



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Health Plan of Nevada (HPN) Medicaid Overview

Presented By: Michelle Agnew, Executive Director

October 2014

HPN MEDICAID POPULATION

2014 Year to Date Membership Increase 118,000

DECEMBER 2013		PRESENT
104,892 Members	105% Increase	223,437 Members
SMART CHOICE		PRESENT
104,892 Members	Capitated to Human Behavior Institute (HBI)	148,137 Members
EXPANSION		PRESENT
0 Members	HPN Managed	75,000 Members
SOUTHERN NEVADA TOTAL		NORTHERN NEVADA TOTAL
185,517 Members		37,920 Members

IMPACT EXAMPLE

- HPN Behavioral Health Call Center
 - Incoming calls increased 125%

149,225

SMART CHOICE
TANF (Traditional)
CHAP
NEVADA CHECKUP
MEDICAID

HEALTH PLAN
OF NEVADA
MEDICAID
SOUTHERN & NORTHERN
NEVADA

76,012

TANF EXPANSION

CAPITATED PROVIDER
Human Behavior Institute
(HBI) (MEDICAID)

*Extensive Oversight
by HPN/BHO*

HPN/BHO MANAGED

****POPULATION/DESCRIPTION****

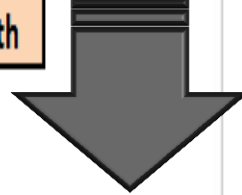
- Women
- Kids
- Babies

- Childless adults
- Homeless
- Frequently Incarcerated
- Previously Uninsured

HPN PROVIDER NETWORK

Specialty	Licensure	2013 - Total Providers		2014 - Added Providers		YTD Total Providers (10/1/14)			
		Northern NV	Southern NV	Northern NV	Southern NV	Northern NV	Southern NV	Total Medicaid	All Networks
Psychiatry	MD/DO	11	21	11	13	22	34	56	115
Psychology	PSYD/PHD	6	22	3	2	9	24	33	67
Marriage & Family	LMFT	7	25	9	15	16	40	56	133
Social Work	LCSW	5	29	1	16	6	45	51	148
Counselor	LCPC	0	2	2	2	2	4	6	12
SA Counselor	LADC/CADC	5	14	9	8	14	22	36	76
Total		34	113	35	56	69	169	238	551

62% Growth



CHALLENGES:

- State of Nevada is Experiencing a Shortage of Professionals
 - Need for higher reimbursement
- Recruiting Out of State
 - Takes up to a year for board license transfer

Many providers will not accept Medicaid due to no-show rate of 40%.

MDs have full practices without Medicaid

Utilization Since January 1, 2014

3,687 HPN Medicaid members have seen a mental health or substance abuse prescriber (i.e. Psychiatrist)

5,176 HPN Medicaid members have seen a mental health or substance abuse professional (i.e. LCSW, LDAC, MFT)

*Only 8 member complaints received.
None were related to access or race/ethnicity.*



GEO Access Report Handout

- Clark County
- Washoe County
- North Las Vegas

HPN CREDENTIALING

HPN has not denied any psychiatrist or therapy group over the past year, unless provider did not meet credentialing requirements.

Our contract with Nevada Medicaid requires that we follow NCQA standards.

Credentialing

Purpose: to credential and re-credential all health plan providers in a consistent, non-discriminatory manner that meets health plan criteria and is in compliance with accrediting bodies and state and federal requirements, which are applicable to health plans commercial, Medicare and Medicaid products.

FACTS:

- NCQA Accredited
- Credentialing protocols follow NCQA, CMS and State of Nevada Medicaid credentialing guidelines
- Credentialing is a requirement for participation in the various providers networks and must be completed prior to contracting
- State of Nevada Standard Credentialing Application is required for all providers
- In-House staff conducts all primary source verifications
- Re-credentialing is conducted every three years
- Ongoing monitoring is conducted between credentialing cycles to review sanctions, complaints, quality issues, licensure limitations, etc.

