

APS Healthcare Inc

Helping People Lead Healthier Lives

APS Healthcare, Inc.

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Accreditations and Experience

- **APS' commitment to quality** demonstrated through pursuit of Accreditations, including:
  - URAC-Accredited Health Utilization Management Organization;
  - URAC-Accredited Case Management Organization; and
  - NCQA Accreditation.







- **QIO-like** (formerly Pro-like) Designation from the Centers for Medicare and Medicaid Services (CMS).
- **Seasoned Management Team** with average industry experience per team member of 15 years.

APS Values

- **Committed** to improving the lives of the people we serve.
- **Quality treatment outcomes.**
- **Local APS leadership** and support staff for each of our programs.
- **Community partnership**.
- **Create a positive working environment**, encouraging our employees to reach beyond the boundaries of convention.

APS Infrastructure

- APS is a nationwide firm with over 25 offices across the country and overseas.
- APS service center facilities range in size from smaller offices to 350 person regional service centers.
- State of the Art Technology.

Dedication to Local Values

- APS' is serving the Wyoming Department of Health by providing a local Cheyenne based **management** office, supported by Wyoming-based physician consultants and dedicated Montana-based clinical staff with ***substantial experience providing service to rural residents***.

Key Customers

- State of Wyoming
- State of Wisconsin
- State of Georgia
- State of Arkansas
- State of West Virginia
- State of Hawaii (HMSA-Quest/CCS)
- State of Pennsylvania (Counties) Health Care Quality Unit for MR/DD (HCQU)
- State of Maryland
- State of South Carolina
- State of Louisiana
- State of Washington
- State of California (new award)

- BCBS Montana
- BCBS North Dakota
- BCBS Hawaii (HMSA)
- BCBS of New York (HealthNow)
- Humana Military – TRICARE
- Raytheon
- Pfizer
- Motorola
- Rite Aid
- Hewlett Packard
- Hershey Foods
- Campbell Foods
- BP Oil
- Micron Technology

Over 12 Million Lives Covered

APS Public Programs

- **Innovative partnerships.**
- Focus on both **data-driven** and q**uality improvements.**
- **Successful programs to support recovery principles.**
- **Leader in National Best Practices.**

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Service Delivery Model

- In all of our public programs operations, we maintain a keen interest in continuing to learn how we may assist our customers to better serve the beneficiary and provider communities in a high quality, cost effective manner.

Key Functions and Locations

- APS is conducting program management of the utilization and medical review activities from our local Cheyenne office, which will house the Contract Administrator, the Medical Director and the Community Outreach Coordinator.
- Utilization Management functions are being performed in our Missoula, Montana service center via 800 toll-free phone and fax access.
- Peer Review Committee physician functions is conducted by our Wyoming panel of physicians and specialists. **APS has executed a Letter of Understanding with Wendy Curran, Executive Director of the Wyoming Medical Society**, for assistance in assembling Peer Committee and advisory group members.

Understanding Rural Wyoming

APS is experienced with the challenges of medical and behavioral health service delivery in rural states such as Wyoming, including:

- Limited access to doctors;
- Limited array of specialty services and diagnostic equipment;
- Difficulty obtaining preventative outpatient services, especially for mental health and substance abuse, that would assist in avoiding costly inpatient admissions;
- Less timely access;
- Insufficient public transportation resources; and
- Rural consumers, particularly those with intense behavioral problems often relocate to secure services in more urban areas, resulting in a loss of community ties.

Comprehensive Case Management

- Our proactive case management program focuses on the whole member as opposed to just the chronic or acute episodic issue at hand, promoting goal-focused treatment plan.

- We use “Care Strategies” that help us prevent consumers and families from falling through the cracks.

- **APS Healthcare proudly holds full URAC Case Management Accreditation.**

Quality Assurance Functions

In performing review activities, APS is holding:

- Periodic reviews of the care management process through audit/case reviews for both UM and CM to:
  - Promote consistent documentation;
  - Determine if the program is effective in achieving client-specific care; and
  - Identify areas of improvement, organizationally and individually.
- External education and training over and above program training requirement through:
  - Provider Advisory Groups;
  - Web-based trainings; and
  - Quarterly training offered at various sites throughout the State.



