



Annual Case Management Program Evaluation - 2023

Adobe Population Health

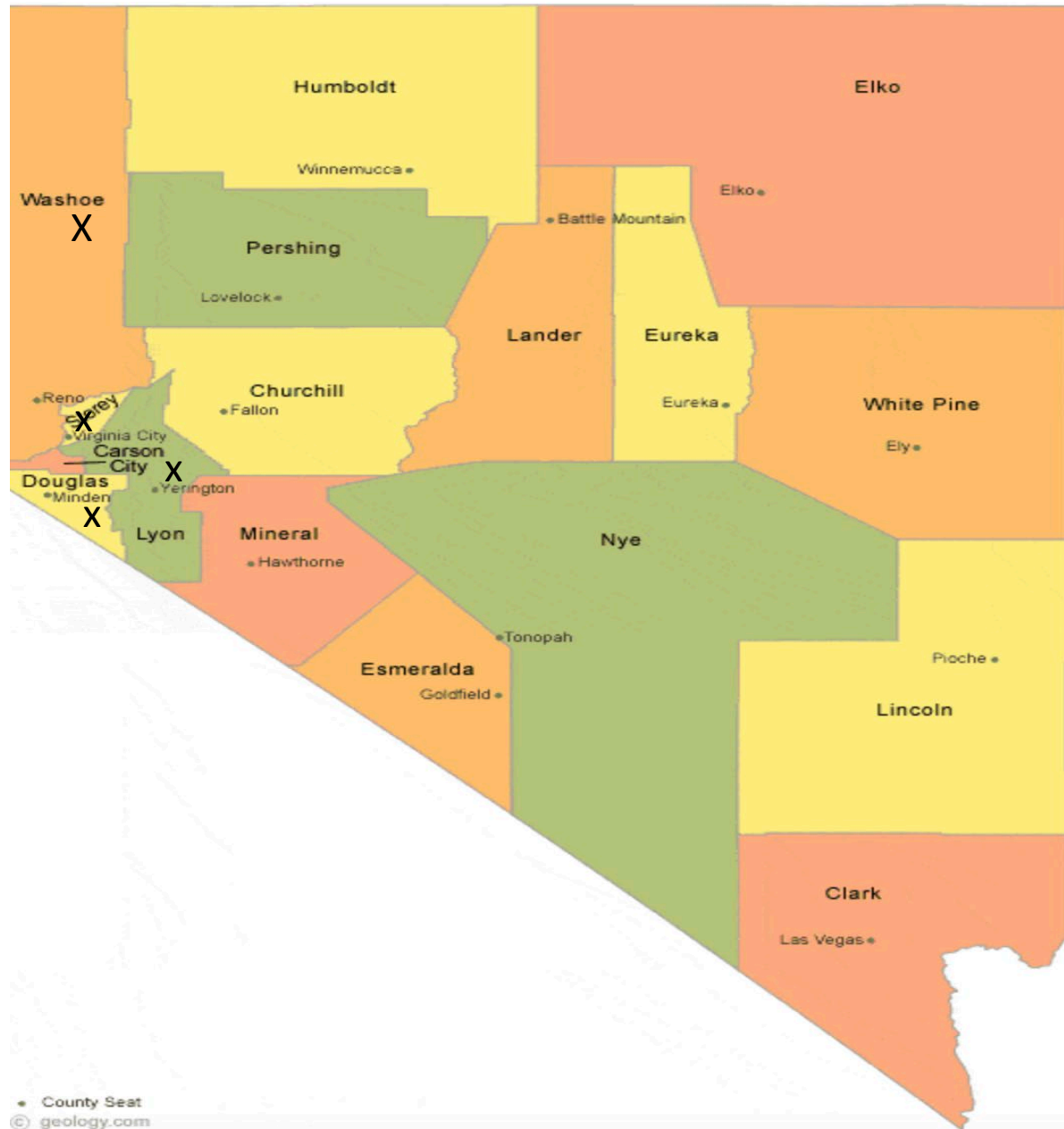
Delegated Population

- MAPD & SNP for Arizona counties
- Total Population: 21882
- MAPD: 7728
- SNP: 14154



