A Plan to Monitor Healthcare Access for Nevada Medicaid Beneficiaries

Medicaid Fee for Service (FFS) Program:

Methods for Assuring Access to Covered Medicaid Services

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 programs.

The DHCFP's framework for developing an Access to Care Monitoring Review Plan (ACMRP) for the fee for service (FFS) 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 beneficiary 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 Statue (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 has requested two Management Analyst positions to evaluate rates and funding to work with a contractor to gather and analyze data trends. The DHCFP Quality Chief will oversee the tracking of 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 and provide quality health care services to 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 Medicaid and other state health programs to maximize potential federal revenue.

The DHCFP is part of DHHS and 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 Patient Protection and Affordable Care Act (PPACA), expanded the Medicaid program to include low-income childless adults effective January 1, 2014; and (2) Nevada Check Up, Nevada's Children's Health Insurance Program (CHIP) provides health coverage to low-income, uninsured children who are not eligible for Medicaid. Services for both programs are provided on a FFS basis, and through managed care networks.

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 Nevada Medicaid and Check Up programs are positively affecting beneficiaries' health outcomes. In 2016 the DPBH conducted the Primary Care Needs Assessment of Nevada. In this assessment primary care physicians indicated they had some concerns regarding health insurance, the Medicaid program, the limited number of providers, the high volume of paperwork and lack of transportation.

On July 12, 2016, the DHCFP presented an executive summary of the ACMRP at the Tribal Consultation meeting. The DHCFP received one main statement of concern from a member of the Tribal Consultation regarding providers not accepting new Medicaid beneficiaries. On July 19, 2016, the DHCFP presented the Draft version of the ACMRP to the Medical Care Advisory Committee (MCAC). The DHCFP received one request which was to submit the revised plan back to the MCAC prior to submission to CMS. No further comments have been received.

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 Nevada Medicaid enrollees; (2) the availability of 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 Nevada Medicaid and Check Up beneficiaries. Moving forward, the set of measures identified in this document will be used to track trends and identify access deficiencies in the Nevada Medicaid program.

II. Characteristics of the Beneficiary Population

Nevada's geographical structure as well as the rapid growth in the Medicaid program poses challenges to access to health care. Nevada is made up of 17 counties which include urban, rural, and frontier areas. Due to the rural and frontier nature throughout the state, beneficiaries in many instances must choose to seek medical care outside their residential area. These rural and frontier areas result in scarce providers and services, including transportation providers. 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 MCAC and public workshops in the identification of areas with shortages that impact Medicaid beneficiaries' access to care.

In 2014, Nevada opted to expand the Medicaid population through the Patient Protection and Affordable Care Act (PPACA). This has resulted in the population growth from approximately 320,000 beneficiaries in the summer of 2013 to over 662,000 beneficiaries in August 2016. Nevada has two health care delivery models: FFS and managed care. The managed care delivery model currently includes two health plans. Approximately 71 percent of the combined Medicaid and CHIP population are enrolled in managed care. The 29 percent receiving care through FFS are comprised of individuals with disabilities, the elderly, and all beneficiaries living in rural and frontier areas. See figures 1, 2, and 3 below.

