November 15, 2021

Data and Technology Provider Forum

HIGHMARK HEALTH OPTIONS

1. **Welcome & Opening Remarks**

   Suzanne Lufadeju, Director, Provider Experience

2. **How Highmark Health Options utilizes EMRs to manage care and quality**

   Care Coordination & LTSS

   Utilization Management (*Donna Pendleton, RN, MSN, UM Program Manager*)

   Quality *(Su-Linn Zywiol, Strategy Program Manager)*

4. **Upcoming in 2022**

   Mandatory Provider Screening and Enrollment with DMMA (*Suzanne Lufadeju, Director, Provider Experience*)

   Improvement to Payment Transactions (*Elsa Honma, Sr. Business Process Analyst*)

5. **Final Remarks**

   Suzanne Lufadeju, Director, Provider Experience

Electronic Medical Records (EMRs) v. Electronic Health Records (EHRs)

POLL: Which statement(s) best explains the difference between EMRs and EHRs?

(a) There are no differences between EMRs and EHRs.

(b) EMRs are designed to be restricted to a single practice, whereas EHRs are shared between organizations.

(c) EMRs often more benefits than EHRs.

(d) None of the above.

Takeaways - EMR/EHRs

- Benefits - having one or both is better than traditional paper charts
  - Patient data centralized one location – better organization of data, more complete histories and ability to track over time
- EHRs offer a bit more than EMRs
  - More complete information enables multiple providers to make well-informed decisions quickly
  - Improved patient participation - Sharing data with patients encourage patients to be active role in healthcare, which may further improve patient income
  - Better care coordination which can lead better quality of care and improved patient outcomes

Care Coordination & Case Management

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Care Coordination Perspective

- Check for updated Member address/contact information
- Check for updated Member Provider information/contact
- Emergency Department and Inpatient visit information
- CCHS Outpatient Visits
- Review lab work
- Comparing meds in DHIN with CVS
- #1 most valuable tool when it comes to getting to know the member before first outreach
- Review member before each outreach

Case Management Perspective

- LTSS has dedicated Single Point of Contact at Delaware Nursing Facilities
  - Of the 44 Nursing facilities 22 have allowed SPOC access to their EHR (50%)
  - 3 facilities use a combination of EHR and “paper”

- LTSS SPOCs (Case Managers)
  - Use EMR documentation to obtain the clinical information needed to ensure the member is:
    - Receiving the physical and behavioral services they need
    - Review health status and evaluation of specialized services
    - Develop holistic Plan of Care inclusive of contract requirements
    - Meet’s NF level of care, ensuring member is in the least restrictive environment

  - Coordinate with Nursing Facility contacts to:
    - Supplement medical record review
    - Participate in Facility Care Planning Meetings
    - Identify and facilitate Nursing Facility transition as appropriate

- Coordination and sharing of information allows us to coordinate and provide quality care to our members

Utilization Management

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How Does Utilization Management Use Provider Electronic Medical Records (EMRs)?

A Perspective from Utilization Management

Currently (3) Delaware hospitals have granted UM staff access to their EMRs for the purpose of conducting medical necessity reviews.

Clinical documentation is required to establish medical necessity and to ensure appropriate care is delivered in the right setting. The data required for the UM review is retrieved from the EMR.

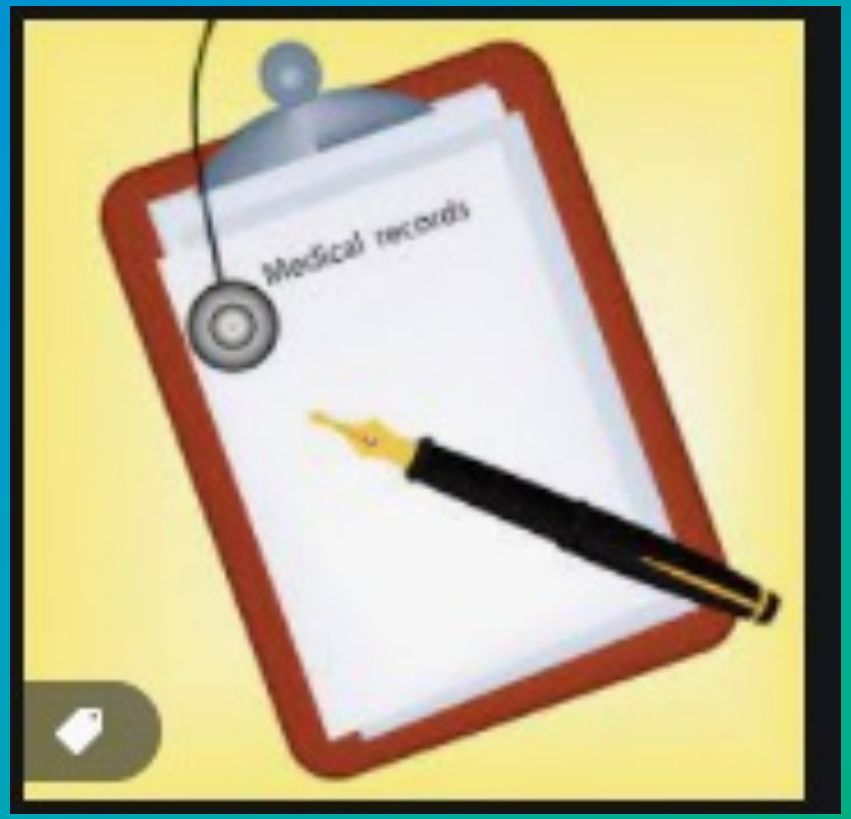
- ✓ **The UM Reviewer has direct real-time access to the member's medical record to review clinical information across disciplines including but not limited to vital signs, physician orders, consults, clinical imaging, laboratory results, medications, assessments, discharge planning needs, etc.**

