



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

DRAFT MCAC MEETING MINUTES

Date and Time of Meeting: October 17, 2017 at 9:00 AM

Place of meeting: Nevada State Legislative Building
401 S. Carson Street, Room 2135
Carson City, Nevada 89701

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue, Room 4412E
Las Vegas, Nevada 89101

Teleconference: North (775) 687-0999
South (702) 486-5260

Access Code 43606

Attendees

Board Members (Present)

Rota Rosaschi, Chairperson
Dr. David Fiore, Board Member
Dr. Ryan Murphy, Board Member
Peggy Epidendio, Board Member
Dr. John Warren, Board Member
Dr. John DiMuro, Board Member

Board Members (Absent)

June Cartino, Board Member

Carson City

Darrell Faircloth, SDAG
Shannon Sprout, DHCFF
Gladys Cook, DHCFF
Lori Follett, DHCFF
Bill Welch, Nevada Hospital Association
Erin Lynch, DHCFF
Laurie Curfman, Liberty Dental

Marta Jensen, DHCFF
Lynne Foster, DHCFF
Jack Zenteno, DHCFF
Joanna Jacob, Ferrari Public Affairs
David Stewart, DHCFF
Steven Hughey, DHCFF
Nico Alvarez, Liberty Dental

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Chris Johnson, Nevada Hospital Association
Joan Hall, Nevada Rural Hospital Partners
Dave Meadows, Liberty Dental
Lea Cartwright, Nevada Psychiatric Association
Dr. Thomas McCrorey, HCGP
Judy White, Nevada Public Health Dental Hygienist

Kim Gahagan, Health Plan of Nevada
Ed Bynum, Liberty Dental
Kelly Frantz, DHCFP
Cody Phinney, DHCFP
Cheri Glockner, HCGP

Las Vegas

Melinda Fife, Liberty Dental
Dung Ton, Liberty Dental
Devan Ramirez, Health Plan of Nevada

Beatriz Angulo, Liberty Dental
Lisa Jolly, Health Plan of Nevada

I Call to Order

Chairwoman Rosaschi called the meeting to order at 9:00 AM.

II Roll Call

Chairwoman Rosaschi asked for roll call. A quorum was established.

III Public Comment on Any Matter on the Agenda

No comments.

IV For Possible Action: Review and Approval of Meeting Minutes from the previous meeting held on July 18, 2017 (See Attachment for Minutes)

Dr. Murphy set a motion to approve and Ms. Epidendio seconded the motion. The minutes were approved.

**V Introduction of Cody Phinney, Deputy Administrator
By Marta Jensen, Administrator**

Ms. Jensen informed the committee that the Division of Health Care Financing and Policy (DHCFP) has added a new Deputy Administrator over the Compliance Unit. This position was approved during the previous legislative session. Ms. Jensen then introduced Ms. Cody Phinney.

Ms. Phinney explained that she is the Deputy Administrator over Compliance which includes the Managed Care Quality Unit, the Program Integrity Unit, the Fiscal Integrity Unit in addition to other units. She stated that she spends her time making sure the Division is in compliance with various laws and regulations. Ms. Phinney said she has been in Nevada state government for 19 years, much of it with the Mental Health and Developmental Services. She was Administrator for the Department of Public and Behavioral Health (DPBH) for two years and came to the DHCFP in late July.

Chairwoman Rosaschi thanked Ms. Phinney and said she looks forward to hearing reports from her.

VI Administrator's Report, State Plan Amendments and Medicaid Services Manual Updates By Marta Jensen, Administrator

Ms. Jensen began her report by stating there were several policies that were updated. The Telehealth Chapter was updated to add clarification about originating sites and to specify if the provider is not a Medicaid provider, they cannot receive payment for the service.

Ms. Jensen said the Ocular Services Chapter was also updated. This update is for prosthetics which will be permitted one per eye every five years and a prior authorization (PA) is required. The update also allows for polishing and resurfacing once a year and a PA is required for this. Exceptions made be made to these policies if necessary.

Ms. Jensen further stated the Prescribed Drugs Chapter was updated to align with the Drug Use Review (DUR) Board recommendations.

