A Plan to Monitor Healthcare Access for Nevada Medicaid Beneficiaries

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Medicaid Fee for Service (FFS) Program:

Methods for Assuring Access to Covered Medicaid Services

Executive Summary

The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of its residents through the delivery or facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. The DHHS is comprised of six Divisions: Aging and Disability Services Division (ADSD); Division of Child and Family Services (DCFS); Division of Health Care Financing and Policy (DHCFP); Division of Public and Behavioral Health (DPBH); Division of Welfare and Supportive Services (DWSS); and the Public Defender.

The DHCFP works in partnership with the Centers for Medicare and Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The DHCFP administers Nevada Medicaid and Nevada Check Up.

The DHCFP's framework for developing an Access to Care Monitoring Review Plan (ACMRP) for the fee for service (FFS) Medicaid population is adapted from a synthesis of several sources, including the agencies within the U.S. Department of Health and Human Services. The DHCFP framework includes several components:

A. Characteristics and challenges of the beneficiary population
B. Approach for review and analysis
C. Improving access

The Code of Federal Regulations at 42 CFR 447.203 refers to the requirements for the ACMRP for payment rates and comparisons to the general population. The provision indicates it is necessary for states to compare Medicaid payment rates to the rates of Medicare or private payers. Due to the requirements set forth in Nevada Revised Statue (NRS 686B.080), the information for the rates paid by private payers is considered proprietary and is not subject to disclosure. The DHCFP will monitor, review and assess Medicaid rates and compare those rates to the rates paid by Medicare.

Within the DHCFP framework of the ACMRP measures were selected to provide a comprehensive overview of health care access in Nevada, while taking into account the limitations of available data sources.

The DHCFP has designed a process for monitoring health care access which includes data collection and trend analysis for identification and interpretation of access to care needs. The DHCFP has requested two Management Analyst positions to evaluate rates and funding to work with a contractor to gather and analyze data trends. The DHCFP Quality Chief will oversee the tracking of measures, compare with previous studies and lead quality improvement activities. Upon the identification of healthcare access problems, the DHCFP will analyze each measure in conjunction with public input to identify processes that need improvement and implement a remediation action plan.

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I. Overview

The mission of the DHCFP is to purchase and provide quality health care services to low-income Nevadans in the most efficient manner possible; promote equal access to health care at an affordable cost to the taxpayers of Nevada; restrain the growth of health care costs; and review Medicaid and other state health programs to maximize potential federal revenue.

The DHCFP is part of DHHS and administers two major health coverage programs which provide health care to Nevadans: (1) Nevada Medicaid provides health care to low-income families, as well as aged, blind and disabled individuals. Nevada, as part of Patient Protection and Affordable Care Act, expanded the Medicaid program to include low-income childless adults effective January 1, 2014; and (2) Nevada Check Up, Nevada's Children's Health Insurance Program (CHIP) provides health coverage to low-income, uninsured children who are not eligible for Medicaid. Services for both programs are provided on a FFS basis, and through managed care networks.

The evaluation of healthcare access for all Nevadans is important to the DHHS and the information provided by the other DHHS agencies assists the DHCFP in determining if Nevada Medicaid and Check Up programs are positively affecting beneficiaries' health outcomes. Additionally, an access measurement system serves as an early-warning mechanism for alerting the State to potential deficiencies in accessing Nevada Medicaid services.

In 2016 the DPBH conducted the Primary Care Needs Assessment of Nevada. In this assessment primary care physicians indicated they had some concerns regarding health insurance, the Medicaid program, the limited number of providers, the high volume of paperwork and lack of transportation.

The proposed DHCFP access plan identifies an array of measurement methods and processes. The access monitoring system presented in this document will take into account: (1) the characteristics of Nevada Medicaid enrollees; (2) the availability of Nevada Medicaid providers; and (3) utilize a quality improvement process to address access issues. This plan will provide a comprehensive portrayal of healthcare access for Nevada Medicaid and Check Up beneficiaries. Moving forward, the set of measures identified in this document will be used to track trends and identify access deficiencies in the Nevada Medicaid programs.

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II. Characteristics of the Beneficiary Population

Nevada's geographical structure as well as the rapid growth in the Medicaid program poses challenges to access to health care. Nevada is made up of 17 counties which include urban, rural, and frontier areas. Due to the rural and frontier nature throughout the state, beneficiaries in many instances must choose to seek medical care outside their residential area. These rural and frontier areas result in scarce providers and services, including transportation providers. Residents living near state lines or borders may be geographically closer to out-of-state providers than in-state providers. Nevada recognizes border catchment areas as in-state providers and continues to seek guidance through MCAC and public workshops in the development of areas with shortages that impact Medicaid beneficiaries' access to care.

Nevada opted to expand the Medicaid population through the Patient Protection and Affordable Care Act (PPACA). This has resulted in the population going from approximately 320,000 beneficiaries in the summer of 2013 to over 637,000 beneficiaries in June 2016. Nevada has two health care delivery models: FFS and managed care. The managed care delivery model currently includes two health plans. Approximately 71% of the combined Medicaid and CHIP population are enrolled in managed care. The 29% receiving care through FFS are comprised of individuals with disabilities, the elderly and all beneficiaries living in rural and frontier areas. See figures 1, 2 and 3 below

