



DRAFT MCAC MEETING MINUTES

Date and Time of Meeting: Tuesday, July 19, 2022

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place Meeting: Microsoft Teams

MCAC Voting Member Attendance	
Member Name	Present
Rota Rosaschi, Chairperson	X
John Phoenix, Vice Chairperson	X
Dr. Susan Galvin	ABS
Dr. Ryan Murphy	X
Dr. Kelsey Maxim	X
Kimberly Palma-Ortega	ABS
Non-Voting Member Attendance	
Dr. Ihsan Izzam	X

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 at 9:09 AM.

III. Public Comment

No public comments were made.

IV. For Possible Action: Review and approve meeting minutes from the previous meeting held on May 25, 2022.

Chair Rosaschi called for a motion to amend or approve the draft minutes from the May 25, 2022, MCAC Quarterly Meeting. A motion to approve the draft minutes as presented was provided by Dr. Ryan Murphy and a second was provided by John Phoenix. Motion passed unanimously.

V. Administrator's Report

Administrator Suzanne Bierman provides the following information. Mrs. Bierman states that the Public Health Emergency has been extended on July 15, 2022. It remains in effect; the end date is still unknown. The Federal Department of Health and Human Services has notified states that they will receive 60-day advanced notice before any termination of the public health emergency. Administrator Suzanne also states that the Division has a new Pharmacy Benefits Manager as of July 1, 2022. Magellan has been working directly with pharmacies and their district offices to find support for recipients. She also updates that DHCFP has a new pharmacy website that has been built by Magellan to assist recipients with questions. This website is <https://nevadamedicaid.magellanrx.com/home>. Additionally, if more information is needed, please reach out to DHCFP's pharmacy chief, David Olsen. Administrator Bierman also states that the Medicaid Reinvestment Advisory Committee held its first meeting, which was created by the legislation during the 2021 session. The purpose of this meeting is to make recommendations on the reinvestment of funds by Medicaid Managed Care Organizations for the communities they serve. The Division has had many work programs in Interim Finance Committee. Many related to the home and community-based services initiatives under ARPA and work programs that were reviewed in August included funding to provide 500\$ supplemental payments to direct home care workers, approval for a needs assessment to improve care for aging, blind, and disabled, and other enhancements to their IT systems. Administrator Bierman also gives an update on staffing. She mentions that Angelica Velazquez Arias has joined the agency and will be providing support to this committee.

Administrator Bierman then goes on with the State Plan Amendment (SPAs) Update.

She states that on July 7, 2022, DHCFP received approval from CMS for SPA that includes a new provider type for Doula services, community health workers, licensed pharmacists, and telehealth services. The Division is also submitting several SPAs to CMS to demonstrate compliance with the ARPA Covid-19 provisions which require states to cover and provide reimbursement for Covid-19 treatments. The period for this requirement started on March 11, 2021 and ends on the last day of the first calendar quarter that begins one year after the last day of the Covid-19 public health emergency.

She also states that there is another SPA for the home and community-based services initiatives funded through ARPA section 9817, they are proposing to continue the supplemental payment to the following provider types 29, 30, 39, and 83 by the percentage increase from the current Medicaid reimbursement rate, which is 15% for home health care, 15% for personal care, which will also have an additional rate differential 14%, 15% for adult daycare. These are on a quarterly basis.

Supplemental payments for inpatient hospitals have submitted a payment page update that will allow the continuation of the hospital indigent fund. Supplemental payment programs based on inpatient hospital utilization and order to preserve access to inpatient acute services.

Lastly, Administrator Bierman mentions that they have a disaster SPA, with an effective date of March 1, 2022, this SPA includes the 15% HCBS supplemental payment. These are temporary supplemental payments to effectuate the initiatives in the HCBS ARPA plan, not long-term rate increases.

Chair Rosaschi then asks administrator Suzanne what short-term increases mean.

Administrator Bierman then responds to Chair Rosaschi's question. She states that it runs through the ARPA funding period through 2024, there is a special provision in ARPA section 9817 specific to Medicaid and home and community-based services, and the state put together a spending plan, so in addition to getting approval for the state spending plan, they had to correspond SPAs to be able to implement the changes.

