Nevada Medicaid Managed Care
Statewide Expansion and Procurement Public Workshop

Tuesday, April 30th 2024, 3:00 – 4:30 PM PT

Workshop Summary and Key Takeaways

- The Division of Health Care Financing and Policy (DHCFP) began the public workshop with an overview of Medicaid Managed Care, statewide expansion goals, and the managed care procurement process.
- DHCFP then facilitated discussions on critical opportunities for policy and operations changes in the 2026 Medicaid Managed Care (MMC) contract. This public workshop's discussion focused on Service Areas, Transportation, Preferred Drug List, and Rural Access, Provider Workforce, and Telehealth. During these discussions, DHCFP shared relevant policy updates for each focus topic and posed discussion questions to gather feedback from attendees. DHCFP has included the summaries of the discussions below.
- The public workshop presentation can be found here.[1]
- The public workshop recording can be found here.[2]
- Stakeholders can provide additional comments and feedback to: StatewideMCO@dhcfp.nv.gov.

During the discussion on **Service Areas:**

- **DHCFP:**
  - Shared that there will be two Medicaid Managed Care service areas: Urban (Washoe and Clark County) and Rural.
  - Solicited feedback from attendees around critical factors that DHCFP might consider in determining the final number of MCOs serving Urban and Rural areas and how DHCFP can ensure a smooth transition for members in the event of MCO changes starting in 2026.
- **Stakeholders:**
  - Asked if an individual would be under fee-for-service (FFS) or Managed Care if they have other primary insurance besides Medicaid (e.g., Medicare).
    - DHCFP shared that if an individual does not fall within one of the populations carved out of Managed Care, they would be enrolled into Managed Care, even if Medicaid is secondary to their primary health insurance.
  - Asked if the foster care population will continue to be excluded from Managed Care.

[1] https://dhcfp.nv.gov/Public/AdminSupport/MeetingArchive/Workshops/2024/Workshops_2024/
[2] https://www.youtube.com/watch?v=jYdmogaynUc

        - DHCFP shared that it is not the Department's intention to enroll this aid group under Managed Care. However, the state will maintain language in the contract that allows the state to move additional populations into Managed Care as required by state law or budget authorities.
    - Asked if MCOs will be required to enroll with safety-net providers.
        - DHCFP clarified that the current contract requires MCOs to make a good-faith effort to contract with essential community providers.

During the discussion on **Transportation:**

- **DHCFP:**
    - Shared that they are considering including non-emergency medical transportation (NEMT) as a managed care organization (MCO) responsibility in the MMC Contract, meaning the MMC. The MMC Contract means MCOs must ensure their members' access to non-emergent medical Transportation either directly or through the MCO's contract with a transportation broker.
    - Solicited feedback from attendees around key opportunities for MCOs to improve access to non-emergency medical transportation and essential MCO contract requirements related to NEMT that DHCFP might consider to help address access needs, especially in rural areas.
- **Stakeholders:**
    - Expressed that there are few, drivers in rural areas available under the existing NEMT broker.
        - DHCFP shared that they are working on addressing these issues in the new contract, such as allowing MCOs to partner with MTM (the current NEMT broker) or creating more options in rural communities to increase the number of drivers.
    - Noted that home- and community-based services (HCBS) and Telehealth could complement measures to strengthen NEMT in rural areas given the sparseness of drivers.

During the discussion on **Preferred Drug List:**

- **DHCFP:**
    - Shared that they are considering standardizing the Preferred Drug List (PDL) across FFS and all MCOs to streamline member experiences across MCOs and reduce administrative complexity for providers working with multiple MCOs.
    - Solicited attendees' feedback on the critical advantages with transitioning to a single or aligned Preferred drug list across Fee for service and managed care and the potential challenges with this shift.
- **Stakeholders:**

- Asked if standardizing the PDL would impact pharmacists' ability to prescribe authorized prescription drugs.
    - DHCFP clarified that standardizing the PDL would not impact pharmacists' ability to prescribe authorized prescription drugs, as their authority is separate from the PDL.

