

Alliance for a Healthier South Carolina

Christian L. Soura
Director

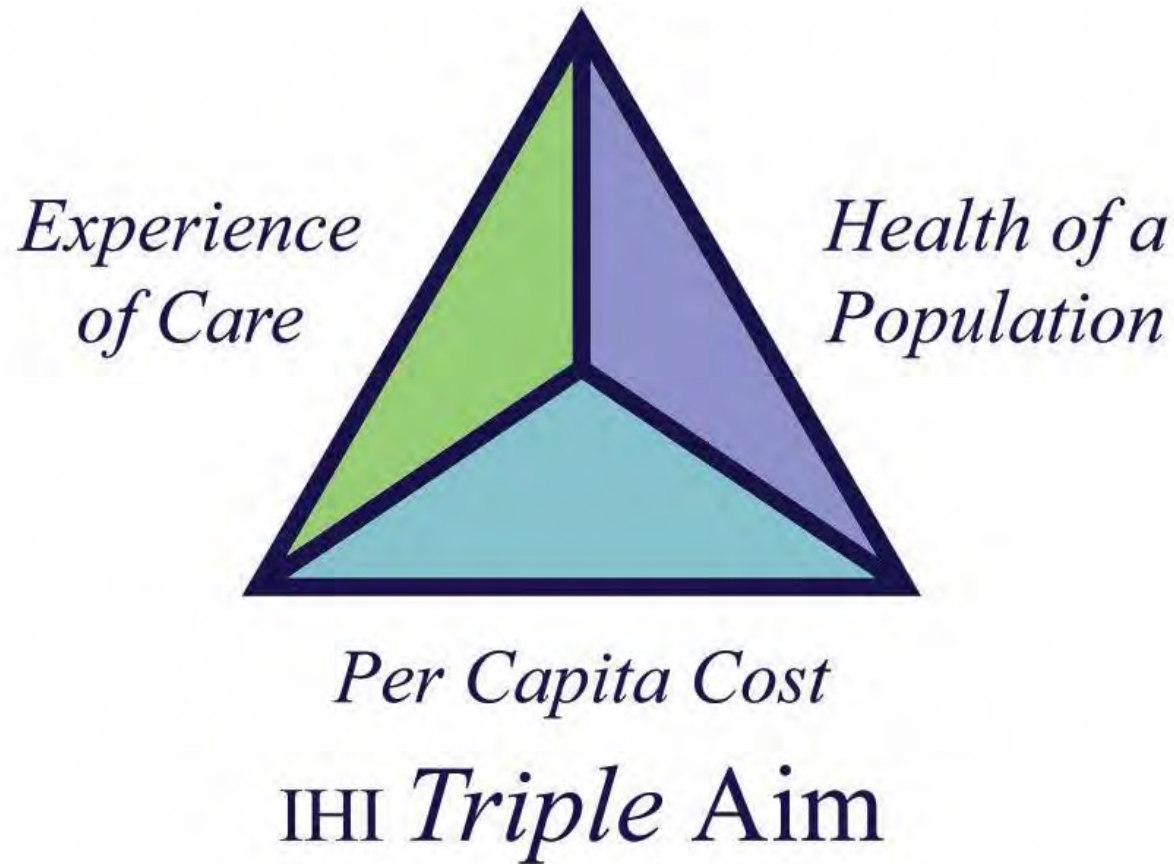
April 26, 2016

Requested Discussion Topics

- How does DHHS contribute to Alliance goals?
- How does the Alliance contribute to DHHS goals?
- How can Alliance members support Medicaid enrollment for eligible populations?
- How can Alliance members support the best use of Medicaid services?
- What are DHHS' priorities?
 - *The last addition, but probably the most important topic*

Priorities

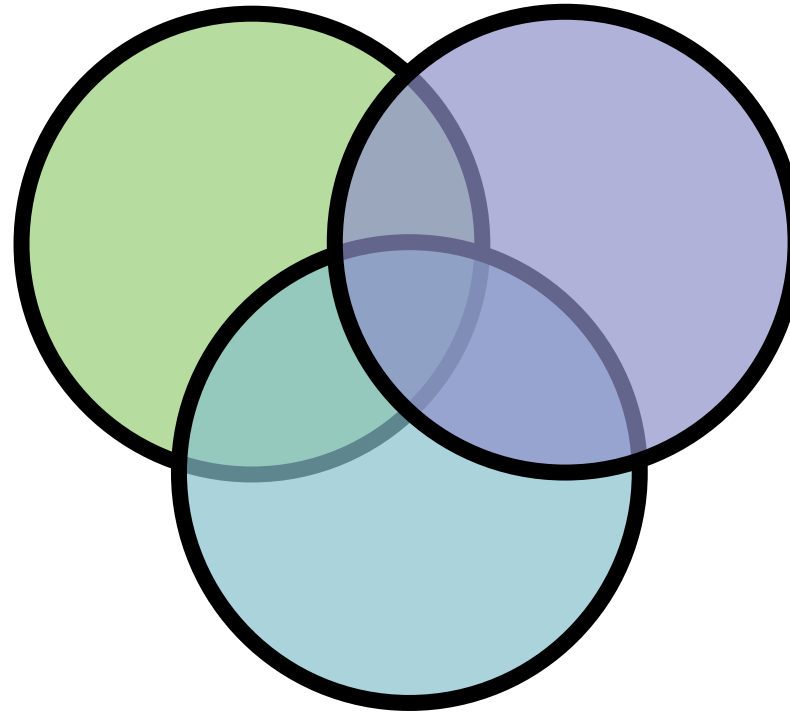
The Triple Aim



The Triple Aim?

*Experience
of Care*

*Health of a
Population*



Per Capita Cost

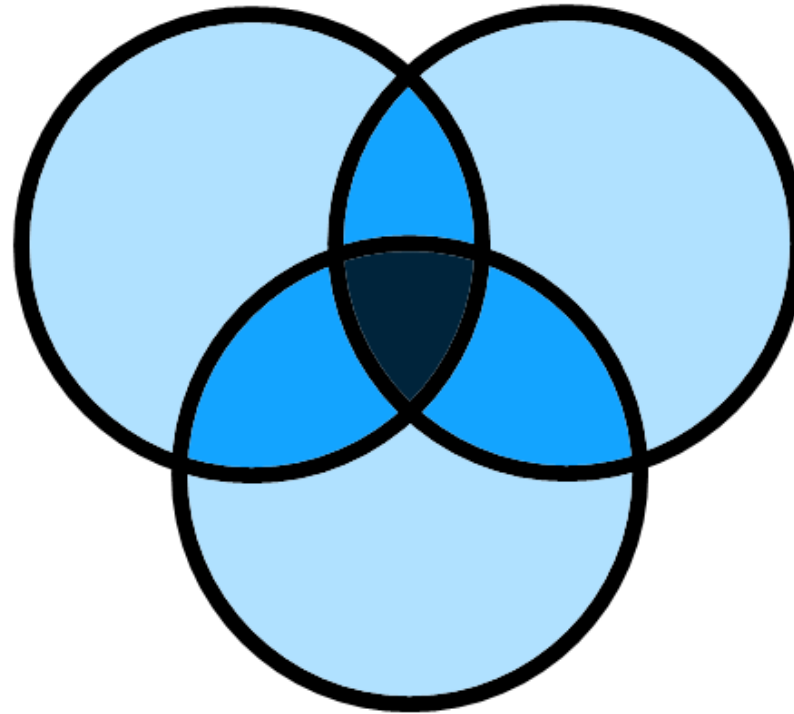
IHI Triple Aim



Are These Our Priorities?

