

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Stacie Weeks,
JD MPH
Administrator

Request for Information for the Nevada Medicaid Managed Care Expansion Addendum Questions & Answers

Q&A Deadline: August 15, 2023, at 4:00 PM PST

Introduction

Respondents may submit questions about this RFI to the Division **no later than August 15, 2023, at 4:00 PM PST** at StatewideMCO@dchfp.nv.gov. Answers to questions received will be posted on the Division's website as an addendum to the RFI at https://dchfp.nv.gov/Providers/Statewide_Managed_Care/ **no later than September 1, 2023**.

Questions and Answers

1. Can the State provide anonymized beneficiary claims data with the rendering relevant provider to determine current patterns of care for current rural members?

The Division will work to provide billing provider patient and claim count by county/zip code to the extent permissible under federal and state privacy laws. The Department's Office of Analytics anticipates having info available week of 9/12. This information is subject to additional HIPAA review, and will be posted on the Statewide Managed Care web page at: https://dchfp.nv.gov/Providers/Statewide_Managed_Care/

2. Can the State provide geo access reports on current rural beneficiaries MCOs may be responsible for?

Not available at this time.

3. Can the State also provide anonymized beneficiary addresses?

The Division will work to provide eligible members by zip code to the extent permissible under federal and state privacy laws. The Department's Office of Analytics anticipates having info available week of 9/12. This information is subject to additional HIPAA review, and will be posted on the Statewide Managed Care web page at: https://dchfp.nv.gov/Providers/Statewide_Managed_Care/

4. Can the State provide the current rural Fee-For-Service beneficiary mix by AID code?

The Division will work to provide aid codes by county/zip to the extent permissible under federal and state privacy laws. The Department's Office of Analytics anticipates having info available week of 9/11. This information will be posted on the Managed Care website at:

5. Can the State provide beneficiary data summaries by rural county with demographic breakouts?

Race and ethnicity data are not required to be reported by members at application; however, the information is collected when provided to the extent permissible under federal and state privacy laws. The Department's Office of Analytics anticipates having info available week of 9/12. This information is subject to additional HIPAA review, and will be posted on the Statewide Managed Care web page at:
https://dhcfp.nv.gov/Providers/Statewide_Managed_Care/

6. Is the State planning to expand services offered by school nurses/health centers?

This procurement does not impact school health services. These services remain carved out of managed care.

7. What are the top 10 Physical Health and Behavioral Health diagnoses by rural county and demographic breakout?

The Division can provide a report for the top 10 diagnoses by county by aid category. The Department's Office of Analytics anticipates having info available week of 9/12. This information is subject to additional HIPAA review, and will be posted on the Statewide Managed Care web page at:
https://dhcfp.nv.gov/Providers/Statewide_Managed_Care/

8. Given that this procurement relates to addressing rural and frontier access issues, does the state intend to make available Non-Emergency Medical Transportation to the population impacted by this procurement?

These services are anticipated to remain carved out of managed care and will remain paid on a fee for service basis through a contracted vendor.

9. Does the state intend to carve-in children in foster care, juvenile justice, and child welfare systems in the near future?

At this time, this population will remain carved out of the state's mainstream Medicaid managed care program.

10. Section I - Provider Networks: As it relates to workforce shortages, what areas are of highest priority to the state; both in terms of geography (i.e., counties) and provider type? Also, what is the time frame by which you are assessing workforce shortage improvements?

Areas of greatest shortage include primary care, obstetrics, and behavioral health care. The state recognizes that workforce shortages exist in urban, rural, and frontier counties in Nevada. It may be extremely difficult to increase the available providers residing and practicing in the rural and frontier areas. The state is interested in learning more about creative strategies in managed care that the Division could utilize to address workforce challenges, including how to increase access to mobile and telehealth services, in addition to in-person practices within rural communities.

11. Section II - Behavioral Health Care: Is there more information available pertaining to the compliance issues in reference to the American Disabilities Act (ADA) and children with serious behavioral health conditions identified by the US Department of Justice (DOJ)? Does the State have a corrective action plan in place?

The link below will direct to the DOJ report. The state is currently still negotiating a settlement agreement with the DOJ. Information pertaining to this settlement agreement is confidential until it is signed by both parties.
https://www.justice.gov/d9/press-releases/attachments/2022/10/04/2022.10.04_report_of_nevada_investigation_0.pdf

12. Section II.B - Behavioral Health Care: The RFI indicates that individuals who receive services through one of Medicaid's three home and community-based waiver programs are funded through the State's Fee-for-Services Medicaid program. There is a question about increasing the availability of behavioral health services in the HCBS setting. Can you clarify if the State intends to carve-in HCBS in this procurement?

The members receiving HCBS services are considered in our system as Aged, Blind, or Disabled. This population was not authorized as part of legislation to be enrolled into managed care. This population will remain carved out of the state's mainstream managed care program, at this time.

13. Section IV - Market & Network Stability: What are the priority metrics for assessing market stability?

We are looking for strategies to ensure that managed care plan carriers can sustain successful operations for the entire contract period and remain compliant with all contractual requirements, especially network adequacy requirements, in a manner that does not lead to provider abrasion.