

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director
MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

**Notice of Meeting to Solicit Public Comments and Intent to Act
Upon Amendments to the Medicaid Services Manual (MSM)**

**Public Hearing July 26, 2018
Minutes**

Date and Time of Meeting: July 26, 2018 at 1:45 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: 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 4412E
Las Vegas, Nevada 89101

Teleconference: North (775) 687-0999
South (702) 486-5260

Access Code: 43606

Attendees

In Carson City, NV

Marta Jensen, DHCFP
Alexis Tucey, DHCFP
Andolyn Johnson, DAG
Erin Lynch, DHCFP
Gladys Cook, DHCFP
John Zabukovec, Conduent
Shannon Sprout, DHCFP
Heather Flowers, Public

Lynne Foster, DHCFP
Tracy Palmer, DHCFP
Tammy Moffitt, DHCFP
Julie Lindesmith, DHCFP
Genevieve Ramos, Serenity Mental Health
Cody Phinney, DHCFP
Marcie Hinehey, Serenity Mental Health

In Las Vegas, NV

Kerri Korin, Kids Peace
Michelle Guerra, HPA/BHO
Leslie LaCombe, Apple Grove
Edlynn Quijano, Eagle Quest
Jennifer Bevacena, Eagle Quest
Marisa Marano, Catch 22 Life Services
Valorie Hicks, Specialized Alternatives
for Families and Youth
Ayele Amavigan, Behavioral Health
Management
Katherine Moldovan, H.O.P.E. Counseling

Nicole Henderson, Victorious Beginnings
Felicia Elder, Victorious Beginnings
Rosalind Dyson, Victorious Beginnings
Dr. Jeffrey Rogers, Victorious Beginnings
Melissa Paller, Healthy Minds
Carla Habeck, Habeck Consulting, INC

Teleconference

Tiffany Shorter, Dynamic Minds
Ms. Allura
Brandon Ford, United Providers of
Mental Health

Jer Roberson-Strange, Catch 22 Life Services
David Hardy
Joseph Dakuras, Neuro-Feedback Center of Las
Vegas

Introduction:

Ms. Lynne Foster, Chief of Division Compliance, DHCFP, opened the public hearing introducing herself, Ms. Marta Jensen, Administrator of the DHCFP and Ms. Andolyn Johnson, Deputy Attorney General (DAG). Ms. Foster informed the participants that Chapter 400 – Psychotherapy had been red-lined and will be addressed at a later hearing.

Ms. Foster – The notice for this public hearing was published on June 20, 2018 in accordance with the Nevada Revised Statute 422.2369.

1. Public Comment

Ms. Tiffany Shorter said she had done more research on Chapter 400 Basic Skills Training and the code on the Division’s documents, R45.821, is not a real code. She added she felt this might be an error and could the participants get clarification on that.

Ms. Foster informed the participants that the Division could not research that during a hearing but would check with staff to find a solution if needed.

An unidentified caller asked if this was SilverSummit.

Ms. Foster asked for clarification and the caller’s name.

Ms. Allura gave her name for the record. She continued that she was calling about not being able to contact SilverSummit. She said there were issues with billing and communication.

Ms. Foster told Ms. Allura to please provide contact information or email the email address provided so the Division's Managed Care unit could get in touch and work to a solution.

Ms. Allura asked if she could simply provide her telephone number.

Ms. Foster replied that could.

Ms. Allura stated her number as (702) 873-7800.

Ms. Foster thanked the caller for the comment.

Ms. Jensen added that the Division would have someone reach out to Ms. Allura by end of day.

Ms. Jer Roberson-Strange commented that she had spoken at the public workshop on psychotherapy and felt that their comments were not heard and taken into consideration. Ms. Roberson-Strange went on to say that if anything the Division was going backwards and the hearing on August 14, 2018 was not taking the provider's and client's needs seriously. She said the proposed changes are still commencing without the input provided at the public workshop.

Ms. Jensen thanked the caller for the information.

Ms. Foster asked if there were any other comments via teleconference.

No further comments were made.

Ms. Foster then asked if there was any public comment in Carson City.

No comments were presented at this time in Carson City.

2. Discussion of proposed changes to MSM Chapter 300 – Radiology Services

Ms. Erin Lynch:

Revisions to MSM Chapter 300 (Radiology Services) are being proposed to Section 303.1A(5). These proposed changes are to implement Prior Authorization requirements for Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Spectroscopy (MRS) and Positron Emission Tomography (PET) scans.

Entities Financially Affected: The proposed change affects Medicaid-enrolled providers delivering MRI, MRA, MRS and PET scan services. Those provider types (PT) include but are not limited to: Outpatient Hospitals (PT 12), Physician, M.D., Osteopath (PT 20), Advanced Practice Registered Nurse (PT 24), Radiology (PT 27) and Physician Assistant (PT 77).

Prior authorization requirements will be based on medical necessity for the imaging modality requested and should be provided at the time of the request. The determination of medical necessity is based on nationally recognized evidenced-based clinical guidelines including, but not limited to: MCG, McKesson or Interqual Criteria. Please note the typo in McKesson will be corrected.

Financial impact on local government is unknown at this time.

The effective date is August 1, 2018.

At the conclusion of Ms. Lynch's presentation, Ms. Foster asked Ms. Jensen and Ms. Johnson if they had any questions or comments.

Ms. Jensen's Comments:

No Comments.

Ms. Johnson's Comments:

No Comments.

Public Comments:

No Comments.

Ms. Foster – Recommended the Administrator approve as submitted.

Ms. Jensen – Approved as submitted.

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

3. Discussion of proposed changes to MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services

Ms. Alexis Tucey:

Revisions to MSM Chapter 400 are proposed to revise policy for Basic Skills Training (BST), MSM Section 403.6C(3). Proposed changes titrate down service limitation over time for BST. The proposed changes are as follows: two hours per day for the first 90 days, one hour per day for the next 90 days. Services needed beyond the 180 days would require a prior authorization (PA) meeting medical necessity. Services above the above-mentioned service limitations would require a PA meeting medical necessity.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering Basic Skills Training. This provider type includes but is not limited to: Behavioral Health Outpatient Treatment Services (PT 14) and Behavioral Health Rehabilitative Services (PT 82).

The effective date is July 27, 2018.

Ms. Tucey said she would like to make a friendly amendment to change Medication Training and Support to Basic Skills Training on the agenda. She continued reading in the changes starting on Page 37, Section 403.6C(3).

At the conclusion of Ms. Tucey's presentation, Ms. Foster asked Ms. Jensen and Ms. Johnson if they had any questions or comments.

Ms. Jensen's Comments:

No Comments.

Ms. Johnson's Comments:

No Comments.

Public Comments:

Ms. Marissa Marano asked what the proposed rate is and what do the providers do about the current payment authorization requests.

Ms. Tucey replied rates will be revised July 31, 2018.

Ms. Marano asked if that means they cannot bill until that time, because once again that would mean non-payment from Medicaid.

Ms. Tucey said that services could still be billed, up until the effective date of the new policy.

Ms. Marano expressed concern that with this new policy their clients would lose benefits.

Ms. Tucey clarified what was in place now would continue to be so. Anything after the new policy effective date would follow the new policy.

Ms. Marano thanked Ms. Tucey for the clarification.

Ms. Ayele Amavigan said she was a social worker and advocate. She continued that, with the new policies, it would mean that the children would no longer get the amount of support needed. She said those working in the field know that six months is not enough. Ms. Amavigan asked how well the State knew their organization, the reason being that the claims being submitted are always denied. She asked that the Division look into why claims are being denied in large numbers and for the MCO's to be more human. She said that the children are the ones that are at risk and need to be truly taken into consideration. Ms. Amavigan added that she would also like to see the Division come up with a panel or board so that the providers could have a say.

Ms. Tucey clarified that the purposed policy stated two hours per day and does not specify or deny how many days per week. She added that any of these services limitations can be exceeded by a demonstration of medical necessity.

Mr. Brandon Ford asked for clarification on the services exceeding after the initial 90 days. He said with the proposed changes it seemed that you could only change the amount of days and not the hours as well.

