

Public Employees' Benefits Program – State of Nevada

Medical Management Review
July 01, 2019 – June 30, 2020

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Executive Overview

Overview

This presentation contains information for **Public Employees' Benefits Program** and provides an overview of the **Utilization Management, Case Management, and Post-Discharge Counseling**.

All data included is as of **July 31, 2020** and covers the reporting period of **July 01, 2019 – June 30, 2020**; all tables and graphs reflect the reporting period unless expressly noted. When requested, prior period comparison details are provided and indicated on the associated graphs or charts.

Return on Investment

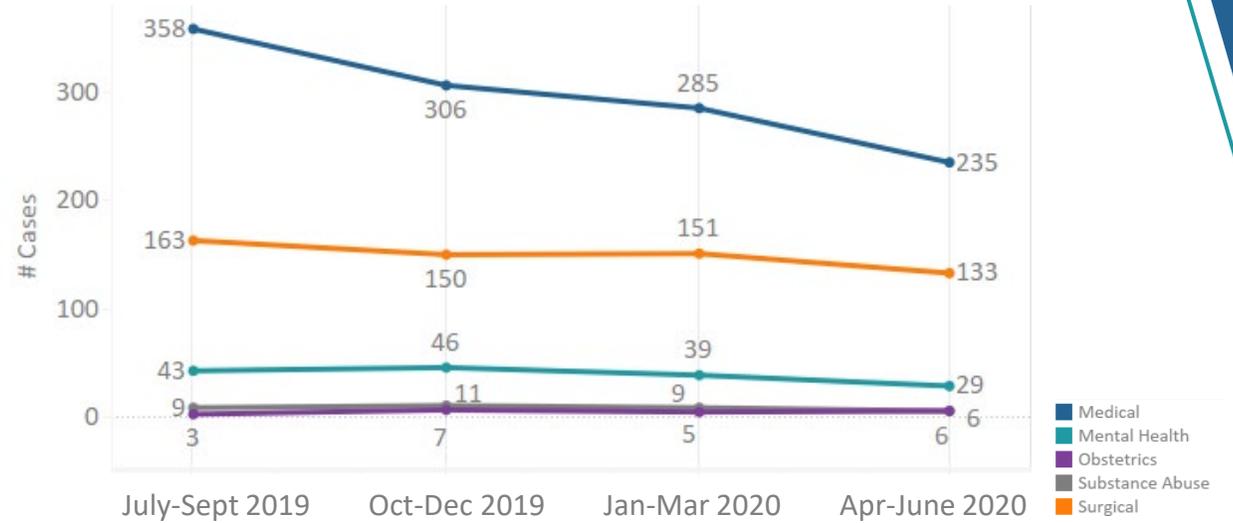
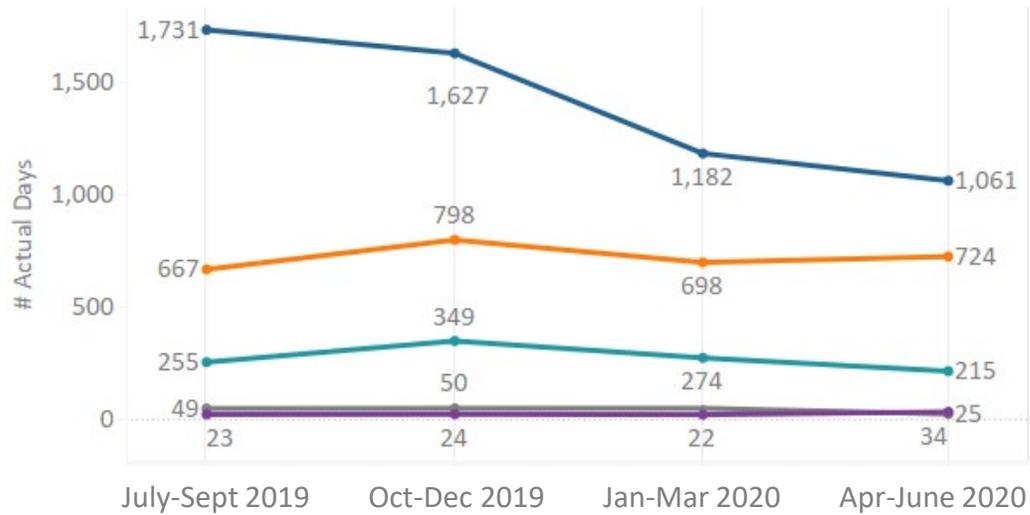
- ▶ Summary of medical management savings and ROI
 - ▶ Utilization Management savings are achieved through medical necessity reviews of inpatient bed days and outpatient services.
 - ▶ Case Management savings are estimated costs that would have been incurred to the plan, had we not intervened.

July 1, 2019 - June 30, 2020			
	Fees	Estimated Savings	ROI
Utilization Management	\$741,701	\$4,514,894	6.1 to 1
Case Management	\$1,184,866	\$4,186,698	3.5 to 1
Total	\$1,926,567	\$8,701,592	4.5 to 1

Utilization Management Breakout	
Inpatient Savings	\$2,453,644
Outpatient Savings	\$2,061,250

