

Oregon Educators Benefit Board
Strategies on Evidence and Outcomes Workgroup
Tuesday, November 2, 2021 – 9:00 a.m. – 12:00 p.m.
[Click here to join the meeting](#)

AGENDA for November 2, 2021

- I. 9:00 a.m. – 9:05 a.m. SEOW October Meeting Synopsis**
SEOW Attachment 1
(review/ discuss/**action**)
- Tom Syltebo, SEOW member*
- II. 9:05 a.m. – 9:50 a.m. Moda Primary Care Programs**
SEOW Attachment 2
(review/ discuss)
- Bill Dwyer, Moda Health*
- III. 9:50 a.m. – 10:45 a.m. PCP 360 Program Report (2019-2021)**
SEOW Attachments 3
(review/ discuss)
- Brad Lawson, Willis Towers Watson*
Doug Bourlier, Willis Towers Watson
- 10:45 a.m. – 10:55 a.m. Break**
- IV. 10:55 a.m. – 11:40 p.m. Moda 360 Program Report (2020-2021)**
SEOW Attachments 4a & 4b
(review/ discuss)
- Jenny Marks, Willis Towers Watson*
Erica Hedberg, Moda Health
John Clouse, Moda Health
Bill Dwyer, Moda Health
- V. 11:40 a.m. – 12:00 p.m. Evicore Program Report (2020-2021)**
SEOW Attachment 5
(review/ discuss)
- Erica Hedberg, Moda Health*
Bill Dwyer, Moda Health

Public Comment

**Oregon Educators Benefit Board
Strategies on Evidence and Outcomes Workgroup
October 5th, 2021
Meeting Synopsis**

The Strategies on Evidence and Outcomes Workgroup (SEOW) of the Oregon Educators Benefit Board held a meeting on October 5th, 2021 by Microsoft Teams.

Attendees:

Workgroup Members:

Tom Syltebo, SEOW Chair

Geoff Brown

Robert Young

Bill Graupp (has rejoined the SEOW Committee)

Staff/Consultant:

Glenn Baly, OEBC

Ali Hassoun, PEBB/OEBC

Carriers/Other Representatives:

Dr. Keith Bachman, Kaiser Permanente

Sophary Sturdevant, Kaiser Permanente

Nathan Trenholme, Moda Health

Bill Dwyer, Moda Health

Dr. Daniel Philstrom, Kaiser Permanente

Rich Moehl, Kaiser Permanente

Dr. Teri Barichello, Delta Dental

Dr. Mark Chambers, Willamette Dental Group

Tiffany Link, Willamette Dental Group

1. September 2021 SEOW Meeting Synopsis (SEOW Attachment 1)

SEOW approved the September 2021 meeting synopsis without any changes.

2. Medical Preventative Services - COVID Impact Reports (SEOW Attachment 2)

Dr. Keith Bachman, Kaiser Permanente presented the COVID-19 Update - Impact on Preventative Services.

- **Tom Syltebo** asked for KP to send SEOW the breakdown of preventative services by primary language (specifically for OEBC members).

Nathan Trenholme, Moda Health presented Preventive visit, screening, and immunization utilization 2019 –2021 YTD as of October 2021.

- **Tom Syltebo** asked Moda if they could provide a race/ethnicity/and primary language breakdown for preventative services.

3. Telehealth Utilization Reports (SEOW Attachment 3)

Sophary Sturdevant and Dr. Keith Bachman, Kaiser Permanente presented OEBC Telehealth Trends.

- **Tom Syltebo** asked what language the apps are in, suggested the apps should be in English and in Spanish.

Bill Dwyer, Moda Health presented Telehealth Utilization.

- **Tom Syltebo** suggested looking at the telehealth utilization of the top 5 delivery systems on a quarterly basis.
- **Tom Syltebo** asked Moda to expand a little on their plans around value-based systems which telehealth can play a part in.
 - **Bill Dwyer** explained that Moda is definitely moving all of their lines of business over that way.

4. Dental Experience – COVID Impact Reports (SEOW Attachment 4)

Dr. Daniel Philstrom and Rick Moehl, Kaiser Permanente presented the KP Dental Utilization comparison report.

- **Geoff Brown** asked if the no contact column syncs with the book of business. KP will see if it syncs with those members who have never been in the system or have not been in the system for the past 2 years.
- **Tom Syltebo** asked if the vaccination mandate impacted Kaiser Permanente
 - No dentists were lost
 - Less than 2% of hygienists and dental assistants were lost

Dr. Teri Barichello, Delta Dental presented Dental utilization 2019/2020/2021 comparison.

- It was noted that parents in low-income households were more likely than higher income households to delay or avoid scheduling their children for dental care.
 - **Tom Syltebo** asked **Ali Hassoun** to ask **OEBC Communications** to add the importance of maintaining dental care to the OEBC webpage.

Dr Mark Chambers and Tiffany Link, Willamette Dental presented Preventative Dental Services.

- **Tom Syltebo** added again the importance of adding more outreach to OEBC members via the OEBC Webpage on the importance of preventative care.
 - **Dr. Mark Chambers** added that we should also note to members that the dental offices/dental experience is extremely safe for members at this time.

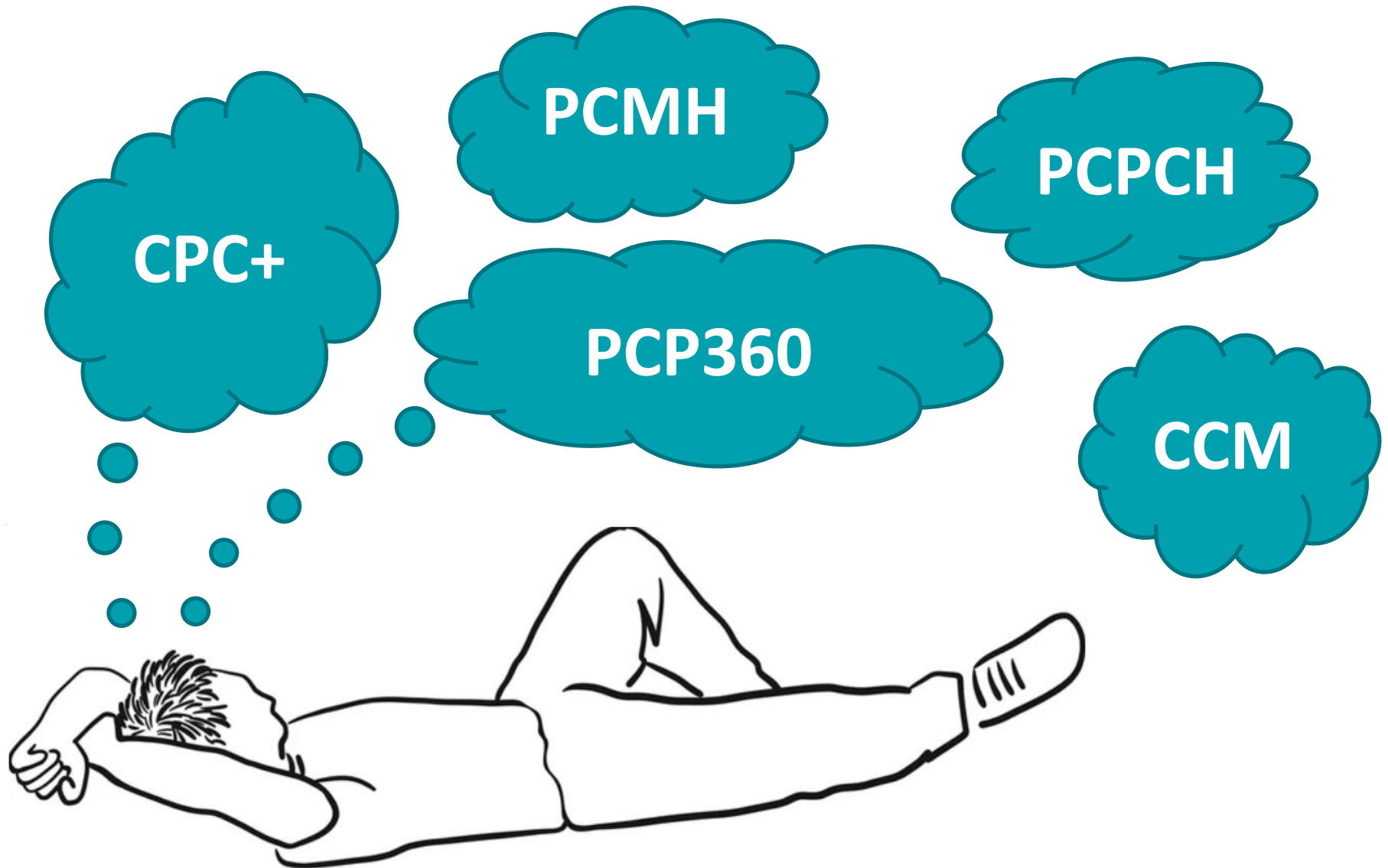
No public comment.

Review of primary care programs

Bill Dwyer

SEOW Attachment 2

Overview of primary care programs



Care model acronyms explained

CPC+

Comprehensive Primary Care Plus

- A CMS 'demonstration' project in a few select areas of the U.S.
- Certain eligible providers only
- 5-year lifespan, ends 12/31/2021

PCPCH

Patient Centered Primary Care Home

- The Oregon standard for high-performing primary care clinics
- 5 levels of certification

PCMH

Patient Centered Medical Home

- The NCQA standard for high-performing primary care clinics
- Providers employed by a health system that operates a PCPCH, NCQA-certified medical home, or CPC+ participating clinic

PCP360

Patient Centered Primary Care Home

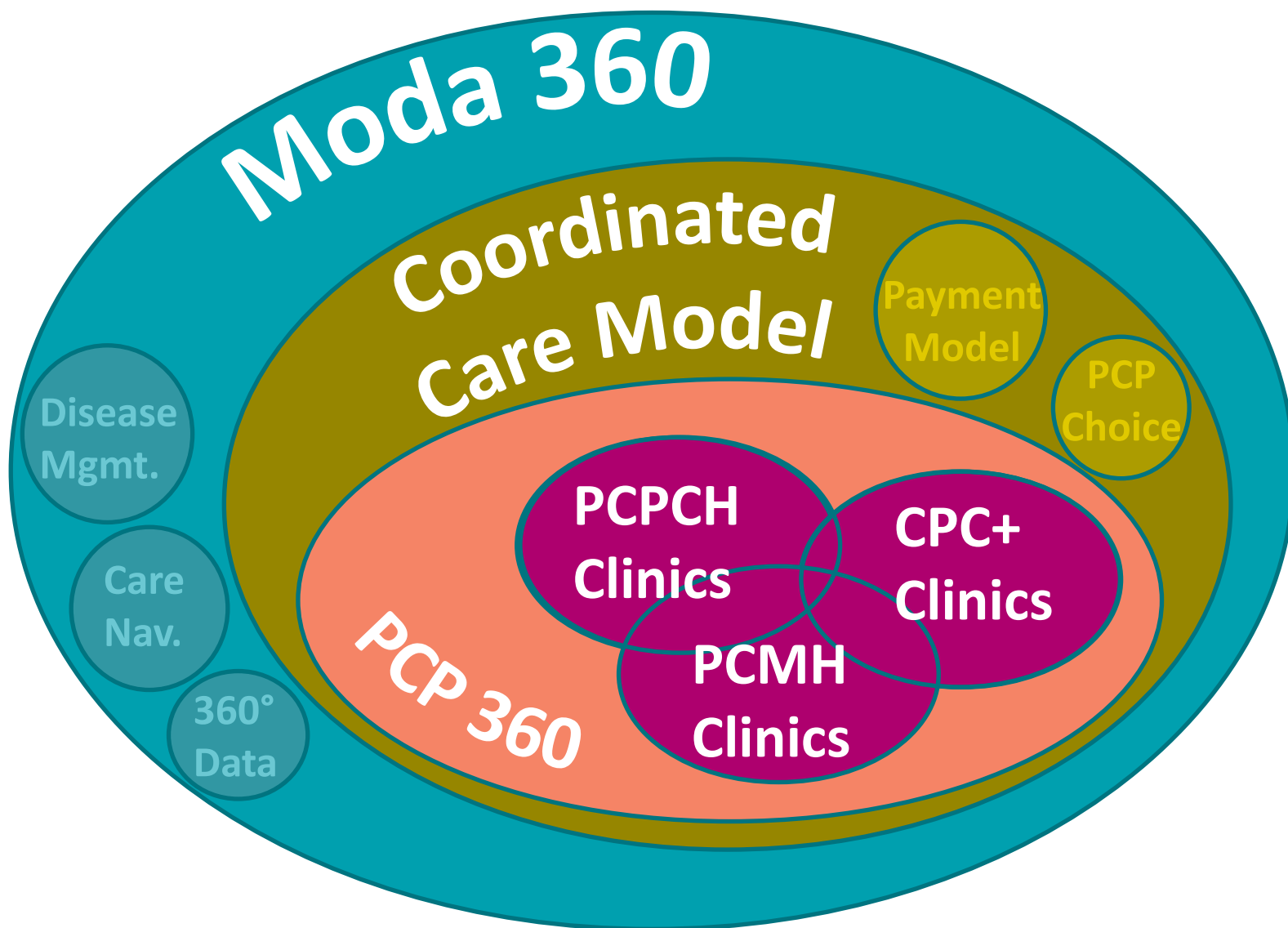
- The Moda standard for high-performing primary care providers
- Providers employed by a health system that operates a PCPCH, NCQA-certified medical home, or CPC+ participating clinic

CCM

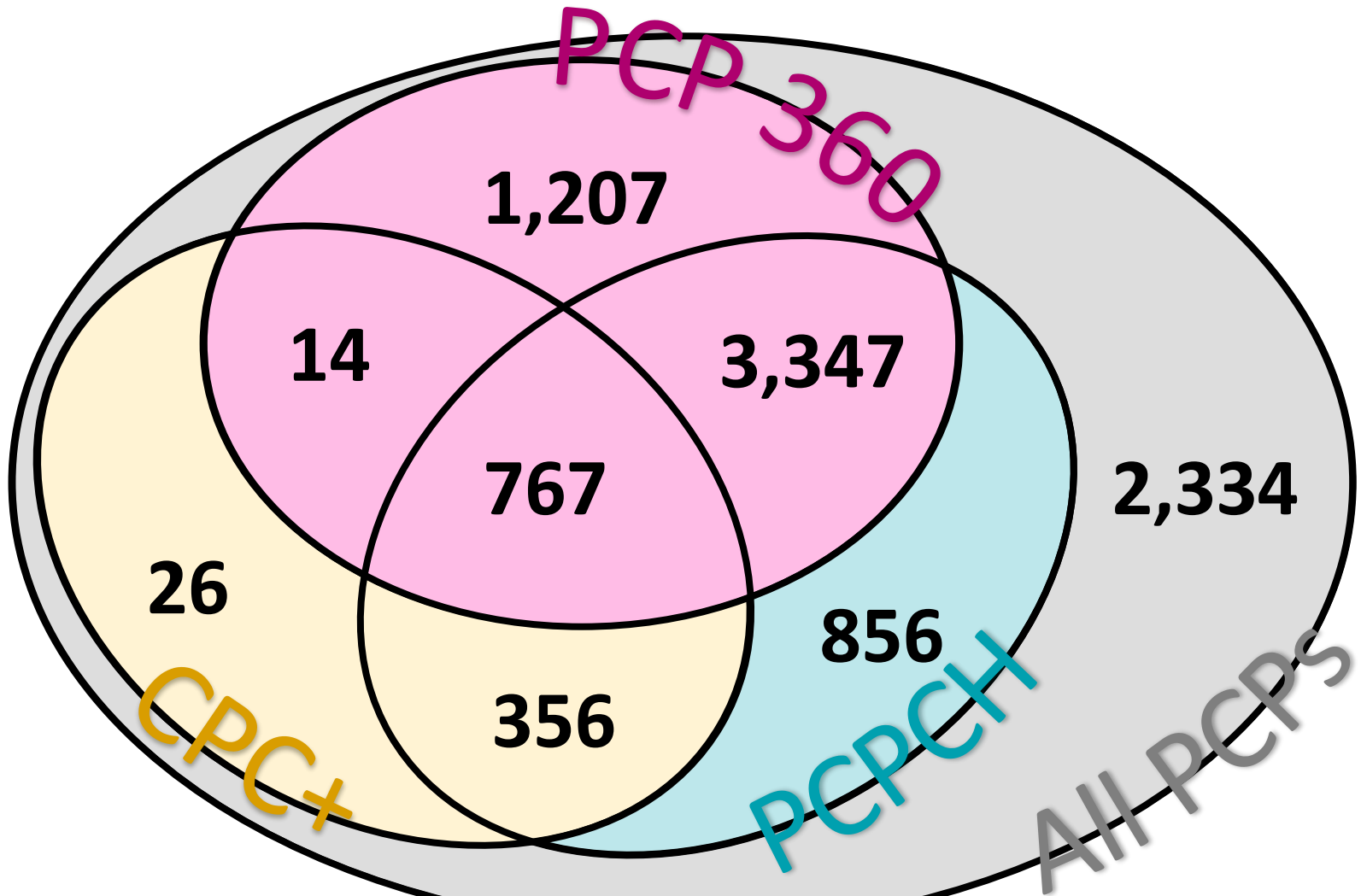
Coordinated Care Model

- The Moda plan designed to steer members to high-performing primary care providers
- Providers employed by a health system that operates a PCPCH, NCQA-certified medical home, or CPC+ participating clinic

How the programs fit together



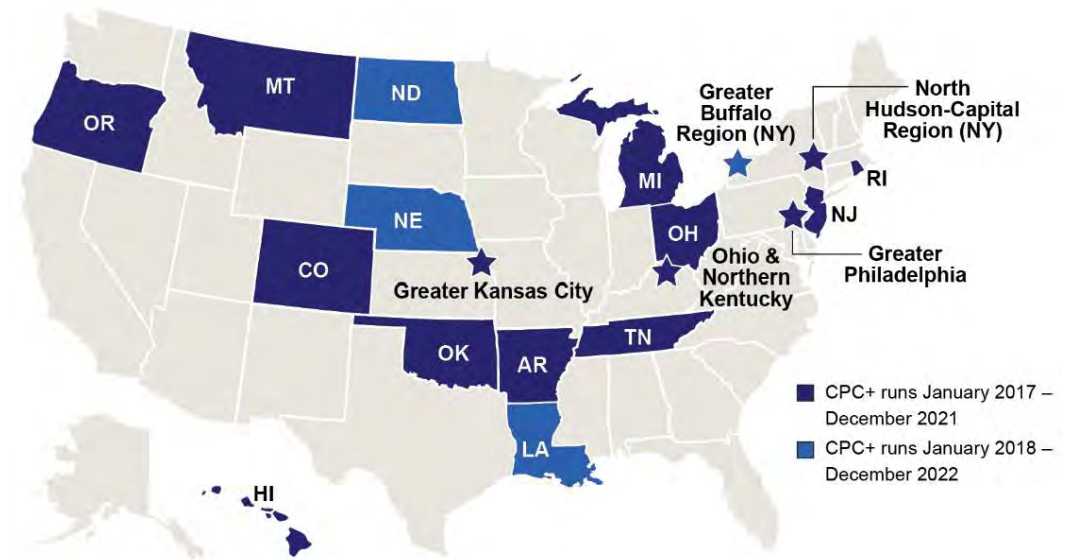
PCPs in the Moda network



Numbers indicate count of PCPs in each program

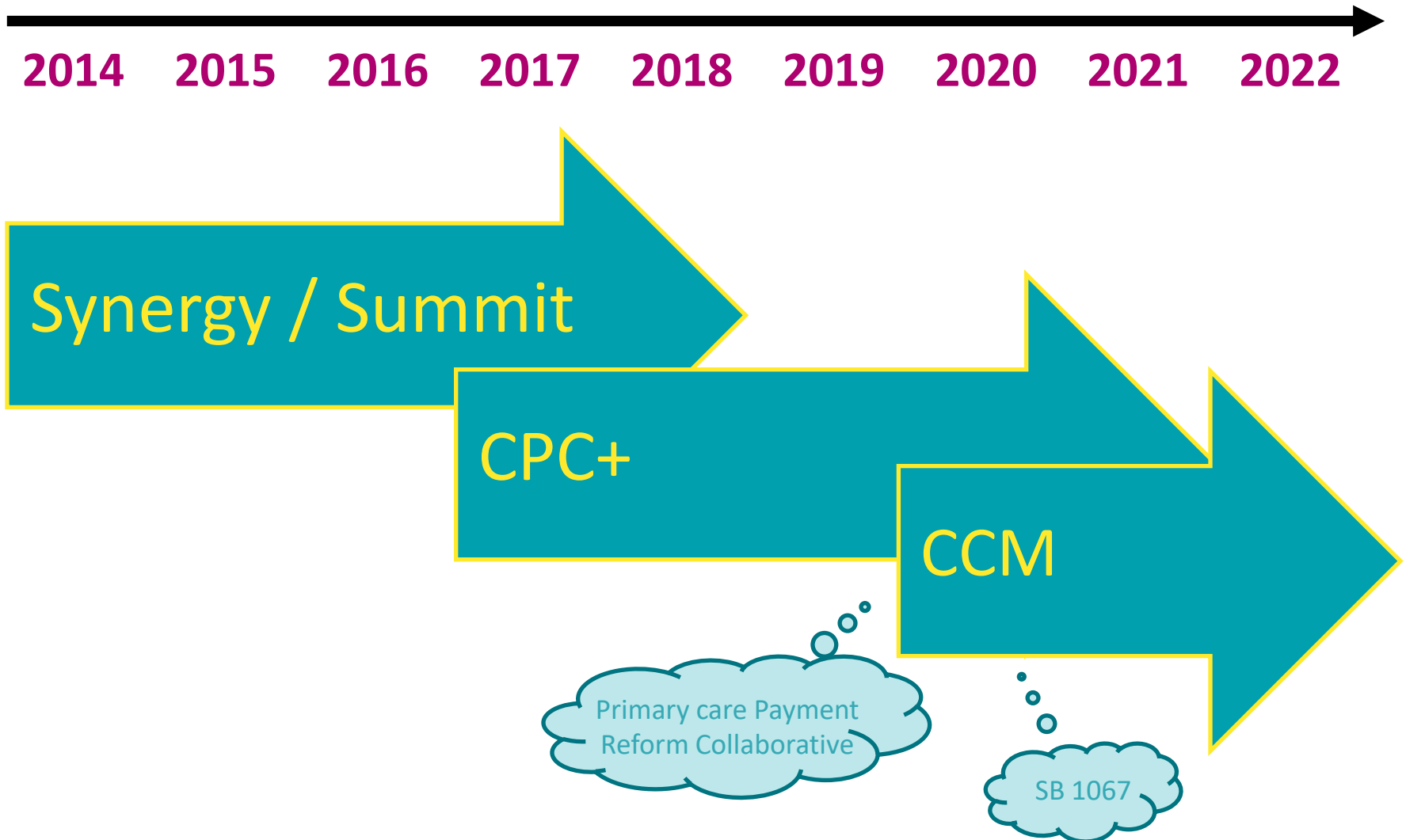
CPC+ is a CMS Pilot Project

- 5-year project sponsored by CMS to improve primary care
- New payment models to help move from FFS to VBP
- Data feedback – practice reporting on cost, utilization, and quality
- CMS learning supports
- Ends 12/31/2021

