

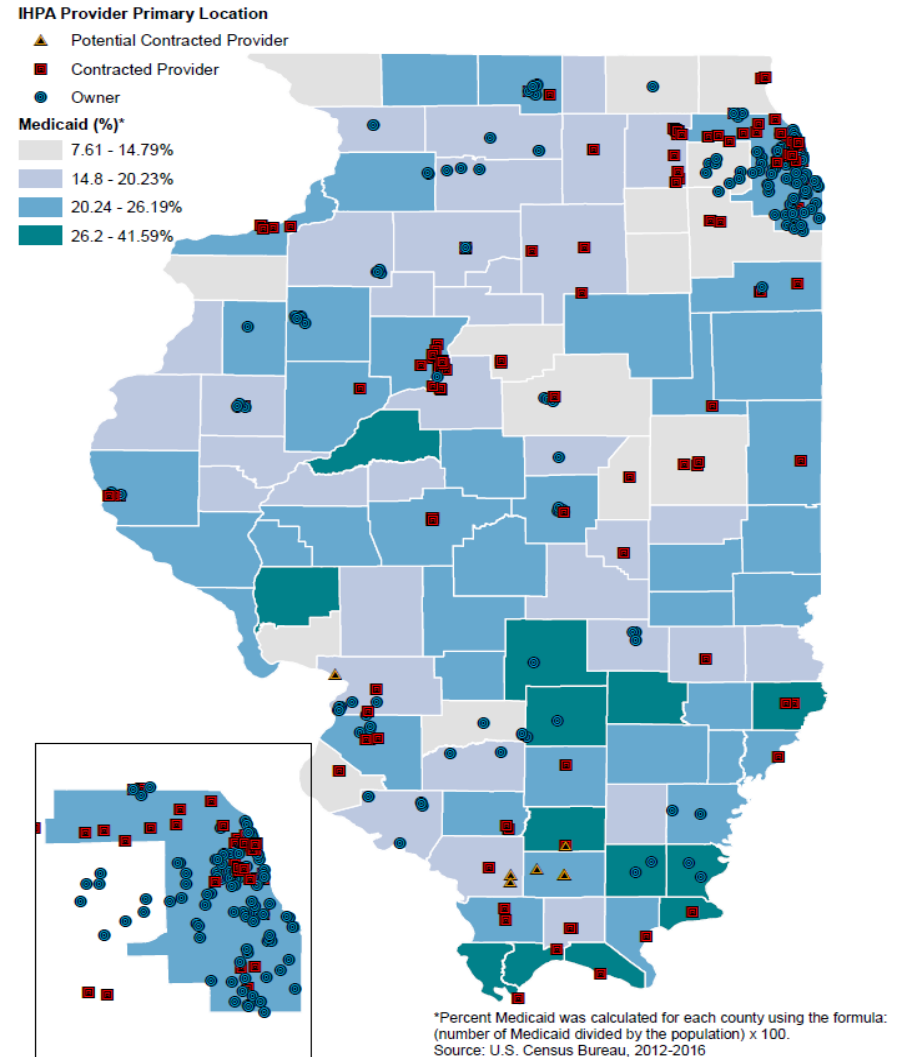
Arc Executive Leadership Conference Illinois Health Practice Alliance Value Based Care Update

David Berkey
Chief Executive Officer

February 6, 2020

Who is Illinois Health Practice Alliance?

- Created to Drive Engaged Outpatient Care for SMI Clients
- Joint Venture between Providers and a Managed Care Organization (MCO)
- Board of Managers with Provider and MCO Representatives
- Statewide Network of 90 Community Behavioral Health Providers
- Incorporated Integrated Health Home (IHH) Objectives into the Care Model
- Management Services Organization (MSO) Processing Claims, Providing Provider and Case Management Support
- Population Health System (HealthEC) to Support Effective Care Coordination



