

# Public Employees Benefit Program – State of Nevada

Medical Management Review

April 1, 2022 – June 30, 2022

# Table of Contents

Executive  
Overview

- Return on Investment

Medical  
Management  
Summary

- Utilization Management
- Case Management
- Post-Discharge Counseling

# 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, 2022** and covers the reporting period of **April 1, 2022 – June 30, 2022**; 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 – 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, 2022 - March 31, 2022			
	Fees	Estimated Savings	ROI
Utilization Management	\$189,215	\$3,006,181	15.9 to 1
Case Management	\$283,014	\$2,421,710	8.6 to 1
Total	\$472,229	\$5,427,891	11.5 to 1

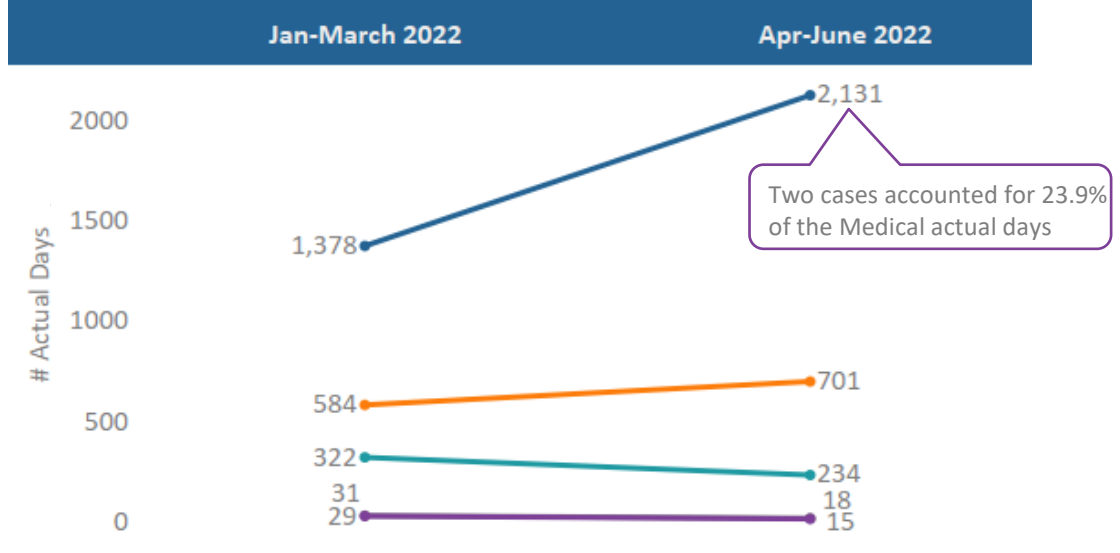
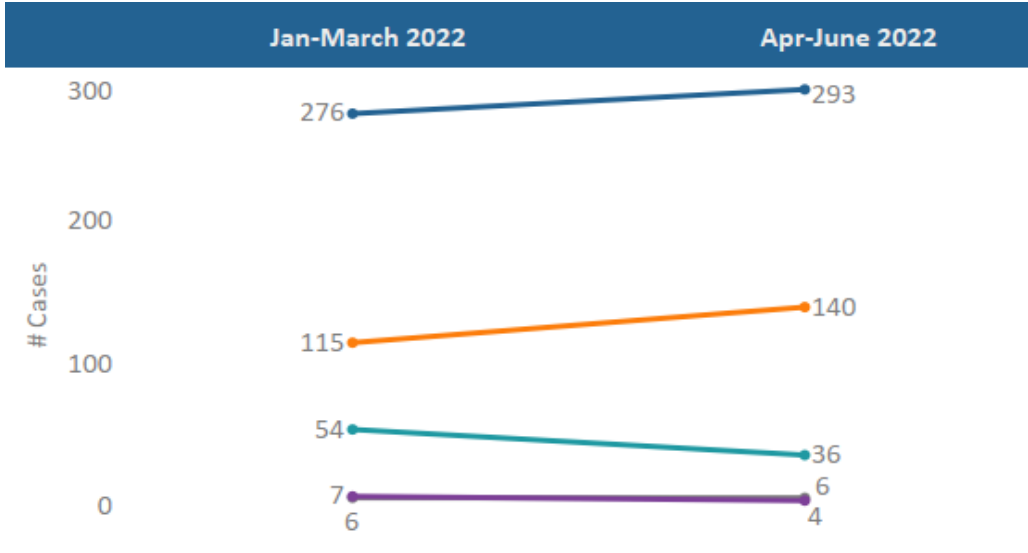
Utilization Management Breakout	
Inpatient Savings	\$1,237,064
Outpatient Savings	\$1,769,117

April 1, 2022 - June 30, 2022			
	Fees	Estimated Savings	ROI
Utilization Management	\$189,063	\$2,586,560	13.7 to 1
Case Management	\$283,101	\$1,243,213	4.4 to 1
Total	\$472,164	\$3,829,773	8.1 to 1

