

Introduction:

Ms. Patty Thompson, Audit Unit Chief, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Elizabeth Aiello, Deputy Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (DAG).

Ms. Thompson – The notice for this public hearing was published on April 12, 2013 in accordance with the Nevada Revised Statute 422.2369.

1. Discussion and Proposed Adoption of MSM Chapter 600 Changes – Physician’s Services

Ms. Marti Coté – References to the specific Nevada Revised Statutes (NRS) citations were converted to general citations. Medical terminology throughout the chapter was updated. Billing information throughout the chapter has been removed and references to the billing guide have been inserted where appropriate.

The effective date is May 17, 2013.

Ms. Coté stated that we have received some comments from Mr. Joe Nadglowski from the Obesity Action Program on May 9, 2013 and we will take those under consideration.

At the conclusion of Ms. Coté’s presentation, Ms. Thompson asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Aiello’s Comments:

- Ms. Aiello clarified Section 603, page 8. There were words left out: “Including family planning education and services” is what was added to that section. Also Section 603, page 22, for “outpatient therapy department burn center”, the word “wound” was also added to that section.

Mr. Faircloth’s Comments:

- No Comments

Public Comments:

- Dr. Dave MacIntyre requests that the State of Nevada consider additional changes in the Medicaid beneficiaries for the treatment of patients suffering from morbid obesity. It is regarding the laparoscopic sleeve gastrectomy, as it is one of the most common procedures that he performs. In the last few years, the laparoscopic sleeve has positioned itself to be the number one weight loss procedure in the United States. He finds it to be extremely successful and is a great procedure especially in patients that are suffering from multiple co-morbidities. It takes about the same amount of time as doing a lap band and takes less time than a laparoscopic Roux-en-Y Gastric Bypass. It has been recognized by the United States to be very effective in resolving multiple co-morbidities including diabetes and hypertension. The majority of his patients lose 20-30 pounds within the first two weeks. He hopes that Code 43775 could be added to the codes as Code 43775 is the code for the laparoscopic longitudinal gastric sleeve.
- Ms. Coté responded that Medicaid already covers that and asked if he had submitted prior

authorizations and been denied. The DHCFP received a written request about this same issue a few weeks ago and they replied that this is a covered service.

- Ms. Bowden requested that the DHCFP evaluate the coverage and limitations of both the NIH and CMS guidelines so that they are more standardized across the patient population. Coverage is restricted to recipients with a Body Mass Index (BMI) of 40 or greater.
- Ms. Coté responded the guidelines have been received and the DHCFP is reviewing this.
- Mr. Faircloth asked Dr. MacIntyre if he has submitted his comments in writing regarding the additional codes that should be there?
- Dr. MacIntyre responded the letter is drafted and will be sent today.

Mr. Faircloth's Comments –

- In regard to MSM Chapter 600, section 603, page 19, there is some language that is being deleted and the word “under” is redlined. Should this word be deleted?
- Ms. Coté responded it should not be deleted; the sentence should read “Under the age of 21.”

Ms. Thompson – Recommended the Deputy Administrator approve as amended.

Ms. Aiello - Approved the changes to Chapter 600 as amended.

Ms. Thompson – Closed the Public Hearing for MSM Chapter 600 – Physician’s Services.

2. Discussion and Proposed Adoption of MSM Chapter 1200 – Prescribed Drugs

Ms. Coleen Lawrence – Revisions to MSM Chapter 1200 are proposed to reflect approved actions by the Drug Use Review (DUR) Board at the July 26, 2012 meeting. The DUR Board is a requirement of the Social Security Act to identify and reduce fraud, abuse, overuse, and medically unnecessary care. The DUR Board also works to minimize drug use interactions, drug-induced illness, and undesirable drug reactions in recipients.

New prior authorization criteria was approved by the DUR Board for Daliresp® (roflumilast); Byetta® (exenatide); Xarelto® (rivaroxaban), Kalydeco® (ivacaftor); Natroba® (spinosad); and Brilinta (ticagrelor) and was added to Chapter 1200. Prior authorization criteria was removed for Lyrica (pregabalin). ICD-9 codes of 299.0 or 299.01 (autistic disorder) can be written on prescriptions for Abilify to bypass the prior authorization requirement for children ages 17 and under. All quantity limitations were removed from MSM Chapter 1200, and will be added to the Nevada Medicaid, Nevada Check-Up Pharmacy Billing Manual. Medications with age and gender edits were moved to the end of Chapter 1200, Appendix A.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary, and changes were made as needed.

These changes are effective May 17, 2013.

