

UPMC Health Plan

Value Based Insurance Design (VBID)

Spark Your Health

Medicare Advantage Summit
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UPMC HEALTH PLAN

UPMC: an Integrated Delivery and Financial System

Commercial Products

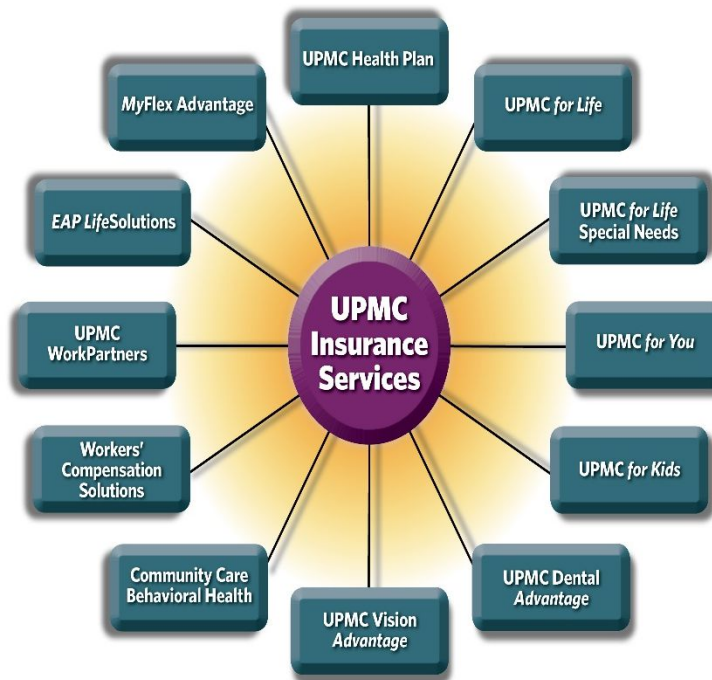
Medicare Products

Medicaid Products

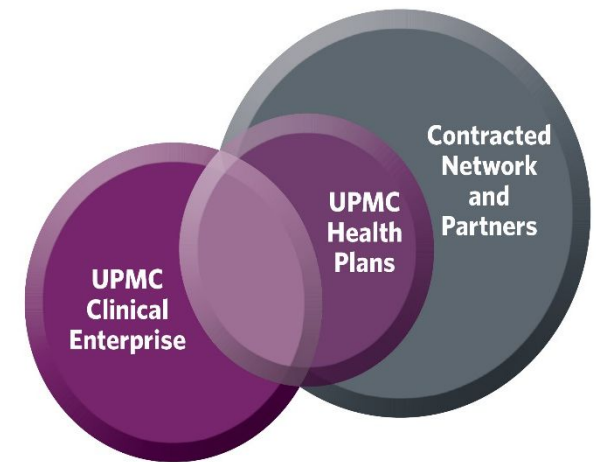
Behavioral Products

Health & Disability

Ancillary Products



Large Network Anchored by UPMC



Serve over 3 million members

Medicare: Over 128,000 Non-SNP members

Over 22,500 SNP members

UPMC Health Plan's Approach to VBID

1. Making the Decision
2. Designing the Program
3. Implementing the Program
4. Determining Value

1. Making the Decision

Our Disease Selection Criteria

- Reviewed CMS Test Model Requirements
- High medical and Rx expense
- High utilization
 - High admissions and readmissions
 - Taking numerous prescription drugs
- Potential to reduce costs through interventions
 - Ability to improve conditions and reduce complications

