University of Nevada, Reno
School of Medicine
Project ECHO

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Re: RFI for Nevada Medicaid Managed Care Expansion

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: Encouraging or mandating providers to utilize Project ECHO as a patient care tool would be one strategy that could help address the availability and access challenges faced by rural and frontier areas. Project ECHO Nevada is a telehealth program that connects healthcare providers in rural and underserved areas with specialists and other subject matter experts to deliver interprofessional consultation and continuing education. This modality has existed in Nevada since 2012 and has assisted upwards of 3,600 total providers through its tele-consultation model. Project ECHO is uniquely suited to support providers in rural areas who lack access to specialty care for referrals or curbside consults. Through the use of tele-conference technology, Project ECHO programs bring specialty care expertise directly to providers who need it most. This method allows providers to practice at the height of their scope while remaining in their community and continuing to treat their patients locally. Adoption and utilization of Project ECHO Nevada by Medicaid Managed Care network providers is vital to ensure continued availability of high-quality care in our state's rural and underserved areas. By accessing ECHO, healthcare professionals are aided in providing higher quality care by learning through a case-based model which focuses on disseminating best practices, and adapting them based on locally available resources. Simultaneously, participating providers have the opportunity to feel connected to a larger network of colleagues who can support one another with their ongoing challenges. Furthermore, participating providers can learn about additional resources available locally which can help them in their practice, including access to Community Health Workers, information about telehealth services, or additional community resources like food pantries or community programs.

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

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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: Earlier this year, CMS issued a letter clarifying coverage and payment of interprofessional consultations. One example of an interprofessional consultation modality cited in the letter was Project ECHO. The availability of reimbursement for interprofessional case consultation during ECHO sessions would greatly incentivize the utilization of the ECHO platform for this purpose. Currently, participating providers are predominantly incentivized by the availability of CME/CEU credits needed to maintain their licensure. However, the addition of financial reimbursement for case consultation could greatly enhance the number and frequency of cases reviewed using the ECHO Model. As suggested by the evidence, this increase in utilization would directly benefit both the patient that is being consulted on, as well as the other providers participating in the session as they can learn from the case consultation as well. [Zhou, C., Crawford, A., Serhal, E., Kurdyak, P., & Sockalingam, S. (2016). The impact of Project ECHO on participant and Patient Outcomes: A systematic review. *Academic Medicine*, *91*(10), 1439–1461. https://doi.org/10.1097/acm.0000000000001328]

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?

Other states, including Missouri and New Mexico, have funded their local Project ECHO programs using a per member per month rate. This has allowed their Project ECHO programs to expand their available programs and provide support based on the needs of their respective states. More details can be provided on request.

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

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?

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As was shared in response 1.A., Project ECHO Nevada provides an opportunity for providers to connect with subject matter experts for case consultation and allows them to work at the height of their scope of practice while receiving continuing education credits. The ECHO telementorship model allows providers to learn new skills which can enhance and improve the care they provide their patients. Many of the ECHO programs currently available include behavioral and mental health subject matter experts on their interdisciplinary teams. Through participation in these programs, providers can gain access to these experts and receive consultation and mentorship regarding their patients with behavioral or mental health needs. Advocacy for provider participation in ECHO programs would be valuable to expanding access to these types of services.

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?

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?

As was mentioned in response 1.C., CMS recently expanded reimbursement for interprofessional consultations modalities like Project ECHO. Implementation of this expansion would be beneficial and would incentivize providers to receive interprofessional consultation and expand access to behavioral health services.

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?

Funding Graduate Medical Education to provide maternal and child health education to residents via Project ECHO would allow early career physicians to learn how to utilize this continuing medical education platform while they are in their primary training. Moreover, Project ECHO televideo connections allow rural residencies to gain synchronous access to expert faculty in maternal and child health during live ECHO sessions. Project ECHO Nevada is currently running a program for both urban and rural based Family Medicine Residencies across the state focused on Obstetrics and Women's health. Preliminary evaluation data of this program suggests that residents find value in the ECHO model with respect to improving their ability to care for their patients with obstetrics and women's health considerations. More details can be provided on request.

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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?

No Response

4.1A. 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.

No Response

4.1B. 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.

No Response

4.2A. 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?

No Response

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?

We recommend considering using CPT codes that provide increased compensation for follow-up visits. Currently payment models provide maximum compensation for initial visits. Often medical care requires follow up visits, however, clinics are incentivized to bring in new patients rather than see established patients as they can earn more per minute of time for new patient's vs established patients. This lack of follow up often results in patients seeing multiple different providers for the same problem. Increasing compensation for follow up CPT codes vs initial visit CPT codes would incentivize clinicians to follow up with their patients.

Additionally, a new ECHO follow-up CPT code could be created. This could be used subsequently to initial ECHO consultation CPT codes that were recommended above. Providers that review cases via

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the ECHO model will receive recommendations based on their clinical questions. Taking these recommendations back to their patient in a clinical visit could be compensated at a higher rate than a traditional follow up visit. The providers should have the option for increased reimbursement for following up with the patients that were reviewed via Project ECHO.

Lastly, incentivizing clinicians to spend more time with clients and provide interdisciplinary support could be established through value-based compensation models. Project ECHO could guide the division in understanding what kinds of patients and problems require more time and interdisciplinary support.

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?

No Response

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

It is equally important to tie patients to their health care systems as it is to tie health care systems to patients. When patients get care in different healthcare systems it can make it more difficult for providers to track health care changes and outcomes. Tracking changes and outcomes of treatment decisions can be the primary way that providers learn about how to improve their practice going forward. Project ECHO encourages case follow up to better learn how the recommendations provided impacted patient care. As noted above, having follow up CPT codes could assist Project ECHO in tracking the outcomes of the patients reviewed during an ECHO session.

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?

No Response

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?

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

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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