



DRAFT MCAC MEETING MINUTES

Date and Time of Meeting: Wednesday, May 17, 2023 9:00a-12:00p PST

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	
Dr. Adnan Akbar, Chairperson	X
John Phoenix, Vice Chairperson	X
Dr. Susan Galvin	ABS
Dr. Ryan Murphy	X
Dr. Kelsey Maxim	X
Dawn Lyons	X
Sharon Moffett-Austin	ABS
Dr. Ihsan Azzam	X

I. Call to Order

Chair Dr. Akbar called the meeting to order at 9:02 AM.

II. Roll Call

Chair Dr. Akbar asked for roll call. A quorum was established at 9:10 AM.

III. Public Comment

No public comment was made.

IV. For Possible Action: Review and approve meeting minutes from the meeting held on April 4, 2023.

Chair Dr. Akbar called for a motion to amend or approve the draft minutes from the April 4, 2023, 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

Designee, Deputy Administrator, Malinda Southard, then continues with giving the administrator's report on behalf of Administrator Stacie Weeks. She begins by stating the Division update includes a federal update in which the Centers for Medicare and Medicaid Services, or CMS, has recently issued

two proposed rules surrounding access. The first proposed rule is ensuring access to services and the second one is Medicaid and Children's Health insurance program or CHIP managed care access finance and quality. The two rules are presented as companion pieces that aim to strengthen access to and quality of care in Medicaid and CHIP. Malinda then adds CMS is accepting comments on the proposed rules through July 3, 2023. Additionally, the Division continues to closely monitor the Nevada state legislature and has been providing ongoing substantive and financial analysis for over 80 bills so far, this legislative session.

VI. Medicaid MCAC Beneficiary & Committee Member Engagement

Deputy administrator, Malinda Southard then gives a presentation on Medicaid MCAC beneficiary and committee member engagement. Malinda starts by summarizing 42 CFR section 431.12 for the medical care advisory committee specifically. The overall basis and purpose of the committee is to advise the state Medicaid agency about health and medical care services. Additionally, the requirement for the state plan is the committee should specifically advise the Division Administrator about health and medical services. Item D specifies committee membership and prioritizes membership to those specifically who are familiar with the medical needs of low-income population groups and with the resources available and required for their care. Malinda then goes on with lastly, Item E in the presentation specifies that the committee must be given the opportunity to participate in policy development and program administration, including furthering the participation of beneficiary members in the agency program.

Malinda then adds information from the Nevada revised statute (NRS) 422.151 – 422.155 regarding the MCAC. NRS 422.151, item 2 specifies the function of the MCAC is to both advise the Division regarding the provision of services for the health and medical care of welfare recipients and to participate and increase the participation of welfare recipients, in the development of policy and the administration of programs by the Division. Malinda then adds, lastly, in the foundational authorities for the MCAC, they have the amended and restated bylaws. Specifically, to article 5 – functions and duties; the functions and duties in the stated purpose of the MCAC are to participate in policy development and program administration, including furthering the participation of beneficiary members in the agency programs, advise the administrator regarding the provision of services for the health and medical care of Medicaid recipients. Increase the participation of Medicaid recipients in the development of policy and administration of programs by the Division and review a managed care plan, and marketing materials and serve in a consultation capacity to Medicaid pursuant to Section 4707a of the Balanced Budget Act 1997. Also, the Chairperson and Vice Chairperson shall, at least on a yearly calendar basis, prepare a letter to the Administrator of the Division relating to recommendations to improve Medicaid or increase access to health insurance for vulnerable individuals. The recommendations included in the annual letter shall be approved through a vote during the quarterly meeting before the July 1st due date each year.

