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Re: RFI for Nevada Medicaid Managed Care Expansion

Section 1: Provider Networks

1. *Improving access to care is essential to ensuring a successful Managed Care Program, especially in hard-to-reach rural and remote communities. All of Nevada's 17 counties are under one or more federal Health Professional Shortage Area (HPSA) designations. Many Nevada providers do not accept Medicaid due to low rates of reimbursement or the administrative burden associated with billing Medicaid. Due to the significant shortage of primary care and behavioral health providers in Nevada, many recipients face long appointment wait and/or travel times for basic health care needs. This is especially true in rural and frontier areas of the state, where people often have no choice but to forgo necessary care or seek services at the nearest local emergency room after a condition has exacerbated.*

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?*

Response:

Recruitment - One of the challenges with recruitment of providers in the state of Nevada is the lack of competitive incentives for providers to practice in our state. A strategy to address this challenge is to offer provider incentives such as rapid student loan forgiveness, housing incentives, and accredited training programs to attract and retain clinicians.

Administrative Burden - Steps to reduce the administrative burden associated with licensure renewals and verification for Medicaid providers in Nevada would also incentivize providers practicing here. Improving the current process will streamline license renewal and make it easier for providers to register with Medicaid.

Prescription Expansion - Providers who do accept Medicaid insurance are faced with blockages regarding the medications they are able to prescribe for clients. The current Medicaid "preferred" list is limited and does not represent the most current, high quality prescription practices. This includes limitations on behavioral health and psychiatric medications for children, as well as asthma and diabetes medications. These limitations put children at increased risk of negative life outcomes. Our recommended strategy for removing prescription barriers is to move all behavioral health medications, asthma, and diabetes medications to the Preferred Drug List in Preferred Formulary Positions. This strategy becomes slightly more complicated with individual MCOs, so our recommendation to mitigate the challenge is to establish a uniform preferred drug list for Nevada. This allows the state and public to retain control over medication access through the Silver State

Scripts Board public meetings and the Drug Use Review Board public meetings. Nevada is only one of 18 states without a uniform preferred drug list, and this will support a smooth transition to MCOs.

Billing barriers - An additional area of administrative burden is billing. The Division could consider creating a Medicaid billing hub to inform providers of the services that are available for reimbursement and how to navigate the billing process. Providing this resource will build stronger practice expectations for providers in the state and offer support that lifts some of the administrative burden. It is important to recognize the individual needs of the various rural and frontier areas of the state when building this resource so that the community can receive the specific support they need as well.

B. *Beyond utilizing state directed payments for rural health clinics and federally qualified health centers as outlined in 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?*

Response:

Provider education - The Division should ensure that providers are aware of the reimbursement matching funds so they can utilize these funds to the fullest extent possible. The Division could create a reference source or easy to navigate guide for the rates of reimbursement, including the billing codes.

Incentivized reimbursement - Requiring that MCOs provide a certain percentage of payment for Medicaid recipients is another strategy to help providers negotiate. For example, many states (California, Ohio, Montana, Utah, and South Carolina and more) have an enhanced reimbursement rate for providers that offer group prenatal care services rather than traditional individual prenatal care.

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?*

Response:

Targeted, accredited training programs - Providers tend to practice where they train and/or are initially licensed. Partnering with training programs throughout the state to increase experience with Medicaid populations is helpful. This may mean supporting the development of accredited training programs. For example, in southern Nevada, there are limited accredited child psychology training programs despite a glaring provider shortage.

Recruitment and Retention incentives - Incentives such as tuition reimbursement, loan forgiveness, and housing incentives can be offered to designated trainees. To ensure the effectiveness of these incentive programs, stipulations like length of time serving Medicaid clients in Nevada can be added.

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?*

Response: 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.

Response:

We recognize the importance of patient choice and the ability to access sufficient care as a priority over other arrangements between providers and managed care plans. Arrangements should be guided by the goal of creating systems that are accessible and equitable for recipients.

Section 2: Behavioral Health Care

2. *Nevada, like most states, has significant gaps in its behavioral health care system. These gaps are exacerbated in rural and frontier areas of the state with the remote nature of these communities. Furthermore, the U.S. Department of Justice issued a recent finding that Nevada is out of compliance with the American with Disabilities Act (ADA) with respect to children with serious behavioral health conditions.*

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?*

Response:

Telehealth - Medicaid can expand partnerships with providers throughout the state who provide telehealth mental health services. This includes strengthening partnerships with mental health training programs. In order for this effort to be successful, Medicaid will need to partner with school districts or related agencies (e.g. Communities in Schools)

Home visiting Support - Expand the existing home-visiting programs to include Community Health Workers who can offer case management services in support of the providers in rural areas. One major barrier for home-visiting is the lack of state match for services that limits the capacity of programs in the state. The state has been working on this issue but has not received a statement with the formal definition of what constitutes a state match.
Another option is to coordinate with nurses, other care providers, and even community members in rural areas to offer training and support for conducting home visits, checking vitals, and connecting individuals with telehealth providers. Expand home visiting into the community by collaborating with county leaders to find a central location, such as a library or community recreation space, that has some privacy and internet connection for telehealth appointments to take place. The current home-visiting programs in the state are listed below in response to Section 3 Question A.