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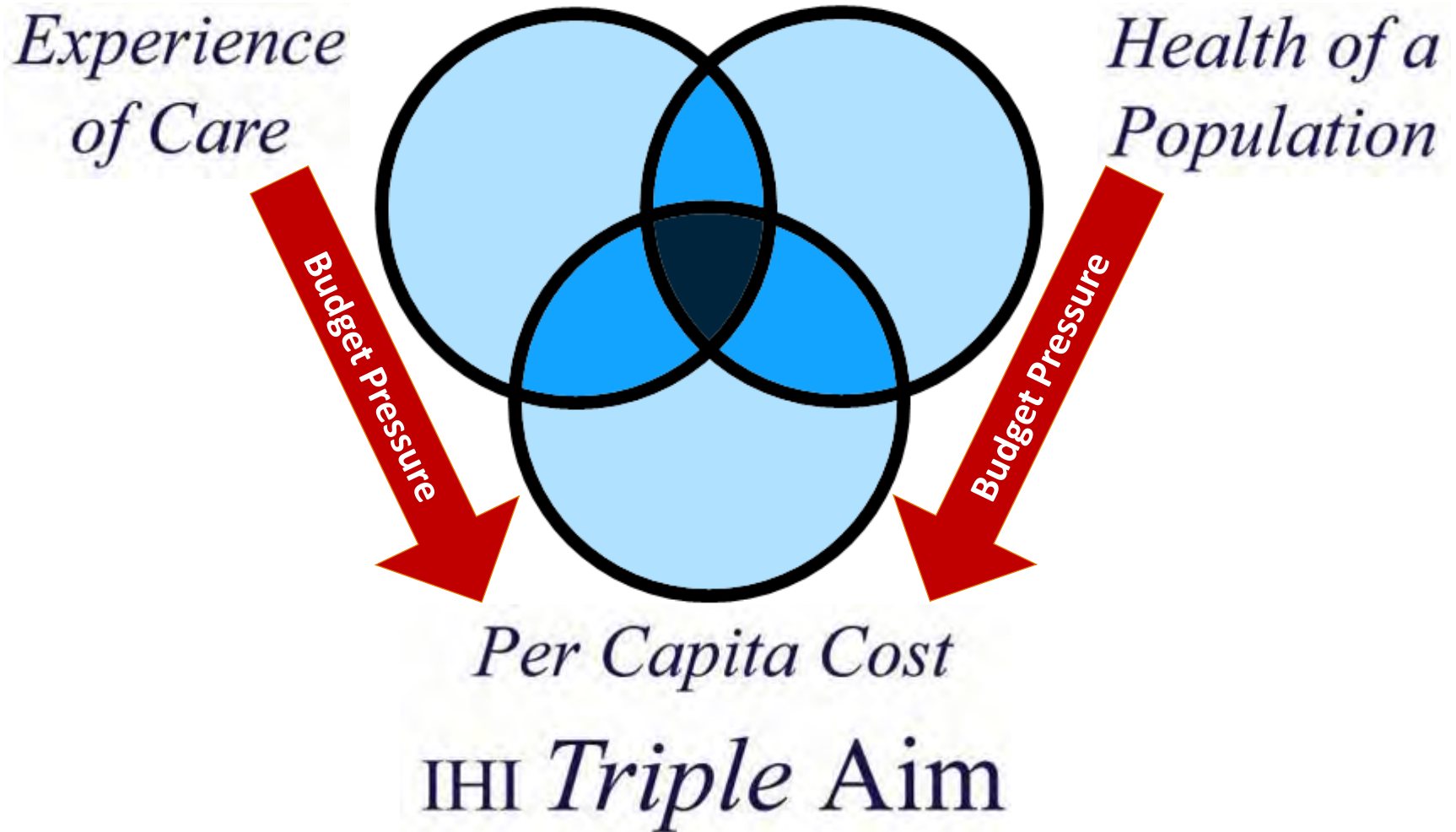


Per Capita Cost

IHI Triple Aim



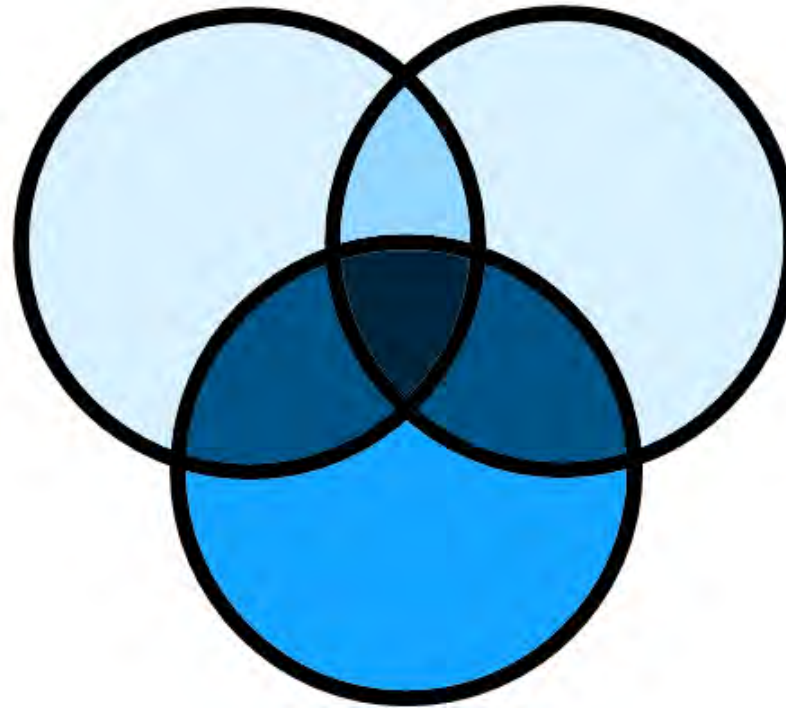
Shifting Center of Gravity



A More Realistic View?