Delegated Population

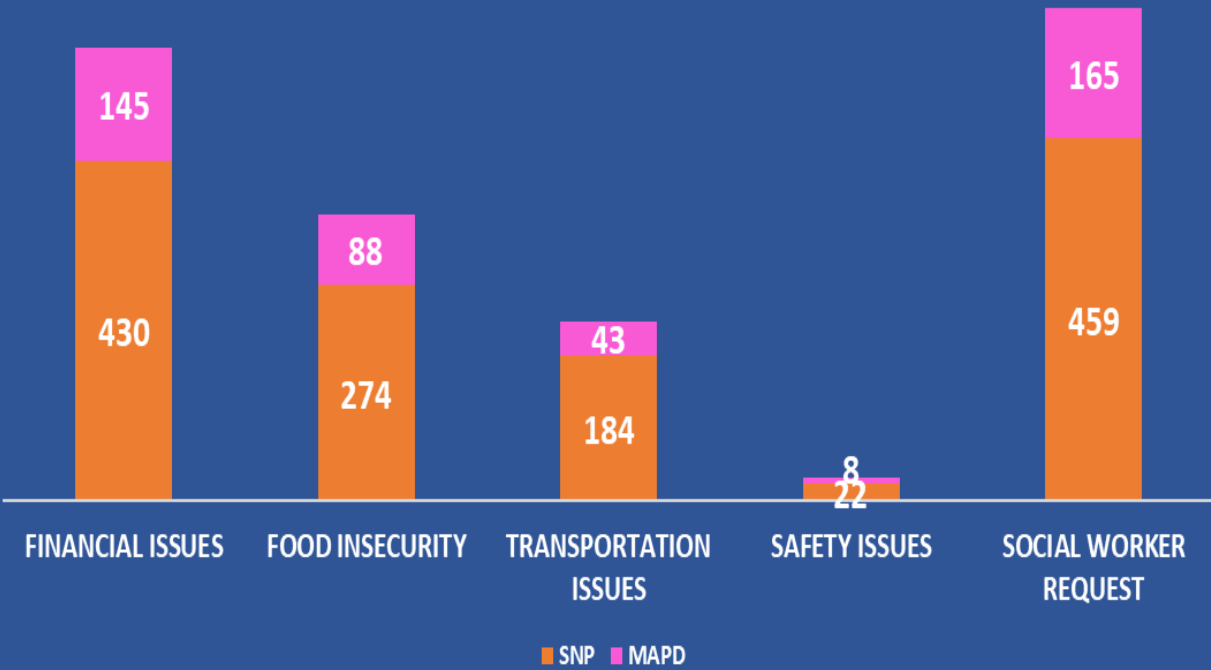
- MAPD & SNP for Nevada counties
- Total Population: 1347
- MAPD: 1121
- SNP: 226



