2018 Health Services Work Plan
Utilization Management, Care Management,
Disease Management & Health Education/Cultural Linguistics

Goal #1: Collect, Monitor, Analyze, Evaluate, and Report Utilization of Services	Objective Met: MET

Supports Strategic Plan Goal: Health Care Leader Committed to Access and Quality by monitoring over-and-under utilization of services

Objectives	Activities	Responsible Party	Timeframe to Assess Progress	Start Date	End Date
UM data variances will be researched, explained, and opportunities for improvement identified and acted on. UM data include: *Utilization Management Turn Around Times *Utilization Management Inpatient & Service *Requests Trends *Utilization Reports • Denial Rate • Readmission rates • Bed days per 1000 • Average length of stay • ER Utilization • Acute Inpatient admissions *CM Work load • total Program Referrals Received • Total Careplans Opened • Total Careplans Closed • Average Careplans in a Caseload • Average Referrals in a Caseload *DM Work load • total DM Referrals Received • Total New DM Careplans Opened • Total DM Careplans Closed • Average Careplans in a Caseload • Average Referrals in a Caseload *HIF/MET • Volume of responses • Volume of referrals • Participation in HE programs (number of referrals by topic) • Utilization (after 2nd quarter 2018) *Beacon BH Data	Annual review of services requiring prior authorization	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18
	Measure and monitor TAT to ensure compliance to regulatory time frames.	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18
	Annual review of evidence based guidelines list	CMO, HS Sr. Director and Managers	Annually	1/1/18	12/31/18

- Referrals
- Utilization
- BH Care Management Utilization

Evaluation/Analysis of Intervention(s):

7/6/18 -

TAT: TAT fell below benchmark for expedited preservice requests in 1st quarter due to resource limitations. Implementation of administrative authorization process that improved TAT to benchmark by 2nd quarter.

IP/SR Volume: Total requests have increased 5% compared to same period last year, and 1.5% compared to prior quarter. Total requests for first six months of CY18 are 5.5% higher than the average for all of CY17. The increase in volume is related to prior auth requests, as IP volume has decreased slightly from prior period.

UM Utilization: Denial rate has decreased slightly below prior quarter and prior year. Readmission rate for first six months at 13.15% has increased 3.7% compared to average rate in CY17 at 12.68%. Driver of increased bed days and ALOS in 1Q18 appears to be LOS, as admissions for same period are decreased. 2Q18 data pending claims lag.

CM Workload & HIF/MET: 1st & 2nd quarter show consistent increase in volume of program referrals largely related to newly implemented HIF/MET process. Monthly caseload increased more than 100% averaging approximately 300 program referrals per month. Budget approved staff increase, posting of positions in process. Average number of Referrals per month to Health Education from HIF/MET is 54. Analyzing chronic condition occurrence to identify common populations. Most common health conditions reported on HIF's received between January and December 2018 were diabetes and hypertension.

DM Workload: Transitioning DM into Population Health, considering new metrics based on outcomes. Current activity identifying populations.

Beacon Referral Data: 1Q18 referral data to Beacon Network is up 17.9% compared to the CY17 quarterly average, and up 8.2% compared to same quarter prior year. Trend appears to be increasing over time. Claims lag accounts for data gaps in some indicators.

11/6/18-

TAT: Performance has been maintained above benchmark through Q3 2018.

IP/SR Volume: Volume continues to increase. Total requests compared to same period last year increased 5%, and 2.5% compared to prior quarter (2nd quarter 2018). Inpatient request remain flat.

UM Utilization: Denial rate has increased slightly in Q3 2018, noted significant increase in denials to one provider.   Medical Director working with provider to clarify utilization pattern. Readmission rate continues slightly above calendar year 2017, but 3rd quarter shows decrease (3.7%) from prior quarter. 2nd quarter 2018 increase in Bed Days and ALOS unique.   Noted increase in hard to place SUD and SMI members with inpatient stays. Investigating further. 2nd quarter ED visits down 16% from prior quarter (7.2% decrease for SPD population). Admissions are flat compared to prior period.

