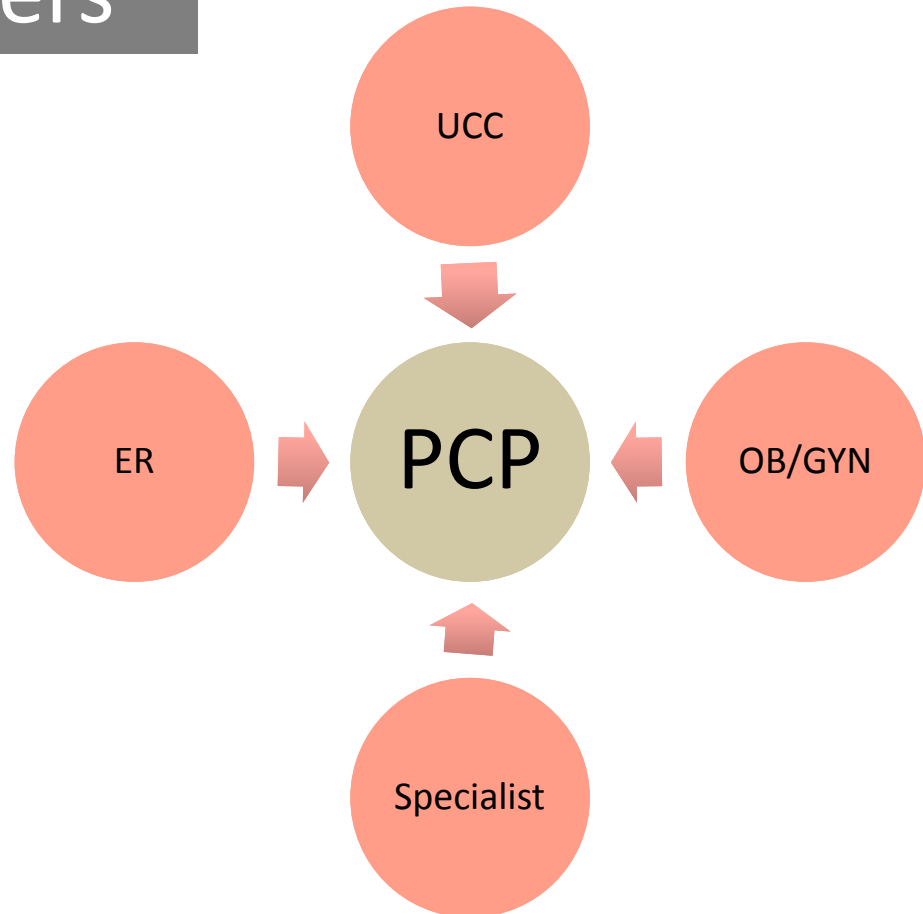# School-Based Health
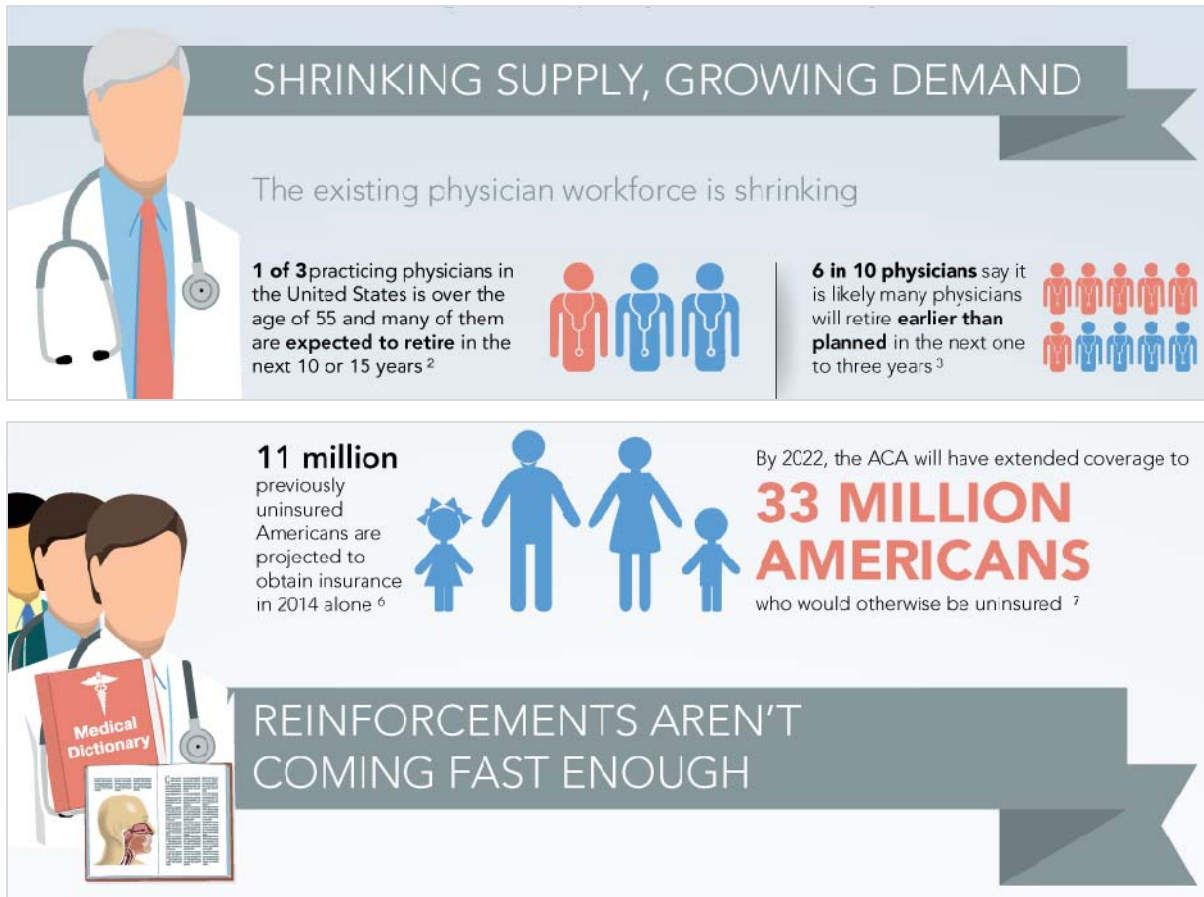## from an MCO Perspective

