

RFI Response: Nevada Medicaid Managed Care Expansion



Livanta, LLC

Contact:

Bryan Dorsey, AM.APMP
Vice President, Business Development
E: bdorsey@livanta.com
P: 240-712-4300 Ext. 4035

CONTENTS

Contents	ii
Section 1: Provider Networks	2
Section 2: Behavioral Health Care.....	3
Section 3: Maternal & Child Health	3
Section 4: Market and Network Stability.....	4
Section 5: Value Based Payment Design.....	4
Section 6: Coverage of Social Determinants of Health	4
Section 7: Other Innovations	5

Livanta, LLC is a Centers for Medicare and Medicaid (CMS)-designated Quality Improvement Organization (QIO) with more than 30 years of experience in clinical quality improvement supporting government health entities.

Livanta has had a significant presence in Las Vegas for 25 years, dating back to the 1980s when we operated as the QIO for Nevada. As Nevada's QIO, we ensured in an impartial manner that Nevada's Medicare beneficiaries received the right care at the right time in the right place, while advancing clinical quality improvement with providers.

Today in Las Vegas, we host central operations for a national healthcare call center and other operations supporting 42+ million Medicare members and providers. The call center receives more than 1.5 million calls annually and supports the same right care/place/time philosophy in correcting systemic quality of care issues through impartial case reviews, provider education, and patient-centric immediate advocacy.

Immediate Advocacy resolves access and quality of care issues by **addressing real-time barriers** to member care. Livanta also has supported patient advocacy for CMS-funded programs with the design and completion of a **successful patient advocacy pilot** that addressed Social Determinants of Health (SDOH) barriers affecting discharge and transition of care concerns. Participants in the pilot represented **rural and other underserved populations**.

State Work

Livanta's state work also includes population health improvement initiatives. For one state, we are piloting our robust SDOH model to help the state and healthcare organizations efficiently identify and **address health disparities** among its residents. In turn, this information aids in strategic planning, resource allocation, and policy development.

Livanta also **contracts with states for services ranging from public health and safety to targeted work with SDOH and vulnerable populations**. These services can be adopted by various states to ensure optimal quality of care outcomes.

Moreover, Livanta offers an end-to-end patient advocacy solution to government customers. The solution includes:

- Bolstering workforce development of nonclinical provider extenders by serving as one of the few national Patient Advocacy accreditation bodies
- Supplementing nonclinical workforce extender staff by providing accredited patient advocates as locum tenens
- Incorporating our proprietary SDOH model to identify those who will most benefit from advocacy intervention to improve health in the most cost-efficient manner
- Enhancing patient advocacy via proprietary software that supports medical record import, creation and tracking of care plans, appointment setting and tracking, hosting of education resources and tools by condition or disease, and resource coordination inside and outside the clinical environment (e.g., durable medical equipment, transportation, medication delivery).

Based on this extensive experience, Livanta recommends Nevada's Division of Health Care Financing and Policy (the Division) partner with us as its independent advocacy organization with the sole purpose of elevating member health without a financial stake in the healthcare decisions made by its managed care contractors.

Our QIO accreditation organically offers such independence, backed by decades of experience in serving as an independent advocate for beneficiaries of CMS-funded programs. Combined with our long-term relationship with Nevada’s healthcare improvement community, in state, we offer a strong foundation for success of this innovation in Nevada.

Our response provides detailed inputs to best support Nevada’s Medicaid Managed Care Expansion program.

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?

No response.

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?

No response.

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?

Livanta recommends the Division continue expanding the use of nonclinical extenders with **newer workforce types such as patient advocates** to help mitigate provider workforce shortages.

Nevada and numerous other states across the country recognize the value of nonclinical extender models via Community Health Workers (CHWs), Peer Supports, and others (e.g., housing specialists) to help care for a larger volume of patients without having to add doctors.

This value is backed by Medicaid reimbursement — Nevada among the first wave of states to provide this offering under a state plan, with others following shortly. ([State Policies for Expanding Medicaid Coverage of Community Health Worker \(CHW\) Services | KFF](#))

The Division can continue to be a leader in use of nonclinical provider extenders by expanding them to patient advocates and by contracting with Livanta for quick implementation of this new certified extender workforce.

As an independent Patient Advocacy organization, Livanta can assist the Division through direct contracting to help managed care members navigate their nonclinical journeys outside managed care organization (MCO) case management programs. Assistance can include services such as billing and appeals, navigation, health care resources, and transportation.

Livanta can assist the Division via direct contracting with centralized certification and/or with accredited patient advocates on a locum tenens basis through an existing cadre of trained staff.

Livanta is a certified accrediting body of the national Patient Advocate Certification Board, among the few in a newly growing field. We also are collaborating with universities to offer certification to widen the reach in developing this workforce.

Finally, Livanta offers with any patient advocacy contract our accompanying telehealth application to connect members and their care teams across primary care, behavioral health care, specialties and social supports. The application also offers integrated health assessments and care plans, medical records, lab work, remote biomonitoring inputs, appointments, disease/condition-specific education, and more.

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?

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.

No response.

SECTION 2: BEHAVIORAL HEALTH CARE

Livanta has no response to this section.

SECTION 3: MATERNAL & CHILD HEALTH

Livanta has no response to this section.

SECTION 4: MARKET AND NETWORK STABILITY

Livanta has no response to this section.

SECTION 5: VALUE BASED PAYMENT DESIGN

Livanta has no response to this section.

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?

The Division should explore adding *navigation supports* to standard “optional services” such as housing, food, and transportation, as well as other health-related social needs.

Just as important to the Health-Related Social Needs (HRSN) that optional services cover, such as those cited above, are the ways to access and integrate those services for whole-person health. Exploring the use of patient advocate’s navigation supports as part of “optional services” facilitates access to such services in a way that improves health outcomes.

Moreover, while housing, transportation, and food insecurity are the dominant social care needs of rural Medicaid recipients, other frequently cited challenges and threats to improved health outcomes are education/literacy, criminal justice involvement, and intimate partner violence.

The Division should consider adding as “optional services” patient advocate support for mitigating those other cited challenges, as well as use of advocates to help members navigate and access existing “optional services” to eliminate health disparities particularly in rural areas and help advance population health.

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?

Livanta recommends expanding the nonclinical workforce beyond CHWs to independent patient advocate organizations. Many CHWs in rural areas are coordinated through Federally Qualified Health Centers (FQHCs). In Nevada, outside of Washoe and Clark Counties, the only other FQHCs are in Carson City and Elko counties.

Patient Advocates could work with FQHCs as extenders and connectors to HRSN.

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?

No response.

SECTION 7: OTHER INNOVATIONS

7. 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.

The Division should consider partnering with an independent advocacy organization whose sole purpose is to elevate member health without a financial stake in the healthcare decisions made by its managed care contractors.

Via our QIO standing and the decades of experience we have acting as an independent advocate organization for Medicare, Livanta can easily and successfully translate that to support Nevada Medicaid. Our longevity in the state and presence there today as a healthcare improvement entity demonstrate our commitment to improving Nevadans health.