



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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MCAC MEETING MINUTES

Date and Time of Meeting: February 14, 2017 at 9:00 AM

Place of meeting: Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89706

Place of Video Conference: Division of Health Care Financing and Policy
1210 S. Valley View Blvd., Suite 104
Las Vegas, Nevada 89102

Teleconference: (877) 402-9753

Access Code: 7316372

Attendees

Board Members (Present)

Rota Rosaschi, Chairperson
Ryan Murphy, Board Member
June Cartino, Board Member
John DiMuro, Board Member

Board Members (Absent)

David Fiore, Board Member
Peggy Epidendio, Board Member

Carson City

Darrell Faircloth, Senior DAG
Elizabeth Aiello, DHCFP
Kim Gahagan, HPN
Michael Easterday, Aetna
Cynthia Beecham, Aetna
Chelsea Heath, DHCFP

Lynne Foster, DHCFP
Tammy Ritter, DHCFP
Kara House, SilverSummit
Karen Richardson, SilverSummit
Allyson Hoover, Amerigroup

Teleconference

Raymond Kepner, Happy Health Services

Eric Sanchez, Amerigroup

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Jasmine Holden, Royal Springs HC & Rehab Center

Denise Sullis, NHCA

I. Call to Order

II. Roll Call

Chairwoman Rota Rosaschi asked for roll call. A quorum was established. Chairwoman Rosaschi stated that this was properly posted and it does meet the open meeting laws.

III. Public Comment on any Matter on the Agenda

No Comments.

IV. For Possible Action: Review and Approve Meeting Minutes from January 17, 2017. (See Attachment for Minutes)

The minutes from January 17, 2017 were approved.

V. For Possible Action: Discussion, Review and Possible Approval of Managed Care Marketing Materials

Chairwoman Rosaschi commented to Ms. Kara House on the nice packet they presented.

Ms. House presented marketing material for SilverSummit. (See presentation)

Chairwoman Rosaschi stated she did not see any information in the packet regarding lists of any doctors, hospitals or clinics associated with the plan.

Ms. House replied there are lists available, although they were not included in SilverSummit's packet. They would be able to provide those lists; however, the network development was ongoing.

Chairwoman Rosaschi stated she was curious since Medicaid went from two managed care providers to four.

Chairwoman Rosaschi referenced SilverSummit's market goal was to have 40,000 - 50,000 members by July 1, 2017 and the approach was community outreach to the clients themselves. The concern was some people do not have access to computers or smartphones, so a hands-on approach would be very important.

Chairwoman Rosaschi mentioned SilverSummit was going to use some enrollment brokers and wanted to know what that process would be.

Ms. Karen Richardson from SilverSummit responded that they did not have any information at this time, and she would make a note of it and send a written answer back through Ms. Chelsea Heath at the Division Healthcare Financing and Policy (DHCFP).

Chairwoman Rosaschi replied the information could be sent to anyone on the committee also.

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Ms. House said currently they are still trying to work out the nuts and bolts of how they are going to direct members to the Interactive Voice Response (IVR) to route member calls.

Chairwoman Rosaschi inquired on whether or not specialty care was included in the package.

Ms. House replied absolutely primary and specialty care was included. She just did not have a list of the providers they have contracted with at the moment.

Chairwoman Rosaschi commented she wanted to get a sense of what medical care and which group they are joining with and what group they are not, as she cares about the access issue.

Ms. House stated that SilverSummit is not having any issues contracting providers, that she is aware of.

Dr. DiMuro asked what type of drug formulary would SilverSummit be offering.

Ms. House said she would have to consult with the pharmacy in regards to that question and would have to get back to him.

Dr. DiMuro wanted to know what is SilverSummit's stance on medication assisted treatment. He wanted to know if it would require pre-authorization.

Ms. House replied it would depend on the drug or the formulary whether it will need a pre-authorization. She asked if there was a specific drug he was inquiring about.

Dr. DiMuro responded Suboxone.

Ms. House said she will contact the clinical staff and get back to him.

Dr. DiMuro requested information on the drug formulary that SilverSummit will be using and if it will be modeled after the Fee-for-Service (FFS) system.

