

CIGNA-HEALTHSPRING BEHAVIORAL HEALTH INTENSIVE OUTPATIENT PROGRAM

Restoring Lives and Cutting Costs

HHSC Webinar Cigna-HealthSpring Presentation
BH Intensive Program
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July 10, 2015



THE CHALLENGE

- Data analysis revealed that members with primary behavioral health and substance use disorders resulted in higher cost services and unusual use patterns
- Apart from transplants and a few extraordinary drug costs, 21 of the top 25 most expensive members were noted to have primary behavioral health and substance use diagnoses
- These diagnoses were the primary cost and utilization drivers for our most expensive top five percent of members
- Discovered patterns of repeated Emergency Room (ER) use and hospital readmission rates that far exceeded all other member risk groups
- Hospital admissions for some of these members occurred twice a month
- High encounter rates with the judicial system (criminal and civil)
- Lack of support groups and caregivers



APPROACH

- Redefine the home health model of care
- Removal of authorization limits with the close consultation and guidance of the plan Medical Director
- Empowering the nurse to, “Do whatever it takes to keep the member living as independently as possible in the community”
- Vendor to spend as much time as necessary and to visit the member as frequently as needed to comprehensively address all of the member’s needs
- Remove boundaries between areas of member need. Member needs may extend across physical health, behavioral health, and socioeconomic domains



APPROACH - CONTINUED

- Go wherever the member can be found
- Never give up
- Real-time intervention: recognize subtle changes in the member's behavior, interactions with others
- The nurse may administer oral or injectable medication, take the member to appointments, monitor the member's involvement with the court system, provide feedback to the treating physician, and work to establish trust and cooperation among caregivers and family members
- Support from the health plan staff to accomplish the nurse's plan



