Value Based Insurance Design (VBID)
"Spark Your Health"

May 2018
The Second National Medicare Advantage Summit
Helene Weinraub

UPMC HEALTH PLAN

UPMC: Global Academic Integrated Delivery and Finance System

UPMC LIFE CHANGING MEDICINE

85,000 employees & > $16B Revenue

Insurance Services

- 3.3 M Members
- Top ranked Quality
- 4 Star Medicare
- Service Excellence: Stevie Award Winner

Health Services Division

- 30+ hospitals
- 500 outpatient locations
- 310,000 IP admissions
- 4.2 million outpatient visits
- 3,800 employed physicians
- 5,700 total physicians

UPMC Enterprises

evolent HEALTH

Omnyx
A GE Healthcare and UPMC Venture

Prodigo SOLUTIONS

Health Fidelity

CENTER FOR CONNECTED MEDICINE

UPMC International Services

- 20+ countries
- Hospitals: Italy
- Established partnerships in: Italy, Ireland, China, Columbia, Kazakhstan

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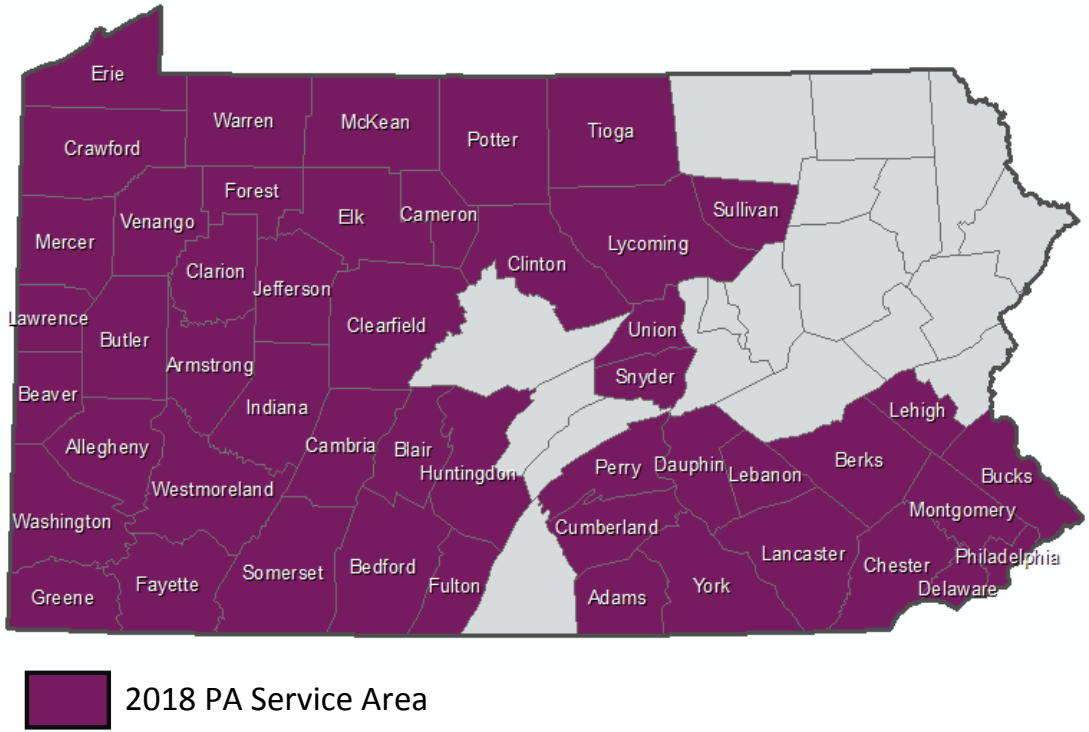
UPMC Medicare Advantage a Leader in PA



2018 PA Service Area

- Over 150,000 Non-SNP members
- Over 25,000 D-SNP members
- Largest HMO in PA with 25% of market share

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Source: Apr 2018 CMS Enrollment Data. Includes HMO, PPO, PFFS, and SNP plan types; includes group.

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UPMC Health Plan's Approach to VBID

2016: Planning and application

2017: Implementation

- Success, challenges, and opportunities

2018: Program modifications, data collection and analysis

2019: More informed decisions

Analytics Drove the Decision

Target vulnerable population who have opportunity to improve

- High medical and Rx expense
  - High utilization of hospitals and medications
- Potential to reduce costs through interventions
  - Ability to improve conditions and reduce complications
- Balance risk and reward
  - Large enough to be relevant…yet small enough to manage and minimize potential loss
  - Ability to influence behavior through sustained engagement
- Chose the combinations of:
  - CHF and Diabetes
  - CHF and COPD
  - CHF, Diabetes, and COPD

Goals and Guiding Principles

Self-management for better health, improved quality of life, and reduced medical costs

- Member Engagement and Education
  - Create simple steps to identify health issues and prevent deterioration
  - Focus on incremental changes that can be sustained
  - Provide members with meaningful rewards and positive reinforcement
  - Improve members' understanding of their conditions, medication, and lifestyle choices

- Health Plan Resources
  - Direct members to appropriate resources to address social determinants
  - Integrate with Plan-wide Population Health Strategy

- Measure and Monitor
  - Use data to drive interventions

VBID Model: Our Approach to Behavioral Economics

Incremental Reward

- In the form of direct member reimbursement for Part C cost sharing member has already paid.
- Members were refunded by check every quarter, if applicable.