Coordination and sharing information helps to ensure quality care is delivered to our members.

- ✓ **The UM reviewer utilizes EMR documentation for collaboration with the hospital Care Management team (social work, case manager) to address the member's needs to support discharge planning and transition of care**
- ✓ **Quality of care issues or critical incidents identified during the UM review process are reported**

Leveraging Access to EMRs

- **Adoption of EMRs can significantly improve the payer provider collaboration**
- **Reduce UM review time**
- **Maximize clinical efficiency and productivity**
- **Cost savings in relation to administrative procedures and manual work required for the medical review such as faxing clinical documentation**
- **Improves healthcare quality, coordination of care through a member centric approach to identify the member's needs for better lifecycle outcomes**
- **May optimize the approval to denial rate due to availability of documentation required for the UM process**



Disadvantages of Paper Charts

- One major health system is the only Behavioral Health provider that utilizes an Electronic Medical Record
- Today, behavioral health providers fax paper charts for UM reviews
  - Barriers include illegible handwriting, incomplete documentation, missing pages, large number of pages of documentation

Quality Improvement

HIGHMARK HEALTH OPTIONS

Remote EMR Access

PARTNERSHIP

HIGHMARK. HEALTH OPTIONS +  =

- ✓Quality Measurement, Reporting & Improvement
- ✓Point-of-Care
- ✓Risk Score Accuracy
- ✓Value-Based Contract