Malinda then transitions back to the new CMS proposed rules. These two rules will make substantial and broad changes to the Medicaid program, including specific provisions around the MCAC. For the CMS access proposed rule and MCAC, CMS is proposing an effective date of 60 days post-publication with a one-year compliance timeline for all the MCAC provisions. Additionally, CMS highlighted that the MCAC regulations haven't been updated in 40 years and do not currently specify how to promote the perspectives of Medicaid members through the MCAC. CMS is proposing to rename the MCAC to instead the Medicaid Advisory Committee (MAC), and to additionally add a new Beneficiary Advisory Group (BAG). CMS is proposing that the MAC must include BAG members with lived experience, defined as current or previous beneficiaries or people with direct experience supporting beneficiaries. CMS proposes the MAC include more specific members as outlined in the presentation and that both the MAC and BAG must meet at least quarterly. Malinda then states that if the proposed changes are passed, this will require a change to the existing NRS. Additionally, CMS proposes the BAG meetings must come before the MAC meetings, so the BAG members are well prepared for the MAC meetings.

The MAC conversations are to be expanded to include the ability to access those services. The MAC must create an annual report for the state and the state will be required to respond to the MAC recommendations and the MAC will then conduct a final review and then publish the report. Malinda then adds that they have the ability to submit comments to CMS on the proposed rules through July 3, 2023, based on the publication of the final rules, they will most likely need to incorporate planning for the revisions to both the NRS and the committee bylaws. Malinda then clarifies that no matter the outcome of the final published rules, the current MCAC membership remains unchanged unless by member choice through June 30, 2024. Lastly, Malinda gives a reminder that she plans on revisiting this topic at future meetings and hopes to get some ideas for how they can gather even greater recipient voices and participation within the committee.

Mr. John Phoenix then adds a question for Malinda. What's the plan going forward with this if we adopt this, what would be the plan going forward to get those people who are current beneficiaries or previous recipients of benefits engaged in this conversation and get them to apply to be involved in this process that was more specific? Malinda then responds by suggesting that this is something the committee should discuss as a whole and come up with some really good ideas and processes for that.

VII. MCOs 2023 Marketing Materials Overview

David Escame then begins with his marketing materials presentation on behalf of Anthem. Anthem's primary message is to always have access to care and increase access to care. Mr. Escame mentions that they always want to make sure that they're identifying with the public. They build on their messaging through their digital platform, through the radio, and through imagery in web banners, billboards, posters, videos, etc. Mr. Escame then adds that they invest in community events and community support, and they attend various events throughout the year. They also have big banners with QR codes which take them to a website that has more information. From previous feedback they have received, they figured having less text and more imagery helps connect with people more.

Chair, Dr. Akbar then adds a question for Mr. Escame. The Chair is curious to know if any aspects or any kind of feedback perspective may be an opportunity for how Anthem can also engage to enhance the social determinants of health of the subset population. Mr. Escame then responds that one of the things that they didn't include in the presentation is that they have the extra benefits, or the value of the benefits is something they build on every year. He states that Anthem tries to listen to its members first, listen to the communities feedback, and respond to racial disparity. He states that equity is engrained in everything Anthem does. This year they are launching two new benefits, swim lessons, and the second benefit they are launching in October is going to be \$75 for female hygiene products to address period equity.

Director of Operations, Lisa Jolly and Director of Marketing, Joy Alexander began to give their marketing materials presentation on behalf of Health Plan of Nevada (HPN). Lisa then begins by stating that HPN has been serving Nevadans since 1982. HPN has been in Nevada since the beginning of the state's Medicaid managed care program in 1997 and in fact, HPN is the only MCO that's partnered with the state for the entire duration of the Nevada Medicaid managed care program. Lisa then continues by stating that this year, 2023, and a greater part of last year, 2022, they've had a significant focus on Medicaid redeterminations, recognizing the potential for disruption in member medical care. HPN has also been working with community-based organizations, providers, their internal teams, members, and the public at large to socialize. The fact that Medicaid recipients would need to update their eligibility information in order to keep their coverage with that initiative, HPN has worked to get the word out about the importance of up-to-date contact information so that recipients can receive redetermination paperwork and know when they need to complete it, and that

they need to submit it back to that state to maintain coverage again with the overall goal of avoiding any lapse in medical coverage. HPN has over 350 Nevada-based clinicians helping members day in and day out through every aspect of their healthcare journey using a whole-person care approach. Lisa then states that as part of the approach they have, the integrated behavioral health model, which means that their medical and behavioral health clinicians are working collaboratively with their health plan as one integrated team, they develop innovative approaches to better drive those health outcomes within HPN and within their larger United Healthcare Organization. She also states that an example of this is their digital disparities pilot. HPN is in the process of launching a pilot and what they want to do is reduce the digital divide by identifying connectivity disparities that their members are facing, develop innovative solutions to address those barriers, and then build programs that use digital resources but with that ultimate goal of achieving better health outcomes and better connectivity with their members to help them on their healthcare journey.