Utilization Management

Acute Inpatient Activity Summary

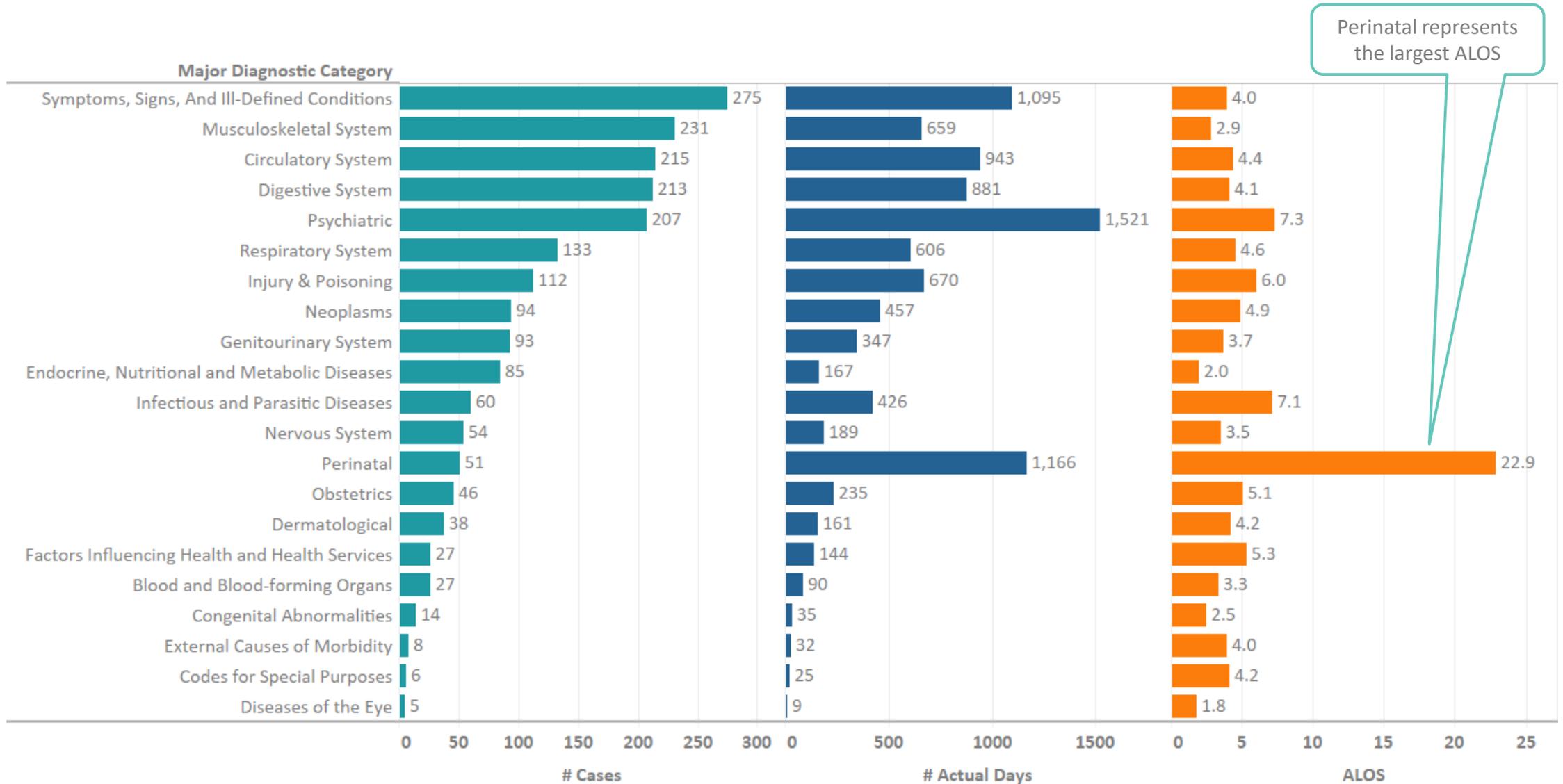


Utilization Review Process

Days Saved: 322
Estimated Savings: \$2,342,120

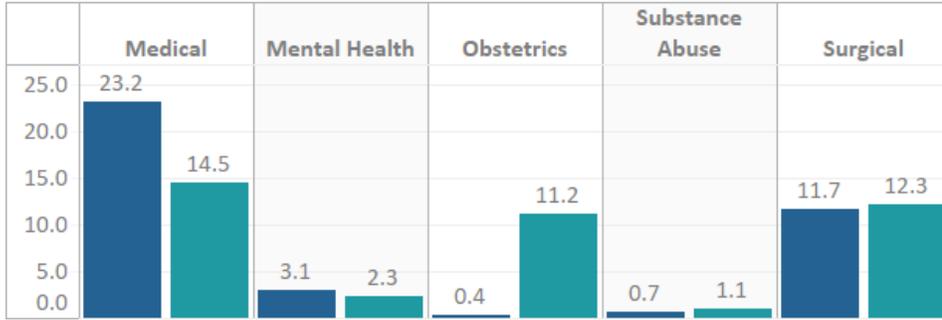
July 1, 2019 - June 30, 2020						
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical	1,184	5,601	5,656	5,508	148	\$911,433
Surgical	597	2,887	2,924	2,821	103	\$1,331,892
Mental Health	157	1,093	1,095	1,046	49	\$67,947
Substance Abuse	35	174	175	154	21	\$26,072
Obstetrics	21	103	103	102	1	\$4,776
Grand Total	1,994	9,858	9,953	9,631	322	\$2,342,120

Acute Inpatient – Case and Actual Days by Diagnostic Categories

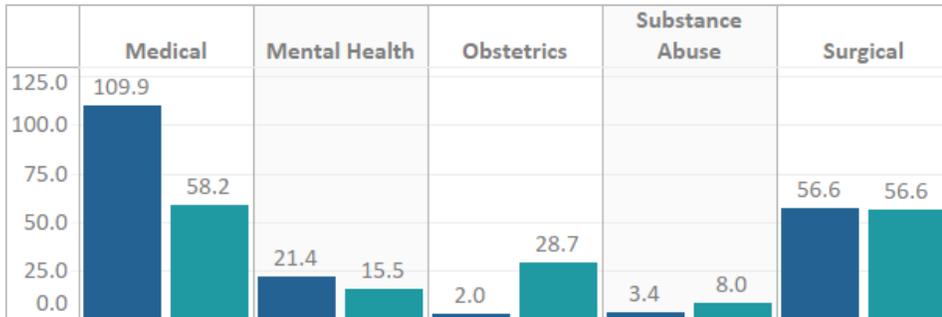


Acute Inpatient Activity – Utilization Benchmarks

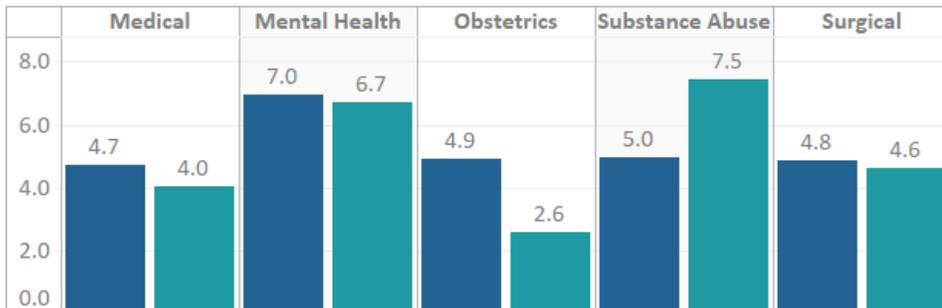
Admissions per 1,000



Days per 1,000



ALOS



Due to federal mandate regulations, not all Obstetrics cases require pre-certification; therefore, Obstetrics ALOS should be interpreted with caution.