Utilization Management Breakout	
Inpatient Savings	\$1,463,383
Outpatient Savings	\$1,123,177

# Utilization Management

# Acute Inpatient Activity Summary



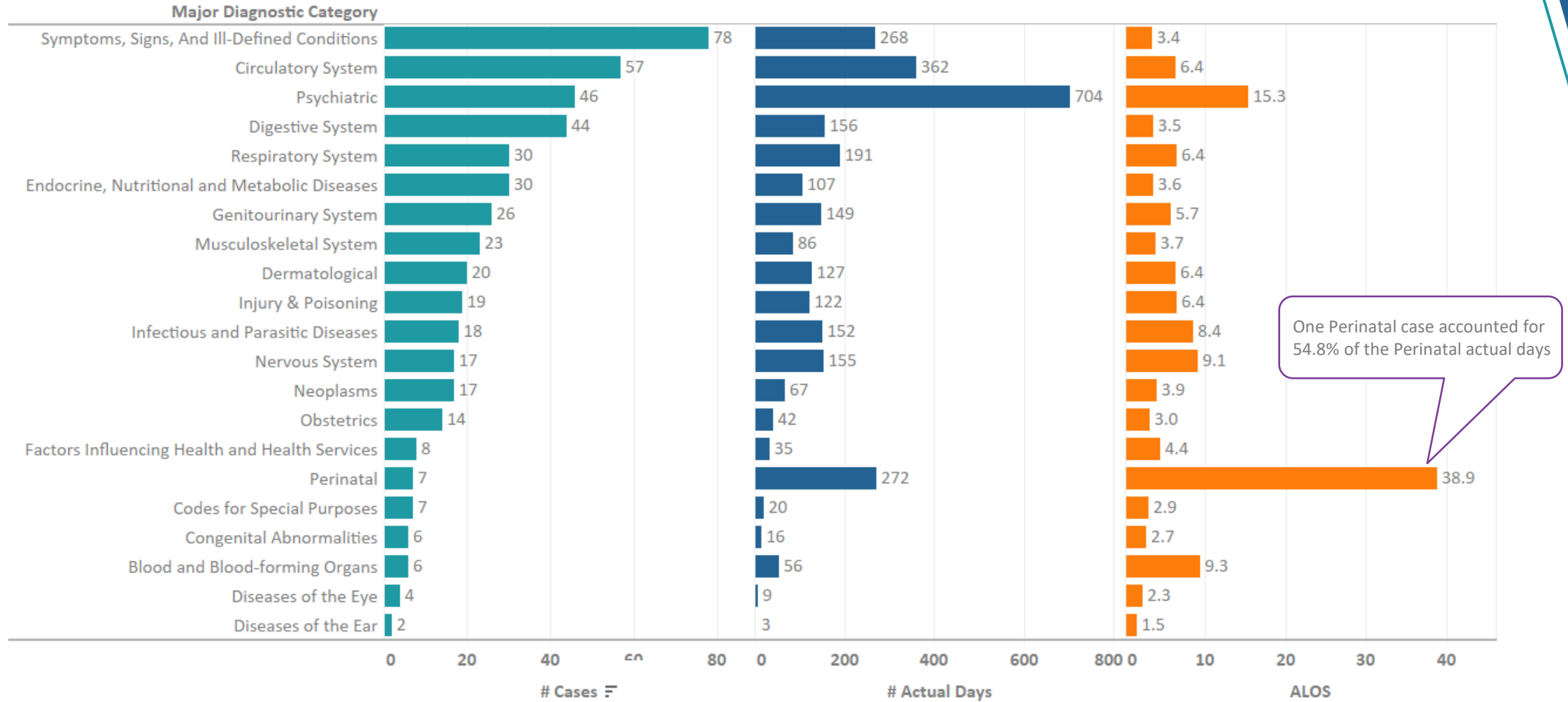
- Medical
- Mental Health
- Obstetrics
- Substance Abuse
- Surgical

## Utilization Review Process

Days Saved: 170  
Estimated Savings: \$1,405,675

	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical	293	2,131	2,145	2,048	97	\$639,618
Surgical	140	701	704	653	51	\$731,187
Mental Health	36	234	236	214	22	\$34,870
Substance Abuse	6	18	18	18	0	\$0
Obstetrics	4	15	15	15	0	\$0
<b>Grand Total</b>	<b>479</b>	<b>3,099</b>	<b>3,118</b>	<b>2,948</b>	<b>170</b>	<b>\$1,405,675</b>

