

Polk HealthCare Plan

Citizens Oversight Committee

Presented by Jan Howell, J.D.

March 20, 2009

A Culture of Value, Choices & Care

- Value = Quality of Care/Cost of Care
 - Review of Calendar Year 2008 Rx Data
 - Chronic Conditions:
 - 19% diabetes
 - 15% cardiovascular conditions
 - 13% asthma
 - 6% COPD
 - Review of Medical Claims
 - Potential discrepancies in utilization patterns
 - Requesting detail from Buck
 - Potential fraud in utilization
 - Plan Strategy for Medical Management & Pharmacy
 - Solicitation of feedback from UR/PT Committees
 - Concrete, specific examples for review

Pharmacy & Therapeutics Committee: 3.10.09

- Narcotics Utilization/Rx Spend
 - Cost Benefit Analysis - Balance of overall need for primary care to greatest possible number of citizens versus care in area rampant with abuse where options are available for members out of pocket
 - PT/UR Committee – Discussion regarding options for members who received surgery
 - Quick Fix - Prior authorizations done by Medical Management for those members who have received prior authorization for surgery
 - Compassionate Drug Programs - Working on a strategy to incorporate community partners into Medical Management but cannot rely totally on outside help in setting up a health plan system and network of care
- PT Committee Meeting – 4.14.09
 - Review of Diabetes class of prescription drugs
 - Review of Formulary with regard to utilization of these drugs
 - Review of Reports on diabetes drug utilization

Utilization Review Committee: 3.11.09

- Pain Management / Narcotics
- Top Physician Specialty Financial Breakdown –
 - 10/1/08 – 1/31/09
 - Primary Care (28%)
 - Cardiology (12%)
 - Gynecology (7%)
- Specific Concrete Examples of Claims for Review
- UR Committee Meeting – 4.22.09
 - Review of Cardiology services
 - Review of Emergency Room Utilization

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■ Choices

- Member Contract
 - Translation into Spanish
 - 6th grade reading level or below
- Data Based Decision Making –
 - Coordinating a comprehensive approach to member healthcare
 - Studying member environments and social barriers to care
 - Considering plan's benefits package based on educational levels, social environments, living conditions, transportation issues, access to nutritious food
- A cross-functional team visiting eligibility offices
 - Administration, Medical Management, & Member Services visited 2 county eligibility offices
 - Future visits will be coordinated to continue this focus

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- Care
 - The plan will
 - Actively engage the provider community
 - Emphasize a collaborative approach to care
 - Identify providers who
 - Will invest their time & services
 - Will build a safety net for the most vulnerable, needy citizens
 - Will provide services at a rate characteristic of an indigent health plan
 - Provider Roundtables – Inviting Feedback from Provider Community
 - April 14, 2009 – Primary Care Physicians
 - April 21, 2009 – Physicians who treat Chronic Conditions
 - April 28, 2009 – Other Specialty Physicians

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- Care
 - Provider Roundtables – Inviting Feedback from Provider Community
 - April 14, 2009 – Primary Care Physicians
 - April 21, 2009 – Physicians treating Chronic Conditions (Diabetes, Asthma, COPD, Heart)
 - April 28, 2009 – Other Specialty Physicians
 - Target Audience: Physicians
 - Introduction to Proposed Plan Design
 - Accessibility of Care
 - Measurement of Quality Health Indicators
 - Future Provider Contracting Strategy
 - Quality Assurance Provisions
 - Discussion on Payment Alternative (Sliding Scale Capitation)

Plan Benefits Design

- Goals:
 - Develop member responsibility
 - Encourage and support member ownership of their healthcare
 - Minimize the risk of fraud, waste, & abuse
- The health plan will move forward with communication of the plan benefits design to gauge reaction from the provider community.
- Goals:
 - Integrate policy from all sections
 - Build business decisions into the new Managed Care Optimizer claims processing system
 - Develop a revised version of the Member Handbook and Provider Manual
 - Communicate changes with member and provider community
- At this point, the health plan remains 5 months away from implementation of an integrated design.

Questions?

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