# A Plan to Monitor Healthcare Access for Nevada Medicaid Recipients


## Medicaid Fee-For-Service Program:

## Methods for Assuring Access to Covered Medicaid Services

-Updated August 2020-

## Executive Summary

The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of its residents through the delivery or facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. The DHHS is comprised of six Divisions: Aging and Disability Services Division (ADSD); Division of Child and Family Services (DCFS); Division of Health Care Financing and Policy (DHCFP); Division of Public and Behavioral Health (DPBH); Division of Welfare and Supportive Services (DWSS); and the Public Defender.

The DHCFP works in partnership with the Centers for Medicare and Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources, via the Nevada Medicaid and Nevada Check Up (NCU) programs.

The DHCFP's framework for developing an Access to Care Monitoring Review Plan (ACMRP) for the fee-for-service (FFS) Nevada Medicaid population is adapted from a synthesis of several sources, including the agencies within the U.S. Department of Health and Human Services. The DHCFP framework includes the following components:

A. Characteristics and challenges of the recipient population
B. Approach for review and analysis
C. Improving access

The Code of Federal Regulations at 42 CFR 447.203 refers to the requirements for the ACMRP for payment rates and comparisons to the general population. The provision indicates it is necessary for states to compare Medicaid payment rates to the rates of Medicare or private payers. Due to the requirements set forth in Nevada Revised Statute (NRS 686B.080), the information for the rates paid by private payers is considered proprietary and is not subject to disclosure, therefore, the DHCFP will monitor, review, and assess Medicaid rates and compare those rates to the rates paid by Medicare only.

Within the DHCFP framework of the ACMRP, measures were selected to provide a comprehensive overview of health care access in Nevada, while taking into account the limitations of available data sources.

The DHCFP has designed a process for monitoring health care access which includes data collection and trend analysis for identification and interpretation of access to care needs. The DHCFP Quality Chief will oversee the tracking of selected measures, compare with previous studies, and lead quality improvement activities. Upon the identification of healthcare access problems, the DHCFP will analyze each measure in conjunction with public input to identify processes that need improvement and implement a remediation action plan.

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## I. Overview

The mission of the DHCFP is to purchase quality health care services for low-income Nevadans in the most efficient manner possible; promote equal access to health care at an affordable cost to the taxpayers of Nevada; restrain the growth of health care costs; and review Nevada Medicaid and other state health programs to maximize potential federal revenue.

The DHCFP, as part of the DHHS, administers two major health coverage programs which provide health care to Nevadans: (1) Nevada Medicaid provides health care to low-income families, as well as aged, blind, and disabled individuals. Nevada, as part of the Patient Protection and Affordable Care Act (PPACA), expanded the Medicaid program to include low-income childless adults effective January 1, 2014; and (2) NCU, Nevada's Children's Health Insurance Program (CHIP) provides health coverage to low-income, uninsured children who are not eligible for Nevada Medicaid.

The evaluation of healthcare access for all Nevadans is important to the DHHS and the information provided by the other DHHS agencies assists the DHCFP in determining if the Nevada Medicaid and NCU programs are positively affecting recipients' health outcomes.

On August 31, 2020, the DHCFP published a draft ACMRP to our public website and solicited public comment. The ACMRP will be posted for 30 days with requests for written feedback to be submitted to dhcfp@dhcfp.nv.gov. The top three areas of concern will be noted in this section in the final draft of the ACMRP prior to the DHCFP submitting the ACMRP to the CMS for review. The proposed DHCFP access plan identifies an array of measurement methods and processes. The access monitoring system presented in this document will take into account: (1) the characteristics of the Nevada Medicaid enrollees; (2) the availability of the Nevada Medicaid providers; and (3) utilize a quality improvement process to address access issues. This plan will provide a comprehensive portrayal of healthcare access for the Nevada Medicaid and NCU recipients. Moving forward, the set of measures identified in this document will be used to track trends and identify access deficiencies in Nevada Medicaid.

## II. Characteristics of the Recipient Population

Nevada's geographical structure as well as the rapid growth in Nevada Medicaid poses challenges in accessing health care. Nevada is made up of 16 counties which include urban, rural, and frontier areas. Due to the rural and frontier nature throughout the state, some recipients must seek medical care outside their residential area. These rural and frontier areas experience scarce providers and services. Residents living near state lines or borders may be geographically closer to out-of-state providers than in-state providers; therefore, Nevada recognizes border catchment areas as in-state providers and continues to seek guidance through the Medical Care Advisory Committee (MCAC) and public workshops in the identification of areas with shortages that impact the Nevada Medicaid recipients' access to care.

Nevada's total Medicaid caseload is shown in Figure1 below. These numbers reflect the average monthly caseloads by state fiscal year (SFY) July 1st – June 30th. This caseload includes traditionally eligible Medicaid recipients (e.g. children; parents/caretakers; aged, blind, and disabled) as well as the adult expansion population from the Affordable Care Act (ACA).

**Figure 1. Total Medicaid Caseload**

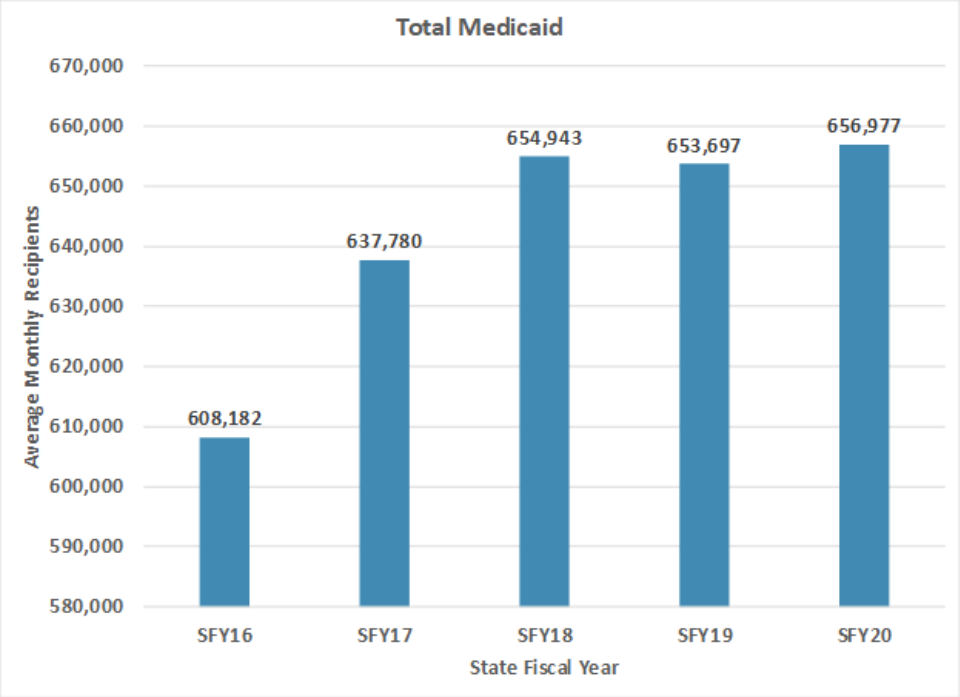
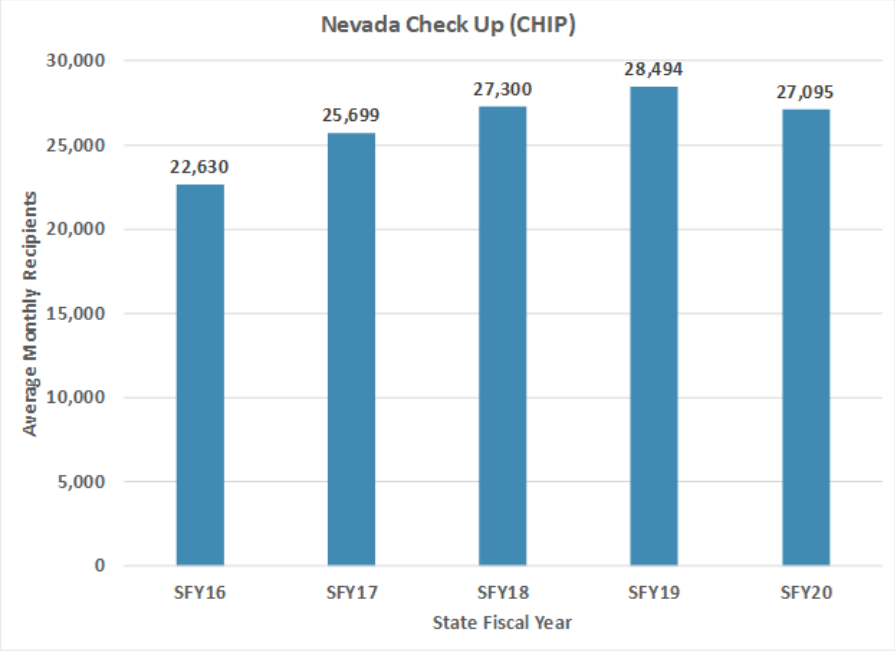