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Per Capita Cost

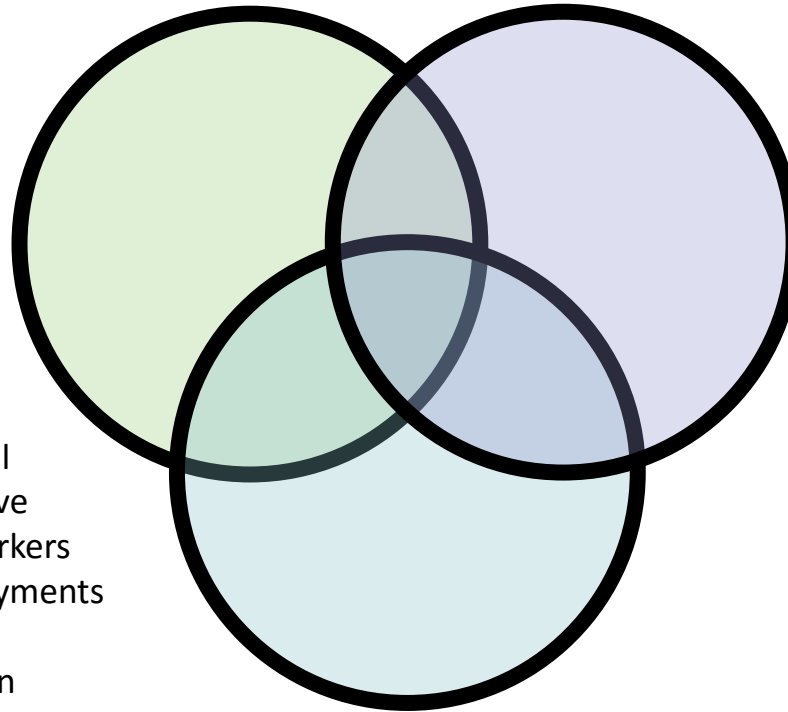
IHI Triple Aim



An Informal Survey

*Experience
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- Adult Preventive Dental
- Birth Outcomes Initiative
- Community Health Workers
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- Obesity
- PCMH
- PCSC
- Readmissions Policy

