Joe Lombardo
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Director

Expansion to Statewide Medicaid Managed Care Program

Division of Health Care Financing and Policy

Public Workshop #1

February 22, 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. **Overview of Approach to Stakeholder Feedback**
4. **Summary of Stakeholder Feedback to Date and Discussion**
    - Provider Networks
    - Behavioral Health Care
    - Maternal & Child Health
    - Market & Network Stability
    - Value-Based Payment Design
    - Coverage of Social Determinants of Health
    - Other Potential Innovations
5. **General Public Comments**
6. **Adjournment**

Introductions

Theresa Carsten

Deputy Administrator of
Managed Care, Access, and Quality Assurance

Jaimie Evins

Chief of 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, DHCFP 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	Managed Care System
How It Works	• State sets rates • State pays providers directly per service *Challenges:* Rewards volume only; Risk to state budget; no utilization management	• 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 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***	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

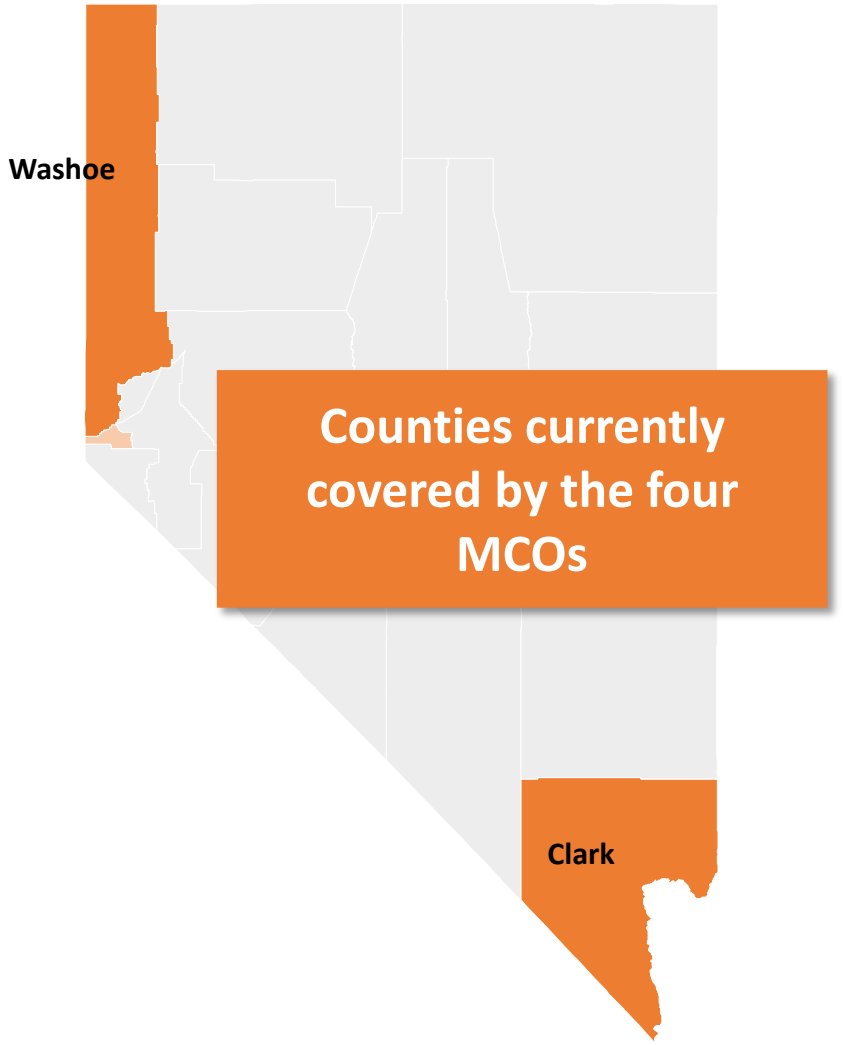
- For Medicaid managed care members, MCOs administer services and:
  - Provide care coordination, patient education, and preventative care;
  - Connect individuals with specialty providers;
  - Ensure the right service is provided at the right time;
  - Help members navigate the health care system;
  - Maintain an adequate network of health care providers; and
  - Provide value-added benefits (VABs), 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 Transportation
  - Home- and Community-Based Waiver Services
  - Targeted Case Management

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

- **MCOs must ensure their members receive the same amount, frequency, duration, and scope of services as provided to recipients under FFS.**

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.**



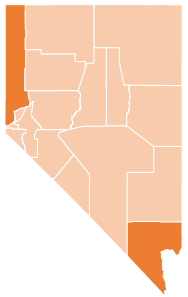
Managed Care Expansion

- **The 82nd Legislature authorized the 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

Approach for Engaging Stakeholders in Managed Care Expansion

Summary of Stakeholder Engagement Completed To Date

To date, DHHS has gathered valuable input through:



