

Brian Sandoval  
Governor



Marta Jensen  
Administrator  
Division of Health Care Financing and  
Policy

# Update: Phase-Out of the Health Care Guidance Program July 11, 2018

Erin Lynch, MPH - Chief, Hospital & Physician Services  
Gladys Cook – Social Services Program Specialist 3  
Julie Lindesmith – Social Services Program Specialist 2



# Presentation Overview

- I. Summary of the Health Care Guidance Program (HCGP)
- II. HCGP Phase-Out
  - Command Center
  - Public Comments/Workshops
  - Notification of Members
  - Transition Planning Meetings
  - Next Steps
- III. Lessons Learned for future programs





# I. HCGP Summary

- 1115(a) research and demonstration waiver
  - Approved by the Centers for Medicare and Medicaid Services (CMS)
  - 7/1/13 to 6/30/18
- Vendor is a Care Management Organization (CMO)
  - 3<sup>rd</sup> party vendor that provides care management services, not medical services
- Payment Model – Per Member Per Month (PMPM)





## II. HCGP Phase-Out

- Demonstration Waiver ended 6/30/18
- Per Special Terms and Conditions (STCs), DHCFP must submit a Phase-Out Plan
- Phase-Out Plan submitted to CMS on 3/1/18
- Approved by CMS on 3/29/18 with implementation of 4/1/18
- Full Phase-Out Plan is posted at:

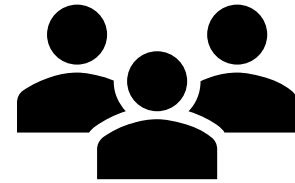
<http://dhcfnv.gov/Pgms/BLU/HCGP/>



# HCGP Command Center



- Purpose- ensure an efficient and well-organized HCGP phase-out.
- Responsible to monitor HCGP phase-out activities and resolving recipient and provider issues.
- Participants
  - DHCFP- Leadership, HCGP team, DOs
  - AxisPoint Health (APH)- CMO vendor
  - DXC- Medicaid's Fiscal Agent
  - Department of Health and Human Services (DHHS)
    - Division of Welfare and Supportive Services (DWSS)
    - Division of Public and Behavioral Health (DPBH)
    - Aging and Disability Services Division (ADSD)