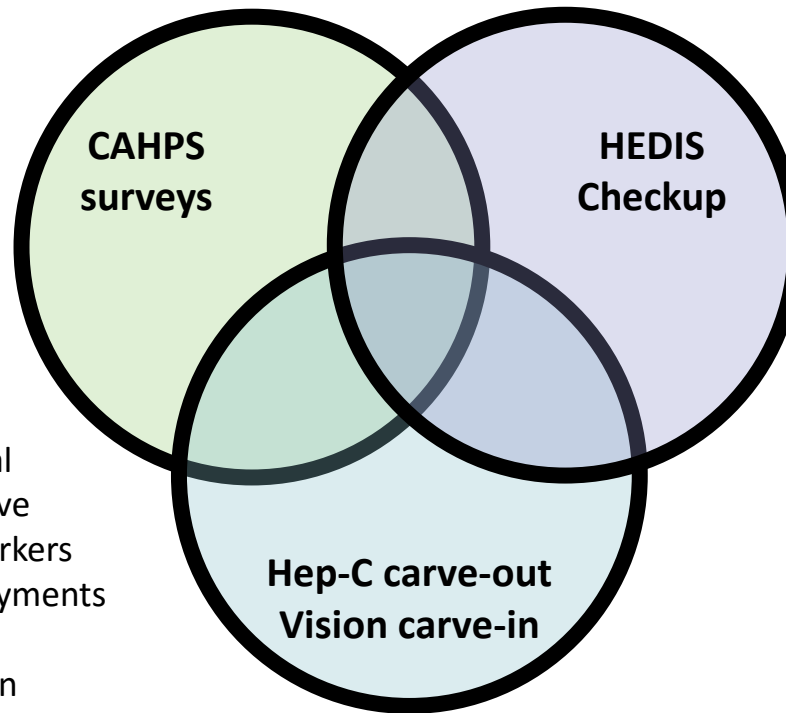
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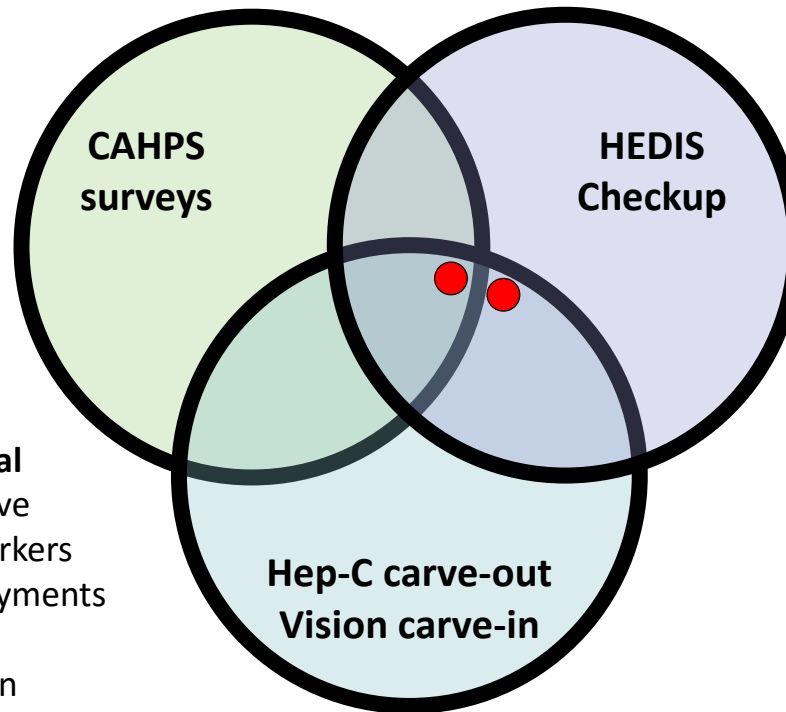
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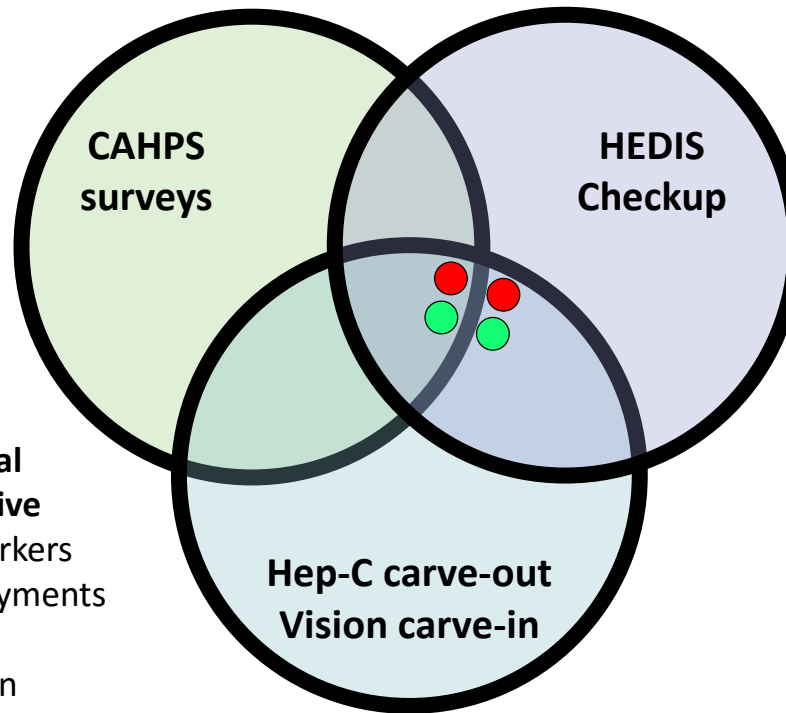
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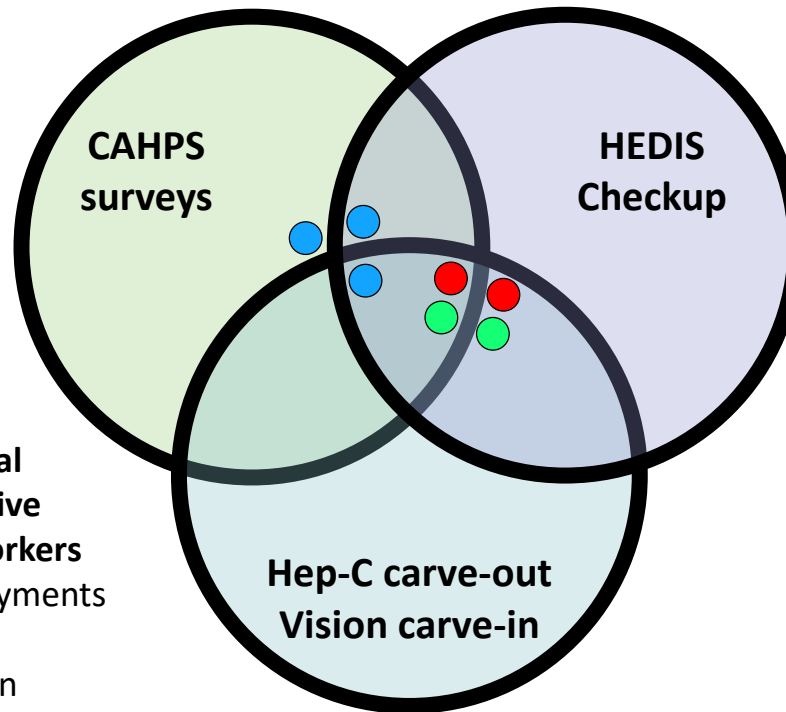
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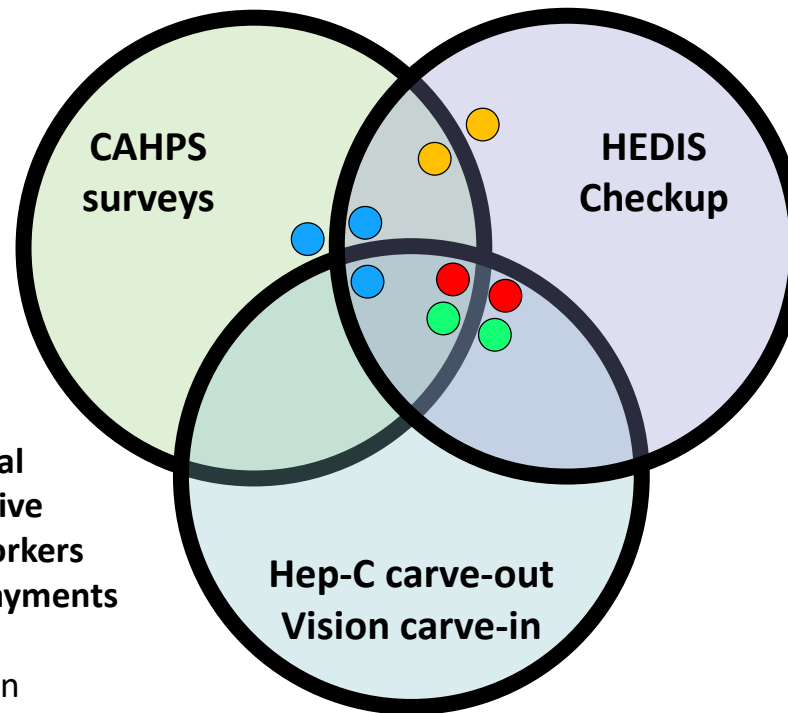
