

This is the Flip Chart with the Facilitator the Commissioner's Network Adequacy Council Meeting held June 15, 2016:

Overview

- A. Open Meeting Law rules of engagement and process agreements.
- B. Timeline for meetings and deliverables.
- C. Times of meetings, including today.
- D. Individual and collective goals and interests for what's possible and what conditions need to be created.
- E. Establish 3-month priorities.
- F. Review "the floor" for standards.
- G. Identify/discuss possible criteria for establishing standards.
- H. Identifying decision/ actions and information requirements for the next council meeting.

A1. Additional Expectations and Process Agreements

- Think outside restrictions- Freely w/o judgement.
- Pragmatic asks consider consumer regardless of perspective as well as providers.
- Understand consequences of our decisions and recommendations.* (recs.)
- At the beginning of the meetings reviews objectives and how we make decisions.
- One person speaks at a time.
- Respectfully listen and give each speaker our attention.
- Everyone's voice and opinion matters and is necessary to informed discussion and decisions.
- Agree to disagree, respectfully.

A2. **Basic Rules**

- A. Deliberations will be conducted openly: **Transparency**
2. Agenda must be clear and complete- any potential action/decision must be marked as such: “for possible action”.
 3. Council discussions must stick to the agenda.

C. **Timeline and Deliverables**

Plan a (**required**) 10 am. To 5 pm Plan B (**added Options**)

Meeting 1: 6/15/16 Meeting 1

~~6/29/16~~ ~~Meeting~~

Meeting 2: 7/22/16 Meeting

Joint writing workshop of recs ~~7/27/16~~ Meeting

Draft of Recommendations 8/3/16 ? 5th

Meeting 3: 8/10/16 Meeting

Final Set of Recs 8/17/16 Council Reviews gathers/posts constituent input.

Optional Meeting to review final recommendations for submission 9/15/16 submission.

D. Individual and collective Goals/Interests

- What would be possible what would be different about how Nevada's Healthcare network operates for Nevada's communities and people--if the Council was 100% successful in getting Network Adequacy to its highest potential?
- Why is this important?
- What will it take to make this happen? What favorable conditions need to be in place for providers, carriers/insurers and consumers?

D1. Vision

- We have Maximized access for consumers with adequate workforce and providers cost containment.
- Is "It works for all" Possible?
- Have validatable data about whether providers are available.
- Access to care /access to insurance.
- Access refers to clinical best practice.
- Maximize health and wellness.

D2. Standards are Pragmatic & Achievable & Meaningful

- Access to care=consumer can utilize their health plan benefits
- Whether emergent or non-emergent:
- Consumers know how to use their network care educated and access care appropriately.
- Should contribute to health literacy: transparent to consumer.
- Provides care that is culturally and linguistically appropriately influence other 80% of plans.

D3. Conditions

- 150,000 individual <10% of population 90,000 small group of population % under 65.
- 450-500k Medicaid Medicare condition 600k.

D4. Conditions

- Knowing and setting a reasonable timeframe within which patient can access provider.
- Have to get accurate follow-up/information from provider.
- Discuss Essential Community Providers- who/what and how many currently access.
- Need to know whether we need two standards rural and metro.
- Knowing where 240K reside, and is distributed: by service area/ county
- How many members on exchange/ distribution.

D5. Conditions

- Cultural/linguistic competencies of providers.
- Who/how many/where is eligible/non-Exchange.
- Know, based on business models what “availability actually means: those for whom they are dedicated to a specific plan/ carrier
- How business relations modifies data.
- Know each network actually meets standards.
- True access: reconciliation of practices with multiple plans that they aren’t over committed.

D6. Conditions

- Knowing consequences of how many people can get insurance! Based on standards.

- Know with confidence the growth prediction for the Work-Force/providers in our standards.
- To recruit not as competitive.
- Are there providers we don't know about not master database who is out there practicing-verifiable data.
- Graduate Medical Education and residency positions offer promise for Work-Force Demands/lots of opportunity.
- Providers understanding of what constitutes over extended.

