



Testimony

Joint Medicaid Oversight Committee

**Dale Ocheske, Executive Director
Paramount Health Care
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Chairwoman Sears and members of the Joint Medicaid Oversight Committee, thank you for the opportunity to speak to you about the partnership that Paramount Health Care has with the Ohio Department of Medicaid (ODM). My name is Dale Ocheske and I am the Executive Director for Paramount's Medicaid health plan, Paramount Advantage. I want to take a few minutes of your time and give you an overview of Paramount and our commitment to serving Medicaid recipients in Ohio.

Paramount Health Care is a unique partner in that we are one of three provider sponsored health plans in Ohio. As a provider sponsored health plan, we have a health care delivery system that incorporates both the delivery of health care services and health insurance. We're part of ProMedica. The efficiencies and health outcomes we both achieve and set as goals through ProMedica are passed through to Paramount.

Some other facts about Paramount that I am very proud of include:

- Paramount Advantage, Paramount's Medicaid plan, has been a partner in Ohio's Medicaid Managed Care Program since its inception in 1993 and has consistently retained some of the highest overall member satisfaction ratings in Ohio since 1995.
- Paramount Advantage has maintained continuous accreditation from one of the major accrediting bodies for health plans, the National Committee for Quality Assurance (NCQA) – since 1995.
- In SFY 2014 Paramount Advantage received the highest score for three of the six ODM Pay for Performance measures which included, *Timeliness of Prenatal Care*, *Controlling High Blood Pressure*, *Use of Appropriate Medications for Asthma* and scored above the national average for all HEDIS measures combined that are part of the ODM quality strategy.
- Paramount has received a Pinnacle Award from the Ohio Association of Health Plans (OAHP) ten times since the award program's inception 10 years ago. The annual awards recognize the most outstanding health plan in three categories: community outreach/partnership, healthcare programs, and business/operations.

Over the years, we have challenged ourselves to continue to build on this foundation of excellence. In 2013 Paramount Advantage was selected by the State to be one of five statewide partners in Ohio's new Medicaid Program. While we maintain our roots as a local company in northwest Ohio, we have made significant investments in the state of Ohio and have taken the strength of our business model and built a Medicaid managed care network across Ohio to deliver high quality health care services to produce great health outcomes for Medicaid recipients across this great state. Currently, Paramount Advantage contracts with over 30,000 providers and serves 226,000 Medicaid consumers statewide.

Today I would like to share information with you on some of the ODM program requirements that Medicaid plans are accountable for to ensure access to quality services, as well as information on extra services and programs that we offer to meet the overall needs of our members and lead toward their success.

Requirements to Ensure Access to Quality Care

Provider Panel Standards by County

Primary Care Capacity
Provider Specialists
Hospitals

PCP Triage Requirements

Emergent Care = Immediate
Persistent Symptoms = within 24 hours
Routine Care = within 6 Weeks

Grievance Resolution Timeframes

Access Issues = 2 days
Administrative Issues = 30 days
Billing Issues = 60 days

Prior Authorization Turnaround Timeframes

Medical ODM = 14 days for decision to be made versus Paramount's two day standard
Pharmacy = 24 hours

Appeals Turnaround Timeframes

Expedited = 3 working days
Standard = 15 calendar days

Monthly Call Center Standards (Member Services and 24/7 Nurse Line)

≤30 second average speed of answer

≤ 5% abandonment rate

≤ 5% blockage rate

All plans are subject to the ODM point compliance system which is a progressive penalty system that can require corrective action plans, financial penalties, reductions in auto-assignments and enrollment freezes. ODM monitors plan compliance with the above requirements through various methods of reporting and required submissions.

Family Advisory Councils

I also want to make you aware of another ODM program requirement that calls for MCPs to convene Family Advisory Councils (FAC) at least quarterly in each region that the MCP serves. The purpose of the FAC is to engage members to elicit meaningful input related to the MCPs strengths and challenges with respect to serving members. The composition of the group must be diverse and representative of the MCPs current membership throughout the region with respect to the member's race, ethnic background, primary language, age, Medicaid Aid category (Adult Extension, CFC and ABD) and health status.