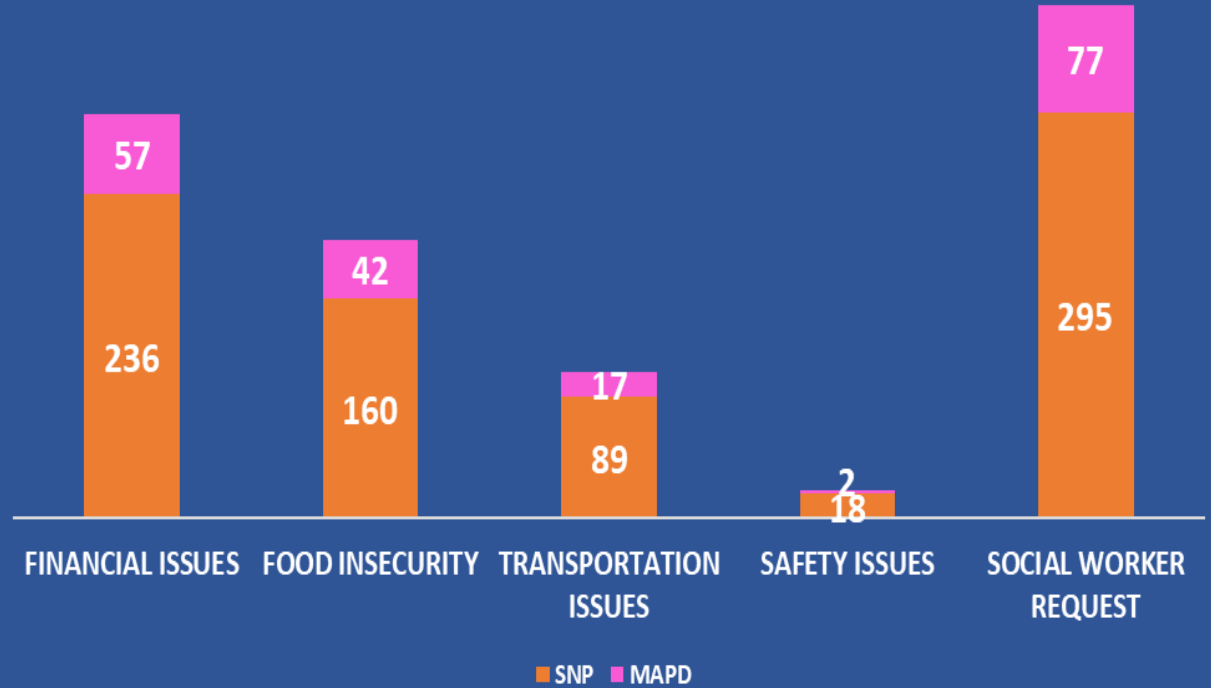


MASLOW™

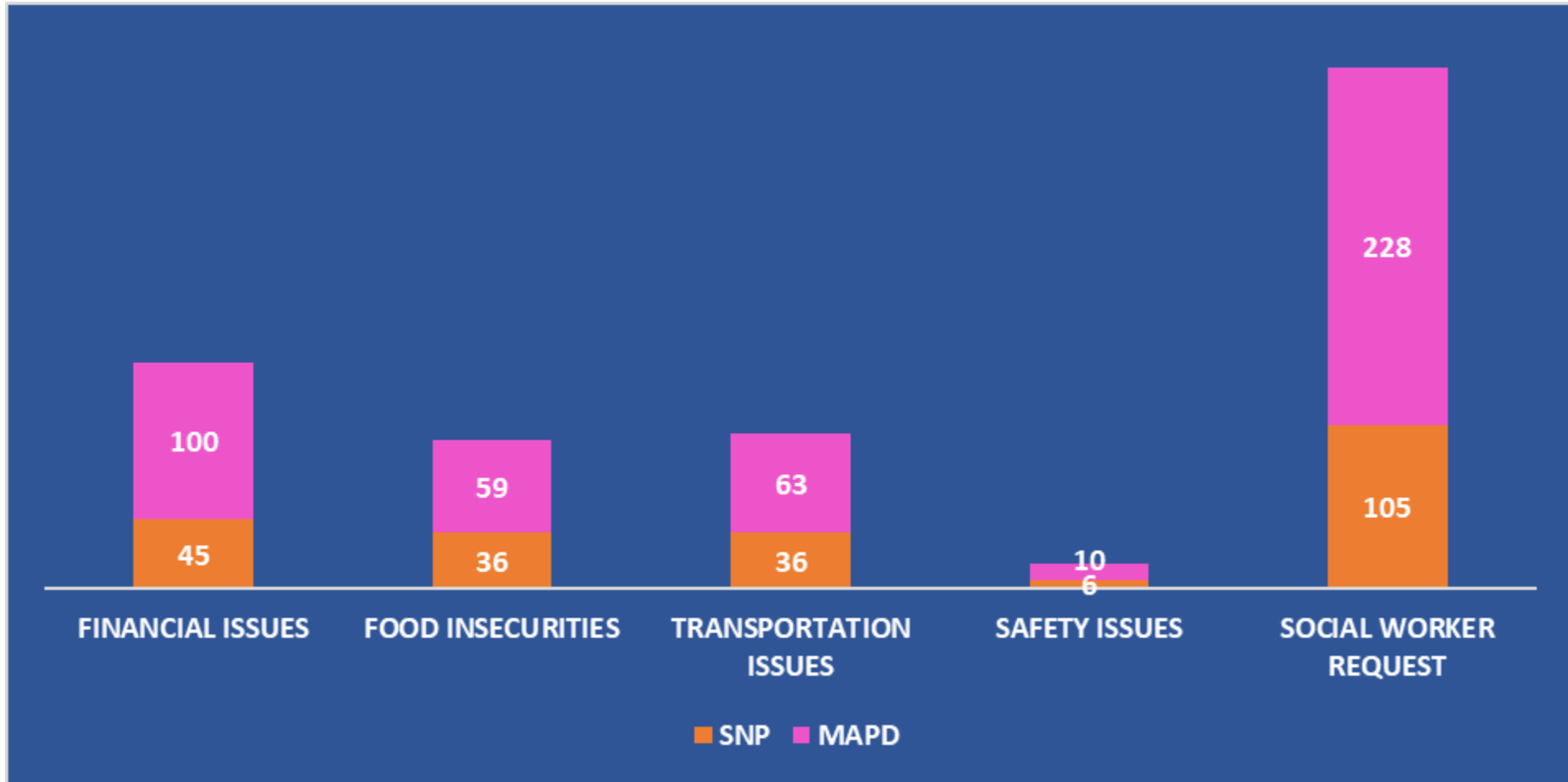
Arizona South YTD - Maslow Resources Provided



