Provider Advisory Board Meeting Minutes
September 2, 2026

Internal Attendance Record

(Board Quorum: A minimum of (1) PCP serving children & adolescents, (1) PCP serving adults, (1) OB/GYN, (1) psychiatrist, (1) licensed behavioral healthcare clinical professional, (1) substance abuse professional, (1) community-based care coordinator or community case manager serving a Network Provider, and (1) peer support specialist. *(X=phone conference, P=in person attendance, A=Absent)*

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Name	Title
		X			A			X				Andre Cisne	SilverSummit Healthplan Chief Financial Officer
		X			X			X				Steven Evans MD	SilverSummit Healthplan Chief Medical Officer
					X			X				Sarah Fox	SilverSummit Healthplan Chief Operating Officer
					A			A				Jennifer Tonges	SilverSummit Healthplan Vice President Quality Improvement
		X			A			X				Nicole Figles RN	SilverSummit Healthplan Vice President Population Health
					A			X				Upinder Singh MD	SilverSummit Healthplan Senior Medical Director
		X			A			A				Keri Kelly	SilverSummit Healthplan, Senior Director Operations
					X			X				Allyson Hoover RN	SilverSummit Healthplan, Senior Director Network Development &
		X			X			X				Andy Riegel	SilverSummit Healthplan, Compliance Officer
		X			A			X				Dawnesha Powell LCSW	SilverSummit Healthplan Director Behavioral Health and Special Programs
		X			X			X				Chrissy Sanders RN	SilverSummit Healthplan Director Provider Relations
		X			A			A				Neydis Vanegas Morales RN	SilverSummit Healthplan Director Maternal Child Services
		X			X			A				Kaela Friedman RN	SilverSummit Healthplan Senior Manager Population Health Strategy
		A			A			X				Nicole Halcon	SilverSummit Healthplan Senior Manager Performance Quality Improvement
		A			A			A				Yesenia Serrano	SilverSummit Healthplan Manager Provider Data
					X			A				Tina Griffith	SilverSummit Healthplan Senior Director Quality Improvement
					X			A				DuAne Young	SilverSummit Healthplan Vice President Legislative & Government Affairs
		X			A			X				Charmaine Hillstead	SilverSummit Healthplan, Executive Assistant
		X			X			X				Erika Albini	SilverSummit Healthplan Project Manager
		X			A			A				Bobbie Eng	SilverSummit Healthplan Project Manager

External Attendance Record

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Name	Title
		X			X			X				PA Board Member I	Pediatric Gastroenterology, Network Provider
		X			X			X				PA Board Member II	OB/GYN, Network Provider
					X			A				PA Board Member III	Adult Gastroenterology, Network Provider
		X			X			A				PA Board Member IV	Clinical Psychology, Network Provider

					X			X				PA Board Member V	Clinical Director & LMFT, Network Provider

					X			X				PA Board Member VI	Family Medicine, Network Provider
					A			A				PA Board Member VII	Urology, Network Provider
		X			X			X				PA Board Member VIII	OB/GYN, Network Provider
		X			X			X				PA Board Member IX	President, Community Health Partner
		X			X			A				PA Board Member XI	Counselor, Network Provider
					A			A				PA Board Member XII	Founder & CEO, Network Provider
					A			A				PA Board Member XIII	Chief Clinical Officer, Network Provider
					A			X				PA Board Member IVX	Cardiology, Network Provider
					A			A				PA Board Member XV	Network Provider

	Agenda Item	Discussion	Decision (approved or denied)	Follow-up Action Needed (date)	Responsible Party
I.	**Welcome**	Dr. Evans opened the meeting and welcomed all attendees.			Dr. Steven Evans
II.	**Opening Remarks**	Dr. Steve Evans emphasized that feedback from the board is taken seriously and helps improve the experience of providers and members.			Dr. Steven Evans
Iii.	**Approval of Minutes**	Sarah Fox moved to approve the previously distributed minutes for June 24, 2026 meeting. A second was received by PA Board Member II and Upinder Singh and the minutes were approved.	Approved Q2 June 24th Minutes		Sarah Fox PA Board Member II Upinder Singh
IV.	**Updates**	**<u>Medicaid Updates</u>** Andre Cisne was welcomed as the health plan's new president following Eric Schmucker's move to lead the California market. Andre briefed the board on statewide Medicaid operations, rural membership growth, cross-border utilization, and projected coverage reductions under OB3 and RAN1, while Silver Summit plans outreach to members who may lose eligibility. ○ **Rural Membership Growth:** Andre reported that Silver Summit has approximately 35,000 rural members after expanding rural operations at the beginning of the year. Growth is primarily coming from members moving from CareSource, supported by Silver Summit's established relationships with rural facilities and provider contacts. ○ **Out-Of-State Care:** Andre said members near Nevada's borders are increasingly receiving care in California, Idaho, and especially Utah because of existing referral and transfer pathways and provider responsiveness. Silver Summit is working on contracts and alternatives to help members receive comparable care closer to home when possible. ○ **Projected Coverage Losses:** Initial estimates projected a 20% reduction in Medicaid expansion enrollment, or approximately 180,000 members losing coverage. After Nevada finalized medical-frailty definitions and presumptive-eligibility protections for people receiving services such as WIC or food assistance, the state now expects about a 9% reduction, with approximately 80,000 members potentially affected statewide. ○ **October Outreach:** Andre identified October 1 as the first expected coverage-loss date for approximately 5,000 members whose eligibility is			Dr. Steve Evans Andre Cisne

