

Select Health



Attachment 2 February 13, 2024
Select Health Russ Elbel



Who We Are

Select Health is a nonprofit health plan dedicated to simplifying healthcare for its more than one million members across the Mountain West.



40
years

Founded in 1983



1,100,000
Members +
4,000 Agents



Medicare
5-star plans



BEST COMPANIES
TO WORK FOR
Best Companies
to Work For



TOP
WORK
PLACES
2022
Salt Lake
Tribune Top
Workplaces

Utah Medicaid Historical Overview

Medicaid Reform: SB180 - 2011

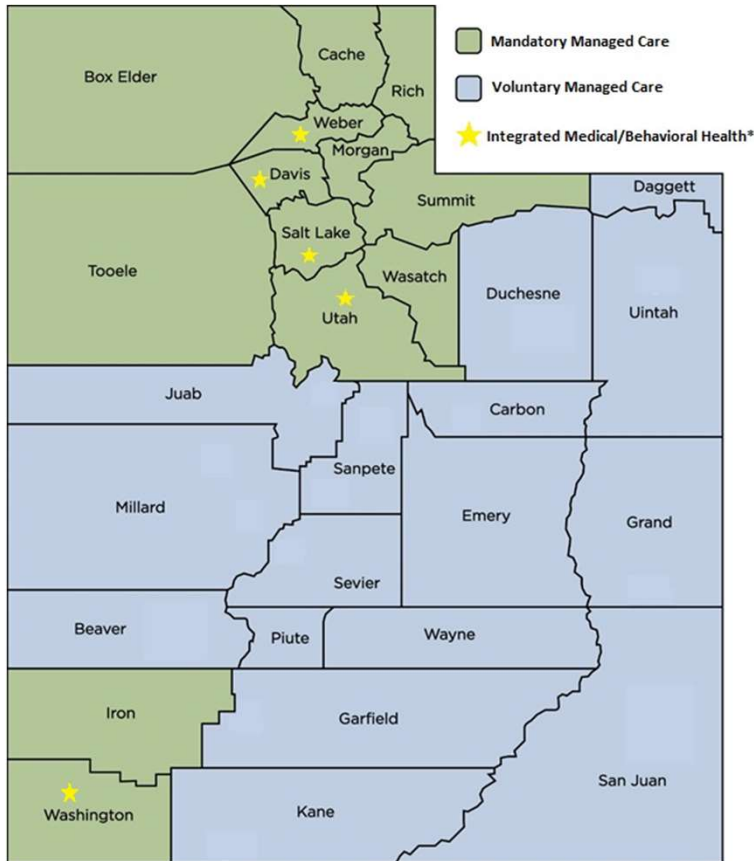
- Goals
 - Bend the cost-curve
 - Encourage value vs. volume
 - Keep funding in the system
 - Create a rainy-day fund based on savings
- 2013 - urban counties to managed care
- Limits the funding growth to the growth of the General Fund
 - Minimum 2% if fund performs positively

Expansions

- Geographic: Rural – 2015
- Eligibility
 - Partial: 2018
 - Full: 2020
 - Adults 2020: Integrated Behavioral Health in 5 largest counties

Over 85% of enrollment in Managed care vs. FFS

Overview – Geography & Services



* The Integrated Medical/Behavioral Health plan is only available to the expansion population

- State-wide coverage – MC/CHIP
- CHIP: all services except dental
 - Benchmarked to marketplace
 - Commercial fee schedule
- Medicaid
 - Carved out: dental, LTSS, transportation, behavioral health (Legacy Population)
 - Behavioral health carved in for Expansion Adults in 5 counties

Improving Quality, Cost, and Experience

Quality Improvement Program

**Quality Improvement
& Performance**

**Medicare 5 Star
Medicaid 4 Star**



**Medical & Mental
Health Homes**

**Linking pay to
outcomes**



Accreditation

NCQA



			
<p>CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE</p>	<p>CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p>CATEGORY 4 POPULATION - BASED PAYMENT</p>
	<p>A</p>	<p>A</p>	<p>A</p>
	<p>Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)</p>	<p>APMs with Shared Savings (e.g., shared savings with upside risk only)</p>	<p>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p>B</p>	<p>B</p>	<p>B</p>
	<p>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</p>
	<p>C</p>		<p>C</p>
	<p>Pay-for-Performance (e.g., bonuses for quality performance)</p>		<p>Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p>3N Risk Based Payments NOT Linked to Quality</p>	<p>4N Capitated Payments NOT Linked to Quality</p>

