

# Public Employees Benefit Program – State of Nevada

Medical Management Review

April 1, 2021 – June 30, 2021

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# Executive Overview

# Overview

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

All data included is as of **July 31, 2021** and covers the reporting period of **April 1, 2021 – June 30, 2021**; 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 – Year Over Year Comparison

- ▶ 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

January 1, 2021 - March 31, 2021			
	Fees	Estimated Savings	ROI
Utilization Management	\$192,119	\$3,122,374	16.3 to 1
Case Management	\$287,357	\$964,120	3.4 to 1
Total	\$479,476	\$4,086,494	8.5 to 1

Utilization Management Breakout	
Inpatient Savings	\$1,556,054
Outpatient Savings	\$1,566,320

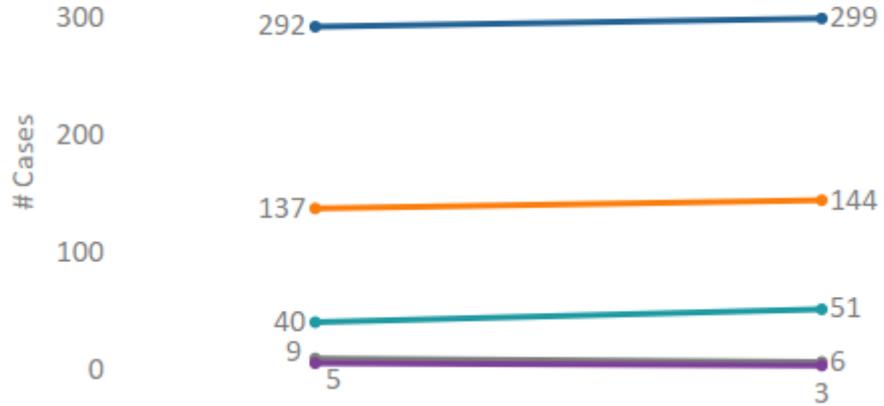
April 1, 2021 - June 30, 2021			
	Fees	Estimated Savings	ROI
Utilization Management	\$193,047	\$3,292,054	17.1 to 1
Case Management	\$288,747	\$1,568,177	5.4 to 1
Total	\$481,794	\$4,860,231	10.1 to 1

Utilization Management Breakout	
Inpatient Savings	\$1,407,609
Outpatient Savings	\$1,884,445

