



Public Employees' Benefits Program – State of Nevada

**Medical Management Review
January 1, 2020 – March 31, 2020**

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Return on Investment

The following tables summarize medical management savings and ROI for the Public Employees' Benefits Program.

July 1, 2019 - September 30, 2019

	Fees	Estimated Savings	ROI
Utilization Management	\$146,351	\$1,485,049	10.1 to 1
Case Management	\$294,385	\$1,056,547	3.6 to 1
Total	\$440,736	\$2,541,596	5.8 to 1

Utilization Management Breakout

Inpatient Savings:	\$745,732
Outpatient Savings:	\$739,317

October 1, 2019 - December 31, 2019

	Fees	Estimated Savings	ROI
Utilization Management	\$198,696	\$881,052	4.4 to 1
Case Management	\$297,195	\$1,213,222	4.1 to 1
Total	\$495,891	\$2,094,274	4.2 to 1

Utilization Management Breakout

Inpatient Savings	\$532,186
Outpatient Savings	\$348,866

January 1, 2020 - March 31, 2020

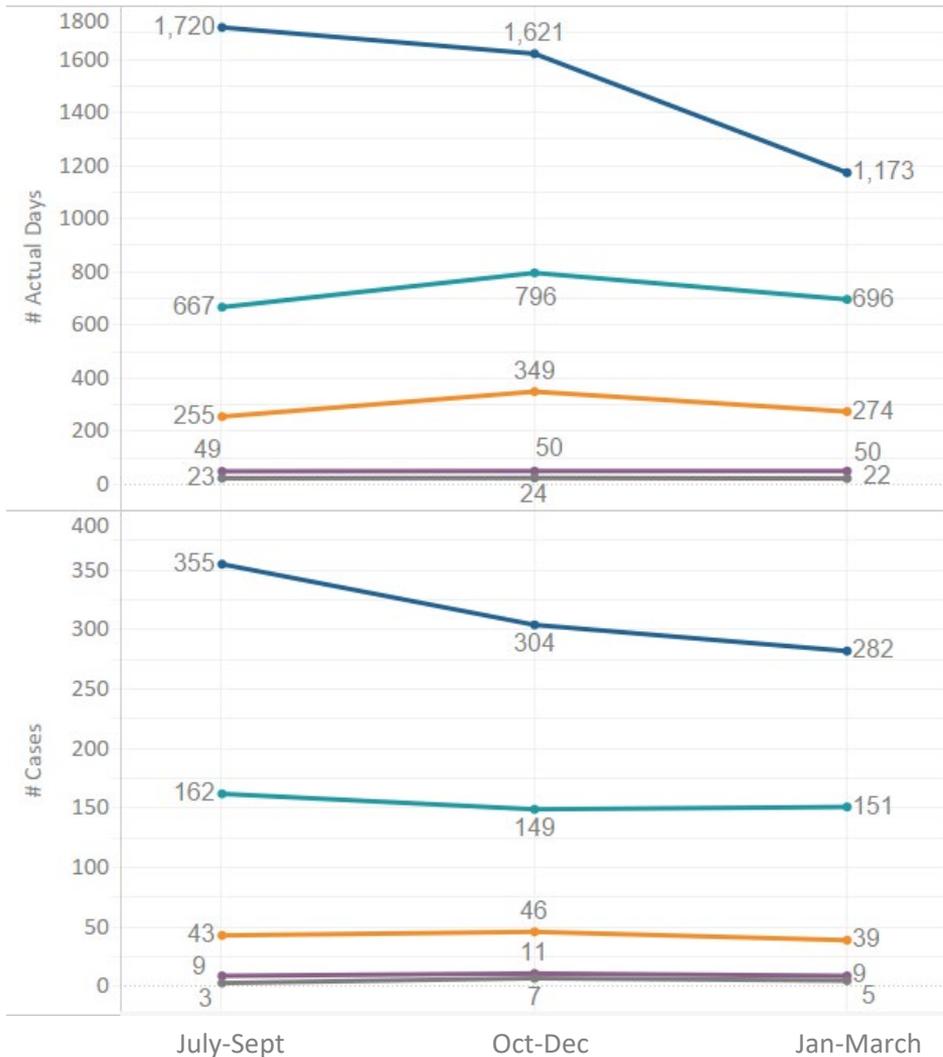
	Fees	Estimated Savings	ROI
Utilization Management	\$197,917	\$1,109,547	5.6 to 1
Case Management	\$296,030	\$573,832	1.9 to 1
Total	\$493,947	\$1,683,379	3.4 to 1

Utilization Management Breakout

Inpatient Savings	\$590,522
Outpatient Savings	\$519,025

Utilization Management

Acute Inpatient Activity Summary



January 1, 2020 - March 31, 2020

	# Cases	# Actual Days	# Requested Days	# Saved Days	Estimated Savings
Medical	282	1,173	1,185	36	\$221,700
Surgical	151	696	707	27	\$349,137
Mental Health	39	274	274	8	\$11,093
Substance Abuse	9	50	50	4	\$4,966
Obstetrics	5	22	22	0	\$0
Grand Total	486	2,215	2,238	75	\$586,896

As a result of the Utilization Review process, **75** unnecessary bed days were saved resulting in **\$586,896** in estimated savings

