



**DRAFT MCAC MEETING MINUTES**

Date and Time of Meeting: October 13, 2020 at 9:15 AM  
Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)  
Place Meeting: WebEX

**Teleconference and/or WebEx Attendees**

**(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)**

**Board Members (Present)**

Rota Rosaschi, Chairperson  
Dr. Aaron Deiringer, Board Member  
Dr. Ryan Murphy, Board Member  
Dr. Kelsey Maxim, Board Member  
Dr. Ihsan Azzam, Board Member  
June Cartino, Board Member  
Kimberly Palma-Ortega, Board Member  
Sharon Chamberlain, Board Member

**Board Members (Absent)**

**Teleconference and/or WebEx Attendees**

DuAne Young, Division of Health Care Financing and Policy (DHCFP)  
Sia Dalacas, Deputy Attorney General (DAG)  
Eric Schmacker, Silver Summit Health Plan (SSHP)  
Laurie Curfman, Liberty Dental Plan  
Shanna Cobb-Adams, DHCFP  
Suzanne Bierman, DHCFP  
Tiffany Lewis, DHCFP  
Robyn Gonzalez, DHCFP  
Ellen Flowers, DHCFP  
Melissa Laufer-Lewis, DHCFP  
Deborah Jordan, DHCFP  
Jake Dawley, DHCFP  
Jessica Kemmerer, DHCFP  
Antonio Gudino, DHCFP  
Catherine Vairo, DHCFP  
Shawna DeRousse, UHC-NV  
Beth Slamowitz  
Roxanne Coulter, SSHP

Cody Phinney, DHCFP  
Phillip Burrell, DHCFP  
Holly Long, DHCFP  
Kirsten Coulombe, DHCFP  
Theresa Carsten, DHCFP  
April Caughron, DHCFP  
Jared Davies, DHCFP  
Mari Nakashima  
Ellen Crecelius, DHCFP  
Paula Pence, DHCFP  
Debra Sisco, DHCFP  
Sandie Ruybalid, DHCFP  
Kim Cook  
Erin Colgan  
Sarah Fox, SSHP

Shirish Limaye, SSHP  
Jan Henry, SSHP  
Andre Cisne, SSHP  
Jennifer Atlas  
Jimmy Lau  
Erin Russell  
Jonathan McDowell  
Steve Messinger  
JoAnn Prevetti  
Sarah Hunt  
Kelly Simonson  
Russ Elbel  
Misty Grimmer  
Poornima Singh  
Carrie Sinnott  
Amanda Urban-Tovar  
Jon Glover

Amy Miller Bowman  
Thomas Beranek, SSHP  
Cheri Glockner, SSHP  
Cathy Crocket  
Jake Nissle  
Antonina Capurro  
Lea Cartwright  
Terence Brown  
Ann Nelson  
Dawn Dynak  
Bill Welch  
Valerie Balen  
Luisiana Tegan  
Brian Evans  
Joan Hall  
Lori McDermott  
Sydney Banks

**I. Call to Order**

Chairwoman Rota Rosaschi called the meeting to order at 9:15 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 consideration for approval of meeting minutes from October 15, 2019 and the previous meeting held on January 14, 2020**

Dr. Ryan Murphy motioned to approve the minutes for October 15, 2019 and January 14, 2020 and. June Cartino seconded the motion. The minutes were approved.

**v. Dental Program Updates**

Antonina Capurro, State Dental Health Officer, (See Presentation)

Chairwoman Rosaschi asked if there were any questions.

Dr. Aaron Deiringer advised his clinic is predominately Medicaid and they see firsthand many with poor dental health in the children in the area and asked if there are any partnerships in any of those organizations with some of the medical offices that provide Medicaid care in trying to capture the children there for increasing prevention by giving them access to care and providing fluoride varnish at those facilities.

Antonina Capurro replied Liberty Dental Plan has a value-added benefit of providing increased reimbursement in an extra application of fluoride varnish to medical providers. The project has not started yet due to they have had difficulties because of their different entities. The medical providers are not

enrolled in Liberty and a mechanism has not yet been found for them to be able to provide an incentive to medical providers to offer the fluoride application.

