

June 17, 2024

Kirsten Coulombe, Social Services Chief  
Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 E. William Street, Suite 101  
Carson City, Nevada 89701

Dear Ms. Coulombe,

UnitedHealthcare shares their excitement with the Nevada Division of Health Care Financing and Policy (DHCFP) in their efforts to provide a transparent and fair selection process for contracting with health carriers seeking to offer quality D-SNPs to Nevadans served by the state's Medicaid program who are also enrolled in the federal Medicare program.

As Nevada's most experienced, diversified and largest health insurer, we are committed to the Silver State. Through our 27 years of service to Nevada Medicaid, we have proven our ability to meet the changing needs and priorities of the DHCFP and the 209,000 Medicaid/CHIP members we currently serve. We will build upon our demonstrated excellence in Nevada to help the DHCFP increase access to high-quality care, ensure whole-person integrated care, address ethnic and racial disparities, improve population health, and promote maternal and child health and supports.

We appreciate the opportunity to share our thoughts and look forward to continuing the dialogue about offering quality D-SNPs to Nevadans served by the state's Medicaid program who are also enrolled in the federal Medicare program.

Sincerely,

A handwritten signature in blue ink that reads 'Kelly Simonson'.

Kelly Simonson  
President, UnitedHealthcare Community & State

### **1. Addition of federal requirements such as health risk assessments with mandated screening tools, maintenance of an enrollee advisory committee, tracking of beneficiary cost sharing, and identification of providers that serve both Medicare and Medicaid beneficiaries in the network provider directory.**

Nevada's CO D-SNP SMAC will incorporate all Centers for Medicare and Medicaid Services (CMS) federal requirements. To the extent applicable, the Division seeks input on information and data sharing needs to support CO D-SNP compliance with these requirements.

UnitedHealthcare appreciates the Division's intent to align with CMS requirements for the CO D-SNP and confirms that we are in compliance.

We recommend that the Division consider and use the nationally standardized CMS Health Risk Assessment (HRA) toolset to gather information on dually eligible Nevadans. We have found adding state-specific assessment questions may decrease member engagement by adding to the time and intrusiveness of the survey process.

### **2. Covered Populations.**

Currently, health carriers offering CO D-SNPs must enroll the following dual eligible populations: Full Benefit (FBDE), Qualified Medicare Beneficiary (QMBs), and Qualified Medicare Beneficiary Plus (QMB+). The Division seeks input on the scope of dual eligibles that may enroll in the CO D-SNP.

UnitedHealthcare supports expanding the eligible populations for D-SNP enrollment to include Low-Income Dual-eligibles (SLMB) and partial-benefit dually eligible individuals, especially as the Division prepares to meet the CMS integration requirements for D-SNPs beginning in 2027. Such PBP would provide a set of benefits that are currently available to full benefit dual eligible beneficiaries only, such as food, dental, low-cost drugs and other benefits. ([Nevada 2024 UHC Dual Complete NV-S001 \(HMO-POS D-SNP\) | UnitedHealthcare Community Plan](#)).

### **3. Expansion of Service Area.**

Currently, all health carriers offering CO D-SNPs in Nevada must make such plans available to eligible Nevadans in Clark and Washoe Counties as authorized per CMS with rural counties as optional service areas. Nevada intends to expand the mandatory service areas for CO D-SNPs statewide over the term of the contract. Bearing in mind various network adequacy standards and CMS' approval of service areas, what factors or options should the Division consider with respect to a phased-in timeframe for achieving a statewide expansion of CO D-SNP operations?

As the state expands the Medicaid managed care program statewide, UnitedHealthcare appreciates the Division's careful consideration of factors that can may impact D-SNP enrollees' access to services. In an effort to mitigate impacts, UnitedHealthcare recommends the Division consider the following:

- **Beneficiary and Stakeholder Communication:** It is critical that the Division continue its statewide education efforts with beneficiaries, providers, and other stakeholders to ensure that Nevadans are informed and prepared for the new coverage options and market changes that will occur by 2026. UnitedHealthcare appreciates the Division's ongoing outreach efforts to beneficiaries in rural communities across the state and is committed to collaborating with the Division on its communication and education efforts.

- **Phased-In Population Approach:** Move forward with statewide expansion in a phased-in or sequential manner to ensure that there is a sufficient member threshold to support healthy markets. For example, the state can phase in geographic areas by population, beginning with counties that are adjacent to urban counties, such as Nye, Carson, Douglas, Elko, and Lyon in phase one and expanding in subsequent years to those with fewer than 1,000 beneficiaries; and
- **Access and Workforce Considerations:** UnitedHealthcare is very aware of the workforce shortages that present significant challenges to access statewide.
- **CMS network adequacy requirements:** UnitedHealthcare recommends the Division align with the CMS network adequacy requirements for Counties with Extreme Access Considerations (CEAC).

#### 4. Change of Supplemental Benefits.

There are eight core Supplemental Benefits currently offered by CO D-SNPs as outlined here. Are there other supplemental benefits the Division should consider to best serve and enhance member experience as well as to improve access to services?

UnitedHealthcare strongly supports the state's intent to expand the available benefits to dual eligible beneficiaries as part of the statewide expansion of the D-SNP/MA option. This includes benefits such as transportation, meal services following hospital discharge, nursing hotlines, and others that promote improved health and quality of life and in many instances reduce health care costs. Rather than mandating a set of core supplemental benefits, we encourage the Division to allow CO D-SNPs to provide the benefits they identify as most helpful through engagement with their members. This serves the dual purpose of expanding benefits for enrollees and creating a mechanism for plans to differentiate themselves in the marketplace.

UnitedHealthcare utilizes a robust member outreach and engagement program to help us understand which benefits are most desired and valued by our members, as well as where we have opportunities to improve the benefit experience or add new offerings. In addition, we challenge our supplemental benefit partners and vendors to work with us on continuous improvement and innovation.

#### 5. Quality Measures and Reporting.

To enhance the quality of the CO D-SNP program for recipients, Nevada will begin utilizing the Medicare Advantage Star Ratings and Model of Care as a requirement under the SMAC to monitor and track performance of awardees. Throughout the contract period, anytime CMS requires a corrective action plan of a Medicare Advantage organization, a copy of that corrective action plan must be submitted to the Division for review. The Division is seeking input on consideration of these preferred measures. The Division is also seeking feedback on other measures or requirements it should consider as part of the upcoming RFP and SMAC to improve the quality of the CO D-SNP program and access to services.

UnitedHealthcare applauds the Division's commitment to quality and support its intent to use established CMS programs and protocols to monitor and track performance of awardees under the SMAC. Utilizing the Medicare Advantage Star ratings program provides for efficiency and alignment of resources and priorities with CMS, including comprehensive measurement of both quality and access (and experience). In addition, although established on a national basis, the Star Ratings measures support Nevada's Quality Strategy.

We believe using performance-based metrics such as the Medicare Advantage CMS Star Ratings will elevate Nevada's CO D-SNP program. CMS' Star Ratings account for a wide set of standards such as member satisfaction, access to care, and clinical quality. A MCO's CMS Star Rating is a strong indicator of performance and is also a strong signal to the member of an MCO's experience in the state. With CMS' addition of the health equity index, in effect for the 2027 Star Ratings, these measures will also reflect the MCO's commitment to improving outcomes across the range of health disparities faced by members.

Basing CO D-SNP monitoring on an MCO's CMS Star Ratings is the best way to maintain a focus on quality while aligning resources and promoting competition and stability in the marketplace. While promulgated at the national level, specific CMS Star Ratings measures directly align with the Division's Quality Strategy and other public health focus areas in the state of Nevada.