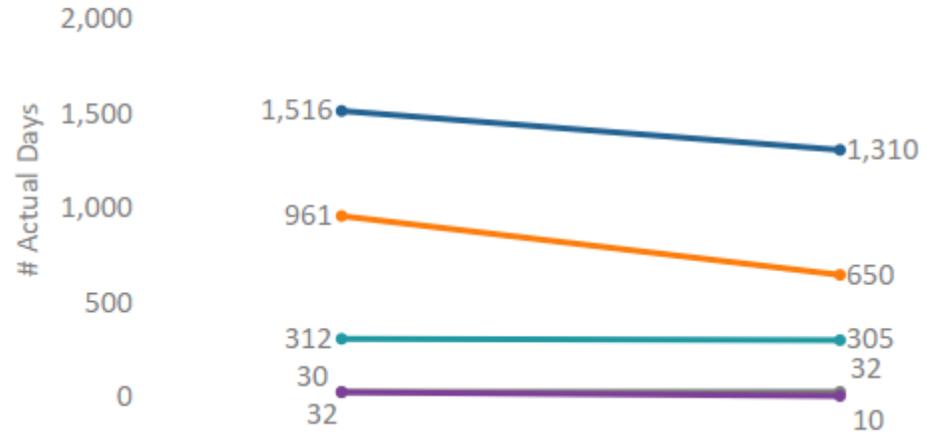
# Utilization Management

# Acute Inpatient Activity Summary

Jan-March 2021      Apr-June 2021



Jan-March 2021      Apr-June 2021



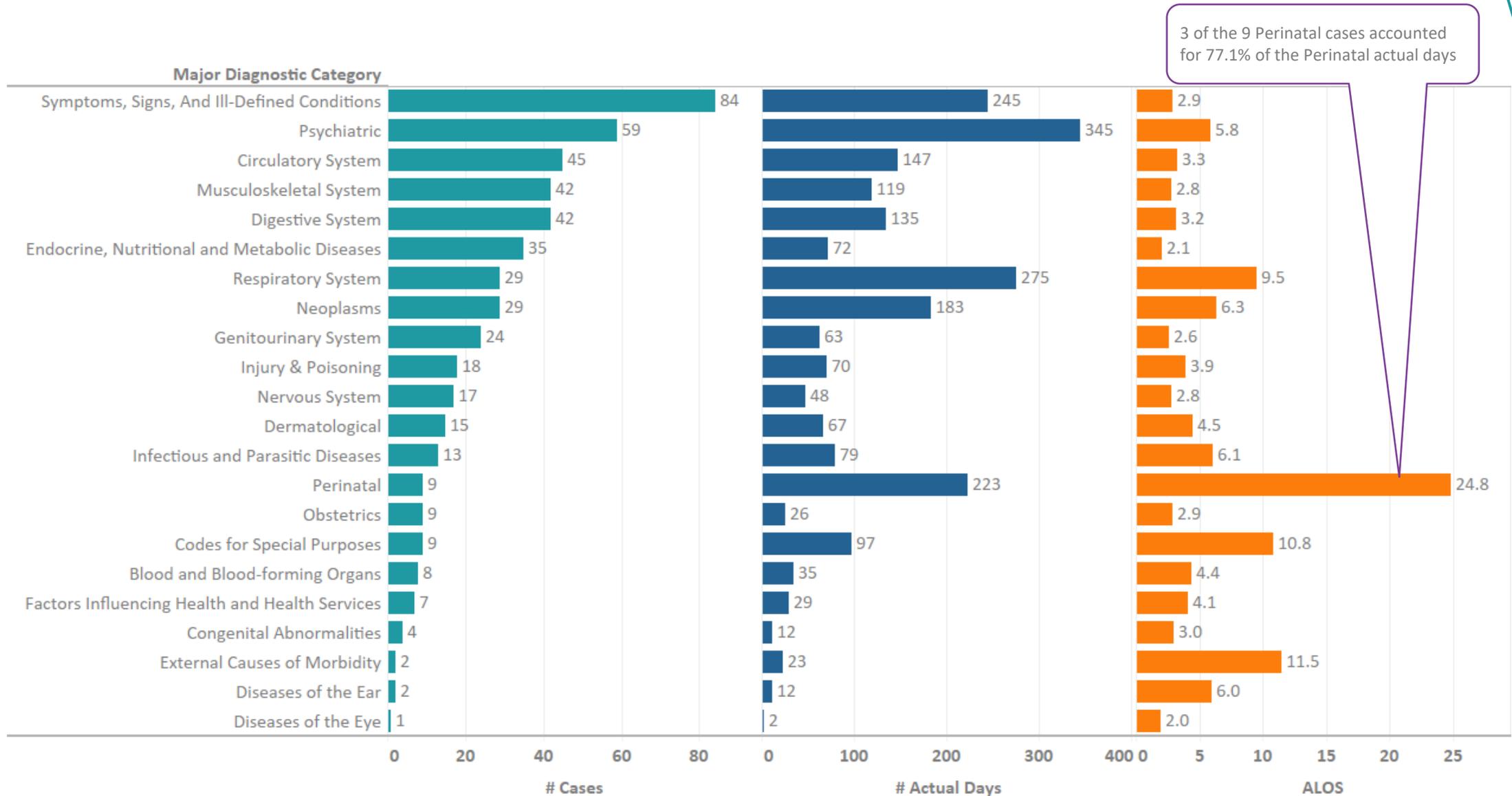
- Medical
- Mental Health
- Obstetrics
- Substance Abuse
- Surgical

## Utilization Review Process

Days Saved: 187  
Estimated Savings: \$1,360,701

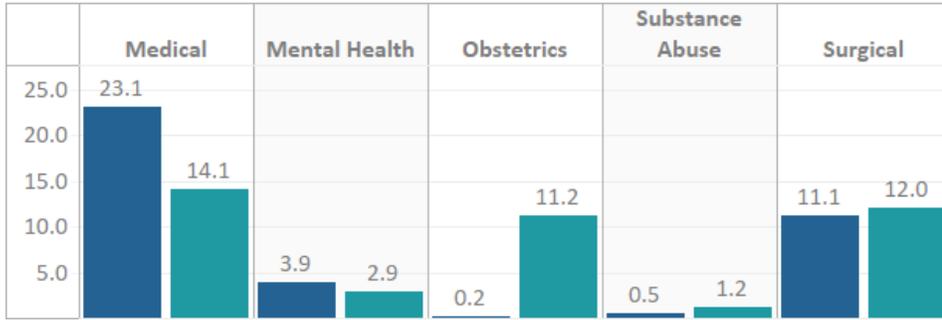
April 1, 2021 - June 30, 2021						
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical	299	1,310	1,324	1,201	124	\$817,656
Surgical	144	650	655	620	35	\$501,795
Mental Health	51	305	311	293	18	\$28,530
Substance Abuse	6	32	32	22	10	\$12,720
Obstetrics	3	10	10	10	0	\$0
<b>Grand Total</b>	<b>503</b>	<b>2,307</b>	<b>2,332</b>	<b>2,146</b>	<b>187</b>	<b>\$1,360,701</b>