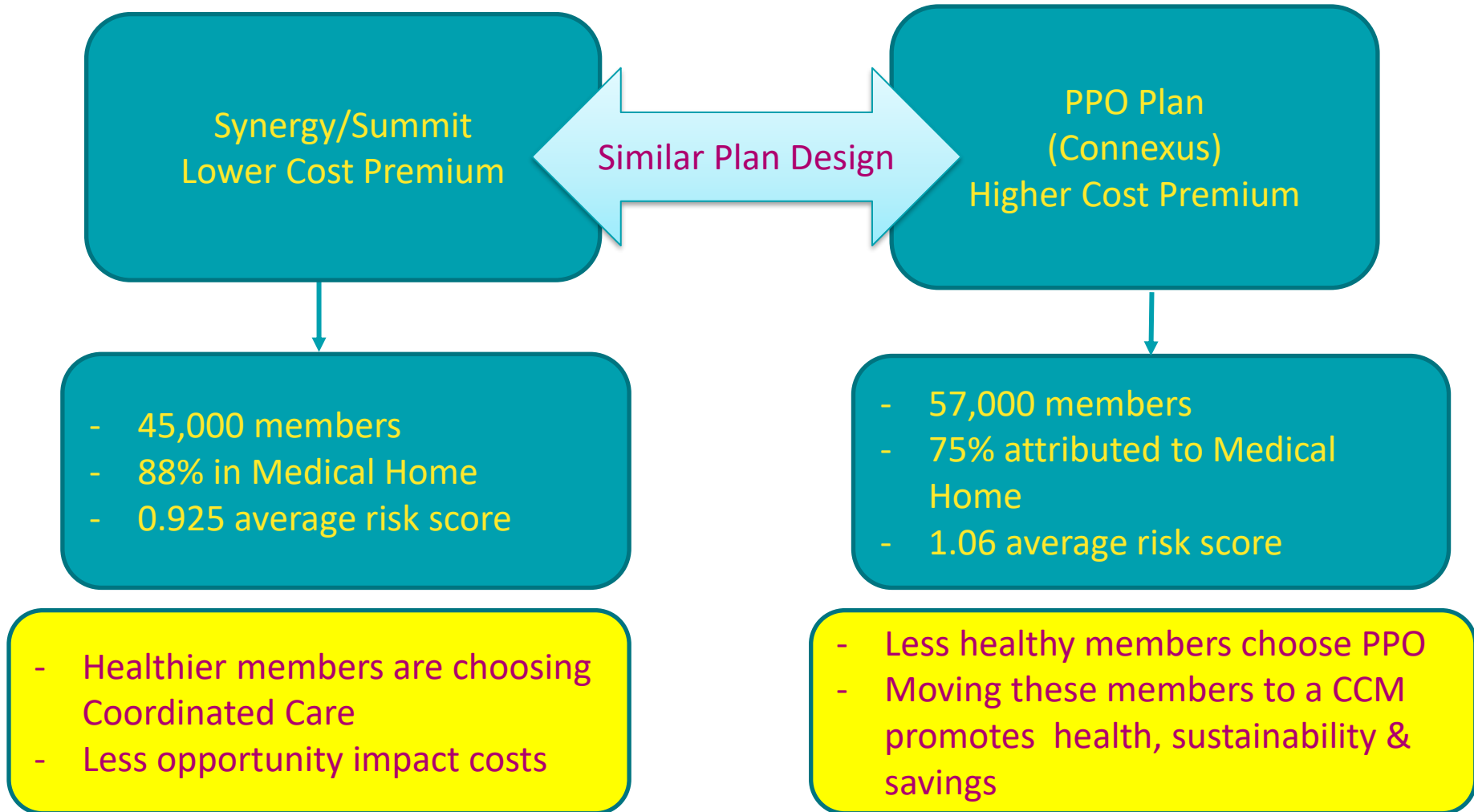


Oregon Participating Payers		
CareOregon	Moda Health	PacificSource
Providence	UHC	CCOs

Evolution of OEBB models



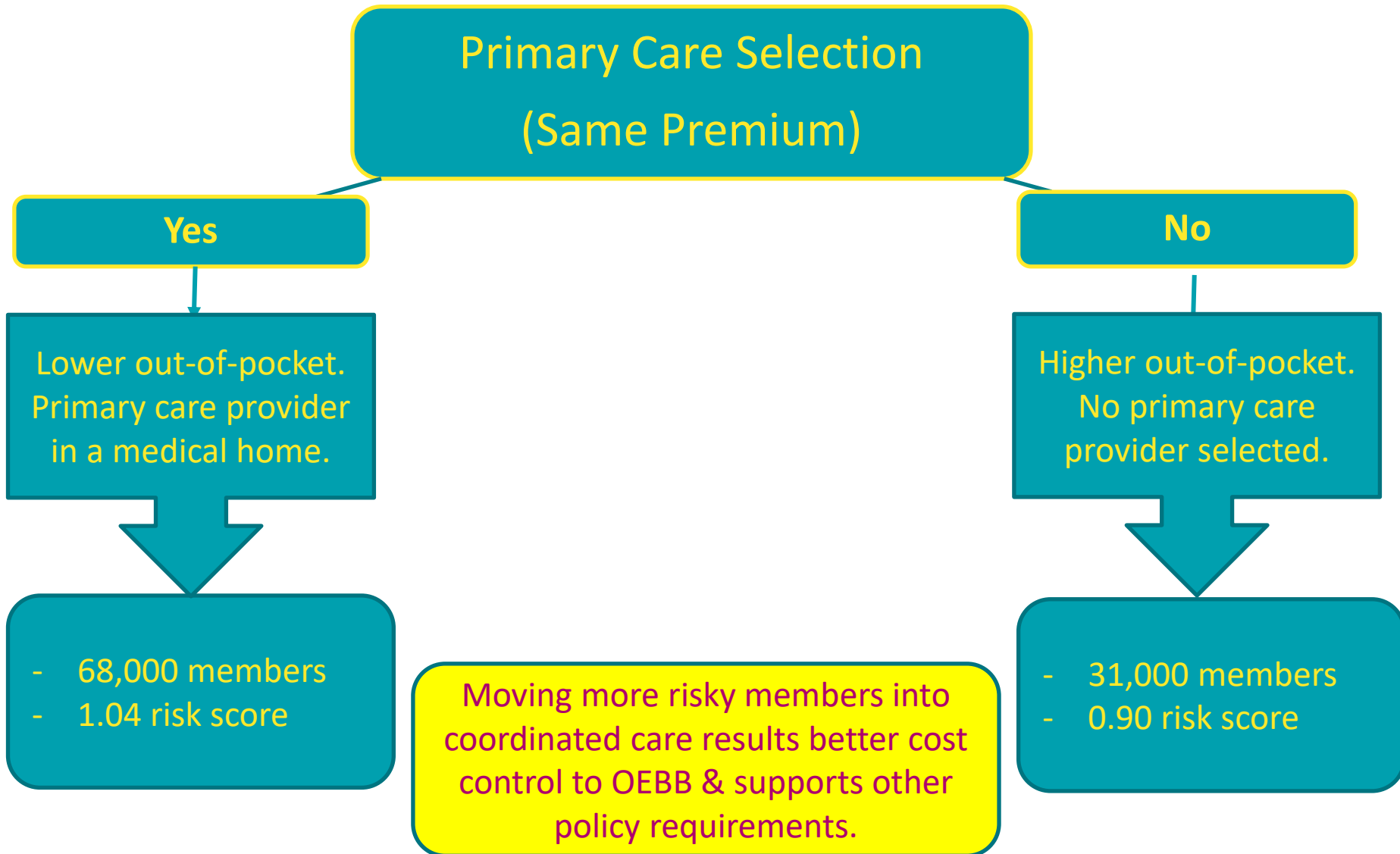
OEGBB in 2018: Network choice



Synergy / Summit approach limitations

- Synergy / Summit option not attracting the OEGB members who would benefit the most from coordinated care.
- Members making choices based on price and network access.
 - > Members maximizing dollars available under CBA agreements.
 - > Not all school districts offering Synergy/Summit plans.
 - > Network choice perceived as “giving something up”.
- More difficult to manage to 3.4% annual growth limitation.

OEBB Now: One network



The Coordinated Care Model

- Start date 10/1/2019
- Capitated primary care
- Thirteen quality measures
- Total cost of care incentive
- Required PCP360 selection
- Same premium, better benefits

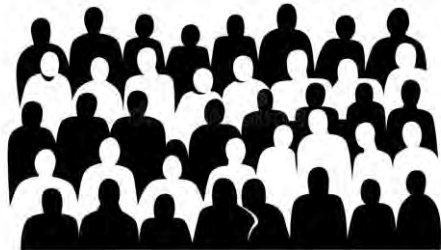
Advantages of CCM vs. Synergy/Summit



**Better distribution
of risk**



**Better connection of
rewards to performance**



**More members
in the model**



**Better primary
care – PCP360**

Comparing advanced payment models

Element	Synergy	CPC+	CCM
Care management fees Fixed PMPM payments to support infrastructure	Yes, based on PCPCH tier	Yes, based on PCPCH tier and member risk	Yes, based on PCPCH tier and member risk
Quality measures PMPM bonus for hitting quality targets	Yes	Yes	Yes
Primary care capitation PMPM payments instead of fee-for-service	No	Yes	Yes
Total cost of care incentive Bonus for controlling costs	Yes, in regional pools	No	Yes, provider-specific

Appendix

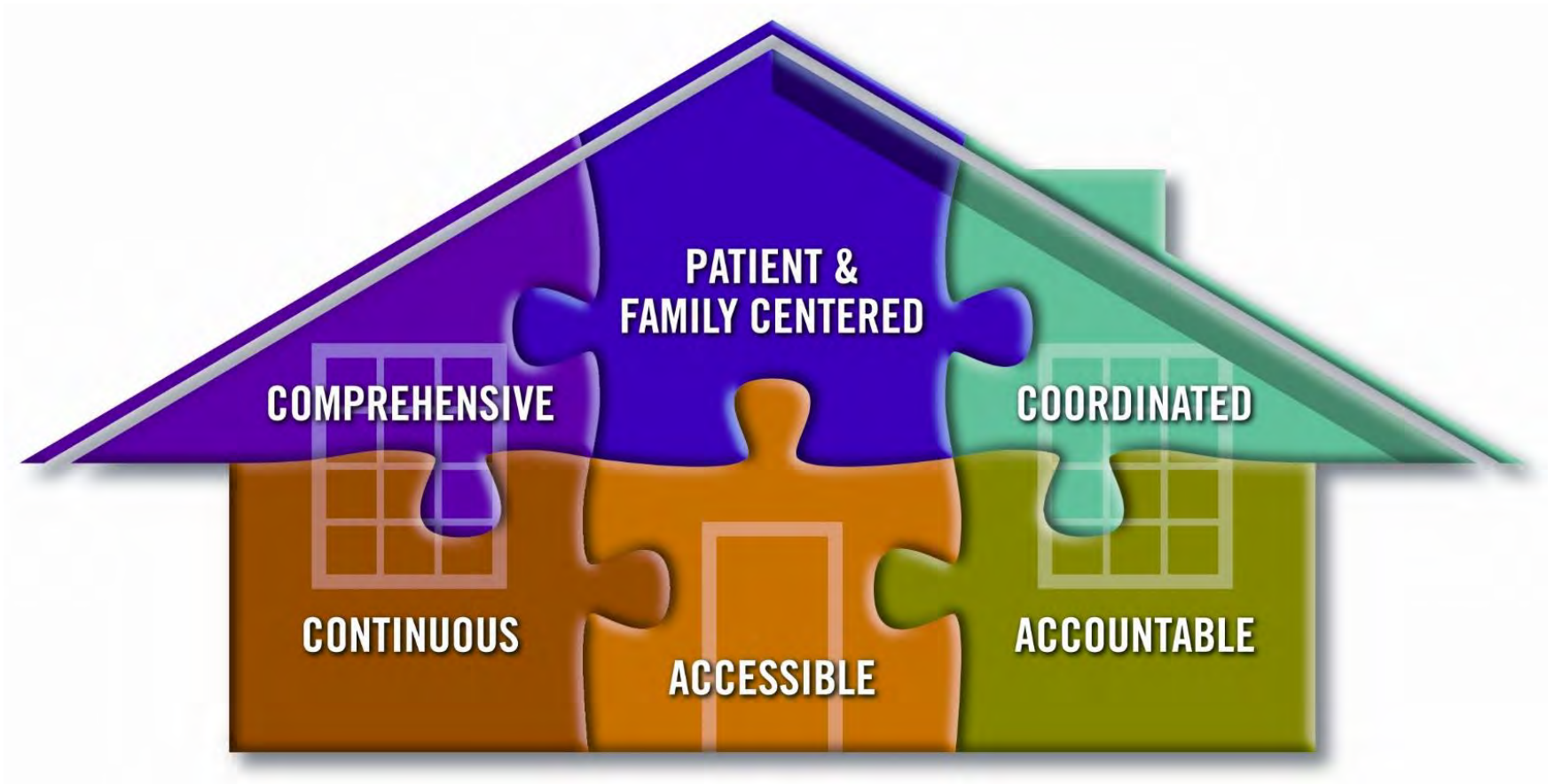
Quick reminder...

PCPCH

Patient Centered
Primary Care Home

- Oregon standard (there are others in use elsewhere)
- Key component of the OHA Triple Aim strategy

To earn the PCPCH certification, there are six areas of focus



Within the six focus areas, there are eleven required elements for all PCPCHs

Continuous telephone access

Performance & clinical quality tracking

Acute, chronic, & preventive care, plus patient education

Behavioral health screenings and services

Personal clinician assignment

Personal clinician continuity reporting

Patient health records with problem list, allergies, BMI, etc.

Written agreements with hospital providers

End of life planning services

Language/cultural interpretation

Bi-annual patient surveys

For PCPCHs, behavioral health basics are required... more capability => higher tier

Screening strategy for behavioral health conditions, plus local referral resources and processes (**Must-Pass**)

Cooperative referral process including co-management
OR
Co-located behavioral health services (10 Points)

Integrated behavioral health services, including population-based, same-day consultations by behavioral health providers (15 Points)

Certification level for PCPCHs is based on a point system

Tier Level	Point Range	Additional Required Criteria
Tier 1	30 - 60 points	+ All must-pass standards
Tier 2	65 - 125 points	+ All must-pass standards
Tier 3	130 - 250 points	+ All must-pass standards
Tier 4	255 - 430 points	+ All must-pass standards
Tier 5 (5 STAR)	255 - 430 points	+ All must-pass standards + Meet 13 out of 16 specified measures + All measures are verified with site visit

moda

modahealth.com

Moda PCP 360 Program Utilization and Engagement Report

Attachment #3

OEBB Board Meeting

November 2, 2021

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In preparing this document, we have relied upon information provided to us by Moda via the submissions to the data warehouse. The scope of our engagement did not call for us to perform an audit or independent verification of this information, but we have reviewed this information for overall reasonableness and consistency. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. We have relied on all the information provided as complete and accurate. The results presented in this document are dependent upon the accuracy and completeness of the underlying data and information. Any material inaccuracy in the data and information provided to us may have produced results that are not suitable for the purposes of this document, and such inaccuracies, as corrected by OEBC or its third-party claim administrators, may produce materially different results that could require that a revised report be issued.

Contents

- Overview
- Executive summary
- Engagement
- Cost
- Utilization
- Quality and preventive
- Next steps

Overview



Background

PCP360

Moda's PCP 360 program is a primary care based coordinated care model plan.

- The PCP 360 program began with OEGB's 2019 – 2020 plan year
- The program evolved from the prior Summit/Synergy coordinated care model program for OEGB

Features of PCP 360 program

- PCP 360 providers are select primary care providers who are responsible for coordinating the continuum of care for members including specialty care, pharmacy and hospital care
- PCP 360 providers participate in a risk sharing reimbursement model. This risk sharing arrangement is based on a total cost of care budget aligned with OEGB's goal of limiting health care cost increase to 3.4%.
 - The risk share model is also tied to the quality metrics selected by OEGB
- OEGB Members who select a PCP 360 have the best level of benefit in the medical plans: lower deductible, copays and coinsurance

Background

Report objectives

- The primary objective of this report is to review emerging data on the PCP 360 program in four key areas:
 - Which OEGB members **engaging** with PCP 360 providers?
 - How are OEGB health care **costs** different for members managed by PCP 360 providers?
 - Are **health care utilization patterns** different/better for members managed by PCP 360 providers?
 - Will we see differences in **quality and preventive care** for members managed by PCP 360 providers?
 - HEDIS measures

Background

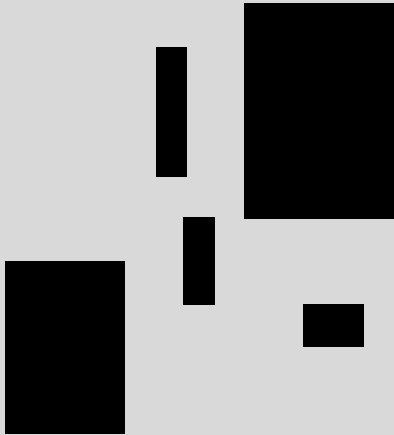
Preliminary look — six months of data

- This report compares key metrics for OEGB members enrolled in the PCP 360 program and members who are not participating in the PCP 360 program
 - Data from OEGB's data warehouse is used for this report
 - Current period: October 2020 – March 2021
 - Prior period: October 2019 – March 2020
 - Some reporting metrics require a full 12 months of data. Where possible, rolling 12-month periods were incorporated. For others OEGB's plan year data was used. These reporting exceptions are noted in the body of the report.

