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

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

APPROVED MCAC MEETING MINUTES

Date and Time of Meeting:	July 15, 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 4412E Las Vegas, NV 89101

Attendees

Board Members (Present)
Rota Rosaschi, Chairperson
Peggy Epidendio, Board Member
David Fiore, Board Member
Tracey Green, Board Member

Board Members (Absent)
Michael Ball, Board Member
David Fluitt, Board Member
Angie Wilson, Board Member

Carson City
Diane Smith, DHCFP
Shannon Sprout, DHCFP
Kathy Stoner, DHCFP
Cynthia Serrano, DHCFP
Gloria Macdonald, DHCFP
Alex Tanchek, JK Belz and Associates
Janet Osalvo, DHCFP
Alexis Tucey, DHCFP
John Whaley, DHCFP
Robin Ochsenschlager, DHCFP
Elizabeth Duffin, NVHC
Erin Snell, Value Options
Amy Khan, McKesson
Joanna Jacob, Ferrari Public Affairs
Julie Bertuleit, GSK

Jan Prentice, DHCFP
Tiffany Lewis, DHCFP
Dwight Hansen, NV Hosp Assn
Jennifer Frischmann, DHCFP
Tracy Palmer, DHCFP
Jenni Bonk, DHCFP
Lindsay Wheeler, MSL
Theresa Carsten, DHCFP
Sandie Ruybalid, DHCFP
Laura Rich, SSHIX
Laura Hale, DPBH/PCO
Scott Mayne, CC/WC
Ryan Vey, Value Options
Scott Larson, BMS
Darrell Faircloth, Senior DAG

Las Vegas
Kyle Roerink, LV Sun

Deb Neubecker, Parent

I. Call to Order:

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

II. Roll Call

Chairwoman Rosaschi asked for roll call. It was established, we do have a quorum.

III. Public Comment on Any Matter on the Agenda

No Comments.

IV. For Possible Action: Review and Approve Meeting Minutes from April 15, 2014 and June 5, 2014

The April 15, 2014 and June 5, 2014 minutes approved as written.

V. Administrator's Report by Laurie Squartsoff

Ms. Laurie Squartsoff introduced the Division of Health Care Financing and Policy (DHCFP) new Director Romaine Gilliland and the new Regional Administrator from the Centers for Medicare and Medicaid Services (CMS) Hye Sun Lee.

Ms. Squartsoff commented on how the DHCFP staff is pulling together information for the 2016-17 budget. Requests include additional staff, reimbursement rates, and projects with sister agencies in the way of streamlining processes.

The DHCFP will continue more outreach activities with the providers and provider networks to assure questions are being answered. Issues related to the expansion population and access to care is being addressed. In a recent meeting with Clark County Social Services and Psychiatric Association staff voiced similar concerns regarding the increase in the patient population covered by Medicaid, the number of service providers for beneficiaries, and how to address the increase for need for services. Predominantly, providers concerns are related to reimbursement rates, and the change in the number of beneficiaries covered by the chair organizations. Adequacy of coverage is certainly at the top of the list the DHCFP will continue regular meetings with Manage Care Organizations (MCOs) to address those concerns as they come. A quarterly meeting with the MCOs is on July 23, 2014 in Las Vegas. The DHCFP will continue to research how to make adjustments regarding newly eligibles and the medical needs this particular patient population brings to the DHCFP; specifically what services are required from the MCOs in terms of chronic conditions.

Ms. Squartsoff reported that the DHCFP has completed two Medicaid Service Manual (MSM) updates in the last quarter. Revisions to MSM Chapter 2800 were made to reflect the requirement in 34 Code of Federal Regulation (CFR) 300.154(d)(2)(iv) that parental consent be on file and to add a parental notification requirement as mandated by 34 CFR 300.154(d)(2)(v). These changes are effective July 1, 2014. Revisions to MSM Chapter 3600 were made to provide for mandatory enrollment in managed care, where available, for Nevada Medicaid Newly Eligibles. Nevada Medicaid Newly Eligibles are defined as childless adults ages 19 through 64 and the expanded parent & caretakers ages 19-64 who are made eligible as part of the Patient Protection Affordable Care Act (PPACA) expansion population and receive the Alternative Benefit Plan.

