Nevada Medicaid Managed Care Statewide Expansion and Procurement Public Workshop

Thursday, February 22nd, 3:00 – 4:30 PM PT

Workshop Summary and Key Takeaways

- The Division of Health Care Financing and Policy (DHCFP) began the public workshop with an overview of Medicaid managed care, statewide expansion goals, and the managed care procurement process.
- DHCFP then facilitated discussions related to six specific policy design areas for managed care: provider networks, behavioral health care, maternal and child health, market and network stability, value-based payment design, and social determinants of health and community reinvestments. During these discussions, DHCFP described why the policy design area is important for managed care expansion and shared a summary of the feedback received to date via stakeholder engagement completed in 2023, including meetings with 13 rural hospitals and a Request of Information.[1] Public workshop attendees were welcomed to provide additional feedback on each topic. Summaries of these discussions are below.
- The public workshop presentation can be found here.[2]
- The public workshop recording can be found here.[3]
- Stakeholders can provide additional comments and feedback to: StatewideMCO@dhcfp.nv.gov.

During the discussion on **Provider Networks**:

- **DHCFP:**
  - Identified key challenges with provider networks today, including low Medicaid reimbursement rates, long appointment waits and/or travel times, and workforce shortages.
  - Summarized key stakeholder feedback to date, including on strategies to: improve network adequacy in rural areas (e.g., clarify and promote the use of telehealth); support providers statewide (e.g., reduce administrative burden and provide additional technical assistance) and strengthen workforce recruitment and retention (e.g., establish reciprocity with licensed providers in other states).
- **Stakeholders:**
  - Asked about best practices and lessons learned from other states with managed care coverage in rural areas that could be applied and enacted for Nevada.

[1] Responses to the RFI have been posted on the DHCFP webpage and can be accessed at the following link: RFI Responses Received from Stakeholders (nv.gov)
[2] https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Public/AdminSupport/MeetingArchive/Workshops/2024/PW_02-22-24_Nevada_MMC_Procurement_Presentation.pdf
[3] Nevada Medicaid Statewide Managed Care Expansion Public Workshop - Feb. 22, 2024 (youtube.com)

- Recommended several requirements for MCOs related to hospital services:
    - Hospital payment rates should be, at a minimum, equal to fee-for-service (FFS) rates.
    - When patients are transferred between hospitals, hospitals should be reimbursed at the medical/surgical fee and not the administrative fee;
    - Prior authorizations should be processed within 24 hours of the request.
    - Rural hospitals with staffing shortages should be allowed to submit retroactive service authorizations to MCOs;
    - MCOs should be required to honor service authorizations approved by other MCOs when members switch plans to ensure continuity of care.
    - MCOs should be required to follow FFS policies related to prior authorization, billing, and appeals; and
    - MCOs denials should be monitored by the State.
- Recommended implementation of telehealth in rural areas to supplement limited provider networks in those regions.
- Requested that allied health professionals, including speech therapists, be considered during contract development, including increasing payment rates and eliminating prior authorization requirements for these provider types.
    - DHCFP shared that rate increases are limited by budgetary constraints and would generally require additional funding from the State Legislature.
- Recommended curbing capitated payment arrangements that involve exclusive contracting for certain specialists.

During the discussion on **Behavioral Health**:

- **DHCFP:**
    - Identified key gaps in behavioral health care, including in rural and frontier areas and for pediatric populations.
    - Summarized key stakeholder feedback to date, including suggestions to facilitate use of telehealth for behavioral health services, revisit behavioral health rates, and lift prior authorization requirements for certain behavioral health services.
- **Stakeholders:**
    - Recommended expansion of medication-assisted treatment (MAT) services for conditions beyond opioid use disorder, including methamphetamine and alcohol misuse.
    - Emphasized the importance of allied health workers and shared the concern that capitation payment arrangements would create barriers to access.
        - Recommended increased utilization of practitioners with mental and behavioral health services in their scopes of practice, including occupational therapy evaluators and assistants.
    - Requested that occupational therapy services be more incorporated into care delivery models, including for telehealth, adults, and substance use disorder treatments.