Figure 1. Total Medicaid Beneficiaries

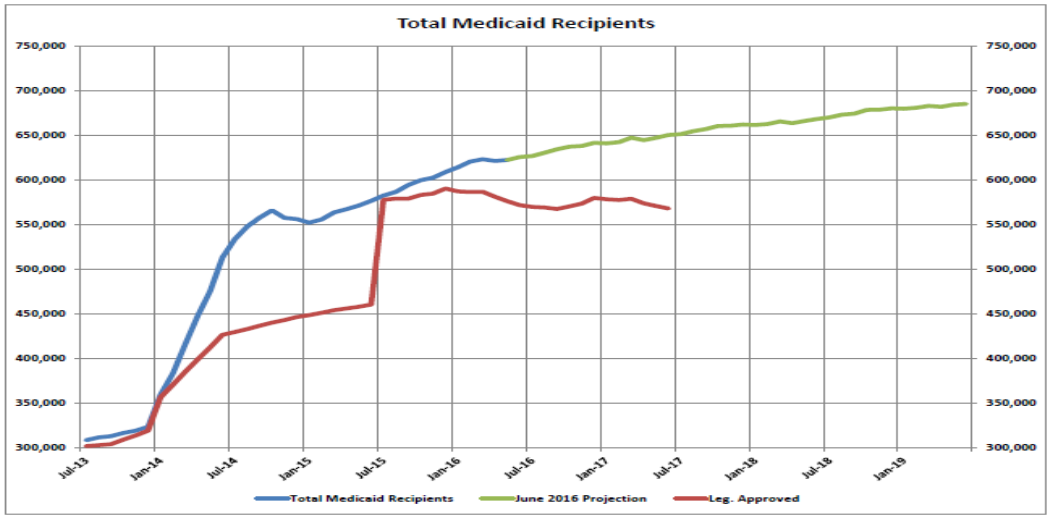


Figure 2. Nevada Check Up

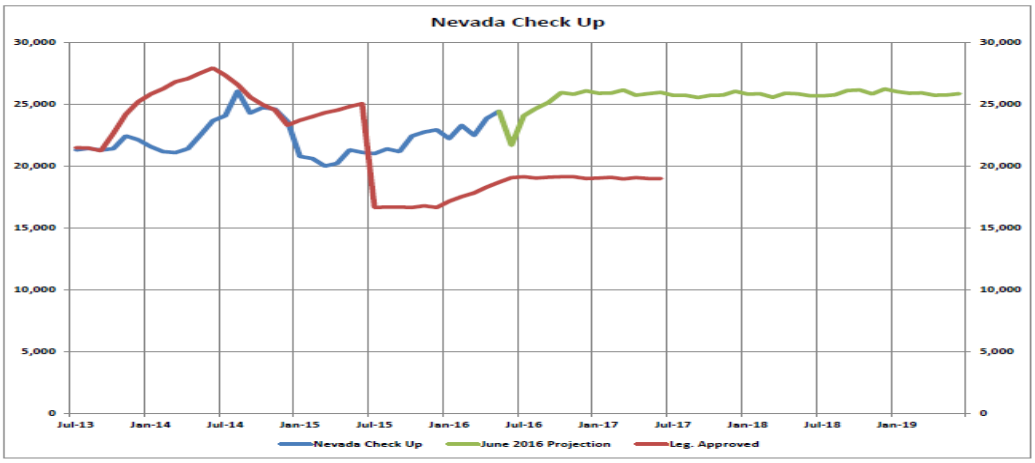
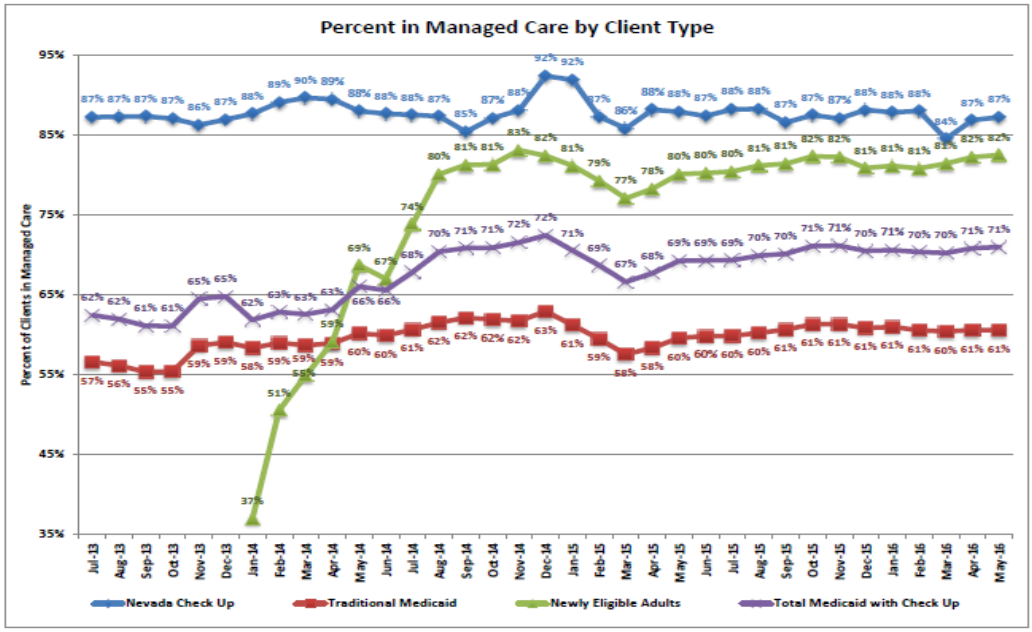


Figure 3. Percent in Managed Care by Client (Beneficiary) Type



III. Access Concerns Raised by Beneficiaries

The State of Nevada currently gathers information from beneficiaries regarding access to care through customer service phone lines, public workshops and hearings, stakeholder meetings, and through the legislative process. The customer service line is a toll free line operated through the Medicaid district offices. Customer service representatives (CSR), when requested, assist callers to find health care providers. The State holds public workshops and hearings when services are developed or changed to solicit public input including provider qualifications and potential access issues.

