

Steve Sisolak
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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

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

**Public Hearing August 13, 2020
Minutes**

Date and Time of Meeting: August 13, 2020 at 9:21 AM

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

Place of Meeting: WebEX

Teleconference and/or WebEx Attendees

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

Homa Woodrum, Deputy Attorney General (DAG)	Monica Packer, Hometown Health
DuAne Young, DHCFFP	Phil Burrell, DHCFFP
Cody Phinney, DHCFFP	Kirsten Coulombe, DHCFFP
Suzanne Bierman, DHCFFP	Zohar Mizrahi, DHCFFP
Tiffany Lewis, DHCFFP	Chelsea Heath, DHCFFP
Katie Day, DHCFFP	Robyn Gonzalez, DHCFFP
Heather Lazarakis, DHCFFP	Janice Hadlock-Burnett, DHCFFP
Melissa Laufer-Lewis, DHCFFP	Shanna Cobb-Adams, DHCFFP
Anthony Collins, DHCFFP	Nick Castellanos, DHCFFP
Sandie Ruybalid, DHCFFP	Paul Bonaldi, DHCFFP
Paula Pence, DHCFFP	Mary Field, DHCFFP
Trish O'Flinn, DHCFFP	Melody Hoover, DHCFFP
Jeff Majeske, DHCFFP	Susan Whitenack, DHCFFP
Serene Pack, DHCFFP	Bailey Lewis, DHCFFP
April Caughron, DHCFFP	Barbara Ramirez, DHCFFP
Jack Zenteno, DHCFFP	Angel Brazil, DHCFFP
Carin Hennessey, DHCFFP	Debbie Jordan, DHCFFP
Laura Palotas, DHCFFP	Veronica Alegria, DHCFFP
Michael Uva, DHCFFP	Nicholas Greene, DHCFFP
Sheila Heflin-Conour, DHCFFP	Palia Sturgis, DHCFFP
Ashley Barton, DHCFFP	Dawn Boyter, DHCFFP
Casey Angres, DHCFFP	Jessica Kemmerer, DHCFFP
Ellen Flowers, DHCFFP	Tammy Moffitt, DHCFFP
Tanya Benitez, DHCFFP	Sean Linehan, DHCFFP
Lori Follett, DHCFFP	Kimberly Adams, DHCFFP
Lisa Dyer, DHCFFP	Amy Chimits-Paules, DHCFFP
Kurt Karst, DHCFFP	Russ Steele, DHCFFP
Aida Blankership, DHCFFP	Les Jacobs Lenise Kryk
Matthew Lastimosa	Brett Frey
Brandon Ford	Jelyne Floro
Kevin McBride	Matthew Lehman

Theresa Bohannon
Leann McAllister
Anita Englishf
Erica Drury
Erik Lovaas, Lovaas Center
Jarod Hildebrand
Valerie Hicks
Mary Ann McCauley
Raina Gaddis
Bill Ziesmer
Chris Bosse, Renown
Dave Doyle
Charles Ellis
Crystal Barrio-Ordonez
Jennifer Ripley
Sam Metz
Melissa Wood
Gary Smith
Yeni Medina
Luus Willalobos
Joseph Turner
Margaret Dillon, DHCFP
Sarah Dearborn, DHCFP
Laura Brock-Kline, DHCFP
Jaime Hutchison, DHCFP
Christine Wilson, DHCFP
Candace Allen, DHCFP
Denise Stokich, DHCFP
Debra Sisco, DHCFP
Melody Hall-Ramirez, DHCFP
Cherise Caldwell, DHCFP
Steve Messinger
Elaine Brown
Kimberly Gulling
Joe Abittan
Bruce Morgenstern
Cheryl Ariola
Blayne Osborn
Michelle Jackson
Julie Slabaugh
Kevin Mitby-Manning
Becky Parkey
Monique Guevara
Brandon Ervin
Matt Walker
Riley Kline
Jennifer Shaffer
Ashley Iverson
Jimmy Lau
Sheila Barela
Michael Brunner
Anna Metzger
Monique Harris

Pam Berek
Alice Schumacher
Christopher Vito
Bill Welch
Susan Fisher
Jon Bilstein
Erika Loveland
Brian Kleven
Amanda Priess
Matt Robinson
Blanca Hernandez
Helen Foley
Maxine Hartranft
Aaron Ibarra
Jeffery Stroup, DHCFP
Basil Dibsie, Silver Summit
Marlene Lockard
Ashley La Verne
Vanessa Torti
Jessica Ferrato
Laurie Curfman
Dodie Poppenga, DHCFP
Monica Schiffer, DHCFP
Sarah Lamb, DHCFP
Kelly Woods, DHCFP
Abigail Bailey, DHCFP
Sandra Villalvazo-Warner, DHCFP
Casandra Davis, DHCFP
Ellen Crecelius, DHCFP
Jaimie Evins, DHCFP
Melissa Madera
Rocio de la Opena
Stephanie Roeckner
Ashley Mager
Susan Nijunga, DHCFP
Yadira Holmes
Lisa Sarro
Marla Williams
Ashley Jonkey
Lisa Santwear
Mike Draper
Kerri Korin
Steven Wiawn
Rebecca Arvans
Dena Schmidt
Eva Medina
Matt Varitek
Jan Henry
Jen Stephenson
Jamie Johnson
Jeffrey Roth
Melissa Madera
Todd Sklamberg

Yesenka Tejada
Michael Hackett
Kara Martinezmoles
Erin Russell
Valerie Tines Braggs
Bailey Bortolin
Christine Hall
Tina Bellerose
Sara Hunt
Barbara Scherrer
Jennifer Frischmann
Carmella Gadsen
Donna Clarke
Angela Storseth
Ronald Swanger
Sarah Zita
Allison Genco
Celeste Hansen
Jeffrey Klein
Eric Schmacker
Ronald Walter
Marc Lavigne
Sandi Lehman
Sheri Oswald
Corinne Trenholm
Michelle Killian
Terri Janison
Lea Cartwright
Joe Smith
Ana Alvarezamaya
Brittany Estin
Gabriela Ortega
Kaci Hayes
Paige Barnes
Lara Tobias
Maria Liebermann
Jasmine Troop
Gillian Barclay
Misty Grimmer
Cheri Glockner
Abbie Chalupnik
Samantha Jayme
Amy Goldstein
Joshua Coello
Dan Musgrove

Troy Conant
Jennifer Bevacqua
Leticia Cortez
Joseline Aviles
Jeanne McLaws
Darby Anderson
Raquel Lopez
Adam Harris
Jeanette Belz
Lynette Dean
Mari Nakashima
Marta Jensen
Heather Korbolic
Katharina Lau
Deirdre Flannery
Rebecca Coons
Andre Cisne
Crystal Wren
Nicole Willis-Grimes
Jessica Adams
Laura Hale
Adam Woodrum
Brian Hager
Jenna Brackin
Sarah Bellemare
Lindsay Knox
Antonina Capurro
Charles Duarte
Brian Evans
Fred Gibison
Tim Barr
Valerie Padovani
Katie Ryan
Connor Cain
Michael Mavromatis
Teresa Parraga
Catherine O'Mara
Lindsey Linfante
Trent Hansen
Edylynn Quijano
Lela Walker
Jesse Wadhams
Karen Massey
Rabecca Fisher
Belinda Garey

1. **Introduction:**

Cody Phinney, Deputy Administrator, DHCFP, opened the Public Hearing introducing herself, Ms. Suzanne Bierman, Administrator, DHCFP and Ms. Homa Woodrum, Deputy Attorney General (DAG).

Cody Phinney – The notice for this public hearing was published on July 29, 2020 and revised on August 7, 2020 in accordance with Nevada Revised Statute (NRS) 422.2369.

Cody Phinney reminded everyone that the hearing is for amendments to the State Plan only. Revisions to the Medicaid Services Manual (MSM) will not be addressed at this hearing.

Cody Phinney advised an electronic system is being used to ensure the safety and participation of everyone wanting to participate, and it is very important that all feedback is heard. The chat box is available for any comments or technology challenges.

Cody Phinney instructed comments would be called by provider types (PT) on some of the agenda items for organizational purposes, but if individuals represent more than one PT, to please feel free to speak at any one of the PTs, as it is just a tool to try to organize such a large number of people under these challenging circumstances.

Suzanne Bierman advised the hearing addresses changes to the State Plan the division is submitting to the Centers for Medicare and Medicaid (CMS) to implement reductions to the Medicaid budget that were passed in July during the 31st Special Session of the Nevada Legislature. Economic conditions related to the COVID-19 pandemic have caused significant strain on Nevada's economy resulting in a 1.2 billion shortfall in the state fiscal year 2020-2021 budget. In order to address the shortfall, the governor called the legislature into session on July 8, 2020 where Assembly Bill 3 (AB3) was presented. AB3 directs the DHCFP to reduce reimbursement rates in the fee schedule for providers by 6% and to eliminate the increase in the acute care per diem hospital reimbursement rate passed in the 2019 legislative session. These changes require amendments to the Medicaid State Plan and are effective at the end of the hearing. The actions the division is taking are required to implement AB3, which also provided Nevada Medicaid with the flexibility to accept additional money not appropriated from the State General Fund or the State Highway Fund during fiscal years 2019-2020 or 2020-2021 to support the Nevada Medicaid and Checkup budgets. This flexibility is critical as the COVID-19 pandemic has introduced a great deal of uncertainty and volatility in the Medicaid program and budget.

