

Joe Lombardo
Governor



Richard Whitley
Director

Expansion to Statewide Medicaid Managed Care Program

Division of Health Care Financing and Policy

Public Workshop #2

April 30, 2024



Department of Health and Human Services

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



Agenda

- 1. Welcome and Introductions**
- 2. Overview of Medicaid Managed Care, Expansion Goals, and Procurement**
- 3. Updates and Discussion: Key Opportunities for Policy & Operations Changes in 2026 Contract**
 - Service Areas
 - Transportation
 - Prescription Drugs
 - Rural Access
 - Provider Workforce
 - Telehealth
- 4. General Public Comments**
- 5. Adjournment**



Introductions

Jaimie Evins

Chief of Managed Care & Quality Assurance

Patricia Beck-Weaver

**Social Services Program Specialist III
for Managed Care & Quality Assurance**

Melissa Knight

**Social Services Program Specialist II
for Managed Care & Quality Assurance**



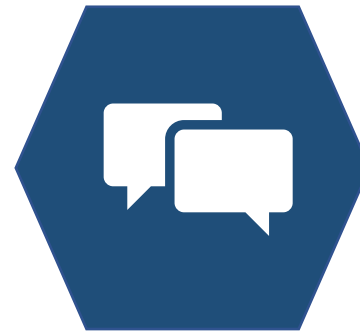
Participation in Today's Session

There are two ways for participants to engage, ask questions, and provide input throughout today's session:



Verbal Participation

- Please use the “raise hand” function (or press “*5” for dial-in participants) in Teams to enter the queue.
- A facilitator will call on individuals in the queue during designated Questions & Comments sections of the session.



Written Participation

- Use the Teams chat function at any time during today's session.
- As feasible, DHCPS may respond to questions/comments verbally or directly in the chat, or take them back for consideration.



Overview of Medicaid Managed Care, Expansion Goals, and Procurement



Understanding Nevada's Medicaid Delivery Systems

Fee for Service (FFS) System

How It Works

- State sets rates
- State pays providers directly per service

Challenges: Rewards volume only; Risk to state budget; no utilization management

Who It 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 Oct 2023

Managed Care System

- 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

In urban Washoe and Clark Counties only:

- Children, parents, and adults without children
- *Voluntary enrollment:* American Indian and Alaska Native, Children with Special Health Care Needs Receiving Title V Services, Children with SED

72% of Medicaid members as of Oct 2023



The Role of MCOs in Caring for Medicaid Members

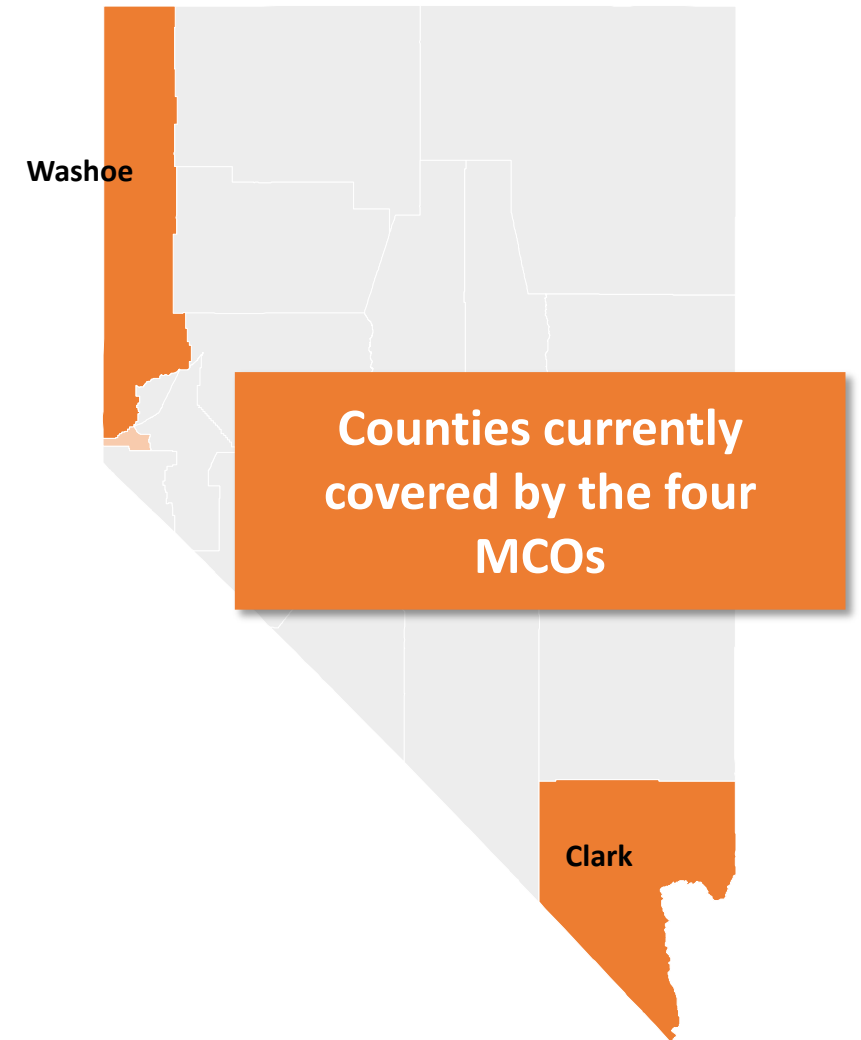
- For Medicaid managed care members, MCOs administer services and:
 - Maintain an adequate network of health care providers;
 - Provide care coordination, patient education, and preventative care;
 - Ensure the right service is provided at the right time;
 - Provide value-added benefits, which are additional services offered by an MCO at no cost to members that are not covered by FFS.
- Some 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 include:
 - Non-Emergency Medical Transportation
 - Home- and Community-Based Waiver Services
 - Targeted Case Management
- **MCOs must ensure their members receive the same amount, frequency, duration, and scope of services as provided to recipients under FFS.**

