Lone Star Circle of Care
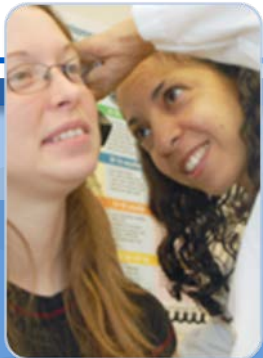
A Behaviorally-Enhanced, Patient Centered Health Home

Health care that revolves around you.

About Us

- A non-profit, federally qualified health center network

- Currently 25 locations spanning three Central Texas counties
  - Offer care in several service lines: Pediatrics, Adolescent, Family Medicine, Senior, OB/GYN, Dental, Optometry, Integrated Behavioral Health, and Pharmacy

- Joint Commission-Accredited and National Committee for Quality Assurance Level 3-Designated Patient Centered Medical Home
  - Only a fraction of designated PCMHs have Level 3 recognition – the highest level awarded

  - LSCC is currently the only Texas FQHC with Level 3 PCMH designation and is one of 88 FQHCs in the country that have the designation

Mission Statement

Lone Star Circle of Care is committed to the pursuit of community-wide access to a behaviorally enhanced, patient-centered health care home that provides accountable care for all patients, focusing on the underserved

Our Philosophy

- As a non-profit, we are responsible for maximizing the assets and benefits afforded to us to provide quality health care to those who otherwise would not receive it

  - Treat nonprofit status as a tax designation, not a business model

  - Be as creative, innovative, and collaborative as possible to increase access and streamline care delivery to improve outcomes and reduce costs

  - Be ambassadors for the model we've created so other communities can benefit from our lessons learned
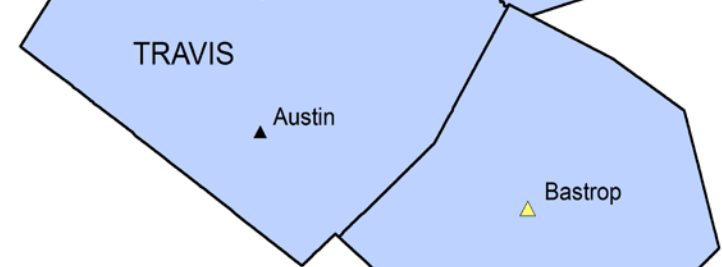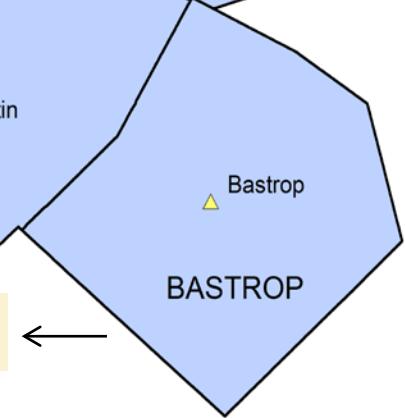
Map of LSCC Clinics

Central Texas Snapshot:
- 25% Uninsured Rate
- 1,896,223 lives
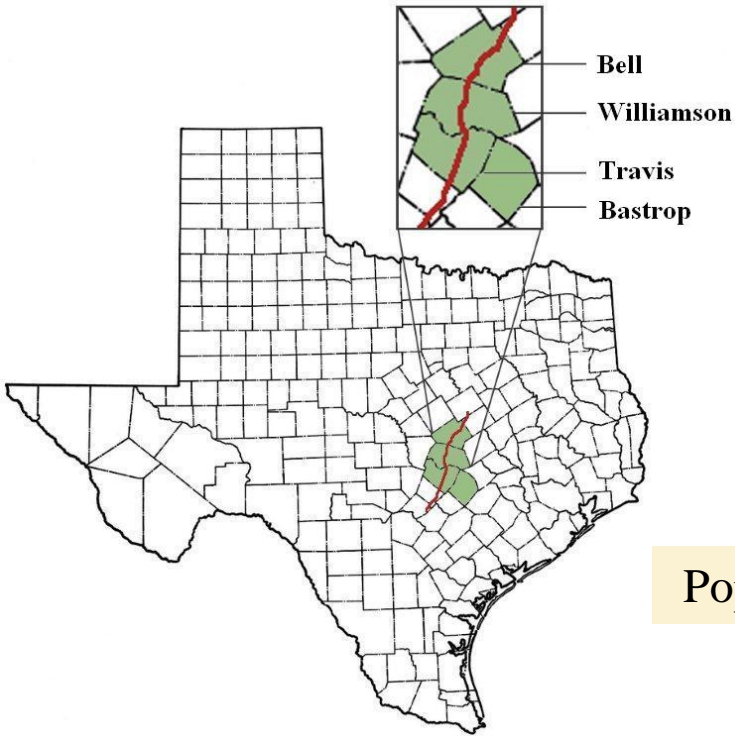
Population: 315,196
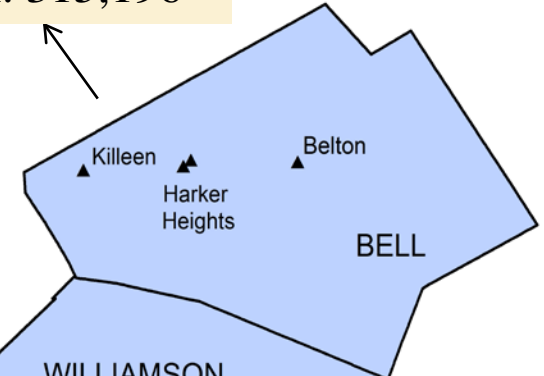
Population: 442,782

