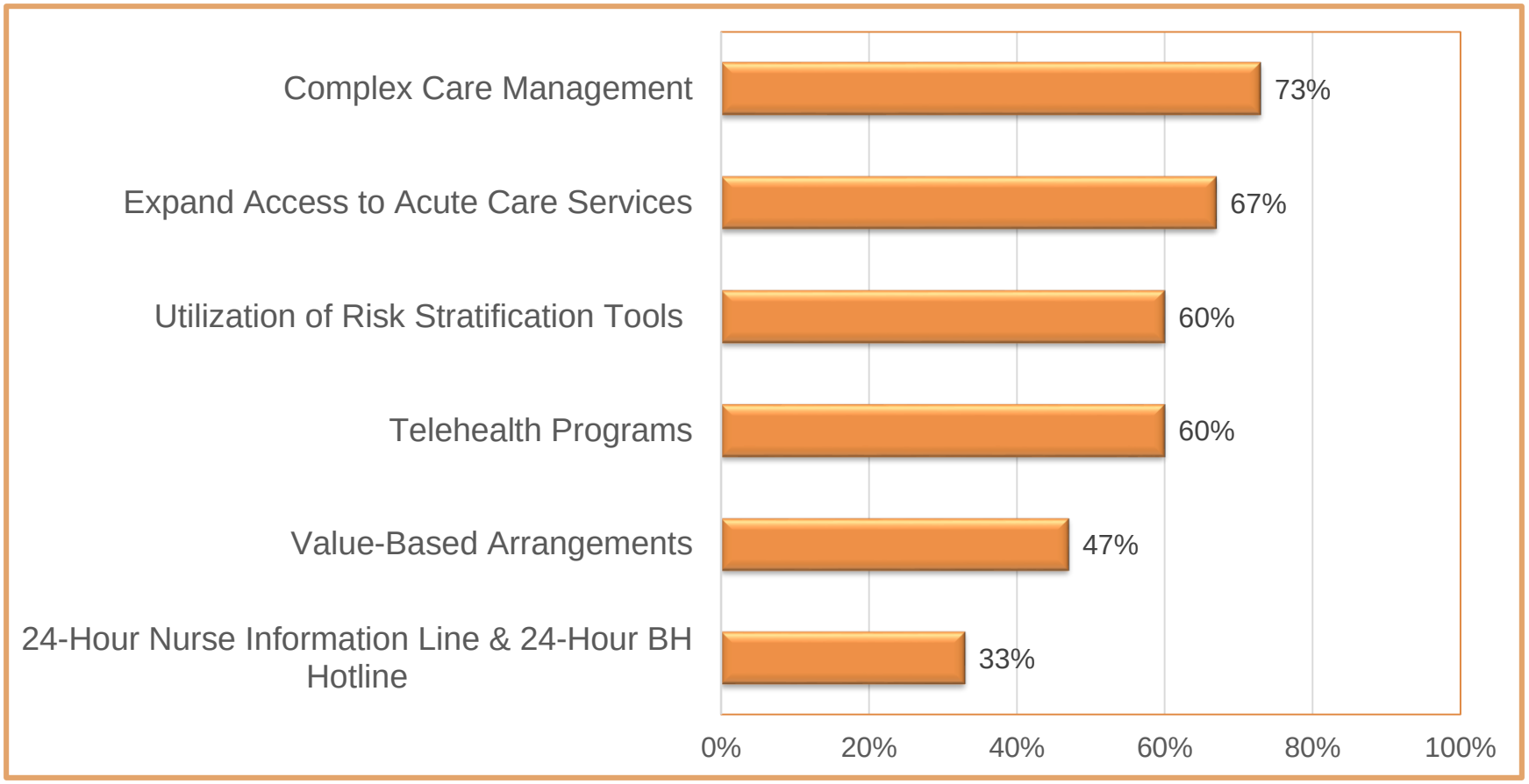
Value-Based Arrangements

- Providers rewarded for extended and weekend hours
- Increase urgent care access

Utilization of Risk Stratification Tools

- Florida's Encounter Notification Service (ENS)

Percentage of Health Plans Implementing the Most Common Preventable Emergency Department Visits Interventions (15 plans)



