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MARTA JENSEN Acting Administrator

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

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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 State Plan for Medicaid Services

Public Hearing December 8, 2016 Minutes

Date and Time of Meeting: December 8, 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: Division of Public and Behavioral Health

4150 Technology Way, Room 301

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

Attendees

In Carson City, NV

Darrell Faircloth, SDAG Elizabeth Aiello, DHCFP

Lynne Foster, DHCFP Joelle Gutman, Ferrari Public Affairs Chris Bosse, Renown Bill Welch, Nevada Hospital Association

Lori Follett, DHCFP

Rebecca Vernon-Ritter, DHCFP

Sarah Lamb, DHCFP

Blayne Osborn, Nevada Rural Hospital Partners

Introduction:

Ms. Lynne Foster, Chief of Division Compliance, 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 (SDAG).

<u>Ms. Foster</u> – The notice for this public hearing was published on November 23, 2016 in accordance with 42 CFR 447.205.

Ms. Foster stated that items 3, 4 and 5 from the agenda are being removed and are scheduled for public hearing on December 13, 2016. The details for the meeting are published on the DHCFP website.

1. Public Comment

No Comment

2. For Possible Action: Review and approve meeting minutes from the September 7, 2016 and September 30, 2016 public hearings.

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

Public Comments

• No Comments.

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

Ms. Aiello – Approved as written.

3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Telehealth Services

Ms. Rebecca Vernon-Ritter and Ms. Sarah Lamb:

The Division of Health Care Financing and Policy (DHCFP) allows for Telehealth Services to be provided by Nevada Medicaid health care providers. During the 78th Legislative session, these services were expanded removing restrictions on the provider types who can provide services via Telehealth. A revision to the Nevada Medicaid State Plan is necessary to reflect the current payment methodology for Telehealth Services.

The DHCFP is proposing to update the Nevada Medicaid State Plan Attachment 4.19-B, Page 1e, to make the necessary changes to reflect the current payment methodology for Telehealth Services.

The following Provider Types (PT) will potentially be affected by this change: PT 12 - Hospital Outpatient, PT 14 - Behavioral Health Outpatient, PT 17 - Specialty Clinics, PT 20 - Physician, PT 22 - Dentist, PT 24 - Advanced Practice Registered Nurse (APRN), PT 25 - Optometrist, PT 26 - Psychologist, PT 32 - Ambulance, PT 34 - Therapy, PT 36 - Chiropractor, PT 42 - Outpatient Psychiatric Hospital, PT 45 - End Stage Renal Disease (ESRD) Facility, PT 47 - Indian Health Programs (IHP), PT 60 - School Based, PT 76 - Audiologist, PT 77 - Physician's Assistant, PT 81 - Hospital Based End Stage Renal Disease (ESRD) Provider, PT 85 - Applied Behavioral Analysis (ABA).

Estimated Change in Annual Aggregate expenditures: No change in annual aggregate expenditures is anticipated.

The effective date is October 1, 2016.

At the conclusion of Ms. Vernon-Ritter and Ms. Lamb's presentation, Ms. Foster asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, SDAG, if they had any questions or comments.

Ms. Aiello's Comments:

No Comment.

Mr. Faircloth's Comments:

No Comment.

Public Comments:

Ms. Chris Bosse wanted to thank the state for the work that has been done together to move telehealth forward. She feels the state has done a lot of work within the industry to move things forward in an expeditious way to meet the needs of the communities served, especially the rural communities. Ms. Bosse said that she has concerns relating to the language in 7(b) on the Telehealth SPA. Her issue is with the language referring to an onsite Medicaid provider. She said that Renown agrees with the examples given in terms of when a patient is self-presenting, that an originating site fee should not be billed and/or collected. Ms. Bosse commented that there are sites in rural areas that are unable to get a physician, but there are trained providers that are working under a license of a physician and/or they are looking to establish school based clinics, even in urban areas where it would not make sense to have a physician at every site. There would be trained individuals presenting at the site with the patient to a licensed professional at the distant site. Ms. Bosse said that in those circumstances, it would be reasonable that the originating site fee should be able to be billed and collected. She stated that in her conversations with the state, she

has received feedback that those two circumstances would be billable as it relates to an originating site fee. She is hoping to get clarification that the DHCFP would consider putting that language in the SPA. Ms. Bosse is concerned that the language as it is written is very absolute. She said that she would hate to see the rural areas feel like they cannot participate in telehealth because they do not have a doctor at every originating site.

Ms. Coté stated that Ms. Bosse brought the subject up to her earlier and that she is aware of her concerns. She said that the intent of the language in the SPA, which is taken directly from policy, is that the DHCFP would cover a trained presenter working under a provider's license. Ms. Coté stated that Ms. Bosse is correct and that it would be covered. The Division will leave in the language that talks about the examples, but the Division will change the language on both the State Plan and in Chapter 3400, Section 3403.1(b) so it will clarify that the provider does not have to actually be on site, someone working under a provider's licensure can be.

<u>Ms. Aiello</u> asked Ms. Coté if the intent is to write amendments and bring them forward to future meetings.

Ms. Coté replied that it would be on the next changes. The Division will have the Rates Unit change the language on the SPA, and the Policy Development and Program Management (PDPM) Unit will change the policy language.

Ms. Aiello asked if the Division is going to implement it with what the intent was prior to that or does it have to wait until another change needs to be done.

Ms. Coté stated that she would have to defer to Mr. Faircloth.

Ms. Aiello told Ms. Bosse that the Division would get back to her on this subject. She said that the amendments would get done really fast or it will be determined if it can be implemented. The Division does not want to get any audit errors.

Ms. Foster – Closed the Public Hearing for the SPA on Telehealth Services.

4. General Public Comments

• No Comments.

There were no further comments and Ms. Foster 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 Ellen Felsing at Ellen.Felsing@dhcfp.nv.gov or (775) 684-3684 with any questions.