Arizona North YTD - Maslow Resources Provided

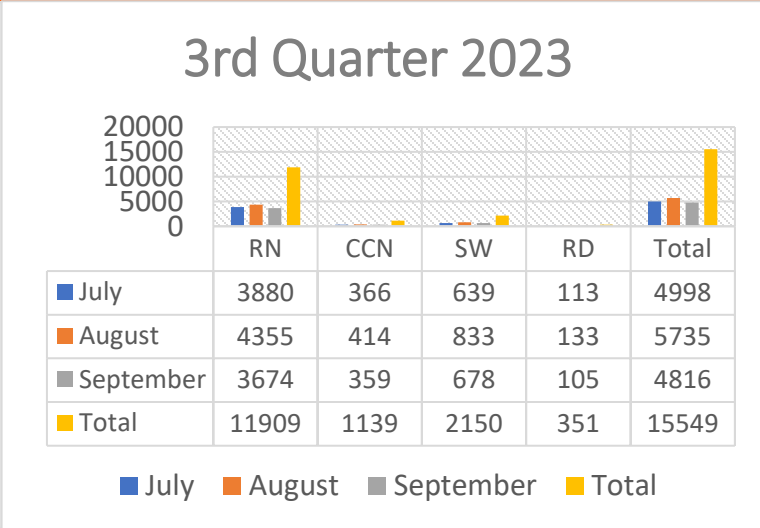
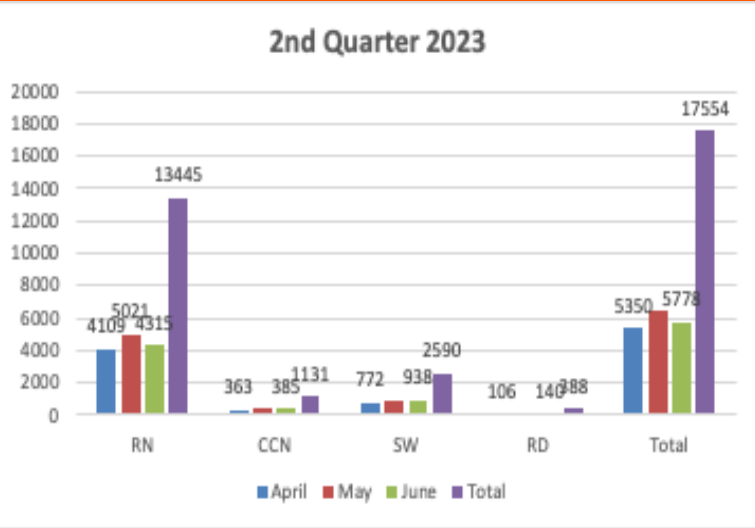
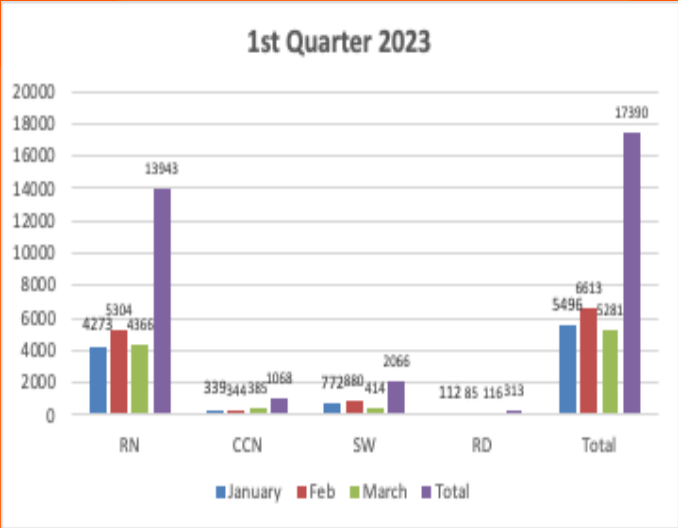