Suzanne Bierman explained there are three main variables contributing to the lack of predictability in the Medicaid budget. Federal funding, caseload changes and utilization patterns. Nevada's caseload has increased 11% since February 2020 and continues to increase as new applications are received daily. It is believed that Nevada has not yet seen the full impact of caseload increases as a result of the COVID pandemic. Nevada Medicaid continues to closely monitor these variables and the impact they have on the Nevada Medicaid budget. These variables are volatile, and it is too early in the current state fiscal year to determine whether the current budget will allow the Division the opportunity to utilize the flexibility provided under AB3 for the restoration of any reductions. Per Suzanne Bierman, the Division will be closely monitoring the impact the rate reductions have on Access to Care as is required by the CMS.

Suzanne Bierman stated the dedicated work and commitment of Nevada's Medicaid providers to serving the state's most vulnerable population is appreciated and valued and comments are encouraged both verbally and in writing to demonstrate the impact of the reductions and to inform the division's planning efforts that comments and questions heard today will be published in a frequently asked questions (FAQ) document.

Cody Phinney advised agenda Items 12 and 14 have been withdrawn and will not be heard at this hearing. If there are any comments regarding these, the comments may be submitted in writing. Item 12 was the Discussion of Proposed Amendments to the 1915(c) Home and Community Based Waiver for the Frail Elderly which includes PT 48, PT 57, and PT 59 and Item 14 the Discussion of Proposed Amendments for the Physical Disabilities Waiver under PT 58 Home and Community Based Waiver for Persons with Physical Disability (PD).

2. Public Comments

Les Jacobs commented and expressed his concern that the 6% reduction requested for Adult Day Services (PT 39), would roll back the reimbursement rate to pre-2004 rates. A rate increase was finally achieved 2 years ago for the first time in 14 years. It would be unfair to roll rates back to what it was 16 years ago. He stated that his facility is the only adult daycare center he knows of that is open on weekends, and due to the changes with Nevada Medicaid's method with issuing prior authorizations, they have just about lost all weekend clients. The 6 % roll back would be devastating to the adult daycare program. Les Jacobs added he realized PT 48 has been removed already and is asking that PT 39 be revoked also.

Lenise Kryk read a statement provided by the Nevada Commission on Autism Spectrum Disorders: See Attached.

Matthew Lastimososa inquired if this reduction affects subspecialties in PT 20, for example, pediatric gastroenterologists. In some areas there is only one in an 800-mile radius.

Tiffany Lewis responded that is correct. All specialties under applicable PTs will be affected.

Lastimososa advised this will greatly affect the Reno and Carson areas where there is only one pediatric gastroenterologist.

Dr. Brett Frey, who is an emergency physician with Northern Nevada Emergency Physicians and serves as the president of the Nevada Chapter of the American College of Emergency Physicians, which represents approximately 500 emergency physicians in the state of Nevada, highlighted the impact and timing of these cuts to Medicaid and the current fragile state of primary and preventative care. He advised they echo the comments of their colleagues in the Nevada State Medical Association (NMSA) when they comment. He advised there are two main types of emergent patients. The first is spontaneous emergencies, for example car accidents, amputations, heart attacks and strokes. The second is preventable emergencies which are complications of diabetes, heart failure, and COPD/emphysema, which can progress due to poor access or delays in primary care. The emergency department is the safety net for those most in need and most vulnerable in the state and serves as the default primary care when there are no reasonable options for primary care in the region.

Dr. Frey stated they are happy to care for all who need their services but asked the board to appreciate the wisdom of our grandmothers "An ounce of prevention is worth a pound of cure." He advised they are concerned about the impact of the Medicaid cuts, especially in relation to the access of care in the primary and pediatric setting. Many providers will need to significantly diminish the percentage of their practice which cares for the Medicaid patients or eliminate it altogether to remain solvent. Thus, many patients will have no other option than to present to the emergency department in a more advanced diseased stage, which ultimately costs the state much more over time. He explained the emergency departments have become the default for patients seeking access to specialty care when unable to receive a referral to a specialist due to poor primary care access. This is very risky for those most vulnerable and costs the healthcare system much more in the long run.

Dr. Frey further stated a population health approach with a robust primary care network is essential to the future of true health in the communities as well as the financial health of Nevada long term. He said they are grateful Federally Qualified Health Centers (FQHC) in rural centers are being protected from these significant cuts, as the facilities are critical for many. Unfortunately, the impact of cuts to primary and pediatric care are significant and are already in a fragile state. These centers will simply not be able to absorb the increase in Medicaid populations over time, and this is a time they are needed the most. The FQHC and other community partners cannot sustain an increased utilization rate, as they are already overburdened. This is a recipe for burnout and will ultimately prove to have significant difficulties in provider recruitment overtime. Dr. Frey added they understand the devastating impact the pandemic has had on the state's budgets and know everyone must take part in the solutions in the recovery of the state, but their question today is centered around the need to make

the cuts right now as based on the comments during the Special Session that there is additional Federal Medical Assistance Participation (FMAP) funding and reserves that could delay these cuts until the end of the year, They are requesting a delay in the cuts until the federal matching funds and all reserves are absorbed.

Brandon Ford, Best Practices Nevada, See Attached.

Jelyne Floro, Aveanna Healthcare, See Attached.

Kevin McBride, Aveanna Healthcare reiterated Jelyne Floro's comments, specifically regarding the impact on their ability to hire and retain nurses to provide care to the most medically fragile and vulnerable children and adults throughout the state of Nevada. He advised this will directly affect and increase the cost on the state by increasing the rehospitalizations and institutionalizing these patients by taking them away from their families. In addition, it will put patients in a more vulnerable position to possibly contracting COVID-19, verses being safe in the comfort of their own home with a couple of nurses to provide care.

Theresa Bohannon commented on the 6% rate reduction for Medicaid Services. She advised she is the parent of a medically fragile child who has a severe heart condition. Theresa Bohannon is advocating for children who have situations that put them in a fragile state. She is concerned of the impact these cuts on providers will have on individuals who will not be receiving adequate care. Theresa Bohannon said even though her son is not on Medicaid, she is concerned with the ripple effect and right now given the impacts to providers with COVID-19 she knows many providers are in a situation where they are having to close their doors. Reducing rates for Medicaid patients could cause this to happen even faster. She stated there have been too many revenue impacts that have impacted the lowest income and the most vulnerable. She feels it is best to look to other places to make reductions and ensure the most vulnerable children are protected during the pandemic and to guard against these reductions becoming the norm for the state of Nevada, which already has some of the lowest reimbursement rates for Medicaid services. She advised she knows there are studies that prove for every dollar that is spent in prevention for Medicaid, is a dollar saved down the road. The 6% reductions will cost Nevada gravely in the future and she urged the state to look to other places to make these reductions and not put them on the backs of the most vulnerable.

Alice Schumacher commented on her concerns with the proposal of the 6% cut of reimbursement. These cuts will impact the home health agencies in the state of Nevada that provide care for the Medicaid pediatric and adult patients cared for in their homes by their parents and family. Cutting back on the reimbursement rate will significantly affect the agencies' abilities to attract nurses to come into the home to assist with the patient's care. There is already a nursing shortage in Nevada. Private duty nursing needs more support to assist the community in the safest and cost-effective way in the home setting for these patients. Ms. Schumacher continued that she feels they will continue to have difficulties hiring and will possibly start losing nurses with the reduction in the reimbursement rate.

Anita English addressed the decrease in PT 29 from the perspective of a mother of an adopted, seriously handicapped, medically fragile child. She feels taking funds from the most fragile, at risk population will have a devastating effect, not only on the families and the children, but will likely cause a domino effect, costing the state much more money in the short and long term. These reductions will increase hospital admissions, and as these children are frequently on ventilators with trachs they will not be for general admission, they will be (Intensive Care Unit) ICU admissions. Many are also immune deficient and will end up having nosocomial infections and longer lengths of stay. Anita English stressed she feels this will also increase care giver burnout and fatigue causing many families to put their children in long term care facilities. Many single parents will be unable to work causing them to utilize even more services. This will also decrease the number of people willing to adopt medically fragile children.

Christopher Vito, Nevada Adult Day Health Care Centers, reiterated Les Jacob's comments earlier. He is advocating for the seniors and disabled in Nevada. Christopher Vito feels adult day health care level of care is in demand. He advised they provide 6-12 hours of care with a nurse for \$57.20. In terms of cost

effectiveness, \$4 or \$5 dollars an hour to care for an elderly and disabled person is cost effective and it is also preventative care.

Erica Drury, Maxim Health Care Services which is a national provider of home health care and private duty nursing services to medically complex and vulnerable patient populations in the state. Maxim primarily serves the most fragile children in the state of Nevada. Those needing skilled nursing services, and ventilators to manage their chronic condition to keep them safe in their homes and communities under PT 29 for Home Health. Their goal is to keep these children in a setting that gives them the best chance to thrive, be happy and able to access the community in which they live. This is a cost-effective alternative to institutional settings, which the children will be forced into if these cuts are implemented. The proposed 6% rate cut would paralyze their program and make them unable to continue to provide services to the beneficiaries under the Nevada Medicaid Program. Erica Drury advised that Maxim requests the state reconsider these cuts as the program is an effective cost containment for the state, which is essential during these unprecedented times.

