ATTACHMENT 25

HIGH-UTILIZERS PROGRAM (HUP)

The High Utilizers Program (HUP) shall be designed by the Contractor to target Enrollees with complex physical, behavioral and social needs, including catastrophic or high-risk conditions, with a history of frequent encounters with health care providers, where care could be provided in a less costly or more appropriate setting.

The Contractor's program shall ensure Enrollees' maximum wellness and autonomy while leveraging a variety of practices such as; coordinated care, preventive care, education, patient tracking, discharge monitoring, data mining, and medication reconciliation which ultimately drive utilization to appropriate settings of care.

The program overtime should demonstrate quantifiable successful reductions in unnecessary utilization, increased utilization in appropriate settings of care, and reductions in overall program costs.

Contractors are required to implement best practices to address high-utilizers of services that are more appropriately delivered in less costly settings, for example strategies to decrease non-emergent use of the emergency room, referrals for and reductions of drug-seeking behaviors with providers. The Contractor shall develop and implement a HUP strategy and submit it to ASES for approval.

The HUP must include the following components:

1. The methodology and criteria to identify the high-utilizer population.
2. A description of integrated initiatives, combining physical and behavioral health with social needs.
3. Create partnerships at state, regional, and local levels to leverage resources across governmental agencies such as the Department of Health, the Department of Family and Social Services, Housing, Transportation among others, extending to the private sector and non-profit organizations.
4. Develop meaningful data practices and mining tools on the high-utilizer population that can drive interventions and measure their success.
5. Provide quarterly utilization and quality reports including changes and improvements on utilization trends for the identified Enrollees as well as modifications to the strategy in response to the results.

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
19-050

The Contractor's HUP strategy must describe in detail criteria, protocols and processes to be perform to comply with the following steps and requirement:

1. **Case Identification-** based on statistical data analysis, each Contractor shall develop methods and criteria for the identification of high utilizers for both physical and behavioral health by Enrollee and by Providers as well as the approach to deal with identified cases and trends including, but not limited to:

   a) Enrollees who have accessed the emergency room seven (7) or more times within twelve (12) months.
   b) Specific conditions and measures to be addressed and justification for the selected conditions.
   c) Top 5% enrollees by facility (physical and behavioral) utilization and cost incurred.
   d) Top 5% of enrollees with highest number of readmissions to an inpatient setting (physical and behavioral) within 30 calendar days of discharge
   e) Facilities and PCPs by readmission rate, with enrollees identified as high utilizers of the emergency department.
   f) Pharmacy focused initiatives such as polypharmacy and opioid overutilization.

2. **Prioritization and focus-** The strategy shall specify how the Contractor will determine the scope, focus and prioritization process of the HUP.

3. **High-Utilizers Management-** Described the specific process and administrative structure for the HUP. It shall cover at minimum:

   a) **Administrative Structure-** Description of administrative structure, available resources and the process to select and assigned cases and the hierarchy process when a member is identified into multiple programs, to avoid duplication, such as HCHN, Special Coverage and or High Utilizers. Include the composition of the multidisciplinary team to address the different kinds of needs: social, behavioral, transportation, etc.
   b) **Health Risk Assessment (HRA)** - Within sixty (60) Calendar Days after the Contractor's selection as a candidate for the HUP, all Enrollees in the HUP shall be administered an HRA to further evaluate their healthcare needs. This assessment is in addition to the standard HRA process identified in Section 7.1.5 which occurs at the point of enrollment. The Contractor shall submit the HRA form to ASES for approval.
   c) **Care Plan and Baseline Measures-** Development of a Care Plan within forty-five (45) Calendar Days of the HRA. The Contractor shall establish baseline measures for each Enrollee, such as BMI, Blood Pressure, Hemoglobin A1c, and other clinical measures depending on the enrollee's diagnosis and needs. The baselines measures shall be monitored on a continuous basis, in order to track quality improvement and the effectiveness of the personalized Care Plan.

ADMINISTRACIÓN DE SEGUROS DE SALUD
Contrato Número
19-050

d) **Medical Oversight and Interdisciplinary Coordination-** Description of communication and coordination within the Contractor, and the Contractor, the PCP and other care partners in the community. How the Contractor's Care Managers will have oversight of each case, will communicate, coordinate, and educate the providers involved in the care of the member, including PCPs. The Strategy shall describe how the multidisciplinary team approach will be reached including how social workers, psychologists, outreach personnel, nutritionists, and nurses, together with physicians, will work to remove social and behavioral barriers to care by coordinating with available government services and community interventions.

e) **Enrollee Education-** the Contractor shall educate enrollees participating in the HUP, as well as their Primary Care Medical Group and PCPs, to ensure ongoing enrollee education and the appropriate access point of services. The Contractor shall continue monitoring enrollees that were identified as HUP to ensure that their conditions remain under control.

f) **Coordination of Services/Transitions of Care-** For participating enrollees admitted into hospitals, the Contractor shall provide direct support with Provider appointment assistance and visits to each Enrollee. The Care Managers will follow the discharge plan to ensure the enrollee will have the necessary medications and equipment at discharge to reduce the possibility of re-admission.

g) **Provider Financial Incentives-** If the Contractor has any Provider Financial Incentive program(s) in place or planned as part of its High Utilizers Strategy, include a full description of each incentive program.

4. **Reporting Requirements:** The Contractor shall provide a quarterly report to ASES on each condition/category being addressed. The results shall be monitor at individual and cumulative levels for all Enrollees in the HUP as well as those exiting the program. The Contractor must keep a baseline record for each Enrollee by condition/category that shall include, as available, the past twelve (12) months historical data of patients identified in the HUP. . The Contractor shall keep track of patients to be able to submit the quarterly and cumulative reports. Comparisons must be established and tracked between the quarterly, cumulative, and baseline data. The categories include, but are not limited to, the following:

a) **Utilization Management Measurements**:

i. Total Cost – Total cost in aggregate and total cost per Enrollee for the period. This cost includes all components: physical and behavioral health services provided, as well as prescription drugs.

ii. Hospitalizations – Total number of hospitalizations, average length of stay (ALOS), total cost of hospitalizations, hospitalizations and cost per Enrollee for the period, an top reasons/conditions for hospitalizations at individual and aggregate levels.

iii. Emergency Department (ED) Visits – Total number of visits to ED, total cost of ED visits, and visits and ED cost per member for the period, in addition to the top reasons/conditions for ED visits at individual and aggregate levels.

iv. Pharmacy Utilization – Total number of prescriptions, cost of prescriptions, and number and cost of prescriptions per Enrollee for the period, in addition to the top conditions treated at the individual and aggregate level.

b) **Quality Measurements-** The frequency of the quality measurements will be determined by the Contractor's care management team(s), in cooperation with ASES, the Care Management Team on a case by case basis,

i. All Enrollees:

- Quality of Life indicators (similar to SF-36)
- Follow-Up after hospitalization
- Medication reconciliation
- Depression screening (PHQ9)

ii. Enrollees with Specific Conditions (Such as Diabetes, CHF, Hypertension, Asthma, etc.)

- Quality of Life indicators (similar to SF-36)
- Follow-Up after hospitalization
- Medication reconciliation
- Depression screening (PHQ9)
- Use the baseline measures for the specific conditions as define in 3c above. You may use the quality indicators included for the HCIP for those conditions that coincide in both Programs.

ADMINISTRACION DE SEGUROS DE SALUD
Contrato Número
19-050