¹ <https://www.modahealth.com/coordinatedcare/>

Executive Summary

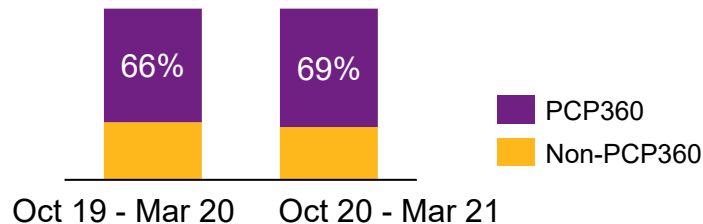
Key Indicators



Executive summary

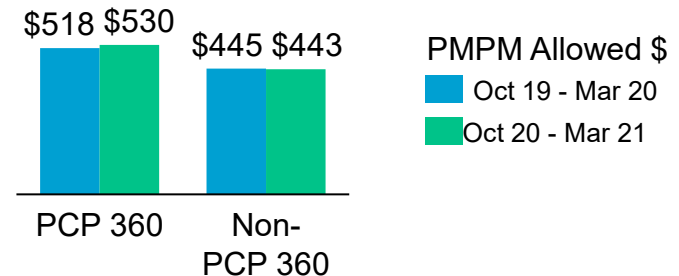
Engagement

- 69% of OEGB/Moda members are enrolled with a PCP 360 provider
- PCP 360 engagement increased 3 basis points from the prior period
- PCP 360 population has a higher risk score



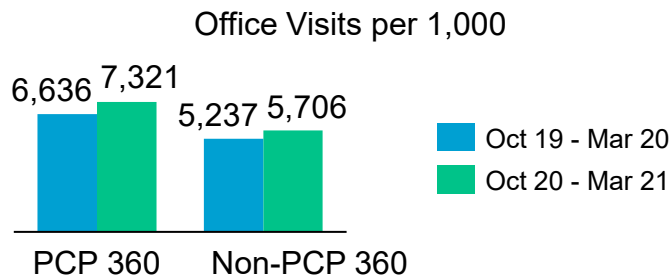
Cost

- Health care and pharmacy spend is 20% higher for the PCP 360 population and has increased 2% period over period



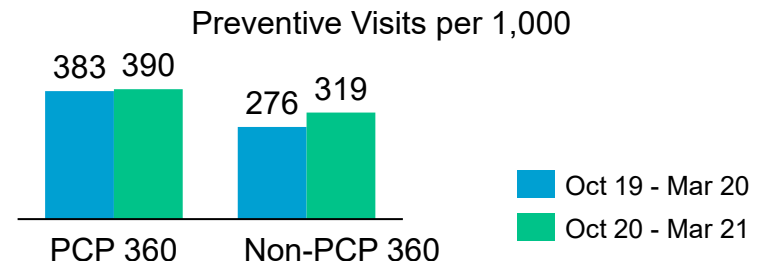
Utilization

- Use of office visits is 28% higher in the PCP 360 population



Quality/Preventive Care

- PCP360 members have a higher rates of preventive office visit use than the non-PCP 360 population

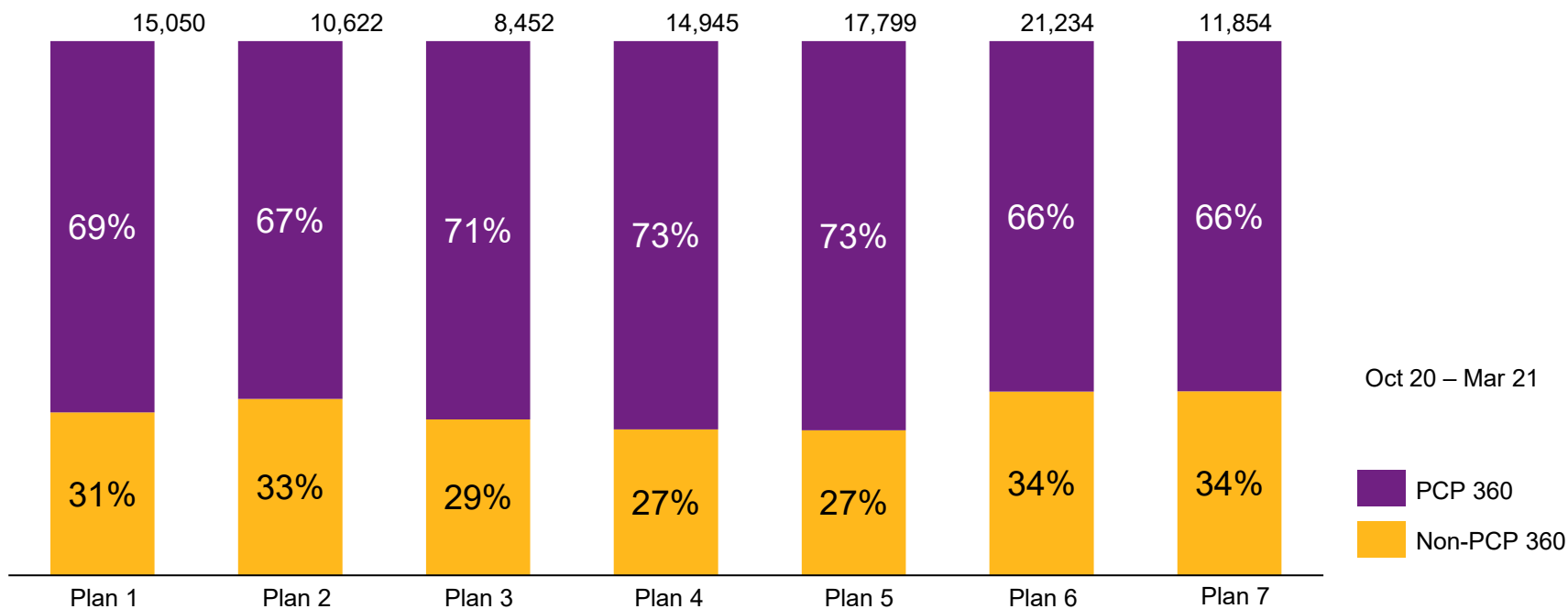
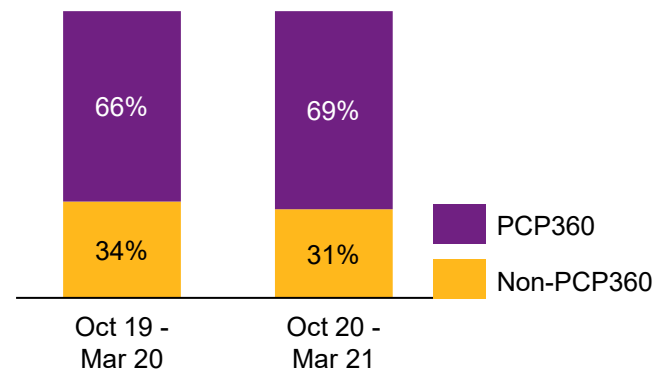


Engagement



Engagement

- Member selection of PCP 360 increased 3%
- PCP 360 engagement is relatively consistent across all Moda plans
- 69,000 OEBC members have selected a PCP 360 to coordinate their care

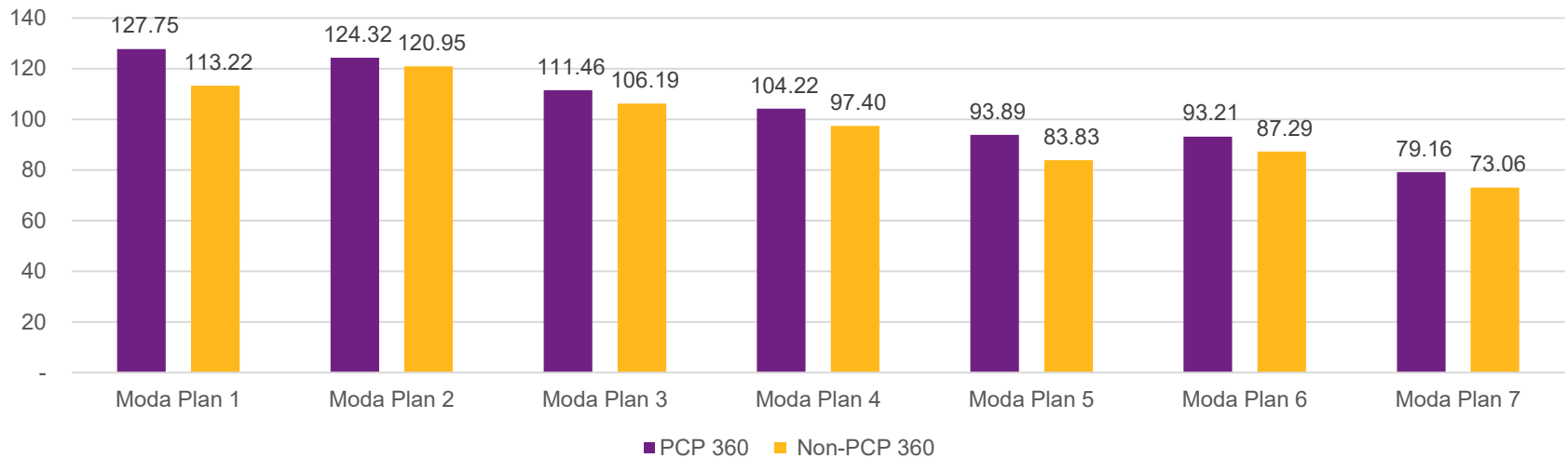


Engagement

- The PCP 360 program does not appear to be attracting the healthiest members. This was a key goal for the new coordinated care model program.
- Overall risk score for PCP 360 population is higher than for the population of members not participating in the program
- The Moda Plan 1/PCP 360 population has highest risk score

	Risk Score 2019 – 2020*
PCP 360	103.37
Non-PCP 360	95.35

Risk Scores by Plan — Plan Year 2019 – 2020*



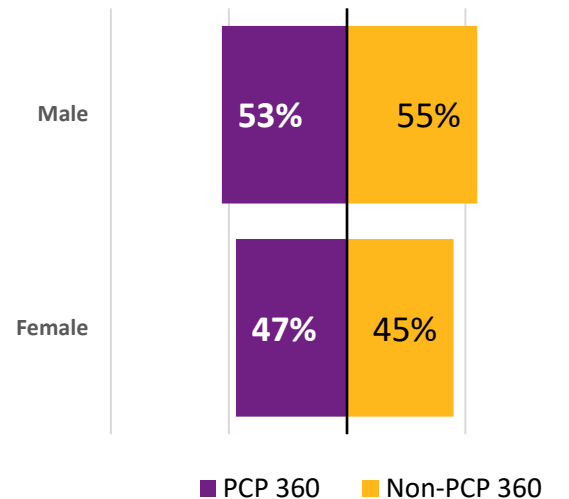
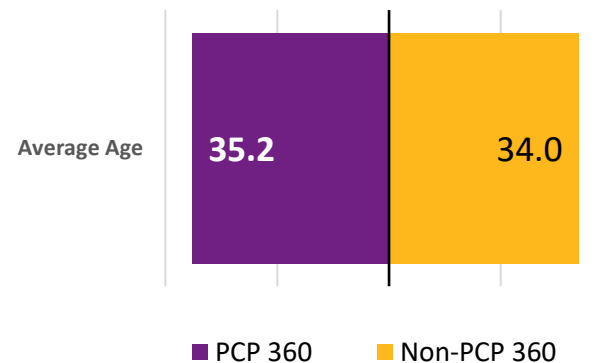
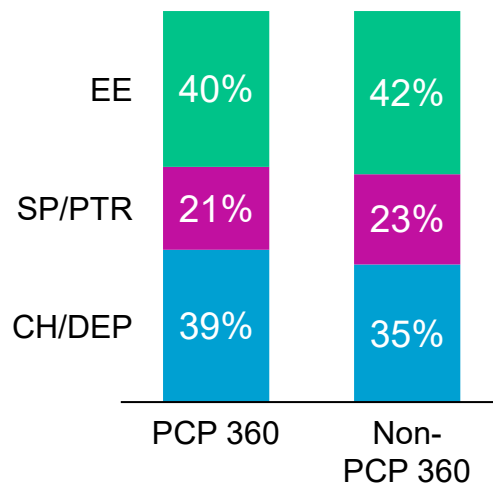
* Complete plan years are required to generate risk scores

Engagement

Age / Gender / Relationship Status

- PCP 360 members are a little older
- PCP 360 membership is slightly more female
- Selection rates of PCP 360 providers among actives, retirees and COBRA participants are similar
- There is a higher % of children (and other dependents) in the PCP 360 membership. Non-PCP 360 skews more towards employee only and employee/spouse (partner).

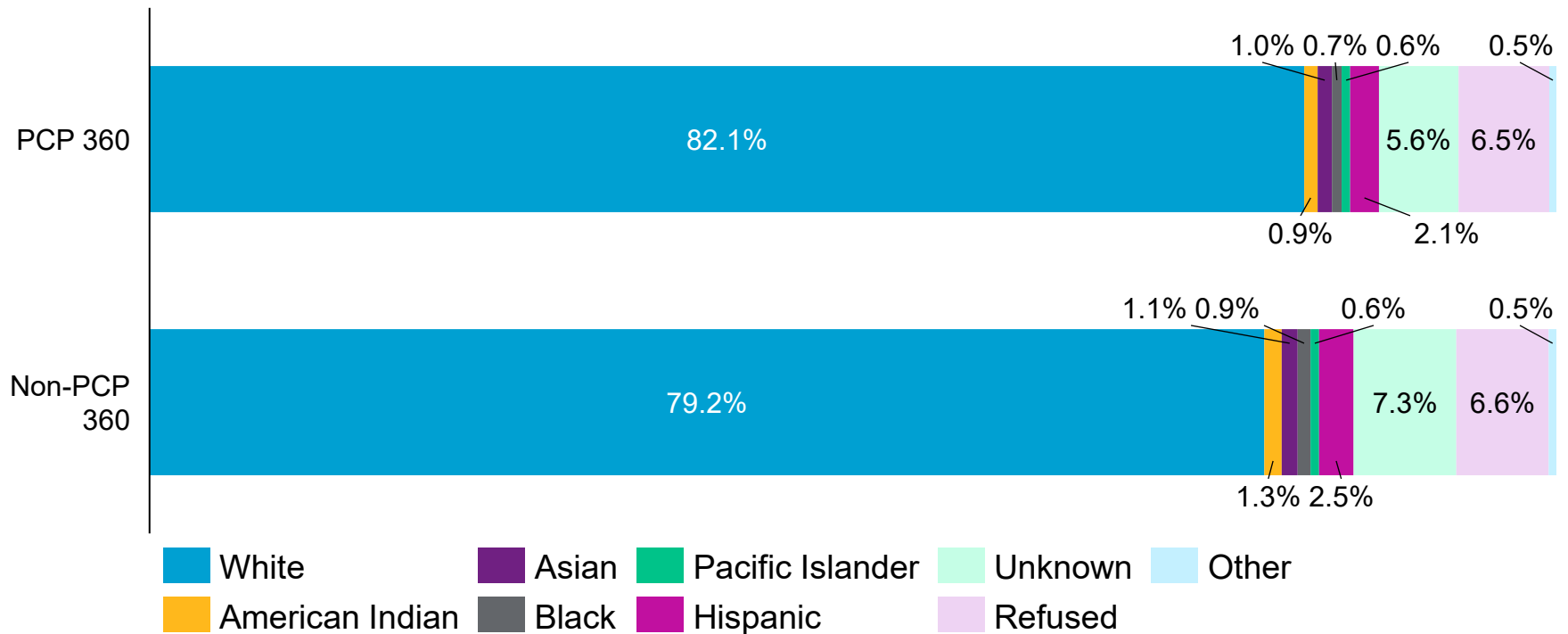
	PCP 360	Non-PCP 360
ACTIVE	97.3%	97.1%
RETIREE	2.4%	2.3%
COBRA	0.4%	0.5%



Engagement

Ethnicity

- Ethnicity as reported by members
- Selection of PCP 360 is similar across ethnic groups within OEGB membership
- There are large percentages of Refused and Unknown in both PCP 360 and non-PCP 360



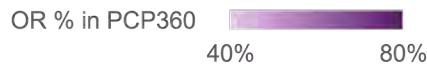
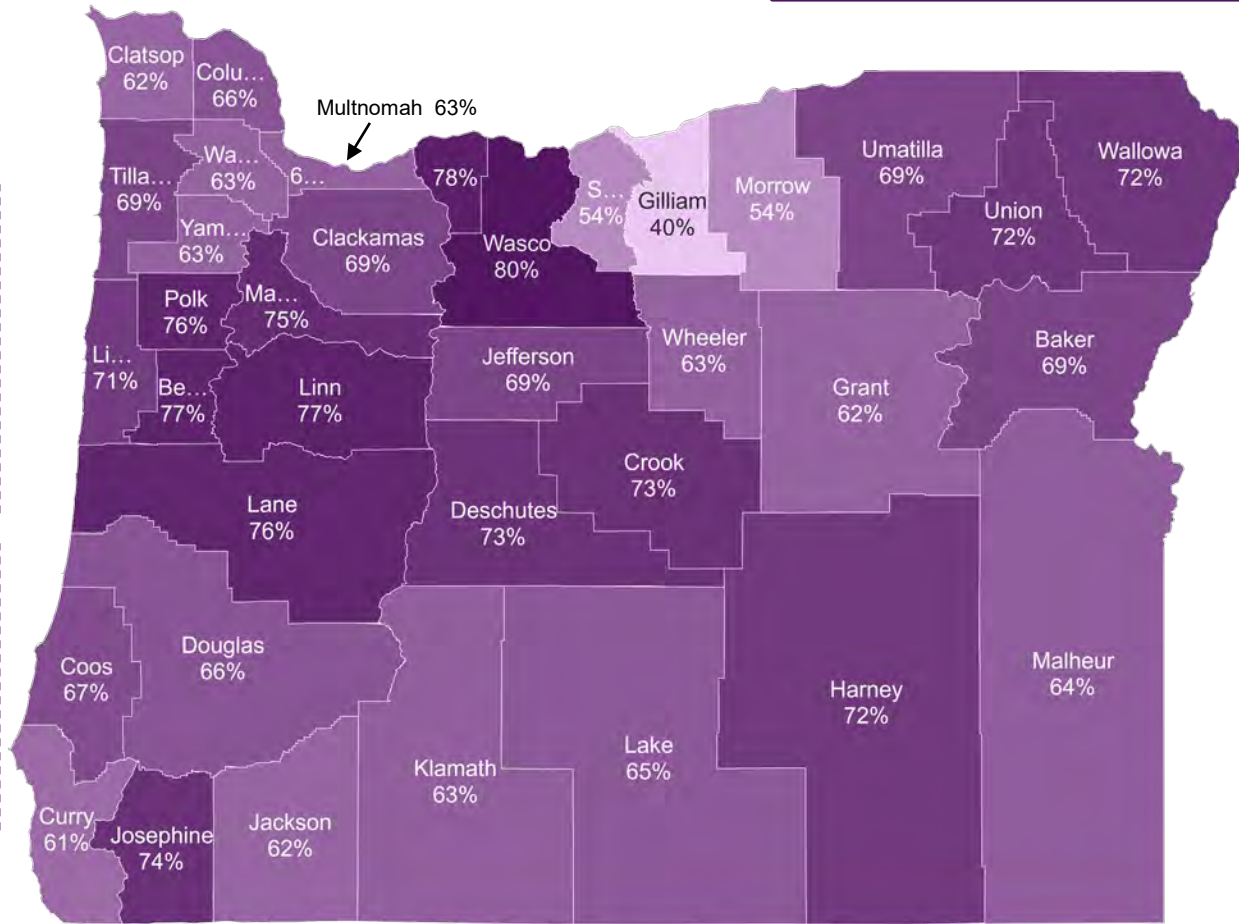
Engagement

- PCP 360 Engagement by geography

Overall PCP-360 engagement in Oregon is 69%

- Counties with highest % of participating members:
- Wasco
 - Hood River
 - Benton
 - Linn

- Counties with lowest % of participating members:
- Morrow
 - Sherman
 - Gilliam



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Membership Enrolled PCP 360 vs. Non-PCP 360 by County

County	360 / non-360	County	360 / non-360	County	360 / non-360
Baker County	424 / 191	Harney County	495 / 194	Morrow County	320 / 275
Benton County	1585 / 482	Hood River County	1031 / 299	Multnomah County	4322 / 2537
Clackamas County	4067 / 1826	Jackson County	2389 / 1461	Polk County	2202 / 690
Clatsop County	953 / 589	Jefferson County	798 / 355	Sherman County	65 / 56
Columbia County	475 / 249	Josephine County	1943 / 699	Tillamook County	836 / 375
Coos County	2027 / 982	Klamath County	2088 / 1202	Umatilla County	2991 / 1347
Crook County	620 / 224	Lake County	192 / 104	Union County	876 / 336
Curry County	352 / 227	Lane County	7154 / 2245	Wallowa County	218 / 84
Deschutes County	5969 / 2171	Lincoln County	1007 / 404	Wasco County	976 / 250
Douglas County	2524 / 1322	Linn County	3828 / 1150	Washington County	3821 / 2279
Gilliam County	58 / 86	Malheur County	942 / 535	Wheeler County	56 / 33
Grant County	286 / 172	Marion County	7105 / 2420	Yamhill County	2037 / 1212