Admissions per 1,000

- Medical: Admissions were 60.0% higher than the Milliman Benchmark.
 - 55 members had 3 or more inpatient admissions
- Mental Health: Admissions were 34.8% higher than Milliman Benchmark.
 - 6 members had 3 or more inpatient admissions

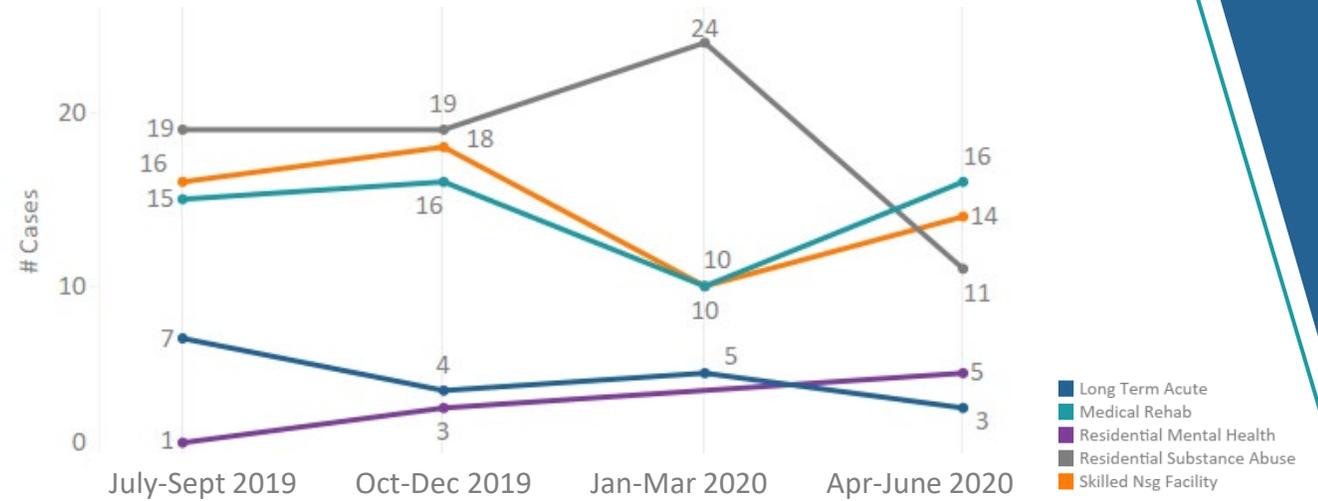
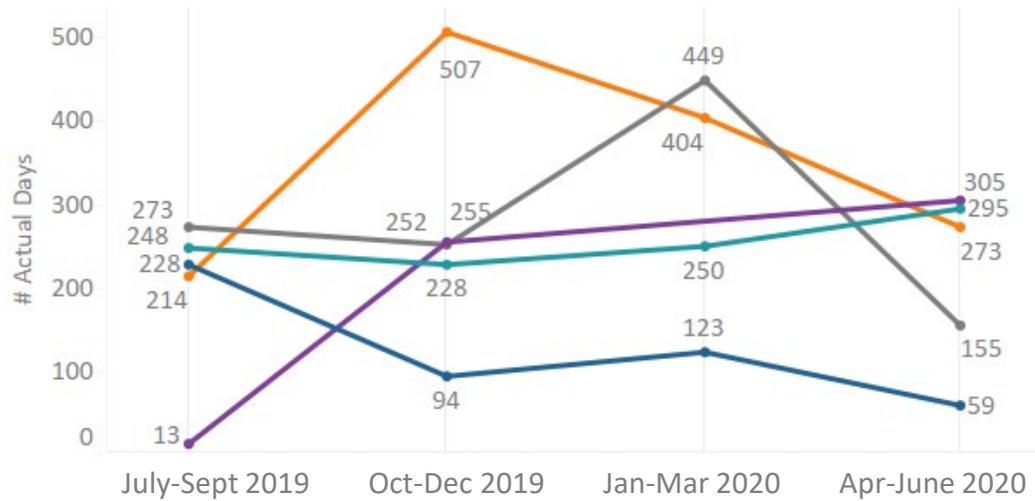
Days per 1,000

- Medical: Days were 88.8% higher than the Milliman Benchmark.
 - 107 cases utilized 10 or more days during the report period
- Mental Health: Days were 38.1% higher than Milliman Benchmark.
 - 14 cases utilized 15 or more days during the report period

Average Length of Stay

- Medical: ALOS was 0.7 days higher than the Milliman Benchmark.
 - Removal of 10 outlier cases that consumed 46 or more days each resulted in an ALOS of 4.1
- Mental Health: ALOS was 0.3 days higher than Milliman Benchmark.
 - Removal of 1 outlier case that consumed 56 days resulted in an ALOS of 6.7
- Obstetrics: ALOS was 2.3 days higher than Milliman Benchmark.
 - Removal of 11 outlier cases that consumed 4 or more days each resulted in an ALOS of 2.6
- Surgical: ALOS was 0.2 days higher than Milliman Benchmark.
 - Removal of 1 outlier case that consumed 186 days resulted in an ALOS of 4.5