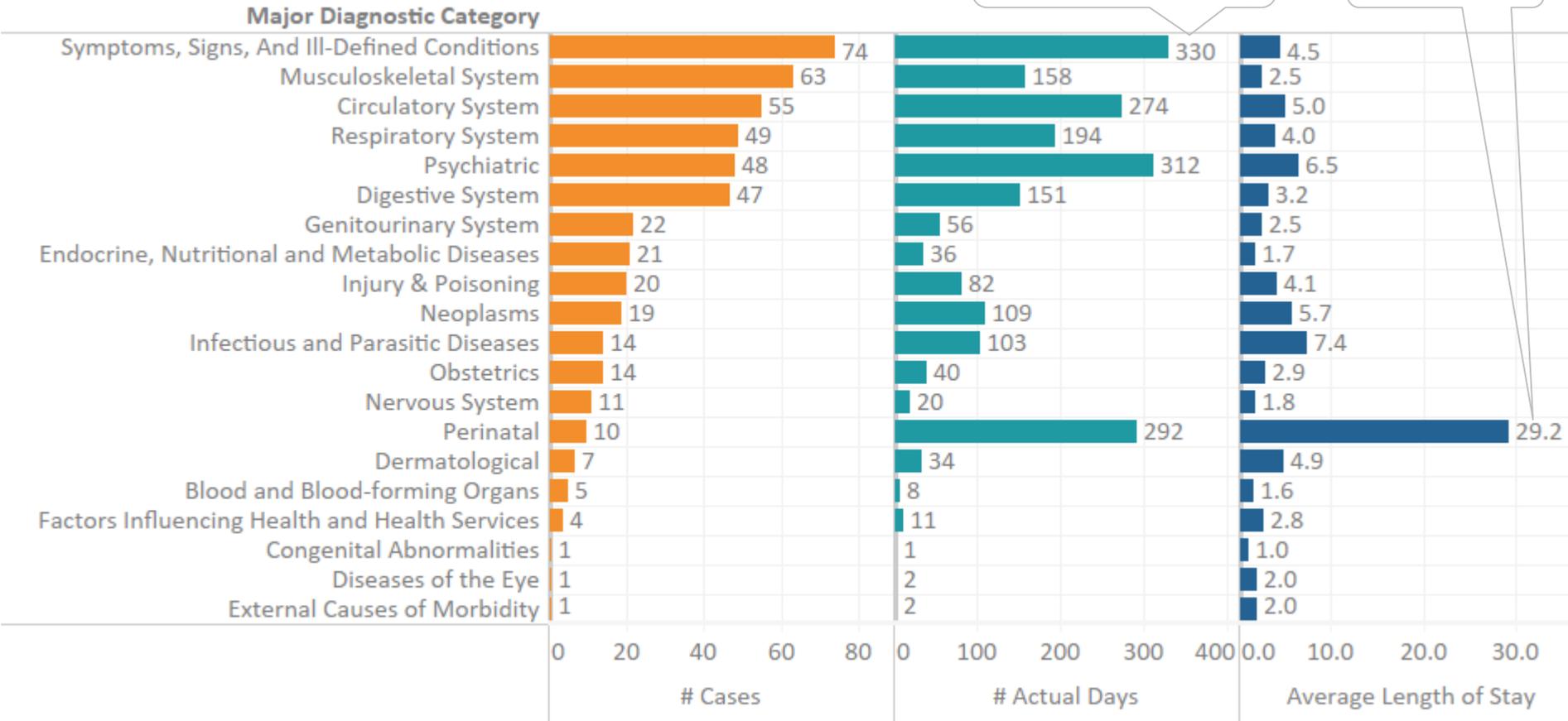
- Medical
- Mental Health
- Obstetrics
- Substance Abuse
- Surgical

Acute Inpatient – Cases and Actual Days by Diagnostic Categories

The graph below presents the number of cases, actual days, and average length of stay of the top major diagnostic categories during the report period.

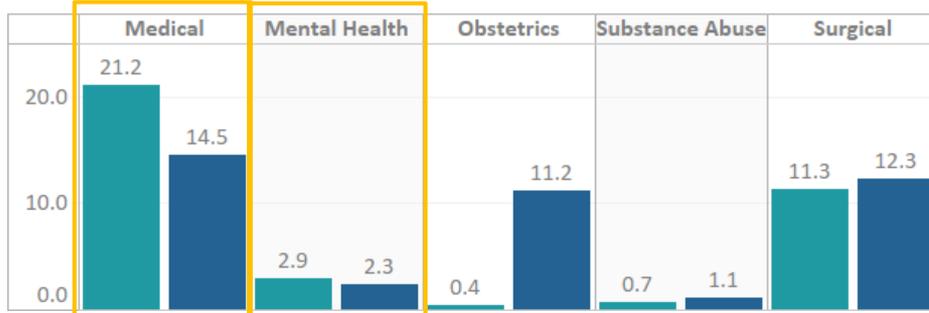
Symptoms, Signs, and Ill-Defined Conditions represents the largest number of cases and actual days

Perinatal represents the largest ALOS



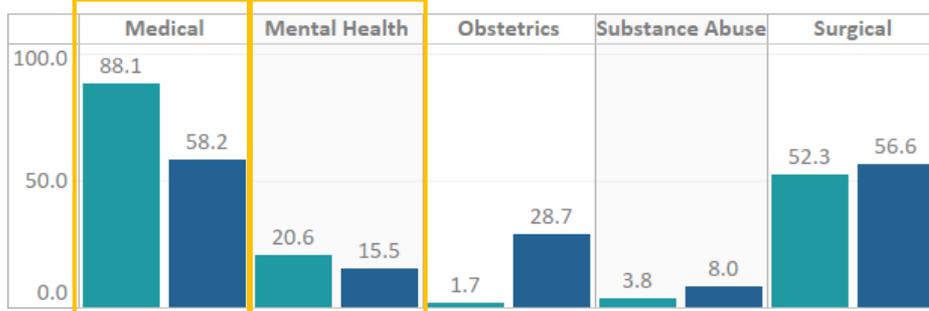
Acute Inpatient – Utilization Benchmarks

Admissions per 1,000



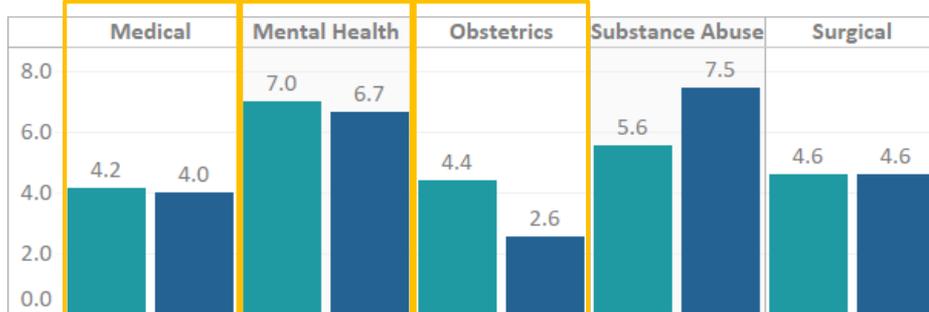
- Medical: Admissions were **46.2%** higher than Milliman benchmark. There were 282 admissions during the report period.
 - 2 members had 3 inpatient admissions
 - 20 members had 2 inpatient admissions
- Mental Health: Admissions were **26.1%** higher than Milliman benchmark. There were 39 admissions during the report period.
 - 3 members had 2 inpatient admissions