Ms. House replied she would get the information and get back to him.

Mr. Darrell Faircloth, Senior Deputy Attorney General (SDAG) stated to Ms. House communications with the committee at times may present issues with the open meeting law, and this is one of those times where if you were to email all the members of the committee, it should be done in a public forum. As to the doctor's question, you may want to email him directly as he is the State Health Officer and that is an issue related to his duties. Mr. Faircloth suggested to Ms. House to come back to the committee at a future date to provide more information as they have questions for you.

Ms. House replied ok.

Mr. Faircloth asked Ms. House since SilverSummit is new to Nevada, are they going to have a commercial line as well.

Ms. House said no, they have no plans for a commercial line.

Chairwoman Rosaschi asked Mr. Faircloth for advice on if SilverSummit could send information such as doctor's lists etc., to Medicaid instead of having another public hearing. As long as it is not going back and forth.

Mr. Faircloth said an issue is raised when material is provided directly to the committee members. If a member were to "reply to all" the other members with comments, that reply might be construed as deliberation on the material. Deliberation among a quorum of the members outside a noticed open meeting would violate the open meeting law. A broad definition of "deliberate" was added to the open meeting law in 2011. A better approach would be to channel all presentations to the committee as a whole into the public forum so the public can hear and understand thoughts of the committee and express their views.

Ms. Betsy Aiello, Deputy Administrator DHCFP, commented she believes the actual network development plans are ongoing and will not stop and it is to her understanding that SilverSummit has to post the plans of their actual network lists on their website, since it is a public document. She is not sure when their website will be available. The DHCFP could provide the link to the webpage. It should not be a problem with the open meeting law.

Ms. House replied that SilverSummit's website is up, although the providers are not on there yet. She stated the formula will also be on the website.

Chairwoman Rosaschi requested Ms. House to come back to the public hearing sometime to give them an update on SilverSummit's plans.

Chairwoman Rosaschi asked if anyone else had any questions or comments.

No comments.

Ms. Allyson Hoover presented marketing material for Amerigroup.

Ms. Hoover referenced that Amerigroup has just under 200,000 managed Medicaid recipients. A large portion of that is expansion membership. About 24,000 to 25,000 members are in northern Nevada, and the remainder are in southern Nevada. Amerigroup has large staff in southern Nevada where the main office is located, as well as northern Nevada. She stated she would be taking a different approach. She spoke about the value-added benefits and the benefits they have promoted and are currently promoting for open enrollment beginning April 1, 2017.

Ms. Hoover noted that Amerigroup's desire is to address the needs of the population. Including assisting members with resource assistance such as obtaining identification support and other resources.

Ms. Hoover commented on Amerigroup's field case management services, which are clinicians that are in the community working with members with long-acting injectables for behavioral health and helping members with all types of treatment they may need. Amerigroup also helps provide transportation services, child care assistance and short and long term respite housing services.

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Ms. Hoover stated that Amerigroup has a Psychiatric Urgent Facility Center located in the south and soon they will open a center in the north. This center is a 12-hour option to assist members with identifying their needs.

Chairwoman Rosaschi asked if anyone had any questions.

Dr. DiMuro wanted to know if Amerigroup had any caps on the number of visits for psychiatry, mental health or behavioral health.

Ms. Hoover replied there are no caps on those services.

Dr. DiMuro asked if there were caps on physical therapy.

Ms. Hoover stated yes, there are prior authorization requirements.

Dr. DiMuro wanted to know if prior authorization was needed for medication assisted treatment.

Ms. Hoover said yes, there are prior authorization requirements.

Dr. DiMuro asked Ms. Hoover if she could comment on that.

Ms. Hoover commented there are prior authorization requirements on drugs such as Suboxone. She stated that Amerigroup offers a drug addiction program in which Suboxone and Vivitrol are offered and monitored for patients. Prior authorization requirements for those have been lessened. Amerigroup is hoping to get access to where the behavioral health provider can obtain those medications without a prior authorization.

Dr. DiMuro asked Ms. Hoover to define word lessened.

Ms. Hoover stated Amerigroup has one specific provider group overseeing all the behavioral health patients such as well care. They provide all the injections in the north and south and there is no need for prior authorizations. They are currently working on Suboxone.