Administrator Bierman then gives updates on the Medicaid Services Manual (MSM). DHCFP staff has been implementing updates and amendments to ensure DHCFP's response to the pandemic and to

maintain operations during that period and there are several policy updates that were heard during public hearings in May and June.

On the May 25th public hearing revisions to MSM Chapter 3400 were proposed as the result of senate bill five from the 81st Nevada Legislative Session which removes the exclusion of the standard telephone to provide telehealth services. Also, revisions to Chapter 1200, are the recommendations approved by the Drug Utilization Review Board. The proposed changes here include revisions to the existing criteria, as well as to the anti-migraine medication section to improve rehabilitation. There is also the creation of a new HIV section which includes new prior authorization criteria for various drugs.

VI. Managed Care Organization Marketing Updates

David Escame, Anthem Blue Cross, and Blue Shield then proceed to give his marketing update. Mr. Escame then states that they're investing in daycare to relieve the burden on working parents. They will be launching it for K through 5th grade in October. The card is coded, they can use it at any credited daycare. Maternal health transportation benefit is for new moms or babies up to 5 years old who will get a one-month pass, or for those without bus access, their choice of a \$50 Uber card or a 50\$ gas card.

Chair Rosaschi then asks how many times the \$50 card will be given to families.

Mr. Escame then answers that it will be given annually.

Olivia Smith, Health Plan of Nevada then proceeds with her new and changed marketing update for review. She then gives a brief description of HPN. This submission contains original scripting and creative that, at the point of production, may require changes due to adjustments in services, operations, or creative implementation. Grammar, punctuation, and capitalization may be adjusted at any time to accommodate the variable data selected. This may include the addition of words, such as "and" or "with", as well as changing words to plural, singular, and past or future tense. Filler words may be added to increase readability or maintain an understanding of the material.

Mr. John Phoenix then questions Olivia, what is the reading level that these developed for the public?

Shawna Demusse, Director of Compliance, then responds that all materials are reviewed and are provided to members at under an 8th-grade reading level. She states that they use a certified translation company that translated all materials into Spanish.

Shawna then adds that they do offer incentives for various closing gaps in care, and also have partnerships with various community organizations. They also have a grant with the center for STDs.

Kim Gahagan, Molina Healthcare of Nevada, then goes on with her presentation on the development of an integrated marketing plan to promote Medicaid health plan in Nevada. Campaign will include strategic marketing and media tactics to support growth in high opportunity areas and aid in member retention. They are targeted by zip code. She states that keeping your contact info up to date will help folks stay informed about Molina benefits.

Mr. Phoenix then proceeds to add that he'd like to see added incentives to testing for HIV and other sexually transmitted diseases.

Kim Gahagan, then responds that they do have some of these included, they have chlamydia, and a syphilis screening and they are working with a syphilis initiative to see what more they can do. They are working on comprehensive testing.

Cheri Glockner, SilverSummit Health plan then proceeds to present her marketing update from the 2022/2023 submission. Their message to the community is using concise, short sentences. She states that they're creating a video series. The video will have all the benefits available. They will also be highlighting the quality of providers and services available to Medicaid recipients through the SilverSummit health plan. They want to let the community know that they have a choice and SilverSummit is the choice they want them to choose.

Mr. Phoenix then comments on the term "Doctor", he mentions assuming the word doctor, they are discrediting the role other providers bring to the plan but also putting them in a situation of potential liability because the word doctor is being misinterpreted.

VII. Update on Medicaid's Pharmacy Benefit Manager (PBM)

David Olsen, Pharmacy Chief, DHCFP then goes on to give his presentation on the PBM update. His update is specific to Nevada Medicaid fee for service recipients. There is a new pharmacy benefit manager, Ben Durk. He also mentions the new website, which is responsible for supporting and conducting the drug utilization board review meetings.

