STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN, JD, MPH
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 January 29, 2019
Minutes

Date and Time of Meeting:	January 29, 2019 at 9:05 AM
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 (DPBH) 4150 Technology Way, Room 303 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:	North (775) 687-0999 South (702) 486-5260
Access Code:	43606

Attendees

In Carson City, NV

DuAne Young, DHCFP
Holly Long, DHCFP
Camilla Hauck, DXC Technology (DXC)
Victoria LeGarde, DHCFP
Carl Jeffries, Optum Rx
Alexis Tucey, DHCFP
Lynne Foster, DHCFP

Teleconference

Andolyn Johnson, Deputy Attorney General
(DAG)
Introduction:

Ms. Lynne Foster, Chief of Division Compliance, DHCFP, opened the public hearing introducing herself, Mr. DuAne Young, Deputy Administrator, DHCFP and Ms. Andolyn Johnson, DAG.

Ms. Foster – The notice for this public hearing was published on December 21, 2018 in accordance with the Nevada Revised Statute (NRS) 422.2369.

1. Public Comment

No Comments.

2. Discussion of proposed changes to MSM Chapter 2500 – Case Management

Ms. Alexis Tucey:

Ms. Tucey introduced herself as the Chief of Behavioral Health for the Division. She said the changes to Chapter 2500 are being proposed to restructure the order of the Chapter and no policy changes are being made during this revision. The proposed change affects all Medicaid providers delivering case management, targeted case management (TCM) services and includes TCM (Provider Type (PT) 54) and Behavioral Health Outpatient Treatment (PT 14). There is no financial impact on local government.

The effective date is January 30, 2019.

Ms. Tucey reiterated that there is no actual policy change to MSM Chapter 2500. It is simply a restructuring of the Chapter and moving sections of the policy to be in a more streamlined order.

Some of the changes include modifying the first component of the chapter, aligning what case management services are within the first component of the policy, identifying lead case managers, covering the record documentation requirements for those services and examining the coverages and limitations for all appropriate target groups within TCM.

Ms. Tucey explained that throughout the structure of the chapter, the Division lumped together the components of the nine target groups. Ms. Tucey named those target groups as Child Protective Services (CPS), Developmentally Delayed Infants and Toddlers Under Age Three, Juvenile Parole Population, Juvenile Probation Services (JPS), Persons with Intellectual Disabilities or Related Conditions, Non-Seriously Mentally Ill (Non-SMI) Adults, Serious Mental Illness (SMI) Adults, Non-Severely Emotionally Disturbed (Non-SED) Children and Adolescents and Severe Emotional Disturbance (SED) Children and Adolescents. Ms. Tucey explained that by lumping these together, the Division is identifying within each of the target groups the actual target population, the service eligibility, the provider qualifications, service criteria, continuing stay criteria and discharge exclusionary criteria. All of the information is under one section for each target group. Ms. Tucey concluded her presentation on MSM Chapter 2500.

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

Mr. Young's Comments:

No Comments.

Ms. Johnson's Comments:

No Comments.

Public Comments:

No Comments.

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

Mr. Young – Approved as submitted.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 2500 – Case Management.

3. Discussion of proposed changes to MSM Chapter 1200 – Prescribed Drugs

Ms. Holly Long:

Ms. Long introduced herself as the Social Services Program Specialist for the Pharmacy Services Unit with the Division. The DHCFP proposed revisions to MSM Chapter 1200, Appendix A is based on recommendations approved at the July 26, 2018 Drug Use Review (DUR) meeting. The recommended changes include the addition of Eucrisa® to the existing prior authorization (PA) criteria for Topical Immunomodulators, new PA criteria for antihemophilia agents, revisions to the existing Hepatitis C Anti-Hepatitis Agents and Hepatitis C direct acting antivirals criteria, amendments to the existing PA for Kalydeco®, the addition of new PA criteria for opioid cough preparations, the addition of Trulance® to the existing Irritable Bowel Syndrome Agents and the addition of new PA criteria for Symdeko®. The existing Botulinum Toxin PA was relocated and revised from MSM Chapter 600 to MSM Chapter 1200 and new PA requirements for compounded medications were added.

Ms. Long recited the PTs who prescribe, dispense or administer the drugs that may be affected by this change. Those PTs include but are not limited to: Outpatient Surgery (PT 10); Hospital, Inpatient (PT 11); Hospital, Outpatient (PT 12); Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public (PT 16); Special Clinics (PT 17); Nursing Facility (PT 19); Physician/Osteopath (PT 20); Podiatrist (PT 21); Advanced Practice Registered Nurse (PT 24); Pharmacy (PT 28); Home Health Agency (PT 29); Ambulatory Surgical Centers, Freestanding (PT 46); Indian Health Programs and Tribal Clinics (PT 47); Indian Health Service Hospital, Inpatient Tribal (PT 51); Indian Health Service Hospital, Outpatient Tribal (PT 52); Transitional Rehabilitative Center, Outpatient (PT 55); Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals (PT 56); Hospice (PT 64); Hospice, Long Term Care (PT 65); Intermediate Care Facilities for Individuals with Intellectual Disabilities, Private (PT 68); Nurse Anesthetist (PT 72); Critical Access Hospital (CAH), Inpatient (PT 75); Audiologist (PT 76);

Physician's Assistant (PT 77); Indian Health Service Hospital, Inpatient Non-Tribal (PT 78); and Indian Health Service Hospital, Outpatient Non-Tribal (PT 79).

