

BENCHMARKS MEMBER WEBINAR

April 1, 2022



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MEET OUR TEAM

Jesse Thomas

- CEO Healthy Blue, VP Medicaid Blue Cross NC

Angela Boykin

- VP Government Operations, Chief Compliance Officer Healthy Blue

Michael Ogden, MD

- Chief Medical Officer Healthy Blue

Steven Bentsen, MD

- Behavioral Health Medical Director Healthy Blue

Chris Evans

- VP Public Affairs Blue Cross NC

John Crowley

- Plan President/Chief Operating Officer Healthy Blue

Kelly Vogel

- Senior Director Government Affairs and Business Development, Healthy Blue

Mark Washington

- Executive Director Foster Care Healthy Blue

Seth Morris

- RVP Provider Solutions Healthy Blue

Maria Franklin

- Director of Behavioral Health Services Healthy Blue

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HEALTHY BLUE NETWORK SIZE

Network Adequacy Category	Healthy Blue
Crisis Services (Behavioral Health)	3,218
Inpatient Behavioral Health Services	64
Location Based Services (Behavioral Health)	3,218
Pediatric Psychiatry	1,383
Psychiatry	8,274
Total	16,157
Counts are defined as National Provider Identifier (NPI) and service location	

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BEHAVIORAL HEALTH (BH) / PHYSICAL HEALTH (PH) INTEGRATION: AMH SUPPORT

- Deployment of **dedicated team of field-based staff** who actively oversee internal and State-led programs aimed at integrating physical, behavioral, and social determinants of health (i.e., **CMARC, HOP, InCK**)
- **Screening for Depression and Follow-up Plan** measure included in all AMH-targeted based value-based arrangements (Blue Premiere PQIP ESN, PQIP)
- Planned launch of **Behavioral Health Quality Incentive Program** (BHQIP) which has enhanced focus on BH and PH Integration, including improvement in clinical quality indicators and member outcomes.

InCK Core Child Services

- Physical and Behavioral Health
- Early care & education
- Housing
- Food
- Schools
- Title V
- Child welfare
- Mobile Crisis Response Services
- Juvenile Justice
- Legal Services

Healthy Opportunities Pilot (HOP)

To qualify for pilot services, individuals must be enrolled in Medicaid managed care, live in a Pilot region and have:

At least one Physical/Behavioral Health Criteria:
(varies by population)

- **Adults** (e.g., having two or more qualifying chronic conditions)
- **Pregnant Women** (e.g., history or poor birth outcomes such as low birth weight
- **Children, ages 0-3** (e.g., neonatal intensive care graduate)
- **Children, ages 0-20** (e.g., experiencing three or more categories of adverse childhood experiences)

+

At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

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HEALTHY BLUE PROVIDER SUPPORT MODEL

