

June 24, 2024

Administrator of the Division of Health Care Financing & Policy

RE: Medical Care Advisory Committee (MCAC) Recommendation letter

Per Article 5 of the MCAC bylaws, "The Chairperson and Vice-Chairperson shall, at least on a yearly calendar basis, will prepare a letter to the Administrator of the Division of Health Care Financing and Policy relating to recommendations to improve Medicaid or to increase access to health insurance for vulnerable individuals. The recommendations included in the annual letter shall be approved through a vote during a quarterly meeting before the July 1 due date each year. The MCAC Coordinator within the Division of Health Care Financing and Policy shall provide assistance in the completion of the annual letter based on MCAC feedback. 2. This report is due on or before July 1 of each year to the Administrator of the Division of Health Care Financing and Policy"

Aligned with the MCAC bylaws, I as the chair of the MCAC for Nevada Medicaid in consensus with members of the MCAC recommend:

- Restructure and enhance the MCAC to allow for increased beneficiary participation to truly identify the concerns at hand for the beneficiaries and publicizing this committee at various state forums.
- Representation from state-employed social workers such as those employed by the Division of Welfare and Supportive Services (DWSS) who review and submit Medicaid applications. This perspective would assist the MCAC members to better understand common issues with beneficiary enrollment and understand beneficiary social determinants of health, while seeking ways to mitigate these issues and better understand the Medicaid Beneficiary population.
- Coverage for comprehensive brain injury in Nevada.
- Review and appropriate adjustment of reimbursement rate for dental anesthesiologists, preventive services and Oral Surgery.
- Medical-Dental integration - cross specialty information sharing to improve patient outcomes.
- G0330 for dental procedures in a hospital and/or ASC setting.
- Expansion of the number of specialty providers participating in the program (namely, Oral Surgeons, Endodontists, and Periodontist)
- Having more than one Dental Benefits Administrator in the dental managed care counties. (Washoe, Clark)

- Continue to remove the barriers around medication access, more so for the managed care plans, limiting the medication management techniques. These only create barriers for providers and patients. They do not improve access or care. They are huge non-compensated administrative burdens that the plans put on the providers, with no clear benefit to the patient.