Population: 1,063,130

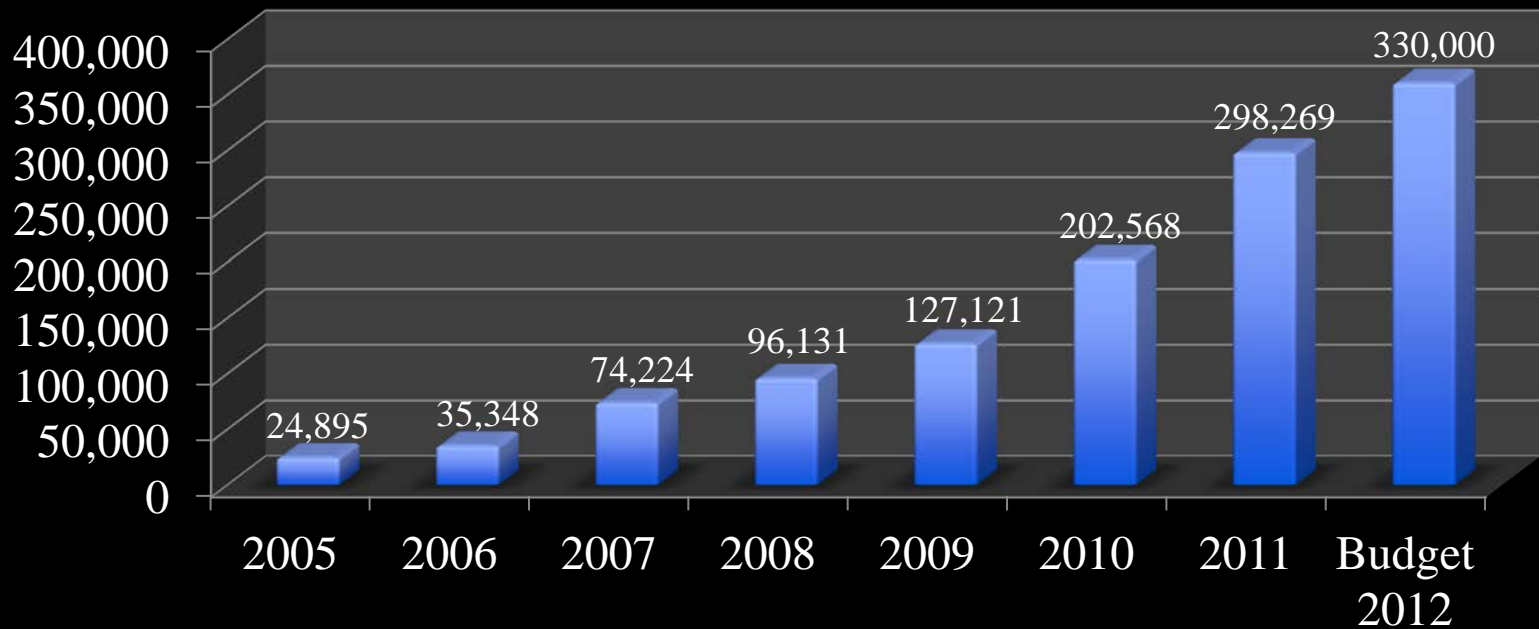Population: 75,115

LSCC History

In its 10-year history, LSCC has grown from one small community clinic in Georgetown, Texas to one of the most robust and innovative federally qualified health centers in the nation, with 550 employees and a network of 25 clinic locations serving 100,000 people in Central Texas
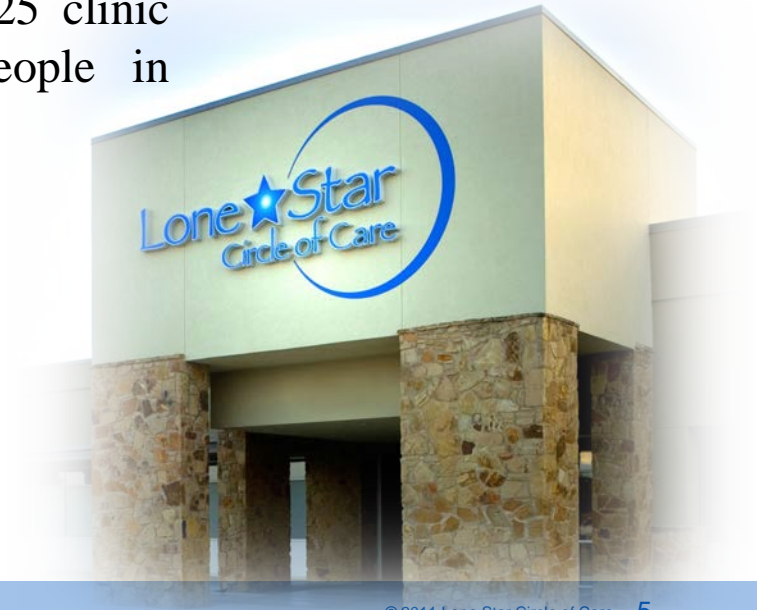
Growth Since Securing FQHC status

Lone Star Circle of Care Visits
FY2005 - FY2012 (Projected)

Year	Visits
2005	24,895
2006	35,348
2007	74,224
2008	96,131
2009	127,121
2010	202,568
2011	298,269
Budget 2012	330,000

Note: This graphic shows face to face, reimbursable encounters and does not include any of LSCC's Patient Centered Health Home Services such as RN visits, case management, education, etc.

LSCC's National Ranking

o LSCC has been the fastest growing FQHC for the last two years, therefore it is likely that LSCC is now 25th in these categories given our growth since 2010

Number of Patients → 53rd

Number of Encounters/Patient Visits → 58th

Total Revenue → 44th

Patient-Related Revenue → 51st

Other Revenue (includes federal, state, & local grants → 42nd

Lone ★ Star Circle of Care

2010 data from the National Association of Community Health Centers
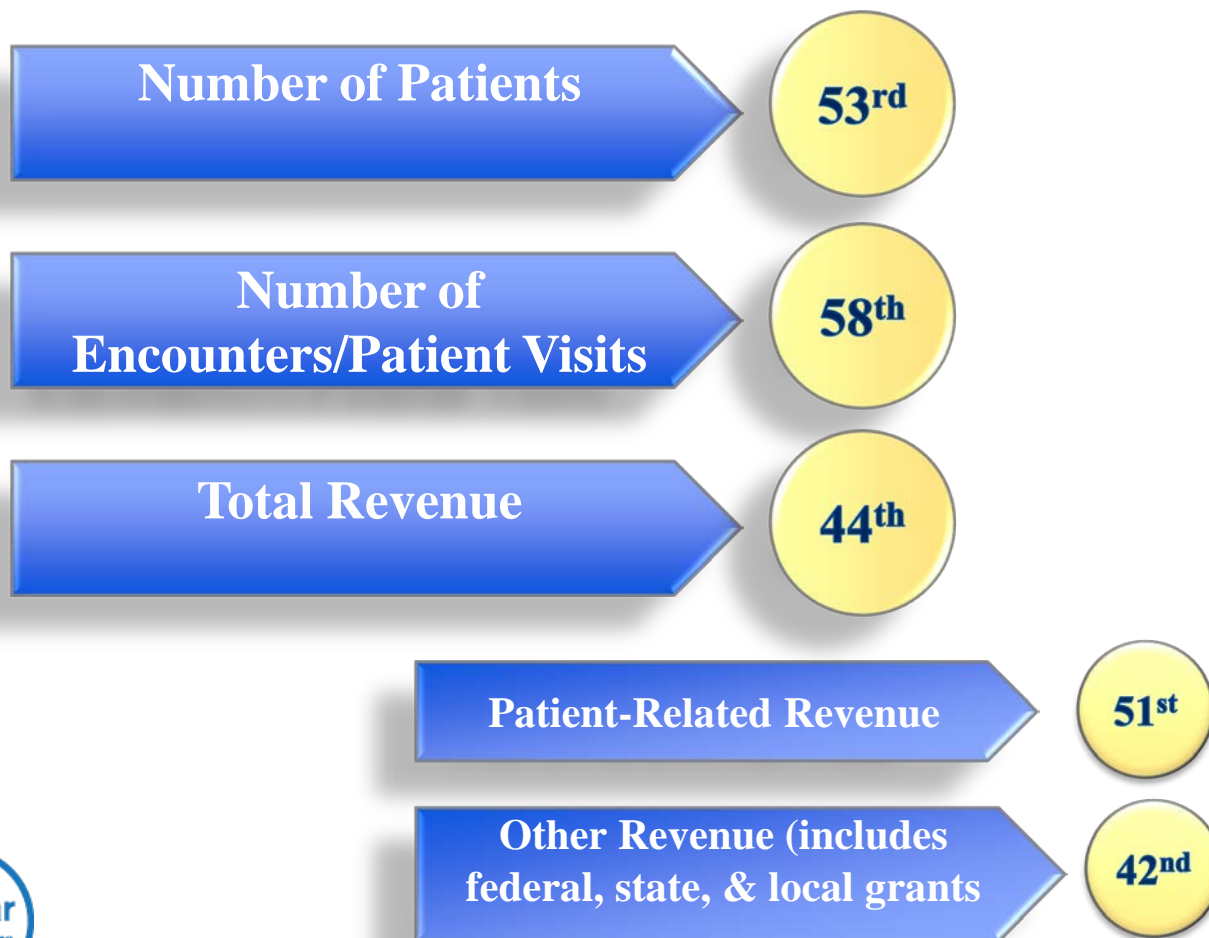
Partnerships & Sustainability

