



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

Date and Time of Meeting: July 17, 2019 at 9:08 AM

Place of meeting: Nevada State Legislative Building
401 S. Carson Street, Room 2134
Carson City, Nevada 89701

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

Teleconference: (888) 363-4735

Access Code 1961395

Attendees

Board Members (Present)

Rota Rosaschi, Chairwoman
Peggy Epidendio
Dr. Aaron Deininger
Dr. Ihsan A. Azzam
Dr. Ryan Murphy

Board Members (Absent)

Kimberly Palma-Ortega
Sharon Chamberlain
Kelsey Maxim
June Cartino

Carson City

Lea Cartwright, J.K. Belz and Associates/ Nevada Psychiatric Association
Jeanette Belz, J.K. Belz and Associates/ Nevada Psychiatric Association
Kelly Simonson, Health Plan of Nevada/United Health Care
Madison Huntly, The Governor's Office
Mike Willden, The Perkins Company
Mari Nakashima, The Perkins Company
Marla McDade Williams, Strategies 360
Sarah Fox, Silver Summit Health Plan
Erin Russell, United Health Group
Becky Gonzales, ViiV Healthcare
Joanna Jacob, Ferrari Public Affairs

Daniel Pierrott, Argentun Partners
Joel Kaufmann, The Ferraro Group
Theresa Carsten, DHCFP
Holly Long, DHCFP
Shauna Tavcar, DHCFP

Jennifer Shaffer DXC
Antonio Gudino, DHCFP
Sandie Ruybalid, DHCFP
Alexis Tucey, DHCFP

Las Vegas

Marie Cook, Abundant Behavior Health

Helen Foley, First Med

I. Call to Order

Chairwoman Rota Rosaschi called the meeting to order at 9:08 AM.

II. Roll Call

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

III. Public Comment

No comments.

IV. For Possible Action: Review and Approval of Meeting Minutes from the previous meeting held on January 15, 2019

Dr. Ryan Murphy motioned to approve the minutes and Ms. Peggy Epidendio seconded the motion. The minutes were approved.

V. Administrator's Report, State Plan Amendments (SPA) and Medicaid Services Manual Updates (MSM) By: Sandie Ruybalid, Information Services.

Ms. Sandie Ruybalid began with updates to SPA 19-001 – Third Party Liability. Ms. Ruybalid mentioned that the DHCFP is proposing updates to the State Plan Attachment 4.22-A Third Party Liability, Expansion of Description of Procedures and Methodologies for cost avoidance and cost savings programs. The updates are intended to align the State Plan with current state practices for third party liability procedures and methods. Submission date of April 30, 2019 and the effective date of July 1, 2019.

Ms. Ruybalid spoke about the updates for the reimbursement for Indian Health Services and Tribal Federally Qualified Health Centers (FQHC). Ms. Ruybalid mentioned that the DHCFP is proposing revisions to the State Plan to allow the opportunity for Tribal or Tribal Organization outpatient health clinics to enroll as FQHCs. This service model will promote greater access to specialty and related services outside of the four walls of the tribal clinics for Medicaid eligible recipients. Submission date is April 30, 2019, with an effective date of April 1, 2019.

Ms. Ruybalid said that the DHCFP is proposing the removal of Intensive Outpatient Services (IOP) and Partial Hospitalization Program (PHP) from the 1915(i) Home and

Community Based Services. Language was added permitting hospitals or FQHCs to assume clinical liability and administrative oversight to an outpatient clinic providing PHP services. Language was added for IOP and PHP services, and the rate methodology was moved to the appropriate section of non-residential mental health services for non-governmental entities.

Ms. Ruybalid read from the updates for the MSM, Medicaid Operations Manual (MOM) and Nevada Medicaid Office (NMO) form updates, April through June 2019. (See attachment.)

VI. Skipped until later.

VII. DHCFP Reports

Discussion on Program Operations for Dually Eligible Recipients

Ms. Theresa Carsten presented on Dually Eligible Recipients. (See presentation.)

