



Advisory Committee on Medicaid Innovation (ACMI)

Meeting Minutes

June 24, 2020

1:00 p.m. – 3:30 p.m.

Committee Members Present:

NAME	TITLE	STATE AGENCY
Ross Armstrong	Administrator	Division of Child and Families Services (DCFS)
Gillian Barclay	Academic Health Specialist	Office of the President, UNLV
Suzanne Bierman	Administrator	Division of Health Care Financing and Policy (DHCFP)
Michael Brown	Executive Director	Governor's Office of Economic Development (GOED)
Sara Chalhagian	Executive Director	Patient Protection Commission (PPC)
Tina Dortch	Program Manager	Office of Minority Health and Equity
Joe Garcia	Chief of Program Operations	Division of Welfare and Supportive Services (DWSS)
Marc Johnson	President	University of Nevada, Reno Medical School (UNR)
Heather Korbolic	Executive Director	Silver State Health Insurance Exchange
Christy McGill	Director	Office for a Safe and Respectful Learning Environment
Laura Rich	Executive Officer	Public Employee Benefits Program (PEBP)
Barbara Richardson	Commissioner of Insurance	Division of Insurance (DOI)
Dena Schmidt	Administrator	Aging and Disability Services Division (ADSD)
Lisa Sherych	Administrator	Division of Public and Behavioral Health Services (DPBH)
Brian Williams	Deputy Director of Programs	Department of Corrections (DOC)

Recorder: Aida Blankenship

TOPIC / AGENDA	DISCUSSION	ACTION / RESPONSIBLE PERSON
Roll Call/Verification of Posting	ACMI meeting was called to order at 1:00 p.m. 15 Committee members were present, therefore there was a quorum. The agenda was posted on June 19, 2020 on the DHCFP public facing site under NRS 422.162 and 422.165.	

Public Comment	Public comment was solicited at this time, but none was offered.	
STANDING ITEMS:		
<p>I. Opening Remarks & Introductions (DHCFP Administrator Suzanne Bierman)</p> <p>a. Overview of Advisory Committee on Medicaid Innovation</p> <p>b. Discuss priorities of the Committee (NRS 422.162 and 422.165)</p>	<ul style="list-style-type: none"> The Committee's purpose is to serve in an advisory capacity regarding opportunities to improve Medicaid and increase access to health insurance. NRS 422.162 and 422.165 	<i>DHCFP Administrator, Suzanne Bierman (Cody Phinney, DHCFP Deputy Administrator filled in due to technical issues)</i>
<p>II. Overview of Public Meeting Law [PowerPoint (PP) Presentation]</p>	The basic concepts of open meeting law was covered during Deputy Attorney General (DAG), Homa Woodrum's slide show presentation. Ms. Woodrum's presentation included meeting notice, public comment, quorums, open deliberation, and open action. Penalties for violations of open meeting law were also presented.	<i>Deputy Attorney General, Homa Woodrum</i>
<p>III. Discuss Structure of the Committee and NRS 422.162 - NRS 422.165 (For Possible Action)</p> <p>a. Elect Chair of the Advisory Committee on Medicaid Innovation for 2020-2021 term (June 2020-December 2021) (For Possible Action)</p>	<p>Committee Members were invited to nominate a member for service as Chair of ACMI.</p> <p>Tina Dortch, Program Manager of the Office of Minority Health and Equity, nominated Dr. Gillian Barclay, an Academic Health Specialist with the Office of the President, University of Nevada, Las Vegas (UNLV). Ms. Dortch cited Dr. Barclay's "experience, skill set and passion about this topic."</p> <p>Motion by Ms. Dortch nominating Dr. Gillian Barclay. Second by Barbara Richardson, Commissioner of DOI.</p> <p>Aida Blankenship proceeded with a roll call vote and noted the following (some members had technical difficulties in providing a vote but were reflected as present for purposes of quorum and did not report leaving or being otherwise unable to hear the meeting):</p> <ul style="list-style-type: none"> Ross Armstrong, DCFS Administrator, Voted Yes Suzanne Bierman, DHCFP Administrator, Voted Yes Dr. Gillian Barclay, Academic Health Specialist for the Office of the President, UNLV, Voted Yes Michael Brown, Executive Director of GOED, Voted Yes Sara Chohagian Executive Director of PPC, Voted Yes Joe Garcia, Chief of Program Operations DWSS, Voted Yes 	<i>DHCFP Administrator, Suzanne Bierman</i>

	<ul style="list-style-type: none"> • Marc Johnson, UNR President, Voted Yes • Heather Korbolic, Executive Director of the Silver State Health Insurance Exchange, Voted Yes • Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, No answer-Technical Issue • Laura Rich, PEBP Executive Officer, Voted Yes • Dena Schmidt, ADSD Administrator, No answer-Technical Issue • Lisa Sherych, DPBH Administrator, Voted Yes • Barbara Richardson, DOI Commissioner, Voted Yes • Brian Williams, DOC Deputy Director of Programs, No answer-Technical Issue <p>Homa Woodrum, DAG, confirmed quorum despite technical issues in some members making their vote verbally known.</p> <p>Motion carries by majority vote naming Dr. Gillian Barclay as committee Chair.</p>	
<p>IV. Discussion of Telehealth in Nevada before and during COVID-19 (PowerPoint Presentation)</p>	<p>Suzanne Bierman, Administrator and DuAne Young, Deputy Administrator of DHCFP presented about Telehealth in Nevada. The presentation covers Medicaid Telehealth Policy – before and during the COVID-19 pandemic, as well as the evolution in telehealth policy and policy changes post COVID-19 public health emergency.</p> <p>Administrator Bierman sought questions from members after the presentation, indicating that experiences that they have had with Telehealth would be welcome.</p> <p>Ross Armstrong, DCFS Administrator, indicated that going forward it would be helpful to maintain COVID-19 related waivers to facilitate use of telehealth. Administrator Armstrong indicated that DCFS is working on telemedicine grant focused on behavioral health needs in rural Nevada and highlighted the geographic features of Nevada that made telehealth important</p> <p>Michael Brown, Executive Director GOED, remarked that 1997 was perhaps a peak year for the sale of fax machines and he hoped for progress.</p>	<p><i>DHCFP, Administrator Suzanne Bierman and Deputy Administrator, DuAne Young</i></p>

