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**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF HEALTH CARE FINANCING AND POLICY
Helping people. It's who we are and what we do.



Stacie Weeks,
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NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO THE STATE PLAN FOR MEDICAID SERVICES

AGENDA

Date of Publication: February 22, 2024
Date of Revision: February 26, 2024
Date of Revision: March 19, 2024
Date of Revision: March 25, 2024

Date and Time of Meeting: March 26, 2024, at 10:00 AM

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: ~~TBD~~ There is no physical location for this meeting

Please use the teleconference/Microsoft Teams options provided below. If accommodation is requested, please advise using the information at the end of this agenda.

Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Jenifer Graham at documentcontrol@dhcftp.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

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This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

AGENDA

1. General Public Comments (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, you may join the meeting by dialing (775) 321-6111 and when prompted to provide the Meeting ID, enter 451 974 828#. You may then press *5 to raise your hand during the public comment periods to provide your comment. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name. Those who wish to provide a written comment may submit their comment via mail to 1100 E. William Street, Ste. 101, Carson City, Nevada 89701 or via email to documentcontrol@dhcfp.nv.gov).
2. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: State Plan Amendment (SPA) for the Removal of Individual Psychophysiological Therapy (Neurotherapy) and Biofeedback, Attachment 4.19-B, Page 3b and Page 3g

The DHCFP is proposing amendments to State Plan Attachment 4.19-B, Page 3b and 3g to remove Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. During 2021, DHCFP proposed the removal of Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis through State Plan Amendment (SPA) to the Centers of Medicare and Medicaid Services (CMS). CMS did not approve the SPA due to a maintenance of effort (MOE) violation of the requirements of Section 9817 of the American Rescue Plan Act (ARPA) of 2021 which would have resulted in the state's 9817 enhanced Home and Community Based Services (HCBS) Federal Medical Assistance Percentages (FMAP) funding being placed at risk. The state withdrew the SPA until the end of the HCBS ARPA period at which time the elimination could be reconsidered; that period ends as of March 31, 2024. During the 82nd Legislative Session (2023), the DHCFP budget was approved through Senate Bill (SB) 504 which includes the removal of Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis.

The following Provider Type (PT) will potentially be affected by this change:

This proposed change affects all Medicaid-enrolled providers delivering Neurotherapy and Biofeedback as independently reimbursed services. Those PTs include, but are not limited to: Hospital, Outpatient (PT 12); Behavioral Health Outpatient Treatment (PT 14); Physician, M.D., Osteopath D.O. (PT 20); Advanced Practice Registered Nurse (PT 24); Psychologist (PT 26); Physician's Assistant (PT 77); Behavioral Health Rehabilitative Treatment (PT 82), and Certified Community Behavioral Health Center (PT 17, Specialty 188).

Estimated change in annual aggregate expenditures would include the following savings:

SFY 2024:	\$1,156,958
SFY 2025:	\$5,366,109

The effective date of change is April 1, 2024.

- a. Public comment regarding subject matter.
- 3. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: Other Practitioner Services - The licensed behavior analyst, licensed assistant behavioral analyst and the registered behavior technician added to the providers approved to deliver services

The Division is proposing an amendment to Nevada Medicaid State Plan attachment 3.1A, Page 3a. During the 2023 Nevada Legislative Session, SB 191 was passed and signed into law and is now codified under Nevada Revised Statute (NRS) 422.27497. The statute requires the Division to amend language to include recipients aged 21-27. The Division has elected to provide these services for all eligible recipients.

This SPA is anticipated to impact some providers of Applied Behavior Analysis (ABA) services. These PTs include but are not limited to Applied Behavior Analysis (PT 85) and School Health Services (PT 60).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY ~~2023~~2024: \$909,495
SFY ~~2024~~2025: \$4,487,238

The effective date of change is ~~January~~April 1, 2024.