Dr. Murphy requested clarification on the reimbursement reductions to dental benefits due to the previous Special Session in May.

Antonina Capurro replied there was a 6% rate reduction across the board and dental services is one of the areas she believed was effective August 1, 2020. However, she did not think the rate reduction has been seen yet by providers.

Cody Phinney advised there is an upcoming presentation to answer these questions.

Ryan Murphy advised that would be fine and followed up with the way offices are operated right now is very different to pre-COVID and they are reduced to the amount of patients they can see in a day is greatly reduced because of cleaning, social distancing, limiting the amount of people in the office and etc. As a business standpoint, if they now have to see less patients every day and they are seeing a decrease in reimbursement, the businesses are going to be greatly affected by the number of providers wishing to stay in the program. Dr. Murphy sees this becoming a big issue to access to care.

Cody Phinney responded his comment will be used and advised if he could not stay for the presentation that he would follow up offline at a later date so his expertise on the issue could be gathered.

Ryan Murphy advised he would be happy to do so.

Antonina Capurro advised the graphs shown in the presentation were through June and the data is not available yet and the effect this rate reduction will have on the number of providers is still unknown at this time and any decrease is going to be detrimental.

Ryan Murphy followed up with when Pediatric Dentistry is taken out of the office, and go in to a more hospital dentistry program, starting in June many surgery centers that had been closed and now doing more elective cases are seeing from the medical side that every child going into the hospital for a dentistry procedure now needs to be COVID tested and be quarantined for the amount of time based on whether it is the hospital or surgery center's policy. This is becoming extremely cumbersome and cost intensive from the business standpoint to continue to do this.

Chairwoman Rosaschi asked if there were any further questions. There were none.

## **VI. Pharmacy Program Updates**

Holly Long, Supervising Policy Specialist for Pharmacy, DHCFP, reported that on July 20, Governor Sisolak signed Assembly Bill (AB) 3, during the 31<sup>st</sup> Special Session, which implemented the required budgetary changes related to the COVID pandemic causing strain on Nevada's economy.

In order to achieve these reductions, AB3 directs DHCFP to a number of implementations one of which is for Pharmacy Services to implement a Specialty Pharmacy Network. In order to be in compliance with this requirement, the DHCFP (FFS) will be implementing a Specialty Pharmacy Drug Program on January 1, 2021.

This drug program will be specific to selected specialty drugs to treat complex and chronic conditions such as hemophilia and hepatitis C. The program will provide recipients and providers with clinical support to ensure optimal therapy management.

We have submitted the required 1915b4 waiver to CMS and are in the process of submitting a State Plan Amendment (SPA). This program criteria will be included in Medicaid Services Manual (MSM) Chapter 1200 - Prescribed Drugs, and there will be additional resources and information posted about this program on the NV Medicaid website.

Effective October 1, 2020, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act requires state Medicaid entities to cover all Food and Drug Administration (FDA)-approved prescription drugs used for Medication Assisted Treatment (MAT). Nevada Medicaid, FFS, does cover FDA-approved medications used for indications for MAT to treat Opioid Use Disorder (OUD).

At the end of September, the President signed the Continuing Appropriations Act. This new law makes statutory change to the Act, and now clarifies that MAT drugs, when used for OUD as described under the mandatory benefit, are defined as prescribed drugs and covered outpatient drugs subject to section 1927 of the Act requirements. These amendments to the Act ensure the state's ability to seek drug manufacturer rebates and apply drug utilization management.

Additionally, the Pharmacy Services unit continues to work on the PBM RFP (request for proposal) which will be a direct contract to the state. The implementation date for the PBM contract procurement is July 1, 2022.

Chairwoman Rosaschi asked if there were any further questions. There were none.

