

State of Nevada

Phase-Out Plan for the Health Care Guidance Program (HCGP)

1115 Waiver Demonstration – Nevada Comprehensive Care Waiver (NCCW)

Division of Health Care Financing and Policy
Program Research and Development
March 1, 2018
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SECTION I: 1115 (a) Research and Demonstration Waiver

Summary

The Division of Health Care Financing and Policy (DHCFP) recognized that there are many individuals at increased risk for hospitalization due to chronic conditions. The DHCFP developed a Care Management Organization (CMO) under the Nevada Comprehensive Care Waiver (NCCW) to assist this at-risk population in connecting with preventative care. The CMO is part of the NCCW adopted by the State of Nevada within the Section 1115(a) Medicaid Research and Demonstration Waiver granted by the Secretary of Health and Human Services July 1, 2013 and continues through June 30, 2018.

Under this statewide research and demonstration waiver, Nevada Medicaid enrolls eligible individuals, having certain qualifying conditions, into a care management program, known as the Health Care Guidance Program (HCGP). The program targets recipients that have chronic conditions, co-morbidities, high-cost and/or high-utilization patterns who do not currently have any form of care management in the Fee-for-Service (FFS) system. Recipients enrolled in the DHCFPs Managed Care Organizations (MCOs) are not eligible for the HCGP. Participation in the HCGP is mandatory, except for American Indians/Alaskan Natives (AI/AN), for whom participation is voluntary. The care management services are provided by a CMO vendor, known as the AxisPoint Health (APH).

Due to the fact that the waiver will expire on June 30, 2018, the DHCFP must implement a phase-out plan. This document will outline the current services provided under the waiver and the required phase-out activities.

The DHCFP learned through the NCCW that one large barrier to improved access and quality of health care in Nevada is lack of providers. Investing in a CMO model does not provide funding to direct providers and as such does not enhance the provider network in Nevada. Nevada hopes that through investing in a Health Home (HH) model with payment incentives to providers Nevada's network of healthcare services can be strengthened. The major strength of a HH model is that care management and care services are at the same location and results in increased participation and engagement by qualified Medicaid beneficiaries and improved health outcomes.

Demonstration Timeline

| POLICY ACTION |
|--|
| <p>Initial Waiver Application A care management program that partners with local providers to support qualified FFS Nevada Medicaid beneficiaries with assistive support and knowledge of resources to better manage their health. The program provides integrated physical and behavioral health care management for up to 41,500 beneficiaries across Nevada. Executed: June 28, 2013 Implemented: June 2, 2014</p> |
| <p>First Contract Amendment Changes to the Reconciliation and Negotiation Fees and Payments attachment AA of original contract. Executed: June 11, 2014 Implemented: May 1, 2014</p> |
| <p>Second Contract Amendment Contract changed vendor name from McKesson Health Solutions, LLC to McKesson Technologies, Inc. after merger that became effective on December 31, 2013 and changed the company's name. Executed: December 11, 2014 Implemented: December 31, 2013</p> |
| <p>Third Contract Amendment Contract changed vendor name from McKesson Technologies, Inc. to Falcon Subsidiary, LLC dba AxisPoint Health (APH) after merger that became effective on June 2, 2015 and changed the company's name. Executed: September 11, 2015 Implemented: June 2, 2015</p> |
| <p>Fourth Contract Amendment Changes to the Reconciliation and Negotiation Fees and Payments attachment AA of original contract to reflect change from ICD 9 to ICD 10 codes. Executed: August 1, 2016 Implemented: August 1, 2016</p> |
| <p>Fifth Contract Amendment Extended contract term from November 30, 2016 to June 30, 2018 and made minor updates to attachment AA (Negotiation Fees and Payments). Executed: November 16, 2016 Implemented: November 30, 2016</p> |
| <p>Phase-Out Plan Plan to provide a transition plan for the HCGP actively care managed recipients during phase-out of the HCGP. Executed: Pending CMS approval Implemented: April 1, 2018 through June 30, 2018.</p> |
| <p>Sixth Contract Amendment Contract changed vendor name from Falcon Subsidiary, LLC dba AxisPoint Health (APH) to CMH Services Subsidiary, LLC dba AxisPoint Health after sale. Amendment is currently pending vendor obtaining state of Nevada business license and insurance. Executed: TBD Implemented: TBD</p> |

Goals

The goals of the program include:

- Providing care management to high-need, high-cost Medicaid beneficiaries who receive services on a FFS basis;
- Improving the quality of health care that high-need, high-cost Nevada Medicaid beneficiaries in FFS receive through care management and CMO financial incentives such as pay for performance (based on a combination of quality, outcomes, and cost savings); and
- Establishing 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.

Populations

The HCGP recipients continue to receive medical services through the current FFS payment system. The HCGP operates statewide for 37,000 to 41,500 FFS recipients, providing care management services as an additional benefit to those eligible for the program. Enrollment in the HCGP is mandatory for all eligible FFS Medicaid beneficiaries with one or more of the following chronic health conditions:

- Asthma;
- Cerebrovascular Disease, aneurysm and epilepsy;
- Chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema;
- Diabetes mellitus;
- End stage renal disease (ESRD) and chronic kidney disease (CKD);
- Heart disease and coronary artery disease (CAD);
- HIV/AIDS;
- Mental health disorders including: dementia, psychotic disorders, anxiety disorders, psychosis, paranoia, bipolar disorder, schizophrenia, amnesia, delirium and mood disorders;
- Musculoskeletal system diseases including: osteoarthritis, spondylosis, disc displacement, Schmorl's Nodes, disc degeneration, disc disorder with and without myelopathy, postlaminectomy syndrome, cervical disorders, spinal stenosis, spondylolisthesis, nonallogenic spinal lesions, fracture of the femur and spinal sprain;
- Neoplasm/tumor;
- Obesity;
- Pregnancy;
- Substance use disorder; and
- Complex Condition/High Utilizer: Individuals with complex conditions incurring high treatment costs exceeding \$100,000 annually in claims.