- a. Public comment regarding subject matter.
- 4. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

A. Subject: Reimbursement methodology for Rural Emergency Hospitals

The Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-B, Page i - Page 1(Continued) to establish a reimbursement methodology for Rural Emergency Hospitals (REHs). Effective January 1, 2023, a final rule was enacted by the Centers for Medicare and Medicaid Services (CMS) establishing rural emergency hospitals as a new Medicare provider type. Per the rule, REHs are authorized to provide emergency department services, observation care, and additional outpatient medical and health services so long as the annual per patient length of stay does not exceed 24 hours. During the 2023 Legislative Session, Assembly Bill (AB) 277 was passed and signed into law. AB 277 allowed rural emergency hospitals to become licensed in Nevada. Additionally, AB 277 also directed DHCfP to implement a SPA to “provide increased rates of reimbursement under the State Plan for REH services provided by a REH.” The Division intends to reimburse REH services at an amount equal to a 5 percent increase over the existing reimbursement rates for Outpatient Hospital Services (PT 12).

The following PT will be potentially affected by this change: Rural Emergency Hospitals (Provider Type TBD)

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2024: \$1,852
SFY 2025: \$10,852

The effective date of change is January 1, 2024.

- 1. Public comment regarding subject matter.

B. Subject: Reimbursement methodology changes for outpatient hospital services rendered by a public critical access hospital (CAH)

The Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-B, Page i - Page 1(Continued) to amend reimbursement rates paid to public CAHs for outpatient services. During the 2023 Nevada Legislative Session, SB 241 was passed and signed into law. Under the terms of the bill, DHCFP must submit a SPA to alter the reimbursement methodologies that specify how payments are made to CAHs. Specifically, the Division must reimburse CAHs at a rate equal to cost for outpatient services rendered by public CAHs. The Division will utilize the most recently available audited cost report to determine the cost-to-charge ratio for each facility, which will then be inflated forward using the Medicare Economic Index (MEI) to inflate costs to current. For the subsequent two years, MEI will be applied annually with a rebase occurring every third year. There will be no cost settlement.

This proposed change affects all publicly owned critical access hospitals rendering outpatient hospital services under Outpatient Hospital (PT 12).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2024:	\$784,494
SFY 2025:	\$1,817,345

The effective date of this change is January 1, 2024.

1. Public comment regarding subject matter.

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

A. Subject: Unbundling of payments for Long-Acting Reversible Contraceptives (LARC) provided during an inpatient maternity stay at a General Acute Hospital (PT 11)

The Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-A, Page 4a, to allow hospitals to be reimbursed separately for LARC devices and the insertion/removal procedure when provided as part of an inpatient maternity stay. During the 2023 Nevada Legislative Session, SB 280 was passed and signed into law. This bill requires that hospitals “provide for the insertion or injection of certain long-acting reversible contraception if requested by a patient giving birth at a hospital.” Given the cost of LARC devices, the Division is proposing an amendment to the maternity payment methodology. These changes will allow hospitals to bill separately for both the LARC device and insertion/removal procedure, in addition to the existing maternity per diem payment. Payments for LARC devices will follow the existing pharmacy reimbursement methodology; insertion/removal procedures will be reimbursed according to the existing reimbursement methodology for the provider type.

This proposed change affects all Medicaid-enrolled providers delivering inpatient maternity services, including but not limited to General Acute Hospitals (PT 11).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY ~~2023~~2024: \$145,197

SFY ~~2024~~2025: \$293,844

The effective date of change is January 1, 2024.

1. Public comment regarding subject matter.

B. Subject: Changes to inpatient reimbursement methodology for CAHs and unbundling of payments for LARC provided during an inpatient maternity stay at a CAH (PT 75).

The Division is proposing an amendment to the Nevada Medicaid State Plan Attachment 4.19-A, Page 15-15a, to shift inpatient reimbursement for CAHs from cost-settled reimbursement rates to cost-based reimbursement rates. The intent of these changes is to simplify rate-setting processes for both providers and the agency and also provide more predictability for providers. These changes are also anticipated to eliminate delays in reimbursing providers at cost; currently, providers are not “made whole” for a fiscal year until a cost report audit has been completed. The proposed methodology would utilize cost report information to establish rates, which would then be inflated to the current time period. This inflationary measure would replace the cost-settlement process.

Provider-specific, cost-based rates will be established for all CAHs for Medical/Surgical/ICU revenue codes. Provider-specific, cost-based rates will also be established for maternity, newborn, and psychiatric/detoxification services for the facilities that render these services. Reimbursement rates will be established utilizing the most recently available audited cost reports. The reimbursement rates will be inflated using the MEI to inflate costs to current; there will be no cost-settlement. Calculated rates will then be inflated annually using MEI for the two following years before being rebased every third year, with the first rebase occurring for reimbursement rates effective January 1, 2027.

