

Medicaid Expansion Update

Health Care Reform Review Committee
May 18, 2016

Lisa Carlson, Sr. Director Planning & Regulation

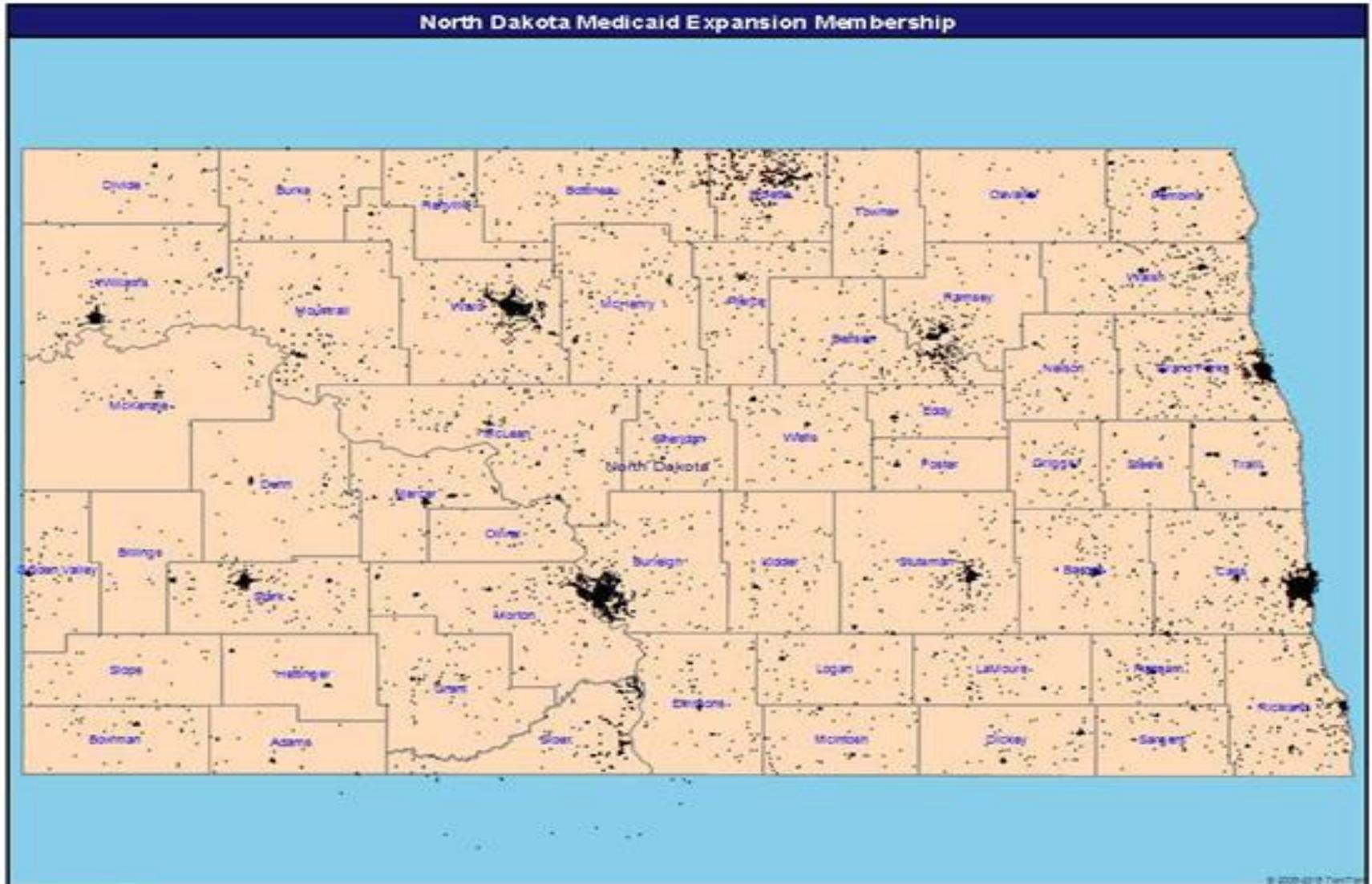
Today's Discussion

- A review of basic demographics
- Mammography Screens
- Colorectal Screens
- Emergency Room Visits
- Mental Health Follow-Up Care
- Disease Prevalence