Barbara Richardson, DOI Commissioner, shared that the commercial market has been using telemedicine for quite some time. Commissioner Richardson indicated that there was need for parity in payments given that payment for telemedicine appears to be less than for the same services in person, therefore possibly discouraging providers from utilizing it

Co-presenter DuAne Young, Deputy Administrator of DHCFP, addressed the comment by Administrator Armstrong and shared that there remains uncertainty about permanent waivers related to telemedicine and HIPAA compliance. Mr. Young decried the lack of direction from CMS about continuation beyond the current state of emergency. Suggestion shared for inclusion of telemedicine in an 1115 waiver if the opportunity arises from CMS.

Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, expressed appreciation for DHCFP regarding their quick action for telehealth expansions during COVID-19 as she believed it was helpful for Nevada students. Director McGill inquired as to how long the telehealth expansion would last and if there would be a time when providers and schools would have notice of scaled back provisions.

Administrator Bierman responded that most flexibilities are available through 1135 during the Public Health Emergency declaration (federally) which is set to expire on July 25.

Commissioner Richardson affirmed that she has received notices from carriers about telehealth end dates though some seem to believe there will be an extension of the Public Health Emergency declaration.

Director McGill asked DHCFP if there is movement to expand telehealth beyond the public health emergency and Administrator Bierman indicated conversations were happening on the congressional level as federal action is necessary. State Medicaid agencies appear to be interested per Administrator Bierman, including a group of five western states coming up with a framework for continued telehealth flexibility.

	<p>Deputy Administrator Young shared his prediction that some services will probably never go back to being delivered in a traditional format while in other areas there are provider shortages that will be exacerbated by the crisis. Deputy Administrator Young also reiterated concerns about flexibility ending and the need to involve providers and stakeholders in ongoing discussion.</p>	
<p>V. Discussion of Medicaid's Managed Care Re-procurement Process (PowerPoint Presentation)</p>	<p>DHCFP Deputy Administrator Cody Phinney provided a PowerPoint presentation covering Medicaid's goals of the Managed Care Re-procurement process and how it will improve the recipient experience. Also discussed during the presentation were the Time and distance Standards, provider to enrollee ratios, timely access standards. ACMI contributed to the conversation by providing suggestions for improvement.</p> <p>Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, asked if referenced standards from the presentation applied only to the managed care and not to fee-for-service (FFS). Ms. Phinney responded that the discussion is specific to managed care formats as monitoring is different than fee for service.</p> <p>Director McGill asked if presented indicators were the only ones considered or if others were looked at. Deputy Administrator Phinney responded that her focus was on network adequacy issues but that the presented indicators were just one part of overall monitoring. She offered to have a unit presentation about that monitoring in future if there was interest.</p> <p>Dena Schmidt, ADSD Administrator, asked if DOI allowed for exceptions to the time standard covered.</p> <p>Barbara Richardson, DOI Commissioner, responded to Administrator Schmidt that they had exceptions though carriers must draft the entire process. She offered an example of assisting a tribal contact in a way made possible because an exception process opens the door to communication as to the market. It does require carriers to do some work with the DOI in a facilitative role.</p> <p>Cody Phinney, DHCFP Deputy Administrator, remarked that the idea discussed would be a great addition in future iterations. Administrator</p>	<p><i>DHCFP Deputy Administrator, Cody Phinney</i></p>

Schmidt, referencing time and distance standards in relation to Applied Behavior Analysis, shared a challenge about getting the data around managed care now. Time and distance standards would help understanding of what services are available and how people are accessing them. Ultimately, Administrator Schmidt noted, it would assist in the telehealth discussion and efforts to continue rural access and appropriate services. Director McGill agreed related to ABA and its inclusion for equity and services as well as the data component referenced by Administrator Schmidt. Deputy Administrator Phinney asked if Nicole Kaufman wanted to chime in as part of the presentation/discussion.

Nicole Kaufman, Mercer Representative, shared that ABA providers had been vocal. Ms. Kaufman conceptualized three options/approaches to looking at the network as time and distance and provider are really ratios. She indicated that an upfront capacity measure would give the Division a good sense of how the MCOs are positioned with their network and could address the needs of their enrollees on day one of a contract period. She elaborated that the timely access standards give an “on the ground” picture of how recipients are receiving care.

Suzanne Bierman, DHCFP Administrator, wondered aloud if a high-level timeline could be covered for ACMI in terms of procurement as issues in addition to network adequacy may be of interest.

Deputy Administrator Phinney specified that the RFP will be released on January 1, 2021 affecting a contract starting January 1, 2022. The time period for official feedback was represented as until the end of June. DHCFP is working heavily to develop the RFP questions and decision points for the Division but it is not the end of the process given contract amendments and ongoing quality measures,

Administrator Bierman requested that Deputy Administrator Phinney share the email contact for comments about the RFP and Deputy Administrator Phinney indicated she would follow up with Aida regarding the same.

