BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

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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)
and the Nevada Medicaid Office (NMO) Form

Public Hearing July 14, 2016

Minutes

Date and Time of Meeting:	July 14, 2016 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:	Nevada State Legislative Building 401 S. Carson Street, Room 3137 Carson City, Nevada 89701
Place of Video Conference:	Grant Sawyer Office Building 555 E. Washington Avenue, Room 4406 Las Vegas, Nevada 89101
Teleconference:	(877) 402-9753
Access Code:	7316372

Attendees

<u>In Carson City, NV</u>

Lynne Foster, DHCFP	Darrell Faircloth, SDAG
Elizabeth Aiello, DHCFP	Marti Cote, DHCFP
Shannon Sprout, DHCFP	Kristine DeMorris, DHCFP
Sheri Eggleston, DHCFP	Janet Osalvo, DHCFP
Amber LaFollette, DHCFP	Rosanne Hoff, DHCFP
Jennifer Frischmann, DHCFP	Crystal Wren, DHCFP

Heather Peri, DHCFP
Sandy Wartgow, HHS
Sarah Ramirez, HPES
Shannon Bennett, DPBH

In Las Vegas, NV

Kristina Jones, Health Plan of Nevada

Teleconference

Dr. Richard Roberts, Amerigroup

Introduction:

Ms. Lynne Foster, Chief of Division Compliance, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Marta Jensen, Acting Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (SDAG).

Ms. Foster – The notice for this public hearing was published on June 9, 2016 in accordance with the Nevada Revised Statute 422.2369.

1. Public Comment

- No Comment

2. For Possible Action: Review and approve meeting minutes from the June 7, 2016 public hearing.

Ms. Foster asked if any staff members or public have any proposed corrections to the minutes for this public hearing and none were received.

Ms. Foster – Recommended the Acting Administrator approve as written.

Ms. Jensen – Approved as written.

3. Discussion of proposed changes to Medicaid Service Manual Chapter 300 – Radiology Services

Ms. Janet Osalvo:

Revisions to Medicaid Services Manual (MSM) Chapter 300 are being proposed to clarify and eliminate duplicative and outdated language.

Entities Financially Affected: Provider Type 12, Hospital, Outpatient; Provider Type 17, Special Clinics; Provider Type 20, Physician, MD and Osteopath, DO; Advanced Registered Nurses (APRN); and Physician's Assistant (PA); Provider Type 27, Radiology and Noninvasive Diagnostic Centers

Financial Impact on Local Government: None

The effective date is July 15, 2016.

At the conclusion of Ms. Osalvo's presentation, Ms. Foster asked Ms. Jensen, Acting Administrator, and Mr. Faircloth, SDAG, if they had any questions or comments.

Ms. Jensen's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

Dr. Roberts commented that there are other indications when an unattended sleep study is not recommended besides the ones indicated. He requested the DHCFP to further expand on the parameters.

Ms. Jensen responded that since it wasn't noted in the original chapter, we cannot change it now, but it can be addressed in a future revision. She told Dr. Roberts that she would have the division's staff reach out to him.

Ms. Foster – Recommended the Acting Administrator approve as submitted.

Ms. Jensen – Approved as submitted with the caveat that staff will reach out to Dr. Roberts.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 300 Radiology Services

4. Discussion of proposed changes to Form NMO-7075 – Home and Community Based Services Acknowledgement Form

Ms. Jennifer Frischmann:

Revisions to the NMO-7075 – Home and Community-Based Services Acknowledgement form are being proposed to discuss Privacy Practices with the recipient and to provide them with the Notice of Privacy Practices.

Entities Financially Affected: None

Financial Impact on Local Government: None

The effective date is July 15, 2016

At the conclusion of Ms. Frischmann's presentation, Ms. Foster asked Ms. Jensen, Acting Administrator, and Mr. Faircloth, SDAG, if they had any questions or comments.

Ms. Jensen's noted that she didn't get a copy of the FRM and she wanted to clarify that the instructions on the FRM were reflected on the Form.

Ms. Frischmann verified that it is so.

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- No Comments

Ms. Foster – Recommended the Acting Administrator approve as submitted.

Ms. Jensen – Approved as submitted.

Ms. Foster – Closed the Public Hearing for Form NMO-7075 – Home and Community Based Services Acknowledgement Form

5. Discussion of proposed changes to Medicaid Service Manual Chapter 600 – Physician Services

Ms. Sheri Eggleston:

Revisions to Medicaid Services Manual (MSM) Chapter 600 are being proposed to include integration of Attachment A, Policy #6-12, Women's Preventive Health – Pregnant and Non-Pregnant; Attachment A, Policy #6-13, Men's Preventive Health; Attachment A, Policy #6-14, Children's Preventive Health; and Attachment A, Policy #06-17 Federally Qualified Health Centers (FQHC) into the body of the chapter. The policy authority for FQHC has been moved to the Section 601.C. The Division of Healthcare Financing and Policy (DHCFP) is removing attachments to better align MSM chapters. Clarifying language has been added to Section 605.2 B regarding dental encounters at an FQHC, referring to MSM Chapter 1000, Dental. Service limitations in Section 605.2 B have also been changed from one to three service encounters, aligning with the Rates State Plan Amendment (SPA). The DHCFP has updated the United States Preventive Services Task Force (USPSTF) screening recommendations for women in abnormal blood glucose and type 2 diabetes mellitus, blood pressure, breast cancer screening, depression, diabetes related to overweight and obesity, HIV screening for pregnant and non-pregnant women, and tobacco screening for pregnant and non-pregnant women; the USPSTF screening recommendations for men in abnormal blood glucose and type 2 diabetes mellitus, blood pressure, depression, diabetes related to overweight and obesity, HIV, and tobacco; and the USPSTF screening recommendations for children in depression and HIV.