Non-Acute Inpatient Activity Summary

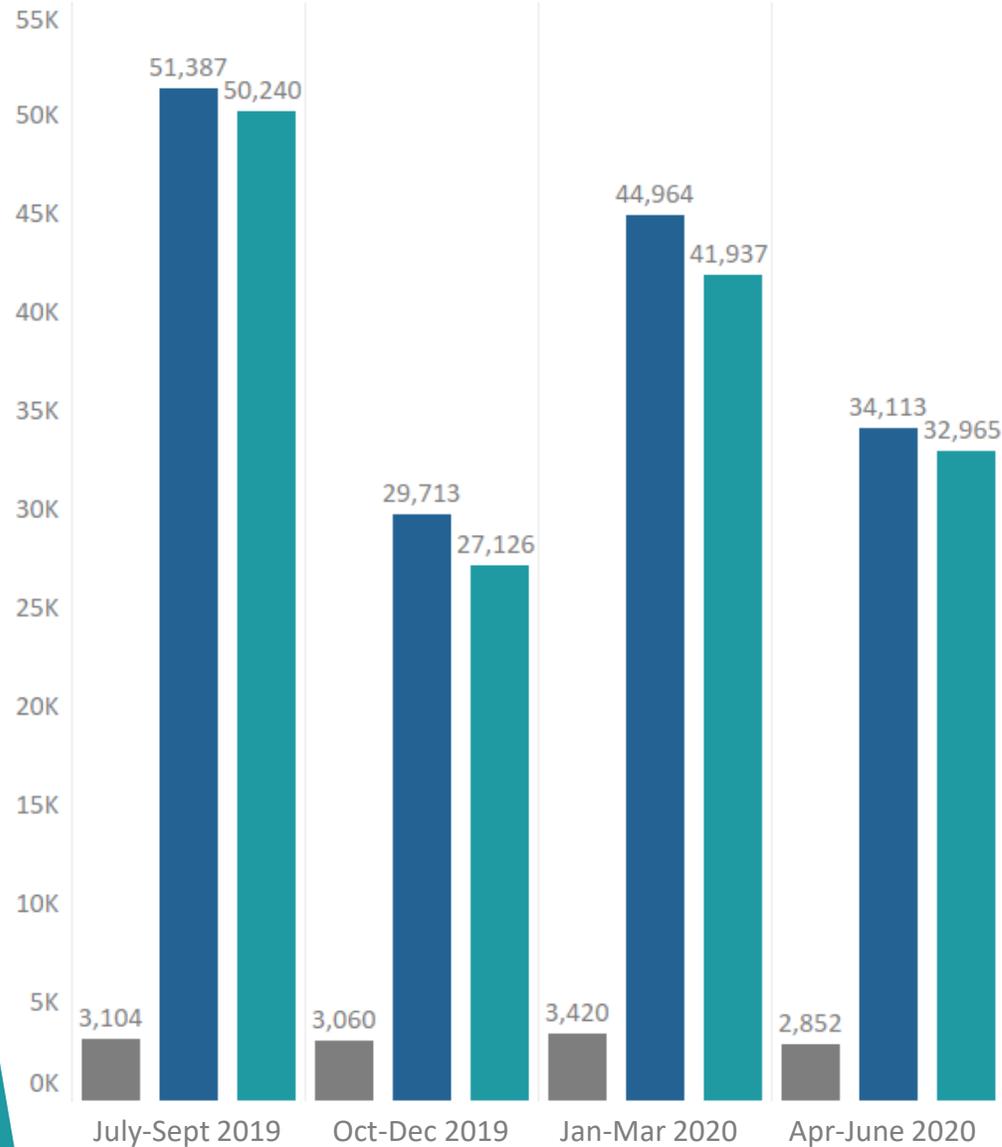


Utilization Review Process

Days Saved: 58
Estimated Savings: \$111,524

July 1, 2019 - June 30, 2020						
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Residential Substance Abuse	73	1,129	1,151	1,144	7	\$6,321
Skilled Nsg Facility	58	1,398	1,405	1,392	13	\$8,851
Medical Rehab	57	1,021	1,027	1,006	21	\$59,899
Long Term Acute	19	504	504	496	8	\$30,872
Residential Mental Health	9	573	575	566	9	\$5,581
Grand Total	216	4,625	4,662	4,604	58	\$111,524

Outpatient Activity Summary



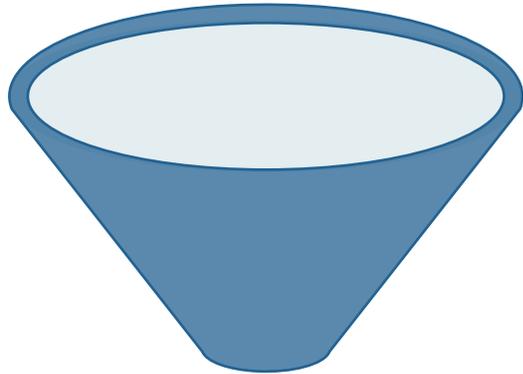
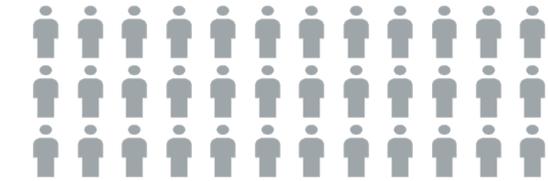
July 1, 2019 - June 30, 2020					
Outpatient Setting	# Cases	# Units Requested	# Units Approved	# Units Saved	Outpatient Savings
Diagnostic Test	6,034	7,521	7,106	415	\$561,791
Med Treatment	2,456	33,793	33,145	648	\$1,120,028
Surgery	2,220	4,451	4,357	94	\$181,335
DME	993	96,802	90,417	6,385	\$160,898
Home Health	143	3,442	3,279	163	\$33,048
Home Infusion	110	10,009	9,857	152	\$0
MH/SA	96	1,480	1,451	29	\$1,359
PT/OT/ST	23	679	663	16	\$2,792
Home Enteral Feeding	8	1,501	1,501	0	\$0
Hospice Home	3	329	329	0	\$0
23 Hour Observation	1	170	163	7	\$0
Grand Total	12,087	160,177	152,268	7,909	\$2,061,250

Cases
 # Units Requested
 # Units Approved

Utilization Review Process

Units Saved: 7,909
 Estimated Savings: \$2,061,250

Case Management Referrals from Utilization Management



-
- ▶ **2,210** inpatient cases were completed in Utilization Review
 - ▶ **12,087** outpatient cases were completed in Utilization Review

-
- ▶ **1,291** inpatient cases (**58.4%**) automatically triggered to Case Management
 - ▶ **2,816** outpatient cases (**23.3%**) automatically triggered to Case Management

-
- ▶ **655** inpatient cases (**50.7%**) were deemed appropriate for Case Management
 - ▶ **139** outpatient cases (**4.9%**) were deemed appropriate for Case Management