Mr. Phoenix, then asks about the protected class status for HIV medications and why there is a prior authorization restriction on Cabreuva which is an injectable for HIV treatment when there are no other barriers like that. Mr. Phoenix then goes on with mentioning that this agent has been highly anticipated and putting this unnecessary restriction is a barrier for patients to receive this medication.

David then responds that he can't respond as he is not a clinician himself, but he mentions that they'd have doctors, pharmacists, and physician assistants that represent the drug utilization review board, and they will be best to with recommendations. He states that they will be meeting the following Thursday to send recommendations or public comments.

VIII. Presentation on Medicaid Services Manual (MSM) Chapter 1300 Durable Medical Equipment (DME) Disposable Supplies and Supplements

Jessica Vannucci, Social Services Program Specialist II, Medical Programs, DHCFP then proceeds with her presentation. She states that DHCFP reimburses for medically necessary equipment and supplies. The products must have been approved by the FDA and be consistent with the approved use. A health care product that is provided under the Medicaid State Plan and is necessary and consistent with generally accepted professional standards to diagnose, treat or prevent illness or disease; regain functional capacity; or reduce or ameliorate effects of an illness, injury, or disability. She then goes on with general information, durable medical equipment (DME) of a medical nature, needed for a medical condition, which lasts a considerable time without significant deterioration and is suitable for use in locations in which normal life activities occur. Repairs are subject to limitations of the model, cost, and frequency. Some provider responsibilities are ensuring suitability for the recipient and the recipient's residence. Also, maintaining compliance with the Board of Pharmacy. As for many other responsibilities that come with this as well.

Chair Rosaschi then goes on to ask Jessica, when was the last time this Chapter was updated.

Jessica then answers that it was updated in 2019 but she is in the process of doing an updated draft.

Mr. Phoenix also adds if there is coverage for continuous glucose monitoring, like the freestyle libra.

Jessica then answers that this question falls under pharmacy, and it is covered by the pharmacy program.

Mr. Phoenix, then adds an additional question on service animals. Is there any support for providing this care.

Jessica then answers that there is nothing under durable medical equipment because it is needed for the medical need of the recipient. If they had any service animal questions, she would refer them to one of the district offices.

IX. Presentation and Discussion of Nevada's 1115 Demonstration Waiver Application for Nevada's Oral Health Waiver to Allow Adults with Diabetes to Receive Dental Services (AB223)

Dr. Antonina Capurro, Deputy Administrator, DHCFP goes on with her presentation on the 1115 Demonstration Waiver that will provide dental services to diabetic adults as authorized by assembly bill 223 from the 2019 Legislative Session and codified into law as NRS chapter 422 section 27247. She then presents that among the US population overall in 2018, 34.2 million people of all ages – or 10.5% of the US population – had diabetes. The percentage of adults with diabetes increased with age, reaching 26.8% among those aged 65 years or older. The American Diabetes Association indicates that type 2 diabetes accounts for 90% to 95% of all diabetes cases. Eligible population for new adult dental waiver benefits are adults 21 years to 64 years of age, enrolled in Nevada Medicaid, diagnosed with type I or type ii diabetes; and receive services at a Federally Qualified Health Center (FQHC) in Nevada under agreement with Division to participate as a provider in the waiver demonstration.

Mr. John Phoenix then asks if there is Coverage for water picks or electric toothbrushes, is there any clerical benefits for those?

Dr. Capurro then responded that it is not included on the 1115 waiver.

Mr. Phoenix then add, does the waiver provide prescription toothpaste that is required by dentists?

Dr. Capurro replied to Mr. Pheonix stating that prescription toothpaste would be a service that is provided.

Mr. Phoenix then recommends to Dr. Antonina Capurro that they should take this 1115 waiver back to the lab committee and get it approved under the CLIA waivers.

Dr. Capurro then thanked Mr. Phoenix for bringing that recommendation forward, she has been working with the medical laboratory staff, their manager Brad Waples on the dentist or not recognized its qualified laboratory directors so they cannot provide A1C or any type of glucose testing in their office and Dr. Capurro doesn't think this is widely known by the dental community, so she will be attending future meetings and providing information on training and inability to provide those services.

