Medicaid Advisory Committee (MAC)
Draft Meeting Minutes

Date and Time of Meeting: November 10, 2025 – 1:00PM

Name of Organization: Nevada Health Authority – Division of Nevada Medicaid

Place of Meeting: Historic Westside School
330 W. Washington Ave.
Las Vegas, NV 89106; Teams Meeting

Council Members' Present:

Ann Jensen, Medicaid Administrator
Azraella Gravelle
Bill Sims
Casey Melvin, Vice-Chair
David Escame
Dawn Lyons
Desiree Gomez
Dr. Rahul Mediwala, Chair
Grace Larkins
John Phoneix
Kaelani Queen
Kimberly Abbott
Kim Gahagan
Robert Thompson
Sara Dearborn

Absent Member's:

Dr. Todd Gray
Nicole King
Sharon Austin-Moffett
Rique Robb

1. **Call to Order**

   Chair Dr. Mediwala called this meeting to order at 1:03 pm.

2. **Conflicts of Interest**

   Chair Dr. Mediwala asked for members to disclose any conflicts of interest during this time. No conflicts were addressed.

3. **Roll Call**

   Chair Dr. Mediwala conducted roll call. A quorum was established.

4. **Public Comment**

   Chair Dr. Mediwala called for public comment. Grace Larkins, Chair of the Beneficiary Advisory Council (BAC), provided a recap of the BAC meeting which took place on November 10, 2025, at 9:00 am. During the BAC meeting, members spoke about providers, in-network providers and ease of understanding who's in network and who isn't. On the recipient level, they spoke about enrollment and specific vulnerable populations as well as the homeless and those who suffer from substance use disorders. Other topics that were covered included state and federal updates, Medicaid communication to members during open enrollment, and potentially creating a BAC workplan to ensure both workplans align with the goals set for the BAC & MAC.

5. **Welcome Back**

   Chair Dr. Mediwala welcomed back members and those who were able to join online and in-person despite travel difficulties. In-person MAC members went around the room briefly introducing themselves. Kimberly Abbott, Deputy Administrator with the Division of Child and Family Services, introduced herself as a new member.

6. **Discussion of Draft August Meeting Minutes and Approval**

   Vice-Chair Casey Melvin motioned to approve the August meeting minutes. John Phoenix seconded the motion. Kimberly abstained due to not being present at the first meeting. A vote was held on the motion, the motion passed and meeting minutes from August were approved.

7. **Workplan Discussion**

   Chair Dr. Mediwala introduced the idea of a structured workplan to guide future meetings. The plan would include both required discussion points and space for member-driven topics, ensuring timely and relevant conversations. A draft will be shared with

members for review, with a two-week period allotted for feedback before the next meeting.

- MAC member Azraella Gravelle emphasized the importance of addressing access to care, including network adequacy, transportation barriers, and provider availability. She suggested a separate focus area to break down these barriers beyond just workforce expansion.
- MAC member Grace Larkin expressed interest in aligning the BAC workplan with the MACs to foster collaboration but requested more time to review the draft thoroughly.
- MAC member David Escame raised concerns about workforce requirements and the frequency of Medicaid renewals, suggesting a discussion on members at risk of losing coverage.
- MAC member Kimberly Abbott recommended that the work plan goals follow the SMART goal framework (specific, measurable, achievable, relevant, time-bound), especially given that the committee meets only four times a year.
- MAC member John Phoenix highlighted issues with MCO claw backs from a provider perspective, citing a personal example of a retroactive repayment request. He advocated for limitations to prevent such dissatisfiers.
- MAC member Grace Larkin also inquired about forming subcommittees. MAC Support staff confirmed they could assist with that process.
- Vice-Chair Melvin supported member Phoenix's concerns and added that legislative efforts are underway to reduce prior authorization times, which could ease administrative burden and improve care delivery.

The group agreed to delay vote on the workplan, opting instead for a two-week comment period during which members can submit feedback via email.

8. **Administrator's Report**

Administrator Jensen provided an update on the three major focus areas for Nevada Medicaid and introduced a featured initiative as the spotlight project for the meeting. The

spotlight focused on value-based care, a model that shifts provider payments from volume-based to quality- and outcome-based. This approach is designed to improve health outcomes for Medicaid beneficiaries while promoting more efficient use of resources. Nevada will begin implementing this model with a focus on two key areas: Maternal and Child Health, and Care Transitions.

She then discussed the upcoming implementation of Statewide Managed Care, which will take effect on January 1, 2026. This expansion will extend managed care beyond urban Washoe and Clark counties to include Nevada's rural communities. The open enrollment period is currently underway and will remain open until December 26, 2025. Medicaid recipients are encouraged to select a health plan during this time. After their initial selection, they will have a 90-day window to switch plans if needed. For rural residents, two managed care options will be available: SilverSummit Healthplan and CareSource.

