BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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March 2, 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 October 1, 2015 – December 31, 2015, or Federal Q1/2016.

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,

[redacted]

Marta Jensen
Acting Administrator

Enclosure

Cc: Richard Whitley, Director, Department of Health and Human Services
Elizabeth Aiello, Deputy Administrator
Gloria Macdonald, Chief

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: 1/2016 (10/2015 – 12/2015)

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 recipients not served by the existing Managed Care Organizations (MCOs). This subset of recipients 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) Nevada Medicaid recipients 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 Nevada Medicaid recipients who receive services on a FFS basis.

- **Objective 1.1:** Successfully enroll all Nevada Medicaid 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 recipients 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 recipients 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** (12/31/15)	**Disenrolled in Current Quarter** (12/31/15)	**Current Enrollees** (01/31/16)
Population 1: MAABD	20,290	0	20,760
Population 2: TANF/CHAP	15,574	0	16,130
Total:	35,864	0	36,890

Note: The following acronyms are used throughout the document: Medical Assistance to Aged, Blind and Disabled (MAABD), Temporary Assistance for Needy Families (TANF), Child Health Assurance Program (CHAP).

The 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 recipient 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** (12/31/15)	**Disenrolled in Current Quarter** (12/31/15)	**Current Enrollees** (01/31/16)
Diagnosis 1: Asthma	5,151	0	5,187
Diagnosis 2: Cerebrovascular disease, aneurysm, and epilepsy	3,179	0	3,185
Diagnosis 3: Chronic obstructive pulmonary disease, chronic bronchitis, and emphysema	3,044	0	3,112
Diagnosis 4: Diabetes mellitus	3,440	0	3,480
Diagnosis 5: End stage renal disease and chronic kidney disease	1,246	0	1,299

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

Demonstration-Qualifying Conditions (in person counts)	**Enrolled in Current Quarter** (12/31/15)	**Disenrolled in Current Quarter** (12/31/15)	**Current Enrollees** (01/31/16)
Diagnosis 6: Heart disease and coronary artery disease	1,846	0	1,915
Diagnosis 7: HIV/AIDS	307	0	325
Diagnosis 8: Mental health	20,183	0	20,396
Diagnosis 9: Musculoskeletal system	6,596	0	6,727
Diagnosis 10: Neoplasm/cancer	286	0	298
Diagnosis 11: Obesity	3,775	0	3,862
Diagnosis 12: Substance use disorder	6,807	0	6,913
Diagnosis 13: Pregnancy	2,494	0	2,520
Diagnosis 14: Complex Condition/High Utilizer	530	0	551
Total	58,884	0	59,770

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 Q1/2016 as required under the Special Terms and Condition (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.	To date, Zero (0),per vendors automated medical claims analysis and stratification	Approximately 36,000 enrolled recipients at quarter ending 12/31/15

Disenrollment's

The following chart reflects data on demonstration disenrollment's during Q1/2016 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 recipient 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 recipients determined non-compliant during Q1/2016 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 recipients 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:

The DHCFP reports a fluctuation in enrollment numbers for Q1/2016. The fluctuation included the following; 10/2015 enrollment numbers totaled 36,522, 11/2015 enrollment numbers totaled 36,028, and 12/2015 35,864. The fluctuation is attributed to change of ICD-9 process to ICD-10. The initial transition caused some changes but has since steadied out.

Outreach/Innovative Activities

The DHCFP continued CMO outreach activities with AxisPoint Health (APH) during Q1/2016. The following chart lists the outreach activities for Q1/2016.

Date	Outreach Activity	Summary of Activity
10/1/2015	Health Insight Readmission Reduction Coalition Meeting; Health Insight Meeting, Community Health Professionals, Las Vegas, NV	Bridget Vanetti, Deb S, Monica D from Axis Point Health (APH) present for presentation by the homeless coalition and linking to homeless populations in the state.
10/2/2015	Community Meeting; Clark County Children's Mental Health Consortium, Las Vegas, NV	Erin Snell, of Beacon Health Solutions provided a general overview of the HCGP, real time referral (RTR), and eligibility and ineligibility criteria. A letter of authority was given to stake holders, contact information also given to stake holders regarding the HCGP.

Date	Outreach Activity	Summary of Activity
10/7/2015	Nugget Casino Rose Ballroom; Nevada Medicaid Conference, Sparks, NV	Cheri Glockner and Dr. McCrorey, Erin Snell, Bridget Vanetti, APH staff Ogundimu, Curry present. Medicaid stakeholders were present. Enrollment and utilization into the HCGP were discussed along with a full range of provider and patient information provided. Over 300 individuals present for the presentation.
10/8/2015	Partners Conference on Expanded Medicaid Program, Associate Dean Health Policy and Community Affairs at the UNLV Tam Alumni Center, Las Vegas, NV	Dr. McCrorey, Dr. Ley, and Bridget Vanetti were present. Medical providers and Medicaid stakeholders were provided a forum for major stakeholders of Nevada's expanded Medicaid program to discuss the best ways to manage the explosive growth in enrollment over the last two years. Pens and contact information were given along with discussion on the status of Medicaid in particular Clark county, met lots of influential stake holders in Medicaid, a good amount of new information and resources obtained.
10/8/2015	Social Workers Pipeline Mapping Collaborative; Conference Call for Community Meeting, Northern Nevada region.	Erin Snell presented at the Medicaid stakeholders. Enrollment and utilization into the HCGP were discussed along with a full range of provider and patient information provided.
10/8/2015	Galleria at Sunset 1300 W Sunset Road South Parking Lot; Henderson Community Expo, Henderson, NV	Care managers Swanke and Debrest presented general overview of enrollment and utilization into the Health Care Guidance Program (HCGP) were

Date	Outreach Activity	Summary of Activity
		discussed along with a full range of provider and patient information provided.
10/10/2015	Desert Springs Hospital Health Fair, Las Vegas, NV	APH staff Monica Debrest present at HCGP Booth to present information and materials as needed.
10/12/2015	Behavioral Health Community Network-Quality Assurance Policy, 4150 Technology Way Room 303,Carson City, NV 89706	Erin Snell provided general overview of enrollment and utilization into the HCGP.
10/13/2015	Northern Nevada Behavioral Health Coalition; 18600 Wedge Parkway BLDG A, Reno, NV 89511	Erin Snell provided general overview of enrollment and utilization into the HCGP.
10/14/2015	Community Triage Center Oversight Meeting; 525 Roberts St., Reno, NV 89502	Erin Snell provided general overview of enrollment and utilization into the HCGP.
10/16/2015	NAMI Conference The Dual Challenge Homelessness and Mental Illness; South Point Hotel 9777 Las Vegas, S. Las Vegas NV 89183	Care Management Staff; Lizotte, Freud, Swain, Thomas, and Anakwa presented general overview of enrollment and utilization into the HCGP. Mental Health Professionals present. HCGP worked on establishing rapport with providers and recipients.
10/17/2015	Henderson Community Expo 2015; Galleria at Sunset 1300 W Sunset Road, Henderson, NV	APH, Care Management staff Monica B and Anne present to assist recipients to be given health screenings. Goal to increase awareness of community resources. Networking and booth management by the HCGP.