D/E.7

Conditions

- What current problems are there/perceptions about access to health care? (Secret Shopper Survey).
- Monitoring and enforcement is a one time a year sufficient? Is if transparent to public).
- If payor doesn't meet now are they held accountable (in regulations) in notebook.
- Look at county verses service area.
- Milliman Data.

D/E.8

Conditions

- Use all requests and chart what data is/ isn't could it be?
- John Packham can get data on available workforce.
- Does state have data on provider-For year 2017?
- John Packham will collect monthly reports. (October-November on open enrollment.

D/E.9 Conditions (Continued)

- Should we maintain 2017-see how it plays out or include pediatrics as a primary care access issue/.prevention: General pediatrics, what is the average age of those in 240K.
- Consider cost increases to insure for adding it.
- How do we meet autism requirements without pediatricians?
- As Population is younger.
- Primary Care survey out of pediatrics office.
- Different criteria (ratio) can be established for metro/micro. EAC/rural workforce is for long-term.
- Consideration about health plan stopping enrollment.

D/ E.10 Conditions (Continued)

- What do health plans do today to insure the members get access?
- Looking at data to monitor verses require it in standards; without penalty.
- Appropriate utilization: how do plans educate where to go?
- At end of the day, hope there is a public education component educating all insured!
- Data on time for travel for Mass transit/demographics of 240K
- What is composition of provider telehealth/NPs/etc.?
- Better understand an entity- what is insured.

D/ E.11 Conditions (Continued)

- Clarification around mid-levels and how they get counted:
- Where they are practicing; code them.

- Telehealth/autism.
- Declaration/document will obtain additional informant as needed
- Provider access benefit of \$72K etc. Get copy of Declaration for next meeting.
- How is autism adequacy defined can we set standards for those
- Services. (100% of elements).
- Telehealth is not a provider; it's a mode of delivery.

F. The Floor

- (Non-negotiable-can go up or down).
- 16 CMS types of providers and facilities.
- 2 Nevada Statutes:
- Autism Telehealth.
- Council Recs:
- Stay with floor.
- Add provider types.
- Change/strengthen criteria.

G. Criteria for Inclusion in Recommendations

- CMS Provider Types/maintain Include/Numbers/Levels only for Pediatrics.

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- CMS Facilities Types /Rehab all (Licensed as Hospital)
 - Specify Acuity of Hospitals/clarify as relates to trauma and emergency senses.

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- Metrics/Time/Distance/Ratio-Where un-met needs are at Primary Care Level; know rationale for SA verses County
 - 90% Benchmark/Service are/Geographic population census data is used; not eligible/enrolled
 - Others: Access to non-emergent appointment and wait times

H1. What decision / actions do you want to make at the next council meeting?

- Adding providers to standards.
- Decide whether hospital definition is sufficient.
- Whether CMS time/ distance criteria needs to be adjusted (county / 240 K data.
- Monitoring and enforcement is it appropriate/consumer education.
- Adding metrics.
- Whether utilization of Essential Community Providers and along with the number of ECP adjusted.

H2. Meeting July 22, 2016

- 1. Revisit next date.
- 2. Process agreements and list of possible actions.
- Discussion/ decisions.
- 3. Review of data requests and findings.

H3. **Council Member Assignments**

- What will you need to do to make sure you're prepared to discuss and take action?
- Task/Report on Physician licensure specialty plus county roll-up for all health professionals. For Nurse Practitioners and Physician's Assistant. Responsible council member is John Packham.
- Review current and next agendas documents. All members are task to participant.
- Check-in with constituency and be prepared to share. All council members are task to participant.

Next Meeting Times

- Time.
- Agenda/ Items.
- How to make decisions consensus or majority.
- By July 10 provide documents.
- Data Collection recommendations for the future.
- For possible action:

Division of Insurance Staff Assignments

- What information can staff compile in advance of next meeting so you're prepared?
- Tasks/ Who.

Next Meeting Agenda

- 1.Review how decisions are made
- 2. Process agreements and a list of possible actions
- Discussion/ Decision.

Any questions e-mail address for the Facilitator:trnpt@aol.com