MASBHC Conference
May 15, 2014

Primary Care Providers

- Traditionally, primary care provider (PCP) as the center of a member's "healthcare universe"

- % school-age Amerigroup members who accessed services with a PCP in 2013:
  - 7-11 Years Old (**93.9%**)
  - 12-19 Years Old (**89.8%**)

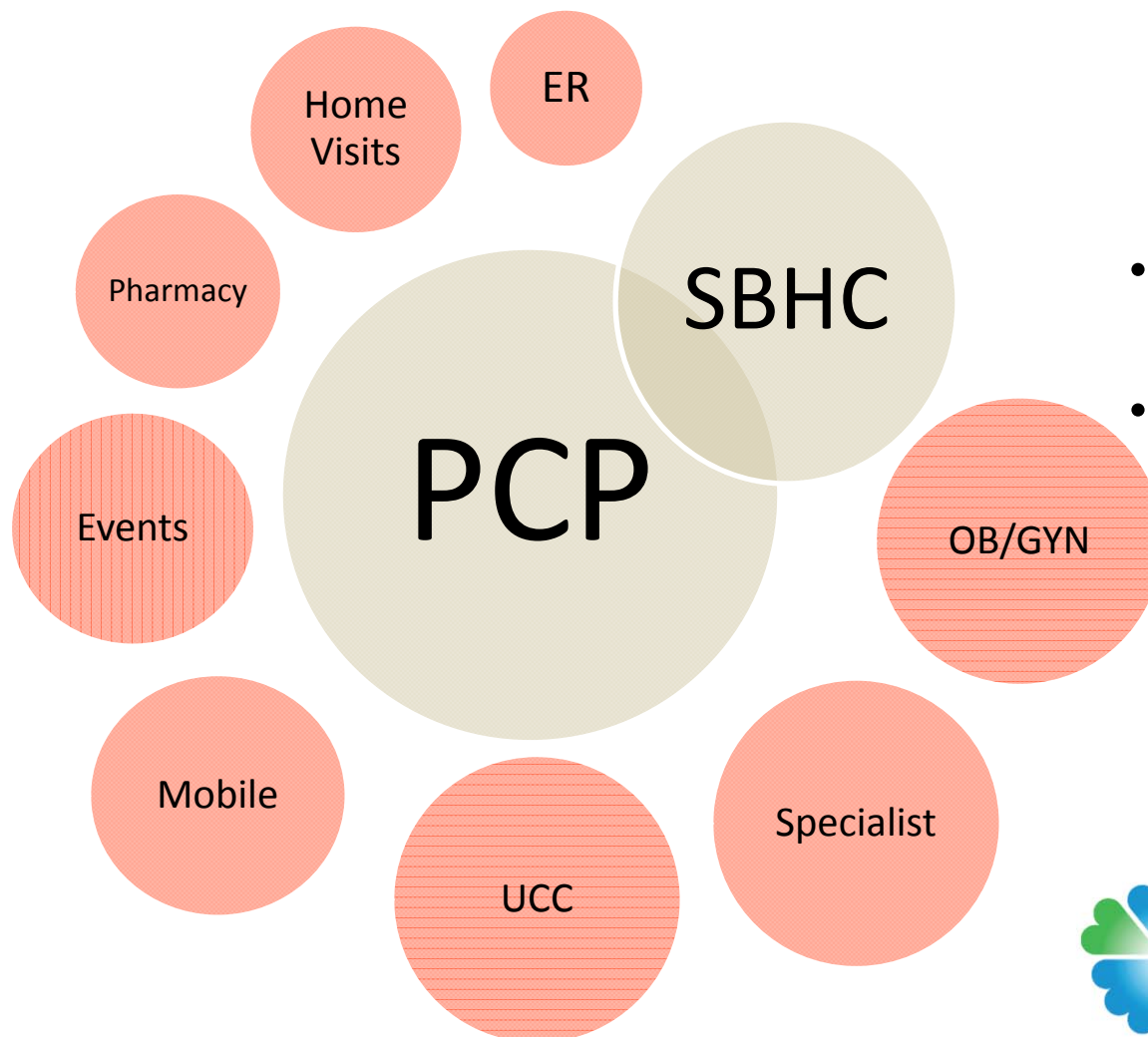**Amerigroup RealSolutions** in healthcare

2

Physician Shortage

SHRINKING SUPPLY, GROWING DEMAND

The existing physician workforce is shrinking

1 of 3 practicing physicians in the United States is over the age of 55 and many of them are **expected to retire** in the next 10 or 15 years [2]

6 in 10 physicians say it is likely many physicians will retire **earlier than planned** in the next one to three years [3]

11 million previously uninsured Americans are projected to obtain insurance in 2014 alone [6]

By 2022, the ACA will have extended coverage to **33 MILLION AMERICANS** who would otherwise be uninsured [7]

REINFORCEMENTS AREN'T COMING FAST ENOUGH

Medical Dictionary

- o **Healthcare Reform** brings:
  - Growth in Medicaid enrollment
  - MCO membership increase
  - Increase in demand for services

- o **Physician shortage** as demand for PCP services increases

Created by Barton Associates
Sources: Congressional Budget Office, HealthLeaders Media and Deloitte Physician's Survey

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Future Care Model

Home
Visits

ER

Pharmacy

SBHC

PCP

Events

OB/GYN

Mobile

Specialist

UCC

- Shift towards CONVENIENCE
- Evolving healthcare delivery system (especially for adolescents)
  - Acceptance of alternatives to PCP for hard-to-reach adolescent population
- ↑ access where members already are
- ↓ non-emergent ER use

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SBHC + PCP

"The goal of school-based health centers in Maryland is to improve the overall health of students. This is accomplished by establishing strong, visible, and effective school and community collaboration."

- MD School-Based Health Center Standards (2006)

So how can payors, PCP networks and SBHCs work together?

