



# Amerigroup Nevada Inc.

## **July 2016 MCAC Presentation** **Improving Quality Outcomes**

### **Agenda**

- The Role of Quality Management
- Overview of AGP Quality Measures
- Membership Transformation
- Market Challenges
- Improving Network Adequacy
  - Innovation for Population Management
  - Improving Quality Outcomes

Example: BH Innovations

Summary

# AGP Quality Improvement Activities

## What Does Amerigroup Quality Management Do For NV State?

- Objectively and systematically monitor and evaluate the quality, appropriateness, accessibility, and availability of safe and equitable medical and behavioral health care and services.
- Identify and implement strategies to improve the quality, appropriateness and accessibility of member healthcare.
- Facilitate organization wide integration of quality management principles.

Revolves around .....

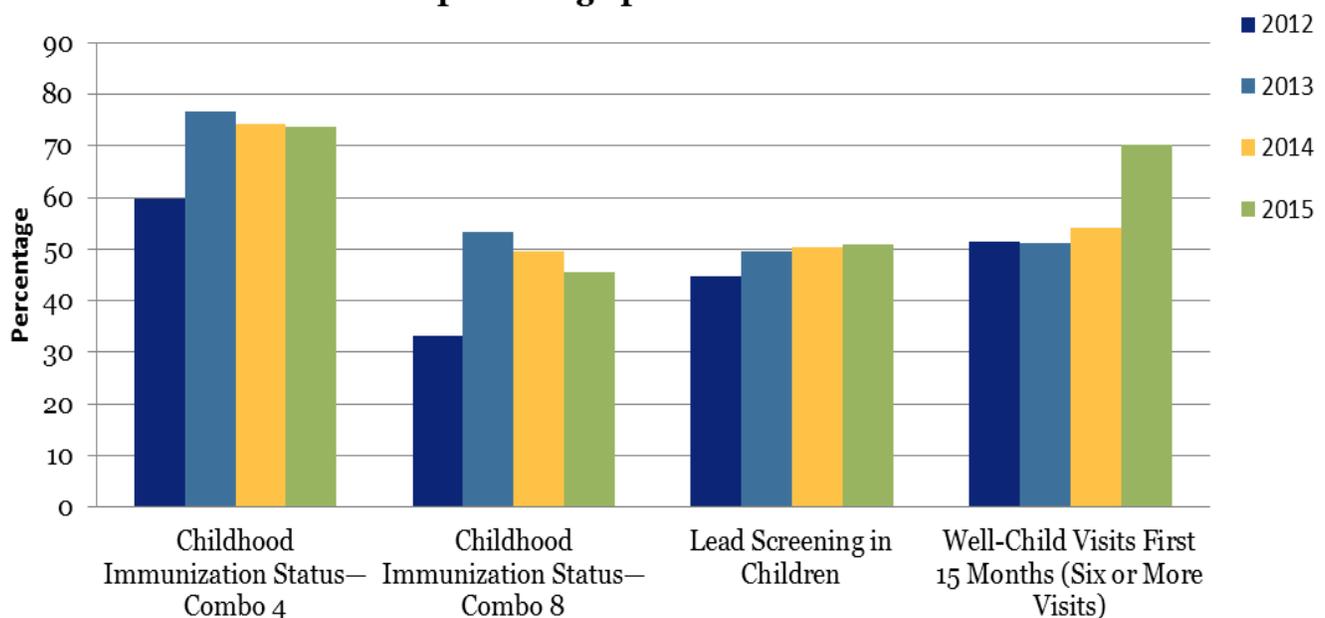


## AGP Improving Quality Outcomes

### CHIP

- AGP Tracking /monitoring 19 HEDIS measures, 34 indicators/Sub measures
- Report to the state 15 measures (26 indicators)
- 2015 EQR results show statistically significant increase in Well - Child Visits and CIS measures (see graph below)