Ms. Tucey confirmed that with prior authorization you could increase the hours in addition to the days after the first two hours per day in the first 90 days, one hour a day in the second 90 days and additional time after the original 180 days with a demonstration of medical necessity.

Mr. Ford suggested that Ms. Tucey's explanation be added to the proposed plan for better clarification.

Ms. Jensen asked if that was noted in the grid on Page 38.

Ms. Tucey stated that in this particular column it seems that the request for additional hours is only applicable after the original 90 days. Mr. Ford was asking that after each there be clarification that additional hours may be asked for in the case of medical necessity. She asked Mr. Ford if this would meet the needs of the providers.

Mr. Ford agreed this is where he was going with his point, clarification on medical necessity and whether hours could be extended with prior authorization.

Ms. Tucey indicated that the Division will add that service limitation can be exceeded with a prior authorization meeting medical necessity in the grid.

Mr. Ford agreed with Ms. Tucey.

Ms. Jensen informed the participants that it was something that could be added because it is not imposing stricter limits. She added that she checked with Ms. Johnson and could proceed with the added change. She thanked Mr. Ford for the suggestion.

Ms. Foster then moved to the comments in Las Vegas via teleconference.

Ms. Valorie Hicks said her concerns are the titration of the BST rate and that this is based on a financial model to meet the need of a budget. Ms. Hicks stated that this was not based on a medical or mental health model and thus the children will suffer due to these changes. She continued that with changes like this, it would only increase the amount of money the state will have to pay. She reiterated that it was the children that would be suffering.

Ms. Jensen thanked Ms. Hicks for her comment.

Ms. Katherine Moldovan with H.O.P.E. Counseling Services wanted to give her clinical opinion on the titration of BST. She said she is a believer in titrating, but when done correctly. She believes that the way the changes are being proposed will do little to help and once again harm the children affected. She gave a suggestion on how to properly titrate from a clinician perspective.

Ms. Jensen said there may be a misunderstanding when it comes to the hours allowed in the first and second 90-day period. She clarified that it is two hours per day, meaning seven days a week for up to two hours and not two hours per week. She stated that it was not a hard limit but a way to determine that the medical necessity is there.

Ms. Moldovan added that she heard what Ms. Jensen was stating but the MCO's are denying the claims. She continued that what Ms. Jensen shared was not the reality of it. She said even if a child

meets the medical necessity, more than five days a week is not a common authorization. She then reiterated the past comments about the affects this would have on the children.

Ms. Jensen thanked her for the comments and added that she did not have anyone here from the MCO's that could respond, but she will have staff consider possible wiggle room for that.

Ms. Jennifer Bevacena with Eagle Quest asked where the research came from to get the established amount of days and hours for BST and she also expressed concern with about the level of consultation with providers on the days and hours suggested. Ms. Bevacena asked that these changes be held until at least January so that more research can be done before making these changes. Ms. Bevacena then shared a letter from her Chair, Dave Doyle. In the letter he expressed his concern for the children and the impacts to them. The letter also expressed concerns with the new assessment with an independent provider to establish clients need for BST and how that would affect the current system given little time to process these changes. Once again it was said there was concern for the children that will be hurt the most by this. She ended her comments by asking that this be delayed to better suit the overall wellbeing of children.

Ms. Jensen thanked Ms. Bevacena for the comments and requested if they were in writing she give them to Ms. Heather Lazarakis so she could get a copy for the hearing. She also added for clarification that BST is a state-wide program and specialized foster care is a subset to that program. She said that currently the Division is having conversations regarding specialized foster care. Ms. Jensen asked how many kids there were in state-wide programs.

Ms. Shannon Sprout informed Ms. Jensen that the state has around 5,000 children in specialized foster care.

Ms. Sprout clarified for the providers not receiving payment for neurotherapy and psychotherapy, the Division has been informed by our Fee-for-Service vendor that when the Division implemented the services limitation in making sure there was a hard limit for the 26 sessions there was a break in the system. She continued that there will be a system ticket for July 27, 2018 to correct this issue. She added it is imperative for providers to report the issues with case ID's and specific information to better aid the providers overall. She said that if a provider has faced financial hardship due to this to reach out to DXC directly and ask about how to apply for an advance.

Ms. Jensen thanked Ms. Sprout for obtaining that information while the hearing continued so that the providers may have an answer right away.

Ms. Foster thanked everyone for the comments and asked for comments from the Carson City public audience.

Ms. Genevieve Ramos with Serenity Mental Health expressed concerns about implementing state-wide policies. She said the reason for this was the difference in rural areas not having the same kind of access as larger counties would have. One of the many problems mentioned was that travel was not reimbursed. This could cause additional issues when people must travel farther than the time that they have with the client. She expressed concerns the general time taken away from clients when providers must file claims to reestablish treatment. She reiterated concerns for the patients and the providers.

Ms. Jensen thanked Ms. Ramos for her comments.

Mr. Ford thanked Ms. Sprout for the fast information regarding the providers not being paid. He mentioned the lined-out information on the agenda.

Ms. Jensen clarified that there would be a separate hearing on August 14, 2018 to address that specifically.

Mr. Ford stated that the agenda showed information crossed out that was not crossed out in BST.

Ms. Tucey clarified that all modification to that section of Chapter 400 would be at the following August 14, 2018 hearing.

Ms. Lazarakis said there was one more comment from the Las Vegas location.

Ms. Foster understood but asked that it be no more than three minutes as time was running out.

Ms. Moldovan wanted to suggest the requests for prior authorization be looked at, as it currently is the most in-depth paperwork for Medicaid prior authorizations. She added there should be a way to make all the requests for prior authorizations the same so that clients could get the help they need and providers are not doing a large amount of paperwork. She commented that another suggestion would be client accountability. She said there were too many times where clients were not making it to scheduled appointments or not being home for at-home visits and causing a loss to the clinician and provider. She asked that something be considered for this such as a no-show fee.

Ms. Jensen responded that it was something that had been looked into in the past, but due to federal regulation they will not allow a fee to be charged to the client for that.

Ms. Moldovan added that she felt it is something that maybe worth bringing back up to the federal government to be considered and have the providers support the State.

Ms. Jensen assured the participants that she would keep advocating.

Ms. Tucey stated she wanted to make sure that we were capturing the friendly amendments of added language to “any services limitations can be exceeded with a prior authorization demonstrating medical necessity.” She added it would be placed in the grid on Page 38.

Ms. Foster thanked her for the clarification and continued.

Ms. Foster – Recommended the Administrator approve as amended.

Ms. Jensen – Approved as amended.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services.

4. General Public Comments

Mr. Ford wanted to add that there needs to be more open dialog between the Division and the providers.

Mr. Joseph from Neuro Feedback of Las Vegas called in and asked why it was that so many prior authorizations were denied. He continued that even when told that each case is based individually, claims are denied regardless and across the board. He asked what it would take and who he would need to hire to get more accurate decisions on prior authorizations. He added that he would like to know the qualifications the people on the other end denying these claims.

Ms. Jensen asked if his company served mainly the managed care population.

Ms. Joseph stated he was. He added that regardless, his company is doing all they can even when claims are denied but eventually this will lead to the end of his business.

Ms. Jensen asked if he accepts all three managed care organizations.

Mr. Joseph said they did not. He was just concerned that the only consistency is the denials and nothing more than that.

Ms. Cody Phinney interjected stating she oversees the Managed Care contracts. She would like to get the contact information for this case and she would be very interested in following up on this claim and share and exchange the numbers from both sides.

Ms. Jensen let Mr. Joseph know that he could email his information to the email address on the agenda so his personal information was not public record and Ms. Phinney would contact him further.

Mr. Ford asked if Ms. Phinney was in charge of the PARs.

Ms. Phinney said that she oversaw the Managed Care Program. She explained she does not personally oversee the PARs but she would be interested to follow the cases and find the root of the issues.

Ms. Foster thanked Mr. Ford for his comments.

5. Adjournment

There were no further comments and Ms. Foster adjourned the public hearing at 3:00 PM.