During the discussion on **Rural Access:**

- **DHCFP:**
    - Shared that they are considering a requirement for MCOs to develop, implement, and maintain an Access Improvement Plan, to address workforce development, infrastructure/telehealth investments, and collaboration with stakeholders in regions with limited health care access.
    - Solicited feedback from attendees around the elements DHCFP should consider, including requiring plans to address the Access Improvement Plan and the opportunities to increase access and meet members where they are in rural areas.
- **Stakeholders:**
    - Expressed that rural areas have few providers even when leveraging Telehealth and flagged a concern about payment rates limiting access to Care.
        - Given these challenges, DHCFP shared that they are already in the process of identifying ways to strengthen access standards for rural areas.
    - Asked if MCOs can assist rural patients with limited internet access.
        - DHCFP shared that they are exploring ways that MCOs might help address broadband infrastructure challenges.
    - Suggested expanding training opportunities for rural providers who take on additional patients as part of the rural MMC expansion.

During the discussion on **Provider Workforce:**

- **DHCFP:**
    - Shared that they are considering ways to simplify prior authorization (PA) policies to minimize the burden on providers. They expect to include new and strengthened requirements for MCOs to offer providers billing/claims training and technical assistance.
    - Solicited feedback around key considerations for aligning PA policies between FFS and Managed Care, as well as the types of training and technical assistance that would be most effective in supporting providers with navigating billing/claims requirements.
- **Stakeholders**
    - **On PA:**

        - Expressed support for aligning PA policies.
        - Shared that streamlining PA would reduce frustration for both providers and patients.
        - Suggested integrating PA processes directly into electronic medical records (EMR) to streamline workflow.
    - **On Billing/Claims Requirements:**
        - Recommended offering stipends to providers (such as Community Health Workers and Certified Nursing Assistants) who complete certification programs related to billing and claims requirements.
        - Suggested developing short videos to educate billing clerks.

During the discussion on **Telehealth:**

- **DHCFP:**
    - Shared the exploration to cover interprofessional consultations and encourage remote patient monitoring (RPM).
    - Solicited feedback from attendees around considerations for covering interprofessional consultations through MMC and specific uses of remote patient monitoring that could improve care for members in rural areas.
- **Stakeholders**
    - Shared that they have successfully implemented RPM for monitoring vitals such as blood pressure and glucose levels.
    - Expressed support for policies that allow providers to work as a team because they would improve outcomes.
    - Supported the use of telehealth as a means to reduce travel burden, especially in rural areas.
    - Suggested that patients should receive training on telehealth technology, have access to chargers for devices, and have access to dedicated space for telehealth consultations.
    - Expressed that network adequacy metrics should account for providers outside of traditional time and distance standards.

The meeting attendees were encouraged to provide **additional feedback** regarding statewide MMC expansion in Nevada. Many comments were shared, including stakeholders:

- Asking for clarification around the release date of the request for proposal (RFP).
    - DHCFP stated that the planned release date is October 2024.
- Asking how MCOs will be evaluated against one another during the bidding process, especially regarding having clinically integrated networks and better outcomes.
    - DHCFP shared that they still need to outline the bidding requirements.
- Expressing the desire for MCOs to process claims as efficiently as FFS.

    - DHCFP shared that they will work with their vendor to explore ways to improve claims processing requirements in MMC.
- Asking if MCOs will improve their alignment with Medicaid standards about the credentialing of interns.
    - DHCFP shared that they will examine the contract language on this.
- Requesting that the Nevada Small Business Development Center be included in training to support health care businesses better.
- Expressing concern over challenges that occupational therapy (OT) providers have experienced in joining MCO networks (i.e., MCO chooses just one OT provider and limits other OTs from enrolling).
- Asking if the contract evaluation process will measure essential benchmark services per the Affordable Care Act (ACA).
    - DHCFP explained that MCOs are required to provide all services outlined in the contract delegated to them; therefore benchmarking does not apply in this case.
- Asking if there are lessons are learned from other states that expanded Managed Care from urban to rural.
    - DHCFP shared that their vendor, Manatt, has investigated what other states have done within Managed Care.
- Mentioning that MTM allows a member to have a calendar of their appointments and receive gas mileage reimbursement, and hoping that MCOs will maintain this process.