Ms. Jensen reported revisions were made to the Care Management Organization Chapter which is the Division's waiver program. AxisPoint is currently the vendor for this program. This chapter was rewritten to match the waiver program and to remove the contract language from the policy.

Ms. Jensen said there were two State Plan Amendments (SPAs) that were approved by the Centers for Medicare and Medicaid Services (CMS). These SPAs are related to the Upper Payment Limits (UPL) which are the supplemental payment programs.

Ms. Jensen informed the committee that the Division is working on implementing all the changes that were made during the 2017 legislative session. There were 10 positions approved for the DHCFP and the Division is in the process of hiring for these positions. Four of the positions are in the Surveillance Utilization Review (SUR) Unit and these positions are for reviewing the providers through the Aging and Disability Services Division. The SUR positions will be located in the Las Vegas area. Two positions were approved for the Rates Unit to help with the access to care reviews. Ms. Jensen said there is one position for the Managed Care and Quality (MCQ) Unit to help with the federally mandated quality initiative. There is one position for a housing coordinator which is for the Money Follows the Person grant. Ms. Jensen stated that this grant helps transition people from institutional care into their own home. She said this position is to help with the challenge of housing. The DHCFP was approved for an Actuary and the Division is trying to figure out how to hire for this position. The Division was also approved for the Deputy Administrator which was filled by Ms. Phinney.

Ms. Jensen reported the Division was approved for rate increases for podiatrists, registered dieticians to do medical nutrition therapy and for adult day health care, assisted living, nursing facilities, swing beds and pediatric surgery.

Ms. Jensen talked about the MMIS Phase Two of the modernization. Part of this had to do with making the PAs and Personal Care Services (PCS) an online process. She said there was a slight delay but that allowed for some of the kinks to be worked out. The implementation was a smooth transition into the system.

Ms. Jensen stated there will be a Request for Proposal (RFP) going out for the Division's Care Management for next year. She said the waiver is due to expire June 30, 2018. The RFP is a requirement of CMS.

Chairwoman Rosaschi was interested in hearing more about the housing coordinator. She requested Ms. Jensen bring with her next time a report from the housing coordinator explaining who is the priority and how they are connecting with the housing community.

Ms. Jensen explained that the housing coordinator has not yet been hired; the position may not be filled by the next meeting. Once they are hired, they will need to establish those relationships. She offered to have staff from the Money Follows the Person grant present.

Chairwoman Rosaschi agreed to that. She would like to get started on learning more about the program and follow up with it. She said it was her understanding that other divisions are looking at the housing problem too.

Dr. Fiore inquired if the committee could get a presentation on the PA process. He is interested to know how many PAs there are per month – per year, how many get approved, what are the main categories and by Medicaid type. Dr. Fiore said as a provider, the PAs seem to be an unnecessary hurdle since they are almost always approved.

Ms. Jensen replied that is one reason she is happy to have Ms. Phinney at the DHCFP. She oversees the managed care aspect. She agrees with Dr. Fiore regarding the PAs and that is something the Division is looking into.

Dr. Fiore asked if that would include the managed care contracts.

Ms. Jensen stated that the Division can get that information; however, it is the Managed Care Organizations (MCOs) business process and the DHCFP cannot tell them what they put a PA on.

Dr. Fiore was of the opinion that the Fee-for-Service (FFS) was not really the issue. He would like the MCOs to do the presentation. A lot of the PA process is for medications and he thinks the pharmacy people should come in. Dr. Fiore asked if that would more likely fall under the MCO.

Ms. Jensen said it would be more beneficial to have two presentations, one for medical and one for pharmacy. She further stated that with the addition of the new MCO, all three have agreed to use the DUR Board recommendations. Ms. Jensen commented that they are setting up a workgroup for the Preferred Drug List (PDL) to come up with some common ideas so it is not so difficult for the provider to use PAs.

**VII Update and Discussion on the Health Care Guidance Program (HCGP)
By Cheri Glockner, Executive Director, Health Care Guidance Program and Dr. Thomas McCrorey, Medical Director, Health Care Guidance Program
(Please see presentation)**

Chairwoman Rosaschi inquired as to who helps with the housing, transportation, mental health disorders and food, shelter and clothing?