The DHCFP program staff participate as members and attend stakeholder councils, consortiums, and boards where stakeholders share concerns and develop long term strategic plans. The DHCFP also gathers input through legislative meetings and testimony.

Nevada currently tracks beneficiary concerns through customer service phone line. Calls are documented by the reason for the call. The DHCFP has established a process for ongoing monitoring through the customer service phone line in order to address gaps in beneficiary need for information and to provide referrals to care coordination. The customer service phone line is similar to the DWSS customer service call center and the managed care customer service line. These customer service systems provide referrals and information as well as collaboration in problem solving.

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IV. Comparison analysis of Nevada Medicaid payment rates to Medicare

The data provided in Attachment A shows that for 2015, Nevada's payment rates are approximately 98% of the Medicare non-facility rates and 102% of the Medicare facility rates. By contrast, Utah, Nevada's neighboring state, averaged to 83 % of the Medicare non-facility rates and 86% of the Medicare facility rates. Nevada Medicaid reimburses the same amount for adults and pediatrics.

Due to the requirements set forth in Nevada Revised Statue (NRS 686B.080), an analysis was not performed comparing to other payers. The information for rates is considered proprietary and is not subject to disclosure.

Prior to submitting a State Plan Amendment (SPA), Nevada currently reviews any rate changes to identify the impact on access to care. When preparing a SPA that reduces rates or restructures provider payment, an access review may be conducted that is relevant to the affected service prior to submission in order to determine any potential impact to access to care. The results will be provided to CMS for their review when the SPA is submitted. An exception would be if an access review was completed that addresses the affected service within the 12 months prior to the SPA submission. In those instances, Nevada Medicaid will provide that review to CMS.

See Attachment A. Facility & Non-Facility Rate Comparison

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V. Review of Current Access to Care

In 2015, the DHCFP requested the External Quality Review Organization (EQRO) to conduct an evaluation of Nevada's Medicaid provider network. The purpose of the analysis was to estimate the provider network capacity, geographic distribution, and appointment availability for both the Managed Care Organizations (MCOs) and the FFS networks. The evaluation included a comparison by provider type, for each MCO and the FFS program relative to the State of Nevada's general population. The analysis consisted of three dimensions of access and availability:

- Capacity
  - Provider to Beneficiary ratio for Nevada provider network
- Geographic Network Distribution
  - Time/Distance analysis for applicable provider specialties and average distance to the closest provider
- Appointment Availability
  - Average length of time (number of days) to see a provider for MCOs and FFS (Secret Shopper Survey)

The 2015 study represents one of many ongoing attempts to capture, report, monitor, and explore the experience of Medicaid beneficiaries' access to health care services.

Overall, the result of this analysis, including the provider ratio analysis, the geographic network distribution analysis, and the secret shopper survey showed that while the MCOs and FFS have developed comprehensive provider network, opportunities for improvement exist in the implementation of these networks. Across the four categories evaluated in the secret shopper analysis (PCPs, prenatal care providers, specialists, and dentists), nearly 50 percent of all outreach calls failed to secure appointments (47.6 percent), and of those calls that ended in an appointment, less than three-quarters (69.4 percent) were scheduled within contract standards, as provided in Table 1. As such, while the network appears robust regarding the provider infrastructure, access to care is often affected by the ability to schedule appointments.

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Table 1. Appointment Availability Results

Specialty Category	Valid Cases	Unable to Schedule Appointment		Able to Schedule Appointment		Appointments within Compliance Standards	
		Number	Percent	Number	Percent	Number	Percent
PCP	208	85	40.9%	123	59.1%	73	59.3%
Prenatal Care							
First and Second Trimester	144	86	59.7%	58	40.3%	14	24.1%
Third Trimester	144	90	62.5%	54	37.5%	10	18.5%
Specialist	288	163	56.6%	125	43.4%	108	86.4%
Dentist	288	86	29.9%	202	70.1%	185	91.6%
Total	**1,072**	**510**	**47.6%**	**562**	**52.4%**	**390**	**69.4%**

Based on the 2015 Network Adequacy Study, both the DHCFP and the MCOs formed a focus workgroup. The focus workgroup is utilizing a quality improvement approach. The purpose behind the improvement approach is to hold each health plan accountable through action.

The MCOs have developed several approaches to remediating the concerns discussed from the Network Adequacy study of 2015. They have implemented the use of outreach mobile units that provide comprehensive exams and they have increased telemedicine services for urgent and primary care. The MCOs also have put nurses into the community to provide health services and to work with beneficiaries who are homeless. Each health plan is increasing their provider relations by on-site visits and providing one-on-one education to providers for billing. Other current areas of focus include assisting with Non-Emergency Transportation ride set up, daycare outreach solutions, reaching out to specialist in Nevada, and quicker response time for reimbursements.

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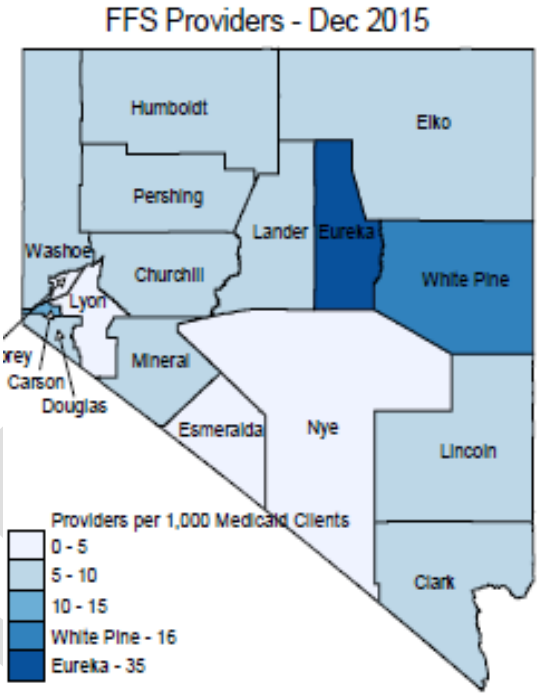
VI. Nevada Medicaid/Check Up Provider Composition