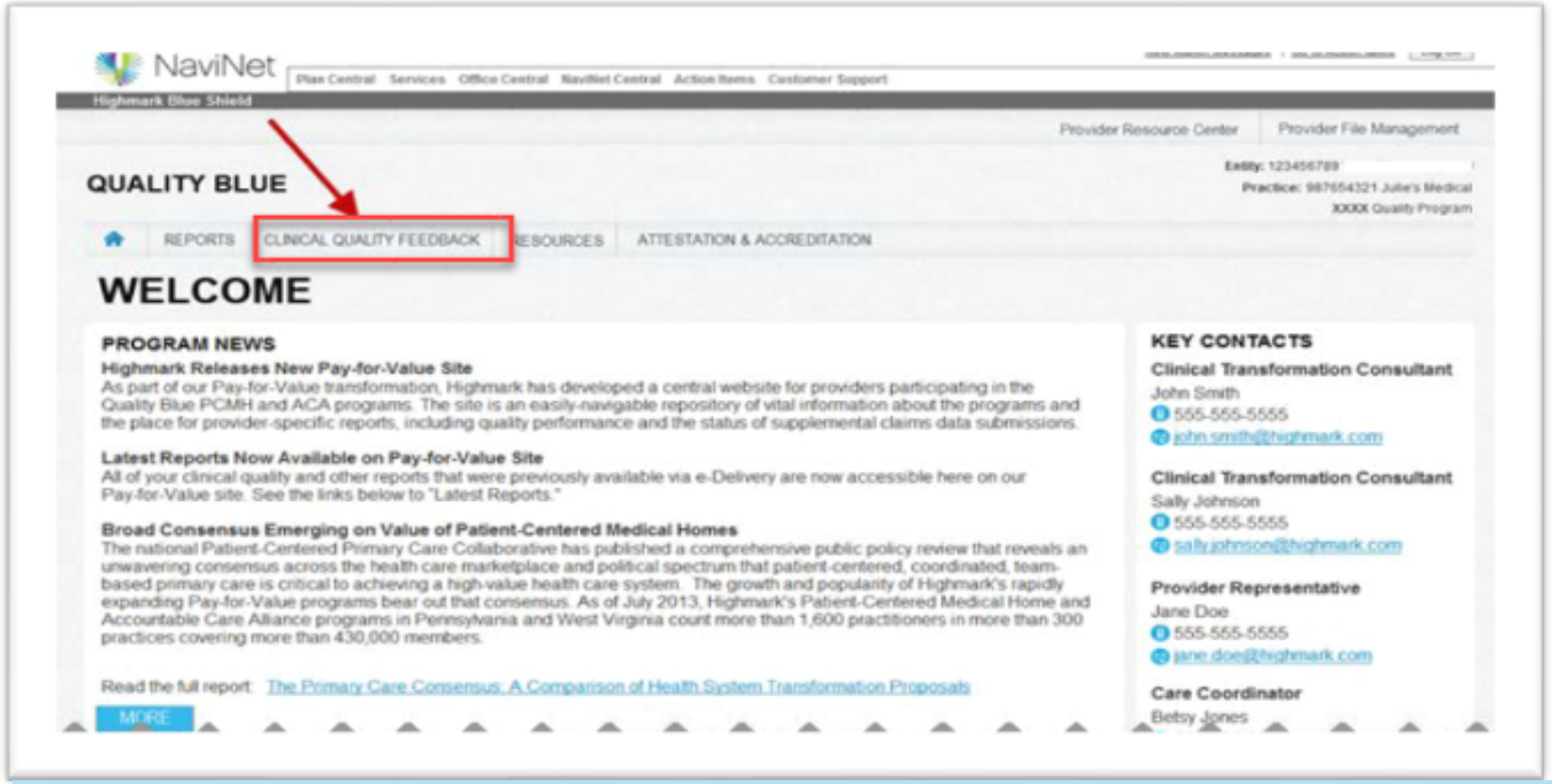
Remote EMR Access

DATA SHARING

REMOTE EMR ACCESS

- ✓Free provider from manual intervention of providing medical records
- ✓Monitor the patient journey, disease landscape, and effectiveness of therapeutic strategies.
- ✓Identify gaps in care and unmet member needs.
- ✓Provide information to create programs for member outreach and education.
- ✓Provide information to identify how HHO and providers can help each other.

CQF Loop



Providers can access Clinical Quality Feedback (CQF) through Navinet to submit additional clinical data documentation to supplement what does not appear in Highmark claim data. Quality measures include: BCS, CCS, CDC, and more.

Reference Material: Clinical Quality Feedback Supplemental Guide

Deadline for CQF submission is January 2022. Contact your Clinical Transformation Consultant if you have questions.

2021 CQF Loop Updates

QN76 "Controlling Blood Pressure": Providers can submit for Highmark Health Options Medicaid Members' through CQF

Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

QN72 "Prenatal and Postpartum Care: Timeliness of Prenatal Care" has been added to list of services in CQF under service "Prenatal Care Visit"

Timeliness of Prenatal Care. The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

HEDIS: Healthcare Effectiveness Data Information Set

HEDIS Rates are derived from:

Claims Data **-PLUS-** **Medical Record Reviews**

Data Capture is a Key Component to HEDIS success.

- Measurement of healthcare performance and a way to provide information on healthcare quality.
- Helps identify gaps in key preventive care.
- Highmark Health Options can gauge itself and understand where we can put more resources and efforts.

Quality Performance Measures

The following healthcare measures are our priority measures:

- HbA1c < 8%
- Controlling High Blood Pressure
- Breast Cancer Screening
- Cervical Cancer Screening
- 30-Day Hospital Readmission
- Timely Prenatal Visits
- Asthma Medication Ratio

Provider partnership will allow for optimal patient health outcomes.
Identify your patient care gaps and outreach.

Provider Medical Record Audit

Medical Record Standards Ensure High Quality Records

- We are required to ensure quality and completeness of medical records for our members.
- To do this, we maintain medical record standards which are used to conduct reviews each year on a sample of our providers. Just to name a few, every visit should address:

- Medical history
- Medication list & allergies
- Tobacco/alcohol/drug assessment
- Plan of action/treatment
- Follow-up visit
- Confidentiality statements
- Signature (electronic) and date

- **We are currently amid our 2021 audit. Thank you to those we have outreached for medical records.**
- **So far, all providers audited this year are compliant with our medical record standards.**

Some of our Current Clinical Initiatives

To help our members have the best health outcomes, we continually implement interventions.

To Help our Diabetic Members:

- HbA1c Home Kits were mailed to diabetic members in October
- Providers will receive report of A1c result from our vendor, Home Access

To Help Our Members Get Breast Cancer Screenings:

- DE Breast Cancer Coalition outreaches our members with care gap
- Mammogram health campaign state-wide going on now! Bus ads and posters/flyers throughout state.