Director McGill expressed appreciation about the data and discussion around network adequacy and asked if, for RFP process itself there were other indicators to be pushed for. For example, Director McGill shared that

	<p>families have asked for diversified providers that consumers could identify with, possibly something achievable through workforce development to get a wider range of languages and providers with similar cultural backgrounds to those served.</p> <p>Deputy Administrator Phinney responded that there had been feedback related to network adequacy broken into age groups and language competency but specifics on best approaches are being sought. One project within the Division Deputy Administrator Phinney shared was in collaboration with the University and DETR about workforce data and if successful, would result in a requirement for licensing boards to collect demographic information to enrich views of the workforce for planning purposes and demographic purposes. It was then cautioned that demographic data could be used for good or ill purposes and mechanisms were needed to mitigate concerns so that the demographic analysis would be available internally.</p> <p>Marc Johnson, UNR President, shared that the UNR has a nursing, public health and medical school which could help identify the diversity of its own student body.</p>	
<p>VI. Discussion of Future Meeting Dates, Potential Agenda Items, Bylaws, and Presentations for Future Meetings (For Possible Action)</p>	<p>Committee members were invited to make suggestions for future items.</p> <p>Marc Johnson, UNR President, requested discussion of reimbursement rates as the pay that goes out from Medicaid determines the stock of providers willing to provide service to Medicaid recipients.</p> <p>Suzanne Bierman, DHCFP Administrator, asked about frequency of meeting and President Johnson asked a clarifying question about timing in relation to legislative sessions. Administrator Bierman noted that there were no bill draft requests but there was an annual report opportunity to the Director of the Department of Health and Human Services (DHHS) about what was desired in the Medicaid space.</p> <p>UNR President Johnson asked about the deadline for the annual report and Deputy Attorney General Homa Woodrum indicated it just had to be yearly by statute, but the group could decide on ideal timing and consider what the Director's office could do with information.</p>	<p><i>ACMI</i></p> <ul style="list-style-type: none"> • Reimbursement Rates • Network adequacy presentation, with testimony dedicated to those vulnerable populations and the groups that are working with them about perceived shortfalls • Comparison discussion could be to look at the service deliveries for FFS and managed care

Tina Dortch, Program Manager of the Office of Minority Health and Equity, suggested, as a corollary to the network adequacy presentation, about dedicating a meeting to hear from those vulnerable populations and the groups that are working with them about perceived shortfalls. Ms. Bierman agreed this could be possible if it was related to the Medicaid space.

Dr. Gillian Barclay, Academic Health Specialist at the Office of the President, UNLV, asked about the frequency of meetings of the Patient Protection Commission (PPC). Chair of the PPC, Sara Chohagian indicated that the PPC anticipates meeting every other Monday through the end of August and is mindful of a September 1, 2020 BDR deadline for the legislative session. The PPC also has an obligation to submit an annual report to the Governor at the end of the year and will continue to meet frequently after August 31, 2020.

Administrator Bierman asked about PPC subcommittees and Ms. Chohagian responded that though there are no subcommittees at this time, they can establish up to six at a time.

Administrator Bierman posited that ACMI could be a resource to PPC and Ms. Chohagian indicated the PPC timeline would be something for ACMI to be cognizant about as the PPC is hosting August work sessions and ACMI could submit recommendations to PPC for those sessions.

Christy McGill, Director of the Office for a Safe and Respectful Learning Environment, asked if in future a quick comparison discussion could be to look at the service deliveries for FFS and managed care. Also, discussion of the other indicators of health Medicaid is able to monitor, and what those would be to check for gaps. Finally, Director McGill requested introduction from each member to get a feel for each member's expertise.

Dena Schmidt, ADSD Administrator, asked for a standing agenda item about the RFP for managed care as managed care oversees over 70% of Medicaid recipients. Updates would include, not just network adequacy, but major topics for perspective. Cognizance of budgets and how Medicaid will innovate and continue to provide services in the wake of our fiscal emergency was also suggested. Administrator Schmidt indicated updates regarding FMAP extension(s) given COVID-19 so that federal changes can be discussed.

- Standing agenda item: RFP for managed care
- Prenatal outcomes that would focus on value-based care

Cody Phinney, DHCFP Deputy Administrator, indicated that COVID-19 impacts to Medicaid and the federal financial participation in general with Medicaid could be arranged. Maternal health and child health could also be a point of discussion on the radar of the committee.

Dr. Barclay spoke of prenatal outcomes that would focus on value-based care as a point of discussion.

Administrator Bierman asked Deputy Administrator Phinney to cover and facilitate the rest of the ACMI meeting.

Deputy Administrator Phinney, assisting in Administrator Bierman's absence and circling back to the agenda, asked about meeting frequency. DAG, Homa Woodrum, indicated she would share simple mock bylaws with Dr. Barclay and frequency of meetings could be a component as the statute is flexible.

Dr. Barclay wondered about meeting before September since PPC is meeting twice a month.

Ms. Chohagian encouraged earlier meeting and to include the telehealth discussion.

Deputy Administrator Phinney highlighted Administrator Schmidt's point about rapidly developing budgets and an earlier meeting as something beneficial.

