Response to Request for Information for the Nevada Medicaid Managed Care Expansion

Prepared for:

Department of Health and Human Services

Division of Health Care Financing and Policy

Submitted: October 17, 2023
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To: DHCFP
Email: StatewideMCO@dhcfp.nv.gov

From: LIBERTY Dental Plan of Nevada, Inc.
6385 South Rainbow Boulevard, Las Vegas, NV 89118

LIBERTY DENTAL PLAN®

October 17, 2023

Re: RFI for Nevada Medicaid Managed Care Expansion

Dear Division of Health Care Financing and Policy:

LIBERTY Dental Plan of Nevada, Inc. ("LIBERTY") is honored to provide input for the Division of Health Care Financing and Policy (the Division)'s Request for Information for Statewide Medicaid Managed Care Expansion. As always, our Team is prepared to collaborate with the Division, providing feedback based on our knowledge of the Nevada dental delivery system and national experience of our affiliates. We appreciate that the Division has cast a wide net to identify topics of interest for innovative ideas and best practices.

In our response, we share information on LIBERTY's approach to the questions presented by the Division for continued improvement of the State's Medicaid program. Our goal is to align with the Division to expand access to care and enhance the member and provider experience. Overall, our response highlights the importance of:

- Providing enhanced rates to allow plans to make investments to support access to care innovations;
- Creating access to care requirements that support urban and rural areas; and,
- Establishing a statewide service area to drive collaboration and partnerships to improve rural access to care.

Our motto, to **"make members shine, one smile at a time,"** expresses our desire to reach the best possible outcomes for ***every*** Nevada Medicaid member. For more information, please feel free to contact me at 702-283-0840 or via email at bstark@libertydentalplan.com.

Sincerely,

Bre Stark
President
LIBERTY Dental Plan of Nevada, Inc.

Introduction

LIBERTY's Experience Providing Dental Services in Nevada

For over 15 years, LIBERTY Dental Plan of Nevada, Inc. (LIBERTY) has administered dental benefits in Nevada. As the dental benefits administrator for the State's Medicaid and Nevada Check Up members enrolled in managed care in Clark and Washoe Counties, we serve approximately 700,000 children and adults. In addition, we serve members throughout Nevada who are enrolled in Medicare Advantage and on behalf of commercial and employer groups.

From this experience, LIBERTY has gained a unique understanding of the needs of low-income Nevadans. We understand the cultural and linguistic needs of our members and have adapted our program and services to meet their needs. We have cultivated relationships with the State's four Medicaid Managed Care Organizations, local schools, and community organizations focused on low-income Nevadans and developed programs to help them overcome barriers to care and improve whole-person health.

In addition, we have a unique understanding of the needs and capabilities of the dental delivery system in Nevada. We have deep relationships with the dental provider community and have successfully built and grown a comprehensive Nevada provider network in Clark and Washoe Counties. Partnership with the dental provider community has enabled us to expand access points, make investments in mobile programs, and leverage resources in urban areas to expand access in outlying areas. For specialty care, in particular, we have worked with providers in Southern Nevada to ensure availability of specialty care in Northern Nevada, partnered with the University of Nevada Las Vegas School of Dental Medicine, leveraged relationships with providers in our other programs to help recruit for specialists in areas previously lacking access, and partnered with general practitioners who specialize in extractions and endodontics to provide multiple options to our membership.

RFI Questions:

Section 1: Provider Networks

1.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:

In the Nevada Medicaid managed care dental and medical programs in Clark and Washoe Counties today, there are statewide access standards (ratios) for a variety of general practitioners and specialists. For example, in the dental program, there are standards of 1 in 20 miles or 30 minutes for a general practitioner and 1 in 60 miles or 40 minutes for a specialist.

However, in our experience, access standards for rural communities have been distinct from those used in urban communities to account for provider shortages and other challenges. We recommend that the Division establish ratios for any additional service areas to account for the unique needs of rural communities. A table follows with examples of how two states have approached this for their Medicaid dental programs.