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Helping People Lead Healthier Lives

Overview of Disease Management Programs

Healthy Together℠ Disease Management for Wyoming

- Comprehensive menu of Disease Management & Health Improvement programs for the state of Wyoming:
  - Healthy Together℠ …***Breathe Easy!***
    - Asthma
    - COPD
  - Healthy Together℠ … ***Take Control!***
    - Diabetes
  - Healthy Together℠ … ***Take Heart!***
    - Congestive Heart Failure
    - Coronary Artery Disease (CAD)
  - Healthy Together℠ … ***A Healthy Perspective!***
    - Depression
  - Healthy Together℠ … ***Healthy Additions!***
    - Prenatal/Maternity

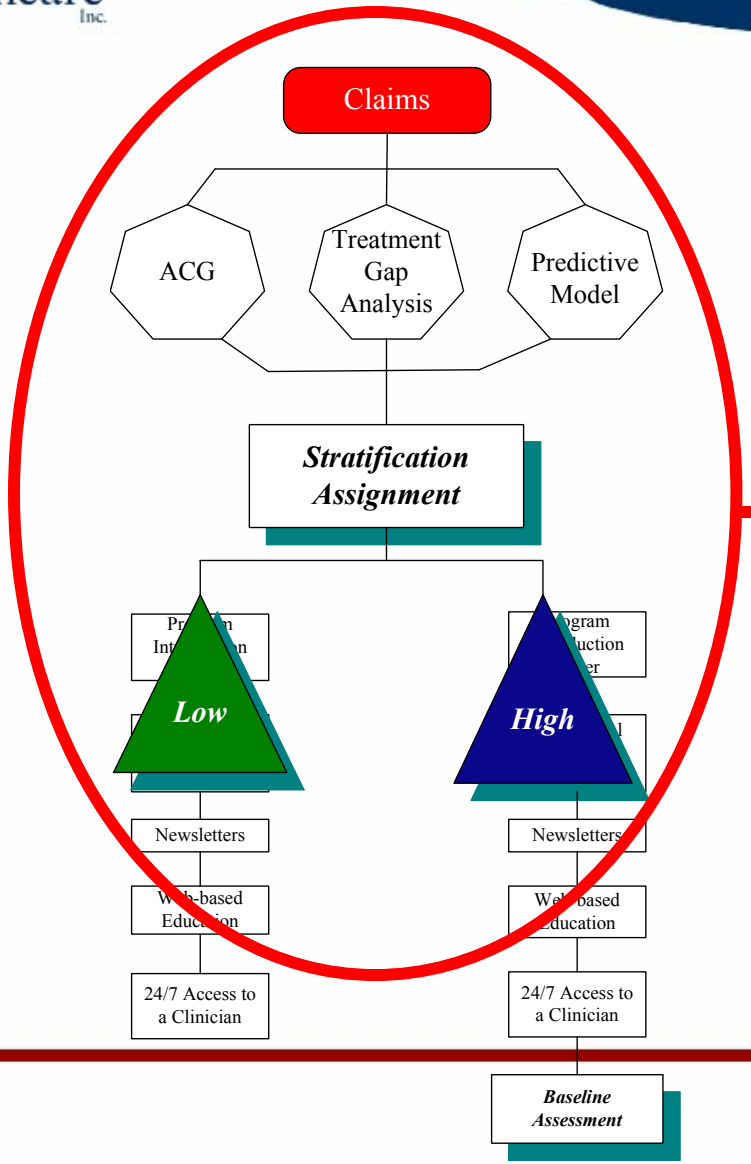
HEALTHY TOGETHER℠
Helping people lead healthier lives

Healthy Together℠ Disease Management Program Model

"Behavior modification is the key to successful disease management"

- **Patient identification**
  - Application of proprietary informatics using medical, pharmaceutical, and behavioral claims data
  - Referrals from provider, client and their vendors, and self-referrals
- **Stratification – A two-tiered approach**
  - Claims
  - Self-Reported Data
- **Participant Interventions**
  - Access to a clinician 24/7
  - Educational materials
  - Web-based education
  - Telephonic care management
  - Interactive technology
  - Smoking & weight management
- **Physician interventions**
  - Fax, email, mailed and/or telephonic clinical status updates
- **Outcomes analysis & reporting**
  - Program activity/intervention tracking
  - Clinical
  - Utilization
  - Financial
  - Productivity
  - Satisfaction