BEHAVIORAL HEALTH PRACTITIONERS:

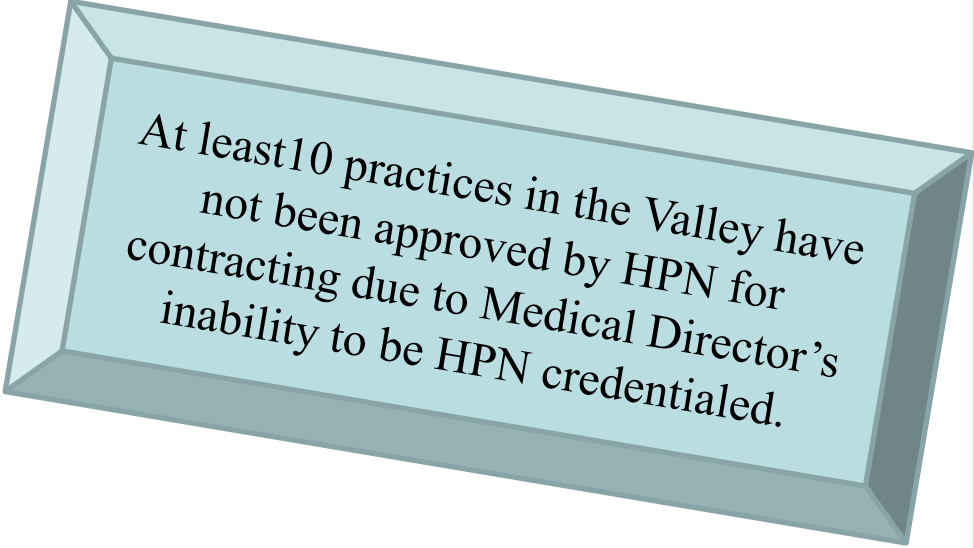
- Examples include: MD, PHD, marriage and family therapists; professional counselors; mental health counselors; alcoholism and drug abuse practitioners
- Intern examples include: Those that are Board certified and meet Masters or higher education level requirements

DENIED HPN CREDENTIALING



EXAMPLES

- Sexual Misconduct
- Unauthorized Clinical Trials
- Medicaid Fraud
- Convicted of Felony
- Failure to respond or comply with quality complaint
- Failure to maintain active license
- Failure to maintain proper treatment records



At least 10 practices in the Valley have not been approved by HPN for contracting due to Medical Director's inability to be HPN credentialed.

PROVIDER ETHNICITY/RACE

HPN's Medicaid Behavioral Health Network

➤ Clinical – 60% Minority

American Indian	African American	Caucasian	Chinese	Hispanic	Middle Eastern	Native Hawaiian
2%	27%	36%	2%	30%	2%	2%

➤ BST/PSR/Home Services – 82% Minority

Hispanic	African American	Caucasian
40%	42%	18%

Additionally, the providers within our network speak ~ 32 different languages

PROVIDER ACCESS & AVAILABILITY

Provide appropriate transition authorizations for new members who previously were seeing an out-of-network provider

99.99% - Psychiatrist, Psychologist, Master Level Provider within 25 miles of provide

Each week HPN contacts a sample of providers for appointment availability.

Some prescribers and providers call/email BHO to give their weekly availability.

Members are asked for their provider preferences and given three provider contacts

HPN providers monthly review of capitated provider access and availability

PROVIDER ACCESS & AVAILABILITY

All members are given appointments with a provider based on need or request

EXAMPLES:

➤ Crisis Immediate (Same Day)

➤ Location

- Near bus route
- Near work or relative
- Near home

➤ Member has medications for next 60 days

➤ Member special time or day request

➤ Monthly oversight of capitated provider access and availability

EXAMPLES OF CHALLENGES

Members that previously did not have insurance

- Member Education

Providers and members not accustomed to managed care

- Member Education
- Trainings

Providers that never billed (i.e. SAPTA)

- Education
- Training Manuals

No-show rate for population

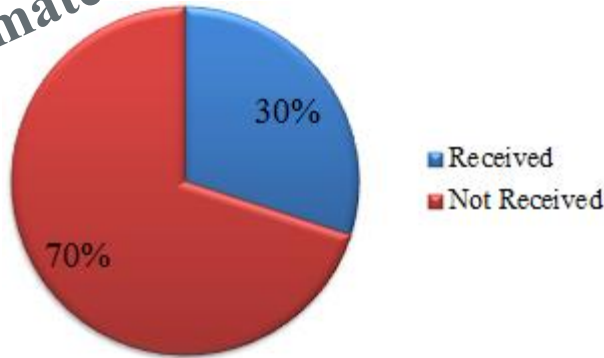
- Group visits for first visit
- Calling members – 2 reminder calls
- Paying higher reimbursement to MDs (Prescribers) over Medicaid fee schedule