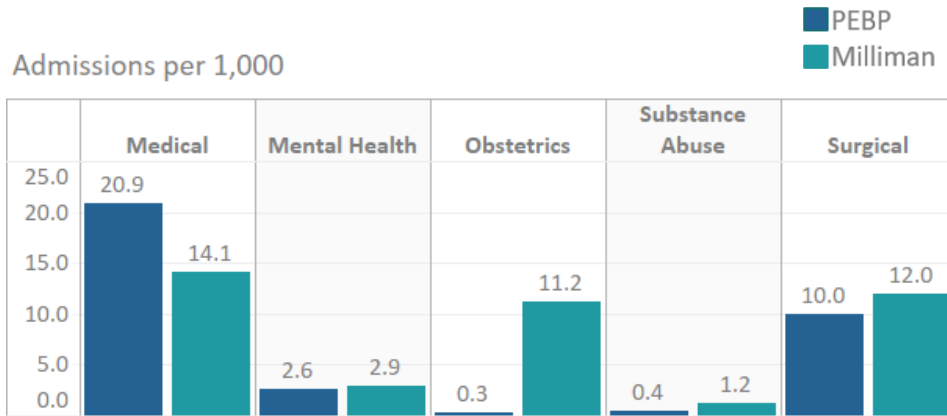
# Acute Inpatient – Case and Actual Days by Diagnostic Categories



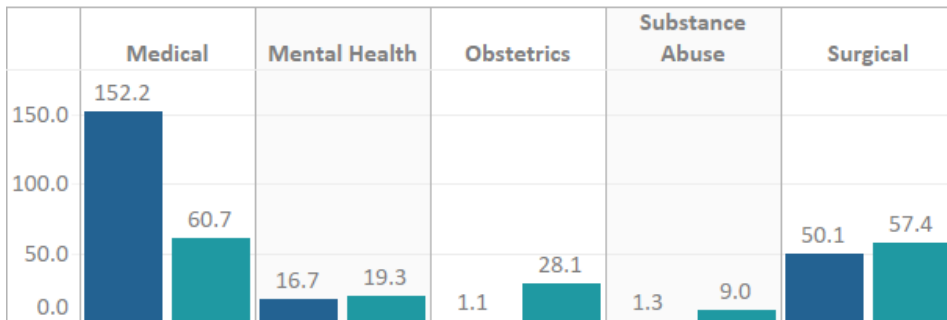


# Acute Inpatient Activity – Utilization Benchmarks

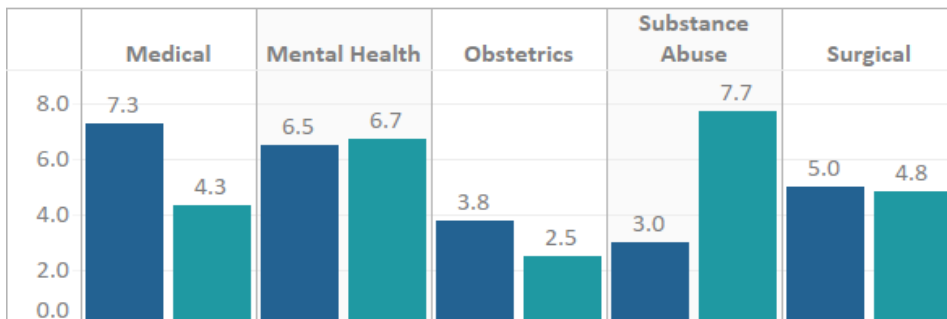
Admissions per 1,000



Days per 1,000



ALOS



## Admissions per 1,000

- During the report period, medical acute inpatient admissions were above the Milliman benchmarks
  - **Medical: 34** members had **2 or more** inpatient admissions