# Acute Inpatient – Case and Actual Days by Diagnostic Categories

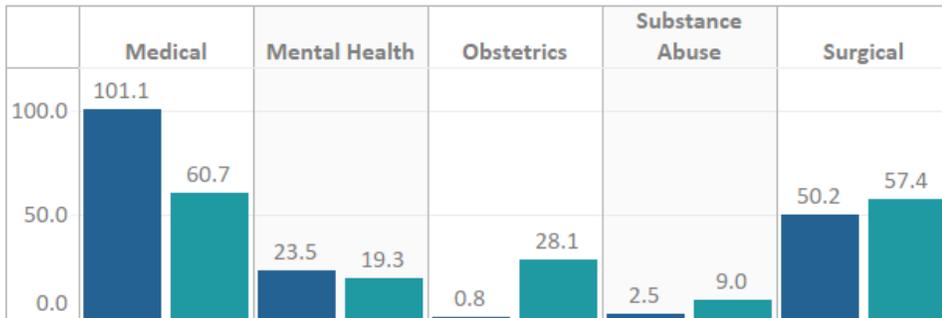


# Acute Inpatient Activity – Utilization Benchmarks

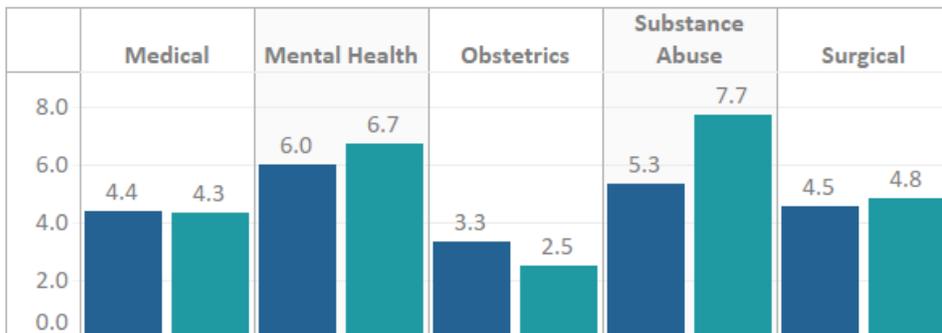
Admissions per 1,000



Days per 1,000



ALOS



Admissions per 1,000

- During the report period, medical and mental health acute inpatient admissions were above the Milliman benchmarks
  - 26 medical members had **2 or more** inpatient admissions
  - 6 mental health members had **2 or more** inpatient admissions

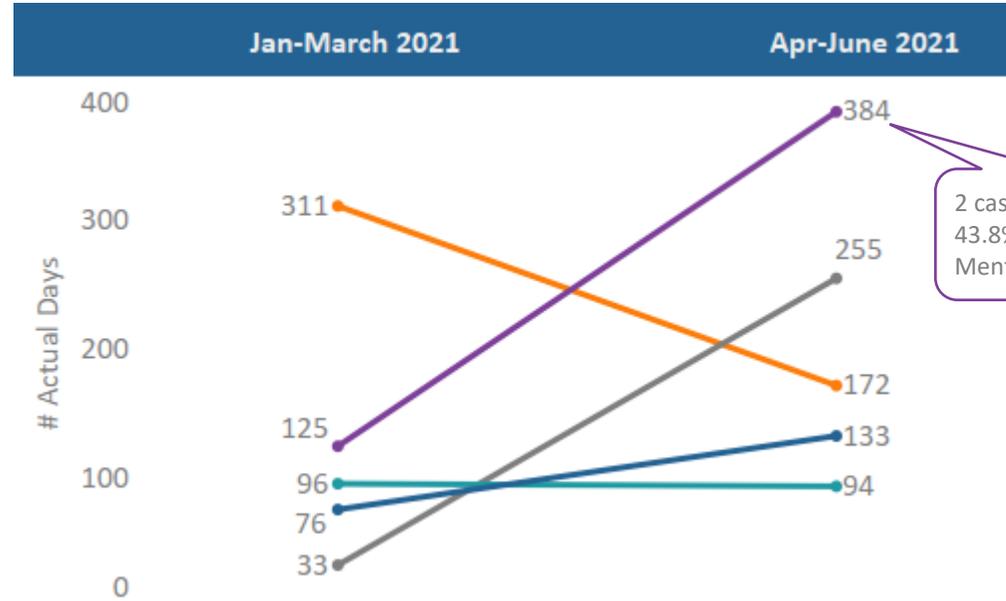
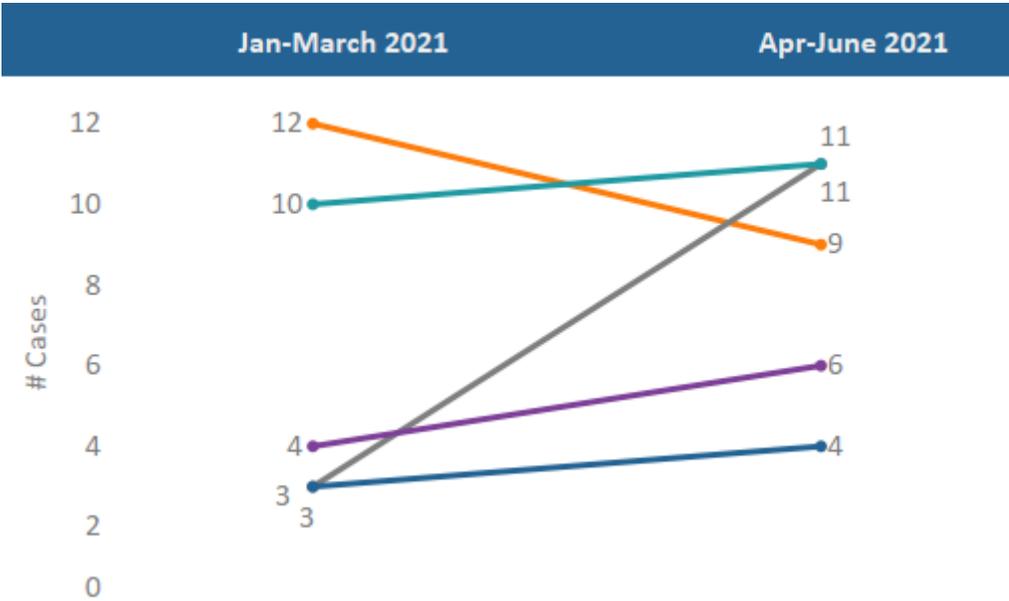
Days per 1,000

