

**Nevada Medicaid Managed Care  
Statewide Expansion and Procurement Public Workshop  
May 31, 2024**

**Workshop Feedback Summary**

The Division of Health Care Financing and Policy (DHCFP) has collected public feedback and comments from the public workshop received in the statewide Managed Care Inbox. After review of the responses for the procurement design domains related to Transportation, Telehealth, Billing, Behavioral Health, Provider Workforce, Access Improvement, Centralized Credentialing, Communication, e-Consulting, Interprofessional Consultations, Remote Patient Monitoring, Community Engagement, and Preferred Drug List (PDL) the division has compiled the list of themes from over twenty responses.

**Transportation:**

Eight responses were received, most of which supported Medical Transportation Management, Inc (MTM), some noteworthy points include:

- The driver shortage.
- The request to raise members' awareness of transportation options.
- A request for more innovative/creative solutions with an emphasis on flexibility.

**Telehealth:**

Considerations include:

- Member access to devices, chargers, and private space, and the need for training on telehealth technology.
- Concerns about state licensure for telehealth in medication and limitations for providers without broadband.
- Suggestion for community spaces for telehealth equipment, such as community centers and libraries.

**Billing:**

Suggestions include:

- Developing a short public service announcement for billing clerks.
- Addressing delays in processing payments that burden providers.

## **Behavioral Health:**

Queries were raised:

- Transferring this population to Managed Care requires a need for follow-up and safety measures for foster care populations.
- There are concerns about calendar year limits for some Behavioral Health populations.

## **Provider Workforce:**

Requests include:

- Workforce development funding, equipment for telehealth services.
- Licensing requirements for community health workers, and medical assistants.

## **Access Improvement:**

Suggestions include:

- Use the Centers for Medicare and Medicaid Services framework and integrating care coordination.
- Interprofessional consultation, and support for care professionals.
- Support mobile health clinics in remote areas and provide health screenings and immunizations.

## **Centralized Credentialing:**

Remark:

- Credentialing takes 90 days after approval for Fee for Service to be credentialed with some MCOs.

## **Communication:**

Suggestions include:

- MCO representative in rural areas and improving communication with rural providers regarding billing.
- Emergency room visit payment confusion.

## **E-consulting:**

Remark:

- The importance of ensuring claims are billable with MCOs.

**Remote Patient Monitoring:**

Remark:

- MCOs are suggested to cover necessary health devices and providers to monitor member patients via telephone.

**Community Engagement:**

Remark:

- Providers are encouraged to assist member patients in rural areas with preventive and routine care.

**Preferred Drug List (PDL):**

Suggestions:

- MCOs to adapt their PDLs to meet the needs of different member patients and maintain the PDL.
- The process of determining utilization management and prior authorization when the state has a single PDL.