Case Management

Case Management Summary

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

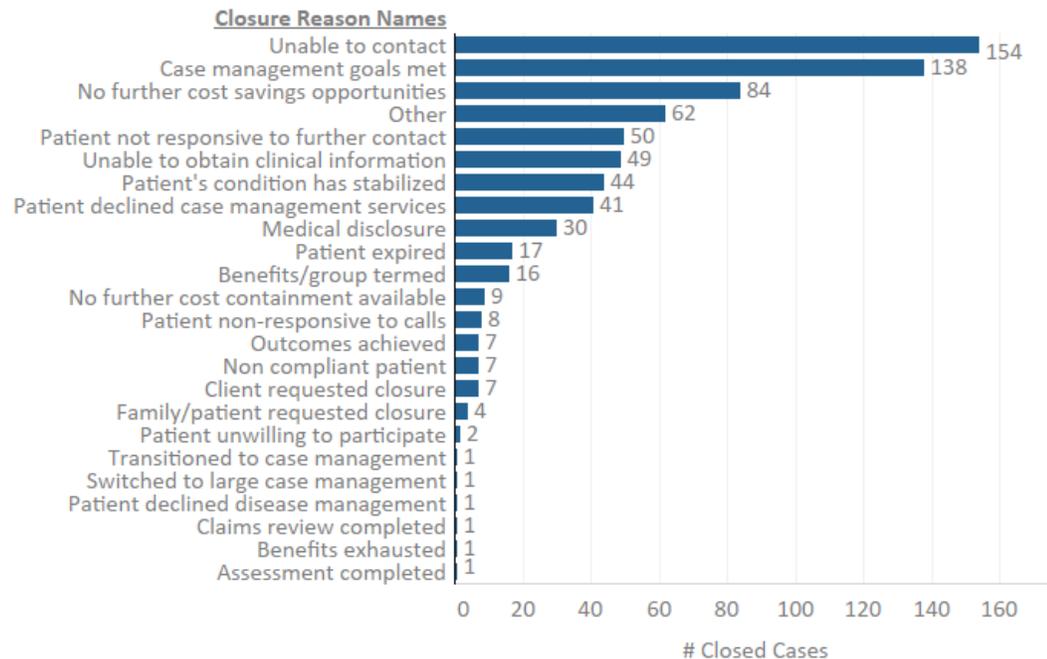
Total Case Management Savings

\$4,186,698

Average Savings per Case = \$5,502

Based on 761 cases in an open state between 07/01/2019 – 06/30/2020

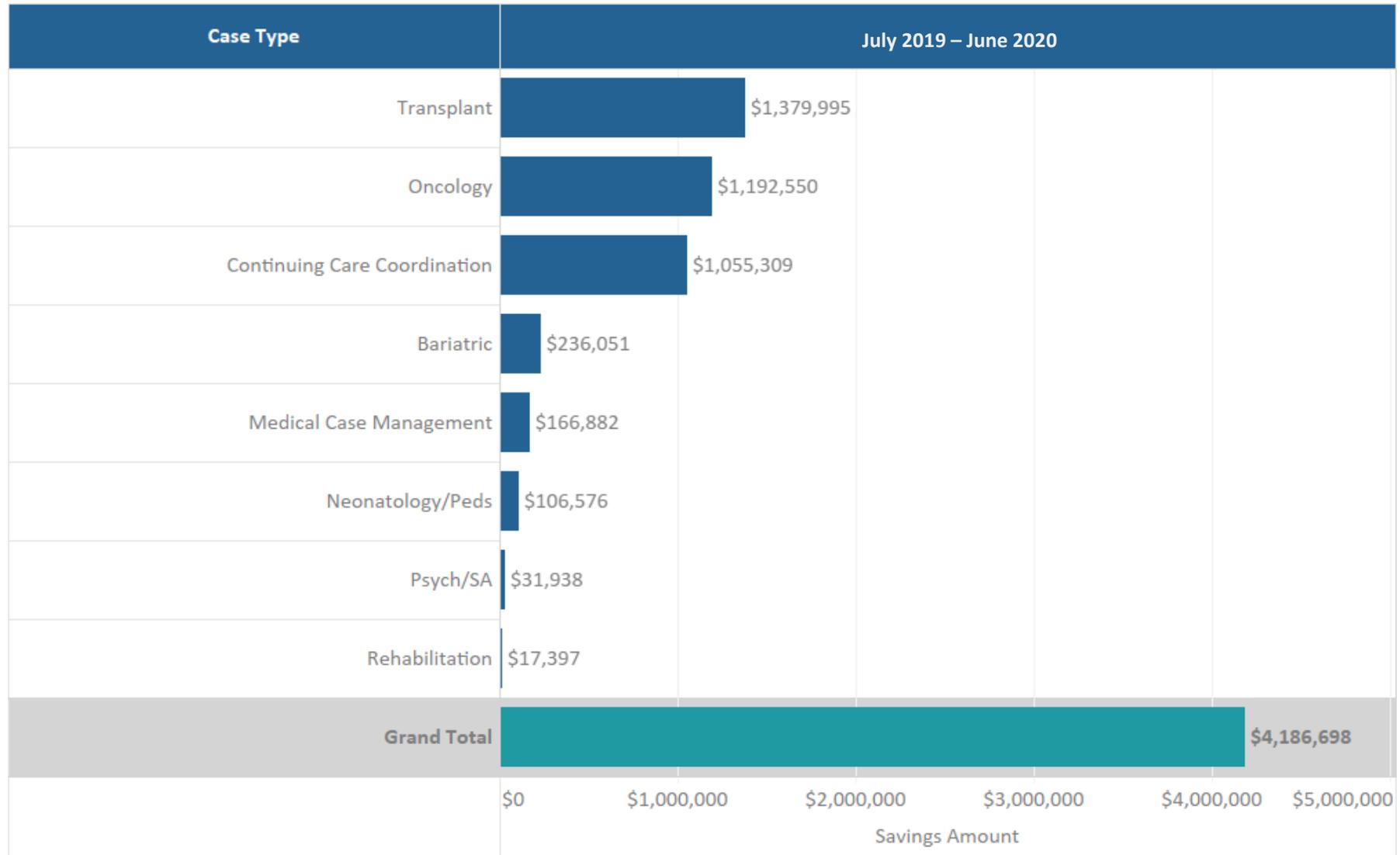
Case Activity	Number of Cases				Annual July 2019 - June 2020
	July-Sept 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-June 2020	
Beginning Cases	93	188	169	190	93
Opened Cases	232	136	169	131	668
Closed Cases	137	155	148	128	568
Ending Cases	188	169	190	193	193