Ms. Glockner replied there are registered nurses, social workers, peer specialists and community health workers.

Ms. Epidendio wanted to know if the HCGP receives responses back from their clinical care letters they send out.

Dr. McCrorey replied that they encourage feedback; however, they do not get very much. He mentioned when he goes out into the field, the providers tell him they appreciate the letters as it informs them of things they might not be aware of. He said one of the letters they send out is called "Polypharmacy." If a member is on many drugs, but they are prescribed by the same provider, they will not send out a letter because the provider is aware of what they are prescribing. If a member is on many drugs with multiple providers, a letter will be sent out because there is a chance the other providers are not aware of it.

Dr. Fiore wanted to know how an inappropriate diagnosis gets dropped.

Dr. McCrorey explained that it takes two years to drop from the record. If the patient tells them that they do not have the condition, they can make a note in their file that the patients denies the diagnosis, but it does not get dropped.

Dr. Warren inquired if HCGP does any monitoring for the elderly.

Dr. McCrorey informed Dr. Warren that there is almost no elderly in their program. Medicare does not allow dual eligible members in their contract.

Dr. Fiore asked how the HCGP monitors everything to see if it is effective.

Dr. McCrorey replied that there are multiple ways they monitor it. The biggest one is if there is a difference in expenditures for the population compared to a similar control population. He also explained that it is very difficult to track individual people. It would have to be tracked by analytical data.

Dr. Fiore asked if they are tracking reduced hospitalization.

Dr. McCrorey answered that they do.

VIII DHCFP Reports

- **Presentation on Provider Fees
By Steven Hughey, Management Analyst III and Kelly Frantz, Management Analyst III, Supplemental Reimbursement Unit
(Please see presentation)**

Chairwoman Rosaschi requested Mr. Hughey explain the process and walk the committee through the steps.

Mr. Hughey responded there are various ways to do this. He said under current laws, the DHCFP can collect up to 6% of the net revenue for a provider group. Once it was determined how much would be coming in, then a new state plan could be implemented to create a new supplemental payment program or it could be through rate enhancement. Chairwoman Rosaschi again requested Mr. Hughey walk them through the steps.

Mr. Hughey explained that there currently is not a program developed for the new bill. There is a nursing facility provider fee, but from the bill, there has not been a program developed.

Ms. Frantz stated right now there is a supplemental reimbursement program that coincides with the provider fee program with the nursing facilities. She said there are 50 facilities that pay taxes or fees of 6% and the DHCFP turns around and pays it back to 42 of them. This is based on certain factors such as acuity and quality points. Then it is turned around into supplemental reimbursement.

Dr. Fiore asked how they define provider group. He wanted to know if it is a physician in a group or do they consider it all a specialty.

Mr. Hughey replied that is one of the decisions still to be made.

Dr. Fiore commented on the fact they both mentioned facilities and he wanted to know if it will be an option for physician groups.

Mr. Hughey responded that the way the bill was approved, it is only for facilities and personal care assistance.

Ms. Jensen elaborated on the fact that the intention of the bill was to go as broad as possible so the Division could develop a process that would work in the community, as well as for the state. Anything decided would be a result of workshops and conversations with the facilities and personal care agencies. Once a plan was agreed upon, it would go into regulation. This program was very successful for the nursing facilities last year. She said they put in \$31 million and received \$87 million back from the federal government.

Chairwoman Rosaschi pointed out there is an opportunity to look at increasing the fees for nursing care.

Ms. Jensen explained the Division specifically included personal care assistance because the Division does not want them excluded. Personal care agencies wanted to be a part of this program because they saw how effective it was with the nursing facilities and they have not received a rate increase in years.

- **Overview of the Dental Benefits Administrator (DBA) and Review of Liberty Member Handbook**
By Jack Zenteno, Social Services Chief I, Policy Development and Program Management (PDPM), Nico Alvarez and Liberty Dental Plan
(Please see Member Handbook)

Mr. Zenteno reported in August 2017, the DHCFP signed a contract to bring on a Dental Benefits Administrator (DBA). The Division is in the process of getting the administrator on board with an expected launch date of January 1, 2018. The Division is working with providers, recipients and a health services advisory group. This group is working with the on-boarding by ensuring the phone, computers and personnel are ready. Mr. Zenteno said everything is going better than expected.