- Coordinated effort to employ a co-management style of care
- To better serve our school-aged population, we must first:
  - **1** Create access
  - **2** Ensure quality standards
  - **3** Practice appropriate billing/coding

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1 Access

Meet the demand by:

- Expanding provider network(s)
- Providing services at alternative locations to PCP offices
- Partnering with safety net providers
- Collaborating to reach and educate patients
- Data-sharing
- Leveraging technology
- Performing to "the top of your license"
- Focusing on prevention

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SBHC Access

COMMUNITY & SCHOOL–BASED
HEALTH CENTERS

There are close to **2,000 school-based health centers** nationwide

The Affordable Care Act designated **$200 million** to support capital grants to improve and expand services for these centers between 2010 and 2013

$95 million was awarded to **278 school-based health centers** in July 2011 to serve an additional **440,000 children**

School-based health centers serve approximately **790,000 children**

Created by oBizMedia.com from www.whitehouse.gov

2012-2013 Maryland SBHC Utilization

Total Enrollment	Total Users	Total Visits
24,655	13,588	78,257

www.MASBHC.org

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PCP-Type Services

Q. Must a SBHC provider <u>be credentialed </u>by Amerigroup to be reimbursed for PCP-type services for members?

A. No. A school-based health center is eligible for reimbursement by the student's MCO for the following self-referred services:

- Comprehensive well-child care (performed by EPSDT certified providers and rendered according to EPSDT standards)
- Follow-up of positive or abnormal EPSDT screening components without approval of the PCP except when referral for specialty care is indicated
- Diagnosis and treatment of illness and injury that can be effectively managed in a primary care setting
- Family planning services

<u>Note:</u> Additional services may be approved for reimbursement by individual payors.

COMAR 10.09.68.03

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Become a PCP

1 Visit providers.amerigroup.com and select "Join Our Network"
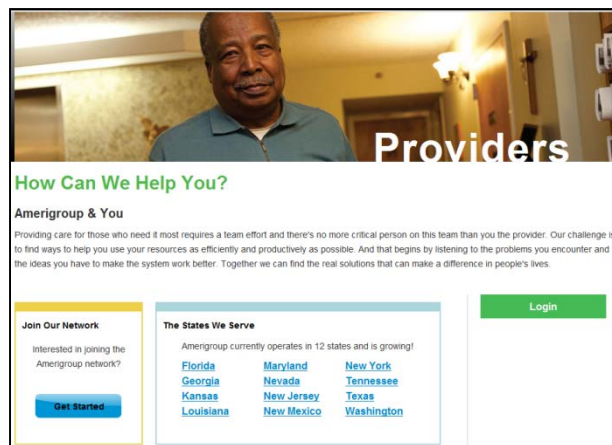
2 Select "Maryland" and complete an application request
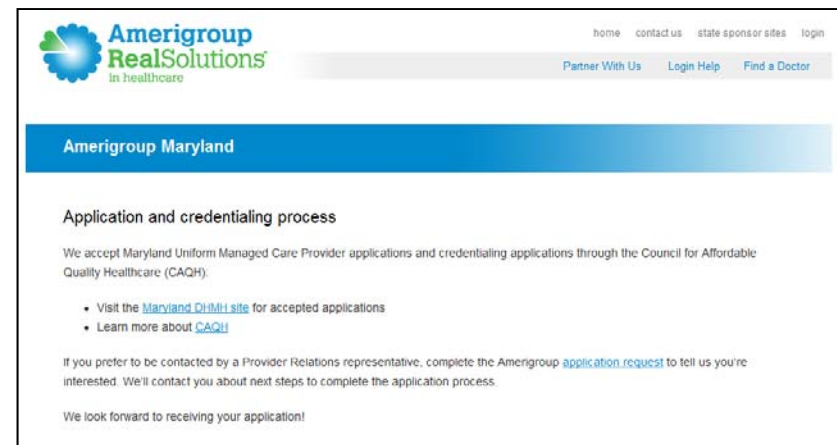
3 Work with an Amerigroup Credentialing representative to provide proof of and/or apply for:

- W9 Form
- Insurance
- CAQH #
- Additional information

4 Submit a "clean application" to the Credentialing Committee for approval

In-Network Providers

Find A Doctor

Provider Directory

- Inclusion in online and print provider directory
- Eligible for member selection and auto-assignment
- Referrals

Amerigroup Representative

- Assigned Marketing and Provider Relations representatives to assist with:
  – Issue resolution
  – Providing Amerigroup collateral the office

P4P
PAY FOR PERFORMANCE

Pay for Performance

- Opportunity for increased revenue
- Incentive programs for high-quality performing providers
- Additional reimbursement

