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MEMO

Responder's Name:
Better Health Better Pay Collaborative
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DATE: October 16, 2023
TO: Nevada Division of Health Care Financing and Policy, StatewideMCO@dhcfp.nv.gov
RE: RFI for Nevada Medicaid Managed Care Expansion

Better Health Better Pay Collaborative (BHBP) is pleased to submit the following response to the Division of Health Care Financing and Policy (the Division) Request for Information for the Nevada Medicaid Managed Care Expansion.

RFI Questions

Section 1: Provider Networks

A. *What types of strategies and requirements should the Division consider for its procurement and contracts with managed care plans to address the challenges facing rural and frontier areas of the state with respect to provider availability and access?*
No response.

B. *Beyond utilizing state directed payments for rural health clinics and federally qualified health centers as outlined state law, are there other requirements that the Division should consider for ensuring that rural providers receive sufficient payment rates from managed care plans for delivering covered services to Medicaid recipients/ For example, are there any strategies for ensuring rural providers have a more level playing field when negotiating with managed care plans?*
No response.

C. *The Division is considering adding a new requirement that managed care plans develop and invest in a Medicaid Provider Workforce Development Strategy & Plan to improve provider workforce capacity in Nevada for Medicaid recipients. What types of requirements and/or incentives should the Division consider as part of this new Workforce Development Strategy & Plan? How can the Division ensure this Plan will be effective in increasing workforce capacity in Nevada for Medicaid?*

Recommendation #1: **MCOs develop and submit an annual workforce development plan that is subject to independent review. The MCO workforce development plan MUST have two components: 1: improve direct care workforce capacity in Nevada for Medicaid recipients AND 2: annual "employment outcomes" for Medicaid members whose social determinant needs (housing and food insecurity) are being impacted by employment status (e.g., unemployment or under-employment).**

MCOs need to be transparent and accountable in ensuring their workforce plan is being implemented and producing results. BHBP recommends MCOs submit an annual report that includes the following:

- **Analysis of data on workforce capacity and capabilities, including specific metrics related to direct care worker availability for adequate workforce and access.**
- **The creation of a new entry level frontline healthcare workforce recruitment and training program that includes rural and underserved areas.**
- **Strategies and tools that help providers reduce turnover. Establish an "excellence" or "gold standard" designation that a provider obtains in which rate increases could be applied to increase wages.**
- **MCO direct care retention program must include metrics that are tracked and reported.**
- **Identification of geographical areas (rural) or types of services where increases in workforce capacity and/or capabilities are needed or will be needed.**
- **Annual goals and member "employment outcomes" that clearly identify how many Medicaid members were placed into employment or "graduated off Medicaid" as a result of MCO workforce initiatives.**
- **Description of short and long term strategies will be monitored and evaluated, including an evaluation of the previous year's strategies.**
- **Description of how stakeholders, including Providers, workforce boards, and the general public have been involved in the development of the plan and/or strategies and will be involved in the implementation of the plan and/or strategies.**

Recommendation #2: Scenarios. MCOs should have to respond in detail how they would support a Provider in a rural area AND underserved area to recruit and retain direct care workers.

BHBP recommends at least two provider scenarios in which the MCO needs to include evidence-based solutions that indicate their workforce strategy reduces turnover. Too often, MCOs include "academic" or "aspirational" responses which

have not demonstrated actual results. MCOs need to be specific in how their efforts have actually reduced turnover of direct care workers.

Best practice model. Requiring annual workforce plans that are evaluated and approved are required in several recent Medicaid RFPs. Kansas, Indiana, and Florida RFPs serve as recent examples. Kansas RFP requires an annual direct care workforce report and several of the above annual criteria are included in the recent Kansas RFP. Indiana recently issued a Medicaid RFP for LTSS in which MCOs were required to submit detailed plans on how to recruit, train, and retain direct care workers. Florida RFP, requires MCOs to submit annual "Self-sufficiency reports" indicating how many Medicaid members are "graduating off Medicaid" thru their "Pathways to Prosperity Plan." NOTE: BHBP submitted recommendations to Florida on self-sufficiency recommendations for their RFI. BHBP worked with AHCA in Florida to have MCOs demonstrate how they are getting their Medicaid members to become self-sufficient.

