



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: April 17, 2018 at 9:00 AM

Place of meeting: Nevada State Legislative Building  
401 S. Carson Street, Room 3137  
Carson City, Nevada 89701

Place of Video Conference: Grant Sawyer Office Building  
555 E. Washington Avenue, Room 4406  
Las Vegas, Nevada 89101

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

Access Code 43606

### **Attendees**

### **Board Members**

Rota Rosaschi, Chairperson  
Dr. David Fiore, Board Member  
Dr. Ryan Murphy, Board Member  
June Cartino, Board Member

Peggy Epidendio, Board Member  
Dr. Stephanie Ingrey, Board Member  
Dr. Leon Ravin, Board Member

### **Carson City**

Shannon Sprout, Division of Health Care  
Financing and Policy (DHCFP)  
Michele Belkin, DHCFP  
Erin Lynch, DHCFP  
Lisa Jolly, Health Plan of Nevada (HPN)

Joanna Jacob, Ferarri Public Affairs  
Kristen Coulombe, DHCFP  
Gladys Cook, DHCFP  
Cody Phinney, DHCFP  
Jackie Obergon, DHCFP

Erica Nasen, HPN  
Joan Hall, Nevada Rural Hospital Partners (NRHP)  
Julie Lindesmith, DHCFP  
Tom Sargent, DHCFP  
Jeanette Belz, JK Belz & Associates  
Denise Sellech, Nevada Health Care Associates

Jack Zenteno, DHCFP  
Blayne Osborn, NRHP  
Cheri Glockner, AxisPoint  
Dr. Thomas McCrone, AxisPoint  
Chris Johnson, Nevada Hospital Association

**Las Vegas**

Laurie Curfman, Liberty Dental  
Shawna DeRousse, HPN

Ryan Bitton, HPN  
Devan Ramirez, HPN

**Teleconference**

Gabe Lither, SDAG

**I. Call to Order**

Chairwoman Rosaschi called the meeting to order at 9:05 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 January 16, 2018 (See Attachment for Minutes)**

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

**V. Administrator's Report, State Plan Amendments and Medicaid Services Manual Updates By Shannon Sprout, Deputy Administrator**

Ms. Sprout began her report with updates on State Plan Amendments (SPA) from January 2018 to March 2018. The first SPA is the Public Assistance Reporting Information System (PARIS). She stated that having the ability to use PARIS would allow a better understanding on how information on individuals is gathered. This helps to provide more services for areas and eliminates duplicates.

Ms. Sprout continued with the second SPA on Children's Health Insurance Program Income and Eligibility System (CHIP) which is part of the Nevada Check Up program. Ms. Sprout stated that two changes were made for Eligibility and the Under 19. Changes extend

coverage to lawfully residing children under 19 without a five-year waiting period, this makes it more accessible to those with lawful residency under the age of 19 to have access to Medicaid programs.

Ms. Sprout then went on to the last of the SPAs. This included cleaning up language when adding to the State Plans. She continued that this was a combination of recommendations and the general need to clean up language regarding the Preambulatory Health Plan Delivery Model and the Adult Dental Package.

Ms. Sprout concluded with the SPA on the Alternative Benefit Plan. She stated that with this they had to adjust for the new additions to the Alternative Benefit Plan that includes the Gender Reassignment, Podiatry and Medical Nutrition. This was updated to allow all to have access to it.

Ms. Sprout paused for questions or comments. None were given.

Ms. Sprout moved on to the Medicaid Services Manuals (MSM) that were updated from January 2018 through March 2018. She stated that they had the Drug Utilization Review (DUR) Board make recommendations and removal of prior authorization criteria in MSM Chapter 1200 – Prescribed Drugs. These changes were finalized on February 5, 2018 as a policy revision.

Ms. Sprout proceeded with Chapter 3100 – Hearings. She stated that there were changes made to allow for expedited Fair Hearings. In Chapter 100 – Medicaid Program, clarification language was added to Provisional Enrollment and Termination and Sanctions. These changes were effective February 23, 2018.

Ms. Sprout finished her presentation by asking the board if there were any questions or comments. No questions or comments were given.