Services

Through an assessment process, the HCGP determined the appropriate levels of intervention for those enrolled in the program. The activities performed by the HCGP include one-on-one health coaching with licensed clinical professionals, promoting communication between primary care providers (PCPs) and other providers; and extensive utilization review and health care management. The HCGP aims to place an emphasis on the use of Electronic Health Records (EHR) amongst providers to improve the following: efficiency, care coordination, accuracy of diagnoses, health outcomes and cost savings. A focus is placed on preventive care services to keep people healthy and reduce unnecessary medical interventions. Another objective is to reduce avoidable emergency room visits, guiding people to a more appropriate treatment levels and decreasing preventable medical costs.

Additionally, HCGP recipients receive:

- Health education materials, both in-print and through online resources;
- Access to a 24/7/365 nurse triage and advice call center;
- Support for continuity of care transitions between various providers;
- Support in seeking the most appropriate care setting, including an emergency department redirection management program;
- Referrals to community resources; and
- Other health resources and support.

Payment Methodology

The HCGP, like all 1115 Research & Demonstration waivers, requires the DHCFP to maintain budget neutrality. This means the HCGP cannot cost the government more than what would have otherwise been spent absent the HCGP. The State submitted an actuarially-sound, budget neutral payment and cost plan to the Centers for Medicare and Medicaid Services (CMS). The most current payment methodology is as follows:

APH (HCGP vendor), is paid \$15.35 on a Per Member Per Month (PMPM) basis for all enrolled beneficiaries. The PMPM serves as payment in full for services provided under the contract. In addition to the PMPM, APH may earn incentive payments for achieving certain quality improvement targets as specified in its contract with the DHCFP.

SECTION II: Public Notification Process for Phase-Out

Public Comment

As part of the Phase-Out Plan, the DHCFP must comply with public notification procedures as set forth in 59 Fed. Reg. 49249 (September 27, 1994). To comply with this regulation the following steps will be taken:

- The DHCFP will post the Phase-Out Plan on the DHCFP website for a 30-day public comment period. Public comment may be submitted via e-mail at CareManagement@dhcp.nv.gov, or in writing at 1100 East William Street, Suite 101, Carson City, NV 89701.

Tribal Consultation

In accordance with the Nevada State Plan and section 1902 (a)(73) of the Social Security Act, the DHCFP ensures that an open and meaningful consultation process occurs in a timely manner on any high level policy changes that may significantly impact Indian Tribes in the State of Nevada. The DHCFP consults with all federally recognized Tribes and Indian Health Services/ Tribal/Urban programs (I/T/Us) within the State of Nevada on all Medicaid state plan amendments, waiver requests, waiver renewals, demonstration project proposals and/or on all matters that relate to Medicaid and CHIP programs. On January 29, 2018, a tribal notification letter was sent to all Indian Tribes and I/T/Us within the State of Nevada on the Phase-Out plan for the HCGP. The tribal notification letter provided the information necessary to request consultation within a 30 day time frame. Consultation was not requested during this time nor did DHCFP receive any questions or comments from the Indian tribes or I/T/Us. In addition, the Phase-Out Plan is part of the April 10th DHCFP tribal consultation agenda, allowing further opportunities to discuss any questions or comments that the Indian Tribes and I/T/Us within the State of Nevada may have. The DHCFP will comply with the state public notice process for Section 1115 demonstrations at 42 CFR §431.408, and the Tribal Consultation requirements at 42 CFR §431.408.

Stakeholder Engagement

The DHCFP remains committed to obtaining stakeholder input through the public notice and public comment process. The DHCFP will take the following steps:

- The DHCFP will submit all public comments to CMS with the Phase-Out Plan;
- The DHCFP will hold a public workshop following the public comment period to address the Phase-Out Plan; and
- The DHCFP will work with the Public Information Officer, Medicaid District Offices, and Nevada Department of Health and Human Services (DHHS) agencies to ensure that all stakeholders are kept in communication during and after the phase-out of the HCGP.

SECTION III: Operations

All recipients currently enrolled in the HCGP will receive written notice by mail. These notices will be sent out by June 1, 2018. The notices will provide information regarding the phase-out of the waiver, but will reassure the recipients that they will continue to receive FFS Medicaid benefits. All member notifications will meet notice requirements found in 42 CFR §431.206, 431.210, and 431.213. The DHCFP will ensure all appeal and hearing rights are afforded to the HCGP enrolled recipients as outlined in 42 CFR §431.220 and 431.221.

The DHCFP would like to highlight that HCGP enrolled recipients will not be able to appeal the end of the HCGP as there will be nothing to appeal since the HCGP will end all HCGP services to all HCGP enrolled recipients. This is consistent with 42 CFR §431.220(b) “The agency need not grant a hearing if the sole issue is a Federal or State law requiring an automatic change adversely affecting some or all beneficiaries.” All HCGP enrolled recipients will continue to have access to all services listed in the Nevada State Plan, and appeal and hearing rights for all those services. The DHCFP has language in the member notification letter, to ensure that all enrolled HCGP recipients are aware of their fair hearing/appeals rights.

The DHCFP, in collaboration with the APH, will implement an operational approach to phasing out the program in the following manner:

- Cease program eligibility for new enrollment- April 1, 2018;
- Removal of all members who are no longer program eligible- April 1, 2018;
- Phase-out required member locates- April 1, 2018;
- Phase-out required routine reassessments for individuals when there is no clinical indication- June 1, 2018; and
- Phase-out required contacts for individuals when there is no clinical indication- June 1, 2018.

The DHCFP will work with APH to develop plans and referrals for all recipients that are receiving active care management to ensure no gap in services, to include the following:

- Continue to address re-admission;
- Emergency department utilization;
- Social determinants of health;
- Care Plan gaps;
- The DHCFP will develop scripts for the HCGP staff and Medicaid District Office (DO) staff to ensure recipients are provided consistent communication through the phase-out of the program; and
- APH will address transition of care plans with the HCGP recipients as it relates to near-term goals and transition of oversight from the HCGP to the Medicaid DOs.

