

Chapter 3.170 Innovative Programs (30.060.200)

3.170 A. Submit a narrative of the innovative programs that the MCO shall implement in Kentucky.

3.170 B. Describe the health benefits of these innovative programs to the Medicaid Members.

3.170 C. Describe how these innovative programs will save money in comparison to the benefits provided.

Introduction

The Humana/CareSource team has a history of developing creative and successful programs to improve the quality of care provided to Medicaid Members. At our core we are innovators, and that passion is built into our culture, our way of life and our people. The Humana/CareSource team is committed to bringing innovations to the Commonwealth that focus on the following key areas:

- New technologies to support the delivery of care by our Providers;
- Creative ideas for our internal team to better coordinate services; and
- State of the art clinical programs designed to improve the health outcomes of our Members.

CareSource innovative programs have been recognized with the following awards:

- The Ohio Association of Health Plans (OAHP) Pinnacle award celebrating best practices in 2008 for RSV Management.
- The OAHP Pinnacle award in 2011 for the NICU Care Transitions Program.
- The OAHP Pinnacle award in 2012 for the Montgomery County Care program.
- The Montgomery County Care program was also recognized in the Dayton region as the 2012 Health Promotion Program award recipient by the Center for Healthy Communities at the Wright State University Boonshoft School of Medicine.
- Pinnacle awards were also received in the state of Michigan for our Call Optimization Innovation (2010) and Asthma Program (2011).
- In 2010, the International Quality and Productivity Center (IQPC) awarded CareSource an Honorable Mention at the Call Center Excellence Awards in the category of "Best Performance Leveraging Customer Feedback." CareSource finished just behind Discover and ING Direct.
- We have been regularly listed in the *Dayton Business Journal's* "Fastest Growing Companies in Dayton" and/or "Top 100 Companies" lists.



Innovative solutions are critical to lowering the overall cost of healthcare, which is why we have made the commitment and investment in programs and technology that

improve health outcomes and drive down costs. Our goal is to bring our experience and expertise in innovative managed care to the Commonwealth of Kentucky and the Medicaid Members in Region 3. Among our many programs, we would like to highlight innovations in pharmacy, disease management, e-technology, and web and social media.

The rest of this section describes innovative programs and initiatives along with their health and cost savings potential for the following:

- A. Medication therapy management (MTM)
- B. E-Prescribing
- C. Increasing the use of generic drugs
- D. Increasing practices to eliminate excess prescriptions to deter Medicaid Members from obtaining multiple prescriptions from different physicians for the same drug
- E. Development of methods to achieve savings in pharmacy dispensing fees and drug acquisition costs
- F. Disease Management
- G. Use of E-Health Technology

1. Primary Care
2. Mobile Care Management Application
3. Mobile Business Intelligence
4. iConnect Program
5. Text4baby Outreach Partnership
6. Web and Social Media

A. Medication therapy management (MTM)

The Humana/CareSource team has experience implementing comprehensive pharmacy consultation and case management programs that we will utilize in the KY medical program. MTM engages Members who have opportunities for improvement in their drug program. Although MTM is a key requirement within Medicare Part D plans, CareSource has enhanced Medicaid programs with this offering.

Providing this type of service within a Medicaid population is unique. The Humana/CareSource MTM program provides the opportunity for pharmacists to act upon information sent to them via our Targeted Intervention Program (TIP), or the pharmacist can proactively outreach to a Member. This unique approach drives greater involvement of the pharmacist in the patient's care to improve health care status. The goals of our Member point-of-sale consultation with pharmacists are:

- Enhanced Member understanding of their medications
- Increased Member adherence to medication directions
- Prevention of drug complications, conflicts and interactions

Our MTM program begins with a monthly claims review of all Member pharmacy claims to identify areas of opportunity to enhance a Member medication regimen. The

Humana/CareSource team partners with Outcomes Pharmaceutical Health Care, a national leader in the design, delivery, and administration MTM programs, to analyze prescription claims data and to send identified opportunities for improvement to our network pharmacies via a web-based tool. A TIP is sent to our pharmacy network for the appropriate intervention.

TIPs focus on such areas as:

- Formulary/preferred drug list interventions
- Drug interactions
- Compliance and persistency
- Inappropriate medications in the elderly
- Therapeutic duplication
- HEDIS/NCQA guideline recommended treatments

Using TIPs, pharmacists engage Members in this program via face-to-face consultation while Members are at network pharmacies, or via telephone with staff pharmacists. During a MTM consultation, the pharmacist provides consultation to our Members, including:

- A comprehensive medication review that identifies gaps in medication therapies, possible lower cost alternatives, and recommendations for optimizing drug therapy and staying adherent
- Safety precautions to avoid adverse reactions from potential drug interactions
- Drug information in order to increase health literacy

After the consultation, the Member and the Member's physician(s) receive follow-up communication, alerting them to any potential medication issues and if appropriate, suggesting a lower cost medication.

CareSource recently successfully launched an MTM program in its Ohio Medicaid plan. As in Ohio, we will launch in the Commonwealth by working with key stakeholders across the state. The Ohio launch was successful, owing in part to CareSource's outreach to stakeholders. CareSource worked with the Ohio Pharmacist Association and its Disease State Management and MTM Task Force to build excitement and interest in the program leading up to the launch. Additionally, CareSource will engage pharmacists across the state with a tour endorsed by the Ohio Colleges of Pharmacy and the Ohio Pharmacist Association. This tour will provide pharmacists with a continuing education (CEU) program and familiarity with becoming active within a MTM program.

Health and Financial Benefits

After a consultation, the member and his or her physician(s) receive follow-up communication alerting them to any potential medication issues. If appropriate, lower cost medications are recommended.

Through participation in MTM programs, Members are empowered to:

- Increase adherence to their treatment plans
- Save money with lower-cost alternatives to prescribed medications
- Improve their quality of life and avoid acute episodes of illness

Through our innovative pharmacy programs we have produced positive outcomes for Members and positively impacted the Medicaid Program with:

- Enhanced Member understanding of their medications
- Prevention of drug complications, conflicts and interactions
- Increased adherence to treatment plans
- Improved quality of life
- Avoidance of adverse events
- Avoidance of acute episodes of illness
- Increased generic use and formulary compliance
- Decreased administrative costs
- Support for appropriate data access, technology advancement, and adoption programs

This program has been seen to provide up to a 3:1 Return on Investment (ROI) based upon hard dollar savings. For example, if a patient moved from a brand name medication to a generic medication, the savings would be determined by calculating the difference between the brand and generic medication. If the ROI was expanded to include additional estimated avoidable costs such as reduced hospitalizations, emergency visits, or physician office visits, the ROI can potentially reach 10-12:1.