Access + Compliance
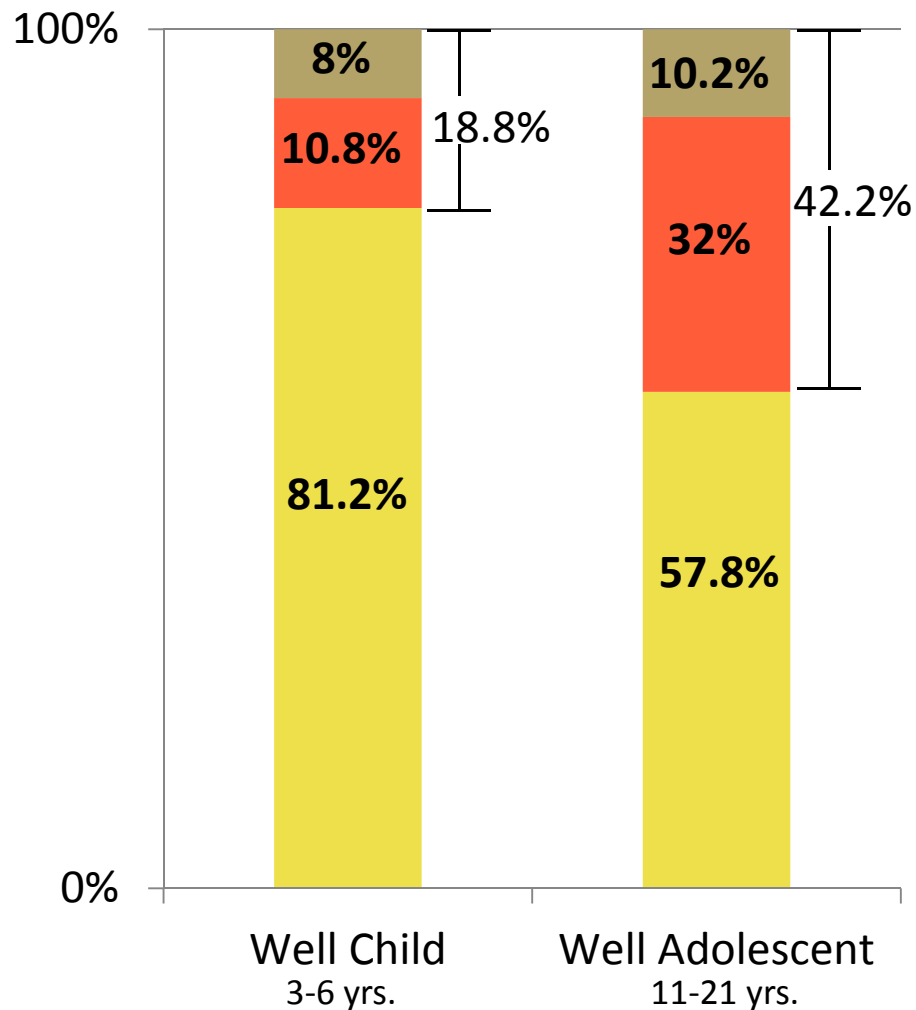
100%

8%

18.8%

10.8%

10.2%

42.2%

32%

81.2%

57.8%

0%

Well Child
3-6 yrs.

Well Adolescent
11-21 yrs.

■ No Access to PCP Services

■ PCP Visit with No VBP Hit

■ PCP Visit with VBP Hit

Based on 2013 HEDIS Measurement Year preliminary numbers

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Well Child

VBP Goal = 84%

Legend:
- ≥ 84%
- 74-83.99%
- ≤ 73.99%
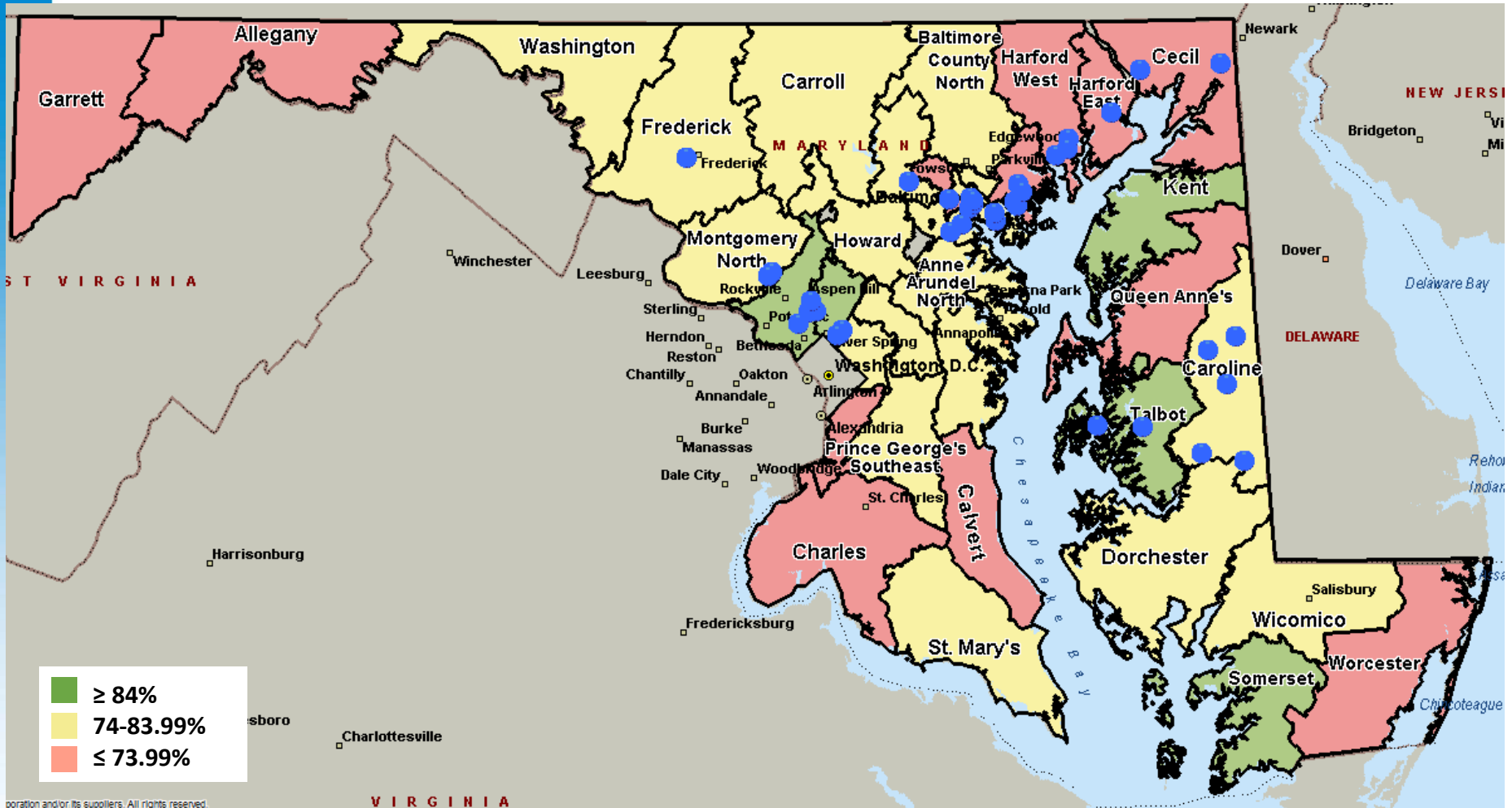
= SBHC locations that serve children