While 41,500 Nevada Medicaid beneficiaries are currently enrolled in the HCGP, only between 3,000 and 3,500 are receiving active care management from APH at any given point in time. In February 2018, APH had 3,197 HCGP recipients receiving active care management. The table below page shows the risk levels of the actively care managed HCGP recipients both statewide and by geographic region. The DHCFCP understands that this is a point in time analysis and continued review of data will need to occur once enrollment in the HCGP is ceased to ensure no recipients are missed.

**Number of Recipients in HCGP Active Care Management
February 2018**

| Claims Risk Level | Statewide | Clark County | Washoe County | Rural Nevada |
|--------------------------|------------------|---------------------|----------------------|---------------------|
| Risk Level 1 (low) | 620 | 263 | 56 | 301 |
| Risk Level 2 (moderate) | 1,118 | 712 | 159 | 247 |
| Risk Level 3 (high) | 1,223 | 916 | 127 | 180 |
| Risk Level 4 (complex) | 236 | 183 | 25 | 28 |
| Total | 3,197 | 2,074 | 367 | 756 |

All Nevada Medicaid beneficiaries in Clark County and Washoe County are provided information on Nevada Medicaid’s MCOs during their recertification. Those with Serious Mental Illness (SMI) are allowed to opt out of MCO enrollment, while enrollment is mandatory for all other Nevada Medicaid beneficiaries in those geographic areas. HCGP recipients in Washoe County and Clark County can change their enrollment to a MCO, which do offer some care management services to their members. This is communicated with Medicaid beneficiaries through the Division of Welfare and Supportive Services (DWSS).

The DHCFCP is also analyzing which HCGP recipients have received some Targeted Case Management (TCM) prior to entering the HCGP. In February 2018, 486 of the actively managed HCGP recipients had received TCM services in the last year. The DHCFCP will reach out to the providers of the previous TCM providers to communicate if they have the capacity to resume providing TCM services to these members and if they are still located in accessible areas to the recipient.

In February 2018, 2,013 (62.97%) of the actively managed recipients were listed in the APH monthly report as having a mental health condition. The table on the next page shows the distribution of actively managed recipients by risk level and geographic region.

Number of Active Care Management Recipients with a Mental Health Condition Reported

| Claims Risk Level | Statewide | Clark County | Washoe County | Rural Nevada |
|--------------------------|------------------|---------------------|----------------------|---------------------|
| Risk Level 1 (low) | 329 | 159 | 41 | 129 |
| Risk Level 2 (moderate) | 671 | 426 | 106 | 139 |
| Risk Level 3 (high) | 858 | 633 | 98 | 127 |
| Risk Level 4 (complex) | 155 | 125 | 17 | 13 |
| Total | 2,013 | 1,343 | 262 | 408 |

The DHCFP assumes that most HCGP recipients with a mental health condition will qualify for TCM services. Nevada currently has 322 providers that offer TCM services. The table below shows the providers by type and geographic region. The DHCFP will work with our DHHS agencies to communicate with identified providers and outreach to HCGP recipients who are likely to need services in their geographic area with the phase-out of the HCGP to avoid gaps in care. The DHCFP will maintain communication with these providers to facilitate smoother transitions for HCGP recipients.

Number of TCM Providers in Nevada

| | Statewide | Clark County | Washoe County | Rural Nevada |
|-------------------------------------|------------------|---------------------|----------------------|---------------------|
| Behavioral Health Outpatient w/ TCM | 276 | 253 | 12 | 11 |
| Targeted Case Management Providers | 33 | 11 | 10 | 12 |
| Psychologist TCM Providers | 13 | 12 | 1 | 0 |
| Total | 322 | 276 | 23 | 23 |