Value Based Payments

- Integrated system shared risk & savings
 - Upside and downside risk
 - Total cost of care / percent of premium
 - Drives engagement and innovation
- Pay for performance
 - Total cost of care - quality bonus or penalty
 - Gaps in care – medical and behavioral health homes
 - Care coordination - Restricted / Lock-in
- Pay to drive improved service and care
 - CHWs – incentives to drive engagement
 - Member incentives to improve quality



Total Cost of Care (TCOC) Improvement

- PCP Groups are held to a risk adjusted TCOC target.
- Targets measured and impacted through the year on ED, IP, OP, and Chronic Condition management efforts
- Annual savings are shared with groups

Target	\$498.65 PMPM
EOY Performance	\$488.99 PMPM
Net Savings	\$9.66 PMPM (\$5.52m impact)

Quality Improvement

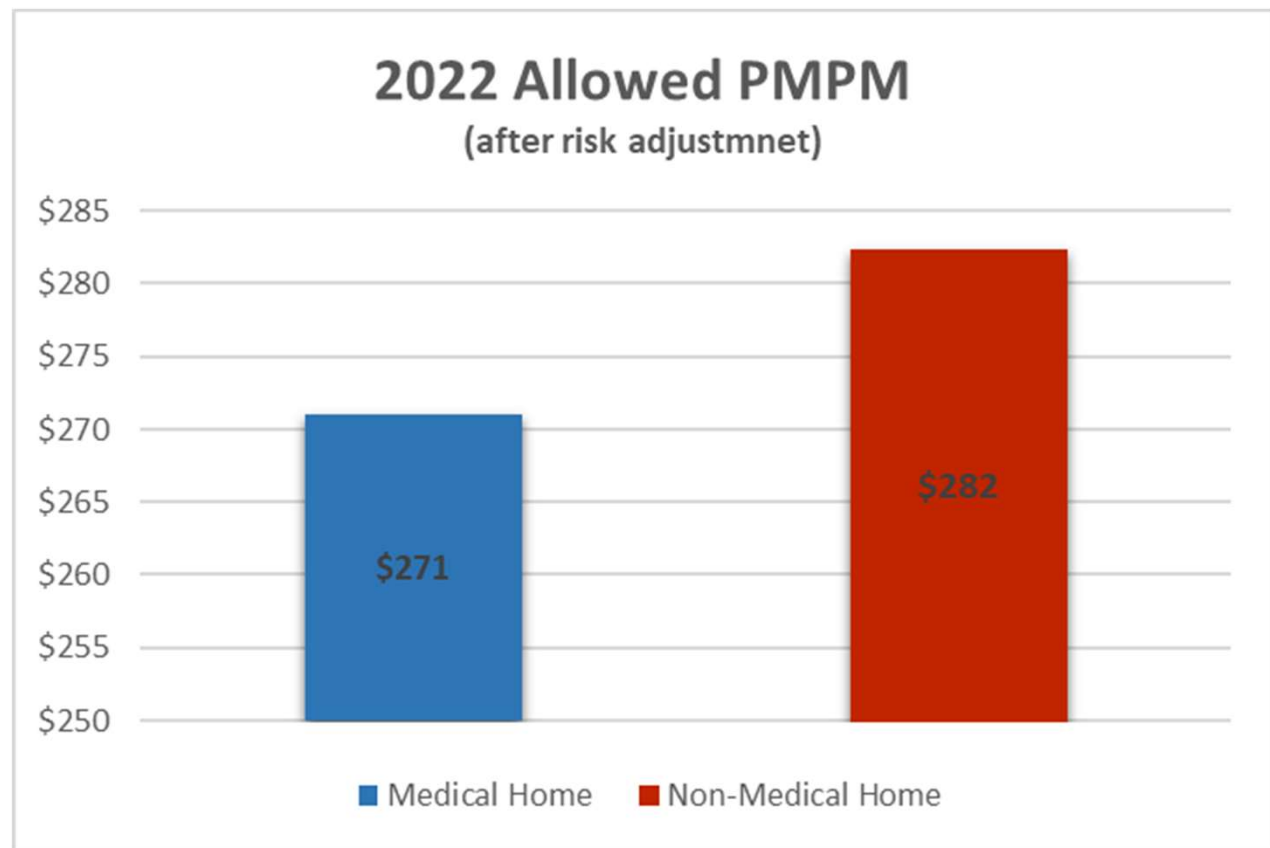
Row Labels	YTD to July, 2022		YTD to July, 2023		YOY	
	Denominator	Rate	Denominator	Rate	Denominator Change	Rate Change
DM Eye Exam	4,839	35%	4,409	44%	(430)	9%
Kidney Eval for Diabetics	4,985	24%	4,469	33%	(516)	9%
DM HbA1c <8%	4,839	41%	4,409	48%	(430)	7%
Breast Cancer Screening	4,761	49%	4,901	49%	140	0%
Colorectal Cancer Screening	8,798	56%	11,930	54%	3,132	-2%
Cervical Cancer Screening			19,203	52%		

