



# Stakeholder Planning Advisory Committee

October 29, 2018

# Presentation: Forum Purpose



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# iCare Provider Forum Purpose

- Assumptions
  - Community-Based Organizations (CBOs) and other providers
  - State of Wisconsin
  - Social determinants of health (SDOH)
  - Revenue sources and service offerings
- Current State and Insurance Payer Interests
- Provider Forum Goals
  - Identify insurance payer needs
  - Enable CBO and provider value proposition creation
  - Provide methods to quantify opportunities
  - Address SDOH resource integration with payers
  - Provide content supporting insurance payer business relationships
  - Provide examples

# Presentation: Value and Quality Roadmap Wisconsin Medicaid



Rachel Currans-Henry

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# Value and Quality Roadmap for Wisconsin Medicaid

October 29, 2018

Rachel Currans-Henry  
Director, Bureau of Benefits Management  
Division of Medicaid Services  
Department of Health Services

# Wisconsin's National Health Ranking



#17 out of 50 (2018)



#20 out of 50 (2016)

**Health**

#24 out of 50 (2015)



#11 out of 51 (2017)

**We are in the middle of the pack!**



# Wisconsin Medicaid Managed Care Growth

Consistent with national trends, Wisconsin Medicaid has increased enrollment in managed care, especially in the last 12 years.

	March 2006	August 2018
Total MC Members	396,000	755,000
# BC+ HMOs	13	16
# SSI HMOs	5	8

# DHS Quality Goals

Goals and objectives for DHS acute care and long-term care programs fall under four domains:

- Access to care and member choice
- Cost-effectiveness
- Person-centered care and member experience
- Health outcomes and reducing disparities



# Managed Care Quality Strategies

- Payment strategies
  - Enhance pay-for-performance.
  - Implement alternative payment models through BadgerCare Plus and SSI HMOs.
  - Reduce avoidable, non-value-added care.
- Delivery system and person-centered care strategies
  - Enhance care management and person-centered care.
  - Improve health homes.
  - Ensure health and safety.

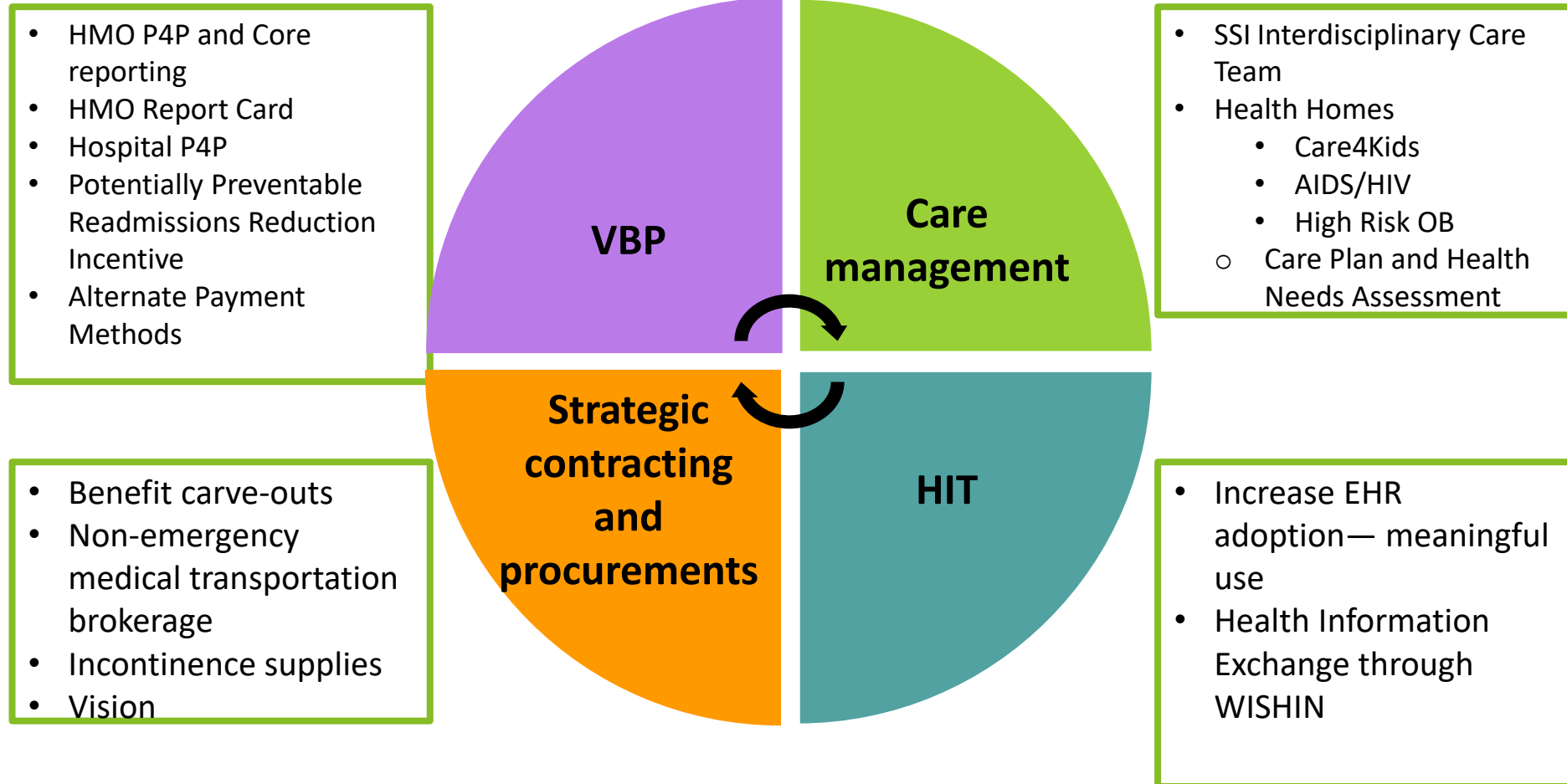
# Managed Care Quality Strategies, cont.

- Member engagement and choice strategies
  - HMO Selection Process
  - Network Adequacy
- Promote and support enabling infrastructure: Data and technology (e-Health)

# WI Medicaid HMO Quality Journey



# 2018 Wisconsin Medicaid Quality Initiatives



# HMO P4P Overview

- Since 2008, evolving. All BC+ and SSI HMOs are required to participate.
- Funding
  - Withhold 2.5% (approximately \$36 million) of capitation payments
  - Separate pools for BC+ (non-dental), BC+ dental, SSI
- Earn-back and bonus
  - Can earn back partial withhold—graduated methodology
  - Can earn bonus if all targets met;  
bonus funded entirely through forfeitures by low-performing HMOs

# HMO P4P Measures

Applicable to BC+ and SSI

P4P Measure	BC+	SSI
Antidepressant medication management—continuation	HEDIS	HEDIS
Breast cancer screening	HEDIS	HEDIS
Comprehensive diabetes care—HbA1c testing	HEDIS	HEDIS
Comprehensive diabetes care—HbA1c control < 8% (NQF 0575)	HEDIS	HEDIS
Controlling blood pressure < 140/90 mmHg (NQF 0018)	HEDIS	HEDIS
Childhood immunizations—combination 3	HEDIS	N/A

For details, see 2018 HMO Quality Guide:

[www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Quality for BCP and Medicaid SSI/Home.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Quality%20for%20BCP%20and%20Medicaid%20SSI/Home.htm.spage)

# HMO P4P Measures, cont.

Applicable to BC+ and SSI

P4P Measure	BC+	SSI
ED visits (AMB) sans revenue code 0456 (urgent care)	HEDIS-like	HEDIS-like
Follow-up after mental health hospitalization—30 days	HEDIS	HEDIS
Initiation and engagement of AOD treatment—engagement	HEDIS	HEDIS
Prenatal and postpartum care	HEDIS	N/A
Tobacco cessation counseling	HEDIS-like	HEDIS-like
Dental care for children and adults (Regions 5, 6 only)	HEDIS-like	N/A

# HMO Core Reporting

- Applicable to BC+ and SSI. Penalty for not reporting the HEDIS measures on the next slide.
- Financial penalties also apply for not meeting HealthCheck (EPSDT) targets.



# HMO Core Reporting

Core Reporting Measures		
	BC+	SSI
Preventive and/or screening	<ul style="list-style-type: none"> <li>• Adult BMI (ABA)</li> <li>• Adult access to preventive care (AAP)</li> <li>• Adolescent immunization (IMA)</li> <li>• Children/adolescent access to preventive care (CAP)</li> <li>• Well-child visits in first 15 months (W15)</li> <li>• Well-child visits in the third, fourth, fifth and sixth years (W34)</li> <li>• Adolescent well care visits (AWC)</li> </ul>	<ul style="list-style-type: none"> <li>• Adult BMI (ABA)</li> <li>• Adult access to preventive care (AAP)</li> </ul>
Mental health and/or substance abuse	Mental health utilization (MPT)	Mental health utilization (MPT)
Blood lead testing (LSC)	Target = 75 <sup>th</sup> percentile for MY2016 NCQA Quality Compass (not P4P for MY2018)	N/A

# HMO Report Card 2016 BC+

BadgerCare Plus HMO	Staying Healthy	Living with Illness	Mental Health	Pregnancy & Birth	Emergency Department	Dental Care <sup>2</sup>	Overall (out of 5)
Anthem Blue Cross Blue Shield	★★★★★	★★★	★★★★	★★	★★★	★★	3.1
Childrens Community Health Plan	★★★★★	★★★	★★★	★★	★★★★	★★★★	3.2
Dean Health Plan	★★★	★★★★★	★★★★	★★★★★	★★★★★	N/A	4.4
GHC - Eau Claire	★★★★	★★★	★★★★	★★★★	★★★★★	N/A	3.8
GHC - South Central	★★★★	★★★★	★★★	★★★★★	★★★★★	N/A	3.8
Independent Care Health Plan	★★★★	★★★	★★★	★	★★★	★	2.6
MercyCare Insurance Company	★★★	★★★★★	★★★★	★★★★	★★★	N/A	3.8
MHS Health Wisconsin	★★	★★	★★★★	★	★★★	★★	2.3
Molina Healthcare	★★★★	★★★	★★★	★★	★★★	★★★★	2.7
Network Health Plan	★★★★	★★★	★★★★	★★★	★★★★★	★	3.1
PhysiciansPlus Insurance	★★★★★	★★	★★★★★	★★	★★★★★	N/A	3.7
Quartz <sup>1</sup>	★★★★★	★★★★★	★★★★	★★★★★	★★★★★	N/A	4.7
Security Health Plan	★★★★★	★★★★★	★★★★	★★★★★	★★★★★	N/A	4.5
Trilogy Health Insurance	★	★★	★★★	★	★★★	★	1.9
United Health Care Community Plan	★★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★	4.3
<b>All Wisconsin Medicaid HMOs <sup>3</sup></b>	★★★★	★★★★	★★★★	★★★	★★★★★	★★	3.5

1=Quartz results reflect combined performance of Gundersen and Unity Health Plans, which merged in 2018.

2=for HMOs providing dental care in south-eastern Wisconsin. 3=Wisconsin state-wide average compared to applicable national benchmark.

Results for CompCare and Health Traditions Health Plan are not reported since they stopped serving Medicaid members as of 12/31/2017.

