Welcome Providers!

HEDIS PCP & OB Specialty
Training

March 27, 2014



Agenda

- Welcome & Introductions
- 2013 5% At Risk Overview- Quality Improvement
- 2014 Pay For Quality (P4Q) Quality Improvement
- Provider Relations PIPs Provider Relations
- Asthma Management & STAR ED Utilization Health Services
- Member Services Initiatives Member Services
- Preferred Administrators Updates TPA



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Quality Improvement Department

Don GillisDirector



- What is at stake?
- What is measured?
- How are we doing?



- What is at stake?
 - 5% of our STAR and CHIP Premiums



- What is measured?
 - HEDIS Measures
 - CHIP
 - W34, AWC, ASM, CIS
 - STAR
 - Same as CHIP plus PPC Prenatal



- What is measured?
 - W34 Well Child 3 to 6 year olds (STAR & CHIP)

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.



- What is measured?
 - AWC Adolescent Well Care 12 to 21 (STAR & CHIP)

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.



- What is measured?
 - ASM Use of Appropriate Medications for People With Asthma (STAR & CHIP)

Use of Appropriate Medications for People With Asthma

The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.



- What is measured?
 - -ASM-(cont)

Denominator – One ER visit, or one inpatient admission, or four office visits, or four prescriptions for asthma medications

Numerator – Prescribed controller medication during the year



- What is measured?
 - CIS Childhood Immunizations (STAR & CHIP)

The percentage of children 2 years of age who had

- 4 diphtheria, tetanus and acellular pertussis (DTaP)
- 3 polio (IPV)
- 1 measles, mumps and rubella (MMR)
- 3 H influenza type B (HiB)
- 3 hepatitis B (HepB)
- 1 chicken pox (VZV)
- 4 pneumococcal conjugate (PCV)
- 1 hepatitis A (HepA)



- What is measured?
 - PPC Prenatal Care (STAR only)

Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.



- How are we doing?
 - How are we scored?
 - HHSC will assign points to each measure based on the MCO's performance relative to the prior-year NCQA HEDIS® Medicaid percentile distribution



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2013 5% At Risk – Preliminary Results

СНІР						A Vi
CY 2013 Predictions	Deno	minator Nume	erator Rate	Percentile	Points	
CIS - Childhood Immunizations					5	
W34 - Well Child 3-6 Yrs Old (Internal)	850	670	78.82%	50th - 75th	7.5	
AWC - Adolesc Well Care (Internal)	4,431	3,013	68.00%	>75th	10	
ASM - Use Med Asthma (Verisk)	118	111	94.07%	>75th	10	
			Т	otal Earned	32.5	
			To	tal Possible	40	
				% Earned	81.25%	
					0.00%	of funds at risk
					\$ -	recovered by HHSC

2013 5% At Risk – Preliminary Results

STAR						
CY 2013 Predictions	Denot	Minator Mune	, ator Rate	Percentile	Points	,
CIS - Childhood Immunizations					5	
W34 - Well Child 3-6 Yrs Old (Internal)	7,666	6,520	85.05%	>75th	10	
AWC - Adolesc Well Care (Internal)	9,743	7,185	73.75%	>75th	10	
PPC - Prenatal Care Timeliness (Interna	2,346	2,005	85.46%	25th - 50th	5	
ASM - Use Med Asthma (Verisk)	410	390	95.12%	>75th	10	
			Т	otal Earned	40	
Total Possible					50	
				% Earned	80.00%	
					0.00%	of funds at risk
					\$ -	recovered by HHSC

- What is at stake?
- What is measured?
- What does that mean for you?



