BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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May 27, 2016

Ms. Juliana Sharp, M.P.P.
Technical Director
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
Mail Stop: S2-02-28
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Nevada Comprehensive Care Waiver (NCCW), Project Number: 11W-00284/9

Dear Ms. Sharp:

Please accept the following submission requirement: "Quarterly Operational Reports", as outlined in the Special Terms and Condition (STC) 54 of the approved Nevada Comprehensive Care 1115 Research and Demonstration Waiver. Per STC 54, the state must submit progress reports in the format specified in Attachment A, 60 days following the end of each quarter. The attached report is for the period of January 1, 2016 – March 31, 2016, or Federal Q2/2016.

Should you have any questions regarding this submission please contact Gladys Cook, Program Specialist, at (775) 684-7596 or via email at gladys.cook@dhcfp.nv.gov.

We look forward to continuing to work with you and your staff.

Sincerely,

Marta Jensen
Acting Administrator

Cc: Elizabeth Aiello, Deputy Administrator
Gloria Macdonald, Chief, Program Research and Development

Nevada Comprehensive Care Waiver (NCCW)
Section 1115 Quarterly Report
Demonstration/Quarter Reporting Period:
Demonstration Year: 3 (7/1/2015 – 6/30/2016)
Federal Fiscal Quarter: 2 (01/1/16 – 03/31/16)

Introduction

On June 28, 2013, the Nevada Division of Health Care Financing and Policy (DHCFP) received approval for the Nevada Comprehensive Care Waiver (NCCW), (Project Number 11W-00284/9) from the Centers for Medicare & Medicaid Services (CMS) in accordance with section 1115(a) of the Social Security Act. Approval for the NCCW is effective from July 1, 2013 through June 30, 2018.

Under the NCCW, the DHCFP has implemented mandatory care management services throughout the State for a subset of high-cost, high-need beneficiaries not served by the existing Managed Care Organizations (MCOs). This subset of beneficiaries will receive care management services from a Care Management Organization (CMO), named the Health Care Guidance Program (HCGP). This entity will support improved quality of care, which is expected to generate savings/efficiencies for the Medicaid program. Enrollment in the HCGP is mandatory for demonstration eligible Fee-For-Service (FFS) Medicaid beneficiaries with qualifying chronic health conditions. The HCGP launched on June 2, 2014.

The NCCW demonstration will assist the State in its goals and objectives as follows:

Goal 1: Provide care management to high-cost, high-need Medicaid beneficiaries who receive services on a FFS basis.

- **Objective 1.1:** Successfully enroll all Medicaid beneficiaries who qualify for the NCCW program.
- **Objective 1.2:** Stratify all enrollees into case management tiers according to assessed needs.
- **Objective 1.3:** Complete a comprehensive assessment of enrollees with complex or high risk needs.
- **Objective 1.4:** Complete a comprehensive assessment of enrollees with moderate or low risk needs.
- **Objective 1.5:** Increase utilization of primary care, ambulatory care, and outpatient services for members with chronic conditions.

Goal 2: Improve the quality of care that high-cost, high-need Nevada Medicaid beneficiaries in FFS receive through care management and financial incentives such as pay for performance (quality and outcomes).

- **Objective 2.1:** Increase use of preventive services by 10 percent. [1-1]
- **Objective 2.2:** Increase follow-up ambulatory care visit after hospitalization by 10 percent. [1-1]

[1-1] The goal for all measures to increase performance by 10 percent refers to the hybrid Quality Improvement System for Managed Care (QISMC) methodology for reducing the gap between the performance measure rate and 100 percent by 10 percent.

Objective 2.3: Increase patient compliance with anti-depressant medication treatment protocols by 10 percent. [1-1]

Objective 2.4: Increase use of best practice pharmacological treatment for persons with chronic conditions by 10 percent. [1-1]

Goal 3: Establish long-lasting reforms that sustain the improvements in the quality of health and wellness for Nevada Medicaid beneficiaries and provide care in a more cost-efficient manner.

Objective 3.1: Reduce hospital readmissions by 10 percent. [1-1]

Objective 3.2: Reduce emergency department utilization by 10 percent. [1-1]

Goal 4: Improve NCCW enrollee's satisfaction with care received.

Objective 4.1: NCCW enrollee satisfaction improves over baseline.

Enrollment Information

Demonstration Populations (in person counts)	**Enrolled in Current Quarter** (03/31/16)	**Disenrolled in Current Quarter** (03/31/16)	**Current Enrollees** (04/30/16)
Population 1: MAABD	21,264	0	21,784
Population 2: TANF/CHAP	16,838	0	16,743
Total:	38,102	0	38,527

Note: * DHCFP uses the formalized process according to CFR 42 438.56; which states there are two ways in which a disenrollment occurs. The ways in which the disenrollment may be completed are that of the State requesting the disenrollment or the beneficiary submits a request for disenrollment. It is not considered disenrollment when someone is removed from the program due to eligibility status change.

Demonstration-Qualifying Conditions (in person counts)	**Enrolled in Current Quarter** (03/31/16)	**Disenrolled in Current Quarter** (03/31/16)	**Current Enrollees** (04/30/16)
Diagnosis 1: Asthma	5,350	0	5,461
Diagnosis 2: Cerebrovascular disease, aneurysm, and epilepsy	3,237	0	3,317
Diagnosis 3: Chronic obstructive pulmonary disease, chronic bronchitis, and emphysema	3,229	0	3,292
Diagnosis 4: Diabetes mellitus	3,614	0	3,697
Diagnosis 5: End stage renal disease and chronic kidney disease	1,348	0	1,374

Note: *

Demonstration-Qualifying Conditions (in person counts)	**Enrolleed in Current Quarter** (03/31/16)	**Disenrolled in Current Quarter** (03/31/16)	**Current Enrollees** (04/30/16)
Diagnosis 6: Heart disease and coronary artery disease	2,062	0	2,133
Diagnosis 7: HIV/AIDS	321	0	324
Diagnosis 8: Mental health	21,457	0	22,784
Diagnosis 9: Musculoskeletal system	7,062	0	7,296
Diagnosis 10: Neoplasm/cancer	290	0	284
Diagnosis 11: Obesity	4,041	0	4,192
Diagnosis 12: Substance use disorder	7,134	0	7,309
Diagnosis 13: Pregnancy	2,826	0	2,549
Diagnosis 14: Complex Condition/High Utilizer	595	0	643

Note: enrollees may be counted twice due to the ability to fall under multiple diagnoses categories at the same time.

Determinations

The following chart reflects data on demonstration eligibility determinations during Q2/2016 as required under STC 26:

# of Determinations (by methodology)	**Determination methodology (in person, telephonic, etc.)**	**Determination outcomes by determination methodology**
Approximately 60,000 eligible members provided to vendor.	Per vendors automated medical claims analysis and stratification	Approximately 37,000 enrolled beneficiaries at quarter ending 3/31/16

Disenrollment's

The following chart reflects data on demonstration disenrollments during Q2/2016 as required under STC 26:

# of disenrollments (by reason)	**Reason(s) for disenrollment**
0	N/A

Note: DHCFP uses the formalized process according to CFR 42 438.56; which states there are two ways in which a disenrollment occurs. The ways in which the disenrollment may be completed are that of the State requesting the disenrollment or the beneficiary submits a request for disenrollment. It is not considered disenrollment when someone is removed from the program due eligibility status change.

Non-compliance

The following chart reflects data on beneficiaries determined non-compliant during Q2/2016 as required under STC 27:

# of recipients categorized as noncompliant	0

Note: The DHCFP requested guidance regarding the definition of noncompliant. It is the current understanding of the state that it is not considered to be noncompliant when a recipient is no longer enrolled in the program due to relocation or the member is deceased.