# HMO Report Card 2016 SSI

Medicaid SSI HMO	Staying Healthy	Living with Illness	Mental Health	Emergency Department	Overall (out of 5)
Anthem	Insufficient data	★★	★★	★★	2.0
CareWisconsin	★★★	★★★★★	★★	★★★	3.0
Group Health Cooperative - Eau Claire	★★★★★	★★	★★★★	★★★★★	3.1
Independent Care Health Plan (iCare)	★★★★★	★★★★★	★★★★	★★	3.3
MHS Health Wisconsin	★★★	★★★★	★★★★	★★★	2.9
Molina Healthcare	★★★★★	★★★★	★★	★★	2.8
Network Health Plan	★	★★★★	★★	★★★★★	2.7
United Health Care Community Plan	★★★★★	★★★★★	★★★★★	★★	3.9

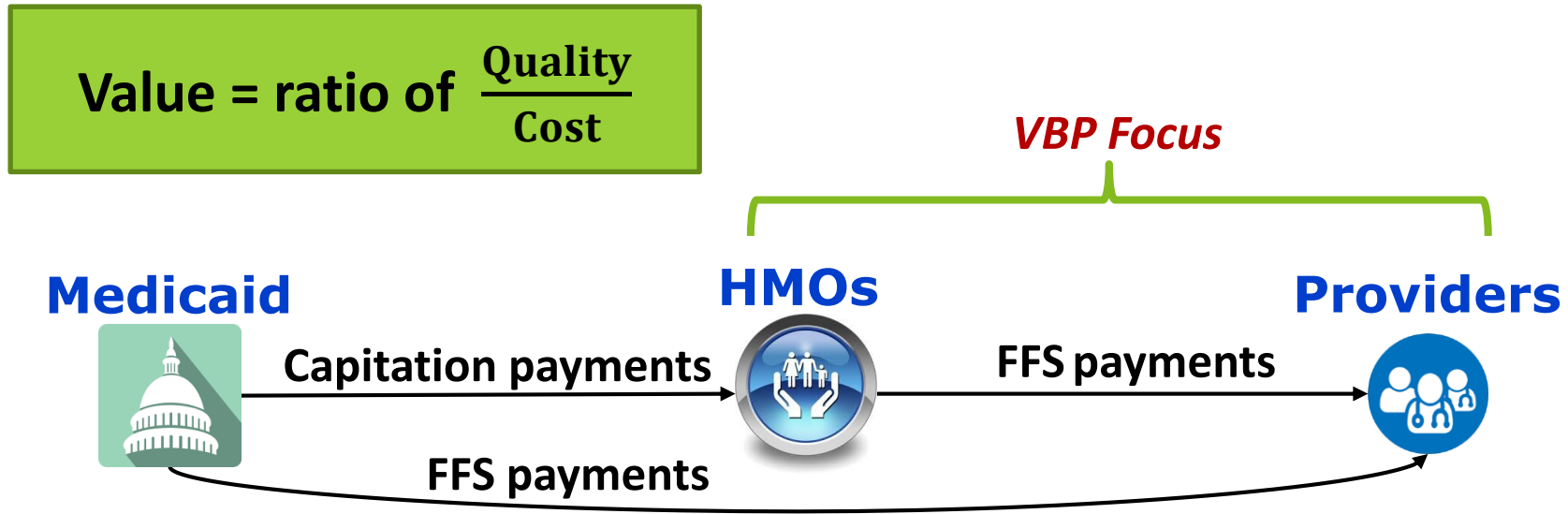
*Results for CompCare and Health Traditions Health Plan are not reported since they stopped serving Medicaid members as of 12/31/2017.*

# HMO Potentially Preventable Readmissions (PPR)

- BC+: DHS has set aside \$9 million as incentive for HMOs to **collaborate with providers** to reduce potentially preventable readmissions
- HMO-specific targets based on statewide averages, adjusted for member population variation (3M software)
- BC + HMOs may retain 15% of incentive earned for administrative expense; rest must be used for direct PPR reduction activities and/or shared with providers
- SSI: No PPR financial incentive. SSI HMO Care Management program has separate funding

# Wisconsin Medicaid HMO APM

Pay for value, not for volume: Hold a provider (or MCO) accountable for the costs and quality of the care they provide.







**APM = Alternative Payment Model**

## Wisconsin HMO APMs

- DHS is requiring HMOs to increase the proportion payments to providers to be through value-based purchasing arrangements.
- Requiring HMOs to demonstrate to DHS plans for moving 10% of its total capitation payments away from fee-for-service payments to quality based payments for providers

# APM Framework

DHS has adapted the LAN framework for its APM initiatives

			
<p><b>CATEGORY 1</b> FEE FOR SERVICE - NO LINK TO QUALITY &amp; VALUE</p>	<p><b>CATEGORY 2</b> FEE FOR SERVICE - LINK TO QUALITY &amp; VALUE</p>	<p><b>CATEGORY 3</b> APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p><b>CATEGORY 4</b> POPULATION - BASED PAYMENT</p>
	<p><b>A</b></p>	<p><b>A</b></p>	<p><b>A</b></p>
	<p><b>Foundational Payments for Infrastructure &amp; Operations</b> (e.g., care coordination fees and payments for HIT investments)</p>	<p><b>APMs with Shared Savings</b> (e.g., shared savings with upside risk only)</p>	<p><b>Condition-Specific Population-Based Payment</b> (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p><b>B</b></p>	<p><b>B</b></p>	<p><b>B</b></p>
	<p><b>Pay for Reporting</b> (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p><b>APMs with Shared Savings and Downside Risk</b> (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p><b>Comprehensive Population-Based Payment</b> (e.g., global budgets or full/percent of premium payments)</p>
	<p><b>C</b></p>		<p><b>C</b></p>
	<p><b>Pay-for-Performance</b> (e.g., bonuses for quality performance)</p>		<p><b>Integrated Finance &amp; Delivery Systems</b> (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p><b>3N</b> Risk Based Payments NOT Linked to Quality</p>	<p><b>4N</b> Capitated Payments NOT Linked to Quality</p>

# APM Technical Assistance

- Wisconsin was recently selected to participate in nine-state national Centers for Medicare and Medicaid Services (CMS) Innovation Accelerator Program (IAP) to advance APMs.
- Goal: Provide expertise to assist the state in developing its 2019 and beyond value-based purchasing strategy with health plans and providers.



## **APM Technical Assistance, cont.**

- Deliverables include:
  - Environment scan—how other states define value-based purchasing (VBP) and related methodologies.
  - Other payer APM (MACRA) options memo to align Wisconsin APMs with CMS' criteria.

# APM Initiative—Next Steps

- Finalizing a financial survey for health plans to define how plans are reporting quality based payments for providers to the state.
  - Goal: Ensure consistent methodology across plans and state for assigning value to initiatives to meet the 10% threshold. This is an essential building block.
  - Develop plan through IAP and engage stakeholders

# SSI Care Management

- Over the past several years the Department has been exploring how to best transform its delivery system to address medically complex and high cost members through the Complex Care Management (CCM) initiative.
- The Department's goals include:
  - Improving overall quality of life for medically complex and high cost members;
  - Establishing a new model of care delivery that incorporates high-touch, high-intensity interventions; and
  - Developing a reimbursement structure that will ultimately lead to lower costs over time.

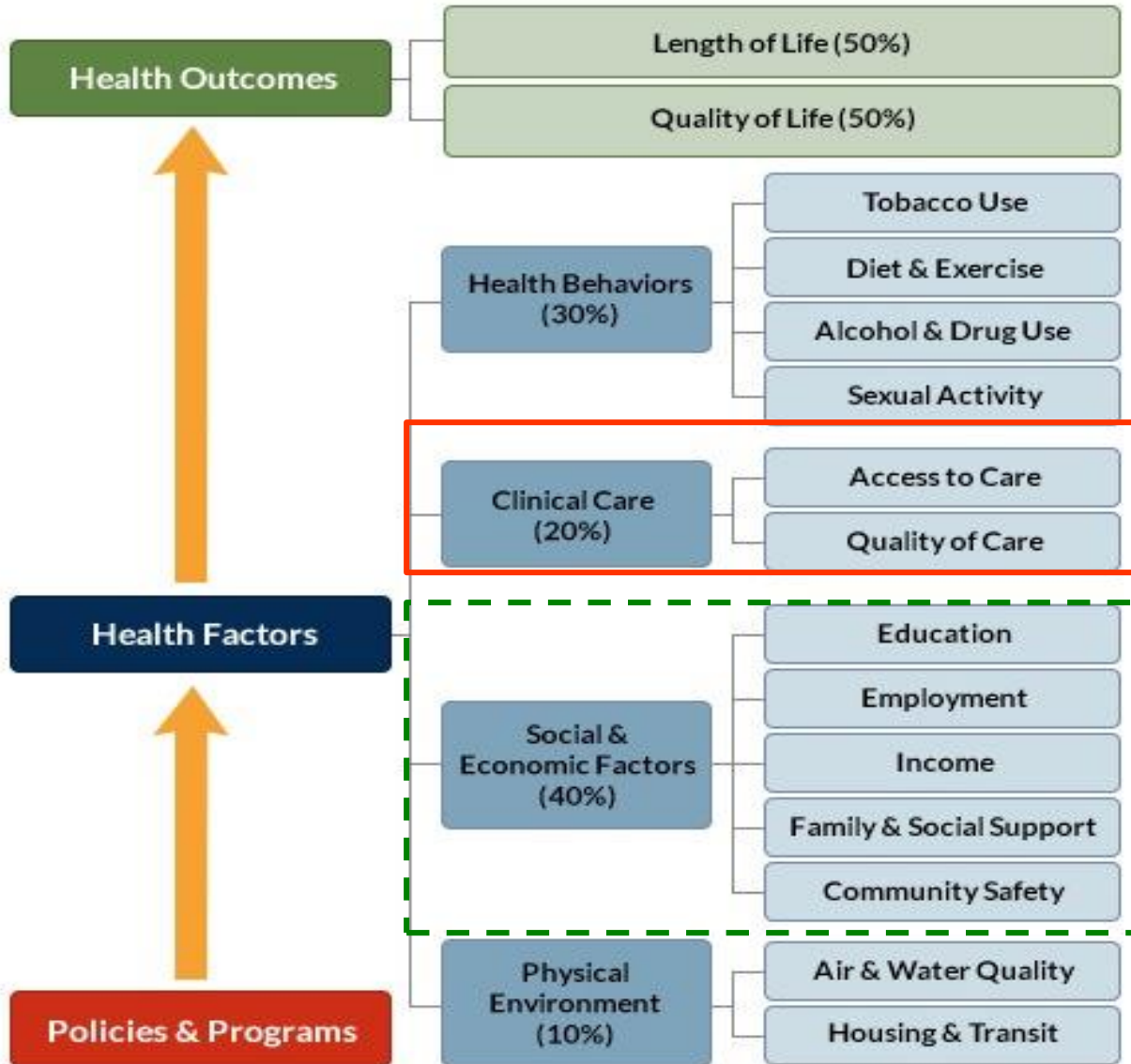
# SSI Care Management

- Aims to improve health outcomes and delivery process for SSI members
  - Every SSI member should have timely care plans (aligned with needs stratification).
  - Every member with inpatient discharge should receive timely transition care services (aligned with PPRs).

# Community-Based Model for Health Outcomes

Wisconsin Medicaid SSI care management approach has evolved:

- Initially focused on improving access to care and addressing health needs.
- Now we are also focused on addressing social determinants of health.



# Questions

# Presentation: CBO Innovation Follow to Home



Todd Costello

Executive Director

Community Living Alliance

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Stakeholder Planning Advisory Committee Meeting  
**CBO Innovation – Follow to Home**

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October 29, 2018

Presenter: Todd Costello, MSN, MBA  
Executive Director  
Community Living Alliance

 Community  
Living Alliance

Bringing Health, Independence & Dignity Home



# Community Living Alliance (CLA)

A non-profit, community-based, trauma-informed care organization with over 30 years of experience providing services and community resources to families and individuals with physical and developmental disabilities and the elderly. Our ability to support their desire to remain in their own homes relies on training and hiring a compassionate and dedicated workforce.

# CLA Services

## Behavioral Health Services

- In-Home Individual Counseling and Therapeutic Services
- Group Therapy / Socialization
- Peer Support

## Comprehensive Community Services (CCS)

- Service Facilitation
- Individual Skill Development and Enhancement
- Individual and/or Family In-Home Psychotherapy
- Service Planning



# CLA Services

## Non-Skilled In-Home Care Services

- Personal Care
- Supportive Home Care
- Self-Directed Personal Care and/or Housekeeping Services

## Other Services

- RN Independent Personal Care Assessment
- Individualized Case Management
  - Support Broker Services
  - Short Term/Transitional Case Management
  - **Follow to Home (F2H)**



# What the Data is Telling Us...

- According to the US Centers for Disease Control and Prevention, Approximately 75% of people over the age of 65 live with multiple chronic conditions <sup>1</sup>
- 1 in 5 have an unplanned readmission within 30 days of discharge<sup>1</sup>
- Hospital readmissions cost Medicare about \$26 billion annually, with about \$17 billion spent on avoidable hospital trips after discharge, according to data from the Center for Health Information and Analysis.<sup>2</sup>

<sup>1</sup> <https://homehealthcarenews.com/2018/10/humana-chief-medical-officer-how-humana-and-kindred-at-home-will-transform-home-health-care/> found 10/23/18

<sup>2</sup> <https://homehealthcarenews.com/2018/10/24hr-home-care-honor-link-up-with-cedars-sinai-to-curb-readmission-rates/> found 10/23/18


# Follow to Home (F2H)

“Each time a person goes into the hospital, they are discharged in a weaker condition than when they went in.  
We want to break this cycle!”