Beginning in 2023, Medicaid shared savings payments are contingent on Medicaid high quality. Quality improvement has followed.



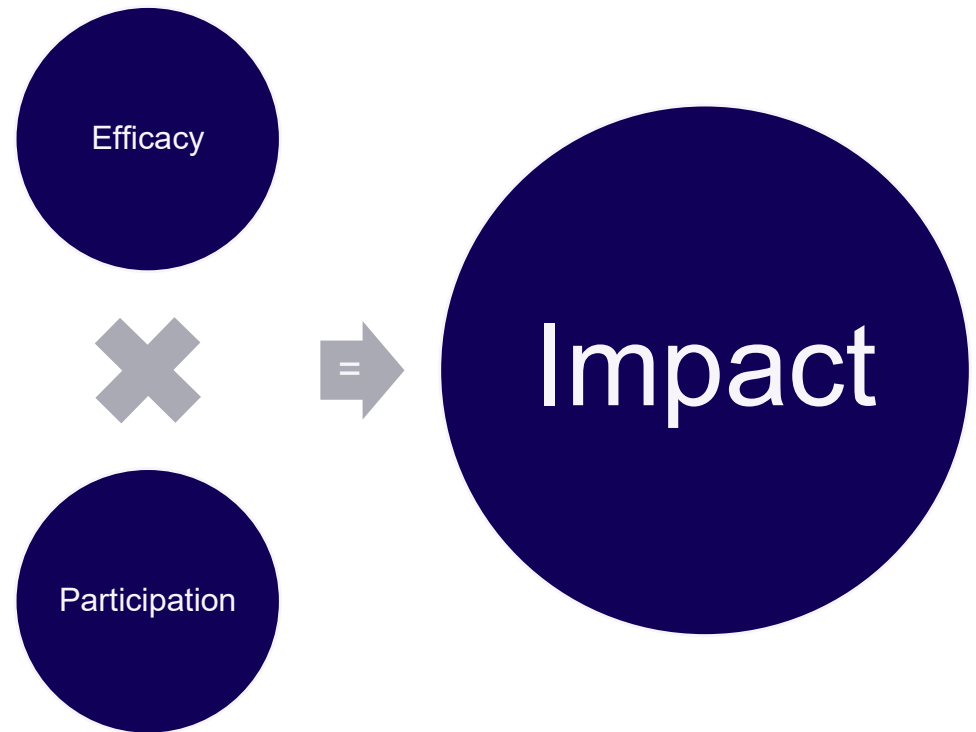
Medical and Behavioral Health Homes

- Pay to close gaps in care
- Additional payment to high-volume Medicaid clinics (>20%)
- PMPM for Medical Home patients was 4.0% lower than for Non-Medical Home patients



Medicaid Restricted Program

- High-risk and cost members locked in
 - One primary care
 - One pharmacy
- Primary care coordinates services
 - PMPM to provider
- Health plan provides care management
- Outcomes
 - 50% of members graduate in 12 months
 - 50% reduction in cost



Improving Access to Behavioral Health

- Value based payments
- Home visits & telehealth
- Bundled payments
- Navigators & Care Managers embedded in acute settings (IP, ED, crisis center)
- Appointment Advocates
- HIE data at enrollment to identify SMI
- Expanded network
- Claims review meetings