Joy Alexander then begins her marketing portion of their presentation. She states that when it comes to their imagery they review it each year, and they look to see if they can make sure they are appropriately representing the community and Medicaid beneficiaries. HPN's brand is "Let's Get Healthy Together". The partnership in the health journey with their members is they use a variety of messages in their campaigns to pull to different people and experience different struggles or health journeys. So, some messages may focus on value-added benefits, others on their health programs and services, support services, and open enrollment. Joy then states that as they're going through campaigns, they are reviewing performance throughout the campaign and then they look at how the campaign performed as a whole and make adjustments for the future. She states that they have also gone back to incorporating QR codes, which they can scan with their smartphones.

Dr. Ihsam Azzam then asks Joy if they are able to expand to rural or frontier Nevada and Joy responds no, their service areas are Washoe and Clark County. They don't expand to rural or frontier Nevada.

Chair Dr. Akbar mentions would be helpful to see the impact that the plan has had on beneficiary care access or any outcomes there may be in this timeline.

Kim Gahagan, Associate Vice President (AVP) Growth and Community Engagement with Molina. Kim begins by saying that they have taken a new approach to the messaging. She mentioned Molina understands that members have a lot of questions about their healthcare, about what's included, and how to navigate the system. Their materials have a clear and direct language that helps with answering some of those questions. Molina's advertising overview objective is to develop an integrated marketing plan to promote the Medicaid health plan in Nevada. The campaign will include strategic marketing and media tactics to support growth in high-opportunity areas and aid in member retention. Some of their key targets are, to flight/align media during critical timeframes, highlight and promote brand, benefits, and value adds, develop creative extensions to support local grassroots activities, track all efforts and continuously optimize the campaigns, and start to gather actionable data on Molina's Nevada consumer to drive media decisions moving forward. All materials are made in English and Spanish.

Molina's landing page is MeetMolinaNV.com. Kim Gahagan then informs everyone that there are various screenings for syphilis, vision, foot, etc. Mr. Phoenix then adds patients should be notified about all the services that are out there for everyone in the community to use. He mentions HPV vaccines are an effective way to prevent cancers and patients should have more access to them.

Cheri Glockner then proceeded with presenting Silver Summit’s marketing materials. Silver Summit has served Nevada for the past 5 years. The image library has been updated and you can now message members in concise targeted impactful ways. The goal of each ad is to serve the information in ways where there are language barriers in order for them to understand in a better effective way. Nikki proceeds to thank everyone and asks if there are any questions for her regarding the new app. Dr. Azzam then asks a question. He wants to know who is serving the rural and frontier communities in Nevada. Jaime Evans on behalf of Medicaid answers that rural areas are covered under fees for service at this time. Malinda Southard added the link for CMS and Medicaid and chip manage care in the chat. There is some feedback from the Medicaid Medical Director, Dr. Roshanda Clemons regarding the managed care of the organization, in regard to reaching out to people of color. She explains that it should be for all types of people, and everyone should be careful with the wording they use or how we market or educate all of our population. John proceeds to apologize for the comment said, it is marketized for people of all spectrums. Dr. Akbar asks for any questions or follow-ups.

VIII. For Possible Action: Discussion of Annual Letter of Recommendations

Chair Dr. Akbar called for a motion to amend or approve the letter of recommendation due July 1, 2023. A motion to approve the letter of recommendation as is with the potential for amendments at a future meeting date was provided by Dr. Kelsey Maxim and a second from Dr. Ihsam Azzam. Motion passed unanimously.

IX. Public Comment

No public comments were made.

X. Adjournment

Chair Dr. Akbar adjourns the meeting at 11:15am.