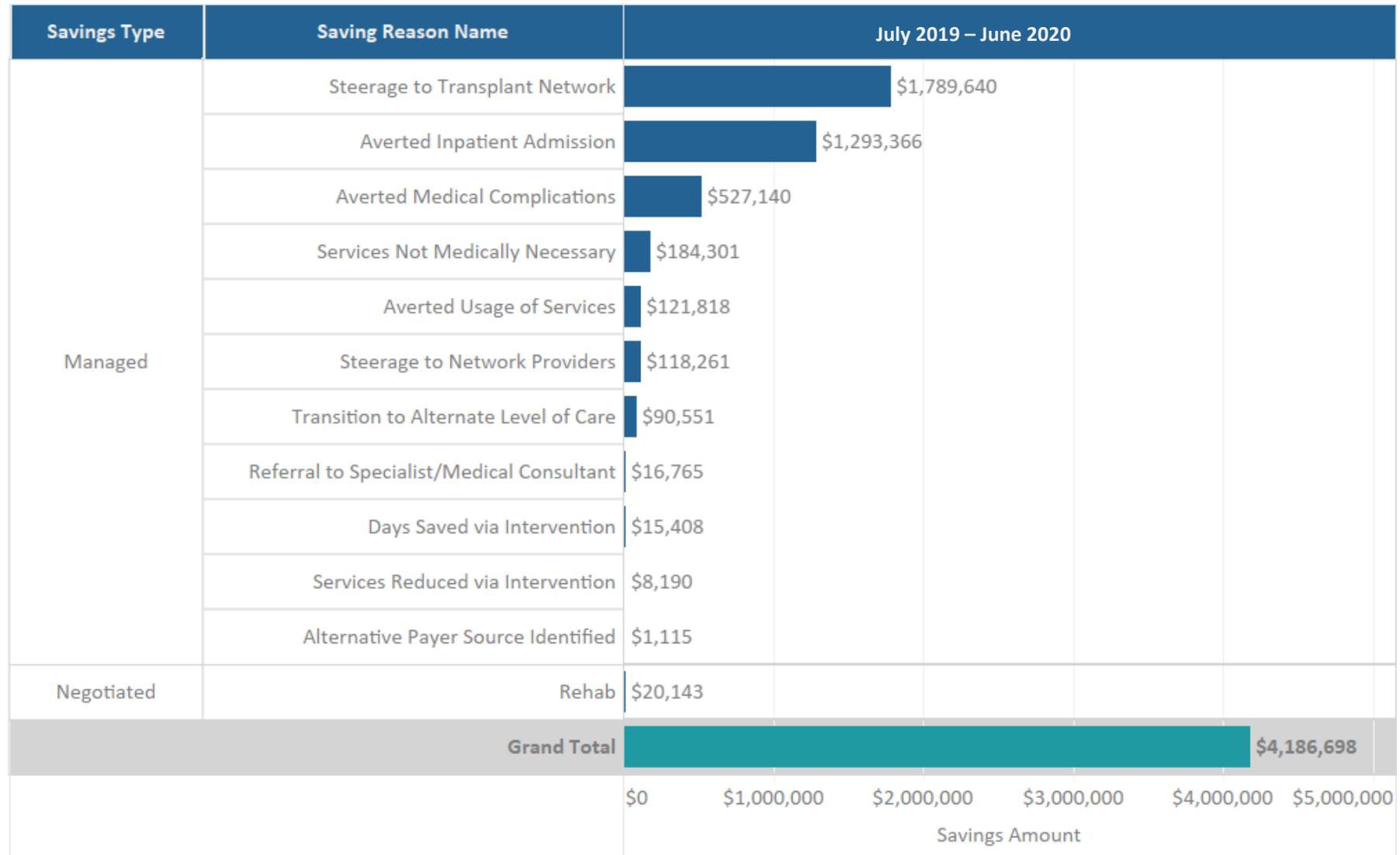
Case Type	July 2019 – June 2020
Continuing Care Coordination	274
Short Term CM	212
Bariatric	108
Oncology	71
Medical Case Management	34
Psych/SA	22
Neonatology/Peds	19
Transplant	11
Maternity Case Management	5
Rehabilitation	3
Research and Review	2
Grand Total	761

Total number of closure reasons may be greater than the number of cases as cases may have more than one closure reason.

Case Management – Savings by Case Type



Case Management – Savings by Source



Post-Discharge Counseling

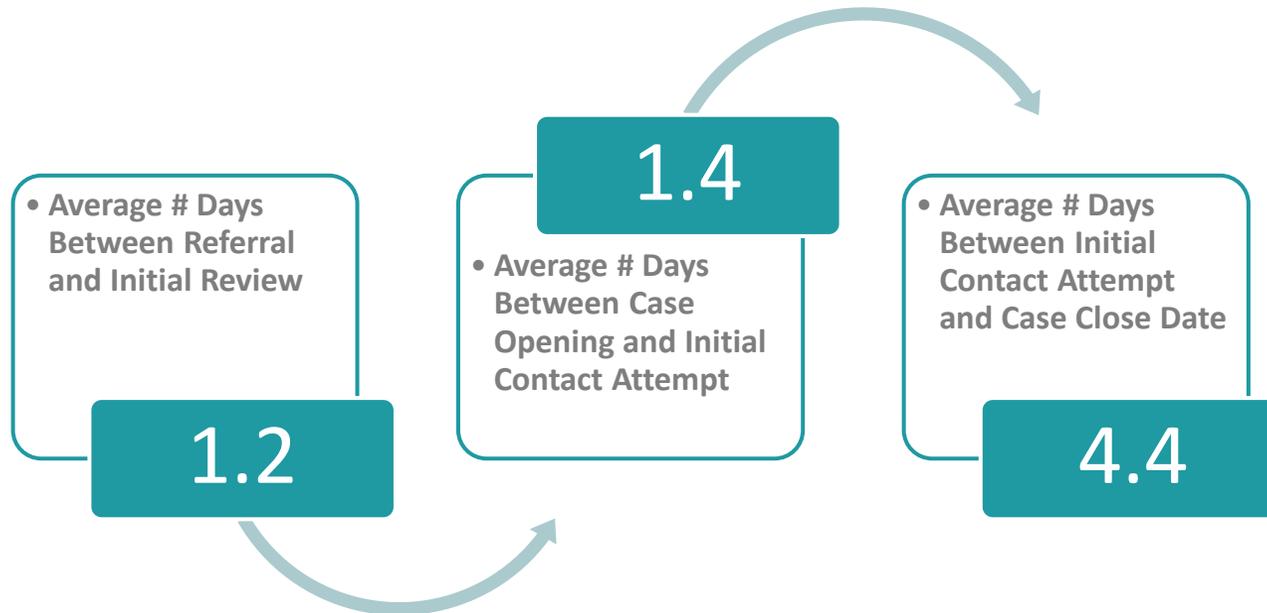
Post-Discharge Counseling – Participation Summary

Program Metric	July 1, 2019 – June 30, 2020	AHH BOB
# Cases Identified	1,230	AHH BOB Percent of Cases with Successful Outreach
# Participating Cases	264	
% of Cases with Successful Outreach	21.5%	51.5%