Figure 1. Total Medicaid Beneficiaries

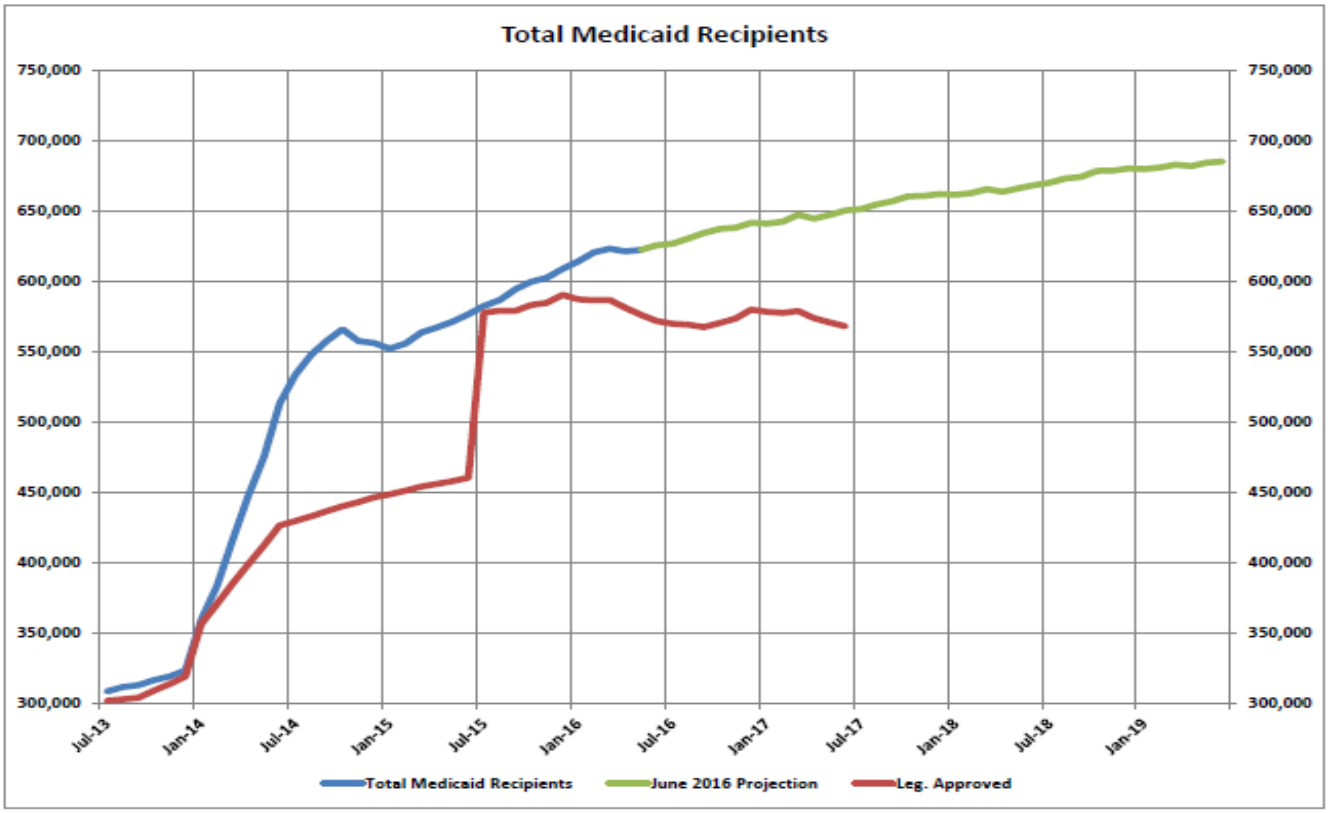


Figure 2. Nevada Check Up

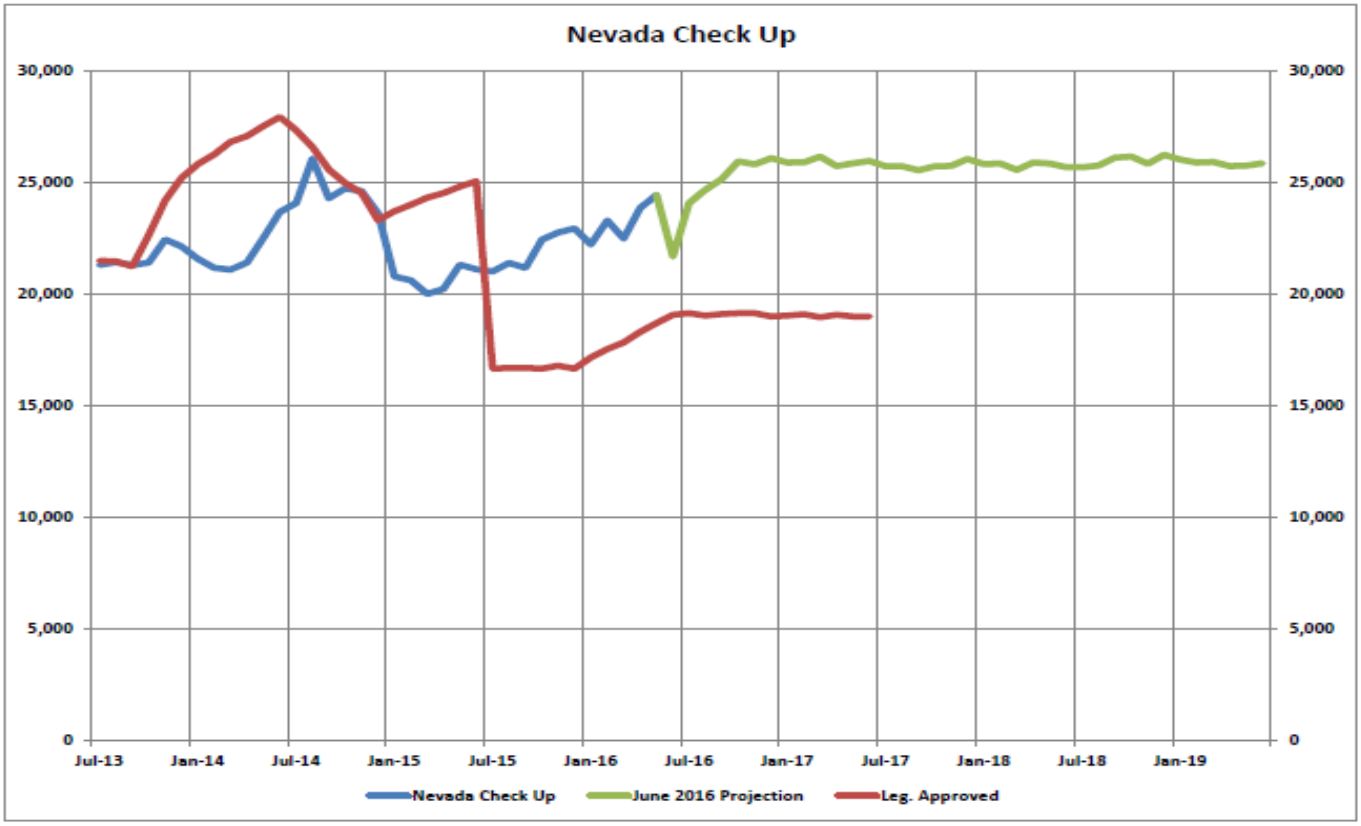
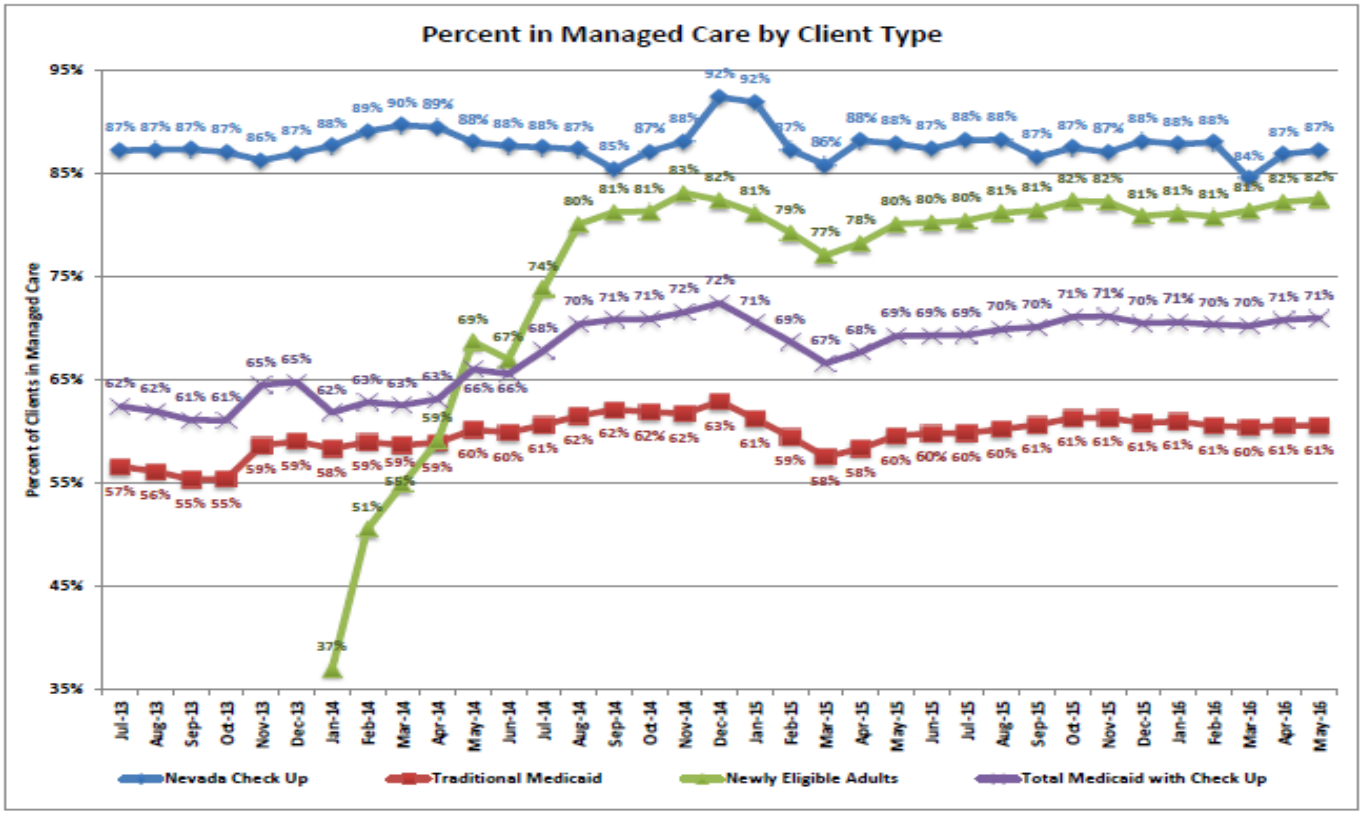