- iCare

- iCare partners with CLA to prevent hospital readmissions of high risk enrollees
- Innovative/voluntary program
- Compensation based on achieving 30-day, 60-day, 90-day thresholds



 Community  
Living Alliance

*Bringing Health, Independence & Dignity Home*

# Value of Partnering with Community-Based Organizations

CLA offers:

- Customized services
- Familiarity with community resources
- Responsible stewardship of Medicaid dollars
- Established, long-standing relationships with clients
- Rich understanding of the Long Term Services and Support systems (LTSS)
- Shared goal of improving outcomes for people with disabilities and chronic health conditions
- Quality workforce
- Coordination of behavioral health and other resources



# Value Proposition: CLA = Care Extenders

- Extend the eyes and ears of iCare into the homes of enrollees at risk for re-hospitalization.
- CLA offers 30 years of experience supporting the disability and aging communities and long-term care recipients.

## Opportunities:

- Sustain engagement throughout the episode of care
- Improve enrollee outcomes and satisfaction
- Identify unmet care needs
- Control costs
  - Impact Medicaid savings for dually-eligible beneficiaries



## Goal: Prevent Hospital Readmissions (implemented June 1, 2018)

### CLA's Strategy:

- To engage, empower, and partner
  - promote health literacy through health education
  - promote engagement by building a trusted relationship
  - incorporate principles of TIC such as non-judgement and cultural competency
  - proactively assess the environment for potential risk such as falls
  - communicating with iCare's care team we ensure access to transportation, proper nutrition, DME, and other necessary supplies
  - identify informal supports such as family/friends
  - address other social determinants for health



# Key to F2H Success

## Characteristics of Individuals who Achieve the 90-day Threshold



- Strong understanding of their illness and barriers to health
- Family/friends/community support
- Motivated to achieve their best health
- CLA applies motivational interview skills to identified client goals and expectations
- Strong collaboration and support from iCare's care teams

# Future Opportunities

## Potentially Avoidable Hospitalizations (PAH)

- Health and Well-being
  - Impact of factors on risk of premature death
    - 10% related to health care
    - 20% social and environmental factors
    - 30% genetics
    - **40% individual behaviors**

## Prevention and early detection

- Shift focus from post-acute to pre-acute



# Future Opportunities

## Social Determinants of Health

- Economic Stability
- Neighborhood & Physical Environment
- Education
- Food
- Community and Social Content



# Future Opportunities

## Promote Brain Health

### Neuroplasticity


- “...the brains ability to properly reorganize it’s neurons following a traumatic event that may have effected their form or function.”
- “...stimulated by environmental factor or physical activities.”
- 10 minute exercises – i.e. brush their teeth with non-dominant hand



FirstLight Home Care is a Cincinnati based A Non-Medical Home Health Agency  
<https://homehealthcarenews.com/2018/10/firstlights-new-brain-health-program-reflects-home-care-of-the-future/>  
<https://homehealthcarenews.com/2018/10/firstlights-new-brain-health-program-reflects-home-care-of-the-future/> found 10/25/18

# THANK YOU

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*Bringing Health, Independence & Dignity Home*

# Presentation: Whole Health Clinical Group Crisis Services



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INDEPENDENT CARE HEALTH PLAN



WHOLE HEALTH  
CLINICAL GROUP

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a service of the  
Milwaukee Center for Independence

The Whole Health Clinical Group is a service of the Milwaukee Center for Independence and is the largest provider of mental health services in Southeastern Wisconsin, serving more than 3000 consumers and their families in Milwaukee, Waukesha and Washington counties.



Crisis Navigation Program



# Whole Health Clinical Group

- Whole Health Clinical Group (WHCG) is a Community Health Organization that extends an open invitation to anyone seeking a new path towards a healthier life.
- Our integrated network of services enables individuals to receive care and resources that are tailored to their unique emotional and physical wellbeing. Our staff are not just experts in their field. This is our calling. And our promise is to never give up on anyone who needs us.



# Whole Health Clinical Group

1. Primary Care
2. Assertive Community Treatment
3. Crisis Intervention
4. Case Management
5. Counseling & Addiction Treatment
6. Pharmacy Medication Management
7. Health Wellness and Early Intervention
8. Benefit Advocacy

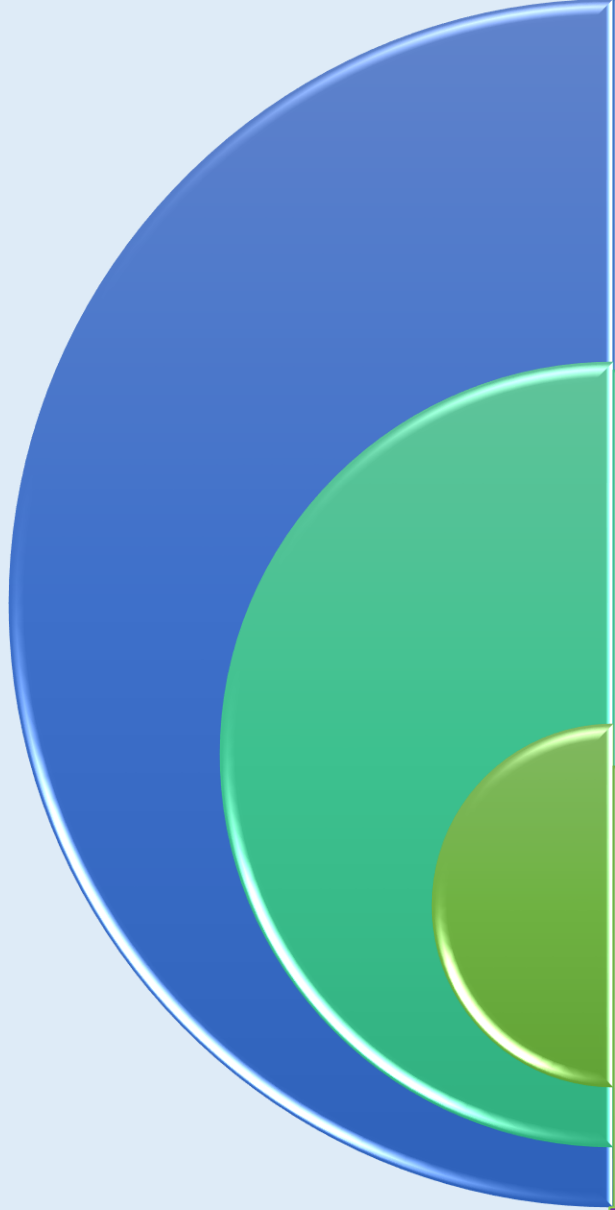
# Treatment Models & Evaluation Tools

## Evidenced-based Treatment Models

- PBCHI
- Tobacco protocol
- Hypertension protocol
- Diabetic Protocol
- Integrated Dual Diagnosis Treatment
- Integrated Treatment Tool
- Motivational Interviewing
- Seeking Safety Protocol
- ACT

## Evidenced-based Evaluations

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- ACE Score, Clinician Administered PTSD Scale and Trauma Recovery Scale
- Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
- PBHCI Measures-Functional indicators
- Population Health Measure
- TMACT
- PPS NOMS TRAC
- PHQ9
- MHSIP



# Outreach

- Criminal Justice System
- Emergency Rooms & Hospitals
- Homeless Outreach
- Psychiatric/Medical Hospital's
- State Medicaid/Medicare HMO's

# Stabilization

- Crisis Navigator Program
- Crisis Resource Center
- CRC Psychiatry Telehealth
- CRC Medical Clinic

# Connection

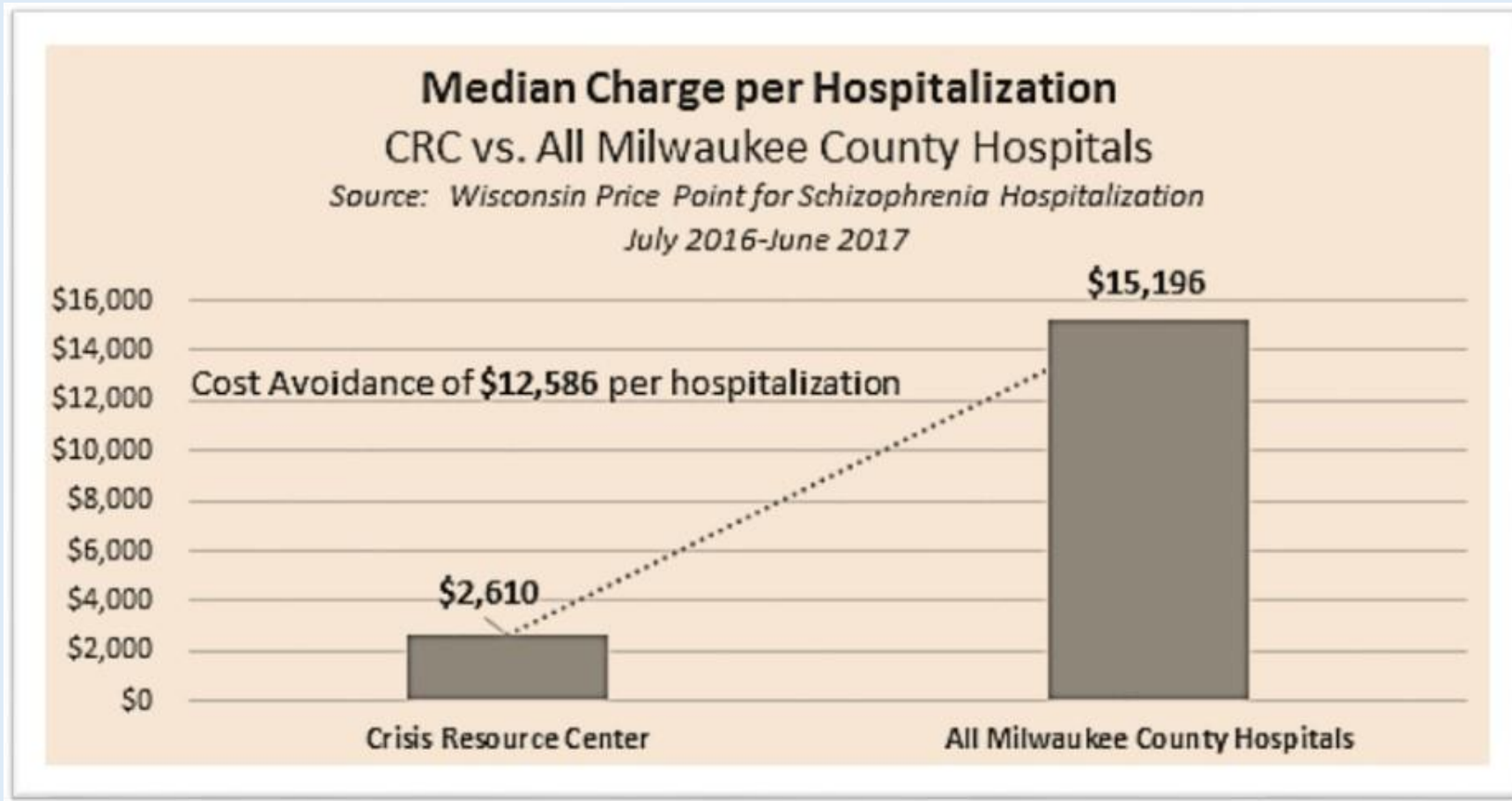
- Mental Health Outpatient
- Case Management
- Psychosocial Programs
- AODA Treatment
- Housing
- Benefit Advocacy