****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.***

Responded by email



Nevada
Psychological
Association

file

File - Shannon - please draft a response for my signature

Advocating for Psychologists in Nevada

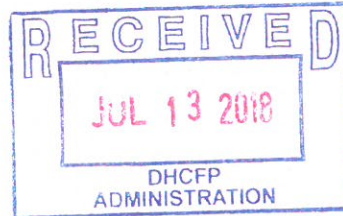
Nevada Psychological Association

P.O. Box 400671

Las Vegas, NV 89140

888.654.0050 ph/fax

www.NVpsychology.org



Marta Jensen
Administrator
Division of Health Care Financing and Policy
Nevada Department of Health and Human Services
mjensen@dhcfp.nv.gov

July 11th, 2018

Dear Ms. Jensen:



I am writing today regarding the decision of the Nevada Department of Health and Human Services Division of Healthcare Financing and Policy (DHC FP) to require prior authorization for all psychotherapy services for Nevada Medicaid recipients. NPA is very concerned and will be raising these concerns within our community by contacting our legislators, media, mental health advocacy groups and others that may also be concerned and able to help.

On June 29, 2018, DHC FP held a Public Workshop to describe the additional requirements. DHC FP representatives stated that the intent of these requirements is to ensure that NV Medicaid recipients receive (only) medically necessary services. DHC FP representatives also stated that the requirements will ensure that NV Medicaid recipients receive the correct services at the correct time. It also appears that these requirements are part of an effort to reduce erroneous billing, reduce costs, and possibly to prevent fraud. DHC FP plans to implement these requirements in one month, on July 27, 2018.

The prior authorization process (PAR) requires licensed psychologists (or other licensed behavioral health providers) to complete a five-page form and submit this form to NV Medicaid for review and approval by a third-party vendor before psychotherapy can begin. Third party vendor reviewers are not required to have the same level of clinical training as the licensed providers. The PAR review process is to be completed within five business days, per Medicaid policy. However, Medicaid providers at the public workshop reported that the process currently takes longer than five days for services that currently require PAR, and these policy requirements would heavily increase the volume of PARs to process. Other insurance companies do not require PARs for all psychotherapy, which is not consistent with DHC FP proposed requirements.

During the public workshop, providers, patients, and other stakeholders voiced concern that these additional requirements pose a significant barrier to care. This policy change guarantees that Medicaid recipients will have fewer therapists available to them. This policy change significantly increases the administrative burden and cost of providing psychotherapy services to Medicaid recipients. Workshop attendees voiced concerns that, as a result of the additional burden of requesting PARs for patients, current providers will withdraw from the already small pool of providers who accept Medicaid, thus further reducing Medicaid recipients' access to care. These additional policy requirements also guarantee that recipients who are approved for behavioral healthcare will have to wait longer to access these services. Providers, patients, and other stakeholders spoke passionately and at length about the dire consequences of increasing barriers to mental health care in our community. Speakers anticipated that these changes are dangerous during our current opioid epidemic and will result in increased calls to emergency response services, increased psychiatric hospitalizations, increased incarcerations, increased rates

of domestic violence, increased rates of child maltreatment, and increased deaths by suicide. This is particularly alarming given that the State has decreased its service provision due to Medicaid expansion; there is not a safety net for these patients. Overall, these additional requirements restrict access to care and put a disproportional barrier to service on the most invisible and vulnerable members of our community.

NPA shares the concerns raised at the Public Workshop. According to Mental Health America, Nevada ranks 51st in the nation in mental health. Nevada has a high prevalence of mental illness with low rates of access to care, particularly because 10% of the population lives in rural or frontier areas, which house minimal, if any, behavioral healthcare provide, in addition to the fact that most licensed behavioral healthcare providers in Nevada are not contracted with Medicaid due to low reimbursement rates and/or administrative burden. Nevada's leaders, including the Governor and state legislature, have been working diligently with the behavioral health care workforce and community stakeholders to address the mental health crisis in Nevada. The changes planned by DHCFP are not in line with these efforts and will undermine recent progress. Furthermore, the hypothesis that increasing prior authorization requirements will save money is erroneous. The prior authorization process is costly to both the providers and to the state. Available data indicate that the prior authorization process costs are equivalent to multiple psychotherapy sessions. For-profit insurance companies do not require prior authorization for exactly this reason. Additionally, the American Psychiatric Association has found that health care costs double when mental health concerns are untreated.

NPA is also concerned that these changes are part of a larger pattern of DHCFP efforts to save money by reducing provider reimbursement (and thus limiting access to care), rather than focusing on non-clinical spending. For example, in December 2017 DHCFP implemented reimbursement rate realignments for psychologists, and made these rate changes (including significant reductions for psychological and neuropsychological evaluations) retroactive to January 1, 2017. DHCFP will begin recoupment of 2017 "overpayments" on July 9, 2018. Psychologists specializing in assessment are reporting major financial impact from these changes and several have ended their contracts with Medicaid. Our community is beginning to experience the negative impact of DHCFP's efforts to reduce behavioral healthcare spending by targeting provider reimbursement. The behavioral health community understands the need to prevent Medicaid fraud and provide cost-effective treatment. We also understand that collaborative solutions, such as utilization review, improved credentialing processes, and increased penalties for violations have yet to be explored.

Respectfully,



Sarah Ahmad, Psy.D.
President 2018/2019
Nevada Psychological Association
drahmad@odysseylv.com

cc:

Michael Willden, Chief of Staff to Governor Brian Sandoval
Assemblyman Mike Sprinkle, Vice-Chairman, Nevada Interim Legislative Committee on Health Care
Shannon Sprout, Deputy Administrator, DHCFP
Michelle Paul, Ph.D., President, State of Nevada Board of Psychological Examiners

Brianna Padilla

From: Lynne Foster
Sent: Tuesday, July 3, 2018 10:02 AM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: FW: Feedback From Contact Us Form

Hello,

Until we get the public workshop input procedure resolved, please add this to the public input for the canceled hearing. Thanks!

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Shannon Sprout
Sent: Tuesday, July 03, 2018 9:43 AM
To: Brook Adie <brook.adie@dncfp.nv.gov>; Alexis Tucey <alexis.tucey@dncfp.nv.gov>; Matt Robinson <m.robinson@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>
Subject: RE: Feedback From Contact Us Form

Lynne- Please add this to the record of public comments received regarding the recent Psychotherapy workshop.
Thank you

From: Brook Adie
Sent: Monday, July 2, 2018 3:44 PM
To: Alexis Tucey <alexis.tucey@dncfp.nv.gov>; Shannon Sprout <ssprout@dncfp.nv.gov>
Subject: FW: Feedback From Contact Us Form

Hello,

This was sent my way. Do we need to put it into the public record? If so, please let me know the next steps I need to do.

Thank you,



Brook Adie MS, LSW

Social Services Chief III

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy | Behavioral Health Services

4126 Technology Way | Suite 200 | Carson City, NV 89706

T: (775) 684-3733 | F: (775) 684-5999 | E: brook.adie@dhcfp.nv.gov

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From: DHCFP

Sent: Monday, July 2, 2018 3:38 PM

To: Brook Adie <brook.adie@dhcfp.nv.gov>

Subject: FW: Feedback From Contact Us Form

Brook,

Would you mind taking a look at this? Thank you!

Best,



**Nevada Department of
Health and Human Services**
DIVISION OF HEALTH CARE
FINANCING AND POLICY

Matt Robinson

Communications Officer

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy | Administration

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T: (775) 684-3791 | E: m.robinson@dhcfp.nv.gov

<http://dhhs.nv.gov/> | <http://dhcfp.nv.gov/>

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From: DHCFP

Sent: Friday, June 29, 2018 1:20 PM

To: Briza Virgen <bvirgen@dhcfp.nv.gov>

Subject: FW: Feedback From Contact Us Form

Would this be something you can handle? If not, perhaps you know who would? Thanks!

