



BRIAN SANDOVAL
Governor

STATE OF NV
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

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MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

MCAC MEETING NOTES NO QUORUM

Date and Time of Meeting: January 21, 2014 at 9:00 AM

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

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue, Suite 4415E
Las Vegas, Nevada 89101

Attendees

Board Members (Present)

Rota Rosaschi, Chairperson
Dr. Jade Miller, Board Member
Darrell Faircloth, Board Member
David Fluitt, Board Member
Dr. David Fiore, Board Member

Board Members (Absent)

Michael Ball, Board Member
Angie Wilson, Board Member
Tracey Green, Board Member

Carson City

Tracey Woods, AGP
Shannon Sprout, DHCFP
Laurie Squartsoff, DHCFP
Leslie Bittleston, DHCFP
Sandie Ruybalid, DHCFP
Gloria Macdonald, DHCFP
Lindsay Wheeler, High Sierra Legal
Diane Smith, DHCFP
Tracy Palmer, DHCFP
Bruce Reinhold, McKesson
CJ Bawden, Nevada Health Link
Marta Stagliano, DHCFP
Coleen Lawrence, DHCFP
Julie Bertuleit, GSK

Joshua Etchegoyhen, DHCFP
Chuck Duarte, CHA
Jennifer Frischmann, DHCFP
Marti Cote, DHCFP
Joanna Jacob, Ferrari Public Affairs
Katie Baumruck, DHCFP
Gary Aldax, Community Health Alliance
Kevin Johnston, Amerigroup
Karen Brasen-Corson, DHCFP
Mark Rosenberg, CHA
Jenni Bonk, DHCFP
John Whaley, DHCFP
Sherry Cranee, ADSD
Elizabeth Aiello, DHCFP

Las Vegas

Chris Putnam, Daiichi Sankyo
Raymond Rawson, HPN

Brenda Ward, HPN
Kelly Simonson, HPN

I. Call to Order:

Chairwoman Rosaschi called the meeting to order at 9:17 AM.

II. Roll Call

Chairwoman Rosaschi asked for roll call. It was established a quorum was not met. The chair decided to go forward with presentations and advised no actions would be taken.

III. Public Comment on Any Matter on the Agenda

Dr. Mark Rosenberg presented his handouts to the committee and spoke on anesthesia costs. Please see Dr. Rosenberg's attachment.

IV. For Possible Action: Review and Approve Meeting Minutes from November 8, 2013

A quorum of the Medical Care Advisory Committee (MCAC) was not met, therefore the minutes were not approved and no action was taken at this meeting.

V. CJ Bawden Gave an Update on Nevada HealthLink

Mr. Bawden reported 13,159 individuals have signed up with Nevada HealthLink, Medicaid and Nevada Check Up (NCU). 4,840 individuals purchased dental plans. With the current outreach efforts there have been 1,086,000 individual unique users. The goal of the outreach is to make sure that all eligible Nevadans see the advertising a minimum of 25 times during this campaign.

There will be 50 new staff additions to the Nevada HealthLink call center to decrease call wait times, as well as some changes to the website. Looking at the home page of nevadahealthlink.com there is a get assistance button at the top. When pulled down, it says "Help enrolling in Medicaid". If a person does not want to use the website on their own, they can open that up and it goes directly to the Division of Welfare and Supportive Services (DWSS) partner list and gives them a list of locations where they can receive in-person help filling out an application for Medicaid and getting through the system in a timely manner. Information has been added for Native Americans, American Indians and Alaskan Natives. It describes the different special provisions both for Medicaid and for qualified health plan enrollment for Native Americans who are members of federally recognized tribes in Nevada. The goal is to increase the customer experience and increase customer satisfaction with the entire process through a series of website builds that are happening on a weekly basis.

The average time for enrollment of a single individual, whether it is through a qualified health plan or through Medicaid, is 20 to 22 minutes. In most cases, Medicaid goes much faster because the plan selection is the Managed Care Organization (MCO) that is available in their area. When looking at qualified health plans, individuals have to look at the benefits offered versus how much they are paying. Families of four get through the process in about 45 minutes for a qualified health plan.

VI. Administrator's Report by Laurie Squartsoff

Ms. Squartsoff commented on the number of State Plan Amendments (SPAs) submitted to Centers for Medicare and Medicaid Services (CMS) for changes and approved Medicaid Service Manuals (MSMs). The Division of Health Care Financing and Policy (DHCFP) has engaged in the first of three meetings with partners from mental health, corrections and the stake holders who are providing services to persons who are either incarcerated or receiving services in the community through a program called Community Conversations. In Community Conversations the focus for the DHCFP is the impact on the criminal justice system and persons with mental illness. The DHCFP is looking at ways Medicaid, stake holders and different entities providing services can address a community solution.