CM Workload & HIF/MET: HIF/MET volume continues to remain high, driving referrals up approximately 1000 per quarter. Volume remains unpredictable related to delivery of HIF/METs. Average number of referrals per month for Health Education remains constant at 54; developing workflows between departments to streamline processes.

DM/ Population Health Workload: Transition to Population Health continues. Anticipate clarification of vision/ metrics in 4th quarter 2018.

Beacon Referral Data: Mild to moderate BH referrals continue to increase. 3rd quarter transition of remaining BHT members to Beacon data pending.

1/15/19 Year-End Evaluation:
Utilization Management Turn Around Times: Standard and Expedited annual average TAT exceeded benchmarks. Standard and Expedited TAT in March 2018 fell below benchmark and mitigation put in place that was effective through the end of the year. Historically, November Expedited benchmark falls out due to Thanksgiving holiday. First quarter 2019 providers were reminded of expedited definition through an article in the POB.

Utilization Management Inpatient & Service Requests Trends: Volume continues to increase. Total requests received 2018 compared to 2017 increased 7.1%. Inpatient requests remain flat from prior year.

UTILIZATION
Denial Rate: Annual denial rate remains below 5% (2018 average 4.2%).
Readmission Rate: Readmission Rate for 2018 increased 6.2% to 13.4%. Will review root cause in 2019 Work Plan.
Bed Days & Average Length of Stay (ALOS): A four-quarter comparison identified an increase in bed days and ALOS for general GCHP population; however, SPD population decreased in both areas. (Bed Days: increase 5.8% SPD Bed Days: decrease 6%) (ALOS: increase 2% (.2 increase), SPD ALOS: decrease .6% (.03 decrease))
ER Utilization: A four-quarter comparison identified a decrease in ER Utilization for general GCHP population, as well as SPD population alone.
(3.7% decrease, SPD 6.3% decrease)
Acute Inpatient Admissions: A four-quarter comparison identified a slight increase in admissions for general GCHP population; however, SPD population decreased.
(1.9% increase [difference of 1 admit per 1000 from 2017 to 2018]; SPD 5% decrease [difference of 9 admits per 1000 from 2017 to 2018])

Utilization Summary: In reviewing rolling 4 quarter data, utilization appears appropriate. ALOS up slightly, but SPD inpatient and ED utilization down. Admin days continue to decrease, supporting effective efforts to transition patients to the appropriate level of care. Continue to monitor and track.

CM Workload: Case load continues to increase related to HIF/MET interventions. Number of complex case management cases decreased with improved identification of complex vs care coordination and earlier intervention through HIF/MET and RN triage.

DM Workload: Disease Management focusing on Asthma and Diabetes. Cases continue to decrease as other resources and programs become available for members. Evaluating effectiveness of nurse coaching. Exploring alternative interventions.

HIF/MET: The average new member outreach is approximately 2385 per month. Approximately 22% of members returned the HIF, and of those 60% resulted in a Care Management referral. This continues to support identifying high need members on enrollment and intervening to improve outcomes. The volume of HIF/MET's received by the Plan continues to be unpredictable as mailroom issues continue to be resolved.

Behavioral Health: An error related to aid codes was identified late in 2018 skewing penetration rates. BHO committed to improving reporting 1st quarter 2019. Overall penetration rate for behavioral health as of 3Q18 was 4.23, which is 19.8% higher than MBHO's book of Medicaid business. Overall adults are higher utilizers for non-BHT treatments, and more females than males seek treatment. Telehealth utilization increased considerably in 3Q18 for both medication management and therapy. Will continue to monitor.