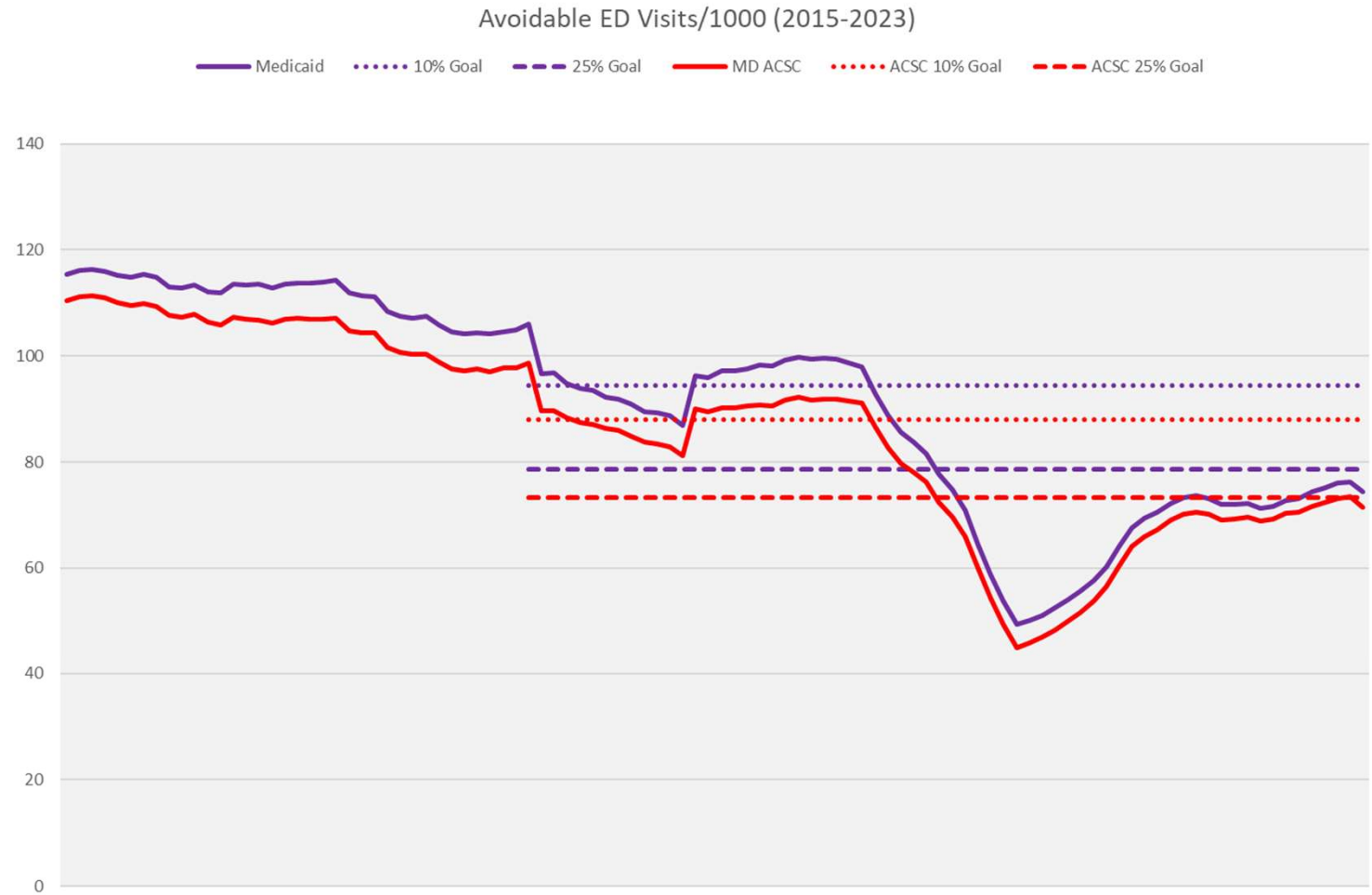
Partnering with Community Providers

- Community Mental Health Centers
- Federally Qualified Health Centers
- Other Safety Net providers and Rural Health Centers