Erik Lovaas spoke regarding Applied Behavioral Analysis PT 85. August 16, 2020 marks 24 years of providing services in Nevada. He was the first to bring Applied Behavioral Analysis services to Las Vegas. As of today, 1 in 56 children will be diagnosed with Autism. The treatment that is used to help these children is called Early Intensive Behavior Intervention and when caught early and treated intensively, 47 % of children can lose their diagnosis and go on to pay taxes. Erik Lovaas commented on statistics that support cuts to the registered technicians' rate will put Nevada at the lowest in the nation. He said there is much cost analysis studies showing that even though treating a child with early intensive behavioral intervention is very expensive (approximately \$250,000 over the course of 4-5 years), the cost of not treating and subsequently put them into some kind of housing will cost between 2-3 million dollars at today's rates. Cuts to the registered technicians' rates will increase the tax burden in the future. Erik Lovaas advised the science is well established in this field and recognized by the US Surgeon General and much peer reviewed studies supporting outcomes.

Jaron Hildebrand, Nevada State Medical Association, See Attached.

Jon Bilstein, Comprehensive Cancer Centers in Nevada, which is Nevada's largest most comprehensive community-based physician led and owned practice, commented that more than 12,000 new patients are treated annually with 15 locations across southern Nevada. They are a multidisciplinary oncology group providing medical, hematology, radiation, and other services. They run approximately 140 clinical trials a year. Jaron Hildebrand remarked that during these unprecedented times financial constraints are being faced as well as the quickly rising Medicaid population. The 6% reduction in rates for Medicaid services will make it even more difficult for their practice to continue to treat such a high volume of Medicaid patients. He asked that discretion is exercised when delaying and restoring cuts and that practices such as his, who voluntarily serve high volumes of Medicaid patients, be kept in mind so they can continue to serve the cancer patients of Nevada.

Pam Berek is the mother of a medically fragile child with multiple disabilities and the 6% rate reduction will greatly affect her family. She wanted to underline that they are not just numbers on paper, they are families who are struggling to keep their children home and give them the best care they possibly can. She advised parent and caregiver burnout is a real thing when taking care of loved ones. She asked for reconsideration of the proposed cuts. Pam Berek stated home health care saves money in the long run and the parents caring for their children at home need help to do so. They do not wish to institutionalize their children, which will save the state money in the long run. She also mentioned PT 85 and how it has literally saved their lives as they have a very difficult situation as their son was diagnosed with Autism at a very late age of 15, which was almost too late to help. These cuts will cause more children to not be diagnosed on time.

Susan Fisher spoke on behalf of the Nevada State Society of Anesthesiologists. (See Attached).

Bill Welch, Nevada Hospital Association, asked first to confirm there will be an opportunity to speak under each of the sections, and if so, he will abbreviate comments under general comments.

Cody Phinney advised that is correct but asked for the three-minute limit to be respected.

Bill Welch stated he wanted to confirm that the letter submitted by Nevada State Medical Association and Nevada Hospital Association and Nevada Health Care Association had been received and that it is included as part of the hearing's official record.

Homa Woodrum advised yes it has been received, dispersed and will be incorporated into the FAQ document as well.

Bill Welch replied the letter will suffice and he will make comments to the hospital part of the hearing.

Valerie Hicks, Specialized Alternatives for Youth (SAFY) Nevada and a member of Family Focused Treatment Association (FFTA), advised in the last several years they have seen cuts to rates to their treatment foster care population. The 6% additional cuts will reduce efforts to provide mental health care to the most vulnerable children. These children do not have the support of their biological families. They are in foster care and depend on the state to remember and see them. She said we hear about the tremendous impact mental health has on adults facing various crises, but where does that leave traumatized children. The severity of the mental health issues during the pandemic have increased. The foster parents are stressed, and the state is seeking to cut the support they are depending on. Foster parents are depending on their children being provided with adequate mental health support and recruiters so foster homes can be found for the children. While Medicaid does not directly pay for the recruiter, the cut in Medicaid rates will cripple the entire operations of their Treatment Foster Care Association. It will undermine their ability to provide quality mental health care and quality treatment foster care to our most vulnerable children. She asked for the panel to reconsider the cut. She asked as a resident, mother, and grandmother that Medicaid be taken off the table for cuts because these are the individuals without the state's support and will cost the state more in the future, causing them to not thrive and be productive parts of the community's recovery.

Erika Loveland, mother of a 13-year-old daughter with a rare chromosomal disorder who needs nursing care 24 hours a day. Erika Loveland is also a leader of an advocacy group who works with medically fragile and severely disabled children and their families by trying to help them receive the care they need. She wanted to make a note that with the 6% cut, the quality of nursing will go down. It is already not great, but with the additional cuts, it may go into the abysmal territory. She advised there have been several nights her daughter needed nursing care, but due to the nursing shortage in Las Vegas where they reside, there was not the ability to staff it. There is just not enough staffing for the kind of care needed. Thus, her family has been unable to keep up with her care causing her to need increased medical interventions, increased pulmonology visits, increased prescriptions and medications and increased hospitalizations, versus when she has solid home health care because of nurse availability. Erika Loveland said consistent nursing care reduces hospitalization and medical intervention and she just mainly needs preventative follow-up visits and follow-up care to keep her stable. Erika Loveland asked that the cuts at least be postponed and maybe look at possible federal funding to help fill the gap, as these are not the patients who can handle this type of cut.

Brian Kleven, Dignity Health St. Rose Dominican represents the hospital's Ambulatory Surgery Center's Medical Group, Ambulance Company and Acute Rehabilitation Center, stated they are opposed to the 6% Medicaid cuts for all health care providers and to the elimination of the small increases they secured at the beginning of 2020 regarding Neonatal Intensive Care and other inpatient acute care services. He stated he understood those cuts were not being addressed but wanted it added to the record. Brian Kleven said the 6% Medicaid cuts pose a risk to a population that is already extremely underserved, and the cuts will undermine any movement toward health equity. The Medicaid population needs these services. He advised they will do all they can to ensure the interim finance committee tries to use increased federal medical assistance percentage dollars to mitigate these cuts.

Raina Gaddis is a single mother of a 17-year-old medically fragile child with multiple disabilities. Raina Gaddis does not have many friends or family in Nevada to help care for her daughter because of her significant needs. She relies on services such as private duty nursing to help her so she can work to keep a roof over their heads and keep her daughter home and healthy. Her daughter has multiple specialists, tens of thousand dollars' worth of medications and supply cost equipment funded through Medicaid. Childcare is not possible due to her special needs. The domino effect due to these reductions could affect how many hours they have in nursing, which then affects how much Raina Gaddis can work, she could lose her job. There is a real lack of care support in Nevada and the pandemic has caused even more stress and anxiety. Raina Gaddis is considering her worst nightmare of institutionalizing her daughter if she cannot afford her care at home. She asked the board to please reconsider the cuts and to look into cuts elsewhere so she can keep her daughter home.

Amanda Priess, spoke on behalf of Carson Medical Group comprised of OBGYN, pediatrics, Family Medicine and EMT. They are PT 20 and PT 24. Their major focus is on preventative care, which will lose funding from the rate cuts. Amanda Priess urged a reconsideration on the 6% cut to provider payments so they are able to continue providing the federal care to this vulnerable population. She advised providers have already taken a huge hit during this pandemic. They were only seeing essential visits in order to prevent the further spread but kept all employees employed fulltime. They also incurred substantial costs related to protecting staff and patients. They currently see Medicaid patients as a community service and would like to continue. However, they cannot afford to take the 6% cut as the impact it would have on their income based on 2019 payment is equivalent to the salary of 5 fulltime employees and cannot take this additional loss. She implored the board to consider other budget cut solutions so the underserved Medicaid population can continue to receive the care they need.

Homa Woodrum stated for the record if there are comments for a specific PT, the format will be a presentation about that type with some details and then comments will be opened for that particular type as well and submission of written comments are encouraged.

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

Subject: Inpatient Hospital Services 6% Rate Reduction; Reversal of Medical/Surgical Rate Increase
Tiffany Lewis reported the DHCFP is proposing an amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.19-A, pages 1 through 9a, 10 and 14 through 15a to amend the reimbursement methodology for inpatient hospital services. The proposed changes will reverse a 2.5% increase to Medical/Surgical/ICU services that was approved during the 2019 Legislative Session. Additionally, the proposed change will enact a 6% decrease for all services within this category, including Medical/Surgical/ICU Services. In order to achieve the 6% rate reductions, a factor of 0.94 was multiplied by the rates in effect upon publication of this agenda.

This change will affect PT 11 (Inpatient Hospital).

The estimated decrease in SFY 21 aggregate expenditures for Inpatient Hospital Services is broken down as follows:

Medical/Surgical (Acute Care) Services	(\$11,530,696)
PT 11 Inpatient Hospital 6% Rate Reduction Impact	<u>(\$76,162,850)</u>
SFY 2021 Total Computable Fiscal Impact	(<u>\$87,693,546</u>)

The effective date of this change is August 15, 2020.

At the conclusion of Tiffany Lewis's presentation, Cody Phinney asked if there were any additional public comments at this time related to PT 11 (Inpatient Hospital Services Rate Reduction; Reversal of Medical/Surgical Rate Increase).

