



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 Medicaid Services Manual (MSM)**

**Public Hearing June 28, 2017
Minutes**

Date and Time of Meeting: June 28, 2017 at 1:34 PM

Name of Organization: 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 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

Lynne Foster, DHCFP
Tammy Moffitt, DHCFP
Sarah Lamb, DHCFP
Diane Smith, DHCFP
Sarah Ramirez, DXC
Jared Davies, DHCFP
Jack Zenteno, DHCFP

Darrell Faircloth, SDAG
Chris Johnson, Nevada Hospital Association
Brandi Dupont, Community Health Alliance
Kayla Novak, MKS Blue Tree Dental
Marcy Morris, MKS Legendary Smiles
Janet Osalvo, DHCFP
Cynthia Magana, DHCFP

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Joanna Jacob, Ferrari Public Affairs
Debra Sisco, DHCFP
Catherine Vario, DHCFP

Kathy Fuss, LSO
Sheri Eggleston, DHCFP

In Las Vegas, NV

Elisa Garcia, Absolute Dental
Justina Hendricks, Absolute Dental
Veronica Alvarez, Absolute Dental

Dr. Antonia Capurro, Oral Health Program
Danny Jolley, Absolute Dental
Dr. Karen Feldman, Absolute Dental

Teleconference

Laurie Evans, UNLV School of Dental Medicine

Introduction:

Ms. Lynne Foster, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Ms. Tammy Moffitt, Chief of Program Integrity, DHCFP, and Mr. Darrell Faircloth, Senior Deputy Attorney General (SDAG).

Ms. Foster – The notice for this public hearing was published on May 19, 2017 in accordance with the Nevada Revised Statute 422.2369.

1. Public Comment

- No Comments.

2. For Possible Action: Review and approve meeting minutes from the May 24, 2017 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 Chief of Program Integrity approve as written.

Ms. Moffitt – Approved as written.

3. Discussion of proposed changes to Medicaid Service Manual Chapter 2000 – Audiology Services

Ms. Janet Osalvo:

Revisions to MSM Chapter 2000 are being proposed to clarify language describing coverage and limitations for hearing aid batteries. No changes are being proposed to current covered services.

Entities Financially Affected: Provider Type (PT) 12 – Hospital, Outpatient; PT 17 – Special Clinics; PT 20 – Physician, M.D., Osteopath, D.O.; PT 23 – Hearing Aid Dispenser; PT 24 – Advanced Registered Nurses; PT 33 – Durable Medical Equipment; PT 60 – School Based Children; PT 76 – Audiologist; PT 77 – Physician’s Assistant.

Financial Impact on Local Government: None.

The effective date is June 29, 2017.

At the conclusion of Ms. Osalvo’s presentation, Ms. Foster asked Ms. Moffitt and Mr. Faircloth if they had any questions or comments.

Ms. Moffitt’s Comments:

- No Comments.

Mr. Faircloth’s Comments:

- No Comments.

Public Comments:

- No Comments.

Ms. Foster – Recommended the Chief of Program Integrity approve as submitted with the following changes read in:

- Provider Type (PT) 60 was added to the MTL.

Ms. Moffitt – Approved as submitted with the changes read in.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 2000 – Audiology Services.

- 4. Discussion of proposed changes to MSM Chapter 1100 – Ocular Services has been moved to the public hearing on August 23, 2017**
- 5. Discussion of proposed changes to MSM Chapter 1000 – Dental**

Mr. Jack Zenteno:

Revisions to MSM Chapter 1000 are being proposed to strengthen and clarify policy. The proposed revision is in Section 1003.8 – Orthodontics, where authorization for orthodontics will be changed from the Handicapping Labio-lingual Deviation (HLD) Index scoring to Medically Necessary Orthodontic Automatic Qualifying Conditions. Additional revisions in this section include: Coverage and Limitations, Provider Responsibilities and a new section for Recipient Responsibilities. The prior authorization process is revised to reflect the above changes in qualifying conditions and the required documentation to be submitted for prior authorization.

Entities Financially Affected: Provider Type (PT) 22 – Dentists with Specialty Code 079 (Orthodontists).

Financial Impact on Local Government: None.

The effective date is June 29, 2017.

At the conclusion of Mr. Zenteno's presentation, Ms. Foster asked Ms. Moffitt and Mr. Faircloth if they had any questions or comments.

