



**NOTICE OF MEETING TO SOLICIT PUBLIC COMMENTS AND INTENT TO ACT
UPON AMENDMENTS TO THE NEVADA MEDICAID SERVICES MANUALS (MSM)**

AGENDA

Date of Publication:	December 27, 2019
Date and Time of Meeting:	January 28, 2020 at 9:10 AM or upon completion of the amendments to the State Plan for Medicaid Services Public Hearing
Name of Organization:	The 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 Videoconference	Grant Sawyer Office Building 555 E. Washington Avenue, Room 4412E Las Vegas, Nevada 89101
Teleconference:	(888) 363-4735
Access Code:	1961395

AGENDA

1. General Public Comments (Because of time considerations, the period for public comment by each speaker or organization may be limited to three minutes and speakers are urged to avoid repetition of comments made by previous speakers)
2. For possible action: Discussion and adoption of changes to MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services

Revisions to MSM Chapter 400 are being proposed to reflect prior authorizations for emergency admissions to inpatient psychiatric hospitals be allowed five business days for submission instead of one business day. In addition, concurrent authorizations will be allowed to be submitted within five business days of the last day of the current/existing authorization period instead of prior to or by the last day of the current/existing authorization period. This will allow inpatient psychiatric hospitals extra time to get their prior authorization requests submitted to reduce instances of providers failing to submit the required documents in a timely manner.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering inpatient psychiatric hospital services. Those provider types (PT) include but are not limited to: Inpatient Hospitals (PT 11) and Inpatient Psychiatric Hospitals (PT 13).

Financial impact on local government: There is no anticipated fiscal impact known at this time.

Effective date: February 1, 2020.

- a. Presentation of MSM Chapter 400
- b. Public comment on proposed changes
- c. Adoption of proposed changes

3. For possible action: Discussion and adoption of changes to MSM Chapter 600 – Physician Services

Revisions to MSM Chapter 600 are being proposed to provide clarification for vaccinations for both children and adults. Clarification is being added to policy for coverage of progesterone therapies to reduce the risk of preterm pregnancy. Proposed language removes routine circumcision from non-covered cosmetic services as this is a covered service with prior authorization limitations after the age of one. Proposed language also removes reference to the Care Management Organization (CMO) in Community Paramedicine policy as the CMO no longer exists. Preventive health service, including family planning preventive health, is being updated to align the section with coverage, limitations and prior authorization criteria. Botulinum toxin is being revised with reference to MSM Chapter 1200 – Prescribed Drugs for coverage and limitations.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering the above indicated services to Medicaid eligible recipients. Those provider types (PTs) include, but are not limited to: Special Clinics (PT 17), Physicians, MD, Osteopath, DO (PT 20), Advance Practice Registered Nurse (PT 24), Indian Health Services and Tribal Clinics (PT 47), Physician’s Assistant (PT 77).

Financial impact on local government: No financial impact is anticipated for local government.

Effective date: February 1, 2020.

- a. Presentation of MSM Chapter 600
- b. Public comment on proposed changes
- c. Adoption of proposed changes

4. For possible action: Discussion and adoption of changes to MSM Chapter 2700 – Certified Community Behavioral Health Center

Revisions to MSM Chapter 2700 are being proposed to update language throughout the chapter based on integration of the Certified Community Behavioral Health Center (CCBHC) model within State Plan authority. The CCBHC was previously only under the authority of Section 223 (a)(2)(F) of Protecting Access to Medicare Act (PAMA). The proposed revisions also include additions to the chapter to clarify an access site and guidance for CCBHCs dually enrolled as Federally Qualified Health Centers (FQHCs). Additionally, the proposed revisions include the removal of Non-State Plan covered services, including Family Peer Support, Supported Employment and Targeted Case Management for individuals with Substance Use Disorder.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering services under the CCBHC model (PT 17), Specialty 188.

Financial impact on local government: Unknown at this time.

Effective date: January 29, 2020.

- a. Presentation of MSM Chapter 2700
- b. Public comment on proposed changes
- c. Adoption of proposed changes

5. For possible action: Discussion and adoption of changes to MSM Chapter 200 – Hospital Services

Revisions to MSM Chapter 200 are being proposed to add policy language regarding Newborns and Neonatal Intensive Care Unit (NICU) to include the utilization of InterQual, MCG, and the Uniform Billing (UB) Editor to define the levels of care (LOC) needed for each infant and the corresponding revenue codes, provide policy clarification for elective vs. medically necessary cesarean, to allow for five business days instead of one business day for emergency inpatient admissions, emergency in-state or out-of-state transfers and emergency change in LOC that require authorization, and for all concurrent reviews to be requested within five business days of the last day of the current/existing authorization period instead of prior to or by the last day of the current/existing authorization period.

In addition, it is proposed to add exceptions to inpatient hospital admission authorization, the removal of patient liability policy as it applies to Provider Types (PT) 19 and 65, the removal of the FA-100 – Initial Emergency Dialysis Case Certification form requirement with an initial claim.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Hospital Based Outpatient Surgery (PT 10), Inpatient Hospital (PT 11), Outpatient Hospital (PT 12), Birthing Center (PT 17-169), Swing-bed Acute Hospital (PT 44), End Stage Renal Disease (ESRD) Facility (PT 45), Ambulatory Surgical Centers (PT 46), Inpatient Rehabilitation and Long-Term Acute Care (LTAC) Specialty Hospital (PT 56), Critical Access Hospital (CAH) Inpatient (PT 75), Hospital Based ESRD Provider (PT 81).

Financial impact on local government: Unknown at this time.

Effective date: February 1, 2020.

- a. Presentation of MSM Chapter 200
- b. Public comment on proposed changes
- c. Adoption of proposed changes

6. Adjournment

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment may be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the open meeting law in this process.

This notice and agenda have been posted at <http://dhcfnv.gov/> and <https://notice.nv.gov/>.

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP website <http://dhcfnv.gov/>. The agenda posting of this meeting can be viewed at the following locations: Carson City Central Office, Las Vegas District Office, Reno District Office and Elko District Office and may be reviewed during normal business hours.

If requested in writing, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to Jenifer Graham at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, Nevada 89701.

All persons that have requested in writing to receive the public hearing agendas have been duly notified by mail or e-mail.

We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at: jenifer.graham@dhcfnv.gov, in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Jenifer Graham at (775) 684-3685.
