



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

Division of Health Care Financing and Policy
Notice of meeting to solicit public comments and intent to act
Upon Amendments to the Medicaid Services Manual (MSM)

Public Hearing May 29, 2014

Minutes

Date and Time of Meeting: May 29, 2014 at 11:00am

Name of Organization: State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: State of Nevada Legislative Building
401 So. Carson Street Room 2134
Carson City, Nevada 89701

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue Suite 4406
Las Vegas, Nevada 89101

Attendees

In Carson City, NV

Leah Lamborn, DHCFP
Elizabeth Aiello, DHCFP
Alexis Tucey, DHCFP
Hilary Jones, DHCFP
Erin Snell, Value Options
Amy Khan, McKesson

Darrell Faircloth, DAG
Christine Phenix, DHCFP
Theresa Carsten, DHCFP
Lynne Foster, DHCFP
John Whaley, DHCFP
Scott Mayne, WC/CC

In Las Vegas, NV

Lesley Dickson, Nevada Psychiatric Association
Joanna Jacob, Ferrari Public Affairs

M. Howie, Mojave
Jim Heffernan, UHC

Introduction:

Ms. Lynne Foster, HIPAA Compliance Officer, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Leah Lamborn, Chief Financial Officer of the DHCFP and Mr. Darrel Faircloth, Senior Deputy Attorney General (DAG).

Ms. Foster – The notice for this public hearing was published on April 29, 2014 in accordance with the Nevada Revised Statute 422.2369.

1. **Discussion and Proposed Adoption of Medicaid Services Manual (MSM) Chapter 3600 – Managed Care Organization**

Elizabeth Aiello:

Revisions to MSM Chapter 3600 were made to provide for mandatory enrollment in managed care, where available, for Nevada Medicaid Newly Eligibles. Nevada Medicaid Newly Eligibles are defined as childless adults ages 19-64 and the expanded parent & caretakers ages 19-64 who are made eligible as part of the Patient Protection and Affordable Care Act (PPACA) expansion population and receive the Alternative Benefit Plan. This will clarify that the Nevada Medicaid PPACA Newly Eligible recipients cannot opt out of managed care, based on, changing the word “diagnosis” to “determination” of Serious Mental Illness (SMI). This change will ensure that these recipients will receive the comprehensive care they need within the managed care system.

These changes are effective May 30, 2014.

At the conclusion of Ms. Aiello’s presentation, Ms. Foster asked Ms. Lamborn, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Lamborn’s Comments:

- No Comments

Mr. Faircloth’s Comments:

- No Comments

Public Comments:

- Dr. Lesley Dickson would like to know what the rationale is for this change. Why is it essential that all newly eligibles be enrolled in a Managed Care Organization?
- Elizabeth Aiello responded that with the new expanded population who would not have been Medicaid eligible prior to January 1 can be covered in many different treatment delivery systems. The State chose to have the same benefit plan. All newly eligibles are enrolled into managed care so they can get an integrated care management product; the integration of the behavioral, social, and medical services. In the Fee-For-Service program, there is not care management assistance as there is in the managed care program. When the State was looking at expanding the population, the intent was for everyone in a managed care area would be covered in managed care and receive the same benefit package.

- Dr. Lesley Dickson responded that it sounds good, but in reality, some of what was said is not true in Clark County. Some of the best providers of mental health care are through Mojave Mental Health and community counseling. Both of those are large service organizations that provide very much integrated care. To make all of these new people not eligible to go to Mojave, is not fair to the patient. Also, the managed care organizations have never done a very good job so far of getting psychiatrists on board. The provider lists are pretty bad. We are denying a lot of these people good mental health care because of this change.
- Mr. Michael Howie asked when individuals who are newly eligible are awarded SSI, due to a psychiatric disability, are they eligible for Fee-For-Service or do they stay in the MCO.
- Elizabeth Aiello responded if the individual qualifies for the Aged, Blind and Disabled population in regular Medicaid and their eligibility has changed, they will be in our historical Medicaid program and have the ability to opt out of managed care. They cannot stay in the expanded population if they meet any other eligibility category.

Ms. Foster – Recommended the CFO approve as amended: Section 3603.4.m, replacing the word “diagnosis” to “determination”.

Ms. Lamborn – Approved as amended.

Ms. Foster – Closed the Public Hearing for the proposed adoption of MSM Chapter 3600 – Managed Care Organization.

4. **General Public Comments**

- No Comments

5. **Adjournment**

There were no further comments and Ms. Foster adjourned the public hearing at 11:13 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@dhcfp.nv.gov or you may call (775) 684-3681.*