		based on immigration status. SilverSummit expects 734 affected members, including 628 in Southern Nevada, 38 in rural areas, and 68 in Northern Nevada; David Villanueva's team will contact them, confirm whether continued eligibility documentation exists, explain the impact of losing coverage, and provide marketplace-plan resources when appropriate. ○ **Provider Impact:** Andre and Dr. Evans explained that Medicaid disenrollment could increase uncompensated care and administrative work for emergency departments, hospitals, and providers. Dr. Evans said the plan will pursue the most supportive transition possible and help eligible members move to marketplace coverage.			
V.	**Old Business +**	**<u>Follow Up from Q2</u>** ***Pharmacy: July 1 single PDL transition*** Members needing medication changes after the July 1 single preferred drug list transition were notified, and member outreach was completed. The transition was reported as relatively quiet, with few escalations or provider concerns. Dr. Evans reported only a handful of patient issues and described the transition as having gone smoothly.			Dr. Steven Evans Sarah Fox
VI.	**New Business +**	**<u>Population Health</u>** ***Transitions of Care*** Nicole Figles presented the Transitions of Care model, which is designed around early identification, coordinated discharge planning, local support, care across multiple settings, post-discharge services, and wraparound follow-up. • A dedicated team of four nurses works with high-acuity, high-volume facilities, utilization management staff, facility care managers, hospitalists, physicians, and members. • High-risk members receive post-discharge follow-up, including extended support for selected youth and adult behavioral health members. • Reported length-of-stay improvements included approximately 15% at Sunrise, 18% at UMC, and 9% at Summerlin. One low-volume northern facility showed a small increase. • The model has expanded to acute inpatient rehabilitation and long-term acute care. A physician added in February supports daily acute-care interdisciplinary rounds and weekly post-acute rounds. A second nurse was added at Sunrise.			Nicole Figles

		• The objective is safe, timely discharge with appropriate supports while avoiding preventable readmissions. **<u>Quality Improvement</u>** ***CAHPS Member Experience*** Nicole R. Halcon presented CAPS survey findings showing improved specialist access and respectful treatment scores, identified urgent-care access as an ongoing opportunity, and outlined mock surveys, public reporting, a December symposium, and Project ECHO activities. ○ **CAPS Survey Purpose:** Nicole R. Halcon explained that CAPS is an anonymous survey administered by an external vendor to members across lines of business, typically in February and May. Members answer more than 60 questions about access to care and their healthcare journey; results inform improvement work and contribute substantially to health-plan ratings. ○ **Performance Improvements:** For the adult population, the percentage related to obtaining specialist appointments improved by 10% compared with 2025. The measure concerning doctors showing respectful treatment ranked in the first percentile for adult Medicaid, which Nicole attributed to the provider network and the interactions of office staff, managers, and scheduling teams. ○ **Urgent-Care Opportunity:** Nicole said members continue to report opportunities for improvement in obtaining urgent care. The quality team is conducting outreach to clarify when members should contact their primary-care provider, use urgent care, or seek emergency-department services. ○ **Communication And Coordination:** Nicole emphasized that appointment follow-up, communication about recommended tests, and timely delivery of test results shape members' perceptions of access and care quality. Providers and their staff are expected to support clear communication and follow-up. ○ **Future Feedback Activities:** SilverSummit will publish comprehensive member-experience analyses through email and its website. Planned mock surveys will provide more actionable provider-level information, including member demographics, assignment or location context, provider scorecards, and open-ended comments that are not available through the official CAPS survey. ○ **Upcoming Initiatives:** Nicole announced a tentatively scheduled healthcare symposium on December 3 and said additional details will follow. The quality team is also partnering with Arizona on Project ECHO and plans to extend several series to Nevada providers.			Nicole Halcon