Florida RFP example:

The Managed Care Plan shall report annually to the Agency:

(1) The number and percentage of enrollees who received a Pathways to Prosperity screening.

(2) Type, number, and value of community outreach services provided, including expanded benefits.

(3) Enrollees' receipt of community resources for Pathways to Prosperity -related referrals.

(4) Health care services utilized.

(5) Health outcomes post-services provided related to Pathways to Prosperity via case manager or Hope Navigator.

(6) Completion of vocational training of education programs, including participation and the number of enrollees successfully completing the program.

(7) Family members who received services from Pathway to Prosperity program.

(8) Number of enrollees graduating out of Medicaid as defined by the Agency.

NOTE: It is critical MCO annually report number of Medicaid enrollees "graduating off Medicaid" or "placed into better employment". Any MCO workforce plan must be outcomes based.

D. *Are there best practices or strategies in developing provider requirements and network adequacy standards in managed care that have been effective in other states with respect to meeting the unique health care needs of rural and frontier communities?*
No response.

E. *Nevada Medicaid seeks to identify and remove any unnecessary barriers to care for recipients in the Managed Care Program through the next procurement. Are there certain arrangements between providers and managed care plans that directly or indirectly limit access to covered services and care for Medicaid recipients? If so, please identify and explain. Please also explain any value to these arrangements that should be prioritized by the Division over the State's duty to ensure sufficient access to care for recipients.*
No response.

Section II. Behavior Healthcare

A. *Are there strategies that the Division should use to expand the use of telehealth modalities to address behavioral health care needs in rural areas of the state?*
No response.

B. *Are there best practices from other states that could be used to increase the availability of behavioral health services in the home and community setting in rural and remote areas of the State?*
No response.

C. *Should the Division consider implementing certain incentives or provider payment models within its Managed Care Program to increase the availability and utilization of behavioral health services in rural communities with an emphasis on improving access to these services in the home for children?*
No response.

Section III. Maternal and Child Health

A. *Are there other tools and strategies that the Division should consider using as part of the new Contract Period to further its efforts to improve maternal and child health through the Managed Care Program, including efforts specifically focused on access in rural and frontier areas of the State?*

Recommendation #1: MCOs should have a mobile learning program for new mothers that are home bound and living in maternal health deserts. The program should include how the new mom will receive support services over 12 months.

Best practice model: A mobile learning partnership program for new moms on Medicaid and TANF has started in Texas. These moms are being enrolled in a 12-month program in which an MCO, local workforce board, and community organizations are partnering to close the health, wealth, and digital equity gap. Under this program, postpartum mothers on Medicaid and TANF are given a laptop computer, Internet access, an online mentor, life skills, job search, and telehealth services. Since the initial launch in Texas, additional mobile learning partnerships are now starting in other States, e.g., Florida, Georgia, and Oklahoma. In addition, Kansas Dept of Human Services utilizes mobile learning in frontier areas. Nevada should include in the RFP how the MCOs are going to adopt and include similar partnerships for new mothers, especially those in rural and frontier areas.

Recommendation #2: Scenario. MCOs should have to respond how they will support a pregnant mother in a rural area that is unemployed and lacking access to behavioral health, transportation, and childcare services.

Best practice model: Several States are including pregnant mother scenarios in their RFP. Often those scenarios include how the MCO will support a mother that is unemployed, lacks transportation, childcare, and access to behavioral health services. The recent Florida RFP includes the following scenario:

Rebecca is a twenty-seven (27)-year-old woman who just moved to Florida and is six (6)- months pregnant. Her application for Medicaid was approved in October 2022 and she was auto enrolled in a health plan at that time. Rebecca never completed high school and reads at a fourth (4th) grade level. She is unemployed and not actively looking for work. In addition, she has a five (5)-year-old daughter, who is also enrolled in the same health plan, and whose father lives out-of-state and does not pay child support. Rebecca currently lives with her boyfriend and has limited access to her boyfriend's car.

