

**Medicaid Incentives for Prevention of Chronic Diseases (MIPCD)
General Information and Status
April 30, 2015**

Grant Basics

Name	Medicaid Incentives for Prevention of Chronic Diseases (MIPCD)
Grant Number	1B1CMS330879-01-07
Project Period	09/13/2011 through 12/15/2015
Federal Agency	Centers for Medicare & Medicaid Services (CMS)
Award Amount	\$3,565,311
Budget Breakdown	Incentives 85%/Admin 15%

Background and Purpose

Section 4108 of the Patient Protection and Affordable Care Act (Pub. L. 111-148) (The Affordable Care Act) authorizes grants to States to provide incentives to Medicaid beneficiaries of all ages who participate in prevention programs and demonstrate changes in health risk and outcomes, including the adoption of healthy behaviors. The initiatives or programs are to be comprehensive, evidence-based, widely available, and easily accessible. The programs must use relevant evidence-based research and resources. States who are awarded the MIPCD grant must address at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.

The Nevada MIPCD Program will test the impact of incentives to Medicaid beneficiaries as part of an overall overarching strategy for a coordinated and comprehensive system to proactively drive quality throughout the Nevada Medicaid and Check Up system. To leverage the experience achieved in the commercial sector, DHCFP intends to employ a point-based incentive technology platform that has been successfully used for employer-based incentive programs. Participating Medicaid beneficiaries would receive points, redeemable for rewards, on a tiered basis for participation in programs, efforts at behavior change (including completion of an evidence-based program) and achievement of improved health outcomes. Prevention goals for Nevada's MIPCD Program will include controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.

Benchmarks or Project Activities

Nevada's MIPCD Program will consist of three major program components. The first program component nests incentives in the diabetes disease management programs conducted by Nevada's Medicaid Managed Care Organizations (MCOs). Two MCOs serve beneficiaries covered under Medicaid and Nevada Check Up. Both MCOs have diabetes disease management programs that together serve 1,180 participants on an annual basis. Under Nevada's MIPCD

Program, MCO enrollees with diabetes will be incentivized to receive evidence-based preventive health services known to be effective in improved management of diabetes and covered under the Nevada Medicaid State Plan. MCO enrollees will receive support and facilitation for critical behavioral change and improved self-management from the respective MCO's disease management interventions.

The second program component, annually, will consist of approximately 600 adults diagnosed with diabetes and 540 adults at-risk of developing type 2 diabetes enrolled in fee-for-service Medicaid. These adults will receive evidenced based programs through the Lied Clinic Outpatient Facility at University medical Center, The Southern Nevada Health District or the YMCA of Southern Nevada.

The third program component, annually, will consist of 950 children at-risk of heart disease in fee-for-service Medicaid. Support and facilitation for critical behavioral change and risk-reduction will be provided, respectively, through a multi-disciplinary evidenced-based program conducted by Nevada's largest pediatric cardiology practice and a nationally recognized program based on research funded by the National Institute of Health and the CDC. All program participants will receive incentives for demonstrate positive changes and associated health outcomes over time. Collectively, the three program components will cover a total of 8,010 unduplicated study participants (in treatment and control groups) throughout the four year grant period at an average incentive cost of \$377 per participant. Nevada's MIPCD Program will allow DHCFP to test evaluate the effectiveness of various incentives structures and amounts to achieve measurable improvements in health outcomes for participating beneficiaries.

MIPCD Program Partners

- Amerigroup, a managed care organization (MCO), will provide a Diabetes Management Program to adults diagnosed with Type 1 and Type 2 Diabetes.
- Health Plan of Nevada (HPN), a Managed Care Organization (MCO), will provide a Diabetes Management Program to adults diagnosed with Type 1 and Type 2 Diabetes.
- Nevada Children' Heart Center will provide a weight management program to children ages 7-18 who are at risk of developing heart disease.
- University Medical Center Lied Clinic will provide a Diabetes Management Program to adults diagnosed with Type 1 and Type 2 Diabetes.
- Southern YMCA will provide a Diabetes Prevention Program to adults who are at risk of developing Type 2 Diabetes.