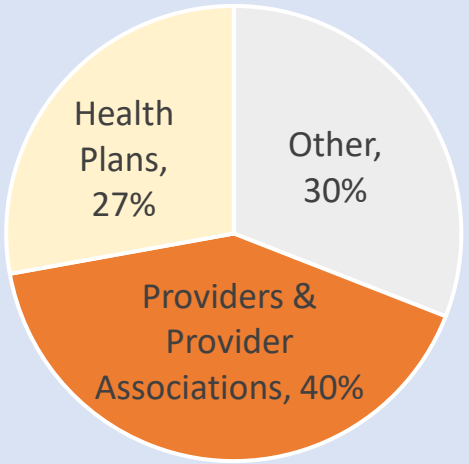
Rural Outreach

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

Request for Information

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

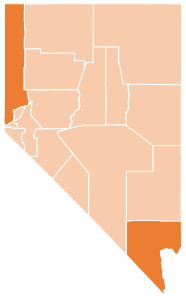
DHHS received 30 responses to its RFI



Key themes from these stakeholders are summarized in the next section of this presentation.

How DHHS Will Continue to Engage the Public

Over the coming months, DHHS will share information, answer questions, and gather input to inform the Medicaid Managed Care Program expansion and new MCO Contract.



Rural Outreach

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

Public Workshops

DHHS 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.

Stakeholder Feedback To Date and Discussion

Key Themes From Stakeholder Feedback

- Provider Networks
- Behavioral Health Care
- Maternal & Child Health
- Market & Network Stability
- Value-Based Payment Design
- Social Determinants of Health & Community Reinvestments

1. Provider Networks

Why They Are Important for Managed Care Expansion

Improving access to care is essential to ensuring a successful Managed Care Program, especially in rural and remote communities.

- Many Nevada providers do not accept Medicaid due to low reimbursement rates or related administrative burden.
- Many members face long appointment wait and/or travel times, especially:
  - For primary care and behavioral health; and
  - In rural and frontier areas of the state.

Nevada's Broader Health Care Workforce Challenge

All of Nevada's 17 counties are under one or more federal Health Professional Shortage Area (HPSA) designations.

1. Provider Networks
Stakeholder Feedback To Date

Stakeholders Suggested…

- Adequacy in rural areas
  - Clarifying and promoting use of telehealth services, especially in rural areas
  - Setting rural-specific rates; considering floor for rural rates
  - Setting region-specific provider-to-member ratios
- Support for providers statewide
  - Reducing administrative burden for providers, including on enrollment processes, authorizations/billing/payment, and documentation requirements
  - Providing more technical assistance to providers, including on billing
- Workforce recruitment and retention
  - Offering incentives for workforce retention (e.g., continuing education, loan support)
  - Establishing reciprocity with licensed providers in other states; removing barriers for out-of-state providers to become licensed and enrolled in Nevada
  - Building broader workforce of allied health professionals (e.g., community health workers, physician's assistants)

What most resonates with you on this list?

What are key considerations in interpreting these recommendations?

What would you add to this list?

2.Behavioral Health Care

Why It's Important for Managed Care Expansion

Nevada, like most states, has significant gaps in its behavioral health care system.

- Gaps are exacerbated in:
  - Rural and frontier areas of the state with the remote nature of these communities.
  - Among pediatric populations.

Example

The U.S. Department of Justice issued a recent finding that Nevada is out of compliance with the Americans with Disabilities Act (ADA) with respect to children with serious behavioral health conditions.

2. Behavioral Health Care
Stakeholder Feedback To Date

Stakeholders Suggested…

- Facilitating the use of telehealth services for behavioral health by:
  - Ensuring coverage and payment parity for telehealth services
  - Offering support or incentive payments to providers to build telehealth infrastructure
  - Allowing reimbursements for audio-only services
  - Prioritizing broadband expansion in rural areas
- Revisiting rates for behavioral health services
- Considering lifting prior authorization requirements for certain types of behavioral health services

What most resonates with you on this list?

What are key considerations in interpreting these recommendations?

What would you add to this list?

3. Maternal & Child Health

Why It's Important for Managed Care Expansion

Nevada Medicaid continues to strive to improve maternal and child health outcomes.

- DHHS uses several contract tools to improve access and care for children and prenatal and postpartum individuals, including:
  - Performance improvement projects.
  - A 1.5% withhold on capitation payments that MCOs are eligible to receive if certain metrics of improvement are met for this population.
  - A quality-based algorithm for the 2024 and 2025 Contract Years that will prioritize new member assignment based on plan performance on HEDIS metrics for prenatal/postpartum care and well child visits.
  - A bonus payment program for the 2023 Contract Year that increases the percentage of total expenditures on primary care providers and services, which may include pediatric and obstetric care.