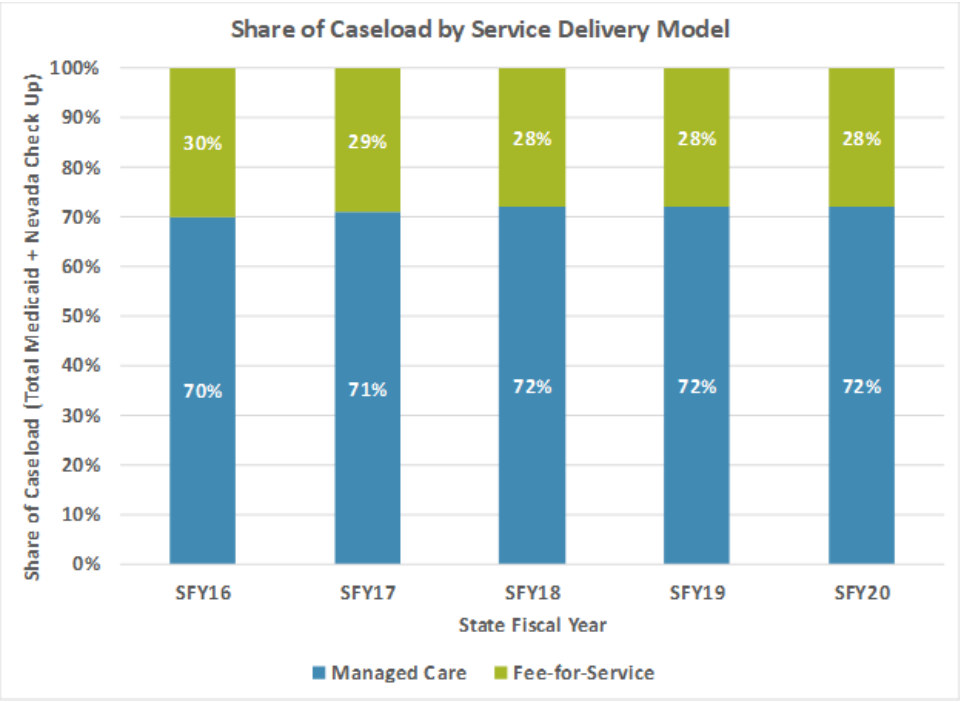
Figure 2 below shows the average monthly caseloads by SFY for the NCU program.

**Figure 2. Nevada Check Up (CHIP) Monthly Caseload**




Nevada has two service delivery models: FFS and managed care (MCO). Currently, the MCO service delivery model consists of three medical managed care plans and a dental benefits administrator (DBA). Approximately 72 percent of the Nevada Medicaid and NCU recipients are enrolled with an MCO. The 28 percent of recipients being served through the FFS model include parents and children, newly eligible adults, individuals with disabilities, the elderly, and all recipients living in rural and frontier areas. Figure 3 below shows that the share of recipients enrolled with the MCO model has been relatively stable during the last five SFYs.

**Figure 3. Share of Caseload by Service Delivery Model**



## III. Access Concerns Raised by Recipients

The DHCFP currently gathers information from recipients regarding access to care through customer service phone lines, public workshops, public hearings, stakeholder meetings, and through the legislative process. The customer phone service line is a toll-free line operated through the four DHCFP district offices (DO). Customer service representatives will assist callers to find health care providers or will refer the recipient to a Health Care Coordinator (HCC) if more assistance is required or an access to care issue is apparent. The DHCFP currently tracks recipient access to care concerns through a case management system. The customer service phone line is similar to the DWSS customer service call center and the MCO customer service line. These customer service systems and staff work together when necessary to provide referrals and information to recipients.

The DHCFP staff also attends stakeholder councils, consortiums, and boards where stakeholders share concerns and develop long term strategic plans. In addition, the DHCFP gathers input through legislative meetings and testimony.

The State continues to hold public workshops and hearings to solicit public input including provider qualifications and potential access issues when services are developed or changed.

## IV. Comparison Analysis of Nevada Medicaid Payment Rates to Medicare

The data provided in Attachment A is a rate comparison between Medicare and Medicaid rates for calendar year 2019. Nevada Medicare rates are based on the methodology defined in the Nevada Medicaid State Plan. The DHCFP reimburses the same amount for adults and children for the comparison provided in Attachment A.

The information below is taken from the Nevada Medicaid State Plan and provides the methodology currently used for most provider types included in the rate comparison:

Payment for services using Current Procedural Terminology (CPT) codes will be calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor.

The methodology varies depending on code ranges and are based on Medicare facility or non-facility rates. The rate comparison in Attachment A breaks out the facility rates and non-facility rate comparisons. Percentages for the service codes and provider types are outlined in the Nevada Medicaid State Plan.

The rate methodology for Dental services is currently based on the following:

Services billed using CPT codes will be calculated using unit values for the Nevada-specific RBRVS for the year that the specific CPT code was set in the system and the 2002 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the

amounts specified below:

a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 100% of the Medicare facility rate.

b. Radiology Codes 70000 – 79999 will be reimbursed at 100% of the Medicare facility rate.

c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 85% of the Medicare non-facility rate.

The tables in Attachment A provide a sampling of the procedures with the highest utilization for the services outlined in the Access to Care guidance. The rates for Utah Medicaid have been used in the rate comparison.

Due to the requirements set forth in the Nevada Revised Statute (NRS) 686B.080, an analysis was not performed comparing the Nevada Medicaid rates to other payers, as the information for rates is considered proprietary and is not subject to disclosure.