Date	Outreach Activity	Summary of Activity
10/18/2015	Desert Springs Hospital Health Fair; Desert Springs Hospital Main Lobby, Las Vegas, NV	APH staff presented generalized Health Fair for potential recipients.
10/20/2015	Division of Welfare and Supportive Services Quarterly; RSVA Board Room 4001 S Virginia St., Reno, NV 89502	APH staff McCrorey and Smith present for quarterly meeting to answer questions regarding the HCGP as needed.
10/21/2015	Elko Counseling and Supportive Services; 1825 Pinion Road Ste A., Elko, NV 89801	Erin Snell, Lizotte, Bollwinkel presented general overview, RTR, eligibility and ineligibility criteria, letter of authority, and contact information.
10/22/2015	Nevada Adult Health Care Centers, Henderson, NV.	Dr. McCrorey presented an exchange of information including contact information. Role of the HCGP, role of the adult Day Care Centers with a primary focus on MAABD presented.
10/22/2015	Annual Medicaid Conference at Sam's Town Hotel & Casino 5111 Boulder Highway, Las Vegas, NV	Staff Lizotte and Anakwa presented enrollment and utilization of the HCGP to providers.
10/23/2015	UNLV School of Community Health; UNLV Las Vegas Community Health Professors, Las Vegas, NV	Dr. McCrorey provided Power Point slide show, with exchange of contact information to Community Health Professors.
10/26/2015	Four Seasons Hotel, Las Vegas NV; Inspired Excellence in Health Care Awards for Health Care Professionals, Las Vegas, NV	Axis Point Health staff Lorna L and Deb S present for representation of the HCGP program and networking with providers/staff.
10/28/2015	Meeting with Scott Mayne; 1000 E Williams Street, Carson City, NV	Erin Snell, Cheri Glockner, Dr. McCrorey available to present the HCGP, to the Juvenile Justice, Child Welfare programs.

Date	Outreach Activity	Summary of Activity
10/29/2015	Inspired Excellence in Health Care Awards; Four Seasons Hotel 3960 Las Vegas BLVD, South Las Vegas, NV	APH staff member Lizotte present at awards to provide information on the HCGP as needed.
11/5/2015	Health Insight Coalition, Las Vegas, NV	Bridget Vanetti and Deb S present for discussion of coordinating with emergency services to make real time referrals. Business cards and availability for follow up meeting provided.
11/9/2015	Immunize Nevada; Nevada Health Conference SLS Las Vegas, Las Vegas, NV	Bridget Vanetti, Deb. S, Cheri Glockner distributed lanyards and recognitions of sponsorship. Discussions of immunizations and HCGP program in general took place with Health Care providers.
11/9/2015	Washoe County Children's Mental Health Coalition; 2655 Enterprise Road, Reno, NV 89512	Erin Snell presented General Overview, RTR, Eligibility & Ineligibility Criteria, Letter of Authority, and Contact information.
11/10/2015	Northern Nevada Behavioral Health Coalition; 18600 Wedge Parkway BDG A, Reno, NV 89511	Erin Snell presented general Overview, RTR, eligibility & ineligibility criteria, letter of authority, and contact information.
11/11/2015	Community Triage Center Oversight Meeting; 525 Roberts St, Reno, NV 89502	Erin Snell presented a general overview, RTR, eligibility & ineligibility criteria, letter of authority, and contact information.
11/12/2015	Social Workers Pipeline Mapping Collaborative; Community Meeting, Conference Call.	Erin Snell engaged in monthly meeting to discuss issues regarding mental health in Northern Nevada region.

Date	Outreach Activity	Summary of Activity
11/13/2015	UNR Redfield Campus Reno NV; Rural Nevada Health Network Community meeting	Erin Snell engaged in quarterly meeting to discuss issues regarding mental health in Northern Nevada.
11/17/2015	Project Homeless Connect; Cashman Field, Las Vegas, NV	APH staff Monica D, Deb Svab, Lorna L, Bridget V, and Lisa M present to be a part of IA, resource management networking, and assistance to the population.
11/18/2015	Community Triage Center Community Meeting Oversight Meeting; 525 Roberts St, Reno, NV 89502	Erin Snell engaged in monthly meeting where behavioral health stakeholders come together to talk about the community triage center enrollment, issues with treatment options and collaborate on ideas. Primary stakeholders include Renown, St. Mary's, Northern Nevada, Washoe County Sheriff's Office, Washoe County School District, REMSA, Westcare, NNAMHS, and West Hills Hospital etc.
11/24/2015	HP Enterprise Reno, NV	APH Staff Dr. Thomas McCrorey and Cheri Glockner discussed Medicaid Pharmacy costs and prescribing patterns discussed.
11/25/2015	Nevada Health Centers Sierra Clinic Carson City, NV	Dr. McCrorey provided FQHC handouts along with an update of program, NHC Sierra Quality Metrics.
12/2/2015	Community Partner Meeting Rural Conference DWIS; Community Meeting teleconference	Erin Snell present to introduce the HCGP to some new members, gave a brief overview of the program, and answered questions.

Date	Outreach Activity	Summary of Activity
12/4/2015	AmeriGroup and HCGP Transition Meeting; Teleconference	Erin Snell, Schadegg discussed member transitions between programs, brief overview of HCGP staff day, and provided list of HCGP contacts.
12/10/2015	Social Workers Pipeline Mapping Collaborative; Teleconference	Erin Snell Present to discuss details of movement on the social work licensing and employment opportunities within the state.
12/15/2015	Seven Hills Hospital; 3021 W Horizon Ridge PKWY, Henderson, NV 89052	Beacon Health Solutions staff Lizotte discussed the HCGP, shared materials, talked about opportunities to collaborate when CMO members are in the hospital.
12/16/2015	Division Health Care Financing and Policy (DHCFP), Las Vegas, NV	APH staff Dr. Thomas McCrorey presented an overview of the program to date, enrollment in area discussed.
12/16/2015	School of Medicine; Roseman University School of Medicine Summerlin; Medical School Professors Las Vegas, NV	APH staff Dr. Thomas McCrorey presented an overview of Program, new medical instruction methods, sitting of their clinic in underserved.
12/17/2015	Pahrump Desert View Hospital, Hospital Leadership, Pahrump, NV	Dr. McCrorey and Bridget Vanetti presented on legal hold for psychiatric (L2K) issues, identification of members.
12/17/2015	Healthy Minds, Mental Health Providers, Las Vegas, NV	Dr. McCrorey and Bridget Vanetti presented on issues of coordinating care, ensuring people are enrolled in programs that address their needs. Assisted in resetting provider portal access.

Date	Outreach Activity	Summary of Activity
12/18/2015	University School of Medicine (UNSOM) Internal Medicine Clinic; Dr. Aditi Singh internal medicine. Las Vegas, NV	Axis Point Staff Dr. Thomas McCrorey and Bridget Vanetti presented review of program eligibility, provider metrics access to care, and care coordination.
12/18/2015	First Med Clinic 3343 Eastern Avenue. Las Vegas, NV	Axis Point Health staff Dr. Thomas McCrorey and Cheri Glockner presented introduction to HCGP. There was no familiarity with the program as the clinic had obtained a new CEO.
12/22/2015	Sierra Nevada Nephrology Carson City, NV	APH staff Dr. McCrorey presented a discussion of chronic renal disease and rural outreach—clinical resources discussed and standards of care reviewed.
12/23/2015	Community Health Alliance (CHA), Rock BLVD, Reno, NV	Dr. McCrorey provided overview of program to date, quality metrics.

