

Advisory Committee on Medicaid Innovation (ACMI)

Meeting Minutes

June 24, 2020

1:00 p.m. – 3:30 p.m.

Committee Members Present:

NAME	TITLE	STATE AGENCY
Ross Armstrong	Administrator	Division of Child and Families Services (DCFS)
Gillian Barclay	Academic Health Specialist	Office of the President, UNLV
Suzanne Bierman	Administrator	Division of Health Care Financing and Policy (DHCFP)
Michael Brown	Executive Director	Governor's Office of Economic Development (GOED)
Sara Cholhagian	Executive Director	Patient Protection Commission (PPC)
Tina Dortch	Program Manager	Office of Minority Health and Equity
Joe Garcia	Chief of Program Operations	Division of Welfare and Supportive Services (DWSS)
Marc Johnson	President	University of Nevada, Reno Medical School (UNR)
Heather Korbulic	Executive Director	Silver State Health Insurance Exchange
Christy McGill	Director	Office for a Safe and Respectful Learning Environment
Laura Rich	Executive Officer	Public Employee Benefits Program (PEBP)
Barbara Richardson	Commissioner of Insurance	Division of Insurance (DOI)
Dena Schmidt	Administrator	Aging and Disability Services Division (ADSD)
Lisa Sherych	Administrator	Division of Public and Behavioral Health Services (DPBH)
Brian Williams	Deputy Director of Programs	Department of Corrections (DOC)

Recorder: Aida Blankenship

TOPIC / AGENDA	DISCUSSION	ACTION / RESPONSIBLE PERSON
Roll Call/Verification of Posting	ACMI meeting was called to order at 1:00 p.m.15 Committee members were present, therefore there was a quorum. The agenda was posted on June 19, 2020 on the DHCFP public facing site under NRS 422.162 and 422.165.	

Public Comment	Public comment was solicited at this time, but none was offered.	
STANDING ITEMS:		
 I. Opening Remarks & Introductions (DHCFP Administrator Suzanne Bierman) a. Overview of Advisory Committee on Medicaid Innovation b. Discuss priorities of the Committee (NRS 422.162 and 422.165) 	 The Committee's purpose is to serve in an advisory capacity regarding opportunities to improve Medicaid and increase access to health insurance. NRS 422.162 and 422.165 	DHCFP Administrator, Suzanne Bierman (Cody Phinney, DHCFP Deputy Administrator filled in due to technical issues)
II. Overview of Public Meeting Law [PowerPoint (PP) Presentation]	The basic concepts of open meeting law was covered during Deputy Attorney General (DAG), Homa Woodrum's slide show presentation. Ms. Woodrum's presentation included meeting notice, public comment, quorums, open deliberation, and open action. Penalties for violations of open meeting law were also presented.	Deputy Attorney General, Homa Woodrum
III. Discuss Structure of the Committee and NRS 422.162 - NRS 422.165 (For Possible Action) a. Elect Chair of the Advisory Committee on Medicaid Innovation for 2020-2021 term (June 2020-December 2021) (For Possible Action)	 Committee Members were invited to nominate a member for service as Chair of ACMI. Tina Dortch, Program Manager of the Office of Minority Health and Equity, nominated Dr. Gillian Barclay, an Academic Health Specialist with the Office of the President, University of Nevada, Las Vegas (UNLV). Ms. Dortch cited Dr. Barclay's "experience, skill set and passion about this topic." Motion by Ms. Dortch nominating Dr. Gillian Barclay. Second by Barbara Richardson, Commissioner of DOI. Aida Blankenship proceeded with a roll call vote and noted the following (some members had technical difficulties in providing a vote but were reflected as present for purposes of quorum and did not report leaving or being otherwise unable to hear the meeting): Ross Armstrong, DCFS Administrator, Voted Yes Suzanne Bierman, DHCFP Administrator, Voted Yes Michael Brown, Executive Director of GOED, Voted Yes Sara Cholhagian Executive Director of PPC, Voted Yes Joe Garcia, Chief of Program Operations DWSS, Voted Yes 	DHCFP Administrator, Suzanne Bierman