**AGP CHIP Measures with rate improvements greater than 5 percentage points over time**

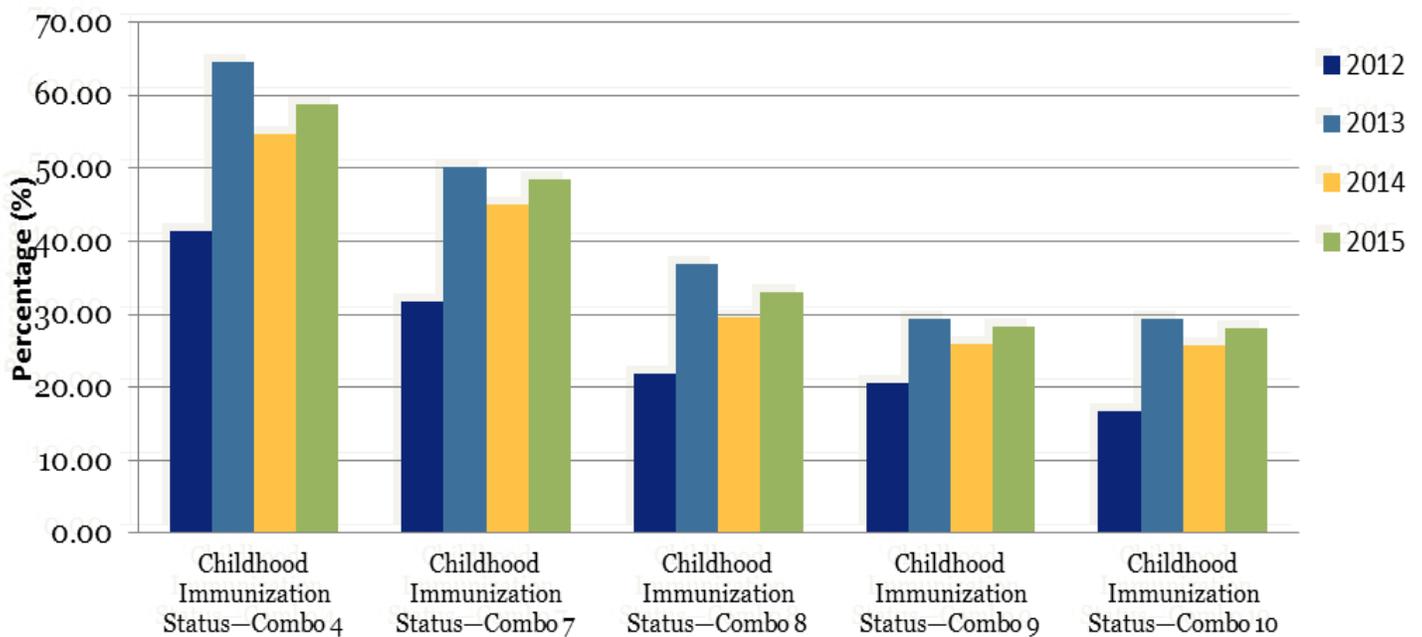


# AGP Improving Quality Outcomes

## TANF

- AGP Tracking /monitoring 38 HEDIS measures, 64 indicators/Sub measures
- Report 19 measures,36 sub measures/indicators
- A statistically significant improvement for CIS measures reported in 2015 EQR report (See graph below)