Birth Outcomes: Common Interventions

Regional Benchmarks: Birth Outcomes

Primary C-section	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Average
Year 1 % Reduction	-8.94%	-2.60%	-2.01%	-2.05%	-2.26%	-2.12%	-2.07%	-1.43%	-3.22%	-4.65%	-3.61%	-3.18%
Overall % Reduction	-16.00%	-12.06%	-9.50%	-9.71%	-11.38%	-10.11%	-9.99%	-7.69%	-14.53%	-15.74%	-16.92%	-12.15%

Pre-term Delivery	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Average
Year 1 % Reduction	-2.65%	-1.95%	-1.82%	-2.49%	-1.91%	-1.80%	-2.23%	-1.29%	-1.87%	-5.72%	-1.68%	-2.31%
Overall % Reduction	-12.56%	-9.84%	-9.42%	-11.69%	-9.33%	-7.72%	-9.31%	-7.38%	-8.56%	-18.69%	-7.84%	-10.21%

Neonatal Abstinence Syndrome (NAS)	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11	Average
Year 1 % Reduction	-2.49%	-2.25%	-2.81%	-4.12%	-5.25%	-2.22%	-2.49%	-1.82%	-2.55%	-2.25%	-2.01%	-2.75%
Overall % Reduction	-15.12%	-11.47%	-15.57%	-21.05%	-27.36%	-14.81%	-13.26%	-10.63%	-14.11%	-12.25%	-6.29%	-14.72%

** NAS per 1,000 live births*

Reducing Primary C-sections: Common Intervention Themes

Education and Awareness

- Provider and member education on the appropriateness of C-section delivery

Incentive and Recognition Programs

- Provider incentives for reducing primary C-section rates
- Provider recognition program for high performing obstetricians