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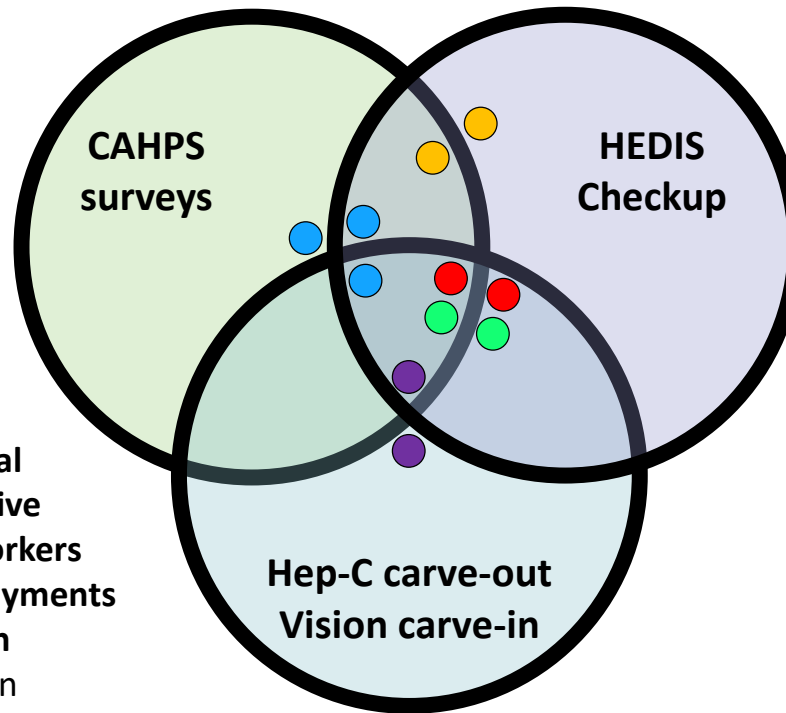
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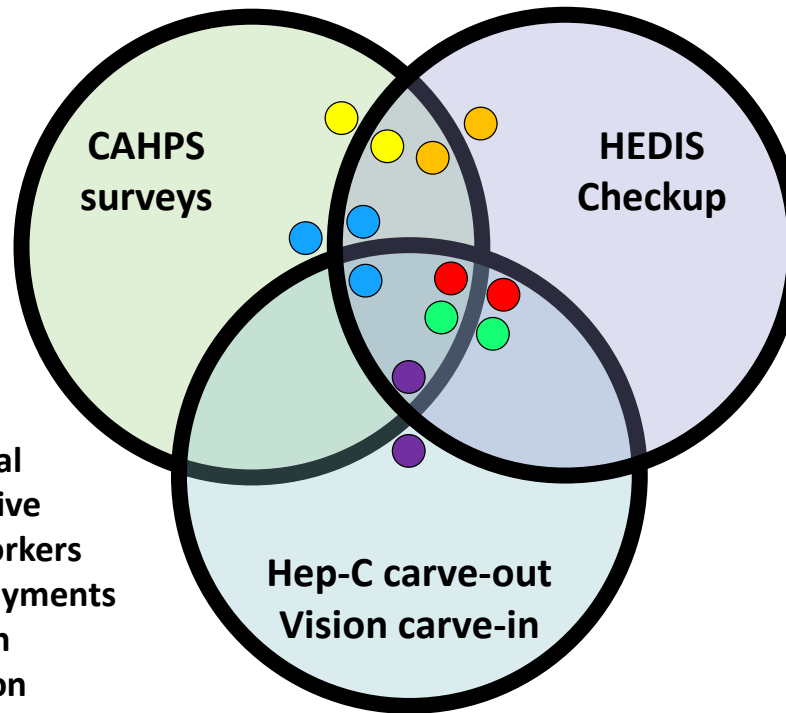
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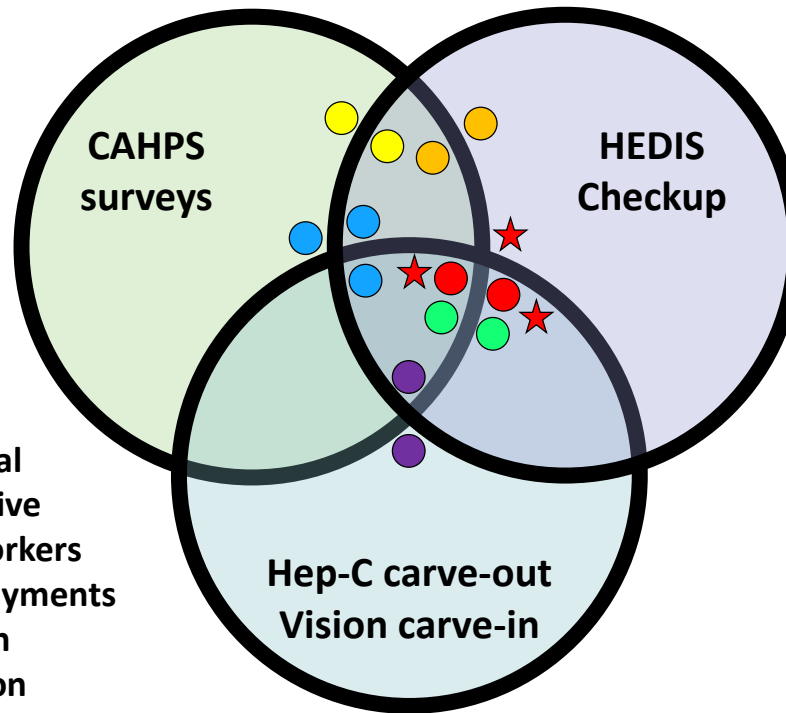
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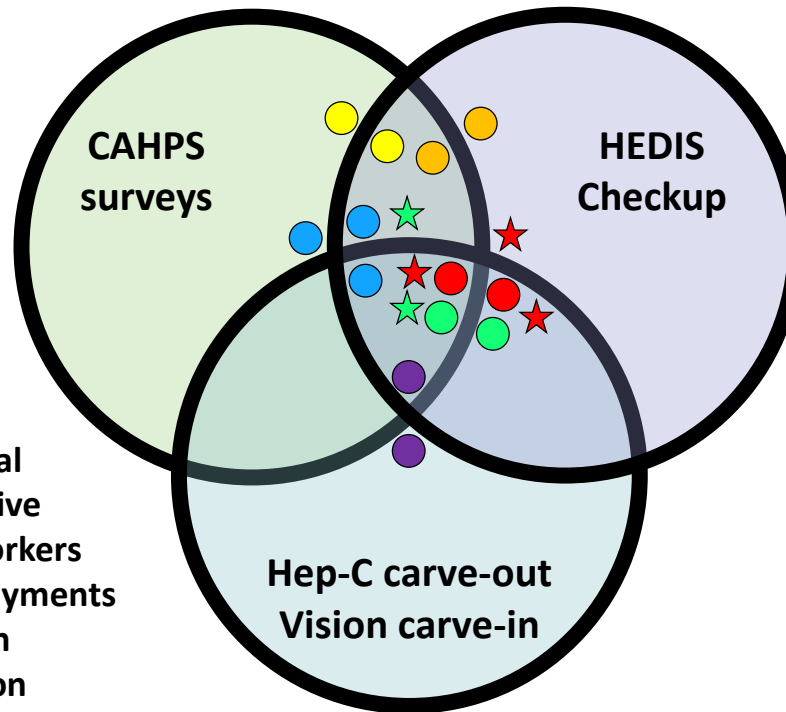
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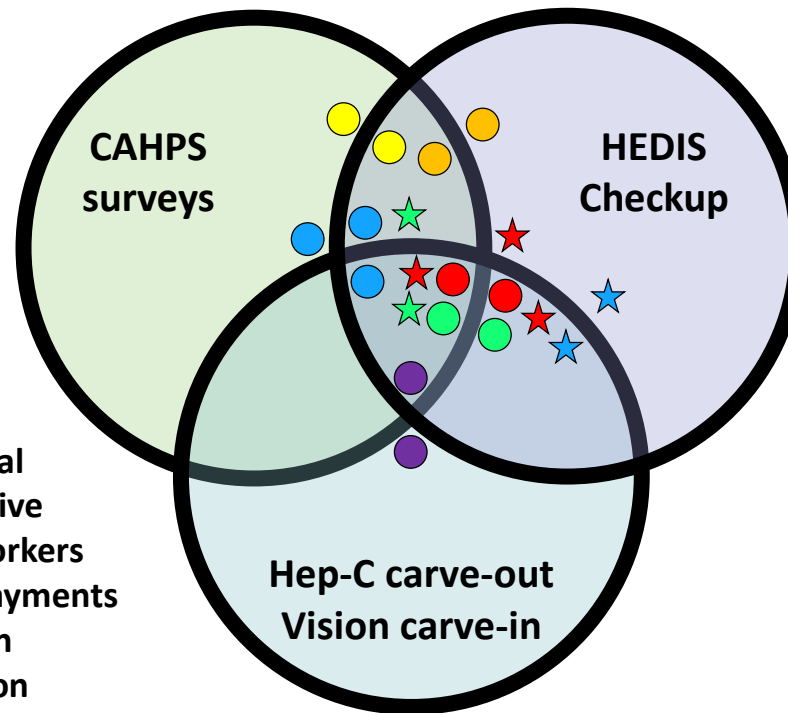