Days per 1,000



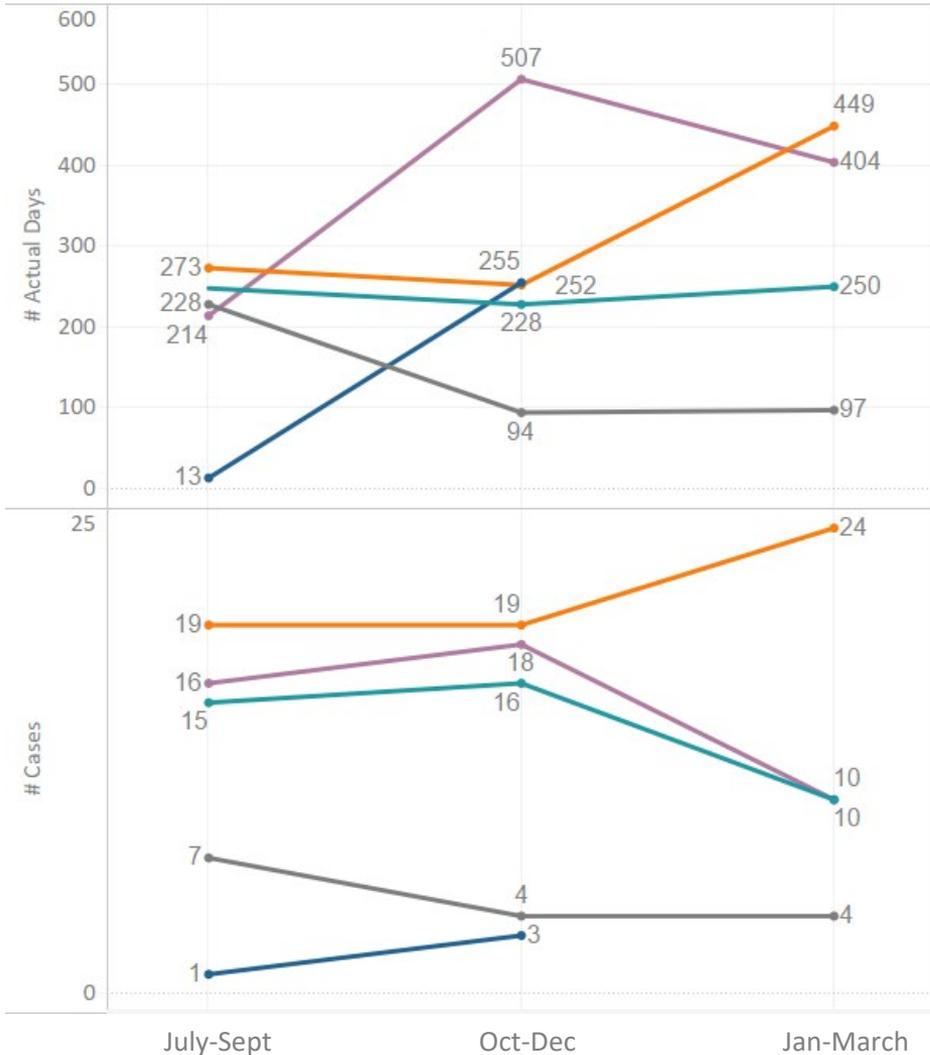
- Medical: Days were **51.4%** higher than Milliman benchmark.
 - 16 cases utilized 10 or more days each during the report period
- Mental Health: Days were **32.9%** higher than Milliman benchmark.
 - 3 cases utilized 16 or more days each during the report period

Average Length of Stay



- Medical: ALOS was **0.2** days higher than Milliman benchmark
 - 65 of the 282 medical cases were above the benchmark
 - Removal of 1 outlier case that consumed 114 days each resulted in an ALOS of 3.8
 - Mental Health: ALOS was **0.3** days higher than Milliman benchmark
 - 13 of the 39 mental health cases were above the benchmark
 - Removal of 1 outlier case that consumed 41 days resulted in an ALOS of 6.1
 - Obstetrics: ALOS was **1.8** days higher than Milliman benchmark
 - All 5 obstetrics cases were above the benchmark
- Due to federal mandate regulations, not all Obstetrics cases require pre-certification; therefore, Obstetrics ALOS should be interpreted with caution.