Prior to submitting a State Plan Amendment (SPA), Nevada currently reviews any rate changes to identify the impact on access to care. When preparing a SPA that reduces rates or restructures provider payment, an access review may be conducted that is relevant to the affected service prior to submission in order to determine any potential impact of access to care. The results will be provided to the CMS for their review when the SPA is submitted. An exception would be if an access review were completed that addresses the affected service within the 12 months prior to the SPA submission. In those instances, Nevada Medicaid will continue to provide the previous review to the CMS. The SPAs submitted in 2017 to the CMS were in support of review and analysis for Physician services.

## V. Review of Current Access to Care

In 2017, the DHCFP expected to receive budget appropriations that would have allowed the DHCFP to continue to contract with our External Quality Review Organization (EQRO) vendor to evaluate Nevada's Medicaid provider network. The purpose would have been to estimate provider capacity, geographic distribution, and appointment availability for all the Nevada Medicaid populations regardless of delivery system. Unfortunately, the DHCFP did not receive the expected budget for this activity, and instead was required to build an internal access to care review process. Currently, the DHCFP utilizes claims data reviews to monitor and trend four areas: 1. Active Providers: Comparing the number of providers that are enrolled in Nevada Medicaid to the number of providers that are billing for services; 2. Recipient Utilization: Trending the number of recipients that are accessing services by region and monitoring fluctuation in increases and decreases over time; 3. Recipient Penetration Rates: Monitoring the recipient penetration rate by reviewing service utilizers compared to enrolled recipients; and 4. Analyzing the top 10 diagnosis codes in each

region by provider type, reviewing how many specialists are enrolled within that provider type, and analyzing the number of enrolled providers that are billing for services related to the diagnoses.

The DHCFP reviews these metrics on a quarterly basis. If significant changes are noted, then the DHCFP quality staff will present these changes to executive leadership who will assign multidisciplinary staff to participate in a Quality Improvement Team (QIT) to review the data and implement strategies and corrective actions to address access outcomes.

## Measure 1

1. Claims data review: Compare number of providers enrolled to the number of providers billing for services. Trend over time and monitor increases and decreases in each geographic region.

| Benefit Program | TXIX (Medicaid) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| County | Clark County | | | Washoe County | | | All Other Nevada Counties | | | Total | | |
| | Enrolled Providers | Billing Providers | RATE | Enrolled Providers | Billing Providers | RATE | Enrolled Providers | Billing Providers | RATE | Enrolled Providers | Billing Providers | RATE |
| Fiscal Year | | | | | | | | | | | | |
| FY 2016 | 16,794 | 3,693 | 22% | 4,134 | 1,034 | 25% | 2,440 | 768 | 31% | **23,368** | **5,133** | **22%** |
| FY 2017 | 17,217 | 3,656 | 21% | 4,340 | 1,004 | 23% | 2,430 | 780 | 32% | **23,987** | **5,069** | **21%** |
| FY 2018 | 17,200 | 3,873 | 23% | 4,435 | 1,029 | 23% | 2,403 | 817 | 34% | **24,038** | **5,303** | **22%** |
| FY 2019 | 18,167 | 3,978 | 22% | 4,769 | 1,017 | 21% | 2,415 | 804 | 33% | **25,351** | **5,421** | **21%** |

## Measure 2

2. Claims data review: number of members accessing services by region. Trend over time and monitor increases and decreases in each geographic region.

| Benefit Program | TXIX (Medicaid) | | | |
|---|---|---|---|---|
| | Patients | | | |
| County | Clark County | Washoe County | All Other Nevada Counties | Unique Total |
| Fiscal Year | | | | |
| FY 2016 | 148,023 | 30,449 | 60,019 | **238,483** |
| FY 2017 | 121,302 | 24,513 | 62,220 | **208,015** |
| FY 2018 | 94,247 | 19,945 | 63,185 | **177,347** |
| FY 2019 | 94,972 | 19,486 | 64,211 | **178,037** |

## Measure 3

3. Claims data review: number of service utilizers divided by the number of recipients eligible for services. Monitor penetration rate over time by geographic

| Benefit Program | TXIX (Medicaid) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| County | Clark County | | | Washoe County | | | All Other Nevada Counties | | | Unique Total | | |
| | Patients | Recipients | Penetration Rate | Patients | Recipients | Penetration Rate | Patients | Recipients | Penetration Rate | Patients | Recipients | Penetration Rate |
| Fiscal Year | | | | | | | | | | | | |
| FY 2016 | 148,023 | 306,298 | 48.33% | 30,449 | 57,294 | 53.15% | 60,019 | 76,015 | 78.96% | **238,483** | **439,585** | |
| FY 2017 | 121,302 | 230,158 | 52.70% | 24,513 | 42,092 | 58.24% | 62,220 | 78,253 | 79.51% | **208,015** | **350,503** | |
| FY 2018 | 94,247 | 156,228 | 60.33% | 19,945 | 31,839 | 62.64% | 63,185 | 80,274 | 78.71% | **177,347** | **265,902** | |
| FY 2019 | 94,972 | 156,951 | 60.51% | 19,486 | 29,885 | 65.20% | 64,211 | 80,641 | 79.63% | **178,037** | **267,477** | |

