

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Suzanne Bierman,  
JD MPH  
Administrator

## FINAL MCAC MEETING MINUTES

Date and Time of Meeting: Tuesday, April 20, 2021 at 9:00 A.M.

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: WebEX

MCAC Voting Member Attendance	
Member Name	Present
Rota Rosaschi, Chairperson	X
Peggy Epidendio	ABS
Kimberly Palma-Ortega	X
Aaron Dieringer	X
Ryan Murphy	X
June Cartino	X
Kelsey Maxim	X
Non-Voting Member Attendance	
Ihsan Izzam	X

### Teleconference and/or WebEx Attendees

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

Cody Phinney, DHCFP	Cheri Glockner, Access to Healthcare Network (AHN)
Jessica Kemmerer, DHCFP	Lawrence Henry
Anthanasia (Sia) Dalacas, DAG	Shanna Cobb-Adams, DHCFP
Shawna DeRousse, UnitedHealth Group	Brett Salmon,
Shelean Sweet, Health Plan of Nevada (HPN)	Erin Colgan,
Rianna White, Fidelis Specialty Pharmacy	Lisa Bogard, Anthem
Debra Sisco, DHCFP	Steven Messenger, Nevada Primary Care Association
Jeffrey Murawsky, SilverSummit Health Plan (SSHP)	Suzanne Bierman, DHCFP
Sarah Dearborn, DHCFP	Veronica Alegria, DHCFP
Sarah Hunt, Nevada Hospital Association (NHA)	Amy Miller Bowman,

April Caughron, DHCFP  
Jan Henry, SSHP  
Laurie Curfman,  
Tiffany Saunders, Newey  
Betti Magney,  
Lea Tachen,  
Trey Abney,  
Aida Blankenship, DHCFP  
Dawn Lyons,  
Erica Drury,  
Cathy Vairo, DHCFP  
Laurine Tibaldi, HPN  
Lori Follett, DHCFP  
Phillip Burrell, DHCFP  
Valerie Balen  
Amy Levin, Anthem  
Kimberly Adams, DHCFP  
Sean Linehan, DHCFP  
Kelly Simonson, United Health Care (UHC)  
Bobbi Senn  
Katie Ryan  
Devan Seawright, UHC  
Jackie Matter,

Devan Seawright, UHC  
Jesse Liddell  
Joseph Turner, DHCFP  
David Olsen, DHFCP  
Antonina Capurro, DHHS  
Paula Pence, DHCFP  
Robyn Gonzalez, DHCFP  
Brandon Ford,  
Vimal Asokan,  
Joy Cleveland  
Todd Wood  
Antonio Gudino-Vargas, DHCFP  
Lisa Jolly, UHC  
Shirish Limaye  
Liusiana Tegan,  
Nancy Bowen,  
Marta Jensen,  
Ron Lanton,  
Tiffany Lewis, DHCFP  
Ellen Crecelius, DHCFP  
Erica Kearns,

**I. Call to order**

Chair Rota Rosaschi called the meeting to order at 9:10 A.M.

**II. Roll call**

Roll call was performed by Chair Rosaschi. Quorum was established for the meeting.

**III. Public Comment**

Chair Rosaschi opened the discussion for public comment in all venues. No public comment.

**IV. For Possible Action: Review and consideration for approval of meeting minutes from October 13, 2020, and January 19, 2021.**

Chair Rosaschi called for a motion to amend or approve the draft minutes from the October 13, 2020, and January 19, 2021, MCAC Quarterly Meetings. A motion to approve the draft minutes as presented was provided by Dr. Ryan Murphy, and a second was provided by Dr. Aaron Dieringer. Motion passed unanimously.

**V. Administrator's Report**

Suzanne Bierman, Administrator, DHCFP provided an update on the Administrator's Report. Administrator Bierman provided updates on the State Plan Amendments (SPA) for January 2021 through March 2021 that have been submitted to the Centers for Medicare and Medicaid Services. Administrator Bierman noted DHCFP is aware the MCAC has expressed an interest and desire to have information earlier in the decision-making process in order to provide more input. DHCFP is making every effort to move the process in that direction. An example of this will be in the presentation on services that will be considered for future additions. Administrator Bierman noted This proposed SPA to Attachment 3.1-A to add a Supplement to Attachment 3.1-A for Medication-Assisted Treatment (MAT) as required by section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, HR 6 and Section 1905(a) (29) of the Social Security Act. Section 1006(b) of the SUPPORT Act requires states to be implementing MAT as a mandatory Medicaid state plan benefit for categorically needy populations for the five-year period beginning October 1, 2020. This SPA will combine already required covered medications and services used in MAT for Opioid Use Disorder (OUD) into one section, this amendment is not new policy but rather a technical change to the State Plan, to keep DHCFP in compliance with CMS. The SPA was submitted March 1, 2021, with a retroactive requested effective date of October 1, 2020. DHCFP did cancel the April 27<sup>th</sup> public hearing. The next public hearing scheduled for May 25, 2021, includes additional information and updates on the 6% rate reductions that were required in Assembly Bill (AB)3 from the 31<sup>st</sup> Special Session. DHCFP has submitted SPAs and a waiver for the Specialty Pharmacy Program, which is also required by AB3 of the 31<sup>st</sup> Special Session. The Specialty Pharmacy Program is specific to the Fee-For-Services (FFS) delivery model and reduces the cost of hemophilia drugs to State. A 1915 B waiver of choice allows selective contracting with a single vendor but does have exceptions for individuals being treated within State Hemophilia Treatment Centers.