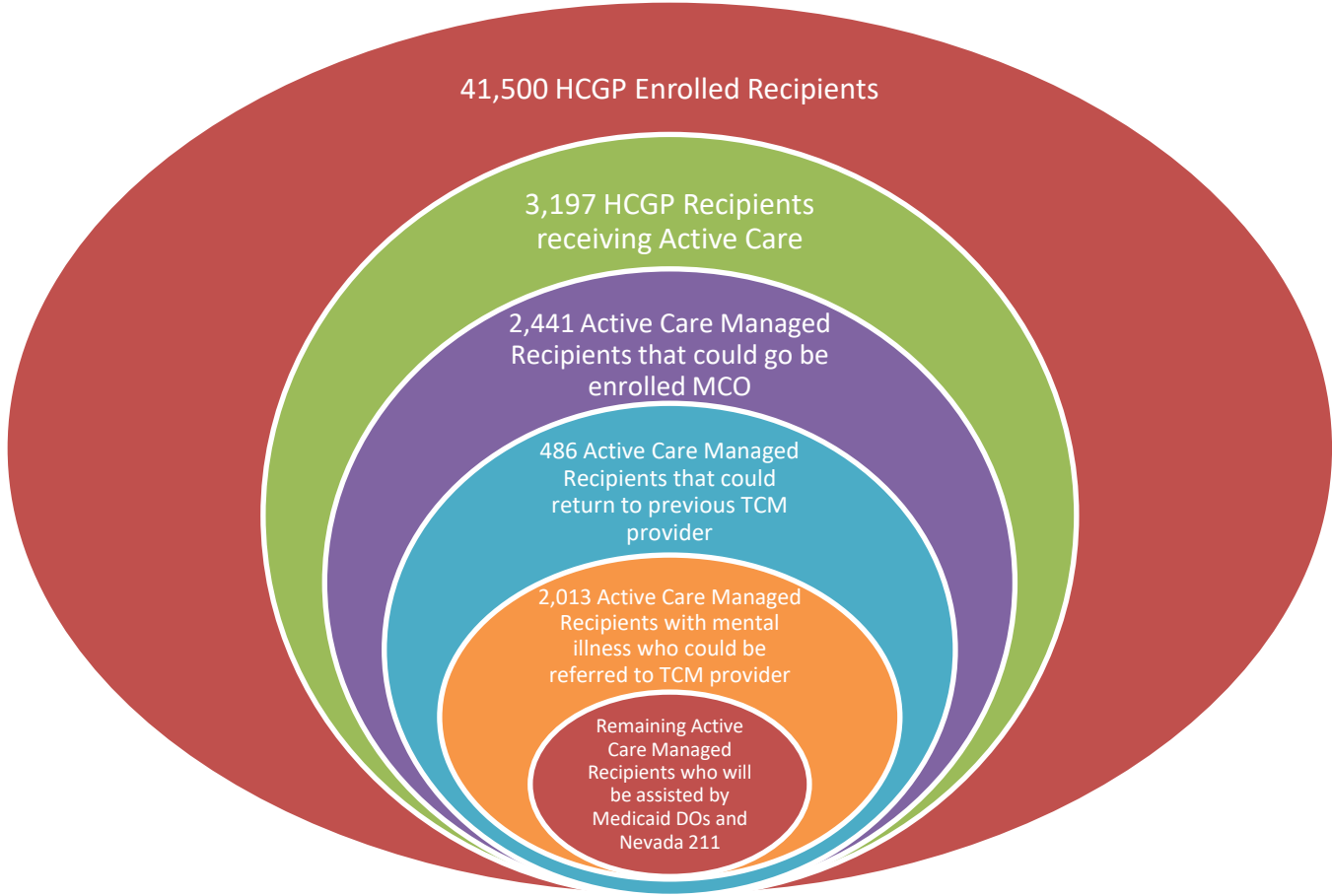
The DHCFP is confident that the Medicaid District Offices will be able to assist the HCGP recipients that are not able to be transferred to a MCO or TCM provider. The DOs assist Medicaid beneficiaries with accessing care, referring/researching complex billing issues, identifying and referring interface issues that frequently interrupt services, and assisting beneficiaries and others with navigating through the Medicaid system including MCOs. Customer services calls are received into one statewide phone queue. The DOs are staffed by Registered Nurses (RNs), Social Workers and Administrative Assistants. The DOs have five functions: 1) care coordination, 2) serious occurrence follow up, 3) conduct case mix verification reviews of nursing facilities, 4) conduct on-site facility reviews, and 5) perform rural community outreach. The following is a more detailed description of these functions.

- 1) Care coordination: Links Medicaid beneficiaries in need of accessing medical services to the appropriate providers and makes referrals to needed community resources. Health Care Coordinators (HCC) will provide short-term case management to assist in facilitating services and/or make referrals to meet the unmet needs of the beneficiary.

Most cases can be resolved in a matter of a few days or weeks. Some cases are more complex and can be followed for up to a year or more. Care coordination referrals can come from a variety of sources in the community, such as medical providers, family, self-referrals, the Governor's Office or other state elected officials. Care coordination may consist, but is not limited to securing Durable Medical Equipment (DME) for a beneficiary, arranging Medicaid Services, such as Adult Day Health Care (ADHC), Personal Care Services (PCS), Home Health Care, etc., and providing information to the beneficiary and/or an authorized representative. Often times this also requires the HCC to work with the MCOs to resolve issues. The Care Coordination cases can also be as complicated as researching and resolving billing issues and assisting recipients with scheduling out of state services, such as specialized treatment, Regional Transportation Commission (RTC) placement, or transplants.

- 2) Serious occurrence follow up: The DOs receive Serious Occurrence Reports (SORs) from Personal Care Services (PCS) agencies, ADHCs, and waiver providers for our recipients. The SORs for waiver recipients are managed through Aging and Disability Services Division (ADSD). Those SORs who are managed through the MCOs are sent to their respective plan for follow-up. All others are reviewed by a nurse supervisor and, if warranted, will be assigned for follow up by a HCC.
- 3) Conduct case mix verification reviews of nursing facilities: Nevada Medicaid uses a "case mix" system to reimburse nursing facilities. Case mix is a combination of a resident's acuity and the number of resources (usually staff) needed to provide care. At least annually, DO RN's review medical records on site to verify that the codes billed are supported by the documentation at the nursing facility. Based upon the review, the facilities receive a score 0-100%. The higher the score, the more money the facility is eligible for. The results are sent to DHCFP's Rates unit.
- 4) Conduct on-site facility reviews: High-risk providers identified by CMS and DHCFP's provider enrollment unit.
- 5) Perform rural community outreach: With DHHS agencies and rural community resources to provide onsite assistance with Medicaid beneficiaries.

Additionally, HCGP recipients in risk levels 1 and 2 have been reported by HCGP to most frequently need assistance with resources for social determinants and assistance with transportation to medical appointments. The DHCFP will include information on Nevada 211 to assist recipients with resource needs and MTM to assist recipients with transportation needs in the notification letter that will be mailed to all HCGP enrolled recipients utilizing most current enrollment report provided by APH. The Frequently Asked Questions (FAQs) on the HCGP phase-out and the scripts for Medicaid District Offices and DHHS agencies will also include information on both Nevada 211 and MTM.



SECTION IV: Communication Plans

Community Providers

All community providers that are on the APH mailing list will be mailed a notice by June 1, 2018. This notice will do the following:

- Notify providers of the termination of the HCGP for recipients effective June 30, 2018;
- Supply providers with a copy of notices and resources distributed to recipients.

Website Updates

The DHCFP primary webpage will be routinely updated with information regarding phase-out activities, and resources for enrolled recipients. The Phase-Out Plan, public and Tribal notices will be published on the Nevada Medicaid HCGP webpage at <http://dhcfnv.gov/Pgms/BLU/HCGP/>. The Phase-Out Plan, public and Tribal notices will also be posted at <http://notice.nv.gov/>.

The Nevada Medicaid HCGP webpage will also be routinely updated with important information. The DHCFP will develop a notification for the page to alert the public that enrollment has been frozen and the program will not accept new enrollees, as the waiver is phasing out on June 30, 2018.