Note: For provider outreach, the HCGP team provides tools for immediate services such as; Real Time Referrals (RTR) forms, contact phone number for 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 October 27, 2015. AxisPoint Health (APH) presented the following:

- Introduction of Dr. Ron Geraty, APH, New CEO
- Program Performance Dashboard: Enrollment and Engagement.
- Top 10 Chronic Conditions by Cost
- Health Services Advisory Group, Inc. (HSAG) the State's external quality review organization (EQRO) conducted the Performance Measures Validation Audit (PMV) on October 15, 2015. The purpose of the audit was to validate the performance measure rates calculated and reported by APH. HSAG obtained a list of the performance measures that were selected by the DHCFP for validation. The measures primarily consisted of performance measures that were contractually required by the DHCFP, but are not part of the HCGP pay-for-performance (P4P). HSAG also conducted an extensive review of APH's source code used to calculate the non-P4P

measures. HSAG source code reviewers performed a line by line review of the source codes to assess whether the codes were developed according to the non-P4P measure specifications detailed in APH's contract with the DHCFP. HSAG also checked for any inconsistencies in interpretation of the measures between APH and the Nevada's actuary (Milliman). Milliman the entity responsible for calculating the baseline rates for the non-P4P measures. The audit examined 24 measures with a total of 63 indicators, or individual rates. Of the 63 indicators, 26 rates were Not Completed (NC). The rates for the other 37 indicators appear to be appropriately calculated and reported by APH. The DHCFP team continues to work with APH to bringing the 26 indicators that were rated NC to reportable validation results.

- Provider Outreach Update; APH reports in the months of July, August and September 2015, they have met with catchment facilities, identified partners to assist HCGP members who were affected by the closure of the Tonopah Hospital closure. APH and BHO (Behavioral Health Outreach) staff attended to; 11 major events and visits, three Medicaid Conferences, Medicaid Drug Utilization and Review Board, Nevada Health Alliance, several rural facilities and multiple outreach events.
- Program Year 1 (PY1) vs. Program Year 2 (PY 2) Member Satisfaction Survey**:**

2014		2015	
Survey Completions	3,031	Survey Completions	3,205
Survey Candidates	33,866	Survey Candidates	34,857
Response Rate	9%	Response Rate	9.19%

- PY1 2015, Provider Satisfaction Survey:

2015	
Survey Completions	60
Survey Candidates	1,185
Response Rate	5.1%

Within FFY16 Q1/2016, the DHCFP continued to work with the CMS on obtaining approval for the new Reconciliation Methodology. The table below represents the dates the CMS provided temporary extensions as well as the final approval to the Attachment B of the Special Terms and Conditions (STCs) - Reconciliation Methodology.

The CMS Temporary Extension to Attachment B of the STC's - Reconciliation Methodology	**Extension Granted Through**
June 30, 2015	September 30, 2015
September 30, 2015	October 31, 2015
October 30, 2015	November 16, 2015
November 30, 2015	January 31, 2016
January 6, 2016	CMS approved Amendment to Attachment B of the STC's.

Care Management Contracting

The DHCFP received approval from the CMS on January 6, 2016 on the following items; Time Frames for State of Nevada Date Extracts to reflect program launch date of June 2, 2014; ICD-9 language to reflect current ICD's and the Reconciliation Methodology of the STC's Attachment B. The DHCFP plans on submitting all changes listed on Amendment #4 to update the contract.

The DHCFP is working on Amendment #5 of the contract to; revise the order of constructive precedence of the Incorporated Documents and remove Attachment LL (Disenrollment Form); revise Attachment EE (Clarification Points) to add disenrollment requirements to #32 (RFP section 3.4.7.2), and make minor corrections throughout the contract; add clarifying language to RFP Sections 3.6 and 3.11.

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 the CMS due to the implementation of health care reform. On March 12, 2014, per the 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 the 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 (Q1/2016).

Member Month Reporting

Demonstration Populations	Month 1 (Oct 2015)	Month 2 (Nov 2015)	Month 3 (Dec 2015)	Total Ending (Jan 2016)
Population 1: MAABD	20,784	20,405	20,290	20,760
Population 2: TANF/CHAP	15,738	15,623	15,574	16,130
Total:	36,522	36,028	35,864	36,890

Consumer Issues

There are no consumer issues to report for this quarter (Q1/2016).

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 (Q1/2016), please see table on page 4 for "noncompliance".

The DHCFP reports zero (0) number for those deemed non-compliant and "on demand for noncompliance". The DHCFP sent to the 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 the CMS to ensure that this measure is being accurately reported.

Demonstration Evaluation

The DHCFP draft Evaluation Design Plan for the NCCW was submitted to the CMS on October 14, 2013. On February 2, 2014, DHCFP received feedback from the CMS. The DHCFP re-submitted the Evaluation Design Plan for the NCCW to the CMS on March 5, 2014, incorporating the feedback from the CMS. On February 24, 2015, the DHCFP received additional feedback from the CMS. The DHCFP resubmitted revisions to the CMS on July 28, 2015. To date the DHCFP has not received additional feedback and/or final approval from the CMS with regards to the Evaluation Design Plan.

Enclosures/Attachments

- 04/07/15 HCGP's Approved Final Minute Meetings
- 10/27/15 HCGP's Quarterly Meeting Presentation
- 10/27/15 HCGP's Quarterly Meeting Sign in Sheet

State Contact(s)

DHCFP

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 III	775-684-7596	775-684-3643	1100 E. William St. Carson City, NV 89701
Gloria Macdonald	Chief	775-687-8407	775-684-3643	1100 E. William St. Carson City, NV 89701
Rachel Marchetti CMO Outreach	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 the CMS

February 29, 2016

AXISPOINT HEALTH
Formerly a McKesson Company

Health Care Guidance Program

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Quarterly Meeting
October 27, 2015

THE NEW MANAGERS OF CARE

Today's Agenda

9:00 am – 9:20 am	
I. Welcome and Introductions/DHCFP	Tracy Palmer, Social Services Chief 2,
DHCFP	
• Ms. Marta Jensen; Acting Deputy Administrator	
AxisPoint Health(APH)	Cheri Glockner, HCGP Executive Director, APH
• Dr. Ron Geraty, APH; New CEO	
• Dr. Thomas McCrorey; Medical Director, APH	
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
Dashboard	Michelle Searing, Client Program Manager, APH
Top 10 Chronic Conditions/Results	Michelle Searing, Client Program Manager, APH
10:00 am - 10:15 am BREAK	
10:15 am – 11:00 am	
III. Quality	
Performance Measures Validation (PMV) 10/15/15 Recap	Michelle Searing, Client Program Manager, APH
P4P *PRELIMINARY*	
Survey Results	
Baseline vs. PY1 Member Survey	
PY1 Provider Survey /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
Tonopah	
Walker River	
Other	
11:45 am – 12:00 pm	
VII. New Business	Tracy Palmer, Social Services Chief 2, DHCFP
Activities/ NASW Conference	
Round Table	

Introducing…
Dr. Ron Geraty, CEO, AxisPoint Health

- Background:
  - A physician
  - Nevada (Reno) resident for ten+ years
  - A long-standing passion for population health and care management industry
  - Commitment to being an industry leader in Care Management.
- Observations regarding the Nevada Program
  - Most important is our ability to engage people, receive their support, re-engage and change their health behaviors…
    - how to get the best treatment
    - how to get the best care possible and live the most healthy lives possible
  - Achieve shared goals of budget neutrality and improved quality outcomes
  - Realistic performance to 80+ metrics
  - Clarify the disconnect on “Enrollment vs. Engagement” to ensure DHCFP/APH alignment

We will do everything in our power to make this program successful

II. HCGP Program Update

- Executive Director report
- Dashboard
- Top 10 Chronic Conditions

Executive Director Report

AXISPOINT HEALTH

Health Care Guidance Program

Coordinating with you for better care!