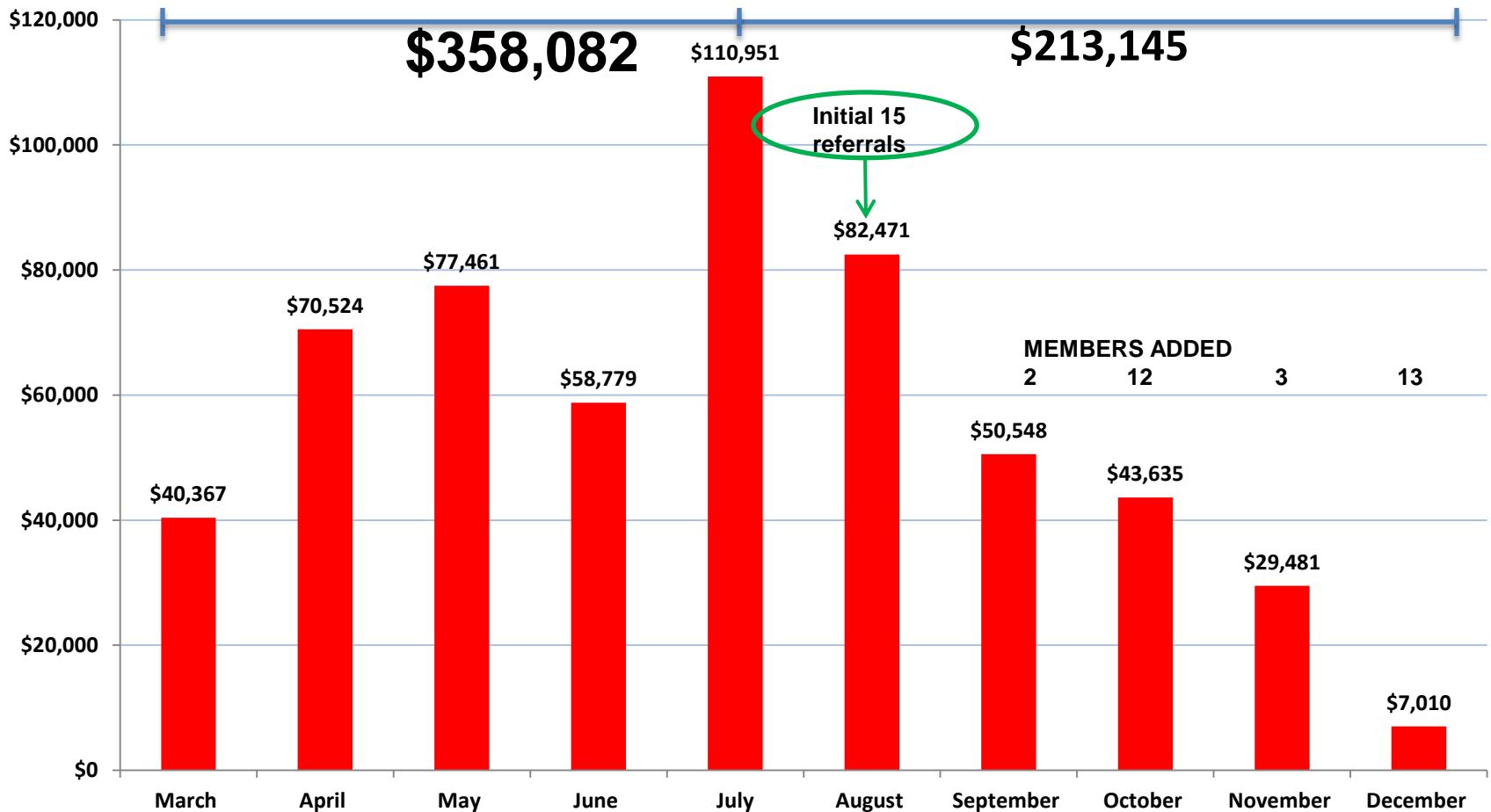
THE BEGINNING

- Started in August 2012
- Member referrals: Behavioral health STAR+PLUS members with the highest acuity, most hospital admissions, highest degrees of noncompliance and recidivism, highest abuse of alcohol and illicit substances
- Number of member referrals in 2012:
 - August: 15
 - September: 2
 - October: 12
 - November: 3
 - December: 13Total members referred in 2012: 45
- Cigna-HealthSpring STAR+PLUS Medical Director coordinates referrals and leads weekly clinical rounds between health plan staff and Vendor nurses



INITIATION

- **ALL paid claims** associated with **initial 15** referred patients in August 2012
- **Cost of program is included**
- Cost of program is not administrative, it is medical as it is billed by the psychiatrist