Addressing Avoidable ED Use

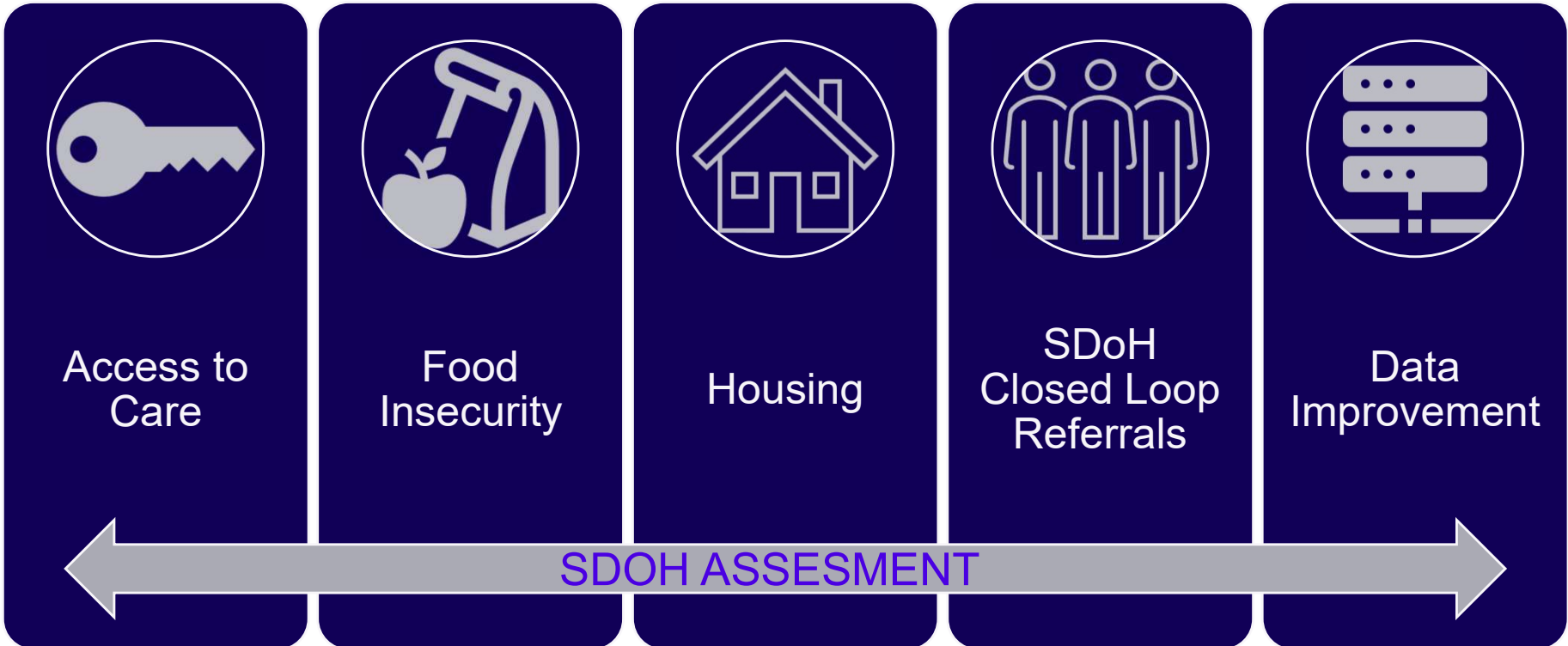
Result of accumulated interventions

- Programmatic
- Policy



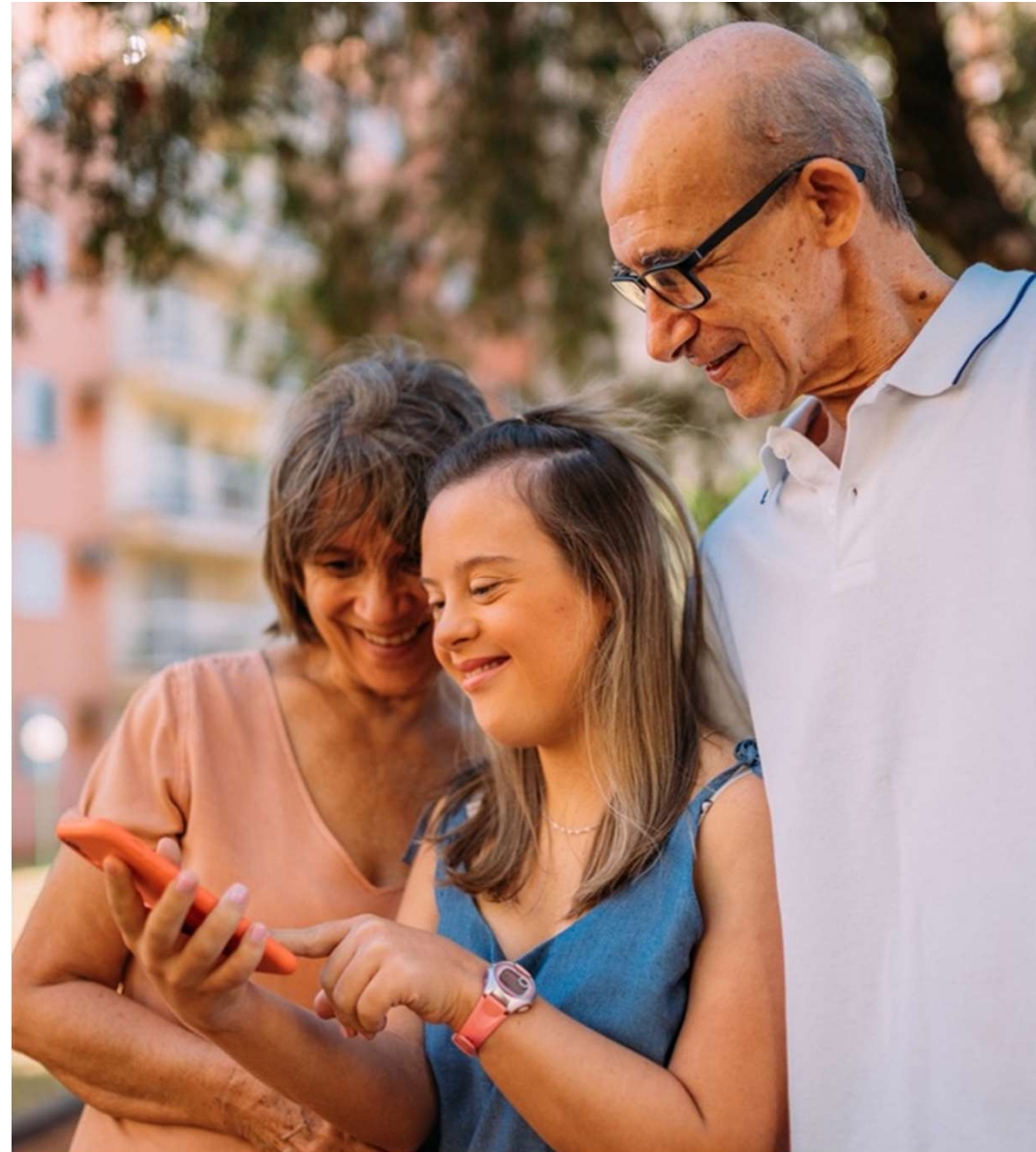
Member and Community Engagement

Addressing Care and Social Needs



Community Investment & Outreach

- Awards: \$5k per organization
- Education Scholarship
- Brain, Body, Boost: Incentive program that provides supplies to teachers for promoting education and wellness for 4th-6th grade
- Grants to organization supporting housing, food, and access to health care in urban and rural communities



Community Health Workers

Access & Engagement

- CHWs are non-clinical health workers
- Embedded Model in Care Management
- Focused on engaging the highest risk
- Utah – Primary Care Association

ROI & Value

- ROI
 - \$1 investment = \$4 Return in avoidable medical cost PMPM
 - 19% lower avoidable medical costs versus care management alone
- Value
 - During pandemic members engaging with CHW remained engaged with care
 - Higher telehealth engagement

I recently worked with a member who had been wearing glasses he got from a thrift store that were not the correct prescription. I helped him connect with an ophthalmologist. After his appointment, I scheduled a home visit to help him select frames online. He ended up needing \$40 to purchase his frames but was hesitant since that would have been his remaining grocery money for the month. I was able to connect him to the food pantry so he could use those funds to purchase the eyewear, making it so he didn't have to choose between glasses and food.

Lauren, CHW



Social Care Referral Platform



- Implementing closed-loop platform in Care Management in Utah
- Partnership in Utah with United Way – 211 Coordination Center
- Previous implementation in Utah as part of SDOH demonstration project
- Over 500 community service organizations participating in platform in Utah with 1000 programs



Questions and Discussion