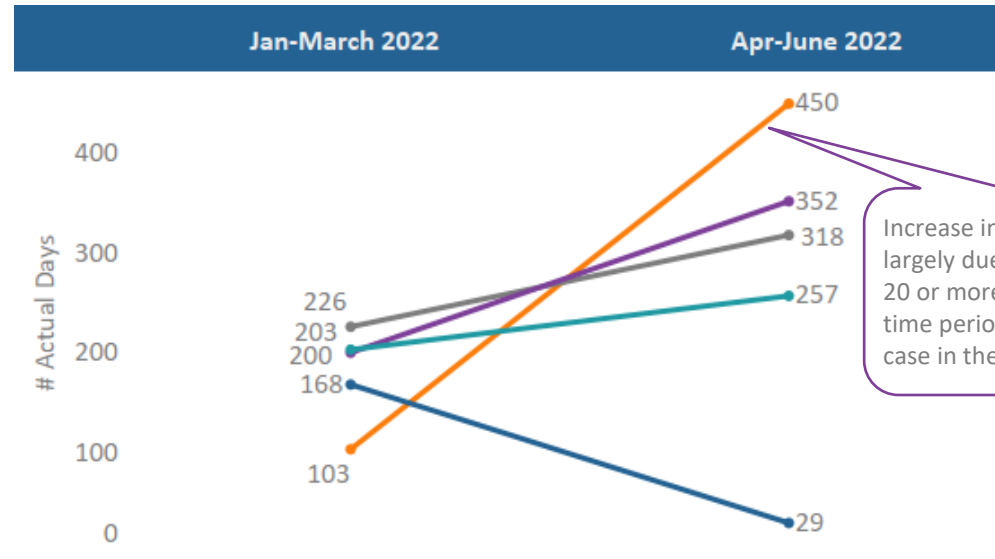
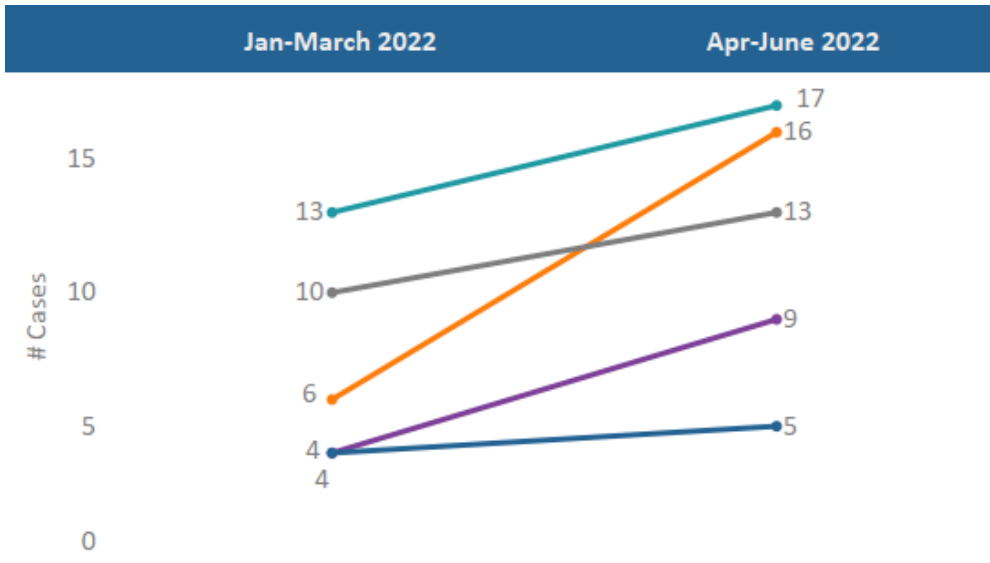
## Days per 1,000

- During the report period, medical acute inpatient days per 1,000 were above the Milliman benchmarks
  - **Medical: 29** cases utilized **15 or more** days during the report period

## Average Length of Stay

- During the report period, medical, obstetrics, and surgical ALOS were above the Milliman benchmark
  - **Medical: 98 of the 293** cases were above the benchmark during the report period
  - **Obstetrics: 4 of the 4** cases were above the benchmark during the report period
  - **Surgical: 39 of the 140** cases were above the benchmark during the report period

# Non-Acute Inpatient Activity Summary



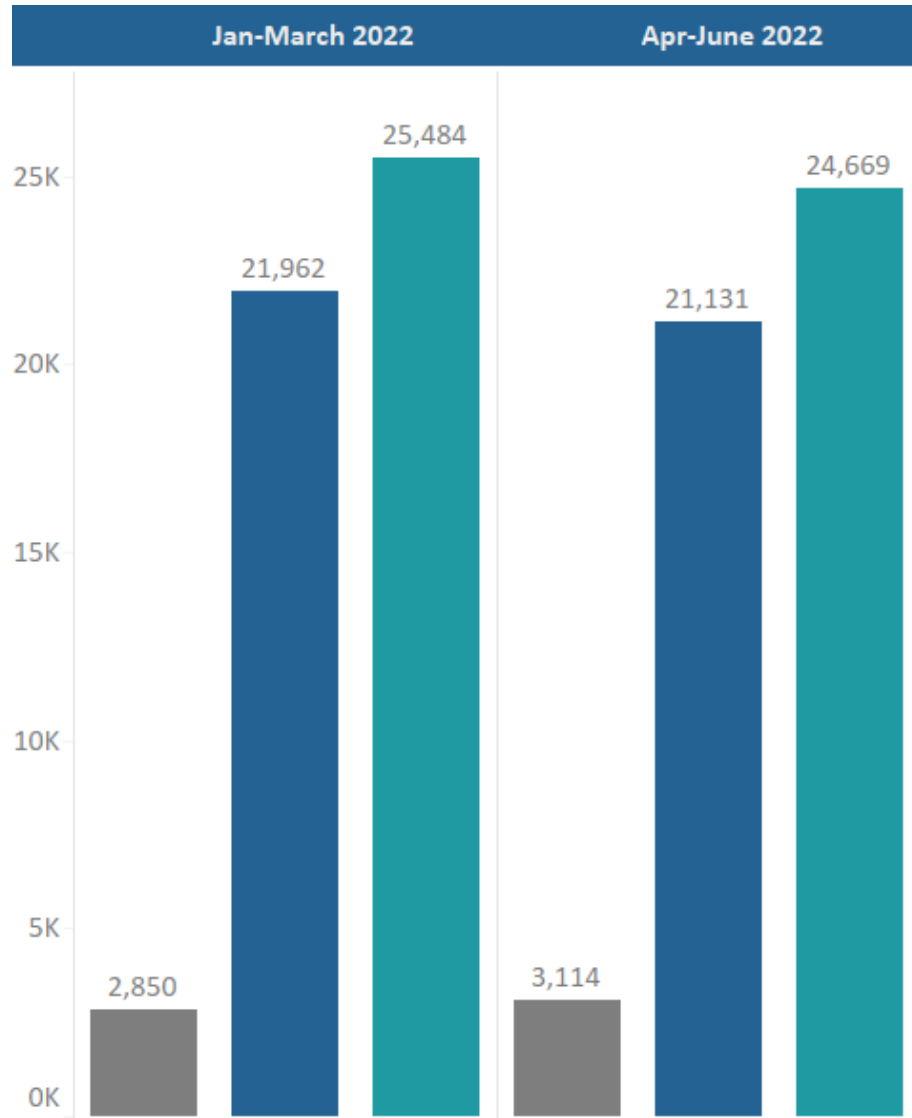
- Long Term Acute
- Medical Rehab
- Residential Mental Health
- Residential Substance Abuse
- Skilled Nsg Facility

