ROBERT G. (BOB) BETHELL
JOINT COMMITTEE ON
HOME AND COMMUNITY BASED SERVICES AND KANCARE OVERSIGHT

UnitedHealthcare Community Plan of Kansas

November 28 and 29, 2017

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UnitedHealthcare's Mission

To help people live healthier lives and to help make the health system work better for everyone.

UnitedHealthcare®
Community Plan

Presentation Topics

UnitedHealthcare Community Plan

1. UnitedHealthcare Sleep Cycle support
2. UnitedHealthcare Foster Care children update
3. UnitedHealthcare Opioid Crisis support
4. UnitedHealthcare HEDIS measures update
5. “Making a Difference in Kansas” Stories
6. UnitedHealthcare Rural Health Grants update

Sleep Cycle Support (Enhanced Care Services)

UnitedHealthcare Community Plan

Enhanced Care Services

Enhanced Care Services, also known as Sleep Cycle Support, is a valuable and vital service that supports Kansans who need this extra help. It enables them to live in their preferred and least restrictive environment.

UnitedHealthcare recognizes that access to service is challenging in Rural parts of Kansas, which is why we take additional steps to support:

- Our care coordinators work with to identify options for self direction of this service.
- Our care coordinators work with family, caregivers and others to prioritize the safety of the individual.
- We authorize and set up Personal Emergency Response Systems (PERS) as appropriate.
- Our care coordinators work with the local agencies on recruitment strategies, such as speaking with community organizations and formal recruitment activities.
- In some cases, we will explore using assisted living facilities or the least restrictive facility environment available, until the appropriate in-home supports can be provided.

Making a Difference for “Stacy”

UnitedHealthcare Community Plan

Enhanced Care Services

The Concern

Stacy is a 50 year old female on the Physical Disability (PD) waiver. She lives with a cognitive impairment and short term memory loss following a brain tumor excision. She was afraid of staying alone at night. She has difficulty walking and uses a walker around her home and is at risk for a fall. Stacy had informal supports provided by her two daughters who were moving out of state to be near other relatives and care support services provided during the day. Stacy was very depressed and afraid to stay alone at night due to losing all of her informal support. Stacy was strongly considering moving to a nursing home.

UHC Responds

UHC’s Care Coordinator worked with Stacy and her designated power of attorney (DPOA), to provide additional services and supports, including Enhanced Care Support, so that Stacy could be safer at night and could remain in her own home in the community. Stacy and her DPOA agreed to the service.

Stacy’s New Life

Stacy recently moved to an apartment that is accessible for persons with physical disabilities. Stacy’s sister recently updated UHC’s Care Coordinator that “things are going well.” When asked about if Stacy’s Enhanced Care services were helpful, she responded “it helped a bunch!”

Health & Well-Being of Youth in Foster Care

UnitedHealthcare Community Plan

- 30% to 80% of children come into foster care with at least 1 medical condition
- One-third have a chronic medical condition.
- Up to 80% enter with a significant behavioral health need.
- 40% have significant oral health issues.
- Approximately 60% of children younger than 5 years have developmental issues.
- More than 40% of school-aged children have educational difficulties.
- High school dropout rates are nearly 3 times higher than those among other low-income children, and just over 50% graduate from high school, many with an equivalency diploma.

Source: Health Care Issues for Children and Adolescents in Foster Care and Kinship Care; COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COMMITTEE ON ADOLESCENCE, and COUNCIL ON EARLY CHILDHOOD; American Academy of Pediatrics

Managing Care for Foster Care Youth

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- System Complexity
- Placement Support
- Behavioral Health and Pharmacy
- Provider Network Specialization
- Youth Aging Out of Care

UnitedHealthcare's Solutions

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Specialized Care Coordination

- Integrated care team with single, consistent point of contact
- Child welfare knowledge and experience
- Foster care specific stratification
- Processes and workflows adapted for population

Partnership with Child Welfare Agency

- Shared outcomes

Supports for Transitional Age Youth

- Peer supports
- Housing, education and employment

Building Network Capacity to Serve Population

Training and Support for Foster Homes

- Promoting placement stability
- Diverting from higher levels of care
- Evidenced based therapeutic foster care models

