



### Provider Advisory Board- Q3 2024 September 18, 2024 \* 1:00pm – 2:00pm Meeting Minutes

Committee Member Last Name	First Name	Provider/Group Affiliation-Title
Alinejad, M.D., M.S., C.P.E.	Nima	MHNV Chief Medical Officer (Chair)
Baughman III	Rob	MHNV Plan President
Brown	Leslie	MHNV Director Provider Relations
Cooper	Sara	MHNV VP Network Management & Operations (Co-Chair)
Fernandez	Cynthia	MHNV Network Operations & Management Admin Asst. (Transcriber)
Fry	Cybil	MHNV VP Quality Improvement & Risk Adj
Gahagan	Kimberley	MHNV AVP Growth & Community Engagement
Kamyar, MD	Farzad	HR Pregnancy
Kamyar, MD	Manijeh	HR Pregnancy
Lagorio	Annette	Renown- Supervisor
Toledo, MD	Robert	Desert Treatment
Wall	Kristen	MHNV VP Healthcare Services
Whittier, MD	Faith	Northern Nevada Hopes
Wilcox	Valerie	MHNV Clinical Programs Manager Behavioral Health
Wise, APRN, CNM, P	Shannon	Ouma Health

	Topic	Discussion	Action/Recommendation
I Call to Order		Meeting called to order at 1:02 pm by Sara Cooper- VP, Network Management and Operations.  No Quorum (no voting items)	
II. Old Business		None currently.	
III. New Business			
A.	Upcoming RFP Discussion Rob Baughman III-MHNV Plan President	<ul> <li>Expecting changes coming to the state of Nevada 1/1/2026.</li> <li>State RFP (Request for Proposal) in process or coming soon:         <ul> <li>Medicare Coordinated DSNP (for dual eligible members)- Currently Clark and Washoe county have 8 plans participating. Rural areas do not have participation. Moving from 8 current DSNP plans to 5.</li></ul></li></ul>	





		RFP to drop. State is pushing plans for 15% reduction, during fourth year will create savings for CMS. State wants to utilize savings to offset the cost to MCO's.  Medicaid- Projected to drop in October. Expected to go statewide. Currently in two counties, looking to extend to all counties.  Sara stated we will be looking into partnerships to provide care in each of the counties with telehealth and transportation options to address community needs. We are asking for collaboration across the state to create a robust accessible network for all members.  Rob, Sara and Nima are available if you have any questions. Reach out to Sara.Cooper2@MolinaHealthcare.com to coordinate.	
B.	Commitment to Wellness Reminder	<ul> <li>PCP's most heavily impacted. Still running bonus program for reaching those patients who have not had a wellness visit this year. Please reach out to Sara if you need information on this program. You can also reach out to your Provider Service Representative.</li> </ul>	_
C.	Clinician Focus Groups	<ul> <li>Molina NV's first Focus Group was held with topic on VBP-Value Based Payments.</li> <li>What are some barriers that your groups might be encountering?</li> <li>If you would like Molina to meet with your group to address your concerns and continue assisting you on that continuum, please reach out to Sara.Cooper2@MolinaHealthcare.com.</li> <li>Behavioral Health discussions will include CMO to address member needs, transitions of care, right providers to refer to, and any barriers.</li> <li>Please reach out to either Sara Cooper or Provider Relations Director, Leslie Brown Leslie.Brown2@MolinaHealthcare.com to set up a meeting for discussion on barriers or feedback.</li> </ul>	Sara.Cooper2@molinahealthcare.com  Leslie.Brown2@molinahealthcare.com
IV. Open Discussion		None currently.	
V. Meeting Adjourned		Meeting adjourned at 1:15 pm.  Future Meeting 2024:  ● December 18, 2024	

### Molina Health Plan of Nevada Provider Advisory Board

Q3 Meeting

September 18, 2024



### Agenda



Clinician Focus Groups

Upcoming RFP Discussion

Open Discussion



#### Commitment to Wellness

## The American Academy of Family Physicians found:

- 90% of patients who received an Annual Wellness Visit said they did so at the recommendation of their physician
- 61% of patients who have not received an Annual Wellness Visit said they had never heard of it

### **Strategies for Patient Communication**

After describing the visit, try to identify what most appeals to the patient.

Focus on patient priority rather than clinical importance.

Emphasize that "Your doctor wants you to get this done. It really helps your doctor help you."

Explain that the visit allows the patient and physician (or care manager) to talk longer than during a typical office visit.

Do not try to "sell" the visit.

Give the patient a health risk appraisal to bring back; this gives the patient a sense of what to expect.

Brainstorm potential solutions to barriers such as transportation, time, and care of other family members.

Be knowledgeable, caring, and passionate while not overwhelming the patient.



### **Focus Groups**



# You Matter to Molina

### Value Based Contracting

- Perceptions
- Patient Impact
- Organization Impact
- Barriers
- Feedback and Improvement

### **Quality Data**

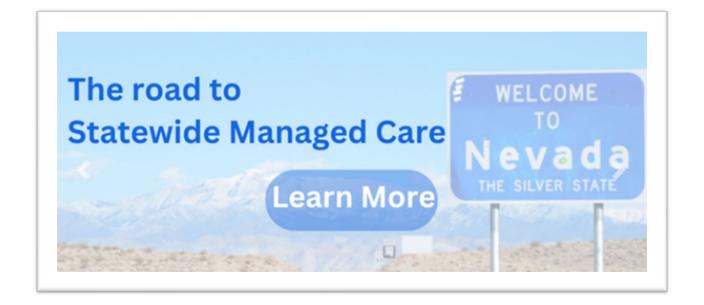
- Identify gaps
- How is quality data used within your organization?
- How can Molina be supportive?
- Feedback and Improvement

#### Behavioral Health

- Discussion with our CMO
- Current programs
- Needs identified
- Barriers
- Feedback and Improvement



### **Upcoming RFPs**



Medicaid

Medicare CO SNP

Marketplace Public Option



## Feedback and Future Advisory Board Topics



## Thank you!

Next Meeting: Q4 December 18, 2024, at 1pm