3. Maternal & Child Health
Stakeholder Feedback To Date

Stakeholders Suggested…

- Access to Care
  - Investing in workforce development for maternal and child health providers
  - Providing transportation, remote monitoring services, and two-way texting for maternal health, especially for high-risk pregnancies
  - Promoting urban-rural provider partnerships to provide access to specialized care to pregnant/postpartum members in rural regions
- Benefits
  - Exploring strategies to increase the use of the doula benefit
  - Extending dental benefits for postpartum individuals
- Care Coordination & Social Determinants of Health
  - Advancing coordinated care models for maternal care
  - Incentivizing prenatal and pediatric providers to conduct SDoH screenings
  - Promoting more collaboration and partnerships between MCOs and community-based organizations caring for pregnant individuals and children
- Payment
  - Widening the eligibility for providers to receive the Pediatric Enhancement Rate
  - Exploring bundled payments for perinatal care

What most resonates with you on this list?

What are key considerations in interpreting these recommendations?

What would you add to this list?

4. Market & Network Stability

Why It's Important for Managed Care Expansion

For the upcoming expansion and procurement, DHHS is examining its approach to (1) service areas and (2) member assignments.

1. With goal of providing greater market stability, access to care, and quality MCO choice, DHHS is considering whether:
   A. All contracted plans should serve the entire state; OR
   B. The State should establish specific service areas that may be served by different combinations of MCOs.
2. DHHS is weighing how to match members to MCOs in the new contract.
   1. For the 2022-2023 Contract Years, the initial member auto-assignment process was designed to prioritize equitable distribution of membership among MCOs.
   2. For the 2024-2025 Contract Years, the initial member auto-assignment process is based on MCO performance on select quality measures.

4. Market & Network Stability
Stakeholder Feedback To Date

Stakeholder Suggested…

- Varied positions on whether DHHS should have a single service area with all MCOs covering the entire state, or allow for variation in MCOs by region
- Considering the following ideas for the MCO assignment algorithm:
  - Tie performance on quality metrics to assignments
  - Prioritize assignments for MCOs that demonstrate a thorough understanding of local health needs through a Community Health Needs Assessment and propose effective solutions
  - Match members' care needs to provider network most able to meet those needs
- Limiting the market share differential between MCOs to shift more of the focus on member outcomes than market share

What most resonates with you on this list?

What are key considerations in interpreting these recommendations?

What would you add to this list?

5. Value-Based Payments

Why It's Important for Managed Care Expansion

Nevada Medicaid seeks to prioritize the use of value-based payments (VBPs) with contracted providers in the expanded managed care program.

- With ongoing health disparities and rising costs, VBPs are critical to ensuring the success and sustainability of the State's Medicaid program.

- Currently, DHHS has an incentive program for its MCOs to accelerate VBPs through a one-year bonus performance-based payment.

5. Value-Based Payments
Stakeholder Feedback To Date

Stakeholders Suggested…

- Adopting a more standardized VBP model across all MCOs to reduce provider burden
- Setting standard quality metrics and quality-based payment approach, ideally aligning with other programs
- Considering alternate participation threshold requirements for providers and MCOs, such as a focus on the number of members in VBP models rather than the number of providers or regional targets
- Providing more support (e.g., training, technology, practice management support) to providers participating in VBP models)
- Fostering and encouraging health information exchange
- Improving tracking and sharing of member information (e.g., contact, demographics)
- Considering a phased implementation approach in rural areas

What most resonates with you on this list?

What are key considerations in interpreting these recommendations?

What would you add to this list?

6. Social Determinants of Health & Community Reinvestments

Why It's Important for Managed Care Expansion

Recognizing ongoing health disparities and rising costs, Nevada is committed to proactively meeting the needs of the communities served by Medicaid.

- DHHS is exploring opportunities to help address the Social Determinants of Health (SDoH) of its members.
- DHHS wants to strengthen its Community Reinvestment program, through which plans invest part of their profits back into the communities they serve.

6. SDoH & Community Reinvestments

Stakeholder Feedback To Date

Stakeholders Suggested…

- Extending coverage for a range of SDoH services, including non-emergent transportation, internet access/digital equity, housing, nutritional support, and employment support
- Supporting the community health worker workforce through training opportunities and workforce retention
- Prioritizing the following use of community reinvestment funding:
  - Reinvest in the rural communities covered by the MCO (i.e., purchasing telehealth technology)
  - Support provider network investments, including capacity building for primary care providers
  - Address transportation issues in rural areas

What most resonates with you on this list?

What are key considerations in interpreting these recommendations?

What would you add to this list?

General Public Comment

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

Verbal Participation

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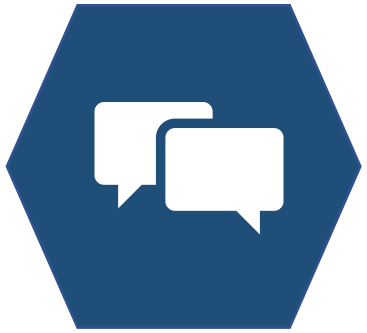

Written Participation

- Please use the chat function to provide written comments or ask questions.

Thank You!

StatewideMCO@dhcfp.nv.gov

Appendix

Services Carved Out of Managed Care

- 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