	 Marc Johnson, UNR President, Voted Yes Heather Korbulic, Executive Director of the Silver State Health Insurance Exchange, Voted Yes Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, No answer-Technical Issue Laura Rich, PEBP Executive Officer, Voted Yes Dena Schmidt, ADSD Administrator, No answer-Technical Issue Lisa Sherych, DPBH Administrator, Voted Yes Barbara Richardson, DOI Commissioner, Voted Yes Brian Williams, DOC Deputy Director of Programs, No answer- Technical Issue Homa Woodrum, DAG, confirmed quorum despite technical issues in some members making their vote verbally known. Motion carries by majority vote naming Dr. Gillian Barclay as committee Chair. 	
IV. Discussion of Telehealth in Nevada before and during COVID-19 (PowerPoint Presentation)	Suzanne Bierman, Administrator and DuAne Young, Deputy Administrator of DHCFP presented about Telehealth in Nevada. The presentation covers Medicaid Telehealth Policy – before and during the COVID-19 pandemic, as well as the evolution in telehealth policy and policy changes post COVID-19 public health emergency. Administrator Bierman sought questions from members after the presentation, indicating that experiences that they have had with Telehealth would be welcome. Ross Armstrong, DCFS Administrator, indicated that going forward it would be helpful to maintain COVID-19 related waivers to facilitate use of telehealth. Administrator Armstrong indicated that DCFS is working on telemedicine grant focused on behavioral health needs in rural Nevada and highlighted the geographic features of Nevada that made telehealth important Michael Brown, Executive Director GOED, remarked that 1997 was perhaps a peak year for the sale of fax machines and he hoped for progress.	DHCFP, Administrator Suzanne Bierman and Deputy Administrator, DuAne Young

Barbara Richardson, DOI Commissioner, shared that the commercial market has been using telemedicine for quite some time. Commissioner Richardson indicated that there was need for parity in payments given that payment for telemedicine appears to be less than for the same services in person, therefore possibly discouraging providers from utilizing it

Co-presenter DuAne Young, Deputy Administrator of DHCFP, addressed the comment by Administrator Armstrong and shared that there remains uncertainty about permanent waivers related to telemedicine and HIPAA compliance. Mr. Young decried the lack of direction from CMS about continuation beyond the current state of emergency. Suggestion shared for inclusion of telemedicine in an 1115 waiver if the opportunity arises from CMS.

Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, expressed appreciation for DHCFP regarding their quick action for telehealth expansions during COVID-19 as she believed it was helpful for Nevada students. Director McGill inquired as to how long the telehealth expansion would last and if there would be a time when providers and schools would have notice of scaled back provisions.

Administrator Bierman responded that most flexibilities are available through 1135 during the Public Health Emergency declaration (federally) which is set to expire on July 25.

Commissioner Richardson affirmed that she has received notices from carriers about telehealth end dates though some seem to believe there will be an extension of the Public Health Emergency declaration.

Director McGill asked DHCFP if there is movement to expand telehealth beyond the public health emergency and Administrator Bierman indicated conversations were happening on the congressional level as federal action is necessary. State Medicaid agencies appear to be interested per Administrator Bierman, including a group of five western states coming up with a framework for continued telehealth flexibility.

	Deputy Administrator Young shared his prediction that some services will probably never go back to being delivered in a traditional format while in other areas there are provider shortages that will be exacerbated by the crisis. Deputy Administrator Young also reiterated concerns about flexibility ending and the need to involve providers and stakeholders in ongoing discussion.	
V. Discussion of Medicaid's Managed Care Re-procurement Process (PowerPoint Presentation)	 DHCFP Deputy Administrator Cody Phinney provided a PowerPoint presentation covering Medicaid's goals of the Managed Care Reprocurement process and how it will improve the recipient experience. Also discussed during the presentation were the Time and distance Standards, provider to enrollee ratios, timely access standards. ACMI contributed to the conversation by providing suggestions for improvement. Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, asked if referenced standards from the presentation applied only to the managed care and not to fee-for-service (FFS). Ms. Phinney responded that the discussion is specific to managed care formats as monitoring is different than fee for service. Director McGill asked if presented indicators were the only ones considered or if others were looked at. Deputy Administrator Phinney responded that her focus was on network adequacy issues but that the presented indicators were just one part of overall monitoring. She offered to have a unit presentation about that monitoring in future if there was interest. Dena Schmidt, ADSD Administrator, asked if DOI allowed for exceptions to the time standard covered. Barbara Richardson, DOI Commissioner, responded to Administrator Schmidt that they had exceptions though carriers must draft the entire process. She offered an example of assisting a tribal contact in a way made possible because an exception process opens the door to communication as to the market. It does require carriers to do some work with the DOI in a facilitative role. Cody Phinney, DHCFP Deputy Administrator, remarked that the idea discussed would be a great addition in future iterations. Administrator 	DHCFP Deputy Administrator, Cody Phinney