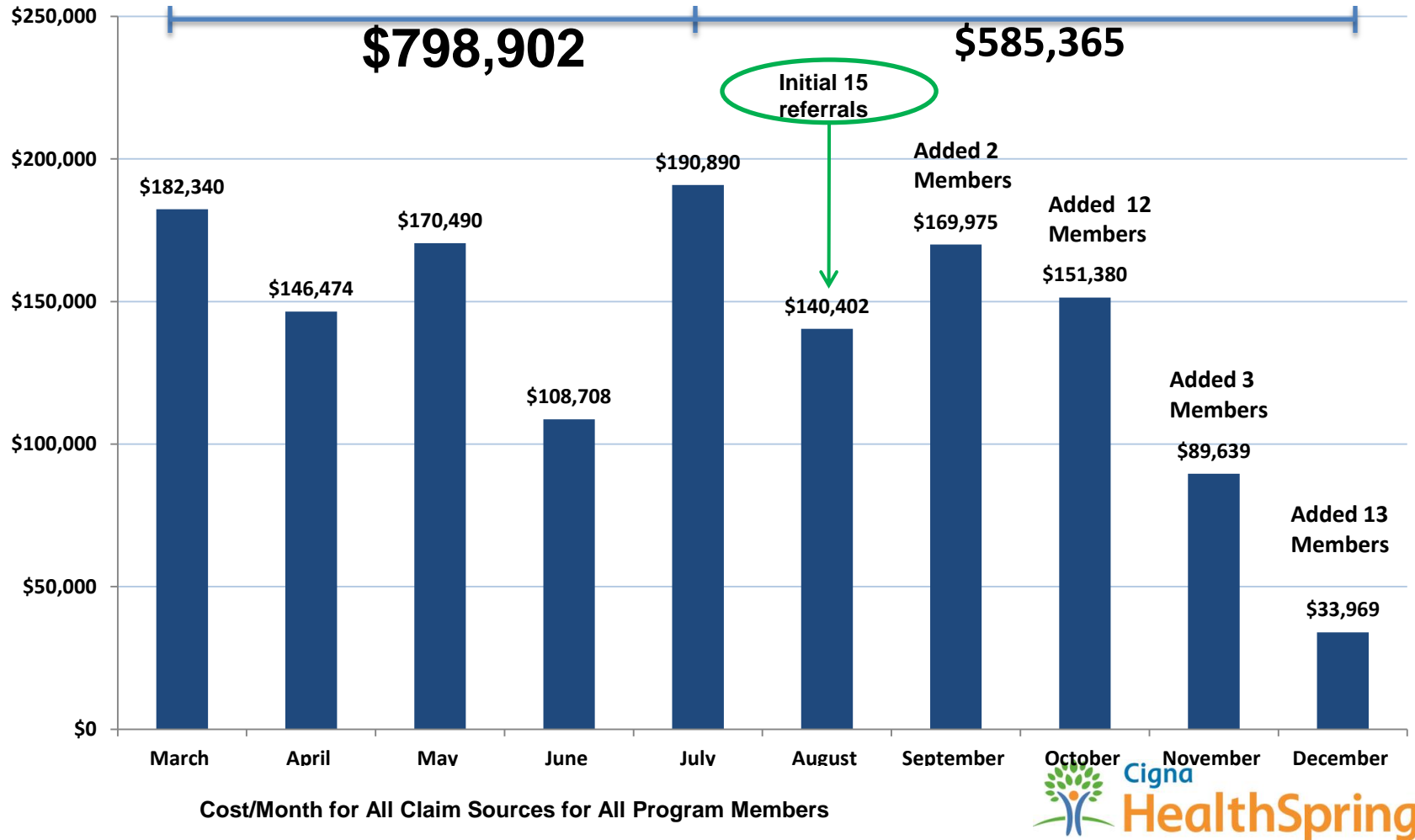


Cost/Month for All Claim Sources for All Program Members



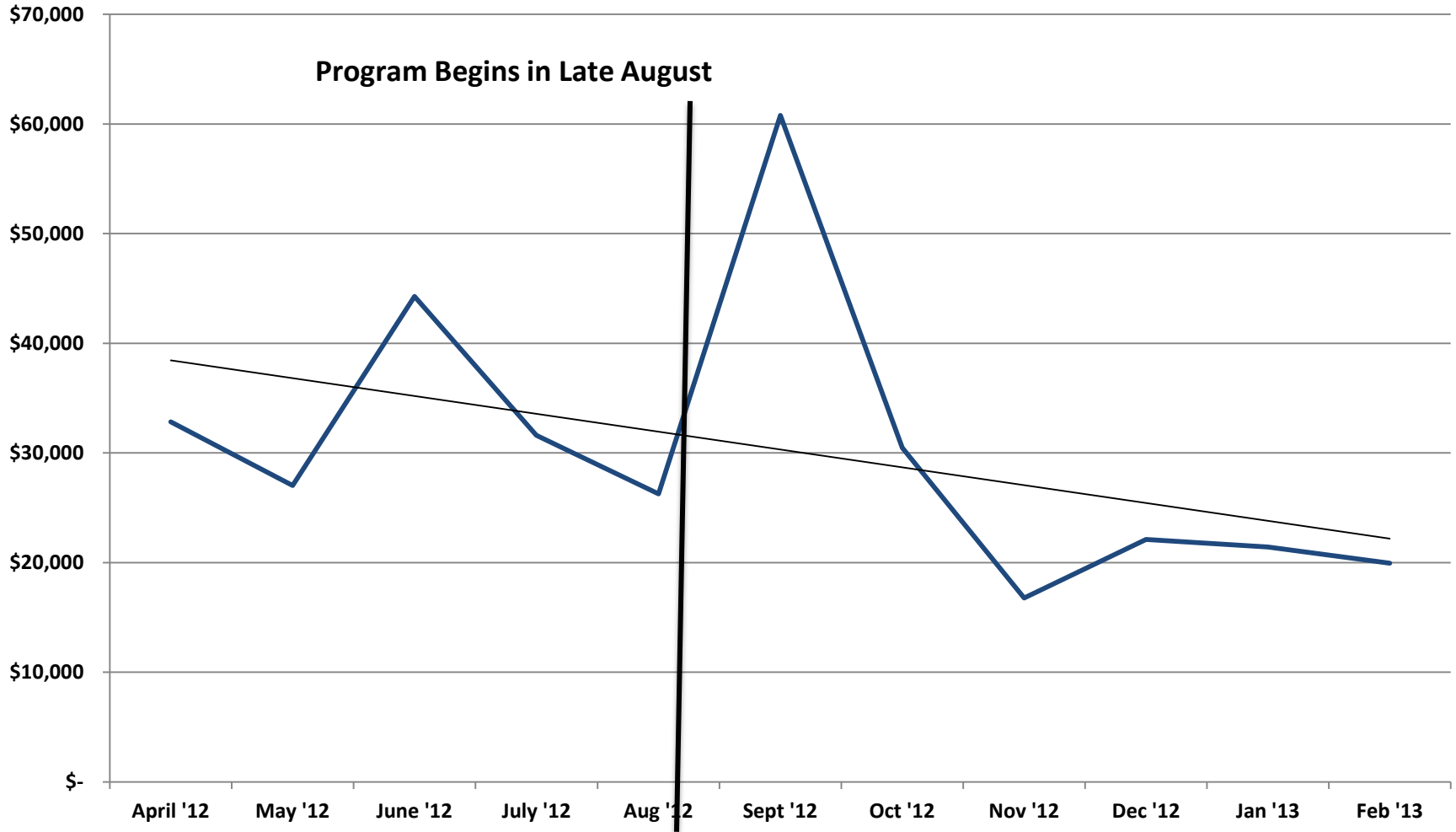
2012 TOTAL PROGRAM

- ALL paid claims associated with all 45 referred patients, 2012 data (March-December)
- Cost of program is included
- Cost of program is not administrative, it is medical as it is billed by the psychiatrist