Dr. Ryan Murphy, DDS, Mount Rose Pediatric Dentistry asks if those 1115 waiver benefits going to be administered through the state like feed for service Medicaid or are they getting run through the current dental benefit administrator (Liberty dental)?

Dr. Capurro then responds that the services will be provided at the federally qualified health centers in a similar manner to the way the services are delivered to adults right now, they will be expanding the services that are offered and providing that encounter for those services.

Dr. Ryan Murphy, DDS, Mount Rose Pediatric Dentistry asks: If there is a designated list of benefits, and procedure codes that are going to be provided or is it more of a "see a patient, come up with a treatment plan, submit an authorization for whatever the practitioner thinks is in the patents best interest and go from there?"

Dr. Capurro says assembly bill 223, Nevada revised statutes that she mentioned does outline the types of services that are going to be provided so they are fairly limited, and they will be training and working with the FQHCs as part of this project and providing the list of the specific SDT codes that are going to be offered.

Diane Meginnis, Nurse Practitioner, asks: If her patients need to participate in the waiver, she has to provide them to one of the two FQHCs, she is worried they may decide to pick a different provider, is Nevada health centers prepared for the number of referrals they might get for diabetic patients with a dental care or the other community health center. Apart from this waiver they are waiving state wideeness they are only providing services at the two FQHCs, patients must sign up for the services at the FQHCs, and the enrollment will be based on the number of providers and services available at those locations.

Diane Meginnis, Nurse Practitioner, then states: She is worried that they might already are full of dental patients, but she thinks this is great for diabetic patients to have better health, and hopefully it'll go through the waiver and become reality.

Dr. Capurro states It is a type of pilot hoping if there are additional locations that would like to join the pilot that they can amend the waiver, they're starting small and hoping for better improvements for their dental benefits.

Jc flowers, Nevada Health Centers, commented: As they work through this, the estimated start date is April. He mentioned they'd be happy to work with providers to make sure they do have access and accessibility in the urban and rural areas.

Nancy Bowen comments, thanking Dr. Capurro for pushing for this waiver.

X. Overview of the Quadrennial Rate Review (QRR)

Kimberly Adams, Management Analyst III, Rates Analysis & Development, DHCFP then proceeds her presentation on the overview of QRR. This project was created during the 2017 legislative session and now has been implemented in the Nevada revised statutes. The QRR is a comparison of Fee-for-Service (FFS) reimbursement rates to providers' reported costs, current Medicare reimbursement rates, and other states' FFS reimbursement rates. A report is a valuable tool used to provide rate increase recommendations to the Director of the Nevada Department of Health and Human Services. The QRR relies heavily on provider feedback and accurate cost reporting. Without this feedback from Nevada Medicaid providers, the DHCFP must have recommendations based on the information available from other states. This does not always accurately reflect costs in Nevada, so the DHCFP is increasing its outreach efforts and working with providers to actively engage in this process.

Chair Rosaschi asks if they automatically send out the notice that the service is open, or do they wait until they go to their site and hope they see it.

Kimberly then responds that they do publish web announcements, she states the issue is the email gets sent out to whatever email they have input, and some don't update their information.

Mr. Phoenix then asks if there is anything on the QRR that is going to address provider parity.

Kimberly then responds that her understanding of the intent of this bill is focusing on the costs of providing this service versus looking at one provider is paid compared to the other.

XI. For Possible Action: Recommendations for Further Agenda Items

Mr. Phoenix adds that now that they're going forward with diabetes in adult coverage, it'd be nice to see HIV, cardiovascular disease, etc.

He also adds they're struggling with obesity as a nation, he'd like to add if there is some way to put aside of there EBT funds and/or how to provide them with education on healthier foods.

Dr. Kelsey Maxim then recommends adding an update on pharmacy regularly have reimbursement issues.

Gabe Lither, Attorney general, then adds if Dr. Maxim is sneaking to possibly add this as an agenda item, it would have to be an action item.

XII. Adjournment

Chairwoman Rosaschi adjourned the meeting at 11:59 AM.