Dr. DiMuro wanted to know what Amerigroup's desire was on that goal.

Ms. Hoover mentioned that a large percentage of Amerigroup's patient population has substance abuse concerns and having an option to well care, she believes, can be very successful.

Dr. DiMuro asked if Amerigroup at the current time had exact days or prior authorizations.

Ms. Hoover stated for well care it is the same day.

Dr. DiMuro asked if that was just temporary for a number of days, such as seven days, or how does that work.

Ms. Hoover replied she would have to get more specific information for him.

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Dr. DiMuro wanted to know how many mental health professionals does Amerigroup have in their network.

Ms. Hoover said it depends on the north or south. There are no concerns at this point for behavioral health.

Dr. Murphy asked Ms. Hoover if all the points she highlighted were from a patient standpoint. He stated he was pleased with Amerigroup's dental provider access. His concern was parents are having a difficult time finding primary care pediatricians, who are enrolled with Amerigroup. He asked if Amerigroup plans on adding more primary care physicians.

Ms. Hoover responded this is the first she has heard about pediatrics. She stated in primary care they have all the large major groups in northern Nevada. She added she will look into it.

Chairwoman Rosaschi thanked Ms. Hoover for responding to the needs of the population.

Chairwoman Rosaschi noted to Ms. Hoover that everything she talked about was not included in the marketing material. She suggested Amerigroup might want to add to the research since these are huge benefits and the market might appreciate knowing these services are available.

Ms. Hoover acknowledged that there are several trigger points in which Amerigroup identifies their patients, such as the freestanding behavioral health facilities where the patients are enrolled. The other is the rapid response team which go to the emergency rooms to identify members to enroll them in the program.

Ms. Hoover agreed that some of these services Amerigroup should be approaching, and commented they are adding more each day.

Mr. Faircloth referenced to Ms. Hoover that one of the agenda items of this presentation was seeking the approval of Amerigroup's marketing material to this committee. He referenced of how this should be addressed.

Mr. Faircloth stated the committee has heard SilverSummit's presentation and now Amerigroup's. He mentioned should the committee entertain a motion to approve any of the marketing material.

Mr. Faircloth asked Chairwoman Rosaschi if they were going to approve all four presentations.

Chairwoman Rosaschi said they would do one at a time and hear all four presentations.

Ms. Kimberly Gahagan from Health Plan of Nevada, presented marketing material. (See presentation)

Chairwoman Rosaschi commented to Ms. Gahagan that she has viewed some of their ads. She mentioned now that there are two more competing groups, what is Health Plan of Nevada's marketing going to be.

Ms. Gahagan responded Health Plan of Nevada is primarily focused on serving the members and finding new ways to help address the needs of the population.

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Chairwoman Rosaschi asked if anyone had any questions.

Ms. Jasmine Holden, Royal Springs Healthcare and Rehab Center, stated to Ms. Gahagan that many recipients on Health Plan of Nevada are having difficulty getting follow up appointments with a specialist.

Ms. Gahagan asked how are they having a difficult time.

Ms. Holden responded the turnaround time is taking too long and would like the turnaround time be less than the five days it is taking now.

Ms. Holden also added recipients who are on heavy narcotics had been receiving their prescriptions from a certain pharmacy, then when they enter a skilled nursing facility, that pharmacy may not be a contracted provider.

Ms. Gahagan replied that is out of her scope, and if Ms. Holden could send her an email then she could refer her to someone who handles that information.

Ms. Holden said thank you.

Chairwoman Rosaschi responded now the board members will be asking questions and the other parties can address questions later in public comments.

Dr. DiMuro asked Ms. Gahagan if Health Plan of Nevada required prior authorization for medically assisted treatment.

Ms. Gahagan added yes, prior authorization is needed for any treatment costing over \$750.00.

Dr. DiMuro asked Ms. Gahagan what the denial percentage rate was.

Ms. Gahagan stated she was not sure, and she would get back to him.

Dr. DiMuro wanted to know if there was a cap on mental health visits.

Ms. Gahagan replied she would also have to get back to him on that question.

