

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
1/29/2018

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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, in 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.

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: March 1, 2018 through June 30, 2018.</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, nonalopathic 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, the 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

The DHCFP will also comply with the Tribal Consultation requirements in Section 1902(a)(73) of the Act as amended by Section 5006(e) of the American Recovery and Reinvestment Act (ARRA) of 2009, the state public notice process for Section 1115 demonstrations at 42 CFR §431.408, and the Tribal Consultation requirements at 42 CFR §431.408. To comply with these regulations the following steps will be taken:

- A Tribal notification letter will be issued providing the tribes with the opportunity to request tribal consultation. (see Attachment B)
- The DHCFP will include the HCGP phase-out on the agenda for the April 2018, Quarterly Tribal Consultation meeting.

Stakeholder Engagement

The DHCFP remains committed to obtaining stakeholder input through the public notice and 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 and the Medicaid District Offices 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 on April 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. The DHCFP will ensure all appeal and hearing rights are afforded to the HCGP recipients as outlined in 42 CFR §431.220 and 431.221.

Effective April 1, 2018, the DHCFP, in collaboration with the HCGP, will implement an operational approach to phasing out the program in the following manner:

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

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 vendor staff and Medicaid District Office 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 District Offices.

SECTION IV: Communication Plans

Community Providers

All community providers that are on the APH mailing list will be mailed a notice on April 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 DHC FP 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://dhcftp.nv.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 DHC FP 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 DHC FP 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://axispointhealth.com>.

Command Center

Effective January 29, 2018, the DHC FP 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 DHC FP HCGP staff;
- The DHC FP District Offices;
- Other Divisions within the DHHS; DHHS, Division of Welfare and Supportive Services (DWSS), Division of Public and Behavioral Health (DPBH), Aging and Disability Services Division (ADSD);
- 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://dhcfp.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.

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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.

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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. Nevada 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. Nevada'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.

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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	4/01/2018
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	4/01/2018

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	4/01/2018	4/30/2018
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

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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
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfnv.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://dhcfnv.gov/Pgms/BLU/HCGP/>. Public comment may be submitted via e-mail at CareManagement@dhcfnv.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://dhcftp.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://dhcfnv.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.

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