B. E-Prescribing

The Humana CareSource team leverages the e-prescribing capabilities of CVS Caremark. CVS Caremark has long been a leader in physician connectivity and believes strongly that e-prescribing will continue to play a vital role in a rapidly changing health care environment. As such, we have made significant investments in improving and delivering e-prescribing tools to benefit payers, prescribers, and Members.

Humana/CareSource understands that the growing channel of e-prescribers provides the opportunity to support appropriate point-of-care interventions with prescribers to help lower costs and improve outcomes. We are currently innovating and testing messaging programs through the e-prescribing and Electronic Health Records (EHR) channel to align prescribing practices to benefit design and best practices based on medical literature, increase generics utilization, and improve patient adherence through Provider interventions. CVS Caremark is exploring new developments in clinical interoperability that will allow even more efficient exchange through the Provider and payer communities, including lab data and other clinical sources.

We have more than 140 vendors accessing Member prescription eligibility, patient prescription claims history, and formulary and coverage information through SureScripts. These 140 vendors represent more than 275,000 prescribers who currently prescribe

electronically using a variety of physician connectivity tools and who have access to the above information. Through this connectivity, we can help clients achieve the value of e-prescribing by assessing their current level of e-prescribing, identifying opportunities to encourage further adoption, and constructing options to meet their specific needs. In addition, we are compliant in meeting all CMS requirements for Medicare Part D and e-prescribing. We continue to make available innovative initiatives to increase the adoption of e-prescribing and can leverage our experience and best practices in the Commonwealth.

Health and Financial Benefits

E-prescribing provides convenient means for physicians to prescribe medication for their Members. This convenience will lead to significant Member benefits such as:

- Improved patient safety through the identification of drug-drug interactions, allergy concerns, inappropriate doses or route of administration, and other concerns
- Avoiding the ambiguity and errors associated with handwritten prescriptions, assuring that the Member will receive the right drug
- Time savings due to physicians knowledge at point of prescribing whether the medication is covered by the plan, eliminating the need for the Member to await for a prior authorization approval before picking up the medication
- Financial and time savings through a reduction of administrative burden (e.g., through a more streamlined prior authorization process) for both the plan and the physician
- Financial savings and improved patient safety through a reduction in hospitalizations, ED visits and physician visits due to medication errors
- Cost savings through the promotion of more effective or lower cost alternative drugs

C. Increasing the use of generic drugs

The Humana/CareSource team will promote the use of generic drugs through a number of innovative measures, including: a formulary based on United States Food and Drug Administration (FDA)-approved AB-rated generic medications, clinical utilization management tools, and the "Maximize Your Benefit" (MYB) program.

The Humana/CareSource team will carefully develop our formulary to ensure access to quality, cost-effective generic medications. All FDA-approved AB-rated (multisource drug products listed under the same heading and having the same strength and bioequivalence) generic medications are available on the formulary as soon as they are available to ensure patients and physicians have prompt access.

Generic medications offer quality, cost-effective alternatives to brand name medications. The (FDA) requires the same purity and safety requirements of generic drugs as it does with brand name drugs. In addition, each generic drug must pass tests to prove that the drug is therapeutically equivalent to the brand name medication. The FDA has strict requirements as to what is therapeutically equivalent; once a generic has been deemed therapeutically equivalent, it is designated as AB-rated to the brand. An

AB-rated generic medication offers the same active ingredient as the brand and will offer the same benefits as the name-brand medication.

Clinical utilization management tools such as prior authorization and step therapy are used to direct patients and physicians to appropriate generic medications as first-line products rather than high-cost brand medications that may not offer any additional benefits. Furthermore, our RxConversion program provides proactive notification to physicians when authorizations for their patients medications are going to expire or when a new authorization will be required. The physician and Member receive notification through the mail outlining appropriate alternatives that the physician can change their patient to in order to avoid a prior authorization. This is followed-up with telephonic outreach by a Clinical Prior Authorization Specialist to the physician to reinforce the message and answer any questions. These programs help to establish the Humana/CareSource team as an industry leader in improving the use of generic drugs.

While the use of generics has increased greatly over the years to the point where we are reaching over 80 percent generic dispensing rates, the thoughtful development of the formulary is essential to reach this generic dispensing rate. Strategies include elimination of brands from therapy classes that include at least two generic products, utilization of the RxMentor program to increase generic utilization, and potential incorporation of generic promotion programs to increase generic dispensing by the network pharmacy.

Health and Financial Benefits

Increasing the use of generic medications not only provides access to quality, cost-effective medications, it provides substantial cost savings as well. Generic medications designated as AB-rated by the FDA are deemed to be therapeutically equivalent and offer the same health benefits as the brand name medication. Based on our experience, generic medications generally offer substantial savings compared to brand name drugs. With every 1 percent shift from brand name drug use to generic drug use, we have seen an approximate \$1.57 per Member per year (PMPY) savings.

In addition, in the aggregate, greater rates of generic substitution can lead brand name drug manufacturers in the region to lower the cost of their drugs. This trend occurs as consumers are more likely to substitute generics for higher-priced brand name drugs than for lower-priced brand name drugs, leading brand name drug manufacturers to lower initial prices. A study by Rizzo and Zeckhauser (2009) found that a 10 percent increase in the consumer's generic script share was associated with a 15.6 percent decline in the average price paid for brand name drugs, suggesting substantial indirect savings from increased generic drug utilization.

We will work with the Commonwealth of Kentucky to take a positive step to control the rising cost of prescription drugs while educating its Medicaid population about their prescription benefits and guide them to possible lower-cost prescription drug options with our MYB program. This program provides Members with information about lower-cost alternatives through:

- Letters
- Voice-activated technology (VAT) phone calls
- Web messages
- E-mail messages
- SmartSummary[®] statements (a quarterly health, finance, and benefits statement that helps Members review their claims and spending account activity, understand their health plan, and make more cost-conscious health benefits decisions)

MYB identifies Members who have filled a more costly prescription when a less expensive option is available within the past 90 days. Lower-cost alternatives can include generics, preferred brands, and over-the-counter (OTC) medications. We contact these Members to present their options and encourage them to discuss lower-priced alternatives with their doctor. MYB letters list Members' current medication, possible alternatives with costs for each, and potential annual savings possibilities if they switch to the lower-cost alternative.