The DHCFP will work with APH to ensure that they post a notice to recipients and providers regarding the program ending and resources on their website <https://nevadahcgp.com>.

Command Center

Effective January 29, 2018, the DHCFP will implement a Command Center to ensure an efficient and well-organized the HCGP phase-out. The Command Center will be responsible for monitoring the HCGP phase-out activities and resolving recipient and provider issues.

The Command Center will involve the following agencies/partners:

- Nevada Department of Health and Human Services (DHHS) – Director’s Office;
- The DHCFP HCGP staff;
- The DHCFP District Offices;
- Other Divisions within the DHHS: Division of Welfare and Supportive Services (DWSS), Division of Public and Behavioral Health (DPBH), Aging and Disability Services Division (ADSD); Division of Child and Family Services (DCFS);
- DXC (FFS Quality Improvement Organization (QIO) vendor); and
- APH.

The Command Center Core Team participants must be empowered with the responsibility and accountability to make decisions and take actions on behalf of their organizations to address implementation issues. The Command Center will include the following activities:

- Recurring, regular meetings that will become more frequent as the phase-out progresses;
- Develop a Frequently Asked Question (FAQ) to be located at <http://dhcftp.nv.gov/Pgms/BLU/HCGP/> and will be posted by April 1, 2018;
- Develop a resource list for the HCGP recipients; and
- Collaboration with DHHS, DWSS, DPBH, ADSD, community providers and the Medicaid District Office to address ongoing care management needs.

Public Comment Feedback

The 30-day Public Comment period was from January 29, 2018 through February 27, 2018. All public comment received was logged. This included public comment received via email and postal letter. Please see attached “DHCFTP Responses to Public Comment & Attachments” document for each comment received and how the concerns will be addressed during the phase-out of the HCGP.

The Public Comment received includes the following general concerns:

- Providers concerned with how to connect their patients to resources after the HCGP ends.
- Members concerned with how they will get assistance regarding locating resources after the HCGP ends.
- Concerns received regarding the lack of mental health and substance abuse services in Nevada.
- Concerns received regarding the lack of resources in Nevada.
- Concerns received regarding lack of services in rural Nevada.
- Concerns from HCGP members that the program was not assisting them.

The DHCFTP will conduct the following activities to address the concerns received from public comment:

- Ensure transition of care to local providers who can meet the needs of the HCGP members.
- Communicate with providers and HCGP members regarding available assistance, such as:
 - Local Medicaid District Offices
 - Nevada 2-1-1 for community resources
 - MTM for transportation to medical appointments.
- Conduct several public workshops to discuss the Phase-Out Plan and options for care management services.

The DHCFTP will also be conducting research on effective models that improve access to services, care management, and health outcomes. Lessons learned from the NCCW and public comment received will be taken into account to determine the best approach to serve the chronically ill and high utilization population of Nevada Medicaid recipients.

SECTION V: Impacts to Eligibility & Automated Systems

Eligibility System

New enrollment in the HCGP will be frozen as of April 1, 2018. This will be communicated with DWSS and DXC. The HCGP vendor will continue to receive files from DXC to verify continued eligibility and enrollment through June 2018 for recipients enrolled, but will not be allowed to enroll new recipients.

The DHCFP will need to update the Electronic Verification System (EVS) to no longer show eligibility in the Care Management Organization (CMO) as of June 30, 2018.

Claims System

The Medicaid claims system will continue to conduct business as usual for all recipients who were enrolled in the HCGP. Additionally, the 12 months claims run out data, with required quarterly data deliveries, will be used to evaluate Program Year 3 (PY3) and Program Year 4 (PY4) of the HCGP.

SECTION VI: Conclusion

The HCGP will phase-out under Nevada's 1115 demonstration waiver effective midnight June 30, 2018. Communication will be key to the successful support and transition of recipients who were served by the HCGP. The DHCFP will use lessons learned from the programs successes and challenges to develop future programs to meet the needs of the Medicaid population. Medicaid recipients who were enrolled in the HCGP will be able to continue to access care through their existing medical providers. The DHCFP's goal for this phase-out plan is to effectively communicate all aspects of these changes to all stakeholders and to ensure recipients receive information on available health care resources.