Whole Health Clinical Group  
Crisis Intervention

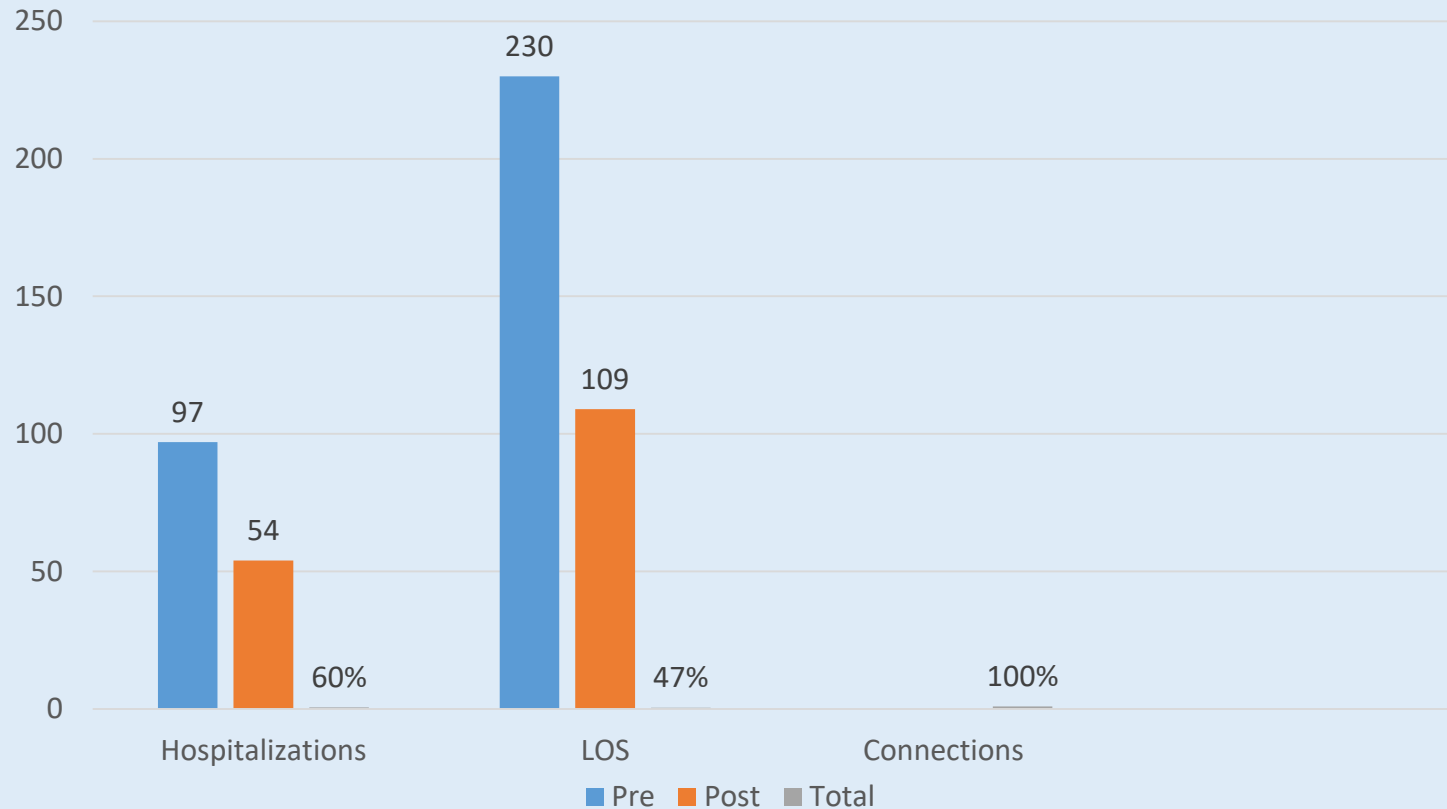
# CRC Impact

<b>Current Capacity</b>	
<b>CRC North</b>	12 Beds
<b>CRC South</b>	15 Beds
<b>Average Length of Stay</b>	7.8 days
<b>Annual Admissions</b>	approx. 1270
<b>Clients per bed per year</b>	approx. 47
<b>Estimate to serve 3000 annually</b>	
<b>Number of beds needed to serve 3000</b>	approx. 64 Beds
<b>Current number of beds</b>	27 Beds
<b>Additional beds needed</b>	37 Beds
<b>Additional 10 Bed CRCs</b>	3 CRC

# CRC Impact



# Crisis Navigator Program Impact



## Results:

1. 100 % of participants in program are connected to ongoing services.
2. 60 % Reduction in inpatient psychiatric hospitalizations
3. 47% reduction in inpatient bed days.



**WHCG Crisis Services**



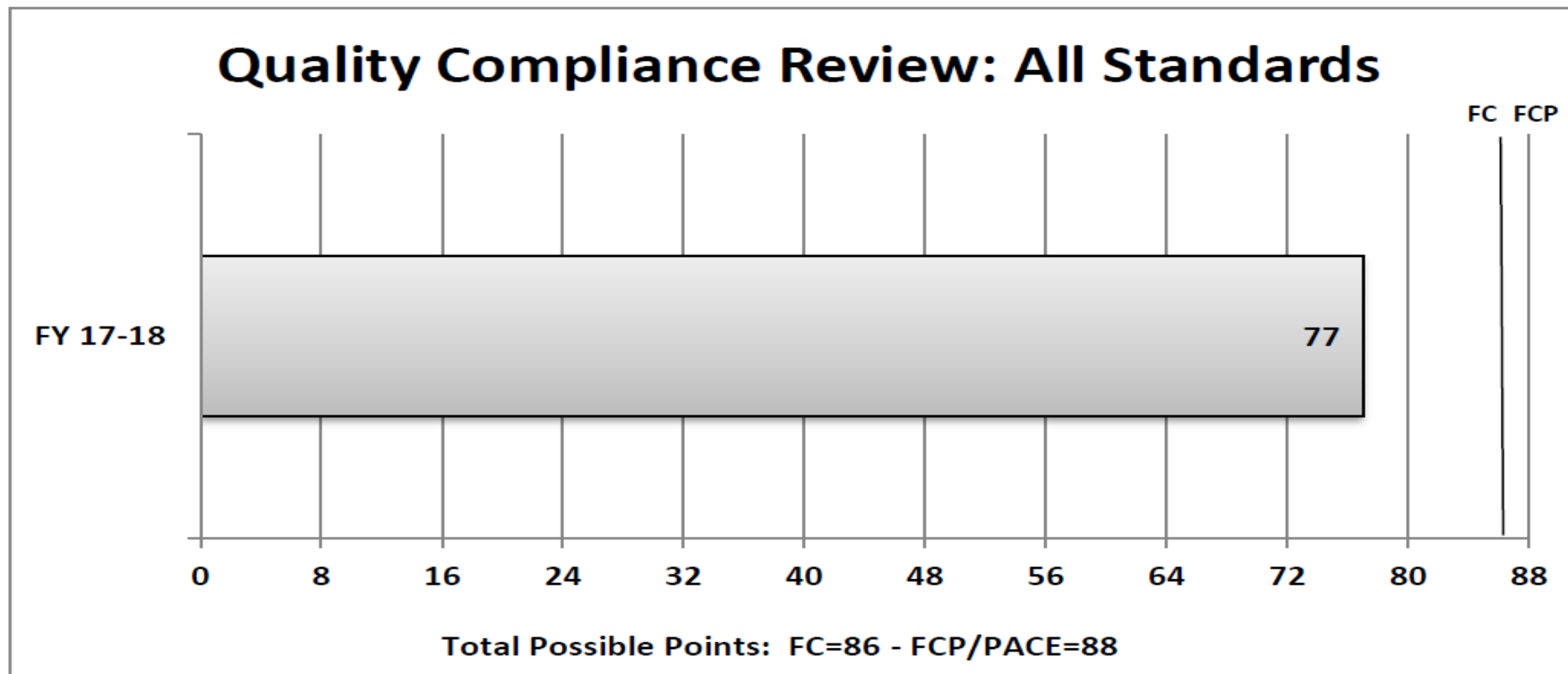
# Presentation: Quality Metrics



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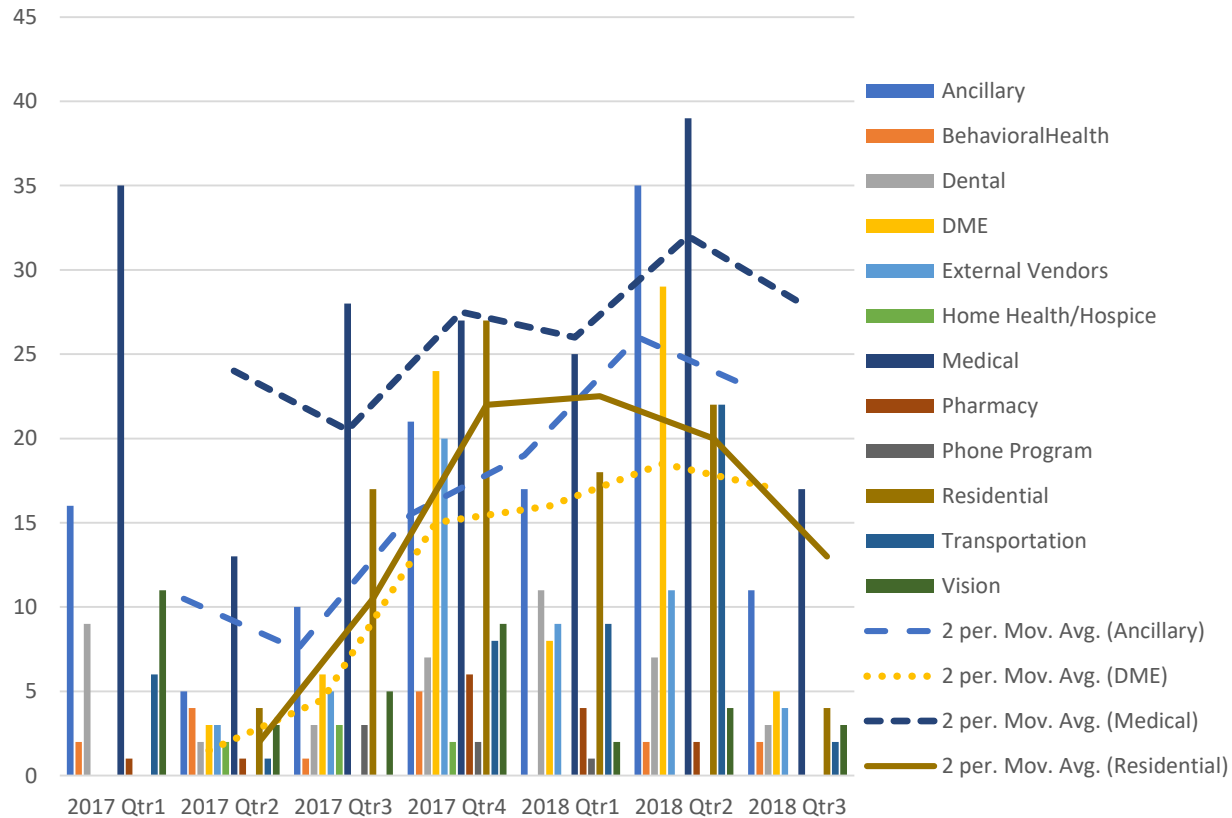
# Summary of Quality Performance

iCare fully met 33 standards and partially met 11 standards, resulting in a score of 77 out of a total possible 88 points.



# Grievance and Appeal Summary

CUMULATIVE QIS BY BENEFIT CATEGORY



2018 Grievances by Line of Business

LOB	Q1 2018	Q2 2018	Q3 2018	Totals
All	136	128	137	401
BC+	7	6	8	21
SSI	13	29	29	71
FCP	33	30	25	88
001	76	60	70	206
009	7	2	4	13
010	0	1	1	2

2018 Appeals by Line of Business

Category	Total Received	Total Closed	Overturned	Partially Overturned	Upheld	Withdrawn	Dismissed
Medicaid SSI Appeals	45	45	6	2	25	9	3
Medicaid BC+ Appeals	9	9	3	1	5	0	0
Family Care Partnership Appeals	12	12	3	1	3	5	0
Medicare Part C Appeals	38	29	4	0	22	1	2
<b>Total Appeals</b>	<b>104</b>	<b>95</b>	<b>16</b>	<b>4</b>	<b>55</b>	<b>15</b>	<b>5</b>