At the conclusion of Ms. Lawrence's presentation, Ms. Thompson asked Ms. Aiello, Deputy Administrator and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- There is an inconsistency throughout the chapter as to the Pharmacy Manual or the Pharmacy Billing Manual as well as the links on the website. The DHCFP is going to make changes so it is the same throughout; however, it will not change policy. A hyphen needs to be added to Cox-2.

Mr. Faircloth's Comments:

- Mr. Faircloth asked whether the handout he had was the entire chapter.

Ms. Lawrence responded it is only the changes made.

Public Comments:

- Mr. Faircloth asked about Appendix A, page 1 and whether it is in fact an index to the Appendix.

Ms. Lawrence responded it is an index to the drug coverage in the back of Appendix A.

Ms. Thompson – Recommended the Deputy Administrator approve this chapter as amended.

Ms. Aiello – Approved MSM Chapter 1200 as amended.

Ms. Thompson – Closed the Public Hearing on MSM Chapter 1200 – Prescribed Drugs.

3. Discussion and Proposed Adoption of MSM Chapter 1500 – Healthy Kids Program

Ms. Marti Coté – Revisions to Chapter 1500 are proposed to update the immunization and periodicity schedules and to revise various internet website addresses.

These changes are effective May 17, 2013.

At the conclusion of Ms. Coté's presentation, Ms. Thompson asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- No Comments

Mr. Faircloth's Comments:

- In regard to Section 1503, at the bottom of page 9, the DHCFP is going to change the citation listed, Title 42 of the United States Code to Social Security Act section 95A.
- Marti Coté confirmed.

Public Comments:

- No Comments

Ms. Thompson – Recommended the Deputy Administrator approve as amended.

Ms. Aiello – Approved the changes to MSM Chapter 1500 with the updating of the authorities as discussed throughout the chapter and read into the record.

Ms. Thompson – Closed the Public Hearing on MSM Chapter 1500 – Healthy Kids Program.

4. Discussion and Proposed Adoption of MSM Chapter 2300 – Home and Community Based Waiver (HCBW) for Persons with Physical Disabilities

Ms. Leslie Bittleston – The chapter revisions coincide with the renewal of this waiver which is effective January 1, 2013 through December 31, 2018. Clarifications were made to existing policy under eligibility criteria and waitlist prioritization. Additional changes include updated language for flexibility of services, types of serious occurrences, background checks, Tuberculosis (TB) testing, Homemaker Services, Chore Services, Respite Care, and Specialized Medical Equipment and Supplies.

Policy was revised under Slot Provisions, Referral Prescreening, Placement on the Waitlist and Waiver Slot Allocation as the process has been updated and streamlined. Policy was revised in the area of Suspended Waiver Services and Release from Suspended Waiver, and Reauthorization of Services as process was clarified.

Five new Denial of Waiver Application reasons were added. Three Reduction in Service reasons that are not utilized were removed, and one was added. One Termination of Services reason that is not used was removed, and one was added.

These changes are effective May 17, 2013.

At the conclusion of Ms. Bittleston's presentation, Ms. Thompson asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- Section 2303, page 10, the word "signification" needs to be changed to "significant". Section 2303, page 13, the word "of" needs to be changed to "or".

Mr. Faircloth's Comments:

- Regarding changes to MSM Chapter 2600, have those changes been made?
- Ms. Bittleston responded there have not been any changes. It is current policy in MSM Chapter 2600.

Public Comments:

- No Comments

Ms. Thompson – Recommended the Deputy Administrator approve this chapter as amended.

Ms. Aiello – Approved the changes to MSM Chapter 2300 with the typo and amended changes as read into the chapter mentioned in the comments.

Ms. Thompson – Closed the Public Hearing on MSM Chapter 2300 – Home and Community Based Waiver (HCBW) for Persons with Physical Disabilities.

5. Discussion and Proposed Adoption of MSM Chapter 3400 - Telehealth

Ms. Marti Coté – Revisions to MSM Chapter 3400 were made to include clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of Mental Health Counselor, Clinical Social Worker or Psychological Assistant.

Telehealth is the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry visits, and a limited number of other medical services. Telehealth services are an optional benefit within the DHCFP.

These changes are effective May 17, 2013.

At the conclusion of Ms. Coté's presentation, Ms. Thompson asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- No Comments

Ms. Thompson – Recommended the Deputy Administrator approve as submitted.

Ms. Aiello – Approved the changes to MSM Chapter 3400 as submitted.

Ms. Thompson – Closed the Public Hearing on MSM Chapter 3400 – Telehealth.

6. General Public Comments

- No Comments

There were no further comments and Ms. Thompson adjourned the public hearing at 10:30 am.

**An Audio (CD) version of this meeting is available through the DHCFP Administration office for a fee. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Rita Mackie at rmackie@dhefp.nv.gov or you may call (775) 684-3681.*