**AGP TANF Measures with rate improvements greater than 5 percentage points over time**



AGP state reported TANF & CHIP HEDIS Measures	NCQA Accredited	NV State Measure	
Measure			
Weight Assess & Counseling for Nutrition & Physical Activity for Child/Adolescent - BMI percent	Yes	Yes	WCC
Weight Assess & Counseling for Nutrition & Physical Activity for Child/Adolescent - Nutrition	Yes	Yes	WCC
Weight Assess & Counseling for Nutrition & Physical Activity for Child/Adolescent - Physical Activity	Yes	Yes	WCC
Children and Adolescents' Access to Primary Care Practitioners - 12 to 24 months of age		Yes	CAP
Children and Adolescents' Access to Primary Care Practitioners - 25 months to 6 years of age		Yes	CAP
Children and Adolescents' Access to Primary Care Practitioners - 7 to 11 years of age		Yes	CAP
Children and Adolescents' Access to Primary Care Practitioners - 12 to 19 years of age		Yes	CAP
Childhood Immunization Status and Lead Screening			
Immunization Combo 2		Yes	CIS
Immunization Combo 3		Yes	CIS
Immunization Combo 4		Yes	CIS
Immunization Combo 10	Yes	Yes	CIS
Lead Screening		Yes	CIS
Human Papillomavirus Vaccine for Female Adolescents	Yes	Yes	HPV
Immunization for Adolescents - Combo 1	Yes	Yes	MA
Annual Dental Visit	Yes	Yes	ADV
Comprehensive Diabetes Care			
HbA1c Testing		Yes	CDC
HbA1c Poor Control (>9.0%)	Yes	Yes	CDC
HbA1c Control (<8.0%)	Yes	Yes	CDC
Eye Exam	Yes	Yes	CDC
Medical Attention for Nephropathy	Yes	Yes	CDC
BP Control (<140/90 mm Hg)	Yes	Yes	CDC
Follow-Up After Hospitalization for Mental Illness - 30 days		Yes	FUH
Follow-Up After Hospitalization for Mental Illness - 7 days	Yes	Yes	FUH
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	Yes	Yes	ADD
Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	Yes	Yes	ADD
Prenatal and Postpartum Care - Timeliness of Prenatal Care	Yes	Yes	PPC
Prenatal and Postpartum Care - Postpartum Care	Yes	Yes	PPC
Frequency of Ongoing Prenatal Care - 8% or more of expected visits	Yes	Yes	FPC
Medication Management for People with Asthma - 50% or more medication compliance		Yes	MMA
Medication Management for People with Asthma - 75% or more medication compliance	Yes	Yes	MMA
Well-Child Visits in the First 15 Months of Life - 6+ visits		Yes	W15
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life		Yes	W34
Adolescent Well-Care Visits		Yes	AWC
Use of Multiple Concurrent Antipsychotics in Children and Adolescents		Yes	APC
Ambulatory Care		Yes	AMB
Outpatient Visits - Total all age groups			
Emergency Department Visits - Total all age groups			
Mental Health Utilization		Yes	MPT
Any Service - Total all age groups			
Inpatient - Total all age groups			
Intensive Outpatient or Partial Hospitalization - Total all age groups			
Outpatient or ED - Total all age groups			

AGP Additional Measures -Not reported to the state -TANF &CHIP HEDIS Measures	NCQA Accredited	NV State Measure	
Measure			
Adults' Access to Preventive/Ambulatory Health Services - 20 to 44 years of age			AAP
Adults' Access to Preventive/Ambulatory Health Services - 45 to 64 years of age			AAP
Adults' Access to Preventive/Ambulatory Health Services - 65+ years of age			AAP
Adult BMI Assessment	Yes		ABA
Childhood Immunization Status and Lead Screening			
Chlamydia Screening in Women - 16 to 20 years of age			CHL
Chlamydia Screening in Women - 21 to 24 years of age			CHL
Chlamydia Screening in Women - Total of all age groups	Yes		CHL
Annual Monitoring for Patients on Persistent Medications - Combined Rate			MPM
Antidepressant Medication Management - Acute Phase	Yes		AMM
Antidepressant Medication Management - Continuation	Yes		AMM
Appropriate Testing for Children with Pharyngitis	Yes		CWP
Appropriate Testing for Children With Upper Respiratory Infection	Yes		URI
Breast Cancer Screening	Yes		BCS
Cervical Cancer Screening	Yes		CCS
Controlling High Blood Pressure	Yes		CBP
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis			ART
Initiation of Alcohol and Other Drug Dependence Treatment (Total)			IET
Engagement of Alcohol and Other Drug Dependence Treatment (Total)	Yes		IET
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications			SSD
Diabetes Monitoring for People With Diabetes and Schizophrenia			SMD
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia			SMC
Adherence to Antipsychotic Medications for Individuals With Schizophrenia			SAA
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Yes		AAB
Asthma Medication Ratio - Total population ratio > 50%			AMR
Use of Imaging Studies for Low Back Pain	Yes		LBP
Use of Spirometry Testing in the Assessment and Diagnosis of COPD			SPR
Pharmacotherapy Management of COPD Exacerbation			
Corticosteroid within 14 days of event	Yes		PCE
Bronchodilator within 30 days of event	Yes		PCE

# AGP Improving Quality Outcomes

## The ACA Transformation



In 2009, Medicaid Managed Care was primarily focused on Moms and Kids. Amerigroup served 80,000 members in Nevada.



