



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 December 8, 2016
Minutes**

Date and Time of Meeting: December 8, 2016 at 9:17 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	Marti Coté, 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. Betsy 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 November 7, 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 November 8, 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: Approved as written.

3. Discussion of proposed changes to Medicaid Service Manual Chapter 100 – Medicaid Program

Ms. Lori Follett:

Revisions to Medicaid Services Manual (MSM) Chapter 100 are being proposed to add policy language for provisional licensure as allowed by state board requirements for licensed level professionals. This change is in an effort to increase access to care and allow individuals acting under their scope of practice as approved by their board through provisional licensure.

Entities Financially Affected: All licensed level provider types when the respective board allows for provisional licensure.

Financial Impact on Local Government: Unknown at this time.

Effective Date: December 9, 2016.

At the conclusion of Ms. Follett'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 – Recommended the Deputy Administrator approve as submitted.

Ms. Aiello's – Approved as submitted.

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

4. Discussion of proposed changes to Medicaid Service Manual Chapter 200 – Hospital Services

Ms. Marti Coté:

Revisions to Medicaid Services Manual (MSM) Chapter 200 are being proposed to make inpatient hospital provider's discharge planning responsibilities more clear and concise and align discharge requirements with federal language. Administrative day policy was changed for policy consistency and clarity. Language was added to the Long Term Acute Care and Inpatient Rehabilitation Specialty Hospital Services policies to clarify coverage and limitations, authorization and provider responsibility requirements related to these services. Language added to the Inpatient Rehabilitation Specialty Hospital Services policy aligns with Medicare language.

Entities Financially Affected: Provider Type(s) 11 - Inpatient Hospitals, 51 - Indian Health Services Inpatient Hospitals (Tribal), 56 - Long Term Acute Care and Inpatient Rehabilitation Specialty Hospitals, 75 - Critical Access Hospitals and 78 - Indian Health Services Inpatient Hospitals (Non-Tribal).

Financial Impact on Local Government: There is no anticipated financial impact.

Effective Date: December 9, 2016.

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

Ms. Aiello's Comments:

Ms. Aiello commented that in Section 203, on Page 21, Section 203.2C(2), there is a misplaced comma. It needs to be moved from after the word “an” to before the word “an.” She pointed out that in the same section, “impatient” should be spelled correctly as “inpatient.” Also, in Sections 203.6C(3) and 203.7C(4), to check the references listed for accuracy since there was so much movement in the document.

Mr. Faircloth's Comments:

Mr. Faircloth wanted to follow up on Ms. Aiello's comments to the references in Sections 203.6C(3) and 203.7C(4). He would like Document Control to fix the parentheses in the references so that they appropriately document the references to pages Section 203 Page 4 – 6 and Section 203 Page 8. He also wanted to know if policy Attachments #02-02, #02-03 and #02-04 were not being changed.

Ms. Coté replied not to her knowledge.

Public Comments:

Mr. Welch with the Nevada Hospital Association (NHA), stated that he thinks that in regards to the cost, there is a misrepresentation as to no cost to government entities, dependent upon how you define government agencies. At the University Medical Center, most of the Critical Access Care Hospitals are government hospitals, that could potentially be impacted by these results. These proposed regulations do increase the administrative cost process. Mr. Welch further commented that the enhancement of discharge planning process is supported by the hospital industry. Coming into compliance with the Centers for Medicare and Medicaid Services (CMS) guidelines so that there is one standard process for discharge planning is appropriate and the hospital industry is supportive of that. Mr. Welch wanted to know about the effort of the state to educate providers as to the significant changes to the discharge planning process and prior authorizations. He thinks it would be appropriate to have state training provided for the various licensed health care facilities that will be impacted by this. Mr. Welch is concerned about the administrative days and the change in reimbursement. He said it seems that these regulations do not take into consideration the requirements that hospitals are required to comply with. He stated that when a patient is presented to the hospital, they must be cared for and they have safe and appropriate discharge. Mr. Welch asked what the state is doing in addition to changing the regulations on how the population is managed, to ensure there is an adequate provider network for Medicaid recipients for these levels of services. He reported that the NHA is currently gathering data for the number of administrative days which in effect penalizes hospitals as a result of not being able to appropriately place these patients in an appropriate setting of care. Mr. Welch believes the state should be equally concerned with how adequacy of services are available to this patient population. He spoke about being on an advisory committee for the Division of Insurance and there has been a lot of work put into defining adequacy of network for individual and small group plans. Through the hearing process, Medicaid has been very clear that they do not want to be part of the adequacy of network definition which is counter to these regulations. Mr. Welch said that during the