Ms. Alvarez presented the member handbook.

Chairwoman Rosaschi inquired if this program was designed for youth, adults or both. Youth generally get far more services than adults. She wanted to know if the adult services are going to be expanded.

Ms. Alvarez replied the services Medicaid is providing is for both children and adults. However, the services on the adult side are more limited. She stated that Liberty Dental is adding value-added benefits. This means an exam and a cleaning will be covered.

Chairwoman Rosaschi asked if Liberty is working with the state dental officer.

Mr. Zenteno responded that the DHCFP's contact is Dr. Antonina Capurro. He informed the committee there is a meeting set up between Dr. Capurro, the DHCFP and Liberty.

Chairwoman Rosaschi wanted to know if Ms. Judy White, the State Public Health Dental Hygienist will be there too.

Mr. Zenteno replied yes, she will be there.

Chairwoman Rosaschi was curious because the presentation shows a lack of services.

Mr. Zenteno responded the dental benefits have not changed in Medicaid. When the Division on-boarded Liberty, they included value-added benefits so there are more benefits than there were historically. He stated the benefits are limited to small level capacities.

Chairwoman Rosaschi commented that what she is hearing from the recipient's side, is they want to keep their teeth. They do not want to have them pulled. She said the cleanings are a good starting point.

Ms. Alvarez mentioned there will be value-added benefits for adults, as well as children. They have added additional cleanings for pregnant women as well. This will all be included in the member handbook.

Chairwoman Rosaschi inquired if it will be statewide. In rural as well as urban areas.

Ms. Alvarez affirmed this to be true. It will be available in Washoe and Clark counties.

Ms. Sprout stated that the intent of the DBA was to raise the dental in the MCO to the top. Before, dental was a subcontracted service. She said the goal was to remove the dental from the MCO. This is a service that is for Managed Care recipients. They will be using the urban Washoe and Clark counties.

Dr. Fiore commented that a recipient goes and gets an exam and cleaning and finds out they have cavities. He wanted to know if the recipient is on their own.

Ms. Alvarez agreed the Medicaid recipients are restricted to the covered benefits. She said there are other benefits outside of just the cleaning. There are emergent benefits available.

Dr. Fiore wanted verification that treatment beyond the exam and cleaning will not be covered.

Ms. Alvarez confirmed that.

Dr. Fiore said Ms. Alvarez mentioned there will be a comprehensive listing of benefits in the handbook. He is concerned that a complicated table of what is covered would be confusing to the recipients.

Ms. Alvarez stated the goal is to list those benefits for the child population, adult population and the additional value-added benefits. She agreed that as far as "comprehensive," it is kept in layman's terms and at the eighth-grade reading level. Liberty will also make sure the limitations and exclusions will be outlined.

Chairwoman Rosaschi wanted to point out on Page 21, it states "Adults aged 21 and over require prior authorization for many covered services, including surgical services, restorative services and services for dentures." She commented in reading this line, she would be able to get some restorative services. Chairwoman Rosaschi said she keeps coming back to this because if teeth are not taken care of they end up in the emergency room. They get to that situation, and the tooth has to be pulled.

Ms. Alvarez said the goal of the program is to keep the population healthy. She reiterated that with the exam and cleanings it will be beneficial to the public.

Chairwoman Rosaschi asked what the PA is for. She wanted to know what needs to be done so the tooth does not have to be pulled.

Ms. Sprout explained the adult coverage is limited to palliative care and emergency services for extractions. The value-added benefits are for the cleanings and exam. She said the PA under the DHCFF's policy and state plan would be for dentures.

Chairwoman Rosaschi wanted to go on record as being in favor of full services. She stated at one time Medicaid covered everything. She pointed out there is a connection between oral health and physical health.

Ms. Sprout replied the Division can always look at adult dental health in a future budget concept paper.

Dr. Murphy questioned the PAs for newborns to age 20. The handbook states “All services performed by a dental specialist require a referral and prior authorization.” He informed Ms. Alvarez he is a pediatric dentist and is wondering if his patients have to go to a general dentist before coming to him.