Schmidt, referencing time and distance standards in relation to Applied Behavior Analysis, shared **a** challenge about getting the data around managed care now. Time and distance standards would help understanding of what services are available and how people are accessing them. Ultimately, Administrator Schmidt noted, it would assist in the telehealth discussion and efforts to continue rural access and appropriate services. Director McGill agreed related to ABA and its inclusion for equity and services as well as the data component referenced by Administrator Schmidt. Deputy Administrator Phinney asked if Nicole Kaufman wanted to chime in as part of the presentation/discussion.

Nicole Kaufman, Mercer Representative, shared that ABA providers had been vocal. Ms. Kaufman conceptualized three options/approaches to looking at the network as time and distance and provider are really ratios. She indicated that an upfront capacity measure would give the Division a good sense of how the MCOs are positioned with their network and could address the needs of their enrollees on day one of a contract period. She elaborated that the timely access standards give an "on the ground" picture of how recipients are receiving care.

Suzanne Bierman, DHCFP Administrator, wondered aloud if a high-level timeline could be covered for ACMI in terms of procurement as issues in addition to network adequacy may be of interest.

Deputy Administrator Phinney specified that the RFP will be released on January 1, 2021 affecting a contract starting January 1, 2022. The time period for official feedback was represented as until the end of June. DHCFP is working heavily to develop the RFP questions and decision points for the Division but it is not the end of the process given contract amendments and ongoing quality measures,

Administrator Bierman requested that Deputy Administrator Phinney share the email contact for comments about the RFP and Deputy Administrator Phinney indicated she would follow up with Aida regarding the same.

Director McGill expressed appreciation about the data and discussion around network adequacy and asked if, for RFP process itself there were other indicators to be pushed for. For example, Director McGill shared that

	families have asked for diversified providers that consumers could identify with, possibly something achievable through workforce development to get a wider range of languages and providers with similar cultural backgrounds to those served. Deputy Administrator Phinney responded that there had been feedback related to network adequacy broken into age groups and language competency but specifics on best approaches are being sought. One project within the Division Deputy Administrator Phinney shared was in collaboration with the University and DETR about workforce data and if successful, would result in a requirement for licensing boards to collect demographic information to enrich views of the workforce for planning purposes and demographic purposes. It was then cautioned that demographic data could be used for good or ill purposes and mechanisms were needed to mitigate concerns so that the demographic analysis would be available internally.	
VI Discussion of Future Meeting Dates	Marc Johnson, UNR President, shared that the UNR has a nursing, public health and medical school which could help identify the diversity of its own student body.	
VI. Discussion of Future Meeting Dates, Potential Agenda Items, Bylaws, and Presentations for Future Meetings (For Possible Action)	Committee members were invited to make suggestions for future items. Marc Johnson, UNR President, requested discussion of reimbursement rates as the pay that goes out from Medicaid determines the stock of providers willing to provide service to Medicaid recipients. Suzanne Bierman, DHCFP Administrator, asked about frequency of meeting and President Johnson asked a clarifying question about timing in relation to legislative sessions. Administrator Bierman noted that there were no bill draft requests but there was an annual report opportunity to the Director of the Department of Health and Human Services (DHHS) about what was desired in the Medicaid space.	 ACMI Reimbursement Rates Network adequacy presentation, with testimony dedicated to those vulnerable populations and the groups that are working with them about perceived shortfalls
	UNR President Johnson asked about the deadline for the annual report and Deputy Attorney General Homa Woodrum indicated it just had to be yearly by statute, but the group could decide on ideal timing and consider what the Director's office could do with information.	 Comparison discussion could be to look at the service deliveries for FFS and managed care

Tina Dortch, Program Manager of the Office of Minority Health and Equity, suggested, as a corollary to the network adequacy presentation, about dedicating a meeting to hear from those vulnerable populations and the groups that are working with them about perceived shortfalls. Ms. Bierman agreed this could be possible if it was related to the Medicaid space.