SECTION VII: Appendix

Attachment A: Detailed Timeline for Phase-Out Plan

| Nevada HCGP Phase-Out Work Plan | | | |
|---------------------------------|--|-----------|-----------|
| | Task Name | Start | Finish |
| 1 | Phase 1: Planning | | |
| 1.1 | Create Draft Phase-Out Plan for Public Comment & Tribal Notification | 1/08/2018 | 1/28/2018 |
| 1.1.1 | Posted for Public Comment & Tribal Notification on Draft Phase-Out Plan | 1/29/2018 | 2/27/2018 |
| 1.1.2 | Review of Public Comments | 1/29/2018 | 2/28/2018 |
| 1.1.3 | Submit Formal Notification to CMS: Includes Draft Phase-Out Plan and Notification Letter | 3/01/2018 | 3/01/2018 |
| 2 | Phase 2: Create Communication Plan | 1/08/2018 | 2/01/2018 |
| 2.1 | Continuity of Care & Enrollment | | |
| 2.1.1 | Phase-Out Communication to Contractors/Vendors | 1/23/2018 | 1/29/2018 |
| 2.1.1.2 | Engage APH on Transition Planning (focused on continuity of care) | 1/23/2018 | 2/01/2018 |
| 2.1.1.3 | Engage District Office in Transition Planning (focused on continuity of care) | 1/23/2018 | 2/01/2018 |
| 2.1.1.4 | Locate/Contract Program Evaluation Team | 4/01/2018 | 5/30/2018 |
| 2.1.1.5 | Hold Ongoing Meetings to Ensure Needed Data is Collected Through Program Phase-Out | 2/01/2018 | 6/30/2018 |
| 2.1.2 | Freeze New Member Enrollment into Program | 4/01/2018 | 6/30/2018 |
| 2.2 | Establish Command Center | 1/23/2018 | 1/29/2018 |
| 2.2.1 | Recurring, regular meetings | 1/29/2018 | 6/30/2018 |
| 2.2.2 | Develop a Frequently Asked Question (FAQ) | 1/29/2018 | 4/01/2018 |
| 2.2.3 | Develop a resource list for the HCGP recipients | 1/29/2018 | 4/01/2018 |
| 2.2.4 | Collaboration with Nevada DHHS agencies to address ongoing care management needs | 1/29/2018 | 6/30/2018 |
| 2.3 | Beneficiary Communications | | |
| 2.3.1 | Posted for Public Comment & Tribal Notification on Draft Phase-Out Plan | 1/29/2018 | 2/27/2018 |
| 2.3.2 | Draft Member Notification Materials to be Mailed | 1/23/2018 | 2/28/2018 |
| 2.3.3 | Mail out Member Notifications | 4/01/2018 | 5/31/2018 |
| 2.3.4 | Draft Member Notification Materials to be Posted on the DHCFP and the APH Website | 1/23/2018 | 2/28/2018 |
| 2.3.5 | Post Member Notification Materials on Websites | 1/29/2018 | 6/30/2018 |
| 2.3.6 | Develop Customer Service Script for the APH Staff and District Office | 1/23/2018 | 2/28/2018 |
| 2.3.7 | Final Draft of All Scripts Delivered to Partner Groups | 2/01/2018 | 3/31/2018 |
| 2.3.8 | Draft Provider Notification Materials | 1/23/2018 | 2/28/2018 |
| 2.3.9 | Mail Out Provider Notifications | 4/01/2018 | 5/31/2018 |

| | | | |
|------|--|-----------|-----------|
| 3 | Phase 3: Stakeholder Engagement | | |
| 3.1 | Joint Operational Meetings Ongoing Biweekly Meetings | 1/23/2018 | 6/30/2018 |
| 3.2 | Quarterly Meetings | 1/23/2018 | 6/30/2018 |
| 3.3 | Tribal Consultation Quarterly Meeting | 4/10/2018 | 4/10/2018 |
| 3.4 | Bi-Monthly Meetings with CMS | 1/23/2018 | 6/30/2020 |
| 3.5 | Monthly Meetings with HSAG | 1/23/2018 | 6/30/2018 |
| 3.6 | Provider Advisory Board Quarterly Meetings (PAR) | 1/23/2018 | 6/30/2018 |
| 3.7 | Quarterly Meetings with DXC | 1/23/2018 | 6/30/2018 |
| 3.8 | Posted for Public Comment & Tribal Notification on Draft Phase-Out Plan | 1/29/2018 | 2/27/2018 |
| 3.9 | Review of Public Comments | 1/29/2018 | 2/28/2018 |
| 3.10 | Posted for Public Comment & Tribal Notification on Draft Phase-Out Plan | 1/29/2018 | 2/27/2018 |

Attachment B: Tribal Notice Letter

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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<http://dhcfp.nv.gov>

January 29, 2018

Inter-Tribal Council of Nevada
Executive Board President
Vinton Hawley, Chairman
Pyramid Lake Paiute Tribe
P.O. Box 256
Nixon, NV 89424

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following change:

The DHCFP developed a Care Management Organization (CMO) under the Nevada Comprehensive Care Waiver (NCCW) to assist this at-risk population in connecting with preventative care. The CMO is part of the NCCW adopted by the State of Nevada within the Section 1115(a) Medicaid Research and Demonstration Waiver granted by the Secretary of Health and Human Services July 1, 2013 and continues through June 30, 2018. The NCCW is known as the Health Care Guidance Program (HCGP).

As the waiver period will expire on June 30, 2018, the DHCFP is phasing out the HCGP in accordance with the Special Terms and Conditions (STCs) set by the Centers for Medicare and Medicaid Services (CMS).

As part of the phase-out plan, DHCFP must comply with public notification procedures as set forth in 59 Fed. Reg. 49249 (September 27, 1994). To comply with this regulation, the following step will be taken:

- The DHCFP will post the phase-out plan on the DHCFP website for a 30-day public comment period located at: <http://dhcfp.nv.gov/Pgms/BLU/HCGP/>. Public comment may be submitted via e-mail at CareManagement@dhcfp.nv.gov, or in writing at DHCFP – HCGP Public Comment, 1100 East William Street, Suite 101, Carson City, NV 89701.

The DHCFP remains committed to obtaining stakeholder input through the public notice and comment process. The DHCFP will take the following steps:

- The DHCFP is creating a Command Center that will start January 29, 2018 to ensure an efficient and well-organized HCGP phase-out. The Command Center will be responsible for monitoring HCGP phase-out activities and resolving recipient and provider issues;
- The DHCFP will hold a public workshop following the public comment period to address the phase-out plan;
- The DHCFP HCGP webpage will be routinely updated with information regarding phase-out, phase-out activities and resources for enrolled recipients. The phase-out plan, public and Tribal notices have been posted on the DHCFP website for a 30-day public comment period located at: <http://dhcfp.nv.gov/Pgms/BLU/HCGP/>; and
- The phase-out plan, public and Tribal notices will also be posted at <http://notice.nv.gov/>.

There is no anticipated fiscal impact to the Tribal governments.