# Presentation: Enrollment Metrics



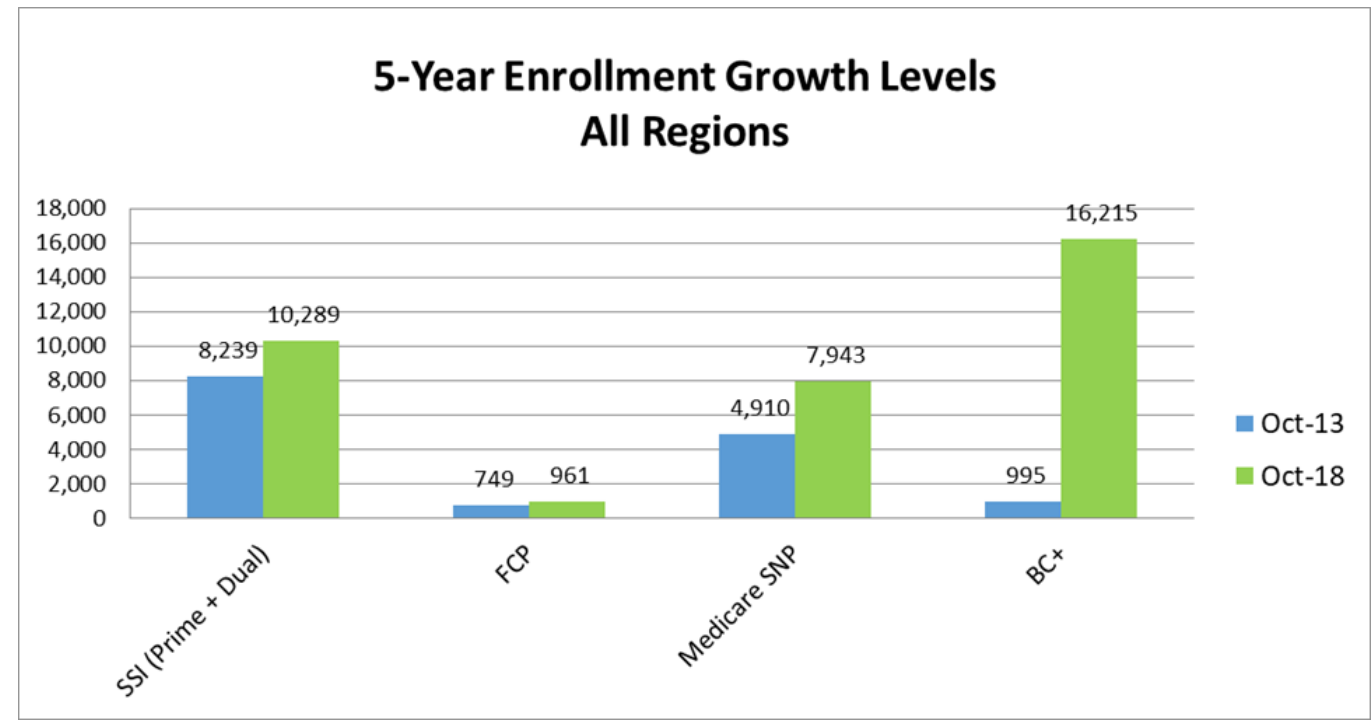
Bill Jensen, MBA

Vice President

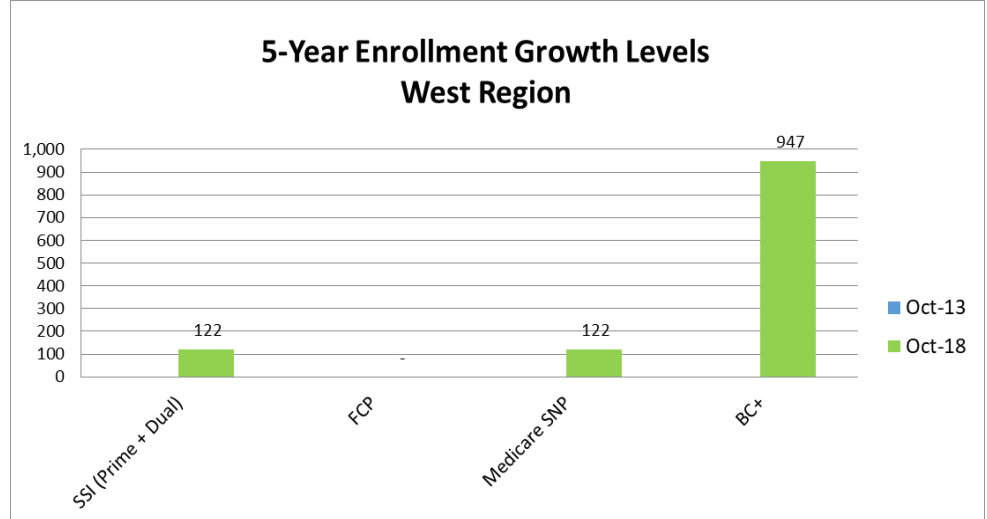
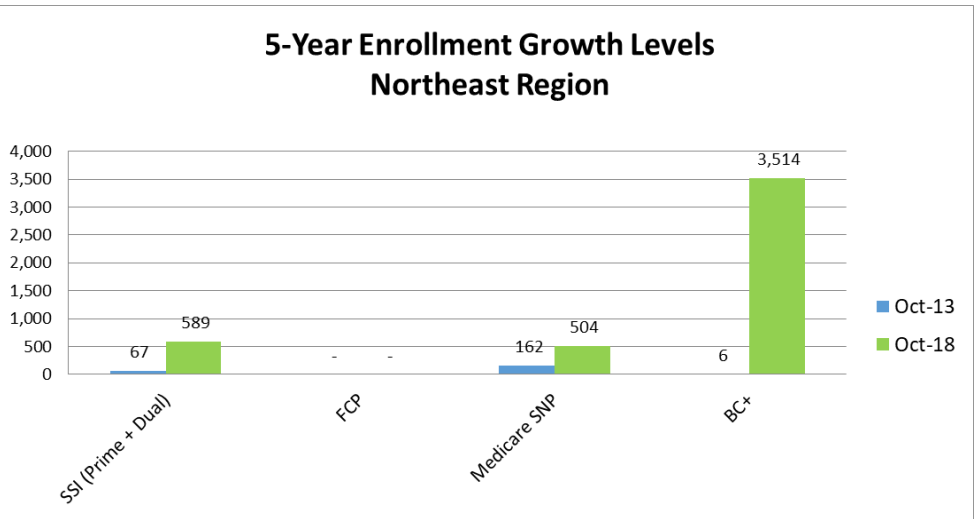
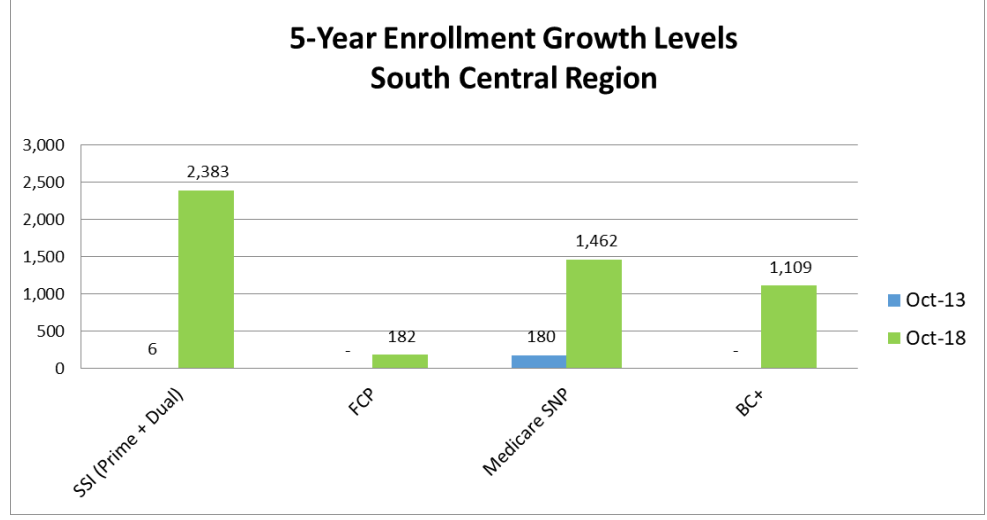
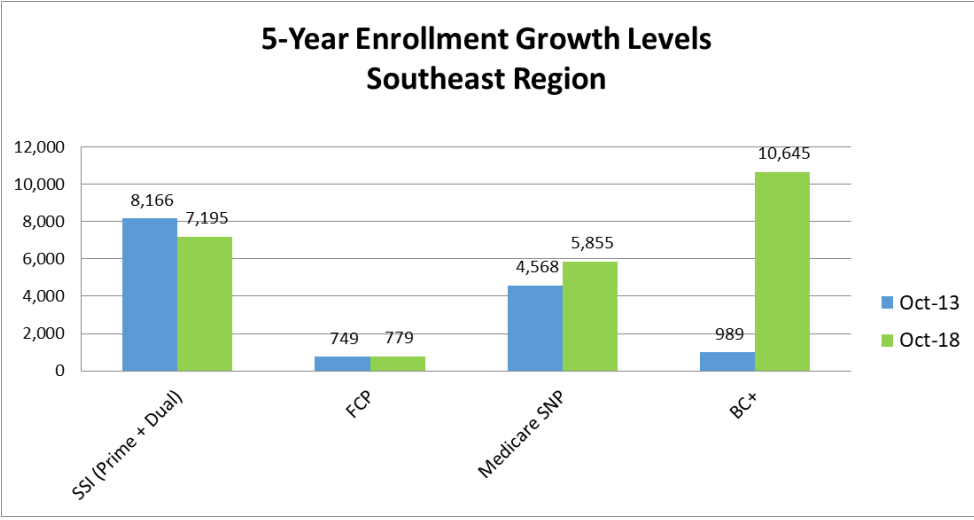
[bjensen@iCareHealthPlan.org](mailto:bjensen@iCareHealthPlan.org)

# Five-Year Enrollment Trends

- Strong iCare growth since 2013
- Steady market share ranking:
  - SSI Medicaid: #2
  - Family Care Partnership: #2
  - Medicare Special Needs Plans: #2
  - BadgerCare Plus: #11
- Growth varies by region



# Five-Year Enrollment Trends: Regional



# Presentation: Readmission Metrics



Thomas Lutzow, PhD, MBA

President and CEO

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# 30-Day Inpatient (All-Cause) Readmissions

- Reducing preventable inpatient readmissions aligns all providers and payers in the health system to a unified goal
  - Improves patient care and health outcomes
  - Improves population health outcomes through development of best practices across multiple disease-driving conditions
  - Potentiates the ability for successful and lucrative alternative payment models between community health providers and payers

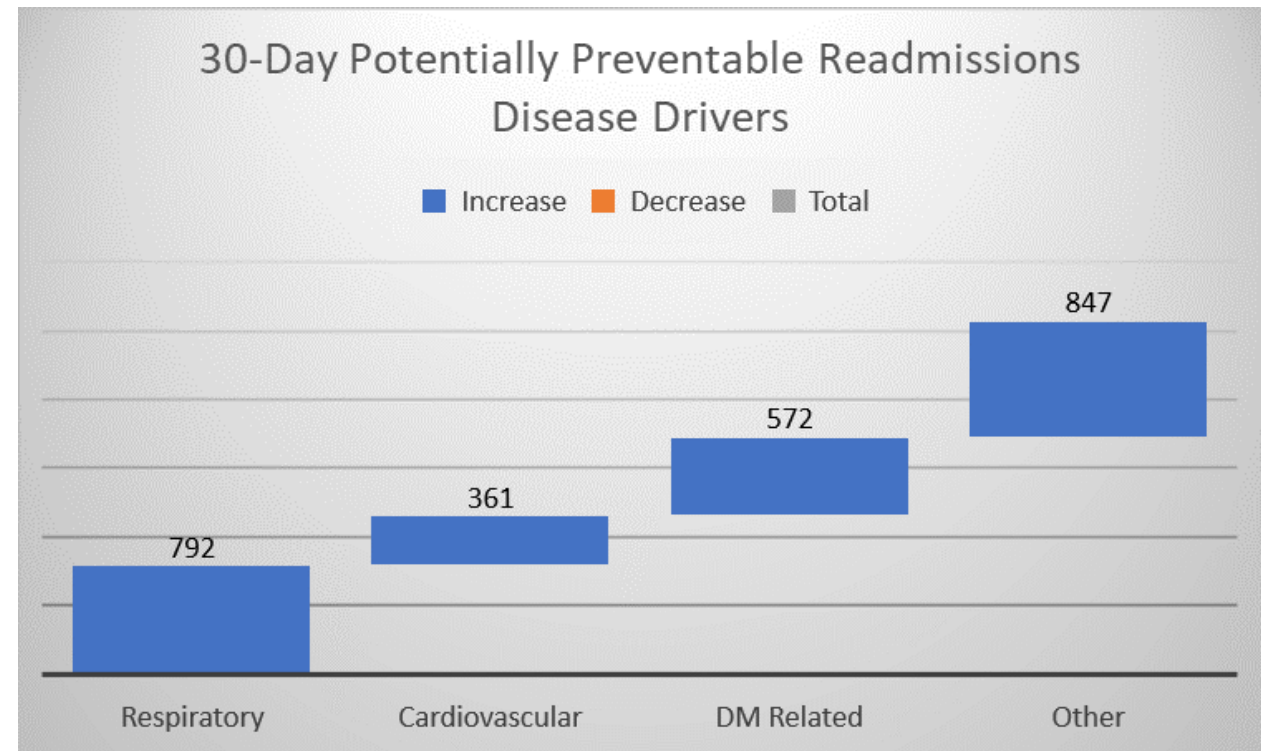
iCare Lines of Business	Annual 30-Day Readmission Spend*	Potential Annual Market Impact
Family Care Partnership	\$2,105,473	\$7,547,344
BadgerCare+/SSI	\$3,400,051	\$96,781,412
MA SNP	\$4,913,102	\$20,280,339
<b>Total</b>	<b>\$10,418,626</b>	<b>\$124,609,096</b>

\* Data excludes day 0 and day 1 readmissions



# 30-Day Inpatient (All-Cause) Readmissions

- Diseases and related sequelae followed in iCare’s Chronic Disease Management Program drive 67% of all 30-Day Potentially Preventable Readmissions:
  - COPD/Acute and Chronic Respiratory Failure
  - Congestive Heart Failure
  - Cardiovascular Disease (including stroke, MI, etc.)
  - Hypertension (including pulmonary hypertension)
  - Diabetes Mellitus (insulin- and noninsulin-dependent)



# 30-Day Inpatient (All-Cause) Readmissions

## CMS Category 1: Health Care Acquired Conditions (inpatient setting)

Retained foreign object	Stage III and IV pressure ulcers
Air embolism	Falls and trauma with injury
Blood product incompatibility	Catheter-associated UTI
Vascular catheter-associated infection	Manifestations of poor glycemic control
Surgical site infection	DVT/PE following TKR or THR*

\*pediatric and obstetric exceptions

## CMS Category 2: Other Provider Preventable Conditions (Any Health Care Setting)

Wrong surgical or invasive procedure performed on a patient

Surgical or other invasive procedure performed on the wrong body part

Surgical or other invasive procedure performed on the wrong patient

Home Health Agencies and Skilled Nursing Facilities have the potential to improve health outcomes and maximize reimbursement by developing programs to reduce 30-day inpatient (all-cause) readmissions.