# of demonstration-eligible beneficiaries on CMO waiting list	# added to waiting list since previous quarter	# moved from waiting list to enrollment in the CMO
0	0	0

Enrollment Fluctuations

DHCFP reports the enrollment numbers for Q2/2016 continue to steadily increase for the following months; 01/2016 enrollment numbers totaled 36,890, 02/2016 enrollment totaled 37,721, and 03/2016 enrollment numbers totaled 38,102.

Outreach/Innovative Activities

The DHCFP continued CMO outreach activities with AxisPoint Health (APH) during Q2/2016. The following chart lists the outreach activities for Q2/2016.

Date	Outreach Activity	Summary of Activity
January 5, 2016	UNR Redfield Location 18600 Wedge Parkway Community Meeting, Reno, NV	Northern Nevada Behavioral Health Committee Meeting attended by Erin Snell of Beacon Health Solutions.
January 5, 2016	Washoe County Commissioner Office 100 E 9th Street,Reno, NV	DHCFP Town Hall and Listening Sessions on Medicaid Managed Care Expansion Options attended by Erin Snell with Beacon Health.
January 11, 2016	Outreach/Discussion Conference Call	Sue Haut with Pahrump Behavioral Services was met with by Erin Snell and Stephanie from Beacon Health.

Date	Outreach Activity	Summary of Activity
January 14, 2016	Social Workers Pipeline Mapping Collaborative	Erin Snell attended conference call.
January 26, 2016	Project Homeless Connect Northern Nevada Reno Events Center 40 N Center Street, Reno, NV	Summer Smith from Beacon Health Solutions presented on outreach event to the Homeless Population in Northern Nevada; over 1000 in attendance.
January 28, 2016	Nevada Children's Behavioral Consortium; Via Video Conference	Erin Snell presented on the HCGP within a discussion regarding bullying in schools, Substance Abuse and Mental Services Administration (SAMSHA) Funding for substance use for Nevada PEP, Updates on SOC Committees and Funding, Foster Care Updates
February 9, 2016	Community Partner Meeting Conference Division of Supportive Services (DWSS)Via Video Conference	Erin Snell presented a general Overview of the program, Real Time Referrals (RTR), eligibility and ineligibility Criteria, Letter of Authority, Contact information. Erin Snell will stay in contact with DWSS and participate in their monthly meetings as an attendee.
February 11, 2016	Social Workers Pipeline Mapping Collaborative, via conference call	Erin Snell presented a general overview, RTR, eligibility and ineligibility Criteria, Letter of Authority Contact Information. Looking at practicum sites and clinician recruitment and retention, online licensing issues/questions, update on the Schools of Social work in Nevada, discussion of the 2017

Date	Outreach Activity	Summary of Activity
		legislative sessions
February 23, 2016	Winnemucca Rural Health Clinic Winnemucca, NV	Dr. Thomas McCrorey with AxisPoint Health (APH) visited Lonnie Hammagren, Clinic chief, Laurie Nelson LCSW, and Case Manager Rachel. Discussed the Nurse Advice Line (NAL), Care Management, Disease Management, and provider profile. It was reported that it is a struggle for the community that there is no psych care in Winnemucca-the town is working on development of telemedicine. Dr. Parkinson does see Medicaid; see pts from Battle Mountain "Never refused a patient." Care manager Rachel mentioned the idea of sending RTR's through Electronic Verification Systems (EVS).
February 23, 2016	Battle Mountain Rural Health Clinic, Battle Mountain, NV	Dr. Thomas McCrorey with APH met with Clinic Chief Koral, Chief of staff. Discussed Care Management, Nurse Advice Line, Provider Profile. Clinic staff remembered prior visit from the Health Care Guidance Program (HCGP) staff but do not report having sent in any referrals to the program. HCGP staff let Battle Mountain staff know that there are now 4 members in Elko area. HCGP social worker in town makes evaluations of recipients. Telemedicine to do psych with Nurse Practitioner (NP). The clinic would like to know

Date	Outreach Activity	Summary of Activity
		additional information regarding telemedicine especially for psychiatrists, would like to be able to arrange a psych visit monthly.
February 24, 2016	Elko Nevada Health Centers Elko Family Medicine Clinic, Elko, NV	Dr. Thomas McCrorey with APH met with Clinic Leadership and Care Managers. Large Family/dental clinic (Approximately 500 members) Travis; the clinic Nurse Practioner, Ashley Leahy; the Clinic Manager, and Taylor Crowther ; the clinic Physician Assistant discussed provider metrics and NAL CCA. Tracy Baum is 1 week/mo OB RN/Midwife. Dr. Beale is OBGYN moving to Elko currently Elko has OB coverage but no GYN at the hospital with the rotating local doctors. Psychology currently has 1 in Elko but this is not enough to cover all the needs. Orthopedic Doctors in Elko won't take Medicaid, reports "the miners insurance is so good that people do not want to take Medicaid." Rheumatology, in Salt Lake City Utah. Pain Management at Nevada Health Centers (NHC) only dermatology - not a problem at the university of Utah. Feedback on program function given to the HCGP from staff at the clinic.

Date	Outreach Activity	Summary of Activity
February 25, 2016	William Bee Ririe Hospital and Rural Health Clinic Ely, NV	Dr. Thomas McCrorey with APH met with Clinic Leadership, Care Managers. CEO Matthew Walker PharmD, Case Manager Beth Kane RN, Dr. Mugosa Clinic CMO, Nurse Executive. There is a clinical superficial familiarity with the Health Care Guidance Program. CEO had called once to the general line and did not receive assistance so no further calls were made. Not a large problem with access but did see issues returning facilities, not only in Reno but everywhere else. There is a concern that the facilities don't want to accept patients because they have trouble returning. There are currently 2 local OB doctors, pain management present. Clinic was asked if they have additional space for new patients. They will follow up on this and report back to HCGP. A young PhD Psychologist recently died so the clinic is unsure regarding the situation of turnover of the patients. Dermatology and Cardiology are okay. Ortho has space in clinic but not necessarily in the OR. People sent to Las Vegas, Saint George Salt Lake. F/u after acute admission is a problem, especially transportation issues.
February 25, 2016	Eureka County Medical Clinic, Rural Health Clinic, Eureka, NV	Eureka County Medical Clinic reports under the control of Nevada Health Centers, Ashley Leahy. Laurel Kleinman, APRN, John Whitaker, DO (FP)

Date	Outreach Activity	Summary of Activity
		Superficial awareness of the program, discussed 5 facets of the program. Including provider portal (did not ask about specialty care or referrals.) Discussed pregnancy moms need to be in program. Would like a list of the HCGP members that currently go to the clinic. HCGP will send a list of members the next week.
February 25, 2016	Shoshone Tribal Health Clinic, Ely, NV	Dr. Thomas McCrorey met with Connie Souza, Clinic Health Director. Billing Clerk present. Clinic staff had heard of the program but had no further contact. Only a few members of the HCGP seen within the clinic so may not have needed much interaction. Most of the discussion about what the program does explained about pregnant FFS recipients being in the HCGP. Clinic reported on a patient that both had a chronic high risk problem along with pregnancy. OB Care Manager will reach out to member ASAP. Clinic has single FT FP doctor, about 350 patients. Shares resources with Duckwater clinic which does not have a provider. 1 mo podiatry did not see access problems in Ely except for ENT and Nephrology. Desires of the clinic are that the University of Utah send out more people as they get outpatient care from Reno providers but see that inpatient care is university of Utah and therefore the follow up is confusing due to the 2 different

Date	Outreach Activity	Summary of Activity
		systems. Issues whether our alert system works well for their people and they do not bill claims based on CPT. Pharmacy could provide the med but would not be recorded as such. People with asthma that have an inhaler would not show up in the system. Also the 2 drug alert interaction would not necessarily be accurate as the billing does not always show all the medications.
March 1, 2016	Partners Allied for Community Excellence; Elko City Library, Elko, NV	Davilla-Don from Beacon Health Solutions in attendance to discuss General Overview, RTR, Eligibility and ineligibility Criteria, Letter of Authority, Contact Information.
March 2, 2016	Tobacco Cessation Program Review; AxisPoint Health Office, Carson City, NV	Beacon Health Solutions Erin Snell present for discussion about the tobacco cessation program that is available through the state can potentially be an option for recipients.
March 10, 2016	Social Workers Pipeline Mapping Collaborative; Conference Call	Beacon Health Solutions Erin Snell present for discussion regarding social work capacity in Nevada, opportunities for social workers in the state, concerns about the barriers of the social work board in getting individuals licensed in the state.
March 22, 2016	Eternity's Path Conference Call; Outreach/Discussion	Beacon Health Solutions Erin Snell present to discuss opportunities for collaboration between the HCGP and EP - there are about 30 members who receive provider care from EP.