Public Comments:

Bill Ziesmer, spoke on behalf of Sunrise Hospital and Sunrise Children's Hospital. Sunrise is the state's largest provider of Medicaid services. They are proud of their record in the community and particularly proud of their quality of care provided to their patients, including their Medicaid patients. Bill Ziesmer advised they strongly object to the cuts being proposed. They have real concerns of the impact on their ability to continue to care for Nevada Medicaid patients. When faced with Medicaid cuts in the past, they did everything they could to avoid cutting services. Today's proposed cuts make this impossible. Prior to the 25% increase in Neonatal Intensive Care Unit (NICU) rates that the Legislature approved in 2019, Sunrise was prepared to make cuts to the NICU program. Today's cuts will force them to make cuts in Medicaid services. They are currently in the process of reviewing service lines to determine which services can be saved and which they will be forced to reduce. Bill Ziesmer said Medicaid has the responsibility to cover at least most of the costs of the Medicaid services that are provided, but by making these cuts, Nevada has advocated that responsibility. This is an incredibly difficult position to put hospitals in, especially when there is so much need in the community and when it appears there are federal dollars that the state has obtained. These cuts will result in lack of access of care and the DHCFP must ensure that it has fully considered the real consequences of these cuts to Nevada's most vulnerable patients.

Gary Smith, testifying on behalf of the Universal Health Services, Valley Health System and Northern Nevada Medical Center, Desert View Hospital in Pahrump, Desert Springs Hospital, Centennial Hills Hospital, Henderson Hospital, Spring Valley Hospital, Sunrise Hospital, Summerlin Hospital and Valley Hospital, advised they have two major concerns regarding the rate cuts and the impact to access of care for both Medicaid population and all Nevadans. The first point is when rate cuts are decreased, hospital margins follow suit and as an industry, health care lines that cost the facility too much to maintain are reviewed. A few years ago, Valley Health System and Valley Hospital had to make the tough choice to close OB and the NICU at Valley Hospital. This rate decrease presents the potential for Nevada hospitals to review services and make difficult decisions to discontinue some services in order to keep the overall hospital viable. The second point is access to skilled nursing facilities and other subacute providers. There is usually a cap limit on the number of Medicaid patients accepted as transfers from the acute care facility. Reducing reimbursement has the potential for the subacute to further reduce these caps. The acute hospitals are already impacted by this daily. If more Medicaid patients remain in the acute care setting when the appropriate level of care would be subacute. This is not only financially impacting the acute hospitals, but these patients are taking up acute beds that may be needed for other patients. At any time, the COVID-19 situation could max the capacity of the Nevada hospitals, and if that occurred, they would not want Medicaid patients in need of subacute facilities clogging up the acute care beds.

Bill Welch emphasized comments from previous speakers. He advised he wanted to put into perspective what is happening with the proposed cuts. These proposed cuts will take hospitals back to pre-1999 levels for reimbursement for services. He advised they wished the costs for providing services could be taken back to pre-1999, but unfortunately they are not only at 2020 levels, they are exacerbated with regards to their supplies because of the shortage worldwide in supplies being available as a result of COVID-19. Hospital average inpatient utilization is running 27% of their total patient population. That is up more than double than what it was a few years ago. Outpatient services have grown to be 38% of their volume in the emergency rooms (ER). Of this 38%, ER volume of Medicaid recipients, 41% of those patients are there for primary care issues, not urgent or emergent care services. Additionally, on a daily average over a hundred patients are being seen who are waiting for lower level of care services such as long-term care facilities, skilled nursing facilities and etc.

Bill Welch continued that they believe it has already been demonstrated there is already an inadequate provider network for Medicaid recipients and that these additional cuts will only exacerbate the situation and cause even more individuals having to depend on the hospital ERs to receive care. This, combined with the growing Medicaid enrollees, is a situation needing to be reconsidered. He asked the FMAP enhancement funds the state has been notified of receipt in the fourth quarter be used to offset and/or reduce any proposed rate reductions. He also proposed a request that any additional funds that may be continued beyond the end of this calendar year would also be used to offset any rate reductions to providers that provide care for Medicaid recipients. Lastly, he added that any carry over monies from prior years that are unobligated for potential future claims, also be used to offset any proposed rate reductions.

Chris Bosse, Renown Health, shared concerns regarding the 2.5% rate rollback from the 2019 hospital inpatient Medicaid rate increase and the additional 6% across the board rate decrease approved in AB3 in the 31st Special Session. She advised these rate reductions will significantly impact access to care for Medicaid recipients. Chris Bosse advised of some key areas of concern. First is timely access to primary care due to fewer providers being able to afford to care for Medicaid recipients. They are already seeing a disproportionate use of the ER for Medicaid patients not needing inpatient care. At Renown Regional, Medicaid patients represent about 20% of all services provided and Medicaid utilization in the ER represents more than 40% of the ER outpatient services provided. With fewer providers willing to accept Medicaid patients, it is expected Medicaid patients will end up delaying their care and eventually seeking more of their care in the ER, which will result in increasing the overall cost in their care. This will cause overcrowding in the ER, which will impact access to all patients seeking care in the ER.

Chris Bosse advised the second issue of concern is the hospital's ability to meet the medical needs of the growing Medicaid population. She advised they must also be focused on the sustainability of services highly utilized by Medicaid recipients, for example, women and children services, including the care for the patients needing critical care in the NICU. Medicaid represents approximately 50% of the services provided at Renown Regional in both labor and delivery and NICU. Nevada Medicaid pays significantly less than what it costs the hospital to provide the care and the cuts will bring payment rates to pre-1999 levels, whereas industry costs have grown 75% over the same timeframe. This significant underfunding results in a struggle to keep some of these services open in the long term. She stated they understand due to the continuation of the state of emergency in Nevada the enhanced FMAP has been extended through the second quarter of state fiscal year 2021 which was not incorporated in the analysis that drove the budget cuts approved in AB3. As a result of this additional funding, they encourage the state to delay the rate cuts to the extent possible, and where rate cuts are required now, prioritize the reinstatement of the January 1, 2020 rates as soon as possible.

Cody Phinney – Closed the Public Hearing for the SPA on Attachment 4.19-A, pages 1 through 9a, 10 and 14 through 15a.

4. **Discussion and Possible Action:** Proposed Amendments to the State Plan for Medicaid Services and solicitation of public comment

Subject: Fee for Service (FFS) 6% rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs

Tiffany Lewis reported the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, pages 1, 1a, 1c, 1d, 1d (Continued), 2b, 2c, 2d, 3a and 5 to amend the reimbursement methodologies for the following provider types:

1. PT 10 Outpatient Surgery, Hospital Based;
2. PT 12 Outpatient Hospital;
3. PT 15 Registered Dietician and Medical Nutrition Therapy;
4. PT 17 Special Clinics:

- a. Specialty 166 Family Planning;
 - b. Specialty 167 Genetics;
 - c. Specialty 169 Obstetrical Care Clinic, Birthing Centers;
 - d. Specialty 171 Methadone;
 - e. Specialty 174 Public Health;
 - f. Specialty 179 School Based Health Centers (SBHC);
 - g. Specialty 183 Comprehensive Outpatient Rehab Facilities;
 - h. Specialty 195 Community Health;
 - i. Specialty 196 Early Intervention;
 - j. Specialty 198 HIV; and
 - k. Specialty 215 Substance Abuse Agency Model (SAAM);
- 5. PT 20 Physician, M.D., Osteopath, D.O.;
 - 6. PT 21 Podiatrist;
 - 7. PT 23 Hearing Aid Dispenser & Supplies;
 - 8. PT 24 Advanced Practice Registered Nurse (APRN);
 - 9. PT 25 Optometrist;
 - 10. PT 27 Radiology;
 - 11. PT 34 Therapy;
 - 12. PT 36 Chiropractor;
 - 13. PT 41 Optician, Optical Business;
 - 14. PT 43 Laboratory, Pathology Clinical;
 - 15. PT 46 Ambulatory Surgical Centers (ASC);
 - 16. PT 74 Nurse Midwife;
 - 17. PT 76 Audiologist;
 - 18. PT 77 Physician's Assistant;

Methodology - In order to achieve the 6% rate reductions, the percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, pg. 1c, Item a. Surgical Codes previously reimbursed at 95% of the Medicare facility rate will now be reimbursed at 90% of the Medicare facility rate (.95 x 0.94 = .90) *

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$75,819,058))

The effective date of these rate reductions is August 15, 2020.

At the conclusion of Tiffany Lewis's presentation, Cody Phinney asked if there were any additional public comments at this time related to PTs 1-18 listed above.

Public Comments:

Ms. Leann McAllister, Nevada Chapter of the American Academy of Pediatrics, See Attached.

Chris Bosse advised she wanted to indicate that the comments she made before on Item # 3 also relate to Item # 4 as it relates to Hospital PTs and Physician Services.

Brandon Ford sent a question through the Chat Box asking if rate reductions directly tied to the lab testing and doctors treating COVID-19 directly will be reduced as well.

Homa Woodrum replied the question will be incorporated into the FAQ for a response as well.

Lynette Dean commented regarding PT 34 that there is going to be a limit for physical therapy for 12 units for adults. She asked if that was annually.

Cody Phinney responded that the subject matter experts are not available right now to comment but it will be included in the FAQ document and make sure she gets the information.

Suzanne Bierman added that the question on limits for physical therapy will be followed up, but she wanted to note that the reductions to optional services were withdrawn and are not included in AB3. But the question will be clarified in the FAQ.

Cody Phinney – Closed the Public Hearing for the SPA on Attachment 4.19-B, pages 1, 1a, 1c, 1d, 1d (Continued), 2b, 2c, 2d, 3a and 5.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs.

Tiffany Lewis said the DHCFP is proposing an amendment to the Nevada SPA, Attachment 4.19-B, Pages 3b-3j to amend the reimbursement methodologies for the following provider types. The proposed changes will apply to services performed by non-governmental entities or governmental entities that do not undergo Medicaid cost identification and reporting procedures.