Cost

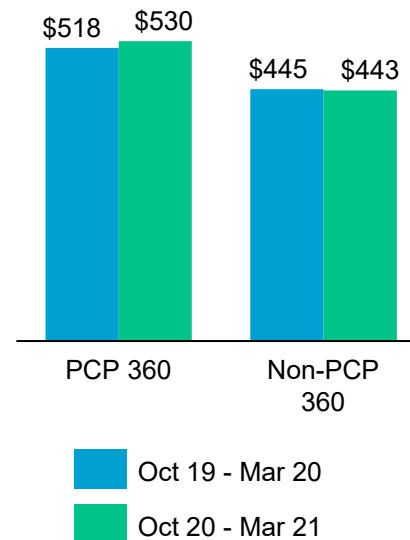


Cost

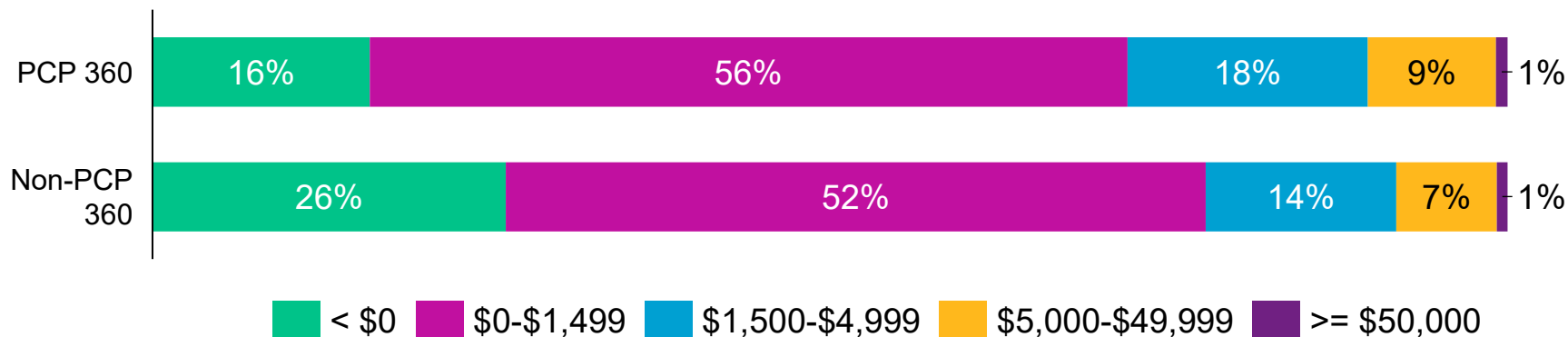
Per Member Per Month (PMPM) Spend

- PCP 360 members have a 20% higher PMPM cost than non-PCP 360 members likely correlated to the higher risk score
- Over time, PMPM costs for PCP 360 members is expected to change at a more favorable rate than for the non-PCP 360 population
- 16% of PCP 360 members are non-medical users compared to 26% of non-PCP 360 members
- The prevalence of high costs claimants (over \$50k) is similar for PCP 360 vs. non-PCP 360 members

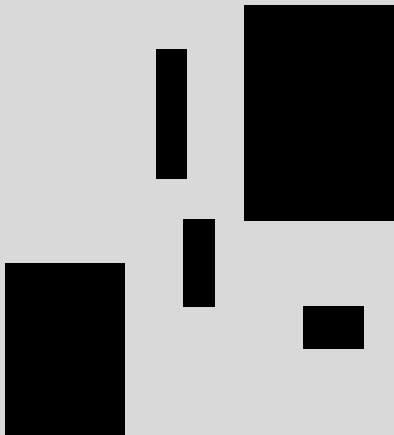
Med and Rx PMPM Allowed Amount



Spend by Category: October 2020 – March 2021



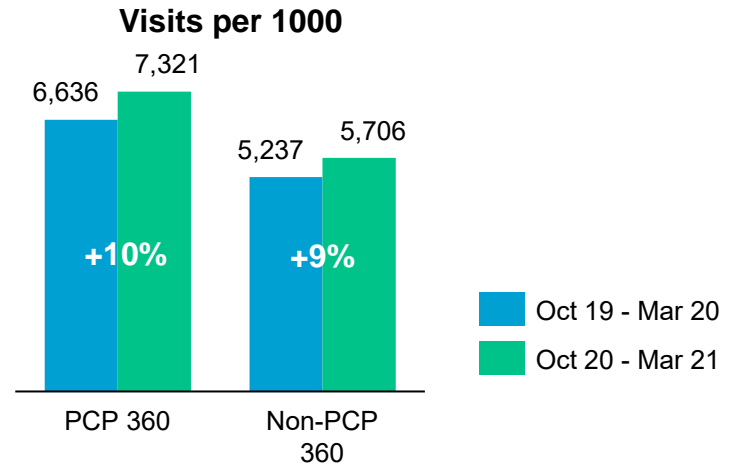
Utilization



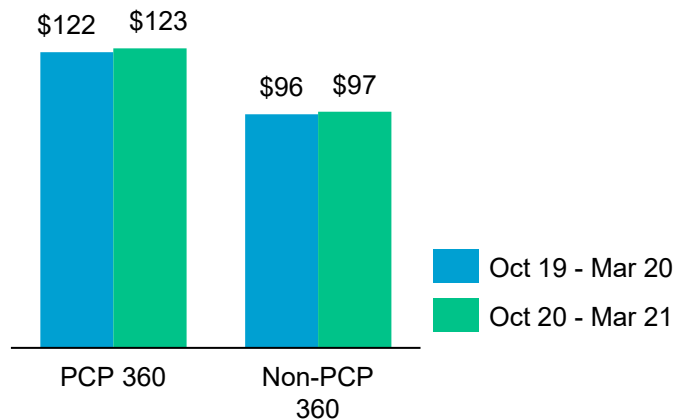
Utilization

Office Visits

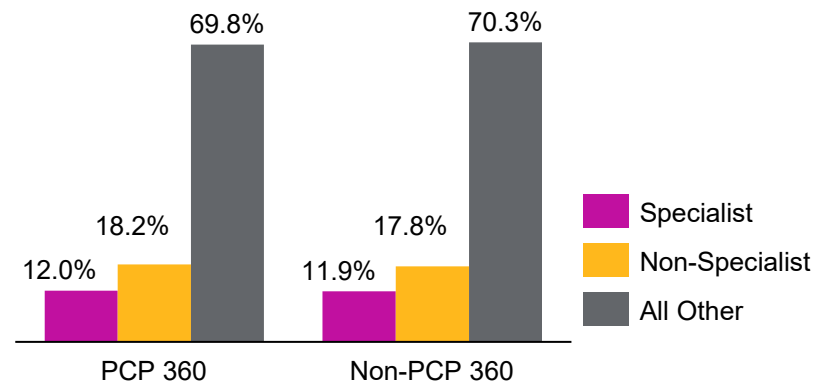
- PCP 360 members had 28% higher use of office visits
- Office visit use increased by 10% for PCP 360 members over the prior period
- Allowed amount for office visits is higher for PCP 360 members
- Utilization rates of specialist office visits is similar between PCP 360 members and non-PCP 360 members



Allowed Amount PMPM Office Med



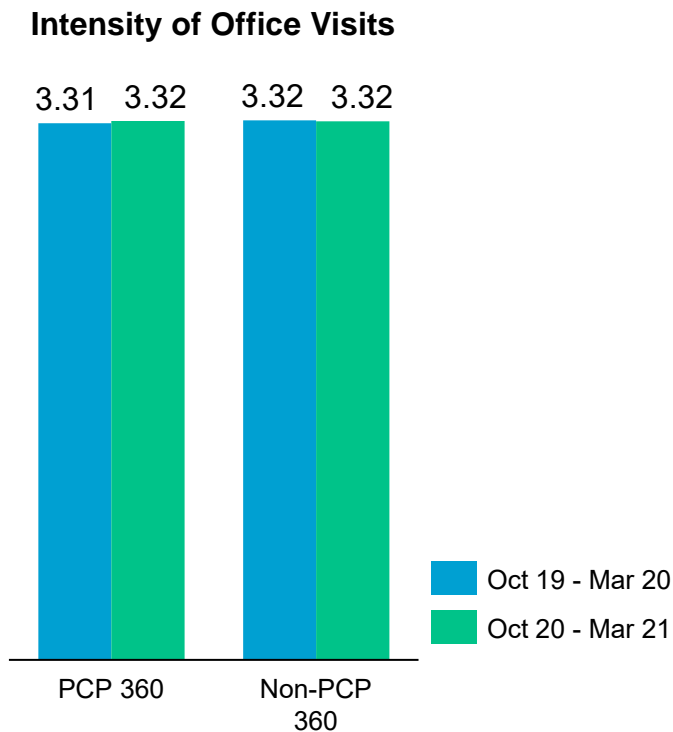
Specialist Visits per 1,000 Oct 20 – Mar 21



Utilization

Intensity of office visits

- The intensity rate of office visits between the populations is similar.
- Office visit intensity is measured on a 5-point scale



Description	Weight
Office Outpatient New 10 Minutes	1
Office/Outpatient New Medical Decision Making (MDM) 15-29 Minutes	2
Office/Outpatient New Low MDM 30-44 Minutes	3
Office/Outpatient New Moderate MDM 45-59 Min	4
Office/Outpatient New High MDM 60-74 Minutes	5
Office/Outpatient Established Minimal Problem(s)	1
Office/Outpatient Established MDM 10-19 Min	2
Office/Outpatient Established Low MDM 20-29 Min	3
Office/Outpatient Established Mod MDM 30-39 Min	4
Office/Outpatient Established High MDM 40-54 Min	5

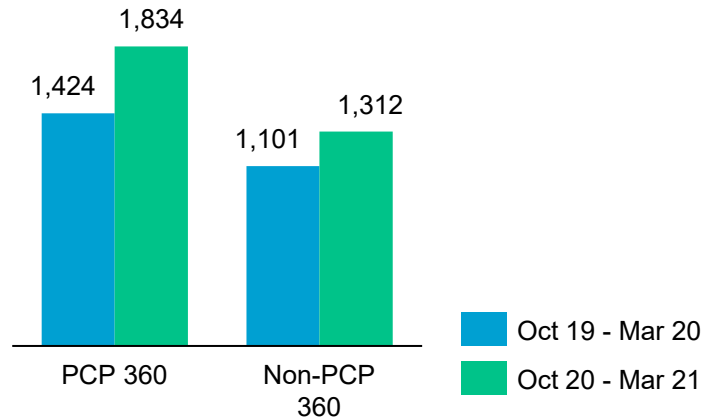
Utilization (continued)

Mental Health and Substance Abuse / Chronic Conditions

- The PCP 360 membership has a higher use of Mental Health and Substance Abuse visits
- The distribution of chronic condition episodes shifted marginally from non-PCP 360 to PCP 360 from April 2019 – March 2020 to April 2020 – March 2021 in all categories other than overweight/obesity

Overall PCP 360 Membership is 69%

Mental Health/Substance Abuse Visits per 1,000



Chronic Conditions (Episodes)*

	Apr 19 – Mar 20		Apr 20 – Mar 21	
	PCP 360	Non-PCP 360	PCP 360	Non-PCP 360
Cancer	72%	28%	73%	27%
Cardiovascular Disease	75%	25%	75%	25%
Chronic Resp Disease	78%	22%	78%	22%
Diabetes	74%	26%	75%	25%
Hypertension	73%	27%	73%	27%
Overweight/Obesity	77%	23%	76%	24%
Renal Disease	71%	29%	73%	27%

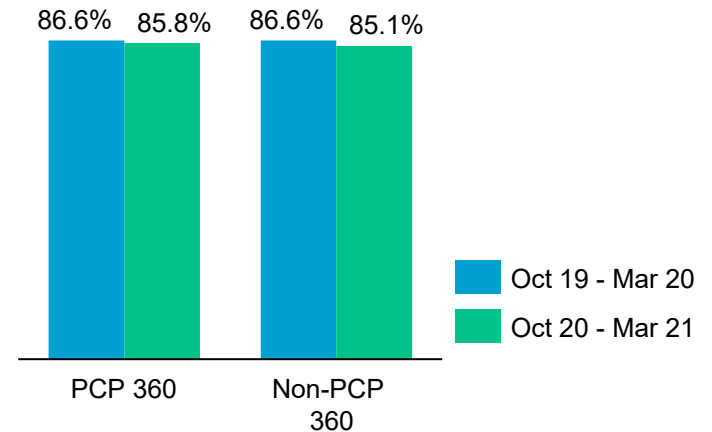
* Based on rolling 12 months incurred data through March 2021; however, the measure only reflects periods of actual enrollment in PCP 360 of non-PCP 360 plans

Utilization — pharmacy

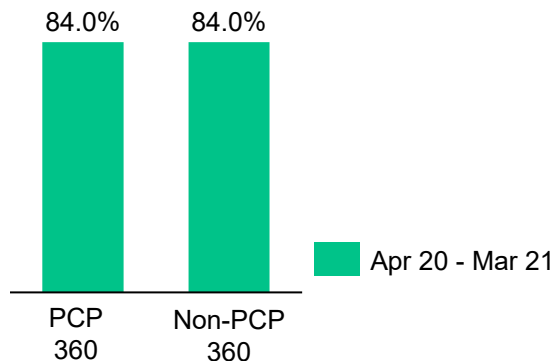
Pharmacy

- There is high generic pharmacy use in both populations
- Adherence rates for members taking statins or diabetes medications appears similar for both populations

% of Scripts Generic

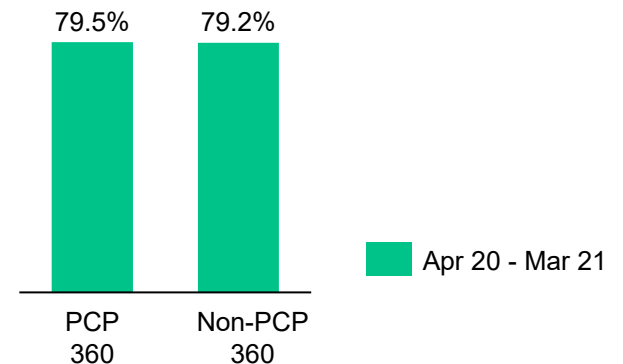


Compliance (proportion of days covered) — Statins*

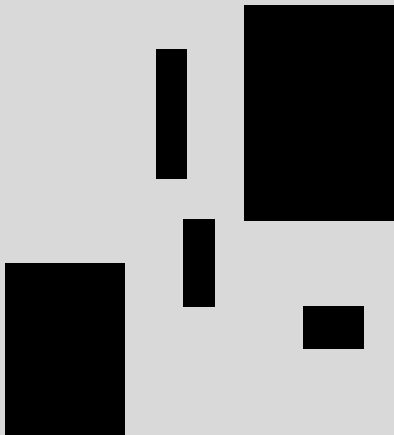


* Rules measures require 12 months of data.

Compliance (proportion of days covered) — Diabetes*



Quality and Preventive

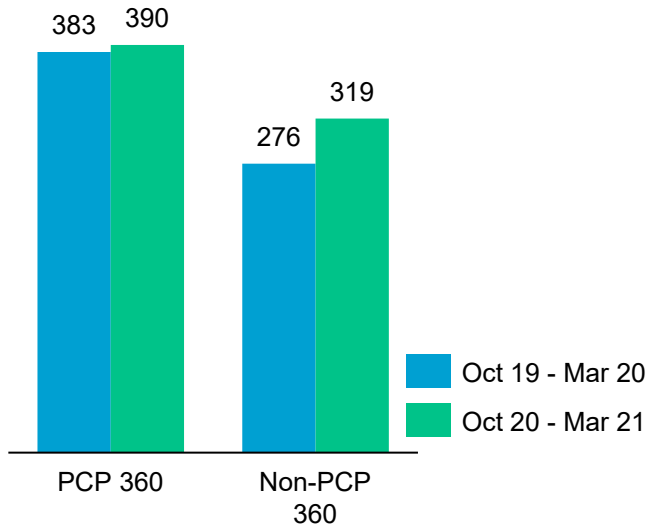


Utilization

Preventive Screenings

- PCP 360 members have a higher rates of preventive office visit use than non-PCP 360 members
- Screening rates for key conditions are higher among PCP 360 membership

Preventive Visits per 1,000



Preventive Screening Rate*

	Apr 19 – Mar 20		Apr 20 – Mar 21	
	PCP 360	Non-PCP 360	PCP 360	Non-PCP 360
Cervical Cancer Screening	11%	9%	21%	18%
Cholesterol Screening	25%	20%	46%	36%
Colon Cancer Screening	8%	7%	14%	13%
Mammogram Screening	26%	22%	53%	42%
PSA Screening	18%	17%	35%	30%

*Screening rates require 12 months of data. The measure reflects periods of enrollment in PCP 360 or non-PCP 360 plans.

HEDIS Measures — 2020 Calendar Year Performance

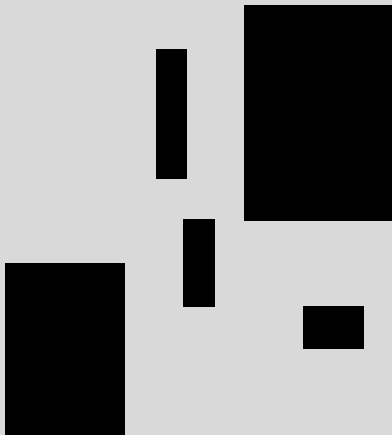
Measure	Benchmark for 2020	PCP 360	Non-PCP 390
Well care visits for children and adolescents	61.2% (HEDIS 75 th %tile)	45.92%	32.96%
ED Utilization (lower is better)	N/A for 2020 166.83 (2019 HEDIS 25 th %tile)	101.61 visits per 1,000 members	84.53 visits per 1,000 members
Childhood immunization status (Combo 2)	81.2% (HEDIS 75 th %tile)	90.84%	86.20%*
Colorectal cancer screening	66.2% (HEDIS 75 th %tile)	69.33%	64.00%
Controlling high blood pressure	60.0% (HEDIS 75 th %tile)	56.25%	49.12%
Depression medication adherence — acute phase	77.7% (HEDIS 75 th %tile)	76.70%	80.93%
Depression medication adherence — continuation phase	61.9% (HEDIS 75 th %tile)	60.12%	62.40%
Developmental screening in the first 36 months of life	80% (OHA)	78.64%	61.60%
Timeliness of prenatal care	86.9% (HEDIS 75 th %tile)	88.89%	87.93%
Timeliness of postpartum care	83.9% (HEDIS 75 th %tile)	93.16%	86.21%
Comprehensive Diabetes Care: HbA1c poor control (lower is better)	31.9% (HEDIS)	31.33%	22.92%
Statin therapy for patients with diabetes: received statin therapy	66.9% (HEDIS 75 th %tile)	63.36%	61.27%

Quality (continued)

HEDIS Measures — 2020 Calendar Year Performance

Measure	Benchmark for 2020	PCP 360	Non-PCP 360
Breast Cancer Screening	72.9% (HEDIS 75 th tile)	77.66%	66.51%
PCPCH enrollment	68% (OHA)	68.20%	N/A for PPO
Follow-up after hospitalization for mental illness (7 day)	55.6% (HEDIS 75 th %tile)	67.53%	65.38%*
Alcohol or other substance misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT)	N/A — narrative report	N/A	N/A
Weight assessment and counseling in children and adolescents — BMI Percentile	Report only	76.82%	68.18%
Weight assessment and counseling in children and adolescents — Counseling for Nutrition	Report only	68.21%	59.09%
Weight assessment and counseling in children and adolescents — Counseling for Physical Activity	Report only	61.59%	54.55%
Plan All Cause Readmission	Report only	7.14%	7.25%
Follow up after ED visit for Mental Illness — 7 Day Follow Up	Report only	60.96%	30.00%
Follow up after ED visit for Alcohol or other Drug Abuse or Dependence — 7 Day Follow Up	Report only	17.65%	15.44% (commercial population)
Cigarette Smoking Prevalence	Report only	N/A	N/A

Next Steps



Next steps

- Update to 12-month perspective with Annual Report
- Consider additional measures with a full year of data
 - Emergency room visits
 - Avoidable emergency room visits
 - Hospital admissions
 - Hospital readmissions

Moda 360 Program

Overview/Reporting Metrics

SEOW Attachment 4a
November 2, 2021



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Contents

- Background — Moda 360 program
- Identified reporting metrics
 - Moda 360 navigators
 - Vendor point solutions

Background

Moda 360

Moda 360 is a member navigation solution provided by Moda

- Moda 360 is available to all OEGB/Moda members, but supports and emphasizes steerage to PCP 360 providers
- Single front door for OEGB members and their questions
 - Specialized assistance for members in resolving billing issues, finding providers or connecting them with appropriate resources
 - Foundation to maximize effectiveness of additional programs and services provided to OEGB members
 - Navigation for members to find the right care management programs or wellness resources
- Focus on the whole member, incorporating Social Determinants of Health
- Moda 360 began with OEGB's 2020-21 Plan Year

Background

Moda 360

Moda 360 includes resources provided by Moda as well as vendor point solutions:

- Livongo — vendor specializing in diabetes management
- CirrusMD — telemedicine provider
- Meru — digital behavioral health support program
- Moda navigator team — specialized member support advocates supported by an enhanced customer service platform

Moda 360 reporting

Navigator team

- When Moda 360 was implemented, the OEGB directed Willis Towers Watson to work with Moda to develop a set of reporting metrics to measure **engagement**, **effectiveness/outcomes** and **return on investment**
- Initially, reporting related to the Moda 360 program will be focused on engagement; subsequent years will be more focused on outcomes.
- Initial reporting is aimed at answering these questions:
 - Are OEGB members engaging with health navigators?
 - Which programs, resources or solutions are the navigators promoting? Are members engaging with those recommended solutions?
 - Do we see increased engagement with Moda health coaches and care management teams?
 - Is there increased use/engagement with PCP 360 providers?
 - Are members enrolling in clinical management programs and case management as a result of outreach and communications?
 - How satisfied are members with the navigator experience?