# Presentation: Quantifying the Opportunity



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# Readmission Savings

## Key Points:

- Important to intervene in the first 30 days after discharge
- The first 60 days is when the impact of the readmissions is greatest
- iCare programs focus on avoiding readmissions through 90 days
- iCare extends incentives to agencies to ensure members are engaged in their care

## Population type impacts readmission characteristics:

- Homeless most difficult cohort
  - Transient population
  - Hospitals may not rapidly notify plans when the member is being discharged
- BadgerCare Plus population has highest AODA-related readmission rate
- BH readmissions less frequent than AODA, and primarily found among SSI and Medicare SNP populations



# Readmission Savings: Homeless

Homeless Member Population  
DOS: 3/1/2017 - 2/28/2018  
Report Date: 6/14/2018

### HOMELESS MEMBER INPATIENT READMISSIONS - 30 DAYS

Plan	# of Homeless Members	Homeless Members with IP Admits	# of Members Readmitted	Percent Member with Readmits	Total IP Admits	# Initial Inpatient Admits	# of Readmissions	Percent Readmits	Total Inpatient Paid	Initial Admission Paid	Inpatient Readmissions Paid	Initial Admit	Readmit Admit	Total # of Members	Total # of
												Cost	Cost	w/Resets	Resets
BC+ CLA	142	74	25	33.8%	173	131	42	32.06%	\$ 954,733.48	\$ 722,373.97	\$ 232,359.51	\$5,514	\$5,532	6	7
BC+ Standard	25	9	1	11.1%	12	10	2	20.00%	\$ 44,780.31	\$ 36,587.66	\$ 8,192.65	\$3,659	\$4,096	0	0
FCP SNP	9	8	5	62.5%	39	23	16	69.57%	\$ 284,336.20	\$ 171,199.58	\$ 113,136.62	\$7,443	\$7,071	0	0
FCP SSI	12	8	4	50.0%	23	14	9	64.29%	\$ 87,639.46	\$ 52,271.05	\$ 35,368.41	\$3,734	\$3,930	1	1
MA SNP	99	41	18	43.9%	117	75	42	56.00%	\$ 1,075,667.84	\$ 703,116.69	\$ 372,551.15	\$9,375	\$8,870	5	7
MA SNP Aurora	2	1	0	0.0%	1	1	0	0.00%	\$ 6,330.85	\$ 6,330.85	\$ -	\$6,331	\$0	0	0
SSI	162	56	20	35.7%	146	103	43	41.75%	\$ 834,589.77	\$ 592,027.72	\$ 242,562.05	\$5,748	\$5,641	9	9
<b>Grand Total</b>	<b>451</b>	<b>197</b>	<b>73</b>	<b>37.1%</b>	<b>511</b>	<b>357</b>	<b>154</b>	<b>43.14%</b>	<b>\$ 3,288,077.91</b>	<b>\$ 2,283,907.52</b>	<b>\$ 1,004,170.39</b>	<b>\$ 6,398</b>	<b>\$ 6,521</b>	<b>21</b>	<b>24</b>

### HOMELESS MEMBER INPATIENT READMISSIONS - 60 DAYS

Plan	# of Homeless Members	Homeless Members with IP Admits	# of Members Readmitted	Percent Member with Readmits	Total IP Admits	# Initial Inpatient Admits	# of Readmissions	Percent Readmits	Total Inpatient Paid	Initial Admission Paid	Inpatient Readmissions Paid	Initial Admit	Readmit Admit	Total # of Members	Total # of
												Cost	Cost	w/Resets	Resets
BC+ CLA	142	74	33	44.6%	173	108	65	60.19%	\$ 954,733.48	\$ 629,986.38	\$ 324,747.10	\$5,833	\$4,996	6	6
BC+ Standard	25	9	2	22.2%	12	9	3	33.33%	\$ 44,780.31	\$ 32,545.31	\$ 12,235.00	\$3,616	\$4,078	0	0
FCP SNP	9	8	7	87.5%	39	18	21	116.67%	\$ 284,336.20	\$ 103,738.24	\$ 180,597.96	\$5,763	\$8,600	0	0
FCP SSI	12	8	4	50.0%	23	11	12	109.09%	\$ 87,639.46	\$ 41,258.34	\$ 46,381.12	\$3,751	\$3,865	1	1
MA SNP	99	41	21	51.2%	117	64	53	82.81%	\$ 1,075,667.84	\$ 606,771.67	\$ 468,896.17	\$9,481	\$8,847	6	8
MA SNP Aurora	2	1	0	0.0%	1	1	0	0.00%	\$ 6,330.85	\$ 6,330.85	\$ -	\$6,331	\$0	0	0
SSI	162	56	23	41.1%	146	87	59	67.82%	\$ 834,589.77	\$ 514,214.99	\$ 320,374.78	\$5,911	\$5,430	7	8
<b>Grand Total</b>	<b>451</b>	<b>197</b>	<b>90</b>	<b>45.7%</b>	<b>511</b>	<b>298</b>	<b>213</b>	<b>71.48%</b>	<b>\$ 3,288,077.91</b>	<b>\$ 1,934,845.78</b>	<b>\$ 1,353,232.13</b>	<b>\$ 6,493</b>	<b>\$ 6,353</b>	<b>20</b>	<b>23</b>

### HOMELESS MEMBER INPATIENT READMISSIONS - 90 DAYS

Plan	# of Homeless Members	Homeless Members with IP Admits	# of Members Readmitted	Percent Member with Readmits	Total IP Admits	# Initial Inpatient Admits	# of Readmissions	Percent Readmits	Total Inpatient Paid	Initial Admission Paid	Inpatient Readmissions Paid	Initial Admit	Readmit Admit	Total # of Members	Total # of
												Cost	Cost	w/Resets	Resets
BC+ CLA	142	74	35	47.3%	173	102	71	69.61%	\$ 954,733.48	\$ 613,781.01	\$ 340,952.47	\$6,017	\$4,802	4	4
BC+ Standard	25	9	2	22.2%	12	9	3	33.33%	\$ 44,780.31	\$ 32,545.31	\$ 12,235.00	\$3,616	\$4,078	0	0
FCP SNP	9	8	7	87.5%	39	16	23	143.75%	\$ 284,336.20	\$ 88,380.16	\$ 195,956.04	\$5,524	\$8,520	1	1
FCP SSI	12	8	5	62.5%	23	9	14	155.56%	\$ 87,639.46	\$ 31,791.72	\$ 55,847.74	\$3,532	\$3,989	0	0
MA SNP	99	41	22	53.7%	117	60	57	95.00%	\$ 1,075,667.84	\$ 581,825.17	\$ 493,842.67	\$9,697	\$8,664	5	6
MA SNP Aurora	2	1	0	0.0%	1	1	0	0.00%	\$ 6,330.85	\$ 6,330.85	\$ -	\$6,331	\$0	0	0
SSI	162	56	26	46.4%	146	78	68	87.18%	\$ 834,589.77	\$ 456,947.78	\$ 377,641.99	\$5,858	\$5,554	6	6
<b>Grand Total</b>	<b>451</b>	<b>197</b>	<b>97</b>	<b>49.2%</b>	<b>511</b>	<b>275</b>	<b>236</b>	<b>85.82%</b>	<b>\$ 3,288,077.91</b>	<b>\$ 1,811,602.00</b>	<b>\$ 1,476,475.91</b>	<b>\$ 6,588</b>	<b>\$ 6,256</b>	<b>16</b>	<b>17</b>

# Readmission Savings: Behavioral Health

Psych Inpatient Admissions - Behavioral Health  
 Admission DOS: 12/1/2016 to 11/30/2017 with 90-day run out from discharge  
 Report Date: 7/2/2018

## PSYCH INPATIENT READMISSIONS - 30 DAYS Behavioral Health

Plan	Members with Psych IP Admits	# of Psych Members Readmitted	Percent Member with Readmits	Total Psych IP Admits	# Initial Psych Inpatient Admits	# of Psych Readmissions	Percent Psych Readmits	Total Psych Inpatient Paid	Initial Psych Admission Paid	Psych Inpatient Readmissions Paid	Initial Admit Cost	Readmit Admit Cost
BC+	197	33	16.8%	307	251	56	22.31%	\$ 1,628,301	\$ 1,307,176	\$ 321,125	\$5,208	\$5,734
FCP SNP	18	4	22.2%	40	36	4	11.11%	\$ 261,581	\$ 246,937	\$ 14,643	\$6,859	\$3,661
FCP SSI	13	3	23.1%	34	28	6	21.43%	\$ 139,205	\$ 129,926	\$ 9,279	\$4,640	\$1,546
MA SNP	155	34	21.9%	310	251	59	23.51%	\$ 2,225,611	\$ 1,918,921	\$ 306,690	\$7,645	\$5,198
MA SNP Aurora	2	1	50.0%	5	4	1	25.00%	\$ 18,033	\$ 16,010	\$ 2,023	\$4,003	\$2,023
SSI	157	32	20.4%	288	239	49	20.50%	\$ 1,734,890	\$ 1,458,608	\$ 276,282	\$6,103	\$5,638
SSI Dual	16	1	6.3%	22	20	2	10.00%	\$ 122,826	\$ 117,245	\$ 5,581	\$5,862	\$2,791
<b>Grand Total</b>	<b>558</b>	<b>108</b>	<b>19.4%</b>	<b>1,006</b>	<b>829</b>	<b>177</b>	<b>21.35%</b>	<b>\$ 6,130,446</b>	<b>\$ 5,194,822</b>	<b>\$ 935,624</b>	<b>\$ 6,266</b>	<b>\$ 5,286</b>

## PSYCH INPATIENT READMISSIONS - 60 DAYS Behavioral Health

Plan	Members with Psych IP Admits	# of Psych Members Readmitted	Percent Member with Readmits	Total Psych IP Admits	# Initial Psych Inpatient Admits	# of Psych Readmissions	Percent Psych Readmits	Total Psych Inpatient Paid	Initial Psych Admission Paid	Psych Inpatient Readmissions Paid	Initial Admit Cost	Readmit Admit Cost
BC+	197	44	22.3%	307	235	72	30.64%	\$ 1,628,301	\$ 1,238,640	\$ 389,660	\$5,271	\$5,412
FCP SNP	18	5	27.8%	40	30	10	33.33%	\$ 261,581	\$ 210,762	\$ 50,819	\$7,025	\$5,082
FCP SSI	13	3	23.1%	34	27	7	25.93%	\$ 139,205	\$ 129,657	\$ 9,548	\$4,802	\$1,364
MA SNP	155	54	34.8%	310	219	91	41.55%	\$ 2,225,611	\$ 1,581,640	\$ 643,971	\$7,222	\$7,077
MA SNP Aurora	2	1	50.0%	5	3	2	66.67%	\$ 18,033	\$ 9,139	\$ 8,894	\$3,046	\$4,447
SSI	157	40	25.5%	288	207	81	39.13%	\$ 1,734,890	\$ 1,261,825	\$ 473,065	\$6,096	\$5,840
SSI Dual	16	2	12.5%	22	19	3	15.79%	\$ 122,826	\$ 116,213	\$ 6,613	\$6,116	\$2,204
<b>Grand Total</b>	<b>558</b>	<b>149</b>	<b>26.7%</b>	<b>1,006</b>	<b>740</b>	<b>266</b>	<b>35.95%</b>	<b>\$ 6,130,446</b>	<b>\$ 4,547,875</b>	<b>\$ 1,582,571</b>	<b>\$ 6,146</b>	<b>\$ 5,950</b>

