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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Stacie Weeks,
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Administrator

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Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

Public Hearing November 28, 2023

Summary

Date and Time of Meeting: November 28, 2023, at 10:00 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: DHCFP
1100 E. William Street
Second Floor Conference Room
Carson City, Nevada 89701

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Malinda Southard, Deputy Administrator, DHCFP
Karen Griffin, Senior Deputy Attorney General
Casey Angres, DHCFP
Kirsten Coulombe, DHCFP
Tanya Benitez, DHCFP
Lisa Dyer, DHCFP
Donna Laffey
Sean Gamble
Marcel Brown, DHCFP
Annette Logan-Parker
Thomas Fletcher, DHCFP
Jacqueline Melson, DHCFP
Amy Carl, Anthem
Melody Hall-Ramirez, DHCFP
Sarah Dearborn, DHCFP
Sarah E. Fox, Silver Summit Health Plan
De
Jessica Vannucci, DHCFP
Elizabeth Scott, DHCFP

Julie Knight, DHCFP
Keiko Duncan, DHCFP
Marcia Tinberg, DHCFP
Sean Linehan, DHCFP
Cloris Barrientos, DHCFP
Lisa Collier, DHCFP
Ellen Frias-Wilcox, DHCFP
Mark Du, DHCFP
Teri Henning, Aveanna
Brooke Gruger, Liberty Dental Plan
Tricia Schares, Liberty Dental
Belz & Case Government Affairs Scribe by Rewatch
Rianna White, Fidelis-Rx
Joseph Filippi, Division of Health and Human Services (DHHS)
Jennifer Frischmann, Aging and Disability Services Division, (ADSD)
Nicole Catoner, DHCFP
Sabrina Schnur, Belz & Case

Hazel Moreno, Liberty Dental Plan
Mike Willden
Monica Schiffer, DHCFP
Afshin Arian, Liberty Dental Plan
Crystal Wren, ASD
Lucille Wroldsen, DHCFP
Katiushka Posada
Elyse Monroy-Marsala, Belz & Case
Margaret L. Keteian, Anthem
Amy Shogren, Black & Wadhams
Keri Kelley, Silver Summit Health (SSH)
Joy Thomas, Anthem
Brooke Greenlee, Elevance Health

Mandy Coscarart, DHCFP
Rachael Devine, DHCFP
Bre Stark, Liberty Dental
Erin Robinson, Nevada State Library & Archives (NSLA)
Sara Knight, DHCFP
Lori Follett, DHCFP
Sheri Gaunt, DHCFP
Ellen Flowers, DHCFP
Alex Tanchek - Silver State Government Relations
Theresa Carsten, DHCFP
Amy Levin, MD, Anthem
Mary Gilbertson, UCare
Shelle Sponseller, Accessible Space, Inc

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Malinda Southard, Deputy Administrator, DHCFP, and Karen Griffin, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on November 22, 2023, and revised on December 12, 2023, and December 18, 2023, in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** Per Casey Angres, Sabrina Schnur’s comments have been added to Agenda Item 3.
- 2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Reimbursement Methodology for Clinics that Primarily Treat Children with Cancer and Other Rare Diseases

Sean Linehan, Rates Analyst in the Rates Analysis and Development Unit, DHCFP, presented DHCFP is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-B, Page 2b, to establish a new reimbursement methodology for special clinics that primarily treat children with cancer and other rare diseases. During the 2023 Nevada Legislative Session, Senate Bill (SB) 221 was passed and signed into law. SB 221 requires that the Division “establish billing guidelines and a rate methodology for clinics that are consistent with prevailing best practices for reimbursing such clinics.”

DHCFP is proposing to reimburse such clinics via a bundled encounter visit rate for all medical services. Given the extensive regulatory structure surrounding Medicaid payments for pharmacy services, DHCFP plans to define the new clinic encounter service to exclude pharmacy services. The all-inclusive rate will capture all other services provided by such clinics when services are rendered for recipients enrolled in Medicaid.

The proposed change affects all Medicaid-enrolled providers delivering services primarily to children with cancer or other rare diseases in a clinic setting. This includes Special Clinics Provider Type (PT 17).

There is an estimated increase in annual aggregate expenditures for State Fiscal Years (SFY) 2024 and 2025.

SFY 24	\$747,039
SFY 25	\$2,349,426

The final rate development is subject to CMS approval; however, based on the Division’s calculations, the encounter rate would be set at \$439.86, which represents a 168% increase to the current payments made for the services that make up the encounter. To reiterate, this encounter rate would not include costs for pharmacy and physician administered drugs, which would continue to be billed separately in addition to the encounter rate.

The effective date of this change is October 1, 2023.

Public Comments: There were none.

Casey Angres – closed the Public Hearing for State Plan for Attachment 4.19-B, Special Clinics.

3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Amendment to Attachment 3.1-A Extended Services to Pregnant Women

Tanya Benitez, Social Services Program Specialist in the Managed Care and Quality Assurance Unit, DHCFP, presented DHCFP is proposing revisions to the Medicaid State Plan Attachment 3.1-A, Page 8b, to include operative, diagnostic, and preventative services. This change is to align the State Plan with the Medicaid Services Manual (MSM).

