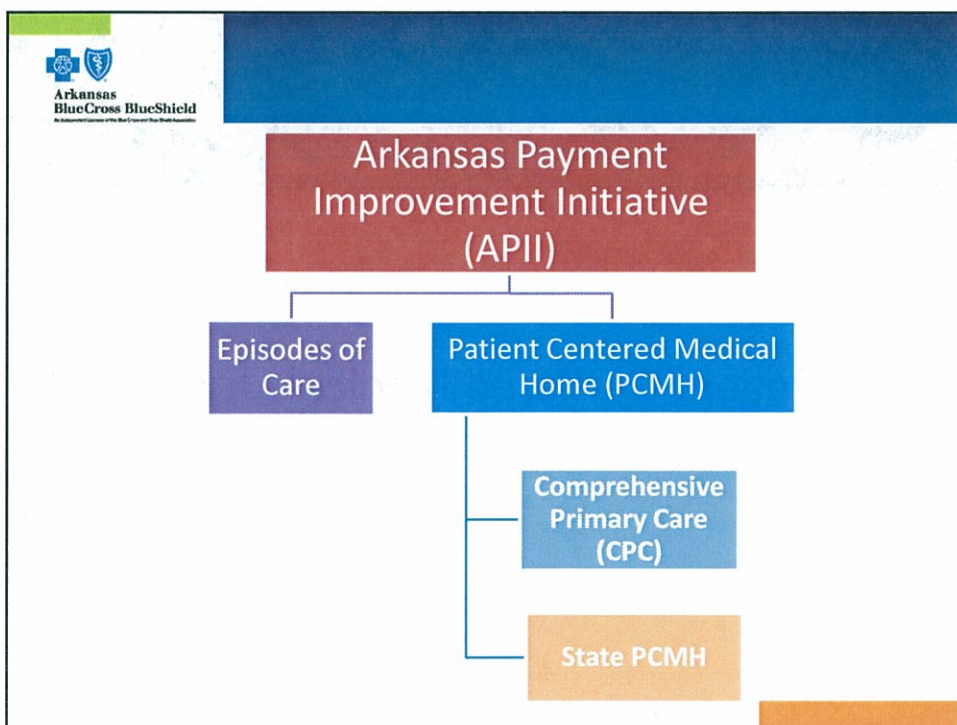


**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

Primary Care Programs

*good for
you.*

Alicia Berkemeyer
VP, Primary Care & Pharmacy
February 2015





Patient Centered Medical Home

1. Patient Centered
2. Comprehensive Care
3. Coordinated Care – Medical Neighborhood
4. Access to Care
5. Quality and Safety



Patient Centered Medical Home Pilot



Goals-PCMH Pilot

- Two year pilot - 2010-2012
- Support primary care practices in practice transformation
- Achieve National Committee for Quality Assurance (NCQA)
 - Patient Centered Medical Home level 2 recognition

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PCMH Pilot Clinics

AHEC Family Practice – Jonesboro

– NCQA level 2

Baptist Health Family Clinic – Bryant

– NCQA level 2

Harrison Family Practice Clinic

– NCQA level 3

Ozark Internal Medicine and Pediatrics – Clinton

– NCQA level 3

UAMS- Family Medical Center – Little Rock

– NCQA level 3






Post Pilot Results Nov 2014

- Desired Outcomes
 -  30 Day Inpatient Readmission Rates
 - PCMH clinics: 20% decrease
 - State average: 5% decrease

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Post Pilot Results Nov 2014

- Emergency Room
 -  ER costs
 - PCMH clinics: 10% decrease
 - State average: 33% increase
 -  Percentage of Emergent - ED Care Needed
 - PCMH clinics: 3% increase
 - State average: 25% increase
 -  ER Visits
 - PCMH clinics: 3% decrease
 - State average: 17% increase

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Post Pilot Results Nov 2014

- Cost Desired Outcomes:
 -  Emergency Room Costs
 - PCMH clinics: 10% decrease
 - State average: 33% increase
 -  Imaging Costs
 - PCMH clinics: 15% decrease
 - State average: 15% decrease
 -  Mental Health Costs
 - PCMH clinics: 8% decrease
 - State average: 64% increase

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Conclusion

- The PCMH Pilot Project has shown some very positive results with:
 -  Readmission Rates
 -  ER Visits and ER Related Costs
 -  Improved ER Utilization
 -  Generic Drug Prescribing Rates

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Comprehensive Primary Care (CPC)



Arkansas
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Comprehensive Primary Care

– Statewide

- **ARKANSAS (69 practices)**
- Colorado
- New Jersey
- Oregon

– Regional

- New York: Capital District – Hudson Valley
- Ohio: Cincinnati – Dayton
- Oklahoma: Greater Tulsa



Arkansas
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Arkansas Market Payers