SERIOUS MENTALLY ILL (SMI)

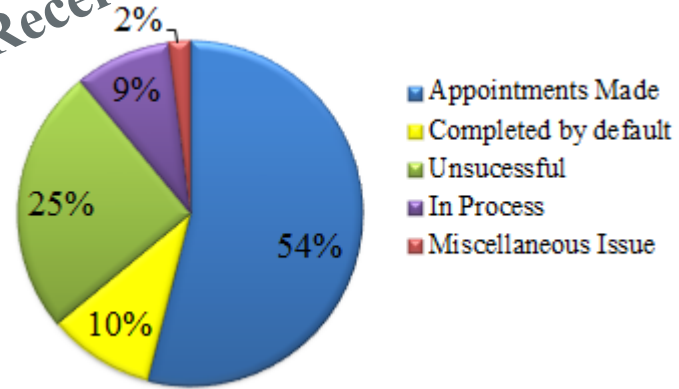
SNAMHS TRANSFERS

PROGRAM IMPLEMENTED JULY 2014

Estimated Total



Of Received



UNSUCCESSFUL 25%

3 Attempts
Voicemails

Wrong #

Phone Disconnected

3 Attempts
No Voicemail

MISCELLANEOUS ISSUES 2%

Declined

Insurance
Termed

Moved or Out of
Town

Inpatient

Switched
Insurance

Member Declined
Until Seen by SNAMHS

HPN staff make member appointments

SAPTA

FACTS:

- HPN is already (or in process) contracted with seven (7) SAPTA (Type 17) provider/groups
- Structure
 - HPN providing training and handbooks to contracted SAPTA providers
 - At this time, HPN is not contracting with SAPTA groups that primarily have providers bachelor level and below
 - There are services, such as Group, BST and PSR that non-licensed staff can perform under proper supervision

CODES
H0001-HF - CD Assessment (initial)
H0002-HF – Screening (for program admission)
H0005-HF – Group Counseling
H0007-HF – Crisis Intervention, Outpatient
H0015-HF – Intensive Outpatient Program (IOP)
90834-HF – Individual Therapy

PRIOR AUTH GUIDELINES		
<u>Individual</u>	Up to 12 on a rolling calendar year (Initial assessment not included in count)	Individual visits beyond the initial 12 session’s authorization must meet medical necessity.
<u>Group</u>	Up to 24 on a rolling calendar year	Group sessions beyond the initial authorization of 24 sessions must meet medical necessity.
--OR--		
<u>IOP</u>	Up to 16 days in a rolling calendar year	IOP sessions beyond the initial authorization of 16 days must meet medical necessity.
<u>Individual sessions within IOP period</u>	Up to 3	Individual visits beyond the initial 12 session’s authorization must meet medical necessity.