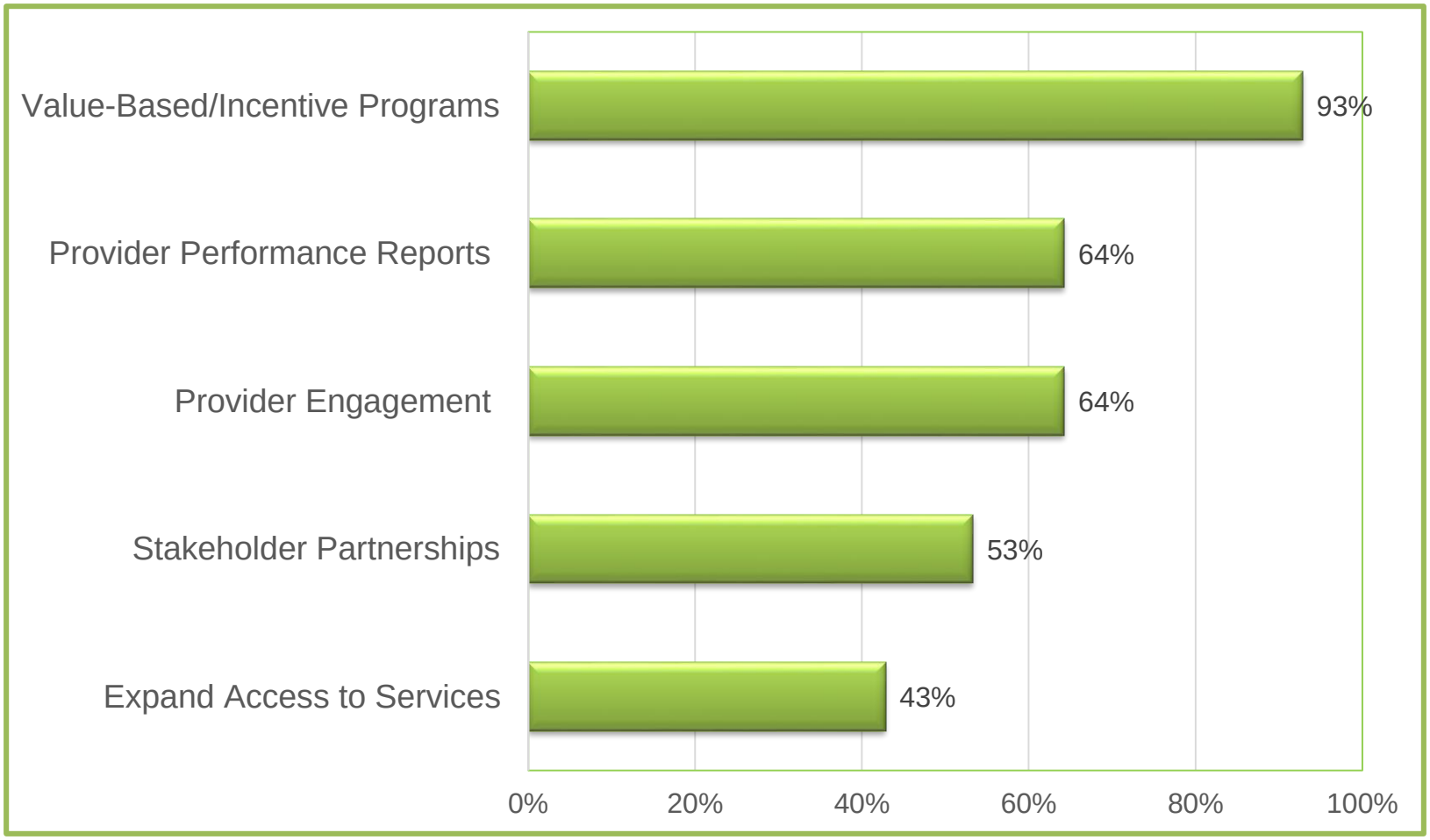
Access to Services

- Expand use and integration of midwives or doula services for pregnancy management and reproductive life planning

Value-Based Purchasing

- Adopt value-based payment strategies for non-medically necessary C-sections at the normal delivery rate

Percentage of Health Plans Implementing the Most Common Primary C-section Interventions (14 plans)



Reducing Pre-term Deliveries: Common Health Plan Interventions

Healthy Behaviors/Maternity Programs

- Pre-term birth prevention education and family planning options
- Incentivize members for enrollee compliance and prenatal care visit milestones

Progesterone Treatment Initiatives

- Ensure availability of 17 alpha-hydroxyprogesterone caproate (17P)/Makena
- Coordinate referrals to 17P/Makena in office or home setting

