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Governor



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Policy

Division of Health Care Financing and Policy (DHCFP) Chuck Damon, RN Health Care Coordinator II



Medical Care Advisory Committee

Presentation:

Dental Benefits Administrator

1915 (b) Waiver



Dental Benefit Administrator (DBA)

Single Source Contract Proposal for:

- Urban Washoe and Urban Clark Counties
- Does not provide coverage for Rural Counties. Rural counties will remain on Fee For Service (FFS).
- Tribal Members located in Urban Counties may opt-out.
- Note: no reductions in current benefits for either DBA for FFS recipients.



Mission Statement

The mission of DHCFP in the procurement is to improve the dental health of Nevadans by:

- **Emphasizing preventive care, early intervention, appropriate utilization and quality care;**
- **Enhancing continuity of care through integrated dental, medical, behavioral and social care;**
- **Ensuring a dental home where each recipient can access high quality, comprehensive dental services within the recipient's service area;**
- **Streamline and simplify the Medicaid and Nevada Check Up dental care program administration and encourage provider participation; and**
- **Provide and implement a process for continuous quality improvement.**

DHCFP will accomplish this mission by contracting for measurable results that improve recipient access, recipient satisfaction; maximize program efficiency, effectiveness, integrity, and responsiveness; and reduce operational costs.



DIVISION STRATEGIC PLAN AND OBJECTIVES

Procure risk based capitated dental care delivery system to provide medical coverage to enrolled recipients to enable high quality health outcomes.

The objectives of the procurement are to:

- Improve recipient access to medically necessary covered services;**
- Provide recipients choices for managed dental care through a simplified process and meet standards for network adequacy for dental benefit plans;**
- Manage utilization of services to ensure healthy outcomes including prevention and early intervention through case management and effective outreach programs;**



DIVISION STRATEGIC PLAN AND OBJECTIVES continued...

- **Reduce operational costs to include cost-containment and avoidance initiatives;**
- **Incorporate managed care encounter data (shadow claims) into the existing Medicaid Management Information System (MMIS);**
- **Streamline and simplify the Medicaid and Nevada Check Up health care program administration and encourage provider participation;**
- **Enable continuity of care coordination between health care systems including but not limited to the State and/or Federal Health Insurance Exchange (HIX);**
- **Provide and implement a process for continuous quality improvement; and**
- **Provide integrated dental care to ensure optimal outcomes.**

The successful vendor will demonstrate the ability to consistently meet these objectives and will be evaluated, in part, by the degree to which the vendor demonstrates how it will achieve these objectives through measurable outcome data.



1915 (b) Waiver

Requires enrollees to obtain services from selected providers who undertake to provide such services and meet reimbursement, quality and utilization standards which are consistent with access, quality and efficient and economic provision of care and services.



1915 (b) Waiver continued...

- The 1915 (b) waiver application is for a Prepaid Ambulatory Health Plan (PAHP):
 - Provides dental services to enrollees under contract with the State agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use State Plan payment rates.
 - Does not provide or arrange for, and is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees
 - Does not have a comprehensive risk contract – This PAHP is paid on a risk basis.



1915 (b) Waiver continued...

- Sections Waived from section 1902 of the Social Security Act:
 - Statewideness – this waiver program is not available throughout the state.
 - Comparability of Services – this waiver includes additional benefits such as case management and health education that will not be available to other Medicaid beneficiaries not enrolled in the waiver program



1915 (b) Waiver continued...

- Sections Waived from section 1902 of the Social Security Act:
 - Freedom of Choice – under this program, freedom of choice of provider is restricted. That is, beneficiaries enrolled in this program must receive services through the PAHP.
 - Permits the State to mandate beneficiaries into a Single PAHP and restrict disenrollment from them.



Questions?

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