Figure 3. Percent in Managed Care by Client (Beneficiary) Type



III. Access Concerns Raised by Beneficiaries

The DHCFP currently gathers information from beneficiaries regarding access to care through customer service phone lines, public workshops and hearings, stakeholder meetings, and through the legislative process. The customer phone service line is a toll free line operated through the Medicaid District Offices and Customer Service Representatives, when requested, assist callers to find health care providers. The DHCFP District Offices currently track beneficiary concerns through a statewide customer service phone line. Calls are documented by the reason for the call. The DHCFP has established a process for monitoring these calls to gather information on access to care, to address gaps in beneficiary need for information and to provide referrals to care coordination. The customer service phone line is similar to the DWSS customer service call center and the managed care customer service line. These customer service systems work together when necessary to provide referrals and information as well as collaboration in problem solving.

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

In addition, the State holds 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 shows that for 2015, Nevada's payment rates are approximately 98 percent of the Medicare non-facility rates and 102 percent of the Medicare facility rates. By contrast, Utah, Nevada's neighboring state, averaged 83 percent of the Medicare non-facility rates and 86 percent of the Medicare facility rates. The DHCFP reimburses the same amount for adults and pediatrics.

Due to the requirements set forth in Nevada Revised Statute (NRS) 686B.080, an analysis was not performed comparing 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 to access to care. The results will be provided to CMS for their review when the SPA is submitted. An exception would be if an access review was completed that addresses the affected service within the 12 months prior to the SPA submission. In those instances, Nevada Medicaid will provide the previous review to CMS.

See Attachment A. Facility & Non-Facility Rate Comparison

V. Review of Current Access to Care

In 2015, the DHCFP requested our contracted External Quality Review Organization (EQRO) conduct an evaluation of Nevada's Medicaid provider network. The purpose of the analysis was to estimate the provider network capacity, geographic distribution, and appointment availability for both the Managed Care Organizations (MCOs) and the FFS networks. The evaluation included a comparison by provider type, for each MCO and the FFS program relative to the access to care for the state of Nevada's general population. The analysis consisted of three dimensions of access and availability:

1. Capacity
   - Provider to Beneficiary ratio for Nevada provider network

2. Geographic Network Distribution
   - Time/Distance analysis for applicable provider specialties and average distance to the closest provider

3. Appointment Availability
   - Average length of time (number of days) to see a provider for MCOs and FFS (Secret Shopper Survey)

The 2015 study represents one of many ongoing attempts to capture, report, monitor, and explore the experience of Medicaid beneficiaries' access to health care services.

Overall, the result of this analysis, including the provider ratio analysis, the geographic network distribution analysis, and the secret shopper survey showed that while the MCOs and FFS have developed comprehensive provider networks, opportunities for improvement exist in the implementation of these networks. Across the four categories evaluated in the secret shopper analysis (primary care physicians (PCP), prenatal care providers, specialists, and dentists), nearly 50 percent of all outreach calls to a specific provider failed to secure appointments (47.6 percent), and of those calls that ended in an appointment, less than three-quarters (69.4 percent) were scheduled within contract standards, as provided in Table 1. As such, while the network appears robust regarding the provider infrastructure, access to care is often affected by the ability to schedule appointments with a chosen provider.

Table 1. Appointment Availability Results

Specialty Category	Valid Cases	Unable to Schedule Appointment		Able to Schedule Appointment		Appointments within Compliance Standards	
		Number	Percent	Number	Percent	Number	Percent
PCP	208	85	40.9%	123	59.1%	73	59.3%
Prenatal Care							
First and Second Trimester	144	86	59.7%	58	40.3%	14	24.1%
Third Trimester	144	90	62.5%	54	37.5%	10	18.5%
Specialist	288	163	56.6%	125	43.4%	108	86.4%
Dentist	288	86	29.9%	202	70.1%	185	91.6%
Total	**1,072**	**510**	**47.6%**	**562**	**52.4%**	**390**	**69.4%**

As a result of the 2015 study, the DHCFP and the MCOs formed a focus workgroup, which is utilizing a quality improvement approach. The purpose behind the improvement approach is to hold each health plan accountable through action.

The MCOs have developed several approaches to remediate the concerns discussed from the 2015 study. They have implemented the use of outreach mobile units that provide comprehensive exams and they have increased telemedicine services for urgent and primary care. They have also put nurses into the community to provide health care services and to work with beneficiaries who are homeless. Each health plan is increasing their provider relations by on-site visits and providing one-on-one education to providers for billing. Other areas of focus include assisting with non-emergency transportation ride set up, daycare outreach solutions, reaching out to specialists in Nevada, and quicker response time for reimbursements.