## Utilization Review Process

Days Saved: 58  
Estimated Savings: \$57,708

	Cases	Actual Days	Requested Days	Approved Days	Saved Days	Estimated Savings
Medical Rehab	17	257	257	253	4	\$10,712
Skilled Nsg Facility	16	450	450	421	29	\$19,343
Residential Substance Abuse	13	318	318	308	10	\$10,080
Residential Mental Health	9	352	360	347	13	\$9,529
Long Term Acute	5	29	29	27	2	\$8,044
<b>Grand Total</b>	<b>60</b>	<b>1,406</b>	<b>1,414</b>	<b>1,356</b>	<b>58</b>	<b>\$57,708</b>

# Outpatient Activity Summary



Outpatient Setting	# Cases	# Units Requested	# Units Approved	# Units Saved	Outpatient Savings
Diagnostic Test	1,800	2,342	2,056	286	\$339,970
Surgery	782	1,464	1,420	44	\$89,714
Med Treatment	231	3,198	2,647	551	\$591,588
DME	186	13,931	11,426	2,505	\$53,087
Home Health	46	632	573	59	\$12,093
Home Infusion	24	906	874	32	\$0
MH/SA	33	562	550	12	\$30,304
PT/OT/ST	10	265	216	49	\$6,421
Home Private Duty	1	1,280	1,280	0	\$0
Hospice Home	1	89	89	0	\$0
<b>Grand Total</b>	<b>3,114</b>	<b>24,669</b>	<b>21,131</b>	<b>3,538</b>	<b>\$1,123,177</b>

3 cases accounted for 60.0% of the Med Treatment savings

- # Cases
- # Units Approved
- # Units Requested

## Utilization Review Process

Units Saved: 3,538  
 Estimated Savings: \$1,123,177

# 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
539	349	64.7%	203	58.2%

## Outpatient Referrals

# Cases	# Cases Referred to CM	% Cases Referred to CM	# Referrals Accepted in CM	% Referrals Accepted in CM
3,114	759	24.4%	8	1.1%

# Case Management

# Case Management Summary

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

## Total Case Management Savings

**\$1,243,213**

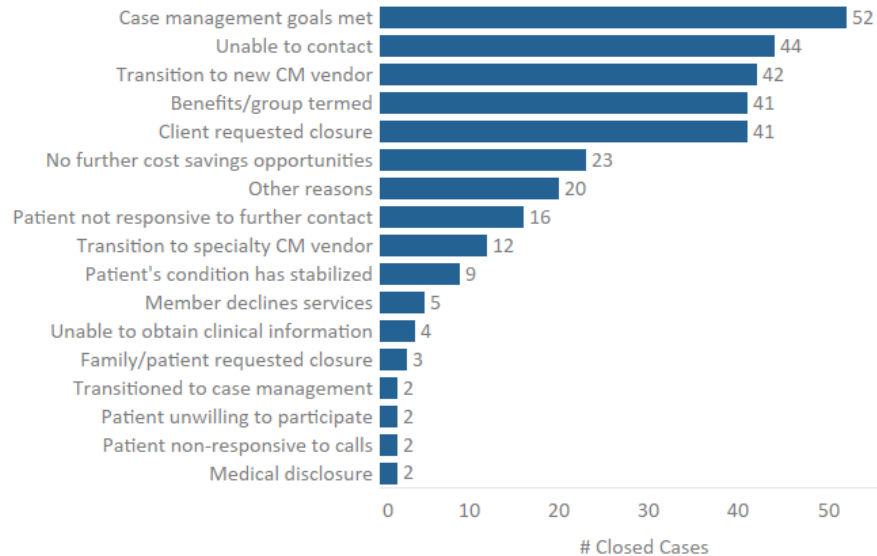
Average Savings per Case = \$4,521

Based on 275 cases in an open state between 4/1/2022 – 6/30/2022

## Number of Cases

Case Activity	Jan-March 2022	Apr-June 2022
# Beginning Cases	177	187
# Opened Cases	134	88
# Closed Cases	124	275
# Ending Cases	187	0

