Care Management Organization
(CMO)
Agenda

• Overview of the 1115 Research & Demonstration Waiver

• The Care Management Organization (CMO)
**Managed is Better Than Un-Managed**

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FFS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live Births</td>
<td>7644</td>
<td>7606</td>
<td>6736</td>
<td>6386</td>
</tr>
<tr>
<td>VLBW</td>
<td>179</td>
<td>189</td>
<td>184</td>
<td>169</td>
</tr>
<tr>
<td>Rate</td>
<td>2.34%</td>
<td>2.48%</td>
<td>2.73%</td>
<td>2.65%</td>
</tr>
<tr>
<td><strong>MCO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live Births</td>
<td>6671</td>
<td>7955</td>
<td>8963</td>
<td>8363</td>
</tr>
<tr>
<td>VLBW</td>
<td>70</td>
<td>86</td>
<td>110</td>
<td>100</td>
</tr>
<tr>
<td>Rate</td>
<td>1.05%</td>
<td>1.08%</td>
<td>1.23%</td>
<td>1.20%</td>
</tr>
</tbody>
</table>

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
  o Better adherence to medication plans
  o Preventative care
  o Improve access to care
  o Integrate care among different providers
CMO Goals & Objectives

• Reduce Health Care Costs
  o 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
  o Comprehensive assessments of each beneficiary
  o Assisting with PCP selection
  o 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
  o 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
  o Electronic Health Records
  o Meaningful Use
  o Interface with your system
  o 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
  o Printed materials
  o 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:
  o High-risk beneficiaries with escalating care needs
  o Oncology
  o Chronic kidney disease
  o Mental health
  o Pregnancy
  o Complex conditions
    ▪ Transplants
    ▪ Burns
  o 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 not provide direct medical care.**
Incentives to Succeed

• Extensive reporting on Nationally-Recognized Quality Measures
  o A performance based monthly payment holdback
  o EQRO involvement including extensive Readiness Review prior to accepting patients
  o Pay-for-Performance incentive for cost savings, improved quality of care and improved health outcomes
  o 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:
  o Constant Reporting
  o Patient Satisfaction Surveys
  o Quality Performance Measures on health outcomes
  o The DHCFP also has extensive reporting requirements to CMS on the CMO activities
  o *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](mailto:jenni.bonk@dhcfp.nv.gov)

with questions related to the CMO.
Thank you for your attention