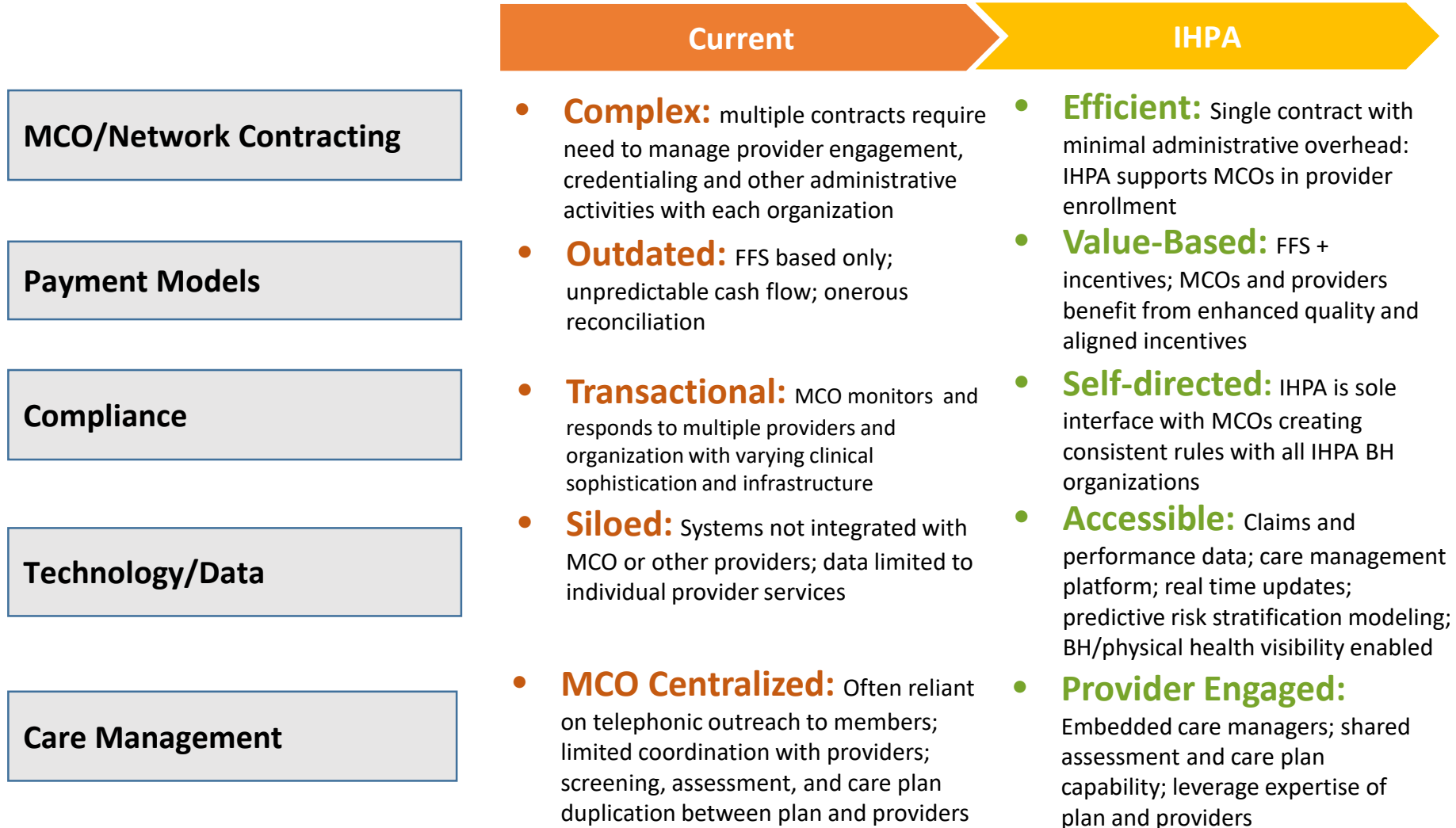
How Did it Happen?

- 18 Month Development Timeline
- Significant Investments from the Payor/Provider Partnership
- Health Plan contributed the Consulting Support for Development
- Providers Contributed Hours of Development and Planning Time
- Providers Directed the Clinical Model Development for Approval of the Board

What Is Our Value Proposition



Catalyst for Development of Value Based Care and Integrated Health Homes with Managed Care Organizations (MCOs)



What Drives Our Success?

- Comprehensive VBP Provider Readiness Assessment.
- IHPA University Training Program with Mandatory Attendance.
- Buy-In of Diverse, Statewide, Provider-driven Network Focused on Collaborative Learning and Sharing Best Practices
- Clinical activities meet the members where they are, in person, with clinicians they know and trust.
- Data integration allows claims history and analysis alongside organized workflow and task list.
- Data integration permits Providers to see how medical conditions impact member participation in behavioral health treatment.
- Flexible data platform that host a treatment documents (IM+CANS) and is built to link to a variety of databases.

