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VIA ELECTRONIC SUBMISSION TO https://www.gov

June 17, 2024

Administrator Stacie Weeks Department of Health and Human Services Division of Health Care Financing and Policy 1100 E. William Street, Suite 101 Carson City, Nevada 89701

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

Dear Administrator Weeks:

SCAN Health Plan Nevada, Inc. (SCAN) is pleased to submit comments in response to the <u>solicitation of public input</u> by the Department of Health and Services, Division of Health Care Financing and Policy, regarding Coordination Only Dual Special Needs Plans (CO D-SNPs). We appreciate the Division seeking stakeholder feedback as you consider the future of D-SNPs in Nevada.

SCAN is Committed to Keeping Seniors Healthy and Independent

<u>SCAN Group</u> is a mission-driven organization that is deeply committed to developing and implementing new ways to deliver evidence-based, patient-centered care to older adults. Founded in 1977 by seniors who were determined to improve access to the care and services they needed, SCAN's mission is *Keeping Seniors Healthy and Independent*.

SCAN Group executes on our mission across our organization, including <u>SCAN Health Plan</u>, <u>Independence at Home</u> (a SCAN community service), and <u>myPlace Health</u> (a Program for All-Inclusive Care for the Elderly, known as PACE, center launched in partnership with Commonwealth Care Alliance).

SCAN Health Plan, one of the nation's foremost not-for-profit Medicare Advantage (MA) plans, serves nearly 280,000 members across Nevada, California, Arizona, New Mexico, and Texas. SCAN is proud to offer multiple plan options in Clark and Nye Counties that are clinically and culturally tailored to both the health care and financial needs of Nevadan seniors. These plans include Chronic Condition Special Needs Plans (C-SNPs), which reflect the specific needs of Nevadans with diabetes or cardiovascular disease.

SCAN also has extensive experience serving seniors who are dually eligible for Medicare and Medicaid – and we are proud to be California's only plan to have achieved a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) designation.

In a Medicare Advantage market that is often dominated by national, for-profit insurers, SCAN Health Plan provides seniors a mission-driven, non-profit alternative.

SCAN's Response to CO D-SNP Solicitation of Public Input

SCAN applauds the Division's interest in improving care for individuals dually eligible for Medicare and Medicaid. Nevada's duals population is growing,¹ and roughly 70 percent of the Medical Assistance for the Aged, Blind, and Disabled (MAABD) population is dually eligible.²

Seniors comprise a significant, and rapidly growing, segment of Nevada's population generally³ and Nevada's Medicaid population specifically.⁴ Dually eligible seniors merit special consideration because of their unique health care, social, economic, and benefit coordination needs. SCAN's experience operating a FIDE SNP in California offers us a unique lens into the challenges and opportunities of coordinating and integrating care for dual eligible seniors.

Given the relatively recent introduction of D-SNPs in Nevada, continuing to support CO D-SNPs is a prudent path as state capacity continues to develop. Below follows SCAN's response to specific items identified for feedback by the Division in its CO D-SNP solicitation of public input.

Service Area

Currently, the Division allows rural counties to be optional service areas for D-SNPs. This flexibility reflects a variety of differences between Nevada's urban centers and rural regions.

Of course, the high concentration of Nevada's general population and Medicaid population in Clark and Washoe Counties is a well-established and significant consideration. But there are notable differences among rural counties that must also be considered. As an example, 50 percent of the rural MAABD population lives in just four counties (Nye, Carson City, Lyon, and Elko) and five counties have fewer than 200 MAABD enrollees each (Esmerelda, Storey, Lander, Eureka, and Lincoln).⁵

This MAABD enrollment pattern suggests a low volume of potential dual eligible membership spread across a large geographic area. Such low volume presents meaningful hurdles to provider contracting, plan operations, and plan viability – especially when paired with known infrastructure limitations like transportation, broadband, and telecommunications.

Further, Nevada Medicaid's current, optional approach to rural service areas also helps account for certain network considerations, such as exacerbated workforce shortages across many provider types, provider footprints and referral patterns, and provider contracting preferences.

² Nevada Medicaid ABD Program Analysis Project. HMA. April 29, 2024. Available at: <u>https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/LTC/HMA%20NV%20MAABD%20Project%20Rep</u> <u>ort_FINAL_4.29.pdf</u>.

 $\underline{https://adsd.nv.gov/uploadedFiles/adsdnvgov/content/About/Reports2/Elders_Count_2023-Final.pdf.$

⁴ Nevada Medicaid ABD Program Analysis Project. HMA. April 29, 2024. Available at: <u>https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/LTC/HMA%20NV%20MAABD%20Project%20Rep</u> <u>ort_FINAL_4.29.pdf</u>.

¹ Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid. Medicare Payment Advisory Commissioner (MedPAC) & Medicaid and CHIP Payment and Access Commission (MEDPAC). January 2024. Available at: <u>https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf</u>.

³ Elders Count Nevada 2023. Nevada Aging and Disability Services Division & the Department of Health and Human Services Office of Analytics. 2023. Available at:

SCAN appreciates the Division's interest in ensuring D-SNP access for individuals in rural areas. However, we are concerned that mandating a statewide service area would inhibit competition and enrollee choice by tilting the D-SNP market toward large, for-profit plans and limiting smaller and non-profit plans' ability to offer D-SNPs in Nevada. Such an approach could have the unintended consequence of excluding new plan options, and even potentially reducing currently available plan options, for enrollees in Nevada's urban centers and adjoining counties.

SCAN encourages the Division to continue allowing D-SNPs to establish their rural service areas based on the strength of their networks, operational scalability, and business viability.

Supplemental Benefits

Nevada Medicaid currently requires D-SNPs to offer the following eight supplemental benefits: dental; vision; hearing aids, non-emergency medical transportation; personal emergency response systems; nursing hotline; telemedicine; and meal services after a hospital stay. This set of supplemental benefits is robust and appropriately reflects beneficiary needs and preferences.

An open, fair market will continue to provide enrollees with valuable supplemental benefits, and SCAN encourages the Division to allow flexibility for plans to innovate and compete on other supplemental benefits beyond those already identified.

Quality Measures and Reporting

SCAN appreciates the Division noting that "Nevada will begin using Star Ratings and Model of Care (MOC) as a requirement" and we would appreciate further commentary from the Division regarding how specifically it would apply these requirements.

Regarding Star Ratings, an important consideration is whether Nevada decides to require CO D-SNPs to establish a separate H contract with the Centers for Medicare & Medicaid Services. When new H contracts are established, especially for a complex population like dual eligibles, ample runway (at least several years) must be allowed for a plan's MOC to take effect and begin to impact quality measures. Should the Division adopt this approach, it would be important for the Division to be judicious with its expectations for Star Ratings in the first several years of the H contract.

Again, thank you for the opportunity to provide input as the Division considers the future of D-SNPs in Nevada. Please consider SCAN a resource as you evaluate how to improve care and outcomes for senior Nevadans, and please do not hesitate to contact me with any questions regarding these comments.

Sincerely,

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