- » Medicare
- » Medicaid
- » QualChoice
- » Humana
- » Health Advantage/ Arkansas Blue Cross and Blue Shield
 - Arkansas State and School Employees
 - Arkansas Blue Cross and Blue Shield Employees
 - Baptist Health Employees
 - Federal Employee Program
 - Wal-Mart

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Arkansas
BlueCross BlueShield

Comprehensive Primary Care(CPC)

- The CPC initiative will test a practice redesign model supported by a new payment model over 4 years (2013-2016):

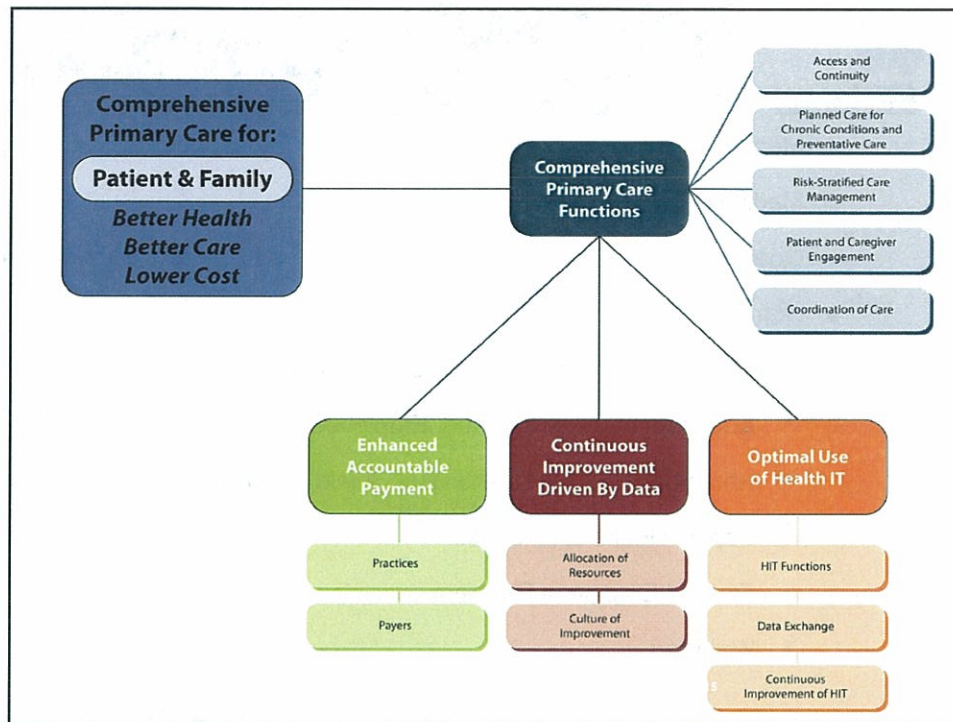
Practice Redesign

- Provision of core primary care functions
- Better use of data

Payment Redesign

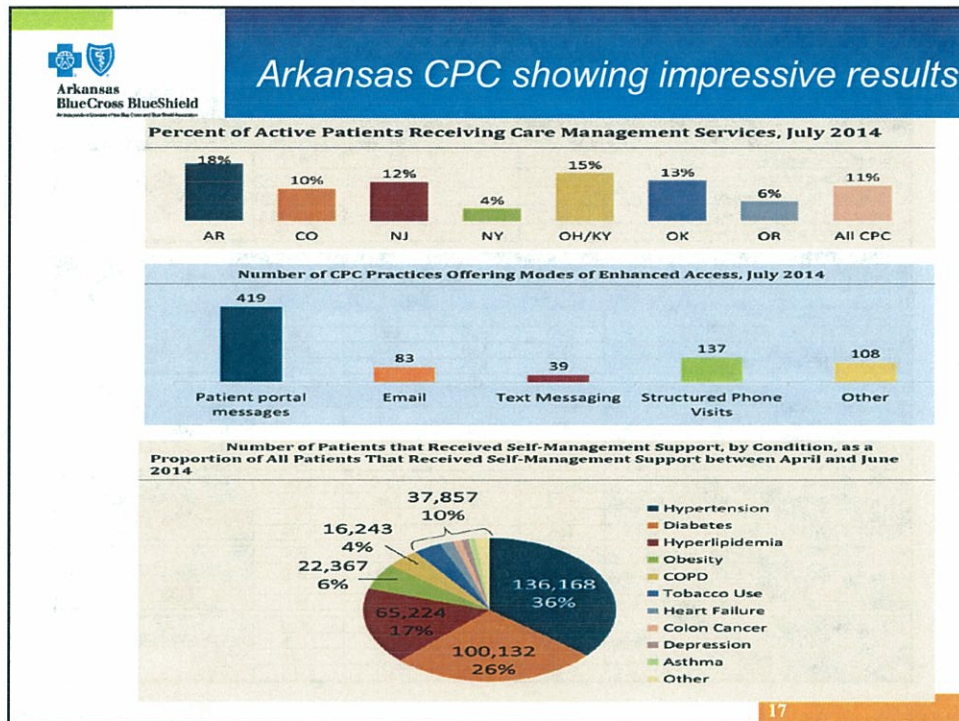
- PMPM care management fee
- Shared Savings opportunity