## PSYCH INPATIENT READMISSIONS - 90 DAYS Behavioral Health

Plan	Members with Psych IP Admits	# of Psych Members Readmitted	Percent Member with Readmits	Total Psych IP Admits	# Initial Psych Inpatient Admits	# of Psych Readmissions	Percent Psych Readmits	Total Psych Inpatient Paid	Initial Psych Admission Paid	Psych Inpatient Readmissions Paid	Initial Admit Cost	Readmit Admit Cost
BC+	197	52	26.4%	307	223	84	37.67%	\$ 1,628,301	\$ 1,192,993	\$ 435,308	\$5,350	\$5,182
FCP SNP	18	6	33.3%	40	26	14	53.85%	\$ 261,581	\$ 185,677	\$ 75,904	\$7,141	\$5,422
FCP SSI	13	4	30.8%	34	26	8	30.77%	\$ 139,205	\$ 125,291	\$ 13,913	\$4,819	\$1,739
MA SNP	155	58	37.4%	310	194	116	59.79%	\$ 2,225,611	\$ 1,285,697	\$ 939,913	\$6,627	\$8,103
MA SNP Aurora	2	1	50.0%	5	3	2	66.67%	\$ 18,033	\$ 9,139	\$ 8,894	\$3,046	\$4,447
SSI	157	48	30.6%	288	191	97	50.79%	\$ 1,734,890	\$ 1,139,077	\$ 595,813	\$5,964	\$6,142
SSI Dual	16	3	18.8%	22	18	4	22.22%	\$ 122,826	\$ 115,169	\$ 7,657	\$6,398	\$1,914
<b>Grand Total</b>	<b>558</b>	<b>172</b>	<b>30.8%</b>	<b>1,006</b>	<b>681</b>	<b>325</b>	<b>47.72%</b>	<b>\$ 6,130,446</b>	<b>\$ 4,053,044</b>	<b>\$ 2,077,402</b>	<b>\$ 5,952</b>	<b>\$ 6,392</b>



# Readmission Savings: AODA

Psych Inpatient Admissions - AODA  
Admission DOS: 12/1/2016 to 11/30/2017 with 90-day run out from discharge  
Report Date: 7/2/2018

### PSYCH INPATIENT READMISSIONS - 30 DAYS AODA

Plan	Members with Psych IP Admits	# of Psych Members Readmitted	Percent Member with Readmits	Total Psych IP Admits	# Initial Psych Inpatient Admits	# of Psych Readmissions	Percent Psych Readmits	Total Psych Inpatient Paid	Initial Psych Admission Paid	Psych Inpatient Readmissions Paid	Initial Admit Cost	Readmit Admit Cost
BC+	108	30	27.8%	248	173	75	43.35%	\$ 812,570	\$ 558,535	\$ 254,035	\$3,229	\$3,387
FCP SNP	4	1	25.0%	11	8	3	37.50%	\$ 59,144	\$ 41,701	\$ 17,443	\$5,213	\$5,814
FCP SSI	2	0	0.0%	2	2	0	0.00%	\$ 14,489	\$ 14,489	\$ -	\$7,245	N/A
MA SNP	25	2	8.0%	33	31	2	6.45%	\$ 201,099	\$ 169,396	\$ 31,704	\$5,464	\$15,852
MA SNP Aurora	1	0	0.0%	1	1	0	0.00%	\$ 3,950	\$ 3,950	\$ -	\$3,950	N/A
SSI	47	5	10.6%	79	63	16	25.40%	\$ 261,378	\$ 206,567	\$ 54,811	\$3,279	\$3,426
SSI Dual	3	0	0.0%	3	3	0	0.00%	\$ 5,178	\$ 5,178	\$ -	\$1,726	N/A
<b>Grand Total</b>	<b>190</b>	<b>37</b>	<b>20.0%</b>	<b>377</b>	<b>281</b>	<b>97</b>	<b>34.16%</b>	<b>\$ 1,357,809</b>	<b>\$ 999,816</b>	<b>\$ 357,993</b>	<b>\$ 3,558</b>	<b>\$ 3,729</b>

### PSYCH INPATIENT READMISSIONS - 60 DAYS AODA

Plan	Members with Psych IP Admits	# of Psych Members Readmitted	Percent Member with Readmits	Total Psych IP Admits	# Initial Psych Inpatient Admits	# of Psych Readmissions	Percent Psych Readmits	Total Psych Inpatient Paid	Initial Psych Admission Paid	Psych Inpatient Readmissions Paid	Initial Admit Cost	Readmit Admit Cost
BC+	108	34	31.5%	248	154	94	61.04%	\$ 812,570	\$ 489,228	\$ 323,343	\$3,177	\$3,440
FCP SNP	4	1	25.0%	11	7	4	57.14%	\$ 59,144	\$ 36,213	\$ 22,931	\$5,173	\$5,733
FCP SSI	2	0	0.0%	2	2	0	0.00%	\$ 14,489	\$ 14,489	\$ -	\$7,245	N/A
MA SNP	25	2	8.0%	33	31	2	6.45%	\$ 201,099	\$ 169,396	\$ 31,704	\$5,464	\$15,852
MA SNP Aurora	1	0	0.0%	1	1	0	0.00%	\$ 3,950	\$ 3,950	\$ -	\$3,950	N/A
SSI	47	8	17.0%	79	56	23	41.07%	\$ 261,378	\$ 182,938	\$ 78,440	\$3,267	\$3,410
SSI Dual	3	0	0.0%	3	3	0	0.00%	\$ 5,178	\$ 5,178	\$ -	\$1,726	N/A
<b>Grand Total</b>	<b>190</b>	<b>45</b>	<b>23.7%</b>	<b>377</b>	<b>254</b>	<b>123</b>	<b>48.43%</b>	<b>\$ 1,357,809</b>	<b>\$ 901,392</b>	<b>\$ 456,417</b>	<b>\$ 3,549</b>	<b>\$ 3,711</b>

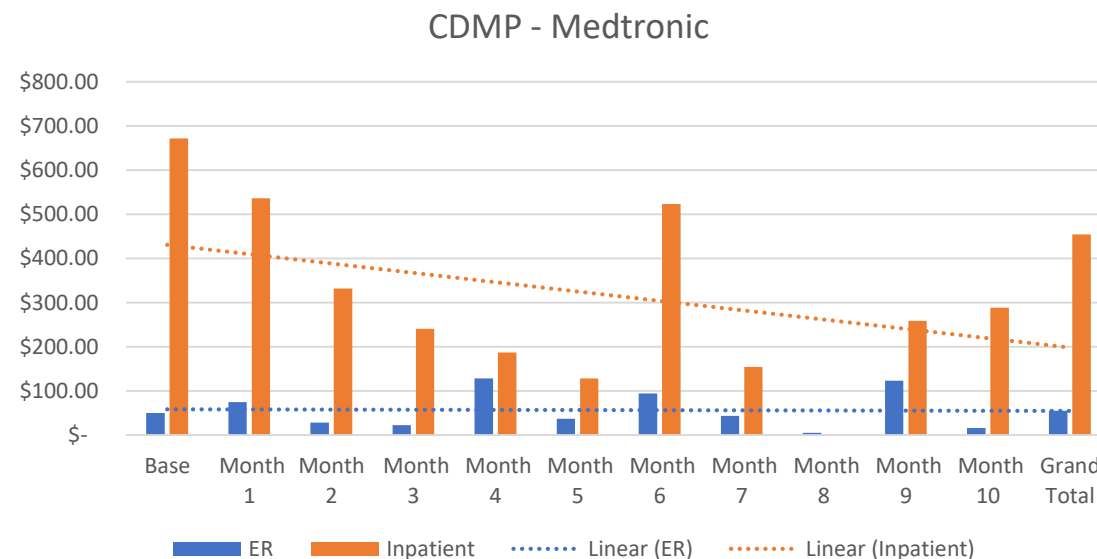
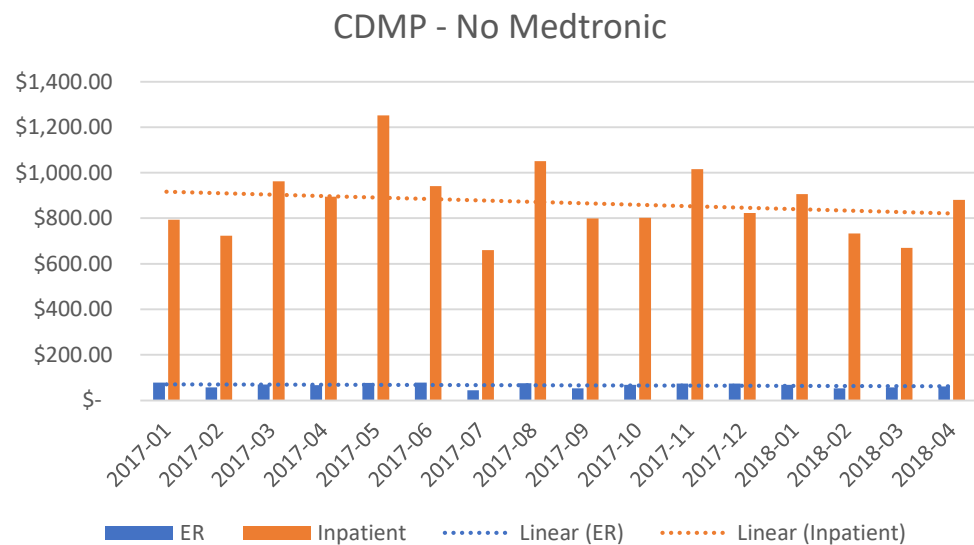
### PSYCH INPATIENT READMISSIONS - 90 DAYS AODA

Plan	Members with Psych IP Admits	# of Psych Members Readmitted	Percent Member with Readmits	Total Psych IP Admits	# Initial Psych Inpatient Admits	# of Psych Readmissions	Percent Psych Readmits	Total Psych Inpatient Paid	Initial Psych Admission Paid	Psych Inpatient Readmissions Paid	Initial Admit Cost	Readmit Admit Cost
BC+	108	37	34.3%	248	132	116	87.88%	\$ 812,570	\$ 433,912	\$ 378,658	\$3,287	\$3,264
FCP SNP	4	1	25.0%	11	7	4	57.14%	\$ 59,144	\$ 36,213	\$ 22,931	\$5,173	\$5,733
FCP SSI	2	0	0.0%	2	2	0	0.00%	\$ 14,489	\$ 14,489	\$ -	\$7,245	N/A
MA SNP	25	5	20.0%	33	28	5	17.86%	\$ 201,099	\$ 157,308	\$ 43,791	\$5,618	\$8,758
MA SNP Aurora	1	0	0.0%	1	1	0	0.00%	\$ 3,950	\$ 3,950	\$ -	\$3,950	N/A
SSI	47	11	23.4%	79	52	27	51.92%	\$ 261,378	\$ 172,411	\$ 88,968	\$3,316	\$3,295
SSI Dual	3	0	0.0%	3	3	0	0.00%	\$ 5,178	\$ 5,178	\$ -	\$1,726	N/A
<b>Grand Total</b>	<b>190</b>	<b>54</b>	<b>28.4%</b>	<b>377</b>	<b>225</b>	<b>152</b>	<b>67.56%</b>	<b>\$ 1,357,809</b>	<b>\$ 823,461</b>	<b>\$ 534,348</b>	<b>\$ 3,660</b>	<b>\$ 3,515</b>

# Chronic Disease Management Program

Smaller chronic disease management pilot program (CDMP):

- Use of Medtronic telemonitoring devices
- Pilot program cohort experiencing lower costs
- Pilot cohort also demonstrating favorable inpatient trends