Arizona 2023

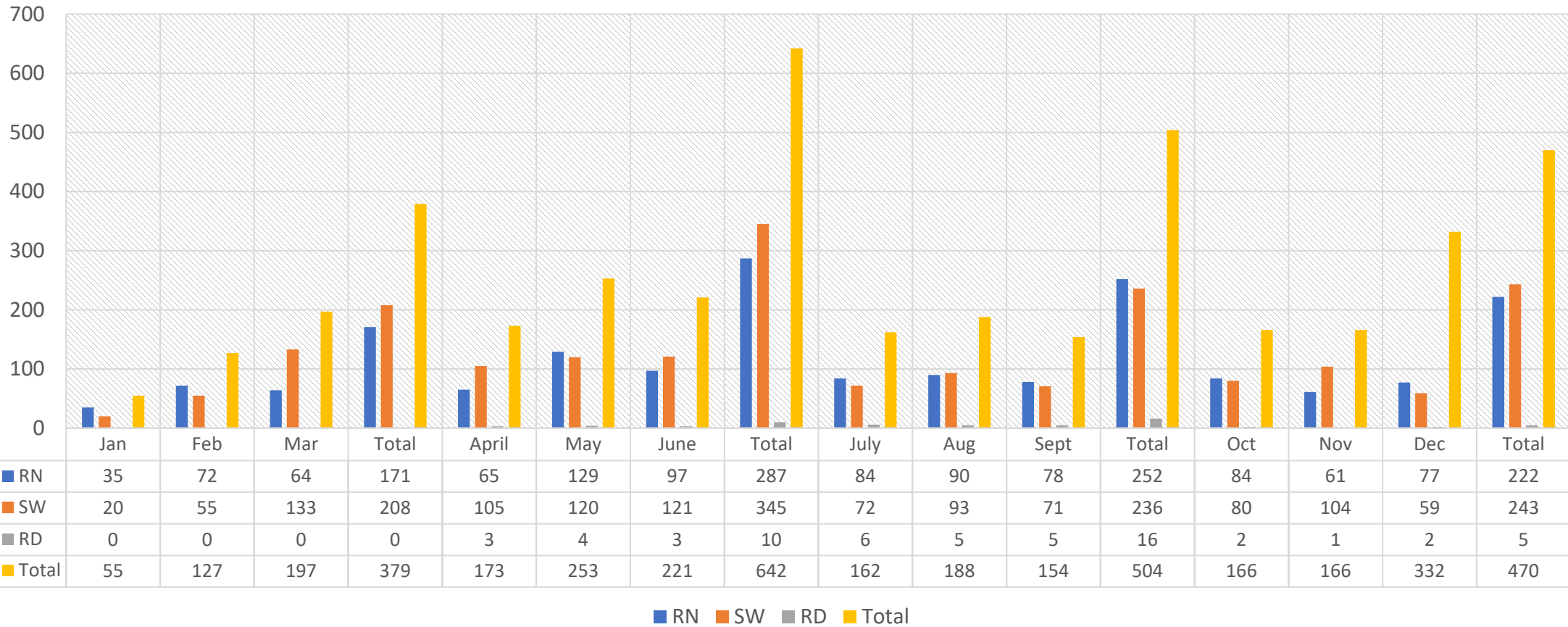


Nevada 2023

2023 AZ Integrated Case Management Touch Points



2023 NEVADA Integrated Case Management Touchpoints



AZ Tiers & Refusals – EOY (12/31/2023)

- Tier 0 (Refusals & Unable to Contacts)
 - Refusals - 650 (3%)
 - Unable to Contact- 4526 (21%)
- Tier 1 – 13,325 61%
- Tier 2- 2849 13%
- Tier 3 – 455 2%

NV Tiers & Refusals – EOY (12/31/2023)

- Tier 0 (Refusals & Unable to Contacts)
 - Refusals - 18 (1%)
 - Unable to Contact- 121 (9%)
- Tier 1 –1157 86%
- Tier 2- 35 3%
- Tier 3 – 13 1%

Sub-population Review

Demographics:

