

Data Summary Report

Highest Utilization: Non-primary care encounters

Time Period: January through December 2015

Report Date: March 27, 2017

**HEALTH PLANS COMPARISON – 2015 DATA**

<b>Indicator</b>	<b>Anthem</b>	<b>Health Net</b>	<b>Molina</b>	<b>Kaiser</b>
Top Aid Codes:				
1. Disabled (60, 64, 6H)	90%	56%	64%	32%
2. Medi-Cal Expansion (M1, M3, L1)	4%	34%	18%	24%
3. Aged (10, 14, 1H)	6%	0%	12%	10%
4. Adult (30, 34, 3N)	0%	10%	6%	34%
Percentage of Medi/Medi	30%	6%	12%	N/A
Percentage of enrollees no longer enrolled in 2016	25%	26%	24%	14%
Three or more ED visits	96% <i>64% had 10+</i>	98% <i>96% had 10+</i>	64%	100%
One Inpatient Stay	84% <i>70% had 2+</i>	60% <i>42% had 2+</i>	88%	72%
Indication of homelessness	14%	16%	20%	0%
Complex care management	30%	6%	56%	26%
County Mental Health Specialty Services (used County MHP List)	6%	10%	4%	N/A
Behavioral Health diagnosis on a non-PCP 2015 claim ( <i>exclude Dementia and SUDs.</i> )	90%	30%	50%	38%
<b><i>Comorbid Conditions</i></b>				
1. Physical/Behavioral	74%	10%	50%	38%
2. Diabetes/hypertension	60%	0%	66%	34%
3. Diabetes/SUD	38%	6%	38%	10%
4. 3 or more conditions	100%	28%	86%	66%
<b><i>Chronic Conditions</i></b>				
• Substance Use Disorder (SUD)	58%	66%	52%	22%
• Major Depressive Disorder	74%	24%	48%	44%
• Psychotic Disorder	12%	20%	14%	6%
• Bipolar Disorder	4%	10%	14%	8%
• Hypertension	98%	14%	92%	54%

• Diabetes	62%	10%	68%	50%
• Asthma	68%	12%	46%	38%
• COPD	84%	16%	34%	24%
• Congestive heart failure	96%	8%	56%	24%
• Coronary artery disease	82%	4%	44%	6%
• Chronic liver disease	40%	2%	28%	8%
• Dementia	10%	0%	6%	2%

**Data Parameters:**

Population – Each plan pulled data for the top 50 utilizers of non-primary care services.

Homelessness – defined differently by each plan.

Complex Care Management – indicates members participating at the time of the data pull.

Plan Mental Health Services – may be difficult to extract data due to imbedded services at some locations, provider training, etc.

County Mental Health Plan – sent plans point in time data on their respective members.

Health Net used a primary diagnosis only for chronic, comorbid, and behavioral health conditions.

See Kaiser Report for more information about Kaiser’s definitions and data.

Note: Molina provided revised 2015 data as of 3/21/17 for all diagnostics.

Data Summary Report

Highest Utilization: Non-primary care encounters

Time Period: January through June 2016

Report Date: March 27, 2017

**HEALTH PLANS COMPARISON – 2016 DATA**

<b>Indicator</b>	<b>Anthem</b>	<b>Health Net</b>	<b>Molina</b>	<b>Kaiser</b>
Top Aid Codes:				
1. Disabled (60, 64, 6H)	64%	64%	64%	36%
2. Medi-Cal Expansion (M1, M3, L1)	20%	30%	30%	24%
3. Aged (10, 14, 1H)	6%	0%	4%	10%
4. Adult (30, 34, 3N)	2%	6%	2%	30%
Percentage of Medi/Medi	12%	0%	4%	N/A
Percentage of enrollees no longer enrolled in 2017	54%	20%	40%	22%
Three or more ED visits	62%	98% <i>92% had 10+</i>	64%	100%
One Inpatient Stay	100%	56% <i>42% had 2+</i>	86%	54%
Indication of homelessness	26%	14%	26%	4%
Complex care management	22%	8%	82%	90%
County Mental Health Specialty Services (used County MHP List)	10%	16%	2%	N/A
Behavioral Health diagnosis on a non-PCP 2016 claim ( <i>exclude Dementia and SUDs.</i> )	12%	42%	68%	28%
<b>Comorbid Conditions</b>				
1. Physical/Behavioral	78%	2%	68%	24%
2. Diabetes/hypertension	6%	2%	44%	38%
3. Diabetes/SUD	2%	6%	26%	20%
4. 3 or more conditions	72%	20%	86%	24%
<b>Chronic Conditions</b>				
• Substance Use Disorder (SUD)	66%	52%	70%	44%
• Major Depressive Disorder	46%	10%	60%	54%
• Psychotic Disorder	30%	26%	22%	10%
• Bipolar Disorder	2%	6%	26%	16%
• Hypertension	78%	8%	90%	52%

• Diabetes	6%	12%	44%	52%
• Asthma	20%	12%	28%	30%
• COPD	38%	16%	40%	11%
• Congestive heart failure	64%	2%	44%	30%
• Coronary artery disease	48%	2%	42%	4%
• Chronic liver disease	44%	0%	54%	16%
• Dementia	18%	2%	14%	0%
<i>2015 Top 50 Utilizers on 2016 List</i>		28%	16%	

### Data Parameters:

Population – Each plan pulled data for the top 50 utilizers of non-primary care services.

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### Anthem Strategies:

- Complex Discharge Planning Team – Focuses on transitions of care with SPD members and high utilizers.
- High Intensity Interval Team (HIIT) – Behavioral Health outreach to members with high ED utilization. Pilot program last year resulted in decreased ED visits. – **NEW**
- Safe Choice Program – Targets members with high ED/IP utilization and opiate prescriptions from different providers.
- Partnership – Collaboration with PMGs (primary partnership with River City Medical Group) on complex member needs and transitions of care.

### Molina Strategies:

- Emergency Department Support Unit (EDSU), Transitions of Care, Complex Case Management, and Complexist Program. – Ongoing
- Reports – Gap in Care and HEDIS sent to providers monthly.
- Core teams – Track and develop interventions.
- Enhanced provider engagement.
- Care Model Alignment – Track and assign high utilizers and high risk members to Case Management.