- During the report period, medical and mental health acute inpatient days per 1,000 were above the Milliman benchmarks
  - 26 medical cases utilized **10 or more** days during the report period
  - 3 mental health cases utilized **17 or more** days during the report period

Average Length of Stay

- During the report period, all categories were at or lower than the Milliman benchmark

# Non-Acute Inpatient Activity Summary



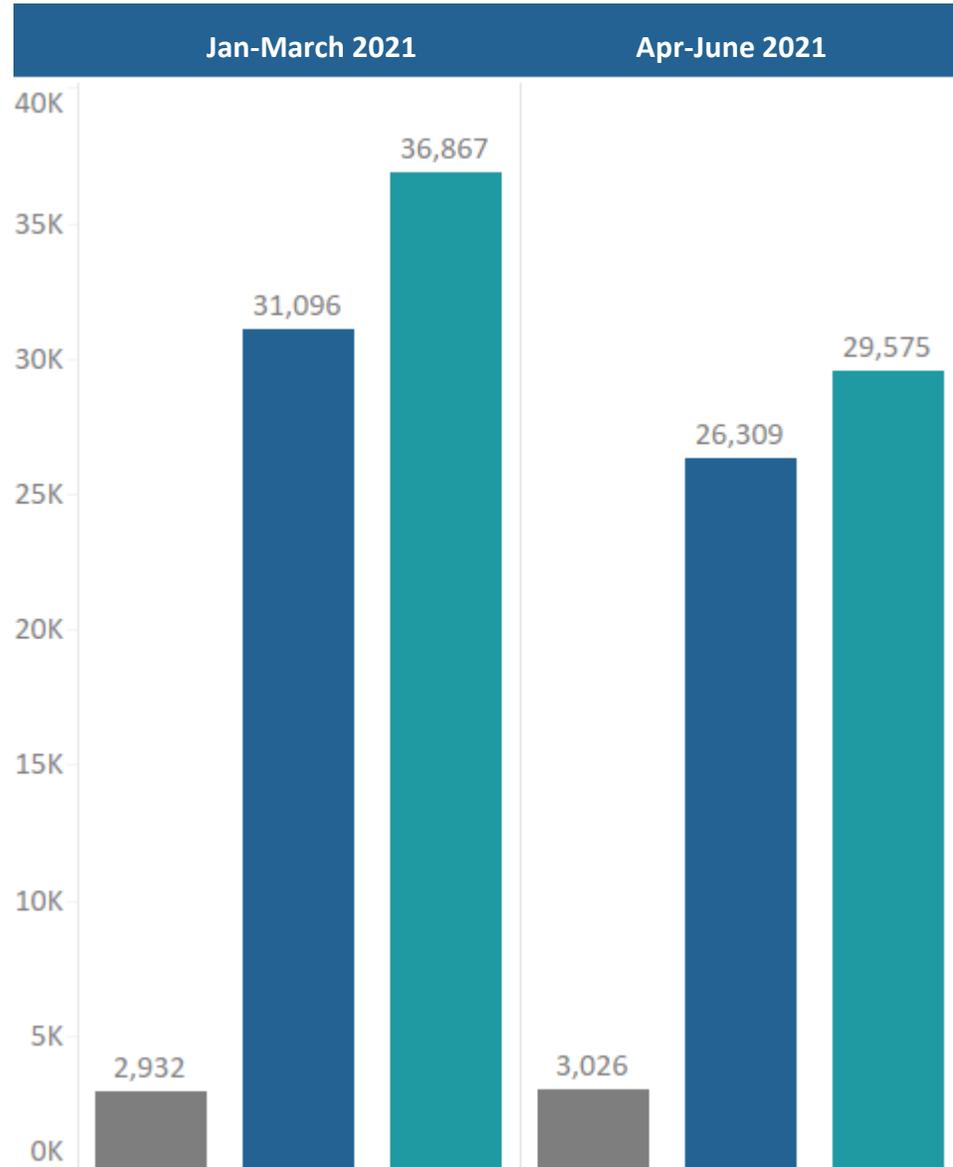
- Long Term Acute
- Medical Rehab
- Residential Mental Health
- Residential Substance Abuse
- Skilled Nsg Facility

## Utilization Review Process

Days Saved: 34  
Estimated Savings: \$46,908

April 1, 2021 - June 30, 2021						
	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical Rehab	11	94	108	101	7	\$18,746
Residential Substance Abuse	11	255	258	251	7	\$7,056
Skilled Nsg Facility	9	172	173	171	2	\$1,334
Residential Mental Health	6	384	384	368	16	\$11,728
Long Term Acute	4	133	133	131	2	\$8,044
<b>Grand Total</b>	<b>41</b>	<b>1,038</b>	<b>1,056</b>	<b>1,022</b>	<b>34</b>	<b>\$46,908</b>