Communication and Education

Field-based team with coverage in all regions
26 associates in total

Claims and Data Support

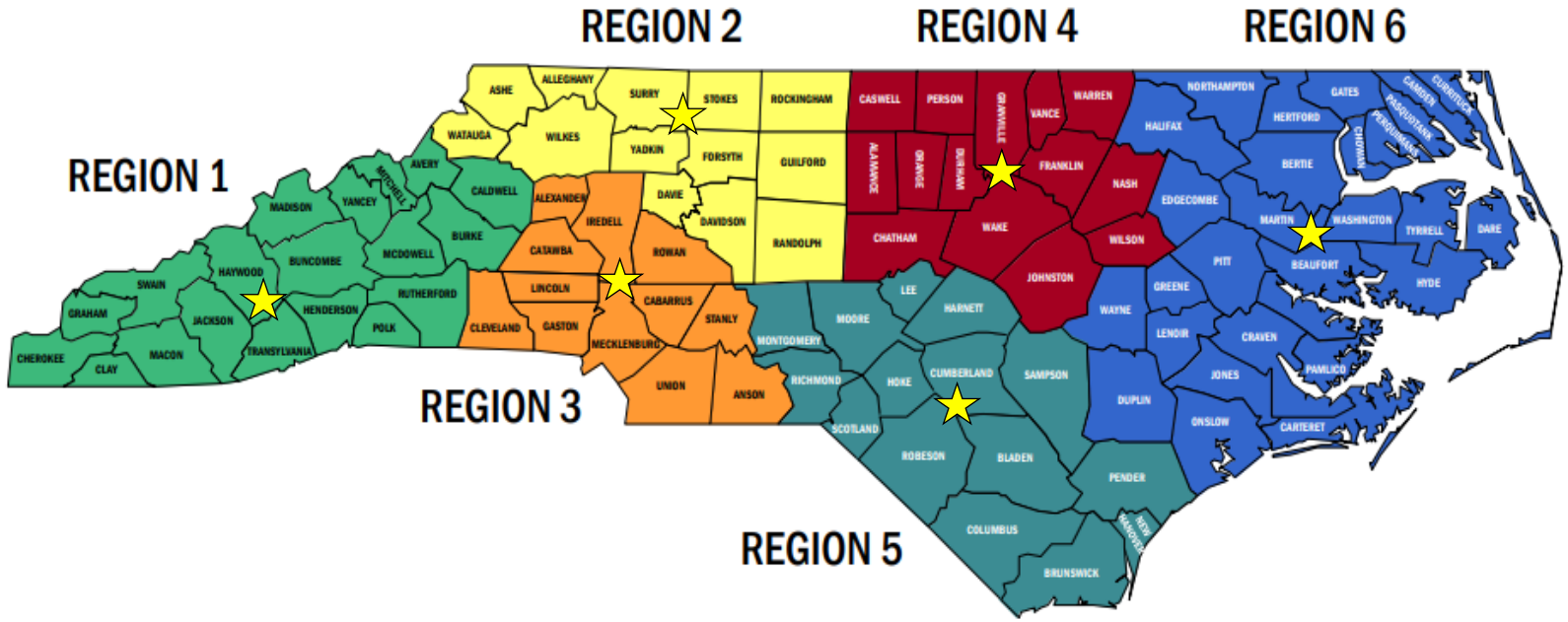
Centralized team focused on analytics and root cause
16 associates in total

AMH Support

Field-based Value Based Payment (VBP) and nurse support staff for AMH and APM programs in all regions
17 associates in total

Contracting

Field-based contracting staff in all regions
9 associates in total



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NETWORK RELATIONS – PROVIDER EDUCATION

Provider Education Opportunities
Healthy Blue Office Hours • Online open forums where providers can connect with Network Relations Team
Newly Contracted Provider Virtual Orientations • Providers receive an orientation within 30 days of contracting with the Healthy Blue network
Provider Virtual Onsite Visits • Goal is 15 visits per week per Network Relations Consultant • Topics such as ongoing EFT training, claims, prior authorizations, etc.
Quarterly Joint Operating Committee Meetings • With VIP healthcare systems
Healthy Blue's Known Issues Log • Weekly update of known claims related issues published to Healthy Blue's Provider Public Portal

External Stakeholder Meetings
Monthly meeting with the NC Medical Society
AHEC collaboration with Statewide network for provider outreach and education
Health 2U Vaccine Events – Multiple dates and locations in all regions
Administrative Simplification Workgroup with all PHPs

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HEALTHY BLUE STANDARD PLAN BEHAVIORAL HEALTH

- Behavioral Health and Physical Health Integration
- Providers / Delegated Case Management
- Population Needs
- Innovation

BEHAVIORAL HEALTH AND PHYSICAL HEALTH INTEGRATION

- Support development of Collaborative Care model
  - Alignment across payors: Medicaid, Commercial, Medicare (Blue Cross NC)
  - Case Manager, Psychiatrists, Registry, Referral Connections
  - Measurement-based care
  - Evidence-based care
  - Improves medical outcomes in Standard Plan population
- Substance use conditions
  - Supportive of adding to Collaborative Care model
  - ER and medical discharge
  - Lock-in program



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PROVIDERS/ DELEGATED CASE MANAGEMENT