D. Increasing practices to eliminate excess prescriptions to deter Medicaid Members from obtaining multiple prescriptions from different physicians for the same drug.

Medication overutilization is a critical area requiring control and intervention. Areas of essential control include Member overutilization, polypharmacy issues, overutilization of opiates, and excessive prescription quantities/costs. Controls are accomplished in a number of ways: through the MTM program where a pharmacist will review a Member's medication regimen to identify overutilization opportunities; pharmacy claims monitoring where, on a daily basis, claims are reviewed to identify outlier claims with excessive quantities and costs to the plan; and Special Investigative Unit (SIU) where the pharmacy claims are scrubbed to identify excessive utilization of controlled and highly abused medications and identifications of collusions between pharmacies, Members, and physicians. In all cases of identified overutilization, special care is given to assure that the Member's needs are addressed and, if needed, case management is assigned.

Our technology enables us to monitor and intervene when appropriate to track when multiple prescriptions are being written by several different physicians. We utilize this information to recommend actions to be taken to limit or eliminate the ability for certain patients to request or receive prescriptions from multiple sources.

The Humana/CareSource team offers our Members who are over utilizing narcotic medications a unique opportunity to enroll in our Care4U program. This program targets Members who are identified as receiving narcotics from four or more physicians, visiting four or more pharmacies and using 12 or more medications within a 90 day period. After

identification, the Member is given an opportunity to work with a case manager specially trained in care management of substance abuse disorder and over the next 18 months works to address the over utilization issue and seek out addiction recovery avenues.

Health and Financial Benefits

By eliminating excess prescriptions, it will increase Members' ability to adhere to their medication regimen by reducing the complexity of taking multiple medications. Furthermore, allowing a single physician to monitor the Member's medication regimen will help eliminate drug-drug interactions and avoid over-dosages from multiple prescriptions.

These improvements in patient safety will also translate into cost savings due to a reduction in hospitalizations, ED visits and physician visits resulting from medication errors. Finally, the elimination of unnecessary medications itself will result in cost savings from reduced medication utilization.

E. Development of methods to achieve savings in pharmacy dispensing fees and drug acquisition costs

In order to achieve pharmacy acquisition cost savings, there needs to be collaboration between Members, physicians, Humana/CareSource and our Pharmacy Benefit Manager (PBM), CVS Caremark. We have been successful by maintaining a continuous negotiations process with CVS Caremark that aims to reduction in acquisition costs through contracted rates. We will work with the Commonwealth to take a positive step to control the rising cost of prescription drugs by educating Members and Providers about prescription benefits and guide them to possible lower-cost prescription drug options. We have been successful by making a negotiations with CVS Caremark, that aims to reduce in acquisition costs through contracted rates. Monitoring the market place for changes in the fees is a standard practice of the Humana/CareSource team, and as market place changes occur, we will align ourselves with best in class drug acquisition pricing and dispensing fees. For example, we will be watching closely as the Centers for Medicare & Medicaid Services (CMS) begins to replace the currently utilized Average Wholesale Price (AWP) with a National Average Drug Acquisition Cost (NADAC), which is expected to lower drug acquisition costs.

The Humana CareSource team works with CVS Caremark to negotiate the lowest possible dispensing fees to be paid to pharmacies. CVS Caremark has significantly reduced these fees over the years to achieve a point where dispensing fees have dropped from around \$1.75 per prescription about five years ago to around \$1.25 today, compared to the national average of \$4.81 per prescription for Medicaid FFS, \$2.20 for Medicare Part D generic drugs, and \$1.90 for Medicare Part D brand drugs.

Other strategies used to maximize savings in pharmacy dispensing fees and drug acquisition costs include:

- Exploring opportunities to form larger purchasing pools and negotiate lower drug prices through higher purchasing volume and shared expertise
- Negotiating for higher rebates on drugs, while ensuring that higher rebates do not lead to unnecessary increases in utilization of brand-name drugs
- Moving toward increased drug price transparency to foster more effective negotiations and obtain lower prices for Members
- Offering a mail-order pharmacy option that lowers transactional costs and allows for the promotion of generic substitutes

Health and Financial Benefits

By decreasing acquisition costs and dispensing fees, greater benefits can be provided to our Members. The importance of decreasing these fees and costs is critical to the financial stability of this benefit. As we optimize the leverage points in lowering dispensing fees through economies of scale, we can further focus our efforts on acquisition cost savings that will lead to better health outcomes for our Members.

F. Disease Management

The Humana/CareSource Disease Management (DM) program focuses on a systematic approach to the long-term management of Members with chronic illnesses. We view chronic illnesses based on their impact on the Member, society, overall population and the economics of the healthcare system. How skillfully these Members care for themselves on a daily basis is central to such control. Regular and consistent self-care, monitoring for exacerbations and Member-initiated rapid response when an impending exacerbation is detected will help control the disease, avert medical emergencies and forestall disease progression. Thus, Member self-management in collaboration with the disease management and healthcare team should ultimately reduce/prevent the need for unnecessary acute interventions and hospitalizations.

Certain conditions lend themselves to member self-management programs. Conditions commonly managed by disease management include diabetes, obesity, arthritis, hypertension, asthma and congestive heart failure. These are conditions that lend themselves to daily management by the Member with self-care, self-monitoring and action plans.

Consistent with our mission to provide services to the underserved population, our DM program is designed with a sensitivity towards the local population. Two highlighted examples include our top two chronic conditions; diabetes and asthma. Our program includes a population-based approach to the clinical and quality management of Members diagnosed with diabetes and asthma. We use a multi-faceted and total population approach to achieve the best possible outcomes based on access to care, assessment of Member needs, ongoing care monitoring, evaluation, and tailored Member and practitioner interventions including wellness and prevention. Through the use of disease-specific interventions, our program attempts to improve the Members'

self-management skills and knowledge of the condition. This approach is targeted at improving Member outcomes while promoting quality of life and optimal management of the condition.

