

Data Summary Report

Highest Utilization: Non-primary care encounters

Time Period: January through June 2016

Initial Report Date: March 27, 2017

Revision Date: May 22, 2017

HEALTH PLANS COMPARISON – 2016 DATA

Indicator	Anthem	Health Net	Molina	Kaiser
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%
Comorbid Conditions				
1. Physical/Behavioral	78%	2%	68%	24%
2. Diabetes/hypertension	58%	2%	44%	38%
3. Diabetes/SUD	54%	6%	26%	20%
4. 3 or more conditions	72%	22%	86%	24%
Chronic Conditions				
• 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	52%	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%
2015 Top 50 Utilizers enrolled with the Plan in 2017	86%	66%	16%	N/A

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.

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.