PRIMARY CARE ADVISORY COUNCIL (PCAC)
MINUTES
July 11, 2016
8:00 a.m.

COUNCIL MEMBERS PRESENT:
Carson City:
Chuck Duarte

Las Vegas:
Dr. Susan VanBeuge, Vice Chairperson

Call-In:
Gerald Ackerman
Elizabeth Aiello
Nancy Hook
Catherine O'Mara

COUNCIL MEMBERS EXCUSED:
Dr. Amir Qureshi

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:
Laura Hale, Manager, Primary Care Office (PCO)
Scott Jones, Health Resources Analyst, PCO

OTHERS:
Susanne Sliwa, Deputy Attorney General
Ann Badmus, Attorney for Dr. Rojas-Paez
Nora Cat, Attorney for Dr. Sharma
Christina Tibbits, Attorney for Dr. Rojas-Paez
Ms. Rodriguez-Stone, Attorney for Dr. Rojas-Paez
Angela Jimenez, Attorney for Dr. Rojas-Paez

Dr. VanBeuge called the meeting to order at 8:10 a.m.

1. Roll call and confirmation of quorum.
L. Hale read the roll call and stated there was a quorum present.

2. Approval of the minutes from the April 19, 2016 meeting of the PCAC.
No questions or comments.

Motion: Nancy Hook
Second: Betsy Aiello
Motion passed unanimously

3. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Santiago Rojas-Paez.

S. Jones presented a summary (handout) of Dr. Rojas-Paez's application.

N. Hook asked if the letter from Anesthesiology Consultants, Inc. contained a typo in the third paragraph of the last page: *Based upon the foregoing, we believe that Dr. Rojas Paez's denial will adversely affect the potential for the area to have quality primary care.* The provision of anesthesiology services will not have an impact on primary care. A. Badmus confirmed that this was a typo.

Motion: Chuck Duarte
Second: Nancy Hook
Motion passed unanimously

4. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Radhika Sharma.

S. Jones presented a summary (handout) of Dr. Sharma's application.

Dr. VanBeuge asked if primary care services would be provided.

S. Jones noted that some outpatient services would be provided and that the PCO considers OBGYN to fall within primary care.

Motion: Betsy Aiello
Second: Chuck Duarte
Motion passed

5. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Laxmi Hariharan Iyer.

S. Jones presented a summary (handout) of Dr. Iyer's application.

Motion: Chuck Duarte
Second: Nancy Hook
Motion passed unanimously

6. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding J-1 Physician Visa Waiver Letter of Support for Dr. Poonam Pamini Jani.

S. Jones presented a summary (handout) of Dr. Jani's application and noted that the letter from Nevada State Board of Medical Examiners was received that morning.

Motion: Betsy Aiello
Second: Chuck Duarte/Nancy Hook
Motion passed unanimously

7. Reconsider policy recommendation regarding exemption of Rural Health Clinics, Rural Hospitals, and Critical Access Hospitals for documenting sliding fee scale and related payment methods.

L. Hale presented the item (handout) and explained that the PCAC had approved removing the exemption for these facility types at the April 19, 2016 meeting, but she wanted to make sure that members were aware that the PCAC had specifically added these facility types to the list of exemptions just three or four years prior, because these facilities are typically the only provider in a rural area.

N. Hook asked L. Hale for clarification on whether documentation is required and if the Critical Access Hospitals are not required to provide a sliding-fee scale (SFS), or proof that the notice is posted, would these facilities still be qualified to apply for the J-1 Visa program? L. Hale responded that this does not state that the facilities do not offer a SFS, it only states that they are not required to provide documentation. In 2011 or 2012 the rural facilities requested the exemption be added to the J-1 Visa program. The reason for the inclusion of this agenda item is that the Council had already decided that these facility types would not be required to provide that documentation three or four years ago. The broader issue is that if the facility had the designation, they were probably the only provider in that area.

C. Duarte asked for further details and stated if the provider was to apply, that this is requesting that the facility provide documentation that the SFS is used. L. Hale explained that the data sheets are requested for utilization of Medicaid, Medicare and SFS, but there is no regulation that states that providing this information is a Federal requirement for the J-1 Visa program.

B. Aiello stated that if it's not a requirement, that based on the lack of physicians throughout the State, the Council would not want to make it harder to obtain qualified physicians. S. Jones thought it was in state regulation and retrieved the Nevada Administrative Code.

L. Hale quoted from the Nevada Administrative Code:

NAC 439A.735 Employer: Duties. An employer shall:

1. Offer fees based on a sliding scale to patients whose income is at or below 200 percent of the federally designated level signifying poverty.
2. Ensure that the J-1 visa physician works only in a location which is identified on the petition submitted by the J-1 visa physician to the Waiver Review Division of the United States Department of State.
3. **Post a sign in the waiting room of each location where the J-1 visa physician works which states that:**
   (a) Fees based on a sliding scale are available for certain patients who have demonstrated a financial need for assistance to pay for care and services.
   (b) Patients will be provided care and services regardless of the ability of the patient to pay.
4. **Provide documentation satisfactory to the Division of Public and Behavioral Health that the employer participates in Medicaid, Medicare and Nevada Check Up.**
5. File the schedule of fees with the Administrator for review.
6. Submit an affidavit to the Administrator once every 6 months which attests that the J-1 visa physician:
   (a) Worked at least 40 hours each week at a location which is identified on the petition submitted by the J-1 visa physician to the Waiver Review Division; and
   (b) Is not employed at any location which is not identified on the petition.