The second major update focused on the launch of a new health plan specifically designed for children with complex behavioral needs and those involved in the foster care system. This plan is scheduled to launch January 1, 2027, and aims to provide comprehensive, coordinated care that includes both medical and behavioral health services. Each child enrolled in the program will be assigned a dedicated care coordinator to help navigate systems such as education, child welfare, and juvenile justice when applicable. The state is currently in the process of selecting a managed care organization to administer this plan. A detailed 300-page Request for Proposal (RFP) has been published on the Medicaid website, and stakeholders are invited to submit proposals through January 6, 2026. Review teams made up of representatives from Medicaid, Child and Family Services, legal aid, and other partners will evaluate submissions throughout January and February.

Lastly, Administrator Jensen addressed recent legislative changes at both the federal and state levels. She reassured the committee that despite the federal government shutdown, Medicaid remains fully operational, with provider payments continuing and communication with federal partners uninterrupted. She also previewed upcoming eligibility changes that may affect coverage to childless adults in the future though these changes are still a few years away. Additionally, she addressed concerns about potential Medicaid funding cuts, noting that the impact would vary by state. In Nevada, the Children's Behavioral Health Program may be particularly affected due to its specific funding structure. She concluded by sharing updates on Medicaid redetermination policies. Beginning in the summer of 2026, most recipients will be required to renew their benefits twice a year instead of annually. However, certain individuals may qualify for exemptions based on specific criteria.

During the discussion, MAC member Grace Larkin asked about how these federal and state-level changes might affect individuals enrolled in waiver programs. In response, Administrator Jensen clarified that Nevada Medicaid operates under two delivery system models: Fee-For-Service (FFS) and Managed Care Organizations (MCOs). While these models differ in how providers are reimbursed, they are both part of the same

overarching Medicaid program. As such, any changes mandated by federal law would apply across both delivery systems.

9. **Legislative Updates**

Administrator Jensen introduced Diedre Manley, Social Service Chief 1, with the Division of Nevada Medicaid, to provide legislative updates. She presented an overview of several key bills from the most recent legislative session that have implications for Medicaid policy and regulations.

Her update included the following Assembly Bills (AB):

- AB 36: An act relating to Medicaid where providers must request hearings within 90 days by State law.
    - MAC member Azraella asked for clarification on who determines extenuating circumstance? Administrator Jensen advised they will be determined by the state agency with input from the public to define extenuating circumstances. Public workshops and public hearings will be held on these topics.
- AB 463: Medicaid and MCOs must respond to prior authorizations 2 business days after receiving request.
- AB 514: Addition of Residential Mental Health Care for complex behavioral needs.

And the following Senate Bills (SB):

- SB 54: Adds coverage for medical respite services for individuals experiencing homelessness.
    - MAC member John Phoneix asked if more background information could be provided as to what SB54 looks like or how would someone access those benefits or who can access those? Administrator Jensen stated the intent of the program is to provide more robust clinical services for people experiencing homelessness that are discharged from a hospital setting. These services could last anywhere from a couple weeks to 30-90 days for individuals to continue their healing process and work towards securing traditional housing. Care coordination is a key component of the overall model.
- SB 185: Allows family members to be paid for personal care provided to certain children with chronic illness or disability.
    - MAC member Bill Sims asked for clarification regarding SB185. Administrator Jensen clarified that it's for families of children that have complex medical needs or physical disabilities. A concern that was raised is whether this would affect Medicaid eligibility by members. SB 185 is

still in the early implementation stages. Once more information and guidance come out it will be shared with the group.
    - SB300: Increases Opioid Use Disorder (OUD) rates, broadens Federally Qualified Health Center (FQHC) access.
    - MAC member John Phoenix asked for clarification regarding SB300. Will it impact the amount a provider receives for the delivery of the injections or is that related to the medication or both? Administrator Jensen confirmed it's specific to the delivery service.
- SB 389: Single Pharmacy Benefit Manager for Medicaid and Children's Health Insurance Program (CHIP).

Ms. Manley provided a summary of each bill, including its purpose, effective dates, and status of implementation. For a detailed explanation of each bill, please refer to the recording of the MAC meeting. The legislative update begins at approximately the 1 hour and 2-minute mark.