19. PT 14 Behavioral Health Outpatient Treatment
20. PT 82 Behavioral Health Rehabilitative Treatment

Methodology – Rates for these provider types are market based, using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. In order to achieve the 6% rate reductions, a factor of 0.94 was multiplied by the rates in effect upon publication of this agenda.

An estimated decrease in annual aggregate expenditures for the Provider Types affected above:

SFY 2021: (\$18,242,287)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

Dave Doyle, Nevada Chapter Chair of the Family Focused Treatment Association (FFTA), commented in regard to PT 14 services. He advised statewide they serve 500 of the most vulnerable children who reside in therapeutic foster care. In the spirit of avoiding redundancy, FFTA would like to respectfully request Medicaid in prioritize the implementation of the State Plan Amendment for Specialized Foster Care to ensure providers have sustainable and appropriate funding to continue to serve Nevada’s most vulnerable foster children. If implementation of this SPA is not a priority, they fear providers may be forced to close their doors and no longer provide this essential service in our community. Now, more than ever, is a very difficult time for therapeutic foster parents with distance learning and COVID-19. It is just a very challenging time and mental health services are very important.

Helen Foley, First Med Health and Wellness and FQHC wanted to make sure First Med or the FQHC would still receive equivalent wrap-around funds if Medicaid funds are reduced on Item PT 14.

Cody Phinney responded the question will be included in the FAQ.

Suzanne Bierman advised the FQHC, PPS and Wrap-payments are not included in the rate reductions discussed today.

Charles Ellis, Trailways Mental Health advised they serve the most vulnerable mental health patients in Nevada, including the homeless mentally ill, and patients with chronic illnesses. They provide a wrap-around service, psychotherapy and psychosocial rehab services that has allowed them to reduce the homeless on the roads while supporting the homeless and solidifying their independent living. These cuts will decimate these services to the homeless as well as the services that helps them sustain and develop their independence. Their concern is they will be unable to continue to move forward toward recognizing and supporting the strategic plan of ending homelessness in Nevada. Charles Ellis advised he hopes a way is found to pause these cuts to find a way to deliver services to our most vulnerable people.

Cody Phinney – Closed the Public Hearing for the SPA on Attachment 4.19-B, Pages 3b-3j.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs

Tiffany Lewis advised the DHCFP is proposing an amendment to the Nevada SPA, Attachment 4.19-B, Page 4 (Addendum) and Page 4 (Continued) to amend the reimbursement methodologies for the following provider types:

21. PT 30 Personal Care Services – Provider Agency
22. PT 64 Hospice
23. PT 65 Hospice, Long Term Care
24. PT 83 Personal Care Services – Intermediary Service Organization

Methodology

- a. For PT 30 Personal Care Services – Provider Agency and PT 83 Personal Care Services – Intermediary Service Organization, the increase in the base rate of 1.033 was reduced to 0.97 in order to achieve the 6% rate reductions.
- b. For PT 65 Hospice, Long Term Care the percentage of the Medicare Fee Schedule specified in the State Plan was reduced by 6% by multiplying a factor of 0.94 times the previous percentage ($0.95 \times 0.94 = 0.90$, rounded up to the nearest whole percent to ensure the effective percent decrease did not exceed 6%).
- c. For PT 64, services performed on or after August 15, 2020 the rate established by 42 CFR 418 will be reduced by 6%

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$8,707,573)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

Maxine Hartranft, Consumer Direct Care Network Nevada, advised they currently serve more than 400 clients and employ over 350 caregivers to the state’s Medicaid programs. They operate under both PT 30 & PT 83. Their services allow clients to stay in their home when a disability or functional challenge become too much to handle alone. In the interest of retaining Medicaid providers and maintaining choice for consumers across the state, they strongly oppose the cuts to long term service, programs, rates, eligibility and benefits. They ask the decision to cut rates by 6% be reversed as this measure will be incredibly detrimental to their already stressed program. Their caregivers are on the frontlines during this pandemic. In an era where staying at home is a mandate, cutting services for those who need home care the most is short-sited and dangerous. Maxine Hartranft advised these cuts will cause higher long term costs to the state, decreasing needed in-home care and services that save money for the state. By initiating these cuts, the state is being put at risk for higher financial costs. Without in-home personal care services, their clients must receive those services in institutional or other health care settings, which create a greater strain on health systems and a much greater financial impact on the state. It costs more to provide these services in long term institutional settings. Personal care services provide a safe, cost effective way to care for vulnerable populations without taxing already overpopulated long term care settings and health care systems.

Maxine Hartranft said these rate cuts will have a direct and negative impact on the wages personal care agencies are able to pay personal care attendants. Personal care attendants are one of the most vital positions in our communities and deserve to make a living wage. Current Medicaid reimbursement rates are such that personal care agencies can barely pay more than minimum wage to their workers. If Medicaid reimbursement rates are cut further, personal care agencies will be forced to decrease already low worker wages to stay afloat or may need to shut their doors completely. When worker wages are pushed further down, the number of personal care workers available and willing to work in the middle of a pandemic will diminish even further. Nevada’s home health care system is already in crisis as the workforce shortage continues to worsen. As rates are cut, access to care becomes more difficult for Medicaid recipients who need it the most. Adequate home and community-based funding is crucial to help people with disabilities and older adults stay in their own homes. She asked the panel to reconsider the costs and not place the burden of the budget on the backs of the most vulnerable.

Cody Phinney – Closed the Public Hearing for the SPA Attachment 4.19-B, Page 4 (Addendum) and Page 4 (Continued).

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 32, Specialty 932 Ambulance, Air or Ground

Tiffany Lewis stated the DHCFP is proposing an amendment to the Nevada SPA, Attachment 4.19-B, Page 4 to amend the reimbursement methodologies for PT 32, Specialty 932 Ambulance, Air or Ground.

Methodology - In order to achieve the 6% rate reductions, the calculated base payment will be reduced by multiplying the base rate by 0.94.

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$3,356,660)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments

Cody Phinney – Closed the Public Hearing for the SPA Attachment 4.19-B, Page 4.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs

Tiffany Lewis reported the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Pages 2 and 2 (Continued) to amend the reimbursement methodologies for the following PTs:

25. PT 29 Home Health Agency - rates that are active in the system as of August 15, 2020 and rates calculated after this date will be reduced by 6%.
26. PT 33 Durable Medical Equipment (DME), Prosthetics, Orthotics & Supplies (POS).

Methodology –

- a. For PT 29 Home Health Agency = rates will be recalculated effective August 15 in order to achieve the 6% rate reductions.
- b. For PT 33 DMEPOS will be calculated using the 2016 Nevada-specific non-rural fee schedule issued by the Centers for Medicare and Medicaid Services (CMS). Reimbursement rates will be reduced to 94% of the Nevada-specific rates.

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$12,697,441)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA Attachment 4.19-B, Pages 2 and 2 (Continued).

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs

Tiffany Lewis advised the DHCFP is proposing an amendment to the Nevada Medicaid SPA, 1915(i) State Plan HCBS, Attachment 4.19-B, pages 14–14g to amend the reimbursement methodologies for the following PTs:

27. PT 39 Adult Day Health Care
28. PT 55 Day and Residential Habilitation Services

Methodology - In order to achieve the 6% rate reductions rates that are active in the system as of August 15, 2020 and rates calculated after this date will be reduced by 6%.

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$1,450,880)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

Brandon Ford questioned through text if this will be a done deal or is there still a chance for revision or an alternate plan.

Cody Phinney advised this is a hearing to collect information on the impacts of the reductions that were approved in AB3, in the 31st Special Session. Responses to questions from today will be provided in the FAQ.

Cody Phinney – Closed the Public Hearing for the SPA 1915(i) State Plan HCB, Attachment 4.19-B, pages 14—14g.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 44 Swing Bed, Acute Hospital

Tiffany Lewis said the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-D, Page 14 to amend the reimbursement methodologies for PT 44 Swing Bed, Acute Hospitals.

Methodology - In order to achieve the 6% rate reductions, the average statewide weighted per diem payments for all nursing facility routine services (excluding ICF/IID) will be calculated and then multiplied by a factor of 0.94.

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$2,376)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA, Attachment 4.19-D, Page 14.

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs:

- 29. PT 45 End Stage Renal Disease (ESRD) Facility
- 30. PT 81 Hospital Based End Stage Renal Disease (ESRD) Provider

Tiffany Lewis advised the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Page 10 to amend the reimbursement methodologies for PT 45 and PT 81.

Methodology - In order to achieve the 6% rate reductions, the calculated base payment will be reduced by multiplying the base rate by 0.94.

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$3,096,422)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA, Attachment 4.19-B, Page 10.

12. Discussion of proposed Amendments to the 1915(c) Home and Community Based Services Waiver for the Frail Elderly has been withdrawn and will be addressed in the FAQ in a separate process.
13. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 22 Dentists

Tiffany Lewis explained some language changes are being requested as part of the final review process. There was an error in the language listed under the methodology and she will read the correct information into the public record. She continued that the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Page 2c to amend the reimbursement methodology for PT 22 Dentists.

Methodology - In order to achieve the 6% rate reductions, the following methodologies will be applied:

Section I Standard Dental Services – The conversion factor of \$20.50 will be reduced by 6% ($\$20.50 \times 0.94 = \19.27).

Section II Medical/Surgical Procedures Related to Dental Services – the percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, Page 2c Medical/Surgical codes previously reimbursed at 95% of the Medicare facility rate will now be reimbursed at 90% of the Medicare facility rate ($0.95 \times 0.94 = 0.90$).

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$6,235,409)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA, Attachment 4.19-B, Page 2c.