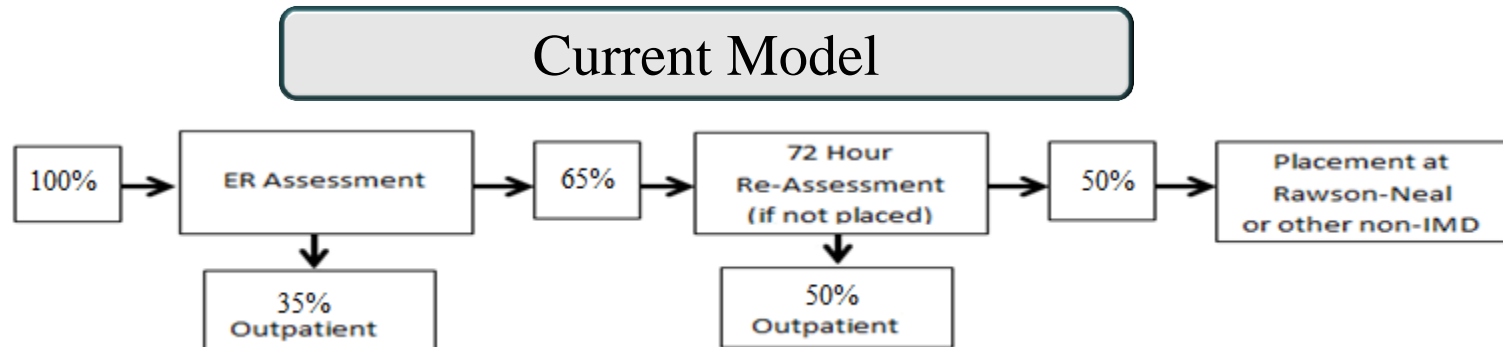
ER ASSESSMENTS

PRIOR TO JANUARY 2014

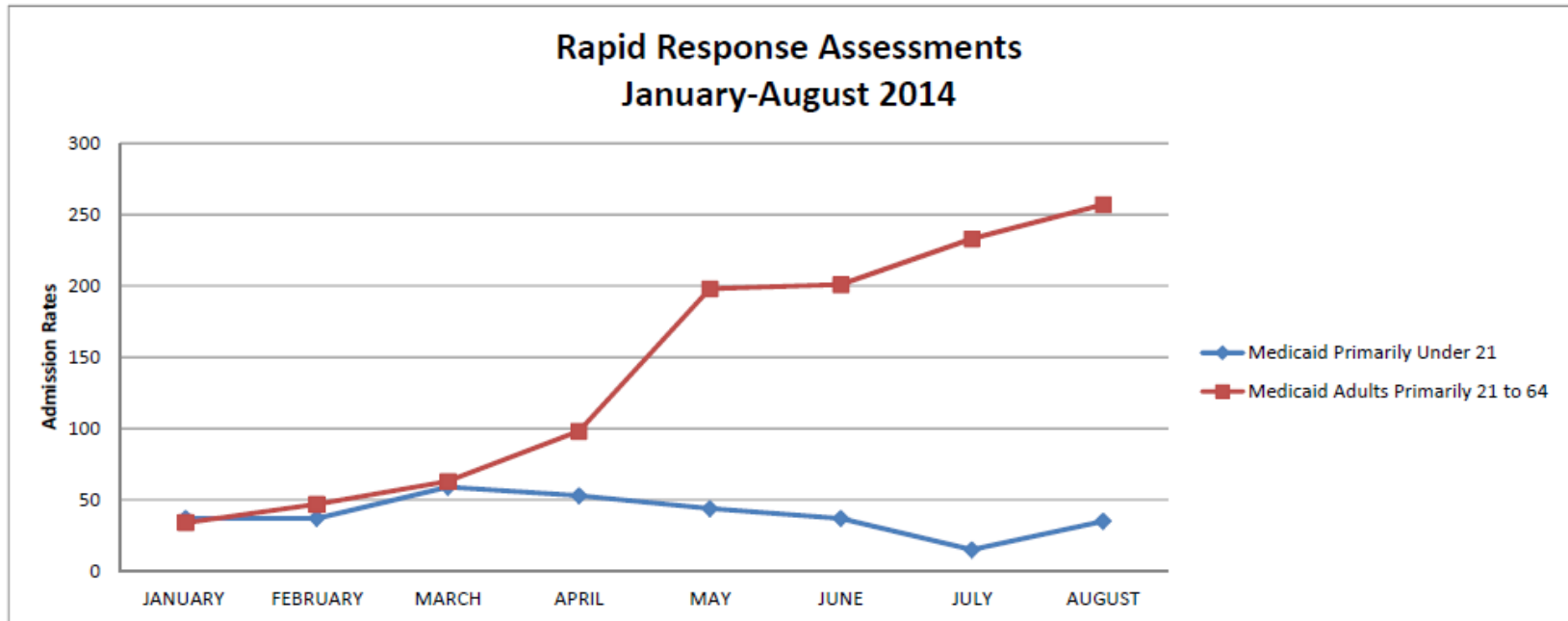
- All Southern Nevada HPN Medicaid member ER assessments were completed within 4 hours
 - Per month – approximately 30 to 40 were under the age of 21
 - 70% released to parent / 30% admitted into a free standing psychiatric facility
 - Per month – approximately 10 to 13 a month were age group 21 to 64
 - 60% released / 40% waited for a bed for admission into Rawson-Neal

