

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

MCAC MEETING MINUTES

Date and Time of Meeting: October 19, 2021 at 9:00 AM

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

Place of Meeting: Microsoft TEAMS

MCAC Voting Member Attendance	
Member Name	Present
Rota Rosaschi, Chairperson	X
Peggy Epidendio	X
Kimberly Palma-Ortega	X
Aaron Dieringer	X
Ryan Murphy	X
Kelsey Maxim	X
John Phoenix	X
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)

Dr. Antonina Capurro, Deputy Administrator, DHCFP
 Gabriel Lither Senior Deputy Attorney General (SDAG)
 Sia Dalacas, DAG
 Suzanne Bierman, DHCFP
 Homa Woodrum, DHCFP
 Jessica Kemmerer, DHCFP
 Abigail Bailey, DHCFP
 Alex Tanchek
 Allen Smith, CFO/COO St Mary's
 Amanda Brazeau
 Amy Levin, MD
 April Caughron, DHCFP
 Ashley Jonkey

Bobbi Senn
 Brittany Walker
 Briza Virgen, DHCFP
 Carin Hennessey, DHCFP
 Cat O'Mara
 Catherine Vairo, DHCFP
 Cathy Crocket
 Cheri Glockner, Access to Healthcare Network
 Chris Bosse, Renown Health
 Connor Cain
 Crystal Biselli, DHCFP
 Crystal Wren, ADSD
 David Escame

David Osman, Anthem
Deborah Kolk
Devan Seawright, UHC
Diane Ross
Donalda Binstock
Erin Lynch, DHCFP
Erin Russell
Gabby McGregor
Gladys Cook, DHCFP
Heather Lazarakis, DHCFP
Jackie Matter
Jacqueline Hernandez
Jaimie Evins, DHCFP
Jared Davies, DHCFP
Jeffrey Murawsky, SilverSummit Health Plan (SSHP)
Jenelle
Jenifer Waco, CFO at UMC
Jessica Escobedo, DHCFP
JoAnn Prevetti
Joseph Turner
Joy Alexander
Joy Cleveland
Kaelyne Day, DHCFP
Katie Nease
Katie Ryan, Dignity Health
Kelly Simonson, HPN
Kim Baden
Kimberly Adams, DHCFP
Kimberly Crawford
Kimberly Gahagan
Kirsten Coulombe, DHCFP
Laurie Curfman
Lesley Pittman
Linda Anderson
Lisa Bogard, Anthem
Lisa Jolly
Lisa Thompson, MD
Loretta Cook, DHCFP
Lori Follett, DHCFP

Lynette Mason
Melissa Boesen
Michael Barrett
Michael Easterday
Michelyn Domingo
Misty Grimmer
Nancy J Bowen
Natasha Powell, DHCFP
Niki King
Paige Barnes
Patrick Kelly, Nevada Hospital Association
Rachel Handy
Regina De Rosa
Ritchie Duplechien
Robyn Gonzalez, DHCFP
Rossana Dagdagan, DHCFP
Roxanne Coulter
Rutu Ezhuthachan
Ryan Roa
Sandie Ruybalid, DHCFP
Sandra Bravo
Sarah Dearborn, DHCFP
Sarah Fox
Sean Linehan, DHCFP
Shanna Cobb-Adams, DHCFP
Shawna Derousse
Sheila Heflin-Conour, DHCFP
Shirish S. Limaye
Todd Sklamberg
Steve Messinger, Nevada Primary Care Association
Susan Galvin, MD, FAAFP
Tanya Benitez, DHCFP
Temyka Miller
Tom Baldwin
Tyler
Valerie Balen, JK Belz and Associates
Veronica Charles, Maxim Healthcare
Vimal Asokan
Virginia Weidenfeller

Chair Rota Rosaschi called the meeting to order at 9:10 A.M.

I. Roll call

Roll call was performed by Tanya Benitez. Quorum was established for the meeting.