Chairwoman Rosaschi wanted to know if the website is where they can get a copy of the Medicare letter that is mentioned should the board need to look at the letter before giving any feedback.

Ms. Carsten stated that this is correct. It was done this way intentionally so people could go back and review this before giving feedback.

Ms. Jeanette Belz, from J.K. Belz and Associates, stated that she would like the Programs of All-Inclusive Care for the Elderly (PACE) program to be re-evaluated because it is not getting to much attention here.

Chairwoman Rosaschi asked to receive more information about the PACE program because she is not too familiar with it.

Ms. Belz explained that there are a lot of states that have implemented the PACE program because it is for the duly eligible. Providers must apply to the Federal Government to become PACE providers. They are given an all-inclusive rate towards Medicaid and Medicare and for that they take care of all of the needs of that person.

Chairwoman Rosaschi asked if anyone else had any comments.

Ms. Kelly Simonson from Health Plan of Nevada/United Health Care provided some information on Dual Special Needs Plans (DSNP). The plans are endorsed, approved and monitored by the Federal Government through the Centers of Medicare and Medicaid Services (CMS). DSNP was permanently authorized in congress in 2018. DSNP has been in existence since 2003. In the United States there are currently 2.3 million Duals who are enrolled in DSNP in 44 states and territories where they currently operate in the United States. DSNPs have a high level of satisfaction for those Duals who are enrolled in them

A Dual elects to be in a DSNP when they become Medicare eligible or it is open enrollment. Dual plans offer extra benefits and features at no extra cost which may include dental care, eye exams, rides to health care visits and to the gym. These services will be allocated and assigned a service navigator who can help them navigate the services between Medicare and Medicaid. When a Dual enters a DSNP they receive a health assessment. This might determine if the person has a functional decline. The service navigator can help the Dual tap into their Medicaid benefits for long term services and support to be evaluated for any additional benefits that can help keep them in the home and prevent them from going into a nursing home.

Ms. Simonson pointed out that there are about 60,000 Duals in Clark and Washoe Counties that could benefit from a DSNP. The advantages of a DSNP are plentiful. For the member they receive coordination between their Medicaid and Medicare benefits. Providing a DSNP will help increase their options and give the availability to enroll in a plan that actually meet their needs.

Chairwoman Rosaschi thanked Ms. Simonson.

Ms. Epidendio asked if the DSNPs are not managed care plans.

Ms. Simonson explained that they are not Medicaid manage care.

Ms. Epidendio stated that the slide presentation said that the DSNPs are manage care plans that enroll beneficiaries who are entitled to Medicaid/Medicare.

Ms. Simonson said in the current environment, the Aged, Blind and Disabled (ABD) population is not part of Medicaid managed care, it is carved out. CMS can help coordinate the Medicare benefit. Under a DSNP, CMS can help with the Medicaid benefit, but it does not include that piece because the ABD population is in Federal Benefit Rate (FBR).

Dr. Aaron Deininger wanted to know if in terms of a provider, are these treated like another Medicare plan.

Ms. Simonson explained that it is a Medicare plan.

Chairwoman Rosaschi asked for additional presentations.

Ms. Marla McDay-Williams from Strategies 360 related information on behalf of Ms. Deb Oberman, Vice President of Strategy and State Affairs at Humana Inc. (See attached document)

Chairwoman Rosaschi asked if there are any more public comments or questions and there were none.

Chairwoman Rosaschi went on to ask Ms. Carsten if there are any budgetary impact if this program is implemented.

Ms. Carsten stated that most of the costs are paid for through Medicare funding, however the State is still doing analysis on data mining and it is something they are looking at.

Report on the Nevada Medicaid Paperless Environment

Ms. Jennifer Shaffer, DXC Claims Manager, presented the report on the Nevada Medicaid Paperless Environment. She stated from the implementation of Medicaid Management Information System (MMIS) from February 1, 2019 – June 30, 2019, Nevada Medicaid has processed 2,677,770 Electronic Data Interchange (EDI) claims. DXC has processed 471,842 direct data entry claims. Over 3,000,000 claims have been processed.