Dr. Gillian Barclay, Academic Health Specialist at the Office of the President, UNLV, asked about the frequency of meetings of the Patient Protection Commission (PPC). Chair of the PPC, Sara Cholhagian indicated that the PPC anticipates meeting every other Monday through the end of August and is mindful of a September 1, 2020 BDR deadline for the legislative session. The PPC also has an obligation to submit an annual report to the Governor at the end of the year and will continue to meet frequently after August 31, 2020.

Administrator Bierman asked about PPC subcommittees and Ms. Cholhagian responded that though there are no subcommittees at this time, they can establish up to six at a time.

Administrator Bierman posited that ACMI could be a resource to PPC and Ms. Cholhagian indicated the PPC timeline would be something for ACMI to be cognizant about as the PPC is hosting August work sessions and ACMI could submit recommendations to PPC for those sessions.

Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, asked if in future a quick comparison discussion could be to look at the service deliveries for FFS and managed care. Also, discussion of the other indicators of health Medicaid is able to monitor, and what those would be to check for gaps. Finally, Director McGill requested introduction from each member to get a feel for each member's expertise.

Dena Schmidt, ADSD Administrator, asked for a standing agenda item about the RFP for managed care as managed care oversees over 70% of Medicaid recipients. Updates would include, not just network adequacy, but major topics for perspective. Cognizance of budgets and how Medicaid will innovate and continue to provide services in the wake of our fiscal emergency was also suggested. Administrator Schmidt indicated updates regarding FMAP extension(s) given COVID-19 so that federal changes can be discussed.

- Standing agenda item: RFP for managed care
- Prenatal outcomes that would focus on value-based care

	Cody Phinney, DHCFP Deputy Administrator, indicated that COVID-19 impacts to Medicaid and the federal financial participation in general with Medicaid could be arranged. Maternal health and child health could also be a point of discussion on the radar of the committee.	
	Dr. Barclay spoke of prenatal outcomes that would focus on value-based care as a point of discussion.	
	Administrator Bierman asked Deputy Administrator Phinney to cover and facilitate the rest of the ACMI meeting.	
	Deputy Administrator Phinney, assisting in Administrator Bierman's absence and circling back to the agenda, asked about meeting frequency. DAG, Homa Woodrum, indicated she would share simple mock bylaws with Dr. Barclay and frequency of meetings could be a component as the statute is flexible.	
	Dr. Barclay wondered about meeting before September since PPC is meeting twice a month.	
	Ms. Cholhagian encouraged earlier meeting and to include the telehealth discussion.	
	Deputy Administrator Phinney highlighted Administrator Schmidt's point about rapidly developing budgets and an earlier meeting as something beneficial.	
	Ms. Woodrum indicated that an interim meeting need not have presentations, a meeting could just workshop PPC recommendations. July was floated for meeting and Dr. Barclay inquired about timing of a special legislative session. Discussion ensued and the week of July 20 th was a consensus for meeting again though no motion was made, or vote held. Ms. Woodrum indicated members could submit additional agenda suggestions to Aida.	
Open Discussion		

VII. Public Comment	Public comment from Steve Messinger, Nevada Primary Care Association: Mr. Messinger indicated that the Nevada PCA represents the State's federally qualified health centers and thanked the group for coming together. Mr. Messinger remarked that the committee was a place to have new ideas discussed and for them to obtain outside attention, especially with an expedited schedule as discussed. On the subject of telehealth, he shared that health centers found it an important modality. A large proportion of visits currently from member health centers were utilizing telehealth at this time and it is hoped that flexibility will continue beyond July 25 th .	
Meeting Adjourned:	Meeting Adjourned at 3:11:01 p.m.	
NEXT MEETING	July 24, 2020 at 1:00 – 3:00 p.m.	

Minutes Prepared By:

Aida Blankenship

Date: 07/2/2020