- Quarterly Highlights
  - Manage McKesson/APH transition actions
  - Assimilation of Dr. McCrorey into program
  - Intense focus on rural recruiting to ensure integrity in outreach throughout the State
  - Calibrate program processes with other DHCFP areas i.e. Program Integrity, Clinical Policy
  - Concentrated effort to produce quantified results for DHCFP leadership

- Challenges
  - Data. Data. Data.
  - Continued discussion with rural providers on Newly Eligible population
  - Performance Measures Validation process and delivery: Operational vs. Reconciliation

In September 2015, the Southern Nevada team (APH and BHO) gathered to meet Dr. McCrorey and enjoy an evening together

Program Dashboard

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Health Care Guidance Program
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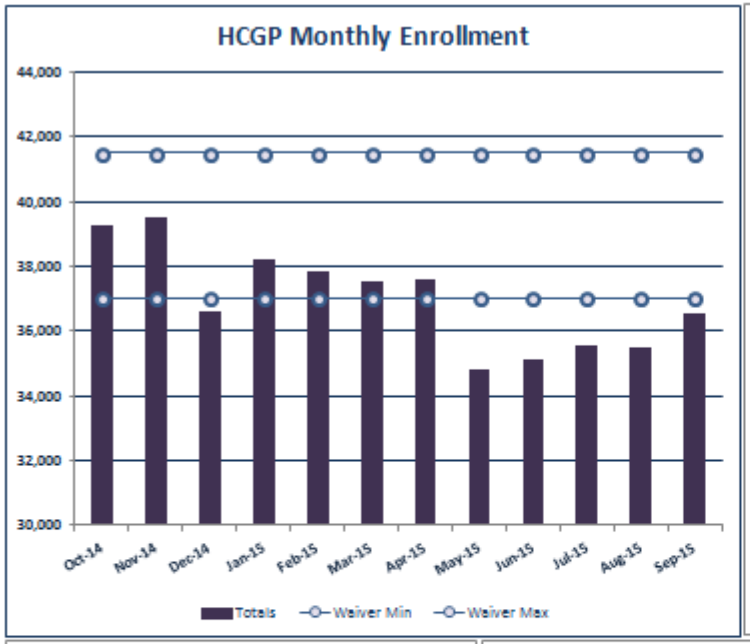
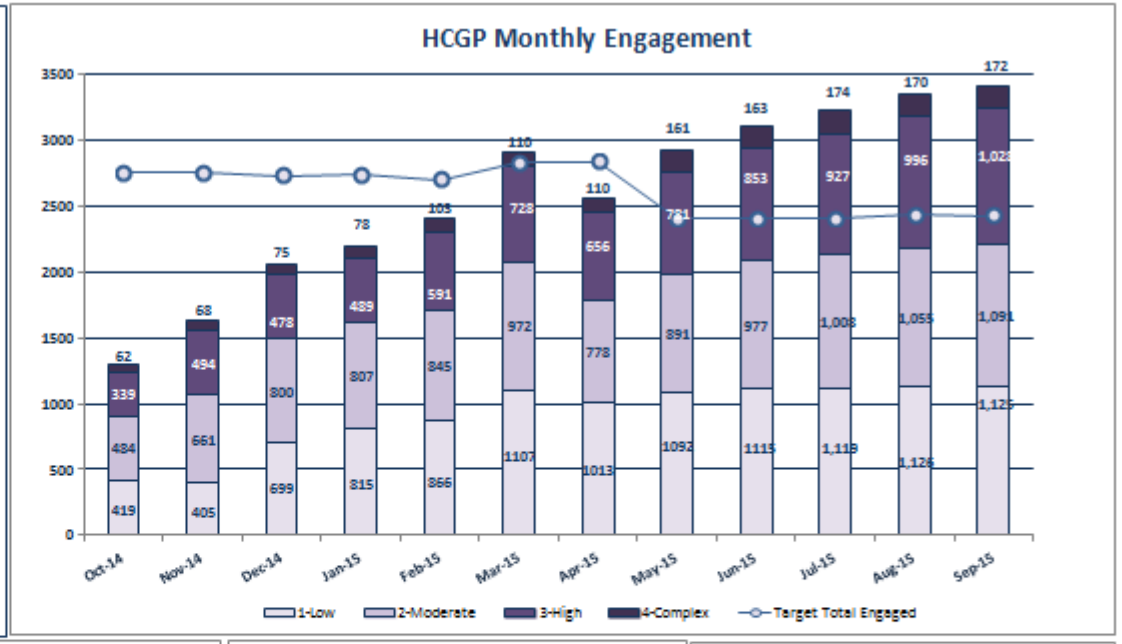
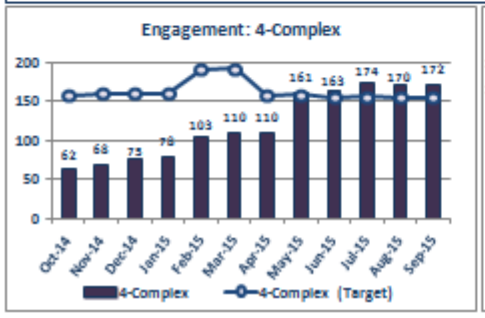
Operations Metrics

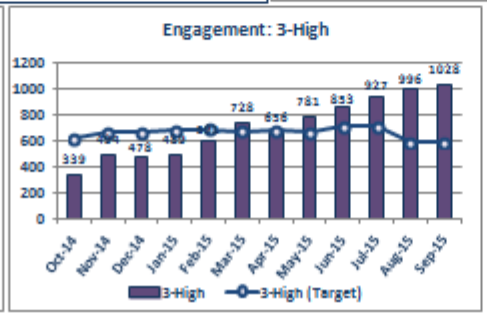
Rolling 12 months Oct-14 thru Sept-15

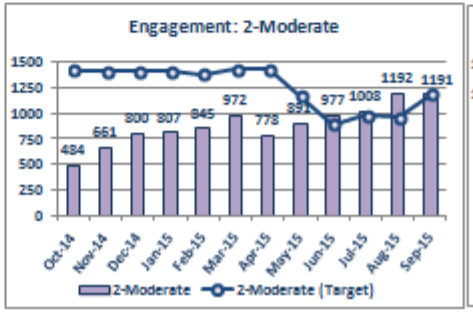
The program is currently performing at 148% to target on engagement