This will clarify that the Nevada Medicaid PPACA Newly Eligible recipients cannot opt out of managed care, based on a diagnosis of Serious Mental Illness (SMI). This change will ensure that these recipients will receive the comprehensive care they need within the managed care system. These changes were effective May 30, 2014.

Ms. Squartsoff reported on the State Plan changes that were submitted to CMS: SPA 14-002 Mandatory Managed Care for Newly Eligibles, and SPA 14-003, Increase All Inclusive Per Diem Psych Rate (PT11 & PT13). SPAs that were approved by CMS were SPA 13-0023, S88 Non-Financial Eligibility State Residency, SPA 13-0024 S14 Aid for Families with Dependent Children (AFDC) Income Standards, SPA 13-0026, S94 General Eligibility Requirements Eligibility Process, and SPA 13-034, Methodology for Identification of Applicable Federal Medical Assistance Percentages (FMAP) Rate related to the Newly Eligible population.

Chairwoman Rosaschi asked if the MSM updates had any new initiatives or just maintenance.

Ms. Squartsoff responded much of what is in the budget is maintenance of efforts due to the case load.

Chairwoman Rosaschi asked if the Manual change regarding no opt out for those with Social Security Income (SSI) created a waiting list and are those recipients getting services.

Ms. Squartsoff responded the DHCFP plans to follow up with the MCOs to ensure those patients that historically did have the option of opting out will have the chance of having access to care. Regarding those small groups of patients, the DHCFP may perform follow up reports to make sure there aren't any impacts.

VI Presentation on the Silver State Health Insurance Exchange/Nevada Health Link By Laura Rich, Silver State Health Insurance Exchange

Ms. Laura Rich, Quality Assurance Officer with Silver State Health Insurance Exchange gave a presentation on the Nevada Health Link. See attachment #1.

VII. Update on the Expansion Population and the Impact to the Division of Welfare and Supportive Services (DWSS) By Naomi Lewis, Acting Deputy Administrator, DWSS

Mr. Michael McMahon introduced himself as the Administrator for Division of Welfare Supportive Services (DWSS), and introduced the Acting Deputy Administrator, Naomi Lewis. Mr. McMahon mentioned how in the previous Legislative Session, the DWSS gave a presentation regarding the budget, where the biggest component of the budget was the case load increase. The budget was built utilizing some very sophisticated programs to help forecast and project the case load increase for the Affordable Care Act (ACA). The DWSS is now looking at approximately 68,000 new enrollees due to the ACA. The Governor approved the optional category, which then allowed 238 percent of the federal poverty level; this is now referred to as the Newly Eligible or the single adult, a category the state has never offered in the past. In that category we anticipate an additional 78,000 case load increase for that population alone. In order to address those types of case load increases, legislation approved an increase of a little more than 400 staff in order to process the applications in a timely fashion. Since we don't have the ability to bring 400 staff on board over night, the approach we are taking is to stager that out over a course of time, to allow the vacancies to be filled from the DWSS academies. Every case worker has to go through this process and complete the academy in order to be trained. We were able to move more people out to the front line to handle the application process.

Ms. Naomi Lewis reported that prior to Health Care Reform (HCR) the DWSS was processing 300 tasks per day. Post HCR, the DWSS growth is now processing 1200 tasks per day. The DWSS went from processing 12,884 applications per month prior to HCR, to last month processing 33,881 applications per month. Within the first five days of processing, the DWSS went from 12 percent to 23 percent of processing applications. Currently there are 533,459 Medicaid enrollees; when we started there were 308,000 Medicaid enrollees. Prior to HCR, the back log for the pending inventory were 17,928 applications and at the height of the application process 71,642 applications pending. As of this morning the pending amount is 10,733. We had an 85 percent reduction in pending inventory. The DWSS continues to authorize overtime and work on the case load to continue to bring the inventory numbers down.

Chairwoman Rosaschi asked how the DWSS is able to turn around an application in one day.

Ms. Lewis responded one of the projects in place currently is called Business Process Regenerate. The agency hired a company to evaluate the business processes and to evaluate the work time to do a case decision verses the lap's time. Now the motto is "One and Done" which means to work one application until completion.