Moda 360 reporting

Point Solutions

Additionally, engagement and clinical reporting metrics were established for each of the new point solutions:

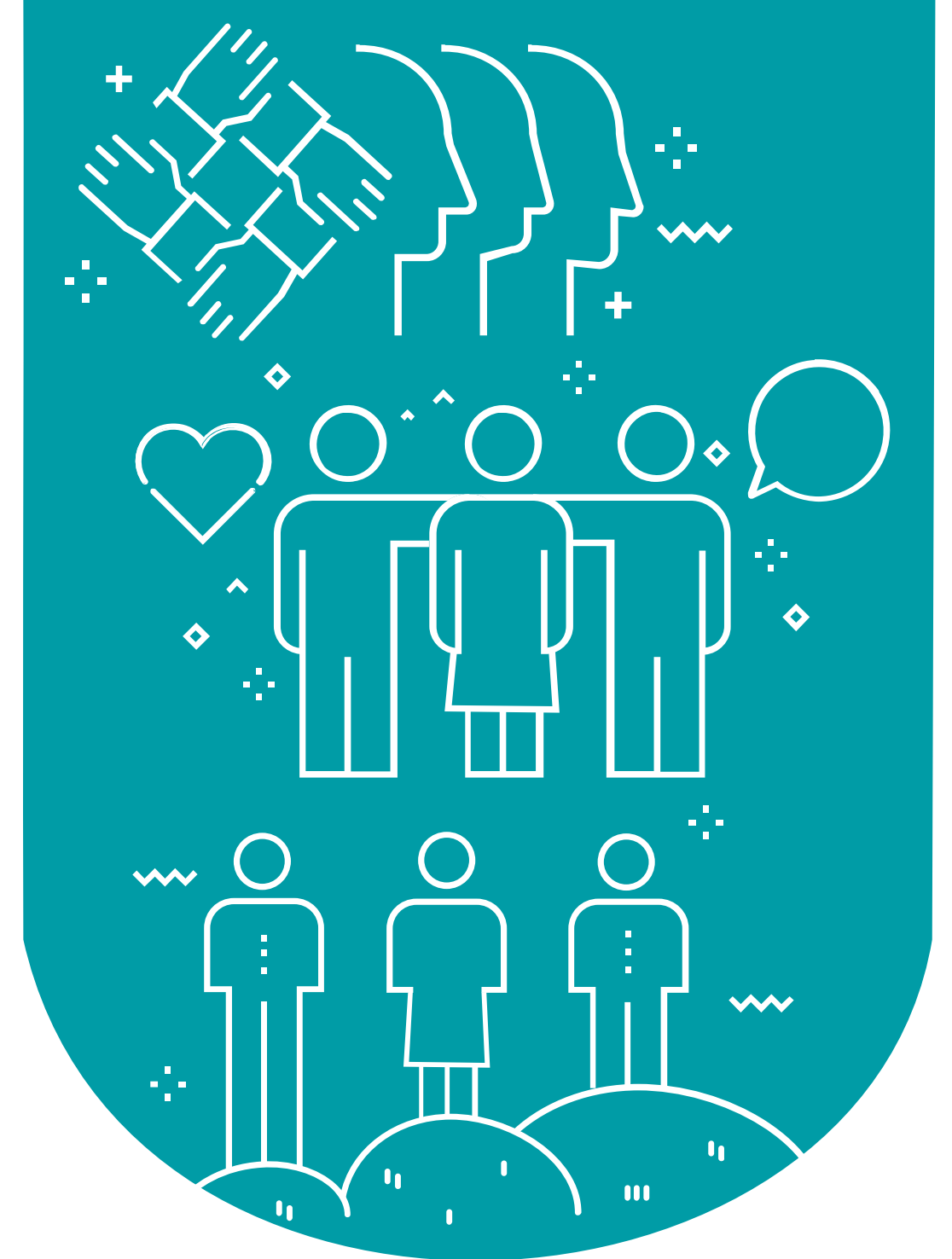
- Meru Health — Behavioral Health Support:
 - Demographics of engaged participant
 - Progress through the program/ Program completion status
 - Members achieving symptom reduction
 - Monitoring of stats from baseline (beginning) to program end
- Livongo — Diabetes Management:
 - Monthly enrollment and device activation
 - Clinical outcomes on blood glucose checks
 - Changes to hbA1c for uncontrolled members (HbA1c \geq 7%)
- CirrusMD — Virtual Care Platform:
 - New registrations and encounters by zip code
 - Primary diagnosis categories
 - Resolution rate
 - Prescription rate

Future reporting

- Continue to monitor engagement with
 - Health coaches
 - Clinical programs
 - Case management
- Monitor which methods of communication yield the greatest response / engagement
- Monitor for themes on topics to adjust and refine communication strategy
- Measure outcomes and return on investment for each of the Moda 360 components and point solutions
- Review opportunities to further incorporate reporting related to Social Determinants of Health and Moda's ability to connect members with the right resources
- Coordination with member's Primary Care Physician



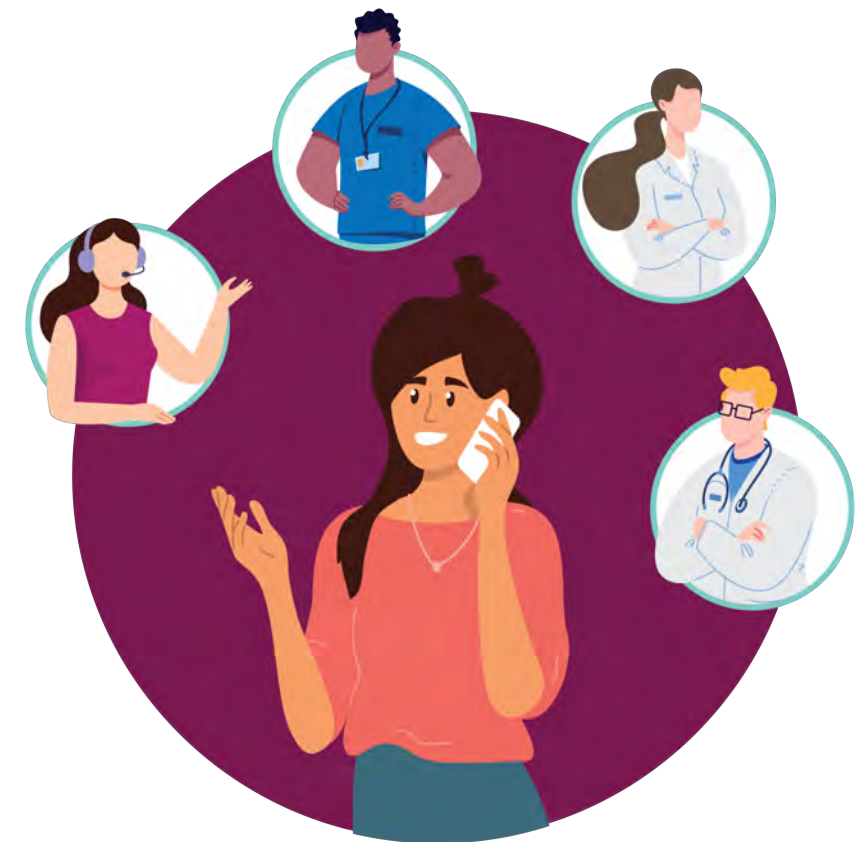
Erica Hedberg, Director Government Programs
Bill Dwyer, Director Analytics
John Clouse, Chief Data Officer
SEOW Attachment 4b



Moda 360

Concierge model, helping members get out of the middle

- Non-traditional customer service approach
- Key components:
 - Technology Console, allowing one main source to support members to navigate the healthcare system
 - Health Navigators, who connect members on their unique health journey and go beyond traditional customer service approach
 - Care 360 clinical team, who proactively reaches out to members to remove barriers
 - Engagement in care management programs that are right for the member
 - Medical/dental integration



Moda 360 – Health Navigators

69,610 calls answered

12,979 outbound calls made

867 emails sent

283 chats received (Chat went live 8/28/2021)

Before Health Navigators



With Health Navigators

Powered by 



Moda 360 – Health Navigators

92% of members said they were satisfied with the way the Health Navigator handled their call

99% of members said they were satisfied with the knowledge of the Health Navigator

- Results are from after call surveys. 966 members completed the survey



Moda 360 – Health Navigators

An OEGB member wanted to pass along positive thoughts for **Helen**, who helped her find a provider for her out-of-area son, even when it took calling 21 providers and recommending Meru as well when they had a hard time locating one. She said Helen was cheerful, kind and cooperative, and it really meant a lot to their whole family to have that level of service from her.

An OEGB member said she has had major health issues and was overwhelmed with bills and issues she hasn't been able to resolve. She said Jose has been working all week for her to help, and is "amazing, follows through and is very good at his job". She added that he provided excellent customer service and she appreciated his help so much.

A new OEGB member left a voicemail to say that **Pam** did an amazing job, and she had declined the survey, but had to leave a voicemail because Pam was so great. She said Pam was helpful, warm, kind, answered all of her questions and even went above and beyond. Pam filled in the gaps with helpful information she didn't even know she needed but was so grateful for, including tips about the Moda OEGB website. She said "I used to supervise a team at a contact center and if I was still doing that job, I definitely would have tried to snag her from you, she is that great!

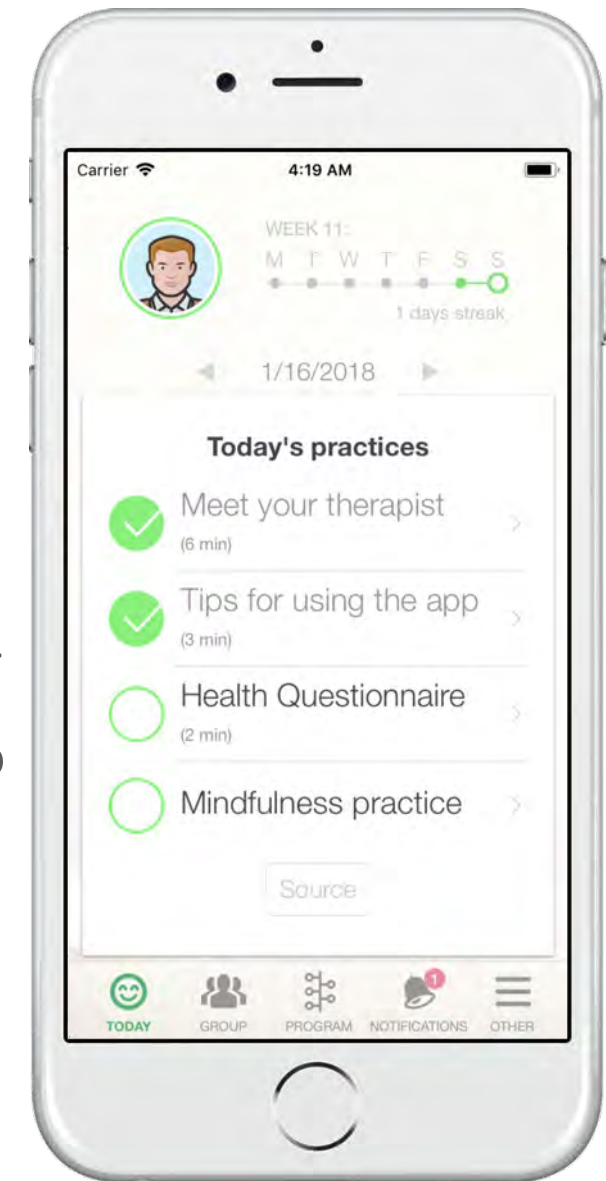
An OEGB member left a voicemail to say how amazing **Dani** was! She said that she declined the survey originally because she called in to discuss an issue that she assumed wouldn't go well, but Dani was so kind and helpful that she had to leave comments after all. She said that Dani really surpassed her expectations and went above and beyond to help her, and she really appreciated her help with a situation she had expected to be much more stressful.

An OEGB member said that she had been having a really hard time with a DME provider and Pam took the situation by the reins and, after several calls and multiple levels of people, was able to get them to do what she needed. She said, "I could not have done it without her, she was so great and helpful, and she deserves to be given gold stars!"

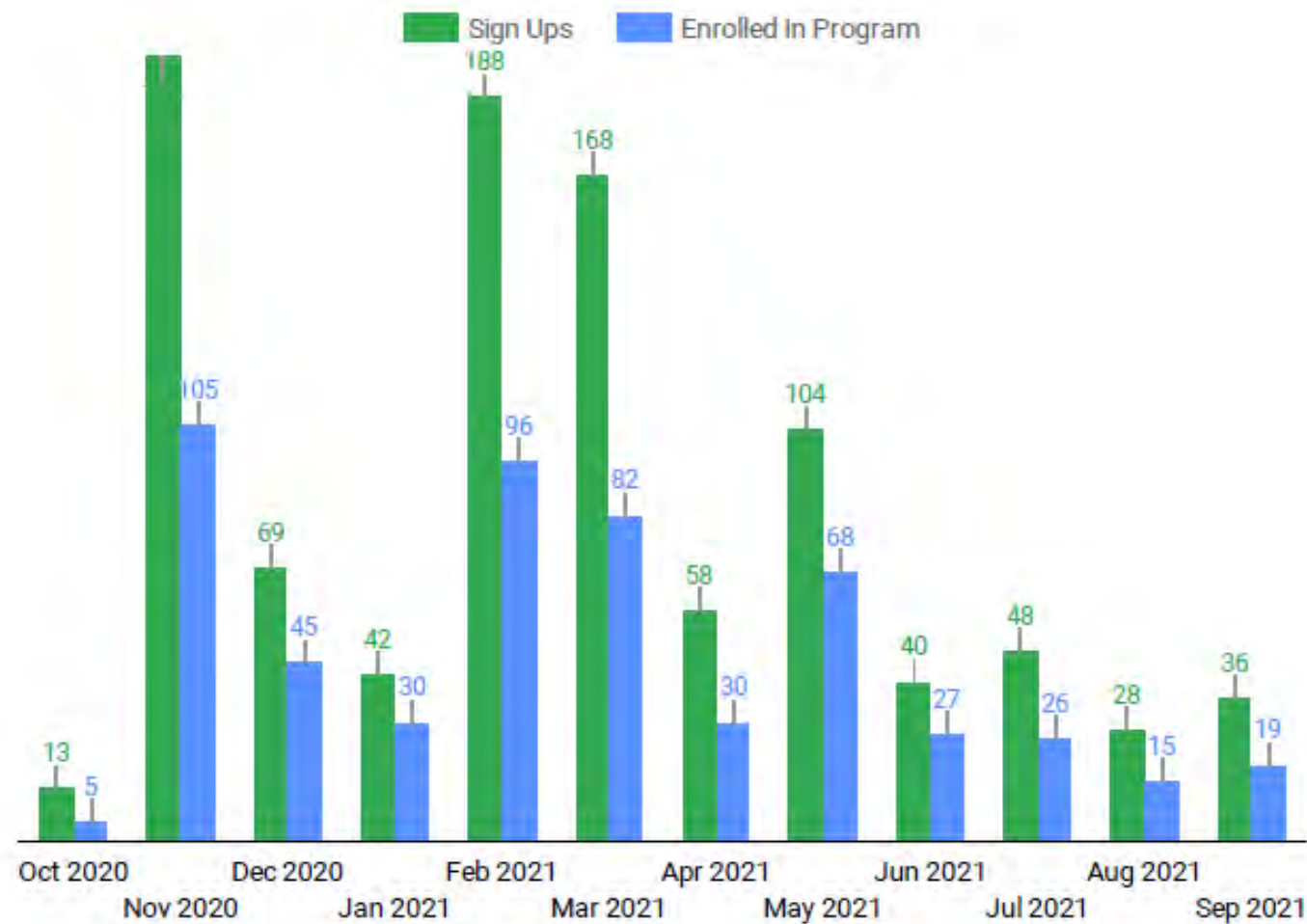
An OEGB member wanted to make sure to say how helpful **Peggy** was to her! She said "she has a really good talent for being able to take complex concepts and put them into an understandable form, and I know from experience that is not something everyone can do.

Moda 360 – Meru Health

- A 12-week online program that addresses anxiety, depression and burnout
- Wearable biofeedback training to increase focus and manage stress
- Mindfulness and behavioral techniques that can be practiced anytime, anywhere
- Confidential access to a personal, remote therapist via chat in the Meru app
- Available in Oregon, Washington, and Idaho
- Initial call is billed at the applicable cost share (subject to any deductible) for an in-network mental health benefit. After the initial evaluation call, the program is zero cost share to members
- Access Meru at:
 - Member dashboard
 - modahealth.com/meru



Moda 360 – Meru Health



TERMS USED:

Baseline Data: Participant filled initial PHQ-9 or GAD-7 symptom questionnaire

Diagnostic Completed: Participant had an initial diagnostic call with a therapist

Program Completed: Participant was active on at least 6 weeks during the program

Program Partially Completed: Participant was active on less than 6 weeks during the program

Therapist Rating: 4.8/ 5

Status of Participants

Sign Ups	992	
Baseline Data	207	20.9%
Diagnostic Completed	557	56.1%
Enrolled in Program	548	
Currently Enrolled in Treatment	61	
Completed	383	
Partially Completed	83	
No Show	21	
Not Enrolled in Program	9	
In Progress	228	23.0%

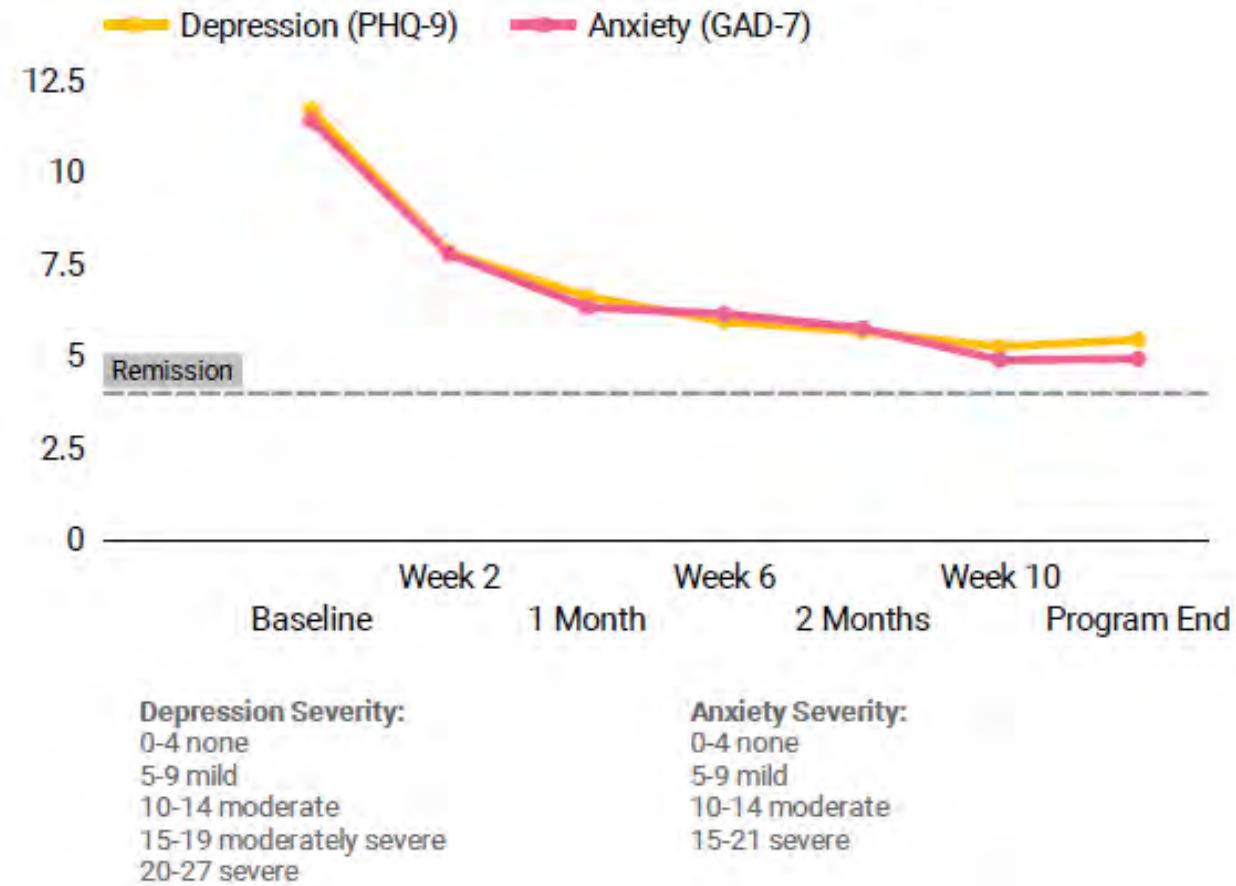
Moda 360 – Meru Health

Number of Program Completers: **383**

Treated to Remission: **239**

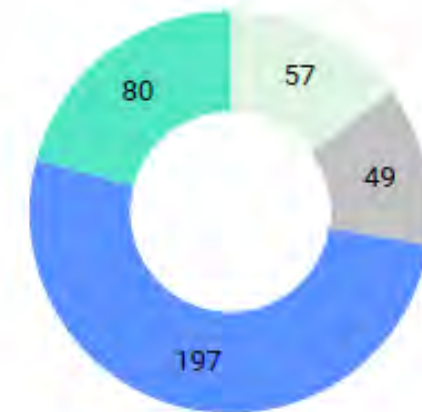
Average Symptom Reduction During Program* **-52.6%**