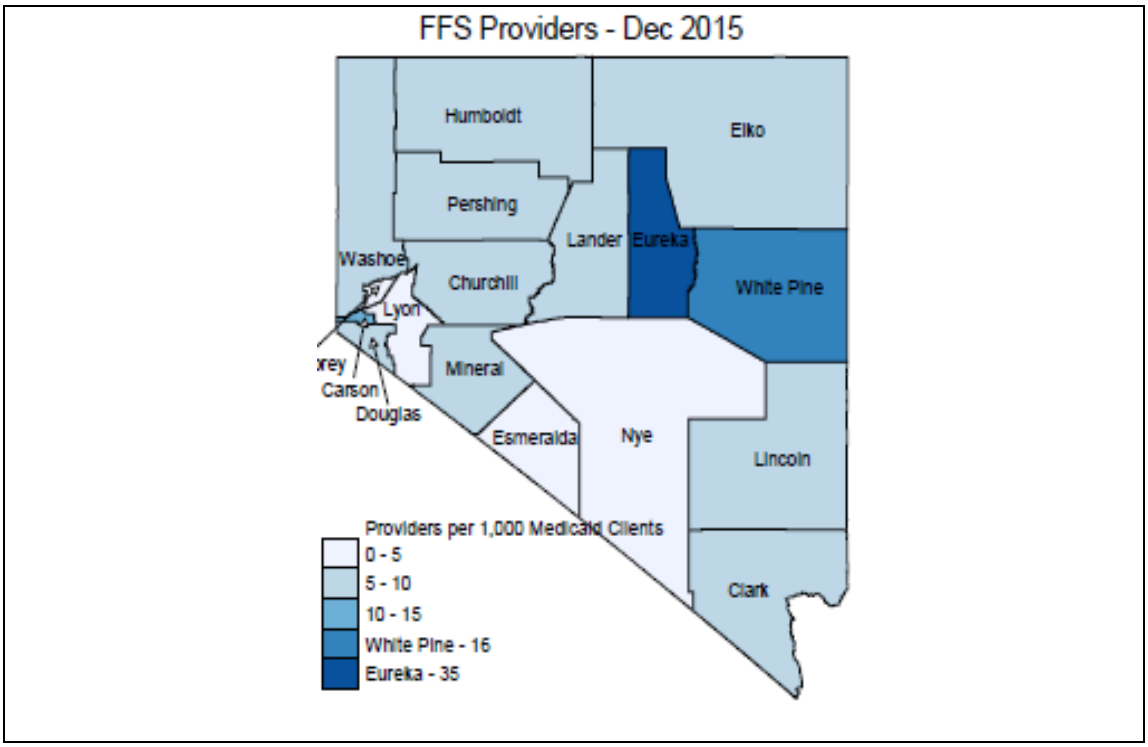
VI. Nevada Medicaid/Check Up Provider Composition

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

Figure 4. Fee for Service (FFS) Providers

Maps ACA Outcomes by County, continued Source-uninsured-CPS Medicaid totals

DWSS ILD file; other DHCFP



The geographical structure of Nevada is made up of 17 counties with unique demographic and clinical characteristics. Through geographical analysis studies a complete understanding of the population we serve will ensure that all beneficiaries are able to successfully obtain the healthcare services they need and are entitled to under Federal and State law.

Table 2 below shows the provider enrollment for primary care, specialist, maternity, behavioral health and home health in calendar year 2015 for each county.

Table 2. Provider enrollment within each county 2015

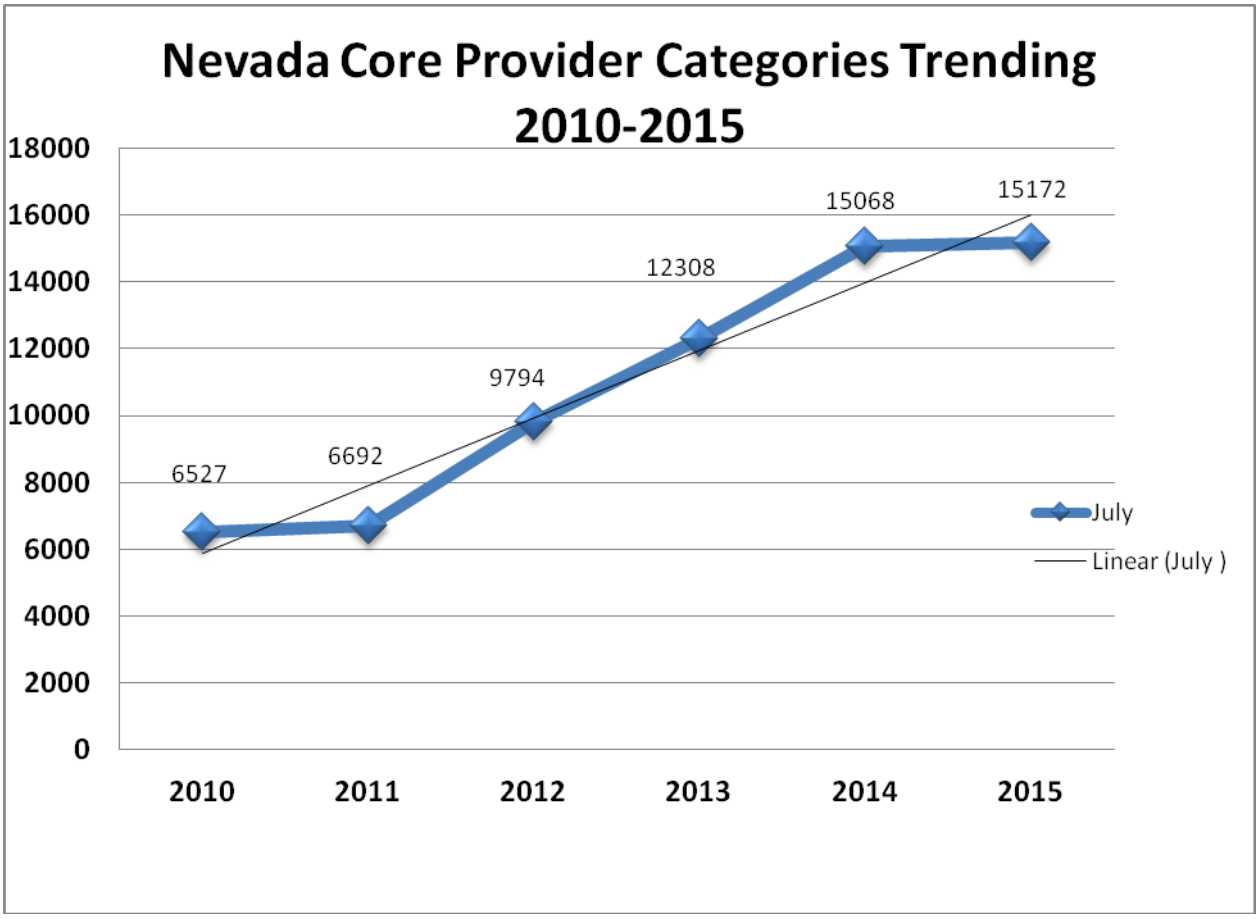
Provider Enrollment (CY 2015)							
County	Primary Care	Specialist	Maternity	Behavioral Health	Home Health	*Medicaid Population	**Total Population
Carson City	267	16	31	133	1	16,968	53,969
Churchill	65	1	15	42	0	6,881	25,103
Clark	3,793	189	462	3,342	51	593,350	2,069,450
Douglas	122	3	11	51	1	6,525	48,553
Elko	113	5	19	13	0	9,321	53,358
Esmeralda	0	0	0	0	0	160	926
Eureka	3	0	2	0	0	202	1,903
Humboldt	40	0	3	5	0	3,926	17,388
Lander	10	0	2	1	0	1,177	6,560
Lincoln	8	0	3	0	0	936	5,004
Lyon	68	1	19	93	0	14,764	53,344
Mineral	14	1	2	5	0	1,488	4,584
Nye	127	4	11	192	0	14,253	45,456
Pershing	13	0	3	2	0	1,103	6,714
Storey	1	0	1	0	0	224	3,974
Washoe	1,130	14	107	712	4	109,532	436,797
White Pine	41	1	6	9	0	2,058	10,218
Total:	5,815	235	697	4,600	57	782,868	2,843,301

* Total members across CY 2015 – does not include 26,636 members enrolled without county data

** 2014 Nevada Est. – NV State Demographer

Figure 5 reflects the FFS provider enrollment in the core provider categories of Primary Care Practitioners/PCP-Extenders, Physician Specialty Services, Behavioral Health Providers, Pre and Post-Natal Providers, Home Health Agencies and Dental Providers. In 2010, there were 6,527 providers enrolled, compared to 15,172 in July 2015.

