1140 N. Town Center, Suite 190
Las Vegas, NV 89144

Submitted electronically via email

June 17, 2024

RE: Nevada Medicaid Solicitation of Public Input Regarding Dual Special Needs Program Procurement

Dear Administrator Weeks and Deputy Southard,

We appreciate your solicitation for public comment as you prepare to issue a Request for Proposal (RFP) for your Coordination-Only Dual-Eligible Special Needs Plan (CO D-SNP) Program. We support the Division's goal of providing quality D-SNP products to Nevadans. Aetna® currently serves approximately 6,000 Nevadans through our D-SNP. In addition, we serve over 36,000 additional Medicare lives through our Medicare Advantage Individual and Group plans.

As part of the CVS Health® family, we are committed to Nevada and providing opportunities to see that "Healthier Happens Together™" throughout the State. This is the mantra used to explain that "CVS Health® is committed to finding new ways to make healthier happen for everyone". CVS Health® is passionate about leveraging such assets as Aetna®, CVS Pharmacy®, and Signify Health® to deliver integrated healthcare solutions, "…that make health care more affordable, connected and better for all."

Below is input that we would like to share in response to two of the items listed in your solicitation for public comment.

Thank you for this opportunity.

Item 2: Covered Populations

Currently, health carriers offering CO D-SNPs must enroll: Full Benefit Dual Eligibles (FBDEs), Qualified Medicare Beneficiaries (QMBs), and Qualified Medicare Beneficiaries Plus (QMB+). In some states, Specified Low-Income Beneficiaries Plus (SLMB+) are also included.

In addition to the above-mentioned categories, we believe that the ~3.6 million partial duals Nationwide, who are also part of the Medicare program, should be considered for enrollment in CO D-SNPs.

In Nevada this would include:

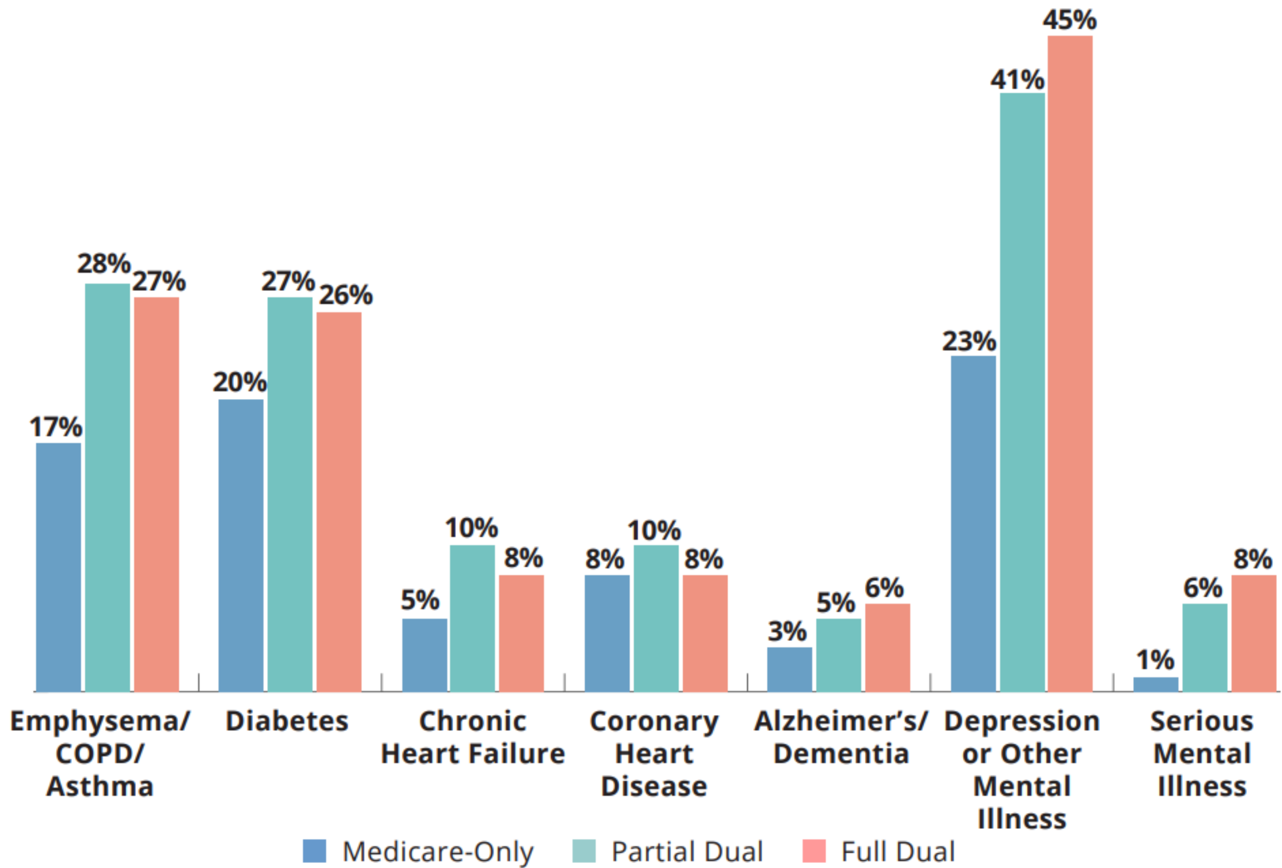
- Qualified Individuals (QIs)
- Specified Low-Income Beneficiaries (SLMBs)