Number of Completers Reaching Symptom Reduction of

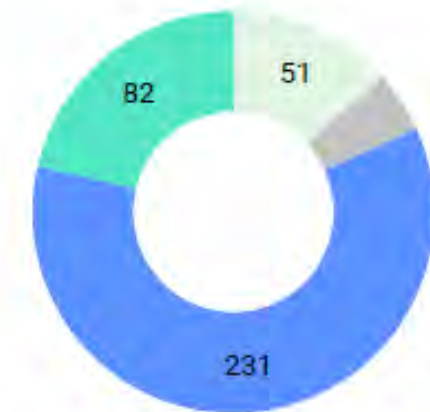


- 50% Reduction or More
- 20-50% Reduction
- Under 20% Reduction
- Calculations Excluded*

Depression (PHQ-9)



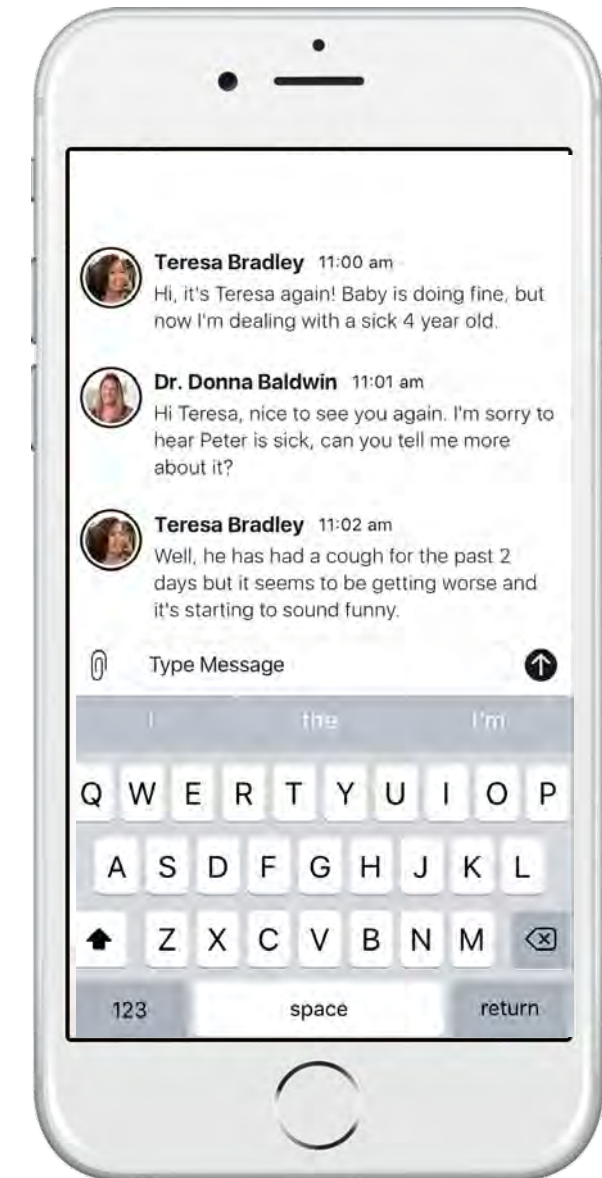
Anxiety (GAD-7)



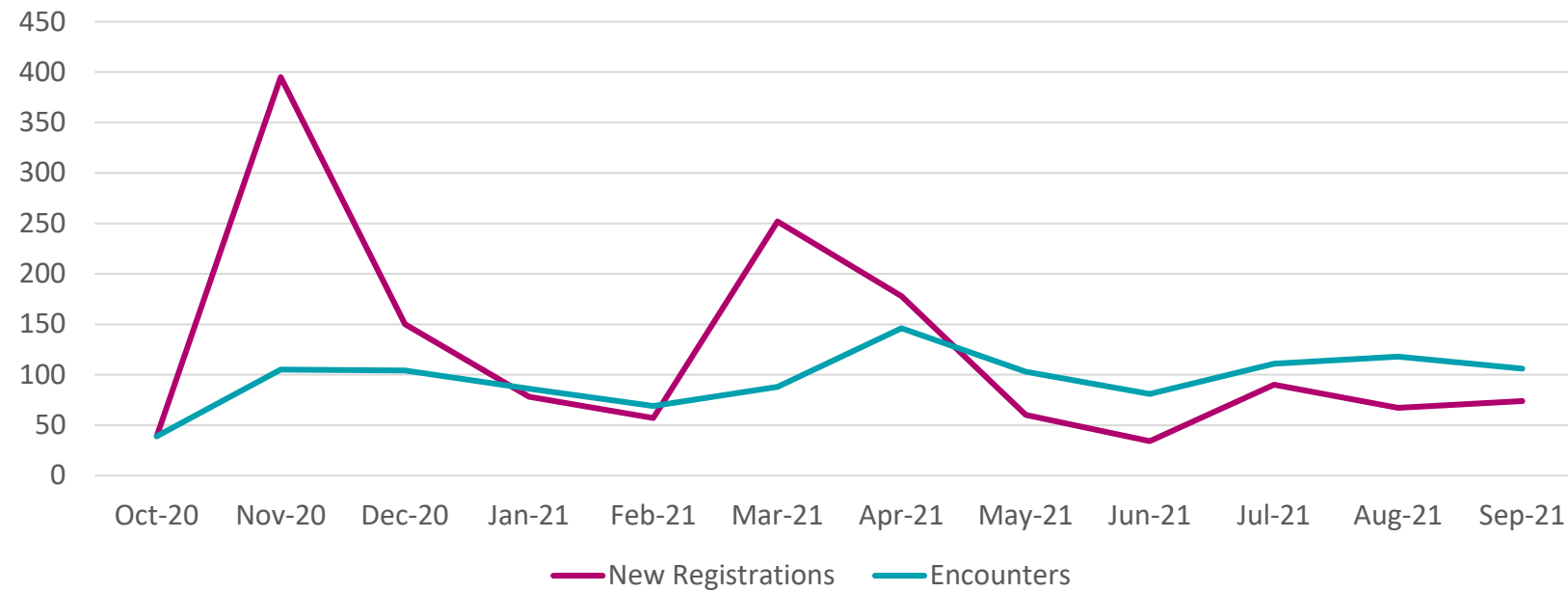
* PHQ-9 and GAD-7 reduction results are not calculated for participants with scores 0-4 at baseline

Moda 360 - CirrusMD

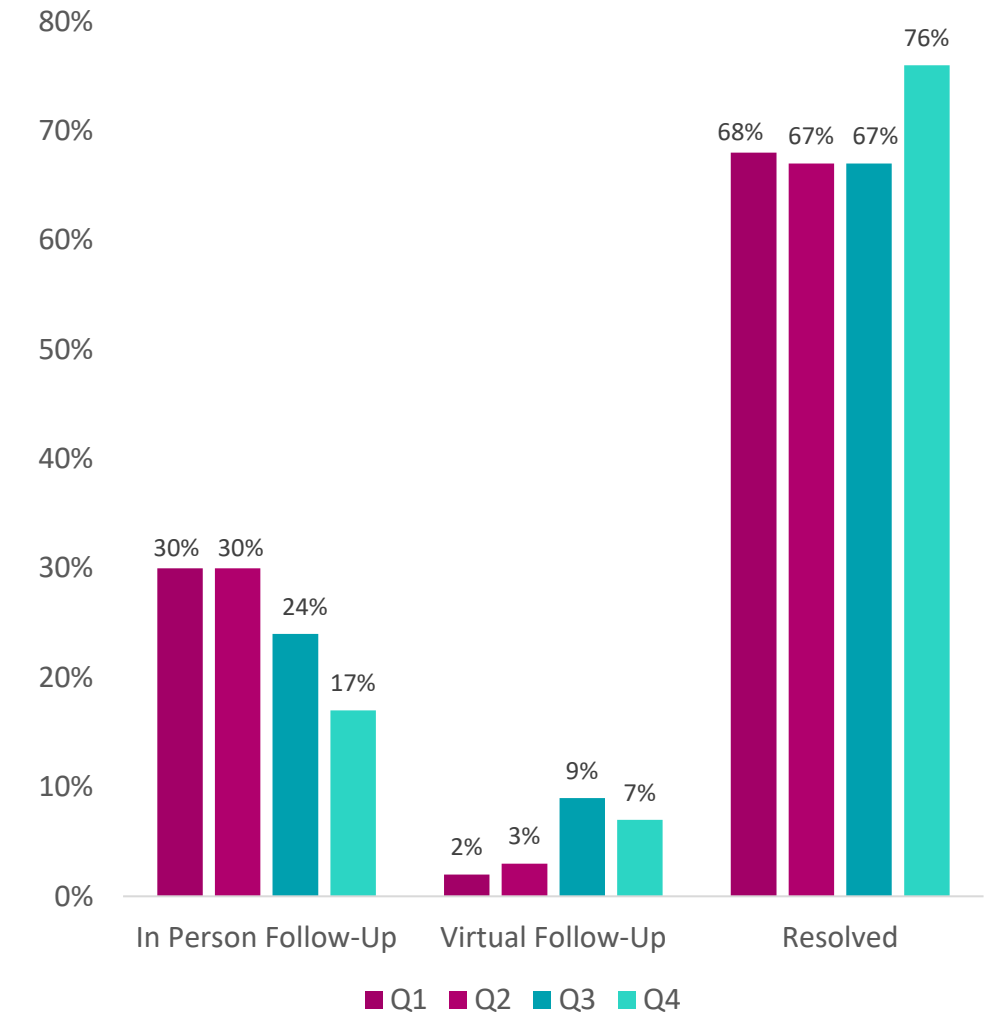
- A text-first telehealth app that provides access to a provider 24/7, nationwide
- No member cost share
- Use CirrusMD for:
 - Coughs, fevers, sore throat
 - Earaches, stomach pain, diarrhea
 - Rashes, allergic reactions, animal/insect bites
 - Back/abdominal pain
 - Sports injuries, burns, heat-related illness
 - Urinary tract infections
 - General health questions
- Providers can write prescriptions
- Access CirrusMD at:
 - Member Dashboard
 - modahealth.com/cirrusmd



Moda 360 – CirrusMD



Resolution Rate, Follow-Up



Moda 360 - Livongo

- Livongo for Diabetes is a program that combines advanced technology with coaching to support members with their diabetes
- No cost to members
- The programs includes:
 - A smart meter that provides real-time tips and automatically uploads blood glucose readings
 - Alerts to member, PCP and family when readings are off
 - Free, unlimited strips and lancets shipped directly to the member
 - Coaching with certified diabetes educators that are available anytime via phone, text, and mobile app



Moda 360 - Livongo

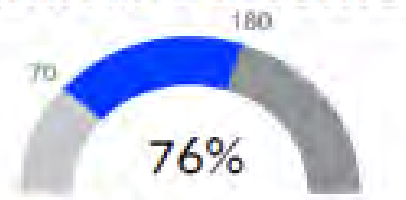
Livongo Enrollment

	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021
Eligible for Livongo	4,115	4,091	3,887	5,022	5,169	5,210	5,281	5,338	5,348	5,410	5,421
Enrolled in Livongo	300	561	566	805	881	949	972	1,035	1,069	1,077	1,081
% Enrolled of Those Eligible	7.3%	13.7%	14.6%	16.0%	17.0%	18.2%	18.4%	19.4%	20.0%	19.9%	19.9%

Member Engagement in Livongo

	Nov-2020	Dec-2020	Jan-2021	Feb-2021	Mar-2021	Apr-2021	May-2021	Jun-2021	Jul-2021	Aug-2021	Sep-2021
Total Device Activation	187	372	375	624	654	786	799	824	893	897	894
% Device Activation of Overall Livongo Membership	62.3%	66.3%	66.3%	77.5%	74.2%	82.8%	82.2%	79.6%	83.5%	83.3%	82.7%

Clinical Outcomes



Blood glucose checks in normal range, last 90 days
70 - 180 mg/dL

Change in estimated HbA1c for starting uncontrolled

-0.83%

Change in eHbA1c from self-reported HbA1c values for members who started uncontrolled (HbA1c $\geq 7\%$) and enrolled at least 6 months

46% Controlled (HbA1c $< 7\%$) at Baseline
61% Controlled for Members Enrolled 6M+

46,275
TOTAL CHECKS

1.48
AVG CHECKS PER DAY
on days when checking

Program Engagement

% of activated members using feature in the last 90 days



Connected blood glucose meter usage



Email opens, log-ins, Health Summary Report sharing, food logs



Health Nudges, 5-day Challenges, Action Plan



Alert-based, on-demand, and scheduled coaching

Moda 360 – Sempre – July 2021 – Sep 2021

How it works



Moda has contracted with Sempre Health to identify members taking preferred cardiovascular and diabetes medications



Eligible members receive invitations to enroll via direct mail & email (enrolling takes < 5 seconds)



Once enrolled, members automatically begin receiving discounts at the pharmacy where they usually fill



Each month, members receive SMS reminders when it's time to refill + the option to submit refills over text. The more they exhibit adherent behaviors, the less they pay

Total members enrolled: 393 (2,248 eligible)

Average member discount per fill: \$60

Total member savings: \$45,934

Adherence enrolled members: 77.7%

Adherence non-enrolled members: 56%

Select medications: Eliquis, Jardiance, Ozempic, Victoza, Trulicity, Tradjenta, Synjardy, Jentadueto, Brilinta, Xarelto, Farxiga

Moda 360 imaging steerage pilot program

How it works

- Members can still use any facility
- Requests for authorization for expensive-site imaging are approved, but trigger a member outreach
- Health Navigators explain how members can save money by using a lower-cost facility
- Navigator can help member set up appointment, if desired



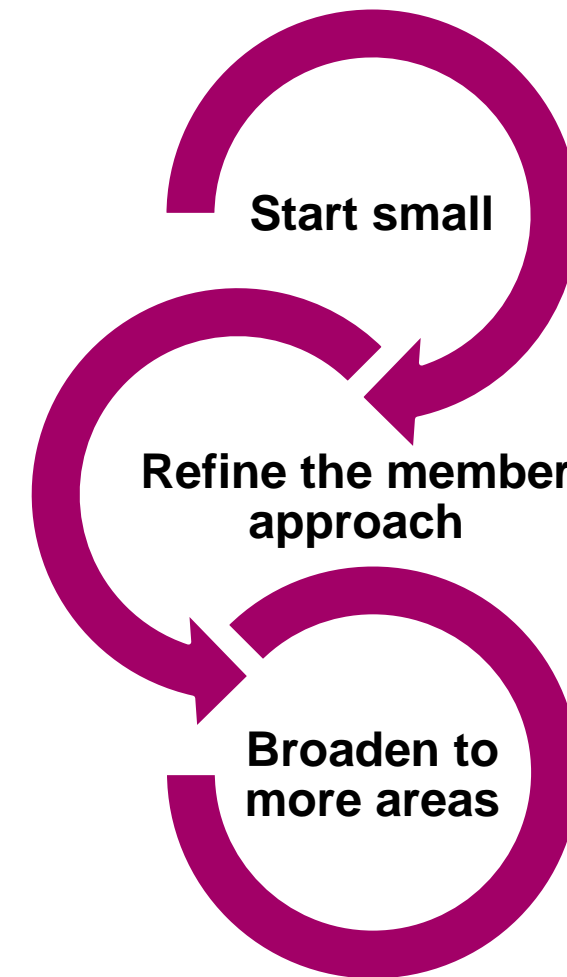
The program is optional for members



The pilot program is testing various communication options and savings potentials

Moda 360 imaging steerage next steps

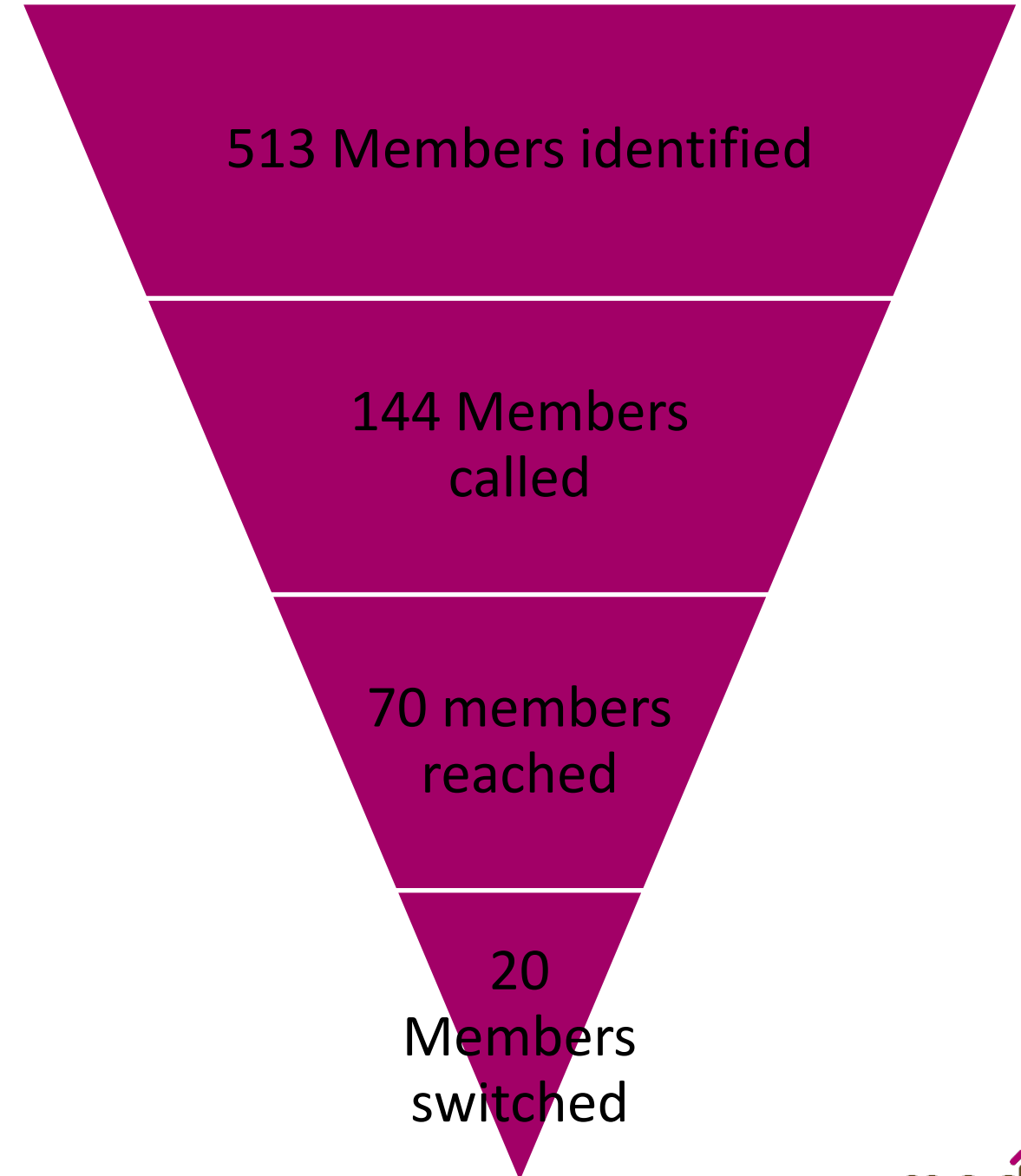
- Pilot program began in summer 2021
- High-potential cases selected from initial batch of about 1,600 'steerable' events
- Capabilities of target imaging centers verified
- Test scripting and communication approaches to select the most effective
- Roll out to wider geography



Early results from pilot program

Some insights....