II. Public Comment

Chair Rosaschi opened the discussion for public comment in all venues. Homa Woodrum stated the tribal partners wished to relay information for consideration of having a tribal member as a representative involved.

Leah Kaufman on behalf of Shatterproof, a non-profit company for addiction crisis in the US. Leah mentioned the nonprofit wanted to provide an overview presentation to MCAC on the benefits collaborative care model for Medicaid. This model involves billing codes which integrate behavioral health in primary care settings. Most insurances in 20 other states allow for this billing.

III. Presentation of proposed policy updates to MSM Chapter 200 – Household Substance and 600 – Physician Services

Sheila Heflin-Conour presented needed policy updates to MSM Chapters 200 and 600, stating Newborns and Neonatal Intensive Care Unit (NICU) are to remove the utilization of InterQual and Medical Care Guidelines (MCG). DHCFP utilizes the Optum 360 Uniform Billing Editor and is reverting to the practice. Policy updates are needed on MSM 200 Attachment A, Policy 02-01, Birth Centers and MSM 600 – Physician Services with the passing of Assembly Bill (AB)287 from the 81st Nevada Legislative Session. The removal of Memorandum of Understanding (MOU) as well as two accreditation options in MSM 200 are needed as these are licensing requirements and not enrollment requirements.

The Level General and Level 1 rates, that were \$327 per day, provided reimbursement for a basic level of care for newborns in the nursery and were not recommended to increase. The Level 2 rate, that provided reimbursement for low-birth-weight newborns who were not ill but required more frequent feedings or additional nursing services, was recommended to increase from \$327 per day to \$408 per day. The Level 3 rate, that provided reimbursement for ill newborns who required an intermediate level of care equating to 6 to 12 hours of nursing services per day, was recommended to increase from \$1,487 per day to \$1,858 per day. The Level 4 rate, that provided reimbursement for severely ill newborns in the NICU who required constant nursing services along with other supportive services, was recommended to increase from \$1,487 per day to \$1,858 per day. The impacted policy sections are as follows:

MSM 200 - Hospital Services Sections: MSM 200 Introduction, MSM 201 Authority, MSM 203, Inpatient Hospital Services Policy, MSM 203(0), Newborns and NICU.

MSM Attachment A, Policy #02-01, Birth Centers: MSM 600 - Physician Services Sections, MSM 603.4, Maternity Care, MSM 603.4A, Stages of Maternity Care.

These policy updates will be effective January 1, 2022.

Medical Care Guidelines (MCG): The removal of the utilization of InterQual, an MCG, will allow for consistency in the level of care; this may result in the cost savings due to the utilization of one MCG by ensuring consistency in defining the level of care. The language within MSM 200 and MSM 600 will align with the language in Assembly Bill 287. The removal of the MOU and two accreditation options has no financial effect/impact to enrolled Medicaid providers and/or Nevada Medicaid.

John Phoenix asked about the birthing centers being involved in policy development and the financial

impact. Sheila responded the NICU piece does not affect the birthing centers, and the language with the birthing centers bill was supported by legislature and staff from Health Care Quality and Compliance (HCQC) are aware that the language will be changed, and updates will be made to accreditation. There were no objections.

Allen Smith CFO/COO St Mary's in Reno stated this policy change will financially affect the hospital in the NICU. He stated this decision is purely on financial impact and not on clinical data or outcome. What will be done with the financial gain, will it be dedicated to preserving the quality of life for the babies.

Jenifer Waco CFO at UMC, operates 36 bed NICU and operates at full capacity. There are 450 patients a year, 36% are Medicaid. This policy change has a potential to have a loss of \$3.3 million a year. The team is highly skilled and very expensive.

Chris Bosy, Renown Health, supported all comments made. Renown's NICU also mostly consists of Medicaid patients. All different codes stated include babies that are cared for in the NICU. There are more nurses assigned to each baby. The care they get are not newborn level and the change in mapping of revenue is providing a rate slightly above newborn rate. The change will create the biggest hardship this far. NICU care in 2010 was based on site of service average cost-of-care. Staff worked through claim by claim in the MSM and came to an agreement with Medicaid leadership in 2015. Chris would like to be involved with meetings regarding the subject in the future and stated there is another side to focus on for bettering the Medicaid manual.

