

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
PRIMARY CARE ADVISORY COUNCIL (PCAC)

DRAFT MINUTES
June 2, 2020
9:00 A.M. to Adjournment

Teleconference:

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

COUNCIL MEMBERS PRESENT:

Amir Qureshi, Chair (Call-In)
Nancy Bowen (Call-In)
Cody Phinney (Call-In)
Susan VanBeuge (Call-In)
Gerald J. Ackerman (Call-In)
Julie Clyde (Call-In)

COUNCIL MEMBERS EXCUSED:

DPBH Staff Present:

Joseph Tucker, Manager, Primary Care Office (PCO) (Carson City)
Linda Anderson, DPBH Deputy Attorney General (Call-In)

Others Present:

Luis Velazquez

1. Roll call and confirmation of quorum.

J. Tucker read the roll call and stated that there was a quorum present.

2. Approval of minutes:

A. Qureshi, asked if there were any additions or corrections to the minutes from the April 15, 2020 meeting. No recommendations were made.

First Motion: N. Bowen

Second Motion: C. Phinney

Motion: PASSED UNANIMOUSLY

3. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding selecting a Chairperson for the PCAC.

J. Tucker presented.

Member Comment: None

Public Comment: None

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
PRIMARY CARE ADVISORY COUNCIL (PCAC)

Chair entertained a motion on item 3.

First Motion: G. Ackerman

Second Motion: S. VanBeuge

Motion: PASSED UNANIMOUSLY

4. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding selecting a Vice Chairperson for the PCAC.

J. Tucker presented.

Member Comment: None

Public Comment: None

Chair entertained a motion on item 4.

First Motion: N. Bowen

Second Motion: J. Clyde

Motion: PASSED UNANIMOUSLY

5. Recommendation to the Administrator for the Division of Public and Behavioral Health regarding a J-1 Physician Visa Waiver Letter of Support for Dr. Mark Chmiela.

J. Tucker presented summary handout of the completed application.

Member Comment:

G. Ackerman: Inquired about cash rate

L. Velazquez: We have received only one to two inquiries per year regarding flat cash rate

J. Clyde: If a patient is referred from a FQHC, would you be able to accept a patient on a sliding-fee scale?

L. Velazquez: We do not have a sliding-fee-scale

G. Ackerman: If you had one of those patients could any other arrangements be made?

L. Velazquez: We would refer them another cash-based practice which we have not come across to this point.

N. Bowen: Would you refer to a FQHC site that accepts all patients regardless of ability to pay?

L. Velazquez: Yes, we would have to refer them.

N. Bowen: You are not doing any indignant or charity care? It's all individuals that have some form of insurance (Medicare, Medicaid or Third-Party), correct?

L. Velazquez: Correct.

S. VanBeuge: Do you not currently refer patients to a FQHC right now?

L. Velazquez: Correct.

C. Phinney: Does the practice do anything to assist individuals to access Medicaid?

L. Velazquez: Yes, we assist them when qualifying life events occur or refer to the NV Health Care Exchange.

S. VanBuege: If cash-pay or without insurance, or an insurance you do not accept - do you accept those patients, how would the encounter be with your front desk?

L. Velazquez: It is a small community of pain management clinics and we would refer them to a site that accepted that insurance/or is cash-pay, or if more obscure insurance we would have them contact their insurance to find out where they can go, or ask if they would be interested in the Health Exchange or qualifying for a Medicaid plan.

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
PRIMARY CARE ADVISORY COUNCIL (PCAC)

G. Ackerman: would entertain a motion but would want recommendations from staff on how patients get access to care if they do not have ability to pay.

J. Tucker: The practice is meeting well over the Medicaid and Medicare percentage required; it they have a referral system in place to ensure a warm hand-off of those patients for those without insurance or the ability to pay.

N. Bowen: My concern is for the patients that are uninsured, and they would need to have a referral mechanism or MOU in in place.

S. VanBeuge: agrees to N. Bowen's recommendation

J. Clyde: agrees to N. Bowen's recommendation

G. Ackerman: Is this something the practice would be willing to do to have a Memorandum of Agreement for those patient referrals if we approve it conditionally?

L. Velazquez: Yes, of course. We currently refer to FirstMed but would have to verify that it meets your requirements.

J. Clyde: FirstMed is a Federally Qualified Health Center (FQHC).

J. Tucker: I just want to clarify; we are only talking about the percent of population between 134% and 200% of the federal poverty level. If the site were able to work with one or more of the FQHCs and get a MOU and submit with the application the PCO can follow-up with them and make sure to get that.

S. VanBeuge: that sounds like a very amenable meet in the middle on this one.

Public Comment: None

Chair entertained a motion on item 5.

First Motion: G. Ackerman (approve with recommendation by staff with formal agreement of a Memorandum of Understanding (MOU)/Agreement (MOA) with one or more FQHCs for patients meeting the income issues, with email notice from PCO notifying they met that requirement)

Second Motion: Cody Phinney

Motion: PASSED UNANIMOUSLY TO AWAIT FURTHER INFORMATION

6. Public Comment
None

7. Adjournment

The meeting adjourned at 9:16 AM