Additionally, the Division is proposing changes that unbundle costs for LARCs from the inpatient maternity per diem rates; this would allow CAHs to be reimbursed separately for LARC devices and the insertion/removal procedure when provided as part of an inpatient maternity stay. During the 2023 Nevada Legislative Session, SB 280 was passed and signed into law. This bill requires that hospitals “provide for the insertion or injection of certain long-acting reversible contraception if requested by a patient giving birth at a hospital.” Given the cost of LARC devices, the Division is proposing an amendment to the maternity payment methodology. These changes will allow CAHs to bill separately for both the LARC device and insertion/removal procedure, in addition to the existing maternity per diem payment. Payments for LARC devices will follow the existing pharmacy reimbursement methodology; insertion/removal procedures will be reimbursed according to the existing reimbursement methodology for the provider type.

This proposed change affects all Medicaid-enrolled providers rendering services in a critical access hospital setting, including but not limited to Critical Access Hospital (PT 75).

Estimated change in annual aggregate expenditures: The Division does not anticipate changes in spending in moving from cost-settled rates to cost-based rates for inpatient critical access services. The inflationary factor applied as described above is expected to cover the additional costs that would currently be paid via a cost-settlement.

However, there is an estimated decrease in annual aggregate expenditures tied to the unbundling of LARC devices and insertion/removal procedures for:

SFY ~~2023~~2024: (\$4,903)

SFY ~~2024~~2025: (\$11,503)

The effective date of these changes is January 1, 2024.

1. Public comment regarding subject matter.

C. Subject: Changes to the reimbursement methodology for swing-bed hospitals

The Division is proposing an amendment to the Nevada Medicaid State Plan Attachment 4.19-D, Page 14 to amend the reimbursement methodology for swing-bed hospitals. During the 2023 Nevada Legislative Session, SB 241 was passed and signed into law. SB 241 required the Division to begin reimbursing swing-bed services at an amount equivalent to the cost of providing the service. Currently, swing-bed hospitals are reimbursed based on the average weighted budget neutral per diem paid to skilled nursing facilities. The Division is proposing a reimbursement methodology that would establish cost-based interim rates for hospitals that would be settled to 100% of allowable costs under Medicare principles of retrospective reimbursement.

This proposed change affects all Medicaid-enrolled providers delivering inpatient swing-bed services, including but not limited to Swing-bed (PT 44).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY ~~2023~~2024: \$240,558

SFY ~~2024~~2025: \$590,272

The effective date of this change is January 1, 2024.

1. Public comment regarding subject matter.

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

Subject: Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Long-Acting Reversible Contraception (LARC) Carve-out

The State is proposing a State Plan Amendment to Attachment 4.19-B, Page 1 (Continued p.6) to allow for reimbursement to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) outside of their established Service Specific Prospective Payment Systems (SSPPS) Rates for Long-Acting Reversible Contraception Services (LARC). Services will include the cost for the device and insertion/removal of the devices.

The following Provider Type (PT) will potentially be affected by this change:

PT 17 Special Clinics, Specialty 180 Rural Health Clinics and Specialty 181 Federally Qualified Health Centers.

This proposed change affects all Medicaid-enrolled providers delivering FQHC or RHC family planning services.

There is an estimated decrease in annual aggregate expenditures related to carving-out LARCs from the FQHC/RHC Encounter Rates for:

SFY 2024: (\$1,173, 286)

SFY 2025: (\$2,449,867)

The effective date of this change is January 1, 2024.

- a. Public comment regarding subject matter.
- ~~6-7.~~ Adjournment

NOTE: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmlzM2NmOGEtMjk3MC00ZWwLWEwOWUtMTI1NzZmYWQwZTM%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d

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 will 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 Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at <http://dhcfp.nv.gov> and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact documentcontrol@dhcfp.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701).

DHCFP, 1100 E. William St., Suite 101, Carson City, Nevada 89701
DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102
DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

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Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible in advance of the meeting, by e-mail at documentcontrol@dhcfp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.