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Governor

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Director

Expansion to Statewide Medicaid Managed Care Program

Division of Health Care Financing and Policy

Informational Webinar on Managed Care Expansion

10/14/2024

Department of Health and Human Services

Helping people. It's who we are and what we do.

Agenda

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2. **Background on Nevada's Medicaid Managed Care**
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Welcome and Introductions

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Background on Nevada's Medicaid Managed Care

Nevada's Medicaid Delivery System

Nevada has two Medicaid delivery systems: fee-for-service and managed care. Medicaid services in the state are primarily delivered through managed care.

	Fee for Service (FFS) System	Medicaid Managed Care (MMC) System
How It Works	• State administers Medicaid directly; volume-based approach includes no utilization management, creating risk for the state budget • State pays providers directly per service • State sets rates	• State contracts with managed care organizations (MCOs) to manage cost, utilization, quality of care • MCOs develop provider networks and pay providers • MCOs negotiate rates with providers
Who It Currently Covers	• Waiver recipients in all counties • Aged, blind, and disabled members in all counties • All members in rural counties ***28% of Medicaid members as of July 2024***	Currently in urban Washoe and Clark Counties only: • Children, parents, and adults without children • *Voluntary enrollment:* American Indians and Alaska Natives, Children with Special Health Care Needs Receiving Title V Services, Children with SED ***72% of Medicaid members as of July 2024***

The Role of MCOs in Caring for Medicaid Members

MCOs administer Medicaid services to managed care members and undertake a broad range of activities to improve care coordination, quality, and access.

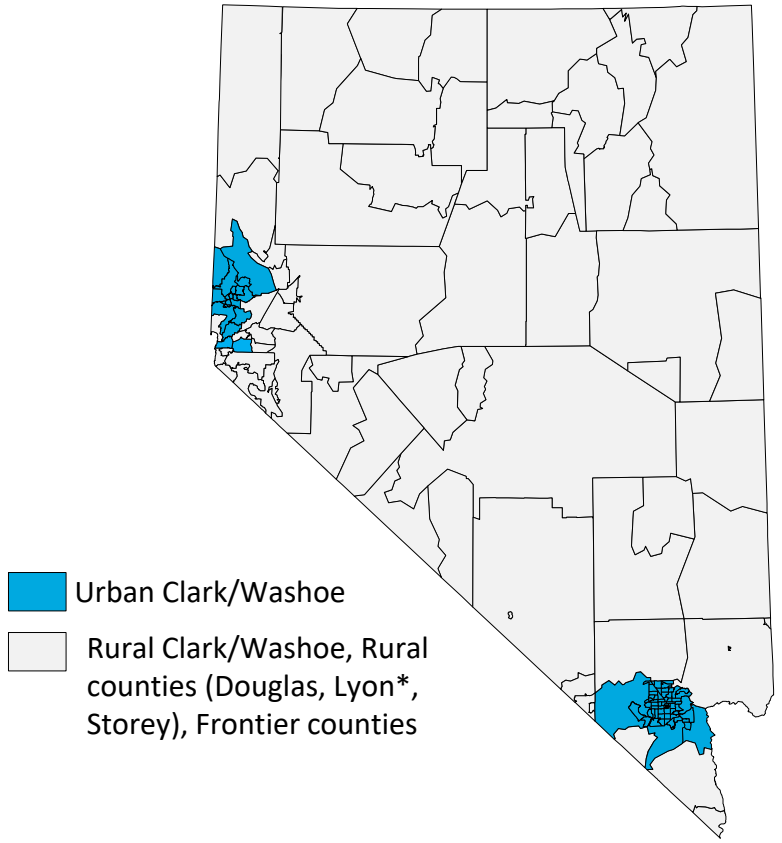
- For Medicaid managed care members, MCOs administer Medicaid services unless they are explicitly "carved out" of managed care.
  - MCOs must ensure their members receive the same amount, frequency, duration, and scope of services as provided to recipients under FFS.
  - When services are "carved out" of managed care, MCO members still have access to these services, but the services are paid for/authorized by FFS instead of the MCOs. Examples of services that are currently carved out include non-Emergency Transportation, Home- and Community-Based Waiver Services, and Targeted Case Management.
- In addition to administering Medicaid services, MCOs must:
  - Provide care coordination, patient education, and preventative care;
  - Connect individuals with specialty providers;
  - Ensure the right service is provided at the right time;
  - Help members navigate the health care system; and
  - Maintain an adequate network of health care providers.

Selecting MCOs to Deliver Managed Care

Every 4-5 years, Nevada undergoes a procurement process to select MCOs for its Medicaid population.

- The following four health plans have been the state's Medicaid MCOs since January 1, 2022:
  - Anthem Blue Cross and Blue Shield Healthcare Solutions
  - Molina Healthcare of Nevada
  - SilverSummit Healthplan
  - UnitedHealthcare Health Plan of Nevada Medicaid

- Nevada has launched a new procurement process for Medicaid MCOs, and the new MCO Contract will begin on January 1, 2026.