Please see the MIPCD Enrollment table on page 3 for detailed enrollment information.

MIPCD ENROLLMENT

Program Partner	Original Projected Participants	Adjusted Projected Participants	Current Participants	Percent of Enrollment Goal	Launch Date
Amerigroup	774	90	90	100.0%	6/10/2014
HPN	999	45	39	86.7%	10/29/2013
Children’s Heart Center	2,850	1,815	1,674	92.2%	02/20/2013
Univ. Medical Ctr. – Lied Clinic	1,800	44	36	81.8%	12/23/2013
YMCA	1,620	6	1	16.6%	10/04/2013
Total	8,043	2,000	1,840	92.0%	

Special Attributes

A growing body of practical experience regarding consumer incentive strategies has emerged from the commercial healthcare sector. As the Nevada MIPCD Program tests the impact of incentives to Medicaid beneficiaries, DHCFP intends to employ a point-based incentive technology platform that has been successfully used for employer-based incentive programs in order to leverage the experience achieved in the commercial sector. DHCFP proposes to contract with ChipRewards as a third-party incentives administrator to set-up and maintain this technology platform and distribute incentives to participants.

ChipRewards was created by the founders of ValueCentric Marketing Group, Inc., a company focused on licensing its proprietary loyalty and rewards software, ValueSYS™, to marquee clients with large scale, complex incentive programs. ChipRewards has exclusively licensed and customized ValueSYS™ to provide a web-enabled, scalable technology platform capable of awarding incentives based on behavior-specific events to health insurers and third-party administrators. The software application at the core of the ChipRewards solution currently supports over 50 million loyalty accounts for a variety of marquee clients in the financial services, retail, and gas and convenience industries.

The state-level independent evaluation for the Nevada MIPCD Program will be conducted by the University of Nevada, Reno (UNR), one of the top 120 universities in America for funded research, according to the Carnegie Foundation. With more than \$80 million in research expenditures, a figure that has almost doubled over the past 10 years, UNR is the leading research enterprise in Nevada’s higher education system. UNR has more than 60 research centers and facilities, and dozens of state-of-the-art laboratories. UNR is also home to the University of Nevada, School of Medicine and the College of Business. Principal investigators will include a group of three University professors (2 economists and 1 information systems professor). This group is familiar with Medicaid eligibility and claims data, having recently completed analyses of impact of Medicaid managed care for DHCFP. This group is currently working on statistical analysis to support the DME fraud investigation process. The economists

have also published analysis of the impact of prenatal care on infant health, and the impact of a diabetes management program using health system data.

Challenges

There has been an unending list of barriers and challenges throughout the entire development of the MIPCD Grant activities. The most significant barrier has been time. MIPCD grant activities were transferred to the Grants Management Unit almost a year after the grant was awarded. Some preliminary activities were being conducted, but only on a part time basis. It created a delay in getting the grant activities accomplished. Below is a detailed list of the challenges faced by Nevada's MIPCD grant.

Institutional Research Board (IRB): Nevada spent six months compiling the documentation necessary for an IRB Exempt application, as research could not begin until the IRB application was approved by the University of Nevada, Reno. The preparation of the IRB application included drafting seven consent forms (two telephonic consent forms and five in-person consent forms) for the MIPCD research partners, and having those consent form translated from English into Spanish. The MIPCD IRB application was approved on January 7th, 2013. On October 21, 2013 the IRB was extended through January 6th, 2016. Nevada DHCFP also assisted University Medical Center, Lied Clinic with their individual IRB process.

Distance: The five program partners, who are conducting the research studies for MIPCD, are located in Las Vegas. The Grant Management Unit staff is located in Carson City. The Research Evaluation Team is located in Reno, and the Third Party Administrator is located in Birmingham, Alabama. The majority of communication occurs through telephone and email. Additionally, the Grant Management Unit staff conducted a partner meeting with all parties in Las Vegas in September 2012. This meeting was necessary in order to clarify how the programs would be able to meet the data needs for the evaluators and to discuss the needs of the program partners. Since the all partner meeting, the Grants Management Unit staff has made individual visits to each program partner location. Grant staff has continued regular communications via phone and email and visits Las Vegas as necessary for MIPCD activities.