Post-Discharge Counseling – Turnaround Time

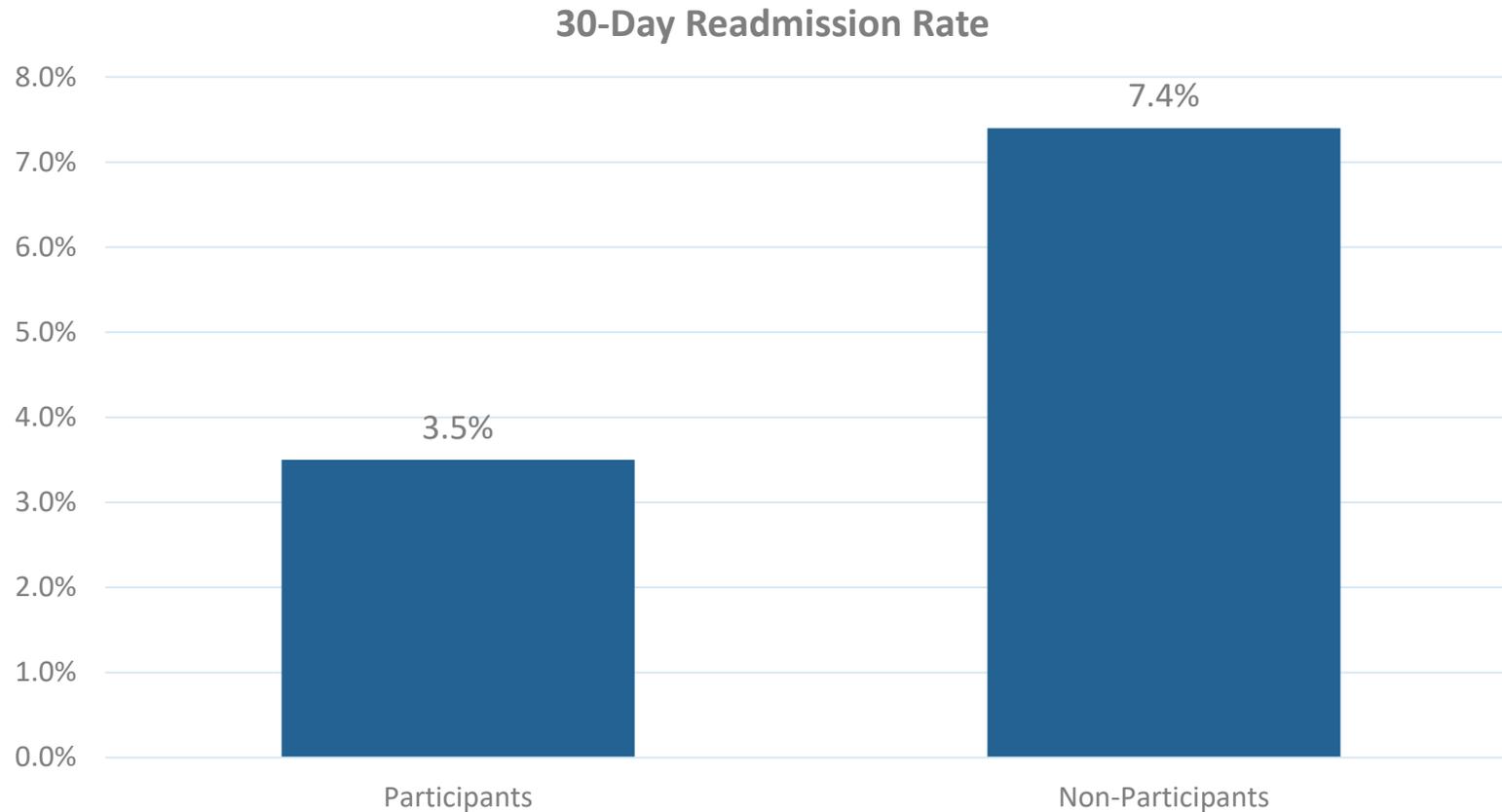
Below is a summary of the average turnaround times for the Post-Discharge Counseling program. Following a referral to the Post-Discharge Counseling program, the CMC will complete an initial review of the case and determine if the case is appropriate for the program. Once the case is reviewed and deemed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



*Note that the average number of days between a referral for the Post-Discharge Counseling program and the initial contact attempt was 4.6 days

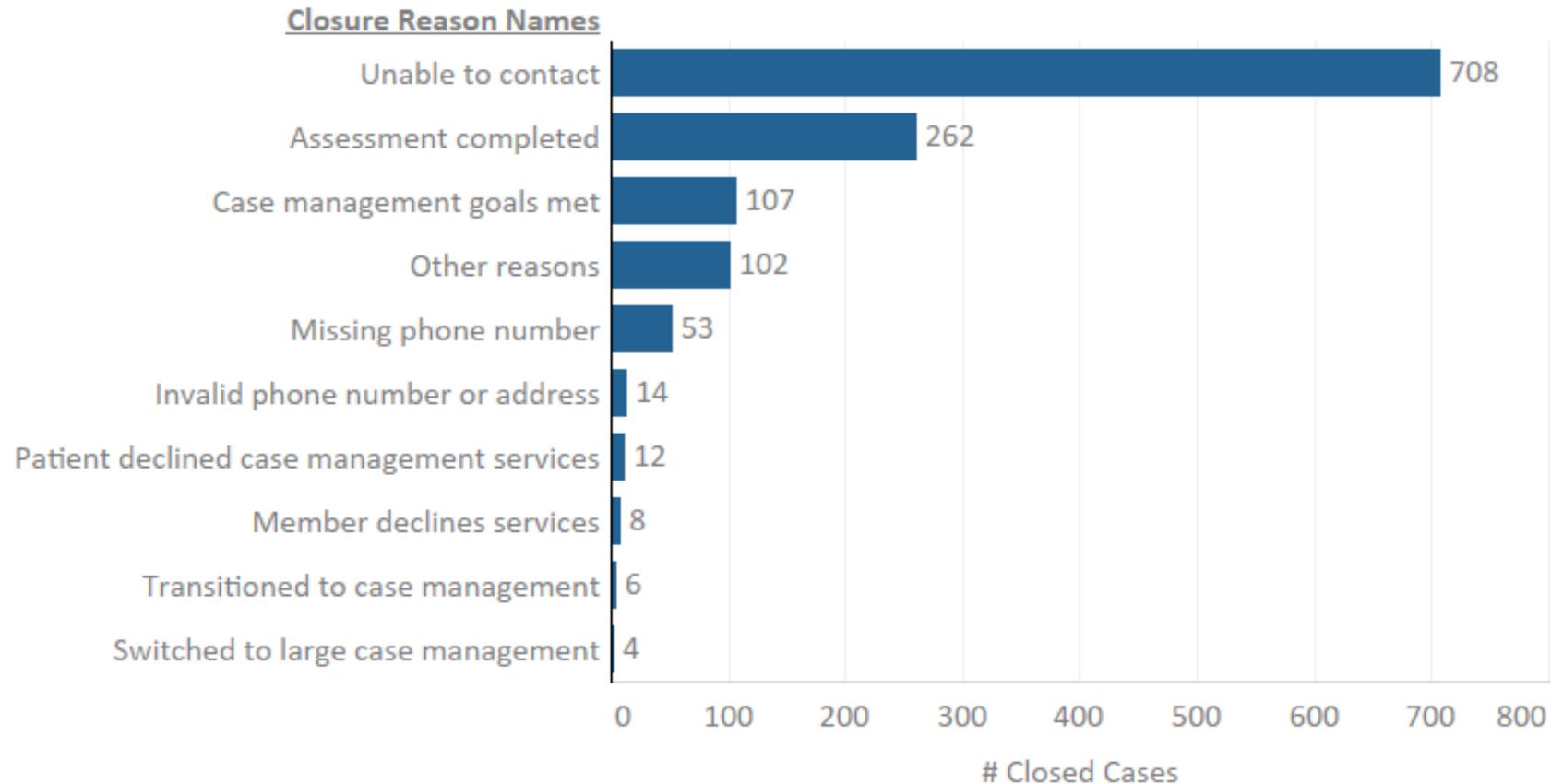
Post-Discharge Counseling – 30-Day Readmission Rate