Well Child

VBP Goal = 84%
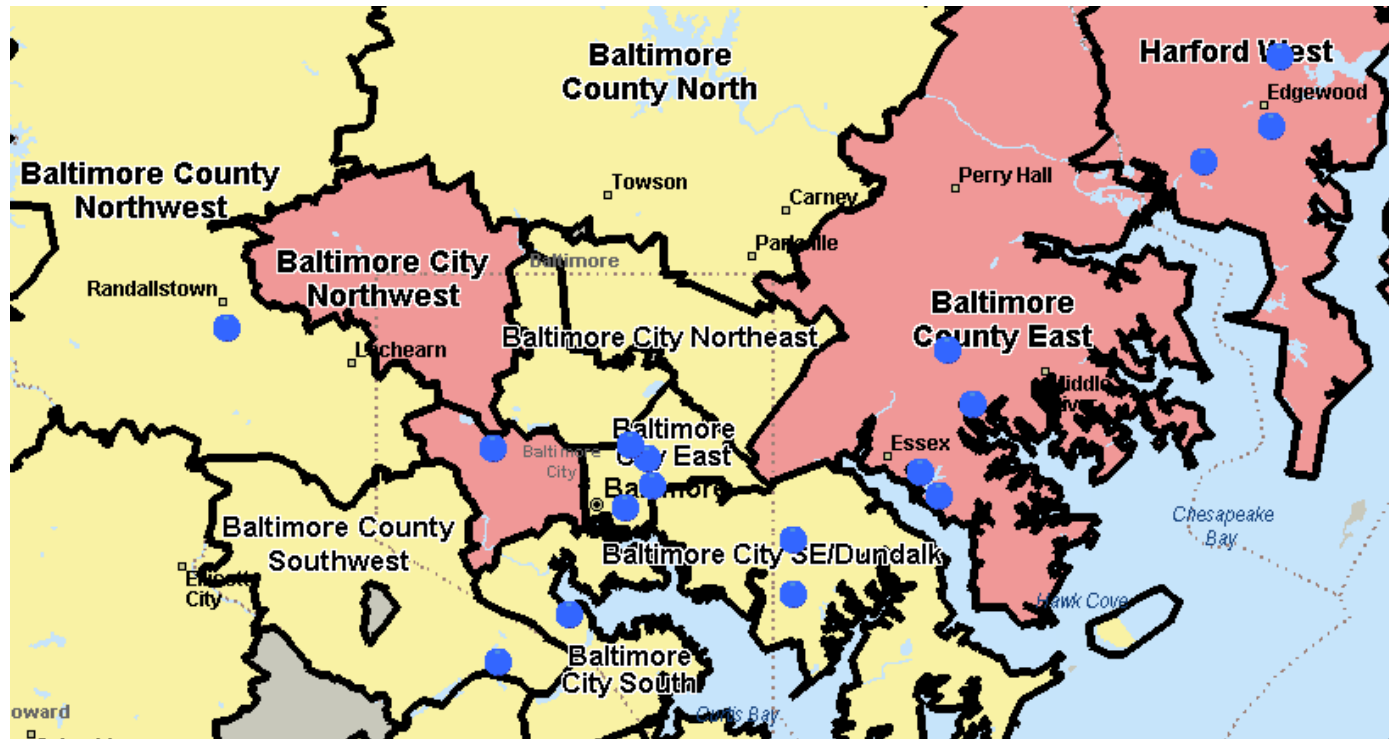
= SBHC locations

- ≥ 84%
- 74-83.99%
- ≤ 73.99%

Well Adolescent

VBP Goal = 68%

Legend:
- ≥ 68%
- 58-67.99%
- ≤ 57.99%
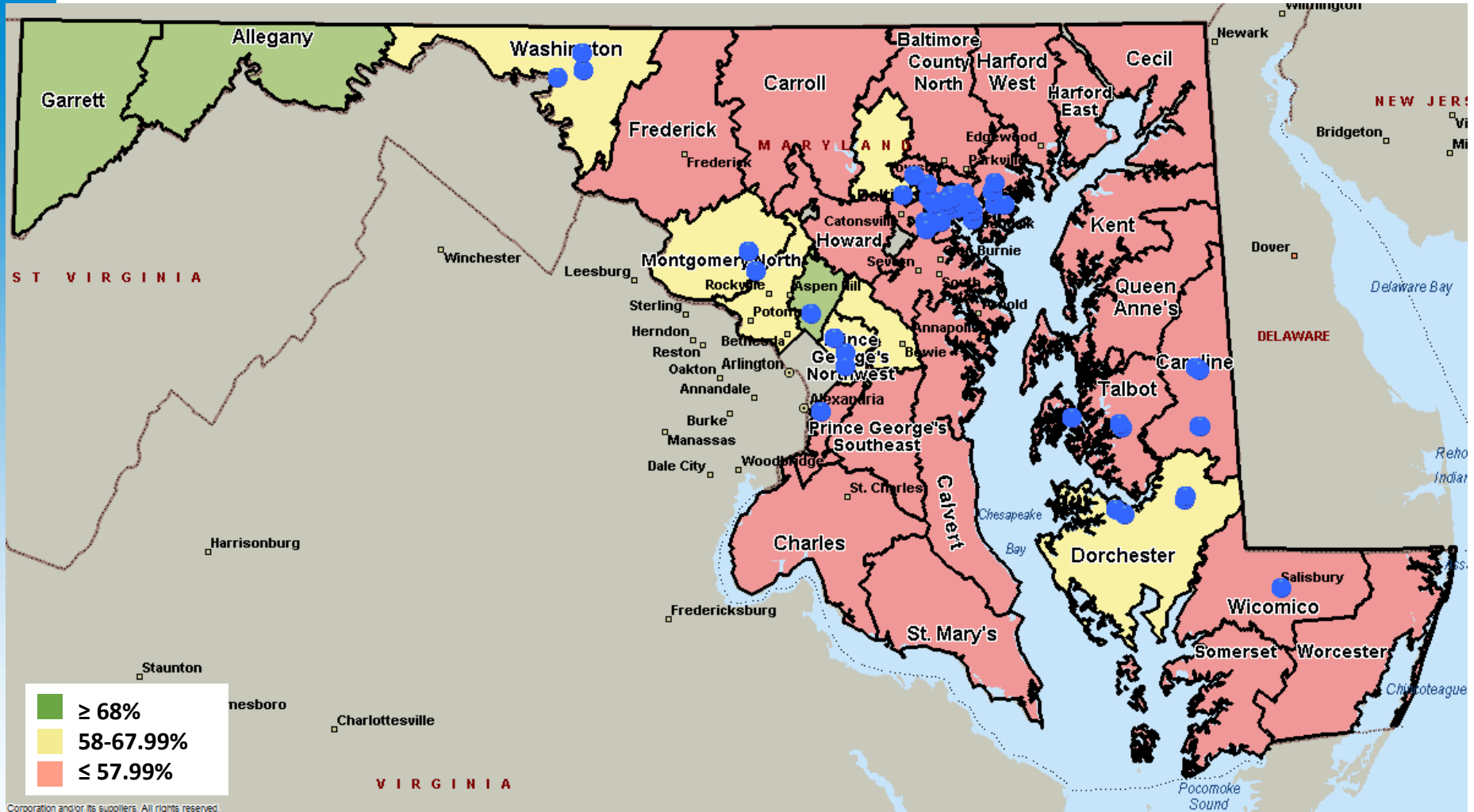
● = SBHC locations that serve adolescents