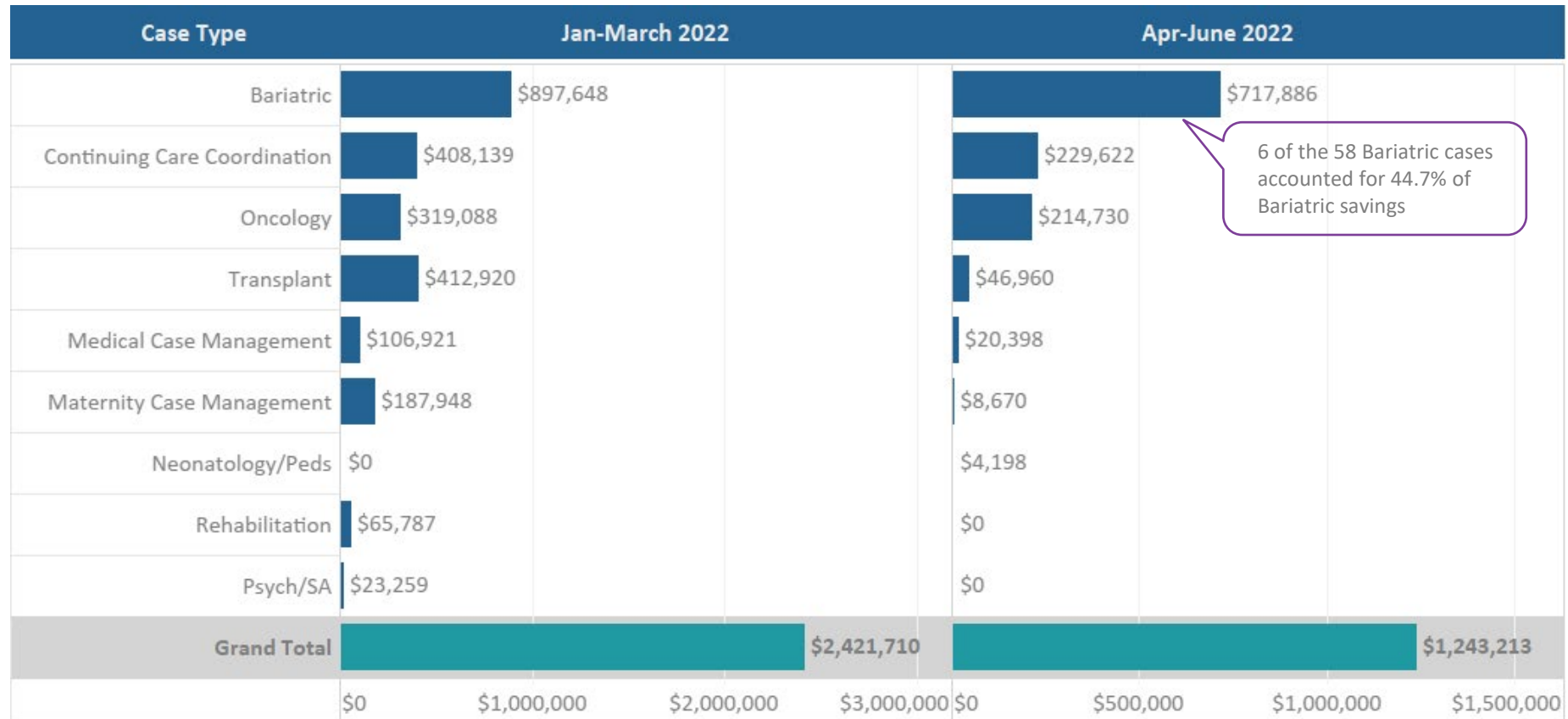
## Closure Reason Names



## Case Type

Continuing Care Coordination	99
Bariatric	58
Oncology	43
Short Term CM	26
Transplant	12
Medical Case Management	11
Psych/SA	10
Neonatology/Peds	5
Research and Review	3
Maternity Case Management	3
Advocacy	3
Air Evacuation	2
<b>Grand Total</b>	<b>275</b>