Mr. McMahon commented one of the things that needed to be addressed is the high risk recipients and treatment that needed to be continued with no interruption. The DWSS was looking for a way to fast track those so those particular applicants did not go without health care at the time they needed it.

Chairwoman Rosaschi asked if the 45 day wait time still exists.

Ms. Naomi Lewis responded as of this month that particular statistic is still very poor; with the many projects coming together, that is the goal.

Ms. Peggy Epidendio asked what the approximate approval/denial ratio is.

Ms. Naomi Lewis responded the total of the Medicaid applications for Fiscal Year 2014 was 153,000 approved 67,000 denied and 2,000 withdrawn.

VIII. Presentation on Workforce Development
By Laura Hale, Division of Public and Behavioral Health

Ms. Laura Hale, Primary Care Office with the Nevada Division of Public and Behavior Health gave a presentation on the Nevada Behavioral Health Care Professional Pipeline Mapping Project. See attachment #2.

IX. Presentation on the Health Care Guidance Program (HCGP)
By Cynthia Serrano / Dr. Amy Khan, McKesson Medical Director

Dr. Amy Khan, Mckesson's Medical Director gave a presentation on the Health Care Guidance Program (HCGP). See attachment #3.

X. DHCFP Reports

- **Updates and Discussion of the State Innovation Model Delivery System Reform Incentive Payments by Jan Prentice.**

Ms. Jan Prentice introduced herself as the Chief of Rates and Cost Containment for the DHCFP. Ms. Prentice reported the funding opportunity through CMS, called the State Innovation Model has two phases to the grant, a redesign phase and a test phase. In May 2014, the Governor determined that the DHCFP was the appropriate division to lead this. The DHCFP has now contracted with Minor and Stocker to get the application done. The DHCFP had a quick turnaround time to get the letter of intent to CMS with a letter of support from the Governor. CMS allows one application available per state. The focus on the spread is to reduce Medicare, Medicaid and Community Home-based Initiative Program (CHIP) expenditures while improving population health. It must be a state-wide effort and not community driven. It must transform the health care delivery system while decreasing health care spending. It must be focused on specific health demographics and health need. This is a funding opportunity to coordinate the state-wide efforts. It cannot be duplicative, it can expand on current initiatives but it cannot overlap with current funding. This is going to be a very big challenge for the DHCFP and that's why we will need to work very closely with the sister agencies and providers. The DHCFP is working quickly to get this application written. DHCFP is coordinating with the State Contracts Division, the DHCFP contracts unit and Minor and Stocker. Also, the majority of the DHCFP Rates and Cost Containment staff have been assigned to this project. The due date is July 21, 2014. The budget is designed right now so we know how much we will ask for. What this will allow us is in the first year in the designed application, CMS awards one to three million dollars per state up to 15 States. In the second year, if you go towards the test model, they award between 20 to 100 million for the roll out. If the DHCFP is awarded the test design model grant, the funding will run from January - December 2015. The DHCFP has received 31 letters of support that will be submitted with the application. In the interim between now and when the grant could be awarded in October, the DHCFP will be working with the stake holders so we can get a plan in the event we are awarded the grant. What we have identified from the Governor and the DHCFP Administrator is that they want to focus on Behavioral Health, Telemedicine, Access to Care and Delivery Reform Incentive Payment Program (DRIPP). CMS is now favoring DRIPP instead of the traditional supplemental payment programs. This is a way of delivering incentive payments to providers that are showing results. It's a very structured program; there is a lot of reporting requirements and mentoring. We are looking at DRIPP as a part of the grant depending on how quickly we can get a model set up for the DRIPP. We have heard from CMS this has been a preference going forward. CMS probably will be referring the states to look at a DRIPP model in the future.