Ms. Woodrum indicated that an interim meeting need not have presentations, a meeting could just workshop PPC recommendations. July was floated for meeting and Dr. Barclay inquired about timing of a special legislative session. Discussion ensued and the week of July 20th was a consensus for meeting again though no motion was made, or vote held. Ms. Woodrum indicated members could submit additional agenda suggestions to Aida.

Open Discussion

VII. Public Comment	Public comment from Steve Messinger, Nevada Primary Care Association: Mr. Messinger indicated that the Nevada PCA represents the State's federally qualified health centers and thanked the group for coming together. Mr. Messinger remarked that the committee was a place to have new ideas discussed and for them to obtain outside attention, especially with an expedited schedule as discussed. On the subject of telehealth, he shared that health centers found it an important modality. A large proportion of visits currently from member health centers were utilizing telehealth at this time and it is hoped that flexibility will continue beyond July 25 th .	
Meeting Adjourned:	Meeting Adjourned at 3:11:01 p.m.	
NEXT MEETING	July 24, 2020 at 1:00 – 3:00 p.m.	

Minutes Prepared By: Aida Blankenship

Date: 07/2/2020



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Meeting Minutes

July 24, 2020

1:00 p.m.

Committee Members Present:

NAME	TITLE	STATE AGENCY
Ross Armstrong	Administrator	Division of Child and Family Services (DCFS)
Gillian Barclay	Committee Chair Academic Health Specialist	Office of the President, University of Nevada, Las Vegas (UNLV)
Suzanne Bierman	Administrator	Division of Health Care Financing and Policy (DHCFP)
Sara Chalhagian	Executive Director	Patient Protection Commission (PPC)
Tina Dortch	Program Manager	Office of Minority Health and Equity
Heather Korbolic	Executive Director	Silver State Health Insurance Exchange
Christy McGill	Director	Office for a Safe and Respectful Learning Environment
Laura Rich	Executive Officer	Public Employee Benefits Program (PEBP)
Barbara Richardson	Commissioner of Insurance	Division of Insurance (DOI)
Lisa Sherych	Administrator	Division of Public and Behavioral Health Services (DPBH)

Committee Members NOT Present:

NAME	TITLE	STATE AGENCY
Michael Brown	Executive Director	Governor's Office of Economic Development (GOED)
Joe Garcia	Chief of Program Operations	Division of Welfare and Supportive Services (DWSS)
Marc Johnson	President	University of Nevada, Reno Medical School (UNR)
Dena Schmidt	Administrator	Aging and Disability Services Division (ADSD)
Brian Williams	Deputy Director of Programs	Department of Corrections (DOC)

Recorder: Aida Blankenship, Executive Assistant, DHCFP

TOPIC / AGENDA	DISCUSSION	ACTION / RESPONSIBLE PERSON
I. Roll Call/Verification of Posting	ACMI meeting was called to order at 1:00 p.m. 10 Committee members were present, therefore there was a quorum. The agenda was posted on July 17, 2020 on the DHCFP public facing site (dhcfp.nv.gov). This Committee was formed under NRS 422.162 and 422.165.	
II. Public Comment	Public comment was solicited at this time, but none was offered.	
STANDING ITEMS:		
III. Opening Remarks & Introductions (Dr. Gillian Barclay, Chair) a. Overview of Agenda and Welcome b. Brief Introduction (Committee Members, Alphabetical Order by Last Name)	<p>Dr. Gillian Barclay, ACMI Chair, provided opening remarks and sentiment of the variety of leadership within the ACMI. Dr. Barclay encouraged the committee to use this committee to collaborate on and voice their innovative ideas and solutions to make a difference in Nevada. Dr. Barclay then did a brief overview of the agenda and announced each ACMI member to give their introductions.</p> <p>Committee members were called in alphabetical order by Aida Blankenship.</p>	<i>Dr. Gillian Barclay, ACMI Chair</i>
IV. For Possible Action: Approval of Minutes for June 24, 2020 Meeting	<p>Dr. Gillian Barclay, ACMI Chair invited Committee members to make a motion to approve the meeting minutes from June 24, 2020.</p> <p>Suzanne Bierman, Administrator, DHCFP, made the motion to approve the minutes.</p> <p>Lisa Sherych, Administrator, DPBH, seconded the motion.</p> <p>Dr. Barclay asked that all those in favor say “Aye,” no Committee members opposed this motion. Meeting minutes from the June 24, 2020 ACMI meeting were approved.</p>	<i>Dr. Gillian Barclay, ACMI Chair</i>
V. For Possible Action: Discussion and Approval of Letter to Nevada Patient Protection Commission from Advisory Committee on Medicaid Innovation, Including Possible Bill Draft Subject Suggestions	<p>Homa Woodrum, Deputy Attorney General (DAG), provided an overview of the process and how the ACMI can effectively communicate with the PPC.</p> <p>Barbara Richardson, Commissioner of Insurance, DOI: Any information is helpful from both sides. One thing I would point out, is that ACMI needs to be on the admitted and commercial market for insurance in general that telemedicine has made a huge difference in patients lives, especially behavioral services. This has made a big impact in Nevada’s rural areas. If</p>	<i>Homa Woodrum, Deputy Attorney General (DAG) drafted the letter as ACMI provided suggestions and comments.</i>

there is some way that the ACMI can work with federal delegates to ensure HIPPA policies are in place to keep telemedicine post pandemic.

Suzanne Bierman, Administrator, DHCFP, I would like to echo Commissioner Richardson's comments on telehealth. It has been a key and critical delivery system during this pandemic and will be post pandemic. We are supportive of that idea and have been working with other State Medicaid agencies to try to support that idea at the federal level through our national associations of medical directors.