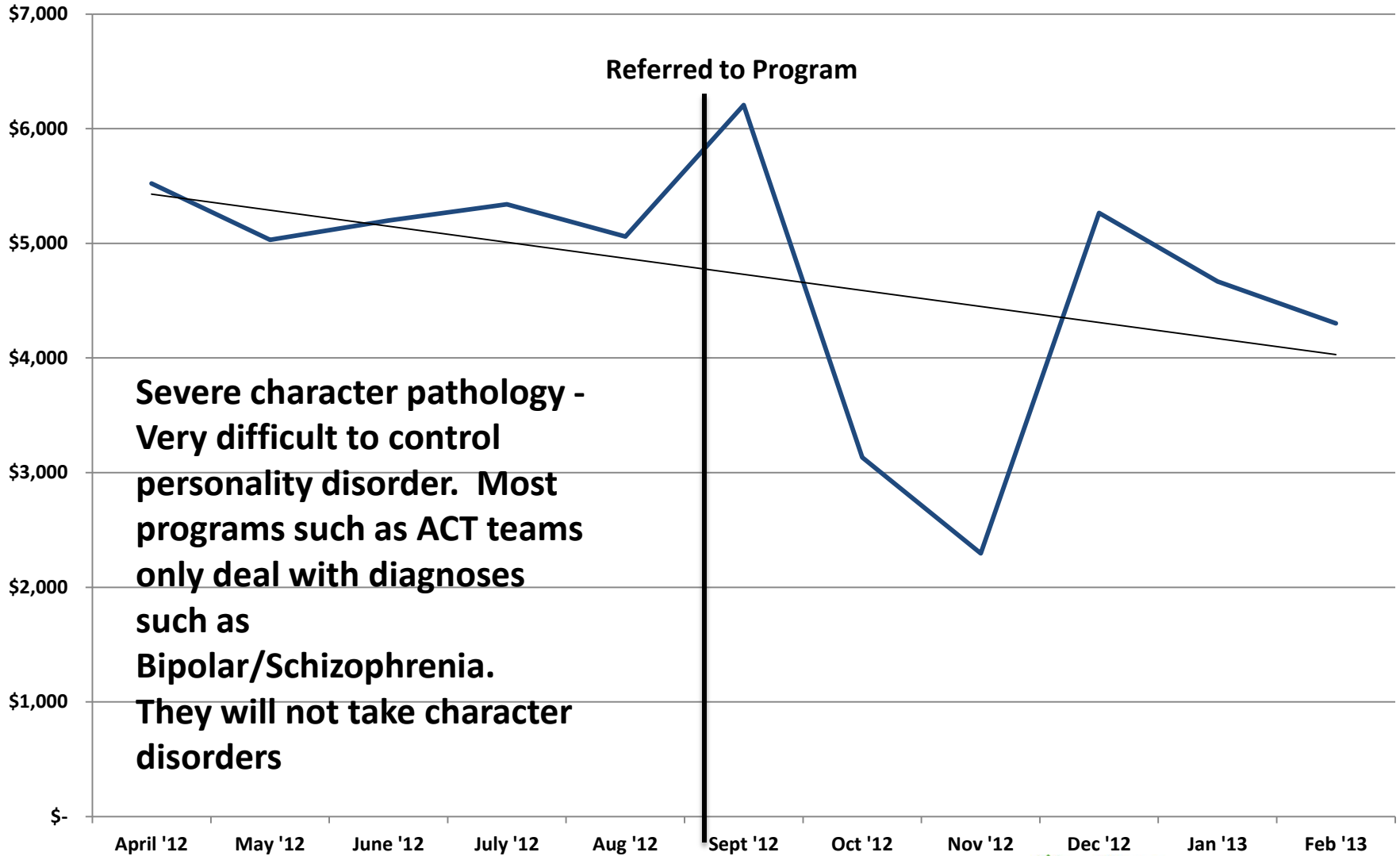
Total Claims Paid Initial Cohort
Members enrolled August and September 2012
N = 10 still active from initial referred group