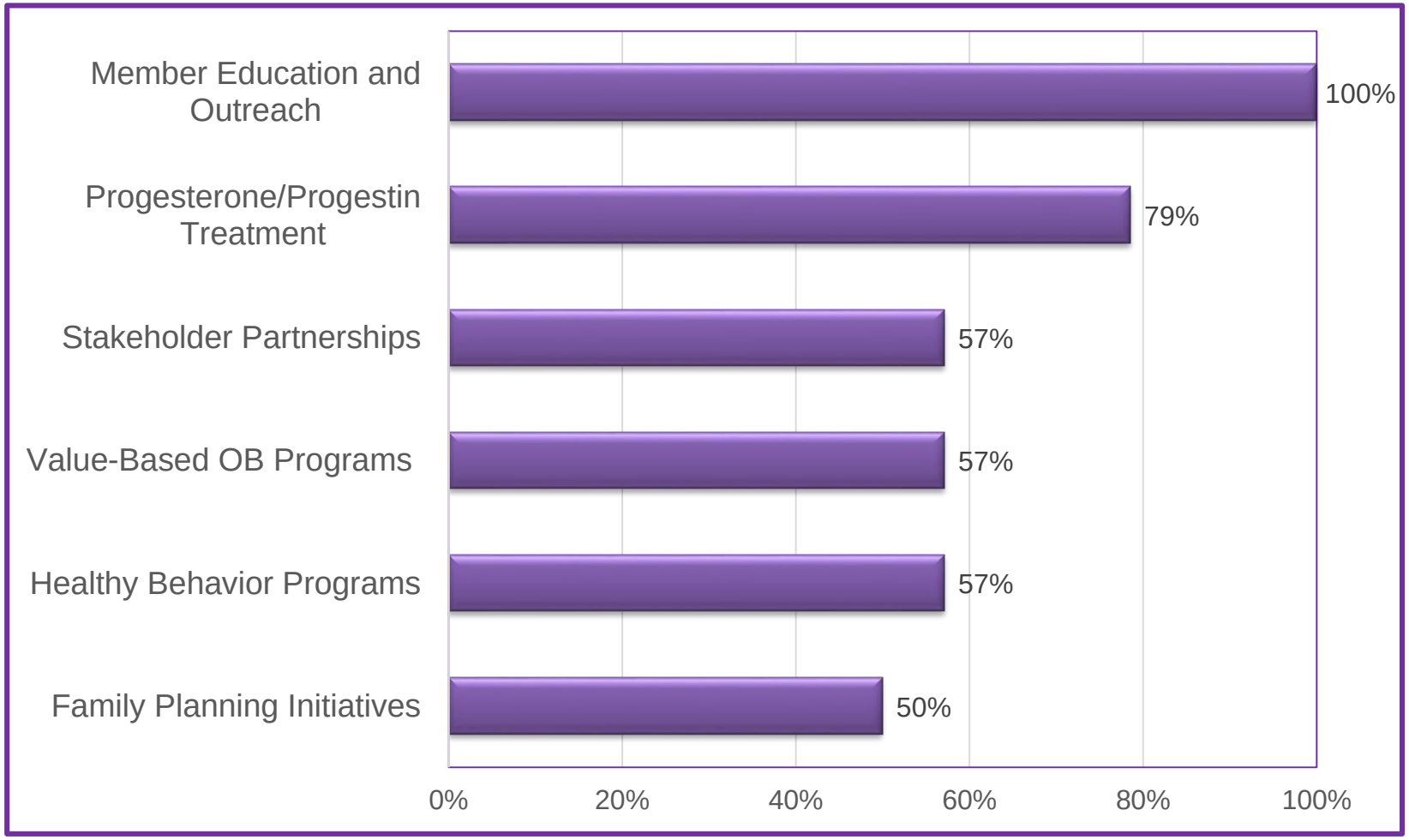
Reproductive Life Planning

- Increase access to a full range of contraceptive options
- Ensure process for immediate postpartum and inter-conception care

Value-Based Purchasing

- Employ obstetrician payment model for improved maternity care practices

Percentage of Health Plans Implementing the Most Common Pre-term Delivery Interventions (14 plans)



Reducing NAS: Common Health Plan Interventions

Substance Abuse Treatment Programs

- Early identification of pregnant women using opioids
- Increase access and referrals to Medication Assisted Treatment (MAT) Programs

Healthy Behavior Programs

- Inclusion of interventions and incentives to reward members for meeting medication and substance abuse treatment milestones (e.g., prenatal care)