# Case Management – Savings by Case Type



# Case Management – Savings by Source

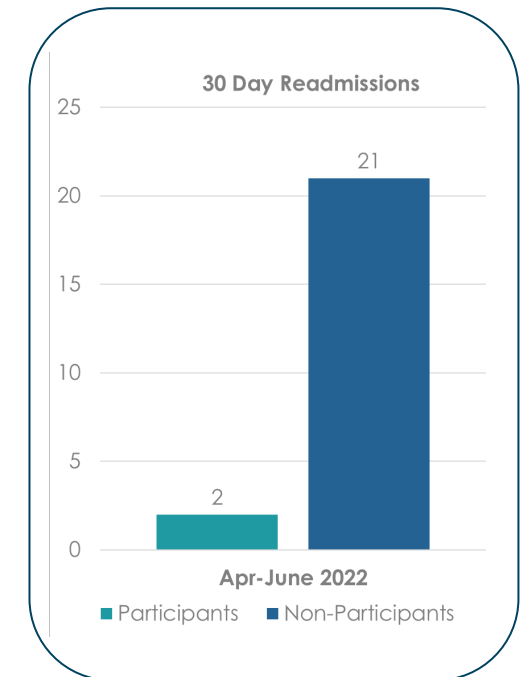
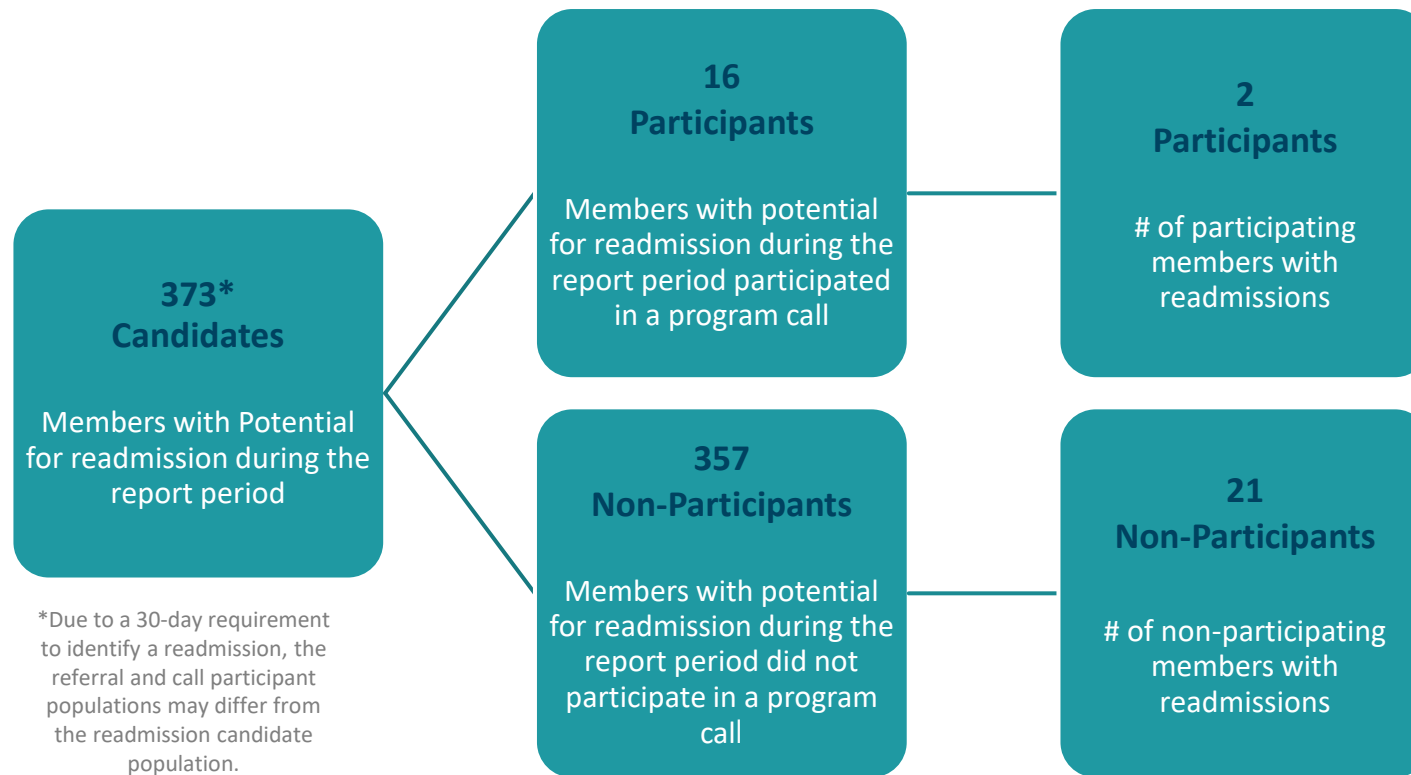
Savings Type	Case Type	Jan-March 2022		Apr-June 2022	
Managed	Averted Inpatient Admission	\$1,197,049		\$628,636	
	Services Not Medically Necessary	\$266,907		\$273,271	
	Steerage to Transplant Network	\$561,267		\$95,080	
	Transition to Alternate Level of Care	\$6,929		\$79,195	
	Averted Medical Complications	\$208,979		\$72,765	
	Averted Usage of Services	\$38,056		\$40,395	
	Days Saved via Intervention	\$70,087		\$20,710	
	Steerage to Network Providers	\$57,902		\$16,961	
	Recommended Benefit Exceptions	\$0		\$16,200	
Negotiated	Residential Treatment	\$6,750		\$0	
<b>Grand Total</b>		<b>\$2,413,926</b>		<b>\$1,243,213</b>	
		\$0	\$1,000,000	\$2,000,000	\$3,000,000
		\$0	\$500,000	\$1,000,000	\$1,500,000