Figure. 5 Enrolled Core Provider Snapshot for year 2010-2015



See Attachment B for the outline of each of the primary core categories of service 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 plans to 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 for 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 Medicaid recipients. The Division will also evaluate network composition and availability to address beneficiary concerns.

The DHCFP also plans to use the Consumer Assessment Healthcare Providers and System survey (CAHPS) and the District Office customer service phone line to gather communication data. Using this data our contracted EQRO will conduct Network Access Analysis studies in monitoring access to care and the DHCFP staff will conduct rate analysis studies.

CAHPS

The DHCFP will, by utilizing our EQRO, conduct a Medicaid Fee for Service Beneficiary CAHPS. The CAHPS survey will focus on the questions, "Getting Care Quickly" and "Getting Needed Care." These measures will allow the DHCFP to monitor, evaluate, and trend beneficiary perceived timely access to services.

The example below shows Nevada's CAHPS design for conducting an Access to Care survey to Medicaid beneficiaries.

Example:

Adult Medicaid CAHPS, Child Medicaid and Nevada Check Up Medicaid CAHPS

	FFS Baseline	**FFS Year 1**	**FFS Year 2**
Composite Measures			
Getting Needed Care			
Getting Care Quickly			

1. A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result, otherwise denoted as N/A.

District Office Customer Service Phone Line

The DHCFP will monitor beneficiary calls by entering data pertaining to the reason for the call into the call center tool. This data will identify geographic areas, which core provider type and the specific access to care issue. The call center tool is designed to track multiple calls including incoming beneficiary concerns, issues and/or complaints: FFS-recipient complaints about providers, FFS-recipient inquiries to locate a provider, MCO-complaints from providers, MCO-recipient complaints about providers, and MCO-recipient inquiries to locate a provider. The call center tool also includes geographical location of calls such as Washoe, Clark, Carson City, and Rural. Starting September 1, 2016, statistical data will be gathered in order to produce reports for analysis. An analysis will be completed on an ongoing basis and at the required three-year revision to further understand any gaps in access that exist for Nevada Medicaid beneficiaries.

Provider Network Access Analysis

The DHCFP, through our EQRO, will conduct an evaluation of Nevada's Medicaid provider network. This analysis will estimate the provider network capacity, geographic distribution, and appointment availability for the FFS network. The evaluation will include a comparison by the core provider types, including dental, for the FFS program relative to the access to care for the State of Nevada's general population. It is estimated that the DHCFP will conduct this study after legislative approval in 2017. The analysis will consist of three dimensions of access and availability:

1. Capacity
    - Provider to Beneficiary ratio for Nevada provider network

2. Geographic Network Distribution
    - Time/Distance analysis for applicable provider specialties and average distance to the closest provider

3. Appointment Availability
    - Average length of time (number of days) to see a provider for MCOs and FFS (Secret Shopper Survey)

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. Reviews will be conducted periodically over a minimum three-year period following implementation of the SPA.

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.

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). Figure 6 below is a snapshot of the number of FQHCs/RHCs. Trended over time, the State of Nevada primary care service special clinics increased from 28 providers in 2010 to 39 FQHCs/ RHCs in 2015.

Figure 6. FQHC/RHC

Provider Type	Provider Specialty	July-10	July-11	July-12	July-13	July-14	July-15
17-Special Clinics	180, 181	28	31	33	35	38	39

In addition, Figure 7 shows a snapshot of the six core focused primary care providers enrolled with Nevada Medicaid in the month of July for the period of 2010 to 2015. In 2010, Nevada had a total of 6,527 enrolled core providers, which included 2,068 Primary Care Practitioners (PCP)/PCP Extenders. Trended over time, the State of Nevada in 2015 increased PCP/PCP Extenders to 3,523 providers. This information will be used as the benchmark in Nevada's review of access to care for Primary Care services.

Data sources for analysis of primary care services will include:

- Provider Enrollment
- Nevada Medicaid Management Information System (MMIS) claims payment
- Medicaid Member Eligibility System
- Medicaid District Office Call Center Tool
- Results of CAHPS Survey (access-related questions)
- Results of EQRO - Provider Network Access Analysis that also includes data from:
  - National Plan and Provider Enumeration System (NPPES)
  - U.S. Census Bureau

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 (See Attachment B). Figure 7 shows a snapshot of the number of physician specialists enrolled with Nevada Medicaid in the month of July for the period of 2010 to 2015. In 2010, Nevada had a total of 6,527 enrolled in the six core focused providers, which included 2,020 physician specialists. In 2015, this provider group increased to 2,939. This information will be used as the benchmark in Nevada's review of access to care for Physician Specialist services.

Data sources for analysis of physician specialist will include:

- Provider Enrollment
- MMIS claims payment
- Medicaid Member Eligibility System
- Medicaid District Office Call Center Tool
- Results of CAHPS Survey (access-related questions)
- Results of EQRO - Provider Network Access Analysis that also includes data from:
  - National Plan and Provider Enumeration System (NPPES)
  - U.S. Census Bureau

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 (see attachment B). Figure 7 below shows in 2010, Nevada had a total of 6,527 enrolled in the six core focused providers, which included 1,425 Behavioral Health providers. In 2015, this provider group increased to 7,445. This information will be used as the benchmark in Nevada's review of access to care for Behavioral Health services.

Data sources for analysis of behavioral health will include:

- Provider Enrollment
- MMIS claims payment
- Medicaid Member Eligibility System
- District Office Call Center Tool
- Results of CAHPS Survey (access-related questions)
- Results of EQRO - Provider Network Access Analysis that also includes data from:
  - National Plan and Provider Enumeration System (NPPES)
  - U.S. Census Bureau

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 Midwives. Figure 7 shows in 2010, Nevada had a total of 6,527 enrolled in the six core focused providers, which included 269 OB/GYN and Midwives. In 2015, this provider group increased to 372. This information will be used as the benchmark in Nevada's review of access to care of Pre- and Post-Natal Obstetric services including Labor and Delivery.