Best,



Matt Robinson

Communications Officer
 Nevada Department of Health and Human Services
 Division of Health Care Financing and Policy | Administration
 1100 E. William Street, Suite 101 | Carson City, NV 89701
 T: (775) 684-3791 | E: m.robinson@dhcfnv.gov
<http://dhhs.nv.gov/> | <http://dhcfnv.gov/>

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From: bulworth99@gmail.com [<mailto:bulworth99@gmail.com>]
Sent: Friday, June 29, 2018 12:03 PM
To: DHCFP <dhcfnv.gov>
Subject: Feedback From Contact Us Form

Data from form "ContactUsForm" was received on 6/29/2018 12:03:29 PM.

Design a new form.

Field	Value
Comment	I am an LCSW practicing outpatient behavioral health in Reno. I want to state my opposition to the proposed change requiring PARs for outpatient behavioral health services. Even though the stated intent is to ensure medical necessity, the impact is a barrier for services for Medicaid recipients, extra paperwork, longer waiting times, and placing a population that is already at risk at greater risk.
Name	Jim Freland
Email	bulworth99@gmail.com
Telephone	
Fax	
RespondRequest	true

Email "Feedback From Contact Us Form" originally sent to dhcfnv.gov from bulworth99@gmail.com on 6/29/2018 12:03:29 PM.

Brianna Padilla

From: Lynne Foster
Sent: Wednesday, July 11, 2018 1:47 PM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: FW: Letter from NPA: Medicaid Requirement of PAR for all Psychotherapy Services

...more input for the record on the agenda item canceled from the July Public Hearing.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Shannon Sprout
Sent: Wednesday, July 11, 2018 12:47 PM
To: Dr. Sarah Ahmad <drahmad@odysseylv.com>
Cc: Noelle Lefforge <noelle.lefforge@unlv.edu>; Dr. Adrianna Wechsler Zimring <AWZphd@gmail.com>; Jordan Soper <jnspsychology@gmail.com>; Wendi O'Connor <>wendi@oconnorlv.com>; Lynne Foster <lfoster@dchcfp.nv.gov>; Cody Phinney <cphinney@dchcfp.nv.gov>; Marta Jensen <marta.jensen@dchcfp.nv.gov>; Alexis Tucey <alexis.tucey@dchcfp.nv.gov>
Subject: RE: Letter from NPA: Medicaid Requirement of PAR for all Psychotherapy Services

Dr. Ahmad,

Thank you for this input. Please consider this acknowledgement of receipt. I am having it added to the records and including relevant staff from our Division. We appreciate your participation in the process of developing our policies.

Shannon Sprout

Deputy Administrator
Nevada Department of Health and Human Services
Division of Health Care Financing & Policy
1100 E William St, Ste 200 | Carson City, NV 89701
P: (775) 684-3679 | F: (775) 687-3839 | E:
shannon.sprout@dchcfp.nv.gov
<http://dchcfp.nv.gov>

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From: Dr. Sarah Ahmad [<mailto:drahmad@odysseylv.com>]

Sent: Wednesday, July 11, 2018 10:48 AM

To: Shannon Sprout <ssprout@dhcfp.nv.gov>

Cc: Noelle Lefforge <noelle.lefforge@unlv.edu>; Dr. Adrianna Wechsler Zimring <AWZphd@gmail.com>; Jordan Soper <jnspsychology@gmail.com>; Wendi O'Connor <wendi@oconnorlv.com>

Subject: Letter from NPA: Medicaid Requirement of PAR for all Psychotherapy Services

Dear Ms. Sprout:

I am writing today regarding the decision of the Nevada Department of Health and Human Services Division of Healthcare Financing and Policy (DHCFP) to require prior authorization for all psychotherapy services for Nevada Medicaid recipients. NPA is very concerned and will be raising these concerns within our community by contacting our legislators, media, mental health advocacy groups and others that may also be concerned and able to help.

On June 29, 2018, DHCFP held a Public Workshop to describe the additional requirements. DHCFP representatives stated that the intent of these requirements is to ensure that NV Medicaid recipients receive (only) medically necessary services. DHCFP representatives also stated that the requirements will ensure that NV Medicaid recipients receive the correct services at the correct time. It also appears that these requirements are part of an effort to reduce erroneous billing, reduce costs, and possibly to prevent fraud. DHCFP plans to implement these requirements in one month, on July 27, 2018.

The prior authorization process (PAR) requires licensed psychologists (or other licensed behavioral health providers) to complete a five-page form and submit this form to NV Medicaid for review and approval by a third-party vendor before psychotherapy can begin. Third party vendor reviewers are not required to have the same level of clinical training as the licensed providers. The PAR review process is to be completed within five business days, per Medicaid policy. However, Medicaid providers at the public workshop reported that the process currently takes longer than five days for services that currently require PAR, and these policy requirements would heavily increase the volume of PARs to process. Other insurance companies do not require PARs for all psychotherapy, which is not consistent with DHCFP proposed requirements.

During the public workshop, providers, patients, and other stakeholders voiced concern that these additional requirements pose a significant barrier to care. This policy change guarantees that Medicaid recipients will have fewer therapists available to them. This policy change significantly increases the administrative burden and cost of providing psychotherapy services to Medicaid recipients. Workshop attendees voiced concerns that, as a result of the additional burden of requesting PARs for patients, current providers will withdraw from the already small pool of providers who accept Medicaid, thus further reducing Medicaid recipients' access to care. These additional policy requirements also guarantee that recipients who are approved for behavioral healthcare will have to wait longer to access these services. Providers, patients, and other stakeholders spoke passionately and at length about the dire consequences of increasing barriers to mental health care in our community. Speakers anticipated that these changes are dangerous during our current opioid epidemic and will result in increased calls to emergency response services, increased psychiatric hospitalizations, increased incarcerations, increased rates of domestic violence, increased rates of child maltreatment, and increased deaths by suicide. This is particularly alarming given that the State has decreased its service provision due to Medicaid expansion; there is not a safety net for these patients. Overall, these additional requirements restrict access to care and put a disproportional barrier to service on the most invisible and vulnerable members of our community.

NPA shares the concerns raised at the Public Workshop. According to Mental Health America, Nevada ranks 51st in the nation in mental health. Nevada has a high prevalence of mental illness with low rates of access to care, particularly because 10% of the population lives in rural or frontier areas, which house minimal, if any, behavioral healthcare providers, in addition to the fact that most licensed behavioral healthcare providers in Nevada are not contracted with Medicaid due to low reimbursement rates and/or administrative burden. Nevada's leaders, including the Governor and state legislature, have been working diligently with the behavioral health care workforce and community stakeholders to address the mental health crisis in Nevada. The changes planned by DHCFP are not in line with these efforts and will undermine recent progress. Furthermore, the hypothesis that increasing prior authorization requirements will save money is erroneous. The prior authorization process is costly to both the providers and to the state. Available data indicate that the prior authorization process costs are equivalent to multiple psychotherapy sessions. For-profit insurance companies do not require prior authorization for exactly this reason. Additionally, the American Psychiatric Association has found that health care costs double when mental health concerns are untreated.

NPA is also concerned that these changes are part of a larger pattern of DHCFP efforts to save money by reducing provider reimbursement (and thus limiting access to care), rather than focusing on non-clinical spending. For example, in December 2017 DHCFP implemented reimbursement rate realignments for psychologists, and made these rate changes (including significant reductions for psychological and neuropsychological evaluations) retroactive to January 1, 2017. DHCFP will begin recoupment of 2017 "overpayments" on July 9, 2018. Psychologists specializing in assessment are reporting major financial impact from these changes and several have ended their contracts with Medicaid. Our community is beginning to experience the negative impact of DHCFP's efforts to reduce behavioral healthcare spending by targeting provider reimbursement. The behavioral health community understands the need to prevent Medicaid fraud and provide cost-effective treatment. We also understand that collaborative solutions, such as utilization review, improved credentialing processes, and increased penalties for violations have yet to be explored.