B. *Are there certain provider payment models (e.g., pay-for performance, pregnancy health homes, etc.) that the Division should consider that have shown promise in other states with respect to improving maternal and child health outcomes in Medicaid populations?*
No response.

IV. Market and Network Stability. Algorithm for Assignment

1. Service Area:

A. *Should Nevada Medicaid continue to treat the State as one service area under the Managed Care Contracts or establish multiple regional or county based services areas?*

No response.

B. *Please describe any other best practices used in other states that the Division should consider when establishing its service areas for managed care plans that have balanced the goal of ensuring recipient choice and market competition (price control) with market stability and sufficient provider reimbursement.*
No response.

2. Algorithm for Assignment:

A. *Are there other innovative strategies that the Division could use in its Medicaid programs with respect to the assignment algorithm that promotes market stability while allowing for a "healthy" level of competition amongst plans?*

Recommendation: The Division should weight auto-assignments for 18–26-year-old Medicaid members on MCO ability to place those members into "employment."

Best practice example. Generally, there are two approaches MCOs take when it comes to employment outcomes, especially for younger and often healthier Medicaid members. One approach is to have a "member for life" in which the MCO does NOT want to get that member off Medicaid and lose a customer. Those MCOs may offer GED support but the utilization is non-existent and no member is encouraged, tracked, and placed into employment. On the other hand, some MCOs put a premium on getting their members connected to employment and training opportunities. Those MCOs take a more "whole person" approach and focus on improved outcomes including employment. The Division should at a minimum provided some weighted measure that awards auto-assignment to those MCOs that are placing members into employment, especially for Medicaid enrollees from 18-26 that are more likely healthy and in need of employment opportunities.

V. Value-Based Payment Design

A. *Beyond the current bonus payment, what other incentives or strategies should the Division consider using in its upcoming procurement and contracts to further promote the expansion of value-based payment design with providers in Nevada Medicaid?*
No response.

B. *Are there certain tools or information that the State could share, develop, or improve upon , to help plans provides succeed in these arrangements?*
No response.

C. *What considerations should the Division keep in mind for promoting the use of value-based payment design with rural providers?*
No response.

VI. Coverage of Social Determinants of Health

A. *Besides housing and meal supports, are there other services the Division should consider adding to its Managed Care Program as optional services in managed care that improve health outcomes and are cost effective as required by federal law?*

Recommendation #1: Have employment be an SDOH priority.

<u>Best practice model</u>. State RFPs are increasingly recognizing employment as an SDOH priority. For many Medicaid members their housing and food insecurity is a result of their employment status. For those MCOs that prioritize employment they are able to address both housing and food insecurity social determinant needs not only in the short term but long term. Florida for example required MCOs to submit a "Pathways to Prosperity Plan" to ensure that employment was a priority when it came to social determinants of health.

B. *Are there other innovative strategies in other states that the Division should build into its Managed Care Program to address social determinants of health outside of adding optional benefits?*
No response.

C. *Nevada requires managed care plans to invest at least 3 percent of their pre-tax profits on certain community organizations and programs aimed at addressing social determinants of health. Are there any changes to this program that could be made to further address these challenges facing Medicaid recipients in support of improving health outcomes?*

Recommendation #1: Require MCOs to have value-based agreements with Nevada's two workforce boards that focus on employment as an SDOH focus.