Ms. Squartsoff also spoke about the workshops with providers across Nevada to address and answer as many questions as possible prior to Public Hearing. Ms. Squartsoff recently met with pediatricians regarding concerns about how few specialists are in Northern Nevada and how to possibly improve participation. As a result of the meeting, the DHCFP will have ongoing meetings with these pediatricians to ensure the communication between the DHCFP and practitioners continues to evolve and improve. If there are any groups that want to meet with Ms. Squartsoff, please feel free to have them contact Rita Mackie and she will do her best to get a meeting scheduled.

VII. Introduction and presentation from our new Care Management Organization (CMO) Vendor by Jenni Bonk, John Whaley and Bruce Reinhold with McKesson

Mr. Whaley introduced Ms. Bonk from the Business Lines Unit with the DHCFP and Mr. Reinhold from McKesson Health Solutions who will be giving a presentation on the Health Care Guidance Program.

Ms. Bonk presented Mr. Reinhold. Ms. Bonk also provided background information on the Research and Demonstration Waiver. On November 12, 2013, the Governor approved the contract for a new CMO. The CMO will provide care management services to the sickest Nevadans, the Fee For Service (FFS), and Medicaid beneficiaries with qualifying health conditions. It will have a lot of focus on integrated care for the recipients that are not receiving CMS. On November 14th, the new MSM Chapter 3800 was presented and approved at Public Hearing. The DHCFP has been busy implementing the activities and exchanging data transmittals to find out who will be enrolled.

The DHCFP is also working on outreach activities. Ms. Brasen-Corson is the newest member to Business Lines with the DHCFP. Ms. Brasen-Corson will be undertaking all of the outreach activities for the CMO and she has scheduled meetings all over the state. LegistiCare will receive a presentation and McKesson will be presenting to Childrens Behavioral Health Consortium.

Ms. Bonk also commented there was a lot of talk as to what to call this program. The DHCFP cannot call it CMO forever, and with much thought put into it, the DHCFP has named it the Health Care Guidance Program. It represents what the DHCFP is trying to do for these recipients. Based on what has happened so far, and what needs to be done, the DHCFP anticipates the go live date for enrolling beneficiaries to be April 1, 2014.

Mr. Reinhold gives a brief background of McKesson Corporation and Value Options as well as his PowerPoint presentation. The Health Care Guidance Program launches on April 1, 2014, and everything in the program is laid out and directed by the CMS waiver. This program has a large component of improvement and quality.

Ms. Bonk added there are 54 quality metrics for the Health Care Guidance Program.

Mr. Reinhold stated if the quality of care can be improved, gaps closed, people get the right Level of Care (LOC) and educate them appropriately, this will improve health outcomes. The DHCFP is bound to hit the lagging indicators of member satisfaction and cost reduction. The Health Care Guidance Program will obtain an office in Carson City, hire a local medical director full time to oversee the program and provider outreach, as well as a part time behavioral health medical director. The new director will represent the Health Care Guidance Program and talk with other stake holders in the community. This model is not to have everyone work out of an office, but to work from home in the communities and be close to the recipients they are going to provide care for. This mixed model of telephonic and face-to-face care is based upon how severe the recipient's condition is.

Mr. Reinhold asked who was eligible. The FFS population in Nevada is eligible. The waiver dictates the recipients who are the sickest. Recipients with complex conditions, over \$100,000 in costs, and have chronic, physical or behavioral health conditions. The program is capped at 41,500 participants. We are in the process of doing the data.

Ms. Bonk added that 58,000 were eligible for the Health Care Guidance Program. From that group, 41,000 will be pulled and the rest are on a waiting list.

Mr. Reinhold continued with how the Health Care Guidance Program will do the identification (I.D.) and stratification codes. The goal is to get the recipients in the program who is impacted most. Chronology dictates first and foremost for recipients ready to come into the program come in first. A waiting list protocol has been developed.

Ms. Bonk stated a physician referral for the program will be highly considered. It will allow a recipient to move higher up on the waiting list for the Health Care Guidance Program and will concentrate on who will benefit most from this.