Respectfully,



Sarah Ahmad, Psy.D.
President 2018/2019
Nevada Psychological Association
drahmad@odysseylv.com

cc:
Marta Jensen, Administrator DHCFP
Michael Willden, Chief of Staff to Governor Brian Sandoval
Assemblyman Mike Sprinkle, Vice-Chairman, Nevada Interim Legislative Committee on Health Care
Michelle Paul, Ph.D., President, State of Nevada Board of Psychological Examiners

Sincerely,

Sarah Ahmad, Psy.D.
Licensed Psychologist
3067 E. Warm Springs Road, Ste. 100
Las Vegas, NV 89120
Phone: 702-907-6521
Fax: 702-710-6521
DrAhmad@odysseylv.com

President, Executive Board
Nevada Psychological Association

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Brianna Padilla

From: Lynne Foster
Sent: Friday, June 29, 2018 4:36 PM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: FW: Medicaid Changes for Providers in Outpatient Mental Health

Hello!

Even though the agenda item was pulled, can you add this to the public comments, so we have it for the record?

Thanks!

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Friday, June 29, 2018 4:34 PM
To: Debra Wilson <debra.wilson.lmft@gmail.com>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Cc: Shannon Sprout <ssprout@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>
Subject: RE: Medicaid Changes for Providers in Outpatient Mental Health

Ms. Wilson,

Thank you for your input. We try to provide a call in to mitigate the need for people to travel but I am aware it is often a challenging way to participate. We appreciate your participation in the process that is designed to improve our policies. I will have this communication included in the records for the workshop. Thank you again.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Debra Wilson [<mailto:debra.wilson.lmft@gmail.com>]
Sent: Friday, June 29, 2018 3:53 PM
To: Marta Jensen <marta.jensen@dncfp.nv.gov>; Cody Phinney <cphinney@dncfp.nv.gov>
Subject: Medicaid Changes for Providers in Outpatient Mental Health

To Whom it May Concern:

I was able to hear a little of the public meeting concerning these changes on Friday June 29th. I had a few comments or concerns that I did not get to share during this time. First I am a QMHP and I have been working with Medicaid for the last 8 years.

1. With this change to Individual Therapy and writing Pars, my concern is this. We have issues with Medicaid client's showing up for sessions a lot of the time and with having to write a PAR, (and we do not know when it will be processed) that 's more waiting time for the client. Will they come back?
2. With changing and only allowing 90834 from 90837 concerns me because I work with a lot of individuals who have PTSD and I use EMDR therapy to treat them. With EMDR I can see client's for a shorter amount of time in some cases, but the individual sessions need to be at least one hour. And I don't need an hour when we are processing the previous EMDR session, my concern is that I will not be able to provide this service if I only get approved for 45 minutes.
3. I used to have to complete a Concurrent review for IOP substance abuse for Amerigroup, each review took over an hour to write because I wanted to demonstrate medical necessity to keep that client in that higher level of care. Now if it takes an hour to an hour and a half to write out a par for one single client after the assessment, I loose money and the agency looses money because now to take time to write out these pars and there is no guarantee that I will even get approved for sessions
4. Because of these changes I am afraid that the agency I work for may loose money and subsequently I loose money and the clients we serve will loose out on services. I understand that there has to be some kind of monitoring against fraud and abuse, but I think you will decrease effectiveness overall and loose much needed therapists.

I used to work in the medical field and I was a Certified Occupational Therapist Assistant and worked with Medicare. Medicare went through major changes that caused a horrible ripple effect in the profession, therapists were laid off, agencies closed, salaries were cut, and patients did not receive the therapy they needed in the time they were previously allocated. Eventually it swung back but that system caused all kinds of problems, it was a way to decrease spending on medical therapy and other services and I am afraid that what you are proposing will do the same. Agencies will close because they will loose money, therapists will leave the profession or will just deal with private insurance, and once again the client will NOT get the services they need because they are not working and have to rely on this insurance. I am VERY concerned and feel that his change is not gong to help but MAKE things worse. Thank you for your attention.

Debra Wilson, LMFT

Email dwilson@serentiymentalhealth.org

Brianna Padilla

From: Lynne Foster
Sent: Friday, June 29, 2018 8:09 AM
To: Jenifer Graham; Brianna Padilla; Ellen Felsing
Subject: FW: Nevada Medicaid- require pre-authorization for neurotherapy and all psychotherapy services

Categories: Hearings

Input for the 7/26 hearing.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Thursday, June 28, 2018 7:24 PM
To: Kim Nichols <KNichols@nnhopes.org>
Cc: Sharon Chamberlain <schamberlain@nnhopes.org>; Shannon Sprout <ssprout@dncfp.nv.gov>; Marta Jensen <marta.jensen@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>
Subject: Re: Nevada Medicaid- require pre-authorization for neurotherapy and all psychotherapy services

Ms. Nichols,

Thank you for your input on this issue. Please consider this acknowledgement of receipt. I am having your statement added to our records for the workshop tomorrow. We appreciate your participation in the process to develop our policies.

Cody Phinney

Deputy Admonistrator

From: Kim Nichols <KNichols@nnhopes.org>
Sent: Thursday, June 28, 2018 11:37:40 AM

To: Cody Phinney

Subject: Nevada Medicaid- require pre-authorization for neurotherapy and all psychotherapy services

If for no other reason, but to be part of the human race...

Even if you don't agree with helping marginalized community members, DEATH is not an option for me. I support the LGBTQ+ community, and I don't want to see another member of OUR community die, and senselessly at that. The thing is, in many cases, mental illness and being queer go hand in hand. It's an uncomfortable, but important reality that LGBT youth are 4x more likely to kill themselves, than their heterosexual counterparts, and one of my friends' family members just committed suicide this month. If any other population ever reported statistics like this... :half of individuals who identify as transgender experience depression or anxiety", we would consider it an epidemic, so this is why you MUST also. No matter how morbid you might think this is, or that it doesn't affect you personally, it does affect so many of us, but it makes perfect sense that we, as a community, struggle disproportionately, because of this type of requirement for a pre-auth to seeking therapy. I certainly hope that you are never, ever, put in the same position as most of the LGBTQ+ population keep being put in.

Kim Nichols | Administrator/LGBTQ Community Relations

Northern Nevada HOPES | nnhopes.org

580 West 5th Street | Reno, NV 89503

P: 775.997.7545 | C: 775.771.8987 | F: 775-236.1447

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Brianna Padilla

From: Lynne Foster
Sent: Tuesday, July 3, 2018 3:17 PM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: FW: Note on prior authorization for Psychotherapy

Categories: Hearings

More feedback for the canceled public hearing.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Tuesday, July 03, 2018 3:04 PM
To: Lynne Foster <lfoster@dncfp.nv.gov>
Cc: Shannon Sprout <ssprout@dncfp.nv.gov>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Subject: FW: Note on prior authorization for Psychotherapy

More feedback on the policy.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Michael [<mailto:mhowie@atomicpsych.com>]
Sent: Tuesday, July 3, 2018 1:42 PM
To: Cody Phinney <cphinney@dncfp.nv.gov>
Subject: Note on prior authorization for Psychotherapy

For the record, it is not in the best interest of Nevada citizens to require a prior authorization prior to any outpatient counseling or psychotherapy. Counseling is a gateway to evaluation and referral to many medically necessary behavioral health services. Access will be negatively impacted.

Sincerely,

Michael A. Howie, MA

Atomic Psychological Associates

(702) 333-2298

(702) 333-2498 fax

mhowie@atomicpsych.com

www.atomicpsych.com

"In the end, everything will be okay. If it's not okay, it is not yet the end." Fernando Sabino.

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Brianna Padilla

From: Lynne Foster
Sent: Friday, June 29, 2018 8:07 AM
To: Brianna Padilla; Jenifer Graham; Ellen Felsing
Subject: FW: Pre-authorization for psychotherapy

Categories: Hearings

More input for the 7/26 hearing.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Thursday, June 28, 2018 7:11 PM
To: Ami Marsh <AMarsh@nnhopes.org>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Cc: Sharon Chamberlain <SChamberlain@nnhopes.org>; Barbara Frey, LCSW <BFrey@nnhopes.org>; Shannon Sprout <ssprout@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>
Subject: Re: Pre-authorization for psychotherapy

Ms. Marsh,

Thank you so much for this input. Please consider this acknowledgement of receipt. I am having it added to the records for the workshop. We appreciate your participation on the process to improve our policies.