Non-Acute Inpatient Activity Summary



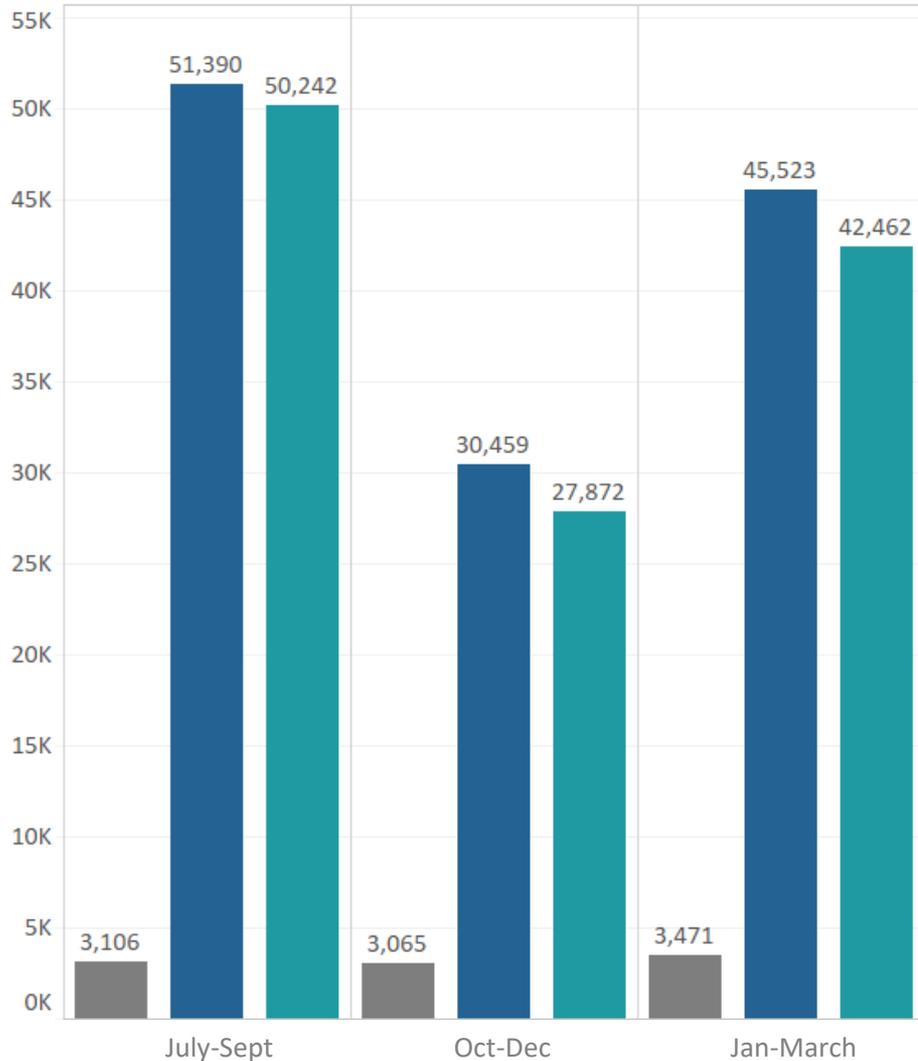
January 1, 2020 - March 31, 2020

	# Cases	# Actual Days	# Requested Days	# Saved Days	Estimated Savings
Residential Substance Abuse	24	449	458	1	\$903
Skilled Nsg Facility	10	404	405	4	\$2,723
Medical Rehab	10	250	250	0	\$0
Long Term Acute	4	97	97	0	\$0
Grand Total	48	1,200	1,210	5	\$3,626

As a result of the Utilization Review process, 5 unnecessary bed days were saved resulting in **\$3,626** in estimated savings

- Long Term Acute
- Medical Rehab
- Residential Mental Health
- Residential Substance Abuse
- Skilled Nsg Facility

Outpatient – Summary



Diagnostic Test represents 48.9% of cases

January 1, 2020 - March 31, 2020

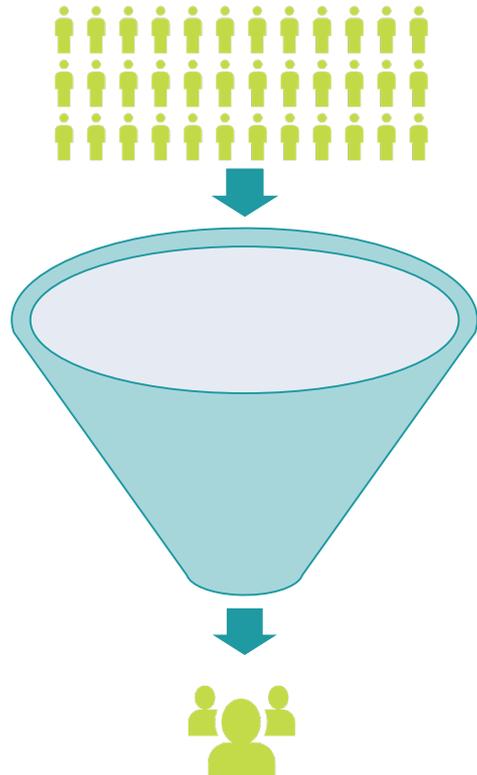
Outpatient Setting	# Cases	# Units Requested	# Units Approved	# Units Saved	Outpatient Savings
Diagnostic Test	1,696	2,117	2,030	87	\$126,727
Med Treatment	761	11,262	11,048	214	\$305,480
Surgery	595	1,142	1,126	16	\$25,804
DME	301	26,358	23,657	2,701	\$55,844
Home Health	48	559	551	8	\$1,190
Home Infusion	31	3,337	3,332	5	\$0
MH/SA	30	439	425	14	\$1,189
PT/OT/ST	6	111	95	16	\$2,792
Home Enteral Feeding	2	137	137	0	\$0
Hospice Home	1	61	61	0	\$0
Grand Total	3,471	45,523	42,462	3,061	\$519,025

There were **3,061** units saved resulting in **\$519,025** in estimated savings

Cases
 # Units Requested
 # Units Approved

Case Management Referrals from Utilization Management

A critical function of Utilization Management is to identify members who are in need of more extensive Case Management services. One procedure that fulfills this function is the trigger of Utilization Management cases that meet specific requirements to Case Management.



- 534 inpatient cases were completed in Utilization Review
- 3,471 outpatient cases were completed in Utilization Review

- 324 inpatient cases (60.7%) automatically triggered to Case Management
- 793 outpatient cases (22.8%) automatically triggered to Case Management

- 182 inpatient cases (56.2%) were deemed appropriate for Case Management
- 46 outpatient cases (5.8%) were deemed appropriate for Case Management

Case Management

Case Management Summary

In the report period, our Case Managers performed interventions on behalf of the Public Employees' Benefits Program plan. Through their work with members, facilities and physicians, these Case Managers achieved over \$500K in estimated savings. Savings are costs that potentially would have incurred to the plan, had we not intervened.