Dr. Gillian Barclay, ACMI Chair, would like to make a recommendation to Commissioner Richardson to use the term "telehealth" instead of "telemedicine" and wanted to confirm that was permissible.

Commissioner Richardson confirmed that using the term "telehealth" is permissible. Commissioner Richardson also explained that there are some technicalities when people use their phones, and that the bigger idea would be to create alternative ways for providers and consumers to interact with each other.

Tina Dortch, Program Manager, Office of Minority Health and Equity, asked the Committee to consider a topic that may have not been relevant to the current BDR. Data collection, Ms. Dortch shared that her legislative advisor is moving aggressively to elevate data collection activities. Ms. Dortch asked if it was premature to solicit this idea to the group or if appropriate for this BDR.

Ross Armstrong, Administrator, DCFS, asked what is the extent the PPC can advocate with the ACMI for data sharing? It is critical for us to target areas where we want to innovate and evaluate how ACMI's efforts are going.? Administrator Armstrong put emphasis on data quality and the analytics piece, stating they are both critical.

Dr. Barclay asked ACMI if data collection should be separate from data sharing. Dr. Barclay does not think Ms. Dortch's suggestion is premature and that whatever the ACMI proposes can be evidence driven. Dr. Barclay stated that she agrees with Administrator Armstrong. ACMI needs to be critical when looking at issues of social determinants of health and access to

insurance and care, it is critical to figure out how to share data across different sectors.

Ms. Dortch clarified that under data collection that ACMI should work to integrate the intersectoral value of having more granular data, which would make for more powerful reporting and programming.

Commissioner Richardson wanted to caution ACMI about rural areas and data sharing so that people are not being singled out. Commissioner Richardson pointed out that data collection should be done on a granular level, but not so much data sharing.

Sara Chalhagian, Executive Director, PPC shared that all suggestions from ACMI thus far are within the jurisdiction of the PPC. PPC met Monday, July 20, 2020 and voted unanimously to narrow the focus of one of their BDRs to utilize one of the BDRs to enhance patient health care experience and outcomes by implementing transparency measures to help understand data trends. Anything to help PPC narrow that focus is helpful. PPC can present up to three BDRs.

Dr. Antonina Capurro, Nevada State Dental Health Officer, provided a written comment to include teledentistry in the discussion of telehealth.

Dr. Barclay agreed that teledentistry should be explicit.

Ms. Dortch supported including data transparency in the letter to PPC.

Christy McGill, Director, Office for a Safe and Respectful Learning Environment, provided a suggestion to another avenue to alternative methods for provider and consumer interaction/communication. Director McGill stated that telehealth has made an impact on improving lives and equity, especially in the urban and rural areas. Director McGill suggested to explore creative partnerships between providers and schools and tightening that connection. In other states when this connection is strong absenteeism decreases, chronic conditions are better maintained when they are strong, and innovative partnerships play a role in quality care.

	<p>Dr. Barclay pointed out that pediatric populations in NV health care is through schools. Dr. Barclay inquired if there was an opportunity for innovation around that population as schools are switching to virtual learning for at least the first 90 days.</p> <p>Administrator Bierman said she would reach out to the Medicaid team for additional information to inform this addition to the PPC letter.</p> <p>Director McGill stated that there are several layers of school-based health and that communication and distribution of that communication is going to be key when students are participating in virtual learning. Director McGill also pointed out the importance that we use this disruption of service to innovate and be very intentional learning from this disruption of services.</p> <p>Administrator Bierman added to Director McGill's point and suggested to incorporate health equity.</p> <p>Dr. Barclay added to the first two bullets to point out how care is delivered, and the importance of how care is being delivered that is more value based. The more value based the more centered on patient care to improve health outcomes.</p> <p>Administrator Armstrong made a motion to approve the letter to the PPC. And to delegate to staff and Chair Barclay to make any grammatical or formatting changes before submitting to the PPC.</p> <p>Ms. Dortch seconded the motion to approve letter to the PPC.</p> <p>Dr. Barclay asked that all those in favor say "Aye," Sara Chohagian was the only member that abstained as it is a conflict of interest. Committee members opposed this motion. The letter to the PPC was approved.</p>	
<p>VI. Introduction of Draft Bylaws (Homa S. Woodrum, Deputy Attorney General) (Discussion Only)</p>	<p>Homa Woodrum, Deputy Attorney General (DAG), provided an overview of the ACMI Bylaws draft.</p> <p>Tina Dortch, Program Manager, Office of Minority Health and Equity, pointed out that because ACMI is dedicated to innovative thought would like to discuss the bylaw stating unlimited term limits and whether that keeps ACMI innovative.</p>	<p><i>Homa Woodrum, Deputy Attorney General (DAG)</i></p>