# Command Center Activities Completed

ACTIVITY LOG

Task	Due Date	Assigned To	Status
Update and Finalize Command Center Plan	6/30/2018	Erin Lynch	Completed
Create Command Center Agenda Template	2/7/2018	DHCFP CMO Staff	Completed
Log/Track all Public Comment	2/27/2018	Gladys/Julie	Completed
Revise Phase-Out Plan based on Public Comment	3/1/2018	DHCFP CMO Staff	Completed
Submit Phase-Out Plan to CMS w/ Public Comment	3/1/2018	Erin Lynch	Completed
Submit revised Phase-Out Plan to CMS based on comments	3/22/2018	Erin Lynch	Completed
Receive approval on Phase-Out Plan from CMS	3/29/2018	CMS	Completed
Draft Notification Letter to Members	3/2/2018	APH-Review, DO, Admin.	Completed
Translate Notification Letter to Members & Member FAQ into Spanish	4/6/2018	Heather Lazarakis/Gladys	Completed
Draft Notification Letter to Providers	3/2/2018	APH-Review, DO, Admin.	Completed
Contact Nevada 211 for electronic copy of flyer (English and Spanish)	3/1/2018	Julie	Completed
MTM Electronic Flyer (English and Spanish)	3/1/2018	Erin Lynch	Completed
Develop Script for APH Staff and District office	3/1/2018	Gladys/Julie	Completed
Develop FAQ for Phase-Out	3/1/2018	Gladys/Julie	Completed
Final Draft of All Letter and Scripts Delivered to Partners/ DWSS	4/4/2018	Gladys/Julie	Completed
Gather Numbers on Members in Urban Clark and Washoe that can transition to MCO	5/1/2018	Marko Markovic	Completed
Gather Numbers on Members with previous TCM by facility	5/1/2018	Marko Markovic	Completed
Gather Numbers on HCGP Tribal members	5/1/2018	Marko Markovic	Completed
Schedule biweekly meetings regarding member transitions	5/1/2018	Erin Lynch	Completed
Schedule Public Workshop	3/19/2018	Erin Lynch	Completed
Complete Agenda for Public Workshop & Submit for Approval	3/1/2018	Erin Lynch	Completed
Conduct Public Workshop (Carson)	3/19/2018	Erin Lynch	Completed
Schedule Future Public Workshops in Las Vegas, Reno, Fallon, Elko	3/22/2018	Erin Lynch	Completed
Conduct Public Workshop (Las Vegas)	4/6/2018	Erin Lynch	Completed
Conduct Public Workshop (Fallon)	4/20/2018	Erin Lynch	Completed
Conduct Public Workshop (Reno)	5/7/2018	Erin Lynch	Completed
Conduct Public Workshop (Elko)	6/1/2018	Erin Lynch	Completed
Research and list all post 6/30/18 needed activities	4/1/2018	Julie	Completed
Submit PDR for Data Transfers/Payments to review manager	3/1/2018	Heather Peri	Completed
Submit PDR for member communication to review manager	3/9/2018	Heather Peri	Completed
Track and complete PDR process in PPM	6/1/2018	Heather, Kathee, Gladys, Jul	Completed
Provide approved communications (member letter, provider letter, e-mail blast)	4/1/2018	Erin Lynch	Completed
Notify DXC of CMS approval of Phase-out plan	4/4/2018	Gladys/Heather	Completed
Provide DXC with list of members for mailing	3/27/2018	Marko Markovic	Completed
Provide DXC with list of providers for mailing	3/27/2018	Marko Markovic	Completed
Provide DXC with draft letters & mailing list	3/27/2018	Erin Lynch	Completed
Provide DXC with final letters	4/6/2018	Erin Lynch	Completed
Provide DXC with final member/provider lists	5/28/2018	Marko/Julie	Completed
DHCFP HCGP Webpage Updates - <a href="http://dhcfnv.gov/Pgms/BLU/HCGP/">http://dhcfnv.gov/Pgms/BLU/HCGP/</a>	6/30/2018	Matt Robinson	Ongoing



# Timeline of Stakeholder Feedback

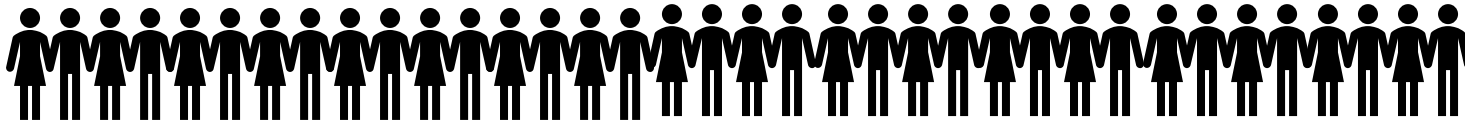




# Public Comments



- 47 comments received
  - 14 identified as HCGP recipients and 2 as caregivers
  - 7 identified as HCGP vendor employees
  - 16 identified as healthcare/social service agency worker
  - 8 did not specify relationship to the program







# Public Comments - Cont.

Number of comments	Source	Comments	DHCFP Actions
18	Providers	Concerns about connecting patients with resources when HCGP ends.	Link providers to Medicaid District Offices (DOs), Nevada 211, and MTM for patient resources.
14	HCGP Members	Expressed how program has assisted them and concerns about assistance when HCGP ends.	Link high risk members with a transitional care plan. Provide all members with contact information for Medicaid DOs, Nevada 211, and MTM.
21	All	Expressed concerns regarding lack of mental health and/or substance abuse services in Nevada.	Additional focus on transition of care for high risk members. DHCFP will use this information in planning future programs.
9	All	Expressed concerns regarding lack of services in rural Nevada.	The DHCFP worked with HCGP vendor to gather more information on gaps in care and will use information in planning future programs.

\* Some comments may have covered more than one theme and be counted in multiple sections. 2 additional themes were identified with 2 comments each, but due to presentation space were excluded from this slide.