## **VII. DHCFP Reports**

DuAne Young, Deputy Administrator, DHCFP, reported on Dual Eligible Special Needs Plan (DSNP). This was the first year in 2020-2021 that the Division will be entering into a DSNP. These plans are a Zero-Dollar contract which allows managed care entities Medicare healthcare benefits for beneficiaries. This program will give a special rate from Centers for Medicare and Medicaid Services (CMS) to provide extra services to recipients who are dually enrolled within Medicaid. The Division of Aging and Disability Services will be putting out information regarding DSNP and ensure recipients know they do not necessarily have to leave their current plan and join a Medicare managed care plan that offers a DSNP.

DuAne Young continued DHCFP is already starting to meet with plans for 2022. They do need to identify to CMS they are planning to offer a plan by February. The Division will be creating a website that provides information on the DSNP plans and those that are available. Currently there is estimated close to 60,000 duals within Medicaid Fee for Service (FFS) so as this program grows and expands over the years, the Division is looking forward to providing more opportunities for those dually enrolled through the engagement of more plans that will be offering DSNP programs to those recipients. The Zero-Dollar contracts were approved at the Board of Examiners. This is not a cost to the Division to operate, other than staff time and effort.

Chairwoman Rosaschi asked if there were any comments and there were none.

Phillip Burrell, Deputy Administrator, DHCFP, reported on AB3 Implementation update. The Division is currently in the process of implementing AB3, signed into law during the 31<sup>st</sup> Special Session in July 2020.

This includes various changes related to the state's financial administration. Included with the changes were directives for the Division to reduce reimbursement rates in the fee schedule for providers by 6% and to eliminate the increase in acute care per diem hospital reimbursement rates passed during the 2019 Legislative Session. These changes require amendments to the Medicaid State Plan that must be submitted to the Centers for Medicare and Medicaid Services (CMS) to implement. In addition to the rate reductions required by AB3, the Division is also working to implement a specialty pharmacy provider network and will be delaying certain non-capitated payments to managed care. The changes in AB3 will impact Nevada Medicaid and the Nevada Checkup programs for state fiscal year 2021.

Phillip Burrell continued to advise the State Plan Amendments were submitted to CMS on time, meeting the September 30, 2020 deadline for the retroactive approval date of August 15, 2020. Prior to submission to CMS, the Division held a public hearing on August 13, 2020 where public and written comments were received and included in the submission. We are currently awaiting CMS approval to implement the AB3 directives. Similar to the Facts and Questions (FAQ) the Division will continue to provide information on the process and keep recipients and provider community informed throughout the process by using web announcements, public postings and provide additional communications. The FAQs provided on the website are great sets of information and include a number of questions previously asked, including specific questions on rate and policy information, provider types impacted, and provider concerns shared throughout this entire process.

Phillip Burrell advised part of the CMS review and submission process with the SPA includes an update and public posting of the Access to Care Monitoring Review Plan which is part of the process for monitoring healthcare access for FFS in Nevada.

Cody Phinney reported on a Plan to Monitor Healthcare Access (See Presentation).

Chairwoman Rosaschi asked where the report can be found.

Jenifer Graham answered it is posted on the website under SPA Public Hearing Archives for August 13, 2020.

Chairwoman Rosaschi asked if there were any comments or questions..

Ryan Murphy commented this is a very unique situation and talking from his standpoint as far as dentistry. He said say for instance 100 patients are seen a day and there is the 6% reduction so now they will see 106 patients a day to make up for it. The difference now is that providers are limited to the number of patients they can see due to mandates of how many patients can be in the office at one time and there is no way to make that up during these unprecedented times.

Phillip Burrell replied of the importance of communicating to all providers the availability and application for provider relief funds as part of the Cares Act Program and will continue to make that information available.

Aaron Deiringer asked if the AB3 6% reduction was just for this fiscal year and then it will revert back or will it require more action to bring that number back up.

Phillip Burrell replied there is not a set end date at this point.

Chairwoman Rosaschi asked there were any other questions. There were none.