JANUARY 2014 TO PRESENT DAY

- Contracted ER Assessment Team rounds 13 area hospitals twice daily
 - Per month – approximately 35 are under the age of 21
 - 43% released to parent / 57% admitted into a free standing psychiatric facility
 - Per month – approximately 250 are in the age group 21 to 64
 - 35% released / 65% waited for a bed for admission into Rawson-Neal
 - Contracted ER Assessment Team does second ER assessment within 3 days
 - Approximately 50% are released from Legal 2000 (L2K)



ER ASSESSMENTS (Continued)



DATA

Medicaid Primarily Under 21

2014	# of Assessments	# of Admits	% Admitted
<u>JANUARY</u>	37	19	51%
<u>FEBRUARY</u>	37	21	57%
<u>MARCH</u>	59	29	49%
<u>APRIL</u>	53	27	51%
<u>MAY</u>	44	24	55%
<u>JUNE</u>	37	20	54%
<u>JULY</u>	15	7	47%
<u>AUGUST</u>	35	20	57%

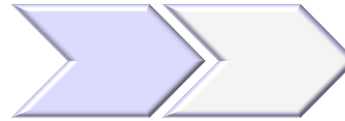
Medicaid Adults Primarily 21 to 64

2014	# of Assessments	# of Admits	% Admitted
<u>JANUARY</u>	34	18	53%
<u>FEBRUARY</u>	47	23	49%
<u>MARCH</u>	63	23	37%
<u>APRIL</u>	98	63	64%
<u>MAY</u>	198	131	66%
<u>JUNE</u>	201	109	54%
<u>JULY</u>	233	146	63%
<u>AUGUST</u>	257	169	66%

ER ASSESSMENTS (Continued)

Inappropriate ER Transfers

- Fire/Rescue
- Police



Bottleneck at Emergency Rooms

- Medicaid under age 21
 - Inpatient benefit for IMD
 - Home
 - IMD (Free Standing Psych Facility)
- Medicaid Age 21 – 64
 - Inpatient benefit for non-IMD
 - Home
 - Rawson-Neal
 - Non-IMD
 - North Vista (20 beds)
 - Valley Hospital (48 beds) – Coming Soon