Ms. Moffitt's Comments:

- No Comments.

Mr. Faircloth's Comments:

- No Comments.

Public Comments:

Dr. Karen Feldman from Absolute Dental commented on the Medically Necessary Orthodontic Automatic Qualifying Conditions. She added that this has not been tested and the American Association of Orthodontics did not expect it to be separated from the HLD requirements. Dr. Feldman spoke about Sections 1003.8 (A)(2) Coverage and Limitations and Section 1003.8 (D)(1). She commented that these conditions are too restrictive. Dr. Feldman also spoke about some suggestions she had sent to the DHCFP requesting to reduce or change some of the conditions to make the Orthodontic conditions more flexible so more recipients can qualify.

Dr. Antonia Cappuro, State Dental Officer of the Orthodontics program stated they are committed to providing quality dental health to Medicaid recipients, and with that in mind, they did a thorough review of the policy based on the clinical concerns that were brought up at the last public workshop. They wanted MSM Chapter 1000 to align with the National Standards. She said that there are other states who are implementing this policy.

Ms. Laurie Evans wanted elaboration on Section 1003.8 (B)(6) on how the recipient becomes dissatisfied with the original Orthodontist, how it is determined and verified and if there could be a resolution with the provider.

Dr. Feldman suggested that Medicaid wait for the pilot to consider the data that could come out of it. She also commented that she does not agree with the statement Dr. Cappuro had said previously about the states that are using this program.

Mr. Zenteno commented on the question that was asked by Ms. Evans. He stated that his understanding was between the provider and the recipient, and was based upon the decision of the recipient whether they want to continue treatment at the facility, or go to another provider, as they have that option.

Dr. Feldman wanted to know if there was a grievance process regarding if the recipient is dissatisfied with the care, that perhaps it is just because they have not completed the treatment program.

Dr. Cappuro replied that Medicaid cannot force the recipient to stay if they chose not to.

Dr. Feldman said that in other states, Medicaid has said that the recipient should follow through with the treatment process.

Mr. Zenteno stated that he would bring the information back to his office for review to see if there can be a resolution.

Ms. Foster – Recommended the Chief of Program Integrity approve as submitted with the following changes read in:

- Section 1003.8 (D)(1), first paragraph, add “nv” to web address to read “www.medicaid.nv.gov.”
- Section 1003.8 (D)(1), second paragraph, remove the word “by,” to read “malocclusions caused as a result of trauma.”
- Section 1003.8 (D)(3)(d), added the word “of” to read “which includes the recommendations for the use of.”
- Ms. Moffitt – Approved as submitted with the changes read in.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 1000 – Dental.

6. Discussion of proposed changes to MSM Chapter 100 – Medicaid Program

Ms. Catherine Vairo:

Revisions to MSM Chapter 100 are being proposed to incorporate the Affordable Care Act (ACA) Section 6401 Federal Mandates with regard to enhanced provider screening requirements.

Additional changes to MSM Chapter 100 include: Revisions to Provider Contact time frames, clarification to provider exclusions from Nevada Medicaid participation, the meaning of enrollment and termination/denial terms and the addition of information regarding provider disclosures and the consequence for submitting false information.

Entities Financially Affected: PT 29 – Home Health Agency (HHA) and PT 33 – Durable Medical Equipment, Prosthetics, Orthodontics and Disposable Medical Supplies (DMEPOS). These provider types will be responsible for all costs associated with the “capture” or “roll” of fingerprints.

Financial Impact on Local Government: None.

The effective date is June 29, 2017.

At the conclusion of Ms. Vairo's presentation, Ms. Foster asked Ms. Moffitt and Mr. Faircloth if they had any questions or comments.

Ms. Moffitt's Comments:

- No Comments.

Mr. Faircloth's Comments:

- Referenced Section 102.3 (A)(1), (A)(2) and (A)(3), to reflect that all the items listed be required.

7. General Public Comments

- No Comments.

Ms. Foster – Recommended the Chief of Program Integrity approve with changes submitted by Mr. Faircloth.

Ms. Moffitt – Approved as submitted with changes made by Mr. Faircloth.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 100 – Medicaid Program.

8. Adjournment

There were no further comments and Ms. Foster adjourned the public hearing at 3:06 P.M.

**An Audio (CD) version of this meeting is available through the DHCFP 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.*