	<p>Ms. Woodrum explained that the bylaw regarding term limits was included because under the statute the composition of membership must be based on executive branch of Divisions. ACMI can decide if they want to rotate that individual from that Division or reach out to other Division executives to serve a term.</p> <p>Ms. Dortch encouraged having a baseline profile and allow new agencies or other points of contact to be reflected in the body.</p> <p>Ms. Woodrum pointed out that ACMI can add other members as non-voting members that are not a part of the executive branch.</p> <p>Ms. Dortch suggested having an open position that is community driven to ensure vulnerable populations have a voice.</p> <p>Ms. Woodrum proposed the ACMI to send any additions/suggestions of the bylaws to Aida Blankenship to incorporate into a future agenda.</p> <p>Ross Armstrong suggested to include deadlines once ACMI looks at budget timelines, etc. so that ACMI is aware of deadline when recommendations need to be sent to Director Richard Whitley of the Department of Health and Human Services (DHHS).</p>	
<p>VII. Standing Agenda Item:</p> <p>a. For Possible Action: Discussion of Future Meeting Dates;</p> <p>b. For Possible Action: Discussion of Potential Agenda Items</p> <p>c. For Possible Action: Presentations for Future Meetings</p>	<p>Sara Chalhagian, Executive Director, PPC, informed the Committed that the PPC is having meeting every other Monday in August (August 3rd, 17th and 31st).</p> <p>Aida Blankenship confirmed that ACMI has quarterly meetings already scheduled for September 30, 2020 and December 16, 2020.</p> <p>Dr. Gillian Barclay, ACMI Chair, asked the Committee if they felt it necessary to meet before the next scheduled quarterly meeting on September 30, 2020.</p> <p>Ross Armstrong, Administrator, DCFS, explained that a special meeting could be necessary prior to the MCO RFP project at NV Medicaid.</p>	<p>ACMI</p> <ul style="list-style-type: none"> • A presentation from Hawaii and/or Colorado's Medicaid teams on the Social Determinants of Health: housing, food and security • Future budget cuts that will replace services

	<p>Suzanne Bierman, Administrator, DHCFP, informed the group that NV Medicaid has the rest of 2020 to shape RFP and that they would benefit from ACMIs input, but that September 30 is a good timeframe. Administrator Bierman also informed ACMI that a formal letter of suggestions could be submitted.</p> <p>Dr. Barclay asked about the process of subcommittees and if subcommittees need to be written in the bylaws.</p> <p>Homa Woodrum, DAG, recommended for ACMI to complete bylaws first.</p> <p>Dr. Barclay asked Ms. Chohagian if ACMI needs to assist PPC in any way prior to August 31st.</p> <p>Sara Chohagian, Executive Director, PPC, suggests that her and Chair Barclay connect after the next PPC meeting (August 3, 2020) to confirm if a special meeting is necessary.</p> <p>Barbara Richardson, Commissioner of Insurance, DOI, requested some discussion on some of the innovative ideas out of HI and CO regarding housing opportunities for Medicaid recipients that would benefit from these services. Commissioner Richardson would like to see and track how innovations are affecting those populations.</p> <p>Dr. Barclay asked if Commissioner Richardson had any recommendations for a presenter.</p> <p>Administrator Bierman said that she could reach out to HI or CO Medicaid team for a more focused presentation on this topic, or if ACMI would like to broaden this to social determinants? Or broaden as a standing agenda item.</p> <p>Dr. Barclay explained that there are models that address food, security and housing. The approach of social determinants of health might be more advisable and not just housing.</p> <p>Christy McGill, Director, Office for a Safe and Respectful Learning Environment, would like to include any budget cuts that will replace services.</p>	<ul style="list-style-type: none"> • Medicaid 101 – NV Medicaid team
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	<p>Dr. Barclay asked the Committee about included a Medicaid 101 brief presentation for the next meeting.</p> <p>Tina Dortch, Program Manager, Office of Minority Health and Equity, asked that Medicaid speak on the difference between the two programs (Medicaid v. Medicare).</p> <p>Administrator Bierman confirmed the NV Medicaid team is willing to do a Medicaid 101 presentation in future.</p>	
Open Discussion		
VIII. Public Comment	<p>Phillip Burrell, Deputy Administrator, DHCFP, announced an opportunity for providers suffering financially through the pandemic to apply for the provider relief fund on the hhs.gov site. The deadline for the provider relief fund is August 3, 2020. The US DHHS announced distribution of approximately \$15 Billion for Medicaid programs. Eligibility is stated on the hhs.gov provider relief fund page where the portal is setup and providers will be able to pull all their information. There will be a webcast on Monday, July 27, 2020 to walk providers through the application process and what documents they will need to provide.</p>	<i>Phillip Burrell, Deputy Administrator, DHCFP</i>
IX. Meeting Adjourned:	<p>Suzanne Bierman, Administrator, DHCFP made the motion to adjourn the July 24, 2020 ACMI meeting.</p> <p>Tina Dortch, Program Manager, Office of Minority Health and Equity, seconded the motion to adjourn.</p> <p>Meeting Adjourned at 2:40 p.m.</p>	
NEXT MEETING	September 30, 2020 at 1:00 – 3:00 p.m.	

Minutes Prepared By: Aida Blankenship

Date: 08/27/2020



Advisory Committee on Medicaid Innovation (ACMI)

Meeting Minutes

September 30, 2020

1:00 p.m.

Committee Members Present:

NAME	TITLE	STATE AGENCY
Gillian Barclay	Committee Chair Academic Health Specialist	Office of the President, University of Nevada, Las Vegas (UNLV)
Suzanne Bierman	Administrator	Division of Health Care Financing and Policy (DHCFP)
Sara Chalhagian	Executive Director	Patient Protection Commission (PPC)
Tina Dortch	Program Manager	Office of Minority Health and Equity
Joe Garcia	Chief of Program Operations	Division of Welfare and Supportive Services (DWSS)
Heather Korbolic	Executive Director	Silver State Health Insurance Exchange
Laura Rich	Executive Officer	Public Employee Benefits Program (PEBP)
Dena Schmidt	Administrator	Aging and Disability Services Division (ADSD)
Lisa Sherych	Administrator	Division of Public and Behavioral Health Services (DPBH)