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LSCC's Model
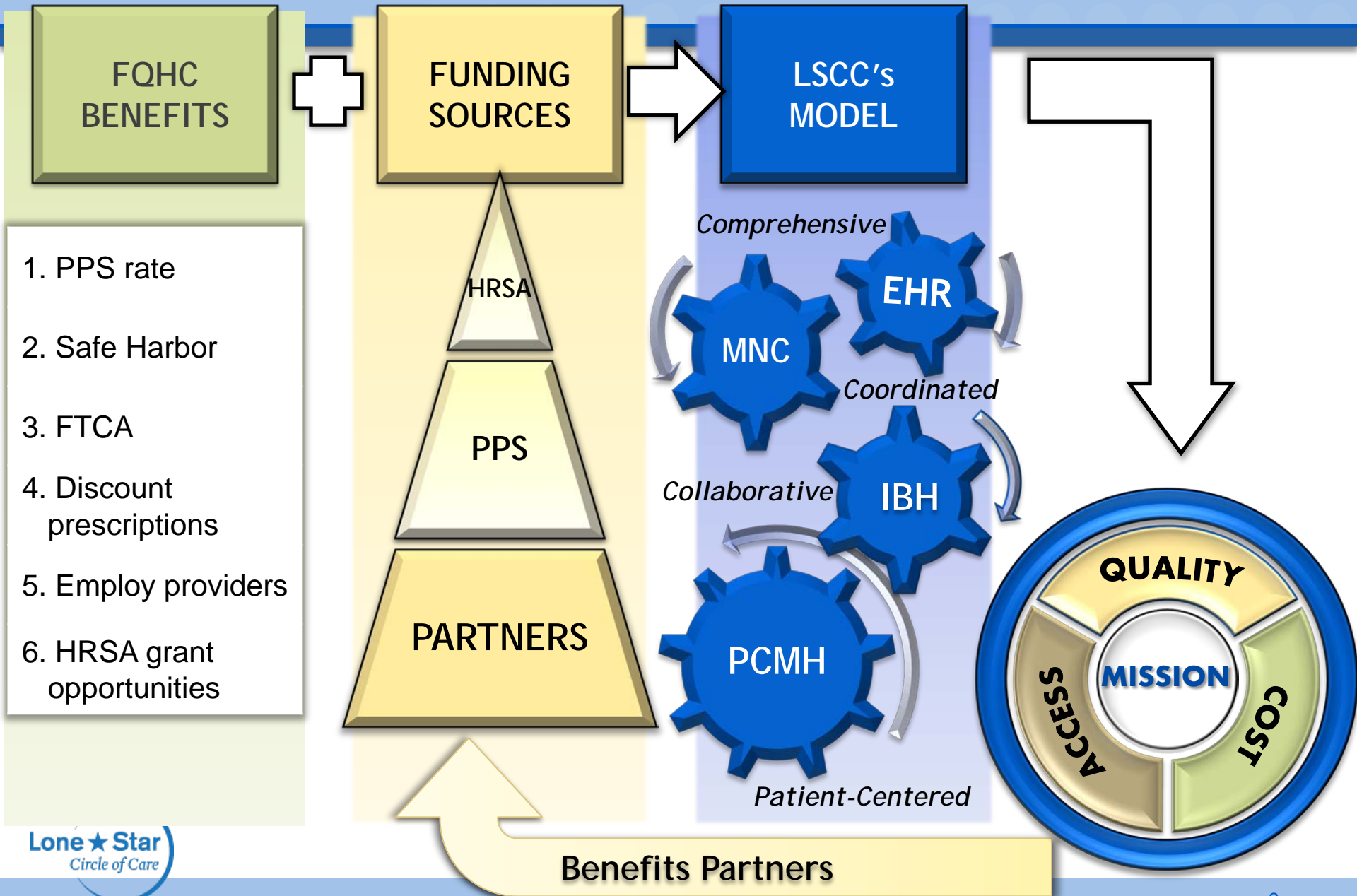
Funding Base To Support Unmet Need

Population growth ➕ **Decreasing access to health care** ➕ **Hospital expansion** ➖➖ **OPPORTUNITY FOR LSCC'S MISSION**
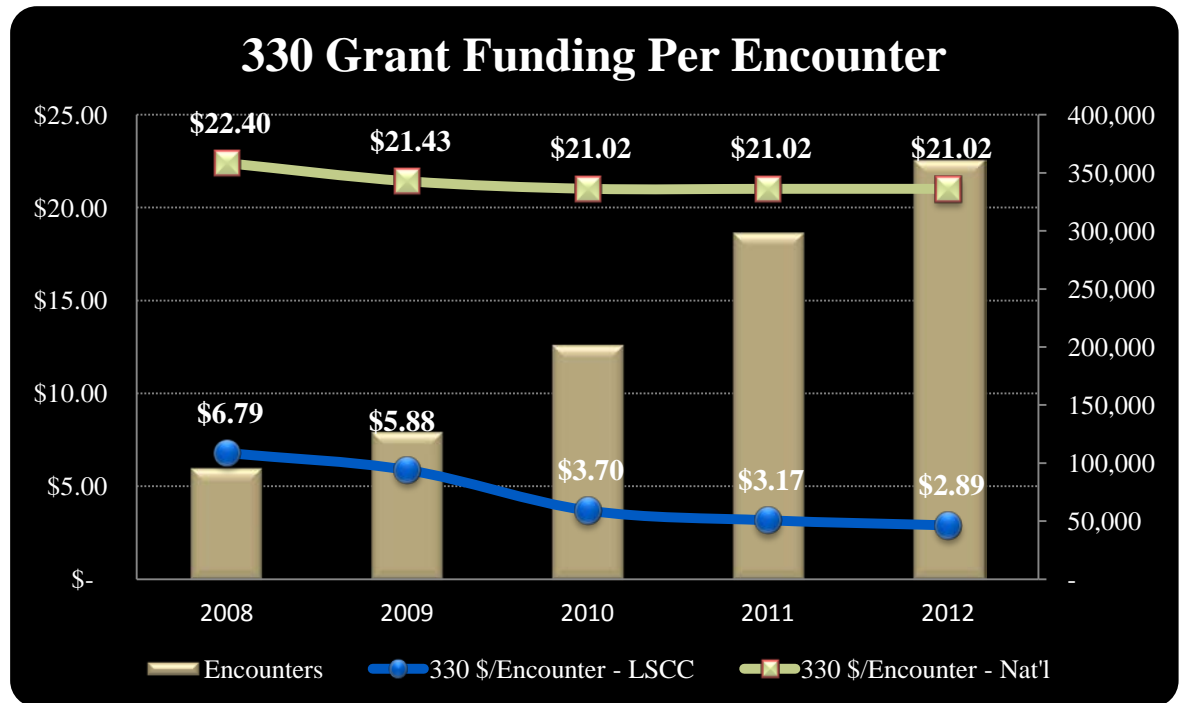
The chart at right shows LSCC 330 Grant Funding per encounter compared to the FQHC average.

From 2008 to 2010, FQHC's, on average, received over 4x the amount of funding per encounter than LSCC.

Note: 2011 and 2012 national funding shown at 2010 levels.

National FQHC average funding for 2008-2010 calculated with UDS National & Summary report data.

330 Grant Funding Per Encounter

Year	330 $/Encounter - Nat'l	330 $/Encounter - LSCC
2008	$22.40	$6.79
2009	$21.43	$5.88
2010	$21.02	$3.70
2011	$21.02	$3.17
2012	$21.02	$2.89

Legend: Encounters · 330 $/Encounter - LSCC · 330 $/Encounter - Nat'l

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Overview of Central Texas Hospitals

- Seton Healthcare Family—Ascension
  - Largest nonprofit and largest Catholic system--$15.5 billion in revenue
  - Mission to serve uninsured/underinsured individuals
  - Operates highly regarded children's hospital and the "charity" hospital
  - Partnering with UT Austin to build a new medical school
  - Plans for ACO strategy
  - Performing provider under the 1115 Medicaid Waiver

- St. David's HealthCare—HCA
  - For profit, operates 163 hospitals nationally, $32.5 billion in revenue
  - Focused on commercial patients
  - Not undertaking ACO strategy
  - Has Foundation arm that makes charitable grants to nonprofit entities

- Scott & White Healthcare
  - Unique nonprofit structure and one of the nation's largest multispecialty group practices, $1.3 billion in revenue
  - Has employed primary, specialty, and hospital providers
  - Is set up to operate like an ACO but is not officially pursuing this model

Strategy to Serve the Unmet Need

- Without an annual, recurring federal grant to support each site, LSCC created sustainable expansion in two ways in order to reduce risk to our overall mission:
    - With capital costs covered by the partner, multi-service sites (that include services to children and pregnant women who often have a funding source) would eventually break even or generate positive NOI due to payer mix

    - Partners who wanted a clinic to be an alternative to Emergency Rooms and/or to focus on chronically ill patients (typically uninsured adults) agreed to cover the monthly expenses associated with operating this type of clinic

- By collaborating with hospitals, we avoided competing primary care strategies and instead partnered to increase sustainable access to care through a public/private partnership
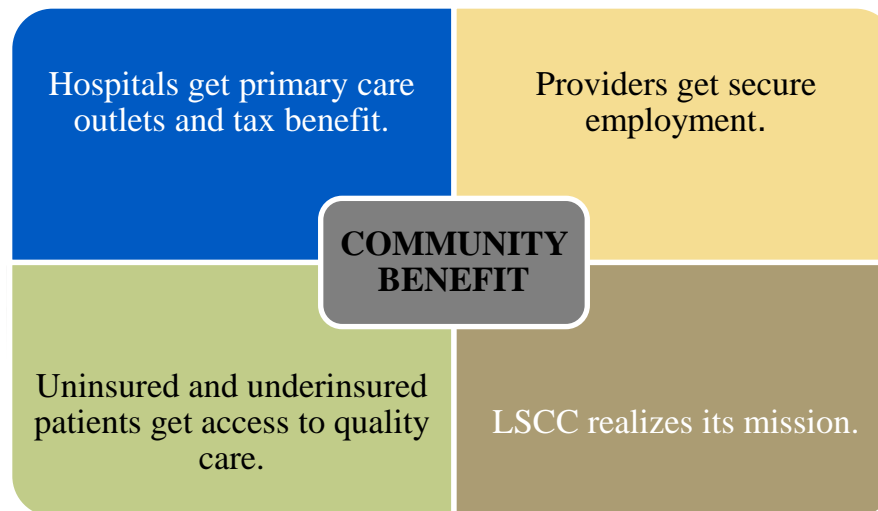
Seton Healthcare Family (Ascension) & LSCC Partnership