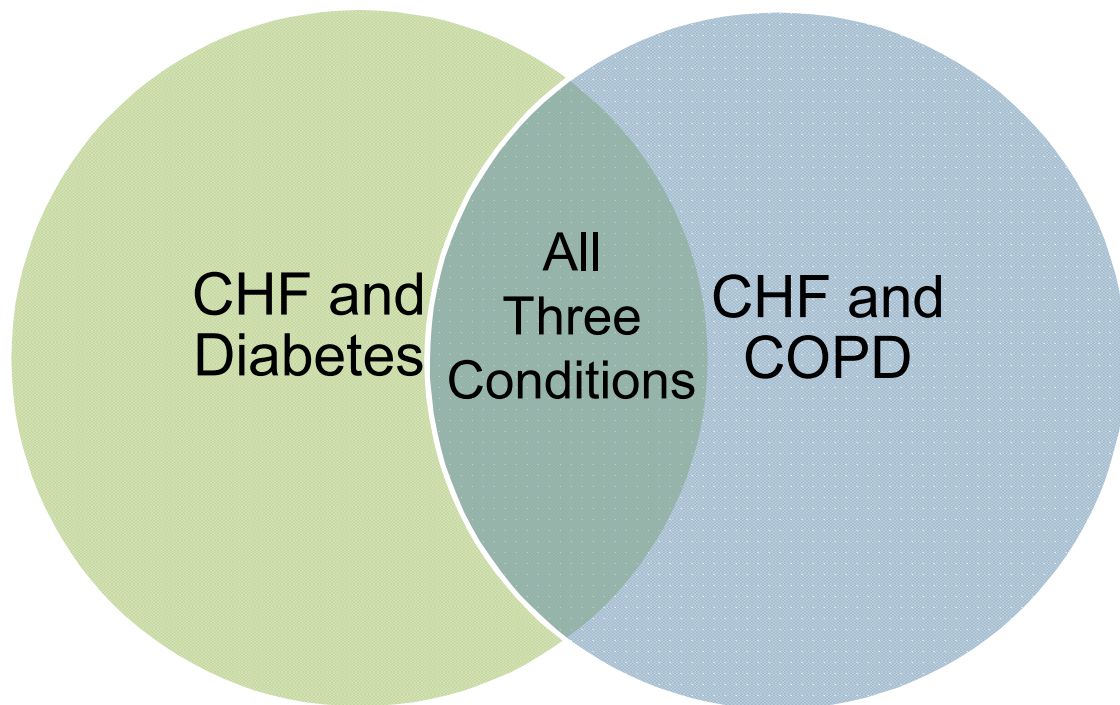
Balance Risk and Reward



- The population needs to be:
 - Large enough to be relevant...
yet small enough to manage and minimize potential loss
- Ability to influence behavior through sustained engagement
- Target vulnerable population with opportunity for improvement

Analytics Drove Decisions

- Care Costs
- Utilization
 - Admissions, readmissions
- Chose the combinations of
 - CHF and Diabetes
 - CHF and COPD



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2. Designing the Program

Goals and Guiding Principles

Assist members in self-managing their condition to lead to overall better health, improved quality of life, and reduced medical costs

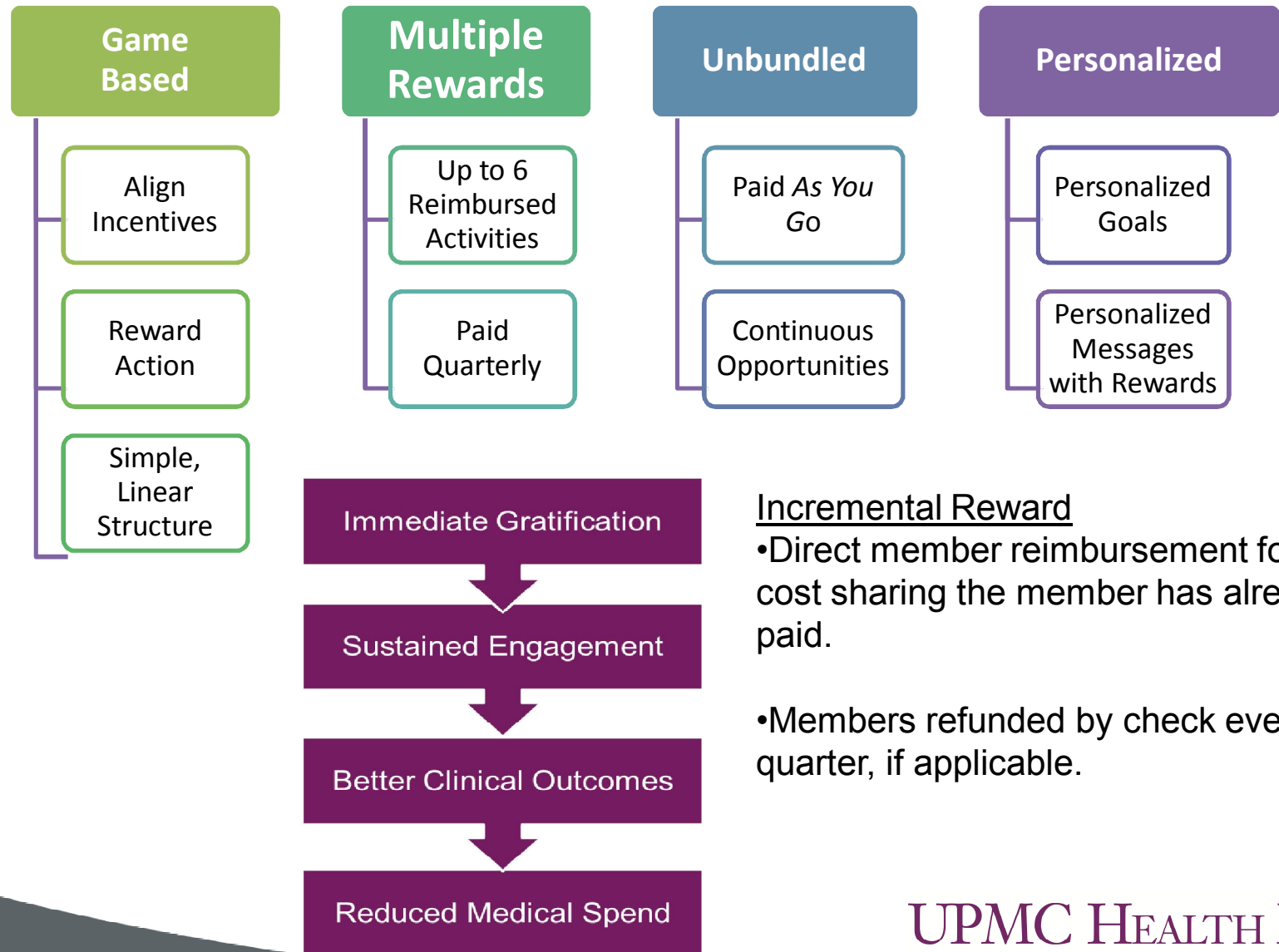
- **Education**
 - Improve member's understanding of their conditions, medication, and lifestyle choices affecting their health; educate at each point of contact
- **Engagement**
 - Create simple steps to maintain engagement, identify health issues, and prevent deterioration
 - Focus on incremental changes that can be sustained
 - Provide members with meaningful rewards and positive reinforcement
- **Health Plan Resources**
 - Direct members to appropriate resources to address social determinants