Cody Phinney

Deputy Administrator

From: Ami Marsh <AMarsh@nnhopes.org>
Sent: Thursday, June 28, 2018 4:48:15 PM
To: Marta Jensen; Cody Phinney

Cc: Sharon Chamberlain; Barbara Frey, LCSW

Subject: Pre-authorization for psychotherapy

Dear Marta and Cody,

My name is Ami Marsh. I am a Marriage and Family Therapist (MFT) and Licensed Clinical Alcohol and Drug Counselor (LCADC) in Reno, Nevada. I work at Northern Nevada HOPES.

It has been brought to my attention that Nevada Medicaid is proposing prior authorizations for psychotherapy services. I am contacting you to express my concern with this proposal.

This creates a barrier to treatment for clients on Medicaid. Many of our clients already have a difficult time accessing treatment in a timely manner. Waiting for authorization that may (or may not) be given lengthens this amount of time. I am concerned this will cause people to prematurely leave treatment or reconsider altogether before they even have the opportunity to begin. Nevada already ranks last in mental health care and this plan would lead to a greater failure to the individuals in our state who so desperately need services and support.

Thank you for your consideration.

Sincerely,

Ami Marsh, MS, MFT, LCADC

Brianna Padilla

From: Lynne Foster
Sent: Friday, June 29, 2018 8:06 AM
To: Ellen Felsing; Brianna Padilla; Jenifer Graham
Subject: FW: Provider Type (PT) 14 - Behavioral Health Outpatient Services
Attachments: Psychotherapy PA Policy Letter 062818 (3).pdf

Categories: Hearings

More public input for the 7/26 hearing.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Thursday, June 28, 2018 6:45 PM
To: Rogers, Laura <LRogers@washoecounty.us>; Marta Jensen <marta.jensen@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>; Shannon Sprout <ssprout@dncfp.nv.gov>
Cc: Dick, Kevin <KDick@washoecounty.us>
Subject: Re: Provider Type (PT) 14 - Behavioral Health Outpatient Services

Ms. Rogers and Mr. Dick,

Please consider this acknowledgement of your input on the workshop. I will have this added to the records and share with the appropriate parties here at DHCFFP.

Cody Phinney

Deputy Administrator

From: Rogers, Laura <LRogers@washoecounty.us>
Sent: Thursday, June 28, 2018 5:21:11 PM
To: Cody Phinney; Marta Jensen

Cc: Dick, Kevin

Subject: Provider Type (PT) 14 - Behavioral Health Outpatient Services

Dear Ms. Jensen and Ms. Phinney:

Attached is a letter from Kevin Dick, Washoe County District Health Officer, who requests his comments be added to the record of comments received at the June 29, 2018 workshop.

Laura

Laura Rogers

Administrative Secretary | Office of the District Health Officer | Washoe County Health District

lrogers@washoecounty.us | O: (775) 328-2415 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

**WASHOE COUNTY
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Brianna Padilla

From: Lynne Foster
Sent: Wednesday, July 11, 2018 1:45 PM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: FW: Public Comment
Attachments: Public Comment for Proposed Medicaid Change_000088.pdf

Please see the attached public comment associated with the canceled Public Hearing, for the record. Thanks!

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Shannon Sprout
Sent: Wednesday, July 11, 2018 1:35 PM
To: jer@catch22lifeservices.com
Cc: Alexis Tucey <alexis.tucey@dncfp.nv.gov>; Cody Phinney <cphinney@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>
Subject: FW: Public Comment

Thank you for this input. Please consider this acknowledgement of receipt. I am having it added to the records and including relevant staff from our Division. We appreciate your participation in the process of developing our policies.

From: Jer Roberson-Strange [<mailto:jer@catch22lifeservices.com>]
Sent: Monday, July 9, 2018 11:47 AM
To: Shannon Sprout <ssprout@dncfp.nv.gov>
Subject: Public Comment

Please see attached public comment regarding changes to provider type 14, psychotherapy limitations.

Jer Roberson-Strange MSW, LCSW

Catch 22 Life Services, LLC.

Brianna Padilla

From: Lynne Foster
Sent: Thursday, June 28, 2018 9:54 AM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: Input - Public Hearing 7/26

Follow Up Flag: Follow up
Due By: Thursday, July 26, 2018 1:00 PM
Flag Status: Flagged

Categories: Hearings

Please incorporate the input below into the minutes of the 7/26 Public Hearing. Thanks!

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Thursday, June 28, 2018 9:43 AM
To: Mia Kuzens <csupport26@crisiscallcenter.org>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Cc: Lynne Foster <lfoster@dncfp.nv.gov>; Shannon Sprout <ssprout@dncfp.nv.gov>
Subject: RE: Prior Authorization

Thank you for your input, Ms. Kuzens. We will add that to the public comment. We appreciate your participation in the process.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Mia Kuzens [<mailto:csupport26@crisiscallcenter.org>]
Sent: Thursday, June 28, 2018 8:15 AM
To: Marta Jensen <marta.jensen@dncfp.nv.gov>; Cody Phinney <cphinney@dncfp.nv.gov>
Subject: Prior Authorization

Good morning,

It is already extremely hard to get mental health care in this state. This proposed policy to need prior authorization from the primary care doctor will do more harm than good. For example, if someone is depressed or suicidal and is wanting to reach out to a counselor for help, having to go through so many hoops can lead to them not getting help in time. Having to wait for an appointment with your primary care, hope they approve you getting counseling, wait for their referral, wait for an appointment to be available with the one who they were referred to, it could already be too late by the time they actually get to see a therapist.

I work at the Crisis Call Center where I talk to people everyday who cannot find counseling. This policy change would just make it harder for these people who are already struggling.

Thank you,

Mia Kuzens

DCFS Intake Reporter

Crisis Call Center

Brianna Padilla

From: Lynne Foster
Sent: Wednesday, July 25, 2018 8:19 AM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: Input Ch 400 prior auth

Please include the email below in public comment for revisions to Chapter 400, prior authorization (August hearing).

Thanks!

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Wednesday, July 25, 2018 8:15 AM
To: Jake Wiskerchen <jake@zephyrwellness.org>
Cc: Eddie@tri-strategies.com; Chuck Duarte <cduarte@chanevada.org>; TNTC-Dave Briggs <dave@tntcreno.com>; Leslie, Sheila <sleslie@washoecounty.us>; Lindsay Garrison <lindsay@zephyrwellness.org>; Robert Westwood <robert@zephyrwellness.org>; Erik Schoen / Human Services Network <erik@communitychestnevada.net>; Ellen Felsing <efelsing@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>; Marta Jensen <marta.jensen@dncfp.nv.gov>; Alexis Tucey <alexis.tucey@dncfp.nv.gov>
Subject: RE: Small business impact study

Jake,

Thanks so much for spending time with me discussing your concerns yesterday. I am glad I was able to clarify the rule-making statutes- it's complex.

Further, I have an inquiry into the vendor about your request to receive additional information when coverage of services is denied. I will continue to follow that and let you know what the possible solutions are.

Finally, I appreciate the opportunity to present at the Board meeting and explore collaborations for educating and addressing the licensees who are attached to inappropriate billing. As we discussed, some of them are likely being taken advantage of and others may need to understand the implications to their licensure status. I look forward to continuing this discussion.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance

Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Cody Phinney
Sent: Tuesday, July 24, 2018 9:11 AM
To: 'Jake Wiskerchen' <jake@zephyrwellness.org>
Cc: 'Eddie@tri-strategies.com' <Eddie@tri-strategies.com>; 'Chuck Duarte' <cduarte@chanevada.org>; 'TNTC-Dave Briggs' <dave@tntcreno.com>; 'Leslie, Sheila' <sleslie@washoecounty.us>; 'Lindsay Garrison' <lindsay@zephyrwellness.org>; 'Robert Westwood' <robert@zephyrwellness.org>; 'Erik Schoen / Human Services Network' <erik@communitychestnevada.net>; Ellen Felsing <efelsing@dhcfp.nv.gov>; Lynne Foster <lfoster@dhcfp.nv.gov>; Marta Jensen <marta.jensen@dhcfp.nv.gov>; Alexis Tucey <alexis.tucey@dhcfp.nv.gov>
Subject: FW: Small business impact study

Good morning Jake,

I hope Tuesday finds you well. As you can see below your request related to our rulemaking process has wound its way through the system to me. I would sincerely appreciate it if you would include me in all your correspondence with DHCFP staff. Shannon has accepted a new assignment as of next week and I will be temporarily overseeing the behavioral health operations items. The compliance operations are mine, so it will help speed response to you if you include me up front.