Ms. Long noted there is no known financial impact on Local Government.

The effective date for these changes is February 4, 2019.

Ms. Long advised the location and details of the changes can be found starting with Topical Immunomodulators in Section M. Eucrisa® has been added to the existing PA criteria for topical immunomodulators with the requirement that the patient has a documented diagnosis of mild to moderate atopic dermatitis, the patient is two years of age or older and must have had a therapeutic failure with the trial of a topical steroid of at least 14 days within the last six months.

Ms. Long said the next change can be found in Section Z, Opioids, where the drug class description of Opioid Containing Cough Preparations has been added to the title. At the end of this section, number four (4.) has been added indicating the specific criteria for Opioid Containing Cough Preparations. The criteria requires the recipient to be 18 years of age or older and the PA approval will be for six months.

Ms. Long continued with the next change, which is found in Section GG. New criteria has been added for Antihemophilia Agents. The criteria requires the medication be prescribed for a Food and Drug Administration (FDA) approved indication or it must be supported by one of the listed common compendia in the section. Ms. Long stated the prescriber must be a specialist in treating hemophilia and a new PA will be required for any dose adjustment exceeding 5%. The PA approval would be for 12 months.

The next changes can be found in Section HH, Anti Hepatitis Agents and Section UU, Hepatitis C Direct Antivirals. These two sections have been combined into one for organizational purposes and are now organized by drug name. In Section HH the title Protease Inhibitor Agents has been retitled Anti Hepatitis Agents. The drugs Victrelis® and Incivek® have been removed as they are no longer on the market. The new organized criteria begin with Daklinza®. The criteria has been re-written to conform with OptumRx general commercial criteria.

Ms. Long continued with the next change found in Section LL, Kalydeco®. The existing criteria language has been revised by removing the list of gene mutations and adding that the gene mutation must be from the list in the FDA approved package insert. This criteria also requires that the medication is prescribed by or in consultation with a pulmonologist or a specialist affiliated with a cystic fibrosis care center. Authorization for continued use of Kalydeco® is required every 12 months with documentation of a positive clinical response to Kalydeco® therapy.

Ms. Foster asked Ms. Long to clarify that the entire Section UU has not been removed, just relocated.

Ms. Long confirmed that Ms. Foster is correct and said that "relocating" is a better word for the changes that were completed.

Ms. Long discussed changes to Section WW, Irritable Bowel Syndrome Agents. Ms. Long mentioned that the brand and generic drug names were updated for consistency. The drug

Trulance® was added to the existing criteria and included the required appropriate dose of three milligrams daily, which is based on indication and age.

In Section VVV, new PA criteria has been added for Symdeko® to include the requirement that the recipient must be 12 years of age or older, must have a diagnosis of cystic fibrosis, the medication must be prescribed by or in consultation with a pulmonologist or a specialist affiliated with a cystic fibrosis care center and the recipient must meet the requirement based on the FDA cleared cystic fibrosis mutation test or have one of the FDA approved package insert listed mutations. Ms. Long explained that authorization for Symdeko® requires it to be reviewed every 12 months with documentation of a positive clinical response.

Ms. Long stated that the next change can be found in Section WWW, Botulinum Toxin. The existing criteria was relocated and revised from MSM Chapter 600 to MSM Chapter 1200. The language was revised by removing the statement "prior authorization is not required" and adding language stating the initial authorization for botulinum toxin is for six months and must be reviewed for recertification every 12 months with documentation provided indicating a positive clinical response to this therapy. Ms. Long has been communicating with the Program Specialist for MSM Chapter 600, Ms. Sheri Oswald, and once the changes in MSM Chapter 600 have been implemented, Ms. Oswald will revisit MSM Chapter 600 and include a reference pointing to MSM Chapter 1200 for the PA criteria.

Ms. Long continued with the last change in MSM Chapter 1200 which can be found in Section XXX. There is new PA criteria for Compounded Medications. This criteria includes that any compound medications at or above $200.00 will require a PA and each active ingredient within the medication must be either FDA approved or have national compendia that supports the condition being treated. The compound must not be used for cosmetic purposes and must not include any ingredient that has been removed from the market due to safety reasons. Additional requirements include the recipient must have tried and failed therapy or had an intolerance to at least two FDA approved and commercially available prescription therapeutic alternatives. Approval for a compounded medication will be for six months unless the provider requests a shorter length of therapy.

Ms. Long concluded the proposed revisions to MSM Chapter 1200.

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

<u>Mr. Young's Comments:</u>

No Comments.

<u>Ms. Johnson's Comments:</u>

No Comments.

Public Comments:

No Comments.

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

Mr. Young – Approved as submitted.

Ms. Foster – Closed the Public Hearing for the MSM Chapter 1200 – Prescribed Drugs

4. General Public Comments

No Comments.

5. Adjournment

There were no further comments and Ms. Foster adjourned the public hearing at 9:22 AM.

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 Flowers at EFlowers@dhcfp.nv.gov or (775) 684-3684 with any questions.