IHPA Growth Plan

- IHPA has implemented an aggressive growth plan driven by Provider interest.
 - Provider network has grown by 25% since June 2019.
 - Attributed lives have grown by 68% through both organic growth and network expansion.
 - In discussions with second MCO to secure new VBP contract.
 - Pursuing IHH Agreements all Illinois Medicaid MCOs.
-

Value Based Agreement

- Capitated Agreement for Outpatient Behavioral Health Services (rules 132/140, 2060/2090)
- Providers Receive Enhanced FFS and Incentivizes for:
 - Pay for Reporting
 - PCP Wellness, ED Follow Up for BH and AOD, Depression Medication Management, Training Attendance
 - Pay for Performance
 - 7/30 Day BH FUH, Initiation and Engagement of AOD Treatment
 - Shared Savings through Total Cost of Care
- Contract Requires Closure of Care Management Deliverables

Case Management

Provider Case Management Duties Include:

- Health Risk Screening (HRS)
 - Screening to identify member needs
- Health Risk Assessment (HRA) and Care Plan
 - For members with medium- to high-acuity scores on the HRS
- Transition of Care (TOC) Assessment
 - Helping members with transitions from the hospital to the community, and other care transitions
- Care conference with the MCO
 - Monthly, prescheduled, 15 Minutes.

Case management deliverables and workflow is driven by HealthEC Task List

IHPA Integrated Health Home Objectives

- Drive Delivery of a Model of Care that Addresses the Goals of IHH:
 - Comprehensive Care Management
 - *Daily task list for care management deliverables*
 - Care Coordination and Health Promotion
 - *Claims and care management data access to provide full view of client history*
 - Transitional Care
 - *Focused on transitions of care to ensure successful engagement in outpatient care*
 - Individual and Family Support
 - *Delivering whole person care*
 - Referral to Social Services and Fulfillment of Social Needs
 - *Food*
 - *Housing*
 - *Employment*

Care Task – Due Now



Search Health Topic...



▼ Care Tasks Search/Add

Patient Name: _____ Beneficiary Status: Active Assigned Provider: _____
 From: 04/23/2019 To: 06/23/2019 Domain Select: _____

- Select
- Case Management
- P4P
- P4R

4 Due Now 0 Complete - Met 1 Complete - Not Met

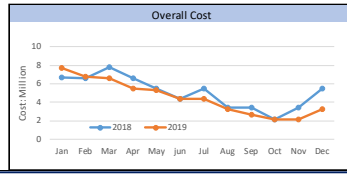
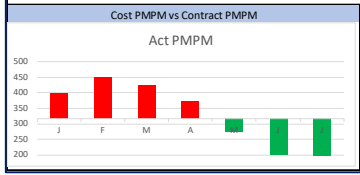
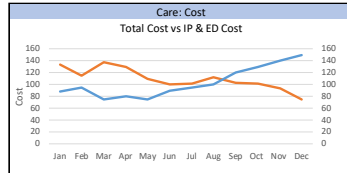
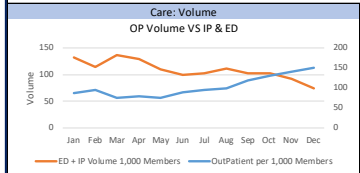
Care Tasks List

				Patient Name	Medicaid ID	Event / Care Plan Goal	Care Task	Triggered On	Goal Due	Goal Type	Care Manager	Hospital/Facility	Assigned Provider	Last Updated On	Last Updated By
				[REDACTED]	[REDACTED]	P4P-FUH 30 Days - Follow-Up After Hospitalization for Mental Illness	Complete the Follow-up	05/17/2019	06/16/2019	Short Term		Memorial Medical Center	Gateway Foundation Inc 84425		
				[REDACTED]	[REDACTED]	CM-HRS Assessment	Upload / complete the assessment	05/01/2019	06/29/2019	Long Term			Gateway Foundation Inc 84425		
				[REDACTED]	[REDACTED]	P4R-FUM - 7 Days Follow-Up After ED Visit for Mental Illness	Complete the Follow-up	05/24/2019	06/01/2020	Long Term		St. Mary's Hospital	Gateway Foundation Inc 84425		
				[REDACTED]	[REDACTED]	P4R-FUM - 30 Days Follow-Up After ED Visit for Mental Illness	Complete the Follow-up	05/24/2019	06/01/2020	Long Term		St. Mary's Hospital	Gateway Foundation Inc 84425		

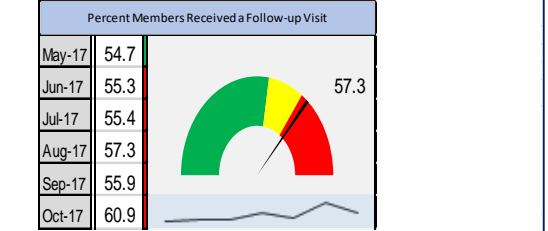
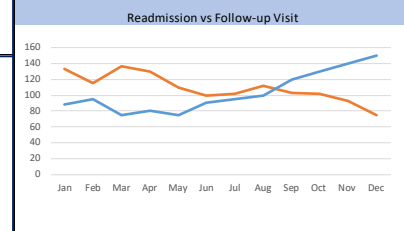
1 / 1 10