To Help Our Members Reduce their Chance of Hospital Readmission within 30 days of Discharge:

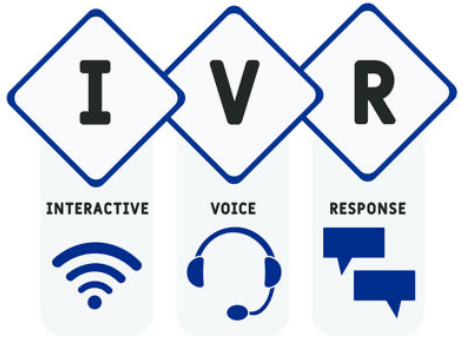
- Eye-catching 'Welcome Home' card with pertinent discharge information; currently meeting with hospital partners to implement.

Eliza Program

ELIZA CAMPAIGNS

Program Name (members can only be eligible for a max 2 programs per month + Healthy rewards)
Asthma Medication Adherence (HHO_ASMA)
ER Avoidance/Utilization (HHO_ERA)
Annual Appointment Reminder (Adult and Pedi) (HHO_REM)
Adult Preventive Education (HHO_APEDU)
Adult Preventive Follow Up (HHO_APFUO)
Condition Management Education (HHO_CMEDU
Condition Management Follow Up (HHO_CMFUO)
Well Child Education (Adult and Pedi) (HHO_WCEDU)
Well Child Follow-Up (Adult and Pedi) (HHO_WCFUO)
Well Baby (HHO_WB)
Antidepressant Medication Management - Moderate Adherence (HHO_AMMMA)
Antidepressant Medication Management - New to Therapy (HHO_AMMNT)
Antidepressant Medication Management -Chronic Low Adherence (HHO_AMMLA)
Gap Closure (HHO_GC)
ADHD Continuation and Maintenance Education (HHO_ADHDE)
ADHD Continuation and Maintenance Follow Up (HHO_ADHDF)
Medication Adherence - Low Adherence (HHO_MALA)
Medication Adherence - Moderate (HHO_MA)
Medication Adherence - New to Therapy (HHO_MANT)
Transactional programs that do not consider program priority
Post Hospital Discharge (HHO_PHD) (Triggered/event driven)
Postpartum (HHO_PPC) (Triggered/event driven)
Healthy Rewards (HHO_HR)
Flu (HHO_FLU)
COVID (HHO_RM)
Case Manager Satisfaction Survey (HHO_CMSS)
NIA Denial program (HHO_DEN)
LTSS food program (HHO_LTSS) 2020
Dental program (HHO_DENTEDU) 2020

CAMPAIGN CHANNELS: IVR, Email, SMS



Eliza Program

Eliza Rewards = Educate + Close Care Gap

diabetes management

What is an A1C Test? A test that shows the amount of sugar in your blood over the last three months.

Why is it Important? An A1C test can tell you if what you are doing to manage your blood sugar is working.

What should my A1C Level be? For many people with diabetes, the recommended A1C level is less than 7% - but everyone is different, so check with your provider about the level that is right for you.

What's Next? It is important to schedule an appointment with your provider soon to get your A1C test. Why wait? Call today!

*Once we have the information from your provider, you will receive the reward in 6 to 8 weeks!

Rewards:

❖ Annual Physical	$25
❖ Wellness Checkup	$10
❖ A1C Screening 1-2	$15
❖ Asthma Prescription Refill 1-6	$5/fill
❖ Prenatal Visit 1	$25
❖ Prenatal Visits 2-14	$15/visit
❖ Postpartum Visit	$25
❖ Breast Cancer Screening	$25
❖ Cervical Cancer Screening	$25

Data Sharing & Remote EMR Access

Provider partnership with Highmark Health Options in sharing data & remote EMR access leads to success!

CONTACT:

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Changes in 2022

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Mandatory Provider Screening & Enrollment

- Beginning in 2022, all MCO Providers who furnish, order, refer or prescribe items or services to Delaware Medicaid Members must be enrolled in the Delaware Medicaid Assistance Program (DMAP).
- If you are not actively enrolled in DMAP, you will receive a notification on how to enroll in DMAP by the assigned enrollment deadline.
- Failure to enroll by the enrollment deadline will result in claims being denied and termination of your participation in HHO's network.
- Stay tuned for more information in the nearby future.

Improvement to Payment Transactions

HHO is targeting July 1, 2022, to implement payment processing through PNC Healthcare's Claim Payments & Remittances (CPR) service, powered by ECHO Health.

- Providers who are signed up for Electronic Funds Transfer (EFT), don't have to take action to remain on EFT.
- Providers who receive paper check payments may choose to sign up for EFT payments through HHO Provider Portal (NaviNet – early 2022).
- If providers do not sign up for EFT payments before the transition, then providers will automatically receive payments via a virtual credit card.
- Stay tuned for more information in the nearby future.