With the implementation of the MMIS, many paper items are no longer excepted. DXC has posted this information throughout the provider community. These items include:

- Claims;
- Claim appeals;
- Prior authorization request (with the exception of those that require x-rays or molds);
- Provider enrollment applications;
- Provider re-enrollment applications;
- Provider re-evaluations;
- Temporary provider enrollment.

Ms. Shaffer Explained that if these items are sent in by paper, they are being returned to providers with instructions on how to submit them properly online. The highest volume of returns has been claims with a total of 22,191 being returned to providers since February 1, 2019. Along with the returns to the providers, DXC has reached out to providers with a high volume of returns. This number might seem high, but when you compare this to the 3,000,000 claims from February 1, 2019, it equals just .7% of the claims processed.

Effective October 1, 2019, the paper items listed are no longer going to be returned to providers with instruction. These will be securely destroyed. DXC has posted Web Announcement 19-23 on July 9, 2019 to inform providers of this. DXC will also be posting two additional online announcements.

Chairwoman Rosaschi wanted to know how the providers are taking the feedback on these announcements.

Ms. Shaffer explained that most of the providers DXC can get in touch with understand. Sometimes the information has not been filtered through the right chain of command. It has also been noticed with some outside providers that they do not have that interaction with the vendors or there is miscommunication between everyone. DXC has reached out to them also.

Chairwoman Rosaschi wanted to know of the 3,000,000 processes, what is the turnaround timeframe from when they enter the information to the time they are actually receiving their payments.

Ms. Shaffer stated that the turnaround time used to be 30 days with paper submissions. Now the providers can see the information in real time.

Dr. Murphy shared information from having his own practice, that claims submitted were normally paid within two weeks and it is efficient.

Chairwoman Rosaschi wanted to know if she is inputting the information, does the system catch an error that she could fix right away, or does it need to go through a process.

Ms. Shaffer explained that if alpha characters were used where the National Provider Identifier (NPI) needs to be, it will stop you before you proceed. Errors for duplicate services or unbundling will continue through the process.

Chairwoman Rosaschi asked if there are any more public comments or questions and there were none.

Report on the 1915(i) State Plan Amendment (SPA) for the Specialized Foster Care Population

Ms. Alexis Tucey, Chief of Behavioral Health, presented the report on the 1915(i) SPA for the Specialized Foster Care Population. Much of these services fall under the Basic Skills Training (BST), which is not a long-term service. Specialized foster care currently exceeds what the rehabilitation policy allows. The Division is looking to develop a program specifically to what their needs are, as opposed to a quick fix. After working with CMS, it was determined that the 1915(i) Waiver would be appropriate. This waiver accommodates more of the services needed but is not as budget-neutral. The Division is still working with stakeholders and CMS on resolving this issue.

Chairwoman Rosaschi asked if Ms. Tucey could give a breakdown of the services that will be needed.

Ms. Tucey replied that they are respite services, case management services. This is looking at a more family level of support.

Chairwoman Rosaschi asked if the DHCFP still has children out-of-state and if this waiver will help to bring the children back in-state.

Ms. Tucey replied that the out-of-state children are still a concern. The intent of this waiver is to help keep the children in their communities.

Chairwoman Rosaschi inquired if this waiver includes adoption subsidies or adoption interruptions.

Ms. Tucey responded that this is not included with this particular waiver.

Chairwoman Rosaschi asked if there are any more comments or questions and there were none.