	Urban	1 in 35 miles/50 minutes	Periodontist – 1 in 35 miles/50 min Endodontist – 1 in 60 miles/80 min Orthodontist – 1 in 75 miles/100 min Oral Surgeon – 1 in 75 miles/100 min
	Rural	1 in 60 miles/75 minutes	Periodontist – 1 in 60 miles/75 min Endodontist – 1 in 75 miles/90 min Orthodontist – 1 in 90 miles/110 min Oral Surgeon – 1 in 90 miles/110 min
	Urban	1 in 20 miles	1 in 60 miles
	Rural	1 in 25 miles	1 in 60 miles

1.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:

The costs of service delivery in rural areas are higher than in urban communities. Plans require funding to make investments (e.g., mobile programs, supporting rural clinics and staffing, and supporting expansion of school-based programs) and the flexibility to negotiate competitive fees with providers in rural areas, particularly for specialists. In our experience, this flexibility has allowed LIBERTY to recruit providers successfully to our network, who otherwise would have declined to participate in the fee-for-service Medicaid program. Creation of mobile programs and arrangements with providers to travel to rural areas certain times of the month are costly not only in terms of the provider's fees but to also support the logistics required to make these programs successful (scheduling and member outreach).

1.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:

No response.

1.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.

1.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:

Many patients, including those who require sedation to occur in ambulatory surgical centers or may require general anesthesia in a hospital setting, can face challenges in accessing care because scheduling opportunities for dental procedures remain highly limited in these settings. As the state's dental plan for the managed care service areas, LIBERTY is not directly contracted with these facilities (they contract with the MCOs) and cannot guarantee the availability of needed space. LIBERTY has contracted with dental anesthesiologists as an option to provide in-office sedation and this remains an important strategy in rural areas to ensure access. DHCFP could support parity between medical and dental procedures in ambulatory surgical centers and hospitals and promote in-office sedation as strategies to expand access.

Section 2: Behavioral Health Care

2.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:

No response.

2.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:

No response.

2.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:

No response.

Section 3: Maternal & Child Health

3.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:

No response.

3.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:

No response.

Section 4: Market & Network Stability

1. Service Area:

4.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:

Treating the state as one service area under managed care incentivizes all the plans to be part of the solution in addressing rural access, including collaborating with each other. Clark County has disproportionately more providers than any other county in Nevada across all dental specialties, and we expect that is similar for medical services including the areas noted in the RFI that are impacted by workforce shortages: primary care, obstetrics, and behavioral health care. We partner with providers in urban areas, particularly Clark County, to expand access in rural and frontier communities. For example, we work with specialty providers in Southern Nevada to provide services on a monthly basis in Northern Nevada to address member needs. We can develop these strategies because we have a contractual relationship with these providers, and they serve a critical mass of our members in urban areas.

If there are multiple service areas in Nevada, it may be difficult for the plans whose service areas do not include Clark and/or Washoe Counties to develop similar access solutions, particularly for specialty care.

4.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

4.C. 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

5.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:

LIBERTY is a national leader in the development of value-based programs that incentivize preventive dentistry and improve oral and whole-person health outcomes. Our flagship BRUSH program is unique in the nation for its academic foundation and focus on improving clinical member outcomes through reduced caries risk. We have also deployed a variety of pay-for-performance programs to incentivize provision of preventive services and improve service delivery for non-utilizing members or members of high-risk groups (e.g., pregnant women, young children).

In other states, we have seen a variety of approaches to incentivize managed care organizations (medical and dental) in expanding use of value-based care and supporting transformation over time to more sophisticated models along the LAN Alternative Payment Models (APM) continuum. Some states seek to align plans and providers with the state's performance quality metrics and plans reward high performing providers. In others, we have more flexibility in program design, but states have encouraged plans to increase use of APMs by increasing contract requirements regarding the percentage of membership served under a value-based arrangement and the percentage of provider payments given to offices with a value-based arrangement.

5.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.

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

Response:

No response.

Section 6: Coverage of Social Determinants of Health

6.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:

We have offered LIBERTY's Community Smiles social determinant of health referral program in Nevada since 2020. Members can self-search by zip code using findhelp.org's online platform for free and low-cost resources in their community, or they can receive assistance from a case manager in searching for resources. Based on analysis of member search history in the aggregate, housing and utilities, food, health, and transportation resources have been the top four needs searched for by members each year since 2020.

6.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.

6.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:

No response.

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.