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?*

Response:

The key policy lever that 16 other states have implemented to effectively provide home visiting services is through expanding Medicaid reimbursement for evidence-based programs. Although these programs are focused on home-visiting to build parenting skills, they have effectively been able to reach broader populations within each state. The states that use Medicaid funding include Alaska, Arizona, Idaho, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina and Vermont.

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?*

Response:

The Division could ensure that providers have liability protections for providing services in home settings. Other incentives could include specialized training for home-visiting, continuing education credits, enhanced reimbursement rates for providers who offer in-home services, and performance-based bonuses.

Section 3: Maternal & Child Health

3. *Nevada Medicaid continues to strive to improve maternal and child health outcomes. Currently, the Division uses several contract tools to incentivize managed care plans to focus efforts on improving access to, and the utilization of, prenatal and postpartum care and infant/child check-up visits. Besides performance improvement projects, this includes a 1.5 percent withhold payment on capitation payments that managed care plans are eligible to receive if certain metrics of improvement are met for this population. For 2024 and 2025 Contract Years, the Division is implementing a quality-based algorithm that will prioritize the assignment of new recipients based on plan performance on certain HEDIS metrics that monitor prenatal and postpartum care utilization. Nevada also has a bonus payment program for its 2023 Contract Year for managed care plans that increases the percentage of total expenditures on primary care providers and services, which may include pediatric and obstetric care.*

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?*

Response:

Mandatory Universal Screening for Developmental Delays - The Division should consider mandating universal screenings at every infant and child well-visit until at least 36 months. At this point, most pediatric providers are trained to perform the screening, but they do not because their insurance incentive is more focused on patient volume. A quick, low cost screening instrument such as the Ages and Stages questionnaire can provide the information needed to identify many youth for additional diagnostic testing and potential early intervention services. Creating an incentive program that includes enhanced reimbursement or other financial benefit to the provider is aligned with the Division's goal to improve metrics of outcome for children and families in the postpartum period. These universal screening programs, executed in other states, have been found to improve outcomes for youth with disabilities by linking families to early intervention providers. For rural communities where families may not have access to regular well-child visits, Community health workers or other social service providers can be trained to administer these screening tools.

Further, data collected from this universal screening initiative can be used to anticipate resources needed to serve children and families throughout childhood.

Data transparency - The Division can also consider requiring provider transparency in the delivery of postpartum services, including disaggregate data by key demographic factors and social determinants that will improve our understanding of what care would be most beneficial to the populations at risk.

Increase Home-visiting programs - Home-visiting programs have shown improvements to both maternal and child health outcomes. The current home-visiting programs in Nevada that are most utilized include:

- Nurse Family Partnership: Nurses provide home visits to share information and set goals on child development, health, family well-being, nutrition and fitness up to child's 2nd birthday, currently serving Clark county.
- Parents as Teachers: Home visitors provide materials for child development and conduct screenings for potential referrals up to age 5, currently serving Washoe, Lyon, Carson City, Storey, Elko and Mineral counties.
- Early Head Start: Program combined with Parents as Teachers with support staff for physical, nutritional and mental health consultations up to age 3, currently serving Elko, Clark and Washoe counties.
- Home Instruction for Parents of Preschool Youngsters: HIPPY is a peer-education program that uses role playing for parents to build skills for school readiness, up to age 2. Home visitors empower parents to guide their child's development, currently serving Clark county (1 location).

Funding these services through Medicaid will increase access and utilization for rural regions of the state. These services should include prenatal nutrition and benefits (WIC) consultation, postpartum parent and child check ups, universal screening for developmental delays, and well checks on other children in the home.

Comprehensive maternal health efforts - The Division should require that MCOs develop a comprehensive plan for maternal health that includes necessary services such as prenatal care, including group prenatal care options and doula services, maternal oral health, lactation support, mental health provisions, early developmental screenings, benefits consultation, and universal screenings.