With the ACA Medicaid expansion in 2014, Amerigroup's membership grew by 100,000 members – members who were childless adults, some homeless, many with mental illness and substance use disorder.



Chronic Homelessness

Serious Mental Illness and Substance Use Disorders

Physical and Mental Disabilities

Chronic Medical Conditions

High Annual Health Care Expenditures

# AGP Improving Quality Outcomes

## Innovation for Population Management

### Examples of AGP Innovation programs

BH Expanded  
Services –  
Well Care

Innovative  
Healthcare  
Delivery

Live Health  
Online (LHO)

PQIP & PCMH  
Programs

Community  
Outreach  
Vehicle (COV)



## AGP Improving Quality Outcomes– Example: BH Measures

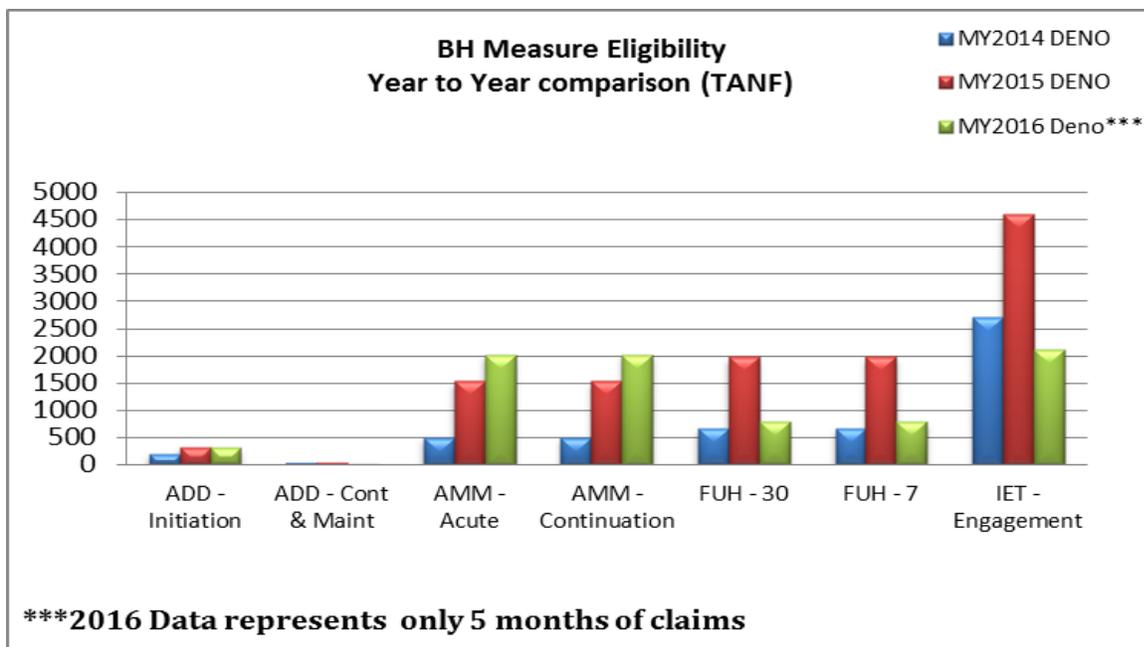
### Improving Behavioral /Mental Health Outcomes

- ⇒ MH combined with a chronic conditions such as Diabetes, Cardiovascular disease etc.,
- ⇒ Follow Up after Hospitalization (FUH-7 & 30 days), IET, ADD, AMM