# Public Workshops

- DHCFP decided to hold 5 Public Workshops to obtain additional feedback on HCGP Phase-Out
  - Carson City 3/19/18
  - Las Vegas 4/6/18
  - Fallon 4/20/18
  - Reno 5/7/18
  - Elko 6/1/18





# Public Workshop Feedback

Feedback Received	Location	DHCFP Response
Concern regarding lack of mental health resources.	Las Vegas	Added focus on transition of care for HCGP members with mental health.
Concern regarding the loss of workforce for those employed by the HCGP.	Las Vegas	Provided HCGP vendor with information regarding state of Nevada job openings.
Concerns regarding loss of access to the HCGP nurse advise line.	Fallon	Provided resources for other free 24 hour nurse lines available to all Medicaid Members.
Concerns regarding why the waiver was not extended.	Reno	DHCFP would have had to go back out to Request for Proposals (RFP) to extend waiver, and would not be able to make any significant changes to the program to address any lessons learned from the program.



## Public Workshop Feedback - Cont.

Feedback Received	Location	DHCFP
Members expressed thanks for how the program helped them.	Reno	Recorded information on what members found useful so it can be incorporated into future programs.
Provider expressed concerns about transition planning when members discharge from hospitals.	Reno	The DOs will have access to the HCGP notes for higher risk members, and can assist members with transition planning if needed.
Concerns that Nevada 211 does not have rural providers listed.	Elko	Contacted the Nevada 211 Coordinator to assist improving resource listings for Rural Nevada.
Concerns regarding assistance with transportation issues in rural Nevada.	Elko	Worked with MTM contract manager at DHCFP to reduce transportation barriers in rural Nevada.



# Notification of Members



- May 25, 2018- 36,072 letters were mailed to the enrolled HCGP members
  - Program was ending
  - Ensured the members that their Medicaid benefits were not ending, only HCGP
  - Provided contact info for Medicaid DOs
  - Provided contact info for Nevada 211
  - Provided contact info for MTM
  - Sent in both English and Spanish



# Notification of Providers



- May 25, 2018- 1,906 letters were mailed to Medicaid providers that had some contact with the program
  - Program was ending
  - Provided contact info for Medicaid DOs
  - Provided contact info for Nevada 211
  - Provided contact info for MTM



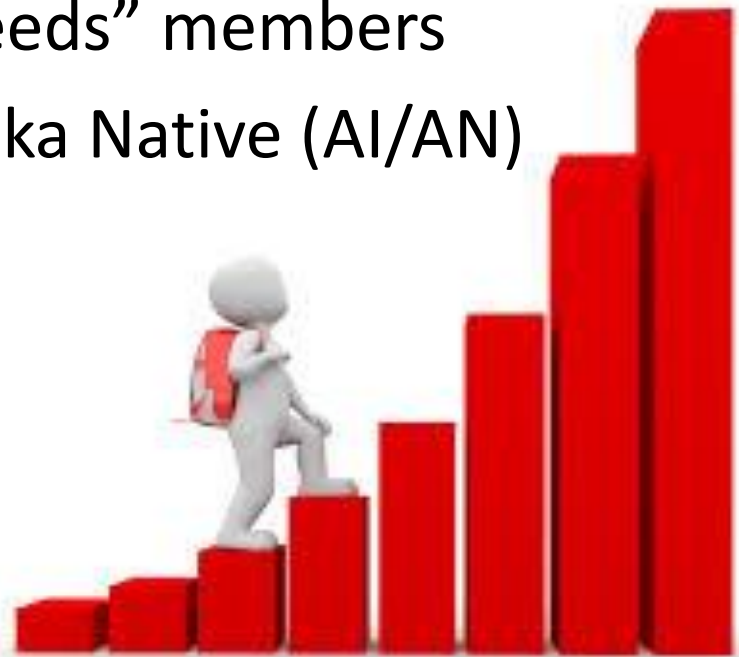
# Transition Planning Meetings

- Purpose- ensure that all HCGP members have access to the resources and services they need after the program ends
- Plan included Transition to:
  - Managed Care Organizations (MCOs)
  - Previous Targeted Case Management (TCM) Providers
  - Federally Qualified Health Centers (FQHCs)
  - Medicaid District Offices (DOs)