Comprehensive Medication Review

National Foster Parent Association (NFPA) & UHC Partnership Initiatives

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Onsite Live Trainings to Health Plan Staff

- Co-facilitated by NFPA and UHC
- Delivered to Care Coordinators, Member Services Staff, Clinical Staff, Health Plan Leadership
- Trainings delivered to Health Plans in Kansas and Missouri in 2016
- Trainings scheduled for two additional Health Plans in 2017

Development of Online Training

- To be rolled out on July 1, 2017
- Available to all Health Plan staff and partner organizations

Goals

- Increase awareness of and sensitivity to the needs of foster care youth and the families who care for them
- Improve customer service
- Improve health outcomes
- Employment

Care Coordination Support for Foster Care

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Foster Care

Persons in Foster Care enrolled with UnitedHealthcare have access to support via the following services and supports:

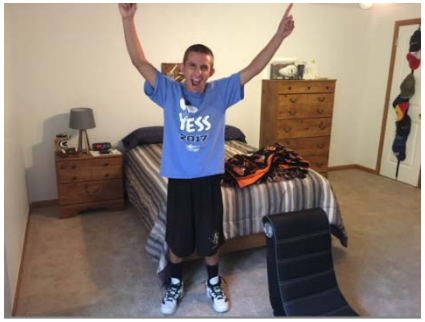
- Long Term Services and Support (LTSS) Care Coordination when:
  - On a wait list for PRTF (Psychiatric Residential Treatment Facilities) placement.
  - Referred to the Health Plan by a providers, community organizations or others who are made aware of concerns.
- Specialized Care Coordination services based on a “whole person care” approach for emerging risk and high risk foster care youth and transition age youth.
- Placement stability project with KVC Kansas, through a special contract that allows for extra services to be paid for by “in lieu of” funding to stabilize individuals in community-based settings.

Making a Difference for “Derrick”

UnitedHealthcare Community Plan

Foster Care

The Concern



Derrick is a young man on the IDD Waiver who was also transitioning from foster care to adulthood. During this transition time there were many pieces that had to put into place in order for Derrick to have full access to his potential and independence during and after transition.

UHC Responds

The United Care Coordinator worked to coordinate care between Derrick, Saint Francis foster care agency, the Foster home, the Targeted Case Manager (TCM) and the Paradigm Day and Residential facility to ensure a smooth transition between all agencies for Derrick to move into adult services. Derrick was able to visit the available group homes and he chose a basement bedroom with his own bathroom at the Paradigm group home in Augusta, Kansas. He was very excited to be moving into adult services and a little nervous as well. The Community Developmental Disabilities Organization (CDDO) and Saint Francis worked together with funding for bedroom furniture and bedding for the group home.

Derrick’s New Life

Derrick has successfully transitioned into Day and Residential Services with Paradigm and is blossoming in his independence and social skills. He has gained many new friends at the Day Program and at his Group Home and is enjoying his new surroundings. He still spends time with his foster family on the weekends and his foster mom has commented how relaxed he seems and how excited he is about his new friends and new surroundings.

Making a Difference for “Scott”

UnitedHealthcare Community Plan

Foster Care

The Concern

Scott, who is 11, has been living with Jackie, his biological grandmother and adoptive parent, since he was four years old. After experiencing emotional trauma and chaos at home in his early years, he is having trouble adjusting to a quiet and consistent home and school environment. Jackie is having difficulty adjusting too. She recently took early retirement to care for Scott. The cost of briefs among other financial stress were making it very difficult on Jackie.

UHC Responds

Angela was chosen to serve as Scott’s care coordinator because of her experience working with kids in Kansas’ foster care and adoption systems. Christina was also chosen to provide peer support based on her experience as a child in foster care and a foster parent. Based on an assessment and care plan, several critical needs were identified and addressed. Angela coordinated with the Community Mental Health Center (CMHC) to gain additional supports and Psychological testing which revealed a potential previously missed diagnosis of Autism. Other Community recourses were provided and accessed. Angela advocated with the school to update Scott’s Individual Education Plan (IEP) to reflect both learning and behavioral needs. Via our care coordination efforts, Jackie is now accessing Scott’s Medicaid benefit for briefs and receives $250 more a month in adoption subsidy to meet Scott’s needs.