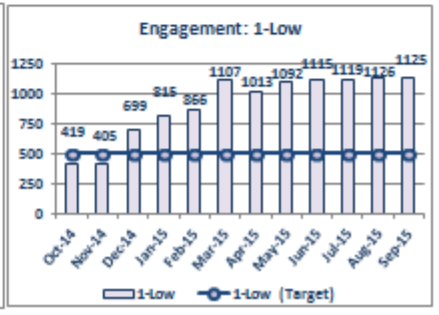




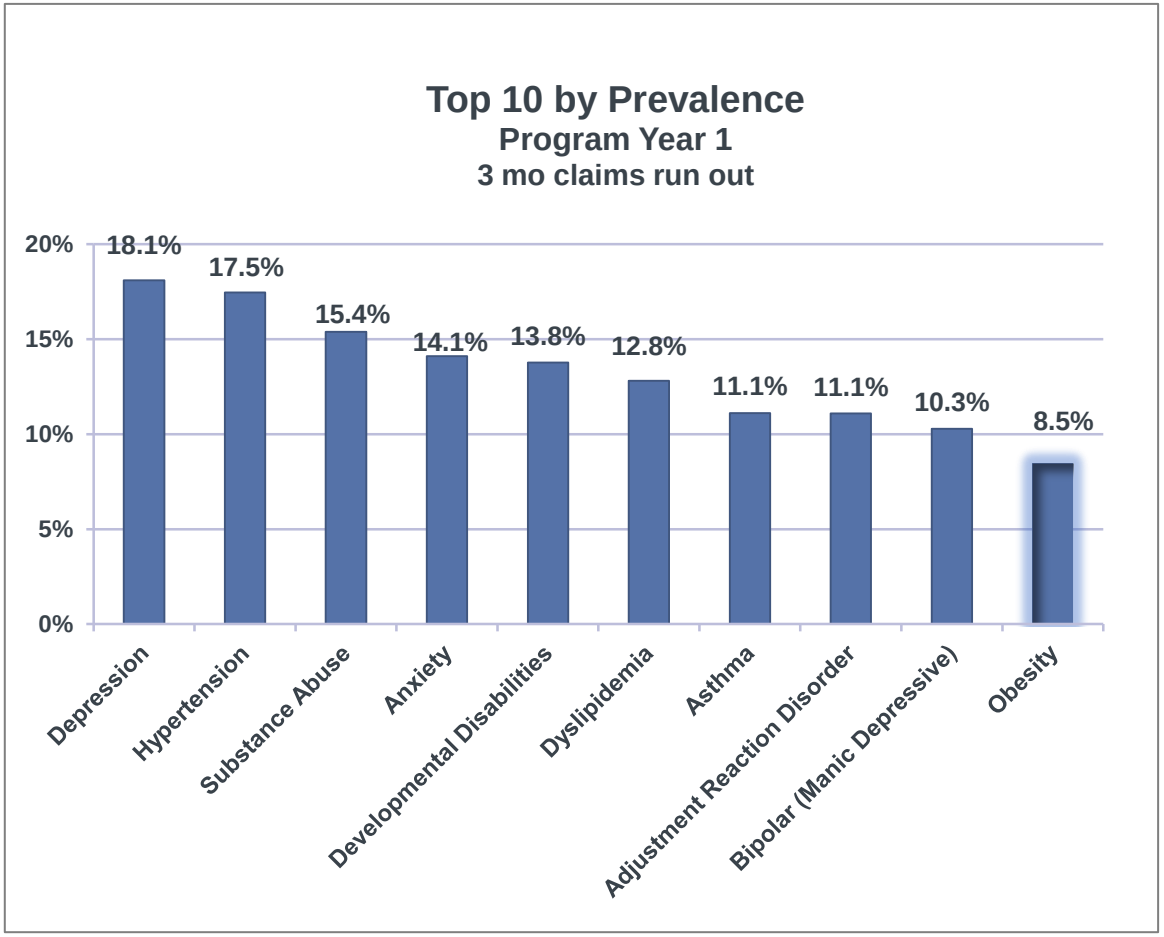








Top 10 Chronic Conditions by Prevalence (Population Snapshot) as of Sept-15

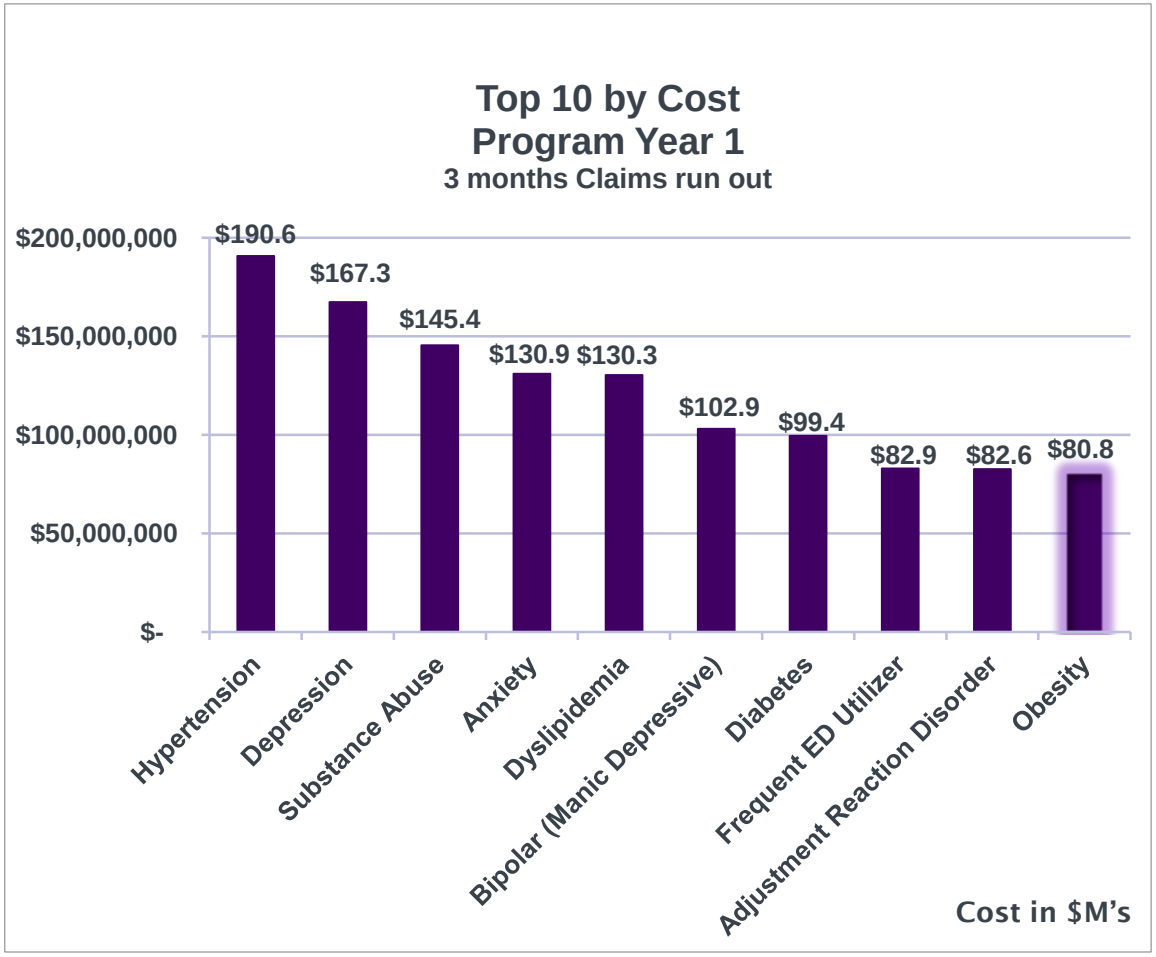


Changes since January:

- Obesity replaced Attention Deficit Disorder at the #10 position
- Attention Deficit Disorder moved to #12 at 8.27%
- BH accounts for 69% of all conditions

- Source: VITAL Business Insights

Top 10 Chronic Conditions by Cost (Population Snapshot) as of Sept-15



Changes since January:

- Only Obesity increased in cost enough to move into the Top 10
- Developmental Disabilities decreased in cost causing it to fall off the Top 10, moving to #11 at $79.4M
- Behavioral Health accounts for 5 of the top Prevalence and Cost
- ~ 37% of engaged members are BH

- Source: VITAL Business Insights

III. Quality

- Performance Measures Validation
- Pay-for-Performance Measures
- Satisfaction Survey Results

Quality: Performance Measures Validation Audit

Purpose: Validate the processes and controls used to generate the Non Pay-for-Performance measures

Process being Reviewed	Observations
Data Receipt Quality Controls	• HSAG expressed confidence with this process • Sample Error Reports (Complete 10/19/15)
Data Migration [Data Warehouse to SAS System]	• HSAG expressed confidence with this process, no follow-up
Generate Measures	• Conduct record verification via Webinar for several more measures such as BCS, PPC, and COL. • All other post-onsite follow-up items have been delivered to HSAG