Although these individuals do not qualify for full Medicaid benefits and, therefore, are not privy to such Medicaid services as long-term services and supports and behavioral health, their dual-eligible identity and medical conditions reinforce the need for them to have access to the protections and additional benefits that CO D-SNPs offer through Models of Care (MOCs), State Medicaid Agency Contract (SMAC) requirements and benefit designs orchestrated by health carriers.

In Nevada alone, there are ~22,000 partial duals across SLMB and QI categories who could benefit from inclusion in a CO D-SNP. As an organization, Aetna® serves over 38,000 partial duals who are enrolled in D-SNPs across our 31-state footprint. At the same time, we cover over 100,000 partial duals in our **non**-DSNP Medicare Advantage plans. This shows the opportunity that exists for more partial duals to be enrolled in special needs plans (SNPs) so they can take advantage of these richer plans.

According to ATI Advisory, "…partial dual beneficiaries are more similar to full duals than they are to Medicare-only beneficiaries."* Partial duals, for example, mirror the prevalence rates of full duals for the chronic physical and mental conditions shown on the chart below (whereas the prevalence for Medicare-only beneficiaries is lower)*:

*ATI Advisory (June 10, 2021): "Advancing the Policy Environment to Address the Unique Needs of Partial Dual Eligible Beneficiaries"



ATI Advisory (June 10, 2021): "Advancing the Policy Environment to Address the Unique Needs of Partial Dual Eligible Beneficiaries"

Additionally, in general, partial duals have greater needs for assistance with activities of daily living and experience higher instances of functional frailty, cognitive impairment, or intellectual and developmental disabilities than Medicare-only beneficiaries.

By incorporating this vulnerable group into CO D-SNPs, these dual-eligibles will gain access to greater care management and oversight from health carriers. Namely, "As provided under section 1859(f)(7) of the Social Security Act, every SNP must have a Model of Care (MOC) approved by the National Committee for Quality Assurance."** MOCs require health carriers to identify demographics of their targeted population and outline components of the care management programs that they will implement to help meet the needs of enrollees. Therefore, by including partial duals into SNPs, the programs outlined within MOCs would be available to address their needs as well. On the other hand, non-SNP Medicare Advantage plans and Medicare Fee-for-Service (FFS) do not have MOC provisions in place. Consequently, many of the Nation's current ~3.6 million partial duals who enroll in non-SNPs lack additional regulatory oversight/protection.

Nevada could also leverage SMACs as a vehicle to transport requirements to health carriers specific to addressing partial duals. For example, given the common physical and mental conditions of this group compared with full duals, the State could use the 2026-2029 SMAC as an opportunity to partner with health carriers to implement innovative approaches and new processes specific to an organization's partial duals population. Based upon the effectiveness of said processes over the four-year SMAC term, the State could determine if it wanted to include partials as part of its 2030 procurement.

Finally, health carriers of CO D-SNPs ensure that certain supplemental benefits are included in their product offerings. By covering some of the costs associated with post-inpatient discharge meals in the home, purchase of healthy foods from retailers, monthly utility expenses (e.g., internet, cell phone, water, trash, etc.), fitness memberships, etc., partial duals could also receive some of the extra benefits currently provided to full duals.

**CMS.Gov - https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/model-care

Item 3: Expansion of Service Area

Approximately 28,850 Nevadans (out of ~59,500) are enrolled in D-SNPs across multiple health carriers. In present state, health carriers must include the counties of Clark and Washoe when making CO D-SNPs available. The State's plan to require CO D-SNPs to offer statewide coverage would bring D-SNPs within close reach to the ~30,650 full and cost-share protected dual-eligibles who are currently unable to enroll. If including partial duals, the opportunity would extend to a total of ~54,000 additional Nevadans.

According to Aetna's internal data sources***, the greatest potential for D-SNP enrollment exists in Clark and Washoe Counties where the majority of D-SNP eligibles reside (These counties are represented in the table below in green font). Also, as the table shows, some counties contain *fewer than 100* D-SNP-eligibles and Esmeralda County has zero (represented in red font).