- To date, Seton has provided LSCC over $10 million to establish new co-branded clinic sites that are operated and maintained solely by LSCC
  - All service lines
  - Below the line contributions
  - Mother/Baby/Family concept

- The 1115 Waiver is driving opportunities for other initiatives:
  - Leveraging FQHC status with existing infrastructure
  - LSCC also taking over existing Seton primary care clinics and employing Seton affiliated providers to leverage FQHC benefits and LSCC model
  - Combining integrated behavioral health programs

- Health Information Technology Partnership
  - Electronic Health Record implementations, support
  - Health Information Exchange
  - Navigation Center

- Graduate Medical Education
  - Leveraging FQHC status with Seton and UT in planned medical school

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St. David's HealthCare (HCA) & LSCC Partnership

- As a for profit system, St. David's HealthCare finds benefit in partnering with LSCC on OB and access/ER Diversion sites with integrated behavioral health which allows LSCC to expand access

- ER diversion clinic outcomes:
  - Patients seen at the new clinic were flagged in the HIE to determine healthcare utilization prior to the clinic opening

  - There was a **35% reduction in ER usage** among these patients after the clinic opened over a three year time period

  - **Primary care visits increased by 80%**

- St. David's Foundation provides annual grants to support uncompensated care and integrated behavioral health

Scott & White Healthcare & LSCC Partnership

- Specialty Referral Network—a life saving benefit that is unmatched by LSCC's other partners
  - Accepts LSCC's uninsured patients who require specialty referrals regardless of their ability to pay and at no cost to the patient or LSCC
    - LSCC's patients usually contacted within 72 hours to set up an appointment and have a scheduled appointment within 14 days

  - Scott & White Healthcare provides an estimated $20M annually in specialty care to LSCC patients
    - Scott & White Healthcare receives GME training opportunities

    - Specialty services qualify as charity care for tax purposes

- Provided space and equipment for three new sites—one pediatric and two access/ER diversion
  - In the first two years of operation, provided funding to LSCC for each month LSCC experienced a negative cash flow at each site

Summary of Stakeholder Funded Success

- Seton Healthcare Family (Ascension)
  - Round Rock Clinic (Family Practice)
  - Six Clinics at Texas A&M Health Science Center (Pediatrics, Adolescent, Family, Senior, OB/GYN, and Integrated Behavioral Health)
  - Two Sites in Hutto & Cedar Park (Pediatrics)
  - Pending Austin Clinic (Family Practice, Pediatrics, OB/GYN, and Integrated Behavioral Health)
  - Many other strategic initiatives in process

- St. David's HealthCare (HCA) & St. David's Foundation
  - Round Rock Clinic (OB/GYN)
  - Austin Clinic (ER Alternative)
  - Senior Clinic (Georgetown)
  - Integrated Behavioral Health Support
  - Early HIT Support

- Scott & White Healthcare
  - Belton Clinic (Pediatrics)
  - Temple Clinic (ER Alternative)
  - Taylor Clinic (ER Alternative)
  - Specialty Referral Network

Dashboards
Data, Data, & More Data

Dashboards Reports Home Page

Web Report Status: Excellent.

| Home | Dashboard | Reports | Operations | Strategic | Finance | Billing | PNC | Appointments | Quality |

Reports Home

Lone Star Circle of Care

Operations & Productivity

Appointment Analysis

Monthly Practice Snapshot Report

Site Manager Report

Productivity by Provider Report

Provider 12-Month Encounter Trend

Provider Average Daily Encounters By Month

Finance

Encounters by Site & Financial Class

Encounters by Provider & Financial Class

Delivery and Surgery Revenue

PPS Rate Impacts by Financial Class

PPS Rate Impacts - LSCC Overall

Today's Reporting Metrics

Friday's (8/24/2012) Encounters:	965
Appointments Scheduled for Today:	1,195
Appointments Kept:	306

Patient Satisfaction Survey

Patient Satisfaction Survey Results

Strategic Reporting

Walgreens

New Patients Trend Report by Service Line

New Patients Report (12 mo Trend)

New Patients Heat Maps

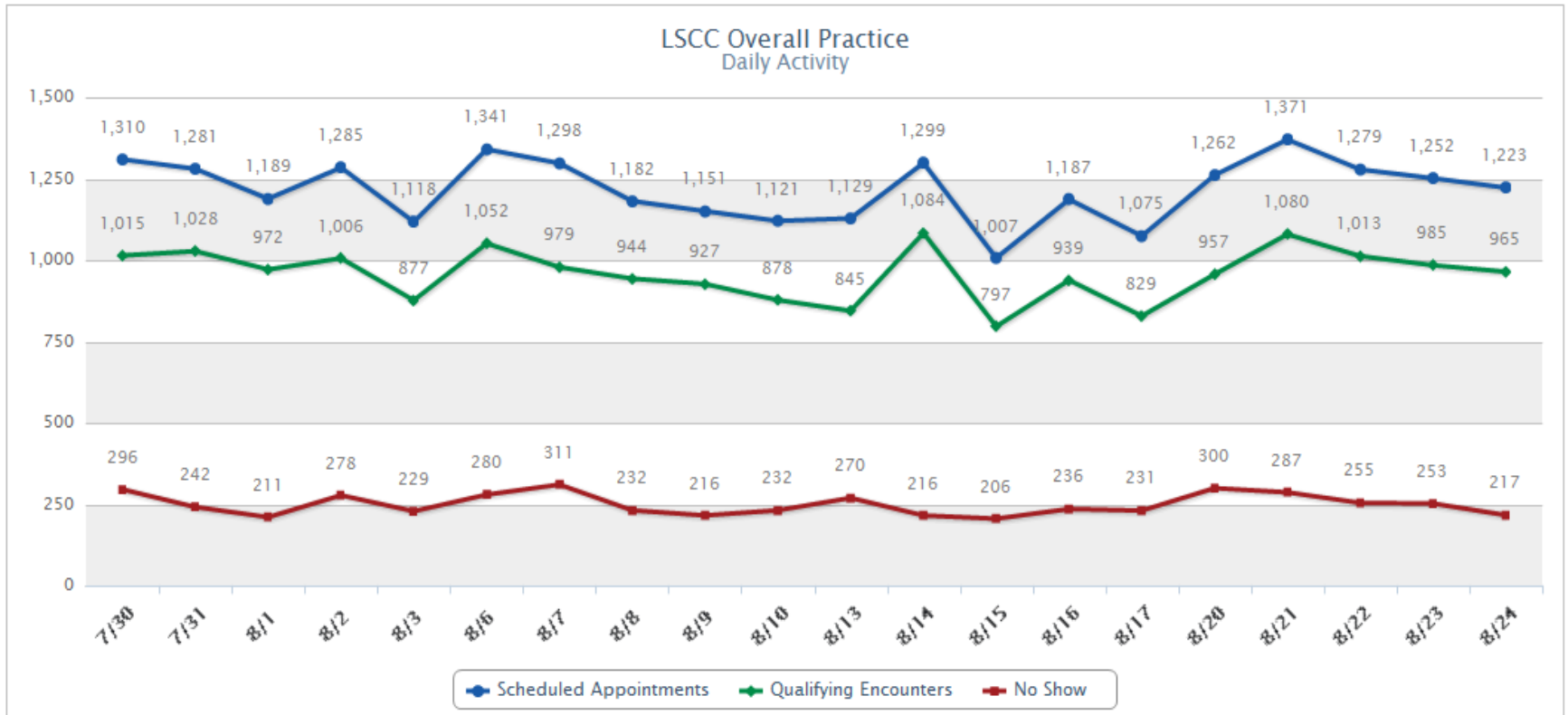New Patients Expanded Service

Unique Patients by Service and County

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Appointment Analysis

Dashboards Reports Home Page

Web Report Status: Excellent.

| Home | Dashboard | **Reports** | Operations | Strategic | Finance | Billing | PNC | Appointments | Quality |

Reports Home |

Lone Star Circle of Care

Operations & Productivity

[Appointment Analysis](#)

[Monthly Practice Snapshot Report](#)

[Site Manager Report](#)

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[Provider 12-Month Encounter Trend](#)

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[Encounters by Provider & Financial Class](#)

[Delivery and Surgery Revenue](#)

[PPS Rate Impacts by Financial Class](#)