Figure 4 below is the geographic mapping of the Nevada FFS providers per 1,000 Medicaid beneficiaries:

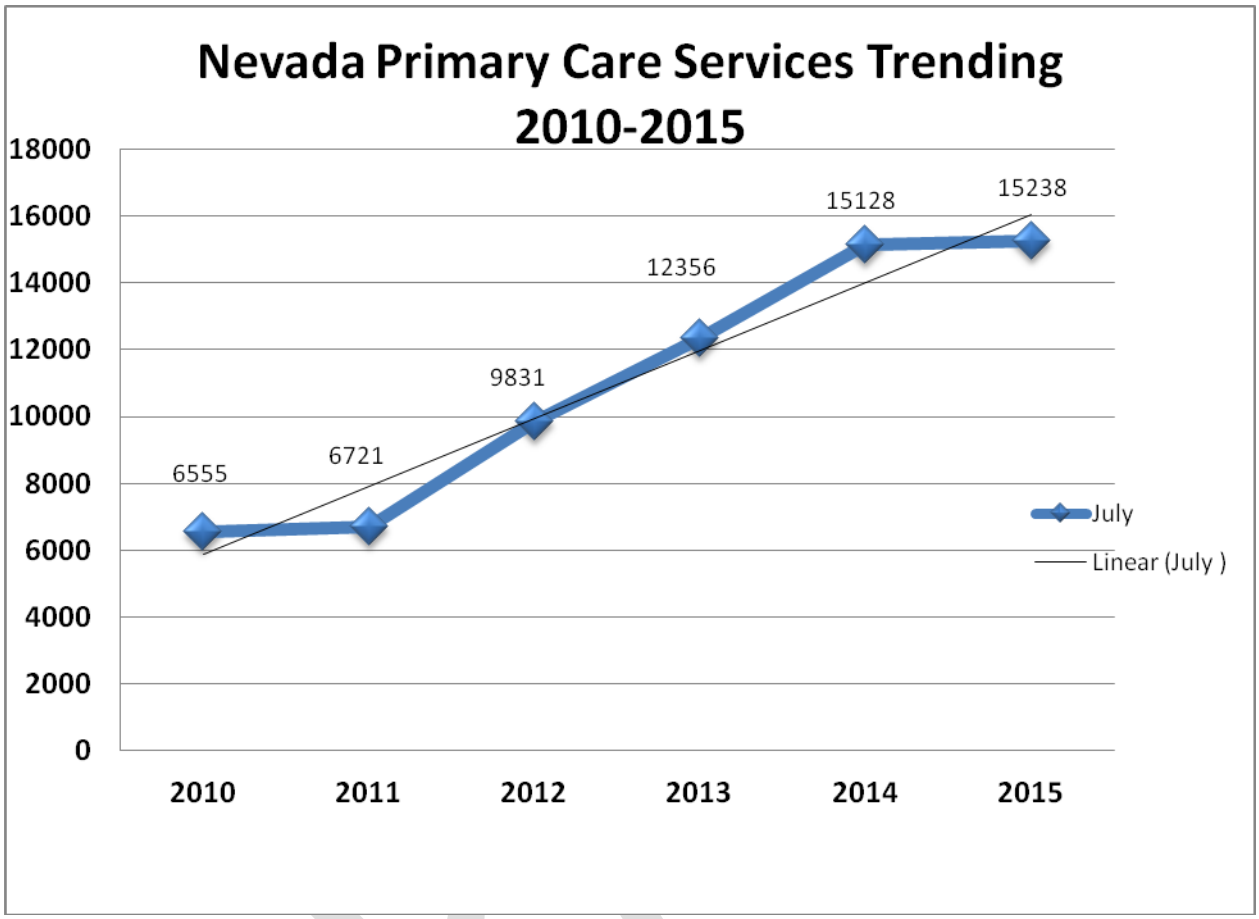
Nevada Department of Health and Human Services, Nevada Data and Key Comparisons

Figure 4. Fee for Service (FFS) Providers

Maps ACA Outcomes by County, continued Source-uninsured-CPS Medicaid totals DWSS ILD file; other DHCFP


In July 2010, the DHCFP FFS provider enrollment included a total of 6,555 providers (Primary Care Practitioners/PCP-Extenders, Physician Specialty Services, Behavioral Health Providers, Pre and Post-Natal Providers, Home Health Agencies and Dental Providers) enrolled. As of July 2015, there were 15,238 of these provider types enrolled.

Figure. 5 Enrolled Provider Snapshot for year 2010-2015



See Attachment B for the outline of each of the primary core categories of service used as a basis for the projected measure guidelines within the ACMRP, Providers identified by Provider Type and Specialty Code.

VII. Outline of Review Analysis of Services – Access Review Plan

The DHCFP plans to put the monitoring procedures in place for primary care services, physician specialists, behavioral health services, pre and post-natal obstetric services, home health services and dental services. The plan will evaluate for access to care issues and implement process improvement. The overall plan will be to implement, continue or improve current processes to identify the extent to which provider payment rates are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that the care and services are available at least to the extent that such care and services are available to the general population in the geographic area, to evaluate network composition and availability and to evaluate beneficiary concerns.

Nevada plans to use the Consumer Assessment Healthcare Providers and System survey (CAHPS) and the District Office customer service phone line to gather communication data, and will continue to use the External Quality Review Organization (EQRO) to conduct Network Access Analysis studies in monitoring Access to Care.