The following tables illustrate overall case activity and total savings achieved for the report period:

Case Activity	Number of Cases		
	Jul-Sept	Oct-Dec	Jan-March
Beginning Cases	92	186	165
Opened	231	134	166
Closes	137	155	148
Ending Open Cases	186	165	183

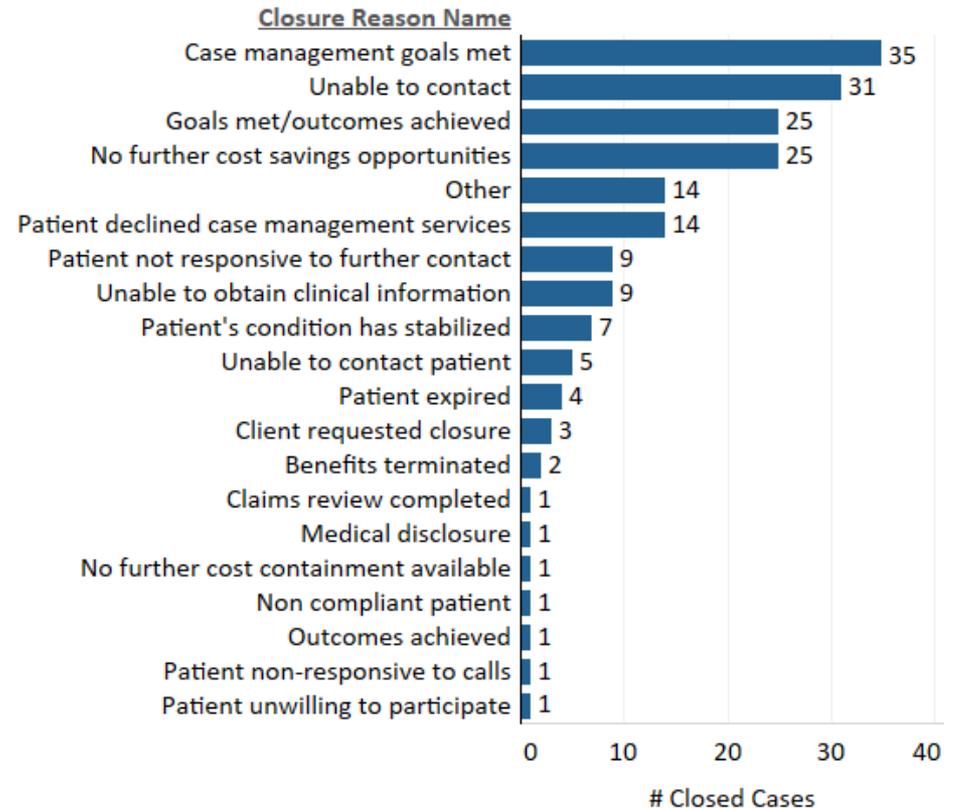
Total Case Management Savings for Jan-March
\$537,832

Case Management Activity

The following tables summarize the number of open cases by case type and closed cases by closure reason during the report period.