**VI. Discussion for Enhancements or Rate Changes within the Upcoming Budget Process  
By Shannon Sprout, Deputy Administrator.**

Ms. Sprout stated that the Division is at the beginning of the budget build for the next session. During this process, each Division under Health and Human Services to creates Enhancement and Efficiency Budgets. This is also a time in which the Division will be experiencing a change in Administration, because of this the Division will be going in with a flat budget. This means that the enhancements will go into a special consideration that will be reviewed once the new Administration starts. Currently the Division is taking in information and any suggestions on what kind of items they would like to see. She also stated they wanted to make sure they were open to advice for budget concepts.

Dr. Ryan Murphy commented that he had been contacted by a few ambulatory surgery centers and asked if there had been a rate change on reimbursement.

Ms. Sprout replied that there had been rate efficiencies, as well as enhancements, which are also known as rate realignments. Ms. Sprout stated this affected at least 12 provider types, she clarified that she was not sure that ambulatory surgery centers were on this list but she would check.

Dr. Murphy then stated that his reason for asking, was that the surgery centers had contacted him. These centers told Dr. Murphy that going back two months, the rates at which the reimbursements were occurring was 50% less than previous months.

Ms. Sprout assured Dr. Murphy that she would check to see if these surgery centers were included in the rate realignment.

Chairperson Rosaschi asked for points of clarification on the budget enhancements and it was her understanding that they would be held until the new administration is elected.

Ms. Sprout responded that they would be going through the normal process, but because of an Administration change they are set on a flat budget and are not aware of how the new administration will handle the enhancement budget. She stated that if they were not mandatory, they would need to be reviewed.

Chairperson Rosaschi asked Dr. David Fiore if he had any specific requests.

Dr. David Fiore replied that he did not have any specific requests. However, he did mention that long term contraceptives had come up, but since he wasn't directly involved, it might be something to consider.

**VII. Recipient Board Member Recruitment Update  
By Cody Phinney, Deputy Administrator**

Ms. Phinney first introduced herself and then began her update of the Board Member Recruitment. She started by saying they have had significant luck and have additional new members. She continued that she was now focused on finding a recipient or parents of a recipient to join the Board.

Chairperson Rosaschi stated that she had a business card of someone that Ms. Phinney could contact.

Ms. Phinney thanked her for this.

Dr. Stephanie Ingrey also said that she would reach out to individuals.

Ms. Phinney replied she would provide her business card to Dr. Ingrey.

Dr. Leon Ravin asked if National Alliance of Mentally Ill (NAMI) had been contacted as they are known to have recipients in their care.

Ms. Phinney replied yes, she was in touch with NAMI.

Ms. Peggy Epidendio added that Ms. Phinney should contact Jim Packham of Friends in Services Helping (FISH).

Ms. Phinney thanked Ms. Epidendio for the recommendation.

## VIII. DHCFP Reports

- **Presentation on the AB474 Impact on Nevada Medicaid, Pharmacy By Holly Long, Social Service Program Specialist II, Policy Development and Program Management (PDPM) (See Presentation)**

Chairperson Rosaschi asked during the presentation what kind of provider input was made.

Ms. Long responded that she was not in the position at the time and that Ms. Sprout would be able to answer.

Ms. Sprout stated that they had a robust attendance and positive feedback from the providers that were present.

Chairperson Rosaschi then asked if there were any changes or alternatives to medications at all, as in therapies vs. medications.

Ms. Sprout responded that currently they already cover Physical, Occupational and Cognitive Behavioral Health Therapy. There was some discussion on additional services, however, it was not moved forward.

Chairperson Rosaschi then asked if acupuncture was included.

Ms. Sprout replied that there were not very many requests for this.

Ms. Long then continued with the presentation.

After Ms. Long's presentation, she asked if there were any questions or comments.

Chairperson Rosaschi asked if dentists have given feedback on what they prescribe.

Ms. Long responded that she personally had not received any feedback from dentists, however, they did evaluate dental utilization and implement procedures around Codeine and Tramadol prescriptions for children.

Chairperson Rosaschi asked if dentists were included in receiving this information.