Date	Outreach Activity	Summary of Activity
March 24, 2016	Nevada Children's Behavioral Health Consortium via video conference	Beacon Health Solutions Erin Snell present to discuss Medicaid updates and changes, System of Care Grant update, foster home provider concerns, school based health centers
March 29, 2016	Carson Tahoe Regional Medical Center,Carson City, NV	Dr. Thomas McCrorey with APH met with Carolyn Longre to discuss her concern over increased number of HCGP Recipients who have shown up in the Emergency Department the past couple months. A discussion regarding a spreadsheet to identify the "frequent fliers" was discussed. Carolyn also mentioned attending the monthly community meeting. There was concern voiced about HCGP receiving digital information about Admission (ADT). It was expressed that the relationship built with Community Health Worker (CHW) Trevor from him visiting once weekly to discuss recipients and ways in which the program can be beneficial for Carson Tahoe. Discussion regarding community paramedicine occurred. Carolyn expressed that the HCGP 1800 line is not working well and that she has not been able to get to a live person.

Note: for every provider outreach, team provides tools for immediate services such as; Real Time Referrals (RTR) forms, contact phone numbers to the 24/7 Nurse Advise Line, Enrollee Assessment, Provider Manuals and Access to the Provider Portal.

Operational Developments/Issues

The DHCFP held its Quarterly Health Care Guidance Meeting on January 26, 2016. At the meeting, AxisPoint Health (APH) presented the following:

- AxisPoint Health (APH) introduced Dr. Tim Moore, Consultant Medical Director
    - Dr. Tim Moore presented on AxisPoint Health's Mission: "to improve the health, coordinate the care and lower the healthcare costs for our clients and their members".
- Quality Module #2 Goal #1 (1 – 1.5)
    - Program Dashboard
- Performance Measures Validation (PMV) Audit Recap 10/15/15 – Audit was conducted by Health Services Advisory Group (HSAG), the states External Quality Review Organization (EQRO). This audit examined 24 measures with a total of 63 indicators, or individual rates. Of the 63 indicators:
    - 26 rates were deemed 'Not Completed' (NC)
    - The rates for the remaining 37 indicators appear to be appropriately calculated and reported.
    - AxisPoint Health (APH) delivered response to the DHCFP 12/23/15.
- Provider Outreach Update
    - Focus on targeted messaging and facilities with the highest volume of HCGP members
    - Despite of repeated visits with facility leaders and line staff a superficial level of knowledge of program remains. Continued focus on program familiarity is important part of Provider Outreach.
    - Visited Medical clinics, large Federal Health Qualified Health Center's (FQHC's), rural and tribal facilities, and all four Nevada medical schools.

Care Management Contracting

Within FFY16 Q2/2016, the DHCFP continues to work with CMS on obtaining approval for Amendment #4 Attachment AA. The purpose of Amendment #4 is to update the contract language to match the STC's Attachment B. The DHCFP followed CMS guidance to revise the "Reconciliation Methodology "in Attachment B of the STC's. In addition, the DHCFP amended the following:

- ICD-9 language to remove the numerical version to avoid additional amendments due to a change in ICD codes.
- The Nevada Data Extra Table was updated to match the program launch date of June 2014.
- Removal of procedure codes under "Additional condition inclusion criteria are as follows" to match the STC's.

Policy Developments/Issues

On March 6, 2014, the addition of the new Medicaid-eligible Modified Adjusted Gross Income (MAGI) individuals to the CMO-eligible population was discussed with CMS due to the implementation of health care reform. On March 12, 2014, per CMS guidance, the DHCFP submitted a technical correction to the STCs to address this new Medicaid population and align the eligibility charts (STC 17) with the revised medical assistance AID categories. As of today we have not received any additional feedback and/or final approval from CMS regarding MAGI.

Financial/Budget Neutrality Development/Issues

There are no financial developments/issues/problems with accounting or budget neutrality to report for this quarter (Q2/2016).

Member Month Reporting

Demonstration Populations	Month 1 (Jan 2016)	Month 2 (Feb 2016)	Month 3 (Mar 2016)	Total Ending (Apr 2016)
Population 1: MAABD	20,760	21,302	21,264	21,784
Population 2: TANF/CHAP	16,130	16,419	16,838	16,743
Total:	36,890	37,721	38,102	38,527

Consumer Issues

There are no consumer issues to report for this quarter (Q2/2016).

Quality Assurance/Monitoring Activity

Per STCs 26 & 27, the State is required to report on demonstration eligibility determinations, the number deemed non-compliant and “on demand for noncompliance.” For this quarter (Q2/2016), please see table on page 3 for “noncompliance”.

The DHCFP reports zero (0) number for those deemed non-compliant and “on demand for noncompliance”. The DHCFP sent CMS an e-mail on August 19, 2015 for guidance on the definition of noncompliance to assure reporting is done adequately. The program has been operating for one (1) and half year and has a zero count. The DHCFP is awaiting the response from CMS to ensure that this measure is being accurately reported.

Demonstration Evaluation

The DHCFP draft Evaluation Design Plan for the NCCW was submitted to CMS on October 14, 2013. On February 2, 2014, DHCFP received feedback from CMS. The DHCFP re-submitted the Evaluation Design Plan for the NCCW to CMS on March 5, 2014, incorporating CMS feedback. On February 24, 2015, the DHCFP received feedback from CMS. The DHCFP submitted revisions to CMS on July 28, 2015. As of today we have not received additional feedback from CMS regarding and/or final approval from CMS regarding the Evaluation Design Plan.