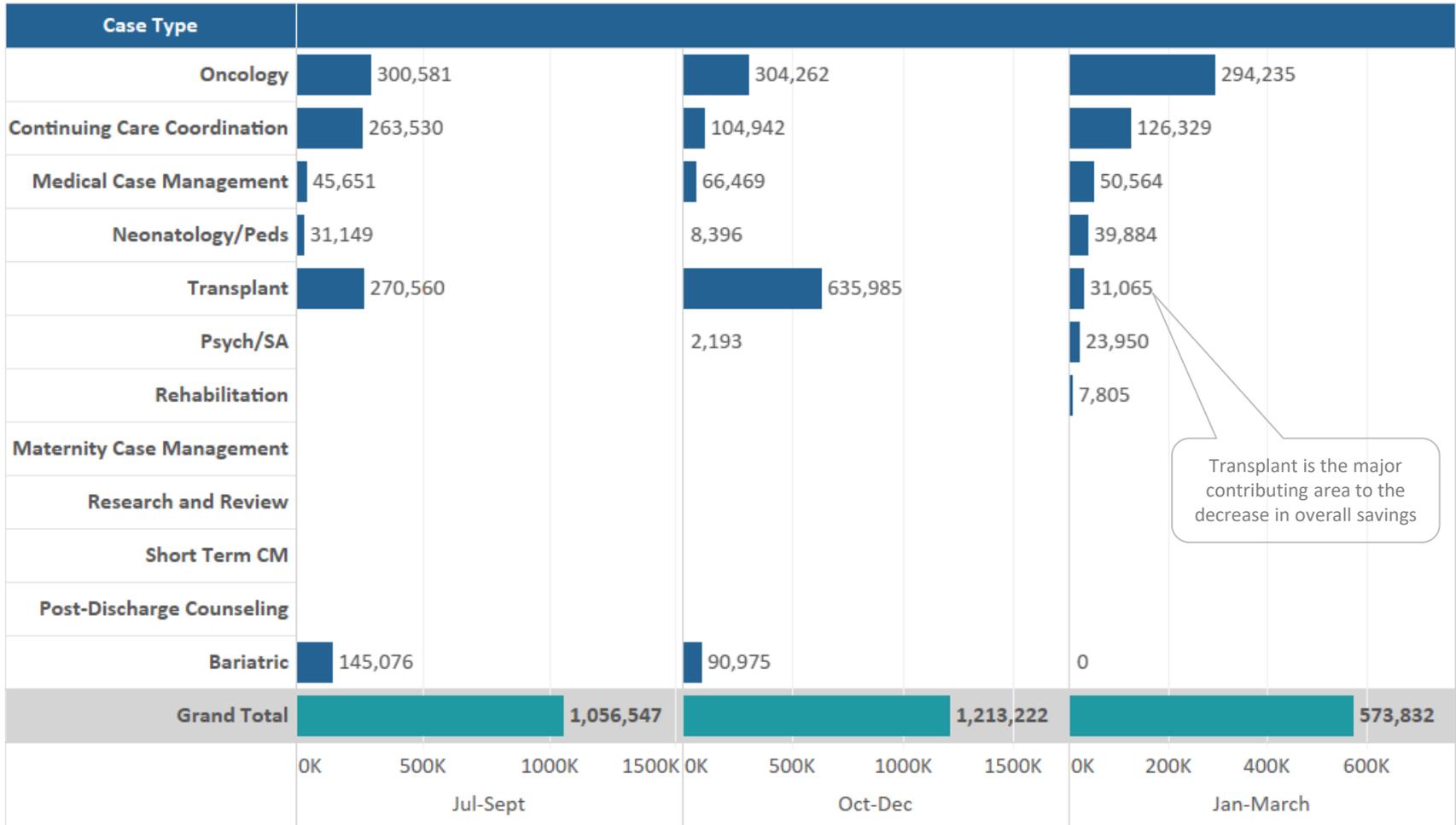
Open Cases by Case Type: Jan-March

Case Type	
Continuing Care Coordination	110
Short Term CM	80
Bariatric	51
Oncology	43
Medical Case Management	12
Psych/SA	12
Neonatology/Peds	10
Transplant	8
Maternity Case Management	2
Research and Review	1
Rehabilitation	2
Grand Total	331



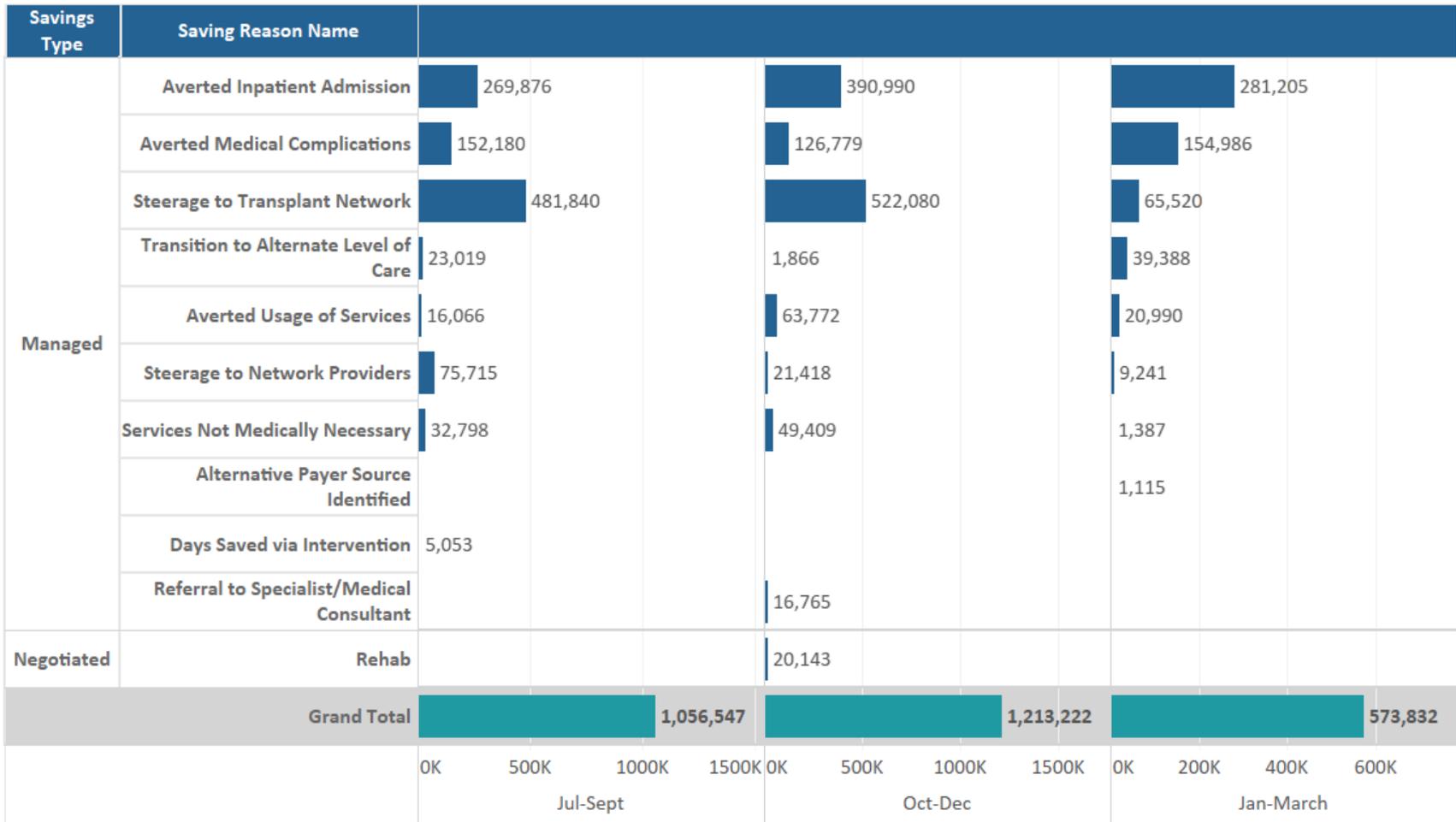
Savings by Case Type

The following graph presents savings by case type for the report period.



Case Management by Savings Reasons

The following graph presents savings by savings reason for the report period.

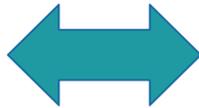


Post-Discharge Counseling

Participation Summary

The tables below presents the Public Employees' Benefits Program Post-Discharge Counseling participation rate compared to the AHH BOB rate.

