

# COMMUNITY HEALTH ALLIANCE

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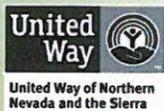
#### **OFFICE**

680 South Rock Boulevard  
Reno, NV 89502  
(775) 329-6300

#### **CHA PROGRAMS:**

- **CHA MEDICAL/DENTAL CENTER/** Wells Avenue
- **CHA OUTREACH MEDICAL CLINIC/**Record Street
- **CHA NELL J. REDFIELD HEALTH CENTER/**Sun Valley
- **CHA NELL J. REDFIELD HEALTH CENTER/**Neil Road
- **CHA CENTER FOR COMPLEX CARE/**Crampton Street
- **CHA SCHOOL-BASED HEALTH CENTER/**Villanova Drive

<http://www.chanevada.org>



## **Comments on Potential Medicaid Managed Care Expansion January 5, 2016**

The following are comments on Nevada's plans to expand Medicaid managed care to additional populations including the most medically and socially vulnerable sometimes called the Aged, Blind and Disabled (ABD).

Community Health Alliance (CHA) is a non-profit community health center serving Washoe County. Our mission is to provide high-quality primary care, behavioral health, dental care and other services to patients regardless of their ability to pay. With six health center as well as mobile services, CHA serves over 27,000 unduplicated patients and is one of the largest providers of outpatient services to Medicaid patients in Northern Nevada.

We believe before moving ABD populations, and potentially rural communities, into Medicaid managed care, more needs to be done to assure Medicaid and its managed care partners are meeting current regulatory requirements to provide adequate health services to Medicaid beneficiaries. This includes assuring adequate access to health services and that the entire program complies with existing federal laws, such as the Mental Health Parity and Addictions Equity Act (MHPAEA).

Access studies have been done by the State on Medicaid managed care. These studies highlighted significant gaps, particularly access to specialty care. Behavioral health access was not measured in the study because of insufficient sample size. We ask that before moving more vulnerable populations into managed care, the State assure that all its programs (fee-for-service and managed care) meet access standards.

Additionally, the State needs to assure that the requirements of the Mental Health Parity and Addictions Equity Act are being met by the Medicaid fee-for-service and Medicaid managed care plans. Again, this should be done before moving more vulnerable populations into managed care.

CHA also asks the State to place a high priority on development of medical homes and the integration of physical and behavioral health care. Physical and behavioral health care continue to be fragmented in the Medicaid system. The causes of health and disease are a product of the interplay between biological, psychological, and socio-cultural factors. This is true for all health and illness, including mental health and mental illness. The integration of primary care and behavioral health care is a proven model supported by SAMHSA, CDC, HRSA and CMS.

Thank you for the opportunity to comment. CHA does not oppose Medicaid managed care, but does want the State to make absolutely certain, these programs meet requirements defined under federal and state law before moving more people into these programs. We also ask that the State allow beneficiaries, providers and advocates to assist in the planning, implementation and oversight of these programs.

Charles Duarte, CEO  
PH: (775) 336-3017  
Cell: (775) 781-1603  
Email: [cduarte@chanevada.org](mailto:cduarte@chanevada.org)