Provider Dashboards

Provider Dashboard (Provider Name)													■ Below Goal ■ At/Above Goal	
Managed Care Population														
Volume Managed Care	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Goal	Trend
ED Visits/1,000 Members (Rate)	100	80	98	85	70	75	72	72	68	72	68	55	78	
ED Visit Num/Den	23/100	10/100	5/100	45/100	35/100	20/100	10/100	9/100	8/100	7/100	6/100	6/100		
IP Admissions/1,000 Members (Rate)	33	35	39	45	40	25	30	40	35	30	25	20	28	
IP Admissions Num/Den	23/100	10/100	5/100	45/100	35/100	20/100	10/100	9/100	8/100	7/100	6/100	6/100		
OutPatient per 1,000 Members	88	95	75	80	75	90	95	100	120	130	140	150	120	
OutPt Num/Den	23/100	10/100	5/100	45/100	35/100	20/100	10/100	9/100	8/100	7/100	6/100	6/100		
Cost Managed Care	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Goal	Trend
Total Cost of Care: Attribution Only	100	80	98	85	70	75	72	72	68	72	68	55	78	
Total BH Cost of Care per 1,000 Lives														
BH OP Cost of Care per 1,000 Lives	133	115	137	130	110	100	102	112	103	102	93	75	28	
BH OutPt % of Total Cost	55	44	33	22	11	88	77	66	55	44	33	22		
BH IP Cost of Care per 1,000 Lives	0	0	0	0	0	0	0	0	0	0	0	0	120	
BH IP % of Total Cost	11	22	33	22	11	22	33	22	11	22	33	22		
BH ED Cost of Care per 1,000 Lives														
BH ED % of Total Cost														
Avg Cost PMPM														



Access														
Indicators	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Goal	Trend
Readmission MH	13%	13%	13%	10%	10%	10%	13%	15%	13%	27%	23%	25%	17%	19%
FUH 7 Days MH	25%	23%	21%	19%	17%	15%	13%	27%	23%	25%	17%	19%	28	
FUH 30 Days MH	27%	25%	23%	21%	19%	17%	15%	29%	25%	27%	19%	21%	120	
FUED 7 Days MH	22%	20%	18%	16%	14%	12%	10%	24%	20%	22%	14%	16%		
FUED 7 Days AOD	21%	19%	17%	15%	13%	11%	9%	23%	19%	21%	13%	15%		
FUED 30 Days MH	24%	22%	20%	18%	16%	14%	12%	26%	22%	24%	16%	18%		
FUED 30 Days AOD	23%	21%	19%	17%	15%	13%	11%	25%	21%	23%	15%	17%		



Quality														
Indicators	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Goal	Trend
HRA	13%	13%	13%	10%	10%	10%	13%	15%	13%	15%	10%	11%		
Initiation AOD Treatment	220	235	250	265	280	295	310	325	340	355	370	385		
Engagement AOD Treatment	27%	25%	23%	21%	19%	17%	15%	29%	25%	27%	19%	21%		
Major Depression Meds	180	180	187	194	201	208	215	222	229	236	243	250		

IHPA Value Based Toolbox

- Capitated Agreement that Aligns Provider/Payor Incentives
- Provider VBP Readiness Survey
- Collaborative Learning Environment
- Care Management System that drives Provider Success
- Payment for Care Management
- Provider Performance Management Team
- Live Provider Support and Timely Payment

IHPA 2019 Achievements

- ✓ Grew Our Statewide Network
- ✓ Engage Our Providers through Collaborative Learning Opportunities
- ✓ Signed a Value Based Payment Agreement
- ✓ Developed an Outreach and Engagement Rate
- ✓ Implemented Provider Based Case Management
- ✓ Developed a Provider Performance Team
- ✓ Implemented a User Friendly Pop Health/Care Management IT Platform
- ✓ Delivered Positive Financial Results

2020 Strategic Goals

- Sign additional VBP MCO Agreements for both Medicaid and MMAI populations
- Become a leading IHH Provider
- Continue Network Expansion
 - Network Development
 - ProviderCO Offering
- Incorporate of Social Determinant of Health Referral Management System to Care Management Platform
- Pursue Provider EMR and HealthEC interface