14. Discussion of proposed Amendments to Home and Community Based Waiver for Persons with Physical Disabilities (PD) has been withdrawn and will be addressed in the FAQ in a separate process.
15. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 60 School Based Services

Tiffany Lewis further reported the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Pages 1b and 1b(b) to amend the reimbursement methodologies for PT 60 School Based Services.

Methodology - In order to achieve the 6% rate reductions, the calculated base payment will be reduced by multiplying the base rate by 0.94.*

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$860,127)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA, Attachment 4.19-B, Pages 1b and 1b(b).

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

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under PT 85 Applied Behavior Analysis (ABA)

Tiffany Lewis stated the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Pages 1b (Continued) and 1b (Continued p.1) to amend the reimbursement methodologies for PT 85 Applied Behavior Analysis (ABA).

Methodology - In order to achieve the 6% rate reductions, the following adjustments were made:

- a. Licensed Physician (MD/DO), Board-Certified Behavior Analyst (BCBA), or Psychologist: Percentage of the Medicare Fee Schedule specified in the State Plan was reduced by 6% by multiplying a factor of 0.94 times the previous percentage ($0.65 * 0.94 = 0.60$, rounded up to the nearest whole percent to ensure the effective percent decrease did not exceed 6%).
- b. Board-Certified Assistant Behavior Analyst (BCaBA): BCaBA rates are based on a percentage of the BCBA rate; as such, lowering the rate as described above will effectively reduce these rates by the same percentage.
- c. Registered Behavioral Technicians (RBT): RBT rates are market based. The model in operation reflects provider requirements, operational service delivery, recruitment, credentialing, ongoing training/certification and administrative considerations. In order to achieve the 6% rate reduction, a factor of 0.94 was multiplied by the rates in effect upon publication of this agenda.

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$790,981)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA, Attachment 4.19-B, Pages 1b (Continued) and 1b (Continued p.1).

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

This agenda item will be for discussion only as Nevada Medicaid SPA, Attachment 4.19-B, Page 1e is currently under review with the CMS for a Technical Correction. If the DHCFP does not receive an approval of this Technical Correction prior to the August 13, 2020 Public Hearing date, the proposed rate cuts affecting the PTs below will be heard at the next Public Hearing, currently scheduled for August 25, 2020.

Subject: FFS rate reductions affecting all Medicaid-enrolled providers delivering services under the following PTs:

Tiffany Lewis advised the DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, Page 1e to amend the reimbursement methodologies for the following PTs:

- 31. PT 32 ambulance, Specialty 249 Community Paramedicine
- 32. PT 26 Psychologist
- 33. PT 72 Nurse Anesthetist

Methodology_- In order to achieve the 6% rate reductions, the percentages of reimbursement based on the different ranges of CPT codes listed in the State Plan pages was reduced by 6%. For example, 4.19-B, page 1e, section e., item 2: Surgical codes previously reimbursed at 59% of the Medicare facility rate will now be reimbursed at 56% of the Medicare facility rate (0.59 x 0.94 = 0.56).

**Calculated percentages were rounded up to the nearest whole percentage point to ensure the cuts do not exceed 6% as authorized in the Legislatively approved bill. Due to rounding, some of the percentages resulted in a less than 6% rate cut when applied to the individual codes.*

An estimated decrease in annual aggregate expenditures for the PTs affected above:

SFY 2021: (\$603,667)

The effective date of these rate reductions is August 15, 2020.

Public Comments:

No Comments.

Cody Phinney – Closed the Public Hearing for the SPA, Attachment 4.19-B, Page 1e.

5. **General Public Comments**

Cody Phinney reiterated the division collected all the questions asked today and will be developing a FAQ document and will make it available to the public as soon as it is published.

No Comments.

There were no further comments and Cody Phinney adjourned the public hearing at 11:42 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 jenifer.graham@dncfp.nv.gov with any questions.***



Nevada Commission on Autism Spectrum Disorders

August 12, 2020

The State of Nevada Department of Health and Human Services (DHHS)
Division of Health Care Financing and Policy (DHCFP)
1100 E William Street
Suite 101
Carson City, NV 89701-4747

RE: AMENDMENTS TO THE STATE PLAN FOR MEDICAID SERVICES

To Whom It May Concern:

The Nevada Commission on Autism Spectrum Disorder (NCASD) appointed by Governor Steven Sisolak was formed to provide leadership, oversight and legislative advocacy in support of Nevadans living with autism spectrum disorder (ASD). As ASD leaders in Nevada, we speak for those that cannot advocate for their own needs.

We are aware of the need to address the budget shortfall as a result of the COVID-19 pandemic and subsequent economic impact. However, the rate reimbursement reduction of 6% for Nevada Medicaid providers for Applied Behavior Analysis (ABA) services will be devastating for our community. This change may seem small but the impact of it will span across our state in a way that will eventually cause irreparable harm. It will begin with the reduction of the workforce in the field of special needs that is already sparse and even non-existent in rural areas of our state. This will ultimately result in a loss of services for an already vulnerable population that needs more than they currently access, not less.

In 2015, the rate for a Registered Behavior Technician (RBT) was deemed to be insufficient and the rate was increased to the current rate of \$31.30. Even with the RBT reimbursement rate, the provider community gave united and passionate testimony that this was going to fail. In February 2019, Nevada was the fourth lowest reimbursing state with the mean rate across the nation being \$48.29, ranging from \$30 to \$76.08. Nevada's current rate is already failing, and a 6% reduction would move the rate to \$29.42, the lowest in the nation.

Board Members

*Trisha Lozano, MEd,
Madam Chair*

*Antonina Capurro,
DMD, MPH, MBA,
Co-Chair*

*Lenise Kryk, MEd,
BCBA, LBA*

Korri Ward, Parent

*Julie Ostrovsky,
Parent*



Nevada Commission on Autism Spectrum Disorders

The rate methodology used in 2015 to determine the RBT rate lacked accuracy and components such as the costs of initial training to complete RBT certifications, as well as the parameters of maintaining certification. In addition, it is important to understand the high rate of turnover in the field. In November 2018, Forbes put out an article stating, “while comprehensive and widespread data on ABA services is difficult to find, available data puts the low-end estimate at 30% annual turnover, noting that some providers have reported turnover rates as high as 75+% for direct care providers or RBTs (Registered Behavior Technician).”

In 2017, the Board of Applied Behavior Analysis was established in Nevada. The community is grateful for the opportunity and numerous benefits that come with having a board specific to the unique needs of the field. However, with this board came regulations resulting in additional costs for providers.

We, as a community, need to ensure reimbursement rates are adequate enough to provide the number of professionals needed to serve the growing population of Nevadans with autism, as evidenced by the increasing waitlist as well as to ensure the quality of the workforce. The rate decrease of 6% will not allow providers to continue to serve clients with Medicaid. In addition, the Autism Treatment Assistance Program (ATAP) has in the past reimbursed at the Medicaid rates for ABA. Providers that serve clients with ATAP funding will also be impacted by this change.

These two funding sources serve numerous Nevadans diagnosed with Autism Spectrum Disorders:

<p><u>ATAP Data: February 2019</u></p> <p>Active Children: 648</p> <p>Funding Source</p> <ul style="list-style-type: none"> • Straight ATAP: 394 • Medicaid: 254 <p>Waitlist: 417</p>	<p><u>ATAP Data: July 2020</u></p> <p>Active Children: 892</p> <p>Funding Source</p> <ul style="list-style-type: none"> • Straight ATAP: 581 • Medicaid: 311 <p>Waitlist: 136</p>
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There are numerous providers already at capacity with wait lists that may force a child to wait for up to a year due to the number of individuals that require ABA services. The rate decrease would limit providers ability to sustain quality staff and will subsequently require them to remove themselves as a Medicaid provider. The reduction in providers would further impact an already strained system. This loss of services will lead to regression of skills achieved through



Nevada Commission on Autism Spectrum Disorders

medically necessary services for people with Autism, leading to long-lasting and detrimental consequences for the individual, family and community.

Nevada is dealing with the ramification of a global pandemic that is unprecedented and legislators have challenging decisions to make most certainly. The proposed 6% rate reduction for Nevada Medicaid providers to address the budget shortfall as a result of the COVID-19 pandemic and subsequent economic impact will take away benefits for our most vulnerable recipients, their families, and the community we are charged to serve. While the 6% Medicaid reduction has been legislatively mandated, we urge the Division of Health Care Financing and Policy to monitor the effects of this rate change on the health and well-being of individuals with autism adjust these rates at the first opportunity.

The Nevada Commission on Autism Spectrum Disorders respectfully asks for your consideration of this request. The Commission is available to answer questions and provide information, as needed.

Respectfully,

A handwritten signature in cursive script that reads 'Trisha Lozano'.

Trisha Lozano, Madam Chair



VIA Email: jenifer.graham@dncfp.nv.gov

August 14, 2020

Mr. Richard Whitley, Director
Ms. Suzanne Bierman, Administrator
State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

RE: Request for Comments on Amendments to the State Plan for Medicaid Services Fee Schedule Adjustments

Dear Director Whitley and Administrator Bierman ,

I am writing today to express my opposition to PT 29 as it applies to Home Health Agencies and caring for medically fragile children in Nevada. The 6% Medicaid rate reduction called for by in this measure is well-intentioned, but will cause significant harm to the families we see every day. Furthermore , this rate cut will cause equal harm to Nevada's medically fragile children and create a situation where more costs arise. There is no way this outcome could be the intention of this measure.

