Care Management Organization (CMO)

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Agenda

- Overview of the 1115 Research & Demonstration Waiver
- The Care Management Organization (CMO)

Managed is Better Than Un-Managed

Calendar Year		2009	2010	2011	2012
FFS	Live Births	7644	7606	6736	6386
	VLBW	179	189	184	169
	Rate	2.34%	2.48%	2.73%	**2.65%**
MCO	Live Births	6671	7955	8963	8363
	VLBW	70	86	110	100
	Rate	1.05%	1.08%	1.23%	**1.20%**

A Medicaid Newborn is Twice As Likely To Be Under 1500 Grams When Care Isn't Managed.

Nevada Managed Care

- Currently, about 60% of Nevada's Medicaid members are enrolled in typical HMO type Managed Care.
- However, Nevada's sickest and costliest members receive no care management services.
- ***It is not reasonable that those who need their care managed most are least likely to get it …***

1115 Research & Demonstration Waiver

- In April 2012, the Division of Health Care Financing and Policy (DHCFP) applied for an 1115 Demonstration waiver with the Centers for Medicare & Medicaid Services (CMS).
- After two years of research & development, and intense negotiations with CMS, on June 28, 2013, the DHCFP received approval for what is known as the Nevada Comprehensive Care Waiver (NCCW).
- Allows for a new and innovative healthcare delivery system for Medicaid: a Care Management Organization (CMO)
- Addition of a new Medicaid Chapter, MSM 3800

The Nevada Comprehensive Care Waiver (NCCW)

- Allows us to establish a Care Management Organization or CMO
  - CMO Vendor
  - Nurse Care Managers
  - Physician Oversight

CMO Goals & Objectives

- Improve Health Outcomes and Quality
  - Better adherence to medication plans
  - Preventative care
  - Improve access to care
  - Integrate care among different providers

CMO Goals & Objectives

- Reduce Health Care Costs
  - Appropriate levels of care
    - Reduction in unnecessary ER visits through an emergency department redirection management program, which supports beneficiaries in seeking care in the most appropriate setting
    - Medical and Psych

Components of Care Coordination

- Comprehensive care management
    - Comprehensive assessments of each beneficiary
    - Assisting with PCP selection
    - Working with beneficiary's Health Care Team to develop, manage and maintain a care plan

The Health Care team consists of, at minimum: the PCP, behavioral/mental health specialists (based on need), a nutritionist, a pharmacist and other key clinicians and caregivers (based on need).

Components of Care Coordination

- Coordinating transitional care
  - Coordinating appropriate follow-up, from inpatient to other settings

Components of Care Coordination

- Coordinating access to individual and family support services

Components of Care Coordination

- Use of health information technology (HIT) to coordinate services, as feasible and appropriate
  - Electronic Health Records
  - Meaningful Use
  - Interface with your system
  - Provide patient information

Components of Care Coordination

- Referral to community and social support services
- An ‘incidental’ social component

Who is included in the CMO?

- Fee-for-Service Medicaid recipients
- Statewide enrollment
- Mandatory enrollment for those who qualify.
- **Must have a qualifying chronic health condition and/or a complex condition/high utilization pattern**
- Native Americans have voluntary enrollment in the CMO
- Enrollment maximum of 41,500

Exclusions

- Those currently enrolled in Managed Care
- Dual Eligibles
- Those enrolled in HCBS waivers
- Nevada Check Up recipients
- Those enrolled in another form of case management (Targeted Case Mgmt.)
- Those in the child welfare system
- Emergency Medicaid
- Intermediate Care Facility residents

CMO Chronic Conditions

- Asthma
- Cerebrovascular Disease
- Aneurysm
- Epilepsy
- Chronic Obstructive Pulmonary Disease
- Diabetes
- End Stage Renal Disease
- Heart Disease
- Coronary Artery Disease

CMO Chronic Conditions

- HIV/AIDS
- Mental Health Disorders
- Musculoskeletal diseases
- Neoplasm/tumor
- Obesity
- **Pregnancy**
- Substance Use Disorder
- Complex Condition/High Utilizer

Care Managers

- Licensed Registered Nurses serve as Care Managers
- Provide telephonic intervention and support
- Face-to-Face Contacts
- Direct Mail … if appropriate

Care Management Activities

- Comprehensive Assessments
- Patient Education/Health Promotion
  - Printed materials
  - Online resources
- Operate a nurse triage and advice call center
- Coordination of care transition between health care entities
- Self-management training with support
- Active and sustained follow-up
- Linkages to Community and Social Support Resources
- **Use of Health Information Technology**

Additional Care Management Services

- Management for the following conditions:
  - High-risk beneficiaries with escalating care needs
  - Oncology
  - Chronic kidney disease
  - Mental health
  - Pregnancy
  - Complex conditions
    - Transplants
    - Burns
  - High Utilizers

Additional Care Management Services include:

- One-on-one health coaching to facilitate behavioral change
- Performing assessment and follow-up management of health issues
- Promoting communication between the PCP and other providers
  - ***Especially BH, Psych & Pharmacy to PCP!***
- Ensure access to evidence-based medical services

Sustaining Engagement of High-Risk Patients

- Significant Challenges:
  - No Telephone in Home
  - Language Barrier
  - Developmental Delays
  - Serious Mental Illness
  - Recipient dis-interest
  - ***Family, family, family!***

Sustaining Engagement of High-Risk Patients

- The CMO will determine the appropriate level of care management services based upon levels of need.
- They will determine the method that is most effective in terms of health outcomes and cost savings (Proprietary).
- **CMO will <u>not</u> provide direct medical care.**

Incentives to Succeed

- Extensive reporting on Nationally-Recognized Quality Measures
  - A performance based monthly payment holdback
  - EQRO involvement including extensive Readiness Review prior to accepting patients
  - Pay-for-Performance incentive for cost savings, improved quality of care and improved health outcomes
  - Condition-specific quality measures
    - A quality measure for each condition

Collaborative Efforts

- The DHCFP will closely monitor all CMO activities to ensure beneficiaries are receiving the care they need:
  - Constant Reporting
  - Patient Satisfaction Surveys
  - Quality Performance Measures on health outcomes
  - The DHCFP also has extensive reporting requirements to CMS on the CMO activities
  - ***Provider Satisfaction Is Critical!***

Collaborative Efforts

- The CMO will establish a system in which information is gathered and reported back to the PCP.
- Improved medication information will be shared among providers.
- Providers will be notified of specific patient needs through care managers.
- ***There will be no Utilization Management.***

Critical Components

- Physician/Provider involvement/acceptance in the CMO is critical to the function of the CMO.

Without provider “buy in”

the CMO will not succeed.

Critical Components

- The CMO and the DHCFP will soon begin an extensive provider Outreach Plan.
  - Stakeholder meetings/presentations
  - Statewide
  - ***Provider Education***
    - ***Medical Associations***
    - ***One–on–one visits with physicians & office managers***

We Need Your Help To Succeed

- ***With Your Help, Nevada Medicaid and the CMO will …***
  - ***improve health outcomes,***
  - ***improve quality of life, and***
  - ***reduce costs***

Thank you!

Questions?

Please contact

Jenni Bonk

775-684-3697

jenni.bonk@dhcfp.nv.gov

with questions related to the CMO.

Thank you for your attention