Patrick Kelly, Nevada Hospital Association commented on the billing codes and level-of-care should match. There is a 65% decrease in revenue. Before this is voted on, the questions should be resolved so there is enough information to decide to take into consideration the impact to the healthcare delivery system.

Homa Woodrum clarified for the public attending, NRS 422.151 provides for the function of the MCAC. The role of the advisory committee is to advise the division regarding provision of services for the health and medical care of participants in the development of policy and the administration of programs. She encouraged everyone to participate in the upcoming workshop. Any vote or action by the committee serves as an advisory role similar to comments made at the Workshop.

Chair Rosachi asked all staff to be present on camera within the chat.

John Phoenix asked if after the feedback was received, if there was opportunity to delay until the workshop to address the concerns. He commented the purpose of the meetings is focused on care. He stressed the importance of a mutually beneficial relationship, if not, the public suffers. Homa commented there is a goal from the committee to have more open meetings but with restrictions. The public has a right to know everything the committee has planned regarding meetings.

Chair Rosachi asked the committee if they had comments.

Aaron Dieringer agreed it would be valuable to revisit the topic. He would like to hear more about the policy change to gain clarification and anticipates the workshop.

Ihsan Izzam stated he hears the concern and dissatisfaction from the care providers. He would like to collect

a group and reach common ground. Chair Rosachi mentioned the workshop for this.

Kelsey Maxim agreed to wait until after the workshop to hear concerns to come to a better agreement and based on clinical outcomes and not financial basis.

Chair Rosachi motioned to add to the agenda to work through the topic. Aaron Dieringer agreed and John Phoenix seconded the motion. Motion passed unanimously to keep this as a topic on the next board meeting.

Chair Rosaschi called for a motion to amend or approve the draft minutes from the October 13, 2020, and January 19, 2021, MCAC Quarterly Meetings. A motion to approve the draft minutes as presented was provided by Dr. Ryan Murphy, and a second was provided by Dr. Aaron Dieringer. Motion passed unanimously.

IV. Administrator's Report

Suzanne Bierman, Administrator, DHCFP, provided an update on the Administrator's Report. Administrator Bierman provided updates on the State Plan Amendments (SPA) for July 2021 through September 2021 that have been submitted to the Centers for Medicare and Medicaid Services (CMS). Administrator Bierman noted DHCFP is proposing revisions to the SPA to exclude habilitation services for eligible managed care enrollees with traumatic brain injuries. These will be covered under Fee-For-Service in Medicaid Manual chapter 1800. It was submitted on July 28 with an effective date of July 1, 2021.

DHCFP is proposing revisions to attachment 419 B to amend Applied Behavior Analysis services rendered by a Registered Behavior Technician (RBT) with updated wage information. The hourly rate will increase to \$52 an hour according to Senate Bill 96 of the 2021 Legislative session. The SPA was submitted on September 29 with an effective date of January 1, 2022 with CMS's approval.

Doulas, Community Health Workers (CHW) and Registered Pharmacists are ready to be added as new provider types. As a result of AB 256 SB 420 during legislative sessions DHCFP is proposing a SPA amendment for the reimbursement of Doulas as a new provider type (education, emotional and physical support during pregnancy, labor, delivery and the post-partum period.) DHCFP is proposing changes to add the language in provider type for CHW services providing recipients culturally, linguistically health education for the prevention and management of chronic disease under the supervision of a Nevada Medicaid enrolled physician, Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA).

The last proposed addition of the new provider types is Registered Pharmacist allowing them to bill for dispensing self-administered hormonal contraceptives and prescribing, dispensing and administration of drugs to prevent the acquisition of Human Immunodeficiency Virus (HIV) as well as lab tests. These were submitted on September 29, 2021 with an effective date of January 1, 2022

1915(b) Waiver renewal application for the Preambulatory Health Plan related to the dental benefits administrator. The waiver allows Nevada to waive the federal requirement for freedom of choice approved waiver prior. CMS requires the state demonstrate access to adequate dental network and are provided quality services as well as being cost effective. The Waiver request was submitted on September 29, 2021 with an effective date of January 1, 2022.