These changes are expected to have no effect on the annual aggregate expenditures for SFYs 2024 and 2025.

The following PTs will potentially be affected by this change: Dentist (PT 22) and (PT 17, Specialty 181).

The effective date of this change is October 1, 2023, pending CMS approval.

Changes to 3.1-A, Page 8b: Expanded dental benefits are covered for pregnant women who are not normally covered as adults ages 21 and over are allowed dental prophylaxes and certain periodontal services. DHCFP proposes adding operative, diagnostic, and preventative procedures.

Public Comments: Sabrina Schnur, on behalf of the Children’s Advocacy Alliance, stated they would like to thank DHCFP for the work on this revision and for holding the public workshop and to note the manual limits reimbursement for profit for preventative and palliative care only. This language change makes clear that pregnant people are entitled to the full spectrum of treatment, which is necessary for ensuring the mother's health and the health of the baby.

Casey Angres – closed the Public Hearing for State Plan for Medicaid Services – Attachment 3.1-A Extended Services to Pregnant Women.

4. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: State Plan for Medicaid Services – Dental Services

Tanya Benitez, Social Services Program Specialist, presented DHCFP is proposing revisions to the Medicaid State Plan Attachment 3.1-A, Page 4a, adding: Dental Services for individuals 21 – 64 years of age to include fillings, crowns, and temporary crowns in addition to emergency and palliative care benefits. Benefit limitations for individuals ages 21 – 64 include comprehensive diagnostic, preventative, and periodontal services.

This change is pursuant to Nevada SB 385 passed during the 82nd Legislative Session.

An estimated increase in annual aggregate expenditures has been amended since the agenda was posted, the new amounts are:

For SFY 2024:	\$1,256,696
For SFY 2025:	\$1,649,214

The effective date of change is January 1, 2024, pending CMS approval.

The changes to 3.1-A, Page 4a are for Item 10: removing “are limited to emergency care only” and adding the following language: “for individuals ages 21 – 64 will include fillings, crowns, and temporary crowns in addition to emergency and palliative care benefits”.

Benefit limitations for individuals ages 21 – 64 include comprehensive diagnostic, preventative, and periodontal services.

Public Comments: There were none.

Casey Angres – closed the Public Hearing for Medicaid State Plan Attachment 3.1-A, Page 4a.

5. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: Rural Emergency Hospitals - Attachment 3.1-A Page 1, Page 1a

Julie Knight, on behalf of Evette Cullen, Chief, Medical Benefits Coverage Unit, DHCFP, reported pursuant to the passing of Assembly Bill (AB) 277 during the 82nd Legislative Session, Nevada Medicaid is proposing revisions to the State Plan Attachment 3.1-A, Page 1 and Page 1a to allow rural emergency hospitals as a new PT. This proposed policy update may affect the following PTs, including but not limited to rural emergency hospitals, PTs to be determined. There are no expected changes in annual aggregate expenditures.

The effective date of change is January 1, 2024, pending CMS approval of the state plan amendment.

Public Comments: There were none.

Casey Angres – closed the Public Hearing for Rural Emergency Hospitals - Attachment 3.1-A Page 1, Page 1a.

6. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: Medicaid State Plan Attachment 3.1-F Auto-Assignment Algorithm for Managed Care Organizations (MCO)

Julie Knight, Social Services Program Specialist, Managed Care Quality Assurance Unit, DHCFP, presented DHCFP is proposing this Medicaid State Plan Amendment (SPA) in order to align the State Plan with the DHCFP MCO Contract S1457 Section 7.3.5.4 regarding member auto assignment for calendar year 2024. These changes are to State Plan Section 3.1-F, Page 15a. These changes are expected to have no effect on the annual aggregate expenditures for SFYs 2024 and 2025. The state will implement a quality-based auto assignment algorithm. Each MCO will receive an ordinal ranking of one through five based on its score for each of five selective quality measures for the specified measurement year. The state will notify the MCOs of the selected measures and measurement period annually. The MCOs with the highest score will be assigned to ranking of one. If two MCOs have the same score on a given measure, they will receive the same ranking and the next lower rank will be skipped. Each MCO's ordinal rankings for the five measures will be added to determine which percentage of a MCO will receive for auto assignment algorithm. The MCO with the lowest total score for ordinal rankings, indicating the best performer. Will receive the highest auto assignment percentage. The quality-based algorithm is as follows. The MCO with the best ranking will receive 35% of auto incident enrollments. The MCO with the second best ranking will receive 30%, the MCO with the third best ranking will receive 20% and the MCO with the 4th best ranking will receive 15% of auto assignment enrollment.

The effective date of change is January 1, 2024.

Public Comments: There were none.

Casey Angres – closed the Public Hearing for Rural Emergency Hospitals - Attachment 3.1-F.

7. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 10:20 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 documentcontrol@dhcfp.nv.gov with any questions.***