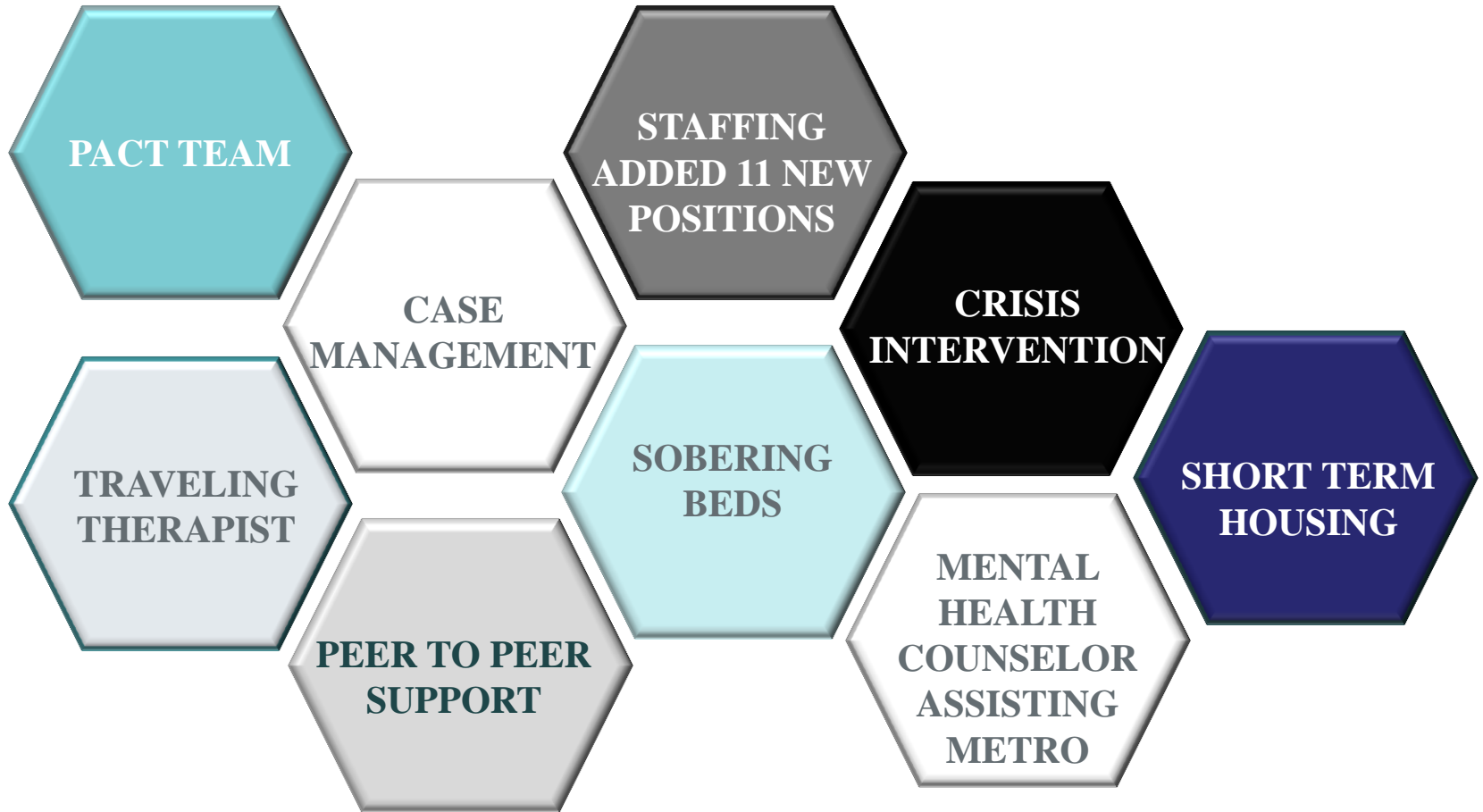
- *We have met with Fire/Rescue Medical Director to assist in eliminating inappropriate transfers.*
- *BHO's Medical Director providing input to protocols*

Inpatient members no longer meeting medical necessity may remain inpatient because of a lack of housing; there must be a disposition to release.

NORTH VISTA HOSPITAL ADULT PSYCHIATRIC UNIT AUGUST 13 – OCTOBER 2

	Admits	Patient Days
HPN	34	344
Medicaid	30	233
Amerigroup	12	97
Medicaid Pending	8	63
Self-Pay	6	64
Medicare	5	87
Out of State Medicaid	1	10
Culinary	1	7
Veteran's Admin	1	1
TOTAL	84	791

HPN CURRENT & FUTURE ENHANCEMENTS



Shifting to Behavioral Health Home Model
Clinicians in PCP Practice

COMMUNITY ENHANCEMENT IDEAS

EVALUATION
& TREATMENT
CENTER
(MCO SERVICE PAYABLE)

EMERGENCY
SERVICE
PATROL

MORE PSYCH
OBSERVATION UNIT
(MCO SERVICE PAYABLE)

PSYCHIATRIC
ER
(MCO SERVICE PAYABLE)

CHANGES TO
L2K RELEASE
REQUIREMENTS

PEER SUPPORTED
WELLNESS CENTER

SUB ACUTE
DETOXIFICATION
UNIT
(POSSIBLE MCO
SERVICE PAYABLE)

MORE NON-IMDS
(MCO SERVICE PAYABLE)

SOBERING UNIT
(POSSIBLE MCO
SERVICE PAYABLE)

We have identified partners in community to assist. Due to financial commitment, they are waiting to see what happens with hospital non-IMDs

Community Enhancement Example

**Psychiatric Urgent Care &
Evaluation & Treatment Center**

MEDICAID (AGE 21 – 64)

CURRENT CRISIS CONTINUUM:

Patient

Emergency Room
(As Result of L2K)

ER Assessment

ER Hold
(Up to 8 Days)