Enclosures/Attachments

- 01/26/16 HCGP's Approved Final Minute Meetings
- 01/26/16 HCGP Quarterly Meeting Presentation
- 01/26/16 Sign in Sheet

State Contact(s)

DHCFP Business Lines staff

Name	Title	Phone #	Fax #	Address
Elizabeth (Betsy)Aiello	Deputy Administrator	775-684-3679	775-684-3774	1100 E. William St. Carson City, NV 89701
Gladys Cook, CMO Project- Quality Lead Monitor	Social Services Program Specialist II	775-684-7596	775-684-3643	1100 E. William St. Carson City, NV 89701
Gloria Macdonald	Chief	775-687-8407	775-684-8724	1100 E. William St. Carson City, NV 89701
Rachel Marchetti CMO Liaison	Social Services Program Specialist II	775-684-3617	775-684-3643	1100 E. William St. Carson City, NV 89701
John Kucera Data and Statistics	Management Analyst III	775-684-3716	775-684-3643	1100 E. William St. Carson City, NV 89701
Lisa Koehler Contract Manager	Management Analyst III	775-684-3708	775-684-3643	1100 E. William St. Carson City, NV 89701

Date Submitted to CMS

May 31, 2016

Health Care Guidance Program Meeting Minutes, Face to Face **Date: 01/26/2016**

DHCFP Attendees: Elizabeth Aiello, Gloria Macdonald, Tracy Palmer, Janice Hadlock-Burnett, Gladys Cook, Rachel Marchetti, John Kucera, Heather Lazarakis, Linda Bowman, Shawna Vollmer, Sophia LaBranch

Organization Attendees: AxisPoint Health: Cheri Glockner, Dr. Thomas McCrorey, Angela Cave Brown, Dr. Tim Moore, Kris Wilson, Margaret Flaum, Michelle Searing, Value Options: Brian Baker, Erin Snell, Dr. Ryan Ley HSAG: Gretchen Thompson

Topic	Discussion	Recommendation/Action Plan	Responsible	Due Date

Welcome and Introductions	**DHCFP**
	• Tracy Palmer, SSCII, opened the meeting
	AxisPoint Health (APH)
	• Cheri Glockner, HCGP Executive Director, APH introduced the following new HCGP staff.
	  ○ Dr. Tim Moore introduced as the new part time Chief Medical Consultant. He will be the full time Chief Medical Officer in 3 months. He has spent the last 3 years working with Web MD, but has a history working in Reno.
	• Approval of Minutes
	  ○ The Minutes from the October meeting could not be approved at this time as there wasn't enough time for everyone to review them. Once everyone has reviewed them, they are to send their approval or changes to Rachel Marchetti.
		Attendees to send approval or changes to minutes	Rachel Marchetti	

Program Updates	**Program Updates** • Cheri Glockner presented program updates. She expressed that in the past quarter there have been several work groups completed moving the program forward in the direction of a more increased focus on the Emergency Departments. 5 items were found to be partially met during the Compliance Review Audit. These areas were reviewed and ways in which AxisPoint Health are working towards improvement were listed. At this time 4 out of those 5 areas that were considered partially met have been closed out; leaving 1 area for continued discussion. The program is focusing on rural hiring. 4 people are currently staffed locally in Elko with one more hire pending. There are currently 13 staff members in the north, 2 of which being Community Health Workers (CHWs). CHWs are in place to assist in finding the members within the community. APH feels that the increase in staffing will help the program to better meet expectations. • Dr. Tim Moore expressed that he feels that there is a much			

Health Care Guidance Program Meeting Minutes, Face to Face Date: 01/26/2016				
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Topic	**Discussion**	**Recommendation/Action Plan**	**Responsible**	**Due Date**
	better set of Data to be able to segment and reach the people that are able to be intervened with. He expressed that APH is currently working on strategizing and better understanding the population including who will respond best to interventions and what type of interventions will work best for them. APH plans to focus on areas that are really going to be actionable. They are currently looking to focus resources on people that are most impactable within a 4-6 month time frame. • Gloria Macdonald sought verification regarding the type of data being used for these methods. Michelle Searing clarified that use of demographics, ADT, Discharge Data, as well as Hospital Data are all used to best classify and target the specifics of what works best for each individual. • Dr. Thomas McCrorey expressed that the program is seeking to focus on the areas that target interventions in ways that will make the biggest difference. There are currently about 400 individuals enrolled in the program that are imminent to reach end stage renal disease in the next couple of years. These are those that are focused on within the program to delay the need for dialysis and high cost care. They are focusing not on a strategy change but a tactical change. At this time the program studies have shown 900 people admitted inpatient for poor asthma control. At this time APH feels that the most impactable out of this population are those in middle and high school. • The DHCFP has been assisting in the HCGP readmission program by giving APH a letter encouraging cooperation from the hospitals to give information to prevent readmission. Currently APH has approximately a 50% cooperation rate from hospitals.			
Quality	**Quality** • Michelle Searing gave an update on quality. She presented on quality module #2, Goal #1 (1.1-1.5). They did not include the contact information because they weren't confident that an			

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Topic	**Discussion**	**Recommendation/Action Plan**	**Responsible**	**Due Date**
	agreement had been met regarding what information needed to be presented. Once an agreement is made, they will add it back in. • The nurse advice line needs to be advertised more so that they will utilize it more frequently (currently around 1% utilization). • Gladys Cook requested a graph showing the number of new enrollees as well as the number of existing enrollees. Michelle will get that to her. • Michelle explained the stratification process (how recipients are put into which tier). • RTR's were discussed... • Michelle also gave a presentation on the Performance Measures Validation (10/15/15 recap). 19 of the 26 NC's were due to access issues to WebIZ. They now have access to that data so they will be able to resolve those. • Gladys Cook presented the compliance audit recap. There were 5 standards that were found "partially met". 4 of them are now considered complete. There was a meeting on 1/25 regarding this and she believes that the presentation that APH gave was exactly what the DHCFP wanted to see. They will share that with Betsy and move on from there.			
Provider Outreach	**Provider Outreach** • Dr. Thomas McCrorey gave a presentation regarding provider outreach. They've targeted the facilities with the highest volumes and are focusing on program familiarity when conducting outreach. • They're currently focusing on large FQHS's, rural and tribal facilities, and Nevada medical schools.			
New Business	**New Business** • Cheri Glockner gave an update on their focus for the next quarter. • Add the P4P matrix discussion to the joint ops meeting on February 2nd.			

Health Care Guidance Program Meeting Minutes, Face to Face **Date: 01/26/2016**

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Topic	Discussion	Recommendation/Action Plan	Responsible	Due Date
	• Betsy advised that a lot of states are moving to full managed care. This could impact APH. Right now LTSS is being evaluated. There is a request for proposal for a vendor to help us do this. It may go through a couple of legislative sessions. The DHCFP is calling it the Managed Care Expansion Project. Services that are being looked at to add are paramedicine, community health workers, dieticians, and adult dental. • Linda Bowman said that the District Office (DO) staff could participate in the outreach to some of the providers if APH would like. • Heather Lazarakis reported that they are meeting with Patricia Reagan today. They're going to start quarterly meetings with HCGP and their care coordinators.			

Health Care Guidance Program

Coordinating with you for better care!

Quarterly Meeting January 26, 2016

THE NEW MANAGERS OF CARE

Today's Agenda

AXISPOINT HEALTH

Health Care Guidance Program
Coordinating with you for better care!

9:00 am – 9:20 am

I. Welcome and Introductions/DHCFP — Tracy Palmer, Social Services Chief 2,
AxisPoint Health(APH): — Cheri Glockner, HCGP Executive Director, APH
Dr. Tim Moore, APH, Consultant Medical Director
Approval of Minutes — Tracy Palmer, Social Services Chief 2

9:20 am – 10:00 am

II. Program Updates
Executive Director Comments — Cheri Glockner, HCGP Executive Director, APH
Program Staffing Update — Cheri Glockner, HCGP Executive Director, APH
APH update — Dr. Tim Moore, Dr. Thomas McCrorey

10:00 am - 10:15 am BREAK

10:15 am – 11:00 am

III. Quality
Quality Module #2, Goal #1 (1.1 – 1.5) — Michelle Searing, Client Program Manager, APH
Performance Measures Validation (PMV) 10/15/15 Recap — Michelle Searing, Client Program Manager, APH
Compliance Audit Recap — Gladys Cook, Social Services Specialist II, DHCFP