Demographics

- Membership has leveled off at just under 20,000 members
- Average age is 38.5
- 55% females / 45% males

Membership Map

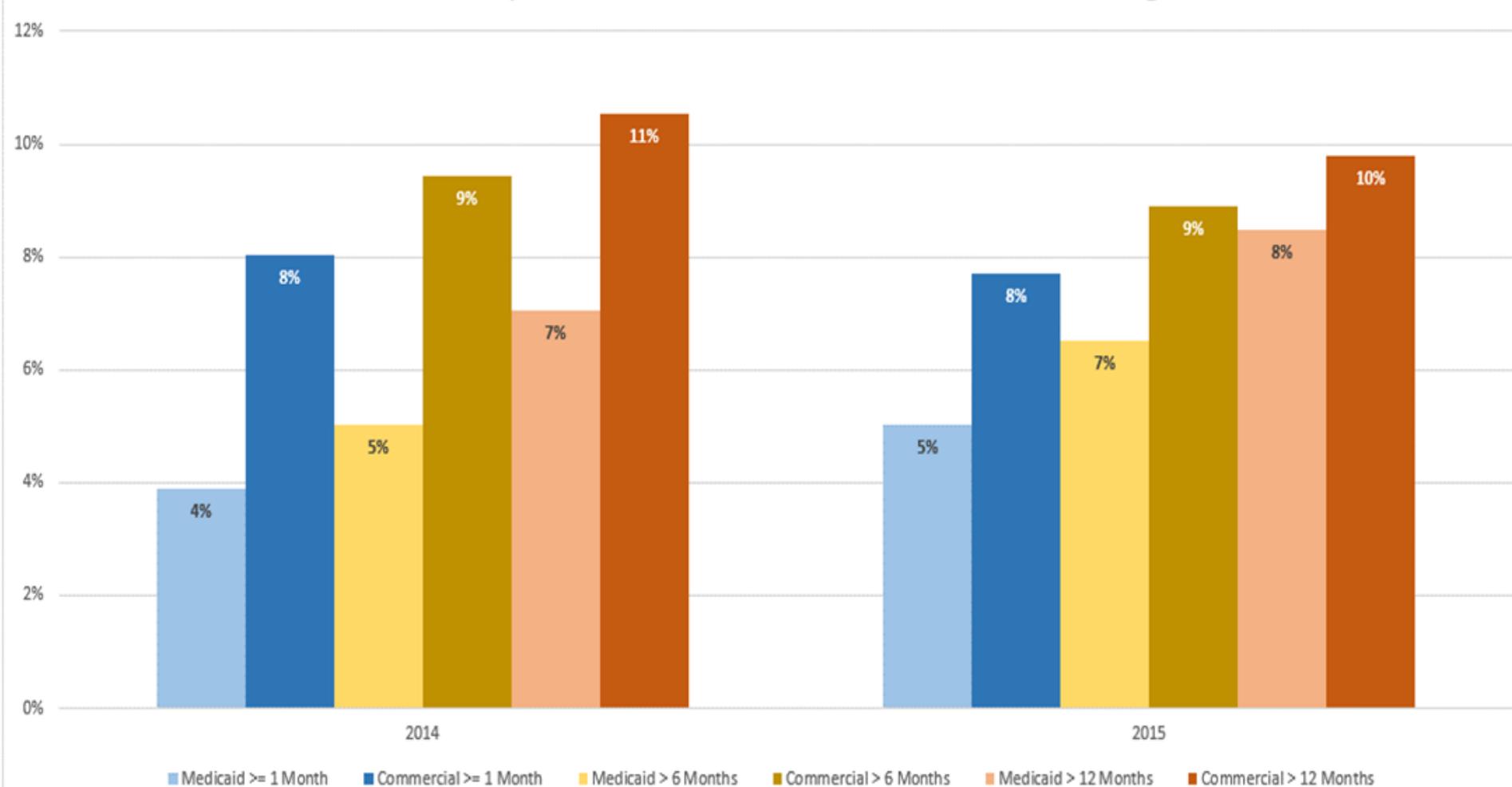


Screening Rates

- A comparison of the ND Medicaid Expansion population compared to Sanford Health Plan's commercial population
- Compared claims utilization data for members who were on the plan for three time spans:
 - 1 to 6 months
 - More than 6 months
 - More than 12 months