Ms. Alvarez replied the patient would have to go to a general dentist first and get a referral.

Dr. Murphy wanted to put this into perspective. If a child wanted to go into see his pediatrician, he would first have to go to a general practitioner first then if it is deemed necessary they would go to their pediatrician. He said he has concerns with having to get a referral.

Ms. Sprout explained when the DHCFP went from two MCOs to three, there was a transition of care plan in place. She stated when the Division moved the old DBA out and the Division was waiting for the RFP process to complete, all those individuals were moved into FFS. This means any existing PA will come over with them. Ms. Sprout said the intent is not to take the patients the pediatricians are treating, but to allow them to continue with their ongoing treatment plan.

Dr. Murphy pointed out that currently no PA is needed. A FFS child can go look at the list of providers and select a pediatric dentist or a specialist and no authorization is needed. He said he wants to clarify the wording because he and his associates are concerned about the changeover.

Ms. Sprout requested clarification from Dr. Murphy whether his previous managed care required authorization.

Dr. Murphy shook his head “no.”

Ms. Sprout replied the Division will take this issue back and take a further look at it.

Dr. Fiore commented that as a general practitioner, sometimes they refer the children to a pediatric dentist. He said many general dentists will not even see children. He suggested putting pediatric dentists in the same category as general dentists because they are not specialists.

Ms. Sprout thanked Dr. Fiore for the comment. She reiterated that she would have to go back and look at the RFP and contract to determine how it was identified.

Chairwoman Rosaschi requested Ms. Alvarez continue with her presentation.

Ms. Alvarez said Liberty will be sending out welcome letters, an ID card and information as to how they can contact the dentists available to them. She said the recipient can change dentist at any time.

Ms. Alvarez informed the committee that over 55% of the people managing the phones for Liberty are bilingual in Spanish, which is an added feature. She said Liberty is already established in Nevada, they are not new. The call center is located in Las Vegas. Liberty is hoping there will not be any disruption in service for the recipient. They will be working closely with the DHCFP so come January 1, 2018 the turnover will go smoothly.

Chairwoman Rosaschi recommended Liberty watch the language by keeping it simplified. A lot of questions were asked today and the recipients will probably have the same. She made the example of Page 21 where it states prior authorizations are available for oral health care when actually they are not.

Ms. Alvarez thanked Chairwoman Rosaschi for the feedback. Liberty will take it into consideration as the handbook is still in the draft phase.

Ms. Epidendio thinks that 2½ months is a bit ambitious to be implementing the handbook. One reason is when other entities have a draft, the board receives it ahead of time so they can review and make comments. She said she did not receive it ahead of time and does not know what is in the handbook. Ms. Epidendio believes the board members might have additional questions.

Mr. Zenteno informed the committee there was a delay in implementing the DBA. It was supposed to go to RFP and begin on July 1, 2017, but because of issues with the contracting, it was delayed. He said the budget was built around the new DBA. As a result, the Division and Liberty were given a deadline of January 1, 2018.

Chairwoman Rosaschi suggested Liberty come back again and share some updates. That would give them time to look at the handbook and perhaps give them some additional input.

Dr. Murphy stated that from a practitioner standpoint, he feels like he is aware of what is going on. He said he has sent in all his credentialing paperwork, but as of today, he has no idea of what the covered benefits are. Dr. Murphy further stated the need for prior authorizations is completely new. He sees January 1, 2018 as being a challenge from the provider standpoint. He agrees that from the members side, the language needs to be something they can understand. On the other hand, it would be nice for the providers to be able to have a comprehensive handbook with codes and limitations of the covered benefits.

Mr. Zenteno said part of what the Division and Liberty will be doing in the next two months is getting the information on both the DHCFP and DXC's website. Liberty is also doing additional outreach to the providers. Letters have been sent out to the providers and recipients. Mr. Zenteno informed the committee the benefits are listed on the DXC website. The scope of benefits and the additional value-added benefits will be listed on Liberty's website soon.

Ms. Sprout wanted to add when a product like this is brought on, there are a number of guidelines the Division has to go through with CMS. One of those is a readiness review which is scheduled for the first week of November. Upon completion of the readiness review, a lot of the documents will be finalized. There will be ongoing training for the

providers to begin the second or third week of November. Recipients will receive more frequent feedback about the transitions in December.