Aligning Incentives for our Members to Promote Healthier Behaviors

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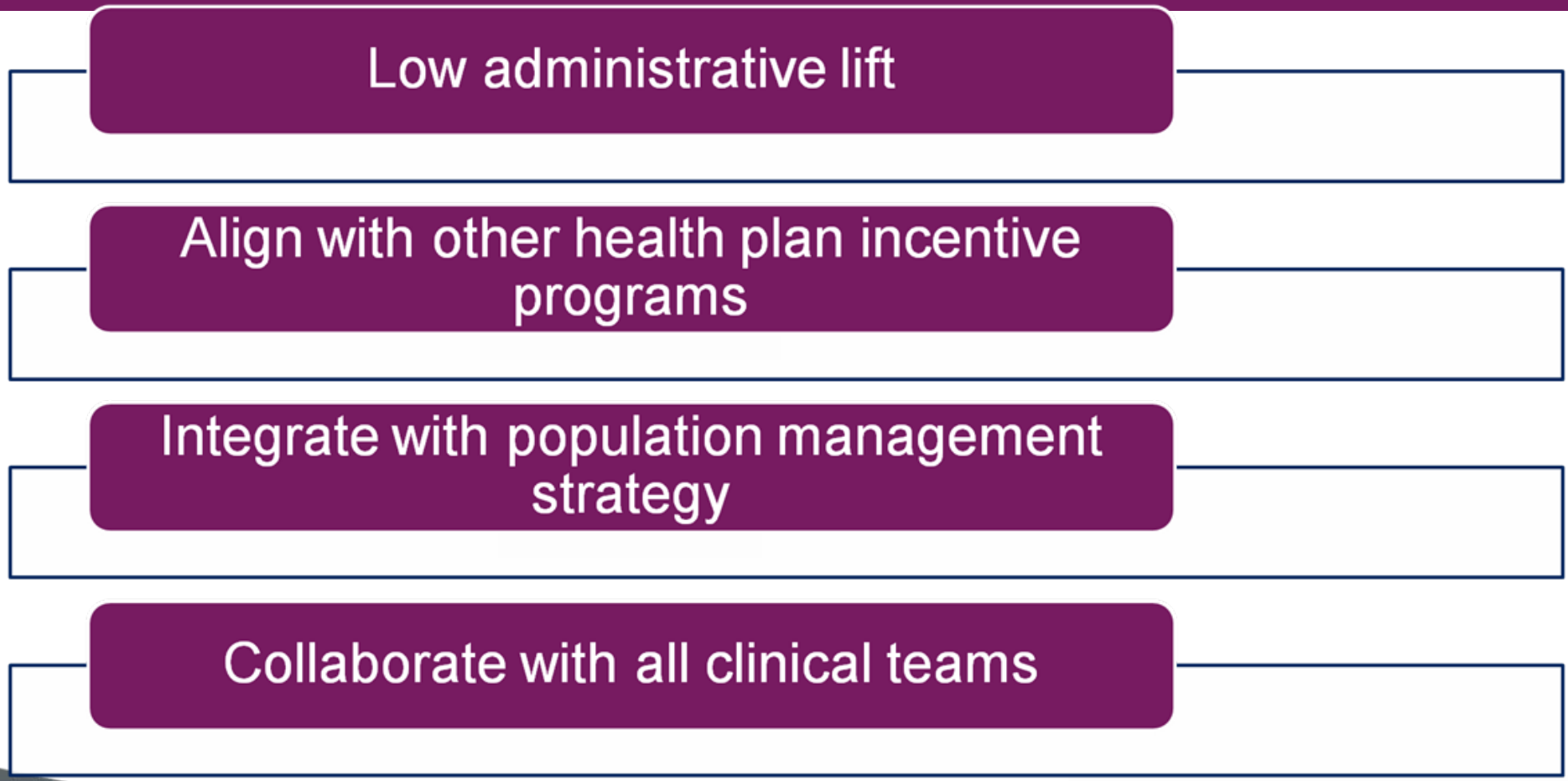
Administrative Goals



VBID Team

Clinical Partners	Member Services	Marketing
• Case Management • Health and Lifestyle Coaches • Pharmacists	• Dedicated VBID Member Services Line • Front Line answering questions regarding eligibility, status and payments • Warm transfers to VBID Clinical	• Focus on benefits to member • Use imagery to help member feel upbeat • Keep it simple • Mail, phone and online presence • Member and provider portals

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Program Measurement

Process

- Enrollment
- Participation
- Completion/Disengagement
- Timeliness of Outreach
- Complaints, Grievances, Appeals
- Data Accuracy
- Reimbursement to members
    - Accuracy, timeliness

Outcomes

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

Streamlined Process in 2018

Working to maximize program engagement and impact

Step 1 – Self-Assessment and Personal Health Review

A Case Manager (CM) outreaches to the VBID-eligible member to complete the self-assessment and PHR, which includes an interview and care plan development.

Step 2 – Personalized Quarterly Activities

The CM recommends healthy activities as part of the member's individual care plan, and the member selects their activities from an approved list of options.

For each step taken, the member can earn up to $50 in Part C cost-sharing reimbursement, up to $150 annually.

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How are we doing?

Focused on Process Measures

- Working well
  - Data flow
  - Internal collaboration with all departments
- Needing Attention
  - Enrollment process
  - Engagement
  - Reimbursement process

Snapshot

- Member Profile
- Total Eligible Population
- Overall Engagement

2019- More Informed Decisions:

More Data, More Information, Possible Changes

- Is this the right population?
  - Targeted population is very sick
  - Explore other diseases or model
- What works? What doesn't?
- Explore with CMMI
  - Use of bank cards instead of check payments
  - Apply payment to Part D at the point of sale at pharmacy
- 2019 proposed changes
  - Moving away from reimbursement checks to OTC debit cards
  - Members won't have to have OOP cost sharing to receive reward – will just need to complete activity
  - Prescription for Wellness will be added to engage providers

The Second National Medicare Advantage Summit. May 2018.

Questions

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