Data sources for analysis of Pre-and Post-Natal Obstetric services including Labor and Delivery will include:

- Provider Enrollment
- MMIS claims payment
- Medicaid Member Eligibility System
- District Office Call Center Tool
- Results of CAHPS Survey (access-related questions)
- Results of EQRO - Provider Network Access Analysis that also includes data from:
  - National Plan and Provider Enumeration system (NPPES)
  - U.S. Census Bureau

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 in 2010, Nevada had a total of 6,527 enrolled in the six core focused providers, which included 55 Home Health Agencies. In 2015, this provider group increased to 62. This information will be used as the benchmark in Nevada's review of access to care for Home Health services.

Data sources for analysis of home health will include:

- Provider Enrollment
- MMIS claims payment
- Medicaid Member Eligibility System
- District Office Call Center Tool
- Results of CAHPS Survey (access-related questions)
- Results of EQRO - Provider Network Access Analysis that also includes data from:
  - National Plan and Provider Enumeration system (NPPES)
  - U.S. Census Bureau

Review Analysis of Dental Services

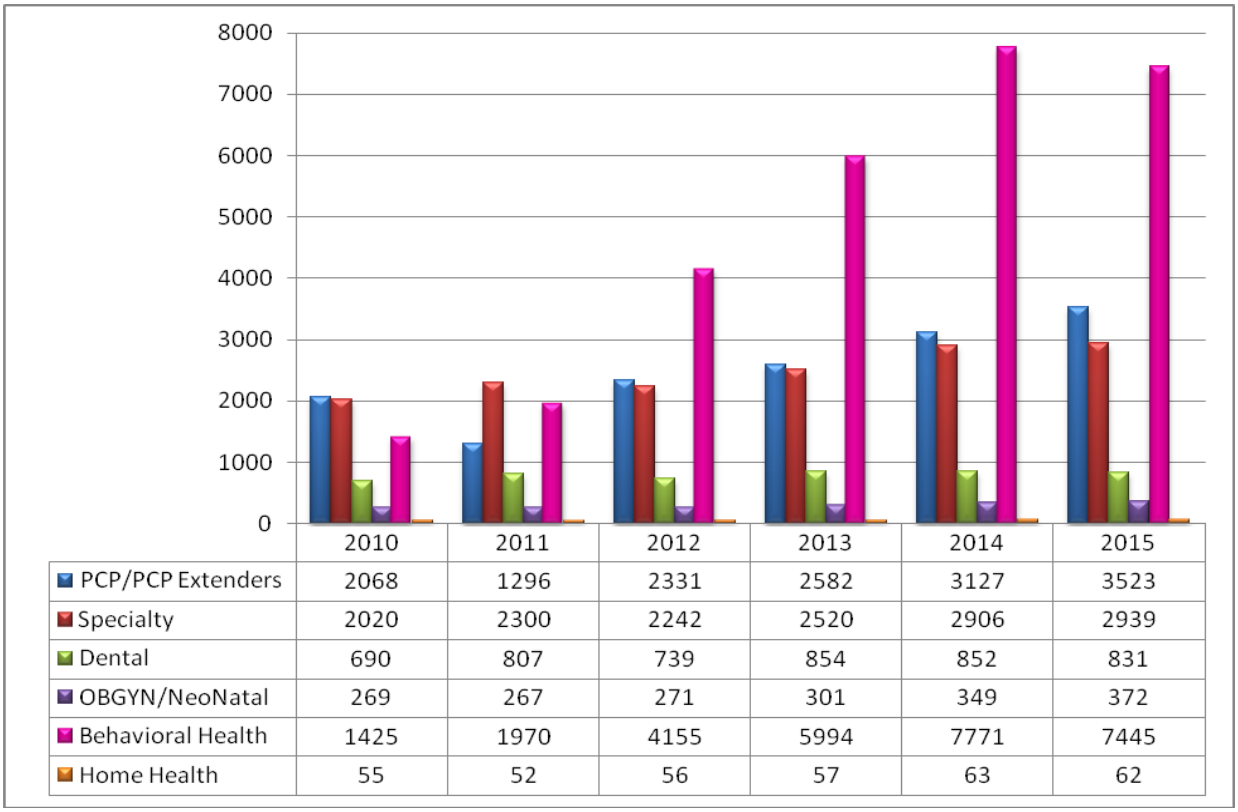
For the purpose of the ACMRP, Dental services were defined by Nevada Medicaid to include General Dentist, Oral Surgery, Pediatric Dentist, and Dental Hygienist. Figure 7 shows in 2010, Nevada had a total of 690 dentists enrolled as providers. In 2015, this provider group increased to 831. This information will be used as the benchmark in Nevada's review of access to care for dental services.

Data sources for analysis of dental will include:

- Provider Enrollment
- MMIS claims payment
- Medicaid Member Eligibility System
- District Office Call Center Tool
- Results of CAHPS Survey (access-related questions)
- Results of EQRO - Provider Network Access Analysis that also includes data from:
  - National Plan and Provider Enumeration system (NPPES)
  - U.S. Census Bureau

Figure 7 reflects Nevada's six core focused providers and shows an increase in provider enrollment to 15,172.

Figure.7 July snapshot of selected provider types year 2010-2015



	2010	2011	2012	2013	2014	2015
PCP/PCP Extenders	2068	1296	2331	2582	3127	3523
Specialty	2020	2300	2242	2520	2906	2939
Dental	690	807	739	854	852	831
OBGYN/NeoNatal	269	267	271	301	349	372
Behavioral Health	1425	1970	4155	5994	7771	7445
Home Health	55	52	56	57	63	62

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, beneficiary satisfaction with their access to care, and complete a rates 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. Remedial actions may include policy revision, process simplifications, rate adjustment, and/or enhanced provider outreach. The DHCFP will monitor access 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. Reviews will be conducted periodically over a minimum three-year period following implementation of the SPA.

In order to coordinate efforts to determine what constitutes adequate access to care, the DHCFP has also developed relations with the Nevada Division of Insurance (DOI). Information has been developed through public meetings, participation in rate discussions, and discussions on the shortage of providers. Discussions on Network Access to Care will continue.

The State of Nevada has historically conducted improvement plans for access to healthcare issues. 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 input from beneficiaries, and collaboration with the MCAC resulting in the implementation of a corrective action plan.

In conclusion, as the healthcare access monitoring review program evolves in Nevada, it is envisioned that identified remediation actions will occur in response to the initial set of review analysis data for the following services:

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

The State of Nevada's ongoing plan will include the EQRO Network Access Analysis, the access portion of the CAHPS, the District Office 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 CMS. Information gained from these analyses, as well as stakeholder processes and any remediation activities, will be utilized to update Nevada's ACMRP.