The innovative Humana/CareSource DM program is unique due to the following program components:

- 24 hour nurse call center availability for DM Members
- Full integration of the HEDIS and DM programs – synergy with all activities including but not limited to targeted mailings, outbound campaigns, and Provider and Member targeted activities and campaigns
- Total population identification processes – sophisticated algorithms in place utilizing predictive modeling to formulate targeted risk scores for DM Member outreach and engagement
- Evidence-based practice guidelines – clinical based guidelines, assessments, information gathering techniques to assist in coordinating Member care
- Provider Tools – full complement of web based care treatment plans, practice guidelines, resource guide, Member Profile, and Clinical Practice Registry
- Patient self-management education – full complement of mailings, web based materials, and collaboration with large pharmaceutical entities utilizing state of the art material and tools
- Fully dedicated internal data Informatics team generating and reviewing process and outcome measures, conducting evaluations, and providing ongoing management
- Creation of assessments which are uniquely focused on motivational prompting as opposed to a standardized or “canned” list of questions
- Full integration with all care management and pharmacy programs

The DM program is structured around three levels: Level 1(low), Level 2(moderate) and Level 3(high). Within each level, there are a specific set of Member and Provider initiatives, illustrated in Figure 3.170(1)

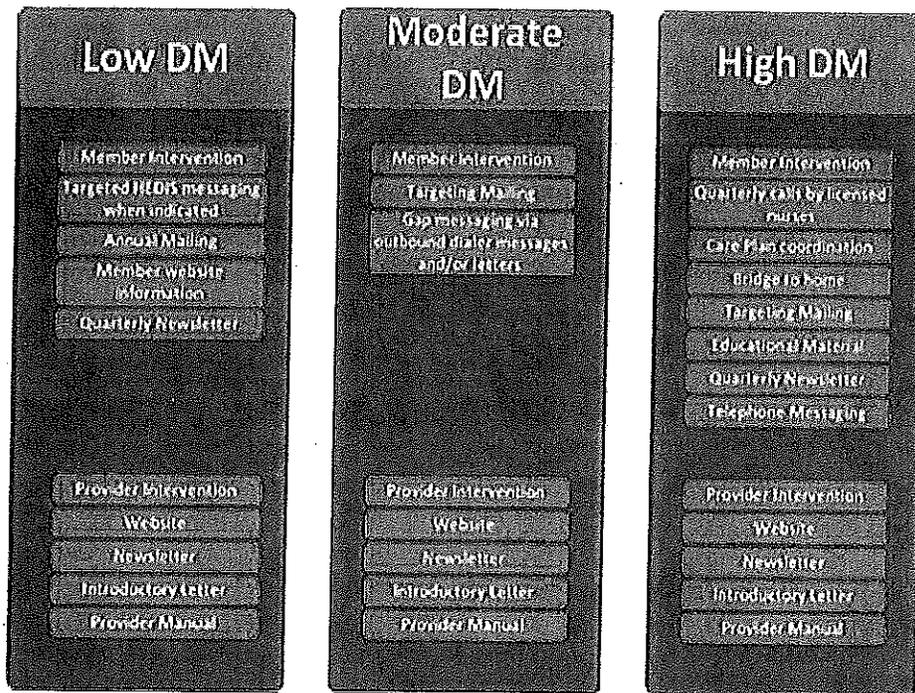


Figure 3.170(1): Disease Management Program Levels

Health and Financial Benefits

Our Disease Management programs have contributed to a statistically significant improvement in the positive outcomes of our Members' health. In addition, our survey results indicate that satisfaction with our programs is high and has had a positive impact on our ability to engage our Members. For example:

- **Asthma-Controller Inhaler:** In our asthma-controller program, 37.9 percent of asthmatic Members in Disease Management receive a controller within 6 months of our interventions.
- **Diabetic Eye Exam Analysis:** In our diabetic eye exam program, 43.4 percent of diabetic Members in Disease Management received a dilated eye exam tests within one (1) year of our interventions.
- **HbA1c Outcome Analysis:** In our HbA1c program, 61.5 percent of diabetic Members in Disease Management received HbA1c tests within 6 months of our interventions.

We use state of the art telephonic messaging to support the DM program, which has had a statistically significant impact on our success. Leveraging our outbound dialer and Interactive Voice Response (IVR) messaging were critical to delivering key messages about the program and specific messages related to our DM programs. Some examples of our successes with telephonic messaging programs include:

- A smoking cessation message that was sent to all asthmatic Members with a 9.2 percent success rate, and identified 531 Members that responded that they would like to stop smoking.

- A message that provided education to Members about establishing a PCP and obtaining their HbA1c testing, which achieved a 12.6 percent success rate and resulted in 224 Members that stated they would get their HbA1c completed.
- An asthma controller message that was sent to all asthmatics, which resulted in a 7.8 percent success rate and 1,653 Members that stated that they would get their inhalers.
- A reminder message emphasizing the importance of a retinal eye exam that was sent to all diabetics, which resulted in a 10.4 percent success rate and led 577 Members to respond that they will get their retinal eye exam.

Utilization/Financial Benefit:

Our internal DM Program outcome results from May 2011-July 2011 were obtained utilizing the following criteria:

1. Minimum of 10 months enrollment during the 12 months prior to the program starting (May 2010 through April 2011)
2. Sent a Disease Management Welcome Packet and sent to the IVR Welcome Dialer
3. Minimum of 5 months enrollment between July 2011 and January 2012.

Using the identified criteria 50,868 Members met the above criteria. Note that 2,078 (4.1 percent) of these Members have both diabetes and asthma. Claims incurred through September 2011 were reviewed to allow for the adjudication process.

While the ppm for medical services increased by \$27 for ABD and \$5 for TANF (CFC), Members from the pre-program to post-program periods, inpatient rates per thousand for a primary diagnosis of diabetes were lower during the post period. Eighty-one percent of these admissions were for Members with Type I diabetes.

Figure 3.170(2): Diabetes Admissions

	Admits per 1000 for Diabetes Diagnosis		Average Length of Stay (in days)	
	Pre Program	Post Program	Pre Program	Post Program
TANF (CFC)	30	19	2.4	2.0
ABD	9	10	3.1	3.4

Asthma Utilization Results

44,174 Members with Asthma were included in the analysis. The ppm decreased for TANF (CFC) Asthma Members and shows an upward trend for ABD. These trends may change over time as seasonality is incorporated for pre-post comparison.

Figure 3.170(3): Asthma Admissions

	Admits per 1000 for Asthma Diagnosis		Average Length of Stay	
	Pre Program	Post Program	Pre Program	Post Program
TANF (CFC)	14	12	2.2	2.2
ABD	5.5	5.8	3.3	3.5

Member Health Benefit/Satisfaction Survey Results:

In December 2011, survey was conducted of Members enrolled in the Disease Management program excluding those new to the plan for the month of December. We

utilized The Myers Group (TMG) for the 2011 Disease Management Satisfaction Survey. This report is intended to assist in measuring the effectiveness of the Disease Management Program and in evaluating patient satisfaction with the program. The survey consisted of 67,438 Members with 3,210 or 4.8 percent of Members completing all survey questions.