Quality: PY1 Pay-for-Performance Measures

We share your urgency for results

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- Over the past 3 months APH has
  - Invested 100's of person-hours
  - Produced and reviewed 100's of metrics
    - ***Operational***
    - ***Pay-for-Performance***
    - Utilization
    - Non Pay-for-Performance
- Net findings
  - Judging program performance, using the 80+ claims-based measures, prior to the 12+6 preliminary report in Jan-16, is premature
    - reconciliation data with 6 months claims run-out is necessary
    - methodologies for baseline and PY1 continue to be vetted

- Source: Operational - VITAL Business Insights / SAS - The data used in producing these measures is the monthly Operational claims data provided by DHCFP. Per Attachment AA of the contract these measures will be formally produced in January 2016 (using 6 mo claims run out) and June 2016 (12 mo claims run out)

Quality: PY1 Pay-for-Performance Measures

Focus on understanding program impact with our members

- Operational: Dashboard is reviewed monthly
- Pay for Performance Measures:
    - Baseline methodology to ensure accuracy is under review
        - Significantly disparate denominators (populations)
        - Application of Exclusion Rules
- Non-P4P Measures:
    - *Currently being audited, mutually agreed to exclude from this review*
    - Baseline methodology to ensure accuracy is under review
- Utilization: 24 mo trending information necessary to effectively evaluate is not available
    - Prelaunch eligibility for12 months prior to PY1 is not available
    - 12 months post-PY1 has not transpired

- Source: Operational - VITAL Business Insights / SAS - The data used in producing these measures is the monthly Operational claims data provided by DHCFP. Per Attachment AA of the contract these measures will be formally produced in January 2016 (using 6 mo claims run out) and June 2016 (12 mo claims run out)

Quality: PY1 Pay-for-Performance Measures

Significant discrepancy in Baseline and Program Year denominator populations (methodology)

Condition	Measure Number	Measure Description (Use numerator description)	Age Group	Baseline Rate (Indicate Year)			Performance Target (Year 1)	Re-measurement 1 (Indicate Year)			Performance Target Met? (Y/N)	RFP Objective
				Numerator	Denominator	Rate (Percent)		Numerator	Denominator	Rate (Percent)		
Asthma	ASM.1	Percentage of members 5-64 years of age during the measurement period who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement period.	5-64 years	191	310	61.6%	**65.5%**	894	1190	75.1%	Prelim Results Jan 2016	2.4
CAD	CAD.3	The percentage of discharges for members who were hospitalized with a primary discharge diagnosis of coronary artery disease (CAD) and who had a follow-up, ambulatory care visit within 7 days of discharge.	None	2	49	4.1%	**13.7%**	82	237	34.6%	Prelim Results Jan 2016	2.2
COPD	SPR.3	The percentage of discharges for members who were hospitalized with a primary discharge diagnosis of COPD and who had a follow-up, ambulatory care visit within 7 days of discharge.	None	3	54	5.6%	**15.0%**	114	414	27.5%	Prelim Results Jan 2016	2.2
Diabetes	CDC.4	Percent of members 18 – 75 years of age, with diabetes, who had an eye screening for diabetic retinal disease in the measurement period.	18-75 years	570	1754	32.5%	**39.2%**	2758	2996	92.1%	Prelim Results Jan 2016	2.1
Heart Failure	HF.3	Percent of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACEIs or ARBs during the measurement period and at least one serum creatinine or blood urea nitrogen therapeutic monitoring test in the measurement period.	18+	1126	1263	89.2%	**90.2%**	401	439	91.3%	Prelim Results Jan 2016	2.4
Mental Health	MH.1	The percentage of members with bipolar I disorder treated with mood stabilizers at least 80% of the time during the measurement period.	None	172	351	49.0%	**54.1%**	253	1335	19.0%	Prelim Results Jan 2016	2.3

- Source: SAS System

Quality: PY1 Pay-for-Performance Measures

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Operational Metrics

Enrollment and Engagement		
Average total monthly enrollment		37,010
Enrollment at risk level 1 (low)		30,149
Enrollment at risk levels 2-4 (mod-complex)		6,860
% Engagement at RL2-4		35%

Contacts		
Members successfully contacted	8,774	
Total # of attempted contacts	81,554	
Total # of successful contacts	39,476	48%

Assessments and Care Plans	
Total member assessed	7,084
Total Care plans	6,180

Observations:

- We make (min) 2 attempts for each successful contact
- We make ~ 3 successful contacts for each primary assessment 'active member'

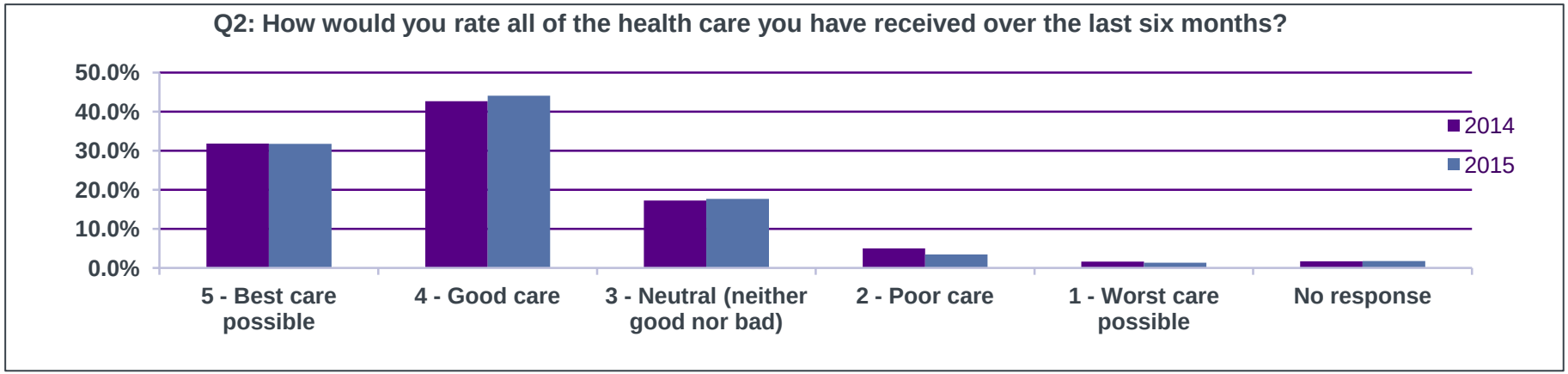
Plan for PY2:

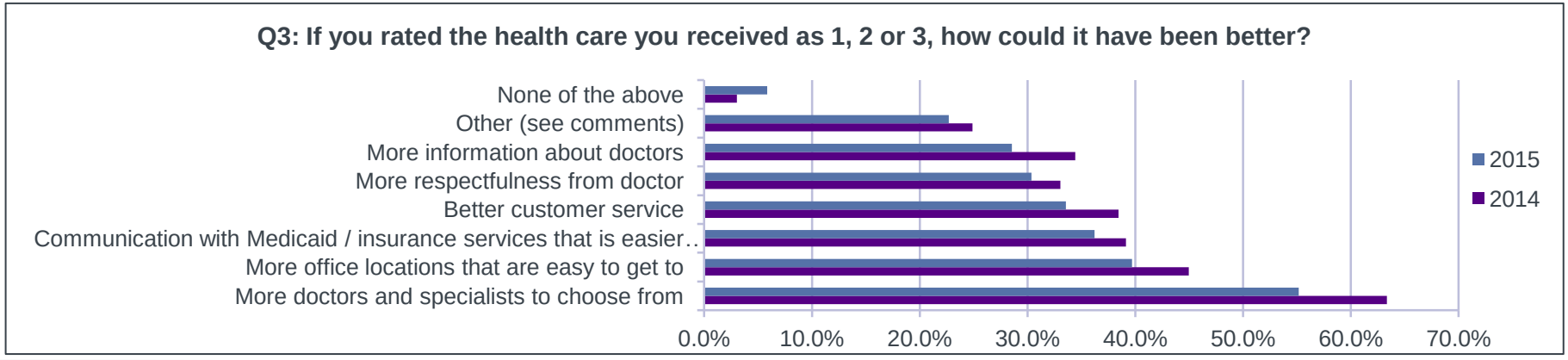
- Accuracy: Implemented a secondary demographics check
- Timeliness:
  - Expand access to hospital census across all 42 facilities
  - Electronic feed from NV hospitals
  - Working on HIE Access