Program Design

- Use data to drive interventions
- Integrate with Plan-wide Population Health Strategy
- Incorporate Behavioral Economics principles



Behavioral Economics Approach



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Step One: Health Assessment Survey

- Survey
 - Paper, online, or telephonic
- Predictive Questions
- Evaluates both medical and social factors that can impact a member's health



Step Two: Personal Health Review

- Case Manager calls the member to identify additional information related to medical and non-medical determinants of health.
 - Learns more about the member's health and lifestyle so appropriate activities can be recommended for the Care Plan
 - Care Plan created in collaboration with the member



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Step 3: Personalized Quarterly Activities

Lifestyle Programs

- Nutrition, Physical Activity, and Weight Management
- Smoking Cessation
- Stress Management

Health Management

- CHF Education
- COPD Education
- Diabetes Education

Behavioral Health

- Depression
- Anxiety

Pharmacy

- Medication Review

Reimbursements

- Members are eligible for a \$25 reimbursement of Part C cost-sharing for completion of each step, up to \$150 annually
 - Includes copays and co-insurance for medical services utilized by the member
- CMS strictly defines the member benefits as reduced cost-sharing
 - Cannot simply give the member \$25 – the reimbursement is based on the amount of cost-sharing the member has already paid
- Members receive a reimbursement check at the end of each quarter, along with a cost-sharing statement

3. Implementing the Program

Ease of Implementation

- Low administrative lift
- Align with commercial incentive programs and Population Management Strategy

Medical

Pharmacy

Case Management

Health & Lifestyle
Management



Member Services

Finance & Actuary

IT

Marketing and Digital
Media

Focus on Member Touchpoints

- Break down the campaign into three vital areas:
 - Inform and educate
 - Continue engagement
 - Results and retention
- Member Service Concierge plays an important role
 - Front line for member communication and answers questions
 - Communication with Clinical Team critical to ensure consistent information to member
- Marketing
 - Focus on the benefits to the member
 - Better health through managing chronic conditions
 - Reimbursement checks/reduced health care costs
 - Positive attitude and emotional connection that comes working toward better health – give support, confidence, and hope to live a better life
 - Use imagery to help member feel positive and upbeat about taking steps to live more healthfully

Online Presence

- Member portal allows:
 - Checking of member participation status and next steps
 - Access to the online survey
 - Option to chat with a member service representative or health coach
- Provider portal provides:
 - VBID program details
 - Specific members Survey answers and Care Plans

4. Determining Value

Program Measurement: Process Measures

- Enrollment
- Participation
- Completion
- Timeliness of Outreach
- Complaints, Grievances, Appeals
- Reason for Disengagement



Program Measurement: Outcome Measures

- Reduced unplanned care
- Reduced readmissions
- Reduced ED utilization
- Reduced PMPM medical costs
- Address Stars measures
 - HEDIS Star Gaps
 - Improved medication adherence
- Increased member satisfaction



Questions



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