Committee Members NOT Present:

NAME	TITLE	STATE AGENCY
Ross Armstrong	Administrator	Division of Child and Family Services (DCFS)
Michael Brown	Executive Director	Governor's Office of Economic Development (GOED)
Marc Johnson	President	University of Nevada, Reno Medical School (UNR)
Christy McGill	Director	Office for a Safe and Respectful Learning Environment
Barbara Richardson	Commissioner of Insurance	Division of Insurance (DOI)
Brian Williams	Deputy Director of Programs	Department of Corrections (DOC)

Recorder: Aida Blankenship, Executive Assistant, DHCFP

TOPIC / AGENDA	DISCUSSION	ACTION / RESPONSIBLE PERSON
I. Roll Call/Verification of Posting	ACMI meeting was called to order at 1:00 p.m. Nine Committee members were present, therefore there was a quorum. The agenda was originally posted on the DHCFP public facing site (dhcfp.nv.gov) on September 14, 2020, and revised on September 25, 2020. This Committee was formed under NRS 422.162 and 422.165.	
II. Public Comment	Public comment was solicited at this time, but none was offered.	
STANDING ITEMS:		
III. Medicaid 101 Presentation	<p>Suzanne Bierman, Administrator, DHCFP, provided an introduction for Mark Larson and Lauren Moran and thanked them for giving a high-level overview of Medicaid from a national perspective.</p> <p>Mark and Lauren presented a PowerPoint highlighting the four key tools of Medicaid Management: how Medicaid is delivered; what Medicaid covers; who is covered under Medicaid; and how Medicaid is financed. These slides have been posted on the ACMI page at: http://dhcfp.nv.gov/Boards/ACMIMeetingArchive/</p> <p>Dr. Gillian Barclay, ACMI Chair, (Slide 12, under categorical) asked for an example of Qualified Medicare Beneficiaries.</p> <p>Lauren Moran, Senior Program Officer, CHCS, replied with Dual Eligible they qualify for Medicare, but their income helps them qualify for Medicaid.</p> <p>Mark Larson, Senior Vice President, CHCS, made the connection that there is a population of individuals in Medicare that don't meet financial eligibility for Medicaid strictly, so there are optional categories for duals as well as mandatory categories. Some states have the choice of optional population and some states have no choice and have a mandatory population.</p> <p>Cody Phinney, Deputy Administrator, DHCFP, On the alignment between essential services and the newly eligible population/expansion population. In some states they have a different benefit plan, in NV we have aligned that with our state plan on almost every aspect. Is it different in other states?</p>	<p><i>Mark Larson, Senior Vice President, Leadership & Capacity Building, Center for Health Care Strategies Inc. (CHCS)</i></p> <p><i>Lauren Moran, Senior Program Officer, CHCS</i></p>

Ms. Moran, some states have chosen to do the benefits differently for the expansion population. Indiana is a prime example they use a separate plan called the Healthy Indiana Plan (HIP) for their expansion population. They have a core set of benefits recipients can receive, but through a waiver recipient can receive/pay to access a higher level of benefits. Things like dental must pay for those benefits. Also, patients must complete healthy behavior as well.

Administrator Bierman, thanked Lauren and Mark for providing an overview that highlighted the variety among state Medicaid programs and where there are options left up to the states and the overarching federal framework. Some states have lots of latitude with optional benefits and eligibility groups. It was helpful to see where states have flexibility.

Tina Dortch, Program Officer, Office of Minority Health and Equity, If CHCS can give another global view on the major steps required to change a component of the eligibility list. I'm thinking of hearing aids and the batteries for hearing aids, those living with hearing loss. NV has had to pass legislation to fill shortfalls. In practice we've found that the allotment for hearing aids and batteries has created a shortfall. How difficult or what is the process to change that type of an eligibility component?

Mr. Larson, two components I would highlight 1) Federal/State partnership: If the state wants to gain the benefit of federal contributions through Medicaid, essentially you need authority from the Federal Government to match your state dollars with federal dollars. If a service is on the optional list, that service can be added through proposing an amendment through a State Plan Amendment (SPA). Once Federal Government reviews to ensure consistent with federal regulations and that it can be approved. This process can take several months depending on backlog and complexity of the request. This would give the authority to access federal funds. 2) Have to receive spending authority to spend that money at the state level. This may need legislative approval, may have to update contract and rates with Managed Care Organizations (MCOs). Two major takeaways are to know where the funds are going to come from and how they will be delivered. States can also propose to add the benefit through a waiver and have a waiver benefit. If adding through a waiver you must go through a higher