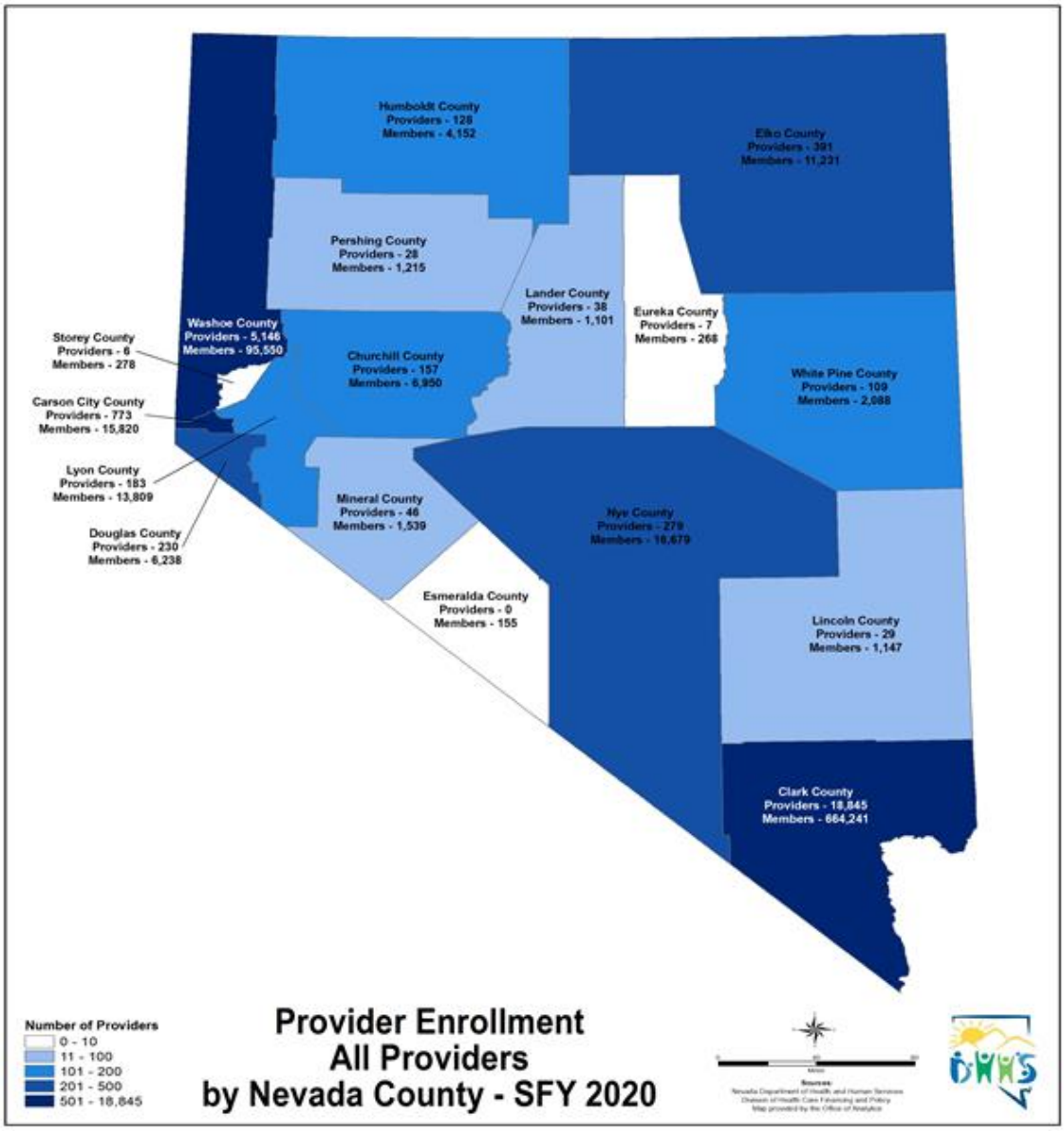
# Measure 4

| 4. Claims data review: Top 10 diagnoses by utilization. Trend over time. Monitor diagnoses to provider type. Analyze number of providers are enrolled and how many are billing for related services by geographic region. | | | | | | |
|---|---|---|---|---|---|---|
| **Benefit Program** | | | TXIX (Medicaid) | | | |
| | | | **Patients** | | | |
| **Fiscal Year** | | | **FY 2016** | **FY 2017** | **FY 2018** | **FY 2019** |
| **Clark County** | **Diagnosis Code Principal** | **Diagnosis Principal** | | | | |
| | I10 | Essential (primary) hypertension | 17,496 | 21,281 | 21,016 | 20,925 |
| | Z0120 | Encounter for dental examination and cleaning without abnormal findings | 15,145 | 16,914 | 15,297 | 13,112 |
| | R0789 | Oth chest pain | 7,115 | 10,081 | 10,283 | 10,379 |
| | E119 | Type 2 diabetes mellitus without complications | 9,360 | 10,820 | 10,342 | 9,858 |
| | R079 | Chest pain, unspecified | 8,959 | 10,448 | 9,826 | 9,584 |
| | R0602 | Shortness of breath | 7,280 | 8,856 | 9,001 | 8,701 |
| | M545 | Low back pain | 8,333 | 9,825 | 9,398 | 8,641 |
| | Z00129 | Encounter for routine child health exam without abnormal findings | 10,156 | 12,071 | 8,470 | 8,336 |
| | R109 | Unspecified abdominal pain | 7,178 | 8,787 | 8,400 | 7,996 |
| | R05 | Cough | 7,013 | 7,618 | 7,734 | 7,189 |
| | | | | | | |
| **Washoe County** | I10 | Essential (primary) hypertension | 2,672 | 3,044 | 2,784 | 2,661 |
| | Z23 | Encounter for immunization | 2,768 | 2,794 | 2,381 | 2,444 |
| | Z0120 | Encounter for dental examination and cleaning without abnormal findings | 2,906 | 2,990 | 2,492 | 2,018 |
| | R0602 | Shortness of breath | 1,261 | 1,619 | 1,561 | 1,688 |
| | E119 | Type 2 diabetes mellitus without complications | 1,495 | 1,639 | 1,501 | 1,504 |
| | R079 | Chest pain, unspecified | 1,480 | 1,691 | 1,507 | 1,375 |
| | Z00129 | Encounter for routine child health exam without abnormal findings | 1,982 | 2,150 | 1,601 | 1,375 |
| | M545 | Low back pain | 1,293 | 1,704 | 1,528 | 1,358 |
| | R109 | Unspecified abdominal pain | 1,401 | 1,695 | 1,373 | 1,220 |
| | R0789 | Oth chest pain | 1,002 | 1,382 | 1,198 | 1,201 |
| | | | | | | |
| **All Other Counties** | Z0120 | Encounter for dental examination and cleaning without abnormal findings | 12,486 | 15,286 | 14,736 | 13,708 |
| | Z00129 | Encounter for routine child health exam without abnormal findings | 5,857 | 8,114 | 8,048 | 8,327 |
| | Z23 | Encounter for immunization | 5,956 | 7,987 | 7,998 | 7,116 |
| | H5213 | Myopia, bilateral | 4,634 | 6,472 | 5,912 | 6,140 |
| | J069 | Acute upper respiratory infection, unspecified | 5,099 | 6,240 | 6,451 | 5,919 |
| | I10 | Essential (primary) hypertension | 3,979 | 5,058 | 4,982 | 5,036 |
| | H5203 | Hypermetropia, bilateral | 3,326 | 4,487 | 4,353 | 4,815 |
| | R05 | Cough | 3,525 | 3,766 | 4,509 | 4,018 |
| | M545 | Low back pain | 3,184 | 3,966 | 3,954 | 3,660 |
| | R109 | Unspecified abdominal pain | 3,101 | 3,892 | 3,700 | 3,647 |
| | | | | | | |
| *Top 10 Primary ICD10 Diagnoses in FY19 | | | | | | |

## VI. Nevada Medicaid/Nevada Check Up Provider Composition

Figure 4 below is the geographic mapping of Nevada providers per 1,000 Nevada Medicaid recipients:

**Figure 4. Fee-for-Service (FFS) Providers**




The geographical structure of Nevada is made up of 16 counties with unique demographic and clinical characteristics. Through geographical analysis studies, a complete understanding of the population we serve will ensure that all recipients are able to successfully obtain the healthcare services they need and are entitled to under Federal and State law.

Table 1 below shows the provider enrollment for primary care, specialist, dental, pre- and post-natal, behavioral health, and home health in SFY20 for each county.

**Table 1. Provider enrollment within each county SFY 2020**

| | Provider Enrollment SFY 2020* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Primary Care | Specialist | Dental | Pre & Post Natal | Behavioral Health | Home Health | FFS Medicaid Population | MCO Medicaid Population | Total Medicaid Population** | ***Nevada Population |
| **County** | | | | | | | | | | |
| CARSON CITY | 225 | 235 | 18 | 12 | 110 | | 15,507 | 816 | 15,820 | 56,414 |
| CHURCHILL | 53 | 51 | 6 | 8 | 17 | | 6,727 | 452 | 6,950 | 25,850 |
| CLARK | 4,329 | 6,403 | 923 | 339 | 4,943 | 57 | 159,034 | 550,180 | 664,241 | 2,318,142 |
| DOUGLAS | 82 | 125 | 8 | | 42 | | 6,066 | 334 | 6,238 | 49,654 |
| ELKO | 88 | 191 | 19 | 8 | 26 | 1 | 11,129 | 273 | 11,231 | 54,365 |
| ESMERALDA | | | | | | | 122 | 41 | 155 | 973 |
| EUREKA | 4 | 1 | | | | | 264 | 15 | 268 | 1,931 |
| HUMBOLDT | 51 | 51 | 1 | 2 | 4 | | 4,123 | 104 | 4,152 | 16,846 |
| LANDER | 20 | 6 | 1 | | 3 | | 1,088 | 32 | 1,101 | 5,962 |
| LINCOLN | 15 | 6 | 1 | | 2 | | 1,045 | 138 | 1,147 | 5,199 |
| LYON | 50 | 40 | 18 | 1 | 43 | | 13,578 | 737 | 13,809 | 57,778 |
| MINERAL | 23 | 8 | 1 | 0 | 2 | | 1,525 | 51 | 1,539 | 4,561 |
| NYE | 95 | 71 | 9 | | 85 | | 16,301 | 1,114 | 16,679 | 48,863 |
| PERSHING | 12 | 5 | | | 3 | | 1,198 | 64 | 1,215 | 6,853 |
| STOREY | 2 | | | | 2 | | 230 | 63 | 278 | 4,455 |
| WASHOE | 1,089 | 1,837 | 156 | 73 | 1,171 | 7 | 28,597 | 74,486 | 95,550 | 478,051 |
| WHITE PINE | 25 | 47 | 1 | 4 | 13 | | 2,056 | 98 | 2,088 | 10,581 |
| **TOTAL** | **6,163** | **9,077** | **1,162** | **447** | **6,466** | **65** | **268,590** | **628,998** | **842,461** | **3,146,478** |