Well Adolescent

VBP Goal = 68%
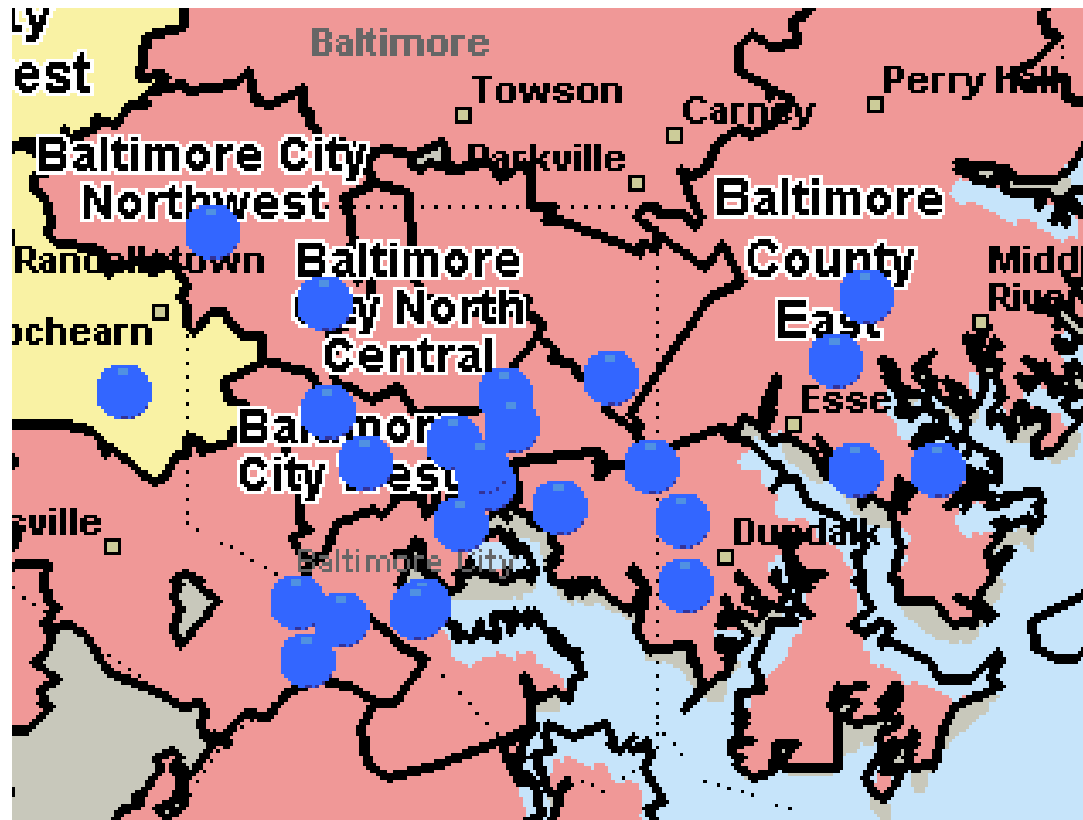
= SBHC locations

- ≥ 68%
- 58-67.99%
- ≤ 57.99%

"Quality is not an act, it is a habit."

-Aristotle

```
                    ┌─────────────────────┐
                    │   MCO Quality       │
                    │   Assessment &      │
                    │   Improvement       │
                    └─────────────────────┘
```

Monitor, measure and evaluate services	Report quality assessment activities

Systems Performance Review (SPR)	HEDIS	VBP	CAHPS	MD Healthy Kids	Performance Improvement Projects (PIP)

COMAR 10.09.65.03

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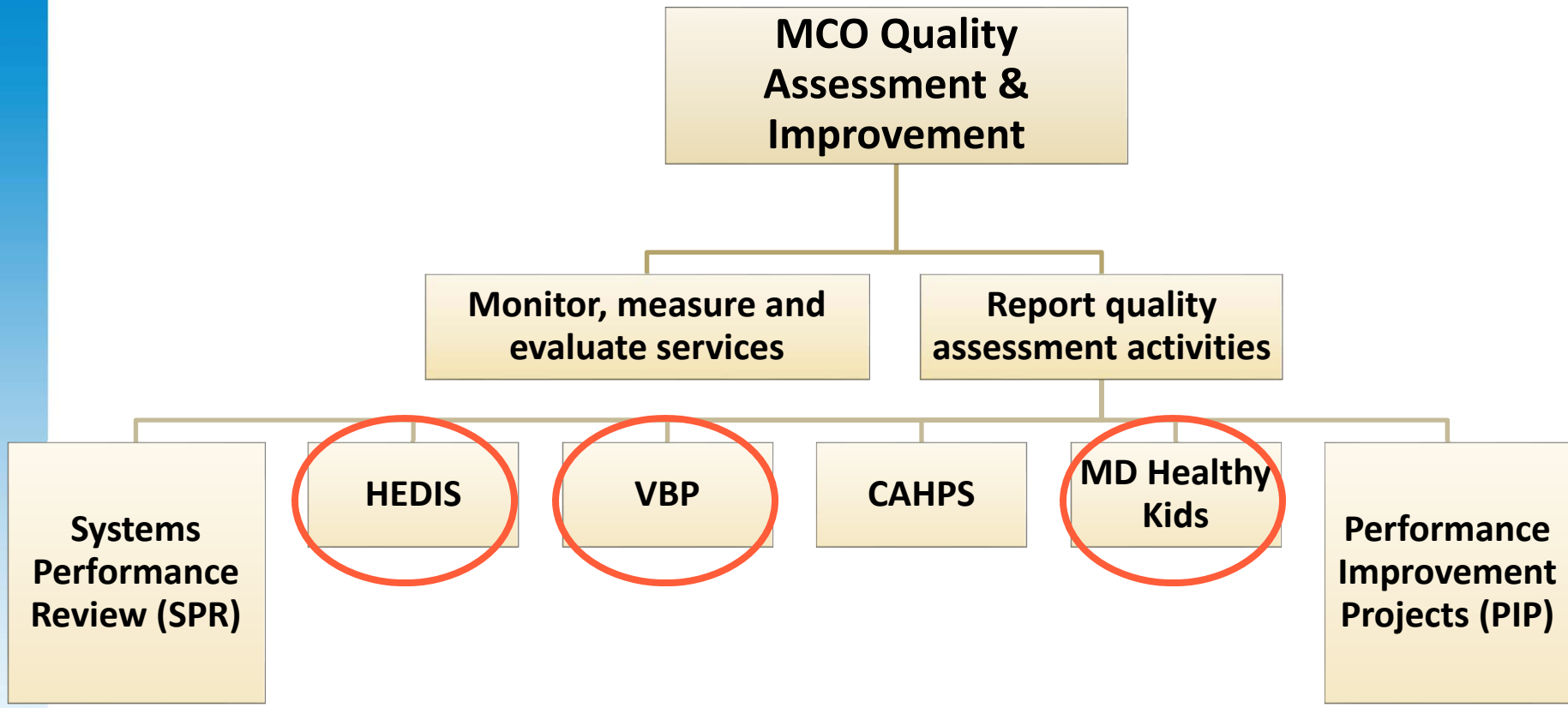
Quality of Care