last state legislative session, they were looking at different ways to enhance opportunities for providers to meet patient needs. Legislation was passed and approved for independent practice for Advance Practice Nursing (APN). There might be some consideration for APNs, after certain criteria of training and supervision by a physician, can go into independent practice and may be able to provide services that are referenced in the chapter. He would not want it to be limited to whom might be able to fill some of the responsibilities that are defined in the discharge planning.

Ms. Aiello replied to Mr. Welch that in the chapter, anything that is in green is existing policy. In regards to administrative days, it was policy as an attachment that was moved. The only added requirement, other than clarifying some policy, is under “prior authorization is required” and it states “administrative day policy is consistent with an inpatient prior authorization and utilization review policy.” Also added is “a discharge order is written.” Ms. Aiello also stated that when the Division implements policies, web announcements are sent out, and she will ensure that providers are aware of the discharge planning. She said that there was a lot of expansion in rehab hospital policy, though.

Mr. Welch thanked Ms. Aiello for the clarification. However, there was significant language in red that would need further clarification. He stated that it does come across as expansion of non-covered service opportunities for the state.

Ms. Aiello inquired of Mr. Welch what he thinks of the admin policy.

Mr. Welch replied that if you go to Page 29, he understands that green is moving of existing language, but on the same page, in Section 203.6B(2), that is all red.

Ms. Aiello stated that section is not Administrative Policy. She said that references Long Term Acute Care (LTAC) policy.

Mr. Welch said that he is here representing all hospitals.

Ms. Aiello stated that she was under the impression that he was most concerned with the administrative policy.

Mr. Osborn said he was representing Nevada Rural Hospital Partners. He had a question about the inpatient rehab policy versus the LTAC policy. Specifically, on Page 31, Section 203.7B(1)(a), the policy refers to a general or Critical Access Hospital, but on Page 29, Section 203.6B(1)(a), it only specifies a Long Term Acute Unit of a general hospital when there are six critical access facilities. He believes that the language should mirror the language in Section 203.7B(1)(a).

Ms. Aiello asked Mr. Faircloth if the Division could make that an administrative change because it was written as an expansion.

Mr. Faircloth replied that he believes it can be done.

Ms. Aiello explained that the reference is on Page 31, (a) states “inpatient rehabilitation

hospital or an inpatient rehabilitation unit of a general or critical access hospital.” The one on Page 29 talks about LTAC only as a unit of a general hospital. She believes that as long as the units are licensed, the DHCFP would intend to cover the services.

Mr. Faircloth said that would be an appropriate change.

Ms. Foster – Recommended the Administrator approve as submitted with the following changes:

- Section 203.1B(12)(d)(2) – remove “evidence of” from beginning of sentence.
- Section 203.6B(1)(a) – add “or a Critical Access Hospital” to the end of the sentence.
- Section 203.7D(2)(b) – add “physician” after post-admission.
- Section 203.7D(2)(c) – add “like” after QIO to read “QIO-like vendor.”
- Section 203.7D(3)(b) – change “specify” to “specified.”

Ms. Aiello – Approved as submitted. She requested that Mr. Welch submit his comments so that the Division can see about doing another chapter update if it looks like there are significant problems in any areas.

Mr. Faircloth said that the parentheticals on Pages 30 and 33 need to be fixed also.

Ms. Aiello agreed with Mr. Faircloth and also expressed that the references numbers are checked for correctness.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 200 – Hospital Services

5. General Public Comments

- No Comments

6. Adjournment

There were no further comments and Ms. Foster adjourned the public hearing at 10:17 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@dhcftp.nv.gov or (775) 684-3684 with any questions.*