- What is at stake?
 - 4% of our STAR and CHIP Premiums



- What is measured?
 - HEDIS Measures
 - W34, AWC, PPC (STAR only)
 - Potentially Preventable Events (PPEs)
 - PPA (Admissions)
 - PPR (Readmissions)
 - PPV (ED Visits)



- What is measured?
 - All HEDIS measures will be calculated through MRR
 - Results compared to 2013 baseline
 - Ongoing 2014 HEDIS Hybrid initiative will determine 2013 baseline



- What is measured?
 - HEDIS Hybrid Measures

			Acci
	Measure	STAR	СНІР
1	Adolescent Well Care (AWC)	*	*
2	Well Child Visits in the 3 rd , 4 th , 5 th , and 6 th Years of Life (W34)	*	*
3	Prenatal and Postpartum Care	*	
4	Childhood Immunization Status (CIS)	*	*
5	Weight Assessment and Counseling for Nutrition and Physical Activity	*	*
6	Comprehensive Diabetes Care	*	
7	Controlling High Blood Pressure (CBP)	*	

- HEDIS Hybrid Adolescent Well Care (AWC)
- Documentation must include
 - a note indicating a visit to a PCP or OB/GYN
 - the date of the well-care visit
 - and evidence of ALL of the following:
 - A health and developmental history (physical and mental).
 - A physical exam.
 - Health education/anticipatory guidance.



- HEDIS Hybrid Well Child 3 to 6 yo (W34)
- Documentation must include
 - a note indicating a visit to a PCP or OB/GYN
 - the date of the well-care visit
 - and evidence of ALL of the following:
 - A health and developmental history (physical and mental).
 - A physical exam.
 - Health education/anticipatory guidance.



- HEDIS Hybrid Prenatal and Postpartum Care (PPC)
- **Timeliness of Prenatal Care**. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- **Postpartum Care**. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery



HEDIS Hybrid Prenatal Care (PPC)

Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.

- Documentation must include
 - Note indicating date of prenatal care visit
 - And evidence of ONE of the following
 - A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used)
 - Evidence that a prenatal care procedure was performed
 - Documentation of LMP or EDD in conjunction with *either* of the following.
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history.



HEDIS Hybrid Postpartum Care (PPC)

Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery.

- Documentation must include
 - a note indicating the date of the postpartum visit
 - and ONE of the following.
 - Pelvic exam.
 - Evaluation of weight, BP, breasts AND abdomen.
 - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
 - Notation of postpartum care, including, but not limited to:
 - Notation of "postpartum care," "PP care," "PP check," "6-week check."
 - A preprinted "Postpartum Care" form in which information was documented during the visit.

- PPA Potentially Preventable Admissions
 - Based on an established list of APR-DRG,
 - Ambulatory care sensitive conditions (i.e., those included in AHRQ PDI and PQI)
 - An expanded set of frequently avoidable admission types (e.g., seizures, migraine, sickle cell crisis, some mental health conditions, some cases of chest or abdominal pain, etc.)



• PPA – 2012 Results

Potentially Preventable Admissions (PPA)						
	Reason	Frequency	Rate			
	Asthma	18	19.78%			
0	Other pneumonia	10	10.99%			
CHIP	Infections of upper respiratory tract	9	9.89%			
	Bipolar Disorders	9	9.89%			
	Kidney & urinary tract infections	7	7.69%			
	Reason	Frequency	Rate			
	Asthma	96	18.22%			
~	Non-bacterial gastroenteritis, nausea & vomiting	65	12.14%			
STAR	Other pneumonia	49	9.30%			
S	Kidney & urinary tract infections	46	8.73%			
	Infections of upper respiratory tract	44	8.35%			

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- PPR Potentially Preventable Readmissions
 - Potentially Preventable status determined by
 - Return to hospitalization within a specified readmission interval (30 days)
 - Clinical relationship of readmission to the original admission.