*ZIP code map does not perfectly align with county map; ZIP 89706 is shared between Carson County and Lyon County

Linkage With the Battle Born State Plans

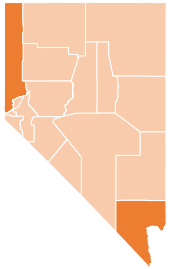
To be eligible for MMC, bidders must submit a Good Faith Bid to administer a Battle Born State Plan.

- Nevada Revised Statute (NRS) 695K requires the Director to contract with carriers to offer public option plans (referred to as Battle Born State Plans) as qualified health plans on the Silver State Health Insurance Exchange (SSHIX) beginning Plan Year 2026.
- The law requires, among other things, **carrier submission of a good faith bid to offer public option plans if they seek to participate in Medicaid Managed Care.**

Policies to Support Managed Care Expansion

Stakeholder Engagement to Inform Expansion of the Managed Care Program

DHCFP has gathered valuable input to inform its policies for managed care expansion through:



Hospital Roadshow

DHCFP met with **eight hospitals (including seven in rural counties)** in August and September 2023 to gather input on the Medicaid managed care expansion.

Request for Information

DHCFP issued an RFI in October 2023; all stakeholders and members of the public were invited to submit responses.

Public Workshops

DHCFP hosted two public workshops in 2024:

- **Public Workshop #1:** Discussed key themes from stakeholder feedback
- **Public Workshop #2:** Gathered input on potential policy and operations refinement in the 2026 contract

DHCFP Has Designed Managed Care Program Policies to Support Goals for Expansion

DHCFP designed MMC policies for 2026 to (1) improve member outcomes and access to care, (2) make it easier for providers to participate in MMC, (3) simplify MMC administration for the State, and (4) facilitate expansion to rural counties.

Key Policy Areas

Service Areas

Access to Care

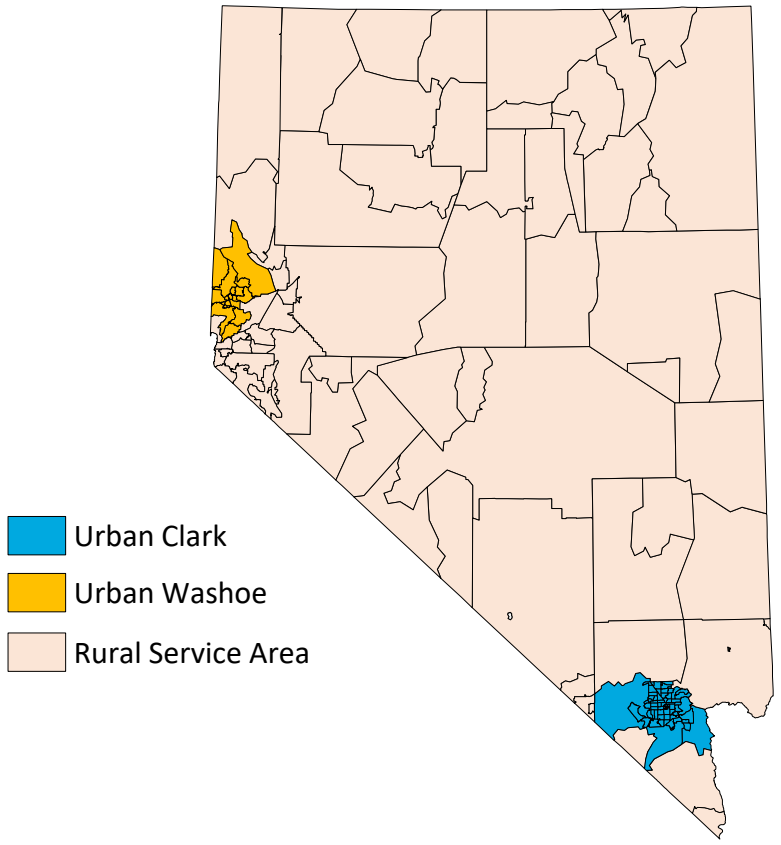
Member and Provider Experience

Care Quality and Outcomes

Population Health

Service Areas and Rural Expansion

There will be three geographic service areas beginning 2026: the Urban Clark Service Area, the Urban Washoe Service Area, and the Rural Service Area.



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Beginning in 2026, the State plans to award MMC contracts to MCOs that cover either 1, 2, or all three service areas in Nevada.

- The Urban Clark Service Area will include the urban parts of Clark County
- The Urban Washoe Service Area will include the urban parts of Washoe County
- The Rural Service Area will include all other counties in Nevada, as well as the rural parts of Washoe and Clark Counties.

Access to Care (1/2)

DHCFP has designed new access requirements for MMC expansion to support and ensure robust access to care across the state. The following is a selection of those new policies:

Provider Network Adequacy Standards

MCOs must meet Provider Network Adequacy Standards that include **new requirements for Appointment Wait Times**.