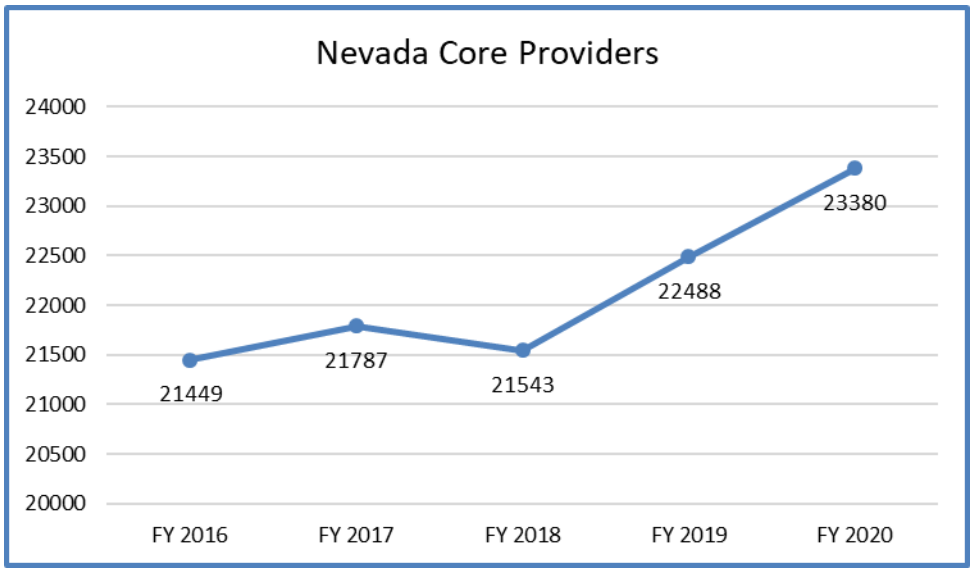
*Includes Nevada Enrolled Providers (Medicaid/CheckUp, FFS/MCO) at any time in SFY20

**Includes Recipients Enrolled in the Medicaid Program at any time in SFY20; this is an unduplicated count of recipients across service delivery models

***CY2020 Baseline Projection (without additional factors) based on State Demographer Nevada County Population Projections Report

Figure 5 reflects the number of core providers that enrolled in FFS from SFY16 to SFY20. This reflects that enrollment in core providers has increased from 21,449 providers in SFY16 to 23,380 providers in SFY20 resulting in a 9 percent increase.

**Figure. 5 Enrolled Primary Core Providers 2016 - 2020**




See Attachment B for the outline of each of the primary core categories of services used as a basis for the projected measure guidelines within the ACMRP, providers identified by provider type and specialty code.

## VII. Outline of Review Analysis of Services

### Access Review Plan

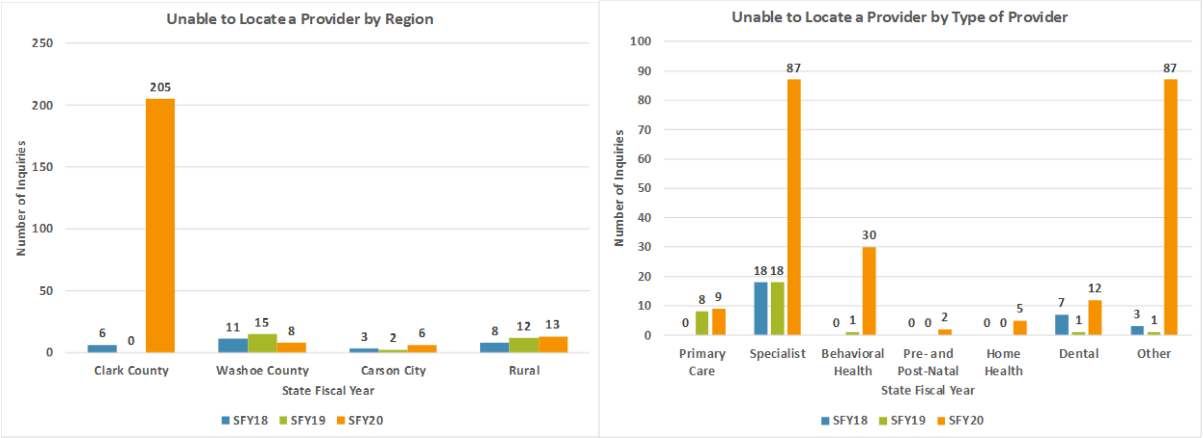
The DHCFP will put the monitoring procedures in place for primary care services, physician specialists, behavioral health services, pre- and post-natal obstetric services, home health services, and dental services. The plan will evaluate access to care issues and implement process improvement. The overall plan will be to implement, continue, or improve current processes to identify the extent to which provider payment rates are consistent with efficiency, economy, and quality of care. Nevada's aim is to enlist enough providers so that the care and services available to the general population in the geographic area are also available to Nevada Medicaid recipients. The DHCFP will also evaluate network composition and availability to address recipient concerns.

Access to care inquiries from the Nevada Medicaid recipients under the FFS delivery model are assigned to a HCC in the DHCFP DOs. Any Nevada Medicaid recipient assigned to an MCO who calls the customer service line will be referred to the assigned MCO for assistance. For SFY 2018 and SFY 2019, the DHCFP monitored recipient access to care calls by entering data pertaining to the reason for the call in the form of an electronic tracking log. This data identifies the access to care issues that include: unable to locate provider, wait time over three months and complaints with no action by the DHCFP DO's required. Four main regions were used; Urban Washoe, Clark, Carson and Rural.

Beginning in SFY20, access to care issues referred to the HCC for follow-up, are now entered into a case management tool, Social Assistance Management System (SAMS). The SAMS system also tracks information related to provider types based on the five main categories outlined by the CMS: Behavioral Health, Primary Care Physician, Dentist, Primary Care Physician Surgeon, Dental Surgeon. We included an 'other' category for those issues related to all other providers.