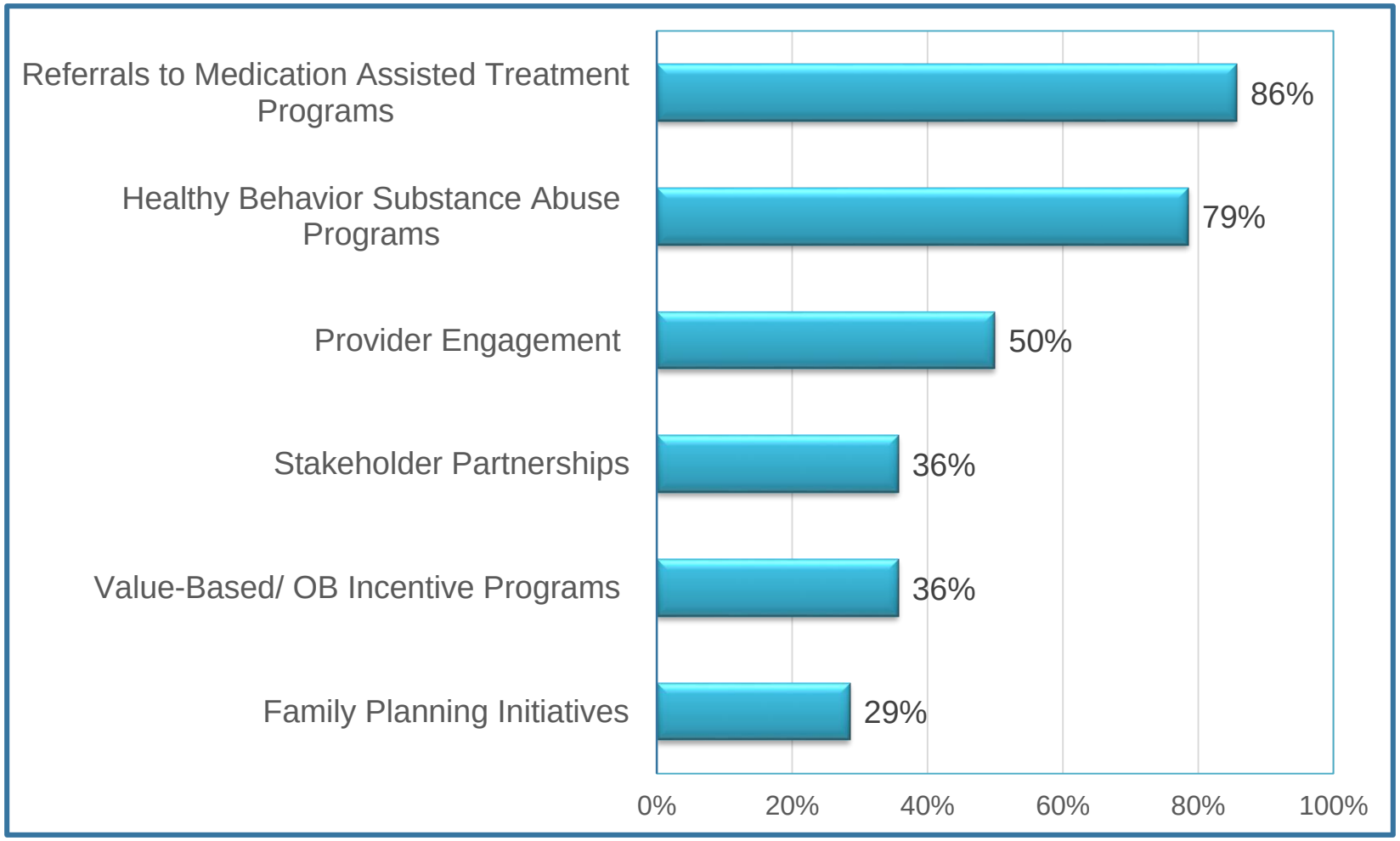
Provider Engagement

- Provider education on early identification of substance use in pregnant enrollees, referral, and treatment
- Train obstetrical providers on SBIRT screenings and other key assessments

Value-Based Payment/Incentive Programs

- Develop value-based arrangements with the inclusion of telehealth services to increase quality providers that treat pregnant women using opioids.

Percentage of Health Plans Implementing the Most Common Neonatal Abstinence Syndrome Interventions (14 plans)



Current Stakeholder Projects

Stakeholder Partnerships

Hospital Improvement Innovation Network (HIIN)

AIM: Hospitals to achieve the CMS goal of a 20% reduction in patient harm and a 12% reduction in readmissions

REACH: 94 participating hospitals, collaboration with FPQC

Prematurity Prevention Campaign

AIM: Reduce preterm birth rates in the U.S. to 8.1% by 2020 and 5.5% by 2030

REACH: National, high burden states via collective impact

State Health Improvement Plan Behavioral Health Priority

AIM: Reduce opioid related deaths and incidence of NAS

REACH: Statewide through a diverse group of partners

Stakeholder Partnerships

Opioid Use, Maternal Outcomes, and NAS Initiative

AIM: Improve care management for pregnant and post-partum women with opioid use disorder and infants prenatally exposed to opioids.