# Outpatient Activity Summary



April 1, 2021 - June 30, 2021					
Outpatient Setting	# Cases	# Units Requested	# Units Approved	# Units Saved	Outpatient Savings
Diagnostic Test	1,777	2,304	2,105	199	\$185,691
Surgery	684	1,192	1,161	31	\$83,751
Med Treatment	217	6,414	5,795	619	\$1,557,234
DME	212	16,718	14,421	2,297	\$37,011
Home Health	54	840	773	67	\$13,821
MH/SA	45	712	695	17	\$6,937
Home Infusion	22	862	826	36	\$0
PT/OT/ST	12	291	291	0	\$0
Home Enteral Feeding	2	181	181	0	\$0
Hospice Home	1	61	61	0	\$0
<b>Grand Total</b>	<b>3,026</b>	<b>29,575</b>	<b>26,309</b>	<b>3,266</b>	<b>\$1,884,445</b>

3 cases accounted for 70.2% of the Med Treatment savings

- # Cases
- # Units Approved
- # Units Requested

## Utilization Review Process

Units Saved: 3,266  
 Estimated Savings: \$1,884,445

# 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.



Inpatient Referrals					
	# Cases	# Cases Referred to CM	% Cases Referred to CM	# Referrals Accepted in CM	% Referrals Accepted in CM
Apr-June 2021	544	331	60.8%	245	74.0%

Outpatient Referrals					
	# Cases	# Cases Referred to CM	% Cases Referred to CM	# Referrals Accepted in CM	% Referrals Accepted in CM
Apr-June 2021	3,026	728	24.1%	18	2.5%