10. **Statewide Managed Care**

Tanya Benitez, Social Service Program Specialist III with the Division of Nevada Medicaid, provided an overview of the Statewide Managed Care (SMC) transition. Ms. Benitez provided information on when SMC expansion is scheduled to go live, which is January 1, 2026, and will extend managed care coverage to all counties in Nevada, including rural areas. This expansion is expected to enroll approximately 75,000 additional Medicaid recipients. Key highlights from the presentation included:

- Timeline and transition support for members during rollout
- Managed Care Organizations (MCOs) and the specific regions they'll serve
- Goals of the expansion, such as improving access and care coordination
- Implementation strategies including outreach, telehealth, and streamlined enrollment
- A focus on whole-person care, addressing social determinants of health
- Accountability and performance measure to ensure quality and transparency

MAC member Azraella Gravelle requested clarification on the term "whole person" care, asking whether it implies a shift toward holistic health and wellness services, and whether providers such as acupuncturists or chiropractors might be included in Medicaid coverage under this approach. In response, Administrator Jensen explained that the concept of whole person care is closely tied to addressing Social Determinants of Health (SDOH) factors beyond clinical care that significantly influence health outcomes. These include access to nutritious food, stable housing, transportation, and other essential resources that support overall well-being. While the current SDOH initiatives do not involve changes to the existing Medicaid services, Administrator Jensen welcomed input and encouraged continued dialogue if there is interest in exploring expanded services in the future.

MAC member John Phoenix inquired about potential internet support for rural communities to enhance access to telemedicine services. He asked whether this support might include reimbursement for internet costs or assistance in establishing reliable internet connections. In response, Administrator Jensen shared that discussions are currently underway to explore ways to address this need. She also noted that the Rural Health Transformation Program (RHTP) may offer a promising avenue for support, as it provides greater flexibility and creativity in funding strategies aimed at improving healthcare access in rural areas.

11. **Managed Care Organization Presentations**

Anthem Blue Cross and Blue Shield, Molina Healthcare of Nevada, SilverSummit Healthplan, Health Plan of Nevada and CareSource provided presentations covering several key topics related to the statewide managed care transition. These included the geographical availability of their plans, efforts to ensure a smooth transition for members, provider-specific considerations during roll out, communication strategies for informing recipients, added-value benefits, and any other relevant information.

MAC member John Phoenix inquired about the difference in the value-added benefit between the different types of cancer screenings as all cancer screenings are extremely and equally important. He also voiced his concerns regarding testing for sexual health. Nevada is currently #5 in the country when it comes to HIV. Member Phoenix would like to know why this screening was taken out and if it could be added back as a value-added benefit.

Molina Healthcare representatives responded that their presentation included highlights of value-added benefits but was not comprehensive. MCH still offers testing for sexual health but not for HIV. This can be a consideration for the future.

Health Plan of Nevada representatives informed John that they have an HIV care management program.

MAC member Azraella Gravelle asked what MCOs are doing about child suicide rates due to it being so high in Nevada. Anthem representatives informed the MAC that they partner with nonprofits, and faith-based organizations to ensure they are investing in programs with community-based organizations that address topics for teens and behavioral health issues for adolescents.

12. **Roundtable Discussions**

Vice-Chair Melvin facilitated the final discussion and asked committee members to share priorities they would like to address at the next meeting.

- MAC member Bill Sims expressed interest in evaluating the progress of Statewide Managed Care (SMC) transition. Specifically, he wants to know whether Medicaid recipients are satisfied with the change.
- MAC member Azraella Gravelle supported MAC member Escame earlier comments regarding the need for data analysis on gaps in meeting healthcare quality requirements. She also emphasized the importance of receiving more information and support related to forming subcommittees.

13. **Public Comment**

A public comment was made by member Azraella Gravelle, "How does Medicaid automate which recipient is assigned to an MCO if they do not choose? Meaning is it personalized on the recipient's needs? Also, what kind of data does Medicaid obtain about services recipients utilize and how can we give Medicaid recipients a more personalized care treatment with this data? In addition, every time we were to authorize a provider for Medicaid, we would have to release our information to Medicaid to obtain information about us. I was wondering what that is and how is it pertinent to receiving Medicaid and what kind of data does Medicaid obtain about the services recipients utilize.?"

Administrator Jensen responded that member assignments are based on an algorithm that takes into account several areas including whether members of a household are already enrolled in a plan. For rural communities, it is more of a random assignment between SilverSummit Healthplan and CareSource to ensure members are distributed evenly between the two plans. Administrator Jensen stated the security team for the division could speak about patient privacy during a future meeting.

Public comment made by Monica Schiffer with the Nevada Health Authority, "I just wanted to say this is our second set of the Beneficiary Advisory Council and Medicaid Advisory Committee meetings and kudos to the team for all the work they do to assist and put this together. I also want to say to the health plans, we are also part of the outreach team, my unit is, and we have enjoyed seeing your teams out in the field and all the information they've been providing, and we appreciate also being able to learn. There's great value that you folks bring to our recipients, thank you."

Public comment made by Nahayvee, "I want to thank Health Plan of Nevada for helping sponsor today and providing refreshments for today's meeting, thank you so much."

14. **Adjournment**

Chair Dr. Mediwala adjourned the meeting at 4:03 pm and thanked everyone for their effort and time.