Administrator Bierman provided updates to the Medicaid Services Manual (MSM) for January 2021 through March 2021. Administrator Bierman noted there were several updates made to the Home and Community Based Services (HCBS) Waiver that were effective February 1, 2021. MSM Chapter 2100 – HCBS Waiver for Individuals with Intellectual and Developmental Disabilities (ID waiver), was updated to align with the current Waiver for ID renewal which was approved October 1, 2018. The update also includes language from the Cares Act where HCBS can be provided in an acute care setting, changes to the intake process, and updates to the language for consistency and clarity throughout the chapter. Revisions to MSM Chapter 2200 are proposed to align with the recent Fail Elderly (FE) Waiver renewal, to include language from the CARES Act where HCBS can be provided in an acute care setting, changes to the intake process, and updates to the language for consistency and clarity throughout the chapter. Revisions to MSM Chapter 3900 is proposed as the Assisted Living (AL) Waiver expired on June 30, 2014 and was combined with the FE Waiver effective July 1, 2014. Services provided under AL will be moved to MSM Chapter 2200 HCBS Waiver for FE. These changes were effective February 1, 2021. Administrator Bierman noted the next series of updates are related to transportation services. MSM Chapter 1900 changes define the policy and coverage of Non-Emergency Secure Behavioral Health Transports, based on regulations passed due to AB 66 from the 2019 Legislative Session. Minor formatting revisions are proposed to the Non-Emergency Transportation (NET) policy section within MSM Chapter 1900. The next update is to MSM Chapter 4000 – 1915(i) HCBS State Plan Option Intensive In-Home Services and Crisis Stabilization. These changes were effective as of January 27, 2021, and included an additional care coordination model safety assessment family evaluation, to be utilized by County agencies when evaluating individuals to see if they are eligible for these services. Revisions to MSM Chapter 1000 – Dental Services, effective February 24, 2021. These revisions update the Nevada Medicaid policy to align

with the newest American Dental Association dental claim form, allowing forms 2012 through current. These changes should reduce provider burden. DHCFP is also proposing to remove a duplication of Congenitally missing teeth listed as part of the medically necessary orthodontics, automatic qualifying conditions. Revisions to MSM 1200, effective March 1, 2021. DHCFP proposed revisions to prescribed drugs Appendix A, to reflect recommendations approved on October 22, 2020, by the Drug Use Review (DUR) Board. New prior authorization criteria within a new combined section on osteoporosis agents: Doxepine Topical, Zeposia® (ozanimod), Evenity® (romosozumab-aqqg), Prolia® (denosumab), Forteo® (teriparatide) and Tymlos® (abaloparatide. New prior authorization criteria for within a new Gonadotropin Hormone Receptor (GnRH) Antagonist and Combinations section: Orilissa® (elagolix) and Oriahnn® (elagolix, estradiol, and norethindrone). DHCFP revised existing prior authorization criteria for psychotropic medications for children and adolescents, and revision to the existing clinical criteria for Epidiolex® (cannabidiol). Revisions to MSM Chapter 2000 – Audiology were effective February 24, 2021. Revisions to MSM Chapter 2000 are being proposed to update cochlear implant coverage for age nine months or older vs 12 months matching standard of care for this service. Children with hearing loss benefit from earlier intervention. MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services, effective March 31, 2021. Revisions to MSM Chapter 400 –Attachment C – Substance Abuse Agency Model (SAAM) Level of Care Grid, to increase access to Level 1 Outpatient Services and to decrease administrative burden on providers. These revisions include, aligning psychotherapy session limitations with other behavioral health providers, updating service limitations for peer support services before prior authorization is required, and adding additional clarifying language for crisis intervention services for recipients receiving crisis intervention for a mental health crisis.

Question in chat box from Ron Lanton asking if there are further expected actions with hemophilia. Chair Rosaschi requested Administrator Bierman to address. Administrator Bierman will verify with Pharmacy and provide an update in writing.

## **VI. Legislative Update**

## **VII. Transplant Coverage Presentation by Managed Care Organizations (MCOs)**

### **SilverSummit**

Dr. Jeff Murawsky, Chief Medical Officer presented on the heart and lung organ transplant experience. This is currently not a benefit under the Medicaid program in Nevada. PowerPoint provided to the members.

### **Health Plan of Nevada**

Shelean Sweet, Director Pre-Service Review presented heart and lung transplant policy and process review. PowerPoint provided to the members. Ms. Cody Phinney requested an explanation of what LVAD is for those that are not aware. Ms. Sweet noted LVAD stands for left ventricular assist device. In heart failure the heart does not pump as well as it should, and this device takes over the pumping capacity for the heart.