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• PPR – 2012 Results

Potentially Preventable Readmissions (PPR)							
	Reason	Frequency	Rate				
0	Mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis	5	45.45%				
	Readmission for mental health reasons following an initial admission for a non-mental health, non-substance abuse reason	3	27.27%				
CHIP	Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition	2	18.18%				
	Medical readmission for acute medical condition or complication that may be related to or may have resulted from care during initial admission or in post-discharge period after initial admission	1	9.09%				
	Medical readmission for acute medical condition or complication that may be related to or may have resulted from care during initial admission or in post-discharge period after initial admission	47	40.17%				
~	Medical readmission for a continuation or recurrence of the reason for the initial admission, or for a closely related condition	28	23.93%				
STAR	Mental health or substance abuse readmission following an initial admission for a substance abuse or mental health diagnosis	25	21.37%				
	All other readmissions for a chronic problem that may be related to care either during or after the initial admission	7	5.98%				
	Readmission for mental health reasons following an initial admission for a non-mental health, non-substance abuse reason	5	4.27%				

- PPV Potentially Preventable ER Visits
 - Defined as emergency department visits that may result from lack of adequate access to care or ambulatory care coordination.



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• PPV – 2012 Results

	Potentially Preventable ED Visits (PPV)						
	Reason	Frequency	Rate				
	Infections of upper respiratory tract	473	29.40%				
CHIP	Non-bacterial gastroenteritis, nausea & vomiting	146	9.07%				
	Signs, symptoms & other factors influencing health status	95	5.90%				
	Abdominal pain	94	5.84%				
	Level I Other ear, nose, mouth, throat & cranial/facial diagnoses	89	5.53%				
	Reason	Frequency	Rate				
	Infections of upper respiratory tract	5277	35.42%				
~	Non-bacterial gastroenteritis, nausea & vomiting	1511	10.14%				
STAR	Signs, symptoms & other factors influencing health status	1221	8.20%				
	Other skin, subcutaneous tissue & breast disorders	887	5.95%				
	Viral illness	734	4.93%				

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- What does that mean for you?
 - HEDIS Hybrid Medical Record Review
 - Provider Report Cards
 - Performance Improvement Project (PIPs)
 Interventions



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Contact Information

Don Gillis

Director, Quality Improvement Department dgillis@epfirst.com

(915) 532-3778 ext. 1231



Provider Relations Department

Stacy Arrieta
Provider Relations Representative



Provider Relations Role

- Provider Relations is the liaison between the health plan and the community providers.
- Our goal is to provide education, resources and guidance.
- Guide to Clinical Practice Guidelines.
- Provider Relations Representatives are available to conduct an in-service to Providers and their staff.





ER Reports

- Purpose
 - Assist Primary Care Providers on identifying members from their panel that go to the ER to seek care
 - Encourage Providers to educate their identified members on true emergencies, after hours availability, night clinics or provide other options
 - Educate Members on the Medical Home concept
- Content
 - Member name, ID number, Age, DOB, Phone number, Address, ER DOS, ER Location, Diagnosis.
- Mailed
 - Mailed monthly along with Rosters



SAMPLE ER REPORT

PROVIDER MD, PA EL PASO, TX 799XX El Paso First Health Plans, Inc. ER Utilization Paid dates Between XX/1/2010 and XX/1/2010