Colorectal Screening Rates

ND Medicaid Expansion v SHP Commercial Colorectal Screening Rates



Colorectal Screening Rates

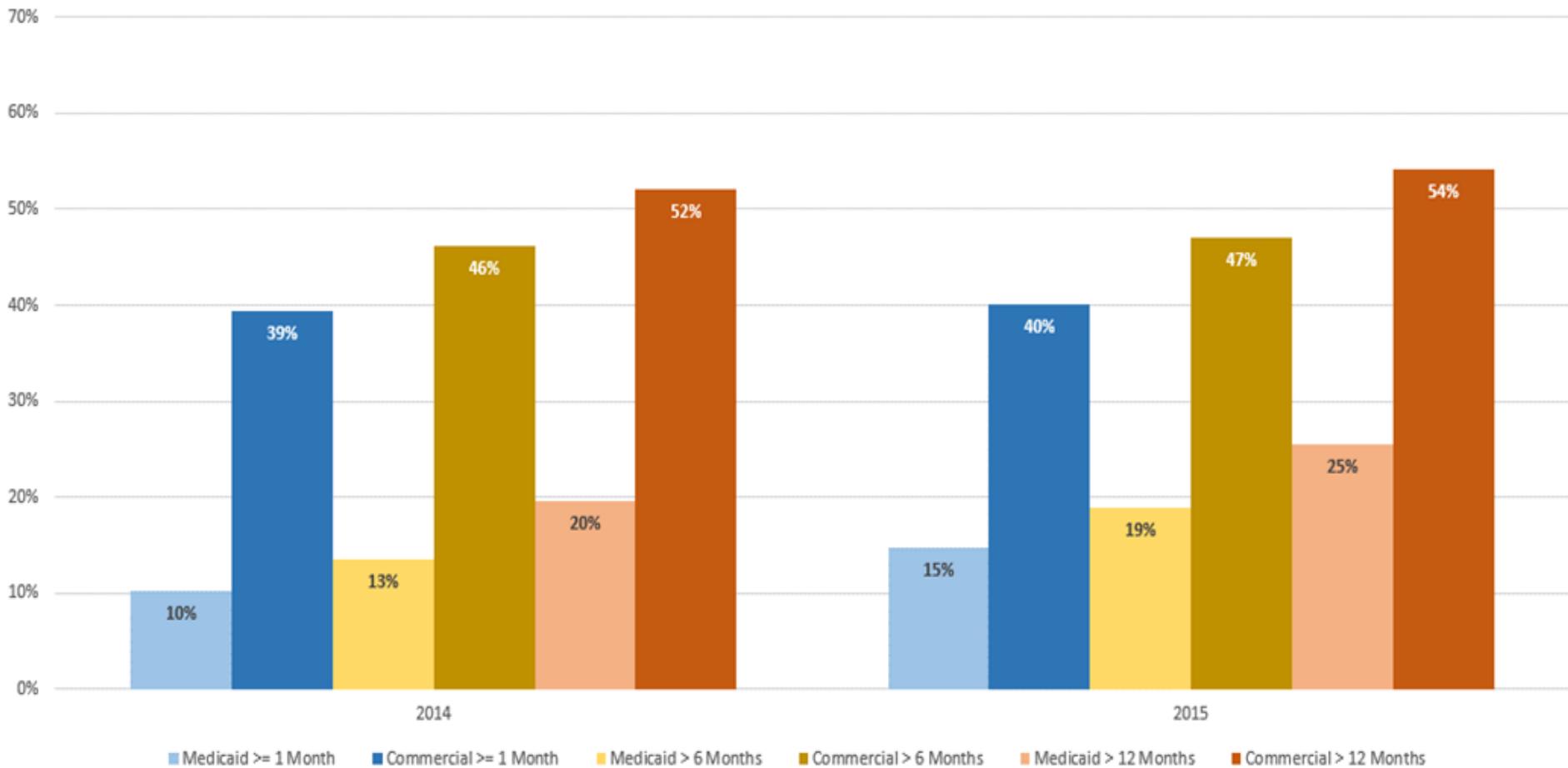
- Colorectal Cancer screenings can be done from every 1 to 10 years depending on the type of screening that is ordered
- The longer a member is on the plan, the more likely they will complete the appropriate screen
- Some members may have had prior screen that may not be reflected in this report