IX. Resources & Link to Nevada Reports

1. Nevada Department of Health and Human Services (DHHS) Fact Book, February 2016

   URL:http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Reports/DHHS_FactBook.pdf

2. Nevada Division of Health Care Financing and Policy, External Quality Review-Technical Report SFY 2014-2015, Health Services Advisory Group, October 2015
   URL:http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Members/BLU/2014-2015%20Network%20Adequacy%20Report.pdf

Attachment A. Facility & Non-Facility Rate Comparison

Procedure Code & Description		Nevada Medicaid Rates	2015 Medicare (MC) Non-Facility (NF) Rates for NV	Percent of MC NF Rate for NV	2015 Medicare Facility (FAC) Rates for NV	Percent of MC Rate for NV	Utah Medicaid Rates	2015 Medicare Non-Facility Rates for Utah	Percent of MC NF for Utah	2015 Medicare Facility Utah	Percent of MC FAC Rate for Utah
59400	PB care antepartum vag dllvr & postpartum	$2,144.73	$2,197.27	98%	$2,198.27	98%	$2,028.50	$2,144.92	95%	$2,144.92	95%
59409	Vaginal delivery only	$840.57	$856.79	98%	$856.79	98%	$802.83	$847.98	95%	$847.98	95%
59510	OB antepartum care cesarean dlvr & postpartum	$1,070.75	$1,093.12	98%	$1,093.12	98%	$2,028.50	$2,385.12	85%	$2,385.12	85%
59514	Cesarean delivery only	$945.68	$962.20	98%	$962.20	98%	$802.83	$956.64	84%	$956.64	84%
71010	Chest x-ray 1 vew frontal	$25.01	$23.35	107%	$23.35	107%	$18.38	$21.48	86%	$21.48	86%
72148	MRI spinal canal lumbar w/o contrast material	$256.98	$231.40	111%	$231.40	111%	$357.49	$212.00	169%	$212.00	169%
73580	Contrast x-ray of knee joint	$135.50	$120.17	113%	$120.17	113%	$84.64	$108.91	78%	$108.91	78%
73615	Contrast x-ray of ankle	$110.16	$102.43	108%	$102.43	108%	$71.98	$98.92	73%	$98.92	73%
73718	MRI lower extremity w/o dye	$389.09	$382.10	102%	$382.10	102%	$584.59	$343.02	170%	$343.02	170%
76380	Cat scan follow-up study	$159.57	$152.50	105%	$152.50	105%	$122.57	$139.36	88%	$139.36	88%
76811	OB us detailed single fetus	$194.09	$190.90	102%	$190.90	102%	$212.39	$177.57	120%	$177.57	120%
77056	Mammogram both breasts	$120.87	$120.33	100%	$120.33	100%	$75.70	$109.92	69%	$109.92	69%

Procedure Code & Description		Nevada Medicaid Rates	2015 Medicare (MC) Non-Facility (NF) Rates for NV	Percent of MC NF Rate for NV	2015 Medicare Facility (FAC) Rates for NV	Percent of MC Rate for NV	Utah Medicaid Rates	2015 Medicare Non-Facility Rates for Utah	Percent of MC NF for Utah	2015 Medicare Facility Utah	Percent of MC FAC Rate for Utah
77077	Joint survey single view	$42.57	$39.25	108%	$39.25	108%	$26.77	$35.79	75%	$35.79	75%
78102	Bone marrow imaging ltd	$181.21	$184.47	98%	$184.47	98%	$70.64	$165.14	43%	$165.14	43%
78300	Bone imaging limited area	$193.92	$195.99	99%	$195.99	99%	$84.44	$176.32	48%	$176.32	48%
78452	Myocardial spect multiple studies	$510.26	$513.30	99%	$513.30	99%	$336.23	$460.24	73%	$460.24	73%
90472	IM Admin PRQ ID subq/IM NJXS Each vaccine	$11.01	$12.89	85%	$12.89	85%	$13.81	$12.06	115%	$12.06	115%
90791	Psychiatric diagnostic evaluation	$155.38	$132.20	118%	$128.06	121%	$33.16	$131.49	25%	$127.53	26%
90792	Psychiatric diagnostic eval w/medical services	$124.29	$146.84	85%	$142.70	87%	$33.16	$145.37	23%	$141.37	23%
90834	Psychotherapy patient &/family 45 minutes	$73.93	$86.43	86%	$85.68	86%	$97.06	$84.77	114%	$84.44	115%
90837	Psychotherapy patient &/Family 60 minutes	$110.56	$128.60	86%	$127.30	87%	$120.79	$127.53	95%	$126.54	95%
90847	Family psychotherapy w/patient present	$92.40	$107.81	86%	$107.06	86%	$27.19	$106.48	26%	$105.82	26%

Procedure Code & Description		Nevada Medicaid Rates	2015 Medicare (MC) Non-Facility (NF) Rates for NV	Percent of MC NF Rate for NV	2015 Medicare Facility (FAC) Rates for NV	Percent of MC Rate for NV	Utah Medicaid Rates	2015 Medicare Non-Facility Rates for Utah	Percent of MC NF for Utah	2015 Medicare Facility Utah	Percent of MC FAC Rate for Utah
93306	Echo TTHRC R-T 2D w/WOM-mode compl spec & colr D	$203.53	$238.87	85%	$238.87	85%	$173.58	$216.51	80%	$216.51	80%
99204	Office outpatient visit, new 45 min	$153.96	$169.69	91%	$133.19	116%	$120.63	$161.91	75%	$129.88	93%
99214	Office outpatient visit, est 25 min	$99.93	$110.56	90%	$80.08	125%	$85.39	$104.77	81%	$78.03	109%
99215	Office outpatient visit est 40 min	$133.61	$149.64	89%	$114.27	117%	$114.84	$141.58	81%	$110.55	104%
	Total Average Comparison			**98%**		**102%**			**83%**		**86%**

The current Medicare Physician Fee Schedule does not price the following Healthcare Common Procedure Coding System (HCPCS) codes for Home Health services. The information below provides a sample comparison of Nevada Medicaid rates to Utah Medicaid rates:

Procedure Code & Description		Nevada Medicaid Rates	Utah Medicaid Rates
G0299	Direct skilled nursing services of a RN	$11.87	$22.72
G0300	Direct skilled nursing services of a LPN	$8.84	$17.72
G0151	Services performed by a qualified physical therapist	$14.03	$19.83
G0153	Services performed by a qualified speech-language pathologist	$14.03	$17.97