REACH: Participating states, national

Promoting Primary Vaginal Deliveries (PROVIDE)

AIM: Reduce hospital primary C-section rates by 20% in 18 mos.
REACH: 45 delivery hospitals (57% of Florida's births)

Access LARC

AIM: Increase access to immediate post-partum long-acting reversible contraceptives (LARCs) in hospital settings
REACH: Establish the practice in Florida in 8 pilot hospitals and residency programs and expand statewide

Neonatal Abstinence Syndrome (NAS)

AIM: Decrease the hospital length of stay for term NAS babies by 20%
REACH: 34 hospitals/NICUs representing 50% of Florida's NICUs and many of the largest hospitals

Aetna Better Health of Florida
David Pollack, CEO

Examples of Interventions and Partnerships

- Increased use of technology to assist with engagement and intervention
  - ➢ Telemonitoring for enrollees with select chronic conditions, such as CHF and Hypertension
    - ✓ Nurse supervision and reporting to enrollee's PCP using baseline data established by PCP and enrollee
    - ✓ Daily patient education and messaging to encourage enrollees to engage in healthy behaviors and manage their chronic conditions
  - ➢ Telemedicine
    - ✓ Partnership with MDLive and physical and behavioral health providers
- Partnership – Birth Outcomes
  - ➢ Partner with Healthy Start Coalition to sponsor Prematurity Summit with goal toward educating providers about improving birth outcomes.
  - ➢ Open to all OB/GYN providers and their office staff, hospitals, specialists, OB nurses, social workers.

Enrollee Engagement - knowledge, skills, ability and willingness to manage their own health

- **What we can do to increase member engagement:** *Health Plans and all stakeholders* must work cooperatively to ensure that their clinical and operational teams have the ability to share information, regularly communicate and identify, address issues/concerns that impact enrollee engagement.

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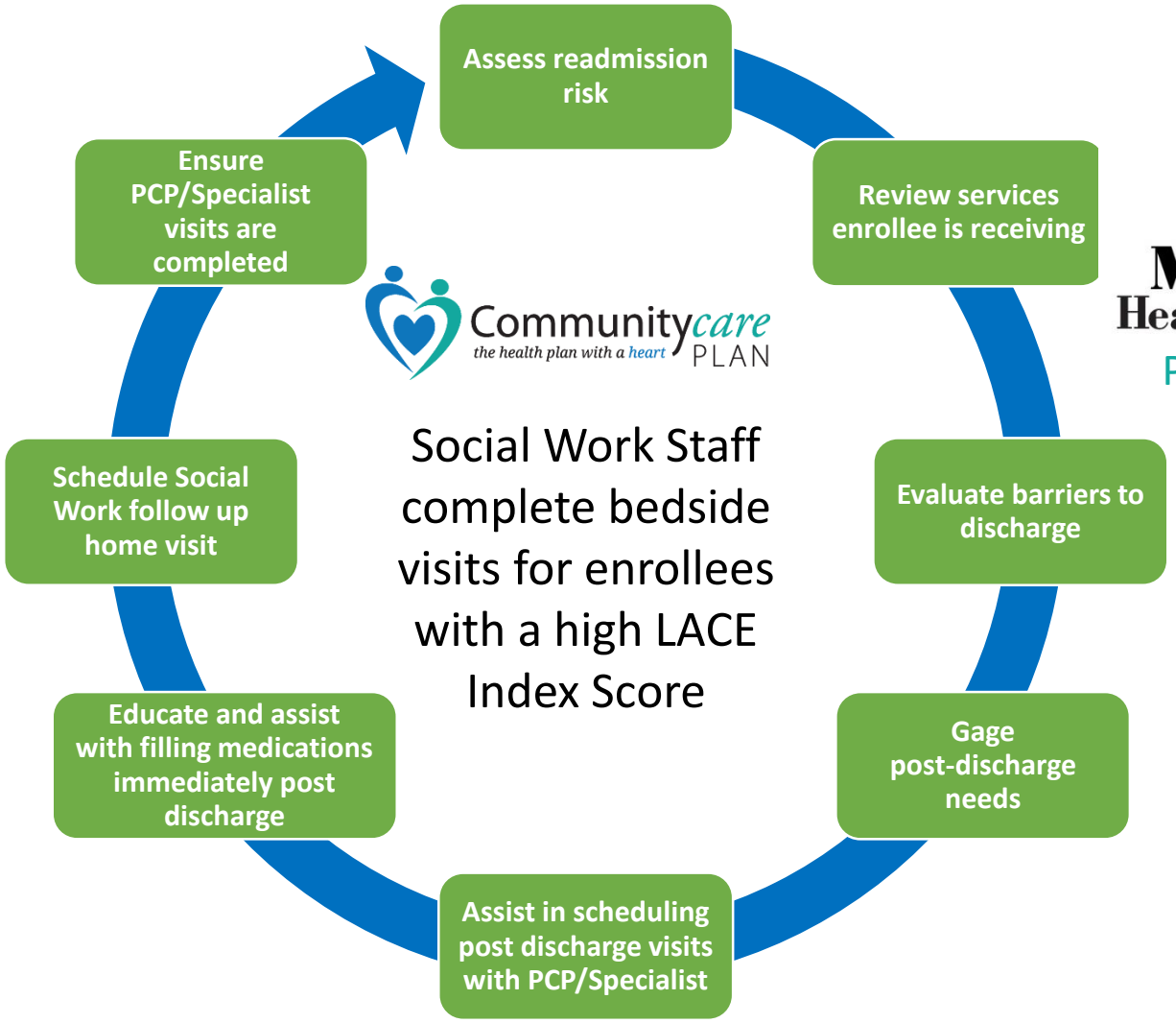
Proprietary