Mammography Screening Rates

- The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older
- Compared claims data for members who were on the plan for three time spans:
 - 1 to 6 months
 - More than 6 months
 - More than 12 months

Mammography Screening Rates

ND Medicaid Expansion v SHP Commercial Mammography Screening Rates



Emergency Room Utilization

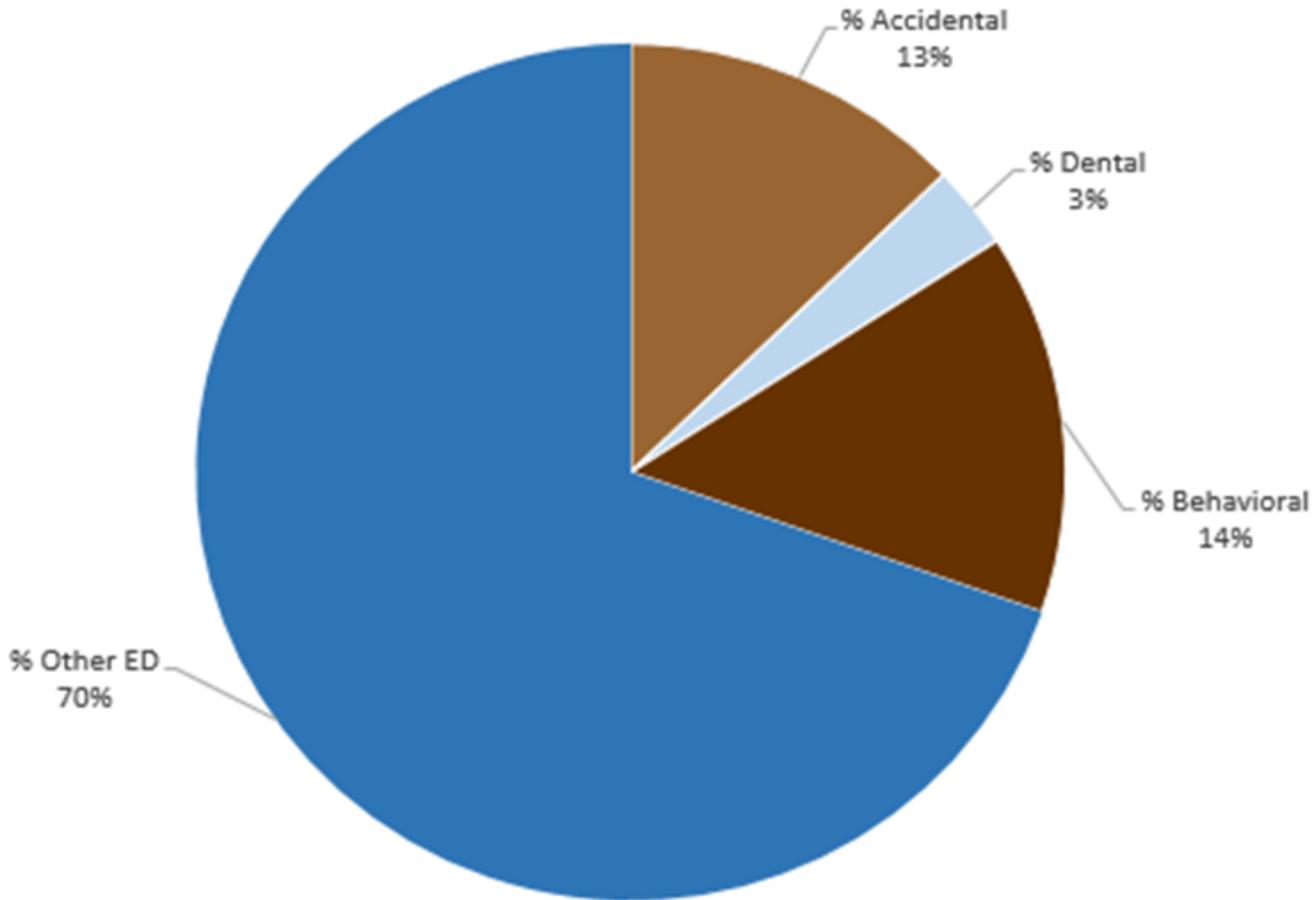
- The primary reason members enrolled in North Dakota Medicaid Expansion are seen in the emergency room are medical related (70%)
- Behavioral Health visits are the second most common reason members are utilizing the emergency room (14%)
- Accident related visits are the third most common reason for ER use (13%)