[PPS Rate Impacts - LSCC Overall](#)

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Patient Satisfaction

Lone Star Circle of Care
Patient Satisfaction

Date Filter: 2012-7-01 to 2012-7-31   Submit   Click on site hyperlink to filter and review comments below.   Export to Excel

Clinic Location	Surveys Completed	Total Encounters	Percent Completed	Time Waiting	Explained Health Problems	Took Time To Answer Questions	Included You In Decisions On Treatment	Information About Your Medication	Information About Your Follow-up	Courtesy Of Medical Staff	Courtesy Of Front Desk Staff	Rate Of Provider Care	Overall Experience	Recommend LSCC to a Family/Friend
Belton Pediatric	17	694	2.45%	4.4	4.8	4.8	4.8	4.8	4.8	4.9	4.8	4.8	4.7	92.3%
BWHC	1	2,318	0.04%	5.0	5.0	5.0	5.0	---	5.0	5.0	5.0	5.0	4.0	100.0%
BWHC BH	2	982	0.20%	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	100.0%
Cedar Park Pediatrics	9	518	1.74%	5.0	4.9	5.0	5.0	4.8	5.0	4.9	5.0	5.0	5.0	100.0%
GT Dental	1	0	0.00%	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	---	---
Hutto Pediatrics	6	767	0.78%	4.7	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	100.0%
Lake Aire Adult	66	993	6.65%	4.5	4.5	4.6	4.6	4.6	4.7	4.7	4.7	4.7	4.6	100.0%
Lake Aire BH	15	541	2.77%	4.7	4.7	4.8	4.6	4.8	4.8	4.7	4.9	4.8	4.9	100.0%
Lake Aire Pediatrics	52	1,540	3.38%	4.3	4.6	4.6	4.6	4.6	4.6	4.7	4.6	4.6	4.6	100.0%
Lake Aire Senior	18	334	5.39%	4.8	4.9	5.0	5.0	4.9	4.9	4.9	4.9	5.0	5.0	90.9%
RRHC	2	1,101	0.18%	4.0	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	100.0%
RROB	5	1,512	0.33%	4.3	5.0	5.0	5.0	4.8	5.0	5.0	5.0	5.0	5.0	100.0%
Santa Fe Family Practice	14	480	2.92%	4.4	4.8	4.8	4.8	4.8	4.7	4.9	4.9	4.8	4.6	100.0%
TAMU Adolescent	1	506	0.20%	5.0	5.0	5.0	4.0	4.0	5.0	5.0	5.0	5.0	5.0	100.0%
TAMU Family	5	1,243	0.40%	4.8	5.0	5.0	5.0	5.0	5.0	5.0	4.8	5.0	5.0	100.0%
TAMU OBGYN	232	1,748	13.27%	4.0	4.6	4.7	4.7	4.6	4.7	4.7	4.7	4.7	4.5	97.6%
TAMU Pediatric	50	1,495	3.34%	4.3	4.8	4.9	4.8	4.8	4.8	4.9	4.8	4.8	4.6	100.0%
TAMU Senior	5	157	3.18%	4.8	4.8	4.6	4.6	4.8	4.8	4.8	5.0	4.8	5.0	100.0%
Taylor Healthcare Center	4	645	0.62%	3.0	4.0	4.3	4.3	4.3	5.0	5.0	5.0	4.3	4.0	100.0%
Totals	**505**	**19,790**	**2.55%**	**4.234**	**4.685**	**4.715**	**4.699**	**4.688**	**4.722**	**4.739**	**4.728**	**4.740**	**4.615**	**98.34%**

Patient Satisfaction – Belton Pediatric

Click on survey ID hyperlink review survey detail.

Survey Details

Rec	Location	Survey Date	Survey ID	Overall	Recommend	Is there any staff member that you would like to thank?	What did you like most about your visit?	What did you like least about your visit?	Comments Reviewed
1	Belton Pediatric	7/23/2012	E65884FA	Satisfied	Yes				
2	Belton Pediatric	7/23/2012	A973DD51			Joy Travis - Best Doctor!			
3	Belton Pediatric	7/23/2012	83DE4566		Yes		Yes, the reception staff was very welcoming and all of the personnel was great.		
4	Belton Pediatric	7/23/2012	0010E287	Very Satisfied	Yes	Thank you to everyone.	Everyone was friendly.		
5	Belton Pediatric	7/23/2012	15764A67	Very Satisfied	Yes				
6	Belton Pediatric	7/23/2012	26B7F4A3		Yes				
7	Belton Pediatric	7/23/2012	F8145B05		No				
8	Belton Pediatric	7/23/2012	AFD73CC7	Very Satisfied	Yes	Joy Travis has always been very helpful with making her diagnoses with my health issues. She is better than most S&W Doctors.	Joy Travis and all support staff.		
9	Belton Pediatric	7/23/2012	63B3FB24	Satisfied		Thank you for the attention you delivered in todays visit.	Teresa was the nurse who attended us today, she was wonderful.		
10	Belton Pediatric	7/23/2012	AD04E777			Our medical assistant was the best Ive had in years. Courtesy and bed side manner is how I choose a provider. Thanks!			
11	Belton Pediatric	7/11/2012	0613859E	Very Satisfied					
12	Belton Pediatric	7/11/2012	2CBD5707	Very Satisfied	Yes	all of them; they made it easy			
13	Belton Pediatric	7/11/2012	64B7C8A9	Very Satisfied	Yes				
14	Belton Pediatric	7/11/2012	97A74D88	Very Satisfied	Yes			very convenient and fast	
15	Belton Pediatric	7/11/2012	035D689A	Neutral	Yes				
16	Belton Pediatric	7/11/2012	F33D9B27	Very Satisfied	Yes			the staff, as always	
17	Belton Pediatric	7/11/2012	D831772F	Very Satisfied	Yes	all because they were so nice and courteous		the staff and Miss Joy Travis,very professional	

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Patient Satisfaction

How many minutes did you wait in lobby before you were called to exam room? **5**
How many minutes did you wait in exam room before you were seen by your provider? **0**

Scheduling	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
Ease of scheduling an appointment	X					
Courtesy of person scheduling appointment	X					
Explanation of forms to bring for financial screening	X					
Explanation of how financial screening decisions are made	X					
Center's hours of operation	X					
Our concern for your privacy		X				

Clinic Visit	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
Time you spent waiting						X
Explanations provider gave you about your health problems						X
Provider took the time to answer your questions						X
Provider included you in decisions about your treatment						X
Information provider gave you about your medication						X
Information provider gave you about your follow-up						X
Courtesy of nurse and/or medical assistant	X					
Courtesy of front desk staff at checkin and check out	X					
How would you rate the provider that gave you care today						X

Pharmacy	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
Courtesy of pharmacy staff						X
Time you spent waiting for your prescription						X

Overall Assessment	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
Rate your overall experience with your visit today?						X

Would you recommend Lone Star Circle of Care to a family member or friend? **No**

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Dashboards Reports Home Page

New Patient Heat Maps

LSCC New Patients Report - FY12 Projections by Patient

Rank	Zip Code	City or Area	Total	Pct	Avg Visits
1	78664	South East Round Rock	13,554	13.9%	
2	78626	East Georgetown	8,177	8.4%	
3	76574	Taylor (East Williamson)	5,634	5.8%	
4	78660	Pflugerville	5,072	5.2%	
5	78681	West Round Rock	4,739	4.9%	
6	78634	Hutto (East Williamson)	4,577	4.7%	
7	78628	West Georgetown	3,967	4.1%	

PNC Dashboards

Abandoned Calls

LSCC Patient Navigation Center
Abandoned Calls for 8/27/2012

	PNC Data				NextGen Data (matched by calling number)			
Rec #	Phone	# of Calls Today	Last Call	Total Wait (Seconds)	Person	Appt Event	Appt Date	Reason for Call
1		1	08:32 AM	74		Lab Adult Fasting	8/27/2012	▼
2		1	09:39 AM	46		MH Adult Established	8/27/2012	▼
3		1	09:08 AM	19		MH Adult Established	10/5/2012	▼
4		1	08:08 AM	42		MH Adult Established	9/27/2012	▼
5		1	09:40 AM	95		WCC Established	9/5/2012	▼
6		1	09:18 AM	57		Gyn Visit Est	8/22/2012	▼
7		1	09:19 AM	35		WCC Established	8/14/2012	▼
8		1	08:05 AM	70		Gyn Visit Est	8/8/2012	▼
9		1	08:33 AM	55		Pedi Established Patient	7/27/2012	▼
10		1	08:11 AM	50		Pedi New	7/2/2012	▼
11		1	08:50 AM	54		Program Registration	2/27/2012	▼
12		2	08:40 AM	180		Adult New Patient	9/14/2011	▼
13		1	08:20 AM	27				▼
14		1	08:20 AM	67				▼
15		1	08:24 AM	65				▼
16		1	08:26 AM	31				▼
17		1	08:34 AM	64				▼
18		1	08:38 AM	70				▼