# Case Management

# Case Management Summary

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

## Total Case Management Savings

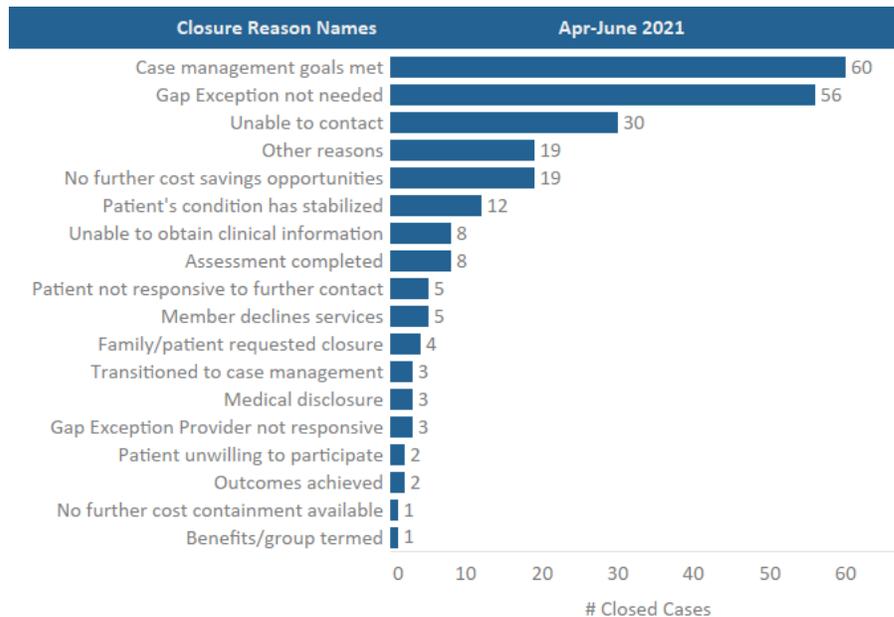
**\$1,568,177**

Average Savings per Case = \$3,853

Based on 407 cases in an open state between 4/1/2021 – 6/30/2021

## Number of Cases

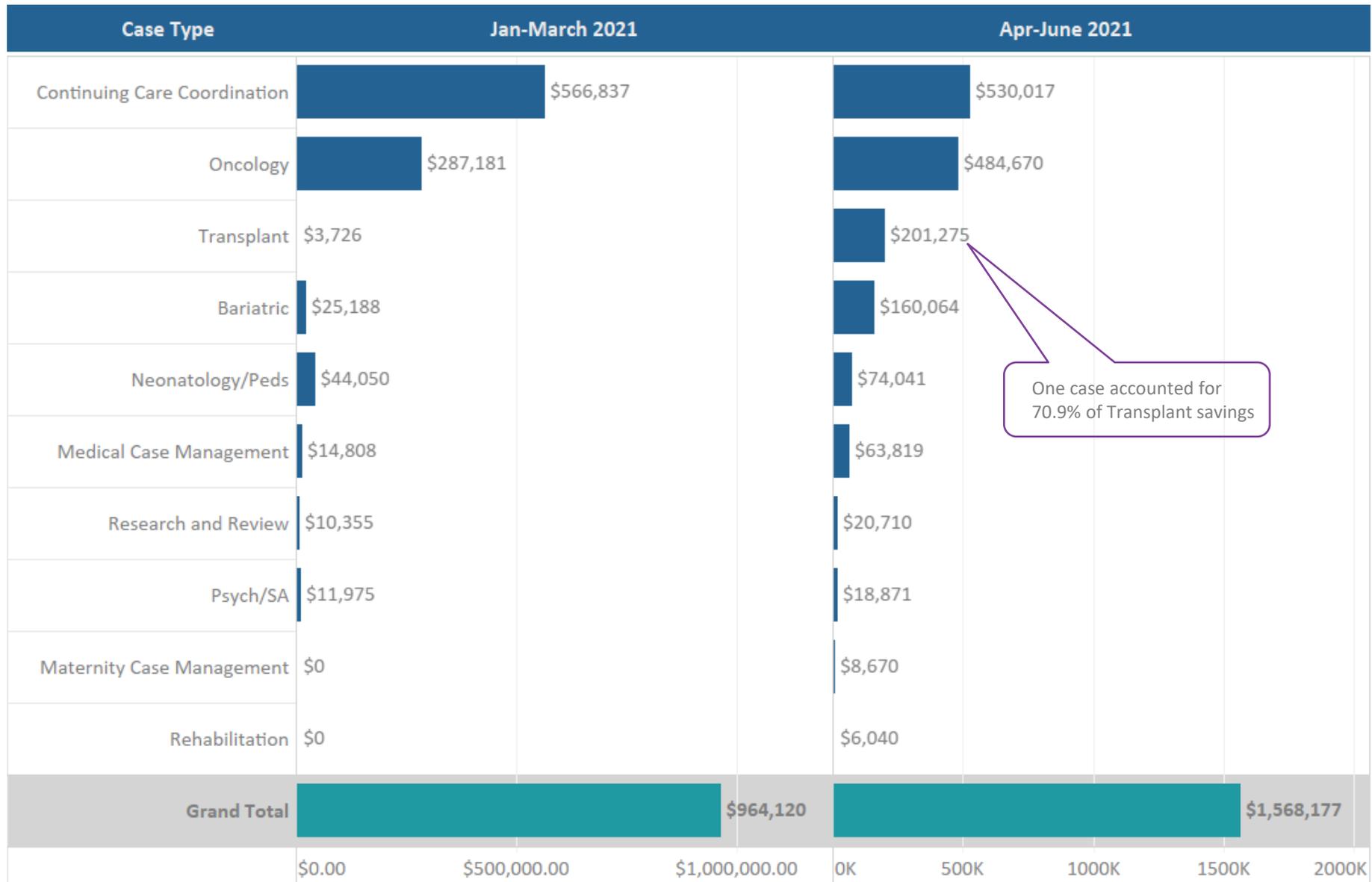
Case Activity	Jan-March 2021	Apr-June 2021
# Beginning Cases	200	194
# Opened Cases	210	213
# Closed Cases	216	220
# Ending Cases	194	187



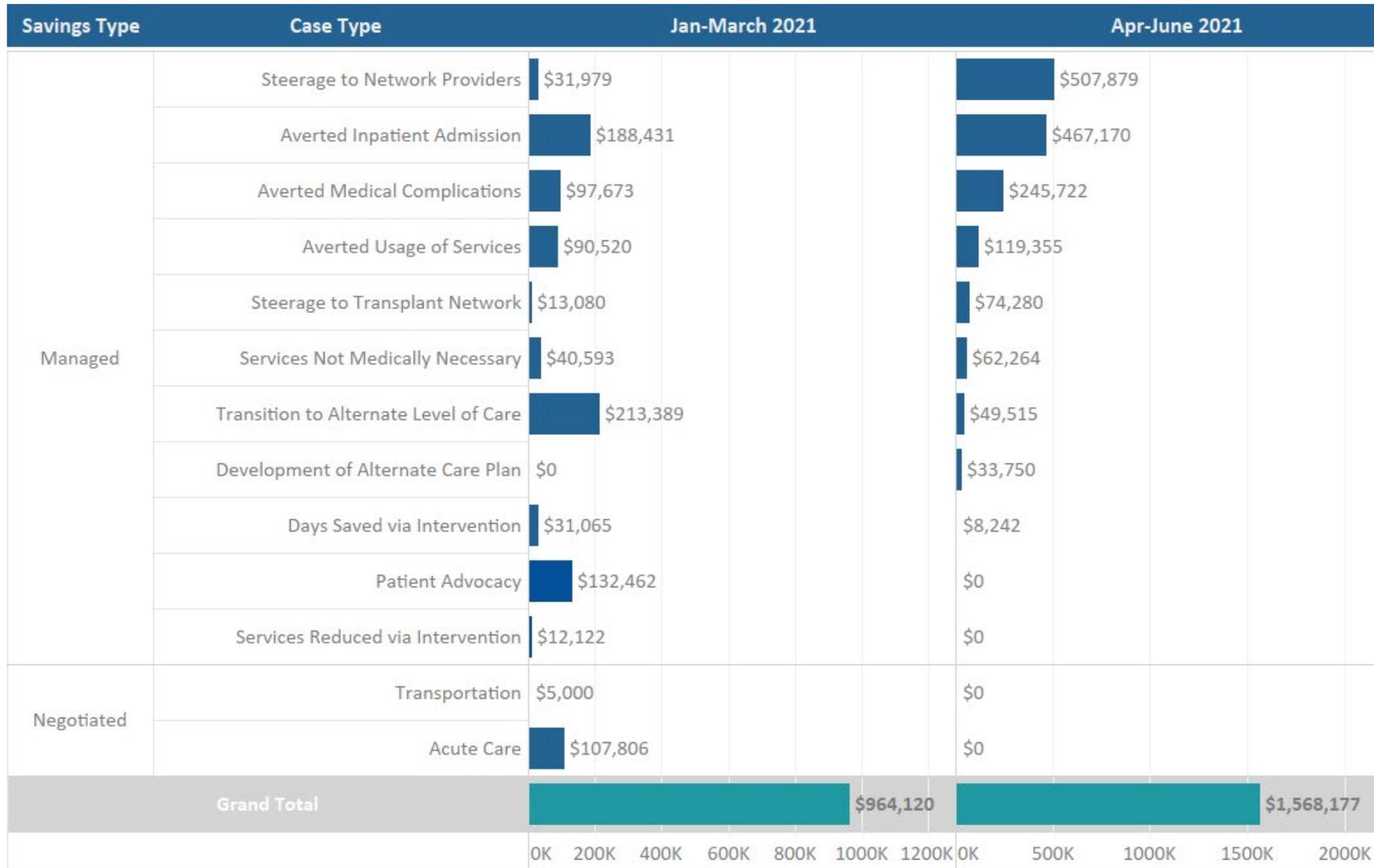
Case Type	Apr-June 2021
Short Term CM	137
Continuing Care Coordination	106
Bariatric	55
Oncology	45
Medical Case Management	17
Neonatology/Peds	12
Psych/SA	11
Advocacy	8
Transplant	8
Maternity Case Management	2
Rehabilitation	1
Research and Review	1
<b>Grand Total</b>	<b>407</b>