If you would like a consultation regarding this change, please contact Colleen McLachlan at (775) 684-3722, who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

Lynne Foster
Chief of Division Compliance

Cc: Marta Jensen, Administrator, DHCFP
Shannon Sprout, Deputy Administrator, DHCFP
Erin Lynch, SSC III, Policy Development and Program Management, DHCFP
Gladys Cook, SSPS III, Program Research & Development, DHCFP
Jodi Patton, SSPS III, Tribal Liaison, DHCFP

Attachment C: Public Notice Letter

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

PUBLIC NOTICE TO SOLICIT COMMENTS ON PHASE-OUT TO THE NEVADA COMPREHENSIVE CARE WAIVER (NCCW) HEALTH CARE GUIDANCE PROGRAM (HCGP)

Date of Publication: January 29, 2018

Name of Organization: The State of Nevada, Department of Health and Human Services (DHHS); The State of Nevada, Division of Health Care Financing and Policy (DHCFP)

NOTICE

The Division of Health Care Financing and Policy (DHCFP) developed a Care Management Organization (CMO) under the Nevada Comprehensive Care Waiver (NCCW) to assist this at-risk population in connecting with preventative care. The CMO is part of the NCCW adopted by the State of Nevada within the Section 1115(a) Medicaid Research and Demonstration Waiver granted by the Secretary of Health and Human Services July 1, 2013 and continues through June 30, 2018. The NCCW is known as the Health Care Guidance Program (HCGP).

In accordance with 42 CFR §431.408, the DHCFP is proposing the phase-out of the NCCW, known as the HCGP, effective June 30, 2018 as the waiver will expire. The phase-out plan will be posted to allow for 30-day public comment period.

Please refer to the attached draft of the “Phase-Out Plan for the Health Care Guidance Program,” or contact the DHCFP (see below) to request a copy.

Public comments can be submitted in email at CareManagement@dhcfp.nv.gov, or in writing at DHCFP – HCGP Public Comment, 1100 East William Street, Suite 101, Carson City, NV 89701. Public comment will be taken until February 27, 2018.

This notice and draft Phase-Out Plan have been posted at <http://dhcfp.nv.gov/Pgms/BLU/HCGP/> and <http://notice.nv.gov/>.

This notice and draft copies of the Phase-Out Plan will be available on or after the date of this notice at the DHCFP Website <http://dhcfp.nv.gov/>, Carson City Central office – 1100

East William Street, Carson City, NV 89701, and the Las Vegas DHCFP – 1210 South Valley View Blvd, Suite 104, Las Vegas, NV 89102. The notice can be viewed at the following locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to Ms. Colleen McLachlan at the Division of Health Care Financing and Policy, 1100 E. William St. Suite 101, Carson City, NV 89701.

Attachment D: HCGP Member Letter

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

Date

Members Name

Address

Address

Dear Member Name:

You are receiving this letter because you may be receiving care management services from the Health Care Guidance Program (HCGP). The HCGP is a research and demonstration program that started June 2, 2014 and is scheduled to end June 30, 2018. The HCGP was designed to provide care management services to Medicaid recipients with certain chronic conditions. Effective June 30, 2018, the HCGP will end. After this date, you will no longer receive care management services from the HCGP. The HCGP may be providing you services such as; help in locating and scheduling appointment with doctor(s); help with scheduling transportation assistance to medical appointments; help with finding other resources such as food, housing, and utility assistance; and reminder for yearly flu shots and other preventive health care. These are the types of services that are ending and not any of your medical services.

Please note, that this **does not change your Medicaid eligibility. You will continue to receive your medical benefits.**

If you need help finding medical care, please call or visit your local Medicaid District Office. Each office is open Monday through Friday, 8am to 5pm.

- **Carson City District Office**
1000 E. William St., Suite #111
Carson City, NV 89701
(775) 684-3651
- **Las Vegas District Office**
1210 S. Valley View, Suite #104
Las Vegas, NV 89102
(702) 668-4200
- **Elko District Office**
1010 Ruby Vista, Dr., Suite #103
Elko, NV 89801
(775) 753-1191
- **Reno District Office**
745 W. Moana Ln., Suite #200
Reno, NV 89509
(775) 687-1900

If you need help finding additional community resources, contact Nevada 2-1-1. For help with transportation to medical appointments, please call MTM. See enclosed flyers.

If you have any question regarding this decision to end the HCGP, contact one of the Medicaid District Offices listed above. You cannot appeal this decision as the program is ending for everybody. You still have the right to appeal and have a fair hearing for any other services you are receiving or denied for. If you have any questions regarding a Fair Hearing request, please call the Hearings Unit 1-800-992-0900 ext 43604. See the attached page for more information on requesting a Fair Hearing.

Nevada Medicaid looks forward to continuing to provide you with medical benefits.

Sincerely,

Marta Jensen
Administrator

CC: Shannon Sprout, DHCFP, Deputy Administrator

REQUESTING A FAIR HEARING

- If you disagree with Medicaid’s denial, reduction, suspension or termination of service, you may request a Fair Hearing. A Fair Hearing allows you and Medicaid to give information about your situation to a Hearing Officer. The Hearing Officer is a neutral party who makes a decision on your appeal. There is no charge for a Fair Hearing.
- Medicaid must receive your request within 90 calendar days from the Notice Date.
- You may represent yourself or have the help of another adult. The adult can be a friend, family member, or lawyer. Medicaid has provided the names of some agencies that may be able to help you. (See below).
- The request for a Fair Hearing must include: (1) your name, address, telephone number, (2) Medicaid number; and (3) if someone is helping you, the name, telephone number and address of the adult who will help you (the “authorized representative”). You must sign the request unless you are unable to do so because of your disability. You may use the enclosed form to request a Fair Hearing.
- If you want your services to stay the same during Fair Hearing process, you must: 1) ask for a hearing not more than 10 calendar days after the Date of Action (shown on the Notice of Decision); and 2) you must ask that your services stay the same. (During the Fair Hearing process, your services will be continued) You may use the enclosed form to do this.
- Medicaid may ask you to pay back the cost of the continued services if you lose your appeal.
- After you have requested a Fair Hearing, Medicaid will contact you within 10 days to arrange a Hearing Preparation Meeting (HPM). The meeting will be by telephone. The goal of this meeting is to try to resolve your appeal. Medicaid will explain its decision and give you the chance to provide more information. If you and Medicaid cannot agree, you may go to a Fair Hearing. A Hearing Preparation Meeting (HPM) is optional. You do not have to take part in a HPM. You can let Medicaid know you want to go directly to a Fair Hearing and have a Hearing Officer decide your appeal.