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Arkansas CPC showing impressive results

- Comprehensive Primary Care initiative (CPC) sponsored by CMS Innovation Center
- Arkansas has the highest percentage of patients receiving care management services.
- Arkansas 7th Quarter Report
 - 8.3% decrease in hospital admissions
 - 1.9% decrease in ER visits
 - 6% decrease in 30-day readmissions



Arkansas State and School Employees
Comprehensive Primary Care (CPC)

 Health Advantage <small>An independent division of the Blue Cross and Blue Shield of Michigan</small>		ASE/PSE CPC Initiative Total Cost of Care Quality Measures			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	
YEAR-TO-DATE PROGRAM SUMMARY					
Total Active Members			140,294	139,205	
CPC Attributed Members			13,587 (9.7%)	13,409 (9.6%)	
Other PCP Attributed Members			77,655 (55.4%)	77,655 (55.8%)	
Active Non-Attributed Members			49,052 (35.0%)	48,141 (34.6%)	
Total Care Management Fee Spent			\$126,591	\$120,654	
Rolling Year Ending: 9/30/2013 12/31/2013 3/31/2014 6/30/2014					
TOTAL COST OF CARE					
Group CPC Attributed PMPM			\$420	\$411	\$411
Group Other PCP Attributed PMPM	\$360	\$367	\$352	\$369	\$369
State CPC Attributed PMPM	\$372	\$388	\$409	\$405	\$405
State Other PCP Attributed PMPM	\$295	\$304	\$301	\$325	\$325
UTILIZATION					
Hospital Inpatient - Admits per 1,000 per month	Group CPC Attributed		5.8	5.3	5.3
	Group Other PCP Attributed	5.8	5.7	5.5	5.8
	State CPC Attributed	5.5	5.5	5.5	5.4
	State Other PCP Attributed	4.7	4.6	4.5	4.8
Hospital Inpatient - Re-Admit Rate	Group CPC Attributed		7.2%	6.7%	6.7%
	Group Other PCP Attributed	9.4%	9.0%	8.6%	9.2%
	State CPC Attributed	8.8%	8.5%	8.1%	7.9%
	State Other PCP Attributed	9.3%	8.9%	9.0%	9.1%
Emergency Room Visits per 1,000 per month	Group CPC Attributed		16.6	15.9	15.9
	Group Other PCP Attributed	17.1	17.1	16.9	17.8
	State CPC Attributed	15.8	16.2	16.6	16.2
	State Other PCP Attributed	15.0	15.1	15.2	16.7
Prescriptions - Generic Rate	Group CPC Attributed		85.4%	86.7%	86.7%
	Group Other PCP Attributed	83.9%	84.5%	85.8%	87.0%
	State CPC Attributed	84.8%	85.0%	85.6%	86.5%
	State Other PCP Attributed	83.8%	84.4%	85.5%	86.5%

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State Patient Centered Medical Home



Rule 108- PCMH

- Qualified Health Plan (QHP) must participate in State PCMH program
 - Must recognize State PCMH clinics
 - Average \$ 5.00 PMPM
 - Shared savings required 2016
 - Rule passed 12/22/14

QHP- Arkansas Blue Cross Blue Shield, QualChoice, Am Better

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State PCMH

- 143 Practices
- Payers
 - Arkansas Blue Cross Blue Shield
 - Health Advantage
 - Wal-Mart
 - Federal Employee Program
 - Arkansas Blue Cross and Blue Shield Employee group
 - QualChoice
 - Am Better
- Commercial payers-
 - Effective date/ payments begin 4/1/15

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Activity Metrics

- Identify top 10% of high-priority beneficiaries
- Assess operations of practice and opportunities to improve
- Develop and record strategies to implement care coordination and practice transformation.
- Identify and reduce medical neighborhood barriers to coordinated care at the practice level.
- Make available 24/7 access to care.
- Track same-day appointment requests
- Establish processes that result in contact with beneficiaries who have not received preventive care.
- Complete a short survey related to beneficiaries' ability to receive timely care, appointments and information from specialists, including Behavioral Health (BH) specialists.
- Invest in health care technology or tools that support practice transformation.
- Join SHARE and be able to access inpatient discharge and transfer information.
- Incorporate e-prescribing into practice workflows.
- Use Electronic Health Record (EHR) for care coordination. The EHR adopted must be one that is certified by Office of the National Coordinator for Health Information Technology and is used to store care plans.
- Demonstrate the ability to extract clinical quality data from EHRs

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Primary Care Alignment



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Membership

Statewide				CPC		State PCMH	
Members	Unaligned	Attributed (Claims)	%Members	Attributed (Claims)	% Members	Attributed (Claims)	% Members
114,581	21,768	92,813	81 %	13,672	12%	34,535	30%

Alignment based on services through 11/30/2014

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