# Post-Discharge Counseling

# Post-Discharge Counseling Summary

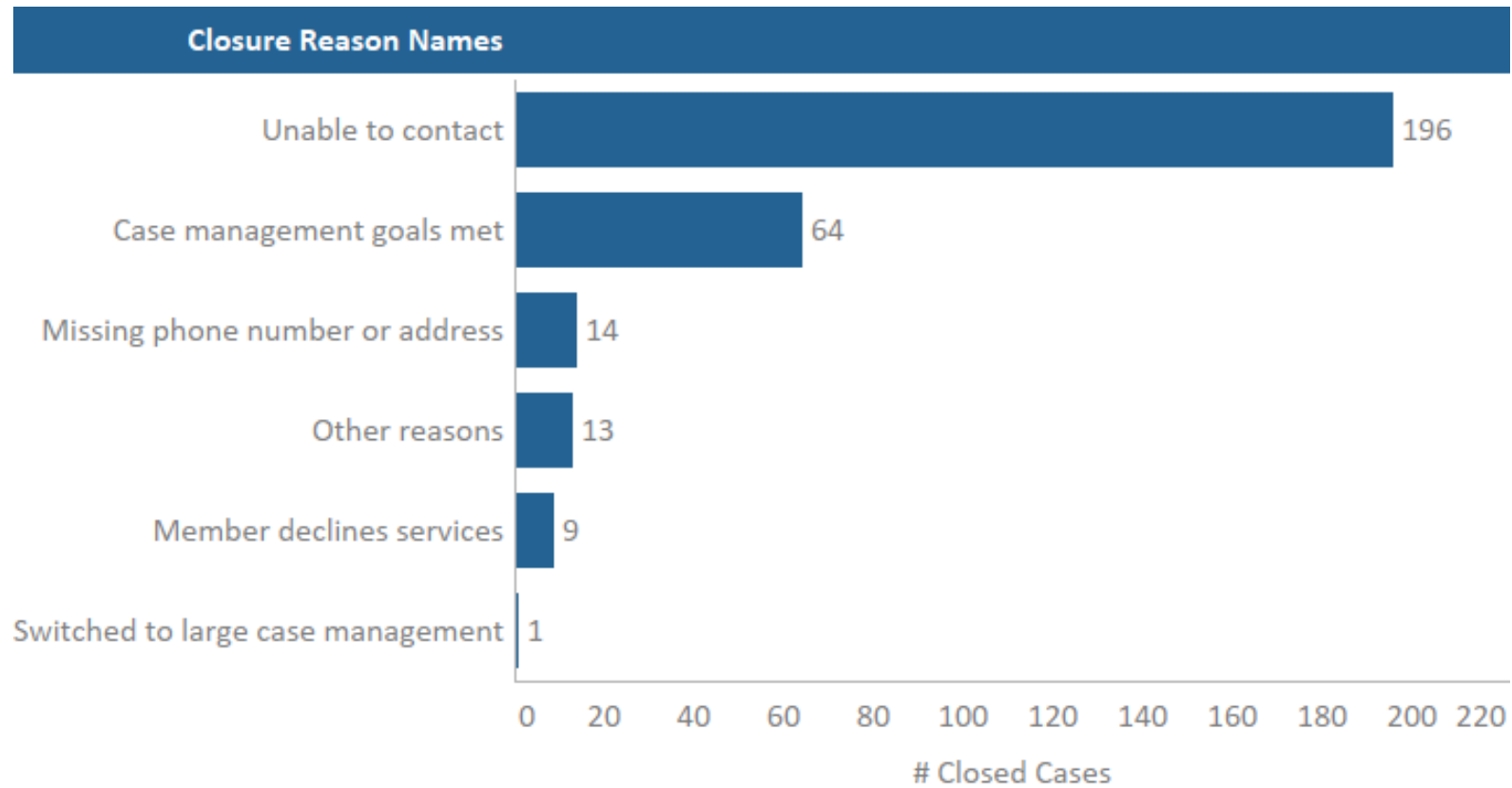
The diagram below illustrates the total number of candidates for readmission within the reporting period identified for Post-Discharge Counseling, regardless of whether the member participated in a counseling call and whether the member experienced readmission within 30 days after discharge.



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.	100%	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 7.6 to 1 CM ROI 3.3 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