Theresa Carsten, Social Service Chief III, Managed Care & Quality, DHCFP, reported on the Managed Care Oversight Overview. She advised she would provide the committee with the update on the progress the Division has made with the RFP Procurement process for calendar year 2022 Managed Care contract. To date DHCFP has held five public workshops. The workshops were conducted in the months of January and February in 2019, two in Carson City, two in Las Vegas and one in Reno. Between November 2019 and October 9, 2020, the Divisions have met with stakeholders in person and since the pandemic, via conference calls or WebEx to discuss concerns submitted during the public comment process. Stakeholders met with are the Nevada Hospital Association, Nevada State Medical Association, Parents Educating Parents, the Clark County Children's Mental Health Consortium, the Nevada Dental Association, the Division of Child and Family Services (DCFS) and Washoe and Clark County staff.

Theresa Carsten continued that the Division was afforded the opportunity to contract with Mercer for assistance in drafting a new scope of work for this RFP. The kickoff meeting with Mercer began April 24, 2020. Since then there have been biweekly status meetings with Mercer as well as conducted approximately 14 work group meetings. Work group attendees were determined by the Administration and consisted of internal division staff, department staff from the Division of Public and Behavioral Health (DPBH), and the DCFS and our county staff partners. The majority of these work groups addressed network adequacy and standards, provider enrollment and credentialing program integrity, risk stratification, populations identified for case management, managed care organization staffing requirements, possible sanction strategies, quality strategies and standards, value based purchasing, pay for performance programming and covered benefits and populations that should remain included in managed care.

Theresa Carsten advised the timeline from the beginning of the project was to have the RFP release date the week of January 1, 2021. It was previously estimated that deadline would be met. However, based on conversations last week with Mercer, Administration and additional information provided by purchasing, it appears the RFP may likely not be released until the third or fourth week of January. The remaining items that impact the deadline are meeting with the Director's office to review and approve proposed changes, review by the Deputy Attorney General and CMS of the final language and the number of procurements purchasing manages and the timeframe it takes to complete the posting.

Chairwoman Rosaschi asked if they were going to try to release the RFP the third or fourth week of January 2021.

Theresa Carsten advised that is correct it will be released approximately the third or fourth week of January 2021, and the effective date will be January 1, 2022.

Jenifer Graham advised there is a written question regarding the RFP: How long will the department allow to complete the RFP?

Theresa Carsten answered that when it is believed the RFP will be released the first week of January, the tentative timeframe to receive RFP responses would be March 12, 2022. With the timeline being unknown, it will be around that date, but the due date will be posted when the RFP is posted but there is not a solid date as of now.

Chairwoman Rosaschi asked there were any other questions. There were none.

Cody Phinney reported on Managed Care Oversight overview (See Presentation).

Chairwoman Rosaschi asked there were any other questions. There were none at this time but there may be questions after everyone has a chance to look the provided information over.

Presentation on the COVID-19 Impact and Respond. There was not a presentation. However, Cody Phinney advised a great deal has been heard about both the State's response to COVID related to the budget changes and how it is impacting our program in particular.

**V. Public Comment**

Bill Welch asked in a written comment: Understanding the AB3 was passed without factoring in the additional two quarters of enhanced FMAT, AB3 allows the State Medicaid to use additional funds or savings to help restore cuts. When will a decision on that be made?

Cody Phinney responded that her understanding is that the budget is being monitored very carefully and looking at what needs to be done with it and will be making that decision based on a number of factors, including the increase in population, the spending that is being seen, the projections for the budgets. However, there is no date at this time, but it is being monitored.

Phillip Burrell agreed that what Cody Phinney stated is correct and DHCFP will continue to monitor what has been going on, especially the caseload as it had been reported. A double-digit caseload has been seen since the start of the pandemic in terms of increase. It is still early in the fiscal year and they must be very careful with the monitoring of utilization for the programs.

Cody Phinney advised the COVID response pieces was incorporated into the other reports.

Cody Phinney advised the Telehealth Services presentation will be moved to the next meeting.

Chairwoman Rosaschi asked there were any other public comments. There were none.

**VI. Adjournment**

Chairwoman Rosaschi adjourned the meeting at 10:35 AM.