Incoming Calls

Nurse Triage Incoming Call Reasons Report

LSCC Patient Navigation Center
Incoming Call Reason Daily Summary

Date Filter: 2012-7-01 to 2012-7-31 Submit

Reason	Calls	Percent
Med Refill	23	3.6%
Patient Return Call	185	29.0%
Same Day Work-In	102	16.0%
Scheduled Appt	230	36.1%
Sent to ER	56	8.8%
Transfer: Clinic Assist	19	3.0%
Transfer: RN queue Error	22	3.5%
Totals	**637**	**100.0%**

Red Flag Protocols – Avoided ED visits for one month

Recalls and Proactive Calls (Chronic Disease Management)

Patients Due for Checkup List

Quality Indicators

Pediatrics

|				
LSCC	Pharyngitis – No Antibiotics	% of patients, aged 2 to 18 years, with a diagnosis of Pharyngitis, dispensed an antibiotic	76.5%	
LSCC	URI – No Antibiotics	% of patients, aged 3 months to 17 years, with a diagnosis of URI, who were not dispensed an antibiotic	97.4%	
LSCC	WCC 2-6 Year Olds	% of patients, aged 2 to 6 years, who have a documented well child visit in the past 12 months	86.7%	

Pediatrics – URI, No Antibiotics

URI – No Antibiotics
% of patients, aged 3 months to 17 years, with a diagnosis of URI, who were not dispensed an antibiotic
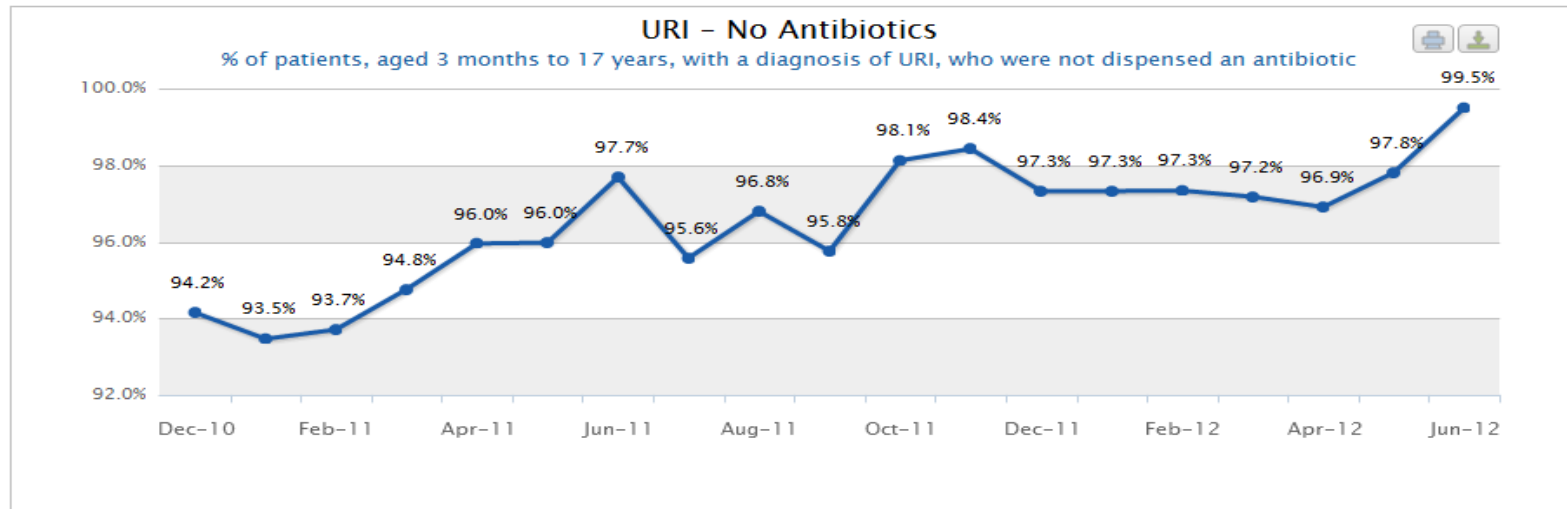
URI - No Antibiotics:

- Numerator: number of children, aged 3 months to 18 years, with a diagnosis of URI* who were not dispensed an antibiotic** during the visit. (Provider note: if a patient has been prescribed an antibiotic for something other than a URI during the same encounter the URI was diagnosed, the diagnosis for which the antibiotic was prescribed must be in the first assessment line for reporting purposes.)
- Denominator: number of children, aged 3 months to 18 years, with a diagnosis of URI.
- *Diagnosis of URI is defined as one of the following ICD-9 codes: 465, 465.0, 465.8, 465.9, or 460.
- Summary of measure: percent of children 3 months to 18 years old with a URI who were not on antibiotic therapy.
- **Antibiotic medications can be found under Table CWP-C, "Appropriate Treatment for Children with Pharyngitis (CWP)", on the NCQA website: http://www.ncqa.org/tabid/1274/Default.aspx
- Note: Data are based on last three months and are updated on a nightly basis.
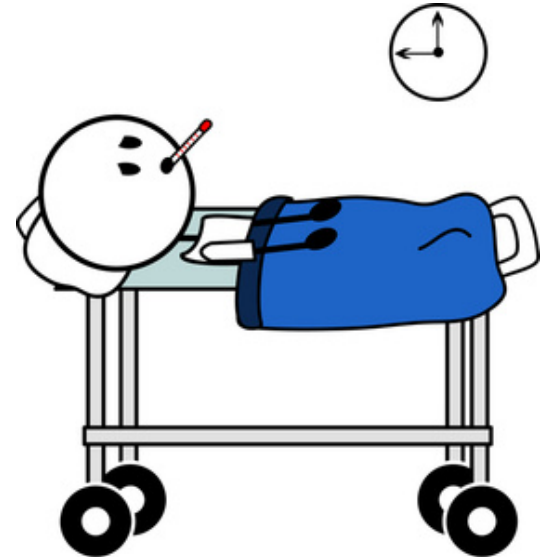
Member Navigation Center

Member Navigation Center (MNC)

- Far beyond a traditional call center, LSCC's Navigation Center proactively manages LSCC patients (members) using state-of-the-art technology, connecting them to every service they need throughout the continuum
  - Goal is to provide patient-centered, responsive, proactive care that focuses on improving quality and reducing costs

- The MNC's functionality is maximized via LSCC's EHR, as MNC staff can access data across LSCC's entire network versus a single clinic site
  - Functionality will be further enhanced with HIE/ICare 2.0 and Mirth

Patient vs. Member

- Patient
  - Definition
    - A person who is under medical care or treatment

    - A sufferer or victim

  - Insinuates a reactive state in a specific scenario/situation (transactional relationship)