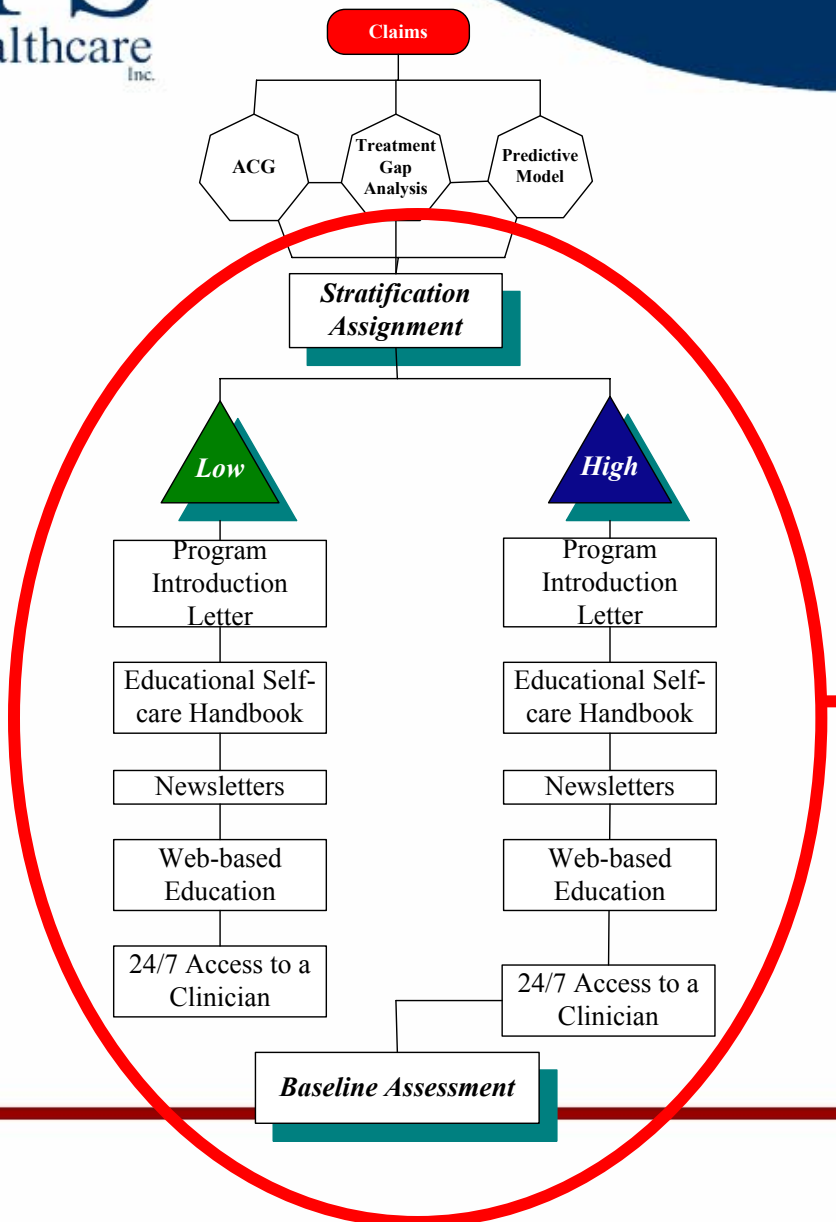
Patient Stratification
Based on Claims



Utilize informatics tools to stratify population into two severity levels:

- Low Intensity
- High Intensity

Initial Intervention Assignment and Baseline Assessment



Baseline Assessment:

A comprehensive assessment conducted telephonically to collect self-reported data in order to evaluate a participant's current status

Intervention Intensity Matrix

Stratification and Intervention Summary

INTERVENTION INTENSITY MATRIX			
PHASE ONE: IDENTIFICATION & STRATIFICATION BASED ON CLAIMS			
	STRATIFICATION LEVEL		
Intervention Types	**Low**	**High**	
Welcome Letter / Disease-Specific Self-Care Handbook	X	X	
24/7 Access to a Clinician	X	X	
Newsletters	X	X	
24/7 Web-based Education	X	X	
Baseline Assessment / Stratification Conducted via CCMS		X	
PHASE TWO: STRATIFICATION BASED ON CCMS ASSESSMENT			
	STRATIFICATION LEVEL		
Intervention Types	**Low Clinical**	**Moderate Clinical**	**High Clinical**
Telephonic Care Management with Ongoing Assessments, Treatment Gap Analysis, Monitoring and Follow-up*	X	X	X
Physician Outreach Activity		X	X
Intensive Telephonic Care Management with Technology Support via Health Buddy®			X

* ***Call frequency varies with disease severity***

What Differentiates APS' Healthy Together[SM] Disease Management Program?