There were 7 members with 30-day readmissions that participated in the Post-Discharge Counseling program during the report period. The 30-day readmission rates for participants in the program were below the rates for non-participation, illustrating the effectiveness of the Post-Discharge program.



Post-Discharge Counseling – 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.



Observations and Insights



Observations

- ▶ Medical attributed to 59.4% of acute inpatient cases and 56.8% of actual days
- ▶ Medical and Mental Health were higher than the Milliman benchmark for acute inpatient admissions, days, and ALOS
- ▶ Diagnostic Test represented 49.9% of all outpatient cases and accounted for 27.3% of savings
- ▶ Continuing Care Coordination made up 36.0% of case management case types



Insights

- ▶ Symptoms, Signs, and Ill-Defined Conditions represented 20.4% of acute inpatient Medical cases, which resulted in an average of 3.5 days per case
- ▶ Although Perinatal represented only 4.1% of Medical cases, actual days utilized were 17.3% of total medical days with an ALOS of 19.8
- ▶ Symptoms, Sign, and Ill-Defined Conditions represented approximately 23.6% of Diagnostic Test outpatient cases, units requested, and units approved
- ▶ Neoplasms major diagnostic category represented 107 of the 274 open CM Continuing Care Coordination cases

Performance Measures

The background features a series of overlapping, semi-transparent geometric shapes in various shades of teal and blue. These shapes are primarily triangular and quadrilateral, creating a dynamic, layered effect. The colors range from light, airy teals to deep, dark blues. The overall composition is modern and clean, with the text 'Performance Measures' centered in a bold, teal font.

Performance Measures

Service Performance Standard	Guarantee	Method of Measurement	Actual	Pass/Fail
I. Quarterly and annual management reports	10 calendar days	Number of days after the end of the quarter that quarterly and annual reports are provided to PEBP and/or PEBP's actuary.	100%	Pass
II. Notification of potential high expense cases. High expense case is defined as a single claim or treatment plan expected to exceed \$100,000.00	98%	Designated PEBP staff will be notified within 5 business days of the UM/CM vendors initial notification of the requested service	100%	Pass
III. Pre-certification information shall be provided to PEBP's third party administrator	98%	Precertification requests from healthcare providers shall be completed in accordance with URAC/NCQA standards and turn-around timeframes, or more efficient timeframe as proposed in questions 2.8.11; completed Pre-certifications shall be communicated to PEBP's Third Party Administrator using an approved method e.g. electronically, within 5 business days of UM completing Precertification determination.	100%	Pass
IV. Concurrent hospital review	98%	Concurrent hospital reviews shall be completed in accordance with URAC/NCQA standards; completed reviews shall be communicated to the provider using an approved method e.g. electronically within 2 business days of determination decision.	99.05%	Pass
V. Retrospective hospital review	98%	Retrospective reviews must be completed in accordance with URAC/NCQA standards; completed reviews shall be communicated using an approved method e.g. electronically within 5 business days of determination decision.	100%	Pass
VI. Implementation, initial transition from current UM/CM vendor and future transition to incoming UM/CM vendor during and after the termination of this contract.	98%	Tasks: Percent of tasks complete on time pursuant to the implementation or transition plan in the RFP response or as mutually agreed to by vendor and PEBP. Problem Resolution: Percent of problems document within 2 business days and resolved within 10 business days or later if agreed to by PEBP.	100%	Pass

Performance Measures

Service Performance Standard	Guarantee	Method of Measurement	Actual	Pass/Fail
VII. Customer Satisfaction Survey	90% or greater	Survey 100% of CM post-encounters within 7 days of closing the CM case; vendor may use hard copy surveys mailed via first class mail with return envelope to the member; or, vendor may use an electronic survey method. The survey responses will be reported semi-annually to PEBP no later than 30 calendar days following the end of the 2nd and 4th quarters of each plan year. Report shall include the prior semi-annual report findings for comparison purposes.	94%	Pass
VIII. Hospital Discharge Planning	95%	CM will contact or attempt to contact 95% of patients discharged from any facility within 3 business days of notification of discharge with clinical coaching and discharge planning assistance.	100%	Pass
IX. Large Case Management	95%	CM will identify and initiate case management for chronic disease, high dollar claims, and ER usage.	100%	Pass
X. Utilization Management for medical necessity and Center of Excellence usage	98%	UM review to determine medical necessity in accordance with the MPDs. Services to be performed at a Center of Excellence to be managed through the Case Management process.	100%	Pass
XI. Return On Investment (ROI) Guarantee	2:1 Savings to Fees for UM 3:1 Savings to Fees for CM	UM Pass/Fail CM Pass/Fail	UM ROI 6.1 to 1 CM ROI 3.5 to 1	Pass
XII. Disclosure of subcontractors and unauthorized transfer of PEBP data.	100%	A. All subcontractors who have access to PHI or PII data and physical locations where PEBP PHI or PII data is maintained and/or stored must be identified in this contract. Any changes to those subcontractors or physical locations where PEBP data is stored must be communicated to PEBP at least 60 days prior to implementation of services by the subcontractor. Implementation will not be in effect until PEBP has provided written authorization. B. All PEBP PHI or PII data will be stored, processed and maintained solely on currently designated servers and storage devices identified in this contract. Any changes to those designated systems during the life of this agreement shall be reported to PEBP at least 60 days prior to the changes being implemented. Implementation will not be in effect until PEBP has provided written authorization.	100%	Pass