Thank you so much for your feedback on the process for Medicaid Service Manual Changes. It is a confusing aspect of the law that the Medicaid Service Manual process is under NRS 422.2369. The statute that you describe below refers to the development of Nevada Administrative Code and we are exempt from that statute. While there are certainly similarities in the processes, the requirements you refer to are not included in the service manual process. For your reassurance, it may be helpful to know that all of our rulemaking processes are reviewed by our Deputy Attorneys General. We engage in public workshops as an additional step to ensure transparency and gather feedback. As you are aware, in this case, that feedback resulted in changes to the proposed policy

As I have shared in other venues, the Division's intention is to ensure that our recipients are receiving medically necessary services in a timely and appropriate manner. The PA requirement will not apply to assessments or crisis intervention service codes, to ensure that individuals can receive those services within the needed timeframe. I really appreciate your passionate participation in this process and your understanding as we try to carefully balance the needs of providers like yourself and the needs of the population we are serving.

I look forward to working with you further on this and other matters to improve services to Medicaid recipients in Nevada.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Jake Wiskerchen <jake@zephyrwellness.org>
Sent: Saturday, July 21, 2018 11:19 AM
To: Ellen Felsing <efelsing@dhcfp.nv.gov>

Cc: Eddie@tri-strategies.com; Chuck Duarte <cduarte@chanevada.org>; TNTC-Dave Briggs <dave@tntcreno.com>; Leslie, Sheila <sleslie@washoecounty.us>; Lindsay Garrison <lindsay@zephyrwellness.org>; Robert Westwood <robert@zephyrwellness.org>; Erik Schoen / Human Services Network <erik@communitychestnevada.net>
Subject: Small business impact study

Hi Ellen,

On August 14 the Division is set to hold a public hearing to receive feedback and possibly take action to change current prior authorization policy for psychotherapy services.

The Division states on the agenda that some entities will be financially affected but it does not state whether the effect will be adverse or beneficial, nor does it state the immediate and long-term effects. I would like to receive a copy of the estimated economic effect that the prior authorization policy change will have upon the businesses it will regulate, and upon the public (NRS 233B.0603).

I also do not see many of the other requirements for a public hearing and notice to adopt, but, being a provider, I would like the opportunity to inspect at least this one in advance of the hearing.

Thank you.

Bless someone today,

Jake Wiskerchen

Marriage and Family Therapist
National Certified Counselor
President, Nevada MFT-CPC Board of Examiners
Owner and Clinical Director
Zephyr Wellness
418 Cheney Street
Reno, NV 89502
office: 775.525.1616
fax: 775.201.0147
www.zephyrwellness.org
www.nogginnotes.com

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Brianna Padilla

From: Lynne Foster
Sent: Wednesday, June 27, 2018 1:04 PM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: July 26 Public Hearing

Follow Up Flag: Follow up
Due By: Thursday, July 26, 2018 3:00 PM
Flag Status: Flagged

Categories: Hearings

Good afternoon,

Please see below. This may help you with the minutes for the 7/26 public hearing. This not official comment for that hearing, just a heads-up.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Wednesday, June 27, 2018 11:48 AM
To: Lynne Foster <lfoster@dncfp.nv.gov>
Cc: Shannon Sprout <ssprout@dncfp.nv.gov>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Subject: Fw: Medicaid proposal to prior authorize mental health services

Lynne,

More public comment on the next hearing.

Cody

From: Chuck Duarte <CDuarte@chanevada.org>
Sent: Wednesday, June 27, 2018 11:26 AM
To: Marta Jensen; Cody Phinney
Cc: Stephanie Woodard; Duane Young; Leslie, Sheila; Nancy Bowen
Subject: Medicaid proposal to prior authorize mental health services

Dear Marta and Cody,

I received information yesterday that the Division of Health Care Financing and Policy will be holding a public workshop on June 29th to impose prior authorization requirements on neurotherapy and all psychotherapy services. This proposed policy change is set to go into effect on July 27th.

Prior authorization requirements are not only administratively burdensome to providers, but specifically serve to reduce access to services and hence cut health care expenditures. As CEO for Community Health Alliance, I strongly object to this proposed change. I have spoken to several providers in the community and they are also very concerned. It is particularly concerning as Nevada struggles with access to psychological services anyway.

I shared this information with members of the Washoe Regional Behavioral Health Policy Board. We intend to include this proposal on the agenda of our upcoming policy board meeting on July 16th for review and possible action. We have also shared this information with the coordinators and chairs of the three other policy boards.

I will not be able to attend the workshop so this will serve as my public comment.

Thank you.

Charles Duarte, CEO
Community Health Alliance
680 S. Rock Blvd.
Reno, NV 89502
PH: 775-336-3017
Cell: 775-781-1603
Email: cduarte@chanevada.org



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Brianna Padilla

From: Lynne Foster
Sent: Wednesday, June 27, 2018 1:23 PM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: 7/26 Hearing
Attachments: Medicaid prior auth alternatives.docx.pdf

Follow Up Flag: Follow up
Due By: Thursday, July 26, 2018 3:00 PM
Flag Status: Flagged

Categories: Hearings

Hi -

Here is a letter sent in response to PAs for mental health services being heard at the 7/26 public hearing. Could you please incorporate it into the minutes? I would also be prepared to address this in the minutes, as I anticipate this gentleman will appear.

Thanks!

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Wednesday, June 27, 2018 11:38 AM
To: Lynne Foster <lfoster@dncfp.nv.gov>
Cc: Shannon Sprout <ssprout@dncfp.nv.gov>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Subject: Fw: Policy letter

Lynne,

I received this letter from Mr. Wiskerchen related to our next public hearing. My understanding is that he intends this as public comment. What are the rules and procedures about including it in the public record? I have not yet confirmed with Marta, but I think a response is needed to this one. Can that also be included in the record? Is there precedent for that? Can we post them together? That might be helpful. First tell me the rules, I will confirm with Marta on her desire and also that his intention was to post this.

Cody

From: Jake Wiskerchen <jake@zephyrwellness.org>
Sent: Tuesday, June 26, 2018 4:51 PM
To: Cody Phinney
Subject: Policy letter

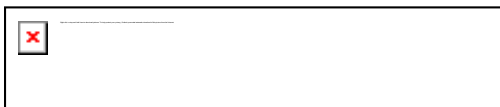
Hey Cody,

In my usual fashion, I've written this with a bit of panache but I do offer suggestions on alternatives. Happy reading!

Bless someone today,

Jake Wiskerchen

Marriage and Family Therapist
National Certified Counselor
President, Nevada MFT-CPC Board of Examiners
Owner and Clinical Director
Zephyr Wellness
418 Cheney Street
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www.zephyrwellness.org



Zephyr Wellness

www.zephyrwellness.org

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Brianna Padilla

From: Lynne Foster
Sent: Thursday, June 28, 2018 11:02 AM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: 7/26 public hearing input

Follow Up Flag: Follow up
Due By: Thursday, July 26, 2018 1:00 PM
Flag Status: Flagged

Categories: Hearings

More input for the record.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Thursday, June 28, 2018 10:11 AM
To: Lynne Foster <lfoster@dncfp.nv.gov>
Subject: FW: New Medicaid requirement for mental health care

I hit send before I got you added to the cc on this one.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Cody Phinney
Sent: Thursday, June 28, 2018 10:10 AM
To: 'Mari Demers' <clsupport3@crisiscenter.org>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Subject: RE: New Medicaid requirement for mental health care

Thank you, Ms. Demers, for your service and this information. We will have it added to the public record for this workshop. We appreciate your participation.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Mari Demers [<mailto:clsupport3@crisiscallcenter.org>]
Sent: Thursday, June 28, 2018 8:33 AM
To: Marta Jensen <marta.jensen@dncfp.nv.gov>; Cody Phinney <cphinney@dncfp.nv.gov>
Subject: Re: New Medicaid requirement for mental health care

Good morning,

My name is Mari Demers, and I am a full-time employee at the Crisis Call Center of Reno, which is a part of the Lifeline, the national suicide hotline.