Discussion on the SPA and the 1915(b)(4) Waiver for Community Care Behavioral Health Organization

Ms. Tucey, Chief of Behavioral Health, went over the discussion on the SPA and the 1915(b)(4) Waiver for Community Care Behavioral Health Organization. The State of Nevada was one of eight States to get awarded with a two-year demonstration grant through Substance Abuse and Mental Health Services (SAMHSA). Certified Community Behavioral Health Clinics (CCBHC) are a truly integrated health care model. It requires 24/7-hour crisis intervention and the ability to respond within an hour. The DHCFP had three CCBHCs that were through that two-year demonstration because we wanted to show commitment moving forward with these models. During this year's session, we requested additional funding for seven more CCBHCs. These will be throughout Nevada both in rural and urban locations. The two-year demonstration ended July 30, 2019. The Division is in the process of working with our Federal partners to determine what the appropriate level of authority is to pursue this. The DHCFP is working close with CMS in filing another waiver for these CCBHCs classes, making sure the Division will not go over budget.

Chairwoman Rosaschi inquired about transportation for people in crisis in the rural areas in Nevada. She asked if this will be included.

Ms. Tucey replied that the CCBHCs are built on what is considered a Perspective Payment System (PPS), it is a bundled rate with the 24/7 crisis intervention. This is a component that is built in. Last legislative session the Division had a bill that passed which will help with some of the transportation issues.

Ms. Epidendio asked if the DHCFP is receiving any feedback from any of the three CCBHCs, how the Division is monitoring the positive outcomes and where are they located at.

Ms. Tucey stated that the three locations are Vitality Unlimited in Elko, New Frontier Treatment Center in Fallon and Bridge Counseling Associates in Las Vegas. The Division does monitor these facilities and the feedback has been positive. The rural areas have been very successful.

Updates on Intensive Outpatient program and Partial Hospitalization Program Services

Ms. Tucey, Chief of Behavioral Health, went over the updates on the IOP and PHP services. The Division is in the process of moving this from one authority to the next appropriate authority to build this up this service. IOP has been built up to create a better description and what the service of limitation is surrounding evidence-based models. The Division is also doing the same thing with the PHP, though the Division will reimburse for the continued services, the DHCFP does not have a lot of providers with in this program. IOP and PHPs tend to be this big gap with in our community right now.

Presentation on Neurotherapy Redesign

Ms. Tucey, Chief of Behavioral Health, went over the Neurotherapy Redesign. (See attached presentation).

Chairwoman Rosaschi inquired about the handout that Ms. Tucey provided and if the providers are getting closer to the Divisions thinking.

Ms. Tucey responded the Division is finding out that we have supporters and non-supporters of this service.

Presentation on the SB162, Implementation from the 2017 Session

Ms. Tucey, Chief of Behavioral Health, went over Senate Bill (SB) 162, Implementation from the 2017 Session. (See attached presentation).

Ms. Epidendio question was not audible.

Ms. Tucey stated that the Division is to keep psychologists in the state and working towards getting more trainees to increase the professionals in the state.

Ms. Epidendio wanted to know if the Division has a trainee that is billing, even though they will be a provider type (PT) 14. How can the Division determine if they are a trainee or psychologist?

Ms. Tucey explained that the Division is creating three identifiers: intern, assistant or a trainee. This way the DHCFP will know who is billing for these services and the supervising psychologist that will bill on their behalf.

Presentation on the Moratorium for Qualified Behavioral Aides and Qualified Mental Health Associates

Ms. Tucey, Chief of Behavioral Health, went over the presentation on the Moratorium for Qualified Behavioral Aides and Qualified Mental Health Associates. (See attached presentation).

Chairwoman Rosaschi asked if there are any more comments or questions and there were none.

VIII. Public Comment

Ms. Jeanette Belz, representing the Nevada Psychiatric Association, wanted to bring up the fact that as of November 2018, States may apply for the Institution for Mental Disease (IMD) Waiver. Providers are not able to bill Medicaid for the ages of 21 and 64 that are institutionalized. This creates a hard ship for the State of Nevada. Ms. Belz would like an update as what they may do during the 2021 Legislature budget so the bigger facilities can look into this.

Chairwoman Rosaschi stated that they can ask for an agenda item.

IX. Adjournment

Chairperson Rosaschi adjourned the meeting at 10:17 A.M.

DRAFT