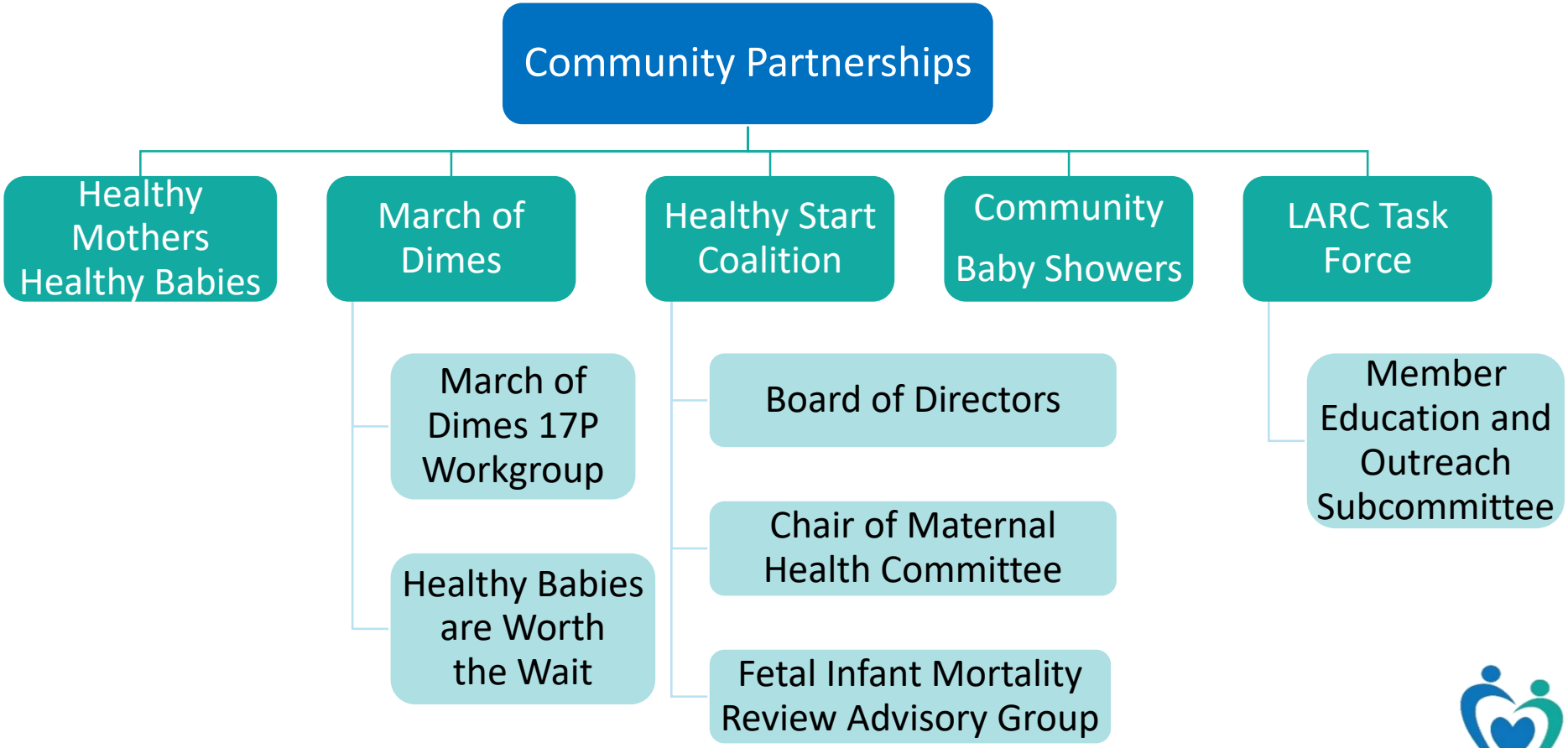
Potentially Preventable Events Program

BROWARD HEALTH®
Partner/Owner

Memorial Healthcare System
Partner/Owner



Obstetric Care



Humana's Comprehensive Florida Medicaid Program

Potentially Preventable Events & Birth Outcomes

Areas of Focus

- **76%** of Medicaid members with providers in **value-based arrangements**
  - **48%** of members with providers in downside risk-sharing arrangements
  - **Analytics supporting provider data sharing** and care planning partnerships drive improved health outcomes

Member Education and Disease Management

- Patient Centered Care
- Addressing Social Determinants via **community and physician engagement**

Partnership & Collaboration Objectives

- Program designs to compliment services, not duplicate each other
- Provider incentives to increase **access to care**
- Incorporate **evidence-based methods** into care solutions
- Innovative opportunities to engage members in care

Reducing PPEs & Improving Birth Outcomes

Philosophy & Approach: Partnership with all stakeholders who share our goals for improving PPEs and Birth Outcomes for Florida's Medicaid members

Key Strategies

- Sharing timely and actionable data (member-level with identified PPE diagnosis; Event Notification System)
- Aligned payment incentives (targeted to PPEs & Birth Outcomes)
- Support providers via care management programs
  - Transition support; coordination with facilities & PCPs
  - Evidence-based best practices for condition management (e.g. Asthma; COPD)
- Focus on integrated medical / behavioral care (Behavioral Health Home models, as well as supporting PCPs in managing behavioral health)
- Value-added special programs: Locally-based Welcome Rooms; CommUnity Connections (15,000+ FL resources)
- Improving network access through Urgent Care and Telemedicine expansion
- Collaboration with key stakeholders (CMS Maternal Opioid Misuse pilot)

PPE & Birth Outcomes Partnership Highlights