		○ **Survey Importance:** Dr. Evans noted that member-experience results affect payment, particularly in Medicare, as well as plan selection and automatic assignment. Andre later connected satisfaction and quality improvements to stronger relationships among SilverSummit, providers, and members. **<u>Open Discussion</u>** **Evaluation and Management Coding Notice** PA Board Member II, asked about a notice concerning CPT 99215 and T1016 limits, and SilverSummit clarified that providers may submit records for post-service review after the initial allowance, with the notice primarily targeting behavioral-health billing patterns. ○ **Provider Question:** PA Board Member II reported that their billing director received a notice stating that, effective October 1, the first two units of CPT 99215 and T1016 within 12 months would not require prior authorization, while additional units would require an authorization process. Rebecca asked whether this meant providers would need approval before delivering services. ○ **Record Review Process:** Dr. Evans initially described the policy as an allowance for two high-level visits followed by record submission for additional visits. After discussion with Sarah and Dawnesha, the process was clarified as authorization or post-authorization based on documentation review rather than a requirement to obtain approval before an urgent or clinically necessary encounter. ○ **Coding Rationale:** Dr. Evans said the policy responds to a high percentage of 99215 billing identified through national review by Boston Consulting Group. Providers should bill according to AMA evaluation-and-management guidelines and the complexity of the encounter; specialty status alone does not justify using the highest-level code for every visit. ○ **OBGYN Example:** PA Board Member II explained that a general OBGYN may appropriately use 99215 when a patient presents with severe hypertension and must be sent to the hospital, although such encounters are not routine. Rebecca accepted supplying records after the fact but said advance authorization would create an operational burden. ○ **Behavioral-Health Focus:** Dawnesha said the notice was issued to the network but primarily concerns behavioral-health providers, where some providers reportedly bill 99215 for nearly all encounters. Dawnesha and Chrissy agreed to verify whether any flexibility or specialty-specific clarification applies to OBGYN and other physical-health providers. **Pediatric Mobile Urgent Care Contracting:** PA Board Member I raised a potential partnership with InCrediCare Mobile Pediatric Services to improve pediatric urgent-care access, and Allyson and Dr. Evans agreed to review the provider's service area,			Dr. Steven Evans PA Board Member I PA Board Member II PA Board Member IX

		capabilities, and Medicaid-rate requirements. ○ **Provider Opportunity:** PA Board Member I described InCrediCare Mobile Pediatric Services, led by Rob Wilkinson, a board-certified pediatric emergency specialist associated with Summerlin Hospital. The service offers same-day mobile visits in Southern Nevada and is considering stationary locations that could support primary-care follow-up. ○ **Contracting Follow-Up:** PA Board Member I said the provider had encountered a barrier while seeking a SilverSummit contract. Allyson requested that Rob Wilkinson contact them directly and offered to discuss contracting; PA Board Member I will forward the service brochure and contact information. Dr. Evans also asked to be included so they can understand and advocate for the opportunity. ○ **Network Precedents:** Sarah confirmed that SilverSummit contracts with similar mobile-care providers, including Doctoroo, and previously contracted with Dispatch Health. Sarah will determine whether existing providers serve pediatric patients and whether there are age limits. ○ **Payment Requirements:** Dr. Evans explained that SilverSummit is reimbursed at Medicaid rates and cannot generally pay commercial rates such as Blue Cross or Cigna rates. However, the plan may contract with specialized providers at reasonable rates, including rates somewhat above Medicaid, when the service strengthens the network. ○ **Service Area:** In response to Andre's question, PA Board Member I said the mobile pediatric service currently operates primarily in Southern Nevada. PA Board Member I will provide additional information so SilverSummit can evaluate geographic coverage and contracting feasibility. **Community Outreach And Conversational Surveys:** PA Board Member IX recommended that SilverSummit use conversational, community-based outreach rather than form-driven surveys to gather more reliable feedback from hesitant populations, particularly through partnerships with local organizations and outreach teams. ○ **Conversational Data Collection:** PA Board Member IX said populations served by their organization may be hesitant to share information because of concerns about privacy and potential effects on immigration status. Conversational interviews allow outreach workers to gather survey answers in a less formal manner, even if responses must be collected over multiple interactions. **Community Partnerships:** PA Board Member IX recommended conducting outreach with SilverSummit teams at community locations and in partnership with organizations such as schools, churches, and other local groups. They said this approach can improve access to residents, increase the quality of feedback, and provide information that standard			

		checkbox surveys may miss.			

VII.	**Walk On Items +**	Andre Cisne thanked the board for its service to members and the community.			Andre Cisne
VIII.	**Next Meeting Date +**	Charli mentioned the next meeting was tentatively scheduled for December 2, 2026, may move slightly, subject to final confirmation. and she will send out the meeting invite once confirmed.			Charmaine Hillstead
IX.	**Adjournment +**	Meeting was adjourned at 6:20PM.			Dr. Steven Evans

Minutes Reviewed and Approved by: Steven Evans MD Chief Medical Officer	Signature: 	Date: September 3, 2026