In 2014 Paramount Advantage partnered with several federally qualified health centers to host quarterly FACs in Cleveland, Lima and Zanesville. Members were recruited by various means to meet ODM diversity expectations. FAC members receive a stipend for attending each meeting, a chance to win a gift certificate and a meal. In 2014 the Paramount Advantage FACs focused on the following three areas of improvement.

- **Understanding Pharmacy Management Process**

Educational presentations were conducted on prescription benefit basics by Paramount pharmacy staff. FAC members were engaged to develop a frequently asked questions document and a member website quick guide relative to pharmacy.

- **Web Site Navigation**

FAC members were trained and educated on navigating the Paramount Advantage website and were asked for feedback to make improvements.

- **Member Handbook Revisions**

The main area that FAC members focused on involved reviewing and revising the Paramount Advantage Member Handbook. Some of the recommendations made included reorganizing like information into one area such as Women's health and prenatal/postpartum

care information. Sections of the handbook were color coded and tabbed for quick reference. Language that was confusing to FAC members was redefined to provide clarification and an important numbers section was developed for easy reference.

In 2015 Paramount Advantage will be holding FAC meetings in new locations throughout the state including Columbus, Cincinnati, and Cleveland. On behalf of all five Medicaid plans, I would like to extend an invitation to the Chair and any Committee members that may be interested in attending a FAC meeting to see first-hand we are all working with and engaging our members to improve programs and services.

Extra Services and Programs

To ensure quality health outcomes, assist with care coordination and to control costs all Medicaid managed care plans offer members additional services over and above the required health benefits and that are not available through the traditional Fee-for-Service Medicaid Program. Some examples include:

24/7 Nurse Line

Transportation Assistance

Health Needs Screening Program

Social Services Outreach

Community Resources Guide

Customer Service Call Center with Personal Representatives Available

Steps to Health Application

Interpreter/Translation Services

Member/Provider Incentive and Reminder Programs

Case Management

Disease Management/Home Care Programs

Member/Provider Incentive Programs

In order to achieve the performance standards established by the State, Ohio's Medicaid MCPs have developed initiatives that engage both members and providers. For example: Paramount has a prenatal incentive program, "*Prenatal to Cradle*", which incentivizes members by awarding them with up to \$125 in gift certificates for receiving early/regular prenatal care and postpartum care. Appointments are tracked through claims data which reduces administrative burdens for provider offices. In 2014 thirty percent of our pregnant members enrolled in the program and were awarded \$100,000 in gift cards. Paramount also offers incentive programs to encourage providers to outreach to members for well-visits, cancer screenings and diabetes.

Disease Management and Home Care Programs

Disease management and home care programs have also been developed targeting specific clinical conditions such as asthma, chronic kidney disease, chronic heart failure, high risk depression, diabetes and migraine. The care management team, comprised of health educators, nurse care managers, licensed social workers, pharmacy staff, and physician advisors use a holistic health approach, assessing physical and behavioral health, nutritional, environmental, and lifestyle issues. The goal is to promote wellness that encompasses the whole person, not just the chronic condition(s). All of the programs target preventing complications and acute care utilization, especially emergency room visits.

For example, Paramount's migraine program has resulted in the following statistically significant decreases in migraine related hospital admissions, emergency room visits and medical costs from 2007 – 2014.

ER Rate Reductions: 117% to 45%

Inpatient Stay Reductions: 5.1% to 1.2%

Medical Cost Reductions Per Member Per Month: \$478 to \$419

Member Success

Comprehensive care coordination offered in conjunction with many extra services and programs can ultimately lead to overall member success. Attached for your review are several stories that demonstrate how the efforts of the Medicaid managed care plans to address individual health care needs can help Medicaid consumers return to school and work in order to lead productive lives. As one member stated, "Medicaid was and hand up not a hand out".

Paramount Advantage is a committed partner and is privileged to be part of the improvements being made to improve the health and enhance the lives of thousands of Ohioans. We are confident that we will fulfill our mission to improve the health and well-being of our members.

Thank you for this opportunity and I will be happy to answer any questions you may have.