- Sending email in advance prompted some members to reach out to Moda to learn more
- Members generally appreciate the information, even if they do not switch
- Early contact is critical – some imaging is scheduled for the next day
- Since mid-August, 36% success rate for members reached
- Average savings per switch: \$1,700



Moda 360 Health Context

The Moda360 Platform supports a broad definition of Social Determinants of Health referred to as *Health Context*

The Health Context model is designed to create a more complete view of the member and the factors that affect health risks and outcomes between provider visits

Health Context will be used to identify healthcare interventions, evaluate health equity, and provide insightful measurement of 3rd party health management solutions

Social Determinants of Health

Clinically documented Z Codes
Individual Accountable Health Community assessment scores

Geography

Socio-economic and social vulnerability measures
Food access
Broadband access

Demographics

Race, ethnic origin, language spoken at home, age, sex

Identity

Gender, pronoun, sexuality

Personal factors

Religion, marital status, family relationships, children at home

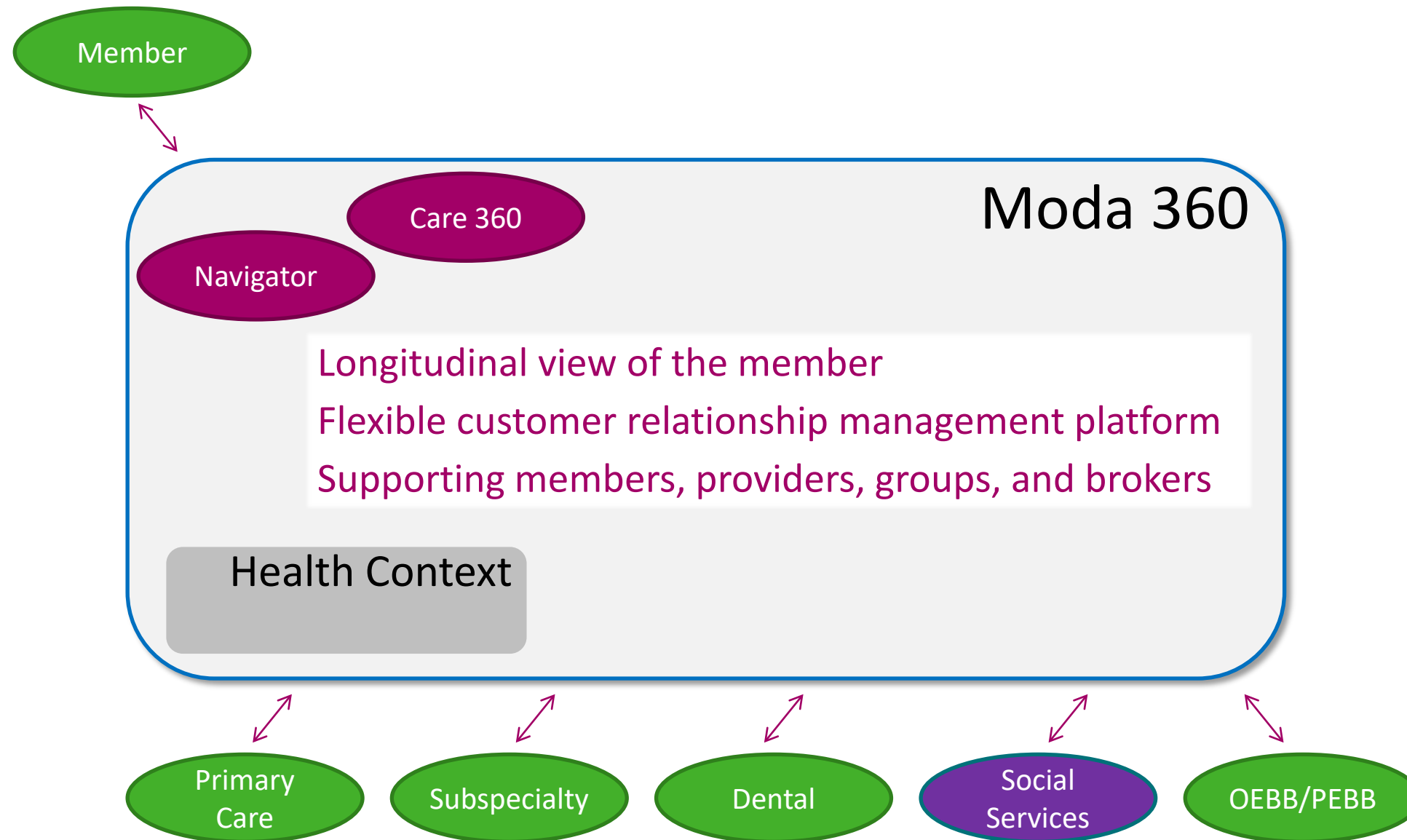
Healthcare flags

A1C > 7, excessive ED utilization, extreme BMI, disabilities

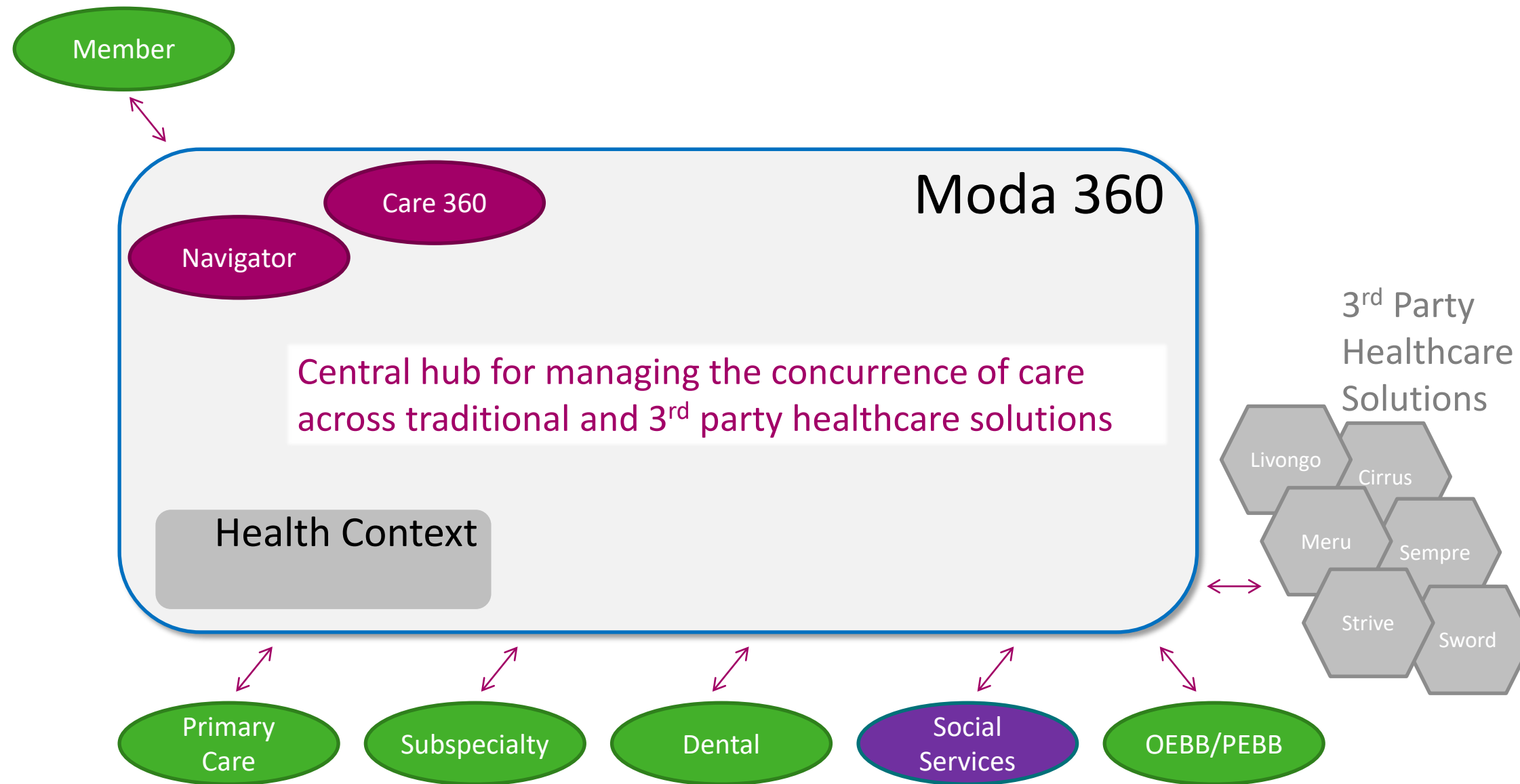
Oral health disparities

Untreated tooth decay, periodontitis

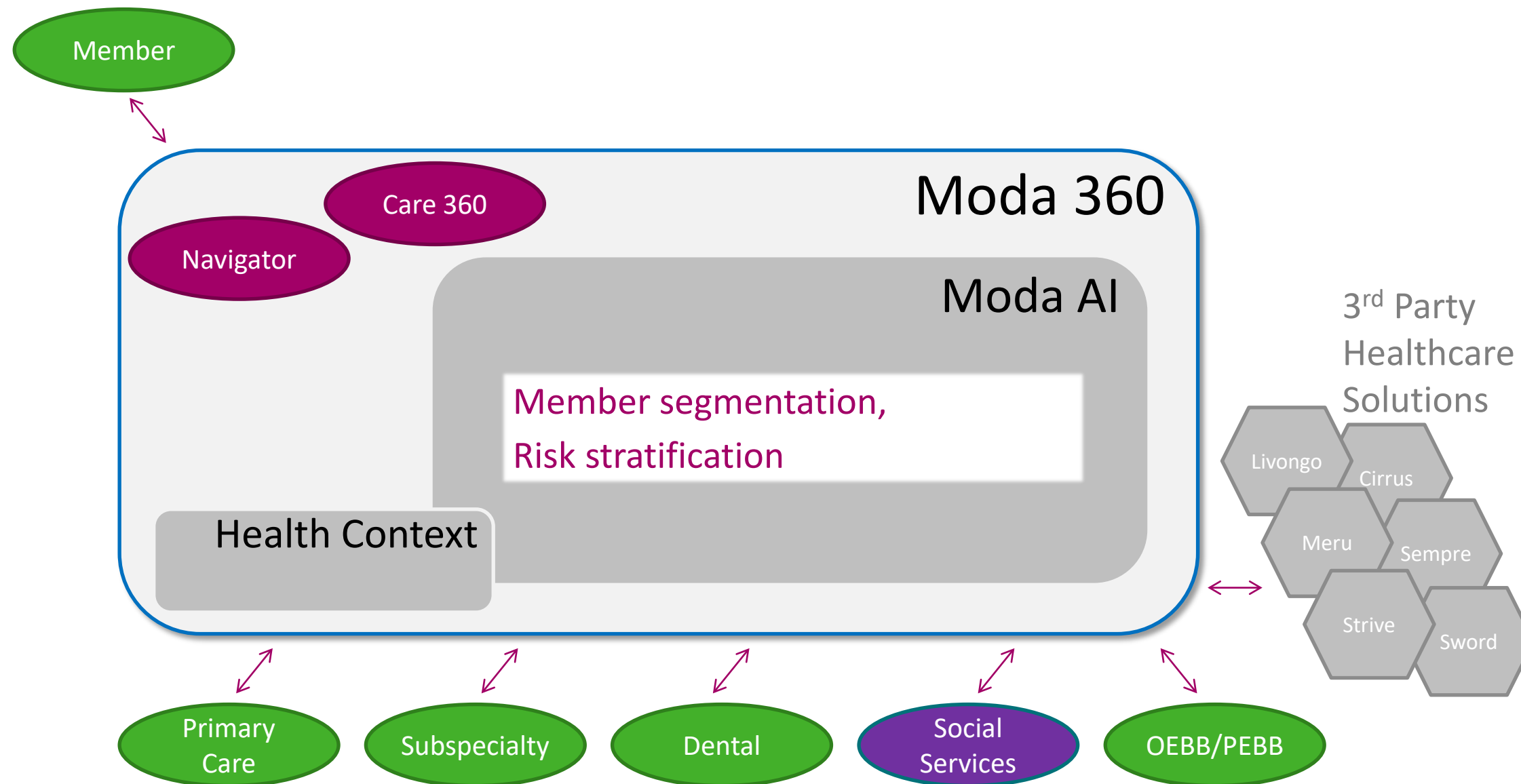
Health Context and the Moda 360 platform



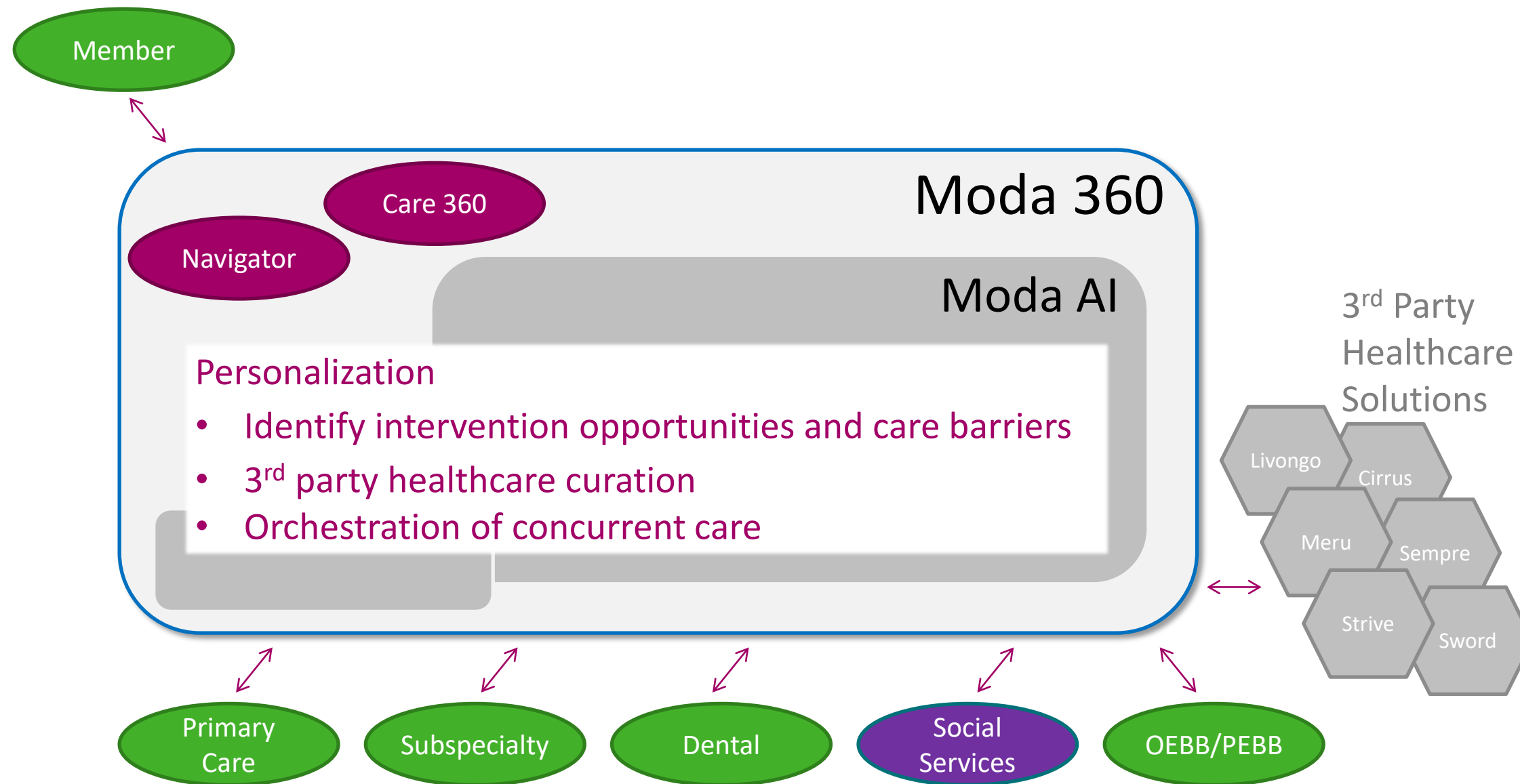
Integrating 3rd party healthcare solutions



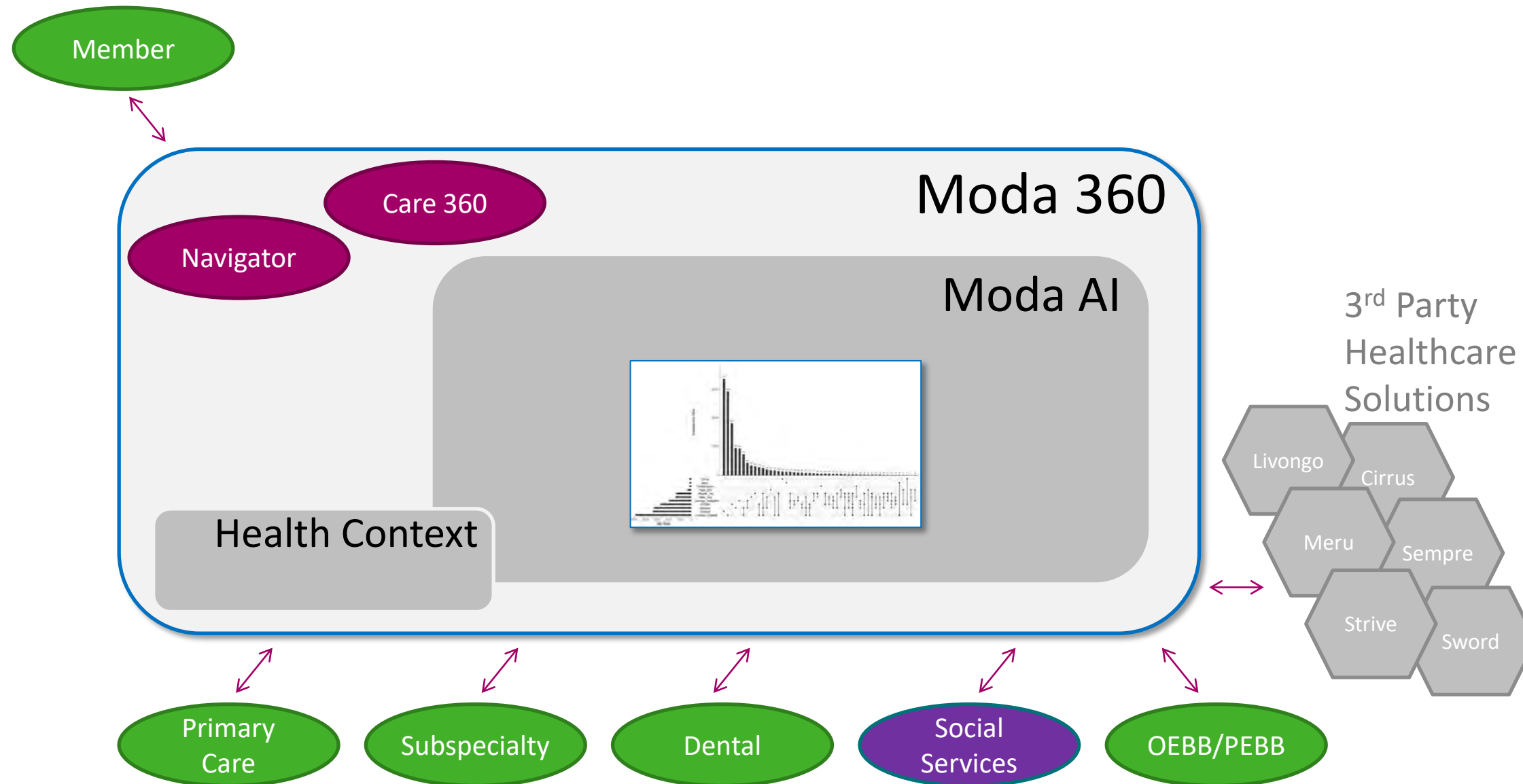
Leveraging data and AI to improve outcomes



Leveraging data and AI to improve outcomes



Leveraging data and AI to improve outcomes



Thank you



eviCore update

Erica Hedberg

Bill Dwyer

SEOW Attachment 5

eviCore overview

Who is eviCore...

eviCore is a specialty medical benefits management company that provides utilization management (UM) services for health plans

...and why does Moda work with them?

eviCore's evidence-based healthcare solutions support the medical provider community in managing service quality, cost and competence to ensure patients receive appropriate care for necessary services and achieve better health outcomes

eviCore program participation

Advanced imaging

- Radiology
- Cardiology

Musculoskeletal (MSK)

- Joint / Spine
- Pain Management
- Physical therapy
- Occupational therapy
- Speech therapy
- Cardiology

