

From: Todd Lefkowitz [NV] [<mailto:TLefkowitz@hcupnv.com>]

Sent: Thursday, December 01, 2016 8:42 AM

To: Christina Koster <christina.koster@navigant.com>

Cc: Elizabeth Aiello <eaiello@dncfp.nv.gov>; Deanna Watterson [NV] <DWatterson@hcupnv.com>

Subject: Re: Nevada Medicaid Delivery System Comments

Hello Christina,

Thank you the email and my apologies for the delayed response. The biggest change that I would advocate for is allowing for the introduction of Medicare Advantage Special Needs Plans for beneficiaries that are dually-eligible for Medicaid and Medicare. Below is some background and rationale for this recommendation:

- Medicare Advantage Special Needs Plans (SNPs) were created as part of the Medicare Modernization Act of 2003, and provide important care coordination and condition-specific benefits and programs for beneficiaries with chronic conditions (C-SNPs), beneficiaries residing in institutional care settings (I-SNPs), and beneficiaries who are dually-eligible for Medicare and Medicaid (D-SNPs)
- Beneficiaries eligible for enrollment in SNPs tend to have significant specialized care needs and are some of the most vulnerable individuals within the Medicare Advantage program. They also often require a disproportionate amount of care to maintain their health.
- SNPs have the experience for managing specialized care for high-risk, high-need individuals and are tailored to focus on enhancing outcomes and generating cost savings through tailored care management services.
- SNPs must go above and beyond regular MA plans and include the following additional or enhanced benefits such as:
 - \$0 cost-share for most benefits on the dual-eligible SNP
 - Vision, dental, hearing, routine transportation (varies by plan)
 - Over-the-counter drugs
 - Enhanced care coordination
 - Assist members in understanding and accessing benefits provided through Medicare Advantage and Medicaid

Dual-eligible SNPs (D-SNPs) Overview

D-SNPs (also referred to as DE-SNPs) are Medicare Advantage plans for beneficiaries who are entitled to Medicare and Medicaid. Medicaid assigns eligibility levels based upon beneficiaries' income and resources.

Healthcare Partners would work with one of our MA Payor Partners to offer coverage to either some or all of the Medicaid eligibility categories; coverage would vary depending upon our MA Payor Partner's agreement with the state. Members may still receive some services through Medicaid:

- Long Term Care including Nursing Facilities and Waivers
- Routine Dental, Vision, Hearing, Non Emergency Medical Transportation
- Prescribed meds not covered by Part D and some OTC

We have had conversations with Humana and they are very interested in piloting one of these with the State. It doesn't sound like the process of having a contract signed with the State would take very long and it didn't sound like it was a very complex process but I believe the contract outlines the responsibilities of sharing enrollment data and other types of information between the MA Payor and the State, and perhaps a few other obligations.

We believe that allowing one of these to occur will provide a more coordinated, integrated delivery of care to some of our most vulnerable populations and help control escalating costs while providing for better overall outcomes and care. If you would like for us to facilitate a meeting with the two of you and Humana, please let me know. Additionally, I am happy to jump on a call to discuss this and other possible suggestions.

Thank you.

Regards,
Todd

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On Nov 14, 2016, at 11:23 AM, Christina Koster <christina.koster@navigant.com> wrote:
Mr. Lefkowitz,

Betsy Aiello at the Nevada Division of Health Care Financing and Policy provided me with your contact information. My company, Navigant Consulting, is working with Betsy and her team to develop recommendations for modifications to Nevada Medicaid's delivery system. Over the past several months, we have been talking with different stakeholder groups to understand what is working well and not working well in the current system and discuss ideas for improvements. I understand that you may have some comments that you would like to provide, in particular regarding gaps in care delivery in Southern Nevada.

Please let me know if you have written comments or information you would like to provide, or if you would like to discuss via phone.

Best,
Christina

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