Figure 3.170(4): Notable Survey Findings

Survey Questions	YDS
Do you get the right amount of information from CareSource about having asthma or diabetes?	94.9%
Did you get your questions answered?	100%
Did the program staff explain things in a way that you could understand?	77%
Did you see overall positive changes in your health as a result of the services given by the disease management program?	69.3%
Are you better able to take care of your condition by yourself as a result of the services and teaching given by the disease management program?	76.4%
Do you have improved control of your health condition as a result of the services given by the disease management program?	74.6%

G. Use of E-Health Technology

1. Primary Care

Primary care is the foundation of the health care system. The Humana/CareSource team supports the Patient Centered Medical Home (PCMH) as outlined by the NCQA and the American Academy of Family Physicians. The PCMH is defined as "an approach to providing comprehensive primary care that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family."

To support the PCMH we created our dynamic Clinical Practice Registry (CPR) and **Member Profile**. These innovations are integrated into our Provider Portal and leveraged by our partner Providers. In addition, we have worked with our partner Providers to further leverage this actionable information through integration into their Practice Management and Electronic Medical Records systems. This integration provides real-time and on-demand notifications of clinical interventions that will improve the health of our Kentucky Members.

Clinical Practice Reports:

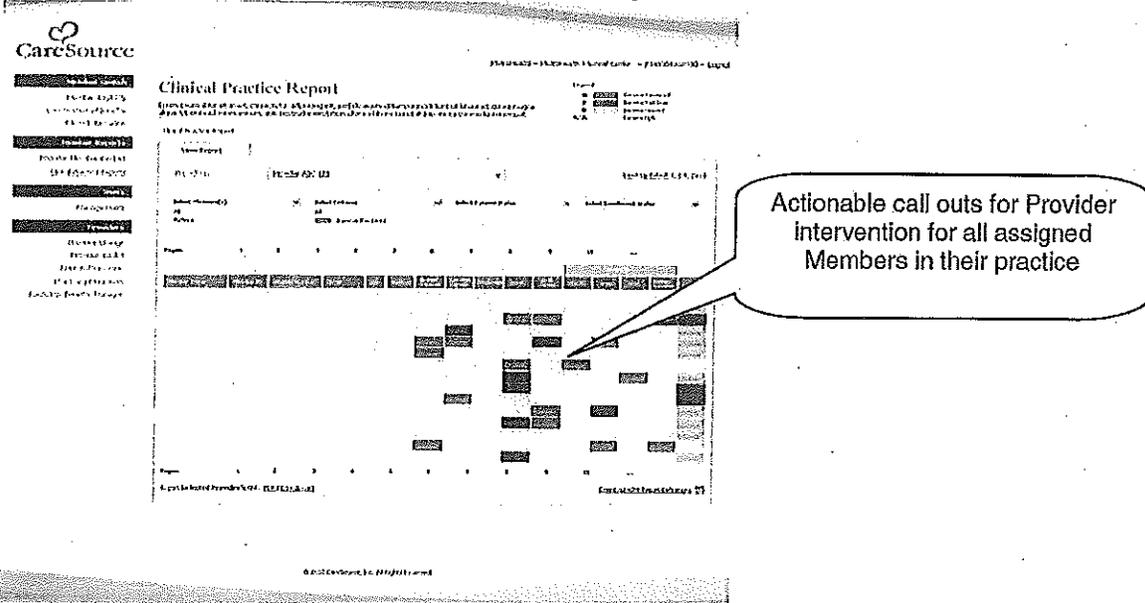
With quick and easy data sorting and filtering features, these online reports allow PCPs to view aggregate data on their Humana/CareSource patients to facilitate population management, flag charts for needed services, and contact patients due for preventive visits. CPR provides actionable preventive health service data for PCPs around the following:

- Asthma
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Diabetes
- Emergency Room Visits

- Lead Screening
- Well Baby Visits (0 to 15 months, 6 or more visits)
- Well Care (3 to 6 years, 7-11 years, adolescents 12 to 21 years)

The information provided is intended to encourage practices to contact Members for preventive visits, flag charts for needed services, or simply create an awareness of the patient's need for an intervention. For example, in Kentucky, 10.6 percent of children 11 years of age and younger, 13.6 percent of middle school students, 11.8 percent of high school students, and 8.6 percent of adults currently have asthma. The mission of the Kentucky Respiratory Disease Program is to decrease the burden of asthma in Kentucky. The CPR innovation helps to drive appropriate interventions at the time of engagement in the physician's office, thereby improving the health outcomes of our Members.

Figure 3.170(5): Clinical Practice Report Sample



The care management staff utilizes the registry information and assists Provider offices with education on use of the registry access and information.

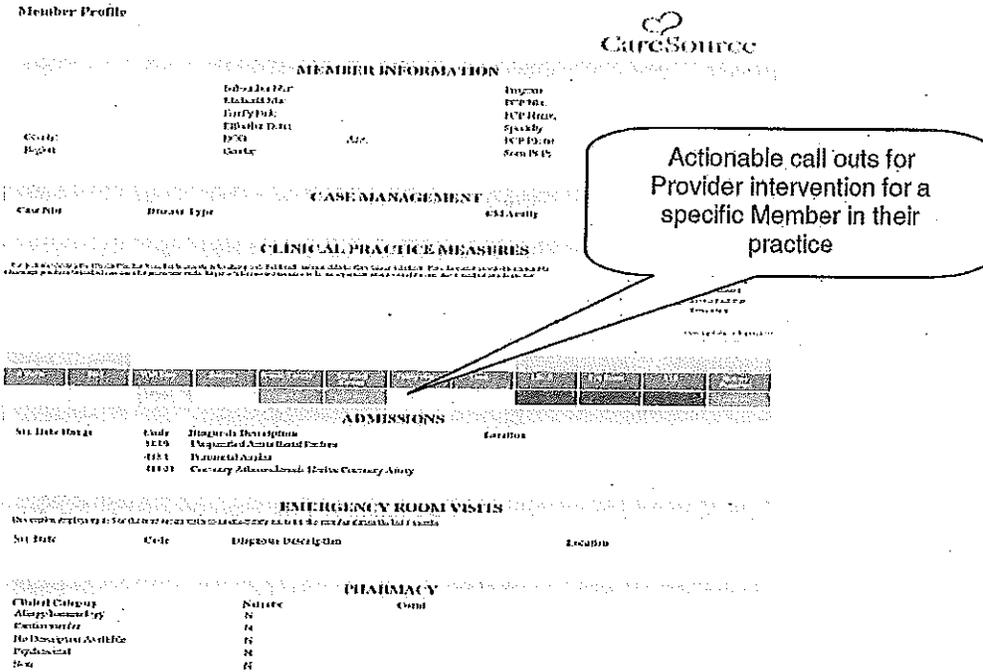
Member Profile:

This online, comprehensive view of patient-specific medical and pharmacy data helps PCPs determine an accurate diagnosis more efficiently and reduce duplicate services as well as unnecessary diagnostic tests.