### **Anthem**

Dr. Levin, Medical Director presented Heart and Lung Transplant Experience. PowerPoint provided to the members.

### **SilverSummit**

Dr. Murawsky presented the conclusion. PowerPoint provided to the members. Dr. Dieringer noted it sounds like as a whole, Nevada does not have a lot of resources and would have to grow that for everybody to build any kind of transplant network. Dr. Dieringer inquired if there has been any talk with some of the big systems in the north or Las Vegas about doing this. Dr. Murawsky noted in the calls made with those centers, if more patients were eligible for transplantation there might be a population large enough that would incentivize them to start to grow the programs. Ms. Sweet noted there in not a lot of interest in lung transplant. There may be some reliance on the coordination of transportation

between states. Dr. Dieringer inquired if UMC still does kidney transplants. Is that covered with Medicaid currently. Ms. Sweet noted UMC does kidney transplants and they are covered by Medicaid.

## VIII. DHCFP Reports

- **For Possible Action: Review for consideration and approval of Bylaws**

Ms. Cody Phinney, Deputy Administrator presented the proposed revisions for the MCAC Bylaws. Chair Rosaschi requested information on what the composition of the committee would be. Ms. Phinney noted the Medical Care Advisory Committee (MCAC) would be board certified physicians and other representative of health professions familiar with the needs of low income population groups, members of consumer groups including Medicaid beneficiaries, consumer organizations, labor unions, cooperative and consumer sponsored, paid group practice plans are able to participate and the Director of either the Public Welfare Department or the Public Health Department, whichever is not the head of the Medicaid agency, which in Nevada is neither of those particular individuals. The MCAC would add those administrators. The membership selected from the two groups could broaden the participation. The Division of Health Care Financing and Policy has put out a call for applications and has received a large amount of interest in participating in the committee. Chair Rosaschi noted it is critical that the committee understand that we are going to be moving from less reporting to more action items. Participation is going to become much more critical because Medicaid will be looking to the expertise for input to move some of these policies. Dr. Kelsey Maxim noted it is a benefit that members would have to be more involved. Dr. Maxim agrees with the proposed changes. Chair Rosaschi noted the exhibit becomes very purposeful because it is going to tell the statement of need or purpose. In other words, why is the item being brought before the Committee. This will provide history and a better understanding of where the policy originated, what the concerns are and what items need to be addressed. Medicaid will present policy and regulations and the proposed change for discussion. Dr. Maxim inquired when the new Bylaws would go into effect and how it would affect the current Committee members. Ms. Phinney noted DHCFP's intention would be to fill openings on the Committee using the interest that DHCFP has received. The positions would be filled using the new categories. The term limits would start from the effective date of the Bylaws.

Dr. Ryan Murphy moved to accept the Bylaws as presented. Dr. Maxim seconded. Motion passed unanimously.

Ms. Phinney noted the Bylaws were reviewed and approved by the Director of the Nevada Department of Health and Human Services

- **1115 SUD Demonstration**

Ms. Sarah Dearborn presented the Proposed 1115 Substance Use Disorder (SUD) Demonstration Waiver. The PowerPoint was provided to the members. Chair Rosaschi inquired if there has been any public pushback or concerns. Ms. Dearborn noted this has been presented at this quarterly meeting and the Tribal Consultation meeting that was held last week. Through two different communications, DHCFP has received no pushback rather much support for this waiver, also as stated within the presentation, this goes along with Senate Bill 154 as well.

- **Quadrennial Rate Review Surveys**

Ms. Shanna Cobb-Adams presented the Quadrennial Rate Reviews. The PowerPoint was provided to the members. Chair Rosaschi inquired if there is a reason as to why the providers are not responding. Ms. Cobb-Adams noted DHCFP has multiple ways in which they have reached out to providers. The surveys that are included in the 2020 and 2021 report are from calendar years 2018 and 2019. Ms. Cobb-Adams noted some of the providers may be confused on the surveys. Some of the smaller providers are not necessarily sure how to capture cost on a procedure code basis. The surveys are designed by procedure

code. DHCFP is hoping to resolve the confusion through public workshops. Chair Rosaschi noted in the report, the providers that responded, DHCFP was able to move up and make recommendation to do something about their funding levels. So clearly a response does trigger a potential positive outcome. Ms. Cobb-Adams noted the more responses received, the better DHCFP is able to calculate the median cost. DHCFP reviews all provider responses and does not distribute any provider specific cost information in the reports. It is all calculated based on the median and then projected out. So, there is not any information being published that the providers would not want others to see. DHCFP does look at other State's cost information and Medicare as well, but it does not help in looking at the reimbursement levels here in Nevada. Chair Rosaschi noted this is a public meeting and an opportunity for the public to come and speak and share their areas of concern.

**IX. Public Comment**

No public comment was provided.

**X. Discussion and possible action on future agenda items.**

No items provided.

**XI. Adjournment**

Chair Rosaschi adjourned the meeting at 10:40 A.M.