11:00 am – 11:45 am

IV. Provider Outreach — Dr. Thomas McCrorey; Medical Director, APH

11:45 am – 12:00 pm

VII. New Business — Tracy Palmer, Social Services Chief 2, DHCFP

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II. HCGP Program Update

- Executive Director Comments
- Staffing Update
- APH Update

Executive Director Report

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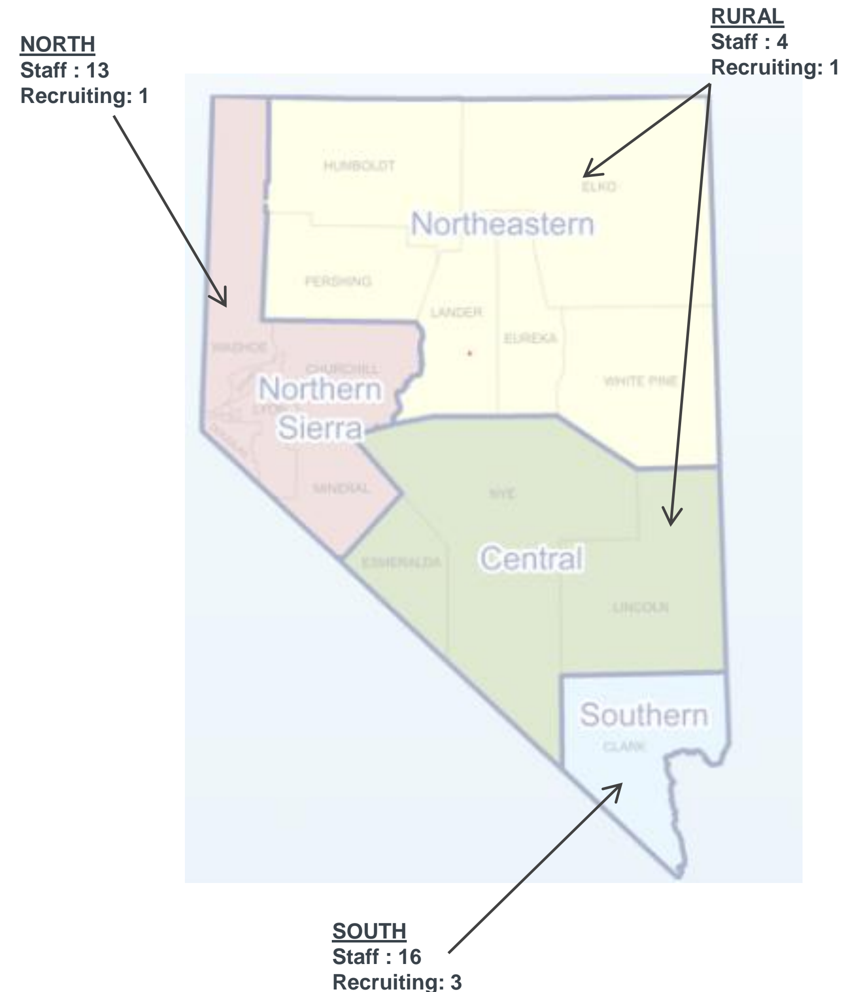
- October Quarterly Workgroup assignments:
  - **Nov 2015** - Provider Outreach strategies updated
  - **Nov 2015** - Messaging for "program outcomes and results" developed for legislative communication
  - **Completed** - Review Prevalence and Cost "top 10" for more accurate articulation
  - **March, 2016** - Member Satisfaction Survey revision.
- Four of five "Partially Met" Compliance Audit items operationalized. DHCFP forwarded Letter of acknowledgement and email confirmation.
- Strategic dissection of identified conditions for specific, cost-saving interventions
- Focus on rural hiring to increase F2F and other interventions
- Data calibration continues
  - ICD 9 to ICD 10
  - Reconciliation methodology under review by CMS



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A View From The Top

Dr. Tim Moore, Consultant Medical Director, AxisPoint Health

- **AxisPoint Health's mission:**
  - "to improve the health, coordinate the care, and lower the healthcare costs for our clients and their members"
- Transform the traditional care management process to one that targets specific population segments that can be impacted.
  - Leverage "omni-channel" engagement approaches.
- "The Care Management division was less than 1% of McKesson's overall business focus. Today, strategic deployment of all things Care Management is 100% of AxisPoint Health's core business," ***Ron Geraty, CEO, APH***

The Evolution of Care Management:

- In the past decade, the paradigm has migrated from a mass outreach model and a broad patient management model towards a focused segment model with specific multi-modal interventions tailored to needs/preferences based on analytics.
- Four major trends are emerging as care management services evolve:
  - Analytics that identify and target the optimal opportunities
  - More robust patient engagement models
  - Data driven interventions
  - Increasingly rigorous ROI methods

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What This Means to Nevada

Laser-focused, Targeted Interventions

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- CEO-appointed Care Transformation Committee uses Nevada's program as momentum for updated, best practice strategies to infuse throughout APH.

- Review all conditions for underlying opportunities to meet Nevada goals. Examples include:
  - Chronic Kidney Disease
    - Target those at greatest risk for kidney failure to help with Doctor plan/ slow rate of failure. Delay dialysis as long as possible
  - Asthma
    - Targeted interventions to decrease ER and Inpatient visits
    - Identify those at high risk for attacks and help with "action plan"
  - Diabetes
    - Target sub populations with different stage of disease
    - Decrease risks and costs associated with those groups
  - Behavioral health
    - Use evidence based practice to review Rx opportunities, work with providers to lower costs due to significant overuse of high cost, newer meds

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III. Quality

- Program Dashboard
- Module 2, Goal #1

Program Dashboard

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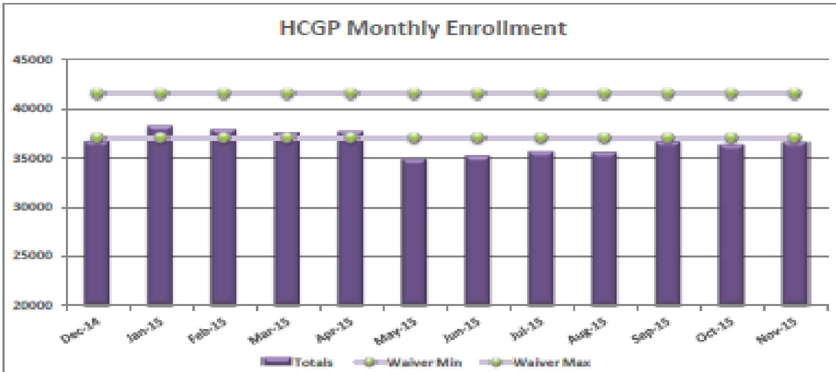
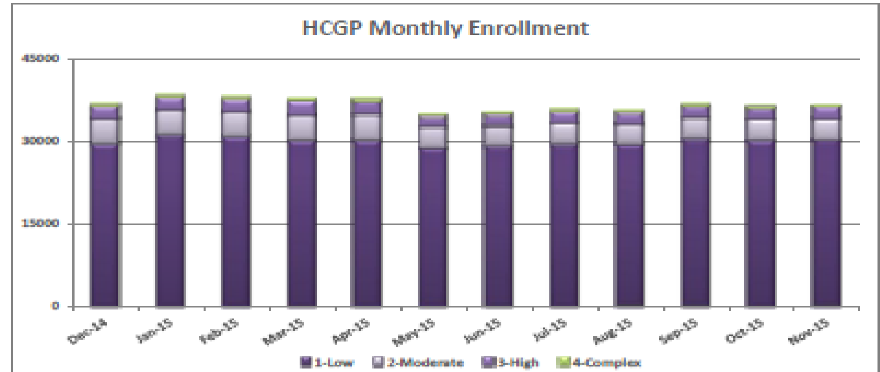
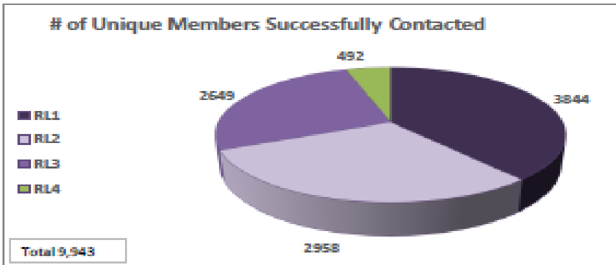
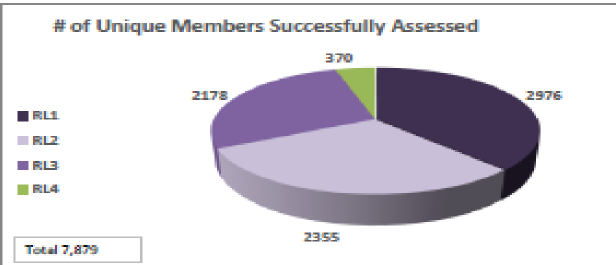
Program Operational Performance Highlights