Member # Member Name		<u>DOB</u>	<u>Phone</u>	Address	ER DOS	ER Pay To
. X						
Baby Boy	0	12/14/07	915-XXX-XXXX	1145 Westmoreland Dr. El Paso, Tx 799XX	3/1/10	XY Medical Center
			Diagnosis: 462 Acute Pharyngitis			
Baby Girl	1	1/13/07	915-XXX-XXXX Diagnosis: 462	1145 Westmoreland Dr. El Paso, Tx 799XX	3/1/10	XY Medical Center
Baby Girl	4	2/3/04	915-XXX-XXXX Diagnosis: 780.60	1145 Westmoreland Dr. El Paso, Tx 799XX	3/1/10	XY Medical Center
Baby Boy	14	7/14/93	915-XXX-XXXX Diagnosis: 462	1145 Westmoreland Dr. El Paso, Tx 799XX	3/1/10	XY Medical Center
Baby Girl	0	8/1/07	915-XXX-XXXX Diagnosis: V28.89 Other specified	1145 Westmoreland Dr. El Paso, Tx 799XX	3/1/10	XY Medical Center
	Baby Boy Baby Girl Baby Girl Baby Boy	Baby Boy 0 Baby Girl 1 Baby Girl 4 Baby Boy 14	Baby Boy 0 12/14/07 Baby Girl 1 1/13/07 Baby Girl 4 2/3/04 Baby Boy 14 7/14/93	Baby Boy 0 12/14/07 915-XXX-XXXX Diagnosis: 462 Acute Pharyngitis Baby Girl 1 1/13/07 915-XXX-XXXX Diagnosis: 462 Acute Pharyngitis Baby Girl 4 2/3/04 915-XXX-XXXX Diagnosis: 780.60 Fever, unspecified Baby Boy 14 7/14/93 915-XXX-XXXX Diagnosis: 462 Acute Pharyngitis Baby Girl 0 8/1/07 915-XXX-XXXX Diagnosis: V28.89 Other specified	Baby Boy 0 12/14/07 915-XXX-XXXX 1145 Westmoreland Dr. El Paso, Tx 799XX Diagnosis: 462 Acute Pharyngitis 1 1/13/07 915-XXX-XXXX 1145 Westmoreland Dr. El Paso, Tx 799XX Diagnosis: 462 Acute Pharyngitis Baby Girl 4 2/3/04 915-XXX-XXXX 1145 Westmoreland Dr. El Paso, Tx 799XX Diagnosis: 780.60 Fever, unspecified Baby Boy 14 7/14/93 915-XXX-XXXX 1145 Westmoreland Dr. El Paso, Tx 799XX Diagnosis: 462 Acute Pharyngitis Baby Girl 0 8/1/07 915-XXX-XXXX 1145 Westmoreland Dr. El Paso, Tx 799XX Diagnosis: 462 Acute Pharyngitis 1145 Westmoreland Dr. El Paso, Tx 799XX Diagnosis: V28.89	Baby Boy 0 12/14/07 915-XXX-XXXX 1145 Westmoreland Dr. El Paso, Tx 799XX 3/1/10

CHIP: Adolescent Well-Care Visits

- Provide to Primary Care Providers their CHIP Provider Rosters on a monthly basis as well as their CHIP Well-Care Members Due List.
- Mid-Year Provider Report.



CHIP Well-Child Checkup Members Due List

DISNEY PEDIATRICS PA

EL PASO, TX 79912

El Paso First Health Plans, Inc.

ALL LOCATIONS CHIP Master Roster - Well Child Visits Due Members Only

October 2012

Member#	Member Name		Age	DOB	Sex	Phone	Address	Effective	Well Child Visit	PCPName
New Memi	bers									
M00000001 N	MINERVA MOUSE		82	1/19/30	F	915-555-5555	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
D00000005 D	DAISY DUCK		72	3/26/40	F	915-444-4444	525 DISNEY LN ANAHEIM, CA	06/01/12	DUE	WALTER DISNEY, MD
М00000002 Д	OONALD DUCK		78	12/4/34	M	915-333-3333	525 DISNEY LN ANAHEIM, CA	10/01/11	DUE	WALTER DISNEY, MD
Member	Count	3								
Existing M	embers									
G00000000 P	PLUTO THE PUP		82	11/16/30	M	915-222-2222	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
G00000001 N	MICKEY MOUSE		84	10/10/28	M	915-111-1111	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
G00000002 C	GOOFY G GOOF		80	10/12/32	M	915-010-0101	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
G00000003 S	NOW WHITE		75	2/11/37	F	915-777-7777	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
D00000004 P	PETER PAN		59	8/23/53	M	915-000-0005	525 DISNEY LN ANAHEIM, CA	12/01/11	DUE	WALTER DISNEY, MD
G00000004 V	VENDY DARLING		59	2/20/53	F	915-888-8888	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD
M00000005 J	ESSICA RABBIT		24	10/9/88	F	915-999-9999	525 DISNEY LN ANAHEIM, CA	08/01/12	DUE	WALTER DISNEY, MD
M00000006 J	IMINY CRICKET		72	4/3/40	M	915-111-2222	525 DISNEY LN ANAHEIM, CA	06/01/12	DUE	WALTER DISNEY, MD
P00000000 R	ROBIN HOOD		39	11/8/73	M	915-002-3333	525 DISNEY LN ANAHEIM, CA	09/01/12	DUE	WALTER DISNEY, MD

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Health *Plans* inc.