Goal #2: Ensure quality of HS programs				Objective Met: MET	
Supports Strategic Plan Goal: Health Care Leader Committed to Access and Quality					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
1. Ensure competency of HS staff 2. New employees receive competency based orientation and training	Orientation and training is competency based and new staff is audited 100% until standard is met.	HS Sr. Director and Managers	Annual and as needed	1/1/18	12/31/18
	All clinical staff must pass annual IRR (at least 90%)	HS Sr. Director and Managers	Annual	10/1/18	12/31/18
	Staff are trained on new processes and guidelines in a timely manner as evidenced by quarterly audits. Deficiencies are addressed through individualized education and training and re-audited to standard.	HS Sr. Director and Managers	Annual and as needed	1/1/18	12/31/18
	Audit tools reviewed annually	HS Sr. Director and Managers	Annual	1/1/18	12/31/18
	Work flows and desk top procedures are written, reviewed and revised as needed to provide accurate and clear guidance to staff.	HS Sr. Director and Managers	Annual and as needed	1/1/18	12/31/18
	Develop a non-clinical IRR	HS Sr. Director and Managers	Annual	1/1/18	12/31/18
Evaluation/Analysis of Intervention(s): **7/6/18-** Developing/ updating onboarding process for new staff and physicians. JAMs created and updated as needed. Quarterly audits identifying no gaps at this time. Rolling out process for training with MH 3.1E implementation. **11/6/18 –**					

Developed a non-clinical IRR and integrated into learning management system. Pending IRR 4th quarter 2018.

1/3/2019 Year-End Evaluation:
Annual IRR was completed and passed by all licensed staff and physicians performing clinical review. Annual IRR developed for and passed by all non-clinical staff. Training on workflow changes and new processes provided. Annual review of workflows and desktop procedures completed. Desktop procedures created as needed.

Goal #3: Readmission rates remain flat or decrease			Objective Met: PARTIALLY MET		
Supports Strategic Plan Goal: Health Care Leader Committed to Access and Quality by monitoring over-and-under utilization of services					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
3a. Evaluate the effectiveness of the transition of care program	Collect and analyze data	UM Manager	Annual	1/1/18	12/31/18
	Determine and implement program efficiencies	UM Manager	Annual	1/1/18	12/31/18
	Increase utilization of MARA	HS Sr. Director and Managers	Annual	1/1/18	12/31/18
Evaluation/Analysis of Intervention(s): **1/3/2019 year-end Evaluation –** TOC focuses on SPD discharges. There were 414 TOC assessments completed in 2018. In review of 2017 TOC effectiveness, the 544 members who participated in TOC reduced ER utilization by 20% and Admits by 46%. Non-participating members also decreased ER utilization by 18% and Admits by 38%. Efficiencies continue to be evaluated. Competing priorities throughout the organization prevented the increase utilization of MARA. Reviewing ACG opportunity within Medical Management System.					

Goal #3: Readmission rates remain flat or decrease		Objective Met: MET			
Supports Strategic Plan Goal: : Health Care Leader Committed to Access and Quality by monitoring over-and-under utilization of services					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
3b. Pilot programs aimed to decrease readmissions and ER utilization	Pilot TOC with Camarillo Health Care District	HS Sr. Director and Managers	Bi-Annual	1/1/18	12/31/18
	UM and Health Education collaborate to analyze data collected regarding members with 3 or more visits per month (avoidable conditions).	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18

Evaluation/Analysis of Intervention(s):
7/6/18 – Pilot continues, reviewing outcomes.

11/6/18- CHCD data analyzed:
- CHCD reported 57% of members participated reported an increase of quality of life/health score of 1 or more points
- members who completed the program with a decrease of 29% in ER utilization and 67% for admissions.
- Members who only received a home visit had an increase in ER utilization, but decreased in admissions.
- A comparison of members who participated to those who did not participate showed a decrease in utilization for both groups

Results of program may have been impacted by difficulties in implementing.

1/3/2019 year-end Evaluation: Reevaluate continuation of CHCD TOC program with St. John's Regional Medical Center in 2019. Q1 and Q2 data shows members who frequent the ER three or more times per month are seen for the following three conditions: headaches, abdominal pain

and back pain. Q3 and Q4 data is unavailable due technical problems and will reported at a later date.   Plan article in member newsletter on avoidable ED diagnoses for 2019.

Goal #4: Administrative days are used appropriately for hard to place members			Objective Met: MET		
Supports Strategic Plan Goal: Health Care Leader Committed to Access and Quality by monitoring over-and-under utilization of services					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
Identify and implement learning opportunities to build consistency around appropriate management of administrative days.	Identify root causes from 2017 inconsistencies	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18
	Develop plan for training	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18
	Monitor results	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18

Evaluation/Analysis of Intervention(s):

7/6/18 - Root cause of admin days greater than 15 days is homelessness and psych components to safe discharge.