- APS uses a combination of **3** informatics tools to:
  - Identify current & future high-risk members
  - Stratify based on illness burden
  - Determine gaps in clinical best practices
- Proven motivational & behavioral change protocols & techniques are embedded in our program
- Our Health Coaches are trained to effectively address all aspects of a patient's life & coordinate all aspects of treatment
- Our model promotes continuous care collaboration with the member, provider, workplace and other healthcare vendors utilizing a variety of communication/outreach methods



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Information Systems

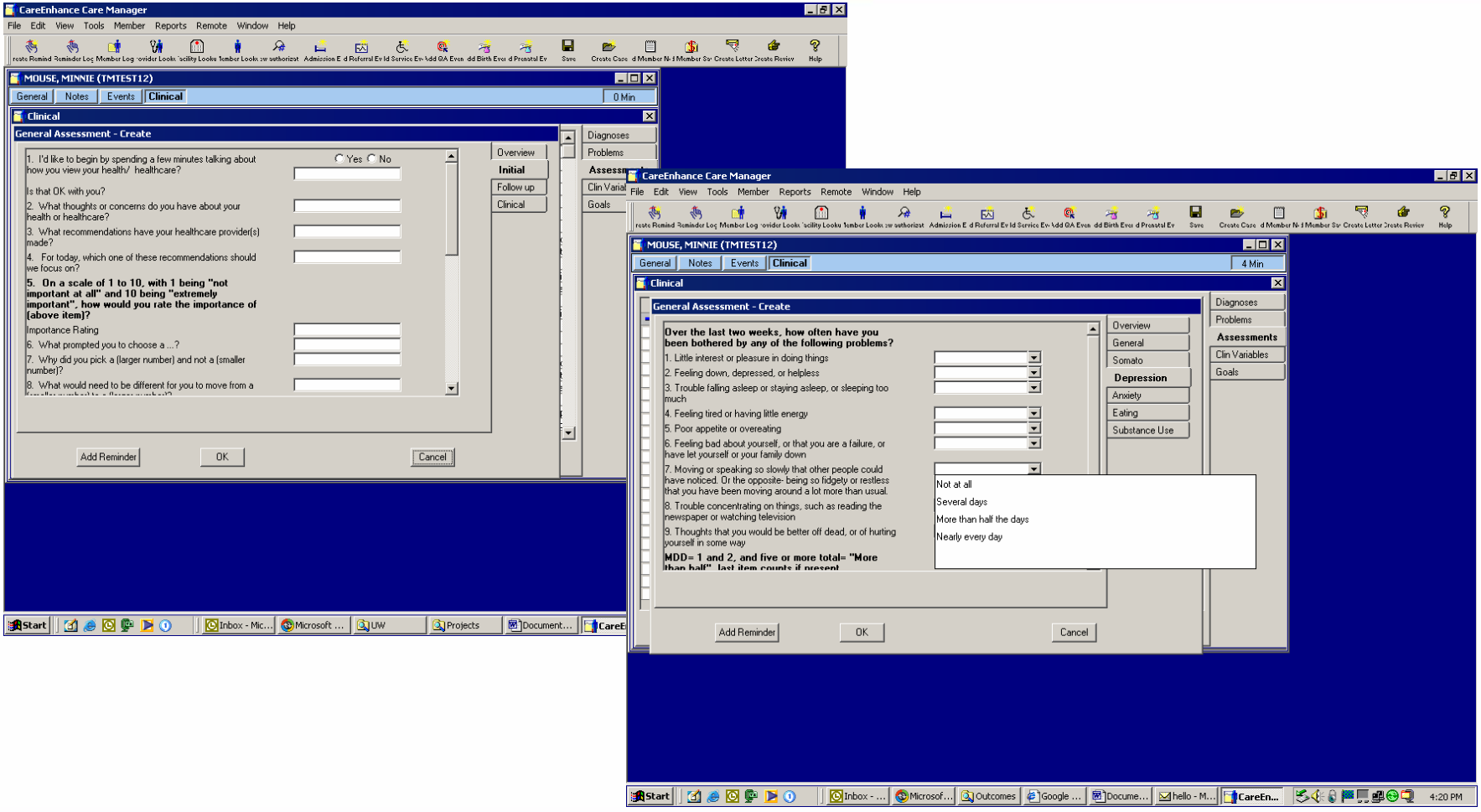
Information Systems Driven by Clinical Excellence

- **APS' information management structure is robust** and **configurable** to meet the needs of all utilization and medical review functions including interfaces with MMIS, the DSS and OmniAlert SURS.

- The Clinical Care Management Systems (CCMS) is composed of a **member-centric suite of utensils that provides the tools** and **assessments** necessary to identify the medical and behavioral health needs of each individual.

- The **clinical treatment pathways** (as seen in the following slide) included with this software help coordinate the best treatment and care possible for Medicaid recipients.