Contact Information

Stacy Arrieta

Provider Relations Representative sarrieta@epfirst.com
915-532-3778 ext. 1059



Health Services Department

Crystal Arrieta, MPHDisease Management Coordinator





Health Service Department

Address Potentially Preventable
Admissions For Asthma By Encouraging
Proper Asthma Management



PIP interventions

- CM/DM staff will provide outreach to members identified as being less than 50% compliant with their asthma controller medication.
- Outreach will consist of personal phone calls from Case Managers and members will be educated on asthma management and encouraged to comply with asthma medications.



PIP interventions Cont.

- Invite members to EPF asthma management classes
- Outreach and education to school nurses which reside in zip codes with highest prevalence of asthma



Reduce STAR ED Utilization For Asthma And Upper Respiratory Infections For Members 0-9 Years Of Age



Current Interventions

- Flyers to members in quarterly newsletters that communicate night clinics and after hour availability
- Education in newsletters about what an emergency situation is and when to seek the ED
- Conditions specific booklet for members that utilize the ED for non-emergencies



New Interventions

- CM/DM staff will contact these members seen in ED for asthma and URI and coordinate care with PCP
- Members will be contacted through a letter sent to convey that they have been identified as having been to the ER two or more times in 3 months with a diagnosis of asthma or URI and to please follow up with PCP. The DMC will also contact by phone to provide this information.



New Interventions Cont.

- DMC will send text messages to members who visited the ER two or more times in 3 months with at least one diagnosis of URI or asthma to reinforce visiting with their PCP.
- Text messages will be sent in the members preferred language



Health Services Contact Info

(915) 532-3778

Janel Lujan, LMSW

Senior Director of Operations

- Extension 1090

Dolores Herrada, RN, CCM

Director of Health Services

-Extension 1007

Irma Vasquez

Administrative Supervisor

-Extension 1042

Crystal Arrieta, MPH

Disease Management

Coordinator

- Extension 1175

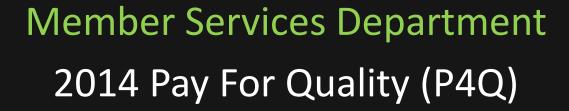
Jose Acosta, RN

UR Coordinator

- Extension 1080







Edgar Martinez, MBA
Director of Member Services



2014 Pay For Quality (P4Q) W34 – Well Child 3 to 6 year olds

Happy Birthday Postcards





Automated Text Messages

El Paso First Health Plans wants to remind you that your child is due for their CHIP well child exam. Please call your doctor to make an appointment today.

FICE4AM

El Paso First Health Plans quiere recordarle que su hijo esta previsto para su examen medico annual de CHIP. Por favor, llame a su medico para hacer una cita.

11:50AM



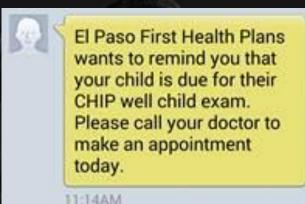
2014 Pay For Quality (P4Q) AWC – Adolescent Well Care

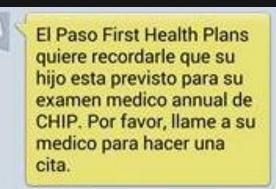
Happy Birthday Postcards





Automated Text Messages





11:50AM



Member Services Contact Information

Edgar Martinez, MBA

Director of Member Services emartinez@epfirst.com (915) 532-3778 ext. 1064

Juanita Ramirez

Member Services Supervisor jramirez@epfirst.com (915) 532-3778 ext. 1063

Antonio Medina

Enrollment Services Supervisor amedina@epfirst.com (915) 532-3778 ext. 1034



Thank You for Attending Providers!