Data run 4/25/2013



2012 LOOK BACK

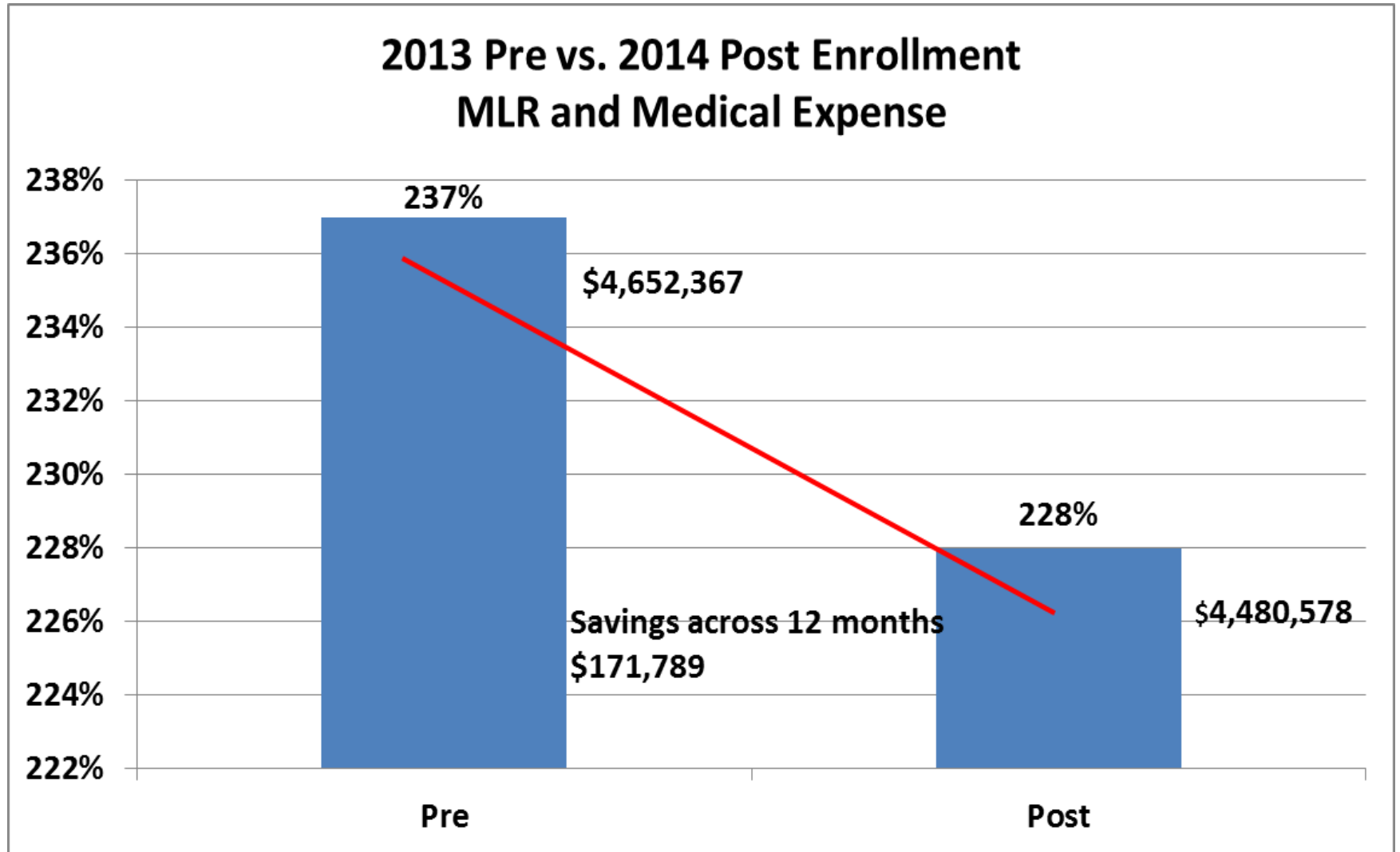
Total Paid Claims Member # 2



Sustainability: 2013 Pre Enrollment Compared to 2014 Post Enrollment

Top 10 Most Frequently Admitted Members	Total Admits Pre-Enroll	MLR Pre-Enroll	Total Admits Post-Enroll	MLR Post-Enroll
1	26	481.60%	2	187.08%
2	22	2348.05%	9	773.97%
3	21	907.70%	15	466.36%
4	19	816.05%	18	637.83%
5	13	536.55%	5	242.44%
6	12	227.56%	8	137.25%
7	11	568.88%	11	482.52%
8	11	176.66%	2	195.01%
9	11	670.77%	1	704.55%
10	10	316.25%	2	104.82%
	156		73	

Sustainability: 2013 Pre Enrollment Compared to 2014 Post Enrollment



OUTCOMES

- A male member with schizophrenia who lived under a bridge was reunited with his family, became medication compliant, and had a reduction in his medical loss ratio from 513% to 289%.
- A female with schizophrenia was previously alienated from her family. Her psychosis had invaded her ability to maintain a healthy relationship with her children. With assistance from the program, she was court committed to a psychiatric facility. That court commitment was then modified to the outpatient setting. With mandated compliance by the court, monitored by the nurses of the program, the member's psychosis was controlled. The member's family saw such improvement that she was allowed to attend her oldest son's graduation from a military boot camp, and her youngest son's graduation from high school.
- A male member with methamphetamine addiction and a cardiac ejection fraction of 20% was relocated from a crack house to an assisted living facility. The change in living conditions improved his medication compliance and sobriety. His medical loss ratio was reduced from 462% to 300%.
- A homeless female member with chronic psychosis was taken off the streets and reunited with her family. Her primary psychosis was controlled. Her medical loss ratio was reduced from 513% to 250%.
- A female with histrionic personality traits had twice a month psychiatric hospitalizations for years. After enrollment in the program, her admittance rate declined to two times in the last year.



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