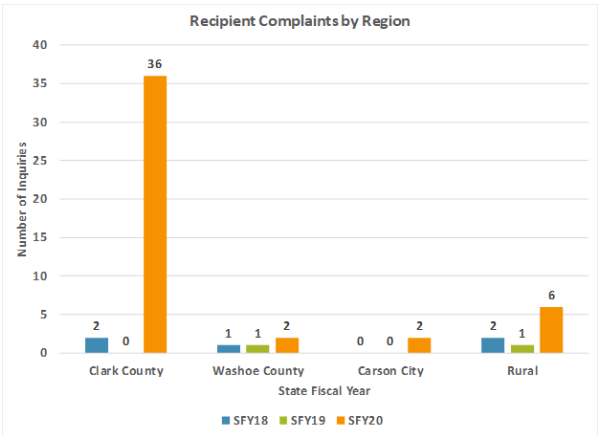
The following graphs depict the information gathered by HCC's who have received referrals due to a reported access to care issue. The information below is separated into region, access to care issues, and provider types.

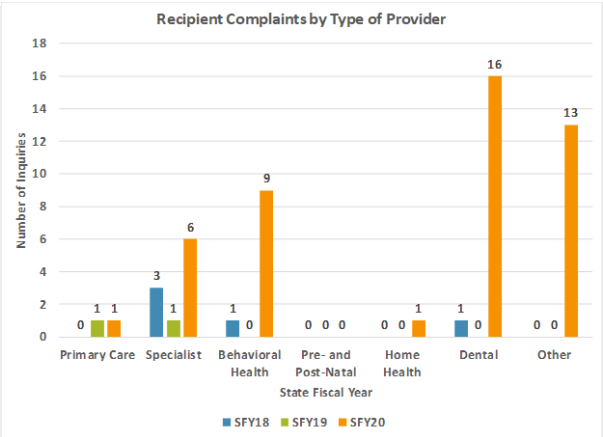
**Figure. 6 Referrals Due to Access to Care Issues**

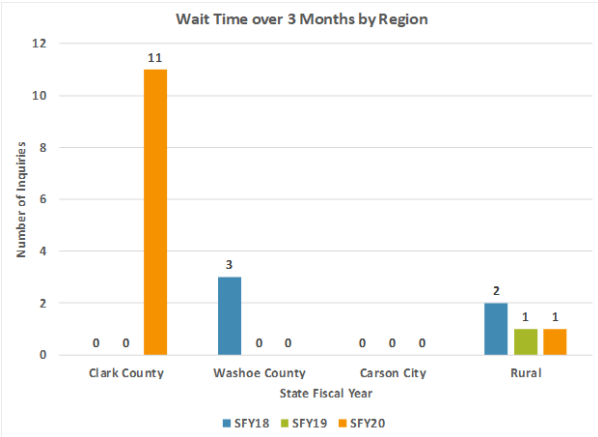


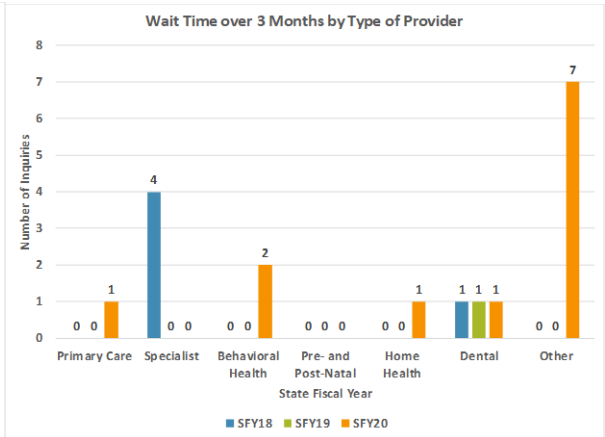







Because access to care issues are now being tracked through SAMS, our efforts to capture this data are greatly improved compared to prior fiscal years. Continual tracking may give the DHCFP a better indication of access to care issues. The majority of Nevada's population resides in Clark county, even with a more robust provider pool, it is foreseeable that more recipients in this county may experience access to care issues.

## Comparison Analysis of Nevada Medicaid Payment Rates to Medicare

The DHCFP will complete an ongoing review and analysis for the identified core provider types at a minimum of every three years. The DHCFP will also monitor access for any affected provider groups after implementation of a SPA that reduces or restructures provider payment that takes into consideration: enrollee needs; availability of care and providers; utilization of services; and service payment information.

## Additional Activities

In addition to the above discussed processes, the DHCFP's monitoring activities will consist of gathering and analyzing information from public workshops and hearings, stakeholder meetings, and through the legislative process. This will be done throughout the year for each of the six core focused provider categories of this plan to identify early indications of changes in health care access.

### a. Review Analysis of Primary Care Services

For the purpose of the ACMRP, Nevada's primary care services include Physicians, Physician Assistants, Nurse Practitioners, Pediatricians, and those with a focus in the area of family health. Primary care services also include special clinics consisting of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). Table 2 below is a snapshot of the number of FQHCs/RHCs locations. Trended over time, Nevada's FQHCs/RHCs increased from 48 clinics in SFY16 to 61 in SFY20 resulting in a 27 percent increase in the number of FQHCs/RHCs.

**Table 2. FQHC/RHC**

| Provider Type/Specialty | SFY16 | SFY17 | SFY18 | SFY19 | SFY20 |
|---|---|---|---|---|---|
| 180 Rural Health Clinic | 13 | 13 | 14 | 16 | 16 |
| 181 Federally Qualified Health Center | 35 | 38 | 41 | 43 | 45 |
| **Total** | **48** | **51** | **55** | **59** | **61** |

Figure 7 shows a snapshot of the six core areas for provider specialties that are enrolled in Nevada Medicaid in the month of July for the period of SFY16 to SFY20. In SFY16, Nevada had a total of 4,413 primary care providers which increased to 6,163 in SFY20 resulting in a 40 percent increase in the number of enrolled primary care providers. This information will continue to be used as the benchmark in Nevada's review of access to care for primary care services.

### b. Review Analysis of Physician Specialist Services

For the purpose of the ACMRP, Physician Specialist Services were defined by Nevada Medicaid to include specialists such as, but not limited to, Optometrist, Optician, Urologist, Cardiologist, Endocrinologist and Neurologist. Figure 7 shows a snapshot of the number of physician specialists enrolled with Nevada Medicaid in the month of July for the period of SFY16 to SFY20. In SFY16, Nevada had a total of 6,723 specialists enrolled which increased to 9,077 in SFY20 resulting in a 35

percent increase in the number of enrolled specialists. This information will continue to be used as the benchmark in Nevada's review of access to care for Physician Specialist services.

### c. Review Analysis of Behavioral Health Services

For the purpose of the ACMRP, Behavioral Health services were defined by Nevada Medicaid to include Inpatient Psychiatric Hospitals, Behavioral Health Outpatient Treatment Providers, Psychiatrists, Psychologists, Psychiatric Residential Treatment Facilities (PRTF), and Behavioral Health Rehabilitative Treatment Providers. Figure 7 shows a snapshot of the number of Behavioral Health service providers enrolled with Nevada Medicaid in the month of July for the period of SFY16 to SFY20. In SFY16, Nevada had a total of 8,807 Behavioral Health service providers enrolled which decreased to 6,466 in SFY20 resulting in a 27 percent decrease in the number of enrolled Behavioral Health service providers. This information will continue to be used as the benchmark in Nevada's review of access to care for Behavioral Health service providers.

