



ProgenyHealth

City of Boston September 8, 2020

Agenda

1. Background
2. Why ProgenyHealth?
3. ProgenyHealth Solution
4. Success Story

ProgenyHealth & HPHC

April 2017

- HPHC begins requiring notification for All NICU notifications
- Failure to Notify results in administrative denial- provider liable
- Notification allows for better financial planning (reinsurance)

June 2019

- HPHC launches Neonatal Medical Management program with ProgenyHealth for FI population
- Provides expert utilization and care management of NICU babies
- High provider and member satisfaction with ProgenyHealth

September 2020

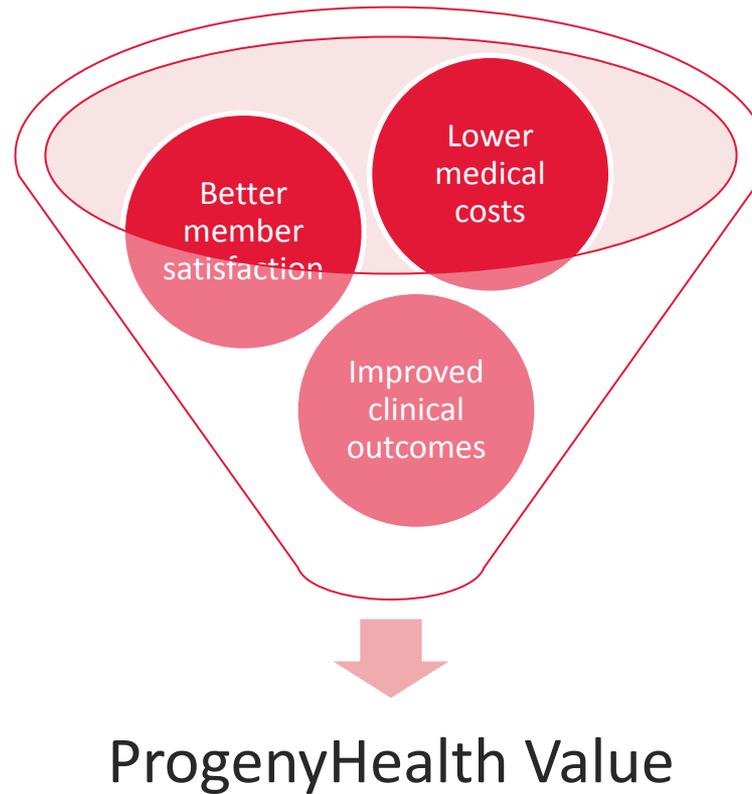
- HPHC will offer ProgenyHealth program to ALL ASO accounts
- Accounts will be charged a case rate per engaged member
- ASO accounts will receive the same UM and CM services that our FI members receive

Why is ProgenyHealth a Value to Employers

Recent Neonatal Intensive Care Costs City of Boston

	Account	Unique Episodes	Total ASO Paid Amount	Sum of Length of Stay	ASO Paid Amount per Day	ASO Paid Amount per Episode
2020 (Jan-May)	City of Boston	16	\$6,211,791	237	\$26,210	\$388,237
2019	City of Boston	51	\$47,669,576	611	\$78,019	\$934,698
2018	City of Boston	46	\$39,006,063	416	\$93,765	\$847,958

Why ProgenyHealth?



ProgenyHealth NICU Services

Improved health and wellbeing through provider collaboration and parental engagement



Utilization Management

Progeny works with providers throughout length of hospital stay



Care Management

Care Management works families from admission through 60 day post discharge



Claims Review and Integrity Billing Services (CRIBS)

Progeny reviews claims and approves or recommends denials based on the care plans that had been indicated during hospital stay,

ProgenyHealth Solution



Utilization Management



- ProgenyHealth engages provider at time of admission to determine if baby meets NICU criteria
- Determinations regarding length of stay, level of care and diagnosis are made throughout the stay
 - Not a prior authorization program rather a consensus model with provider
 - Letters are sent out by ProgenyHealth (co-branded with HPHC)
- Progeny does not manage HPHC-readmissions, transfers to SNFs/Rehabs and appeals (member and provider)



Care Management

- ProgenyHealth performs care management with families from time of admission until 60 days post discharge
 - Multiples are managed from the date of the last baby's discharge
 - More complex babies are transitioned back to HPHC after 60 days
 - Less complex are given the opportunity to transition or end care management
- Progeny assists family with discharge management
- Assists family locate all available resources
- Screens parents for post-partum mental health conditions



CRIBS (claims review integrity billing services)

- ProgenyHealth reviews all **facility** claims for NICU stay.
 - Claims are sent to Progeny from HPHC three times a day
 - Progeny responds within 24 hours
 - Failure of hospital to notify will continue to deny claim. Member not liable
- Determines if claim submitted accurately represents the agreed upon course of stay
- Approves or Denies the entire claim
- Provider can resubmit or appeal claim
- Claim determination letters are sent out by HPHC

ProgenyHealth Benefits to Employer and Employees



Utilization Management



Care Management



CRIBS

- Improve employee engagement, loyalty, and retention.
- Support employees' positive view of company as a great place to work
- Better health outcomes for newborns
- Improved outcomes for families with no additional charge to families during difficult time
- Minimize lost days of work and presenteeism from NICU families

Employer Costs



- Total Claim: \$
- Expected 10% reduction in NICU costs to the City of Boston
- Case Rate: \$2,150
 - Groups are only charged for managed cases
 - Charged once upon admission month of baby
 - Charge will appear on monthly bill from HPHC
- One time onboarding fee applied to all accounts \$1,500

Employee Costs



The ProgenyHealth solution does not incur any additional costs to the member beyond standard deductible and cost share for NICU services

Success Story

HPHC & Progeny Success Story

Baby Madelyn

- Madelyn was born at 34 weeks and had a NICU stay of 2 months. This was parent's first child.
- She was treated for medical Necrotizing Enterocolitis and was found to have strictures in her abdomen that required surgery.
- She was discharged with nasogastric tube feedings and was on specialty formula that was more expensive than regular formula, which was a financial strain for the family.



HPHC & Progeny Success Story Continued

Care Management Impact

- CM contacted the DME company, Plan and PCP office regarding the specialty formula and coordinated the approval of the specialty formula.
- The specialty formula was then changed, as Madelyn was not tolerating her feeds. CM made over 20 phone calls to PCP, DME and health plan. Successfully coordinated approval of new formula.
- CM educated mother on the importance of postpartum visit when she had not scheduled one. CM followed up with mother on scheduling and then assured that the appointment was attended.
- Assisted in coordinating Early Intervention, specialist and pediatrician appointments and assured appointments were attended.
- First time parents; CM provided education on nutrition and care of premature medically complex infant.



Value for Employers and Employees throughout a NICU Journey

Proactive and frequent communication with the families and providers improves outcomes and drives down the cost of care.

- Family support and cost oversight begins when an at-risk infant is born and admitted to the NICU, covering the baby's inpatient and outpatient experience through the first 60 days post-discharge.
- A natural complement to Employee Maternity Programs
- A benefit with **no charge** to employees.
- Employers only incur a **one-time, per case, fixed management fee** for the service when a newborn is admitted to the NICU, regardless of length of hospital stay or case complexity.