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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Stacie Weeks,
JD MPH
Administrator

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

Public Hearing January 31, 2023 Summary

Date and Time of Meeting: January 31, 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
First 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)

Gabriel Lither, Senior Deputy Attorney General	Robin Ochenschlager, DHCFP
Dr. Antonina Capurro, Deputy Administrator, DHCFP	Sarah Dearborn, DHCFP
Stacie Weeks, Administrator DHCFP	Stephanie Sadabseng, DHCFP
Casey Angres, DHCFP	Stephen Samiotes, DHCFP
Antonio Gudino-Vargas, DHCFP	Theresa Carsten, DHCFP
April Sears, DHCFP	Yvonne Vestal, DHCFP
Briza Virgen, DHCFP	Alex Tanchek, Silver State Government Relations
Catherine Vairo, DHCFP	Alyssa Drucker, Gainwell Technologies (GWT)
Cecilia Chavez, DHCFP	Amy Levin MD, Anthem (ANT)
Jade Sliger, DHCFP	Anastasia Cadwallader, Department of Public Behavioral Health (DPBH)
Jeffery Stroup, DHCFP	Brandon Ford, Best Practices Nevada
Joseph Turner, DHCFP	Brooke Gruger
Kaelyne Day, DHCFP	Chris Murphey
Keith Benson, DHCFP	De
Kimberly Adams, DHCFP	Dena Brennan
Kindra Berntson, DHCFP	Donna Laffey, Ferrari Reeder Public Affairs
Kirsten Coulombe, DHCFP	Emily Barney, Doula Co-op of Reno
Kyril Plaskon, Public Information Officer, DHCFP	Ester Quilici, Vitality Unlimited
Lisa Dyer, DHCFP	Gary Parenteau
Lori Follett, DHCFP	Hana Fahmi
Marcia Tinberg, DHCFP	James Kuzhipala
Mark Du, DHCFP	

Jolene Simpson
Joshua Cabral
Joyce Abeng, Larson Institute
Kagan Griffien
Kasey Chu
Katie Pfister
Kelsey Hurlburt
Lana Robards, New Frontier Treatment Center
Lisa Bogard, ANT
Lovia Larkin
Mackenzie Lopez, GWT
Marianna McKown, Vitality Unlimited

Mark Rosenberg, Fidelis Rx
Miah Bradshaw, Vitality Unlimited
Nancy Bowen, NV Primary Care Association
Ryan Roa
Sarah Mersereau-Adler, Belz & Case
Steve Messinger, Nevada Primary Care Association
(NPCA)
Sue Folts, Doula Co-op of Reno
Tamie Davidson
Vimal Asokan, ANT

Introduction:

Casey Angres, Manager of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator, DHCFP, and Gabriel Lither, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on December 30, 2022, and revised on January 26, 2023, in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** There were none.
- 2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Certified Community Behavioral Health Center (CCBHC) Reimbursement

Lori Follett, Social Services Program Specialist for the Behavioral Health Unit, DHCFP, presented the revisions to Medicaid State Plan Amendment (SPA) for CCBHCs, Section 4.19-B. DHCFP is proposing to amend Section 4.19-B of the Medicaid SPA. These proposed changes will revise the Medicaid SPA Section 4.19-B, Pages 8A to 8D, to change the language of the CCBHC bundled rights, Quality Incentive Payment (QIP), and data submission rules. Structural changes were made to this SPA, including renumbering, and rearranging of the sections. Subsections were added, and page numbers were corrected as needed in Section 4.19-B, Pages 8a through 8c.

The state will allow the use of the average bundled daily rate of current CCBHCs to set first year bundled daily rates. The rest of the information in this section has been struck from the record. After the first full year of operation, the CCBHC will be required to submit a cost report inclusive of all actual costs to provide services for the first year of operations or requested fiscal year as approved by DHCFP. This cost report will be used to calculate the bundled per visit rate by dividing total allowable CCBHC services by total CCBHC visits. The Division has also changed the dates regarding submissions. The CCBHC must submit all required documentation of actual costs for the first full year of providing services to DHCFP no later than 90 calendar days, or 3 months after the first year of operations as a CCBHC. DHCFP will deem cost reports complete within 30 days of receipt. CCBHCs with missing documentation will be issued a cost report request letter, identifying the missing documentation necessary to complete the cost report. CCBHCs will have 15 days from the date of the cost report request letter to submit additional documentation. If the CCBHC does not submit the required documentation to complete their cost report within 15 days, DHCFP reserves the right to suspend their Medicaid payments, and require the CBHC to pay back state Medicaid

program payments received during the fiscal year period for which they were to provide a complete cost report. This process will remain in effect until CCBHCs have provided a complete cost report. Failure to comply with the cost reporting process within 150 calendar days of the end of the first full year of operations, will result in disenrollment with DHCFP. If a provider has been disenrolled from DHCFP, the provider will not be eligible to reenroll as a CCBHC for two full calendar years after the disenrollment date. CCBHCs will continue to be reimbursed at the year one rate until the actual costs can be calculated. The rates will be entered prospectively into Medicaid Management Information System (MMIS).

Once the daily bundled rate has been calculated for year two using actual costs on the CCBHC cost report submitted after the end of year one, or requested fiscal year as approved by DHCFP, the rate effective date will be aligned with the start date of subsequent State Fiscal Year (SFY).

The daily bundled rate for year three and onward will be adjusted for each consecutive year on July 1 (SFY) by either of the following: current Medicaid Economic Index (MEI) for primary care services as defined in Section 1842(i)(3) of the Social Security Act (SSA), which is intended to account for the basic cost increases associated with providing such services, or rebasing by the provider submitting a cost report for the request fiscal year. The rebasing process will replicate the process under reconciliation of bundled daily rate following year one. Rebasing may not occur more frequently than every five years. If a CCBHC requests a rebase outside of timeline established by DHCFP, they will be required to pay 50% of the actuarial costs.

The eligibility of each CCBHC practitioner to receive a Quality Incentive Payment (QIP) is judged independently, and in order for a provider to receive a QIP, CCBHCs must achieve the thresholds on each of the state mandated performance measures. The rest of the changes in the section are changing the jurisdiction from Department of Public Behavioral Health (DPBH) to DHCFP and correcting acronyms.

In year one, a 10% QIP will be issued for submitting the full and complete required datasets, set in the technical specifications, if data for the period is reported. Year one begins on July 1 within the first year of enrollment with DHCFP. In year three and subsequent years, 5% of the QIP will be issued if the full and complete required datasets are submitted. An additional 10% can be added to this payment and is broken down into 1% payments for attaining each of the individual six measures with an additional 2% payment for attaining performance for one optional measure (Plan All-Cause Readmission Rate). An additional 2% payment for attaining the State directed crisis measure.

All data submissions are to be submitted quarterly and require: data from Non-Medicaid CCBHC recipients, CCBHC documented growth of the recipients (it is expected CCBHCs will show growth and initiative to providing services to new recipients each SFY), and submissions are due to DHCFP no later than 30 days after the end of the previous quarter.

The following Provider Types (PT) may be affected by this change, but not limited to: There are no PTs affected as this is an eligibility update and not service and/or provider related.

The effective date for this SPA is July 1, 2023.

At the conclusion of Lori Follet's presentation, Casey Angres asked Dr. Capurro and Gabriel Lither if they had any questions or comments, they had none.

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for Section 4.19-B, CCBHCs.

3. Adjournment

There were no further comments and Casey Angres closed the public hearing at 10:11 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@dhcp.nv.gov with any questions.***