**Northern Nevada Behavioral Health Coalition**

**Feb 9, 2016 9:00-10:30**

**UNR Redfield Campus**

Discussion of Medicaid PowerPoint presentation

1. **Question:** In rurals, do you see any other bidders besides Americare? *Possibly – we anticipate more bidders*
2. **Question:** What would it take to include more services instead of carving them out? Services are added all the time to manage care but some services NV wants to be carved out. Very complex process with many factors being considered. Goal is to set one “capitation” rate a year, but managed care has made it difficult.
3. **Question:** What would it take to have contractors connect with community providers? Contractors utilize contract standards in choosing who will be in their network
4. **Comment:** Access to Care didn’t put in anything about substance abuse.
5. **Comment:** Two largest non-profit safety net providers won’t accept HPN because they are too difficult to deal with. Quest and Bristlecone.
6. **Comment:** Problem is there are too many mentally ill people don’t want to go to doctor. Families have no recourse. We need integrated care including primary care physicians linked to psychologist.
7. **Comment:** No HPR or Americare agencies in N. Las Vegas. Transportation is an issue for many people
8. **Comment:** Rurals don’t have a lot of options for providers and referrals are difficult if not possible.
9. **Comment:** What happens before RFP goes out in June. Not connected to new programs.
10. Go to website for current information on Medicaid. [www.dhcfp.nv.gov](http://www.dhcfp.nv.gov)
11. **Comment from Betsy:** Looking at different delivery models to cover all populations. Money will be moved around to cover populations with most need
12. **Comment:** We have a big “supply” problem in NV.
13. **Comment:** Telemedicine is expanding per Betsy Aiello.
14. **Comment:** Managed Care issue: appears like negotiated rates are lower for managed care service.
15. **Comment:** Crisis intervention is available – service is covered but providers are not always available. Shortage of providers for crisis intervention.
16. **Comment:** Provider types 14 (Mental Health and Substance Abuse models) and 17 (Clinic based model of substance abuse and co-occur) – it’s being looked at and reassessed to address the problems with gaps between two types
17. **Comment:** Some states get contracts for continuum of care – more of a package contract for services. Is that available in NV? Might be an “episode” payment – is being discussed. Different payment models are being looked at in managed care.
18. **Comment:** Medicaid expansion is killing safety net providers because they can’t get paid.
19. **Comment:** Indigent population is better served by pay for service – according to participant. Need same-day drop-in clinic that can address needs. Urgent care with behavioral health features need to be available.
20. **Comment:** Ohio offers crisis-stablization units for same day needs. Betsy said it was probably state or county funded.
21. **Comment from Betsy:** Medicaid can’t cover psych hospitals and prison populations.
22. **Comment:** SAMPSHA has paper on funding crisis
23. **Comment:** Telemedicine is a great idea for “frontier” areas in NV.
24. **Comment per Betsy:** Direct enrollment for managed care is not available. It’s fee for service until the next month allowing a change to managed care.

Jennifer- **March 8** is next meeting. Alexis’ item moved to next month. Email Jennifer or Jeanyne with additional agenda items.