See appendix for a more detailed list of carved out services.



Selecting MCOs To Deliver Medicaid

- 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 is launching a new procurement process for Medicaid MCOs, and the new MCO Contract will begin on January 1, 2026.**





Managed Care Expansion

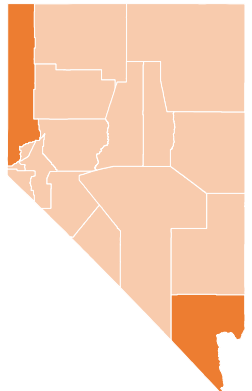
- **The 82nd Legislature authorized the funding of expansion of Medicaid Managed Care to cover most populations in all counties in Nevada starting with the 2026 MCO Contract.**
- An estimated 75,000 individuals, including children, parents, and adults without children, who live in rural Nevada counties will be added to managed care.
- The remaining ~126,000 individuals in FFS Medicaid program will be:
 - Katie-Beckett Program for children
 - Children in the welfare system (foster care and juvenile justice)
 - Individuals with disabilities
 - Seniors (ages 65 and older)
 - People receiving home and community-based waiver services





Engaging Stakeholders to Inform Managed Care Expansion

To date, DHHS has gathered valuable input through:



Rural Outreach

DHCFP met with **13 rural hospitals** last fall to gather input on the Medicaid Managed Care expansion.

DHHS will continue to meet with rural hospital systems and other key rural stakeholders to better understand the health care challenges facing rural communities.



Request for Information

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



Public Workshops

DHCFP is hosting public workshops in 2024 to keep the public informed on the expansion design and procurement progress and to gather additional input on design.

Public Workshop #1 occurred on February 22, 2024.



Updates and Discussion: Key Opportunities for Policy & Operations Changes in 2026 Contract



Areas for Potential Policy & Operations Refinement in the 2026 Contract

DHCFP is exploring Medicaid Managed Care policy and operations updates that would optimize Medicaid for Nevada residents and enable expansion to rural areas.

Key Policy & Operational Issues Being Examined Include

Provider Network

Behavioral Health

Maternal & Child Health

Social Determinants of Health

Community Reinvestments

Value-Based Payment Design

Market & Network Stability

Focus of Today's Session

- Service Areas
- Transportation
- Preferred Drug List
- Rural Access
- Provider Workforce
- Telehealth



Policy Update and Discussion: Service Areas

Policy Update

There will be two Medicaid managed care service areas: Urban (Washoe and Clark County) and Rural.

- Interested plans will be required to bid on both service areas.
- DHCFP anticipates selecting a maximum of four (4) plans. All four would serve the Urban service area. Two of these four would also serve the Rural service area.
- DHCFP will determine the final number of MCOs based on final bidder scores, balancing member choice, provider networks, and MCO operations.