Mr. Reinhold continued with the provider buy in is important. The Health Care Guidance Program wants to make sure slots are reserved for real time referrals by physicians and providers. Participation in this program is mandatory. Mr. Reinhold asked who is not eligible. Newly eligible's are. The reason for this is a demonstration project. This is a study and CMS decided there are no historical claims for this base line.

Ms. Bonk added it is a group they want to include. It is just a matter of waiting a year to see what they are like. The DHCFP does not have a lot of information on this population and other groups like dual eligibles and those on Targeted Case Management (TCM). They wanted to see some success with the CMO before it is amended to include those groups.

Please see Mr. Reinhold's attachment.

VIII. DHCFP Reports

A. John Whaley Presents an Update on the Dental Anesthesia Issue

Mr. Whaley reported he would like to read directly from the memorandum he passed out earlier to the members of the committee. At the end of his presentation, he would like to have representatives from both of the MCOs make a brief presentation and let the committee know what they are doing in this situation.

Mr. Whaley stated he can't address the rates or FFS issues because of what he deals with. Business Lines is a term of the DHCFPs that includes insurance plans and the MCOs. Mr. Whaley said he is not clinical and has no medical or dental training so he cannot speak to whether anesthesia is always called for or appropriate in situations, or if nitrous would work.

Mr. Whaley then reads the memorandum he provided to the committee. Please see Mr. Whaley's attachment on Dental Anesthesia in Washoe County.

Ms. Kelly Simonson with Health Plan of Nevada (HPN) and Dr. Raymond Rawson Dental Director with HPN introduce themselves and provide support to Mr. Whaley's comments regarding the dental anesthesia issue.

Mr. Kevin Johnston with Scion Dental confirms previous comments by Mr. Whaley and HPN representatives. He personally provided outreach to families of children suffering. Scion Dental gave the families the option of a second provider for emergency services. Mr. Johnston stated that children waiting months for emergency service is not an option, so Scion Dental took action.

Chairwoman Rosaschi states that she knows it is a complex situation and involves a lot. On behalf of all the children, she thanks everyone who has been working towards the effort and asks to be kept current on the progress.

B. Josh Etchegoyhen Discussed Orthodontia Services and the Scope of Work for Orthodontists

The DHCFPs goal is to determine services allowable for orthodontists to allow for access to care, coordination of quality care, and eliminate fraud and abuse. Mr. Etchegoyhen read the introduction of MSM Chapter 1000, Dental Orthodontics, and wanted to get the MCACs input on prior authorization codes that are required by HPES. Mr. Etchegoyhen presented the MCAC with a series of questions, since there was no quorum they could not be answered at this time. Please see Mr. Etchegoyhen's attachment.

C. Gloria Macdonald Discussed Updates on BIPP and the LTSS Committee

Ms. Macdonald gave a brief background of the Long Term Services and Support (LTSS) committee. The LTSS committee is in the process of implementing a number of projects. Ms. Macdonald also touched on the sub-committees that will be helping with the various projects. For a detailed list of these projects and sub-committees please see Ms. Macdonald's attachment.

The Balancing Incentive Payments Program (BIPP) is a funding initiative from CMS that provides additional Federal Medical Assistance Percentages (FMAP) to states that participate. The DHCFP has submitted an application for the FMAP program. To qualify for these funds, States must implement three structural changes in their systems of community based LTSS. A No Wrong Door (NWD)/Single Entry Point (SEP) eligibility determination and enrollment system, core standardized assessment instruments and conflict-free case management. States that spend less than 50% of their total Medicaid LTSS expenditures are eligible for BIPP. Nevada is above 25% and below 50%, and is eligible for 2% enhanced FMAP. States that meet eligibility requirements and participate in the program must ensure their systems include, or will include, NWD/SEP, conflict-free case management and core standardized assessment instruments.

Ms. Macdonald also stated grantees must create a statewide system of LTSS and ensure: all individuals have the same access to information and resources, regardless of their first point of entry into the system, individuals are assessed once for their range for which they may be eligible and the eligibility determination and enrollment process proceeds in a streamlined manner with the function and financial components of eligibility coordinated. Ms. Macdonald gave an outline of the award process for the BIPP.

D. Jennifer Frischmann Discussed the Need of Doctor's to perform Disability Determinations

Ms. Frischmann discussed the need for the DHCFP to find additional physicians to perform disability determinations. The DHCFP is working with Avysion, who holds a master service agreement with Nevada instead of contracting directly with the doctors.