State Instructions on Service Auth Requests and Request To Move



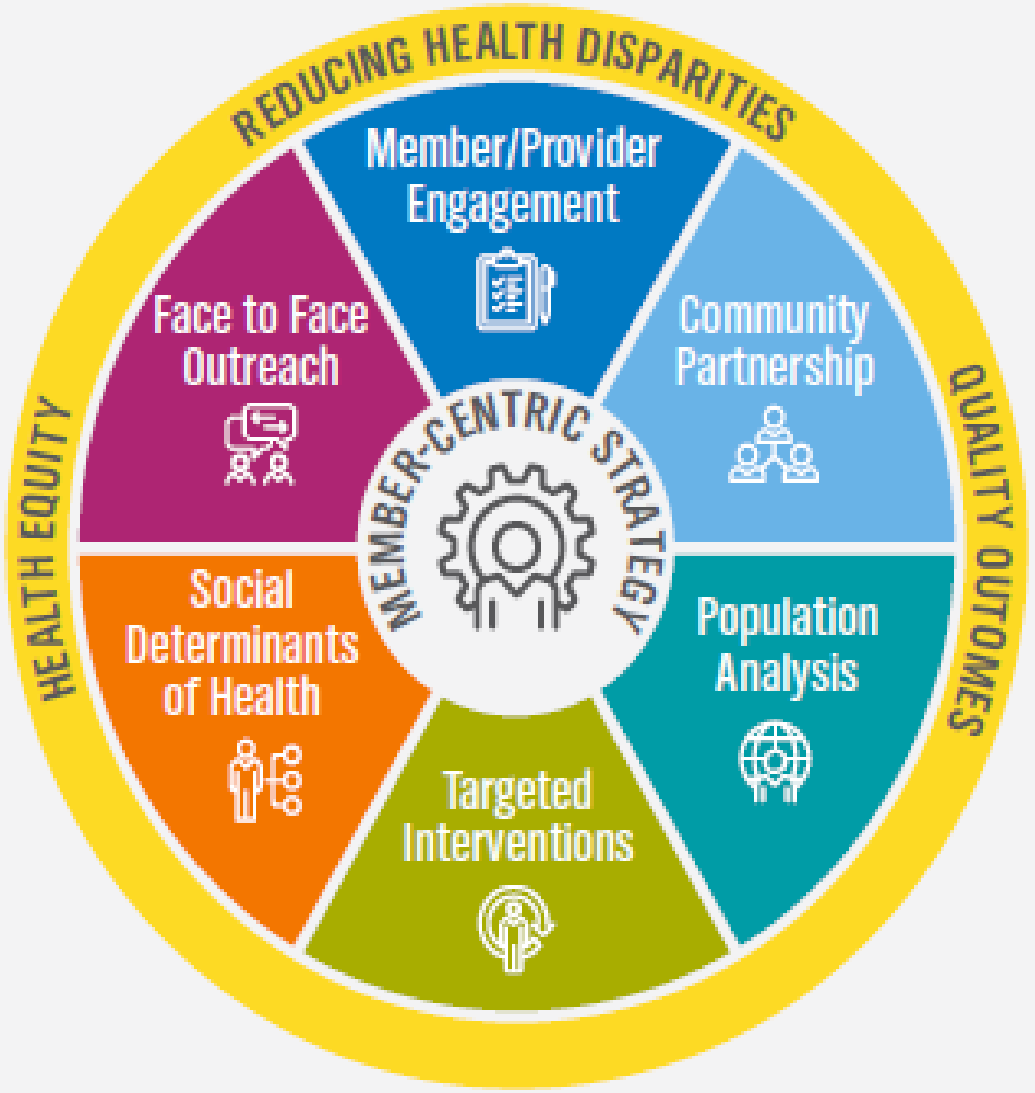
- Majority of **Case Management** is not provided by Healthy Blue
  - Case Management alignment is needed to optimize population health opportunities – partnership development and joint initiatives

- **Behavioral Health Providers**
  - Low to moderate acuity conditions
    - Focused on the Standard plan population
    - Knowledge of and participation in Transfer of Care to Tailored Plan process
  - Telehealth
    - Rural Access/Discharge follow-up
  - Whole Health/PCP communication
  - Social Determinants of Health (SDOH)/Case Management linkages
  - Evidenced-based care
    - Trauma-focused therapy
  - Quality of care participation
    - Value-based payment opportunities