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



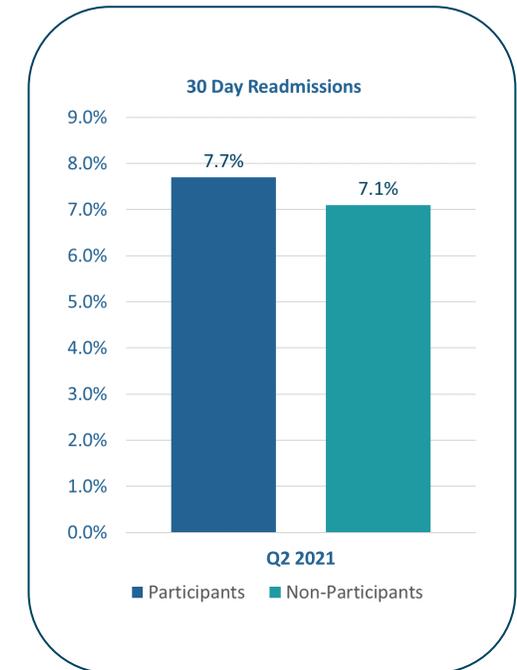
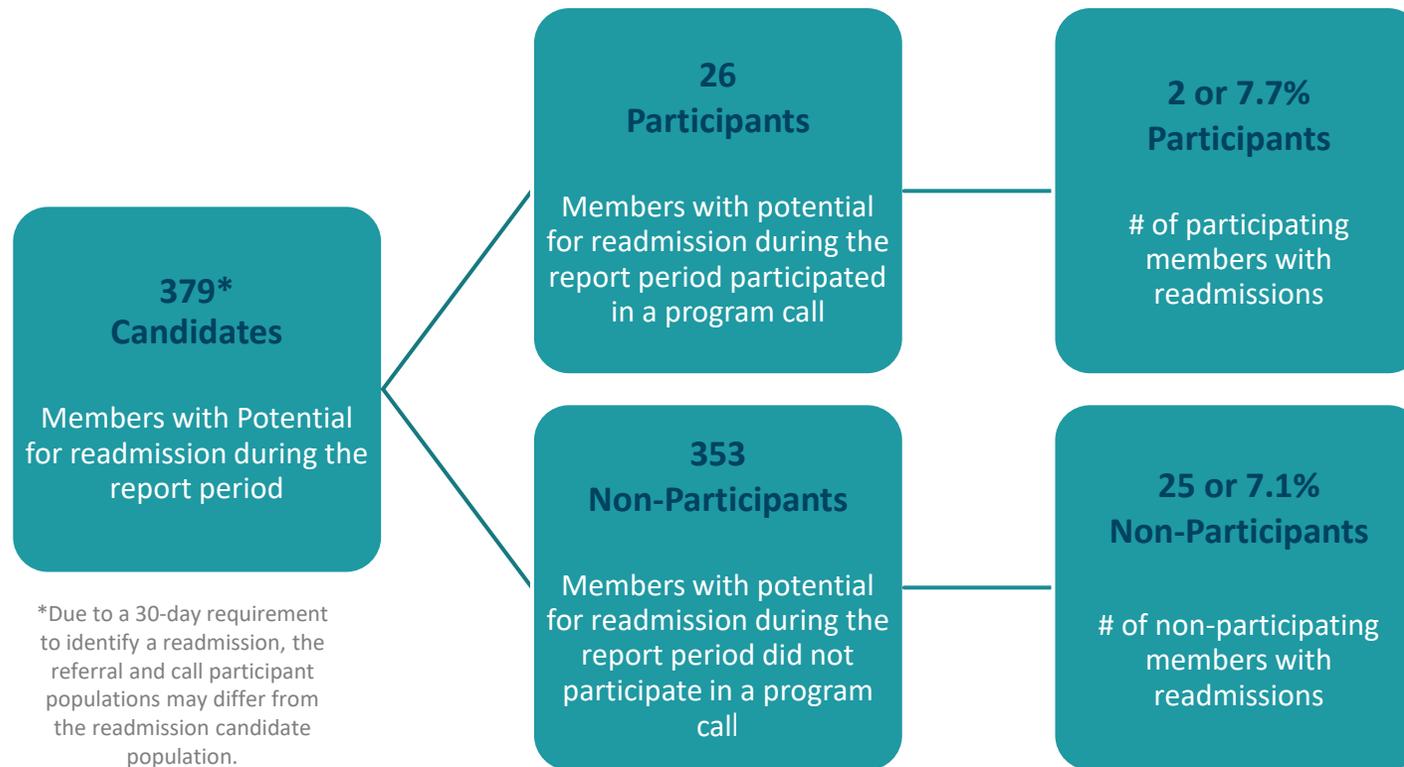
# Case Management – Savings by Source