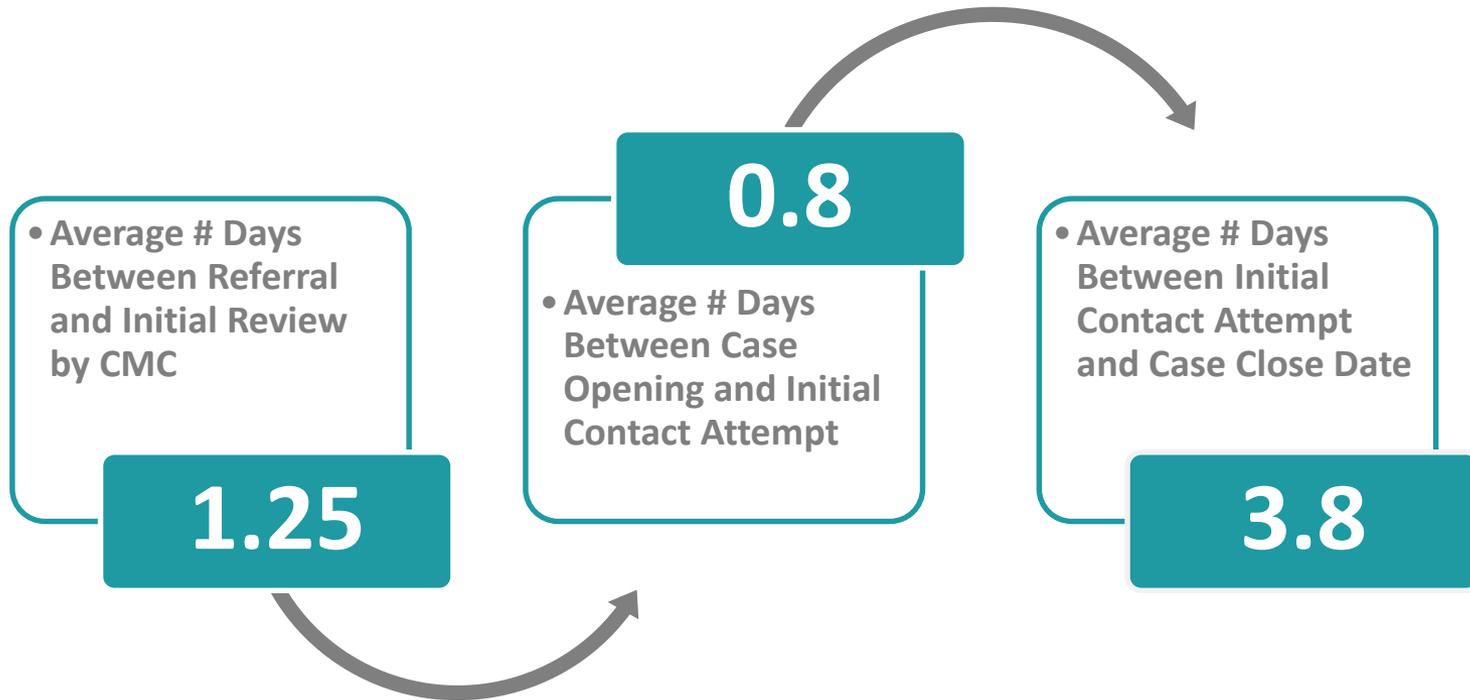
Program Metric	January 1, 2020 - March 31, 2020	AHH BOB
# Cases Identified	313	AHH BOB Percent of Cases with Successful Outreach
# Participating Cases	29	
% of Cases with Successful Outreach	9.3%	48.8%



The participation rate for the 2019 report period was lower compared to the AHH BOB rate

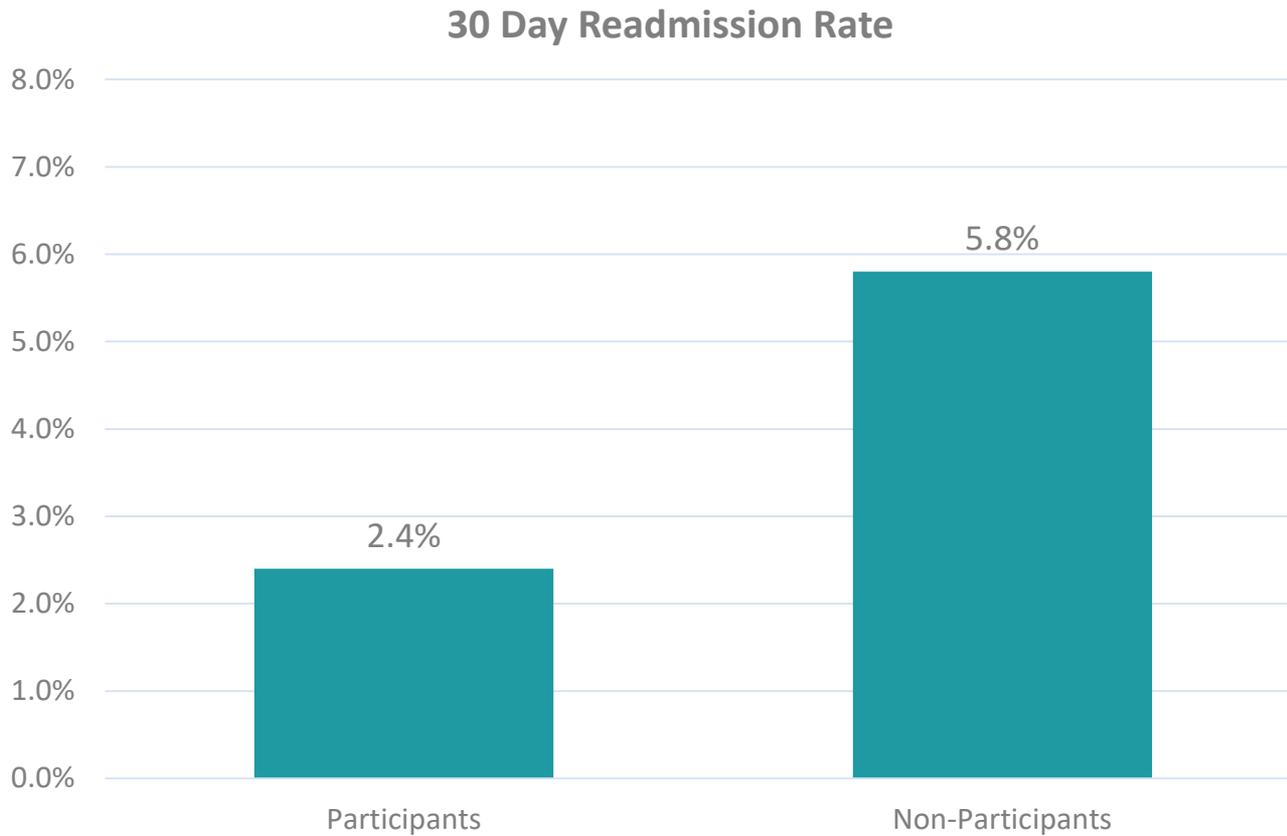
Average Turnaround Time

The table below presents a summary of the average turnaround times for the Post-Discharge Counseling program. Following a referral to the Post-Discharge Counseling program, the CMC will complete an initial review of the case and determine if the case is appropriate for the program. Once the case is reviewed and deemed appropriate, the case will be referred to a case manager who will review the case and subsequently make an initial contact attempt.



