



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

ROMAINE GILLILAND  
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 January 8, 2015**

**Minutes**

Date and Time of Meeting: January 8, 2015 at 9:00 AM

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 Health Division  
4150 Technology Way, Room 303  
Carson City, Nevada 89706

Place of Video Conference: The Division of Health Care Financing and Policy (DHCFP)  
1210 S. Valley View Blvd. Suite 104  
Las Vegas, Nevada 89102

**Attendees**

**In Carson City, NV**

Marti Cote', DHCFP  
Betsy Aiello, DHCFP  
Janet Osalvo, DHCFP  
Sheri Eggleston, DHCFP  
Rachel Marchetti, DHCFP

Gladys Cook, DHCFP  
Lorena Chavez, Renown  
Pam Calvert, Renown  
Leslie Bittleston, DHCFP  
Darrell Faircloth, Senior DAG

**In Las Vegas, NV**

Jason Sandulak, Apple Grove  
Heather Lazarakis, DHCFP

## **Introduction:**

Ms. Tammy Moffitt Chief of Program Integrity, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Betsy Aiello, Deputy Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (DAG).

Ms. Tammy Moffitt – The notice for this public hearing was published on December 8, 2014 in accordance with the Nevada Revised Statute 422.2369.

Item #1 listed on the agenda has been pulled.

### **1. Discussion and proposed adoption of changes to MSM Chapter 600 – Physician Services**

Ms. Marti Cote'

Revisions to MSM Chapter 600 are being proposed to change the required duration of participation in a medically-supervised weight loss program prior to bariatric surgery for morbid obesity. The duration of participation is being reduced from three years to three months prior to surgery. This change aligns the Chapter with the national standards for bariatric surgery.

Additional revisions are being proposed to update the chapter with new and revised A and B Recommendations from the United States Preventive Services Task Force (USPSTF), a panel of national experts in prevention and evidence-based medicine. These recommendations from the Task Force are based upon a peer-reviewed evidence and intended to help primary care providers and their patients determine the best preventive service that is appropriate for their needs. An “A” rating indicates a high certainty the net benefit of a service is substantial. A “B” rating indicates there is high certainty the net benefit is moderate to substantial. The effective date is February 1, 2015.

At the conclusion of Ms. Cote’s presentation, Ms. Moffitt asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, Senior 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. Moffitt– Recommended the Deputy Administrator approve as submitted.

Ms. Aiello – Approved as submitted.

Ms. Moffitt – Closed the Public Hearing for the MSM Chapter 600 - Physician Services.

## 2. Discussion and proposed adoption of changes to MSM Chapter 1800 – Adult Day Health Care

### Ms. Leslie Bittleston

Revisions to MSM Chapter 1800 are being proposed to clarify policy regarding provider enrollment requirements, retro eligibility authorizations and provider billing.

Current policy requires the DHCFP to conduct onsite reviews and inspections prior to enrollment as a Medicaid provider. However, the Bureau of Health Care Quality and Compliance conducts a similar review when initially licensing the facility. The proposed change will eliminate the need for an additional inspection by the DHCFP.

Retro-eligibility authorization wording is being removed as retro-eligibility authorization is not available for this service. Chapter changes also provide clarification for when it is appropriate to bill a per diem rate versus a unit rate. The effective date is February 1, 2015.

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

### Ms. Aiello's Comments:

- I want to clarify that the reason why the sentence stating retro-eligibility authorization is not available for this service is due to the fact that it was stated in the MTL. Since it was in the MTL, we are making sure it is in the chapter.

### Mr. Faircloth's Comments:

- Page 17 at the top of page it talks about occasional recipients may not be in attendance full time on days that full time attendance has been authorized and it says that providers are authorized to bill. That would be only in the circumstance where the appointment has been made and their attendance was expected; it wouldn't be in an instance where we are just authorizing services?

### Ms. Bittleston's Comments:

- Yes, that is correct. This is clarifying language to let providers know that if something does happen and they are authorized at that daily rate or an appointment does happen, that they can still bill that daily rate with the documentation that the person has left early for an appointment or something.

### Mr. Faircloth's Comments:

- Basically a missed appointment?

### Ms. Aiello's Comments:

- No, this is not a missed appointment. They have to be in attendance part of the day so it's a per diem rate, but if someone is late because they went to the doctor for two hours in the morning and then they come, they have been authorized a per diem rate so they still get to bill the per diem rate. There was an unclarity that per diem meant per diem, but if they totally miss that day they should not bill at all. If this is unclear then we may have to come back and add that they have to be in attendance at some point in the day. It's a definition of what per diem means.

Public Comments:

- No Comments

Ms. Moffitt– Recommended the Deputy Administrator approve with the corrections discussed.

Ms. Aiello – Approved with the addition of retro eligibility authorization is not available for this service.

Ms. Moffitt – Closed the Public Hearing for the MSM Chapter 1800 Adult Day Health Care.

**3. General Public Comments**

- No Comments

**4. Adjournment**

There were no further comments and Ms. Moffitt adjourned the public hearing at 9:17 AM.

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