Scott’s New Life

Scott’s behavioral issues at school have lessened because he is getting the extra attention he needs through the improved IEP. Jackie’s financial burden has been lessened significantly because she has a higher adoption subsidy and no longer pays for pull up briefs. Scott continues to receive the extra services at CMHC. Scott’s placement with his foster/adopt Grandmother has been stabilized.

Video – UHC Case Management and other Supports

UnitedHealthcare Community Plan

https://youtu.be/FPpxiv_2UQM

Multi-tiered Pharmacy: Opioid Management Plan

UnitedHealthcare Community Plan

UnitedHealthcare's goal is to make an impact on the opioid crisis. We work to reduce the abuse of opioids, while ensuring the effective treatment of pain in a safe manner. We have orchestrated a multi-tiered approach for this epidemic.

Opioid Multi-Tiered Approach:

Reduce unnecessary opioid use:

- Through promotion of more clinically appropriate pain management.
- Prior authorization for long-acting opioids.
- Prior authorization for short-acting trans mucosal:
  - fentanyl products
- Adherence to CDC guideline recommendations for dosing using opioid supply limits for non-cancer, non-end of life pain.
- Cumulative dose review for outlier opioid utilizers.

Monitor prescription and utilization :

- Concurrent Drug Utilization Review – messaging to pharmacists at point of dispensing opioids + benzodiazepines, therapeutic duplication.
- Retrospective Drug Utilization Review – provider outreach (e.g., High Utilization Narcotic program, concurrent use of opioids and MAT treatments).
- Pharmacy lock-in as allowed by regulations.
- Fraud/waste/abuse detection and referral.
- Identification of prescriber outliers.

Physician Practice Modification: Outlier Opioid Prescribing

Outlier prescribers - using extremely high doses of opioids - not adhering to the CDC guidelines.

Strategy:

- Providers will be provided with their prescriber report card:
    - opioid utilization
        - to help them understand their current prescribing practice.
        - identified as outlier.
- Providers will also receive education regarding CDC guidelines for:
    - Opioid/ benzodiazepine prescribing.
    - Risks of high dose opioids prescribing.
    - Alternatives for pain management that are preferred.
    - Education on Medication-Assisted Treatments (MAT) referrals.
    - Information regarding naloxone for patients who remain on opioids.

Potential Impact:

- Increased the adherence to CDC guidelines for opioid prescribing.
- Reduction in the utilization of opioids.
- Increase in MAT for OUD (Opioid Use Disorder).

Opioid Initiative: Provider Letter Template

UnitedHealthcare Community Plan

DATE

UnitedHealthcare Community Plan

Dear Dr. XXXX

I am the UnitedHealthcare Chief Medical Officer/Medical Director and would like to make time to review some important information with you related to your UHC patients and their use of prescription opioids.

I will be calling your office to make an appointment with you in the next 30 days to review this information with you. You are most certainly aware there are significant national and Kansas concerns about the use of Opioids, Opioid Use Disorder (OUD), prescriptions for this medication class and risk of overdose. As physicians, we share common concerns about these risks and as Physician leaders with UnitedHealthcare, we have concern for the safety of your UHC patients.

Included in this information I intend to share with you is the opioid prescription utilization data for the UHC members in your practice, the CDC Guidelines for Opioid and Naloxone prescribing, as well as information about UHC OUD treatment support for members including in-network medication assisted treatment (MAT) [and the UHG Opioid 24/7 helpline (where applicable)].

UHC MAT network www.liveandworkwell.com

Attach CDC Opioid guidelines and Naloxone info

[## 24/7 Opioid helpline]

[Other Kansas resources or applicable directive information]

I look forward to meeting you in person on this topic and appreciate your attention to help make an impact on this epidemic to save lives.

Sincerely,

Kansas CMO/Medical Director Name

Title

Contact information

UnitedHealthcare HEDIS Interventions

UnitedHealthcare Community Plan

Provider Engagement

- **Clinical Practice Consultants (CPC)** - Educate providers in closing HEDIS gaps with education materials and monthly reports.
- **Provider Incentives** - Community Plan Primary Care Professional Incentive Programs to incent closing gaps in care.
- **Accountable Care Contracts –** May focus on specific HEDIS measures.

