Health Care Guidance Program

Coordinating with you for better care!

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What is the Nevada Medicaid Health Care Guidance Program?

The Nevada Medicaid Health Care Guidance Program which launched on June 1, 2014, is a Care Management Organization (CMO) that supports providers in the care of certain Fee-for Service (FFS) Medicaid patients. By offering additional support to these patients and you, their provider, this no-cost program is designed to help improve health outcomes for individuals who live with chronic health conditions. Programming addresses a broad scope of needs, including comprehensive care management, care coordination, health promotion and transitional care support. Up to 41,500 Medicaid patients with qualifying chronic health conditions will be eligible to participate. Care managers work with you and your office to reinforce your recommendations and contribute to your patients' care.

Program Goals

- To help patients better manage their chronic health conditions and adopt healthy lifestyle practices.
- To enhance patient understanding of their condition and adherence to treatment.
- To optimize the quality and coordination of care delivered by providers to their chronically ill patients.
- To provide personalized care support services which promote self-management for chronic health issues.
- To drive better health outcomes by promoting the delivery of evidence-based clinical care.

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Benefits to Providers

- Represent additional, no-cost resources including coaching that supports patient-centered care plans
- Offer collaboration to support effective care transitions and coordination of follow up or recommended care
- Provide additional health education and referral to community resources for high risk/high need patients
- Help decrease appointment no-shows by providing assistance in securing transportation
- Targeted outreach that supports medication adherence and obtaining necessary equipment and supplies
- After hours clinical support for patients via 24/7 access to nurse advice line
- Identify barriers that impact health and help improve patient self-management skills and health outcomes

Beneficiary Participation

- Enhanced care management services are free to qualifying FFS Medicaid beneficiaries.
- Participation is considered mandatory for qualifying beneficiaries; Native Americans enrollment is voluntary.
- Eligible patients have qualifying chronic or complex conditions or high utilization patterns.

The federal Centers for Medicaid & Medicare Services (CMS) and the Nevada State Division of Health Care Financing & Policy (DHCFP) have confirmed the following qualifying conditions:

- Cerebrovascular disease, aneurysm, and epilepsy
- Heart disease and coronary artery disease
- Asthma
- Chronic obstructive pulmonary disease, chronic bronchitis, and emphysema
- Diabetes mellitus
- End stage renal disease and chronic kidney disease
- Mental Health conditions—includes (but not limited to) psychotic disorders (such as dementia, paranoia, schizophrenia, delirium and psychosis) mood disorders (such as bi-polar disorder, anxiety disorder and depression) and other mental health disorders
- Musculoskeletal system conditions—osteoarthrosis, spondylosis, disc displacement, Schmorl's Nodes, disc degeneration, disc disorder +/- myelopathy, postlaminectomy syndrome, cervical disorders, spinal stenosis, spondylolisthesis, nonallopathic spinal lesions, femur fracture and spinal sprain
- Obesity
- Pregnancy
- Substance use disorder
- HIV/AIDS
- Complex Condition/High Utilizer: Individuals with complex conditions incurring high treatment costs exceeding $100,000 in claims. Participation is mandatory for those who qualify (eligible patients may only opt out of the program through a formal Opt-out process)

"When a patient and their caregivers can better manage chronic diseases, patients often need fewer extended hospital stays, ED visits, or other costly medical interventions," says Amy J Khan, MD, MPH, Medical Director at McKesson. "We work closely with providers to break down barriers to care and help improve the health outcomes of their patients."

Participant Identification and Assessment

- Patients with qualifying conditions are identified among FFS Medicaid beneficiaries through historical claims.
- Analytic and predictive modeling tools are used to assess risk level and stratification for program interventions.
- Providers may also directly refer eligible patients for participation in the Health Care Guidance Program.

Contact Us

Call **1.855.606.7875** (toll-free) for questions or to make a referral. Program hours are Monday to Thursday, 8 AM – 8 PM, and Friday, 8 AM to 5 PM (Pacific Time). Fax referrals may be sent to **1.800.542.8074**.