Hispanic population -

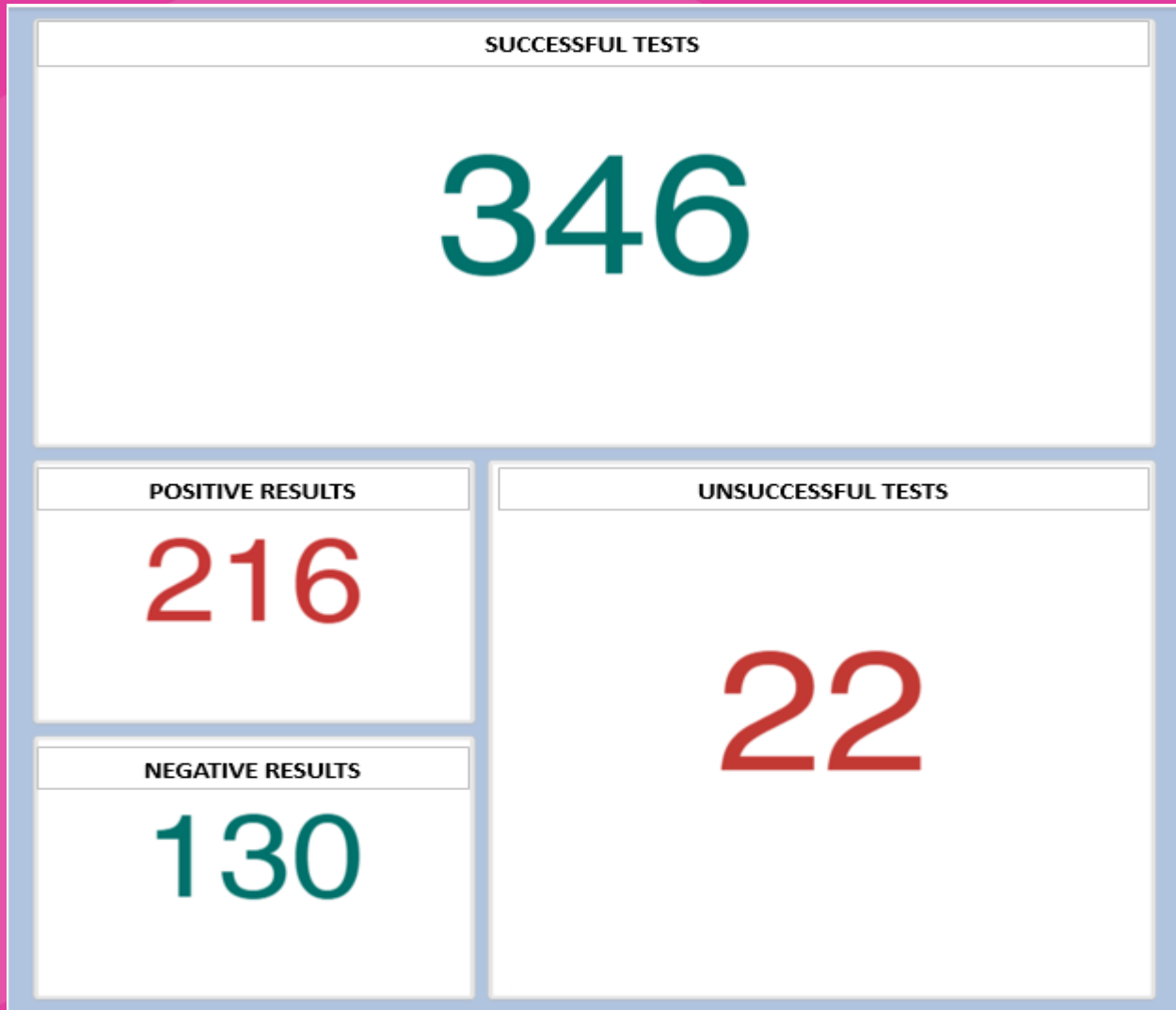
AZ South 36%

AZ North 18%

Nevada 17.7%

- Spirometry Pilot
- Diabetes
- Depression
- TOC & Re-hospitalization
- High Utilization

AZ Point of Care Spirometry Pilot



- Pilot Started: 6/19/2023
- Full Implementation: 9/01/2023
- At Risk Members for COPD
 - Smokers (F17200 or F17210)
 - Asthma (J45)
 - Chronic Bronchitis, Smokers Cough (J42, J41)
 - Shortness of Breath (R0602)

2023 Diabetes Program with Pharmacy

Nevada – Number of Participants = 94

- Percentage of A1c's completed to-date = **61%**
- Percentage of A1c's below 9% = **81%**
- Percentage of members who have received the Diabetic Toolkit = **99%**
- Percentage of members who have had an NPIHA visit to-date = **35%**



2023 Diabetic Program with Wellcare Pharmacy

Region: Arizona # of Total Participants = 368			
Northern Arizona = 70 Participants		Southern Arizona = 298 Participants	
Percentage of A1c's completed to-date	87%	Percentage of A1c's completed to-date	94%
Percentage of A1c's below 9	34%	Percentage of A1c's below 9	58%
Percentage of members who have received the Diabetic Toolkit	82%	Percentage of members who have received the Diabetic Toolkit	90%
Percentage of members who have had an NPIHA visit to-date	31%	Percentage of members who have had an NPIHA visit to-date	47%

Nevada PHQ-9 Assessments

SMI diagnosis – 47.7%

302 Total Assessments YTD 2023

- 249 Unique Members

23 Members flagged for risk of depression

- 17 members no longer at risk

16 Members flagged for suicidal thoughts

- 10 Members have improved

AZ PHQ-9 Assessments

SMI diagnosis – 48.15%

6827 Total Assessments YTD 2023

- 3557 Unique Members

771 Members flagged for risk of depression

- 629 Members no longer at risk

181 Members flagged for suicidal thoughts

- 140 Members have improved

Nevada TOC & Re-hospitalization Rates

Annual average TOC assessment – 42%
Annual average TOC in-home visit - 66%
Re-admission Rate for all state - 12%
PCP annual visit – 74% (SNP)