Other Engagements

- **In-Home Support –** Leverage 3rd Party to close additional gaps in care in the individuals home.
- Collaboration with County Health Departments to close gaps in care.

Member Engagement

- Incentive Reward Gift Cards.
- Healthy First Steps Program for pregnant moms.
- Baby Blocks Reward Program.
- Advocate for Me Customer Service model.
- Direct Mail Programs.
- Appointment reminder calls via live agent and Interactive Voice Response.
- Text4Health Program.

Clinic Days

- Collaborate with Medical and Dental providers to hold dedicated appointment times for UHC KanCare members in an effort.

Making a Difference for “Brian”

UnitedHealthcare Community Plan

UHC Care Coordination Support

The Concern

Brian is a 13 year old boy on the IDD waiver who lives with his parents. Now that Brian is a teenager, his size has made it challenging for his parents to care for him in their home. They were finding it challenging to carry him within the home and transfer him in and out of the car. He had also grown out of his bath seat making hygiene challenging. And he had a pending surgery that would further challenge their ability to care for him.

UHC Responds

Brian’s Care Coordinator, Casey, recognized that some home modification and other services could help the family. She worked with the Minor Home Modification (MHM) team to gain approval for the installation of a new van lift, a wheelchair stair glide to the basement and modifications to the bathroom so they could install a roll in shower. An additional modification of hard wood floors in his room and the living room were also completed to allow Brian to use his walker and wheelchair more easily.

Brian’s New Life

Brian is now able to live safely in his family home and have a better quality of life with freedom to leave his room independently. He is also able to get out of the house and go places due to the chair lift on the fan. Brian’s family is very grateful for the modifications that have helped the entire family feel they can safely care for Brian in their home, which is where they want him.

Making a Difference for “Calli”

UnitedHealthcare Community Plan

UHC Care Coordination Support

The Concern

Calli is a 21 year old lady on the IDD waiver who has been living with her father and step mother since graduating from high school. Calli and her step mother had been having difficulties getting along and had to call the police when Calli had violent outbursts. In addition, Calli did not have any sort of social life or anything that was hers and was not thriving in this situation.

UHC Responds

Calli’s Care Coordinator, Catrina was very concerned for her well being. Catrina thought a day and residential support center could provide Calli the support she needed. She began working to transition Calli to Arrowhead West, a day services and residential center. At Arrowhead West, Calli could gain independence, socialization with other and job training. Calli experiences some challenges upon the initial transition that have since been addressed.

Calli’s New Life

Calli began to really thrive in her new environment and was looking at vocational rehab training. She has also been able to be taken off some of her prior medications. Calli describes how things in her life have really changed for the better. She had a sense of independence having a place of her own with residential supports and she has a social life with peers her own age.

Rural Health Grants Update

UnitedHealthcare Community Plan

Rural Health Grants - $234,000 awarded to 5 Grantees

- We are entering the mid-point of our Frontier Rural Health Grants, awarded in 2017. Grantees are preparing their mid-year reports for UnitedHealthcare to provide a progress update on their initiatives.
- The Frontier Rural Health Care grant program is a $234,000 initiative established earlier this year by UnitedHealthcare Community Plan of Kansas to fund organizations and programs aimed at improving health resources and programs for people living in rural areas of Kansas.
- Some examples of how the grant money will be used includes the use of telemedicine services which lowers the cost of health care and cuts down on waiting times for specialists.
- Other programs will educate those with diabetes on how best to monitor and improve their health with smart phones for webinars, one-on-one goal setting and peer support. Three counties in southwest Kansas will be able to provide behavioral health screenings to 3,000 people and in-patient care for up to 120 people.

Organization	Location	Awarded
1. Southeast Kansas Independent Living	Parsons	$45,000
2. Community Health Center of Southeast KS	Pittsburg	$48,000
3. Minneola District Hospital	Minneola	$48,000
4. Reno County Health Department	Hutchinson	$48,000
5. Community Health Ministry	Wamego	$45,000