# DHS P4P Measures

Measure	Exclusions
<b>ED Visits (AMB)*</b> <i>[Reverse measure - Lower score is better]</i> – Number of ED visits during the measurement year that do not result in an inpatient stay, regardless of the intensity or duration of the visit. • ED Visits per 1000 MbrMnths (not%) / The measure does not include mental health or chemical dependency services.	Hospice, mental health or chemical dependency services
<b>Antidepressant Medication Management- Continuation (AMM)</b> – Percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication for at least 180 days (6 months).	Hospice
<b>Breast Cancer Screening (BCS)</b> – Percentage of women MA enrollees 50 to 74 years of age (denominator) who had a mammogram to screen for breast cancer (numerator).	Hospice, Enrolled in an Institutional SNP, Frail with advanced illness, bilateral mastectomy
<b>Comprehensive Diabetes Care (CDC) - HbA1c Testing</b> – Percent of diabetic members whose most recent HbA1c test during the measurement year is $\leq 9.0\%$ .	Hospice, gestational diabetes, steroidal diabetes
<b>Comprehensive Diabetes Care (CDC) - HbA1c Control &lt; 8</b> – Percent of diabetic members whose most recent HbA1c test during the measurement year is $\leq 8.0\%$ .	Hospice, gestational diabetes, steroidal diabetes
<b>Controlling BP (CBP)</b> – Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) (denominator) and whose BP was adequately controlled ( $< 140/90$ ) during the measurement year (numerator).	Hospice, Enrolled in an Institutional SNP, Frail with advanced illness, bilateral mastectomy
<b>Childhood Immunization (Combo 3) (CIS)</b> – 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 H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); two 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. <b>Note:</b> Children must receive the required number of rotavirus vaccinations (two doses or three doses). The number of doses depends on which vaccine is given.	Hospice and children who had a contraindication for a specific vaccine

Measure	Exclusions
<b>Initiation and Engagement of AOD Treatment – Engagement (IET)</b> – Members with a new episode of alcohol or other drug dependence (AOD) between January 1 and November 15 (Intake period) who had one of the following: An outpatient, intensive outpatient, or partial hospitalization visit with a diagnosis of AOD / A detoxification visit / An ED visit / An inpatient discharge with a diagnosis of AOD / A negative diagnosis history (AOD within 60 days) • <b>Initiation Phase:</b> Members who initiate treatment through an inpatient AOD (Alcohol or other drug dependence) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. • <b>Engagement Phase:</b> Members who initiate treatment and have two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. <b>Note:</b> When the Initiation of AOD treatment and the initial date of service during the intake period (January 1 – November 15) occur on the same day, they must be with different providers.	Hospice
<b>Follow-Up After Mental Health Hospitalization - 30 Days (FUH 30)</b> – Percentage of discharges for members hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. • 30-Day Follow-Up = An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days after discharge. • Includes outpatient visits, intensive outpatient encounters, or partial hospitalizations that occur on the date of discharge.	Hospice
<b>Timely Prenatal Care (PPC)</b> – Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the plan in the first trimester or within 42 days of enrollment in the plan. > Must be enrolled 43 days prior to delivery through 56 days after delivery. > This measure is an admin and hybrid measure.	Hospice
<b>Post-partum Care (PPC)</b> – Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery. > Must be enrolled 43 days prior to delivery through 56 days after delivery. > This measure is an admin and hybrid measure.	Hospice
<b>Tobacco Cessation Counseling (TC)</b> – Percentage of members 12 years of age or older who were identified as tobacco users and who received tobacco cessation counseling during the measurement year. The member is compliant if he or she received counseling to quit smoking either face-to-face or by phone as identified by a claim or encounter code. • <b>Striving to Quit-</b> Members that received tobacco cessation treatment through the Quit Line or First Breath count in the measure.	A diagnosis of history of tobacco use, pregnancy, or tobacco use disorder complicating pregnancy

# P4P Withhold Calculation

MCO Name	Aug-2018 Enrollment			Annualized Member Months			Annualized Premium			Annualized Withhold @ 2.5%			Total Withhold
	Total	Childless Adults	Children and Families	Childless Adults	Children and Families	SSI Members	Childless Adults	Children and Families	SSI Members	Childless Adults	Children and Families	SSI Members	
<b>BadgerCare Plus HMO</b>							<b>\$329</b>	<b>\$181</b>	<b>\$783</b>		<b>0.025</b>		
ANTHEM BLUE CROSS BLUE SHIELD	84,437	19,082	65,355	228,984	784,260		\$ 75,335,736	\$ 141,951,060		\$ 1,883,393	\$ 3,548,777		\$ 5,432,170
CHILDRENS COMM HEALTH PLAN	124,007	11,680	112,327	140,160	1,347,924		\$ 46,112,640	\$ 243,974,244		\$ 1,152,816	\$ 6,099,356		\$ 7,252,172
DEAN HEALTH PLAN INC	37,431	4,588	32,843	55,056	394,116		\$ 18,113,424	\$ 71,334,996		\$ 452,836	\$ 1,783,375		\$ 2,236,211
GROUP HEALTH COOP EAU CLAIRE	48,252	7,878	40,374	94,536	484,488		\$ 31,102,344	\$ 87,692,328		\$ 777,559	\$ 2,192,308		\$ 2,969,867
GROUP HEALTH COOP SOUTHCENTR	5,411	1,645	3,766	19,740	45,192		\$ 6,494,460	\$ 8,179,752		\$ 162,362	\$ 204,494		\$ 366,855
INDEPENDENT CARE (ICARE)	16,159	6,650	9,509	79,800	114,108		\$ 26,254,200	\$ 20,653,548		\$ 656,355	\$ 516,339		\$ 1,172,694
MERCY CARE INSURANCE COMPANY	12,252	2,064	10,188	24,768	122,256		\$ 8,148,672	\$ 22,128,336		\$ 203,717	\$ 553,208		\$ 756,925
MHS HEALTH WISCONSIN	32,593	8,443	24,150	101,316	289,800		\$ 33,332,964	\$ 52,453,800		\$ 833,324	\$ 1,311,345		\$ 2,144,669
MOLINA HEALTHCARE	56,281	8,236	48,045	98,832	576,540		\$ 32,515,728	\$ 104,353,740		\$ 812,893	\$ 2,608,844		\$ 3,421,737
NETWORK HEALTH PLAN	33,680	8,433	25,247	101,196	302,964		\$ 33,293,484	\$ 54,836,484		\$ 832,337	\$ 1,370,912		\$ 2,203,249
PHYSICIANS PLUS INSURANCE CO	9,179	2,372	6,807	28,464	81,684		\$ 9,364,656	\$ 14,784,804		\$ 234,116	\$ 369,620		\$ 603,737
QUARTZ	29,594	3,780	25,814	45,360	309,768		\$ 14,923,440	\$ 56,068,008		\$ 373,086	\$ 1,401,700		\$ 1,774,786
SECURITY HEALTH PLAN OF WISC	55,738	9,319	46,419	111,828	557,028		\$ 36,791,412	\$ 100,822,068		\$ 919,785	\$ 2,520,552		\$ 3,440,337
TRILOGY HEALTH INSURANCE	10,979	4,166	6,813	49,992	81,756		\$ 16,447,368	\$ 14,797,836		\$ 411,184	\$ 369,946		\$ 781,130
UNITEDHEALTHCARE COMMUNITY PLAN	145,244	32,074	113,170	384,888	1,358,040		\$ 126,628,152	\$ 245,805,240		\$ 3,165,704	\$ 6,145,131		\$ 9,310,835
<b>Subtotal for BadgerCare Plus HMO :</b>	<b>701,237</b>	<b>130,410</b>	<b>570,827</b>				<b>\$ 514,859,009</b>	<b>\$ 1,239,836,425</b>					<b>\$ 43,867,373</b>
<b>SSI HMO</b>													
ANTHEM BLUE CROSS BLUE SHIELD	5,618					67,416			\$ 52,786,728			\$ 1,319,668	\$ 1,319,668
CARE WISCONSIN HEALTH PLAN INC	2,811					33,732			\$ 26,412,156			\$ 660,304	\$ 660,304
GROUP HEALTH COOP EAU CLAIRE	3,328					39,936			\$ 31,269,888			\$ 781,747	\$ 781,747
INDEPENDENT CARE (ICARE)	10,274					123,288			\$ 96,534,504			\$ 2,413,363	\$ 2,413,363
MANAGED HEALTH SERVICES	6,190					74,280			\$ 58,161,240			\$ 1,454,031	\$ 1,454,031
MOLINA HEALTHCARE	3,203					38,436			\$ 30,095,388			\$ 752,385	\$ 752,385
NETWORK HEALTH PLAN	3,808					45,696			\$ 35,779,968			\$ 894,499	\$ 894,499
UNITEDHEALTHCARE COMMUNITY PLAN	18,956					227,472			\$ 178,110,576			\$ 4,452,764	\$ 4,452,764
<b>Subtotal for SSI HMO :</b>	<b>54,188</b>					<b>650,256</b>			<b>\$ 509,150,448</b>			<b>\$ 12,728,761</b>	<b>\$ 12,728,761</b>
									<b>\$ 1,018,300,896</b>				<b>\$ 25,457,522</b>

# P4P Withhold Calculation

DHS Incentive Program						
BadgerCare Measures	Low	Med	High			Possible
Recovery Opportunity Percent	0%	50%	100%	Weight	Distribution%	Recovery \$\$
AMB	55.4	62.9	>62.9	0.250%	10%	\$ 4,386,737
BCS	65.3	58.1	< 58.1	0.250%	10%	\$ 4,386,737
CDC-HbA1c	89.4	86	< 86	0.250%	10%	\$ 4,386,737
FUH-30	72.6	63.9	< 63.9	0.250%	10%	\$ 4,386,737
IET-Eng	13.2	9.6	< 9.6	0.250%	10%	\$ 4,386,737
AMM	43.4	38.1	< 38.1	0.250%	10%	\$ 4,386,737
TC	68.5	63.3	<63.3	0.250%	10%	\$ 4,386,737
CIS	75.6	71.1	< 71.1	0.250%	10%	\$ 4,386,737
PPC	87.6	78.1	< 78.1	0.125%	5%	\$ 2,193,369
PPC2	67.5	61	< 60.9	0.125%	5%	\$ 2,193,369
HbA1C Control*	n/a	n/a	n/a	0.125%	5%	\$ 2,193,369
CBP*	n/a	n/a	n/a	0.125%	5%	\$ 2,193,369
<b>Total</b>				<b>2.50%</b>	<b>100%</b>	<b>\$ 43,867,373</b>

SSI Measures						
	Low	Med	High			Possible
Recovery Opportunity Percent	0%	50%	100%	Weight	Distribution%	Recovery \$\$
AMB	108.3	119.7	>119.7	0.400%	16%	\$ 4,073,204
BCS	65.5	63	< 63	0.300%	12%	\$ 3,054,903
CDC-HbA1c	90.1	88.9	< 88.9	0.300%	12%	\$ 3,054,903
FUH-30	72	65.4	< 65.4	0.300%	12%	\$ 3,054,903
IET-Eng	14.7	9.6	< 9.6	0.300%	12%	\$ 3,054,903
AMM	41.1	39.3	< 39.3	0.300%	12%	\$ 3,054,903
TC	70.4	65.5	< 65.5	0.300%	12%	\$ 3,054,903
HbA1C Control*	53.7	48.9	<48.9	0.150%	6%	\$ 1,527,451
CBP*	63.1	56.9	<56.9	0.150%	6%	\$ 1,527,451
<b>Total</b>				<b>2.50%</b>	<b>100.00%</b>	<b>\$ 25,457,522</b>

# Data Sources

## **CMS Medicare Advantage Enrollment Reports**

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-reports/MCRAdvPartDEnrolData/index.html>

## **CMS Medicare Advantage Rate Book**

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Ratebooks-and-Supporting-Data.html>

## **Wisconsin Medicaid Managed Care Enrollment by County**

[https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Enrollment\\_Information/Reports.htm.spage](https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Enrollment_Information/Reports.htm.spage)

## **DHS BadgerCare Plus and Medicaid SSI Contract and Rate Exhibits**

<https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage>

## **DHS Family Care/PACE/Partnership MCO Contract and Capitation Rates**

<https://www.dhs.wisconsin.gov/familycare/mcos/contract.htm>

# Forum Discussion



# Award Presentation

# iCare Provider Service Excellence Award

- Recognizes *iCare* providers who have recently offered our members superior service that exemplifies *iCare's* mission.
- Providers can be nominated by *iCare* Employees or others.
- Nominations are reviewed by a Provider Rewards Program committee.
- Winning providers receive:
  - an award to display in their place of business
  - positive publicity
  - \$500 bonus

# iCare Provider Service Excellence Award

We reviewed many worthy nominations, including:

- Joyful Living Adult Family Home
- Morgan's Way Adult Family Home
- Country View CBRF
- St. Anne's Center
- Grace Supportive Living
- ProCare
- Aurora Health Care Mammography Department—RiverCenter



# iCare Provider Service Excellence Award

Congratulations to the winner of the  
iCare Provider Service Excellence Award!



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