### Behavioral Health

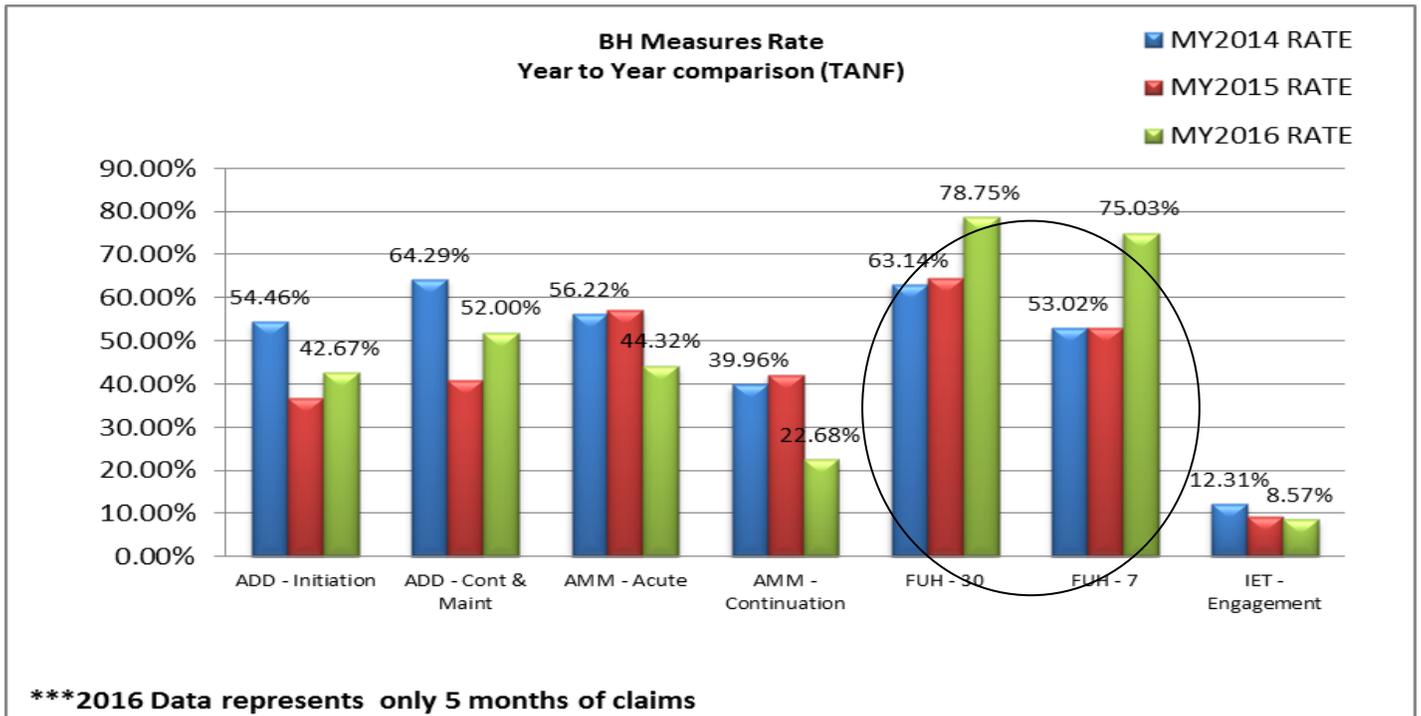
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
- Initiation of Alcohol and Other Drug Dependence Treatment (Total)
- Antidepressant Medication Management - Acute Phase & Continuation phases

## Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures



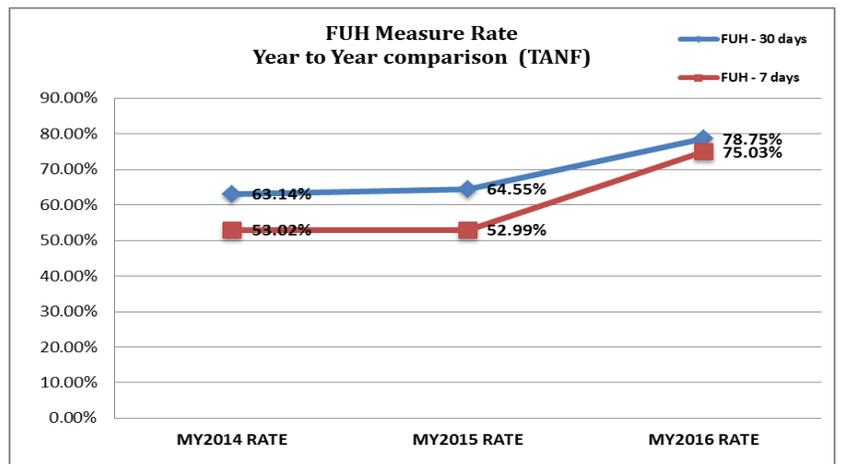
⇒ Increase in BH eligible members year over year.

# Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures



**Note:** AMM rates reflect the lag in the measure

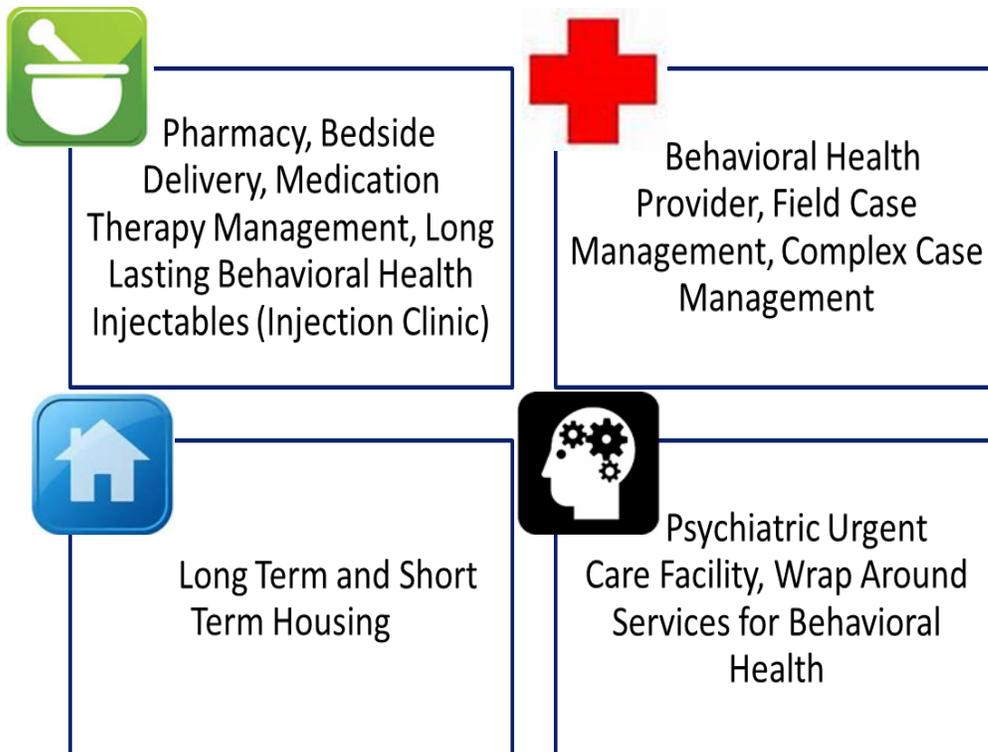
⇒ Between 14–22 percentage points increase in Follow up rates after Hospitalization linked to better Network Adequacy



## Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures

### An Innovative Partnership – Well Care Services

#### Well Care Services Core Competencies



## Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures

### The Health Home Reimagined— Well Care Services

Reverse Integration

Field Case Management

Long-acting BH Injection Clinic

Medication Management and Delivery

Transportation

24/7 365 Triage Access to Services

BH Acute Facility Discharge Planning Day One

## Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures

### Addressing Ongoing Needs of Homelessness

Continue to Innovate!