Telehealth

Pending CMS approval, MCOs will be required to cover **virtual interprofessional consultations, or e-consults**.

Rural Non-Emergency Medical Transportation (NEMT)

NEMT will be a **"carved in" benefit** in managed care **for rural areas only**, with DHCFP still maintaining the right to carve NEMT into urban areas at any point of the contract.

Access to Care (2/2)

DHCFP has designed new access requirements for MMC expansion to support and ensure robust access to care across the state. The following is a selection of those new policies:

Access Improvement Plans

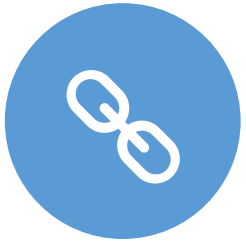
MCOs will be required to create, implement, and report on a **comprehensive plan to improve access** in collaboration with stakeholders.

Rate Floor

DHCFP will **set a universal rate floor**, inclusive of all provider types, for MMC rates based on FFS fee schedule for all covered services (including OON services).

Member and Provider Experience

DHCFP is actively encouraging MCOs to ensure policies are in place to facilitate smooth transitions for new members and reduce administrative burden for providers. The following is a selection of those new policies to that end:



Continuity of Care for New Members

MCOs must provide **continuity of care,** including honoring medications, prior authorizations and relationships with OON providers, **for at least 90 days** for new members with pre-existing conditions, receiving life-sustaining services, or engaged with the health system.

Provider Onboarding and Training

DHCFP encourages plans to assign case managers that have **experience and/or training specific to prenatal and postpartum care** needs as part of the high-risk case management program.

Streamlining Provider Admin Requirements

DHCFP plans to **establish standards for prior authorization forms** across managed care and fee-for-service in order to reduce administrative burden.

Care Quality and Outcomes

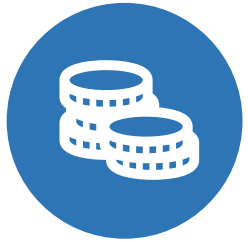
DHCFP examined its system of care specific populations and the incentives in place to support high-quality care and outcomes for all members enrolled in Medicaid managed care. The following is a selection of new policies:

Maternal and Child Health (MCH)

MCOs must cover MCH as a **health promotion and education** topic area and partner with local CBOs or other organizations.

Behavioral Health

MCOs must establish policies and procedures that promote **same-day, co-located primary and behavioral health care**.



Value-Based Care

MCOs must participate in the **Nevada Hospital Quality Collaborative**, which is charged with exploring VBP options for hospital payments.

Pharmacy

DHCFP intends to move to a **uniform PDL** and clinical policy for all drugs by January 1, 2026.

Population Health (1/2)

DHCFP is bolstering its requirements for MCOs to support care management, health-related social needs (HRSN), and community reinvestment to improve population health. The following is a selection of those new policies:

Care Management

MCOs must implement procedures to coordinate services between settings of care and must conduct annual follow-up **Health Needs Assessments** for individuals not engaged in case management.

Health-Related Social Needs (HRSN)

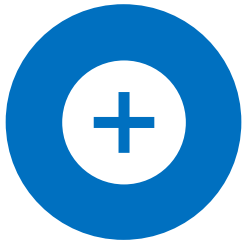
MCOs will have the option to cover certain **housing and nutrition supports** and services as an In Lieu of Service (ILOS).

Community Reinvestment

MCOs must demonstrate a commitment to improving health outcomes in their communities by contributing **at least 3.5%** of annual profits to community reinvestment activities.

Population Health (2/2)

DHCFP is encouraging MCOs to provide Value-Added Services to members to address the needs of their beneficiaries. In addition, justice-involved individuals are a priority population for care management services from MCOs.



Value-Added Services

MCOs are encouraged to provide **home visiting services/programs for high-risk pregnant members, childcare subsidies, and remote patient monitoring,** under Value-Added Services.

Justice-Involved Populations

Nevada is preparing a Medicaid Section 1115 Demonstration request to CMS to implement pre-release services. DHCFP reserves the right to update the MCOs' responsibilities to **manage the health care of justice-involved individuals** and to **support their transitions from incarceration into the community**.

Timing of Managed Care Expansion

Key Dates and Deadlines

The RFP was released on October 21, 2024, and proposals are due on January 3, 2025.

All dates for the RFP are tentative and subject to change. Please refer to the procurement documents and materials made available in NevadaEPro for official communications regarding procurement dates and deadlines.

Key Steps	Target Date
RFP is released and MCOs have eleven weeks to **submit their bids**.	**October – January 2025**
DHCFP **selects awardees**.	**February 2025**
Negotiations are completed with awardees, and **contracts signed**.	**March 2025**
Contracts are reviewed and approved by the **Board of Examiners**.	**June 2025**
Contract Start Date: MCOs begin to prepare for the MCO transition.	**June 2025**
Go Live: MCOs begin to deliver managed care.	**January 2026**

Thank You!

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