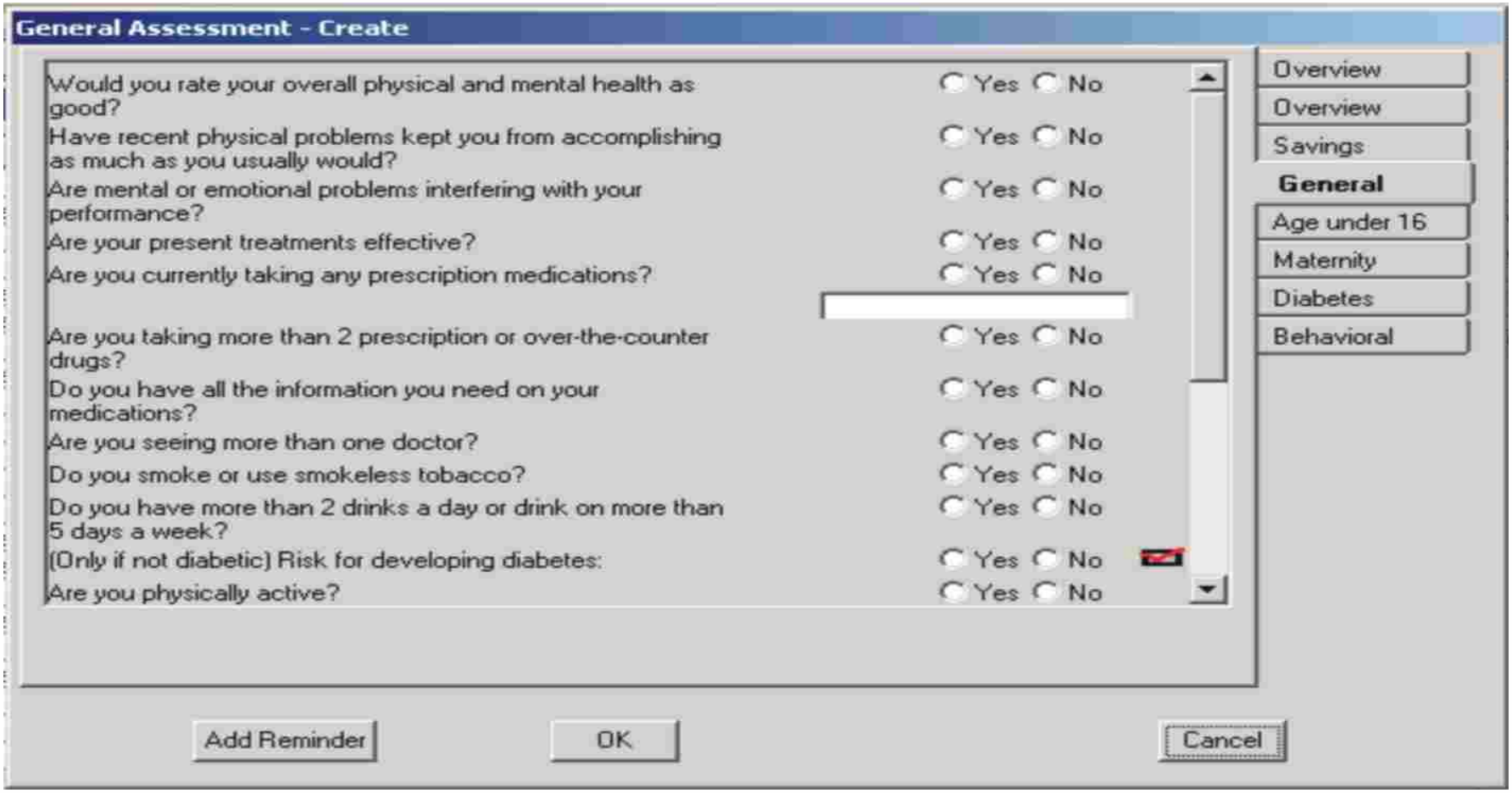
Customized Clinical Pathways



Advanced Clinical Technology

- **URAC conducted a delegation audit for our services last June, and the auditor stated that the APS Clinical Impact Tool is one of the best case management tools she has ever seen.**

APS' Clinical Impact Tool



Improving Health Outcomes

49 year old male enrolled in Healthy Together…Take Heart!