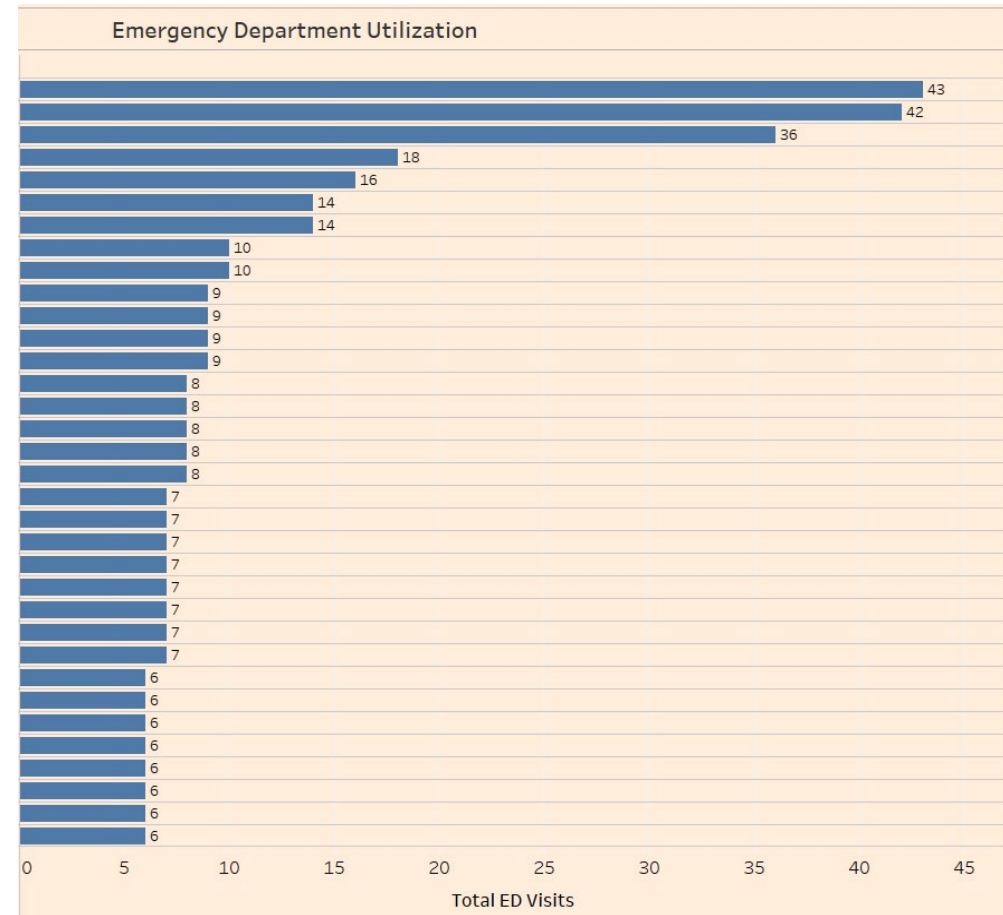
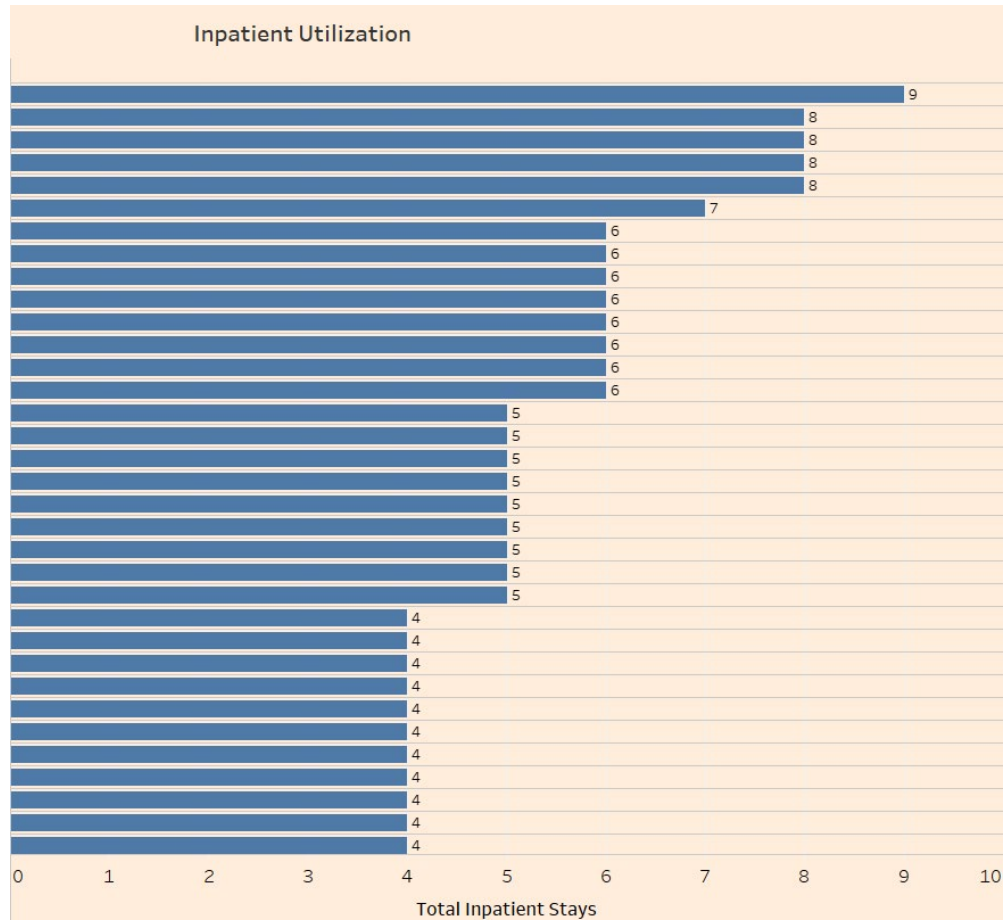
Adobe in-home within 7 days –
32% decrease in readmission risk

