

# MANAGED CARE

## OUTLOOK

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### At Presstime

#### HHS to Assist Hospitals with Communication

The Department of Health and Human Services has announced a new program, Effective Communication in Hospitals, to assist hospitals in meeting the communication needs of individuals who do not speak English as their primary language (*i.e.*, are limited English proficient) or who are deaf or hard of hearing. The department's Office for Civil Rights will collaborate with state hospital associations and their members to develop and implement these programs.

A central component of the initiative is collaboration between each OCR regional office and a state hospital association to develop goals and activities. Hospital associations in the following nine states have committed to working on this initiative: Kentucky, Missouri, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Utah, and Washington. Additional state hospital associations may be added in the future.

There is also a joint effort by OCR headquarters and the American Hospital Association to ensure that project participants have access to resource materials, share the results of the initiative with other hospitals, and address related issues of national concern. ■

#### Partnership for Clear Health Communication Works to Improve Health Literacy

Hypertension...Sequelae...Vertigo...While these may be common terms to members of the health care profession, they are not terms that the average consumer often recognizes and/or understands, which is something the Partnership for Clear Health Communication (PCHC) is striving to address and resolve.

PCHC is a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on health outcomes. According to the coalition, low health literacy is often misunderstood as a condition that affects a specific portion of the

*(See Partnership for Clear Health... page 3)*

#### Recently Launched Care Management Solution Aims at Managing Cost Trends

In an effort to help third-party administrators (TPAs) effectively manage their clients' health care cost trends, SHPS, a provider of health advocacy and health benefit solutions, has launched a suite of integrated care management solutions that consists of utilization management, disease management, and case management services within a single delivery platform.

SHPS' integrated care management suite seeks to improve the efficiency and effectiveness of health care delivery through a holistic clinical system that manages the member across the entire care continuum and is designed to enable members to move between programs fluidly and seamlessly.

*(See Recently Launched... page 6)*

understandable,” notes DeBuono. “We want organizations to really embrace this concept and act on it by training providers on how to communicate better and also empower patients to ask the right questions and to be assertive about their health care.”

There are a few challenges, admits DeBuono. First, managed care organizations need to understand that there are tools they can give to their providers and patients to facilitate communications. Second, they must take the time to educate and train their providers on how to communicate better and overcome the fear that communicating better and more clearly is going to take more time.

“I think there’s this notion that it’s going to take much longer to explain something clearly to patients,” says DeBuono. “That’s not really true. It does not take that much longer, so it’s

just overcoming this fear and this notion that it does.”

Third, organizations have to overcome the fear that it is going to cost a lot of money to educate patients. “There are free materials, like Ask Me 3, that are available,” says DeBuono. “It’s so easy to print those out or download them and give them out to your patients. If you are a managed care plan that’s a staff model, have them available. If you are not a staff model, send it out to your providers and perhaps have them do a little tutorial or get them together in a gathering and get a health literacy expert from the partnership out there to give a talk about this to providers. We’re here to help.”

Ask Me 3™ is a trademark licensed to the Partnership for Clear Health Communication. Funding for this program is provided by Pfizer Inc. ■

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## Recently Launched...

(from p. 1)

“Many TPAs started out as transaction-oriented entrepreneurs,” explains Jeff Rosenblum, SHPS’ executive vice president of channel solutions. “The industry shifted, and TPAs were backed into the care management. They didn’t start out with that in mind, but all of a sudden, they woke up with six different care management partners, which translates into unwanted overhead for them.”

SHPS’ care management solution was designed to relieve some of that pressure and bring the different components together on one platform.

“There was this Reese’s peanut butter cup moment when you say, clearly there’s a problem that we’re seeing with the third-party administrators,” notes Rosenblum. “They were doing disease management over here. They were doing case utilization management over here because it was a requirement of their stop-loss providers, but they weren’t doing it in an integrated way.”

## Risk Scoring

SHPS has a risk scoring engine that allows a third-party administrator to compile available data, apply analytics to that data, and ultimately target the right people with the right intervention. For example, someone that is diabetic and has a \$100,000 claim or a half a million dollar claim automatically would go into the group to be called.

“The reality is that through a series of scoring capabilities that include the patient’s readiness for change, what we know about the patient’s claims, and what we know about that patient from his health risk assessment and conversations with his nurse, that patient may very well be someone who’s doing everything right, but he still goes in that group,” explains Rosenblum. “When you have a chronic illness, things will occur, but that doesn’t necessarily mean you need any nurse coaching.”

People sometimes go after the low-hanging fruit and do not do the things to prevent the “train wrecks” from happening, notes Rosenblum. Unfortunately, the train wrecks

affect the trend line longer term. As a result, identifying through claims information that someone does not take his or her medication on a regular basis or does not refill the medication in a timely manner can provide valuable information. It can identify if a problem is likely to occur or whether a nurse needs to reach out to that person before the problem becomes worse. That is the best way to attack the trend line.

### **Making It All Work Together**

“Essentially, it’s a back-to-front mentality,” says Rosenblum. “The data hub or data foundation has to assume that an employee is going to go up and down the care continuum. As long as your data infrastructure supports that, then it knows that someone with a chronic condition can escalate up to acute and back to chronic.”