(Added to NAC by Bd. of Health by R138-10, eff. 5-5-2011)

N. Hook reiterated that the only two organizations that should be exempt from providing documentation are FQHCs and Tribal Health Centers.

C. Duarte added that unless some sort of validation occurs, data submitted on patient volume is all that is being received right now from these types of facilities.

S. Jones noted that they can have a SFS policy in place, but the greatest indicator is their numbers; if the policies aren't implemented, they don't mean anything. It ends up being duplicative because you get to see actual utilization.

L. Hale noted that in April, we considered a threshold of 25% to ask for further documentation. We don't draw a bright line, but we get questions regarding data as to whether there is a minimum threshold. Based on the Council's decision today, policy would be updated. If utilization drops below 25% (based on research from past

5-6 years averages – lowest was 29%) then we would ask additional questions. We can ask for attestation and copy of the SFS policy and posted notice, but some of the feedback we get from applicants is that asking for all this data and documentation can result in people not applying to the program.

S. VanBeuge recalled discussion in April about trying to streamline the process and consider what the threshold should be rather than the applicant having to guess what the threshold is.

G. Ackerman noted that it may change based on the community; some communities might hover around that, but that might be just the Medicaid and Medicare mix.

C. Duarte felt that the requested documentation isn't a huge burden, and the statement of burden is not accurate.

B. Aiello noted that the burden was more the statistics, but just because it is policy, doesn't mean it's being followed. If a need is not being met, documentation would be needed. She is excited to see so many docs going into rural areas, given the critical shortage.

L. Hale noted that with regard to the burden of statistics, we are reducing that table so instead of asking for the monthly date, we are just asking for 12 month data. Regarding Dr. VanBeuge's comment, we would say that if it falls below 25% then we might have more questions for them.

B. Aiello reiterated that the data-table would demonstrate that they meet the requirement; one of the applications approved today had "0" for SFS.

L. Hale clarified that the threshold is looking overall at different payment types combined to determine the 25% threshold.

S. Jones pointed out that through our work with the National Health Service Corps we are seeing that a SFS is less utilized, as the goal is to get them on government assistance program, i.e., Medicaid. It's not a huge surprise to see little or no SFS.

C. Duarte noted that the "0" SFS was for the OBGYN in Elko where there is a huge demand for service in that community, but Medicaid and Medicare utilization is relatively high. Possibly a lot of people in Elko would use a SFS? He asked if the requested action is to add back three facility types: Rural Health Clinics, Critical Access Hospitals, and Rural Hospitals to the exemption so they don't have to provide attestation, copy of SFS policy, and attest to posted notice policy.

L. Hale explained the request is to reconsider whether or not to remove the exemption for these three facility types, given the broader context. If the Council doesn't want to exempt them, they would have to provide that documentation. When the request was made a few years ago to include them in the exemption, the makeup of the PCAC was different. We don't get as many rural applications; partly due to expense, partly due to paperwork, partly due to ability to retain J-1s. There are a lot of things coming to bear on how much our rural facilities participate. As Betsy noted, it's great to see that three out of four of the applicants reviewed today are in rural areas.

N. Hook reiterated that the Community Health Centers and tribal Health Centers are the only facilities required to have SFS; you have no way other than your statistics to determine that requirements are in place.

L. Hale confirmed and stated that staff believe the statistics are a better indicator of that.

N. Hook pointed out that looking at the statistics globally, you can have somebody with high Medicare rates, who doesn't see uninsured and few Medicaid, and you still would look at a global percentage of underservice, which leaves a lot of people out of luck.

G. Ackerman said that the Critical Access Hospitals are taking all in the community regardless of ability to pay, and confirmed that this could be uncompensated care rather than using a SFS because it's easier administratively.

G. Ackerman made a motion for these facility types to retain their exemption.

B. Aiello confirmed that everybody is submitting the statistics, which is just a different type of documentation.

L. Hale clarified that if they report "0" for SFS in the last 12 months, we don't necessarily know that they offer that at all.

B. Aiello suggested that if there is a "0" there, they could submit additional documentation, and seconded the motion to retain the exemption. She pointed out that we already approved an application where the SFS was "0," but Medicaid and Medicare were above the 25% threshold, for Elko, where it was needed.

B. Aiello and G. Ackerman voted in support of the motion.

C. Duarte, N. Hook and S. VanBeuge opposed the motion.

C. O'Mara abstained.

MOTION FAILED

Dr. VanBeuge asked for clarification with regard to another motion.

S. Sliwa, Deputy Attorney General, advised that if someone would like to make a revised motion that would be fine.

8. Update on staff, grants and regulations.

L. Hale reported that she had been promoted to the new position of Primary Care Workforce Development Manager. Interviews were completed to fill the existing PCO Manager's position; S. Jones applied. Interviews were also completed to fill the new Management Analyst position. Announcements will be made soon. A supplemental grant was awarded to the PCO for $41,996 to support primary care workforce data development. Staff will be traveling to Portland, OR to participate in a regional training with Regions IX and X. Regulations for both the J-1 Physician Visa Waiver and Certificate of Need programs were approved by the Legislative Commission in June.

9. Public Comment.

B. Aiello commented that it was an exciting roster of physicians with rural placements.

10. Adjournment
The meeting adjourned at 9:05 a.m.