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Population Health Framework



Member and Provider Engagement
Coordinated approach to align provider and member outreach programs to population health goals

Community Partnership
Meaningful programs based on informed collaboration with community organizations, public health and providers

Population Analysis
Integrated clinical and social data to identify priorities aligned to member needs and state goals

Targeted Interventions
Comprehensive person centered interventions to improve health and well-being of population and priority groups

Social Determinants of Health
End to end focus on population and member specific interventions targeting systemic barriers to heath outcomes

Face to Face Outreach
Community-based care coordination through Anthem, providers and community organizations to help population attain their highest level of health

INNOVATON – CHESS APP FOR ADULTS WITH SUBSTANCE USE

Healthy Blue is pleased to offer the Connections App to members.

Connections App

BlueCross BlueShield of North Carolina | HealthyBlue



Easy Options for Providers to Give Connections App to Patients

OPTION 1 (Preferred Option)
Invite a CHESS peer team member to explain to member via Zoom or phone call and set them up with access/plan for discharge
Email **onboarding@chess.health**

OPTION 2
Request quick enrollment link to setup your patients on your own schedule

OPTION 3
Get full access to CHESS Dashboard to setup and support patients

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QUARTET – PRIMARY CARE LINKAGE TO BEHAVIORAL HEALTH PROVIDERS

- Our collaboration with Quartet allows us to integrate behavioral health care with the rest of the healthcare system. (True for all Blue Cross NC products except Medicare Supplement Plans.)

- Referral tool for providers
  - Provider refers member to Quartet
  - Quartet will connect the member with a behavioral health provider in their area
    - Member completes a brief assessment to identify needs and preferences
    - Member matched with a behavioral health provider
    - Provider contacts member to schedule their first appointment



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CHILDREN AND FAMILIES SPECIALTY PLAN (CFSP)

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MEET THE CFSP TEAM LEADERS

Mark Washington

- Executive Director

Kristy Kent

- Manager, County Government Operations and Healthy Blue DSS Liaison

Keith Cradle, Ph.D., MBA, MHA

- Juvenile Services Liaison

Jamilah McClain, MSW, LCSW

- Program Manager

John Thacker, MA, MS, LCMHC, LCAS, CRC

- Program Manager

BLUE CROSS NC'S COMMITMENT TO THE DHHS VISION

- Blue Cross NC is committed to a single-source, statewide plan available to children, youth and families served by the child welfare system regardless of their location in the state.
  - Participated extensively in the DHHS workgroups and we are actively listening to stakeholders.
  - DHHS Concept Paper highlights the need for a central accountable entity for providing integrated physical and behavioral health services, I/DD services and resources to address unmet health-related needs under a System of Care framework.
  - Partnering with local DSS caseworkers, providers, advocates and families, with a focus on:
    - **Quality and outcomes**
    - **Responsiveness with a sense of urgency**
    - **Simplicity and reduced administrative burden**

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BLUE CROSS NC VISION FOR NC CHILDREN AND FAMILIES

Blue Cross NC's Healthy Blue is the CHANGE AGENT & ADVOCATE for Stronger Families in Healthier Communities

Healthy Blue is committed to **local county, sustainable solutions** to meet counties where they are with tailored solutions, investments, training and resources to address the greatest needs of children and their families.

In partnership with DHHS, DSS and local providers, our programs will **improve health, permanency and well-being outcomes** and be measured for accountability and incentives.

Our model will **seek continuous feedback and input** from our NC partners and stakeholders.

Healthy Blue will **positively impact future generations** of children and families before they enter the child welfare system.

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SAMPLE OF HEALTHY BLUE PARTNERSHIPS & PILOTS



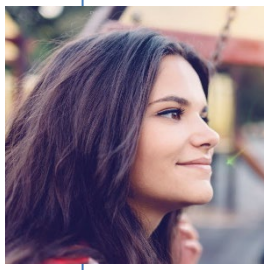
Prevention Pilot: Forsyth County, Parenting PATH

- Family-focused prevention services to the 35% of families who “screen out” of DSS intervention. In-home services provided are strengths-based, recognizing that families come to prevention work with assets in their home and community.
- Parenting PATH works with families to build rapport by establishing partnerships. A collective impact model will establish a home visiting program to provide information, referrals and voluntary parental coaching and case management services to families.