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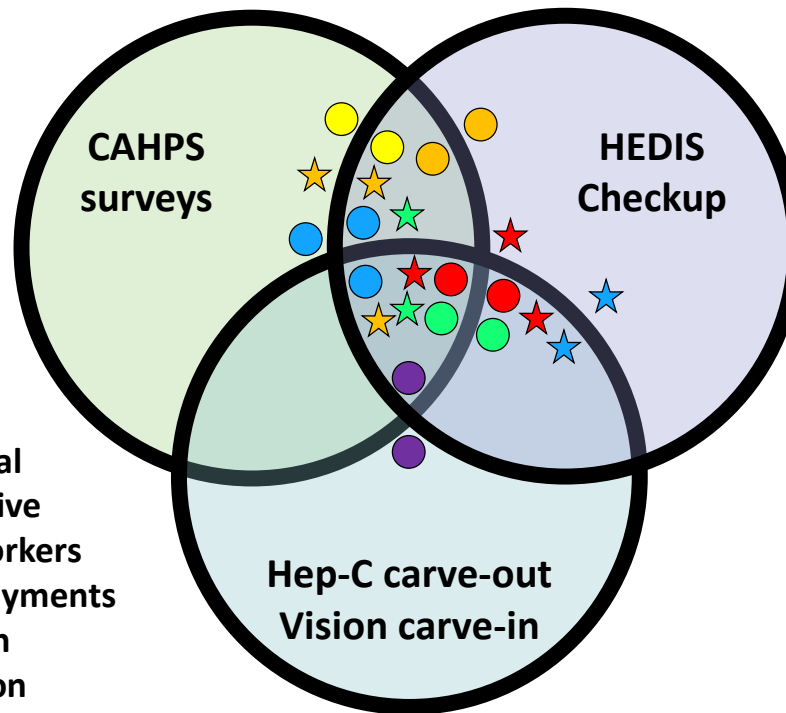
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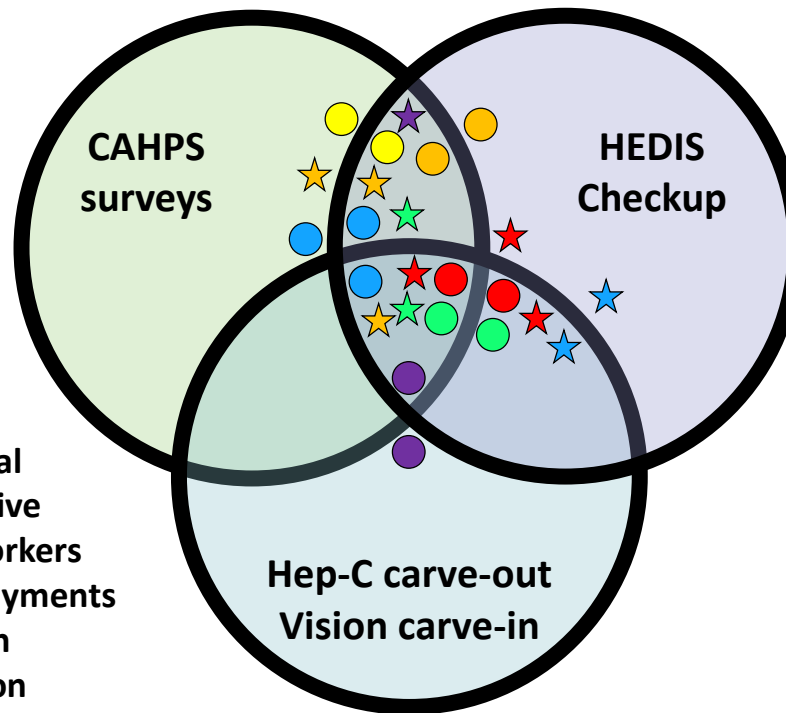
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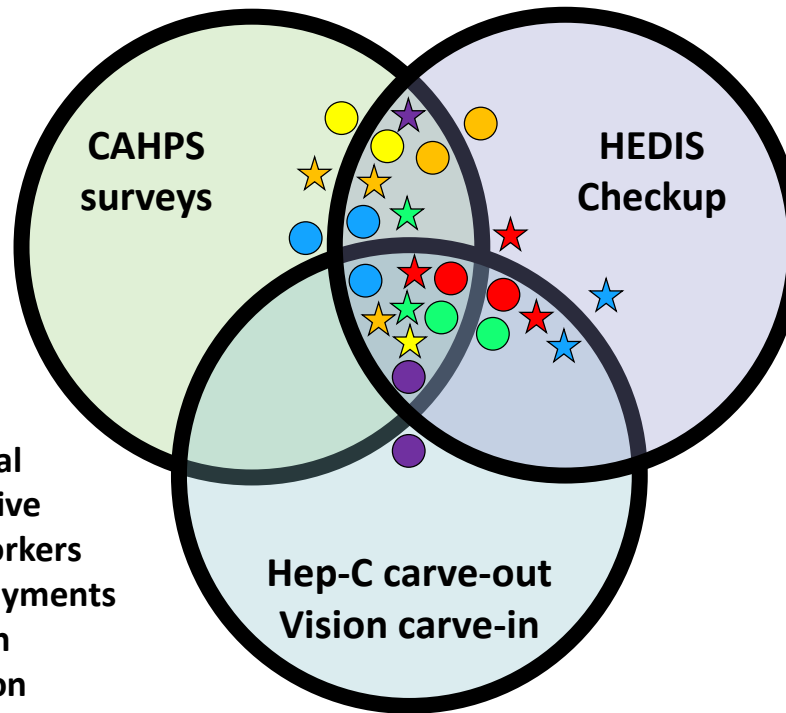
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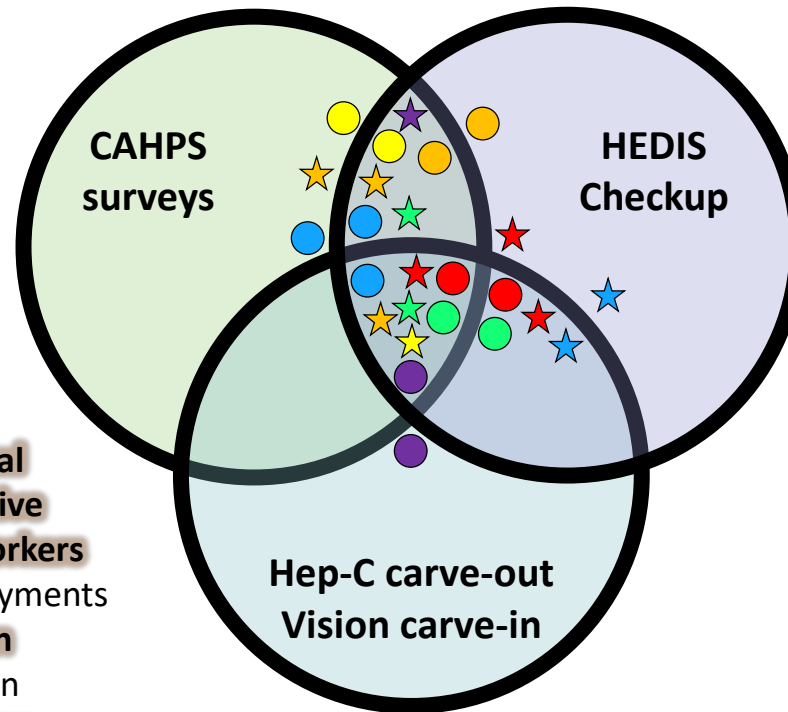
IHI Triple Aim