Without a data infrastructure in place, there is a “siloed” effect, continues Rosenblum. The data sits in different databases, and no one person is responsible. Different companies and different partners pass data back and forth, each doing a little bit of each other’s job but nobody really “owning” the responsibility. The TPA sits in the middle and becomes a data integrator, which is something TPAs were never meant to do.

“The TPA industry is so driven by what data they can get to re-insurers. You’ve got to keep the re-insurers informed, and you’ve got to get them everything they need to keep the rates and the discounts at a level in which the client ultimately benefits, but that’s not driving the overall care and cost take out that the industry is now being asked to do,” explains Rosenblum. “At the end of the day, what we are really supposed to be doing is managing care and getting folks to use it more efficiently — trying to change behavioral patterns and ultimately bend the trend line — and that’s not what the TPA industry had been provided in the way of technology and clinical support previously.”

### **Case Study**

The Epoch Group, a third-party administrator based out of Kansas City, has been working with SHPS to implement the integrated care management solution.

“We had a distinct need to deliver an integrated product solution to our customer base that rivaled those services that were being seen from the insurance carrier world — the CIGNAs, the Aetnas, the Blues,” explains Paul Stucky of The EPOCH Group.

Despite having what he considers a distinct advantage for bringing “best in class” from a vendor perspective to the table, Stucky explains that third-party administration can be a very disjointed service from time to time. Each vendor has its own reporting capabilities and its own unique features, but they do not talk to one another.

“What we found is that we had a distinct need for bringing these services together in some format that would deliver a more effective, more efficient service,” notes Stucky. “We had an existing relationship with SHPS through our disease management vendor partnership and began evaluating the services that were being performed under our utilization management and large care management vendor partnership. We found that these historical utilization management large care management services are moving into disease management, and it makes a lot of sense to have those services handled by one vendor.”

It streamlines the process and allows for continuity of care, adds Stucky. “As a member goes through utilization management, goes into large care management, and ties into disease management, those services are together under one vendor partnership, and it makes a lot of sense from a reporting standpoint.”

### **Clinical Nursing Component**

In addition, to its technology platform, SHPS has a large population of case/utilization management nurses and disease management nurses. The company staffs 350 registered nurses with specialty backgrounds and 15 physicians.

“It makes the call so much more effective when you know that the person on the other end of the line has your full history in front of them and you don’t have to repeat everything you just went through with another nurse,” explains Rosenblum. “The ability to take in

pharmacy data and biometrics and claims data, as well as the patient's health risk assessment, and have all of that available on a nurse's desktop — regardless of whether you are in case management, utilization management, disease

management, or a wellness program — that is the real key to success.”

Additional information is available at [www.shps.com](http://www.shps.com). ■

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## Outdated or Incorrect Provider Information Can Cost Big Bucks

Every time a letter or a claims payment to a provider is returned as undeliverable or a payment is made based upon inaccurate information, someone somewhere pays the cost — and the cost is a hefty one, according to at least one industry estimate.

“Outdated and inaccurate information affects operations in a broad way,” explains Joel Portice, chief operating officer and co-founder of Enclarity, Inc. “It impacts operational processes, adjudication processes, Web directories, decision support reporting, and fraud detection, just to name a few. Everything from incorrect 1099 filings to reissuing correspondence and payments to providers because of outdated mailing addresses results in a combined cost of \$23 billion to \$26 billion annually.”

So much of today's payer enterprise is driven by data, notes Portice. There are so many decisions and conclusions that are made based on data analysis. Unfortunately, this data often is not up to date.

One solution is to use data integration, authentication, and validation technologies previously used in other industries — specifically the financial services and consumer services industries — to create an automated and systematic approach to resolving inaccurate data problems within the health care industry.

“The idea is that you'll improve the rate of auto-adjudication, you'll reduce the amount of returned mail, you'll improve member satisfaction and provider relations by having accurate data displayed and reported,” says Portice.

“What I love about the health care IT industry is that it is extremely effective at clinical

management and evidence-based decision making that is really focused on the care management of the patient. That is predominantly where health care IT has been focused in the past. Our emphasis is to apply technologies from other industries that work on the operational efficiency of the data because that data — whether it is member data or provider data — touches multiple parts of the enterprise.”

### National Provider Identifier

One data source that is receiving quite a bit of attention lately is the national provider identifier. NPI, a unique identification number for health care providers that will be used by all health plans, is part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for administrative simplification and privacy.

By May 23, 2007, all health care providers who use HIPAA standard electronic transactions must have an NPI, and all health care payers must be able to use the NPI to identify providers in standard electronic transactions.

“The national provider identifier has been such a catalyst for understanding the problems of the provider data,” notes Portice. “These legacy systems are complex, and there is a lot of historical data. It is no trivial task to be able to integrate and identify an NPI using the limited identifying information coming out of the Centers for Medicare and Medicaid Services and match that information into the legacy systems.”

A lot of these organizations are also the products of acquisitions and mergers, says Portice. This means multiple provider records for those organizations, which further complicates things.