1/3/2019 year-end Evaluation:

Year-over-year admin days decreased. Coordination and education of hospitals to WPC continues. Processes implemented to improve escalation of hard to place SNF patients.

Goal #5: Continuously improve coordination of care between the medical home, community agencies and health plan			Objective Met: MET		
Supports Strategic Plan Goal: Health Care Leader Committed to Access and Quality					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
Member receives appropriate, timely and seamless care from the health care team.	Quarterly meetings with CCS to review opportunities to improve collaboration, reduce barriers, and implement process improvement activities.	HS Sr. Director, HE Director, and Managers	Annual	1/1/18	12/31/18
	Quarterly meetings with CHDP to review opportunities to improve collaboration, reduce barriers, and implement process improvement activities.	HS Sr. Director, HE Director, and Managers	Quarterly	1/1/18	12/31/18
	Quarterly meetings with TCRC to review opportunities to improve collaboration, reduce barriers, and implement process improvement activities.	HS Sr. Director, HE Director, and Managers	Quarterly	1/1/18	12/31/18
	Regular meetings with VCOE.	HS Sr. Director, HE Director, and Managers	Quarterly or as needed	1/1/18	12/31/18
	Monitor referrals to specialists and provide feedback to medical homes, UM Committee, Provider Operations. • Research unused authorizations report to ensure member received care Audit PCP referrals to specialists for timeliness to scheduled appointment	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18

	Survey providers to assess knowledge of GCHP CM processes and address knowledge deficits.	HS Sr. Director and Managers	Quarterly	1/1/18	12/31/18

Evaluation/Analysis of Intervention(s):

7/6/18- Minutes reflect ongoing quarterly meetings. Partnered with CCS on the PFC program termination. Partnered with Beacon and TCRC for BHT transition 7/1/18. Actively working with Provider Networks on gap in access to care to be reported out at the July UM Committee meeting. Due to limited resources, temporary deferment of provider surveys was necessary. Anticipate reassessing tool and re-implementing the process in quarter three. /

1/3/2019 Year-end Evaluation-
The health plan continues to collaborate with community partners as evidenced by maintenance of at least quarterly meetings with CCS, CHDP, TCRC, and VCOE, as well as regular meetings with WPC and VCPact. Due to competing priorities and limited resources, temporary deferment of provider surveys. Anticipate reassessing tool and re-implementing the process in quarter 2 2019. Efforts to promote an increase in breast feeding has been successful, as indicated by an increase in breast pump rentals. An issue identified in 3rd quarter related to claim denials of breast pumps was resolved in 4th quarter with no decrease in utilization.
As CHDP's focus shifted to oral care, Plan increased collaboration with community partners.
Dental update:Ventura County Office of Education (VCOE) – staff attends the VOCE Health Services meetings on a quarterly basis and as needed. The Director of Health Education attended the following meetings: February 13, 2018; April 24, 2018; and November 13, 2018.

Provider Education – In an effort to inform and educate providers on changes in benefits and services articles are published in the Provider Operations Bulletin (POB). During the reporting period there were several POBs published in 2018:
 POB – January 2018, Issue 35
Section 1: Palliative Care Update
Section 2: Non-Emergency Medical Transportation (NEMT)
Section 3: Non-Medical Transportation (NMT)
Section 11: Cultural & Linguistic Services

POB – April 2018, Issue 36
Section 8: Palliative Care Update
Section 11: Non-Medical Transportation (NMT)
Section 15: Referrals to Specialists
Section 18: Call to Partnership to Improve Immunization Rates in Ventura County
Section 19: Health Education
Section 20: Cultural & Linguistic Services

POB – July 2018, Issue 37
Section 6: Referrals to Specialists
Section 8: Palliative Care Update
Section 9: Non-Medical Transportation (NMT)
Section 12: Health Education
Section 13: Language Assistance Services

