

Steve Sisolak
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.



Suzanne Bierman, JD, MPH
Administrator

FINAL MCAC MEETING MINUTES

Date and Time of Meeting: Tuesday, January 19, 2021

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

Place of Meeting: WebEX

MCAC Voting Member Attendance	
Member Name	Present
Rota Rosaschi, Chairperson	X
Peggy Epidendio	X
Kimberly Palma-Ortega	X
Aaron Dieringer	ABS
Ryan Murphy	ABS
June Cartino	ABS
Kelsey Maxim	ABS
Non-Voting Member Attendance	
Ihsan Izzam	X

Teleconference and/or WebEx Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

- | | |
|---|--------------------------|
| Erin Lynch, DHCFP | David Escame, Amerigroup |
| Ritchie Duplechien, UHC | Devan Seawright, UHC |
| Sia Dalacas, DAG | Debbie Jordan, DHCFP |
| Amy Roukie | Donalda Binstock |
| Aida Blankenship, DHCFP | Debra Sisco, DHCFP |
| Alton Giles | DuAne Young, DHCFP |
| Allison Genco | Erin Colgan |
| Amanda Brazeau | Eric Schmacker, SSHP |
| Amy Bowman | Gladys Cook, DHCFP |
| Ana Alvarez Amaya | Gretchen Schaub |
| Andre Cisne, Silver Summit Health Plan (SSHP) | Hauley Barbarin, UHC |
| Ann Nelson | Jacqueline Hernandez |
| Bill Welch | Jan Henry, SSHP |
| Brian Evans | Jeanette Belz |
| Cheri Glockner, SSHP | Jeff Murawsky, SSHP |
| Cody Phinney, DHCFP | Jesse Wadhams |
| Crystal Gregorioi, SSHP | Jaimie Evins, DHCFP |
| Cynthia Bishara | Jessica Kemmerer, DHCFP |

Jeff Majeske, DHCFP
Joan Hall
JoAnn Prevetti
Joe Germain
Joy Clevelandm Anthem
Jessica Woods, DPBH
Kelly Simonson, UHC
Kelly Woods, DHCFP
Kirsten Coulombe, DHCFP
Krista Hyatt, DHCFP
Kristinna
Leann McAllister
Lea Tauchen
Laurie Curfman, Liberty Dental
Linda Anderson
Lisa Werlech, Amerigroup
Lori McDermott
Luisiana Tegan
Kelly Woods, DHCFP
Mari Nakashima
Michael Easterday
Marta Jensen
Nicholas Osterman, Anthem
Nicole Borreli
Nicole Myers, SSHP

Nicole Figles, SSHP
Nicole WG
Paula Pence, DHCFP
Robert Crockett
Rossana Dagdagan, DHCFP
Robyn Gonzalez, DHCFP
Roxanne Coulter, SSHP
Russ Elbel
Sarah Fox, SSHP
Sarah Hunt
Sydney Banks
Sarah Day
Shawna DeRousse, UHC-NV
Shirish Limaye, SSHP
Steve Messinger
Sandie Ruybalid, DHCFP
Sarah Scott
Suzanne Bierman, DHCFP
Terence Brown
Theresa Carsten, DHCFP
Tiffany Saunders-Newey, Amerigroup
Todd Wood
Tray Abney
Yvonne Wallace
Tyler Shaw

I. Call to Order

Chairwoman Rosaschi called the meeting to order at 9:06 AM.

II. Roll Call

Chairwoman Rosaschi asked for roll call. A quorum was not established. Chairwoman Rosaschi continued the meeting as informational only.

III. Public Comment

No Comments

IV. For Possible Action: Review and consideration for approval of meeting minutes from October 13, 2020 .

The draft minutes from the October 13, 2020 will be presented at the next MCAC meeting.

V. Administrator's Report

Administrator Suzanne Bierman, Division of Health Care Financing and Policy (DHCFP) spoke to the Medicaid Services Manual (MSM) updates. The DHCFP staff have been implementing updates and amendments to ensure the DHCFPs response to the pandemic as well as maintain operations. The following provides the policy updates that were heard at our public hearings October through December. January was not included, although that was on the agenda. That hearing is in the future, DHCFP will provide the update at the next meeting. Clarification to the form for disenrollment by recipients with a Serious Mental Illness(SMI)/Seriously Emotionally Disturbed (SED) determination. Form NMO 6080 – effective October 28, 2020. Revisions to the NMO 6080 SED/SMI Managed Care

Organization (MCO) Disenrollment form is being proposed to align with the required information and provide detailed instructions for successful completion of the form. The purpose of the SED/SMI MCO Disenrollment Form is to request Managed Care disenrollment due to SED/SMI determination or serve as the required reporting of an annual SED/SMI redetermination. Align policy with federal regulation for Pharmacy Lock-In-Program. MSM Chapter 1200 – Prescribed Drugs, effective November 2, 2020. Align MSM Chapter 1200 – Prescribed Drugs, Section 1203.1A, Lock-In-Program, with Code of Federal Regulations (CFR), 42 CFR § 431.54(e). Specify period a Medicaid recipient may be in Lock-In-Program to start with 36 months. Clarify the process is right for recipients including fair hearing. Implement recommendations approved on July 23, 2020 by the Drug Use Review (DUR) Board. MSM Chapter 1200 – Prescribed Drugs, effective November 30, 2020. Revises existing prior authorization criteria for psychotropic medications for children and adolescents, adds new prior authorization criteria for Somavert® (pegvisomant) and Valtoco® (diazepam). Corrects the existing prior authorization criteria for the Anti-Migraine medication agents by removing duplicative criteria. Align State Plan and Policy on Partial Hospitalization and Intensive Outpatient Treatment. MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services, effective December 23, 2020. Allows Behavioral Health Network providers to be reimbursed for these services. Clarifications to the descriptions of services.