CAHPS

To do this the DHCFP will complete a monitoring plan by utilizing the External Quality Review Organization to conduct a Medicaid Fee for Service Beneficiary Consumer Assessment Healthcare Providers and System survey (CAHPS). The CAHPS survey will focus on the questions, **"Getting Care Quickly" and "Getting Needed Care"**. These measures will allow the DHCFP to monitor, evaluate and trend beneficiary perceived timely access to services.

The example below shows Nevada's CAHPS design for conducting an Access to Care survey to Medicaid beneficiaries.

Example:

Adult Medicaid CAHPS, Child Medicaid and Nevada Check Up Medicaid CAHPS

	Health Plan A	**Health Plan B**	**FFS**
Composite Measures			
Getting Needed Care			
Getting Care Quickly			

1. A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result, otherwise denoted as N/A.
2. The NCQA CAHPS Medicaid national averages are to be used for internal analysis only and cannot be displayed publicly.

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District Office Customer Service Phone Line

The DHCFP will monitor beneficiary calls into the customer service phone line capturing data pertaining to the reason for the call. This data will identify geographic areas, which core provider area and the specific access to care issue. A trend analysis will be completed to further understand any gaps in access that exist for Nevada Medicaid beneficiaries. Data will be provided by the Medicaid District Office tracking call center tool.

Provider Network Access Analysis

The DHCFP through the External Quality Review Organization (EQRO) will conduct an evaluation of Nevada's Medicaid provider network. This analysis will estimate the provider network capacity, geographic distribution, and appointment availability for the FFS network. The evaluation will include a comparison by the core provider types including dental for the FFS program relative to the State of Nevada's general population. The analysis will consist of three dimensions of access and availability:

- Capacity
  - Provider to Beneficiary ratio for Nevada provider network
- Geographic Network Distribution
  - Time/Distance analysis for applicable provider specialties and average distance to the closest provider
- Appointment Availability
  - Average length of time (number of days) to see a provider for MCOs and FFS (Secret Shopper Survey)

Comparison analysis of Nevada Medicaid payment rates to Medicare

The DHCFP will monitor access after implementation of a SPA that reduces or restructures provider payment that takes into consideration: enrollee needs; availability of care and providers; utilization of services; and service payment information. The review and analysis will be completed at a minimum of every three years. The DHCFP has requested two Management Analyst positions to evaluate rates and funding to work with a contractor to gather and analyze data trends.

In addition the these processes, the DHCFP's monitoring activities consist of monitoring information from public workshops and hearings, stakeholder meetings, and through the legislative process throughout the year to identify early indications of changes in health care access.

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Review analysis of Primary Care Services:

Nevada' Primary Care services include Physicians, Physician Assistance, Nurse Practitioners, Pediatrics, and those with a focus in areas as family health. Primary Care services also are defined by Nevada Medicaid as primary providers. Primary providers include Special Clinics (FQHC/RHC/hospital based). Figure 6 below, is a snap shot of the number of FQHCs/RHCs/hospital based clinics. Trended over time, the state of Nevada primary care services increased from 28 providers in 2010 to 39 FQHC's/ RHCs/hospital based clinics in 2015.

Figure 6. FQHC/RHC/Clinics

Provider Type	Provider Specialty	July-10	July-11	July-12	July-13	July-14	July-15
17-Special Clinics	180, 181	28	31	33	35	38	39

In addition, Figure 7 below shows a snapshot of the number of Primary Care providers enrolled with Nevada Medicaid in the month of July from the period of 2010 to 2015. In 2010, Nevada had a total of 6,555 enrolled providers, which included 2,068 Primary Care Practitioners (PCP)/PCP Extenders. Trended over time, the state of Nevada in 2015 increased PCP/PCP Extenders to 3,523. This information will be used as the base foundation and trend analysis data in moving forward in Nevada's access to care of Primary Care services.

<u>Data sources for analysis of primary care services will include:</u>

- Provider enrollment
- Nevada Medicaid Management Information System (MMIS) claims payment Medicaid Member Eligibility System
- District Office Customer Service Phone Line Data
- Results of CAHPS survey (access-related questions)
- Results of EQRO -Provider Network Access Analysis that includes data in addition to the above:
  - National Plan and Provider Enumeration system (NPPES)
  - U.S. census Bureau

Review analysis of Physician Specialist Services:

Physician Specialist Services were defined by Nevada Medicaid to include specialist such as Optometrist, Urologist, Optician, Audiologist, and Physician with provider specialty code for a cardiologist, endocrinologist, and neurologist. Figure 7 below, shows a snapshot of the number of Primary Care providers enrolled with Nevada Medicaid in the month of July from the period of 2010 to 2015. In 2010, Nevada had a total of 6,555 enrolled providers, which included 2,048 Specialty and 690 Dentist. Trended over time, the state of Nevada in 2015 increased Specialty to 3,005 and Dentist to 831. This information will be used as the base foundation and trend analysis data in moving forward in Nevada's access to care of Physician Specialist services.

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Data sources for analysis of physician specialist will include:

Provider enrollment
MMIS claims payment
Medicaid Member Eligibility System
District Office Customer Service Phone Line Data
Results of CAHPS survey (access-related questions)
Results of EQRO -Provider Network Access Analysis that includes data in addition to the above:
National Plan and Provider Enumeration system (NPPES)
U.S. census Bureau

Review analysis of Behavioral Health Services:

Behavioral Health services were defined by Nevada Medicaid to include Psychiatric Hospital, Inpatient, Behavioral Health Outpatient treatment, Psychiatrist, Psychologist, Psychiatric Residential Treatment Facility (PRTF), and Behavioral Health Rehabilitative Treatment. Figure 7 below, shows the number in 2010, Nevada had a total of 6,555 enrolled providers, which included 1,425 Behavioral Health providers. Trended over time, the state of Nevada in 2015 increased Behavioral Health providers to 7,445 providers. This information will be used as the base foundation and trend analysis data in moving forward in Nevada's access to care of Behavioral Health services.