POB – October 2018, Issue 38
Section 4: Nursing Facilities
Section 7: Non-Medical Transportation (NMT)
Section 8: Health Education
Section 9: Language Assistance Services

Additionally, Providers were sent many Fax Blasts throughout 2018 related to coordination of care with outside resources as follows:
2/15/2018: GCHP Asthma Resources and the Thomas Fire
8/9/2018: National Immunization Awareness Month
10/11/2018: Initial Health Assessment and Staying Healthy Assessments
11/08/2018: Crisis Response Protocol for Members
12/13/2018: Appropriate testing for Children with Pharyngitis

GCHP partners with CHDP on oral health initiatives. The Department of Health Education works collaboratively with CHDP to inform members and providers of oral health services and benefits. The Denti-Cal directory and brochures on Medi-Cal dental coverage are posted on the GCHP website in English and Spanish.

Goal #6: Educate providers about the programs and services provided by UM/CM/HE		Objective Met: MET			
Supports Strategic Plan Goal: Health Care Leader Committed to Access and Quality by monitoring over-and-under utilization of services					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
Providers will understand how GCHP UM and CM processes assist in the timely access to care and services for GCHP members.	Conduct periodic UM/ CM/ HE provider surveys to assess providers knowledge of GCHP processes.	HS Sr. Director, HE Director, and Managers	Quarterly	1/1/18	12/31/18
	Address knowledge deficits with information and training	HS Sr. Director and Managers	Quarterly or as needed	1/1/18	12/31/18
	Identify areas where mutual collaboration will improve member care	HS Sr. Director and Managers	Quarterly or as needed	1/1/18	12/31/18

Evaluation/Analysis of Intervention(s):

7/6/18 - Due to limited resources, temporary deferment of UM/CM provider surveys was necessary. Anticipate reassessing tool and re-implementing UM/CM process in quarter three and developing tool for HE provider survey. UM/CM/HE actively collaborating to reduce silos in coordination of care.

1/3/2019 year-end Evaluation – UM/CM continued to identify and educate providers on processes throughout the year. Providers were educated on definition of expedited request to increase timeliness. Collaborated with Provider Networks on the POB and JOMs. Provider Networks is anticipating a new Provider survey in 2019 that should address this area. Recommendation: continue to monitor.

Goal #7: Identify and engage members with population health strategies.		Objective Met: MET			
Supports Strategic Plan Goal: Collaborative Community Partner Health Care Leader Committed to Access & Quality					
Objectives	**Activities**	**Responsible Party**	**Timeframe to Assess Progress**	**Start Date**	**End Date**
a. Develop and implement processes for population health management to reduce ED utilization.	Analyze HIF/MET data to determine prevalent population health trends.	HS Sr. Director and CM/ DM Managers	Quarterly	1/1/18	12/31/18
	Develop and implement Diabetes Prevention Program	HS Sr. Director and CM/ DM Managers	Quarterly	1/1/18	12/31/18
	Determine effectiveness of health coaching for Disease Management.	HS Sr. Director and CM/ DM Mangers	Quarterly	1/1/18	12/31/18
	Development and implementation of Disease Self-management Program.	HS Sr. Director, HE Director, and CM/ DM Managers	Quarterly	1/1/18	12/31/18
	Analyze potential of utilization of Patient Activation Measure (PAM).	HS Sr. Director, HE Director, and CM/ DM Managers	Quarterly	1/1/18	12/31/18
	Track HIF/MET related program attendance.	HS Sr. Director and HE Director	Quarterly	1/1/18	12/31/18
Evaluation/Analysis of Intervention(s): **7/6/18**- In the process of analyzing HIF/MET data to determine prevalent population health trends. Researching and supporting community efforts for DPP; pending further clarification from DHCS on program requirements.					

1/3/2019 year-end review – DPP vendor contract is actively being negotiated. Continue to analyze potential of utilization of Patient Activation Measure (PAM).

Collaborating with community efforts around DPP, trained staff in DPP, and developing reporting and oversight pending DHCS reporting requirements.
Continue to process and analyze HIF/MET data to determine prevalent population health trends as we transition DM to Population Health.