### d. Review Analysis of Pre- and Post-Natal Obstetric Services including Labor and Delivery

For the purpose of the ACMRP, Pre-and Post-Natal Obstetric services including Labor and Delivery were defined by Nevada Medicaid to include Obstetricians (OB), Gynecologists (GYN), and Certified Nurse Midwives. Figure 7 shows that in SFY16 Nevada had a total of 406 enrolled OB/GYN providers which increased to 447 in SFY20 resulting in an 11 percent increase. This information will continue to be used as the benchmark in Nevada's review of access to care of Pre- and Post-Natal Obstetric services including Labor and Delivery.

### e. Review Analysis of Home Health Services

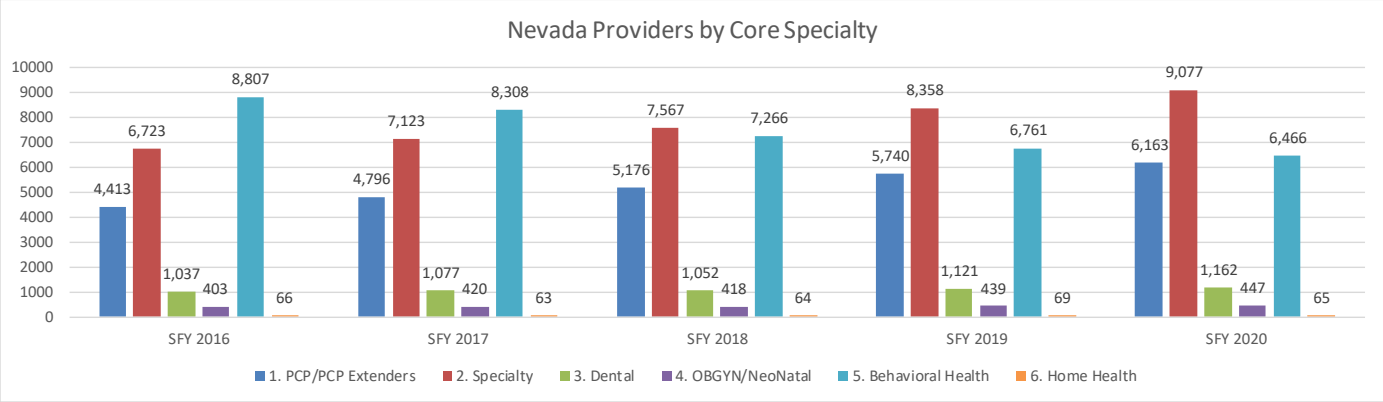
For the purpose of the ACMRP, Home Health services were defined by Nevada Medicaid to include services provided by Home Health Agencies. Figure 7 shows Nevada had a total of 66 home health agencies enrolled in SFY16 which remained stable over the time period to SFY20 with 65 enrolled providers. This information will continue to be used and monitored as the benchmark in Nevada's review of access to care for Home Health services.

### f. Review Analysis of Dental Services

For the purpose of the ACMRP, Dental services were defined by Nevada Medicaid to include General Dentist, Oral Surgery, Pediatric Dentist, and Dental Hygienist. Figure 7 shows in SFY16, Nevada had a total of 1,037 dentists enrolled as providers. In SFY20, this provider group increased to 1,162 dental providers resulting in a 12.1 percent increase over this time period. This information will continue to be used as the benchmark in Nevada's review of access to care for dental services.

Figure 7 below reflects Nevada's six core focused providers and shows an increase in provider enrollment for SFY 2020 to 23,380.

**Figure 7. Providers by Core Specialty 2016 - 2020**




Data sources for the analysis of b-f above include:

Provider Enrollment
Nevada Medicaid Management Information System (MMIS) claims payment
Medicaid Recipient Eligibility System District
Office Call Center Tool

## VIII. Remediation Action Plan

Nevada Medicaid will use the Plan Do Study Act (PDSA) model in quality improvement initiatives. The model incorporates the idea of continuous quality improvement through a process and problem-solving approach. The continuous quality improvement process will monitor access to care, timeliness of care, recipient satisfaction with their access to care, and a rate analysis. This process will help identify opportunities for improvement that exist throughout the Nevada Medicaid program. Once opportunities have been identified, the DHCFP will implement intervention strategies to improve outcomes and performance, evaluate the interventions, and reassess performance through re-measurement to identify new opportunities for improvement.

As needed, the DHCFP will develop a remediation action plan to address identified access to healthcare issues in the core service areas. Once Nevada becomes aware of a need to correct any access to care issues, an in-depth analysis is conducted. This analysis includes policy research, public input including recipients, and collaboration with the MCAC. Remedial actions may include policy revision, process simplifications, rate adjustment, and/or enhanced provider outreach.

Remediation actions will occur in response to the initial set of review analysis data for the following six services:

- Primary Care Services
- Physician Specialty Services
- Behavioral Health Services
- Pre- and Post-Natal Services
- Home Health Services
- Dental Services

Nevada Medicaid's ongoing plan will include the review and analysis of associated claims data, the DO customer service call center data, and the rates review. An analysis will be completed to determine benchmarks within the first year of the plan, or when a SPA that reduces or restructures provider payment is submitted to the CMS. Information gained from these analyses, as well as stakeholder processes and any remediation activities, will be utilized to update Nevada's ACMRP.

### a. 2017 Dental Revisions

During the 2017 Legislative Session, an Assembly Bill was passed (AB108) mandating Nevada Medicaid to review all rates including dental on a rotating four-year cycle. There are no Medicare dental rates to compare to as Dental is not a Medicare covered benefit. In 2017, dental services were carved out of the MCO health plans. The DHCFP submitted to the CMS the 1915i(b)(4) Waiver requesting approval to implement a DBA plan. This waiver allows Nevada Medicaid to direct recipients that are enrolled in a mandatory MCO health plan to obtain dental services from a single DBA. A public workshop was held to discuss available options and to allow stakeholder input. Access to care for dental benefits will be monitored by the DHCFP's contracted EQRO vendor, as part of the network adequacy review for MCO recipients. Recipients that receive dental care from Nevada's FFS delivery model will be reviewed and analyzed as outlined in this ACMRP. Changes in utilization may not be directly related to rate reimbursement changes, however, if the DHCFP notices a significant change in utilization patterns it will be reviewed by the DHCFP's QIT.

## IX. Resources & Link to Nevada Reports

1. Nevada Department of Health and Human Services (DHHS) Fact Book, April 2018

   http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Home/Features/201804-DHHS-Fact-Book-V2.pdf

2. Nevada Division of Health Care Financing and Policy, External Quality Review-Technical Report SFY 2018-2019, Health Services Advisory Group, November 2019

   http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/NV2018-19_EQR_TR_Report_F1(1).pdf

3. Nevada Division of Health Care Financing and Policy, Provider Network Access Analysis SFY 2019-2020, Health Services Advisory Group June 2020

   URL:
   http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/NV2019-20_NAV_Report_F1.pdf

4. Nevada Fiscal Agent; DXC (Previously Hewlett Packard Enterprise Services (HPES), 2016 Nevada Medicaid Provider Survey, Provider Web Portal

   https://www.medicaid.nv.gov/Downloads/provider/Survey_Results_20160708.pdf

## Attachment A. Facility & Non-Facility Rate Comparison

Sampling of the procedures with the highest utilization for the services outlined in the Access to Care guidance. The rates for Utah Medicaid have been used in the rate comparison.