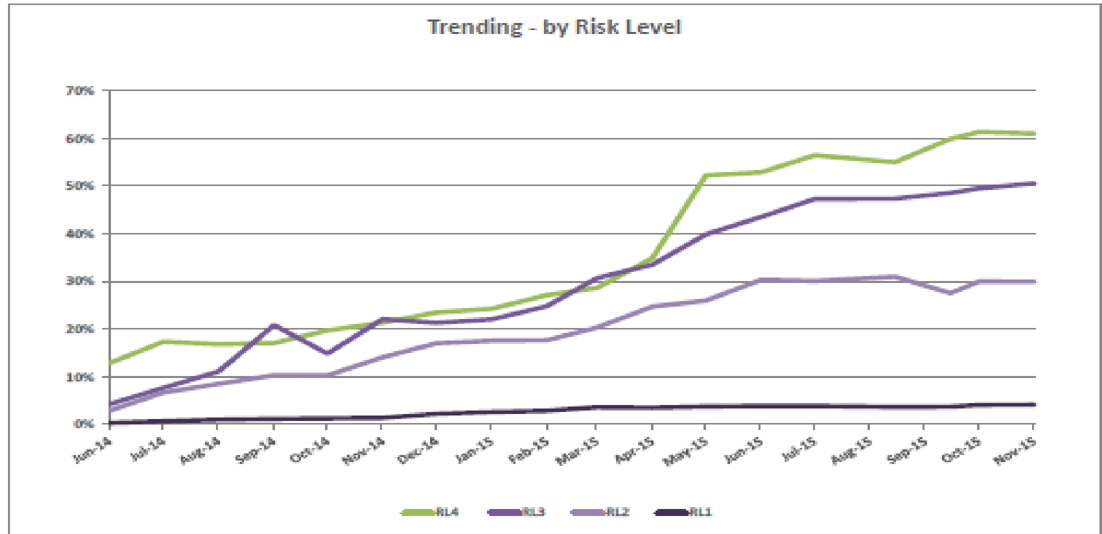
Case Ratios	Target	Actual
CM (RL4)	1:75	1:80
DM (RL3)	1:186	1:215
DM (RL2)	1:244	
DM (RL1)	Case Manager is assigned when a member is escalated to a higher risk level	











- Source: Business Insight

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III. Quality:

Quality Module #2, Goal #1 (1.1 – 1.5)

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- Objective 1.1: Successfully enroll all Medicaid beneficiaries who qualify for the NCCW program.
- Objective 1.2: Stratify all enrollees into case management tier according to assessed needs.
- Objective 1.3: Complete a comprehensive assessment of enrollees with complex or high risk needs.
- Objective 1.4: Complete a comprehensive assessment of enrollees with moderate or low risk needs.
- Objective 1.5: Utilization of Primary and Outpatient Care

** Special Request: highlight one metric required per Research and Demonstration including actual number of members consistently in program.*

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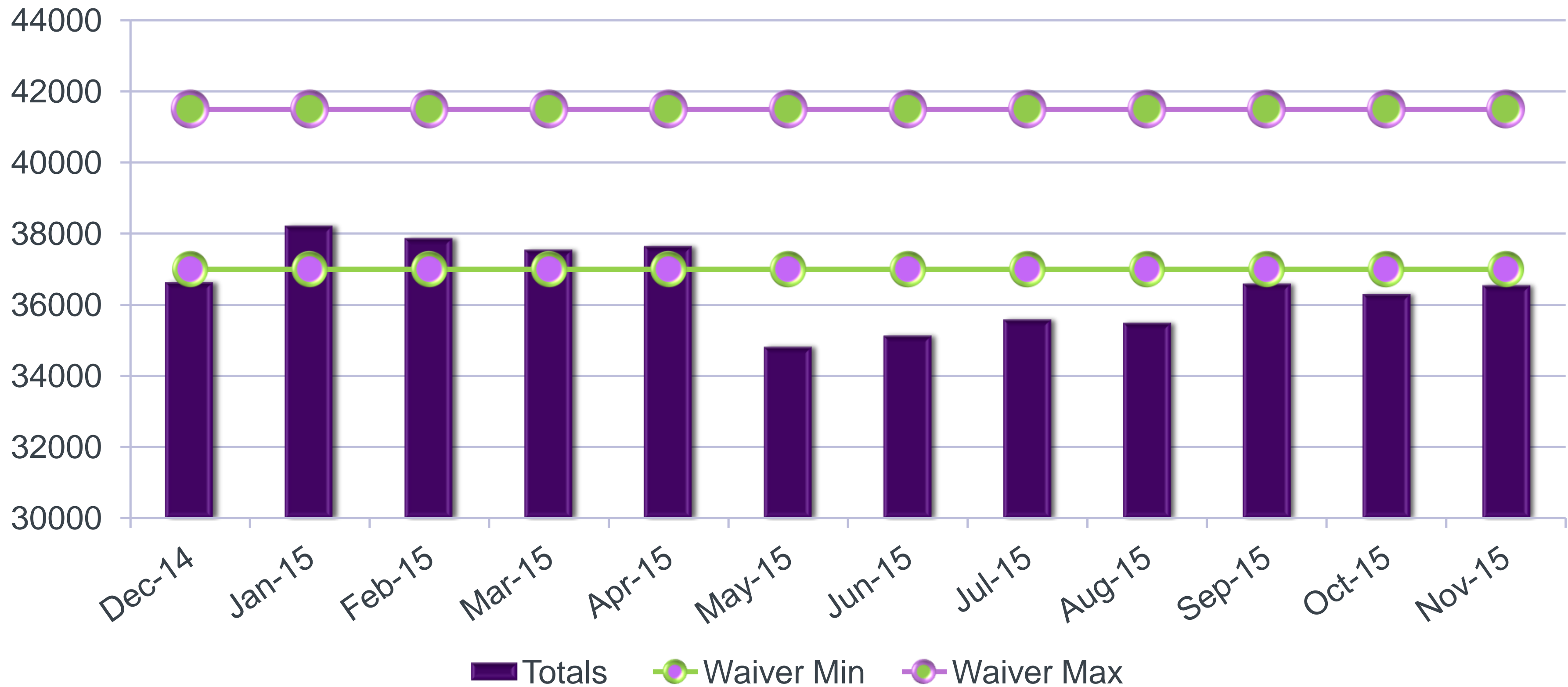
III. Quality:

Objective 1.1 Successfully enroll all Medicaid beneficiaries who qualify for the NCCW program.



- Source: Business Insight

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III. Quality:

Objective 1.2 Stratify all enrollees into case management tier according to assessed needs.