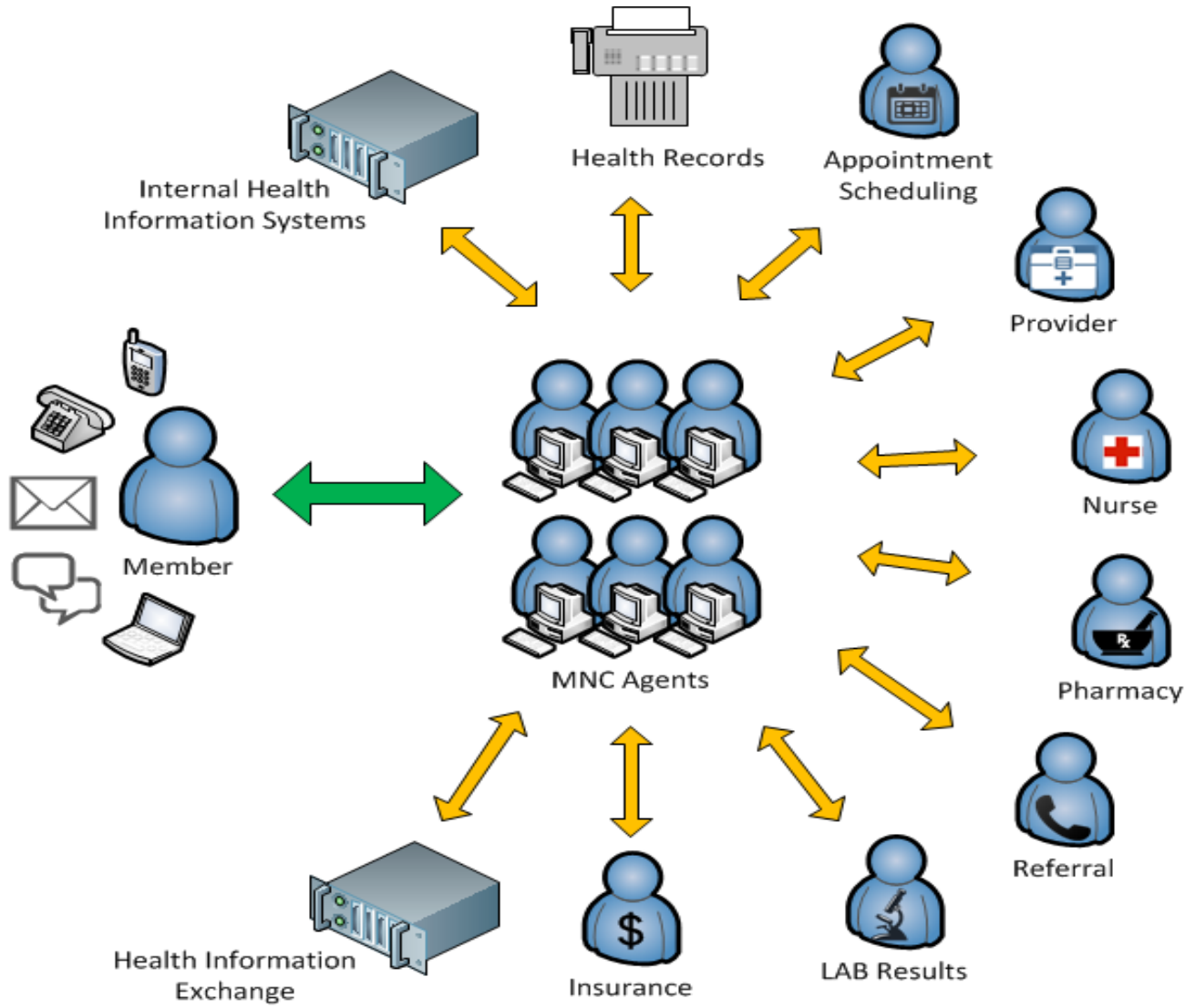 - Accounts for < 1% of our lifespan

- Member
  - Definition
    - A person that is part of a society, party, community, and/or club
  - Develop a sense of belonging, an active participant (affinity relationship)
  - Accounts for >99% of our lifespan

Member Navigation Center Staff

- MNC is staffed with Patient Service Representatives, Clinical Interventionist RNs, LVNs, Medical Assistants, Behavioral Health Service Representatives, and Specialty Referral Representatives

- Member Navigators – "uber" case managers
  - Ensure patient's appointment is scheduled correctly and at a location/time convenient for the patient
  - Ensures patient attends appointment (Contacts "No Shows")
  - Ensures successful program enrollment
  - Ensures lab/medication/notes are populated in the chart beyond the visit
  - Ensures referrals are authorized, scheduled and attended
  - Proactively follow up to determine patient/member experience, answer outstanding questions and provide further education when needed
  - Ensures coordination of patient's healthcare
  - Contacts all abandon calls same day (Abandon Calls Report)

Clinical Interventionist

- LSCC Clinical Interventionists are experienced Registered Nurses

- Identifies risks and proactively manages patient (member)

- Increases compliance

- Fills in the space between episodic visits with preventive contacts

- Work in tandem with LSCC clinicians

- All documented in the EHR for continuity of care

Clinical Interventionist

- Proactive Care
    - Post Surgery Follow Up (clinic and out-patient)
    - Hospitalization Follow Up (inpatient and ER)
        - Records
        - Medication Update
        - Orders
    - Medication management
    - Well Woman Exam
    - THSteps compliance and periodicity

- Chronic Disease Management
    - Asthma
    - Diabetes
    - Hypertension
    - Obesity
    - Others as needed or targeted depending on provider request, seasonality, and trends

Examples of Chronic Disease Management

- **Diabetes** – patients with an A1C of 7+ automatically triggers a recall to be performed by the RN who will provide diabetes awareness and education, including use of medication

- **Elevated BMI** – Patients identified as being within the 30% percentile range are targeted for an RN recall to provide weight management education

- **High Blood Pressure -** Patients identified based on recent diagnosis of hypertension will automatically trigger a recall performed by an RN to provide education and support

- The MNC also follows up with patients identified as having a chronic illness but are non-compliant with their primary care provider follow up appointments

Clinical Interventionist Results

- RN Care Management Intervention Results
  - Improves health outcomes
  - Prevents emergency visits
  - Reduces hospitalizations (number and length of stay)
  - **Reduces cost in an ACO by substituting face to face visits with telephonic coordinated care**
    - A CI operating at a volume of 700 patient interactions per month can save over $750k per year in avoided face to face encounters with providers


PNC Telephone Nurse Visits Per Month
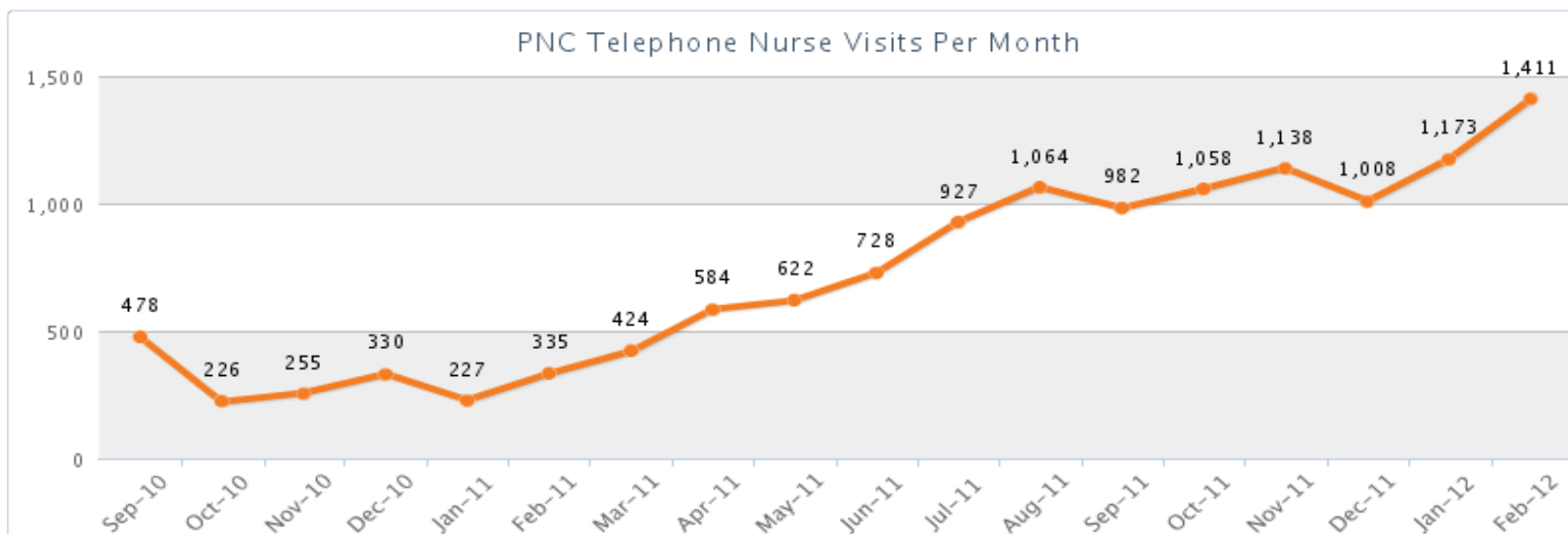
Clinical Interventionist Additional FTE