1. What are key factors that DHCFP might consider in determining the final number of MCOs serving Urban areas? Rural areas?
2. How can DHCFP ensure a smooth transition for members in the event of MCO changes (e.g., plans entering or exiting MMC) starting in 2026?



Policy Update and Discussion: Transportation

Policy Update

- Currently, non-emergency medical transportation (NEMT) is available to FFS and managed care members through one transportation broker (MTM).
- **DHCFP is considering including NEMT as an MCO responsibility in the MMC Contract**, meaning MCOs must ensure their members' access to NEMT—either directly or through the MCO's own contract with a transportation broker.



1. What are key opportunities for MCOs to improve access to NEMT?
2. What key MCO contract requirements related to NEMT might DHCFP consider to help address access needs, especially in rural areas?



Policy Update

Policy Update and Discussion: Prescription Drugs

DHCFP is considering standardizing the Preferred Drug List across FFS and all MCOs.

- A Preferred Drug List establishes the outpatient drugs that Medicaid encourages providers to prescribe based on clinical criteria.
- Having more standardization would help streamline member experiences across MCOs and reduce administrative complexity for providers working with multiple MCOs.



1. What would be key advantages with transitioning to a single or aligned PDL across FFS and managed care?
2. What potential challenges would you see with this shift?



Policy Update and Discussion: Rural Access

Policy Update

DHCFP is considering a requirement for MCOs to develop, implement, and maintain an Access Improvement Plan.

- Plans would include workforce development and infrastructure/telehealth investments in regions with the most limited access to health care services.
- MCOs in rural service areas would facilitate a Rural Access Stakeholder Collaborative, which would inform the Plan.



1. What elements (i.e., workforce training, investments in telehealth equipment) should DHCFP consider incorporating in the Access Improvement Plan?
2. What are key opportunities to increase access and meet members where they are in rural areas?



Policy Update and Discussion: Provider Workforce

Policy Update

DHCFP is considering a range of policy and operational requirements to reduce barriers for providers to participate in MMC.

- DHCFP is exploring **standardizing prior authorization policies** to minimize burden for providers.
- DHCFP expects to include new/strengthened requirements for MCOs to provide **billing/claims training and technical assistance (TA)** for providers.



1. What are key considerations (e.g., pros and cons) for aligning prior authorization policies between FFS and managed care?
2. What types of training and TA would be most effective in supporting providers with navigating billing/claims requirements for managed care?



Policy Update and Discussion: Telehealth

Policy Update

DHCFP is exploring policy updates to encourage the use of telehealth to supplement -- but not replace -- in-person care.

- DHCFP is exploring covering **interprofessional consultations** – e.g., e-consults where one provider (such as a primary care physician) seeks the expert consultation of another provider (such as a specialist) without needing the patient to be present.
- DHCFP may encourage the use of **remote patient monitoring** – e.g., using monitoring technologies (such as blood pressure monitors) for off-site providers to track member health.



1. What are the key considerations for covering interprofessional consultations through MMC?
2. What specific uses of remote patient monitoring could help improve care for members in rural areas?



General Public Comment



Comments on Any of the Topics Discussed Today? Other Ideas for Innovation in Managed Care?



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Written Participation

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Next Steps

- This is the last public workshop hosted by DHCFP related to the Managed Care Statewide Expansion and Procurement.
- Stakeholders are welcome to email DHCFP additional feedback and comments until **May 31, 2024**.
- DHCFP will continue to share materials related to the Managed Care Statewide Expansion and Procurement in upcoming DHCFP stakeholder forums and workshops.
- DHCFP plans to release the RFP in October 2024.



Thank You!

StatewideMCO@dhcfp.nv.gov



Appendix



Services Carved Out of Managed Care

In the Current (2022-2025) Contract:

- All services provided at Indian Health Service Facilities and Tribal Clinics
- Non-Emergency Medical Transportation
- Ground Emergency Medical Transportation
- Hospice Medicaid (Disenrolled from MCO)
- Hospice Nevada Check Up (Stays Enrolled in MCO)
- Orthodontics
- Swing Bed Stays Over 45 Days
- Nursing Facility Stays Over 180 Days
- School-Based Health Services
- Adult Day Health Care
- Pharmacy Drug Limitation (Zolgensma[®])
- Habilitation Services
- Home- and Community-Based Waiver Services
- Targeted Case Management
- Prior Medical Months
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)
- Inpatient Psychiatric Services over 15 days