Data sources for analysis of behavioral health will include:

Provider enrollment
MMIS claims payment
Medicaid Member Eligibility System
District Office Customer Service Phone Line Data
Results of CAHPS survey (access-related questions)
Results of EQRO -Provider Network Access Analysis that includes data in addition to the above:
National Plan and Provider Enumeration system (NPPES)
U.S. census Bureau

Review Analysis of Pre- and Post- Natal Obstetric Services:

Pre-and Post- Natal Obstetric services were defined by Nevada Medicaid to include physicians under Obstetrics category, Gynecology and Midwives. Figure 7 below, shows the number of Labor and Delivery in 2010, Nevada had a total of 6,555 enrolled providers, which included 269 Obstetrician/Neo Natal providers. Trended over time, the state of Nevada in 2015 increased Obstetrician/Neo Natal to 372 providers. This information will be used as the base foundation and trend analysis data in moving forward in Nevada's access to care of Pre- and Post-Natal services.

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Data sources for analysis of pre and post- natal obstetric will include:

Provider enrollment
MMIS claims payment
Medicaid Member Eligibility System
District Office Customer Service Phone Line Data
Results of CAHPS survey (access-related questions)
Results of EQRO -Provider Network Access Analysis that includes data in addition to the above:
National Plan and Provider Enumeration system (NPPES)
U.S. census Bureau

Review analysis of Home Health Services:

Home Health services were defined by Nevada Medicaid provider as a Home Health agency. Figure 7 below, shows the number in 2010, Nevada had a total of 6,555 enrolled providers, which included 55 Home Health providers. Trended over time, the state of Nevada in 2015 increased Home Health Agencies to 62 providers. This information will be used as the base foundation and trend analysis data in moving forward in Nevada's access to care of Home Health services.

Data sources for analysis of home health will include:

Provider enrollment
MMIS claims payment
Medicaid Member Eligibility System
District Office Customer Service Phone Line Data
Results of CAHPS survey (access-related questions)
Results of EQRO -Provider Network Access Analysis that includes data in addition to the above:
National Plan and Provider Enumeration system (NPPES)
U.S. census Bureau

Review analysis of Dental Services:

Dental services were defined by Nevada Medicaid provider as a Dental service. Figure 7 below, shows the number in 2010, Nevada had a total of 690 enrolled providers. Trended over time, the state of Nevada in 2015 increased Dental services to 831 providers. This information will be used as the base foundation and trend analysis data in moving forward in Nevada's access to care of Home Health services.

Data sources for analysis of dental will include:

Provider enrollment
MMIS claims payment
Medicaid Member Eligibility System

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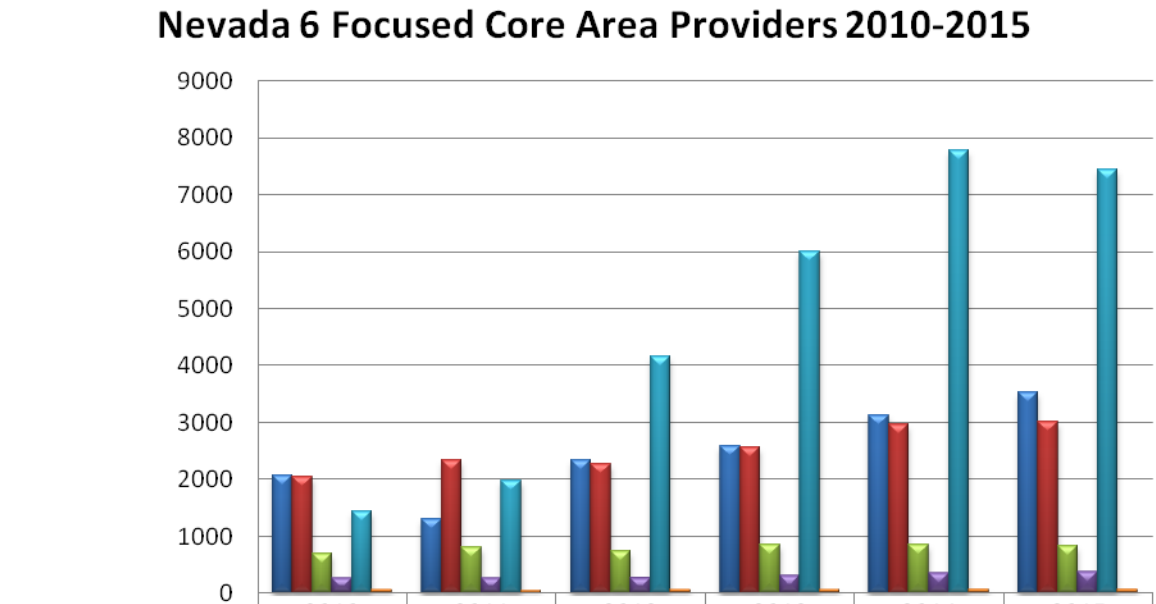
District Office Customer Service Phone Line Data
Results of CAHPS survey (access-related questions)
Results of EQRO -Provider Network Access Analysis that includes data in addition to the above:
National Plan and Provider Enumeration system (NPPES)
U.S. census Bureau

Overall, Figure 7 below reflects Nevada's trended over time, the state of Nevada in 2015 increased provider enrollment to 15,238 of the Core Area of Providers, including dental.