<u>Accidental</u>	<u>Dental</u>	<u>Behavioral</u>	<u>Total</u>
4,418	1,086	4,967	34,563
13%	3%	14%	

*Incurred Jan 2014 to Sept 2015

Emergency Room Utilization

ED Utilization by Encounters



■ % Accidental ■ % Dental ■ % Behavioral ■ % Other ED

Emergency Room Utilization

- The Health Plan team has participated in cultural sensitivity training related to working with the Medicaid Expansion population
- Members struggle to manage day-to-day tasks (food, shelter, bills, family) and that their own health is seldom a priority
- Members' focus is seldom on prevention and daily maintenance of their chronic conditions, so care is often delayed care until it hits a critical need (i.e. pain or the physical inability to do activities of daily living)
- Health Plan priority is to continue to provide education on appropriate and timely use of health care to prevent ER visits
- We regularly assist with scheduling member appointments
- When a health plan nurse calls a clinic on behalf a member and provides additional medical information, appointments can be scheduled for the member in a more timely manner than if the patient calls on their own behalf

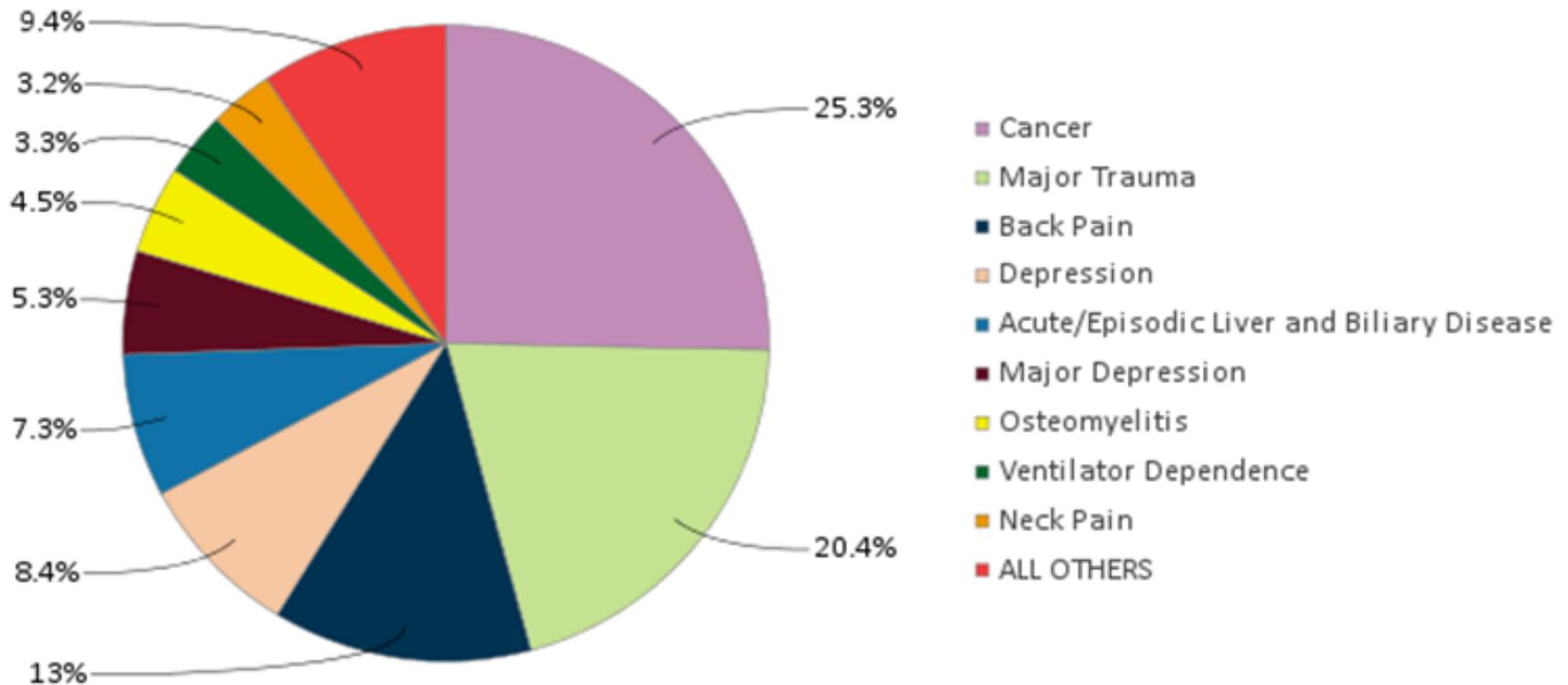
Follow-Up After Behavioral Health Discharge