Dr. Murphy addressed a question to all four providers starting with Ms. Gahagan regarding if they planned on being involved in all four hospitals in northern Nevada or do they plan on targeting certain facilities.

Ms. Gahagan said Health Plan of Nevada contracts with all four northern Nevada hospitals.

Chairwoman Rosaschi stated Aetna will present their marketing material.

Mr. Michael Easterday and Ms. Cynthia Beecham presented marketing material for Aetna. (See presentation)

Chairwoman Rosaschi asked about their projection. She said that there were two existing MCOs (Medicaid Care Organizations), and now Aetna is turning the market. She wants to know if the numbers can be pulled from one to another.

Mr. Easterday replied they do not have a number they are working towards. He said they have a certain level they believe it takes to have a health plan that is liable. He commented Aetna's goal is to have between 90,000 - 100,000 members enrolled.

Chairwoman Rosaschi asked if there were any questions.

Dr. DiMuro commented to Mr. Easterday of an example he mentioned about a patient who self-discontinued their antipsychotics. He wanted to know if Aetna has any prior authorizations or exclusions in their formulary.

Mr. Easterday responded that Aetna is trying to come as close as possible to the Medicaid formulary.

Dr. DiMuro wanted to know if Aetna had any other geographic areas in the country where there are any prior authorizations or exclusions of antipsychotics such as Suboxone.

Mr. Easterday replied he could not answer the question, although he presumed there are some medications that would require prior authorization.

Dr. DiMuro asked if Mr. Easterday would get back to him regarding that.

Mr. Easterday stated he could bring in a specialist to address those questions.

Dr. DiMuro asked if Aetna had any caps on mental or behavioral health visits.

Mr. Easterday responded they do not have any caps.

Dr. DiMuro had a question on Aetna's promotional material, stating Mr. Easterday spoke about adult vision services. He wanted to know if they have anything for hearing.

Mr. Easterday said they do not have anything at this time. Although, he said Aetna would be willing to look at a benefit like that for individuals since it is a need for the aging population.

Ms. Aiello commented that the plan does provide the base Medicaid state plan program. Anything else the plan added would be above the base program. She stated audiology is a covered service on the state plan program. Ms. Aiello was not sure if coverage was only for children. She said the Medicaid base plan is required by the federal government.

Dr. DiMuro thanked Ms. Aiello for the clarification.

Chairwoman Rosaschi asked if there were any questions.

Ms. Holden, commented to Mr. Easterday since Aetna has a commercial line do they plan on keeping the commercial and MCOs separate.

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Mr. Easterday replied yes.

Ms. Holden asked if Aetna allows skilled nursing facilities to contract with both plans or just MCOs.

Mr. Easterday responded that Aetna has separate contracts for every market, and anticipate having contracts with both commercial and MCOs.

Chairwoman Rosaschi proceeded to ask board members for any questions.

Dr. DiMuro asked if any of the companies have a limitation on urine drug toxicology screens.

Ms. Hoover responded they do not have any limitations, however, Amerigroup will be consolidating their drug toxicology to one vendor. They will notify their vendors next month.

Dr. DiMuro wanted to know who Amerigroup's vendor will be.

Ms. Hoover stated CPL Medical Testing Laboratory.

Dr. DiMuro asked about the other three companies in limitations.

Ms. Hoover replied that she will need to refer that question to Amerigroup's Medical Director.

Mr. Faircloth commented that he and Dr. DiMuro have been discussing the issues and concerns the providers have and decided it would be appropriate to address these issues that are of great importance regarding the health laws by corresponding to Dr. DiMuro directly.

Chairwoman Rosaschi stated Dr. DiMuro has asked some great questions regarding behavioral health and prescription drugs and she asked staff to add to the agenda for the next meeting. She asked the providers to return with some of the answers to questions so it can be publicly noted what the health and medication polices will be so everyone will know what they are.

Chairwoman Rosaschi has asked for the committee to vote on all the providers marketing material.

Chairwoman Rosaschi stated all four providers marketing material were approved.

Chairwoman Rosaschi thanked all four providers for their marketing material.

VI. Public Comment on Any Topic

No comments.

VII. Adjournment

Chairwoman Rosaschi adjourned the meeting.