To find out more about Medicaid appeals, you may go to the Nevada Department of Health and Human Services, Division of Health Care Financing & Policy’s Medicaid Service Manual Chapter 3100 – Hearings at: <https://dhcfp.nv.gov>.

If you cannot afford legal counsel, one of the Legal Services programs listed below may be able to help.
Nevada Legal Services, Inc. (Reno) (Washoe County): (775) 284-3491

Nevada Legal Services, Inc. (Las Vegas) Clark, Lincoln, Nye, and Esmeralda Counties: (702) 386-0404 or (866) 432-0404, TDD: (702) 386-1059

Nevada Legal Services, Inc. (Elko) Elko County: (775) 753-5880

Nevada Legal Services, Inc (Carson City) Carson City and remaining counties: (775) 883-0404 or (800) 323-8666

Senior Law Project (Las Vegas) Clark County residents age 60 and older: (702) 229-6596 TDD: (702) 386-9108

Washoe County Senior Law Project Washoe County residents age 60 and older: (775) 328-2592

Nevada Disability Advocacy and Law Center (South) Disabled Persons and Families with Disabled Persons: (702) 257-8150 or (888) 349-3843, TTY: (702) 257-8160

Nevada Disability Advocacy and Law Center (North): (775) 333-7878 or (800) 992-5715 or TTY: (775) 788-7824

Attachment E: HCGP Provider Letter

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

Date

Provider Name
Address
Address

Dear Provider Name:

Effective June 30, 2018, the Health Care Guidance Program (HCGP) will end. This includes care management services from both AxisPoint Health and Beacon Health Options. Please note that the end of the HCGP does not affect your patients Medicaid eligibility or their medical benefits.

In 2013, the Division of Health Care Financing and Policy (DHCFP) implemented the HCGP to assist Nevada Medicaid Fee-for-Service (FFS) recipients in connecting with preventative care. This was implemented via the Nevada Comprehensive Care Waiver within Section 1115(a) Medicaid Research and Demonstration Waiver granted by the Centers for Medicare and Medicaid. The waiver was approved for the period of July 1, 2013 through June 30, 2018. As the waiver period will expire on June 30, 2018, the DHCFP is phasing out the HCGP in accordance with the Special Terms and Conditions (STCs) set by the Centers for Medicare and Medicaid Services (CMS).

After June 30, 2018, if your Nevada Medicaid FFS patients are in need of care management services, you can refer them to their local Medicaid District Office. Each office is open Monday through Friday, 8am to 5pm.

- **Carson City District Office**
1000 E. William St., Suite #111
Carson City, NV 89701
(775) 684-3651
- **Las Vegas District Office**
1210 S. Valley View, Suite #104
Las Vegas, NV 89102
(702) 668-4200
- **Elko District Office**
1010 Ruby Vista, Dr., Suite #103
Elko, NV 89801
(775) 753-1191
- **Reno District Office**
745 W. Moana Ln., Suite #200
Reno, NV 89509
(775) 687-1900

Date
Page 2

If your patients are in need of finding additional resources in their community, you can refer them to Nevada 2-1-1. www.nevada211.org or by calling 2-1-1 anywhere within Nevada or 1-866-535-5654.

For patients in need of transportation services to their medical appointments, please refer them to MTM. Providers can also arrange for transportation for their patients through MTM as well. www.mtm-inc.net/nevada or 1-(844) 879-7341.

The DHCFP will keep the HCGP webpage updated with information at:
<http://dhcfp.nv.gov/Pgms/BLU/HCGP/>

The DHCFP looks forward to continuing medical benefits to your patients.

Sincerely,

Marta Jensen
Administrator

Cc: Shannon Sprout, DHCFP, Deputy Administrator

Attachment F: Notice of Public Workshop

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director
MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

REVISED NOTICE OF PUBLIC WORKSHOP

Health Care Guidance Program (HCGP) Phase-Out

Date of Publication: February 15, 2018
Date of Revision: February 28, 2018

Date and Time of Meeting: March 19, 2018 at 1:00 PM

Name of Organization: The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: Legislative Counsel Bureau
401 S. Carson Street, Room 2135
Carson City, Nevada 89701

~~**Place of Video Conference:** Grant Sawyer State Office Building
555 E. Washington Avenue, Room 4112E
Las Vegas, Nevada 89148~~

Teleconference: (775) 687-0999

Participant Code: 43654

This is the first of several public workshops for the presentation and public comment regarding the Phase-Out Plan of the HCGP. Future public workshop locations will include Las Vegas, Fallon, Reno and Elko over the next several months. Further information will be posted as it becomes available on the dates and locations of the upcoming workshops.

Agenda

1. Presentation and Public Comment Regarding HCGP Phase-Out

*Nevada Department of Health and Human Services
Helping People -- It's Who We Are And What We Do*

- a. The purpose of this workshop is to review the HCGP Phase-Out Plan with the public and discuss ~~transition of care for current members~~ options for Care Management Services.
 - b. Public Comment Regarding HCGP Phase-Out.
2. Public Comment Regarding any Other Issue
 3. Adjournment

Items may be taken out of order. Two or more agenda items may be combined for consideration. Items may be removed from the agenda or discussion of items may be delayed at any time.

Notice of this public workshop meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP Website at <http://dhcfnv.gov>, Carson City Central office and Las Vegas DHCFP. The agenda posting of this meeting can be viewed at the follow locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Esmeralda County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a copy of the proposal will be mailed to you. Requests and/or written comments on the proposed changes may be sent to the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701 at least three days prior the public workshop.

All persons that have requested in writing to receive the Public Workshop Agenda have been duly notified by mail or e-mail.

Note: We are pleased to make reasonable accommodations for members of the public who are physically challenged and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Division of Health Care Financing and Policy, in writing, at 1100 East William Street, Suite 101, Carson City, or call Tanya Benitez at (775) 684-3730, as soon as possible, or e-mail at tanya.benitez@dhcfnv.gov.
