

Medical Care Advisory Committee Healthy U

Well-child visits

- Promotion of the Well Visit Record Card for children <3 years old
- Development of newborn resource packet for all newborns that includes the Well Visit Record Card
 as well as information on developmental milestones, what to expect at well visits, immunizations,
 car seats and more
- Member reminder phone calls and letters for all age groups (0-21 years)
- Value-based payment arrangements with providers to increase receipt of well visits
- Text4Baby / Text4Kids program launching mid-2024 (educational SMS campaign covering pregnancy, postpartum period, well baby/child visits, immunizations, etc.)
- Improving data capture to include well visit claims that were missing from the 1st month of life
- Improving provider specialty mapping accuracy for better rate capture

Child and adolescent immunizations

- Member reminder letters
- Care gap lists to providers
- Value-based payment arrangements with providers to increase receipt of immunizations
- Pilot SMS reminder program for the HPV vaccine in partnership with Huntsman Cancer Institute



Breast Cancer Screening

- Interactive Voice Response (IVR) education and reminder calls with a warm transfer to a mammography scheduling center
- Value-based payment quality measure
- Member reminder letters
- Care gap lists to providers for follow-up

Cervical Cancer Screening

- IVR education and reminder calls with warm transfer to health plan customer service for assistance in finding a primary care or women's health provider
- Member reminder letters
- Care gap lists to providers for follow-up

Adult Primary Care Visits

- Member outreach phone calls and letters to provide assistance in finding a primary care provider and scheduling a preventive exam
- IVR/SMS/email campaign to provide resources and assistance to members in finding a primary care provider



Medication Therapy Management

- Implemented a Medication Therapy Management (MTM) program where health plan pharmacists contact members to provide support with adherence to cardiovascular and diabetic medications, as well as other identified care gaps (diabetic eye exams, missing A1C values, blood pressure, etc.).
- In order to expand scope of our MTM program, we are implementing a refill reminder campaign using text/IVR. Campaign will also include additional drug classes such as asthma controllers and antidepressant medications.

Care Management

- Engaged care management teams to support HEDIS measures and address care gaps
- Disease and care management programs for targeted conditions support HEDIS measures
- Acute high-risk program supports to members after discharge hospital (behavioral or medical) to ensure appropriate outpatient follow-up visits
- Access assistance team to help connect members to providers and appointments



Impact of PHE and PRISM on HEDIS

- HEDIS measure denominator sizes are drastically changing due to the Covid-19 Public Health Emergency (PHE) and Medicaid unwinding
 - Dramatic increase in enrollment since the start of the PHE in 2020
 - Dramatic decline in enrollment starting in 2023 due to Medicaid unwinding
 - Between MY2022 and MY2023:
 - Most measures will have more than a 20% decrease in denominator size
 - Several measures will have 30-40% decrease in denominator size
 - Example: Healthy U HEDIS WCV measure
 - MY 2022 = 31,094 members in eligible population
 - MY 2023 = 20,638 members in eligible population (as of Oct 2023)
- HEDIS measures have continuous enrollment criteria in order to qualify
 - Medicaid unwinding has meant individuals have fallen off and come back on the program, which will impact a member's continuous enrollment
 - Enrollment data from the state has been problematic with PRISM





THANK YOU

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