AZ TOC & Re-hospitalization Rates

Annual average TOC assessment – 70%
Annual average TOC in-home visit - 54%
Re-admission Rate for all state – 9.4%
PCP annual visit – 82% (SNP)

Adobe in-home within 7 days –
5% decrease in readmission risk

AZ & NV High Inpatient and ED Utilizers



HRA Outcomes

Arizona Delegated												
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
SNP	48%	52%	64%	66%	72%	76%	76%	76%	76%	75%	84%	82%
MAPD	28%	54%	68%	69%	77%	84%	78%	80%	79%	79%	77%	71%
Overall %	38%	53%	66%	67%	74%	79%	77%	78%	78%	77%	81%	77%

Arizona Non-Delegated												
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
SNP	0%	33%	53%	52%	57%	62%	64%	67%	71%	70%	74%	76%
MAPD	0%	0%	57%	57%	59%	63%	57%	63%	64%	64%	65%	69%
Overall %	0%	19%	55%	54%	58%	63%	61%	65%	68%	67%	70%	73%

HRA Outcomes

Nevada Delegated												
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
SNP	0	0	25%	50%	74%	69%	65%	63%	73%	89%	100%	80%
MAPD	0.21%	0	36%	47%	48%	52%	65%	59%	62%	78%	58%	67%
Overall Completion	9%	4%	42%	48%	57%	57%	65%	61%	68%	84%	79%	74%

Nevada Non-Delegated												
	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
SNP	0	6%	29%	52%	62%	69%	57%	71%	64%	84%	78%	64%
MAPD	0	0	44%	55%	49%	55%	60%	61%	59%	71%	51%	80%
Overall Completion	6%	7%	54%	54%	56%	61%	59%	66%	62%	78%	65%	72%

2022 Goals

- TOC visit in home within 7 days – 75%
- HRA 70% completion
- Readmission rates- 10%
- Decrease in admission for Diabetic pilot group
- ICT completion for Tier 2 & 3
- EOY 63% (not met)
- EOY 60% (not met)
- EOY 11% (not met)
- 52% decrease in inpatient admission (met)
- 100% (met)

2023 GOALS

- Continue Diabetes Management program - **Completed**
- Create COPD Pilot program with Spirometry testing - **Completed**
- Review Utilization of Tiers
 - Tier 3 should be a minimum of 10% - **Completed**
- Increase utilization of post-cards & texting to increase member engagement - **Completed**
- Complete ED follow-up calls and educational mailings - **Completed**
- Increase SW engagement with SMI population

2024 Opportunities for Improvement

- Increase participation in TOC telephonic
- Increase engagement with PCPs
- Decrease Nevada UTC
- Improve in-home visit % following hospitalization

2024 Performance Goals

TOC in-home within 7 days: 75%

Re-admission Rate – 10%

HRA completion - 4 STAR

UTC for CM – 12%

SW visits with SMI - 30%

SNP Annual PCP visits 90%