Clinical Issues	Medications	Psychosocial Events	Health Coach Impact!
➢ CAD ➢ Cardiomyopathy (LVEF = 27%) ➢ Non-compliant with weighing daily ➢ Hypertension ➢ Diabetes ➢ Non-compliant with blood glucose monitoring due to financial issues ➢ Depression ➢ Obesity (378 pounds / BMI=49) ➢ History of alcohol abuse ➢ Smokes 3-packs per day ➢ Experiencing significant daily stress	➢ ASA 81mg QD ➢ Zocor 40mg QD ➢ Lisinopril 5mg QD ➢ Lanoxin 0.25mg QD ➢ Toprol XL 25mg QD ➢ Furosemide 20mg QAM ➢ Prevacid 30 mg QD ➢ Xanax 0.5 mg QD ➢ Humulin Regular 60 units TID and NPH 60 units BID ➢ Clarinex ➢ Unable to afford medications	➢ Lives alone / No local family support ➢ Recently divorced / Responsible for child support ➢ Originally employed with a six-figure salary; current salary $30,000/year ➢ Significant financial issues ➢ Weight gain of almost 200 pounds in last two years	➢ Understands disease processes and importance of adherence to treatment regimen ➢ Openly sharing concerns with physicians regarding diabetes, obesity, medication compliance and finances ➢ Glucometer and blood glucose monitoring strips obtained and member is compliant with daily monitoring ➢ Arrangements made to obtain lower cost medications and medication compliance achieved ➢ Actively participating in weight loss program ➢ Smoking cessation plan initiated ➢ Successful in active application of stress management techniques

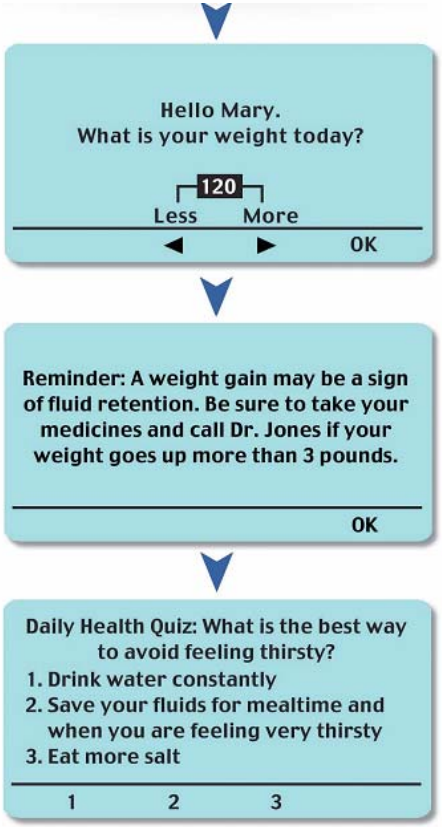
"Thank you. It was a great comfort to know that someone cared."

Health Buddy®

Technology support for high-intensity program participants

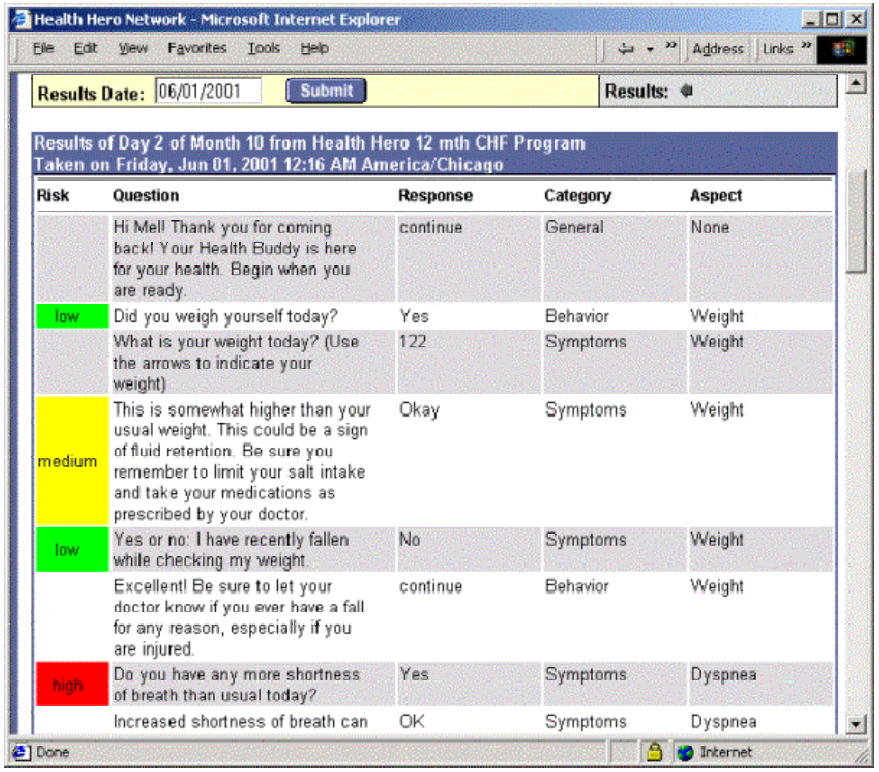
- *Health Buddy® is an interactive tool that provides daily information to Health Coaches*
- *Information assists the Health Coach in early identification of clinical complications and tracking participants' compliance*
- *Serves as an educational tool providing instant feedback and positive reinforcement to participants*