Our Birth Outcomes & PPE strategies include, but are not intended to be limited to, the following organizations:

PPE Focus

- Florida Hospital Association (and Partner Hospitals)
- Florida Medical Association
- Florida Medical School Quality Network
- University of Florida Pediatric Specialty
- Florida Council on Aging
- American Lung Association
- American Cancer Society
- Florida Association of CMHCs
- Florida Alcohol and Drug Abuse Association
- Florida Managing Entities

Birth Outcomes Focus

- Nearly 1,300 in-network OBGYNs
- Florida Perinatal Quality Collaborative (Access LARC; NAS)
- Healthy Start
- March of Dimes

We are always welcoming additional partners!

PPE interventions

- Physician and hospital value based purchasing programs
- Sharing with providers member level data on past PPEs and diagnoses
- Sharing ENS data with PCPs
- Hospital bonus program to reduce potentially preventable readmissions
- Aligning implementation of evidence-based clinical guidelines across the continuum of care, such as those supported by the CMS Hospital Improvement Innovation Network (HIIN), and AHRQ work on readmissions
- Collaboration between Sunshine Health UM and CM staff to support initiatives in place at hospitals and provider groups

Birth Outcome interventions

- Maternity provider value based purchasing programs
- Hospital bonus program to improve birth outcomes
- Aligning implementation of evidence-based clinical guidelines across the continuum of care, such as those supported by the Florida Perinatal Quality Collaborative, including trauma-informed care
- Collaboration with community partners to identify and engage pregnant women early in their pregnancy, such as Healthy Start and March of Dimes
- Use of new in lieu of and enhanced services to support the care of pregnant women
- Collaboration between Sunshine Health UM and CM staff to support initiatives in place at hospitals and provider groups