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?*

Response:

Value-based payment model - MCOs can be compelled to engage in innovative, preventative care that supports positive outcomes through the enactment of alternative payment methods (APMs) to incentivize enhanced maternity care using a value-based payment model (VBP).One program that has had compelling, evidence-based success in other states is the Centering Pregnancy Program that offers group prenatal care to pregnant people in the state. There are options for reimbursement through Medicaid, and various recruitment strategies such as offering enhanced reimbursement rates for providers who provide group prenatal care, rather than individual prenatal care. A major

advantage of group prenatal care is more time with providers, an average of 15-20 hours of care throughout the prenatal period, compared to 2-4 hours of traditional individual care. This is particularly beneficial for pregnant people in rural counties of the state, as it also provides a central place for all of the pregnant people to receive resources, rather than individual silos. Group prenatal care has shown positive outcomes such as increased breastfeeding initiation, decrease in depressive symptoms postpartum, and increased participation in prenatal care among Black women with high-risk pregnancies.

Section 4: Market & Network Stability

1. *Service Area:*

Currently, Nevada Medicaid has four managed care plans serving two counties—urban Washoe and Clark Counties. For the upcoming expansion and procurement, the Division is considering whether all contracted plans should serve the entire state, or the State should take a different approach and establish specific service areas. For example, the Division could contract with at least two qualified plans in certain rural regions or counties but contract with more than two qualified plans in more densely populated counties. The goal would be to provide greater market stability, sufficient access to care, and quality plan choice for recipients.

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 service areas? Please explain.*

Response:

Regional service model - Rural counties are at a disadvantage with receiving care as there are few providers or facilities in the regions. Establishing multiple regional or county-based service areas may further exacerbate the strain that is felt in these areas. Alternatively, establishing county-based service areas may allow for more targeted care for the populations they will serve. Ultimately, improving access to care in rural areas should be the primary outcome. Some recommendations currently circulating in the state include:

- MCOs to contract with at least 30% of available Essential Community Providers (ECP) in each plan's service area, mainly ensuring that rural areas have providers in contract
- Offer contracts in good faith to all available Indian health care providers in the service area
- Offer contracts in good faith to at least one ECP in each category in each county in the service area
- Offer contracts in good faith to all available ECPs in all counties designated as Counties with Extreme Access Considerations (CEAC) included in the plan's service area

B. *Please describe any other best practices used in other states that the Division should consider when establishing its service area(s) 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.*

Response: No Response.

2. *Algorithm for Assignment*

For the first Contract Year of the current Contract Period, recipients were assigned to managed care plans based on an algorithm that prioritized new plans to Nevada Medicaid's market. There were notable benefits and challenges to this approach. Going forward, the Division is implementing a quality-based algorithm as previously described that also presents its own unique challenges and benefits.

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?*

Response: No response.

Section 5: Value-Based Payment Design

Nevada Medicaid seeks to prioritize the use of value-based payments with contracted providers in the expanded managed care program. Currently, the Division has an incentivized program for its managed care plans to accelerate the use of value-based payment strategies through a one-year bonus payment arrangement based on performance. With Nevada's ongoing health disparities and the rising cost of health care, these strategies are critical to ensuring the success and sustainability of the State's Medicaid program.

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?*

Response:

The Division could consider offering housing incentives that make it more accessible for providers to reside in rural areas. Also enhanced reimbursement rates such as those employed for group prenatal care are another strategy to incentivize providers in Nevada Medicaid.

B. *Are there certain tools or information that the State could share, develop, or improve upon, to help plans and providers succeed in these arrangements?*

Response: No response.

C. *What considerations should the Division keep in mind for promoting the use of value-based payment design with rural providers?*

Response:

It is important to recognize the challenges with being a service provider in rural areas such as the capacity of the provider and the resources available. Providers in rural areas will need unique support to succeed and should be communicated with to ensure they are able to receive necessary resources. Implementing a Medicaid billing hub is one strategy to relieve some of the administrative burden that will allow providers to spend more time with patients and stress less about the billing requirements for Medicaid reimbursement.

Section 6: Coverage of Social Determinants of Health

Nevada Medicaid is currently seeking federal approval to cover housing supports and services and meal supports under federal "in lieu of" services authority. This allows managed care plans to use Medicaid funds to pay for these services in support of their members. Today, all four plans provide limited coverage of these

services by using their profits to pay for them. The goal of seeking approval of "in lieu of" coverage for these services is to increase the availability of these services in the Medicaid Managed Care Program for more recipients.

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?*

Response:

Childcare - Nevada is a childcare desert with Nevadans paying the highest percentage of income, on average, for childcare in the nation. With this in mind, our most vulnerable families may require childcare support during prenatal and postpartum visits.

Transportation - The Division could consider offering transportation support for families in need to assist families in getting to prenatal, postpartum, and well-child visits

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?*

Response: 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?*

Response:

The Division should require MCOs to partner with community organizations with aligned missions who offer direct services to better understand the needs of the communities they serve. MCOs should also be required to evaluate/report on the effectiveness of the grants they provide to demonstrate the connection between the grant and the need within the population.

Section 7: 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.

Response: No response.

Thank you for this opportunity to submit feedback!