	Total Medicare Advantage Eligible Lives	**Medicare Advantage Penetration**	**Total D-SNP Eligible Lives**	**D-SNP Penetration**
Carson City	14,809	37.3%	1,788	31.3%
Churchill	6,047	33.5%	755	29.9%
Clark	**404,394**	**55.7%**	**61,902**	**36.8%**
Douglas	17,968	30.1%	899	23.9%
Elko	7,738	1.4%	1,020	0.0%
Esmeralda	**265**	**1.4%**	**0**	**N/A**
Eureka	**373**	**0.0%**	**43**	**0.0%**
Humboldt	3,294	1.8%	454	0.0%
Lander	982	0.0%	107	0.0%
Lincoln	1,097	0.0%	111	0.0%
Lyon	15,807	42.6%	1,524	31.4%
Mineral	1,343	25.5%	246	29.7%
Nye	18,120	61.3%	2,220	34.5%
Pershing	1,162	0.0%	182	0.0%
Storey	**1,373**	**31.5%**	**91**	**16.5%**
Washoe	**99,664**	**45.9%**	**11,268**	**33.1%**
White Pine	1,922	1.5%	225	0.0%

***Source:** Aetna Medicare Tableau – D-SNP Summary Dashboard (June 2024)

If we reference the table and look at county volumes under "Total Medicare Advantage Eligible Lives" and see how that equates from a "Medicare Advantage Penetration" percentage perspective, we can ascertain that individuals in most counties receive their Medicare benefits via Medicare FFS (as opposed to a Medicare Advantage plan). This highlights the opportunity to provide greater education on Medicare Advantage plans to Nevadans to increase their appetite for Medicare Advantage enrollment (which includes D-SNPs). At the same time, when comparing "Total Medicare Advantage Eligible Lives" to "Total D-SNP Eligible Lives", it is apparent that there is less overall potential for D-SNP enrollments.

Next, for illustrative purposes, if we hone in on the 9 counties where Aetna® does not currently offer a D-SNP (Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Pershing, and White Pine), we see that the "Total D-SNP Eligible Lives" is highest in Elko County (with ~1,020 lives) and lowest in Esmeralda County (with zero lives).*** Across these 9 counties, total D-SNP enrollment potential is **~2,388 lives**. Based upon this, we can anticipate that in future state (unless safeguards are put in place) beneficiary confusion and abrasion could be a byproduct of multiple health carriers seeking business from the same limited pool of dual-eligibles.

To proactively minimize beneficiary abrasion, the State might consider a regional approach to meet statewide expansion requirements. For example, the State might select two carriers (e.g., those with the highest RFP scores) to set up networks in specific counties. This would reward those highest-scoring health carriers by allowing them to market to dual-eligibles in designated counties while at the same time minimizing beneficiary confusion. By having this structure in place, dual-eligibles and their caregivers would only need to learn about plan benefits from a limited carrier set in their pursuit to make informed enrollment decisions.

Additionally, a regional approach would reduce administrative burden on providers. With fewer health carriers establishing statewide networks, the providers would only need to interact with limited D-SNP health carriers.

Below is an example of how this phased-in timeframe might be leveraged for selected health carriers:

- **Contract Year 2026**: CO D-SNP contract goes live (4-year period)

- **June 2027**: Deadline for ½ of the counties not within health carrier's existing network to become in-network.

  NOTE: This provides the health carrier 1 ½ years from the CO D-SNP go-live to work towards this goal.

- **June 2028**: Deadline for remaining counties not within health carriers exiting network to become in-network.

  NOTE: This provides the health carrier with 1 year from the initial expansion deadline to contract with additional providers.

Next, we think it prudent to highlight that Aetna's CO D-SNP has experience operating in some of Nevada's rural and frontier counties****. Our existing Medicare Advantage network (upon which our D-SNP network operates) is open to residents in 8 counties. The majority of those counties are classified as urban or frontier. This includes Storey County where only 91 D-SNP eligible reside.

County	County Classification
Carson City	Urban
Churchill	Frontier
Clark	Urban
Douglas	Rural
Lyon	Rural
Nye	Frontier
Storey	Rural

Washoe	Urban

****Classifications based upon: U.S. Department of Health and Human Services Health Resources & Services Administration (2020)

We understand the importance that strong health carrier-provider relationships will play when working towards statewide expansion, especially in rural areas. Aetna® recently paneled Nevada providers and community-based organizations to find out what was important to them and how we might partner together to expand access in the State. Some of the stakeholders represented critical access hospitals, tribal clinics, and home health care. We received some actionable feedback that, if implemented, would bring coverage closer to more Nevadans in rural and frontier spaces. While the lack of providers and relatively smaller numbers of dual-eligible lives in most counties present a challenge, statewide expansion can be achieved.

Lastly, we have seen in some places where it makes sense for health carriers to set up multiple plan benefit packages (PBPs) in the same state for their D-SNPs. By doing this, D-SNP products can be specifically tailored to meet the needs of different areas of a state. For statewide expansion, this affords a practical approach to providing benefits in a way that makes sense and considers member satisfaction.

In closing, we want to thank you for allowing us to provide comment on the inclusion of partial duals and statewide expansion. We look forward to additional opportunities to collaborate with you.

Sincerely,

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