Expanded Access to Family Centered Treatment (FCT)

- FCT is an evidenced-based trauma treatment model of home-based family therapy. 90% of families who complete FCT maintain family placement, avoid out-of-home placement or are reunified.
- Healthy Blue will be investing directly in Thompson’s launch of FCT clinicians in Cumberland County where the poverty rate is twice the state average, one in four children are experiencing ACEs and the county continues to have one of the highest rates of children being placed in Foster Care.



Expanded Partnership with Youth Villages to Increase Capacity of YV Lifeset Program

- YV LifeSet is a community-based intervention that helps vulnerable young adults, ages 17-22, who have been or are currently in the foster care, juvenile justice, and/or mental health systems transition successfully to adulthood.
- This evidence-based program is aimed at all areas that may affect young adults exiting state care and is designed to expunge dependency, helping young people quickly develop the living skills needed to support themselves.



The Apprenticeship Initiative: Providing Personal, Social, & Economic Impacts

- Supported career pathways and further educational opportunities.
- Stable employment is a critical social determinant of health. Participants are likely to set a course for wellness.
- The program will be the pipeline of talent while promoting social justice and racial equality.

Additional Community level investments that bring together family and youth voices to support programs and services that focus on keeping families together.

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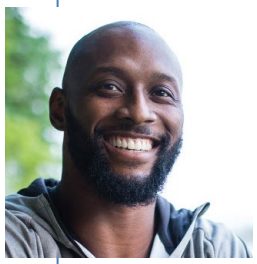
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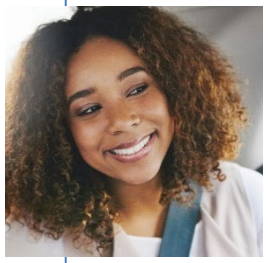
Support for Together for Resilient Youth (TRY)

- As part of a $2 million grant award to organizations fighting the opioid epidemic in North Carolina, Blue Cross NC provided support to TRY. They work to prevent substance use among youth and adults by reducing community risk factors. With Blue Cross NC support, TRY launched Forward Together to train coalition partner members to be family and community peer supports in Durham, Vance-Granville, Edgecombe-Nash, Craven and Yadkin Counties.
- They use Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) to implement effective recovery supports and services for diverse populations with mental health or substance use disorders.



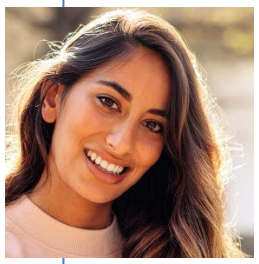
Recovery Services through Healing Transitions

- In October 2019, Blue Cross NC made a two-year pledge to Healing Transitions in support of its mission to offer peer-based, recovery-oriented services to homeless, uninsured and underserved individuals with alcoholism and other drug addictions.
- These funds were allocated with $750,000 to support the Recovery Can't Wait capital expansion project and $250,000 dedicated to medical expenses, nicotine cessation and staff well-being and development. Although the grant period was for 2020 and 2021, they are still spending some of the money now.



Boosting Behavioral Health Care Services for ECU and ECSU Students

- Blue Cross NC recently announced funding to East Carolina University (ECU) to provide telepsychiatry services over the next 5 years for students at Elizabeth City State University (ECSU). This partnership expands behavioral health services at ECSU at a time when mental health concerns on college campuses caused by the COVID-19 pandemic are surging.
- The funding will embed a behavioral health provider linked via telepsychiatry to a clinical psychiatrist, for case consultations and care planning at the Student Health Center at ECSU.



Centro Unido Latino-Americano (CULA): Breaking Cultural Stigma Around Mental Health

- CULA hosted a series of six forums sponsored by Blue Cross NC to address the issue of mental health in Latino communities. In these forums, community health workers provided an empowering learning experience where attendees earn a certificate for learning to identify signs of mental health challenges.
- These forums are breaking the cultural stigma around mental health and are especially important in Latino communities where language can be a barrier for some.

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