# Post-Discharge Counseling

# Post-Discharge Counseling Summary

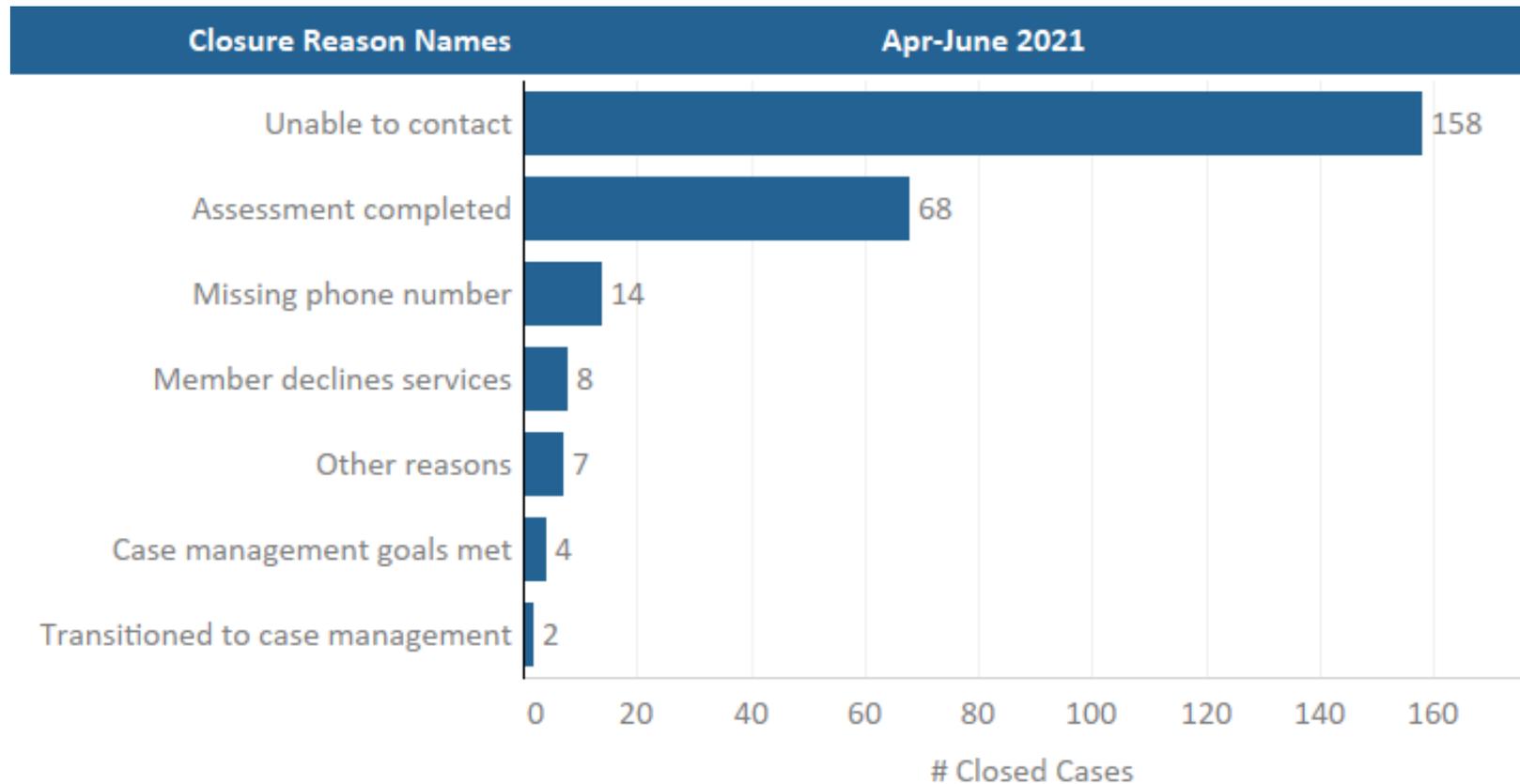
The diagram below illustrates the total number of candidates for readmission within the reporting period identified for Post-Discharge Counseling, regardless of whether the member participated in a counseling call and whether the member experienced readmission within 30 days after discharge.



Due to the small number of participants, any conclusions regarding outcomes must be interpreted with caution.

# 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.



# 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%	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%	<p>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.</p> <p>Problem Resolution: Percent of problems document within 2 business days and resolved within 10 business days or later if agreed to by PEBP.</p>	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.	100%	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 13.0 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