



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 May 12, 2016

Minutes

Date and Time of Meeting: May 12, 2016 at 9:00AM

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 3138
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

In Carson City, NV

Lynne Foster, DHCFP
Elizabeth Aiello, DHCFP
Alexis Tucey, DHCFP
Kathy Stoner, DHCFP

Darrell Faircloth, SDAG
Renee Necas, DHCFP
Jacob Douglas, DHCFP
Mary Griffith, DHCFP

In Las Vegas, NV

Susan Priestman, Select Medical

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).

Ms. Foster: The notice for this public hearing was published on April 12, 2016 in accordance with 42 CFR 447.205.

1. Public Comment

- No Comment

2. For Possible Action: Review and approve meeting minutes from the April 14, 2016 public hearing.

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: Clarified that under item 4 most changes are because of a new CMS template, and that the only changes to policy are for direct enrollment of foster children into managed care. She will work with staff on final edits to the minutes.

Public Comments:

- No Comments

Ms. Foster: Recommended the Deputy Administrator approve the minutes incorporating the changes as described.

Ms. Aiello: Approved minutes with incorporation of the changes.

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

Subject: Provider Qualifications for registered Psychological Interns

Ms. Alexis Tucey:

The Division of Health Care Financing and Policy (DHCFP) is proposing an amendment that adds language under section (a) of Provider Qualifications for registered Psychological Interns. This language has been added to the Qualified Mental Health Professional (QMPH) provider qualifications to allow registered psychological interns to enroll and perform behavioral health services within the scope of their licensure. There are approximately 24 Psychological Interns registered with their Board of Examiners. This amendment has the potential fiscal impact indicated below.

The following Provider Type (PT) will potentially be affected by this change: PT 14 (Behavioral Health Outpatient Treatment) and PT 82 (Behavioral Health Rehabilitative Treatment).

The DHCFP projects a change in annual aggregate expenditures as follows:

SFY 2016 (Partial Year)	\$179,185.73
SFY 2017	\$354,363.29

The effective date is: January 1, 2016

At the conclusion of Ms. Tucey'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 Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- No Comments

Ms. Foster: Closed the Public Hearing for the SPA on Provider Qualifications for registered Psychological Interns.

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

Subject: Nursing Facilities and Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICFs/IID)

This subject matter was postponed to allow staff time for additional research.

Ms. Foster: Closed the Public hearing for the SPAs.

5. General Public Comments

Ms. Susan Priestman, Select Medical:

Ms. Priestman commented on challenges of transitioning coverage to enrollees by Managed Care and/or Medicaid, and continuity of care. Providers are always doing re-authorizations when enrollees have to change. She was wondering if the enrollees can receive some advance notification so they are prepared to move to a new provider that is on the new plan.

Ms. Aiello:

Ms. Aiello explained that traditionally enrollees are first enrolled into the Fee-for-Service (FFS) Plan prior to moving into the Managed Care Organization (MCO). Certain geographic areas are mandatory Managed Care Plan (MCP). During the enrollment process individuals can choose their MCO. If they didn't chose an MCO they were auto enrolled into one of the MCOs. Ms. Aiello continued that the DHCFP has submitted a SPA to CMS to allow people to go directly into the MCO, which is not yet approved. This will eliminate the churn from FFS to MCO. Direct enrollment will eliminate the problem going from plan to plan. Some of the transition is required in Federal Regulations. Once per year there is open enrollment where people can choose to move from FFS to MCO. She mentioned Ms. Priestman is not the first person identify the churn between FFS and MCO and the DHCFP is working on it. The DHCFP appreciates Ms. Priestman's serving our clients.

Ms. Priestman:

Ms. Priestman thanked Ms. Aiello and stated it helps with her understanding of how individuals churn from plan to plan. Some go from one MCP to another MCP and then back. Clients do not seem to be making this choice.

Ms. Aiello:

It is Ms. Aiello's understanding that this change doesn't happen unless the enrollee requests the change because of continuity of care. Normally this is a choice at open enrollment or re-enrollment.

Ms. Priestman:

Ms. Priestman stated they will keep track of some of those reasons and report back. It is a substantial problem and has created difficulties with individuals in post-surgical status.

Ms. Aiello:

Ms. Aiello explained if you have an active prior authorization, it is in the Continuity of Care contract, they have to keep the prior authorization active until the enrollee finds a new provider. The systems do not talk to each other, so the provider has to notify the MCP and let them know there is a prior authorization.

Ms. Priestman:

Ms. Priestman asked if they contact the plan that they have a prior authorization with.

Ms. Aiello:

Ms. Aiello responded you have to contact the plan they are transitioning to and let them know there is an active prior authorization.

Ms. Priestman:

Ms. Priestman thanked Ms. Aiello and mentioned it may help some of these folks in the short term until policy decisions can be made and there can be some remedies from a policy standpoint. She appreciates that.

There were no further comments and Ms. Foster adjourned the public hearing at 9:16.

****An Audio (CD) version of this meeting is available through the DHCFP Division Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Ellen Felsing at Ellen.Felsing@dncfp.nv.gov or (775) 684-3684 with any questions.***