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

Public Hearing August 27, 2019
Summary

Date and Time of Meeting:	August 27, 2019 at 9:16 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:	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:	(888) 363-4735
Access Code:	1961395

Attendees

In Carson City, NV

Jodi Patton, DHCFP
DuAne Young, DHCFP
Homa Woodrum, Deputy Attorney General (DAG)
Antonio Gudino-Vargas, DHCFP
Lori Madiluch, Renown
Alexis Tucey, DHCFP
Holly Long, DHCFP
Jessica Crouch, Division of Welfare and Supportive Services (DWSS)
Jamie Evens, DHCFP
Amy Hanson, Renown

Jean Crouch, Nevada Rural Hospital Partners (NRHP)
Carl Jeffery, Optum Rx
Steven Messinger, Nevada Primary Care Association (NPAC)
Theresa Carsten, DHCFP

In Las Vegas, NV

Deborah O'Neal-Poole, Steinberg Diagnostic Medical Centers (SDMI)
Samantha Sato, Carrara, Nevada
Jerry Hartman, Steinberg Diagnostic Medical Centers (SDMI)

Introduction:

Ms. Jodi Patton, Chief of Operations, DHCFP, opened the public hearing introducing herself, Mr. DuAne Young, Deputy Administrator, DHCFP and Ms. Homa Woodrum, DAG.

Ms. Patton announced the notice for this public hearing was published on July 25, 2019 in accordance with the Nevada Revised Statute 422.2369.

1. There were no public comments.

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

Ms. Kaelyne Day introduced herself as the Program Specialist with the DHCFP.

The Revisions to MSM Chapter 300 (Radiology Services), Section 303.1A(5) was previously updated to reflect prior authorization (PA) requirements being implemented on Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Spectroscopy (MRS) and Positron Emission Tomography (PET) scans. The PA requirement went into effect as of November 1, 2019.

The Division is proposing to remove the PA requirements on these radiological procedures with the policy to go into effect September 1,2019.

The proposed change affects Medicaid enrolled providers who deliver MRI, MRA, MRS and PET scan services. Those provider types (PT) include but are not limited to: Outpatient Hospitals (PT12), Physician M.D. (PT20), Osteopath, D.O. (PT24), Advanced Practice Registered Nurse, (PT27) Radiology and Physician Assistant (PT77).

Financial impact on local government is unknown at this time.

The effective date is September 1, 2019.

At the conclusion of Ms. Day's presentation, Ms. Patton asked Mr. Young and Ms. Woodrum if they had any questions or comments. They had none.

Public Comments:

Ms. Deborah O'Neal-Poole, Steinberg Diagnostic, inquired about the PA ruling that took place on November 1, 2018 and because of the timeline a lot of the procedures that were done got denied. She wanted to know if this is lifted, will the prior cases get reviewed.

Ms. Day replied no, this policy change goes in affect September 1, 2019.

Ms. Patton said hearing no further comments she would like to recommend that the Deputy Administrator approve the changes to MSM Chapter 300 and he did.

Ms. Patton closed the public hearing for MSM Chapter 300 – Radiology Services.

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

Ms. Theresa Carsten introduced herself as the Social Service Chief, Managed Care Unit with the DHCFP.

Ms. Carsten stated the Division proposes to remove details of the Health Insurance Premium Program (HIPP) from MSM Chapter 100, Section 104.3 and reference the HIPP in a new designated area of the MOM Chapter 900, Section 903, which will outline the details of the HIPP program, eligibility requirements and cost effectiveness requirements of the program. The Division does not anticipate any financial impacts from moving the language concerning the HIPP from the MSM to the MOM.

The effective date is August 28, 2019

At the conclusion of Ms. Carsten's presentation, Ms. Patton asked Mr. Young and Ms. Woodrum if they had any questions or comments and they had none.

There were no public comments.

Ms. Patton, after hearing no further comments recommended that the Deputy Administrator approve the changes to MSM Chapter 100 and he did.

Ms. Patton closed the public hearing on MSM Chapter 100 – Medicaid Program Services.

4. **Discussion of proposed changes to MOM Chapter – 900 Cost Avoidance Programs**

Ms. Theresa Carsten reintroduced herself. She said the Division proposes adding Chapter 900 – Cost Avoidance Programs to the MOM. This chapter describes in detail several operational requirements of cost avoidance programs. Section 903 covers HIPP, Section 904 covers incarcerations, Section 905 describes the Medicare Advantage Plans and Section 906 outlines the requirements for the Medicare Premium Buy-In Program. The updates in the MOM are intended to improve the organization and placement of contents more appropriately. The Division does not anticipate any financial impacts from adding this language to the manual.