Technical Infrastructure: The MIPCD Web Portal has two aspects: an administrative portal where the MIPCD partners enter data either manually or through a flat file transfer, and a member portal, where participants can view and redeem incentives. There are five partners and five programs with slightly different activities, goals, incentives, program materials, and timelines. Consequently, ChipRewards created a member portal and a web portal for each of the five MIPCD program partners, because each MIPCD partner has a unique program. Each member portal and the administrative portal required extensive testing by the program partners and the Grants Management Unit. Moreover, the Grants Management Unit created and provided five operational manuals for the web portal individualized for each partner, and provided extensive training on the utilization of the web portal.

Recruitment and Enrollment: During the MIPCD grant application process, each program partner provided an estimate of potential participants; however, these estimates have been

elusive. As a result, the majority of MIPCD participants are in the Children’s Heart Center arm of the study. While Children’s Heart Center had great success at recruitment and retention, the other four program arms struggled for various reasons. Although the Grants Management Unit staff acknowledges that the target population for MIPCD is difficult to reach and engage, Nevada did not anticipate identifying and enrolling Medicaid members who qualify for the MIPCD initiative would be as difficult as proved. The Grants Management Unit staff engaged in an intense recruitment strategy in order to enroll as many participants as possible before December 31, 2014. Any participants enrolled later than January 1, 2015 would not have enough time to adequately complete the various MIPCD programs, as each program requires 12 month participation. Consequently, Nevada DHCFP submitted a no-cost extension of 12 months from CMS in order to have more time to collect and analyze the data. The request for a 12 month no-cost extension was denied.

Status

Because of the enrollment challenges outlined above, the Grants Management Unit, on the advice of the MIPCD CMS project officers, adjusted the participant enrollment goals. The original total enrollment goal of 8,043 MIPCD participants has been reduced to 2,000 participants.

Recruitment ended on 9/30/2014 for Lied Clinic; Lied Clinic was closed by University Medical Center as a result of budgetary constraints on 10/1/2014. Recruitment and enrollment ended on 12/31/2014 for Amerigroup, HPN, Children’s Heart Center, and the YMCA, to allow enough time for participants to complete the year-long programs. In February 2015, sixteen Amerigroup participants were added to the web portal. These participants were actually added in December, but because of the technical difficulties between CMS, Amerigroup, and ChipRewards, there was a lag time in enrollment. These participants will complete all of their activities by December 2015 in accordance with the grant timeline.

Although Lied Clinic closed, their MIPCD participants were allowed to continue on in the study. As they reach their health goals, the Lied Clinic participants are providing their lab results to the MIPCD Project Director, who can enter their information into the web portal, thus ensuring the Lied Clinic participants still receive their incentives.

In January of 2015, RTI International, a federal vendor for the MIPCD Grant, conducted focus groups with current and past MIPCD participants. These focus groups were a CMS requirement for the MIPCD Grant. The responsibility of recruitment and facilitation of the focus groups rested primarily with RTI International, but the Grants Management Unit provided support as necessary. On March 3, 2015, RTI International presented the findings of the focus groups to the Grants Management Unit. The focus group findings were not a good representation of the largest MIPCD Program: Children’s Heart Center. RTI International chose not to interview participants and/or the parents enrolled in the Children’s Heart Center portion of the study, which is the largest portion of the MIPCD population. RTI International’s findings were more a critique of Amerigroup’s and HPN’s management of the diabetic population, and not at all

reflective of Nevada's MIPCD research population as a whole. The Grants Management Unit will prepared and submitted a written response to these focus groups on April 29, 2015.

ChipRewards continues to collect de-identified data to submit to the UNR Evaluation Team, and also submits the data to CMS on a quarterly basis; the next data submission is scheduled for April 30, 2015. The UNR evaluation team will start the final study analysis in January 2016.

The MIPCD participants have been going through the programs, achieving goals, earning points and redeeming incentives. As a result, the Grants Management Unit staff is starting to see anecdotal results from the research study.

The Grants Management Unit is currently drafting grant closeout procedures for both the program partners and study participants; these procedures will be sent out in September 2015.