	<p>hurdle to demonstrate that it is budget neutral and meets the purposes of Medicaid. Authority can be limited through a certain amount of years.</p> <p>To summarize Lauren’s presentation, how does this matter to you as state leaders? These are difficult financial times; this policy architecture of Medicaid comes into play. When the state has money to spend the state can make choices if they want to add benefits or add populations. States can decide if they want to make investments on how care is delivered and increase the quality of care. When states make decisions, it is leveraging that federal match and purchasing power. States can also pull back investing in care delivery on reverse side, but risk losing federal funds if you don’t spend your state dollars.</p> <p>Administrator Bierman, Agreed, that has been our recent experience in NV. We will look for opportunities to advance our policy objectives in NV. We’ve been looking at health equity related issues, Governor Sisolak declared systemic racism as a public health emergency. From a recent Medicaid Leadership Institute call I wanted to highlight what they said, “Medicaid is one of the best ways at the state level where we can advance health equity.” Certain communities rely on Medicaid.</p>	
<p>IV. For Possible Action: Approval of Minutes for June 24, 2020 Meeting</p>	<p>Dr. Gillian Barclay, ACMI Chair addressed one edit for the July 24, 2020 meeting minutes, page 3 last paragraph, “social determinants” was missing from the second to last sentence. Aida fixed this in real time during the meeting.</p> <p>Dr. Barclay invited Committee members to make a motion to approve the meeting minutes from July 24, 2020.</p> <p>Tina Dortch, Program Officer, Office of Minority Health and Equity, motioned that minutes be approved with the edit to page 3.</p> <p>Suzanne Bierman, Administrator, DHCFP, seconded the motion.</p> <p>Dr. Barclay asked that all those in favor say “Aye,” no Committee members opposed this motion. Meeting minutes from the July 24, 2020 ACMI meeting were approved. Meeting minutes were posted on the ACMI website at: http://dhcfp.nv.gov/Boards/ACMIMeetingArchive/</p>	<p><i>Dr. Gillian Barclay, ACMI Chair</i></p>

<p>V. For Possible Action: Elect a Co-Chair</p>	<p>Dr. Gillian Barclay, ACMI Chair invited Committee members to nominate member(s) for the ACMI Co-Chair.</p> <p>Suzanne Bierman, Administrator, DHCFP, nominated Ross Armstrong, Administrator, DCFS, Administrator Armstrong said he had a willingness to serve in that capacity.</p> <p>Joe Garcia, Chief of Program Operations, DWSS, seconded the nomination.</p> <p>Aida Blankenship proceeded with a roll call vote and noted the following:</p> <ul style="list-style-type: none"> • Suzanne Bierman, DHCFP Administrator, Voted Yes • Dr. Gillian Barclay, ACMI Chair, Voted Yes • Sara Chalhagian Executive Director of PPC, Voted Yes • Tina Dortch, Program Officer, Office of Minority Health and Equity Yes • Joe Garcia, Chief of Program Operations DWSS, Voted Yes • Heather Korbolic, Executive Director of the Silver State Health Insurance Exchange, Voted Yes • Laura Rich, PEBP Executive Officer, Voted Yes • Dena Schmidt, ADSD Administrator, Voted No answer-Technical Issue • Lisa Sherych, DPBH Administrator, Voted Yes <p>Dr. Barclay announced the motion carries, Administrator Armstrong is voted as Co-Chair for ACMI.</p>	<p><i>Dr. Gillian Barclay, ACMI Chair</i></p>
<p>VI. For Possible Action: Review and Approval of the Bylaws</p>	<p>Homa Woodrum, Deputy Attorney General (DAG), The Bylaws have been circulated extensively to ACMI. These are going to be a framework for the committee, they can be changed if later the Committee realizes some of these are not working for the group. ACMI is bound by the NRS, so the bylaws are additional specifics.</p> <p>Tina Dortch, Program Officer, Office of Minority Health and Equity, inquired about subcommittees for ACMI. Is it by statute or preference that there is no allowance of a proxy designation for Committee members? In lieu of that under subcommittee can those be members outside of Committee members?</p>	<p><i>Homa Woodrum, Deputy Attorney General (DAG)</i></p>

	<p>Ms. Woodrum, Statutorily if the statute creating the Committee does not give you the opportunity for a proxy, then it is not allowed. If Committee members have alternates to attend and take notes on their behalf if they need to miss a meeting that is permitted, but proxies cannot vote on any actions of the Committee or participate in the same capacity as appointed Committee members. Subcommittees can include other individuals based on the specificity of the bylaws. Committee members would vote on the composition and the individual they would like to appoint to that subcommittee. If you wanted to add diverse perspective, you can do that with additional provisions and creation of that subcommittee.</p> <p>Ms. Dortch, I am a member of a workgroup working towards actioning the Governor’s proclamation on systemic racism and its impact on health. One of the action items is how to include our BIPOC persons from our staffing within the agencies into positions of decision making and give them more exposure. One of the solutions is appointing these people through a state appointed committee. If not through proxy, more relevant would be a subcommittee. I don’t think we can memorialize in the bylaws, but I hope ACMI would consider that when forming subcommittees.</p> <p>Ms. Woodrum, Proposing subcommittees would fall under future agenda items and you can be specific on how to compose that specific subcommittee.</p> <p>Dr. Gillian Barclay, ACMI Chair invited Committee members to make a motion to approve and adopt the ACMI bylaws.</p> <p>Suzanne Bierman, Administrator, DHCFP, made the motion to approve and adopt the bylaws.</p> <p>Lisa Sherych, Administrator, DPBH, seconded the motion.</p> <p>Dr. Barclay asked that all those in favor say “Aye,” no Committee members opposed this motion. ACMI bylaws were adopted and approved.</p>	
Open Discussion		
VIII. Public Comment	Public comment was solicited at this time, but none was offered.	

IX. Meeting Adjourned:	<p>Dr. Gillian Barclay, ACMI Chair invited Committee members to make a motion to adjourn.</p> <p>Lisa Sherych, Administrator, DPBH, made the motion to adjourn.</p> <p>Suzanne Bierman, Administrator, DHCFP, seconded the motion.</p> <p>Meeting Adjourned at 2:20 p.m.</p>	<p><i>Dr. Gillian Barclay, ACMI Chair</i></p>
NEXT MEETING	December 15, 2020 at 9:00 – 11:00 a.m.	

Minutes Prepared By: Aida Blankenship Date: 11/6/2020