*Rawson Neal Admission
190 Beds
ALOS 15 to 20 Days

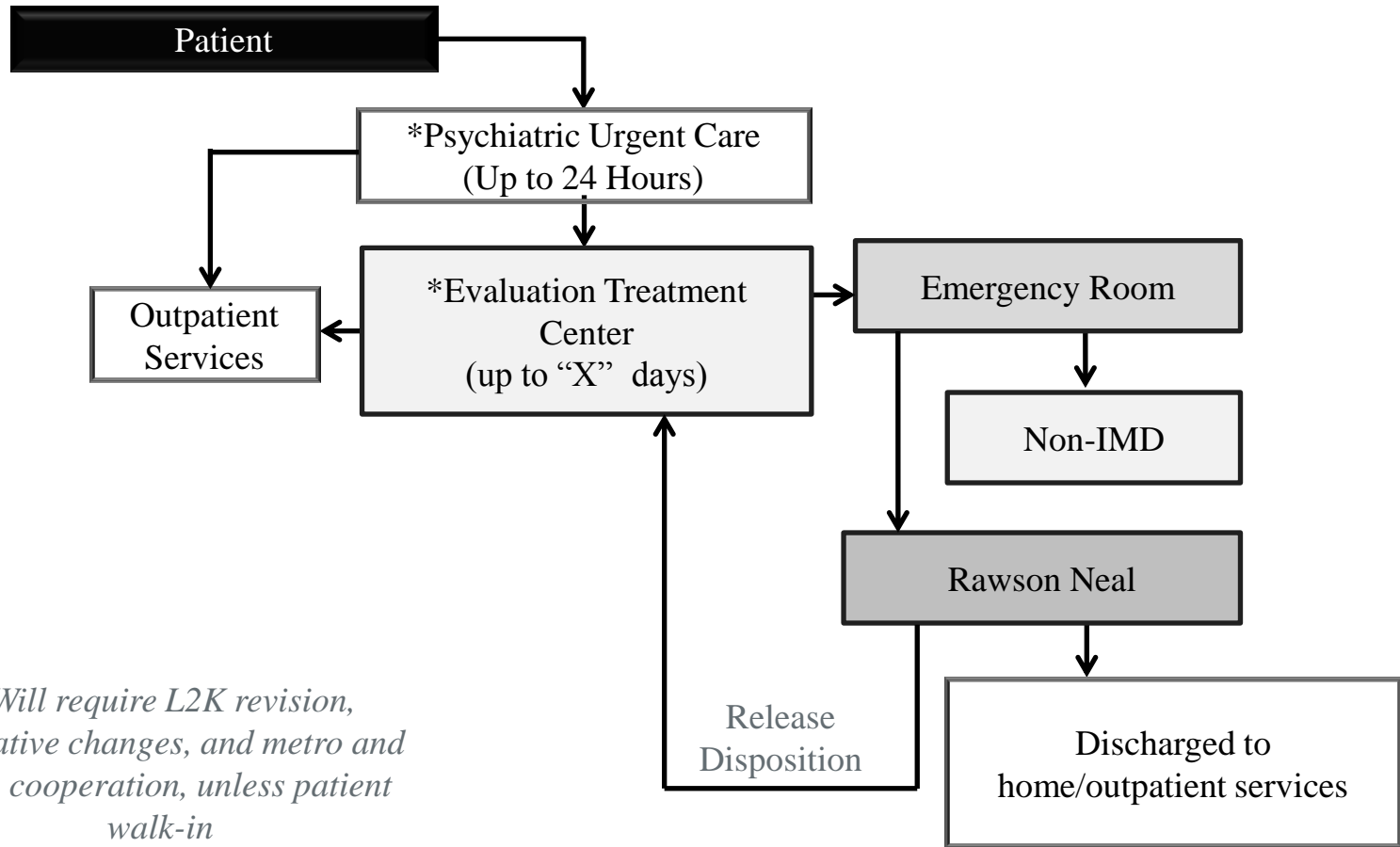
Disposition can be difficult

*290 Patients
Per Month
& Rapidly
Increasing*

** State will not pay for stand-alone psych facility (IMD); must go to Rawson Neal or psych floor of acute medical facility*

MEDICAID (AGE 21 – 64)

FUTURE CRISIS CONTINUUM:



** Will require L2K revision, legislative changes, and metro and AMR cooperation, unless patient walk-in*

QUESTIONS

