



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

**NOTICE OF MEETING TO SOLICIT PUBLIC COMMENTS AND INTENT TO ACT
UPON AMENDMENTS TO THE NEVADA MEDICAID SERVICES MANUALS (MSM)**

AGENDA

Date of Publication: October 7, 2016

Date and Time of Meeting: November 8, 2016 at 1:00 PM

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

Place of Meeting: Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89706

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

Teleconference: (877) 402-9753

Access Code: 7316372

AGENDA

- 1. Public Comment**
- 2. For Possible Action: Review and approve meeting minutes from the September 7, 2016 public hearing.**

3. For Possible Action: Discussion and Proposed Adoption of the NMO-3580 Statement of Understanding

Revision of NMO-3580 form is being proposed to support the requirement that all applicants who participate in Nevada's Home and Community Based Services (HCBS) Waiver must be informed of their choices between community placement or institutionalization, their choice of providers and their rights and responsibilities.

Entities Financially Affected: None

Financial Impact on Local Government: None

Effective Date: November 9, 2016

4. For Possible Action: Discussion and Proposed Adoption of the NMO-3581 Designated Representative Attestation for Home and Community Based Services (HCBS) Waiver Recipients

NMO-3581 form is being proposed to give recipients a way to designate someone to act on their behalf that is a step below legal representation. This document will allow a designated person other than the recipient to sign required paperwork and be provided information about the recipient's care.

Entities Financially Affected: None

Financial Impact on Local Government: None

Effective Date: November 9, 2016

5. For Possible Action: Discussion and proposed adoption of changes to MSM Chapter 800 – Laboratories

Revisions to Medicaid Services Manual (MSM) Chapter 800 are being proposed to add clarification to the coverage guidelines regarding non-covered service limitations on gene expression profiling, except when it is medically necessary as a prognostic assay to identify recipients diagnosed with breast cancer who are likely to respond to systemic chemotherapy when utilizing *Oncotype DX*TM. Clarification is being added to the coverage guidelines regarding non-covered service limitations on molecular pathology, except for BRCA1/BRCA 2 testing services. Proposed clarification is being added to the coverage guidelines regarding *Oncotype DX*TM Breast Cancer Assay, including description of the breast cancer assay, policy, prior authorization, and coverage and limitations.

Entities Financially Affected: Provider Type 43, Laboratories

Financial Impact on Local Government: None.

Effective Date: November 9, 2016.

- a. **Presentation of MSM Chapter 800**
- b. **Public comment on proposed changes**
- c. **Adoption of proposed changes**

6. For Possible Action: Discussion and proposed adoption of changes to MSM Chapter 1200 – Prescribed Drugs

Revisions to Medicaid Services Manual (MSM) Chapter 1200 are being proposed to include clarifying policy, defining a medically accepted indication, and clarifying the usage of the Standard Preferred Drug List Exception criteria. Under Immunizations, the Human Papillomavirus (HPV) Vaccine, the language for females only was removed. Under Coverage and Limitations, references to the Drug Utilization Review Board and the PDL were removed. Family planning language was removed. Under Provider Responsibility language was added regarding pharmacist submitted prior authorizations.

Revisions to Appendix A were made to reflect approved actions by the Drug Use Review (DUR) Board at the January 28, 2016, and April 28, 2016 meetings.

On January 28, 2016, revised prior authorization criteria was approved for Hepatitis C direct-acting antivirals, Proprotein Convertase Subtilism Kexin Type 9 (PCSK9) Inhibitors; Colchicine (Colcris®); ADHD/ADD Agents; Hetlioz® (tasimelteon) and Vivitrol® (naltrexone). New prior authorization criteria was approved for hospice recipients over age 20.

On April 28, 2016, revised prior authorization criteria was approved for generic substitutions; colony stimulating factors; narcotic withdrawal therapy agents; and long-acting narcotics. New prior authorization criteria was approved for Viberzi® (eluxadoline); Diclegis® (doxylamine/ pyridoxine); Neurokinin-1 Antagonists and Combinations; pharmacist submitted prior authorizations, and opioid-induced constipation agents.

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.

Entities Financially Affected: Provider Type (PT) 12 Outpatient Hospital, PT 20 Physician, PT 22 Dentist, PT 24 Advanced Practitioner Registered Nurse, PT 28 Pharmacy, PT 64 Hospice

Financial Impact on Local Government: None.

Effective Date: November 9, 2016.

- a. **Presentation of MSM Chapter 1200**

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- b. Public comment on proposed changes
 - c. Adoption of proposed changes
7. General Public Comments (Because of time considerations, the period for public comment by each speaker or organization may be limited to 5 minutes.)
8. Adjournment

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to 5 minutes.

This notice and agenda have been posted at <http://dhcfp.nv.gov/> and notice.nv.gov/.

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP Web site <http://dhcfp.nv.gov/> Carson City Central office and Las Vegas DHCFP. The agenda posting of this meeting can be viewed at the following locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to the Ellen Felsing at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701.

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at: ellen.felsing@dhcfp.nv.gov, in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Ellen Felsing at (775) 684-3684.