Ms. Long stated that all providers were informed.

Dr. Fiore asked if when tracking these, are Emergency Room (ER) admissions also included in this for drug overdoses.

Ms. Long stated that yes those were being tracked.

Dr. Ingrey asked about the graph on Page 11 and wondered if the member count was going down linearly just the same as the claim accounts. She asked if this was because as member counts decreased, so did the claims.

Ms. Sprout answered that the Fee-for-Service (FFS) case load is close to 198,000 and the case load growth is flat. This graph shows that since changes have been implemented there is a decrease in opioid prescriptions since changes have occurred.

Ms. Ingrey thanked Ms. Sprout for the clarification. She then asked if there are prior authorizations for those on chronic pain medications.

Ms. Long stated that they would need to complete a prior authorization annually unless they were previously grandfathered in.

Dr. Ravin asked if there were reimbursements on drug screenings for synthetic cannabis.

Ms. Sprout responded that there are several codes and that all codes are allowed.

Dr. Ravin continued with why they had dropped the previous 14 days and 90 milligrams to the seven days and 90 milligrams.

Ms. Sprout answered that many were involved in this decision, but it came down to what the Centers for Disease Control (CDC) recommended and the finalization from the DUR Board.

Dr. Ravin then asked whether the members and cases were decreasing due to restriction or appropriate practices.

Ms. Long replied that there was no specific data to say why the numbers have decreased. She stated that since these changes were implemented and the numbers went down at the same time it can be said that they are related.

Ms. Sprout added that there are several tools to monitor opioids.

Dr. Ravin's final question was in relation to if these numbers have decreased due to access to Medicinal Marijuana.

Ms. Sprout stated that since Medicaid is federally funded there are no reports or data on this question.

- **Presentation Health Plan of Nevada Medicaid and Opioids  
By Ryan Bitton, Director Pharmacy Services, Health Plan of Nevada (See Presentation)**

Mr. Bitton asked if there were any questions or comments. None were asked.

- **Presentation on SilverSummit Healthplan strategies to Address Opioid Issues  
By Thomas Beranek, Pharmacy Director, SilverSummit Health Plan (See Presentation)**

Mr. Beranek asked if there were any questions or comments. None were asked.

- **Presentation on Anthem Pharmacy Program Strategies  
By Jeannine Murray, Pharmacy Account Director, Anthem Blue Cross/Blue Shield (Anthem) (See Presentation)**

Ms. Murray asked if there were any questions or comments.

Ms. Epidendio asked how Anthem attained a 35% reduction in.

Ms. Murray stated that was the percentage that came about the goal of reducing opioid use by one third. As for the exact number, she stated she was not sure.

Dr. Fiore commented that Ms. Epidendio had a great question and it was something that should be looked at. He then said that his question was for everyone. Dr. Fiore asked if each of the providers had a clear form to walk them through the prior authorization request.

Ms. Long replied that they were in the process of a more uniform criteria that followed the DUR Board.

Dr. Fiore inquired if this was inspirational or where we are now.

Ms. Long stated that it was not where the Division is fully, however, it is something that they are all working on.

Ms. Sprout pointed out that at each meeting, different classes are brought up. The providers are then asked to follow the criteria provided.

Dr. Ravin inquired if the goal for Anthem was something they were being cautious with to make sure they were not pushing recipients towards other means of getting opioids, including illegal ways.

Ms. Murry replied that at the moment she did not have that information but would be more than happy to provide that if a follow up is needed. She also stated they are researching all aspects and that this is an ongoing project.

Ms. Sprout then commented on Dr. Fiore's question on uniform criteria. Currently she stated that this is an ongoing process.

Dr. Fiore then asked how it can be made easier for the providers.

Ms. Murry replied that Anthem had one universal form. She continued that they could access their website and electronic PA and get an easier and more universal walk through.