VI. Budget and Bill Draft Request (BDR) update

Administrator Bierman, spoke to the budget and BDR update. The DHCFP has submitted its requested budget and the Governor's recommended budget was released January 18, 2021. Administrator Bierman will present the first budget presentation to the Legislative Commission on Thursday, January 21, 2021, which will showcase the major changes in the DHCFP budget. The highlights include a request to formalize the clinical staff that have been assisting Medicaid by having the States Dental Officer and Chief Pharmacy Advisor moved to the DHCFP Budget. The DHCFP has also proposed to restore the rate reductions that were required by AB3 of the 31st Special Session during this biennium. The current economic situation is challenging; however, the need for access to healthcare is clear and the DHCFP is grateful to experience support around that. The DHCFP does not have any bills that is being directly requested. The DHCFP will follow legislation about all payor claims databases creation, data collection through professional licensing, and transparency of health care costs, to name a few. The DHCFP is happy to share the impact of these issues on Medicaid as they progress.

VII. Presentation of marketing material from the Managed Care Organizations (MCOs)

a. Anthem

David Escame presented the marketing material for Anthem. PowerPoint provided to the members.

b. Health Plan of Nevada (HPN)

Ritchie Duplechien, HPN, presented the marketing material for HPN. PowerPoint provided to members.

c. SilverSummit Health Plan (SSHP)

Eric Schmacker, SSHP, presented the marketing material for SSHP. PowerPoint provided to members.

VIII. DHCFP Reports

a. Discussion on MCAC Role in Determining Services to be Covered by Nevada Medicaid

Cody Phinney, DHCFP, spoke to the bylaws for the MCAC. Opened dialogue to review and revise the MCAC Bylaws.

b. Chromosome Microarray Analysis

Erin Lynch, DHCFP, spoke to Chromosome Microarray Analysis. PowerPoint provided to board members. Presentation as follows:

- Objectives
 - Educate MCAC on prenatal testing and which are currently covered by Nevada Medicaid
 - Discuss Chromosome Microarray Analysis diagnostic test (CMA)
 - Discuss Strengths, Weaknesses, Opportunities, and Threats (SWOT) of the CMA diagnostic test
 - Review Fiscal Impact
 - Recommendations

- Prenatal Testing
 - Two kinds of prenatal genetic tests – Screening and Diagnostic

- Chromosome Microarray Analysis (CMA)
 - Recommended by:
 - American College of Obstetricians and Gynecologists (ACOG), December 2016, Committee Opinion #682
 - Society for Maternal-Fetal Medicine, May 2020, Consult Series #52

- CMA diagnostic test should be covered for the following:
 - Recipient with a structurally normal fetus (regardless of maternal age) who is undergoing invasive prenatal diagnostic testing, either fetal karyotyping or a CMA can be performed.
 - Recipient with a fetus with one or more major structural abnormalities identified on ultrasonographic examination and who are undergoing invasive prenatal diagnosis. The test typically can replace the need for fetal karyotype testing.
 - CMA of fetal tissue (e.g., amniotic fluid, placenta, or product of conception) is recommended in the evaluation of intrauterine fetal death or stillbirth when further cytogenetic analysis is desired because of the test's increased likelihood of obtaining results and improved detection of causative abnormalities.
 - Recipient with a fetus with fetal growth restriction is detected and a fetal malformation, polyhydramnios, or both are also present, regardless of gestational age.
 - Recipient with a fetus with unexplained isolated fetal growth restriction is diagnosed at less than 32 weeks of gestation

- Fiscal Impact
 - Coverage of CPT codes 81228 or 81229 at 50% of Medicare rates.
 - SFY 20-21
Calculated Total Computable costs by State Fiscal Year (SFY)
SFY20 \$0
SFY21 \$17,341
Total: \$17,341

Projected State General Fund cost by SFY
SFY20 \$0
SFY21 \$4,157
Total: \$4,157

- SFY 22-23
Calculated Total Computable costs by SFY
SFY22 \$27,866
SFY23 \$28,759
Total \$56,625
 - Projected State General Fund cost by SFY
SFY22 \$8,395
SFY23 \$8,431
Total \$16,826
 - Next Steps
 - Dr. Ishan Azzam, Chief Medical Officer
 - Recommended the DHCFP follow the recommendations of ACOG and Society for Maternal-Fetal Medicine
 - Medicaid Services Manual (MSM) Chapter 600 public workshop on 1/20/2021
 - MCAC recommendations

c. Managed Care Quality Monitoring

Jaimie Evins, DHCFP spoke to Managed Care Organization (MCO) External Quality Review (EQR) Requirements. PowerPoint provided to board members. Presentation as follows.