Figure.7 July Snapshot of selected provider types year 2010-2015



	2010	2011	2012	2013	2014	2015
PCP/PCP Extenders	2068	1296	2331	2582	3127	3523
Specialty	2048	2329	2279	2568	2966	3005
Dental	690	807	739	854	852	831
OBCYN/NeoNatal	269	267	271	301	349	372
Behavioral Health	1425	1970	4155	5994	7771	7445
Home Health	55	52	56	57	63	62

VIII. Remediation Action Plan

Nevada Medicaid will use the Plan Do Study Act (PDSA) model in quality improvement initiatives. The model incorporates the idea of continuous quality improvement through a process and problem solving approach. The continuous quality improvement process will monitor access to care, timeliness, quality of care and operational performance, identify opportunities for improvement that exist throughout the Nevada Medicaid program, implement intervention strategies to improve outcomes and performance, evaluate interventions to determine successfulness, and reassess performance through re-measurement to identify new opportunities for improvement.

As needed, the DHCFP will develop a remediation action plan to address identified access to healthcare in any particular area of service. Remedial actions may include policy revision, process simplifications, rate adjustment and/or enhanced provider outreach. Nevada Medicaid will monitor access after implementation of a SPA that reduces or restructures provider payment that takes into consideration: enrollee needs; availability of care and providers; utilization of services; and service payment information. Reviews will be conducted periodically over a minimum three-year period following implementation of the SPA.

In order to increase efforts on reviewing concerns on access to care, the DHCFP has also developed relations with the Department of Insurance (DOI) through public meetings and participation of rate discussions on cost and the shortage of providers with the DOI staff. Mutual discussions on Network Access to Care in Nevada will continue to be a topic of development.

The state of Nevada has historically conducted improvement plans for access to healthcare issues. Historically, once Nevada becomes aware of a need to correct any access to care issues it includes an in depth analysis, research of policy, public workshop, discussion with the Medical Care Advisory Committee (MCAC), and input from beneficiaries resulting in an implementation of a corrective action plan.

In conclusion, as the healthcare access monitoring review program evolves in Nevada, it is envisioned that remediation actions will occur in response to the initial set of review analysis of the following:

- Primary Care Services
- Physician Specialty Services
- Behavioral Health Services
- Pre- and Post-Natal Services
- Home Health Services
- Additional: Dental Services

The state of Nevada's ongoing plan will include the EQRO Network Access Analysis, the access portion of the CAHPS, the District Office customer service call center data, and the rates

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review. Information gained from these analyses, as well as any remediation activities will be utilized to update Nevada's Access to Care Review Plan.

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IX. Resources & Link to Nevada Reports

1. Nevada Department of Health and Human Services (DHHS) Fact Book, February 2016

   URL:http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Reports/DHHS_FactBook.pdf

2. Nevada Division of Health Care Financing and Policy, External Quality Review-Technical Report SFY 2014-2015, Health Services Advisory Group, October 2015. URL: http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Members/BLU/2014-2015%20Network%20Adequacy%20Report.pdf

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Attachment A. Facility & Non-Facility Rate Comparison

Procedure Code & Description		Nevada Medicaid Rates	2015 Medicare Non-Facility Rates for NV	% Difference	2015 Medicare Facility Rates for NV	% Difference	Utah Medicaid Rates	2015 Medicare Non-Facility Rates for Utah	% Difference	2015 Medicare Facility Utah	% Difference
59400	PB care antepartum vag dllvr & postpartum	$2,144.73	$2,197.27	98%	$2,198.27	98%	$2,028.50	$2,144.92	95%	$2,144.92	95%
59409	Vaginal delivery only	$840.57	$856.79	98%	$856.79	98%	$802.83	$847.98	95%	$847.98	95%
59510	OB antepartum care cesarean dlvr & postpartum	$1,070.75	$1,093.12	98%	$1,093.12	98%	$2,028.50	$2,385.12	85%	$2,385.12	85%
59514	Cesarean delivery only	$945.68	$962.20	98%	$962.20	98%	$802.83	$956.64	84%	$956.64	84%
71010	Chest x-ray 1 vew frontal	$25.01	$23.35	107%	$23.35	107%	$18.38	$21.48	86%	$21.48	86%
72148	MRI spinal canal lumbar w/o contrast material	$256.98	$231.40	111%	$231.40	111%	$357.49	$212.00	169%	$212.00	169%
73580	Contrast x-ray of knee joint	$135.50	$120.17	113%	$120.17	113%	$84.64	$108.91	78%	$108.91	78%
73615	Contrast x-ray of ankle	$110.16	$102.43	108%	$102.43	108%	$71.98	$98.92	73%	$98.92	73%
73718	MRI lower extremity w/o dye	$389.09	$382.10	102%	$382.10	102%	$584.59	$343.02	170%	$343.02	170%
76380	Cat scan follow-up study	$159.57	$152.50	105%	$152.50	105%	$122.57	$139.36	88%	$139.36	88%
76811	OB us detailed single fetus	$194.09	$190.90	102%	$190.90	102%	$212.39	$177.57	120%	$177.57	120%
77056	Mammogram both breasts	$120.87	$120.33	100%	$120.33	100%	$75.70	$109.92	69%	$109.92	69%
77077	Joint survey single view	$42.57	$39.25	108%	$39.25	108%	$26.77	$35.79	75%	$35.79	75%
78102	Bone marrow imaging ltd	$181.21	$184.47	98%	$184.47	98%	$70.64	$165.14	43%	$165.14	43%