Chair Rosachi asked for questions or comments and there were none.

Suzanne Bierman stated MSM updates from July through September 2021. Chapter 3800 - Medication Assisted Treatment (MAT) Services revisions are to align with new buprenorphine guidelines published by DHHS. Some practitioners had previously cited as a barrier to treating and providing MAT services to Nevadans. The change was effective July 28, 2021.

MSM Chapter 1200 – Prescribed Drugs changes proposed April 22, 2021 by Drug Use Review board (DUR)

The proposed changes include the addition of new prior authorization criteria for Nurtec® ODT (rimegepant) within the Anti-Migraine Medication section; addition of new prior authorization for Kesimpta®(ofatumumab) within the Multiple Sclerosis (MS) Agents section; revisions to the existing Anti-Hepatitis Agents prior authorization criteria as well as the removal of discontinued products, Daklinza® (daclatasvir), Olysio® (simeprevir), Technivie® (ombitasvir / paritaprevir / ritonavir) and Viekira® XR (dasabuvir / ombitasvir / paritaprevir / ritonavir); revisions to the existing Hereditary Angioedema Agents prior authorization criteria; formatting changes to the existing Platelet Inhibitors section; addition of new prior authorization criteria for Xywav® (calcium / magnesium / potassium / sodium oxybates) within the Narcolepsy Agents section and revisions to the existing prior authorization for Valtoco® (diazepam nasal spray) within the Anticonvulsants section. In addition, DHCFP is proposing revisions to section 1203.1E to reflect the intent AB 178 from the 81st, 2021 Nevada Legislative Session which allows DHCFP to waive the early refills requirement for a non-controlled substance prescription in areas for which an emergency or disaster has been declared.

Suzanne Bierman continued with proposed revisions to Chapter 3700 – Applied Behavioral Analysis (ABA). Chapter changes will include provider types permitted to bill Applied Behavior Analysis (ABA) as well as the documentation required for treatment notes. These changes are effective January 1, 2022.

Chair Rosachi asked for questions or comments and there were none.

Jamie Evins introduced herself as a Social Services Program Specialist in Managed Care and Quality Assurance. The board of examiners met on September 14, 2021 and approved the new contract beginning January 1, 2022. The contract has been executed for Anthem Blue Cross Blue Shield, Healthplan of Nevada, Silver Summit Health Plan (SSHP) and Molina Healthcare of Nevada for January 1, 2022 through December 31, 2025. The division will require all Medicaid households to be randomly assigned to a health plan within an initial equitable distribution of 25% household designed to be MCO. There will be a 90-day period to change after notification of assigned health plan.

Chair Rosachi asked if the 25% is firm. Jamie answered the entire managed care population will be assigned to a plan but do have the ability to switch back to the old plan along with the open enrollment period.

John Phoenix said this could cause disengaged care if they aren't located close to health plan providers. He suggested for the patients who don't need to change, only assign new beneficiaries.

Jamie Evins stated there is open communication concerning this on a weekly basis to avoid surprises.

John Phoenix added each of the plans have different formulas making it difficult for providers.

Jamie Evins thanked John and mentioned MCOs will honor prior authorizations and medications to alleviate any issues.

Dr. Galvin asked what the benefit is of the plan.

Jamie Evins answered the new contract processes new MCOs to ensure the plans all have viable populations determined by administration to redistribute.

Dr. Antonina Capurro added the process is a difficult decision to make, and administration is working to make the transmission seamless. The plan was decided upon and will go live on January 1, 2022 and has a communication piece in place and feedback is welcome.

John Phoenix said this process and the time involved should be considered.

Chair Rosachi asked if there was a sense of how to assign the plans.