The Member Profile is a real time Member history which is used to by the care management staff and Providers to assist in developing a Member plan of care and as a reminder for needed preventative health services. The Member Profile is available to staff and Providers via the Web portal. The profile is updated every day with information on Member history obtained from claims history including: diagnoses, pharmacy

utilization data, Providers who have submitted claims, emergency department and inpatient utilization, and history on preventative health services.

Figure 3.170(6): Clinical Practice Report Sample 2



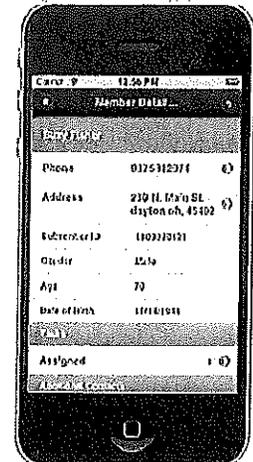
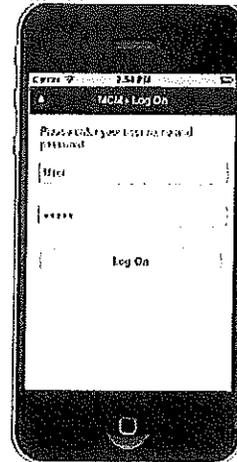
Health and Financial Benefits

After two years of piloting the PCMH, it was determined that our HEDIS outcomes significantly improved for the Providers affiliated with the PCMH pilot. The Providers associated with the pilot moved their HEDIS outcomes from 2.2 points below the non-HCH average to 0.6 above, a 2.8 point shift. Further, our emergency room rates in the PCMH pilot decreased while our non PCMH Members' rates increased.

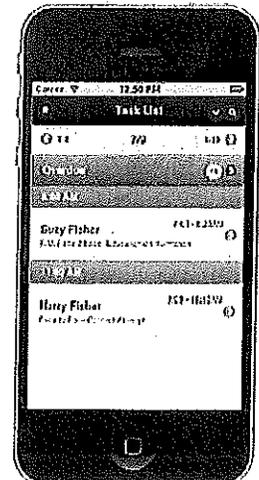
Our experience with utilizing innovations like the Clinical Practice Registry, Member Profile, and integrated EMR messaging programs has resulted in HEDIS outcomes significantly improved for the Providers affiliated with these innovations. We expect that we will be able to further utilize these programs with our partner Providers through the use of Health Information Networks and third party intermediaries to provide real-time, actionable information at the point of service in the physician's office.

2. Implemented and Deployed Mobile Care Management Application System

CareSource has designed and integrated into our suite of health information technologies a new state of the art point of care mobile application, for use by our field case manager and other authorized service representatives to connect and share clinical data across the health care community. This new health information technology enables our care managers and other clinicians to effectively manage services for our Members, regardless of the complexity of their medical or social needs. At a glance, a case manager, other clinicians and authorized service representatives can view each Member's current and historical records of services, including services performed by any ancillary vendors. This will be a valuable tool for the Commonwealth Region Three market to enable our team to work face to face with our Members while also allowing immediate access to the data needed to best assist our Members.



Our mobile point of care device enables a collaborative care partnership and affords users in the field a Member centric view of clinical cases. This enables our staff to easily see the tasks that need to be performed for our Members and provide progress of the care treatment plan immediately upon completion of meeting with the Member. This emphasizes the focus on having Case Managers working with Members in the field where the Member resides.



The major functionality of our deployed mobile application (version 1.0) is as follows:

- Secure User Logon – Our case managers log on to a secure mobile platform to provide real-time interactive data in the field.
- Member Information Retrieval – The Member's demographics information is available by clicking on the Member name. The number of open tasks for the Member is displayed and made available to the clinician to provide the appropriate intervention and to assure compliance with the indicated protocols.
- Member Tasks List Functionality – (There are various task functionality such as number of tasks assigned, the ability to add tasks, track overdue tasks, organize task groupings, filter tasks, review tasks by priority, to view tasks, and update progress notes)
- Tasks Completion – A task completion screen is displayed when a task is complete, thereby informing the clinician that she/he is in compliance with the appropriate tasks and assignments.
- Signature Capture Information – A signature attestation block is displayed for Care Manager and Member signatures. This confirms that the appropriate compliance steps have been taken and the Members have received the appropriate care.

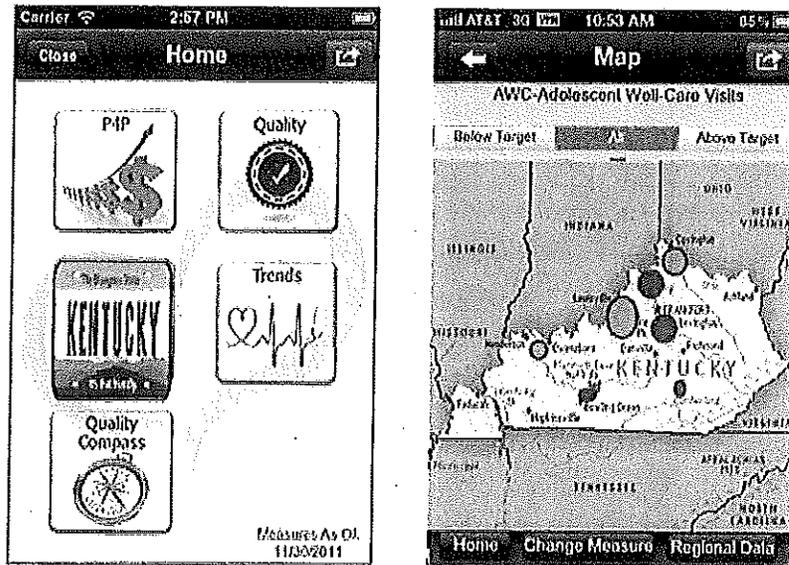
Health and Financial Benefits

The Humana/CareSource team will leverage our suite of health information technologies to deliver the best and most effective care to our Members, at the right time and most appropriate setting. Absent this technology, our clinical staff relied on manual lists and post intervention tracking to assure compliance with the assigned tasks and interventions. This new technology will not only lower costs, but will improve patient satisfaction and assure quality care for Medicaid Members in the Commonwealth of Kentucky. We fully expect that the health benefits of this technology will provide a 5 to 10 percent improvement in the accuracy and timeliness of our interventions, while enhancing our ability to assure compliance with all applicable Kentucky and Federal rules and regulations.

