



# VITALITY UNLIMITED

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## VITALITY INTEGRATED PROGRAMS

Responders: Ester Quilici, CEO  
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Vitality Unlimited operates CCBHCs in Elko, Carson City, Dayton, and Reno. It operates SUD residential treatment facilities in Elko and Carson City

### **RE: RFI for Nevada Medicaid Managed Care Expansion**

#### **Section I: Provider Networks**

I.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:** One of the primary challenges in rural Nevada is finding sufficient providers to actually provide basic health care services. Many providers are unwilling to move or provide services for rural Nevada for various reasons. In order to have sufficient services for our clients, it will be essential that MCO's to consider creative solutions to get providers into our rural areas, including telehealth services, for essential access. Ultimately, the success of the MCO will depend on the relationship they are able to develop with their network of clinics and providers.

I.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:** Our experience with the MCO's has been rather frustrating. We've found that certain MCO's do not pay in a timely fashion, do not pay authorized codes, make up codes then refuse to pay them. If an MCO is chosen, it is essential the billing process for clinics and providers be easy to work with and the MCO actually pay what they are obligated to pay. CCBHC's are provided billing grids from the Division of the services Medicaid will pay for; it is important that MCO's retain payment for all of these services. MCO's must also continue to pay the PPS rate for services to be affordable for CCBHC's. In regards to residential treatment, it will be important for MCO's to accept the treatment provider's judgement on the number of days required for successful treatment.

I.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

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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:** One possibility is MCOs providing payment for provider student loans. Another opportunity may be to involve the MCO's in the higher education system through the Behavioral Health Workforce Development Center, recently established with the passage of AB37 (2023). This may provide an opportunity to allow the MCOs help prospective providers become engaged in EMT, paramedic, nursing, or other medical careers that are necessary for rural Nevada.

I.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 comment.

I.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:** No comment.

## **Section II: Behavioral Health**

II.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:** The challenges we've experienced are not only finding providers but also getting them licensed with their occupational licensing board in a reasonable timeframe, even for providers of telehealth services. For example, we had a provider housed in Tennessee already licensed with one board in Nevada ready to provide telehealth services, but they had to wait months to begin seeing patients because of barriers put up by another licensing board. We've had to wait over 90 days to get a Nevada-licensed LCSW to begin seeing patients because of hurdles and foot-dragging from a different regulatory board. This becomes an issue not only for our clinic and for the patients on our wait list, but also for the MCO trying to get this clinician serving in their network. Licensing through Nevada's occupational licensing boards can be unnecessarily complicated and slow, presenting yet another barrier to attracting qualified providers to our state. Providing additional reciprocity with licensed professionals in other states will go a long way to alleviating many of the problems we've experienced, especially considering the detrimental impact waiting can have for those with mental health issues.

II.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 comment.

II.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:** It's important MCO's provide wraparound services, especially for children, in rural areas. Individuals simply do not graduate from receiving mental health services the same way they do from receiving physical health services; continuous care is required to considerably improve the quality of life for those patients with serious mental illness. Incentivizing the development of those wraparound services by the MCO's will be important to assure better health results for patients with behavioral health problems.

### **Section III: Maternal & Child Health**

III.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 comment.

III.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 comment.

### **Section IV: Market & Network Stability**

#### 1. Service Area

IV.1.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:** No comment.

IV.1.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 comment.

## 2. Algorithm for Assignment

IV.2.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:** Client needs to clearly know with whom they are enrolled, and providers need to be informed if clients have changed MCO. It can be rather disruptive when a patient comes to our clinic to receive services that have always been available, only to then discover they are no longer on the same plan as they had always been on. One innovative strategy might be to require MCO’s to notify patients and providers when a patient has been moved to another MCO.

## **Section V. Value-Based Payment Design**

V.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:** In terms of physical health, incentivizing positive lifestyle choices of patients will do much to improve health care results. If somebody is pre-diabetic, regular exercise and good nutrition are critical to preventing somebody from becoming insolent dependent. Support through providing gym membership or a dietician to the patient might be one option to prevent health problems further down the line.

V.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:** The state has played an important role in training and integrating with MCOs to get providers paid timely and smoothly; the state needs to remain an active watchdog in that role. Timely and accurate payment is critical and the state needs to hold MCOs accountable.

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

**Response:** The state needs to keep in mind that behavioral health is different form

physical health. It would also be important for the state to make sure partners in health care, such as gyms and other facilities that provide the promotion of healthy lifestyles, are available.

## **Section VI: Coverage of Social Determinants of Health**

VI.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:** Vitality has a mobile office van that allows us to meet people where they are, e.g. the Humanitarian Camp (homeless camp) in Elko. It creates the opportunity for those in need/clients to take a few steps to get the services they need. Being able to access those in need where they are through mobile van has enabled them to get jobs, get into housing, access food.

VI.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 comment.

VI.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:** Housing is the most important social determinant on the health of the client. If clients do not have housing, they cannot have health, so housing is arguably the essential component.

## **Section VII: 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 comment.

**VITALITY UNLIMITED MOST IMPORTANT INPUT**

### Primary frustrations with MCOs:

- HPN is a failure as an MCO; experience: do not pay timely, do not pay to authorized codes, they make up codes and then refuse to pay on them. HPN seems to work with impunity.

### MCO payment for services:

- CCBHCs have a billing grid (a spreadsheet of costs) from DHCFP that Medicaid will pay for – it is IMPORTANT that MCOs retain payment for all those services.
- Payment by MCOs other than HPN are in general timely, **thanks to training and accountability from DHCFP.**
- MCOs must continue to pay the PPS rate for service to be affordable for CCBHCs.
- Re: residential treatment, it is important for MCOs to accept the treatment provider's judgement on the number of days required for successful treatment.

## I. Provider Networks – input

### A. Provider Availability and Access

### B. Sufficient Payment Rates / Level Playing Field in MCO negotiations

### C. MCO Medicaid Provider Workforce Plan?

## II. Behavioral Health Care

### A. Telehealth

### B. (nothing to share)

### C. Incentives?