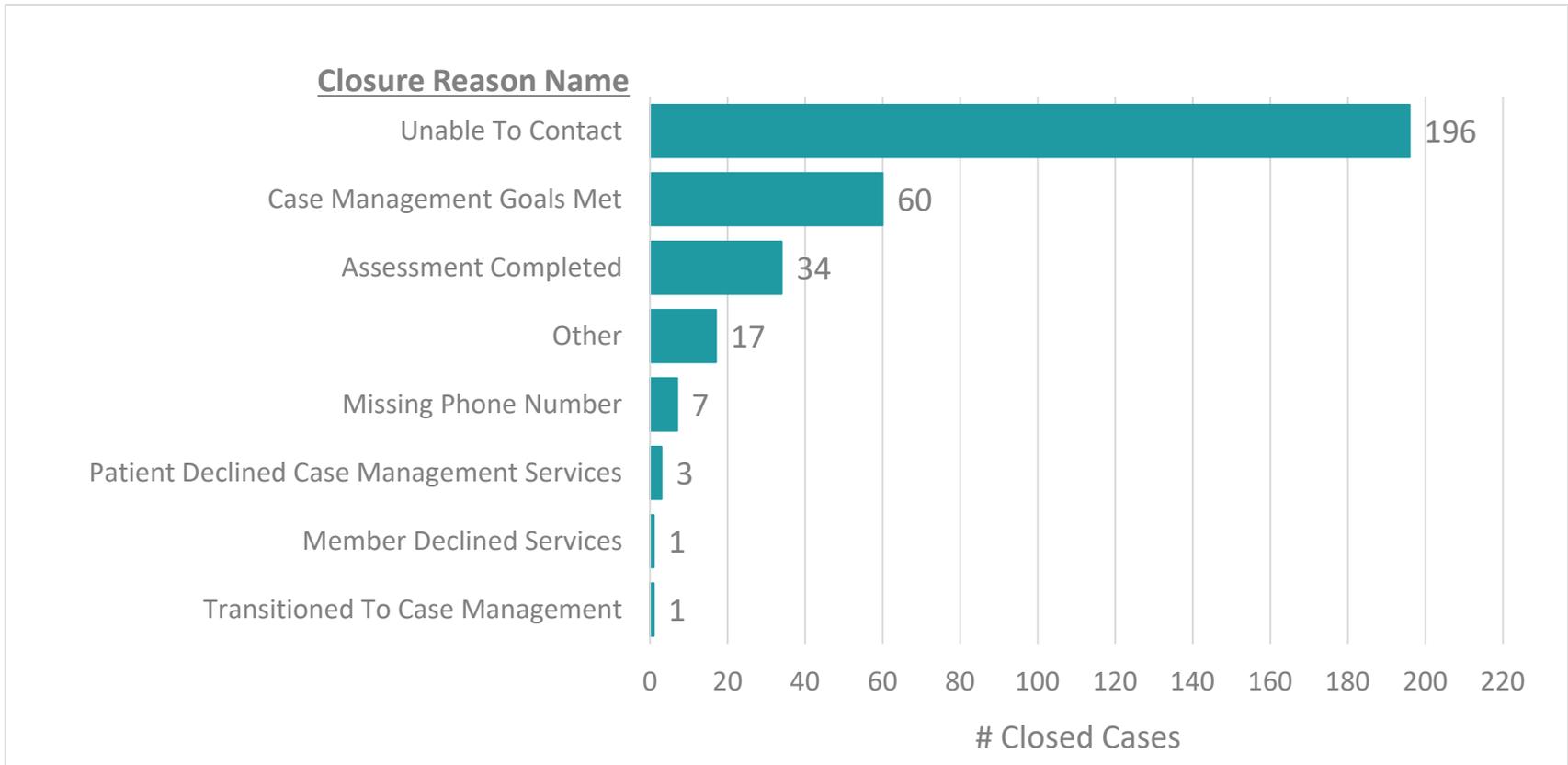
30 Day Readmission Rate

The 30-day readmission rate for participants in this program was below the rate for non-participation, illustrating the effectiveness of the Post-Discharge program.



Case Closure Reason

Post-Discharge Counseling cases are closed for a variety of reasons and a case may have more than one closure reason. The following graph presents the number of closed cases by closure reason during the report period.



Utilization Analysis



Observations

- Medical attributed to 58.0% of acute inpatient cases and 53.0% of actual days
- Medical and Mental Health was higher than the Milliman benchmark for acute inpatient admissions, days, and ALOS
- Residential Substance Abuse days increased 78.2% from 2nd Plan QTR to 3rd Plan QTR
- Diagnostic Test represented 48.9% of all outpatient cases and accounted for 24.4% of savings
- Continuing Care Coordination make up 33.2% of CM case types



Insights

- Symptoms, Signs, and Ill-Defined Conditions represented 18.5% of acute inpatient Medical cases and 21.6% of Medical actual days
- 5 cases attributed 24.2% of total Medical days and 3 cases that attributed to 27.0% of total Mental Health days
- One case that consumed 123 days was the primary contributor to the increase in Residential Substance Abuse days
- Symptoms, Sign, and Ill-Defined Conditions represented approximately 22.2% of Diagnostic Test outpatient cases, units requested, and units approved
- 52 of the 110 open CM Continuing Care Coordination cases fall into the Neoplasms major diagnostic category

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