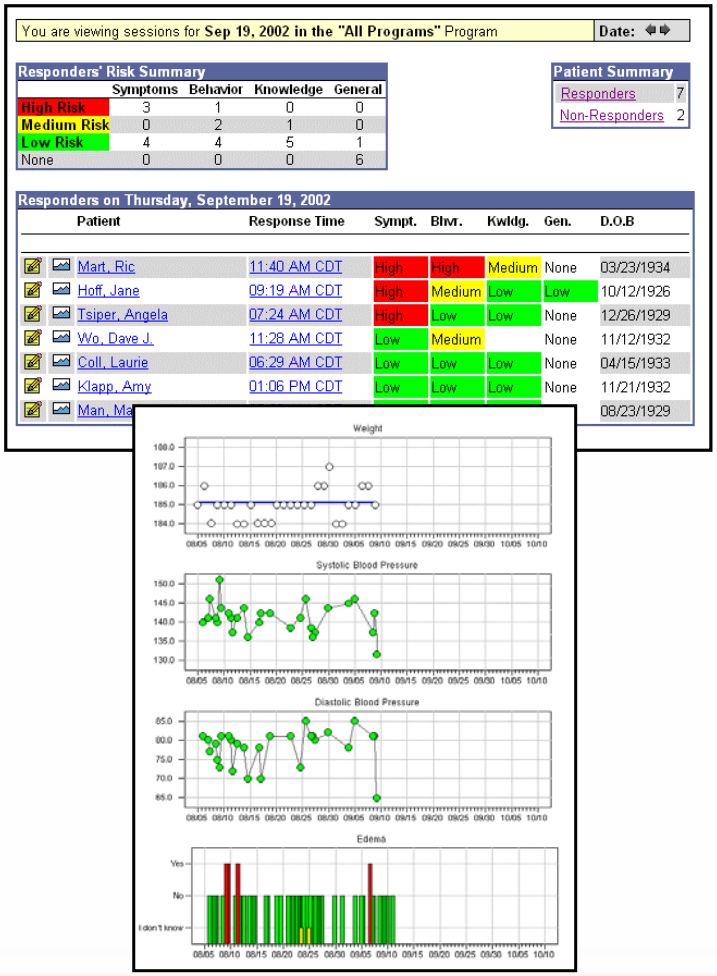




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Value Added Services

Proactive Communication

- Dr. Marian Smith was hired as a local Medical Director to underline the importance of timely, accurate and ongoing communication between the APS offices and the Department.
- Executive Director will coordinate operations between Department and APS staff in Cheyenne and Montana to include:
  - Monitoring the success of the program;
  - Addressing and resolving issues/concerns; and
  - Preparing and interpreting reports and responding to Department inquires.
- APS will schedule frequent meetings with the Department to assure pro-active communication, timely deliverables, and coordination of services with other vendors.

Provider and Consumer Input

APS has extensive experience with systems of provider input, including:

- **Focus Groups** – APS proposes to conduct at least one focus group annually on a topic mutually determined by the Department and APS.
- **Advisory Groups** – APS proposes to facilitate an active advisory group process to assure that key providers and stakeholders have an opportunity to provide input regarding program operations, as well as to review QI data and assist with the development of clinical benchmarks for UM decisions.

Physician Outreach Activity

- Engage the provider in a **collaborative** partnership
- Complement the existing patient/provider relationship
  - Educate provider about the program
  - Information-sharing relative to:
    - Clinical guidelines and best practices
    - Patient progress and/or barriers to treatment compliance
    - Peer-to-peer assistance in problem solving on difficult cases

Provider Training and Education

APS proposes to exceed provider education requirements through offering:

- Quarterly provider training sessions throughout the year.
- Training sessions will address utilization review, quality assurance issues, and significant changes to policy and provider procedures to promote understanding and compliance;
- Best Practices seminar on a subject mutually determined by the Department and APS; and
- Website for providers containing extensive educational materials that may be used for internal training and quality improvement activities.