PNC Telephone Nurse Visits Per Month
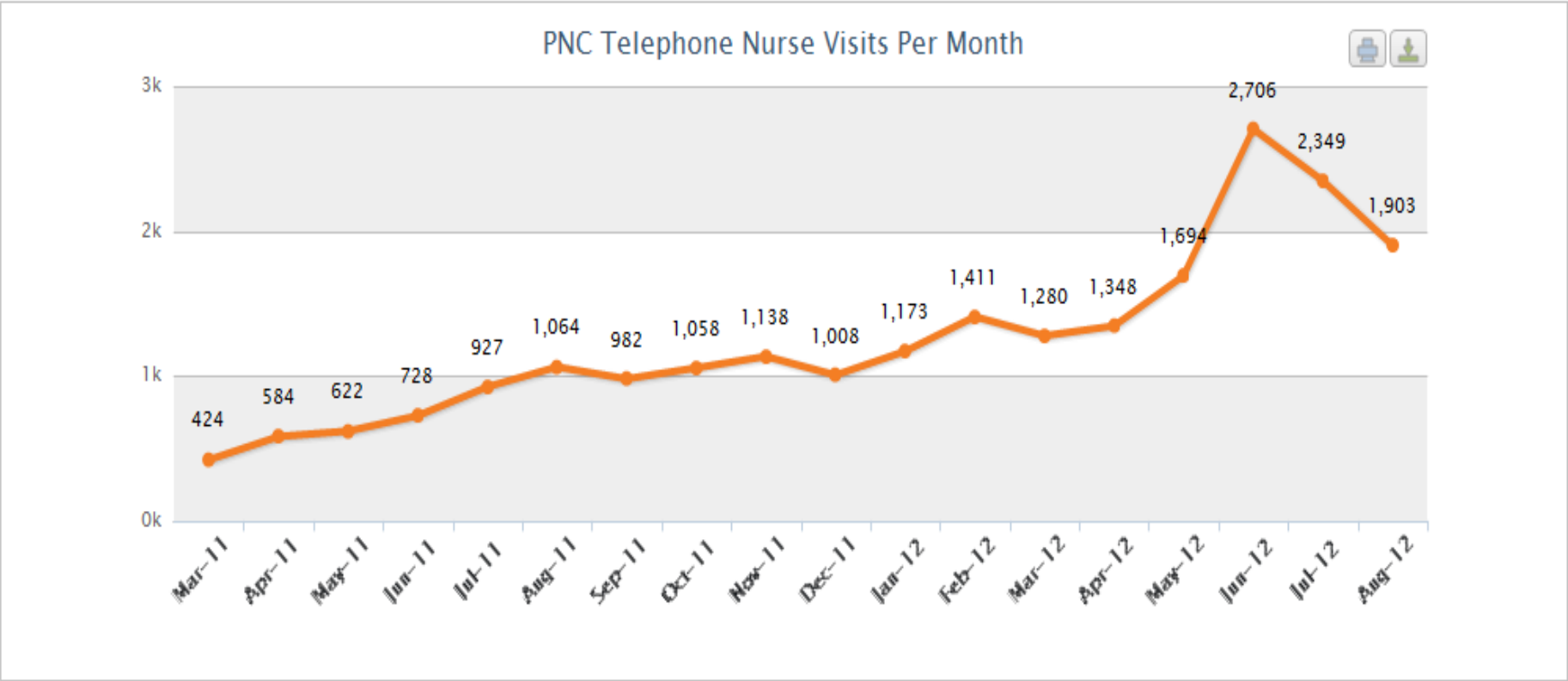
Success From Another Perspective…MCO

- Managed Care Medicaid Organization Measurement
  - Health Benefit Ratio (HBR) / Monthly Loss Ratio (MLR)
  - MCO Goal = 84%-86%

- LSCC CY2011 = **82.9%**

  - ER Utilization*
    - Example of HIE vs. claims data

  - Inpatient*
    - Targeted chronic disease management and education projects

  - Specialty Care
    - Primary care is double that of specialty care which is a positive indicator that the primary care provider is being utilized effectively (Referral Process)

  - Newly assigned members with LSCC as PCP
    - ProCall Report
    - IP/ED where no relationship is established*

Figure 1 - Emergency Department[1] and In-Patient[2] Utilization by LSCC Encounter Status[3]
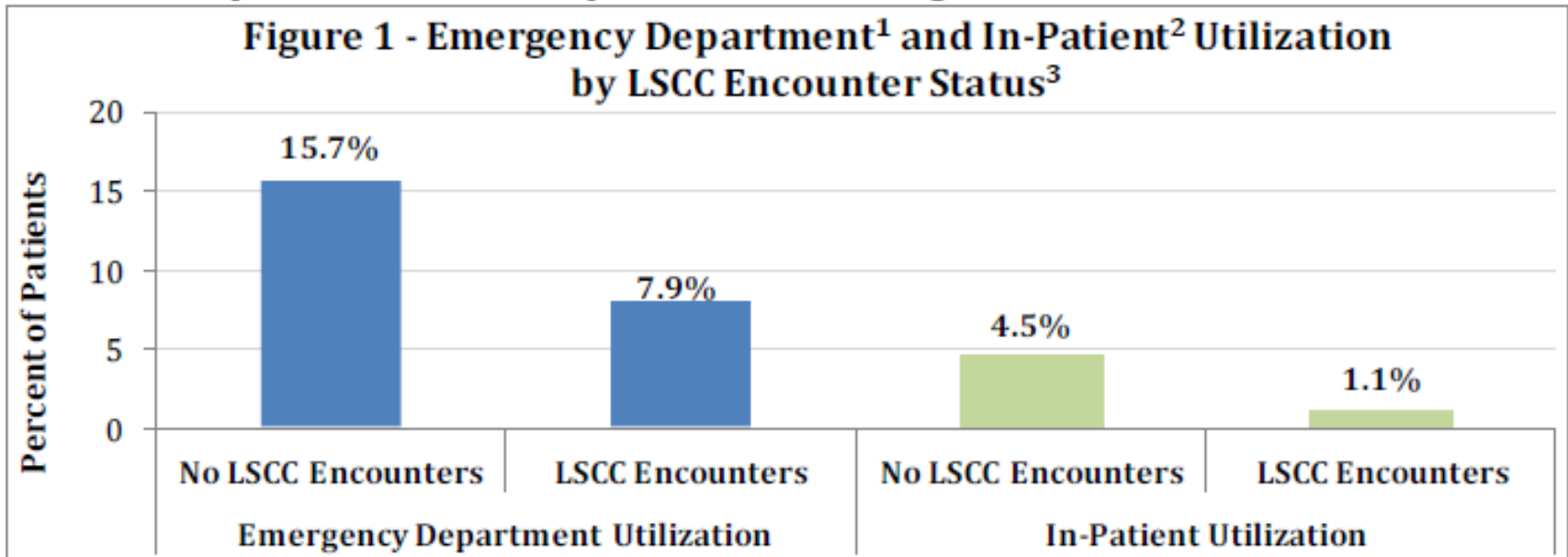
1. Did patient have at least one ED encounter between June 1, 2012 and August 31, 2012?
2. Did patient have at least one IP encounter between June 1, 2012 and August 31, 2012?
3. A patient is considered a LSCC patient if they had at least one encounter with LSCC between January 1, 2011 and August 31, 2012.

Source: Integrated Care Collaboration (ICC), ICare 2.0 database.
Prepared by: LSCC Analytics, JM, September 26, 2012.

- If all MCO patients assigned to LSCC had at least one encounter with us:
  - **480 fewer ER encounters/year**
    - MCO cost **savings of $357,284/year**

  - **143 fewer IP admissions/year**
    - MCO cost **savings of $1,478,272/year**

2008 Medical Expenditures Panel Survey state average amount paid for non-emergent ER visit was $792. Applying a conservative 4.1% medical inflation rate per year for 2009 - 2012, the average amount for a visit in 2012 would be $930

Estimates from the 2009 Medical Expenditures Panel Survey, the median amount for an IP visit was $9,156. Applying a conservative 4.1% medical inflation rate per year for 2010 - 2012, the average amount for a visit in 2012 would be $10,329

- MNC concentrated outreach efforts targeting these patients can result in additional, significant cost savings to MCO (<82.9%)
  - Patients less than 1 years old

  - Patients 19 years old and older

  - White, Non-Hispanic patients

  - African American, Non-Hispanic patients

  - 'Patients' with at least one ER encounter in the most recent three month time period (MCO monthly report matched to HIE data)

  - 'Patients' with at least one IP encounter in the most recent three month time period (MCO monthly report matched to HIE data)

- Improve health outcomes by proactively treating patients in LSCC's medical home

Payment Reform

- HBR/MLR Goal = 84%-86%
  - MCOs are required by state law to maintain an 85% loss ratio, meaning they must spend at least 85 cents of each dollar on medical care (as opposed to administrative or other expenses)

- LSCC with MNC = 82.9%

- LSCC with MNC and strategies derived from analysis = ↓ 82.9% ↓

Shared Risk, Shared Savings, Improved Outcomes