- **Update discussion on the Ordering, Prescribing and Referring Project from the Affordable Care Act by Diane Smith**

Ms. Diane Smith introduced herself as the Supervisor of Provider Enrollment for the DHCFP. Ms. Smith reported the updates for the project they have currently going for one of the ACA mandates: Ordering and Referring Physicians. Provider Support has a core team that meets weekly and is in partnership with the DHCFP fiscal agent and the IT team at the DHCFP. The DHCFP is currently in the final testing phase for numerous system changes that had to be implemented in order to accommodate this mandate. Briefly, the Ordering Prescribing and Referring (OPR) initiative, what that states are that any services apply that is OPR by a physician will have those physicians known to our system. This is to combat fraud, waste and abuse through the Medicaid and Medicare system. A specific specialty code has been made to identify these types of providers in the system. This will help with the claims processing system. When a service provider bills and has a supplier referred to them they will have to identify the OPR on the claim. If that is not out there, then the servicing provider claim will be denied. The DHCFP has actively been working with our fiscal agent to get communications out to the public and to

the provider community. Web announcements and remittance advice messages have been sent out. The DHCFP will be processing about 3,000 letters to these identified OPR providers in order to get them enrolled. There is a specific application for the providers to fill out and it's a streamline process so it's rather administration than full enrollment. Since they won't be billing for services they do not have to sign any contract. The DHCFP is actively working with the pharmacies. There is going to be some soft edits going on soon with notifications stating that "We noticed that the claims came through and there is no referring physician NPI on this claim. In the future this claim will deny." It will inform the recipients and referring physicians that they do need to enroll with Nevada Medicaid. We are targeting a September implementation which is subject to change based on the test results since this is currently a testing phase. There is currently a list of providers out on the DHCFP website that we encourage the servicing providers to go. It is a monthly report, however is not very interactive. It is in alphabetical order and we will be working in conjunction later in the year to make it more interactive.

Ms. Peggy Epidendio asked to clarify if the service provider looks on the list and finds the physician is not a provider does he contact Provider Enrollment.

Ms. Smith replied that they would like them to contact the referring physician and let them know that they can and need to be enrolled. They can contact Hewlett Packard Enterprise Services (HPES) or the Provider Support Unit if they have questions on enrollment.

Ms. Epidendio asked if the provider does not do that then what happens.

Ms. Smith stated the provider will not get paid. That is why everyone is working on other ways to communicate on how to get them on the list. They cannot bill and wait until the prescribing provider is enrolled and work collectively together. The customer service staff at HPES will help facilitate the process.

- **Update Discussion of Applied Behavioral Analysis (ABA) by Coleen Lawrence**

Ms. Shannon Sprout introduces herself as a Social Services Program Specialist III of the Clinical Policy Team for the DHCFP and will be presenting on behalf of Ms. Coleen Lawrence. Ms. Sprout reported back in April the DHCFP received some information that Louisiana and Washington Medicaid would be submitting a State Plan limit to request approval from CMS for ABA services. With that knowledge, the division developed a budget concept paper to request coverage. In June, CMS approved a State Plan Amendment (SPA) for both states. In the meantime, CMS had released an information bulletin identifying a [inaudible] in which Medicaid could be reimbursed. The division has moved forward and will continue to move forward with developing and planning for policy and holding workshops for the stakeholders. In addition, to that we will look at using autism treatment system programs administered by the Aging and Disability Services Division (ADSD) to use components of their policy to help develop our policies. We will submit a SPA to CMS for approval and will hold a Public Hearing for the SPA and for the Medical Coverage Policy with the anticipated effective date of the fourth quarter of the calendar year of 2015.

- **Update Discussion of the Revised Functional Assessment and Service Plan for Personal Care Services Program by Jennifer Frischmann**

Ms. Jennifer Frischmann introduced herself as the Chief of Long Term Support Services Unit for the DHCFP. Ms. Frischmann reported she is pleased to announce after a year and a half of hard work we have rolled out new functional assessment for Personal Care Services (PCS). What this

means is the Physical Therapist (PT) or the Occupational Therapist (OT) that completes the functional assessment form, or someone that is requesting personal care services, is the one who is actually completing the service plan. It is a comprehensive tool that rolls directly into the service plan. It is a more accurate reflection of what the individual actually needs. In addition, there is an override capability as well. For example it might take someone 15 minutes to get out of bed however they have high blood pressure so it takes them a little longer to sit up. Therefore we can override that and now allow 30 minutes to get out of bed and get functioning. It is going to be an accurate reflection of what individuals need and it will go into effect August 1, 2014.

XI. Public Comment

Received public comment from Ms. Deb Neubecker regarding issues her family is having regarding Nevada providers.

XII. Adjournment

Chairwoman Rosaschi adjourned the meeting at 11:43 AM.

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