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Wyoming Program Implementation

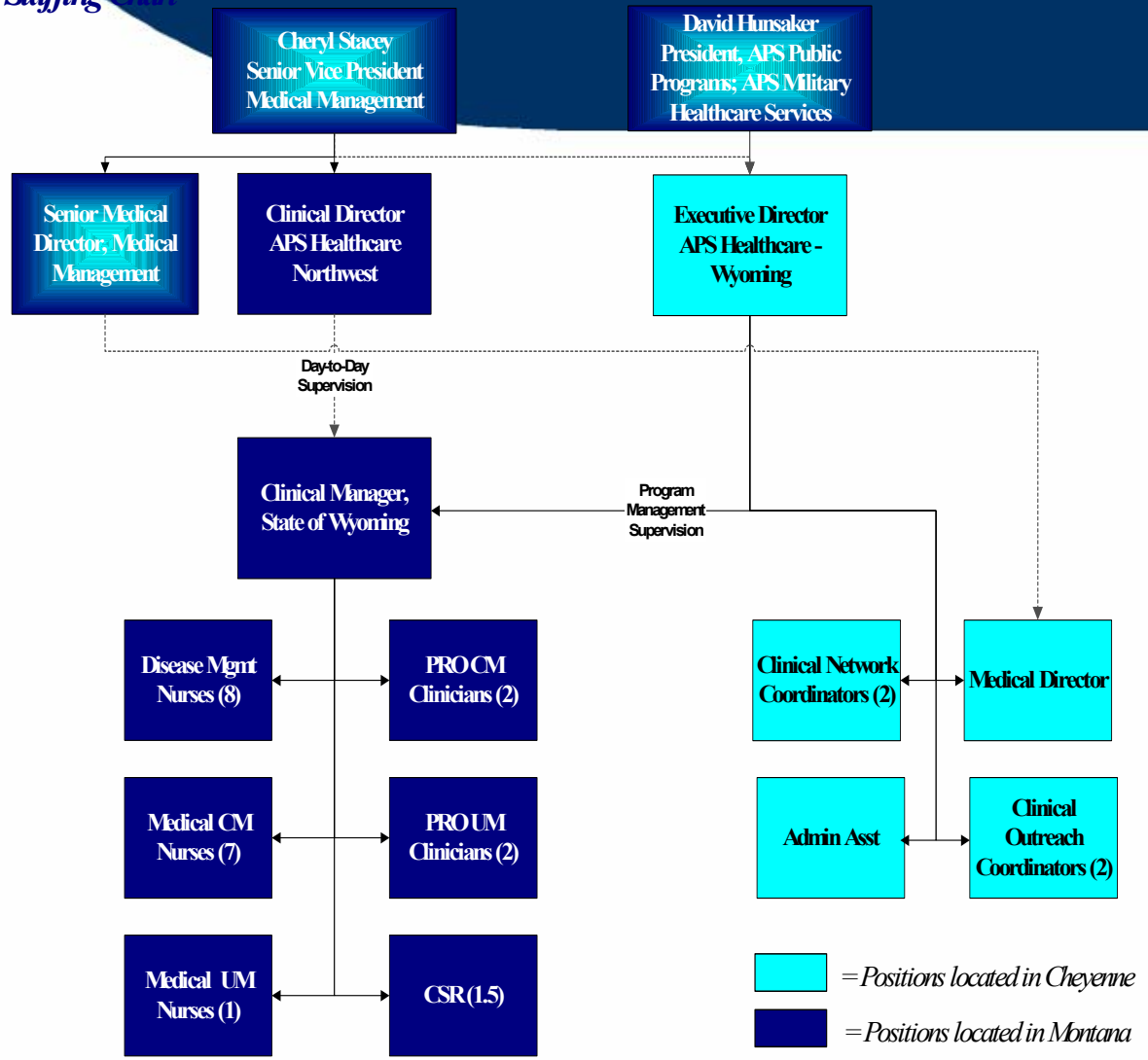
Implementation Activities

- Extensive community outreach including discussions with Wyoming Medical Society, leading health services organizations, ACS personnel.
- Public Health.
- State Drug Utilization Review coordination meetings.
- Wyoming Hospital Association.
- United Way and other support agencies
- Research on State health issues, demographics, health personnel, training programs, nursing executives, etc.
- Wyoming Healthcare Commission
- Wyoming Primary Care Associates.

Implementation Activities

- Mental Health/Behavioral Health began July 1, 2004
- Identified Medicaid High Risk
- Stratified High Risk –using Johns Hopkins Predicitive Modeling
- ABD – first 1000 letters have been mailed to recipients
- Follow up telephone calls beginning to initiate assessments and begin case management
- Provider Education Manual – in progress

State of Wyoming Staffing Chart





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Questions