Source: VITAL Business Insights

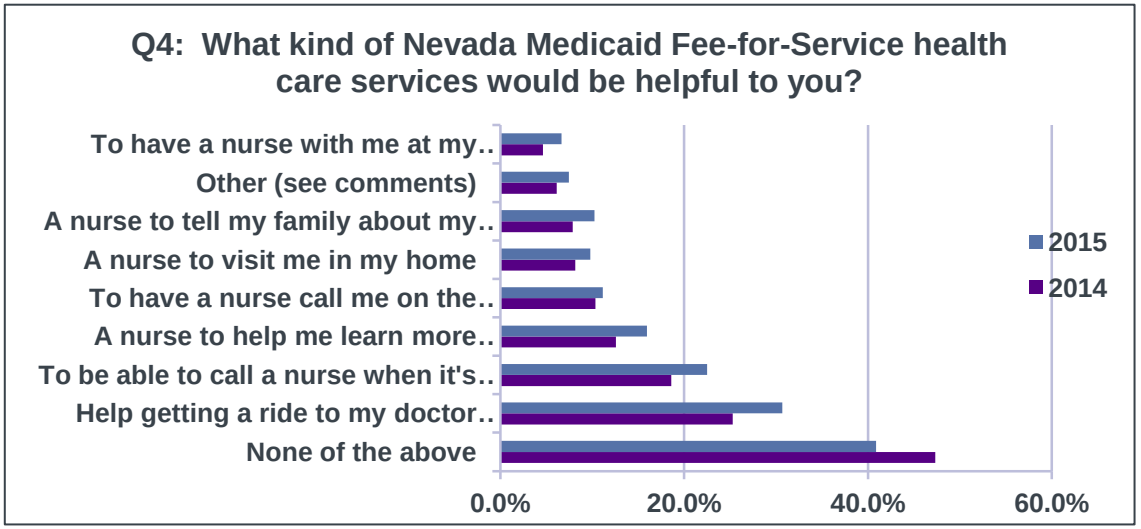
Member Satisfaction: Aggregate Results of PY1 vs PY2 Health Plan Satisfaction

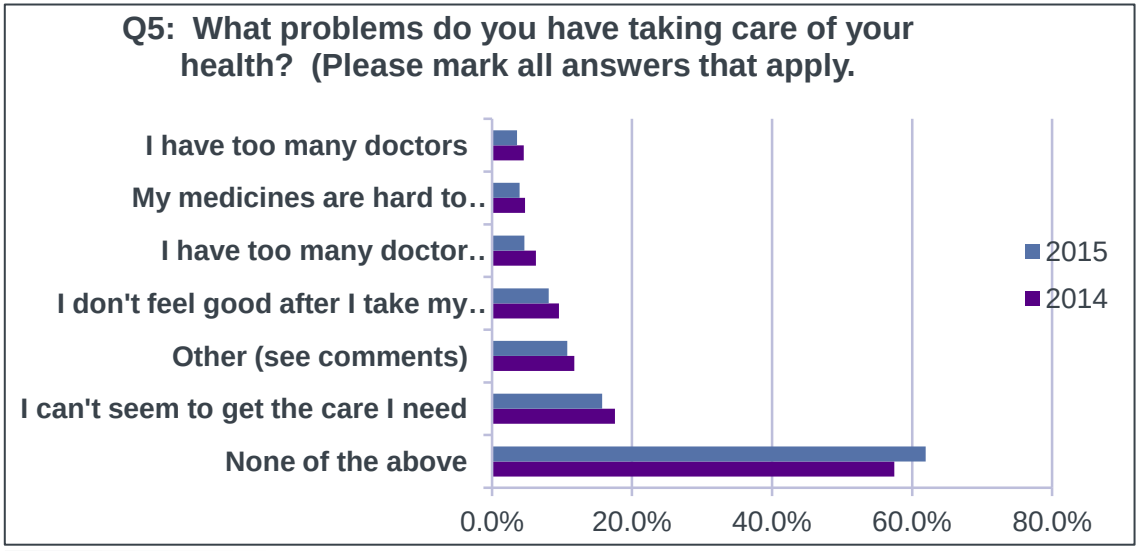
2014		2015	
Survey Completions	3,031	Survey Completions	3,205
Survey Candidates	33,866	Survey Candidates	34,857
Response Rate	9%	Response Rate	9.19%