Every day, I receive calls from people who are in crisis and even suicidal because their mental health problems are impacting every facet of their life-- their work, relationships, even their physical health. Often they are caught in a vicious cycle of being unable to cope with their mental health problems because of the stress in their life, and unable to cope with the stress in their life due to their mental health problems.

There are so many barriers to mental health care for these callers-- stigma, affordability, time, the effort involved in finding the practitioner that works well for them. Anyone who is struggling with a mental health issue finds the simplest of tasks overwhelmingly exhausting, and making an appointment with a therapist is not a simple task. Often they get frustrated and give up before they can access the help they need. These individuals are clearly in need of easier access to more care, not less.

Often callers don't even know where to go to find the resources they need. They don't understand how to find the provider list or calculate their copays. With the dismaying closure of Mojave Mental Health in Reno, one of our primary Medicaid therapeutic agencies, accessing mental health care is even more difficult. Callers are asking us-- crisis-trained workers with no mental health licensure-- to provide counseling because they can't get it elsewhere.

While I often suggest seeing a doctor as a first step to assessing the cause of a mental health issue, I like to give callers several choices and options (seeing a counselor and a psychiatrist among them) and let them choose which one will be the most accessible to them. Mandating yet another step in the process is not going to serve the people who Medicaid is supposed to be providing health care coverage-- and mental health is part of health care.

If Medicaid-covered, mentally ill individuals perceive an inability to access mental health care, their interpersonal relationships will suffer, adding to the stress and burden of those around them. They may become unable to work and put more weight onto our already overburdened disability, housing, and food assistance services. Their physical health may suffer, putting more cost onto Medicaid.

Please consider not only removing this requirement, but increasing the access to Medicaid-covered mental health in Nevada and throughout the country.

Thank you,

Mari Demers

(775) 784-8085

PO Box 8016

Reno, NV 89507

Brianna Padilla

From: Lynne Foster
Sent: Friday, June 29, 2018 9:01 AM
To: Ellen Felsing; Jenifer Graham; Brianna Padilla
Subject: FW: ACCESS TO MENTAL HEALTH SERVICES

Categories: Hearings

More public input for 7/26.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Friday, June 29, 2018 9:01 AM
To: Ramona Beasley <rhbeasley@gmail.com>; Marta Jensen <marta.jensen@dncfp.nv.gov>
Cc: Lynne Foster <lfoster@dncfp.nv.gov>; Shannon Sprout <ssprout@dncfp.nv.gov>
Subject: RE: ACCESS TO MENTAL HEALTH SERVICES

Ms. Beasley,

Thank you for this input. I am having it added to our records for today's workshop. We appreciate your participation in the process to improve our policies.

Cody L. Phinney, MPH
Deputy Administrator
Division of Health Care Policy and Finance
Nevada Department of Health and Human Services
Office 775-684-3735
Cell 775-742-9963

From: Ramona Beasley [<mailto:rhbeasley@gmail.com>]
Sent: Friday, June 29, 2018 7:57 AM
To: Marta Jensen <marta.jensen@dncfp.nv.gov>; Cody Phinney <cphinney@dncfp.nv.gov>
Subject: ACCESS TO MENTAL HEALTH SERVICES

TO WHOM IT MAY CONCERN:

As a Mental healthcare Provider in Nevada, I am writing to you to express my concern regarding the proposed PA requirement for Medicaid clients seeking psychotherapy. This change in policy will create an additional barrier to care for a population that already faces multiple barriers to accessing care.

In addition, prior authorization requirements are not only administratively burdensome to providers but have historically proven to reduce consumers access to care.

I urge DHCFP to reconsider this approach to controlling healthcare costs in Nevada where our communities already struggle with access to psychological services.

Respectfully,

Ramona Beasley, MA, LMFT, LCADC

Brianna Padilla

From: Lynne Foster
Sent: Friday, June 29, 2018 8:09 AM
To: Brianna Padilla; Jenifer Graham; Ellen Felsing
Subject: FW: Department of health and human services, division of health care financing and policy

Categories: Hearings

More input for the 7/26 hearing.

Lynne Foster

Department of Health and Human Services
Division of Health Care Financing & Policy, Division Compliance
Direct line: (775) 684-3606

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From: Cody Phinney
Sent: Thursday, June 28, 2018 7:15 PM
To: Eleni Murphy, MSW, LCSW <EMurphy@nnhopes.org>
Cc: Sharon Chamberlain <SChamberlain@nnhopes.org>; Barbara Frey, LCSW <BFrey@nnhopes.org>; Shannon Sprout <ssprout@dncfp.nv.gov>; Marta Jensen <marta.jensen@dncfp.nv.gov>; Lynne Foster <lfoster@dncfp.nv.gov>
Subject: Re: Department of health and human services, division of health care financing and policy

Ms. Murphy,

Thank you for this input. Please consider this acknowledgement of receipt. I am having it added to the records for tomorrow's workshop and including the relevant staff from our Division. We appreciate your participation in the process of developing our policies.

Ms. Cody Phinney

Deputy Administrator

From: Eleni Murphy, MSW, LCSW <EMurphy@nnhopes.org>
Sent: Thursday, June 28, 2018 3:00:10 PM
To: Cody Phinney

Cc: Sharon Chamberlain; Barbara Frey, LCSW

Subject: Department of health and human services, division of health care financing and policy

Dear Mr. Phinney,

As a mental health therapist practicing in a FQHC setting, I have seen a lot of change and growth in Nevada over the past four years. One of the best decisions the state made with regard to patient care was to decrease difficulty with getting patients into care for mental health issues by upholding mental health parity and allowing for patients to be seen by a mental health provider without barriers. If this decision is reversed, our patients will be worse off than when they started, and it will be a regression that will prove disastrous to our citizens. By diminishing access to care I believe we will see a rise in suicides, overdose deaths, and unnecessary hospitalizations for mental health issues.

Nevada has consistently ranked last in the nation for access to mental health care, and our population has one of the highest incidences of mental health issues in the nation. Patients who do not receive treatment are at 67% (well above the national average of 56%), with 18.5% of Nevadans reported having a mental health issue. Over 50% of nation-wide primary care visits are due to mental health issues. If we are unable to ease the access to care, the vast majority of our patients in need will be deprived of adequate and ethical care.

When we are able to provide this needed service to our population, our outcomes reduce costs to tax payers, and increase self-efficacy of our patients. We are able to help them with stabilization, and achieve behavioral health goals that allow them to better engage in all facets of their wellness. Our patients are underserved in most functional capacities. Being able to provide mental health care right alongside primary care results in better overall health outcomes. Patients who receive a referral to mental health treatment from their primary care provider will follow up on that referral 10% of the time if the mental health provider is off-site. Conversely, if the mental health provider is co-located to the primary care provider, that patient will follow up on the referral 90% of the time.

There was such good work done to break down barriers to care when DHCFP worked so hard on the three visit SPA to promote behavioral health integration into primary care. We were able to get patients access to mental health services immediately as they presented to us in the primary care setting. Most patients had never spoken with a mental health professional before, and through psychoeducation alone they were able to gain better self-awareness and reduce their stress level from the first visit. This change could make it impossible to provide services to the intended beneficiaries of this change. Please, consider the cost of human suffering that could be put upon a community that is already in dire straits. I appreciate your time and consideration.

Sincerely,

Eleni Murphy | Behavioral Health Provider

Northern Nevada HOPES | www.nnhopes.org

580 West 5th Street | Reno, NV 89503

P: 775-236-0626 | F: 775-236-0640

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