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Procedure Code & Description		Nevada Medicaid Rates	2015 Medicare Non-Facility Rates for NV	% Difference	2015 Medicare Facility Rates for NV	% Difference	Utah Medicaid Rates	2015 Medicare Non-Facility Rates for Utah	% Difference	2015 Medicare Facility Utah	% Difference
78300	Bone imaging limited area	$193.92	$195.99	99%	$195.99	99%	$84.44	$176.32	48%	$176.32	48%
78452	Myocardial spect multiple studies	$510.26	$513.30	99%	$513.30	99%	$336.23	$460.24	73%	$460.24	73%
90472	IM Admin PRQ ID subq/IM NJXS Each vaccine	$11.01	$12.89	85%	$12.89	85%	$13.81	$12.06	115%	$12.06	115%
90791	Psychiatric diagnostic evaluation	$155.38	$132.20	118%	$128.06	121%	$33.16	$131.49	25%	$127.53	26%
90792	Psychiatric diagnostic eval w/medical services	$124.29	$146.84	85%	$142.70	87%	$33.16	$145.37	23%	$141.37	23%
90834	Psychotherapy patient &/family 45 minutes	$73.93	$86.43	86%	$85.68	86%	$97.06	$84.77	114%	$84.44	115%
90837	Psychotherapy patient &/Family 60 minutes	$110.56	$128.60	86%	$127.30	87%	$120.79	$127.53	95%	$126.54	95%
90847	Family psychotherapy w/patient present	$92.40	$107.81	86%	$107.06	86%	$27.19	$106.48	26%	$105.82	26%
93306	Echo TTHRC R-T 2D w/WOM-mode compl spec & colr D	$203.53	$238.87	85%	$238.87	85%	$173.58	$216.51	80%	$216.51	80%
99204	Office outpatient visit, new 45 min	$153.96	$169.69	91%	$133.19	116%	$120.63	$161.91	75%	$129.88	93%
99214	Office outpatient visit, est 25 min	$99.93	$110.56	90%	$80.08	125%	$85.39	$104.77	81%	$78.03	109%

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Procedure Code & Description		Nevada Medicaid Rates	2015 Medicare Non-Facility Rates for NV	% Difference	2015 Medicare Facility Rates for NV	% Difference	Utah Medicaid Rates	2015 Medicare Non-Facility Rates for Utah	% Difference	2015 Medicare Facility Utah	% Difference
99215	Office outpatient visit est 40 min	$133.61	$149.64	89%	$114.27	117%	$114.84	$141.58	81%	$110.55	104%
	Total Average Comparison			98%		102%			83%		86%

The current Medicare Physician Fee Schedule does not price the following HCPCS codes for Home Health services. The information below provides a sample comparison of Nevada Medicaid rates to Utah Medicaid rates:

Procedure Code & Description		Nevada Medicaid Rates	Utah Medicaid Rates
G0299	Direct skilled nursing services of a RN	$11.87	$22.72
G0300	Direct skilled nursing services of a LPN	$8.84	$17.72
G0151	Services performed by a qualified physical therapist	$14.03	$19.83
G0153	Services performed by a qualified speech-language pathologist	$14.03	$17.97

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Medicare does not cover most dental. The table below provides a sample comparison of Nevada Medicaid rates to Utah Medicaid Rates:

Procedure Code & Description		Nevada Medicaid Rates	Utah Medicaid Rates
D0140	Limited oral evaluation-problem-focused	$33.24	$23.11
D0220	Intraoral first dadiograph-periapical	$18.86	$11.55
D0230	Intraoral radiograph-perapical-each addl imag	$5.89	$8.97
D0274	Bitewings-four radiographic images	$23.57	$29.51
D1120	Dental prophylxis-child	$57.28	$32.07
D5110	Complete dentury-maxillary	$615.00	$604.53
D5214	Mand part denture-cast metal frane w/resin bases	$615.00	$646.70
D7210	Surg removal erupted tooth req removal bone	$87.12	$78.27

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Attachment B. Provider Table

Identifiers	Provider Type	Provider Specialty	July-10	July-11	July-12	July-13	July-14	July-15
PCP/PCP Extenders	17-Special Clinics	180, 181	28	31	33	35	38	39
	20-Physician	053, 056, 060, 139,148	1380	548	1512	1647	1950	2080
	24-APRN	N/A	303	352	399	449	609	805
	77-PA/PA-C	N/A	357	365	387	451	530	599
Specialty	20-Physician	74, 92, 100, 101, 103, 104, 106, 107, 108, 110, 112, 114, 116, 118, 119, 120, 121, 122, 123, 125, 126, 127, 128, 130, 131, 132, 133, 134, 135, 136, 137, 138, 140, 141, 142, 143, 144, 149, 150, 151, 152, 153, 154, 156, 157, 158, 159, 170, 218	1770	2021	1952	2209	2551	2566
	25-Optometrist		241	261	278	296	339	360
	41-Optician, Optical Business		9	18	12	15	16	13
	76-Audiologist		28	29	37	48	60	66
Dental	22-Dentist	N/A	690	807	739	854	852	831
OBGYN/NeoNatal	20-Physician	062, 067,117, 124, 129, 145	261	263	267	294	341	358
	74- Nurse Midwife	N/A	8	4	4	7	8	14
Behavioral Health	13-Psychiatric Hospital, Inpatient	N/A	10	10	11	11	12	12
	14- Behavioral Health Outpatient Treatment	N/A	616	1142	3258	4697	6141	5893
	20-Physician	113, 146, 147,	86	100	100	120	154	162
	26-Psychologist	N/A	138	150	160	154	175	193
	63-Residential Treatment Center	N/A	3	3	3	3	3	4
	82-Behavioral Health Rehabilitative Treatment	N/A	572	565	623	1009	1286	1181
Home Health	29-Home Health Agency	N/A	55	52	56	57	63	62