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Re: RFI for Nevada Medicaid Managed Care Expansion

Section 1: Provider Networks

1. E -- Provider Networks

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:

Patients with hemophilia can have various Social Determinants of Health (SDOH) that affect their ability to receive pharmaceutical care and achieve continuity of care on medications that were prescribed to prevent their spontaneous bleeds and improve quality of life (QOL). If patients move to a managed care plan for medical, do they also move their pharmacy benefit as well? Did you know that under NRS 422.4025, FDA approved antihemophilic medications are excluded from Preferred Drug List restrictions? This protection may only apply to patients with Fee-For-Service (FFS) Medicaid; does the protection apply to patients with a pharmacy benefit under a Managed Care plan?

Sincerely,

Mark Rosenberg, PharmD

Pharmacy Manager, Fidelis Specialty Pharmacy