E. Update on the Order, Prescribing, and Referring Providers by Marta Stagliano and Diane Smith

Ms. Stagliano stated that Ms. Diane Smith will be giving the update on ordering, prescribing and referring from a policy perspective. At the last MCAC meeting the DHCPF talked about the implementation of the ordering, prescribing and referring which is a result of the Affordable Care Act (ACA). Medicare implemented their piece on January 6, 2014. The DHCFP is still in the process of making several changes. The DHCFP has to make system changes to the Medicaid Management Information System (MMIS), and the enrollment process. There are two types of enrollment. There is the full enrollment, which is where they can receive reimbursement for services, and there is a streamlined enrollment, which is the project that Ms. Smith is working on.

The DHCFP has found providers are not using dump codes. Dump codes are where providers put in any number to get the claim through. Most of the information the DHCFP has found is they are known National Provider Identifiers (NPIs) and at one point were enrolled with Medicaid, but are not any longer. That makes the outreach a little bit easier.

Ms. Stagliano also commented on the outreach efforts. Depending on the number of providers, the DHCFP may do a fax and email blast as well as the possibility of making phone calls to the provider base and a web announcement.

The other system piece needed is in MMIS. The MMIS is needed to recognize new referring providers, and to do a system check to make sure they are known to Medicaid. If they are not known, it would deny the claim. If they are known, it would go through the normal adjudication process. The DHCFP has to get the application, enroll them and have the system in place.

Prior to the system actually putting in the hard edits the DHCFP will go ahead and do a soft edit first 30 days in advance. That would be both for the pharmacy and for the non-pharmacy type claims. If the DHCFP goes beyond 30 to 45 days it becomes useless. At the end of the 30 day soft edit period, those edits would go in place and those claims will be denied if the referring provider is unknown to Medicaid. The DHCFP will be running monthly reports trying to identify who the referring providers are to date. There is no implementation date at this time but it will be in 2014.

IX. Public Comment

Mr. Charles Duarte with Community Health Alliance (CHA) commented on the number of patients in Washoe County and the Virginia City area they serve through five fixed sites, including a mobile dental site, since the merger of Health Access Washoe County (HAWC) and St. Mary's Health Center.

Mr. Duarte provided additional information on the comments regarding hospital dentistry. CHA had previously contacted the DHCFP in regards to the reduced access to anesthesia services. In the Washoe County area, Dr. Rosenberg determined that the reduction rate to anesthesia services is 85%. While the actions of the state and MCO have mitigated some of those cases, they have not provided a permanent fix or solution to this. This is a serious issue and CHA is concerned for the recipients.

It is not about the money. CHA wants to get the children off their list and get them into care. The suggestion that this is about dollars coming to the HAWC is misleading. The reason CHA did not go directly to the MCO was because the state had a responsibility for managing access to care. This was not just an issue for the MCO; it was an issue for the state and for the DHCFP. There are FFS clients, some of which may convert to an MCO, but many of whom are disabled children or disabled adults, and will stay FFS. The need to address this systematically is why CHA went to the state. CHA informed that state they believed this problem could be resolved for \$57,000 in state general fund. CHA provided an option to the state to clinically carve out these cases, identify them as special cases and pay the anesthesiologist the rate that they are demanding.

On an annual basis CHA sees 400 of these cases. CHA gets referrals not only from their own dental practice, but from the dentists that work in the community. Because CHA is the largest Medicaid practice, access is limited as a result of these anesthesia rates. General anesthesia in a regular dental operatory setting is not safe for children. There has to be a rescue capacity to rescue their breathing at

the level of general anesthesia. If the only option is Emergency Medical Services (EMS), that is not a safe option for CHA. It presents a liability to the children as well as CHA. The CHA turned down that option for clinical and liability purposes. Mr. Duarte believes it is not CHAs obligation to monitor access to care; it is the states obligation.

Dr. Rosenberg clarified some comments that were made regarding the Health Maintenance Organization (HMO) not being notified as well as anesthesiologist issues. Please see Dr. Rosenberg's attachment.

Mr. Duarte adds a lot of these hospital cases are not routine dental care cases. A vast majority of them are exacerbated by behavioral and developmental conditions of the child.

Chairwoman Rosaschi understands it is a complex situation and looks forward to a dialog to ask and share information. She thanks all in attendance.

For further detail please see all attachments.

X. Adjournment

Chairwoman Rosaschi adjourned the meeting at 11:22 AM.

**An Audio (CD) version of this meeting is available through the DHCFP Administration office for a fee. Please contact Rita Mackie at rmackie@dhcftp.nv.gov or you may call (775)-684-3681.*