The effective date is August 28, 2019.

At the conclusion of Ms. Carsten's presentation, Ms. Patton asked Mr. Young and Ms. Woodrum if they had any questions or comments and they had none.
There were no public comments.

Ms. Patton, hearing no further comments, recommended the Deputy Administrator approve the changes to MOM 900 and he did. Ms. Patton closed the Public Hearing for the MSM Chapter 900 – Cost Avoidance Programs.

5. Discussion and adoption of changes to MSM Chapter 1200 – Prescribed Drugs

Ms. Holly Long introduced herself as the Social Services Program Specialist for Pharmacy in the DHCFP.

She brought forward the proposed revisions to MSM Chapter 1200, Appendix A based on recommendations approved at the April 25, 2019 Drug Use Review (DUR) Board meeting. The recommended changes include revisions to the existing policy on Agents Used for the Treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD), Transdermal Fentanyl, Buprenorphine/Naloxone and Vivitrol® (naltrexone). These proposed changes also include the addition of new prior authorization criteria for Lucemyra™ (lofexidine) and Xyosted™ (testosterone enanthate).

The following providers who prescribe, dispense or administer this drug may be affected by this change, including but not limited to the listed PT (see agenda).

There is no financial impact on local government known.

Ms. Long opened her summary by stating that the location and details of these changes can be found in Appendix A, starting with Page 7, Section C, Titled Agents Used for the Treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD). Most of the criteria has been removed. For the General Criteria for Children and Adults, what remains is the requirement of the diagnosis, only one long-acting stimulant may used at a time and a 30-day transitional overlap in therapy will be allowed. Specific to children, the criteria requires the recipient to be at least three years of age for short-acting stimulants or at least six years of age for long-acting stimulants. The initial evaluation must have been done in the past 12 months with the treating prescriber. The exception criteria on Page 9 remains the same with the age of the recipient in #1 being updated to five years of age for accuracy.

The next proposed change can be found on Page 16, Section F, titled Transdermal Fentanyl. The word "encouraged" has been replaced with the word "required" as this is a requirement and not a suggestion.

Ms. Long continued that the next proposed change can be found on Page 59, Section BB, titled Buprenorphine/Naloxone. The title has been revised to read, "Substance Abuse Agents." All existing criteria has been removed and replaced with requiring a diagnosis of opioid dependence on any prescription over 24 mg. There is also the addition of new prior authorization criteria for Lucemyra™ within this section starting on Page 61. Lucemyra™ coverage requires a diagnosis of opioid withdrawal with symptoms due to abrupt opioid discontinuation. The requested quantity cannot exceed 2.88 mg/day for up to 14 days and prior authorization approval has a duration of 14 days. Vivitrol®, which was previously

Section ZZ, has been relocated to this section for organizational purposes. All of the Substance Abuse Agents will be in the same location within Chapter 1200.

The next proposed change can be found on Page 63, Section DD, titled Androgel, Androderm, Testim. This section title has been revised to now read, "Hormones and Hormone Modifiers" and the addition of new prior authorization criteria for Xyosted™ is included. Coverage of Xyosted™ with a diagnosis of hypogonadism requires the patient to be male at birth, specific requirements on pre-treatment serum total testosterone levels and a history of bilateral orchiectomy, panhypopituitarism or a genetic disorder known to cause hypogonadism. Prior authorization approval has a duration of one year. Coverage with a diagnosis of Gender Dysphoria requires the recipient to be using the hormones to change their physical characteristics and for the recipient to be a female to male transsexual. Approval duration is dependent on whether the recipient is new to testosterone therapy or not. If they are new to therapy, then the approval is for six months. If the recipient is continuing therapy then the approval will be for one year.

Ms. Long concluded with Page 117, Section ZZ, Titled Vivitrol®. This is the drug criteria that was relocated to Section BB now titled Substance Abuse Agents.

The effective date is September 2, 2019.

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

Mr. Young wanted to clarify that OptrumRx will be able to implement the changes on September 2, 2019 given that it is a holiday.

Ms. Long stated that she has confirmed with OptrumRx that there will not be any issues with implementing on September 2, 2019.

6. Adjournment

There were no further comments and Ms. Patton adjourned the public hearing at 9:31 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 Jenifer Graham at jenifer.graham@dhcfp.nv.gov or (775) 684-3685 with any questions.