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

Procedure Code & Description		Nevada Medicaid Rates	Utah Medicaid Rates
D0140	Limited oral evaluation-problem-focused	$33.24	$23.11
D0220	Intraoral first dadiograph-periapical	$18.86	$11.55
D0230	Intraoral radiograph-perapical-each addl imag	$5.89	$8.97
D0274	Bitewings-four radiographic images	$23.57	$29.51
D1120	Dental prophylxis-child	$57.28	$32.07
D5110	Complete dentury-maxillary	$615.00	$604.53
D5214	Mand part denture-cast metal frane w/resin bases	$615.00	$646.70
D7210	Surg removal erupted tooth req removal bone	$87.12	$78.27

Attachment B. Provider Table

Identifiers	Provider Type	Provider Specialty	July-10	July-11	July-12	July-13	July-14	July-15
PCP/PCP Extenders	17-Special Clinics	180, 181	28	31	33	35	38	39
	20-Physician	053, 056, 060, 139,148	1380	548	1512	1647	1950	2080
	24-APRN	N/A	303	352	399	449	609	805
	77-PA/PA-C	N/A	357	365	387	451	530	599
Specialty	20-Physician	57, 58, 59, 61, 64, 65, 66, 68, 72, 73, 74, 92, 100, 101, 103, 104, 106, 107, 108, 110, 112, 114, 116, 118, 119, 120, 121, 122, 123, 125, 126, 127, 128, 130, 131, 132, 133, 134, 135, 136, 137, 138, 140, 141, 142, 143, 144, 149, 150, 151, 152, 153, 154, 156, 157, 158, 159, 170, 218	1770	2021	1952	2209	2551	2566
	25-Optometrist		241	261	278	296	339	360
	41-Optician, Optical Business		9	18	12	15	16	13
Dental	22-Dentist	N/A	690	807	739	854	852	831
OBGYN/NeoNatal	20-Physician	062, 067,117, 124, 129, 145	261	263	267	294	341	358
	74- Nurse Midwife	N/A	8	4	4	7	8	14
Behavioral Health	13-Psychiatric Hospital, Inpatient	N/A	10	10	11	11	12	12
	14- Behavioral Health Outpatient Treatment	N/A	616	1142	3258	4697	6141	5893
	20-Physician	113, 146, 147,	86	100	100	120	154	162
	26-Psychologist	N/A	138	150	160	154	175	193
	63-Residential Treatment Center	N/A	3	3	3	3	3	4
	82-Behavioral Health Rehabilitative Treatment	N/A	572	565	623	1009	1286	1181
Home Health	29-Home Health Agency	N/A	55	52	56	57	63	62

Attachment B. Provider Table Specialty Code Defined

2016 Nevada Medicaid Provider Types and Specialties: Primary Care Services, Physician Specialist, Behavioral Health, Pre and Post-Natal Obstetrics, Home Health and Dental.

Provider Type Number	Description
13-Psychiatric Hospital, Inpatient	**Psychiatric-Behavioral Health**
14-Behavioral Health Outpatient Treatment	**Behavioral Health**
17- Special Clinics	**Special Clinic** *One or more specialty codes are required on the Application.* 166: Family Planning 167: Genetic 171: Methadone 174: Public Health 179: School Based Health Centers (SBHC) 180: Rural Health Clinic 181: Federally Qualified Health Center 182: Indian Health Programs, Non-Tribal 183: Comprehensive Outpatient Rehabilitation Facilities (CORF) 195: Community Health Clinics – State Health Division 196: Special Children's Clinics 197: TB Clinics 198: HIV 215: Substance Abuse Agency Model (SAAM)
20-Physician	**Physician, M.D., Osteopath, D.O.** *One or more specialty codes are required on the Application.* 053:Family Practice 056:General Practice 057:Anesthesiology 058:Colon/Rectal Surgery 059:Dermatology 060:Internal Medicine 061:Neurosurgery 062:Obstetrics/Gynecology 064:Orthopedic Surgery 065:Otolaryngology 066:Pathology 067:Neonatology 068:Physical Medicine 072:Radiology 073:General Surgery 092:Rehabilitation 100:Mammography 101:Resontructive Surgery 103:Allergy 104:Bronchoesophagology 106:Cardiovascular 107:Cardiovascular Surgery 108:Chemotherapy 110:Diabetes 112:Endocrinology

	113:Behavioral Health-Forensic Psychiatry 114:Gastroenterology 116:Geriatrics 117:Gynecology 118:Hand Surgery 119:Hand/Neck Surgery 120:Hematology 121:Immunology 122:Infectious Disease 123:Laryngology 124:Maternal Fetal Medicine 125:Nephrology 126:Neurology 127:Neuropathology 128:Nuclear Medicine 129:Obstetrics 130:Occupational Medicine 131:Oncology 132:Otology 133:Otorhinolaryngology 134:Pain Management 135:Pediatric Neurology 136:Pediatric Intensive Care 137:Pediatric Ophthalmology 138:Pediatric Surgery 139:Pediatrics 140:Pediatrics-Allergy 141:Pediatrics-Cardiology 142:Pediatrics-Hematology 143:Pediatrics-Oncology 144:Pediatrics-Pulmonary 145:Perinatal Medicine 146:Behavioral Health-Psychiatry 147:Behavioral Health-Psychiatry-Child 148:Public Health 149:Pulmonary Diseases 150:Radiation Therapy 151:Respiratory Diseases 152:Rheumatology 153:Sports Medicine 154:Traumatic Surgery 156:Urologic Surgery 157:Vascular Surgery 158:Vitreoretinal Surgery 159:Rhinology 170:Maxillofacial Surgery 218:Diagnostic Radiology
22-Dentist	**Dentist** *One or more specialty codes are recommended on the Application.* 078:General Dentistry 079:Orthodontia 080:Oral Surgery 081:Periodontics 164:Emergency Dentistry 165:Family Dentistry

	170:Maxillofacial Surgery 172:Maxillofacial Prosthetics 173:Pediatric Dentistry 175:Prosthodontics 187:Dental Hygienist – – :Endodontist: On the Application, please write "*endodontist*" in the "Specialty Code" section.
24-APRN	**Advanced Practice Registered Nurse (APRN)**
25-Optometrist	**Optometrist**
26-Psychologist	**Psychologist**
29-Home Health	**Home Health Agency**
41- Optician, Optical Business	**Optician, Optical Business**
63-Residential Treatment Center	**Psychiatric Residential Treatment Facilities (PRTF)**
74-Nurse Midwife	**Nurse Midwife**
77-PA/PA-C	**Physician's Assistant (PA/PA-C)**
82-Behavioral Health Rehabilitative Treatment	**Behavioral Health Rehabilitative Treatment**