<u>Best practice model</u>. Several MCOs have committed to forming value-based payment agreements with local workforce boards in other States. The model includes the following:

1. **MCO identifies Medicaid members in which employment is a social determinant need.**
2. **MCO and Workforce Board establish an "informed" referral process to have Medicaid members enrolled in Workforce Board employment and training programs.**
3. **Workforce Board provides career and job placement services to referred Medicaid members.**

4. **MCO would make annual value-based payments to the Workforce Board based on meeting agreed upon performance outcomes (e.g., improved health resulting from better employment.)**

Nevada has strong and very responsive local workforce boards. All MCOs can and should form value-based payment agreements with these workforce boards to an "outcomes based" closed loop referral process in which workforce boards receive value-based funding for improving health outcomes by placing Medicaid members into employment. These value-based agreements can be tailored to priority populations, e.g., youth, new moms, justice involved individuals.

VII. Other Innovations

Please describe any other innovations or best practices that the Division should consider for ensuring the success of the State's expansion of its Medicaid Managed Care Program.

All the above recommendations are being included in other State RFPs and/or being implemented by MCOs in other States. Nevada has an opportunity to adopt these recommendations as a comprehensive strategy that addresses several critical needs:

- **Addressing the direct care worker shortage.**
- **Providing innovative partnerships to improve maternal and child health outcomes.**
- **Close health and wealth equity gaps.**

BHBP would welcome the opportunity to share best practice models, recommend specific RFP language, and examples of MCO investments that are being made to address the workforce and employment needs facing Medicaid managed care.

ABOUT THE BETTER HEALTH BETTER PAY COLLABORATIVE (BHBP)

Better Health Better Pay Collaborative (BHBP) background. BHBP is a collaborative of workforce organizations, workforce subject matter experts, as well as a national network of workforce development boards that collectively work with Health Plans (MCOs) to close health and wealth equity gaps. BHBP believes that meaningful employment is a critical element of people's health and social well-being. We contribute to health equity by connecting MCO Medicaid members to an extensive network of employment service providers. Our goal is to help jobseekers in local communities access career resources that will lead to stable employment, and in turn, greater economic and health prosperity.

Over the last few years, BHBP has worked with State officials and Medicaid agencies to recommend and design RFP language for Medicaid RFPs as well as advising on the implementation of MCO sponsored programs to connect Medicaid members to employment opportunities.

In addition, BHBP has partnered with MCOs across the country to implement innovation programs and partnerships that include value-based payment models for self-sufficiency as well as mobile learning partnership programs for targeted populations like post-partum mothers on Medicaid.

We are excited to offer our experience, expertise, and recommendations to the Nevada Division of Health Care Financing and Policy in supporting a comprehensive approach to improving Nevadans health through MCO-led programs to support those on Medicaid improve their health by improved employment opportunities and by extension, addressing other social determinant of health factors.

Employment and health: what the research tells us. Research is very clear, the impact a job loss, or chronic unemployment has on an individual's health. Health equity gaps are best closed when also closing wealth equity gaps. Chronic unemployment leads to chronic behavioral health and physical health conditions. Below are few examples of the research connecting health to employment:

- Psychiatric Services, *"Long-Term Unemployment: A Social Determinant Underdressed Within Community Behavioral Health Programs."*
- Journal of Economics Race and Policy, *"Race, Unemployment, and Mental Health in the USA: What Can We Infer About the Psychological Cost of the Great Recession Across Racial Groups?"*
- American Psychological Association, *"The toll of job loss."*
- Epidemiology and Psychiatric Sciences, "*Employment is a critical mental health intervention."*
- American Journal of Public Health, *"Association of Returning to Work With Better Health in Working-Aged Adults: A Systematic Review".*

Recently, there have been innovations and best practices taken by several Managed Care Organizations to recognize the critical role employment has to increasing health quality and reducing health costs. In addition, States are recognizing the important connection between employment and health by including language in RFPs to require MCOs to make employment a priority for Medicaid recipients.

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BHBP encourages the Nevada Division of Heath Care Financing and Policy to make employment an SDOH priority and ensure Managed Care Organizations are required to produce “employment outcomes” that lead to better health for their Medicaid members. In addition, BHBP strongly supports the Division adding a new requirement that MCOs develop and invest in a Medicaid Provider Workforce Development Strategy and Plan.