

Tom McCoy, J.D. Chair

Nancy Bowen Vice-Chair

Patient-Centered Medical Homes Subcommittee of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

January 17, 2019

Dear Medicaid Administrator:

This letter on behalf of the Nevada Patient-Centered Medical Homes (PCMH) Subcommittee of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease is intended to encourage and support the option for the Nevada Division of Health Care Financing and Policy (DHCFP) to explore and implement health homes as described in section 2703 of the Affordable Care Act entitled, "State Option to Provide Health Homes for Enrollees with Chronic Conditions." This opportunity provides federal support for the enhanced integration and coordination of primary, acute, behavioral health (mental health and substance abuse), and long-term services and supports for those with chronic illnesses across the lifespan, and Section 1945(c)(1) outlines the enhanced Federal Medical Assistance Percentages (FMAP) provided to states with approved State Plan Amendments (SPAs) that meet the requirements of the Centers for Medicare and Medicaid Services.

The PCMH Subcommittee was established to explore the potential for and benefits of implementing patient-centered medical homes and health homes in Nevada. The Subcommittee's priority is to study and encourage the practice of health homes and patient-centered medical homes in Nevada to improve health outcomes for Nevadans with chronic conditions. With the conclusion of DHCFP's Health Care Guidance Program, thousands of Medicaid beneficiaries lost care management services for their qualifying chronic conditions. The Section 2703 provision could serve as a building block for similar options in Nevada, including enhanced reimbursement for certified patient-centered medical homes. In alignment with the conclusions at the federal level, the Subcommittee asserts medical and/or health homes in Nevada would lead to lower health care costs, better outcomes, increased health care quality, reduced health disparities, lower utilization rates, and would improve compliance and care coordination for those with chronic conditions.

Sincerely,

Tom McCoy, J.D. Chair PCMH