- Measured for members who were continually enrolled for 12 months and had an inpatient behavioral health stay.
- Sanford Health Plan has a quality initiative to improve the follow-up rate for post-hospitalization for mental illness

Measure for 2015	Commercial Rate	Medicaid Expansion Rate
Follow-Up After Hospitalization for Mental Illness, Ages 21-64- Follow-Up Within 7 Days	40.5%	26.82%
Follow-Up After Hospitalization for Mental Illness, Ages 21-64- Follow-Up Within 30 Days	65.12%	45.59%

Case Management Opportunities

- Utilization by cost data is used to stratify the population for Disease Management
- This figure displays the highest paid diagnoses for members of this population



Disease Fingerprint

- This Table ranks members with chronic conditions
- In this table a member can have multiple chronic conditions
- The results displayed in this table are based on claims incurred Dec 2013 thru Nov 2015

Chronic Condition	# of Members	Members per 1000
Hypertension	3,765	274.9
Diabetes	2,155	157.4
Hyperlipidemia	1,998	145.9
Osteoarthritis	1,395	101.9
Asthma	1,035	75.6
Bipolar Disorder	996	72.7
Chronic Liver and Biliary Disease	782	57.1
Chronic Obstructive Pulmonary Disease	705	51.5
Coronary Artery Disease (incl. MI)	603	44.0
Chronic Renal Failure	362	26.4
Coagulopathy	328	24.0
Cerebrovascular Disease	285	20.8
Congenital Anomalies	271	19.8
Congestive Heart Failure	259	18.9
Cirrhosis	248	18.1
Schizophrenia	179	13.1
Rheumatoid Arthritis	177	12.9
Atrial Fibrillation	174	12.7
Immune Disorders	145	10.6
Inflammatory Bowel Diseases	83	6.1
Osteoporosis	81	5.9
HIV/Aids	64	4.7
Demyelinating Diseases	61	4.5
Chronic Pancreatitis	58	4.2
Ulcerative Colitis	24	1.8
Major Organ Transplant	23	1.7
Parkinson's Disease	7	0.5
Sickle Cell Anemia	4	0.3
Cystic Fibrosis	3	0.2
Hemophilia	2	0.1

Summary

- Enrollment has plateaued
- Retention is key
- The longer a member is continually enrolled, the more likely they are to comply with their treatment plans and seek preventive care

Questions?

Thank you for your time today.