Jamie Evins answered it will be a random selection.

Dr. Galvin said it seemed arbitrary and said if a patient is moved and can no longer see their provider and has to stray from their treatment plan, why would the choice be taken away and disrupt care.

Homa Woodrum stated the goal is to have greater patient choice and the understanding is that the plans would all work together to ensure care. If individuals do want to stay with their plan, they can. In policy, care can be more generous with a different plan. There is no way to invite a new vendor without offering them equal footing to other vendors.

V. MCOs

Health Plan of Nevada

Kelly Simonson with Health Plan of Nevada (HPN) presents submission for new and changed communication points for the marketing campaign. The intent of the message is to educate members, what will happen over the next few months and let them know they do have a choice. There are several pages of messaging content and methods that will be used over mailing, television, posters, web, digital and promotional items. The Spanish messages may not translate directly, but a translator was hired for this. HPN will be sending different kinds of campaigns. Three communications have been sent to providers so far. Webinars will continue over the next few months with providers because it will affect them. The goal is education as well as reminding members and community about the value of the plan. HPN is culturally appropriate and can resonate with the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) organization.

Anthem

Anthem representative David O presents Nevada 2022 marketing and advertising. The goal remains the same, to inform members about choice and educate them about access to care. Anthem developed new advertising campaigns to address upcoming events that will affect NV Medicaid members. Membership redistribution in January 2022: Members will be assigned to a new health plan but have time to switch to

the plan they want. With open enrollment, members can explore other plans and switch if they find a plan that better fits their needs. One of the new campaigns has digital options. Anthem promotes choice in access to care. The campaign designates with the unemployed Nevada residents.

John Phoenix asked what languages the advertisements will be in as well as the availability to Native Americans and the Latin community. David answered all materials are offered in multiple formats and languages. More diverse communities are offered. Reno Sparks Indian Colony is a partner for one example. John asked if the LGBTQ group is included, David said yes and said every spectrum of the population is covered and displayed in the marketing.

SilverSummit

Niki King from Silver Summit Health Plan (SSHP) acknowledges the concerns of the committee and assures they are working to make the change as smooth as possible. Outreaches are being made to the community, one-to-one, and a strong continuity of care is important, so the members get assigned properly. Joann Proveti took over the presentation to show slides. She stated their marketing has been redesigned to have diverse and consistent messaging. No referrals are needed for in network specialists. Branding has been refreshed, as it highlights the look of the community. A high-level outline is presented, and there are over 200 pages of marketing material.

Ritchie Duplechien continued the presentation to elaborate on benefits and how to utilize them. SSHP offers a newly created department to serve members with education and assistance called Community Solutions Department. The plan also includes Community Health Workers (CHWs), a dedicated outreach program to members to provide assistance. Housing for sober living, pregnant and new mothers, transportation as well as Telehealth are offered as well.

John Phoenix stated many Medicaid members don't have access to Telehealth.

Niki King added Telehealth is sometimes not the solution because of technology barriers. Over \$200,000 has been invested into Federally Qualified Health Centers (FQHCs) to help them improve their services and sometimes phones are offered. There have also been improvements made in transportation.

Ritchie Duplechien added to Niki King's statement explaining tele-visits can be done at their onsite offices, using their computers.

David Escame stated community-based partners are helping to come up with solutions.

Kelsey Maxim approved, and John Phoenix seconded the motion to move forward.

All voted unanimously to move forward with Chair Rosachi stating she would like to keep this on the agenda to see how the transition goes.