- **Report on Electronic Visit Verification (EVV)  
By Kirsten Coulombe, Social Services Chief III and Jackie Obregon, Supervisor Home Care Services, Long Term Services and Support (LTSS)**

Ms. Coulombe explained to the board that she did not have a presentation and would instead give a brief overview of what EVV is. She said that since the board had new members, she would like to introduce them to this. She said it was a mandate that came out of the 21<sup>st</sup> Century Cures Act. It is a way to electronically verify personal care services for home health services. She continued that the Division is working to get this up and going as soon as possible. She stated that they would be more than happy to update further at the next meeting.

Chairperson Rosaschi asked that it be broken down to its most simplistic form. She asked if there was a card that the provider scanned.

Ms. Coulombe answered there were a lot of options and flexibility. She said they were considering a lot of different options and with feedback would get a better handle on it. She continued that this moves Nevada away from the current paper process to the electronic process.

Chairperson Rosaschi stated she wanted to get an understanding on how this would affect the recipient.

Ms. Coulombe continued that they would be in touch with recipients to make sure that their input was considered.

Chairperson Rosaschi then asked how the Division is going to get this consumer input.

Ms. Coulombe replied that they were sending out letters and using previous means of getting in touch with these consumers.



- **Update on the Dental Benefits Administrator (DBA)  
By Jack Zenteno, Social Services Chief I, PDPM**

Mr. Jack Zenteno began with information from a packet that was distributed at the meeting. It was the data for Liberty Dental (Liberty) in the first quarter. He continued that Liberty had been active since January 1, 2018 and that the Division understood there were needs to reiterate certain aspects and improve on those services. With the current data, the Division will be able to address any issues showing up.

Mr. Zenteno mentioned that the Division has hired a new dental policy specialist, Shauna Tavcar, full time. He stated this would ensure more uniformity.

Mr. Zenteno then moved on to the packet that was distributed. He started with Recipient Call Center Metrics and Provider Call Center Metrics, from April 2, 2018 through April 8, 2018. On average, Mr. Zenteno said, the call volume is about 500 calls per day from recipients. He stated that this number has decreased as more consumers adjust to the new process. The Provider Call Center and The Recipient Call Center are receiving similar numbers of calls and these calls are decreasing as the new process gets more familiar.

Mr. Zenteno moved on to the Network Adequacy Report and briefly explained this only shows the percentages of care in Northern and Southern Nevada. He moved on to the number of claims received, paid, pending or denied. Mr. Zenteno explained that this was just a brief explanation of claims in the last week.

Dr. Murphy asked what the general response has been regarding the first few months of this new process. He clarified that he was speaking on behalf of a group of providers and not his own personal practice.

Mr. Zenteno explained that there had been some bumps, but they are still working with limited data. He continued that it was something they were addressing and looking at the “why” of these issues.

Chairperson Rosaschi asked how access and availability was being addressed.

Mr. Zenteno responded that Liberty has been going out to the community to make sure there is a broad provider range. Again, he stated that with limited data they are still working on moving forward.

Dr. Todd Grey introduced himself as the Dental Director for Liberty Dental. Dr. Grey gave a brief background on himself. He then reiterated what Mr. Zenteno had covered but with more detail. Dr. Grey expanded on the fact that providers are submitting incorrect codes and this is causing increase time to resolve issues. Overall, they are attempting to end the abuse of the system and this can take time.

Dr. Grey continued with another issue that was causing some delays. With Liberty Dental they have created a Home Office for recipients. Meaning they have a specific office to go for their dental work. This process is being worked out so that recipients may choose their home office.

Dr. Murphy thanked Dr. Grey for the update and for all his challenging work. He wanted to express that he needed to bring this up from the providers.

Dr. Grey let the board know that he is available for any questions or issues.

- **Presentation on the Phase-Out of the Health Care Guidance Program (HCGP)  
By Erin Lynch, MPH, Chief III, Hospital and Physician Services (See  
Presentation)**

Chairperson Rosaschi asked about the public workshops themselves: who attended and general concerns that may have come about.

Ms. Lynch answered that there has been little attendance at the workshops. She continued that all in all it was mostly vendors that were present. She also let the board know that there were future workshops and she hoped it would allow for more public comment.

Chairperson Rosaschi asked if letters or notification had been sent out to recipients. She then asked if there were any special accommodation for the consumers to be able to get to these public workshops.