A Toehold in the Center Ring

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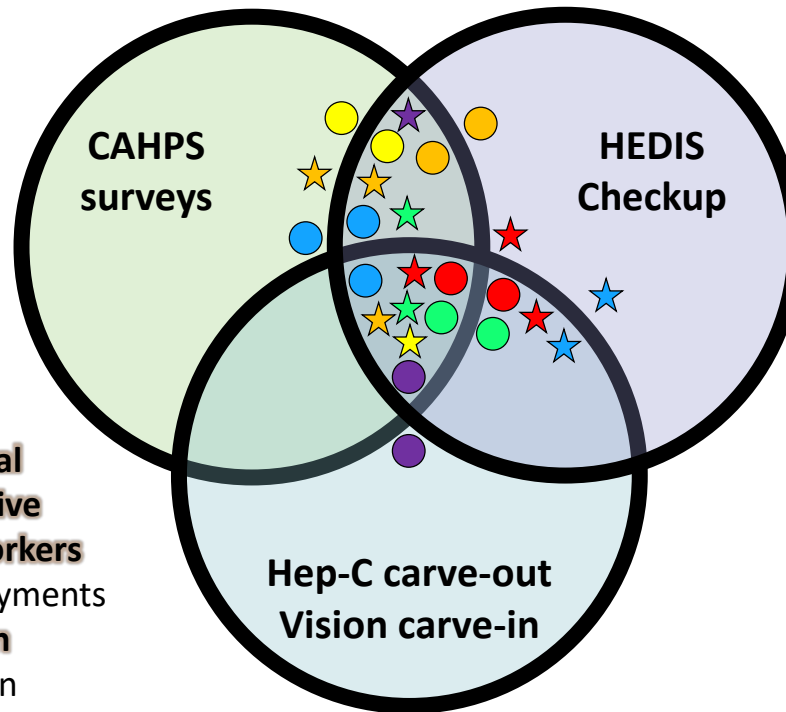
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The Grand Prize?

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IHI Triple Aim



Takeaways from the Thought Exercise

- Our initiatives have been rooted in population health
 - Nearly all touched the Population Health circle
- The most “central” initiatives were BOI and hospital readmissions policies
 - HOP wasn’t far behind
 - The items with the greatest stakeholder engagement
- Applying the retrospective test – in the past year, the more “peripheral” items have had a lower priority
 - Hospital Transformation application window is now closed
 - Palmetto Coordinated System of Care – narrower focus
 - Utilization for new obesity codes and for Checkup has been limited; Checkup members are not renewing

The Road Ahead

- Accelerating and expanding on the transition to a more rational and more value-based payment system
 - Moving away from cost-settlement, retrospective payment
 - Exploring “episodes of care” and other value-based models
 - Connecting payments to services; eliminating unmatched subsidies
- Driving down administrative and avoidable costs
 - Revisiting the pace, scope, and sequence for big IT projects
 - Aggressively pursuing fraud, abuse, and TPL opportunities
 - Stopping improper payments –inmates, tax deadbeats, deceased
- Preparing for the long-term
 - Managed care contracts expire June 30, 2016
 - Significant federal rulemaking on MCO contracts, network access...

How do DHHS and the Alliance contribute to each other's goals?

Alliance Goals

Common Agenda for Health Improvement

 Healthy Babies	Improve the health of moms and babies from pre-conception to the first year of life	 For ALL people in SC Everyone with the same probability of attaining the best health status, independent of gender, race, sexual orientation, neighborhood, disability, ethnicity, educational attainment, or socioeconomic status.	At a lower per-capita cost Reduce the per-person cost of healthcare in the state (when accounting for all public and private healthcare expense)
 Healthy Children	Improve the health and educational outcomes of children		
 Healthy Bodies	Improve physical health through healthy nutrition, physical activity		
	Improve physical health through enabling access to high quality primary care		
 Healthy Minds	Improve behavioral health through improved access to appropriate behavioral health services and other necessary clinical and support services		

Department's Goals

2016 Balanced Scorecard

November 17, 2015

Better Health

Provide at least 12% of managed care payments using a value-based approach

Increase the percentage of HEDIS withhold metrics at or above the 50th percentile by 2% annually

Reduce the rate of very-low birth weight babies by 3%

Outstanding Member Services

Increase the rate of resolutions for reviews by 10%

Increase the number of applications by

Increase rate of walk-in services

Sound Fiscal Stewardship

Maintain General Fund expenditures within 3% of forecast

Keep per-member cost below national benchmark

Increase the percentage of expenditures analyzed for liability by 5%

Responsive Member Services

Process 99% of electronic claims submissions within 14 days



Agency Head Performance Planning Document

Page 1 of 6

Agency Head Performance Planning Document

State of South Carolina
Agency Head Salary Commission (FY 2016)

At the bottom of this form is a "Save Data" button - you must do this to preserve the content already entered to the form. Doing so will allow you to "Enter more Data" at a later time or "Prepare for Printing", which will allow you to print the data already submitted. The last option is to "Logout" of the current session.

[Print](#) [Logout](#)

HEALTH AND HUMAN SERVICES, DEPT OF

Head: Christian L. Soura

Year: 2016

AGENCY NAME: Department of Health and Human Services
AGENCY CODE: J02 SECTION: 33



Fiscal Year 2016-17 Agency Budget Plan

FORM A - SUMMARY

RECURRING FUNDS
(FORM B
DECISION PACKAGES)

My agency is submitting the following recurring decision packages (Form B):
7594, 7409, 7372, and 7283. ~~7280~~

For FY 2016-17, my agency is (mark "X"):

- ☒ Requesting a net increase in recurring General Fund appropriations.
☐ Not requesting a net increase in recurring General Fund Appropriations.

AGENCY NAME: Department of Health and Human Services
AGENCY CODE: J020 SECTION: 033



Fiscal Year 2014-15 Accountability Report

SUBMISSION FORM

AGENCY MISSION

To purchase the most health for our citizens in need at the least possible cost for taxpayers.