3. The Humana/CareSource team will utilize Implemented and Deployed Mobile Business Intelligence (BI)

A New State of the Art, MicroStrategy-based Mobile Business Intelligence (BI) iPhone application developed by CareSource that allows employees to remotely access key Healthcare Effectiveness Data and Information Set (HEDIS) quality measures in a visual, intuitive way. The mobile application will leverage HEDIS measures, which are used by more than 90 percent of America's health plans, to measure performance on important dimensions of care and service. The MicroStrategy-based Mobile BI solution will provide personnel with the enhanced insight and analytic capabilities to make in-location decisions and ensure that our at-risk Members receive cost effective and proactive care. This powerful BI tool will incorporate mobile and web based intelligence into our operations in order to measure and analyze service quality internally within the organization as well as externally with its Provider network and affiliates.

Figure 3.170(7): Mobile BI Screens



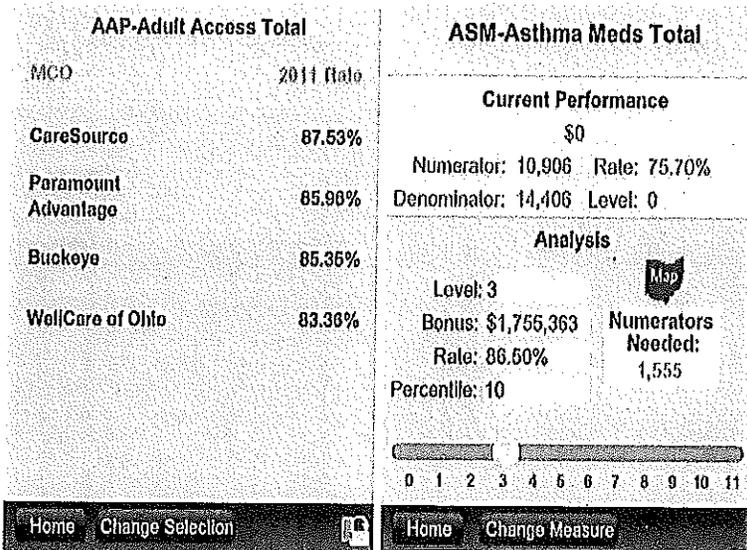
The above mapping feature helps our team to identify the appropriate geographies on which to focus our efforts and resources and therefore our biggest opportunities for impact.

Figure 3.170(8): P4P Trends Screens

P4P Trends		
ASM-Asthma Meds Total		C: 75.70% T: 90.80%
CDC-LDL-C Screening		C: 67.05% T: 80.10%
FUH-MH Follow-Up, 7D		C: 38.20% T: 59.10%
PPC-Timeliness Prenatal		C: 80.76% T: 90.00%
URI-Approp Treat Child		C: 81.13% T: 90.60%

The P4P Trends screen helps us track our progress as we compare the C (current) performance to our T (target) goals.

Figure 3.170(9): Performance Comparison Screen



The above screens help us to see how we are performing compared to other managed care organizations and to track specific measurements and the number of Members required to receive a performance incentive as established by one of our Medicaid programs.

Health and Financial Benefits

The Mobile Business Intelligence (BI) platform will enable us to manage specific programs to drive improved clinical outcomes including Well Child Visits, Asthma Compliance, Pre-Natal Care and Diabetes Management. We will be able to do this in aggregate as we manage achievement of program goals, and individually as we leverage the platform's ability to identify specific Members who are eligible for a Disease Management program or other interventions.

Prior to the deployment of this technology, we relied on monthly reports to indicate the appropriate focus areas including geography, Providers and specific Members. With this innovation we will help reduce costs while increasing patient and Provider engagement through timely and easy to access information.

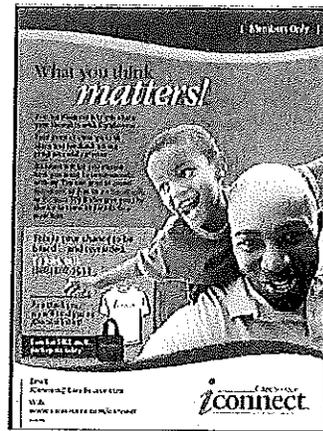
This innovation will also enable us to provide better health outcomes and lower costs by providing more timely information in a format that is easy to use and actionable. The BI innovation aligns with and leverages our CPR, Member Profile, and EMR messaging, thereby enabling the Humana/CareSource team to improve the health outcomes for our Kentucky Members.

4. iConnect Program

CareSource iConnect is a Member feedback program that allows us to get our Members' input within minutes. When a Member enrolls in iConnect he or she can dictate the best form of communication to fit his or her lifestyle. Members can sign up to receive surveys through text message, Facebook, e-mail, Twitter or can opt to attend in-person events like Consumer Council meetings or focus groups.



Through their Membership, iConnect Members are asked to offer feedback on various CareSource related topics, questions and polls. In the past, we have asked Members questions such as "What is your favorite loyalty program?", "Do you use the CareSource transportation benefit?", and "Do you use a smart phone?" Member responses captured through our iConnect program provide key insights into Member needs and preferences.



Health and Financial Benefits

The program allows us to receive real-time feedback from our Members' perspective. All departments can submit questions, and depending on the method of the survey we can receive Member feedback within minutes as is the case with text message surveys. As we consider product and service changes, we no longer have to question what our Members might say; we are able to ask through the iConnect program. The main focus of the iConnect program is to gain a better understanding of the needs of our Members to improve their healthcare experience.

5. Text4babySM Outreach Partnership



text4baby

CareSource is an Outreach Partner with the national Text4baby program. As one of the first managed care plans in our service areas to bring the program to Medicaid consumers, we saw it as a great opportunity to help educate our Members about maternal and child health. The program offers a free service to all expectant and new moms throughout the U.S. with support from all major U.S. mobile operators. By texting BABY to 511411 (or BEBE for Spanish), or registering through www.text4baby.org, pregnant women receive three free SMS text messages each week timed to their due date or based on their baby's birth date. The messages focus on topics such as preventive care, immunizations, birth defects prevention, nutrition, and developmental milestones. Text4baby is a service of the Healthy Mothers, Healthy Babies Coalition, in partnership with the Department of Health and Human Services and the White House Office of Science and Technology Policy.