Healthcare Effectiveness Data Information Set (HEDIS)

- Annual collection, validation and evaluation of specified measures
  - Access/availability of care
  - Effectiveness of care
  - Experience of Care
  - Utilization
- Measures change based on relevance to HealthChoice population
- HEDIS allows "apples to apples" comparison

Quality of Care

Value Based Purchasing (VBP)*

- Better MCO performance = better enrollee health
- Align incentives with quality care, access and administrative efficiency across a shared set of priorities that focus on the core populations served by HealthChoice
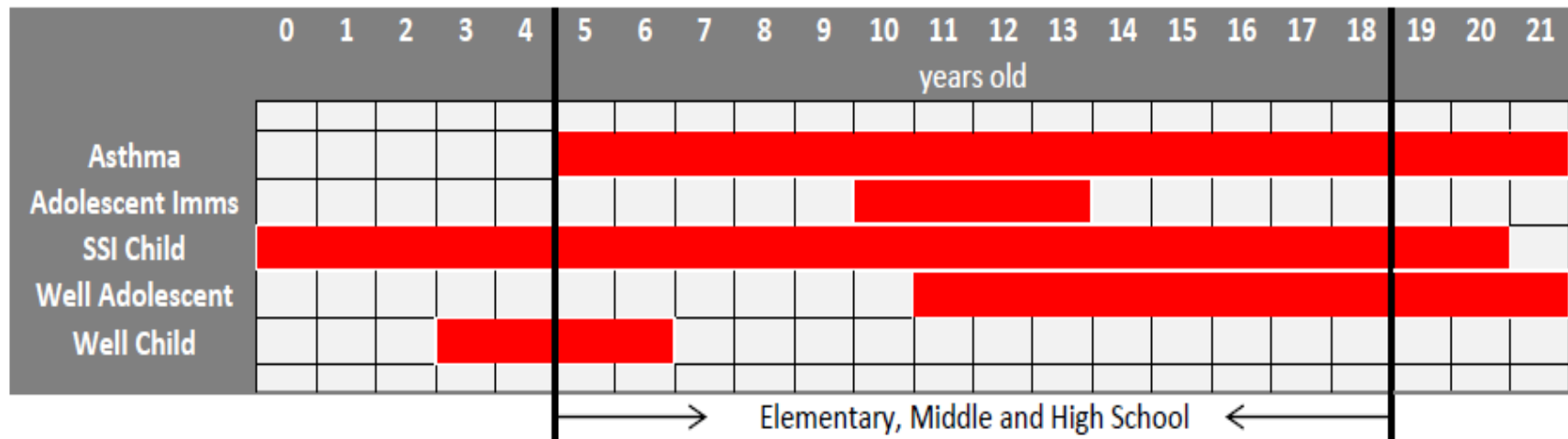
Calendar Year 2012 Value-Based Purchasing Report (2014)
from the Delmarva Foundation

Quality of Care

Maryland Healthy Kids and **Early and Periodic Screening, Diagnosis and Testing (EPSDT)***

- Performance improvement assessments to enhance quality of services delivered by Medicaid providers to recipients <21 yrs
- Audits for EPSDT-certified providers
- EPSDT Screening Forms

Maryland Healthy Kids/EPSDT Home Page on DHMH website

Best Practices

"Meet Members Where They Are"

- Bring healthcare to members for one-time service when travel to PCP is unavailable or inconvenient
- Modes of healthcare delivery:
  - ✓ Home-visiting providers
  - ✓ Member-focused events
  - ✓ Partnership with community-based organizations

Appointment Coordination

- Clinic days with PCPs for dedicated, Amerigroup-only appointment slots
- Online scheduling tool with e-reminders

MCO Best Practices

Adolescent Well Care Outreach

- Opportunity lists for PCPs
- Incentives for high-volume providers
- Clinic Days
- Appointment coordination
- Member incentives
- Online scheduling tool

Measurement Year	2010	2011	2012
VBP Compliance	52.22 %	63.11 %	68.06 %

Recognized in 2012-2013 MHPA Best Practices Compendium

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Best Practices

Raffle Rewards Program

- Incentivize member compliance with an annual wellness exam
- Use completed pre-addressed, postage-paid brochure to enter raffle
  - Updated contact information
  - Email addresses
- Raffle prizes include:
  - Baltimore Ravens experiences
  - Bicycles
  - Xbox 360 Packages
  - Toys R Us Gift Cards
  - Six Flags Seasons Passes (Family Pack)

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Best Practices

Partnership with the Baltimore Ravens + Torrey Smith

- Mailings
- Eliza calls (with Torrey Smith voiceover)
- Posters in provider offices and community organizations
- Member incentives for completing annual wellness exam:
  - Ravens Game Day experience
  - Locker Room event
  - M&T Bank Stadium Tour
  - SpringFest
  - Draft Day festivities
  - Autographed Torrey Smith jerseys

CATCH YOUR CHANCE TO WIN WITH THE BALTIMORE RAVENS!