Response times

Request	Goal turnaround time
Standard request	Within 2 business days of receipt of request (80% are processed within 1 business day)
Requests on hold for additional Info (this status is not available for urgent requests)	Provider has 45 days to submit additional info; once info is submitted, the clock re-sets
Reconsideration	1 business day or 24 hours
1st level standard appeal (pre-service)	15 calendar days
2nd level standard appeal (post-service)	30 calendar days

eviCore changes effective 10/1/2020

PT/ST/OT

Prior to 10/1/2020	After 10/1/2020
Six waiver visits that could be used within 60 days	12 waiver visits that can be used within 90 days

Alternative Care

Prior to 10/1/2020	After 10/1/2020
Six waiver visits that could be used within 60 days	No longer reviewed by eviCore. Alternative care benefit now includes a 12-visit limit for spinal manipulation and acupuncture

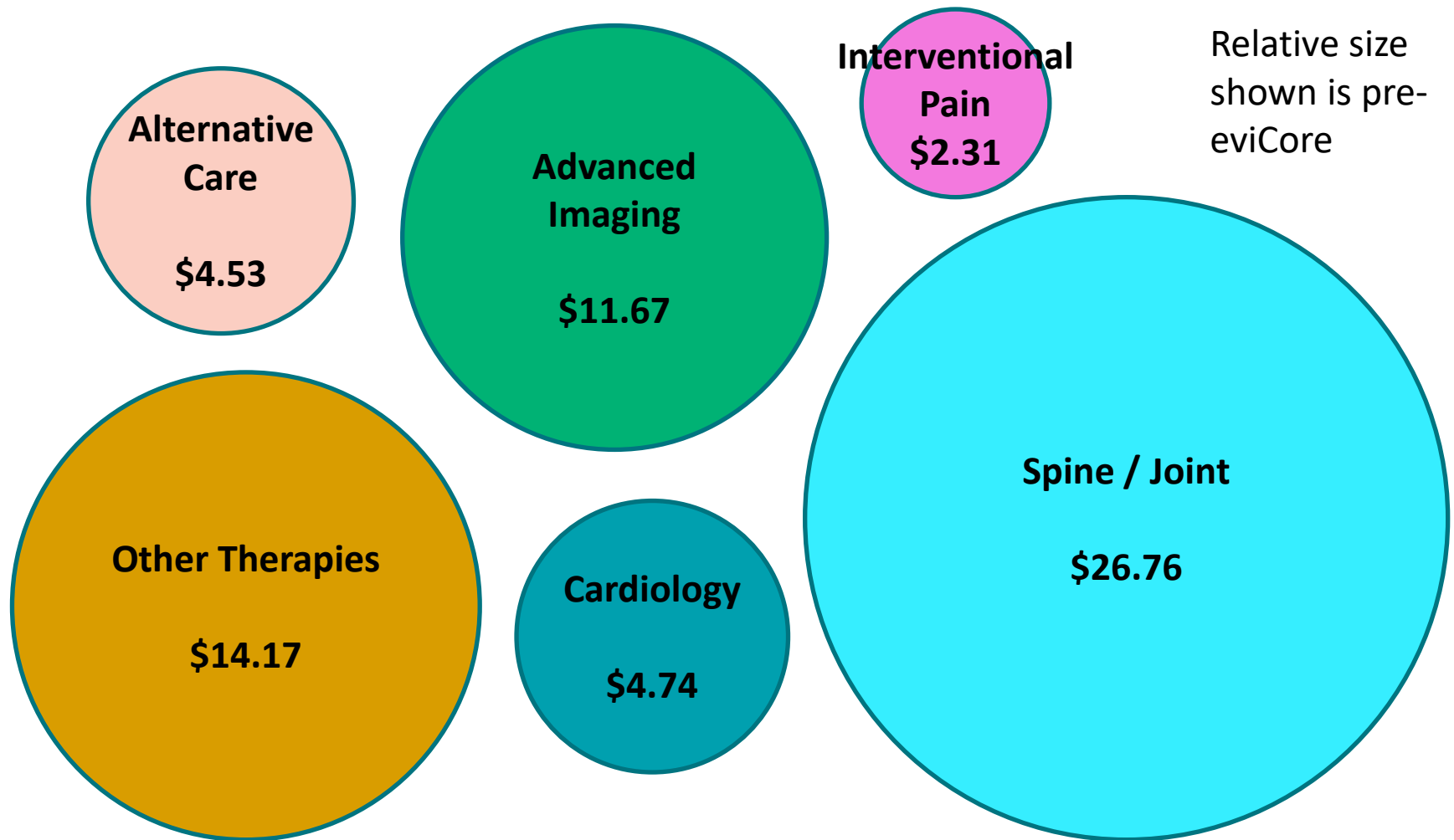
- No changes were made to advanced imaging procedures
- Waiver visits are visits that are approved with little or no clinical information required. Once the waiver visits are used, the provider must submit clinical information to obtain approval for additional visits

Moda/OEBB member calls

	2018-19			2019-20			2020-21		
Category	Member	Provider	Total	Member	Provider	Total	Member	Provider	Total
Calls regarding eviCore	842	1,608	2,450	635	1,257	1,892	519	714	1233
Calls about eviCore alt care	342	783	1,125	272	579	851	115	297	412
Calls about eviCore adv imaging	251	389	640	180	297	477	211	226	437
Calls about other PAs	6,257	22,931	29,188	5,811	22,587	28,398	5,309	20,538	25,847
Total member calls	95,460	115,551	211,011	98,692	107,356	206,048	95,279	136,079	231,358

Utilization update

Services reviewed by eviCore, as of 2019

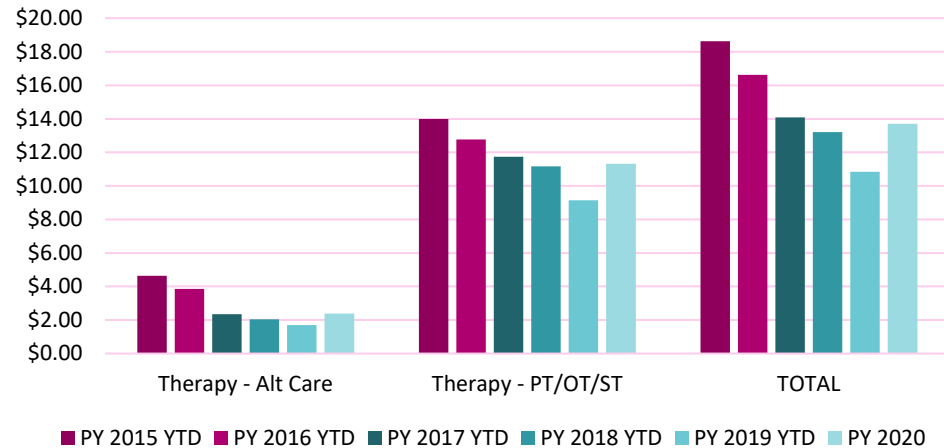


Impact of 2020 changes to therapy review

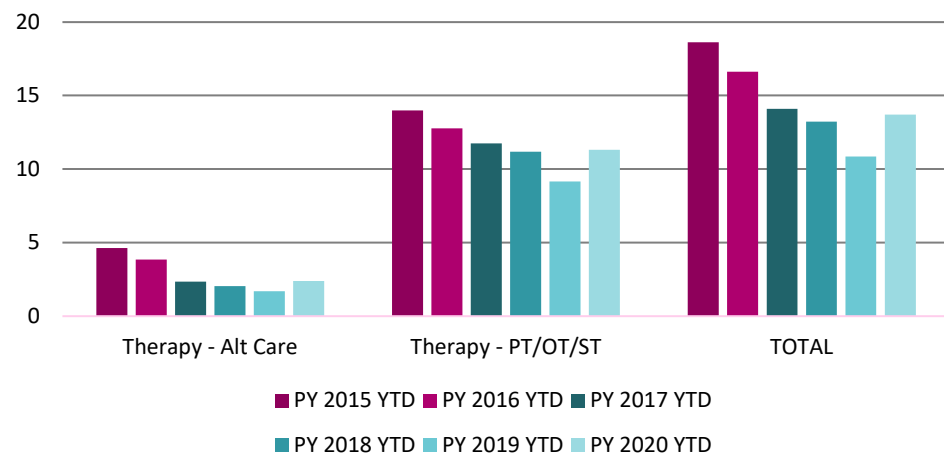
Changes implemented on 10/1/2020:

- P/A requirement for alternative care removed
- Benefit limit for acupuncture/chiro changed to 12 visits (from \$2,000)
- For PT/OT/ST, waiver visits (no P/A/required) increased from 6 to 12

Therapy Utilization - Allowed PMPM

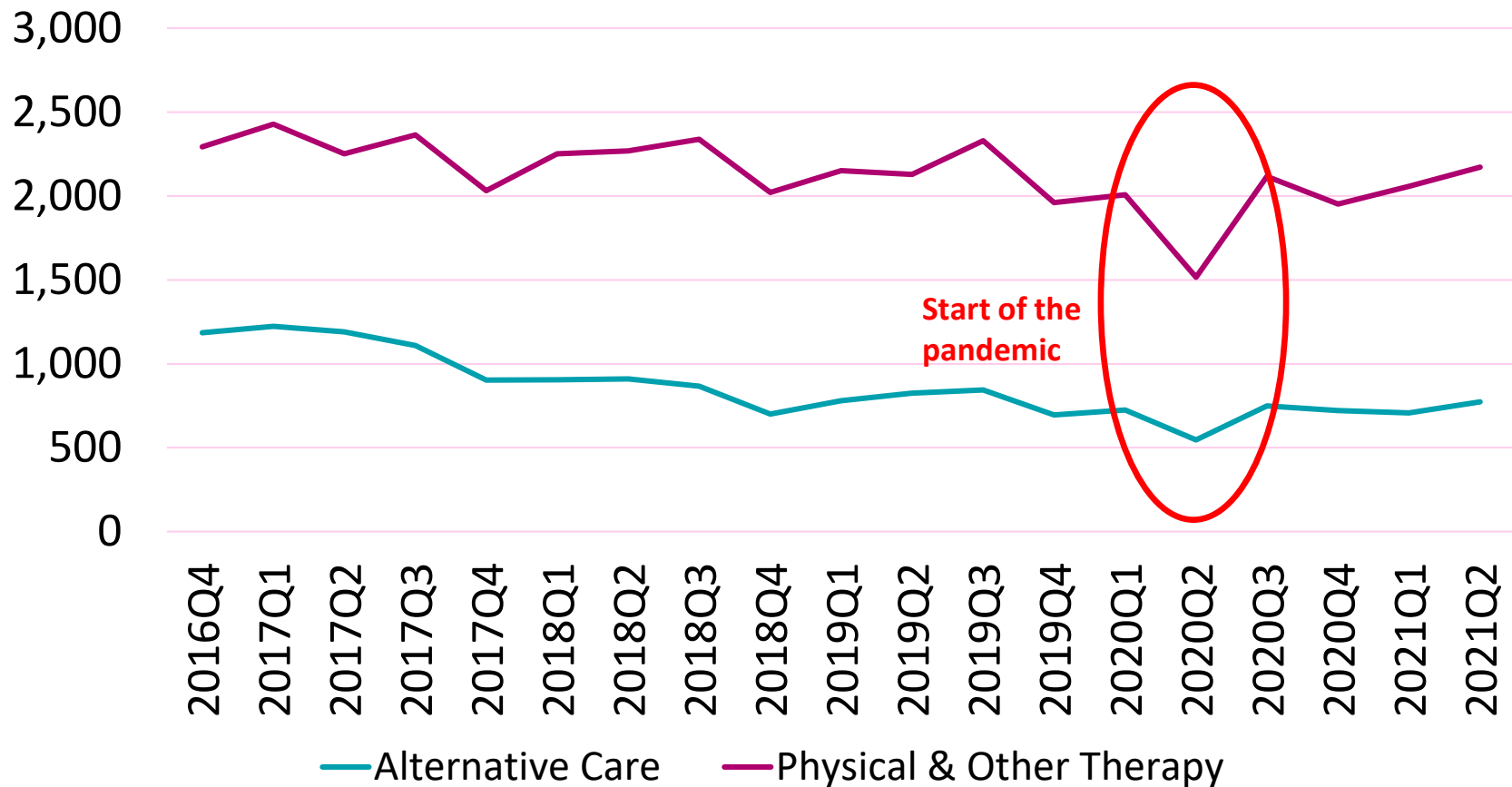


Therapy Utilization - Count per 1,000



Low therapy utilization in 2020 was pandemic-driven

Therapy Utilization - Services per 1,000

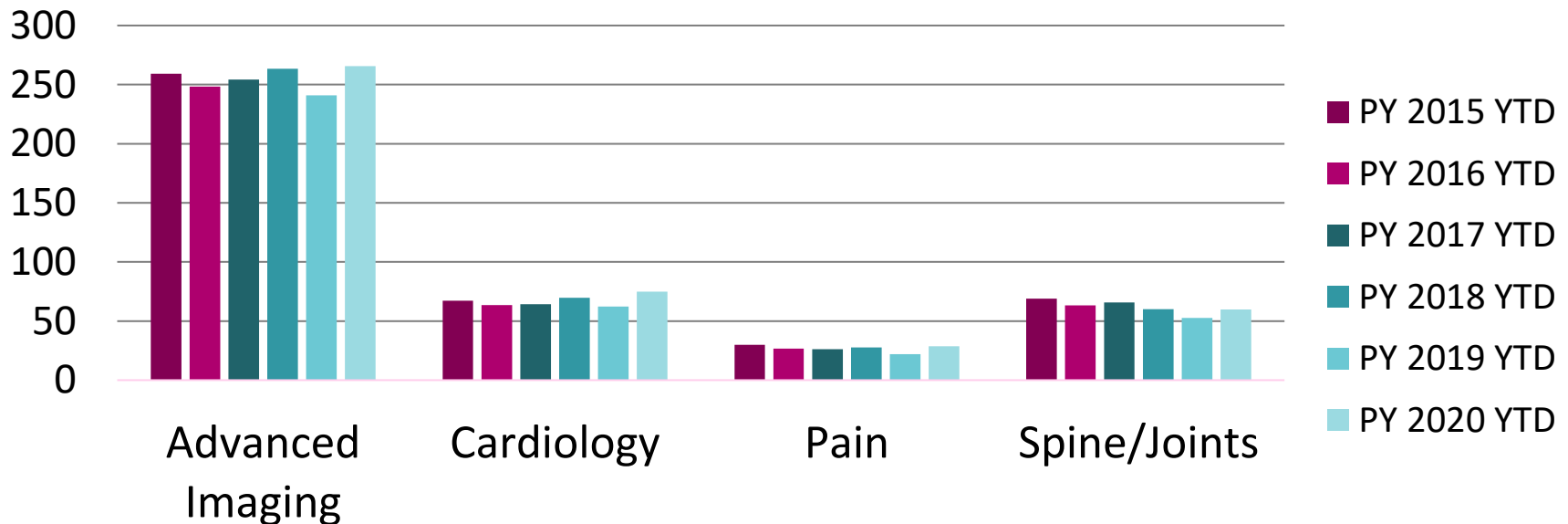


OEBB Utilization for other eviCore services

Points to keep in mind about this data:

- Prior authorization for advanced imaging was already in place with before eviCore
- Utilization trends for these procedures – especially surgeries – have historically been high, so flat growth is a good outcome
- Denial rates across all categories (not including partially approved, withdrawn, or expired requests) continue to average 8-10%

Utilization - Count per 1,000

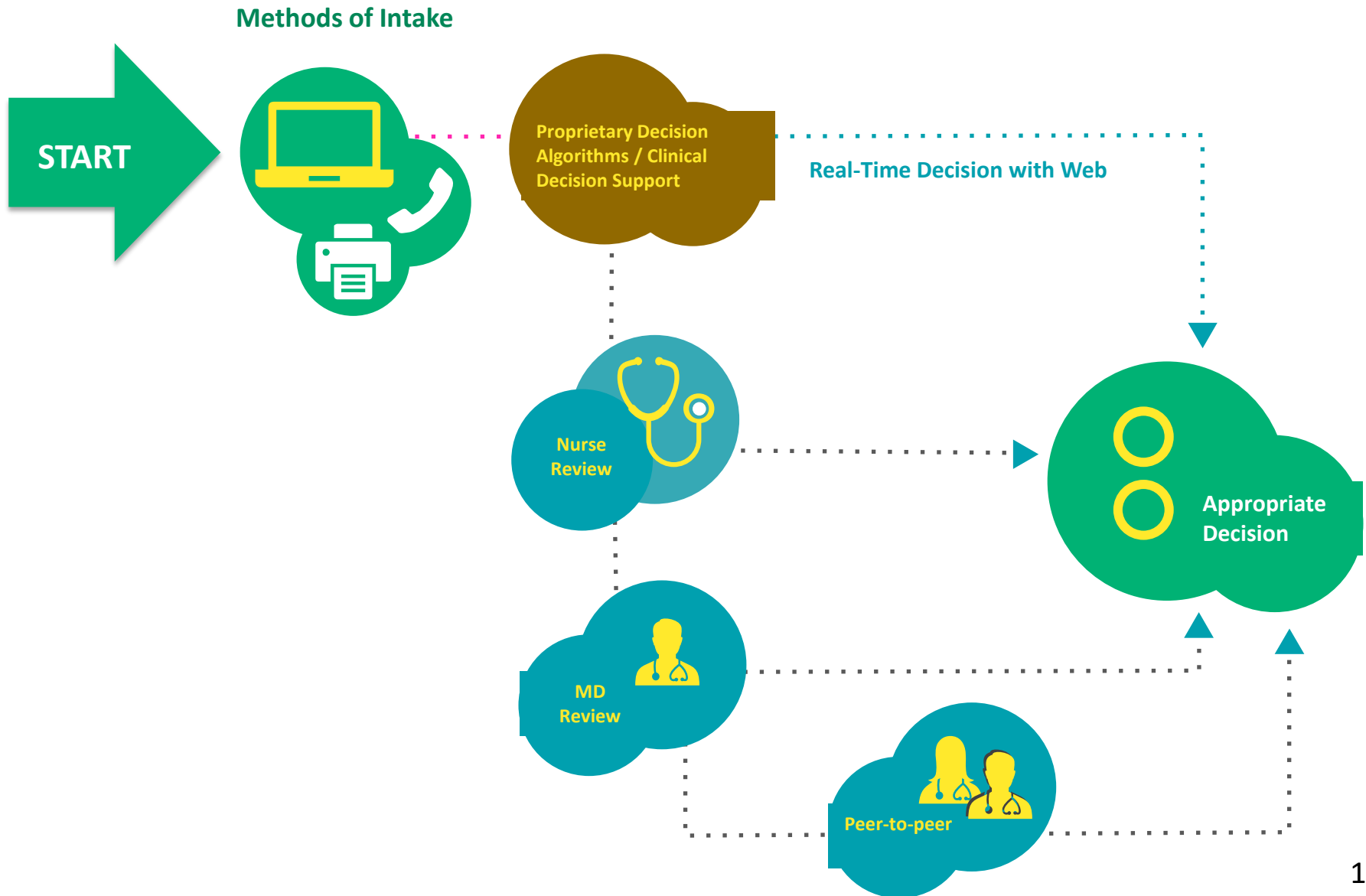


Appendix

Program goals

- **Provide evidence-based guidelines** to support authorization decisions and educate practitioners
- **Identify** and **review** treatment interventions where evidence does not support use
- **Decrease or eliminate unexplained practice variation** and unnecessary visits
- Manage costs efficiently so OEBC members can **continue to receive quality care and skilled services.**

eviCore clinical review process



Evidence-based guidelines



Dedicated pediatric guidelines



Medicare LCDs & NCDs



Academic institutional experts and community physician panels



Current clinical literature

Aligned with National Societies

- Milliman Clinical Guidelines
- American Academy of Neurology
- American College of Rheumatology
- American Association of Neurological Surgeons
- American Academy of Orthopedic Surgeons
- American Society of Interventional Pain Physicians
- North American Spine Society
- American College of Occupational and Environmental Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Association of Hip and Knee Surgeons
- American Pain Society
- Official Disability Guidelines
- Medicare Guidelines
- Spine Intervention Society
- American Academy of Orthopedic Surgeons
- The American Orthopedic Society for Sports Medicine
- Cochrane Reviews
- American Physical Therapy Association
- American Occupational Therapy Association
- American Speech Language Hearing Association
- American Society of Anesthesiologists

Utilization management

Review for:

- **Condition treated** – Evidence base supports medical necessity
- **Need for skilled service** – Level of complexity that requires the skills of a licensed practitioner
- **Frequency of care needed** – Appropriate to the type, severity and complexity of condition
- **Progress (or lack of progress) of the patient** – Response to care, patient compliance, natural course of the condition

Medical necessity

To be considered reasonable and necessary the following conditions must each be met:

- There must be high quality research supporting **specific and effective** treatment for the patient's condition.
- There must be an expectation that the patient's condition will **improve progressively and significantly in a reasonable (and generally predictable) period of time.**
- The **amount, frequency, and duration** of the services must be reasonable under accepted standards of practice.

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