### FACILITY RATES

| Procedure Code & Description | | Nevada (NV) Medicaid Rates | CY2019 Medicare (MC) Facility (NF) Rates for NV | Utah Medicaid Rates | CY2019 MC Facility Utah |
|---|---|---|---|---|---|
| 71045 | RADIOLOGIC EXAM CHEST SINGLE VIEW | $9.33 | $9.46 | $6.90 | $9.18 |
| 71046 | RADIOLOGIC EXAM CHEST 2 VIEWS | $11.13 | $11.27 | $8.21 | $10.96 |
| 70450 | CT HEAD/BRAIN W/O CONTRAST MATERIAL | $43.78 | $44.03 | $33.13 | $42.77 |
| 74177 | CT ABDOMEN & PELVIS W/CONTRAST MATERIAL | $94.54 | $94.16 | $59.57 | $91.52 |
| 74018 | RADIOLOGIC EXAM ABDOMEN 1 VIEW | $9.33 | $9.46 | $6.90 | $9.18 |
| 74176 | CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL | $90.54 | $89.81 | $56.85 | $87.30 |
| 59025 | FETAL NONSTRESS TEST | $29.73 | $30.01 | $23.28 | $29.69 |
| 71275 | CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST | $99.66 | $93.80 | $237.45 | $91.19 |
| 77065 | DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI | $138.86 | $136.82 | $97.05 | $128.29 |
| 77066 | DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI | $175.52 | $172.21 | $103.03 | $161.47 |
| 77067 | SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD | $141.48 | $139.70 | $99.16 | $130.82 |
| 76641 | US BREAST UNI REAL TIME WITH IMAGE COMPLETE | $112.36 | $109.28 | $82.98 | $102.71 |
| 76642 | US BREAST UNI REAL TIME WITH IMAGE LIMITED | $92.12 | $89.43 | $68.48 | $84.25 |

### NON-FACILITY RATES

| Procedure Code & Description | | Nevada (NV) Medicaid Rates | CY2019 Medicare (MC) Non-Facility (NF) Rates for NV | Utah Medicaid Rates | CY2019 MC NF Rates for Utah |
|---|---|---|---|---|---|
| 90471 | IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE | $7.80 | $14.51 | $13.81 | $13.82 |
| 90837 | PSYCHOTHERAPY W/PATIENT 60 MINUTES | $108.15 | $142.42 | $132.87 | $139.15 |
| 90839 | PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES | $112.55 | $148.57 | $119.64 | $145.17 |
| 97110 | THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES | $16.42 | $31.56 | $27.19 | $30.27 |
| 93306 | ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D | $55.74 | $75.52 | $55.79 | $73.56 |
| 95165 | PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN | $11.48 | $14.85 | $10.28 | $13.85 |
| 99202 | OFFICE OUTPATIENT NEW 20 MINUTES | $73.09 | $77.79 | $56.61 | $74.06 |
| 99203 | OFFICE OUTPATIENT NEW 30 MINUTES | $106.04 | $110.17 | $80.68 | $105.15 |
| 99201 | OFFICE OUTPATIENT NEW 10 MINUTES | $42.63 | $46.86 | $33.83 | $44.41 |
| 90834 | PSYCHOTHERAPY W/PATIENT 45 MINUTES | $73.94 | $95.22 | $106.77 | $93.00 |
| 96139 | PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN | $33.41 | $38.66 | $27.31 | $35.66 |
| 90832 | PSYCHOTHERAPY W/PATIENT 30 MINUTES | $55.77 | $71.59 | $59.82 | $69.92 |
| 96137 | PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN | $37.81 | $44.19 | $72.84 | $41.96 |
| 90791 | PSYCHIATRIC DIAGNOSTIC EVALUATION | $115.39 | $146.39 | $36.48 | $142.81 |
| 96131 | PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR | $76.60 | $94.54 | $145.68 | $92.25 |
| 96136 | PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN | $40.83 | $48.22 | $72.84 | $45.90 |
| 96130 | PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR | $110.69 | $122.77 | $145.68 | $119.90 |

Medicare does not cover most dental. The table below provides a comparison of Nevada Medicaid rates to Utah Medicaid Rates:

**DENTAL RATES**

| Procedure Code & Description | | Nevada Medicaid Rates | UTAH Medicaid Rates |
|---|---|---|---|
| D0230 | Intraoral radiograph-periapical-each ADDL image | $5.89 | $10.85 |
| D0274 | Bitewings - four radiographic images | $23.57 | $35.71 |
| D1351 | Dental sealant-per tooth | $23.57 | $29.50 |
| D0120 | Periodic oral evaluation-established patient | $33.24 | 24.08 |
| D1120 | Dental prophylaxis-child | $57.28 | $38.80 |
| D0140 | Limited oral evaluation-problem-focused | $33.24 | $27.96 |
| D1206 | Topical application of fluoride varnish | $53.30 | $17.87 |
| D0210 | Intraoral radiograph-complete series | $58.94 | $77.62 |
| D1206 | Topical application of fluoride varnish | $53.30 | $17.87 |
| D0220 | Intraoral first radiograph-periapical | $18.86 | $13.98 |
| D0230 | Intraoral radiograph-periapical-each ADDL image | $5.89 | $10.85 |

## Attachment B: Nevada Six Core Provider Focus Areas

| Nevada Six Core Provider Areas | | |
|---|---|---|
| **Identifiers** | **Provider Type** | **Provider Specialty** |
| 1. Primary Care Services | 17 - Special Clinics | 180 - Rural Health Clinic |
| | | 181 - Federally Qualified Health Center |
| | 20 - Physician, M.D., Osteopath, D.O. | 053 - Family Practice |
| | | 056 - General Practice |
| | | 060 - Internal Medicine |
| | | 139 - Pediatrics |
| | | 148 - Public Health |
| | 24 - Advanced Practice Registered Nurse | All specialties |
| | 77 - Physician Assistant | All specialties |
| | | |
| 2. Physician Specialist Services | 20 - Physician, M.D., Osteopath, D.O. | All remaining specialties not listed elsewhere |
| | 25 - Optometrist | All specialties |
| | 34 - Therapy | 027 - Physical Therapy |
| | | 028 - Occupational Therapy |
| | | 029 - Speech Pathologist |
| | | 219 - Speech Pathologist (Language) |
| | 41 - Optician, Optical Business | All specialties |
| | 76 - Audiologist | All specialties |
| | | |
| 3. Behavioral Health Services | 13 - Psychiatric Hospital, Inpatient | All specialties |
| | 14 - Behavioral Health Outpatient Treatment | All specialties |
| | 17 - Special Clinics | 215 - Substance Abuse Agency Model (SAAM) |
| | 20 - Physician, M.D., Osteopath, D.O. | 113 - Forensic Psychiatry |
| | | 146 - Psychiatry |
| | | 147 - Psychiatry-Child |
| | 26 - Psychologist | All specialties |
| | 63 - Residential Treatment Center (RTC) | All specialties |
| | 82 - Behavioral Health Rehabilitative Treatment | All specialties |
| | | |
| 4. Pre- and Post- Natal Obstetric Services | 20 - Physician, M.D., Osteopath, D.O. | 062 - Obstetrics/Gynecology |
| | | 067 - Neonatology |
| | | 117 - Gynecology |
| | | 124 - Maternal Fetal Medicine |
| | | 129 - Obstetrics |
| | | 145 - Perinatal Medicine |
| | 74 - Nurse Midwife | All specialties |
| | | |
| 5. Home Health | 29 - Home Health Agency | All specialties |
| | | |
| 6. Dental | 22 - Dentist | All specialties |
| | | |