PURPLE TICKET TO HEALTH
APPOINTMENT REMINDER

Schedule your wellness check up TODAY!
If you need help scheduling an appointment please call:
1.800.600.4441

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MCO Best Practices

Purple Ticket to Health Program

Updated information from member and provider (e.g. email and phone #)

High-profile partnership encourages members to open/read information
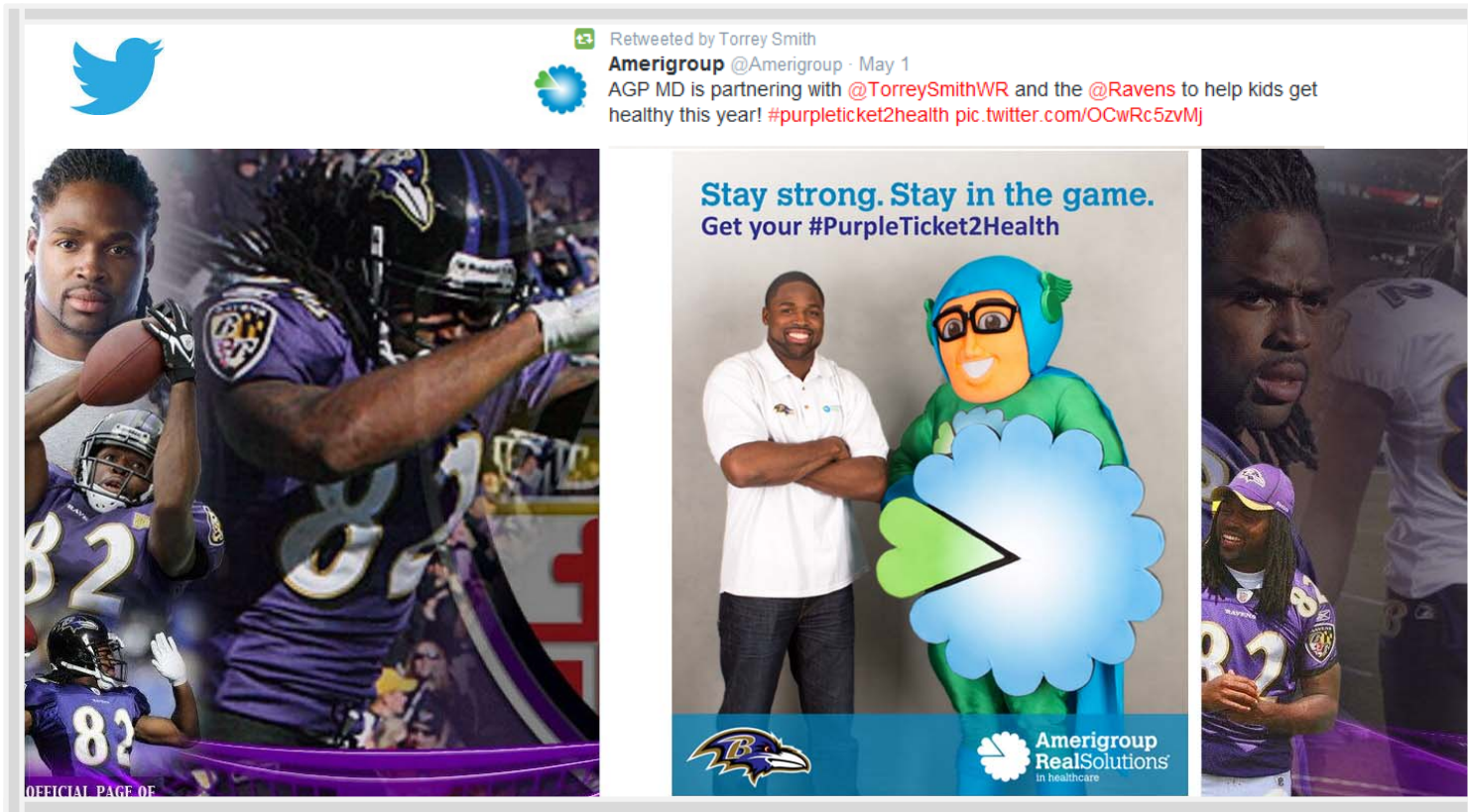
QR Code drives members to YouTube video

MCO Best Practices

Purple Ticket to Health Program

Best Practices

Social Media + Online Presence

Like us on Facebook.
Check out our events.
www.facebook.com/
AmerigroupCorporation

Watch Real Story
videos on YouTube.
www.youtube.com/
AmerigroupCorp

Follow us on Twitter.
www.twitter.com/
@amerigroup

Join a private social
network for free.
www.amerigroup.onehealth.com
Get support for your personal
health goals.

OneHealth
Connect. Share. Thrive.

Check out the Amerigroup member website.
www.myamerigroup.com/MD
See all your benefits. Print your ID card. Find a doctor, dentist, hospital, clinic or
pharmacy. Email us, and we'll remind you of your doctor's appointment.

Stay connected with your health.

Or find a doctor at
directory.amerigroup.com.

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Lessons Learned

o Appeal to older **adolescents as decision-makers**

  o Adolescents may/may not have support from a parent/guardian

o **Technology is key** to reaching teens and young adults

  o Adolescents are generally tech-savvy and respond to opportunities to:

    o Schedule electronically

    o Receive reminders via text message

    o Use mobile apps

    o Find information on social networking sites (e.g. Instagram, Twitter, Facebook)

o **Data-sharing is critical** to MCO/SBHC partnership

  o Medicaid population is often hard to reach with ever-changing contact information

  o MCO's unable to pinpoint which students attend schools with a SBHC

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MCO Members + SBHC

o Appointment coordination*

o Promotional outreach (e.g. flier mailings)*

o Promotion at community events
  o Vendor table
  o Ask A Doctor

*Require member data-sharing

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MCO Members + SBHC

Sample educational flier to promote school-based health care

BCPS Best Practices

An interview on Best Practices with:

Charles Tyler, Jr.

Fiscal Manager

The Office of Third Party Billing

3 Billing

"If it wasn't documented, it didn't happen."

WHAT

- DHMH Billing Manuals
- CPT and ICD Guidebooks

HOW

- Electronically (EDI)
- Submitted through web portal
- Mailed paper form

WHEN

- 180 days from date-of-service

WHO

- Which payer?
- Verify eligibility on EVS
- MCO always secondary

Common Errors

- Didn't use SBHC NPI
- Member no longer enrolled
- Code Editing:
  - Incidental procedure
  - Diagnosis inconsistent with age
  - New visit frequency

Know your appeal rights!

Questions?