Department's Goals

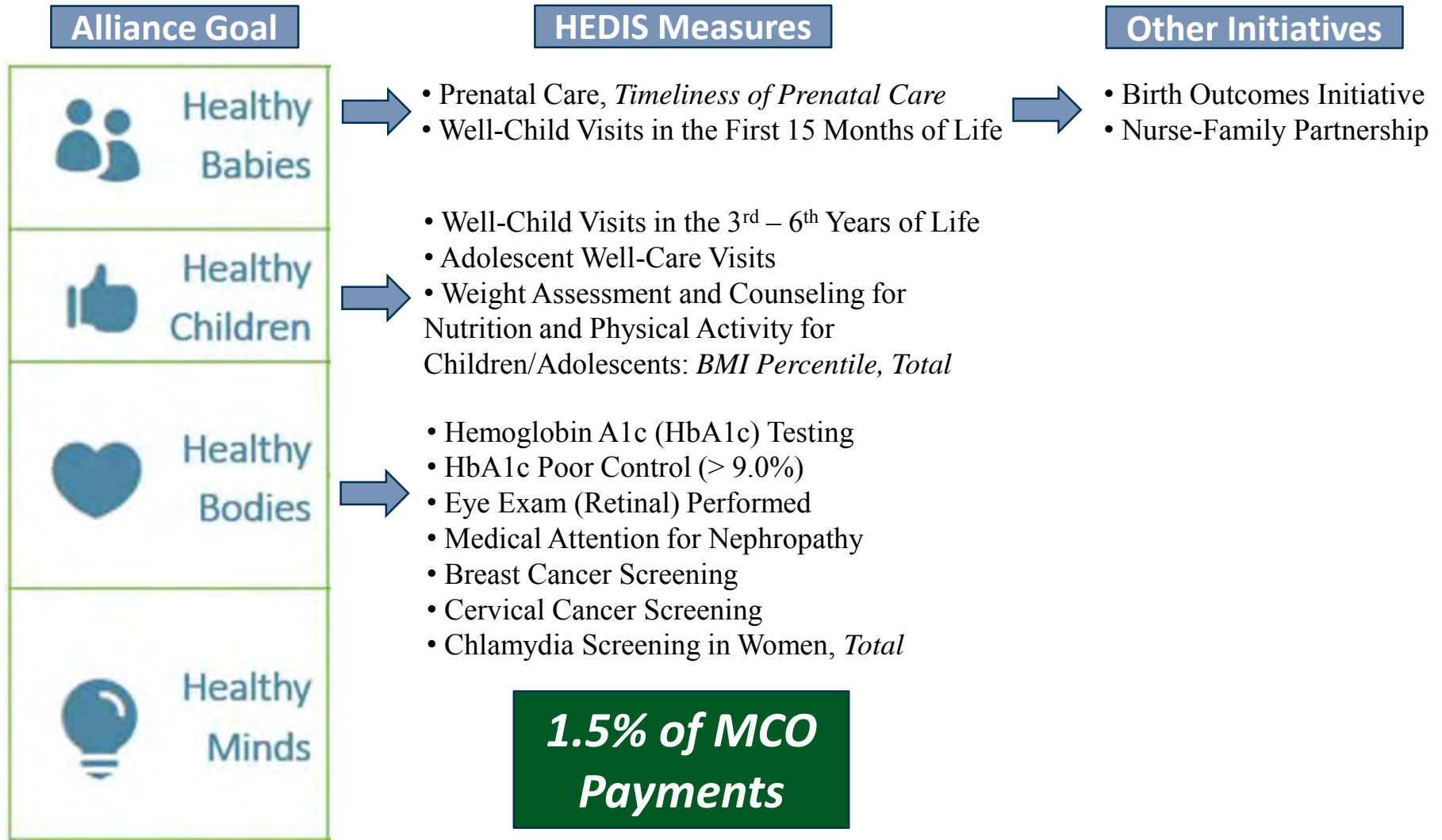
2016 SC Medicaid MCO Quality Indices

<u><i>Index 1: Diabetes</i></u>		
Hemoglobin A1c (HbA1c) Testing	45%	CDC
HbA1c Poor Control (>9.0%)	15%	CDC
Eye Exam (Retinal) Performed	20%	CDC
Medical Attention for Nephropathy	20%	CDC
<u><i>Index 2: Women's Health</i></u>		
Prenatal Care, <i>Timeliness of Prenatal Care</i>	40%	PPC
Breast Cancer Screening	20%	BCS
Cervical Cancer Screening	20%	CCS
Chlamydia Screening in Women, <i>Total</i>	20%	CHL
<u><i>Index 3: Pediatric Preventative Care</i></u>		
Well-Child Visits in the First 15 Months of Life (w15), <i>6+ Visits</i>	30%	W15
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (w34)	30%	W34
Adolescent Well-Care Visits (AWC)	30%	AWC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: <i>BMI Percentile, Total</i>	10%	WCC

Is There a Connection?



Alliance Goals vs. HEDIS Measures



Alliance Dashboard vs. DHHS Measures

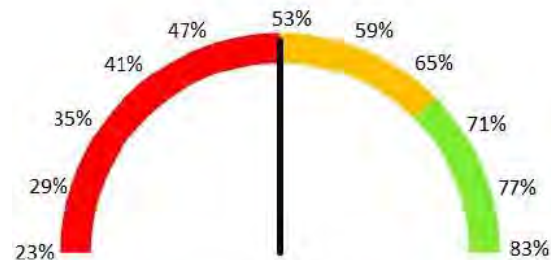
- Evidence of alignment:
 - Common measures and indicators – also used for assignment to managed care plans
 - Collaborative efforts (BOI, HOP, etc.)

Infant Mortality 2014



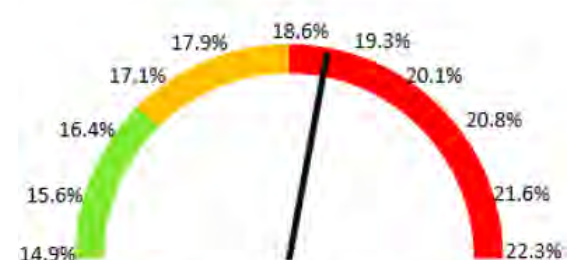
In 2014, 372 babies died before their first birthday (This is 6.5 infant deaths per 1000 live births). This is a historic low; however African American Infant Mortality is more than twice as high as White Infant Mortality. We must target our efforts to decrease the gap.

% 3-6 year olds who received annual Well-child check-up - 2014



In 2014, the proportion of low-income children 3-6 years old that received their annual well-child check-up was 52.9%.

%people with Diabetes Type 2 whose A1C is above 9% - 2014



In 2014, 19% of people with diagnosed Diabetes Type 2 had their A1C levels above 9% (Normal is 7.0%)



How can the Alliance support Medicaid enrollment?

Thinking About Enrollment

- Takeaways from the Enroll America model
 - The gap between the uninsured rate for South Carolina and the nation fell from 3.3% (2013) to 3.2% (2015).
 - Only 1/6 of the remaining uninsured are Medicaid-eligible.
- Other relevant context
 - Last fiscal year, our enrollment penetration rate was about 91.5%.
 - Continuing to exchange data with other agencies.
 - Discussing “Targeted Enrollment Strategies” with CMS to further automate the application process.
- Ways to help
 - Don’t file paper applications.
 - Consider annual reviews – not just applications (stay in vs. get in).
 - Privacy rules can be an impediment to individual outreach efforts.

Enrollment is Just One Component of Access

- Holding an insurance card is just the first test of “access”
 - What about utilization?
 - As we climb from 91.5% enrollment, how many of those who remain are or would likely be utilizers?
 - How many of those enrolled today are utilizers (and if not, why not)?
- True assessment of access must include other factors
 - Many states generate the state match to sustain or expand their programs by cutting reimbursement rates.
 - “Wider but shallower” coverage.
 - CMS is starting to take a harder look at network adequacy.
- If 100% coverage is not attainable, then what’s the real target?
 - Natural churn from movements across state lines, FPL thresholds, etc.
 - How do you count those who make the individual mandate payment?