For this reason, I am asking that the state reexamine across the board Medicaid cuts, and instead look to repeal these cuts where they simply aren't effective or helpful in meeting the goals of the state of Nevada. This is absolutely the case when it comes to PT 29 and Home Health agencies. Here's why.

Home health has played an integral part in ensuring the normalcy in the lives of many patients and families here in Nevada. Our services allow for our patients and families to spend precious time together, and they allow for parents to complete their normal daily tasks including working, without having to worry about their child. Having this care also gives parents the time they need to recharge.

Most importantly, we provide critical care to Nevada' s most vulnerable, medically fragile children . This care has never been more important to our families and the state as we work to protect these children on a daily basis during this COVID-19 pandemic and beyond.

Here are the key points I want to make about why these cuts will be so devastating to our families.

- **Private Duty Nursing Protects our Medically Fragile Population.** Right now, our services provide an additional layer of safety for our fragile patients by allowing them to be in the comfort of

aveanna

healthcare

- home instead of a hospital or a skilled nursing facility where the exposure to COVID is inevitable.
- Rate cuts will make recruiting, hiring, and retaining qualified nurses even harder. Our ability to provide these services is dependent on the pool of nursing staff available to us. With the proposed reduction of rates, our ability to recruit, hire, and retain nursing staff will be strongly diminished. We will not be able to meet the needs of our patients and families due to our inability to provide competitive wages. Put simply, we will lose nurses in a setting where there is already a severe shortage.
- **Rate cuts will create financial stress for families.** Without care options and hours properly staffed, many families will have no choice except to provide their own care. This will create significant stress and hurt those who do so much for Nevada's economy. Family members will be forced to leave their jobs to provide care on their own. I encourage you to speak to some of these families and learn about their concerns and fears.
- **Rate cuts to home health will unfairly punish Nevada's most fragile citizens.** This proposal will hurt families and their medically fragile children. It's hard to imagine any proposal that would inflict hardship on children who depend on home health care each day for life-sustaining care; however, this provision does just that.
- **Rate cuts to home health will lead to higher costs as hospitalizations and rehospitalizations rise.** This proposal will lead to more trips to the hospital as care is reduced. There is simply no more expensive place to care for anyone than a hospital with one day in the NICU costing \$12,000-\$15,000/day versus about \$500/day for Private Duty Nursing in the home. Lowering reimbursement will lead to more hospital stays and defeat the purpose of the proposal.

I do know that we face a significant budget issue in the state, but I can tell you today that a cut across the board like this to the Medicaid rate will have severe consequences for our most vulnerable, medically fragile children and their families. As such, I ask on behalf of our patients, families and nurses that you reconsider PT 29 as it applies to Home Health Agencies. Thank you for your time and consideration. I can be reached via phone at (303) 725-5964, or via email at: Jelyne.Floro@aveanna.com.

Regards,



Jelyne Floro
Clinical Director – Las Vegas, RN/BSN



Ronald Swanger, MD, President
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Jaron Hildebrand, Executive Director

Richard Whitley
Director
Department of Health and Human Services

Suzanne Bierman
Administrator
Division of Health Care Finance and Policy
Department of Health and Human Services

Dear Director Whitley and Administrator Bierman:

I am testifying today on behalf of the Nevada State Medical Association (NSMA), the state's largest and oldest organization representing physicians and physician assistants. Today we are offering additional information and a response to the proposed 6 percent reduction to Medicaid and Nevada Check-up reimbursements. While we represent the state's caregivers, the NSMA considers itself a patient advocacy organization first and foremost. This rate reduction will, without a doubt, reduce access to care for Nevadans with Medicaid and adversely affect their health.

We know Nevada received approval to opt in to the 6.2 percent FMAP increase, yet we have not seen an increase in reimbursement rates, nor has there been transparency into the disbursement of those funds. We also know that during Administrator Bierman's testimony to the Nevada State Senate during the 31st Special Session, she stated the proposed 6 percent rate reductions would be "delayed until September" and that Medicaid could propose an additional delay "should the state receive additional FMAP." We understand that the United States Secretary of Health and Human Services has extended the national emergency, which will provide an additional \$30 million per quarter in enhanced FMAP funding. Today we are seeking additional clarification as to why the Division is moving forward with these reductions when they informed the Nevada State Senate that flexibility would allow the Division to move delay these specific cuts, and an extension of the FMAP would extend that delay.

A 6 percent reduction to Medicaid rates will further exacerbate access to care issues in Nevada, especially with regards to COVID related medical care. While NSMA physicians are trying to care for Nevadans, we also have a grave concern regarding the financial viability of Nevada's health care providers. Due to physicians having to limit some of the care, many practices are already financially stressed. Based on a recent June 2020 survey, one-in-five (22%) providers could sustain their practice at COVID for 2-3 months, and 22% said they could sustain their practice for 4-6 months before they would have to close their doors.

5355 Kietzke Lane, Suite 100 | Reno, NV 89511 | (775) 825-6788
www.nvdoctors.org

Page 1 of 2

The proposed cut is resulting in many practices to stop taking new Medicaid patients or limiting their new Medicaid patients. As you are well aware, even before these cuts, Medicaid beneficiaries may have coverage but not real access to care. Too often, beneficiaries must wait for unreasonable periods of time to receive needed care, travel long distances to find Medicaid participating physicians, or go without care altogether. Medicaid reimbursement rates lag behind private insurance and Medicare, participating physicians remain sparse in many areas of the state, and access to health care services remains unequal, and this leads to fewer physicians offering services to the state's most vulnerable populations. During COVID, access to care is even more critical as early diagnosis, and being quarantined helps to stop the spread.

We know that the state of the economy has caused a spike of nearly 45,000 Nevadans joining the Medicaid roles. However, we also know that the utilization of Medicaid services is down significantly, which means spending should be down considerably. We request that you seek additional transparency in current spending and savings before implementing the requested cuts.

We understand and greatly sympathize with the difficult decisions the state has been forced to take. Many of our members have been on the front line in responding to COVID-19, and Nevada physicians have been proud to care for those who have fallen victim to the global pandemic. However, access to health care should not be compromised as we remain in a global pandemic, while the amount of federal funds that can be leveraged and brought into the state with a general fund investment cannot be overlooked or ignored. As always, we are ready and available to discuss this letter in greater detail with your membership or staff.

Thank you for your time and consideration.

Sincerely,



Jaron Hildebrand
Executive Director
Nevada State Medical Association



August 12, 2020

Re: Comments on Amendments to the State Plan for Medicaid Services Fee Schedule Adjustments

Dear Director Whitley and Administrator Bierman:

On behalf of the Nevada Hospital Association, the Nevada Health Care Association, and the Nevada State Medical Association, we appreciate the opportunity to provide comment and information to the Division of Health Care Financing and Policy (DHCFP) regarding the Notice of Public Meeting to Solicit Comments on Amendments to the State Plan for Medicaid Services Fee Schedule Adjustments.

We all recognize Nevada, and the Nation, are experiencing one of the worst public health emergencies ever, and the strain that is being placed on our health care delivery system and our economy. Access to quality health care by Nevada citizens is more important than ever.

We have reviewed the July 29, 2020 agenda (First Revision: August 7, 2020, Second Revision: August 11, 2020) and supporting plan amendment documents. The agenda provides for amendments to the State Plan for provider rate cuts across both Managed Care Organization (MCO) and Fee for Service (FFS). We have attempted to keep pace with the multiple revisions to the agenda. However, with the frequent changes, we may have missed some items, including information to be provided the Centers for Medicaid and Medicare (CMS). We will supplement this letter as appropriate.

For your convenience, we will provide our comments in sections:

Public Process for submission of State Plan Amendments

Pursuant to 42 CFR § 447.204, DHCFP/Nevada Medicaid is required, prior to the submission of any state plan amendment, to receive input from beneficiaries, providers, and other stakeholders. This process is designed to **ensure that patient access to care is maintained following any proposed provider rate cuts.** In addition to this input, the state is required to submit:

- The most recent access monitoring review plan.
- An analysis of the effect of the change in payment rates on access.
- Specific analysis of the information and concerns expressed by stakeholders.

In addition, 42 CFR § 447.203(b)(6) indicates that when a state proposes to reduce provider payment rates which could result in diminished access, the state shall submit an access review for each service completed within the past 12 months.

Finally, 42 CFR § 447.205 requires that Notices to amend the State Plan must be clearly titled, so the public has a clear understanding of the amendments being proposed.

We have concerns that the process contemplated by 42 CFR § 447.204 has not been fully implemented at this time.

- 1) The most recent document provided on the Department of Health and Human Services' (DHHS) website indicates the access review was last update in January 2018 and is focused on Medicaid Fee for Service. We question if this is the most current access review. Also, does DHCFP/Nevada Medicaid have an updated access review regarding MCO services? Will it provide this review to patients and providers?
- 2) The January 2018 access review uses comparative data from 2015 in Attachment A. Has Nevada Medicaid updated these comparisons? Will Nevada Medicaid provide this to patients and providers?
- 3) Pursuant to 42 CFR 447.203(b)(6) will Nevada Medicaid provide its most recent access review for each of the lines of service indicated on the revised agenda to CMS? Will this be made available?
- 4) While we understand that Nevada's budget has been dramatically reduced, has Nevada Medicaid reviewed each service line and demonstrated sufficiency of access to care for patients following the largest provider cuts in the nation?
- 5) Given that these are the most severe provider cuts in the nation, will Nevada Medicaid update its monitoring procedures and/or timelines in order to provide more real time data should patient access to care be diminished?