During the discussion on **Maternal and Child Health**:

- **DHCFP:**

- Identified existing managed care tools used to improve access and quality of care for children and pregnant individuals, such as performance improvement plans and bonus payment programs.
- Summarized key stakeholder feedback to date, including suggestions to improve access to care (e.g., through investments in workforce development and promoting urban-rural provider partnerships), strengthen maternal and child health benefits (e.g., increase use of doula and dental benefits), promote care coordination and social determinants of health (e.g., develop partnerships with community-based organizations), and implement payment strategies that encourage preventive care (e.g., bundled payments for perinatal care).

- **Stakeholders:**
  - Asked if Nevada intended to pursue funding for the CMS Transforming Maternal Health Model for Medicaid Agencies.
    - DHCFP indicated that they are considering it but have no decision to share it at this time.

During the discussion on **Market & Network Stability**:

- **DHCFP:**
  - Identified key issues related to market and network stability, including: (a) whether to require all contracted plans to serve the entire state or to establish specific services areas that may be served by different combinations of MCOs; and (b) how to match members to MCOs through an auto-assignment process.
  - Summarized key stakeholder feedback to date, including in regard to the advantages and disadvantages of the two options for service areas, potential factors to incorporate into an assignment algorithm, and a proposal to limit market share differentials.
- **Stakeholders:**
  - Asked about out-of-state providers offering medical services in Nevada, including whether out-of-state providers can provide telehealth services to patients in Nevada to help with staffing shortages.
    - DHCFP shared that state law regulates the provider licensure requirements for telehealth, including for out-of-state providers.

During the discussion on **Value-Based Payments**:

- **DHCFP:**
  - Identified a goal to optimize the use of value-based payments (VBPs) in managed care.
  - Summarized key stakeholder feedback to date, including recommendations to standardize VBP models across MCOs to reduce provider burden, provide enhanced support providers participating in VBP arrangements, and phase implementation of VBP in rural areas.
- **Stakeholders:**
  - Inquired if therapies, including occupational therapy, could be included in VBP.
    - DHCFP shared that services included in VBP depend on the model, payment structure, and goals of each VBP program. Therapies may be incorporated into a larger VBP model depending on its focus, although they likely would not be a standalone VBP model.

During the discussion on **Social Determinants of Health & Community Reinvestments**:

- **DHCFP:**
    - Identified goals to help address the social determinants of health (SDOH) for Medicaid members and strengthen its Community Reinvestment program.
    - Summarized key stakeholder feedback to date, including suggestions to extend coverage to additional SDOH services, support the community health worker workforce, and prioritize community reinvestment funding for provider networks and access to care in rural areas.
- **Stakeholders** did not have any questions or comments on this topic.

Meeting attendees were then welcomed to provide **any additional feedback** they had regarding statewide expansion of Medicaid managed care in Nevada. Several comments were shared:

- The recommended several changes to MCO contracts:
    - Require MCOs to make state-directed payments to critical access hospitals within a certain time frame (such as 5 days);
    - Require MCOs to provide trainings to providers (e.g., claims testing) before the new contract goes live; and
    - Prohibit MCOs from denying payment to a hospital when it renders care to a Medicaid patient.
- Another stakeholder raised concerns about the use of VBP in rural areas, which could create unintended access issues for affected populations.
    - DHCFP shared that their goal is to develop VBP models that improve plan performance and are appropriate for providers and Medicaid members. The Division is also considering how to leverage bonus payment incentives to provide value-based care.
- A stakeholder shared:
    - VBP models in rural areas often have issues with quality measurement due to sample size minimums that cannot be met for appropriate deidentification of data; therefore, the state should consider treating all MCOs in rural areas as one entity to improve likelihood of measurability.
    - Speaking in their personal capacity as a pharmacist, the representative expressed that, under Nevada FFS, some pharmacists are allowed to provide expanded clinical services (e.g., MAT). The representative shared an interest in expanding these permissions to managed care.
        - DHCFP responded that Nevada state plan services, coverage, and provider scopes of practice apply equally to both FFS and managed care.