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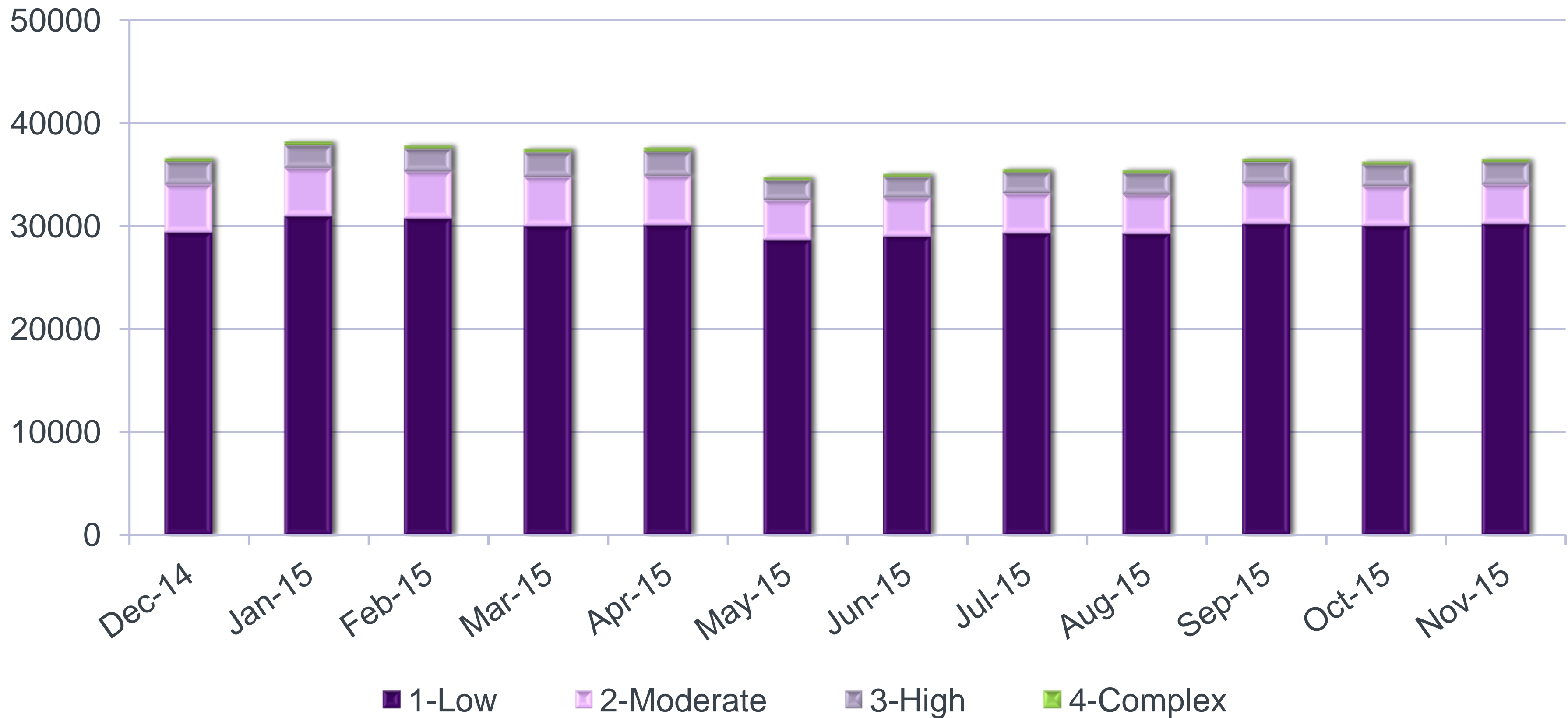

- Source: Business Insight

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III. Quality:

Objective 1.2 Stratify all enrollees into case management tier according to assessed needs.

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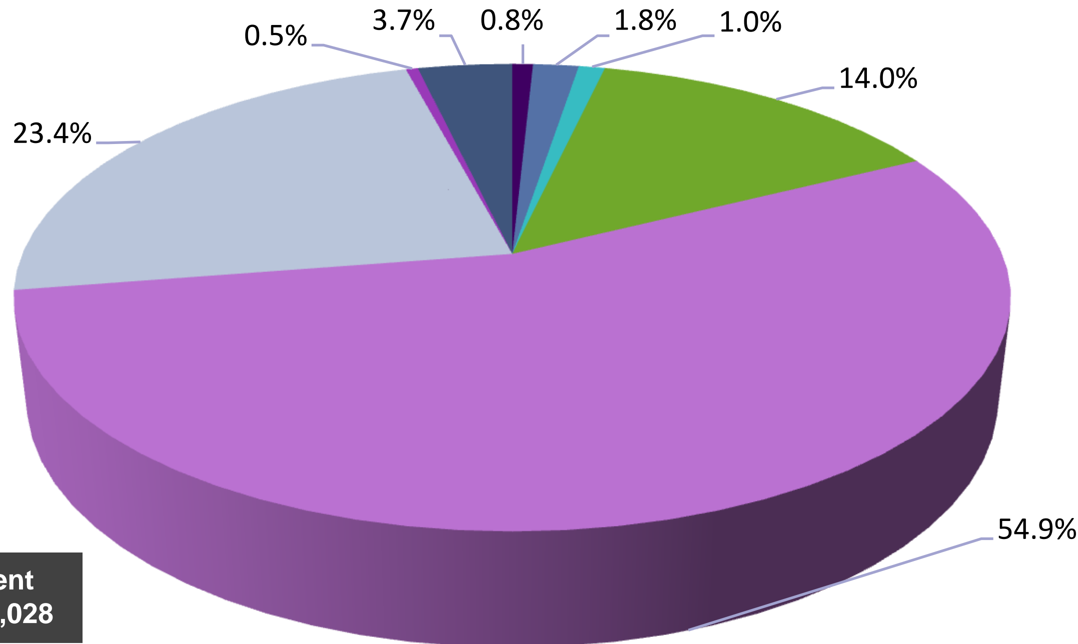

Total Enrollment population = 36,028

Complex Case Management
Chronic Kidney Disease
Case Management
Disease Management
Health Care Management
Mental Health Program
Oncology
Pregnancy

- Source: Business Insight

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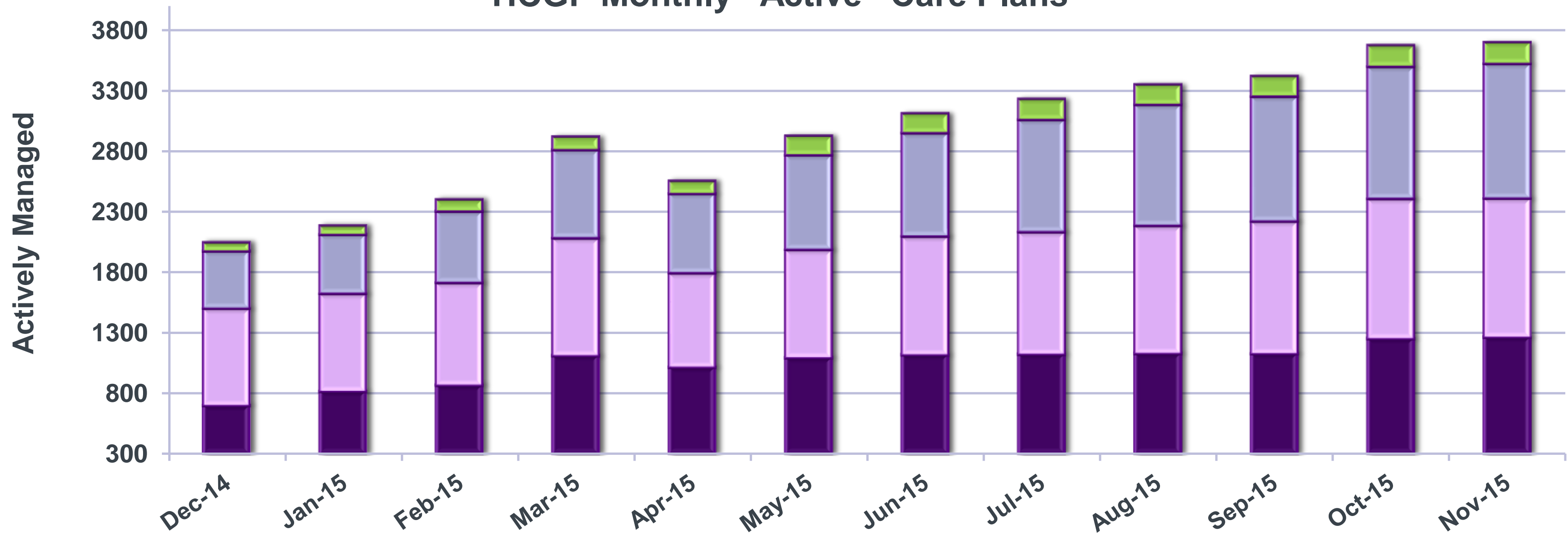
III. Quality:

Objective 1.3 & 1.4 Complete a comprehensive assessment of enrollees



	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
4-Complex	75	78	103	110	110	161	163	174	170	172	178	177
3-High	478	489	591	728	656	781	853	927	996	1028	1087	1110
2-Moderate	800	807	845	972	778	891	977	1008	1055	1091	1154	1143
1-Low	699	815	866	1107	1013	1092	1115	1119	1126	1125	1247	1260

% members with active cases: 40% Risk Level 2→4

- Source: Business Insight

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III. Quality:

Objective 1.5 Utilization of Primary and Outpatient Care

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- Real time referrals

Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
262	203	219	153	190	212

- Utilization
  - Continuously measuring 11 industry standard metrics around utilization including:

Metric	Program Goal	Projected	Comment
ED Visit Rate	Decrease	Decrease	- Access challenges across Nevada remain unchanged. - Ambulatory and Office visits may remain unchanged. - Increases need for member education and self-care. - Self-care leads to higher RX costs due to increase in RX script compliance.
Ambulatory Rate	Increase	No Change	
Office Visits	Increase	No Change	
RX Script Rate	Increase	Increase	

  - The baseline population reconciliation is required to allow us to compare ‘baseline’ rates to any program period data.

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III. Quality:

HCGP PY1 ED Redirection Outcome Report

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- NAL Redirection from ED intent to lower level of care (OP, PCP, UC)

HCGP ED Redirection			
	Program Goal	Actual	% Change
Emergency Department usage	Decrease	Decrease	19.7
Urgent Care/Office/Primary Care Provider (PCP) visits	Increase	Decrease	(8.7)
Pharmacy prescription fulfillment	Increase	Decrease	(1.7)
Nurse Advice Line usage	Increase	Increase	1.0

Recommendation:

- Implement a 2016 Emergency Department Redirection campaign beginning in Q1 2016.
  - 100% of the identified population receive the outreach at the same time
  - Outreach consists of the 2015 approved print piece and IVR scripts.
  - The identified population will be updated based on current beneficiary eligibility.
  - Results will be measured and reported to Division of Health Care Financing and Policy based on the year two results compared to year one and base line results.

*Results based on pilot time period Feb-Apr-15, Claims Run-out = 6 months

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III. Quality:

Performance Measures Validation (PMV) 10/15/15 Recap

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- **Systems/Aspects** – Each deemed to be adequate, by HSAG
  - Data Retrieval
  - Data Integration
  - Data Control
  - Source Code Development and Performance Measure
- **Performance Measure Specific Rates** -
  - This audit examined 24 measures with a total of 63 indicators, or individual rates. Of the 63 indicators:
    - 26 rates were deemed 'Not Completed' (NC)
    - The rates for the remaining 37 indicators appear to be appropriately calculated and reported
- **APH Response delivered to DHCFP on 12/23.**
  - 19 of the 26 NC's are CIS measures and will be addressed via access to WebIZ as of Jan 12th
  - Awaiting feedback on the remaining 7 indicators

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IV. Provider Outreach

- Previous Quarter’s Activities

Provider Outreach

October, November, December

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- **Focus on targeted messaging and facilities with the highest volume of HCGP Members**
  - 35 provider and community organization outreach events (see log on CDAT for details)
  - Despite repeated visits with facility leaders and line staff, a superficial level of knowledge of program remains. Continued focus on program familiarity is important part of Provider Outreach.
- **Medical clinics**
  - Large FQHC's
  - Rural and Tribal facilities
  - All four Nevada medical schools
- **During outreach visits feedback on quality measures as retrieved from HCGP data sources has been well-received**

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Next Quarter Program Focus

January, February and March

- Finalize Contract Amendment 4
- Execute and finalize Contract Amendment 5
- Rural Outreach to revisit program goals and strategies
  - Early February "road trip" to Winnemucca, Battle Mountain, Elko, Ely
  - Respectfully request consideration for the addition of the newly eligible population to provide much needed assistance to our rural facilities.
- Deploy the necessary APH resources to preliminary results and annual report activities
- Focus program resources to execute targeted interventions
- Continue 360˚ analysis of all program results to improve and optimize the program in "real time"

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V. New Business

- Round Table

HCGP Quarterly Meeting January 26, 2016

Location: Division of Public & Behavioral Health (DPBH)
4150 Technology Way, Suite 303 (3rd Floor)
Carson City, Nevada 89706
Phone Number: 877-336-1829 Access Code: 8793897

9:00 am – 9:20 am

I. Welcome and Introductions/DHCFP — Tracy Palmer, Social Services Chief 2

Division of Health Care Financing and Policy (DHCFP — Tracy Palmer, Social Services Chief 2

Gloria McDonald/Chief, Program Research and Development

AxisPoint Health (APH) — Cheri Glockner, HCGP Executive Director, APH

Dr. Tim Moore, APH, Chief Medical Officer

9:20 am – 9:30 am

II. Approval of Minutes — Tracy Palmer, Social Services Chief 2

9:30 am – 10:10 am

III. Program Updates

Executive Director Comments — Cheri Glockner, HCGP Executive Director, APH

Program Staffing Update

APH Update — Dr. Tim Moore, Dr. Thomas McCrorey/APH

10:10 am – 10:25 am BREAK

10:25 am – 11:10 am

IV. Quality

Quality Module #2, Goal #1 (1.1 – 1.5) — Michelle Searing, Client Program Manager, APH

Performance Measures Validation (PMV) 10/15/15 Recap — Michelle Searing, Client Program Manager, APH

Compliance Audit Recap — Gladys Cook, Social Services II, DHCFP

11:10 am – 11:45 am

V. Provider Outreach — Dr. Thomas McCrorey; Medical Director, APH

11:45 am – 12:00 pm

VI. New Business — Tracy Palmer, Social Services Chief 2, DHCFP

*DIRECTIONS: For those who will be teleconferencing for this meeting, please call at the time scheduled for your agenda item. The dial in number is 877-336-1829. Key in the Pass Code 8793897.

* Should you need assistance during your conference, please press *# for a list of menu options and *0 to obtain Specialist assistance.

Sign-in Sheet for Health Care Guidance Program (HCGP) Quarterly Meeting
January 26, 2016

NAME	ORGANIZATION	PHONE NUMBER	E-MAIL ADDRESS
Gladys Cook	DHCFP	[redacted]	
Rachel Marchetti	DHCFP	[redacted]	
John Kucera	DHCFP	[redacted]	
Erin Snell	Beacon-HCGP		
Brian Baker	Beacon		
[illegible]	DHCFP	[redacted]	
Janice Hadlock Burnett	DHCFP	[redacted]	
Gloria Macdonald	"	[redacted]	
Margaret [illegible]	Axis Point Health	[redacted]	
Michelle Seary	Axis Point Health	[redacted]	
Betsy Aiello	DHCFP		