Molina

Kim Gahagan from Molina, theme centered around thinking of members as family. The vision is to improve the health and lives of members covered by government programs. Molina was founded in 1980 with a mission to provide quality health care to those who need it most. Molina continues this mission with Medicaid and Health Insurance Marketplace products in 19 states. The MolinaCares Accord is a

commitment to building stronger communities through improving people's health and lives. MolinaCares channels substantial investments into solving the many gaps that exist in the access to, and delivery of, health care today. The marketing strategy included in the booklet Care Connections ensures that Care Connections Nurse members receive access to Practitioners, provide services in quality of health care Nurses their homes, virtually meet the needs of the patient's telehealth, regardless of demographics. mobile clinics. Programs include Care of Older Adults, Annual Comprehensive Nurse practitioners work in Exams, Comprehensive collaboration with Primary Care Physicians (PCPs) for Diabetes Care, Well Child monitor chronic diseases such Checks and Post Discharge as obesity, hypertension, and visits aimed at reducing hospital diabetes. Molina's Licensed Clinical Social Workers (LCSWs) provide behavioral health support for members with mental health or substance abuse illnesses. A national call center will be opening to help people with questions regarding the switch. Digital banners, billboards, and radio in multiple languages as well as social media will be utilized. Outbound campaigns will be served in a mobile clinic, in progress for different disease management programs and vaccinations.

VI. DHCFP Reports

ARPA Spending Plan

Kirsten Coulombe presented the initial Spending Plan for ARPA. The American Rescue Plan Act had an original deadline in June but was extended. Feedback was solicited from the public in June. As of September 30, 2021, CMS gave partial approval with a couple of questions. Kirsten stated CMS has a large workload and cases to go over. The Funding is limited to April of 2021 - March 2022. The initiatives need to be designated as soon as possible. As additional projects are identified, they can be added to the plan. In the ARPA, the first initiative is to strengthen the work force with payments to Home Care Workers (HCWs). There are approximately 9,000 recipients. The workers on the frontline such as this continue to show up daily and the program would like to grant them \$500 bonuses for incentive.

The second topic is Enhancements to Home Community Base Services (HCBS) Reimbursement Rates. The rates are not adequate to support providers. The three specific areas to target are alignment of rates to minimum wage standards, Supplemental payments for HCBS providers and supplemental payments to restore waiver provider cuts. In 2020, providers took a 6% rate cut. After going over how the division can support the workforce, focus shifted to the expansion of HCBS services. The expansion includes enhancement of Environmental Adaptations Services, establishment of a Program for All-Inclusive Care for the Elderly (PACE) program, expansion of Home Delivered Meals Frail Elderly Waiver, In-Home COVID Vaccinations and expansion of Dental Benefits - Adults with Disabilities. Next on the ARPA is Infrastructure Support for HCBS Programs including HCBS Senior Policy Advisor, Medicaid Management Information System (MMIS) Enhancement for County Match Program, Procurement of HCBS Incident Management System, Studies to Evaluate HCBS Rates and Methodology, Study on Development of Value Based Payment Model for HCBS as well as a study to improve care for Aged, Blind and Disabled (ABD) populations. The last topic in the plan is for Infrastructure support for HCBS programs, involving HCBS Senior Policy Advisor, MMIS Enhancement for County Match Program, Procurement of HCBS Incident Management System, Studies to Evaluate HCBS Rates and Methodology, Study on Development of Value Based Payment Model for HCBS, Study to Improve Care for ABD Populations, Support for the American Recovery and Reinvestment Act of 2009 (ARPA) implementation, Support for Implementation of Self-Directed Program. Technical Assistance on Evidence-Based Medical/Drug Policy and a Technology System for Katie Beckett Eligibility Option.

Quadrennial Rate Review Surveys

Sean Linehan, Management Analyst III, DHCFP, presented a PowerPoint on Nevada Medicaid Quadrennial Rate Reviews.

Chair Rosachi asked how to reach out to a provider. Sean responded emails will be sent along with website posting.

Shanna Cobb Adams commented the workshop will cover the details of communication.

VII. Public Comment

2022 MCAC Meeting Schedule

Planned for Wednesday meetings, no oppositions, still in draft.

VIII. Discussion and possible action on future agenda items

Chair Rosachi asked if anyone would like to add anything to the next agenda. Homa added there were issues with the bylaws into being in line with statutes for membership terms as well as any suggestions from board members about the existing changes.

IX. Adjournment

Chair Rosachi adjourned the meeting at 12:00 PM.