Entities Financially Affected: PT 12 - Hospitals (outpatient), PT 17 - Special Clinics, PT 20 - Physician, Osteopath, PT 24 - Advanced Practice Registered Nurse, PT 77 - Physician's Assistant.

Financial Impact on Local Government: None

The effective date is July 15, 2016

At the conclusion of Ms. Eggleston's presentation, Ms. Foster asked Ms. Jensen, Acting Administrator, and Mr. Faircloth, SDAG, if they had any questions or comments.

Ms. Jensen's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

Ms. Bennett made comments on smoking cessation (see attached).

Ms. Wartgow made comments on smoking cessation (see attached).

Ms. Jensen spoke of her appreciation to their bringing the information to the public. Ms. Jensen said she would have the DHCFP staff reach out to Ms. Wartgow to keep the collaboration going to see if there are opportunities to expand the division's reimbursement policy.

Ms. Foster – Recommended the Acting Administrator approve as submitted.

Ms. Jensen – Approved as submitted with one last look at grammar and punctuation.

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

4. General Public Comments

- No Comments

5. Adjournment

There were no further comments and Ms. Foster adjourned the public hearing at 9:53 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 Ellen Felsing at Ellen.Felsing@dhcfp.nv.gov or (775) 684-3684 with any questions.

Nevada Medicaid Services Manual, Public Hearing
July 14, 2016 at 9am

Good morning. My name is Shannon Bennett. I am the Policy and Advocacy Manager within the Chronic Disease Prevention and Health Promotion Section of the Nevada Division of Public and Behavioral Health. One of my duties is to manage the State Tobacco Prevention and Control Program.

I wanted to thank you for updating the tobacco cessation language in the Medicaid Services Manual to reflect the most recent United States Preventive Task Force recommendations. According to the Centers for Disease Control and Prevention, tobacco use is the single most preventable cause of disease, disability and death in the United States, and Nevada is no exception. Every year, 4,100 Nevadans die from their own smoking. Additionally, 41,000 children who currently live in Nevada will die prematurely from smoking. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined.

In addition to the astronomical amount of tobacco-related deaths in Nevada, smoking has a large toll on Nevada's economy. According to the Campaign for Tobacco-free Kids, smoking causes $1.08 billion in annual health care costs and an additional $1.09 billion in smoking-caused productivity losses in Nevada. Specifically, every year smoking causes $148.9 million in Medicaid expenditures in the Silver State, alone.

Currently, nearly 18 percent of Nevada's adult population uses tobacco products, however, it is estimated that 30 percent of Nevada's Medicaid recipients use tobacco products. These data begin to show that economic status is the single greatest predictor of tobacco use in Nevada and the importance of comprehensive tobacco cessation benefits for the Nevada Medicaid population. Recent data has shown that as many at 70 percent of current smokers wish to quit smoking, but their success depends on receiving evidence-based support, including counseling and medications. In order help Nevada Medicaid recipients quit smoking, it is essential for clinicians and the health-care delivery system to consistently identify and document tobacco use status and treat every tobacco user with cessation counseling and any of the seven FDA-approved first-line medications.

We appreciate the Division of Health Care Finance and Policy's support in reducing the burden of tobacco-related disease. To enhance these efforts, we would like to see Nevada's Medicaid program reimburse for tobacco cessation counseling outside of a regular office visit for adults and not just limit this additional payment to pregnant women and to reimburse for the prevention of tobacco use outside of a regular office visit for adolescents. For more details, I will turn the mic over to my colleague, Sandy Wartgow.

Good morning. I am Sandy Wartgow, a public health nurse with Carson City Health and Human Services. My role in tobacco prevention and control has been very rewarding while educating and encouraging patients to become tobacco free. I also spend time educating providers on tobacco data and the importance of their role in educating and counseling their patients. Currently, 70% of smokers want to quit, if a provider educates and counsels a patient, they are 30% more likely to have success at cessation from tobacco products. While providers time is limited each day, they would be able to justify extra appointment time to counsel on tobacco cessation and provide appropriate medications when backed with a small amount of reimbursement for their time. While most providers value education and

cessation counseling, time of the appointment may not be practical without added reimbursement. Procedure billing codes for tobacco cessation are 99406 and 99407 (based on time spent with patient), these codes currently only reimburse for pregnant women in the Medicaid system. Codes 99401-99403 (15, 30, 45, 60 minutes) are used to counsel on prevention and/or risk factor reduction interventions. Currently Nevada Medicaid FFS reimburses on 99401 related to family planning only, not the full intent of the procedure code. Additionally, we would encourage all FDA-approved medications be covered for tobacco cessation, without a prior authorization requirement, as outlined in the United States Preventive Task Force recommendations to practitioners. This combination of counseling and medications results in over double the success rates of quitting tobacco.

In ending, we appreciate you time and commitment to evidence based practice. We are here in support of our partnership with Nevada Medicaid and find that reduction in tobacco use will ultimately make Nevadans healthier and save dollars related to chronic diseases and lost productivity to the State.

Results of Massachusetts' Medicaid Cessation Benefit Implemented in 2006

- The benefit was utilized by about 37% of Medicaid recipients who smoked, or more than 70,000 individuals in its first 2½ years.
- The smoking rate among Medicaid enrollees fell from38.3% to 28.3%.
- Annual hospital admissions for heart attacks and other acute heart disease diagnoses among Medicaid enrollees who used the benefit fell by 46% and 49%, respectively.
- The benefit was found to generate a return on investment of $3.12 in cost savings from averted hospitalizations for acute cardiovascular events for every dollar spent on it.