

Joe Lombardo
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF HEALTH CARE FINANCING AND POLICY
Helping people. It's who we are and what we do.



Stacie Weeks,
JD MPH
Administrator

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DRAFT MCAC MEETING MINUTES

Date and Time of Meeting: Thursday, November 30, 2023
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	X
Dr. Ryan Murphy	ABS
Dr. Kelsey Maxim	X
Dawn Lyons	X
Sharon Moffett-Austin	X
Dr. Ihsan Azzam	X

i. Call to Order

Chair Dr. Akbar called the meeting to order at 10:03 AM.

ii. Roll Call

Chair Dr. Akbar asked for roll call. A quorum was established.

iii. Public Comment

Lea Case with Belz & Case Government Affairs on behalf of the Nevada Speech Language Hearing Association (NSHA). Lea states Shawna Ross, speech-language pathologist, and pediatric private practice owner of 17 ½ years in Northern Nevada, submitted a statement to documentcontrol@dhcftp.nv.gov. On November 8th, 2023, the American Speech Language Hearing Association, ASHA, and NSHA submitted a joint letter to Medicaid requesting to add reimbursement rates to the following CPT codes for provider type 3492612, which is flexible fiber optic endoscopic evaluation of swallowing 92511 nasopharyngeal scope with endoscope and 31579 diagnostic laryngoscopy with stroboscopy. It is NSHA's understanding that these codes are in the fee schedule

for provider Type 34 but are reimbursed at \$0.00 so the only other practitioners who can do these are physicians. They're reimbursing these codes but they're not accepting these kinds of procedures in Southern or Northern Nevada, so there's a barrier there. Nisha would like to request that Medicaid include these requests as part of their agency budget in 2025 and 2026.

iv. **For Possible Action: Review and approve meeting minutes from the meeting held on May 17, 2023 and September 27, 2023.**

Chair Dr. Akbar called for a motion to amend or approve the draft minutes from the May 17, 2023, and September 27, 2023, MCAC Quarterly Meetings. A motion to approve the draft minutes as presented was provided by Dr. Ihsam Azzam and a second was provided by Mr. John Phoenix. Motion passed unanimously.

v. **Administrator's Report**

DHCFP Administrator, Stacie Weeks then begins giving the administrator's report. She states that they have been working hard to implement a lot of the state laws that were passed. She states they are thinking of having a large stakeholder meeting in January to try and get feedback on a couple of priorities. Priorities are focused on maternal health, child health, behavioral health, primary care prevention, as well as any type of modernization of how they pay for health care. She states having a budget overview on how limited revenue works at an upcoming MCAC meeting.

vi. **Statewide Managed Care Update**

Social Services Program Specialist 3, Jaimie Evans then begins giving her update on Statewide Managed Care. She then begins by stating that this update today is a reminder that they posted a request for information back in July to gather information regarding the expansion of statewide managed care. That RFI closed on October 17th, and they have received 30 responses to that RFI. She states that staff is creating a summary document that will be posted online on the Statewide managed care website and attached to the first public workshop on statewide managed care which is scheduled for January 8, 2024. They have also conducted rural tours in North and South Nevada. They have been consolidating feedback from those visits as well and that will be included in the summary document. They also went out for bid for an RFP for procurement, acquisition, support services, and vendors, to help them write the RFP for the next contract cycle with the MCOs and that will be going Board of Examiners (BOE) in January with the contract starting immediately. They expect to work with that vendor between January and August to write the RFP using all of the feedback that they have received from the RFI, the rural tours, and any of the public workshops that they're going to hold between now and then and post that RFP for the next contract in August of 2024.

vii. **Quadrennial Rate Review: Preliminary Data Update**

. It was passed during the 2017 legislative session. It requires that the division every four years review the rate of reimbursement for each service or item provided under the state plan to determine whether the reimbursement rate accurately reflects the cost of providing the service or item and if they determine that the reimbursement rate does not accurately cover the cost of providing the service Oregon item, they must calculate the rate of reimbursement that does reflect the actual cost and recommend that rate to the director for possible inclusion in the state plan for Medicaid. Without provider participation, they must make recommendations based on the information that's available from Medicare or other states, which doesn't always accurately reflect costs in Nevada. So, we have been increasing our outreach efforts to

train and engage providers in this process and just to kind of briefly touch on the process, they published surveys online annually for the provider types being surveyed on our QR web page. Kimberly also states that they've developed a four-year schedule of reviews to ensure that all providers are surveyed at least every four years as the statute requires, as they're required to compare costs to the reimbursement rate, they issue surveys in a format that aligns with the billing practices for that provider type. When surveys are published, they will be reaching out to providers. There are also usually multiple web announcements that get posted.

They reach out to provider associations, social media posts, you know, speak about the QR, any opportunity that we have, it trying to conduct outreach is as much as possible once the survey period is closed, we work on analyzing that data. Once all of that analysis is complete, we compile it into an annual report which is shared with the Directors Office for Health and Human Services.

viii. **Member Terms Discussion**

Chair, Dr. Akbar then states that Angelica Velazquez will be reaching out to committee members whose member terms are ending or need renewal.

ix. **Vacant Vice-Chairperson Role**

Chair, Dr. Akbar states that there is a vacant Vice Chairperson role.

x. **For Possible Action: Discussion and Approval of 2024 Meeting Dates (February, May, August, November)**

Chair Dr. Akbar called for a motion to amend or approve the 2024 meeting dates. A motion to approve the draft minutes as presented was provided by Dr. Ihsam Azzam and a second was provided by Mr. John Phoenix. Motion passed unanimously.

xi. **Public Comment**

No public comments were made.

xii. **Adjournment**

Chair Dr. Akbar adjourns the meeting at 10:52am.