**Steve Sisolak**
***Governor***

**Richard Whitley**
***Director***

State of Nevada

# Department of Health and Human Services

Dental Benefits Administrator (DBA)
Request For Proposal (RFP) Revisions

## Division of Health Care Financing and Policy

Theresa Carsten, Chief
Managed Care Quality and Assurance

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

# Agenda

| | |
|---|---|
| 1) Current Dental Contract | 7) Network Adequacy / Access Standards |
| 2) RFP Timeline | 8) Care Coordination / Case Management |
| 3) Rates | 9) Care Definitions |
| 4) Option of Multiple DBAs | 10) Pay for Performance / Withhold Arrangements |
| 5) Accreditation | 11) Questions/Comments |
| 6) Referral Management Process | |

# Current Dental Benefits Administrator (DBA) Contract

- To date, the Division received 59 Letters of Support to keep dental benefits carved out of the Managed Care contracts.
- The contract and any amendments must be approved by CMS prior to implementation.
- The current DBA onboarded with Nevada Medicaid on January 1, 2018.
- The current contract will expire on December 31, 2021.
- The DBA covers most recipients residing in Urban Washoe and Urban Clark County.
- Currently, the DBA covers 514,910 of Medicaid's 733,815 enrolled recipients.
- The DBA must provide the same amount, frequency, duration and scope of services as provided to recipients under FFS.

# RFP Timeline

| | |
|---|---|
| Dental PAHP CY 2022 | 3/1/2020-12/1/2020 |
| Reviewed by DAG | 12/1/2020 |
| Reviewed by CMS | 12/1/2020 |
| RFP Released | 2/1/2021 |
| Questions Due | 2/15/2021 |
| Answers Due | 3/8/2021 |
| 2nd Set of Questions due | 3/15/2021 |
| Answers Due | 3/22/2021 |
| RFP Public Opening | 4/5/2021 |
| RFP Evaluation Period | 4/6/2021-4/20/2021 |
| Selection of vendor | 4/21/2021 |
| Notice of Intent (NOI) | 4/21/2021 |
| Negotiation Period | 4/21/2021-5/19/21 |
| Contract Signatures | Varies |
| Notion of Award (NOA) | 6/23/2021 |
| Appeal Period | 6/24/21-7/4/2021 |
| BOE Approval | 9/14/2021 |
| Readiness Reviews | 10/14/2021-12/14/2021 |
| Effective RFP | 1/1/22 |

*2021 BOE calendar is not published to date. This is just an estimtate.

*All dates subject to change depending on Purchasings availability.

# Rates

- The DBA is paid a capitation rate
  - Cap rates are a fixed amount of money, paid per-member per-month
  - VABs are not included in cap rates

- Cap rates must be actuarially sound and approved by CMS
  - Cap rate calculation takes into account:
    - Base utilization and cost data
    - Trends
    - Data quality and much more

# Option of Multiple DBAs

- The DBA has their own credentialing process for providers.
- The DBA's process is more restrictive in their credentialing than FFS.
- A provider must be enrolled with FFS to be enrolled with the DBA.
- The DBA has their own payment agreement with providers.

- *Positive Impact*
- *Potential Concern(s)*

# Accreditation

**Section 3.1.6:**

The vendor will be required to be accredited by a nationally recognized organization that provides an independent assessment of the quality of care provided by the vendor. Accredited organizations must meet quality standards related to various aspects such as consumer protection, case management, and quality improvement activities and facilitates comparison of vendors due to consistent data requirements.

- **Impact to providers if the DHCFP moves from any national accreditation to an NCQA specific accreditation?**

# Referral Management Process

**Referral** – The recommendation by a physician, dentist and/or contractor, and in certain instances, the recommendation by a parent, legal guardian and/or authorized representative, for a covered recipient to receive medically necessary care from a different provider.

- Closing the Referral Loop

# Network Adequacy/Access Standards

- Current Federal Requirements (42 CFR 438.68, 438.206 and 438.207)
- State Standards:
  - Time and Distance Standards

| Specialty Area | Maximum Time and Distance Standards (Minutes/Miles) |
|---|---|
| General Dentistry/ Adult and Pediatric | 30/20 |

  - Provider to Enrollee Ratios
  - Timely Access

➢ Discuss current standards

➢ Propose alternate methodologies that have been researched

Reference:

**Section 1.3.2.1:**

Provide recipients choices for managed dental care through a simplified process and meet standards for network adequacy for dental benefit plan;

**Section 3.6.7 (Provider Directory):**
Upon request by the DHCFP, the vendor must confirm the network adequacy and accessibility of its provider network and any subcontractor's provider network.

# Care Coordination/ Case Management

**Case Management** – Case management is a process by which an individual's needs are identified and social and medical services to meet those needs are located, coordinated, and monitored. Case Management may be targeted to certain populations and in certain areas of the State under the authority of Section 1905(a) (19) of the Social Security Act.

**42 CFR 438.208(b) (2), (3), and (4)** states the vendor is required to implement procedures to coordinate services it may provide to the recipient with the services the recipient may receive from any other vendor.

# Care Definitions

- **Emergent Care,** with respect to an individual enrolled with an organization, covered inpatient and outpatient services that are furnished by a provider qualified to furnish such services and are needed to evaluate or stabilize an emergency medical condition. The Contractor must not require the services to be prior or post authorized.

- **Urgent Care**, including urgent specialty care, must be provided within 24 hours.

- **Therapeutic and Diagnostic Care** must be provided within 14 days from the time the recipient requests services.

- **Routine or Preventive** dental services for eligible recipients within six (6) weeks from the time the recipient requests services in accordance with the American Academy of Pediatric Dentistry (AAPD) periodicity schedule.

# Pay for Performance/ Withhold Arrangements

# Questions?

# Contact Information


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The public comment period will expire on November 2, 2020. Comments may be emailed to:

MCORFPfeedback2021@dhcfp.nv.gov

# Acronyms

CMS – Centers for Medicare and Medicaid Services

DBA – Dental Benefits Administrator

DHCFP – Division of Health Care Financing and Policy

FFS – Fee for Service

PAHP – Prepaid Ambulatory Health Plan

P4P – Pay for Performance

VAB – Value Added Benefit(s)