## Transition Planning Meetings – Cont.

- Additional focus on:
  - APH identified “High Needs” members
  - American Indian or Alaska Native (AI/AN) Population







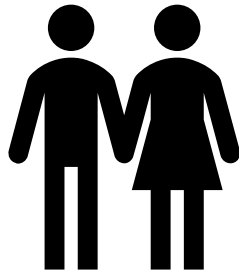
# Transition to MCOs

- 1,959 HCGP members will transfer to a MCO as of July 1, 2018

394 Adults

&

1,565 Children



Risk Level	1- Low	2- Moderate	3- High	4- Complex
# of HCGP members transferring to MCO	1,511	325	110	13



# Transition to Previous TCM

- 12,832 (30.9%) of the 41,500 HCGP members enrolled in April 2018 had had previous TCM.
- 975 members had open or closed case status indicating that they had been actively managed by the HCGP at some point in time
- 417 members were identified as likely to need to return to TCM as they had received TCM within 6 months of HCGP opening their case.
- APH was given a list of members that would likely need previous TCM so they could make warm handoffs.



# Transition to FQHC

- Requested list of FQHC HCGP members from APH
- Reviewed High Needs and AI/AN populations for FQHC usage



# Transition to District Offices (DOs)

- Medicaid has 4 DOs
  - Reno
  - Carson City
  - Elko
  - Las Vegas
- DOs will serve HCGP members that were not connected to other resources for care coordination.





# APH Identified High Needs

- APH identified 91 members as High Needs
- All records were obtained from APH on these members
- Reviewed all records to see if member was already connected with a FQHC, Certified Community Behavioral Health Clinic (CCBHC), TCM provider, tribal health center
  - If yes, referred to provider for a warm handoff
  - If no, referred to DO for assistance



## American Indian/ Alaska Native Population (AI/AN)

- April 2018 = 1,645 AI/AN enrolled in the HCGP
  - 188 (11.43%) had ever been contacted
  - 30 had only been contacted 1 time while they were in the program
  - 29 had open case status as of 5/25/18
  - 103 had had been contacted in the last year

Risk Level	1- Low	2- Moderate	3- High	4- Complex
# of ever contacted AI/AN HCGP Members	30	84	67	7



## AI/AN Population - Cont.

- Requested all notes from APH
- Reviewed all notes to see if member was already connected with a FQHC, TCM, tribal health center provider
  - If yes, referred to FQHC/TCM/tribal health center provider for a warm handoff
  - If no, referred to DO for assistance





# Next Steps

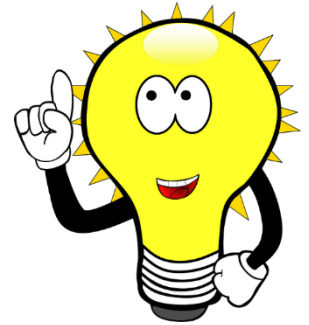


- Finalize Program Year 2 Results
- Get 3<sup>rd</sup> party evaluation completed on program
- Obtain Program Year 3 Results- tentatively October 2018
- Obtain Program Year 4 Results- tentatively October 2019
- Complete all required CMS reports
- Continued planning for future programs





## III. Lessons Learned



- Care Management is limited by the number of providers in Nevada
  - Care Managers can only refer members to existing Medicaid providers. If there is a lack in providers, members still have delays in care.
- Design of the program creates a long delay for results
  - 12 month claims lag
- Difficult population to reach
  - CMO reported a lot of time spent attempting to locate members
  - CMO could only actively manage around 3,500 at any given time



# Contact Info

Erin Lynch, MPH

Division of Health Care Financing & Policy

Chief, Hospital & Physician Services

775-684-3654

[erin.lynch@dhcfp.nv.gov](mailto:erin.lynch@dhcfp.nv.gov)



# Questions / Feedback