Integration with  
Community Partners

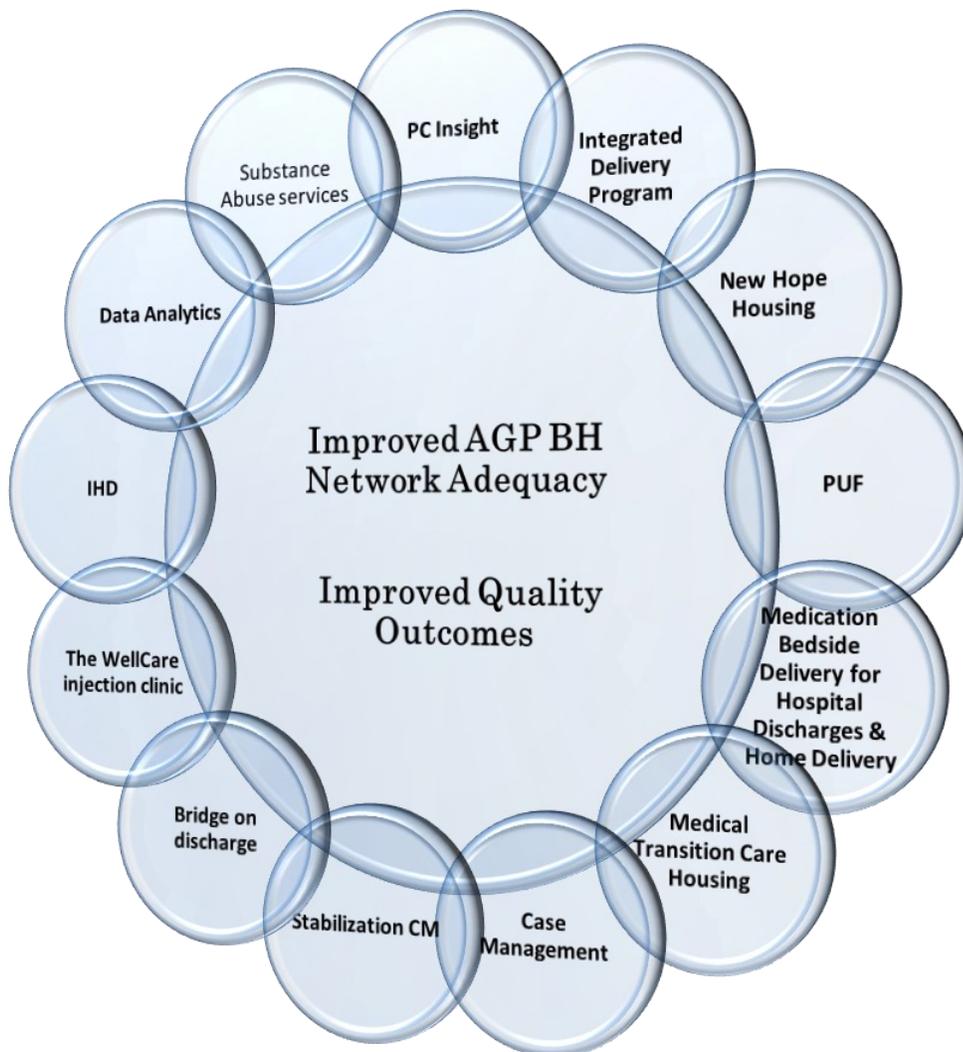
Amerigroup BH  
Village

Job Connect and  
Vocational Training

Long-term Housing  
Options

# Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures

AGP Programs Support Network Adequacy-



## Improving Network Adequacy Improves Quality Outcomes— Example : BH Measures

### Well Care Amerigroup in Action

*M.S., an Amerigroup member, was at Monte Vista hospital when she was picked up by her Well Care Case Manager. They were headed to a covered transitional living home provided by Amerigroup. M.S. had been homeless and using drugs throughout her life which resulted in numerous ED visits and hospitalizations. On this occasion, M.S. was hospitalized for depression and drug abuse resulting in her losing the custody of her only son.*

Care Management and Housing Assistance

*M.S. had been placed in Amerigroup housing back in August 2015 and has thrived since. She has been compliant with her treatment plan and has attended every therapy and psychiatry appointment (required). She attended an Intensive Outpatient Program (IOP) to deal with her addiction issues and she has also been able to see an integrated PCP who was able to address both her physical and behavioral health needs.*

Care Integration

*M.S., like many other Medicaid expansion members, had begun her social security application prior to being referred to Well Care for services – but she had never followed up on the final pieces needed. With the help of her Well Care Case Manager, she was successful in completing the required paperwork and was approved for social security assistance.*

Field Case Management