Ms. Lynch responded that only one public workshop had been planned but saw the need to add additional public workshops. This was due to how overwhelming a single workshop could be.

Chairperson Rosaschi asked if the transition plan that was being worked on would be sent out to the consumers once completed?

Ms. Lynch replied that it was not part of the original plan and that it was more of an in-house plan. She explained that it was something that could be considered and may be posted to the website.

Ms. Sprout stated that the phase-out plan does require notification to the recipients. There is also a note of termination as well as general information and flyers will be provided. Ms. Sprout explained in detail that the consumers being affected were being taken care of.

Chairperson Rosaschi thanked Ms. Sprout and then asked about rural Nevada and if this was going to be the same practice regardless of where a consumer resides?

Ms. Sprout answered that yes, these consumers would be linked up with targeted case managers.

Ms. Lynch then continued with the presentation.

Chairperson Rosaschi asked how the Division would identify who these providers would be.

Ms. Sprout responded that there were no provider proposals. The provider would have to meet qualifications and be assigned a provider type.

Chairperson Rosaschi then asked if they meet these criteria there could be one or 20 providers.

Ms. Epidendio asked what the case would be if the Division was unable to obtain enough providers.

Ms. Sprout stated that it could be regionalized. This would help address the regional need.

Chairperson Rosaschi inquired if the reason a provider would step up to this is because they get a cost per person.

Ms. Sprout answered yes.

Dr. Ravin commented about the narrowing down of the population and what other plans were being considered.

Ms. Sprout explained that it could be the population or the number of conditions.

Ms. Epidendio then asked what would happen to the other consumers not in the regionalized process.

Ms. Sprout explained that the deadline would not be at the end of the waiver. For now, the options would be utilized around the case management and those that qualify for the MCO.

Ms. Lynch concluded her presentation and then asked for recommendation, comments, concerns and questions.

Dr. Ravin asked where substance use and substance disorders fall.

Ms. Lynch clarified it was under Mental Health.

Chairperson Rosaschi asked what the estimated time was for this entire process to finish.

Ms. Lynch answered that the Division would need to get the budget from the Legislature. There is also a process of finalizing the model that they have chosen.

Ms. Sprout added that target date would look like January of 2020.

Ms. Lynch explained that the presentation presented was a brief synopsis of the research that has been done. She stated that there was a more detailed report and would be happy to provide that.

Chairperson Rosaschi stated that receiving a copy would be great.

The board then all commented that the second option in the presentation was the plan that they all agreed with would be the best model for the consumers.

Mr. Lither stated that this recommendation had not been agendaized and that would mean it should be for the next meeting to get a formal recommendation.

Ms. Sprout stated the board was a great barometer and that it was not something that needed a formal vote but simply input.

Dr. Ravin asked if they had to choose one model or could they use others in addition.

Ms. Sprout answered that it would be one plan as there would be a single flat budget.

Ms. Lynch thanked the board and said if there were any other questions or comments, she would be happy to take them.

## **IX. Public Comment on Any Topic**

Ms. Sprout decided to use this time briefly to answer Dr. Murphy question from earlier regarding certain dental codes and ambulatory surgical centers. She continued that they were part of the rate adjustment through the last session and budget build.

Ms. Joan Hall introduced herself as the CEO and President of Rural Hospitals of Nevada. She stated that she wanted to express some concerns that the challenges talked about were real. She reiterated a substantial portion on Behavioral Health in rural Nevada and the major challenges for the rural area. There are concerns regarding MTM and Nevada 2-1-1 not being able to help the rural area, especially when it comes to Behavioral Health issues. Another concern is that even though they were not impacted by the HCGP directly, they would receive the backlash from the program ending.

Chairperson Rosaschi thanked Ms. Hall for her input. She also added that the Division should be aware of the hits that rural emergency hospitals will be anticipating and to take that into consideration. She also asked that the board be updated on the progress of this phase out.

Ms. Sprout replied that they would be happy to present at future MCAC meetings.

**X. Adjournment**

Chairperson Rosaschi adjourned the meeting at 11:44 am.

DRAFT