Health and Financial Benefits

The Humana/CareSource team will promote the text4baby program in the Commonwealth. We fully expect to be able to replicate the following health and financial benefits that are now being reported by the National Latino Research Center (NLRC) at Cal State San Marcos and the Department of Reproductive Medicine at UCSD. Specifically, according to the text4baby press release dated November 1, 2011, the text4baby evaluations describe the experience of women enrolled in text4baby and shows promising results.

- Women reported high satisfaction with text4baby, with Spanish speaking women reporting even higher satisfaction scores than English-speaking women
- 63.1 percent of women reported that text4baby helped them remember an appointment or immunization that they or their child needed
- 75.4 percent reported that text4baby messages informed them of medical warning signs they did not know
- 71.3 percent reported talking to their doctor about a topic that they read on a text4baby message
- 38.5 percent reported that they called a service or phone number that they received from text4baby

According to principal investigator Dr. Konane Martinez, "the results of this phase of the research provide promising data that mobile technology can be an important source of health information." Judy Meehan, CEO of the Healthy Mothers Healthy Babies Coalition says, "This independent formal evaluation illustrates that text4baby is a practical, valuable resource for today's moms."

Stuart Cohen, MD, vice chair for the California District, American Academy of Pediatrics and president of the San Diego County Medical Society Foundation Board, says the results show that text4baby can improve health outcomes for infants. "Not only are women getting information they did not know, but the information is starting conversations between the parent and healthcare provider. A better informed parent provides the best chance for a healthy baby."

We are also in the process of developing additional ways to utilize texting technology to interact with our Members. We believe that this communication channel will help to leverage multiple program opportunities with a Member engagement preference that will improve the health outcomes of our Members through their self-management and ownership of their health.

6. Web and Social Media

Through consumer research about Medicaid-eligible individuals, we learned that many of our Members are utilizing the web and social media to search websites for information. A website will provide health and wellness features, including articles about childhood immunizations, safety and managing chronic diseases. We will also have links to our "Find-a-Doc" site which provides easy access for our Members who are searching for a primary care Provider or specialist. Based on the findings from our

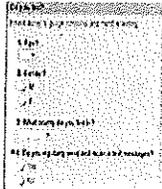
research, we will be overhauling our Member Portal to provide a centralized, online tool that is accessible anytime of the day or night for our Members to access their health care and claims information.



We have developed an active social media presence. Those who want to learn more about our services can view videos on YouTube, follow us on Twitter, or become friends with us on Facebook. One of our main goals is to enhance the Member experience. While we have traditional channels in which we communicate with our Members, we understand that including social media channels into this mix is extremely important and another way to communicate with our Members and Providers. We will use social media as another avenue to deliver health and wellness information and most importantly, as an interaction point with our Members.

Based on our insight research, we show that our Members want to interact with us on social media. We monitor all social media channels 24 hours a day, seven days a week and are quick to react if Members express any concerns. To protect our Member's privacy, we direct message the Member and have dedicated associates on our Customer Service team who can help address the Member's needs.

Figure 3.170(10): Social Media

Texting (Phone #)	Email (Email Addresses)	Twitter (Follow Us)	Facebook (Like Us)
<p>-Simple questions sent to participants (yes/no, ranking, polling, or open-ended)</p> <p>-"How many times a week do you exercise? Reply 1 for 0 2 for 1-3 3 for 4-6 4 for 7 or more"</p> <p>-Once sent, they get an auto reply "Thank you for your reply to CareSource iConnect!"</p> 	<p>-Either simple questions much like texting, or use Survey Monkey for more lengthy, survey type questions.</p> <p>-"Did you get a flu shot this year? Yes No"</p> <p>Or link to survey:</p> 	<p>-Once they start following us, we can post topics or ideas and solicit open-ended feedback. (140 characters or less)</p> <p>twitter</p> <p>-"How important is health and wellness to you and your family?"</p> <p>-Participants could then either reply with their answer, or re-tweet to a broader audience.</p>	<p>-Once they "like us", reach out to our Facebook participants and either post information, links to videos, links to external information, or ask them questions and solicit responses.</p> <p>-"Did you know that exercising several times a week can reduce stress?"</p> <p>-They can respond and we download the responses</p> 

Health and Financial Benefits

The following Facebook feedback is the exact type of member engagement and benefit that a robust social media program can foster. We engage members where they want to be engaged and help them help themselves. Health information specific to their situation is shared via Facebook, twitter, e-mail or texting, thereby alerting the member of needed services. Once received, the member can access the delivery system for these preventive services. This approach is more effective than the traditional approach of mailing notices and letters that are often returned for incomplete or incorrect addresses. Clearly, the financial benefits are utilizing a less costly, yet more effective vehicle for communication.

Figure 3.170(11): Facebook Feedback

facebook Search for people, places and things

Tiffany Marie CareSource

I want to thank you for making my life a little easier. I have a 8 week old daughter and you have sent me a total of \$150 in Meijer gift cards for keeping up with her doctor appointments. I work full-time and my fiancee has been out of a job for 3 years. It has been really tough to get by on just my income. The gift cards you sent me have helped out tremendously! We've stocked up on diapers and wipes for our baby and were able to get food. I really think the gift cards are an AWESOME incentive for those of us who are responsible and willing to take the extra time to help ourselves. Thank you!

Like · Comment

CareSource Oh Tiffany...This is wonderful to hear! Thank you. We love and appreciate member feedback. Can we share this internally with our employees? They also love hearing stories like this. Also, are you an iConnect member? If not, we would love to have you join the program. We ask for feedback like this all of the time because we won't know how we can help our members even better. Here is more info about iConnect: <https://memberportal.caresource.com/chi/iConnect.aspx>

CareSource - iConnect
memberportal.caresource.com
Welcome to the CareSource iConnect program! Please enter your information below ...
See More

3 minutes ago · Like · Remove Preview

Tiffany Marie Absolutely! You may share this info with your employees. I work in a call center for a major clothing company and we value feedback like this as well! I am not an iConnect member, but I will certainly check out the above link.
about a minute ago · Unlike · 1

CareSource Wonderful! Thanks again for letting us know. I think you would really like the iConnect program.
about a minute ago · Like