- Presentation Overview
 - External Quality Review (EQR) Requirements
 - Growth of the Managed Care Program
 - EQR Activities and Results
 - Performance Improvement Projects (PIPs)
 - MCO Performance Measure Results
 - Dental Performance Measure Results
 - Compliance Review Results
- EQR Requirements
- 42 CFR § 438.350 – External quality review
- 42 CFR § 438.58 – Activities related to external quality review
- Growth of the Managed Care Program
 - 2013
 - Medicaid = 174,932
 - CHIP = 18,523
 - Total = 193,455
 - 2020
 - Medicaid = 514,918
 - CHIP = 24,074
 - Total = 538,922
- Performance Improvement Projects (PIPs)
 - Contract requirements
 - Two (20 Clinical
 - Three (3) non-clinical PIPs
 - EQRO validates PIP activity

- Measurement of performance
 - Implementation of interventions
 - Evaluation of the effectiveness of the interventions
 - Planning and initiation of activities
- Performance Measures
 - HEDIS 2020 results for Medicaid
 - HEDIS 2020 Results for Nevada Check-Up

	Anthem Medicaid	HPN Medicaid	SilverSummit Medicaid	Anthem Check-Up	HPN Check-Up	SilverSummit Check-Up
Number of Rates Reported	53	53	52	27	27	21
Rates Achieving the MPS	15	20	4	18	13	2
Rates with Highest Achievement in Tier 1	0	6	2	6	3	0
Rates with Highest Achievement in Tier 2	1	1	0	1	1	0
Rates with Highest Achievement in Tier 3	2	1	0	1	1	0

- Dental Performance Measures
 - PAHP – Medicaid
 - PAHP – Nevada Check Up

	Liberty Medicaid	Liberty Check-Up
Number of Rates Reported	2	2
Rates Achieving the MPS	0	0
Rates with Highest Achievement in Tier 1	0	0
Rates with Highest Achievement in Tier 2	0	0
Rates with Highest Achievement in Tier 3	0	0

- Compliance Review Results
 - Managed Care Operations

Standard	Anthem	HPN	SilverSummit	LIBERTY
Standard XI – IQAP	90%	100%	98%	95%
Standard XII – Cultural Competency Program	94%	100%	94%	93%
Standard XIII – Confidentiality	100%	100%	100%	100%
Standard XIV – Enrollment and Disenrollment	81%	100%	75%	100%
Total Compliance Score	92%	100%	94%	96%

- All CAPS remediated
- Managed Care Reports
 - Encounter Data Validation
 - External Quality Review Technical Report
 - Quality Assessment and Performance Improvement Strategy
 - Network Adequacy
 - Internal Quality Assurance/Compliance Reviews by Plan

<http://dhcfp.nv.gov/Resources/AdminSupport/Reports/CaseloadData/>

d. Implementation of Non-Emergency Secure Behavioral Health Transport

Kelly Woods, DHCFP spoke to Non-Emergency Secure Behavioral Health Transport. Fact sheet provided to board members. Presentation as follows.

- Program Overview

Non-emergency secure behavioral health transports means the use of a motor vehicle, other than an ambulance or other emergency response vehicle, that is specifically designed, equipped and staffed by an accredited agent to transport a person alleged to be in a mental health crisis or other behavioral health conditions; including individuals placed on a legal hold. Accredited agents are licensed through the Nevada Division of Public and Behavioral Health. For more information, please send an e-mail to transportation@dhcfp.nv.gov.
- Program Eligibility and Criteria

Recipients must be eligible for Nevada Medicaid or Nevada Check Up (NCU) services and be experiencing a behavioral health crisis as evidenced by extreme emotional distress that includes but is not limited to an acute episode of mental illness and/or suicidal thoughts and/or behavior that may co-occur with substance use and other disorders.
- Covered Services and Limitations

Non-emergency secure behavioral health transport services may be used for the following transports:

 - Facility-to-facility transport between facilities including but limited to hospitals, public or private mental health facilities and medical facilities.

- Transport to and from a facility arranged by individuals authorized by NRS 433S.160 to arrange for transportation.
- Transport of an individual seeking voluntary admission pursuant to NRS 433A.10 to a public or private mental health facility.

Recipients must be transported to the nearest, appropriate Medicaid health care provider or appropriate medical facility. Long distance or out-of-state transports are allowable when medically necessary.

- **Limitations**
Family members or other unaccredited agents are not allowed to travel in the secure vehicle with the recipient.
- **Authorization Process**
Non-emergency secure behavioral health transports do not require prior authorization. Claims must be submitted to Nevada Medicaid's fiscal agent.

IX. Public Comment

No public comment.

X. Discussion and possible action on future agenda items.

No action taken.

XI. Adjournment

Chairwoman Rosaschi adjourned the meeting at 11:15 AM.