Member Satisfaction: Aggregate Results of PY1 vs PY2 Health Plan Satisfaction

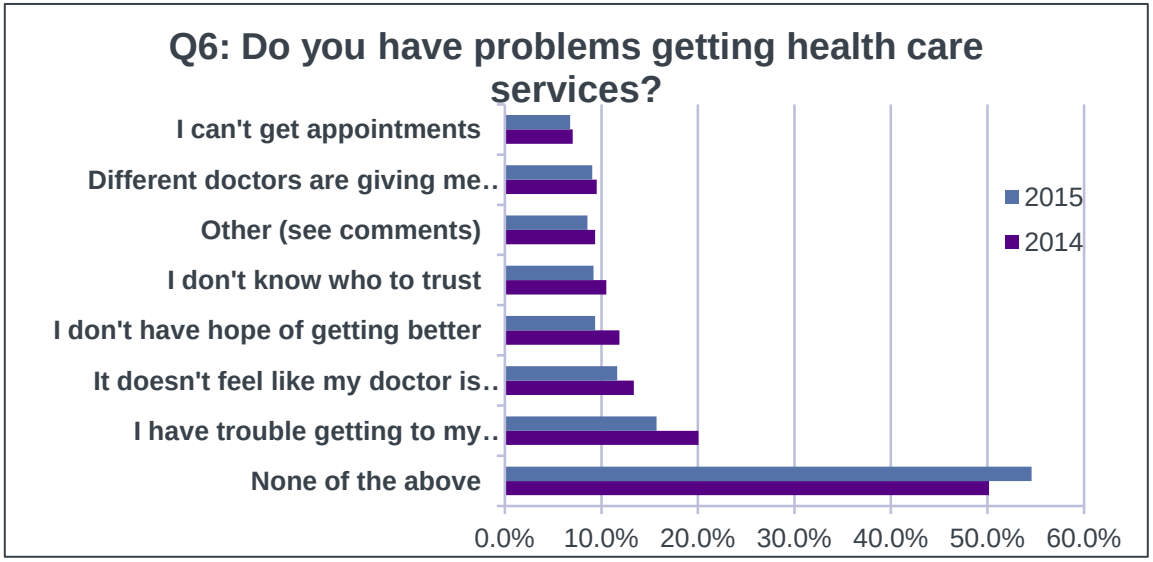


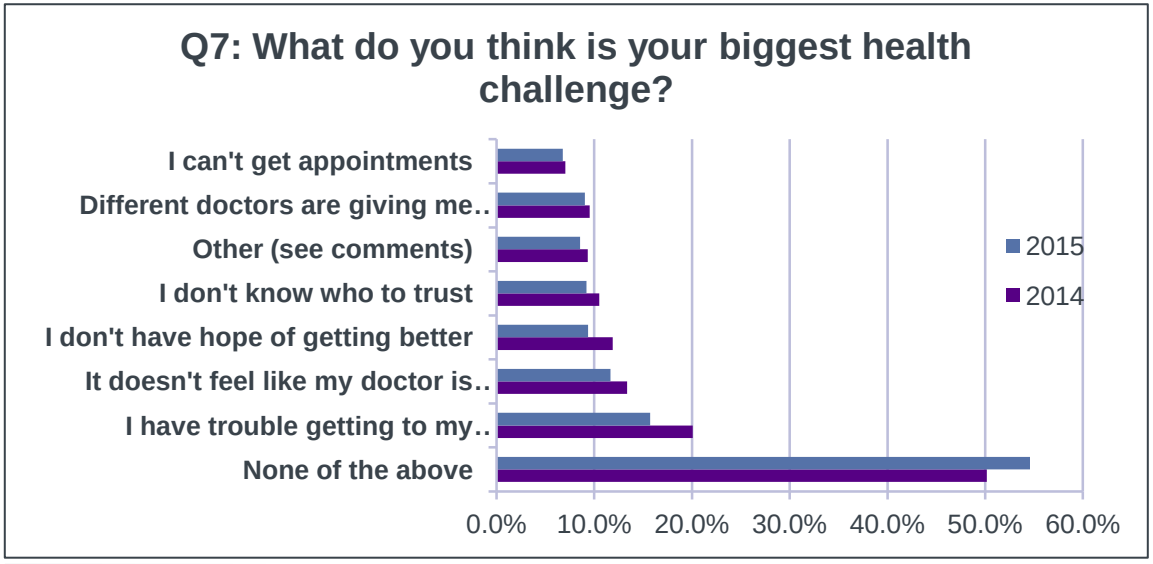


Observations:

- Nurse –to-member interactions appear to provide significant value to our members
- Transportation is still a challenge
- Overall, our members are experiencing a reduced level of concern around those areas highlighted in this survey

Member Satisfaction: Aggregate Results of PY1 vs PY2 Health Plan Satisfaction





Observations:

- Overall, our members are experiencing a reduced level of concern around those areas highlighted in this survey
- Concerns regarding access to care remain unchanged versus 2014;
  - the number of providers
  - transportations to appointments

Member Satisfaction: Aggregate Results of PY1 vs PY2 Health Plan Satisfaction

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Below are examples of common 'written comments' provided by program members

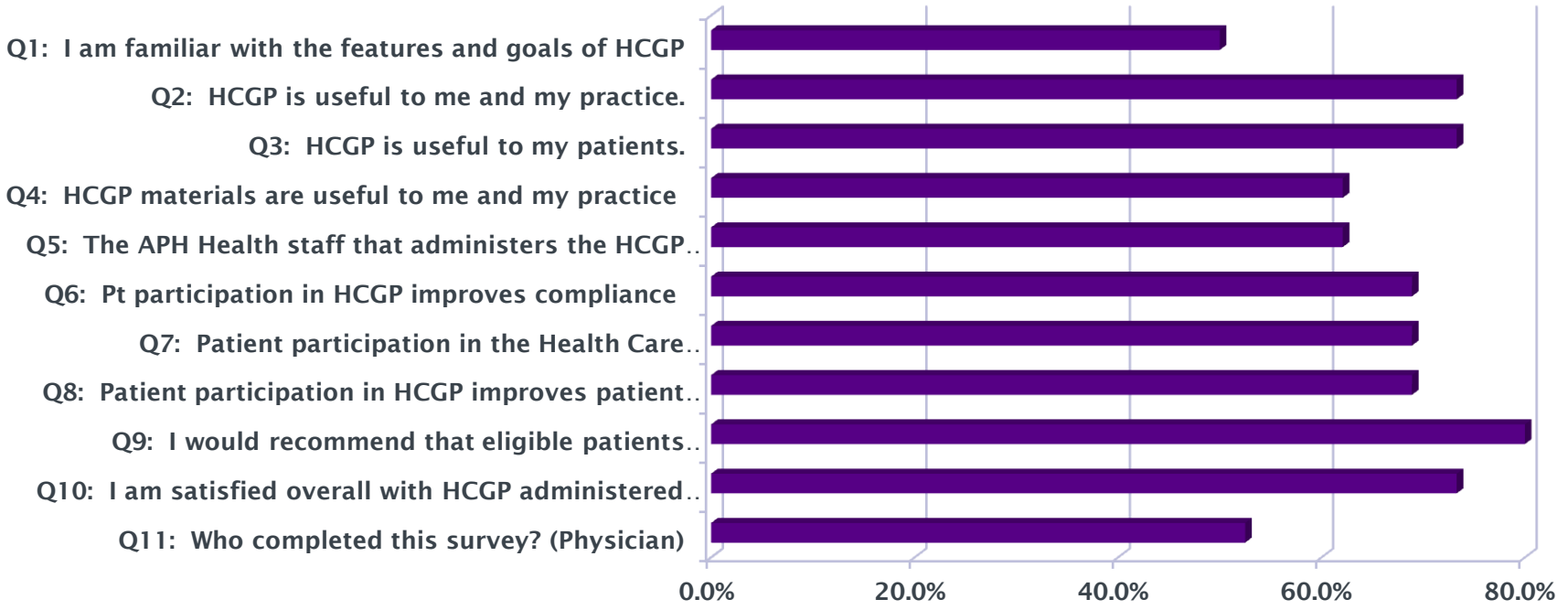
Comment
Need help with transportation
Wait time is too long for appointments
No access to specialists where I live
Approve/cover all Rx
No Doctors near me that take Medicaid
More Mental Health Providers/Services
Provide midwife options
Provide a list of Doctors who accept Medicaid
Need Medicaid to provide dental coverage

Recommendations:

- Logisticare promotion
- *Identification of Specialists*
- Printed materials regarding providers who accept Medicaid distributed via outreach efforts
- Influence percentage of 'no show's' through improved Coaching

Provider Satisfaction : PY1 Satisfaction Survey Results

2015	
Survey Completions	60
Survey Candidates	1,185
Response Rate	5.1%



Provider Satisfaction: PY1 Aggregate Results

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Below are examples of common responses provided by program providers:

Comment
Just keep up the good work helping care for my patients and keeping them healthy.
Please send additional materials on your program
Educate providers – in-service on your program
I am pleased to have a beneficial program such as Health Care Guidance Program
So far everything is working out great

Plan for improvement:

- Low response rate / mixed respondent type
- Incorporate feedback into PY2 Outreach Strategy
- Provider Dashboard
- PY2 Provider Handbook
- Additional materials:
  - Post-it notes
  - PCP handouts
  - Postcard

III. Provider Outreach

- Tonopah
- Walker River
- Case Studies

Provider Outreach : July, August, September

DHCFP Requests and updates

- **Tonopah**
  - Hospital bankruptcy
    - Targeted AHP/BHO staff outreach (3 times since July)
    - Identified partners to assist HCGP members
    - Outreach to catchment facilities
- **Walker River Tribal Clinic**
  - Follow up to Tribal Director concerns expressed at September meeting

Routine Provider Outreach

- 11 Major Events and Visits
- 3 Medicaid Conferences, Medicaid Drug Utilization and Review Board, NHA, several rural facilities, multiple community outreach events

Provider Feedback

- **Incorporate the Newly Eligible as they are over utilizing the ED**
  - **Renown, Sunrise, Banner Churchill—**
- **Low level of familiarity with program**
- **Some providers would like more feedback from the CCMs**
- **Overall very favorable impression of the program.**

IV. New Business

- Activities/NASW Conference
- Round Table