Chairwoman Rosaschi commented that they are an advisory committee and it would be nice to be asked for input before finalizations. Now they have questions, but it is after the fact.

Ms. Sprout replied that nothing has been finalized yet. She said it is why they are here today to get their input.

Chairwoman Rosaschi suggested they could have looked at the RFP and give advice at that time.

Ms. Sprout stated the Division could look at that on a go forward basis.

- **Program Update on Health Information Technology (HIT)
By David Stewart, Deputy Administrator**

Mr. Stewart stated the Division has come up with a plan that includes 17 different activities. The Division is looking to get the remaining hospitals hooked up to the exchange and a provider portal that reporting will not be so burdensome. He said he is working with the Department of Corrections (DOC) to get electronic health records set up. Through this program, the Division is able to utilize 90/10 funding, so for every dollar the Division gets can be changed into ten. Mr. Stewart is also working on a re-entry program for the clients to go back out to the general population. He is working with Clark County Detention Center on a re-entry program for them too. He reported he is working with a company for client engagement to do self-service, schedule appointments and schedule transportation. Mr. Stewart is also working on specialized registries for chronic disease. He is working with the Department of Public and Behavioral Health (DPBH) on an emergency management system. He has meetings scheduled on potential funding opportunities and has applied for Wal-Mart grants. The Division has applied to Medicaid for another extension on the provider incentive program which expired March 31, 2017 and was granted an extension through October 31, 2017.

Chairwoman Rosaschi wanted to know if Mr. Stewart is making a data center where hospitals will have access to this information. She asked what the high-level plan is.

Mr. Stewart replied the centerpiece is a community health information network which augments the health information exchange. The goal is to make this information available to all providers in the state. Through DWSS is a project called the Master Client Index which de-duplicates everybody in health immune services. He said another program is called No Wrong Door. What this program does is an assessment, and it tells the person which services they are eligible for.

Ms. Jensen said one of the challenges the Division has is being able to fund a lot of these initiatives. The DHCFP wants more communication between the doctors, Medicaid and the patients. They are looking to get rid of duplicated services. She said the doctors need this

information when someone comes in so they will have their complete history. These initiatives were not put in the budget, so Mr. Stewart is having to find a way to fund them.

Chairwoman Rosaschi requested verification that there are all kinds of entities providing services and all this information will be uploaded into a massive data base. There is welfare eligibility, behavioral health issues and everyone will be talking to each other. She inquired as to how HIPAA will work with this.

Mr. Stewart replied it is based on consent and what CMS allows the Division to share. There are different security protocols that need to be met.

Chairwoman Rosaschi commented as a recipient going in to a hospital or doctor's office, if the provider types in the name of the recipient will everything show up.

Mr. Stewart replied yes. There is the health information exchange which is collecting clinical data from the hospitals, but not all the hospitals are participating in this. However, the exchange does not want the information on behavioral health or opioids, but it would be beneficial for the provider to have that information.

Dr. Fiore inquired where the health information exchange at. It has been in development for a long time. He stated in his office he cannot get it to help them. He wanted to know if he should be able to use it.

Mr. Stewart responded that he should be able to use it. But Mr. Stewart needs to get the rural hospitals to participate. He said even one of the MCOs is not wanting to participate.

Dr. DiMuro asked what electronic health records are there for the prison system.

Mr. Stewart informed Dr. DiMuro that would be going to RFP shortly.

Dr. DiMuro wanted to know if the committee will be able to see anything before it goes to RFP.

Mr. Stewart replied he would talk to the director.

IX Public Comment on Any Topic

Chairwoman Rosaschi requested an updated organization chart showing all the new staff.

Ms. Jensen agreed there have been a lot of retirements, promotions and people moving on. She let the committee know there is a new ASO IV who is Ellen Crecelius and she will be doing an introduction for the members.

Ms. Judy White introduced herself as the State's Public Health Dental Hygienist. She said she looks forward to working with Medicaid and Liberty.

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X Adjournment

Chairwoman Rosaschi adjourned the meeting at 10:43 AM.

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