Provider Reimbursements Justification

We are further concerned that Nevada Medicaid has neither established a basis for nor the justification of such significant provider rate cuts at this time. While we understand the economic issues of the state there are still unresolved issues.

During testimony on Assembly Bill 3 (AB3), DHFCP noted that if the Enhanced Federal Medical Assistance Percentage (FMAP) being provided to State Medicaid Programs continued through the fourth quarter of 2020 and, that if utilization of Medicaid services remained below average as a result of the COVID-19 pandemic, Medicaid rate reductions would likely not be necessary.¹

Further to that point, language was specifically included in AB3 to allow DHHS to transfer funding among various budget accounts, and to use additional funds such as the Enhanced FMAP to fund Medicaid services without provider reimbursement cuts.²

Subsequent to the passage of AB3, Secretary Alex Azar of the Department of Health and Human Services on July 24, 2020 extended the public health emergency related to COVID-19 an additional 90 days –

¹ Senate Committee of the Whole, DHHS budget reduction overview, 31st Special Session, July 8, 2020, Testimony of Susanne Bierman at 2:17:40.

² Assembly Floor Session, Amendment presentation, 31st Special Session, July 18, 2020, Statement of Assemblymember Maggie Carlton at 8:34:06

thereby extending Enhanced FMAP through the remainder of 2020. As DHCFP is aware, this Enhanced FMAP provides to the state a 6.2% increase in federal reimbursement on eligible Medicaid claims.

As DHCFP noted during the presentations that the Enhanced FMAP provides approximately \$30 million per quarter (\$125 million per year) and Nevada Medicaid has received Enhanced FMAP for Quarters 1 and 2 of 2020. With the July 24 extension, Nevada Medicaid will now receive these funds for Quarters 3 and 4. Additionally, it appears likely that Enhanced FMAP may continue through at least the second quarter of 2021.

Legislative presentations also indicated a “Medicaid Surplus” or “balance forward” from Fiscal Year 2020 to Fiscal Year 2021 of \$46.5 Million. And DFCHP through the Governor’s Finance Office (GFO) transmitted a Work Program document for the August 20, 2020 meeting of the Legislative Interim Finance Committee requesting approval for a balance forward in General Funds from FY20 to FY21 of \$57 million.

Therefore, given both the continued Enhanced FMAP and a larger balance forward, there appears to be no basis for provider reimbursement cuts at this time.

Based on the above public information we have the following questions:

- 1) Given the receipt of additional Enhanced FMAP and a balance forward of \$57 million in the Medicaid budget, why are rate reductions being imposed? Why is Nevada Medicaid moving forward with implementation when it indicated in testimony³ that provider cuts would be delayed? Why isn’t DHCFP waiting and presenting information to the August 20th IFC meeting (or a future meeting) about the additional funding?
- 2) Does DHCFP have final closing numbers for the FY20 budget year, including final amounts to be balanced forward to FY21, and can it provide projections of expenditures for FY21? It would be a huge burden to health care providers to have rate reductions applied and later to determine the reductions were not necessary.
- 3) The Revised Agenda for the August 13th Public Hearing includes discussion items for a 6% rate reduction to Hospitals and reversal of the Acute Care Hospital rate previously given. The NICU rate is not on the Agenda? Why is this? Is it oversight, or is another process going to be used to reduce the NICU rate?
- 4) The Revised Agenda does not include information regarding rate reductions to Skilled Nursing Facilities (SNF) (Provider Type 19). Testimony to the Legislature and the budget reduction summaries included on the DHHS website indicate SNF rates will be reduced. Is this an oversight, or will another process be used to reduce SNF rates?
- 5) The Revised Agenda rate reductions only apply to fee-for-service claims. Published budget reduction summaries posted indicate DHCFP will adjust MCO contracts and also reduce PMPM payments to account for the 6% reduction. What process will be used and what will be the effective date of the MCO reductions?

³ Senate Committee of the Whole, DHHS budget reduction overview, 31st Special Session, July 8, 2020, Response of Susanne Bierman at 2:30:16.

- 6) If an MCO contract uses a set fee schedule and cannot be renegotiated, how will Nevada Medicaid address an effective windfall of 6% for that MCO?

Access to Care

Provider cuts of the magnitude proposed will decrease access to care. As members of Nevada's health care delivery system and social safety net, we know that patients will have more limited options for primary care. Health outcomes will trend down. Hospital capacity will be strained. All this, during a pandemic, prior to the onset of flu season, and when Nevadans have been deferring on primary care.

Our member organizations will be providing additional individualized information on access to care, but these process concerns are shared across the health care delivery system.



Jaron Hildebrand
Executive Director
Nevada State Medical Association



Brett Salmon
Executive Director
Nevada Health Care Association and Center for Assisted Living



Bill Welch
President / CEO
Nevada Hospital Association

Nevada State Society of
Anesthesiologists



August 13, 2020

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
Richard Whitley, MS, Director
Suzanne Bierman, JD, MPH, Administrator

Re: Comments on Amendment to State Plan for Medicaid Services

Dear Director Whitley and Administrator Bierman,

Thank you for the opportunity to provide comments on behalf of the members of the Nevada State Society of Anesthesiologists on the proposed amendment to the state plan for Medicaid services.

As you may imagine, we opposed SB4 from the 32nd Special Session of the Nevada Legislature due to the proposed 6-percent cut in Medicaid rates for medical providers. Ten years ago, during the Great Recession, the state opted to cut Medicaid rates and cut Anesthesiologist rates a whopping 43-percent which actually added up to about 50-percent with modifiers added in. While Medicaid rates for most other providers have climbed back in the past 10 years, the rates for Anesthesiologists have remained flat since the 2010 cuts.

In 2019, the largest Anesthesiology group in Southern Nevada, with 150 physicians, saw nearly 31,000 Medicaid patients. 46-percent of all obstetrical deliveries requiring anesthesia were Medicaid patients, and 56-percent, or 5,300 pediatric cases (age 0-4) requiring Anesthesia seen by this group were Medicaid. The largest Anesthesiology group in Northern Nevada has 74 physicians, and its numbers are proportionate.

When DHHS made the deep cut in 2010, the two largest anesthesia provider groups in the state lost \$10-million in revenue the first year. The economy bounced back, but the rates never did. A 6-percent rate reduction now will result in the loss of nearly \$1-million per year.

Nevada State Society of Anesthesiologists
3495 Lakeside Drive, #190
Reno, NV 89509
www.NevadaAnesthesia.com

We are concerned, based on what happened in 2010, that even as the economy rebounds, rates will continue to remain flat. And with resulting the Federal Medicaid Assistance Percentage reduction due to the cuts, the state simply cannot afford to make these cuts on the backs of providers.

Our physicians cannot afford this, but more importantly, our growing Medicaid population cannot either.

Sincerely,

Nariman Rahimzadeh, M.D.
President
Nevada State Society of Anesthesiologists

Nevada State Society of Anesthesiologists
3495 Lakeside Drive, #190
Reno, NV 89509
www.NevadaAnesthesia.com

Nevada Chapter

American Academy of Pediatrics
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Leann D. McAllister, MBA
Cell: 508-685-0918

Public Comment to the Meeting on the State Plan for Medicaid Services Fee Schedule Adjustments

Thursday, 13 August 2020

My name is Leann McAllister and I am the Executive Director of the Nevada Chapter of the American Academy of Pediatrics.

One of our top advocacy priorities is ensuring children have access to high-quality, affordable health care that meets their unique needs. Children make up 48 percent of Nevada residents covered by Medicaid and Nevada Check Up. This translates to more than 300,000 Nevada children, including 100 percent of children in foster care, and 47 percent of children with disabilities or special health care needs, all vying for the time and attention of the limited pool of healthcare providers in Nevada who, even now, are not adequately compensated for the work they do.

The proposed Medicaid fee reductions are not simply a pay cut for physicians, but rather a real threat to the viability of pediatric practices struggling to keep their doors open to patients seeking care. Decades of research has demonstrated that increasing the generosity of Medicaid by itself is enough to improve access to care and the health of low-income populations.

Moreover, Nevada will lose \$1.83 in federal matching funds for every \$1.00 in state money it cuts from its Medicaid budget. This is the wrong move for Nevada.

The Nevada AAP currently has 277 members, most of whom are board-certified pediatricians, both primary and specialty care; members also include pediatric dentists, pediatric nurse practitioners, physician assistants, pediatric residents and medical students, all of whom live and work in Nevada and have dedicated their professional lives to the health of all children.

We urge you not to reduce the Nevada Medicaid fee schedule and will continue to advocate for Medicaid/Medicare pay parity for pediatricians.

The Nevada Chapter of the American Academy of Pediatrics is incorporated in the state of Nevada.



August 12, 2020

Suzanne Bierman, Administrator
Division of Health Care Financing and Policy
Department of Health and Human Services
1100 East William Street, Suite 101
Carson City, NV 89701

RE: Proposed State Plan Amendment

DELIVERED ELECTRONICALLY

Dear Ms. Bierman,

The American Clinical Laboratory Association (ACLA) is writing in response to the State Plan Amendment (SPA) regarding Medicaid reimbursement rates for provider types including clinical laboratories proposed by the Department of Health and Human Services (DHHS) effective August 15, 2020. ACLA is a not-for profit association representing the nation's leading clinical and anatomic pathology laboratories, including national, regional, specialty, ESRD, hospital and nursing home laboratories. In addition, ACLA members have performed the majority of all COVID-19 diagnostic and serologic testing in the United States to date, and are focused on expanding capacity to meet the nation's need for accurate, reliable and broader testing. **We are deeply concerned about the negative impact we believe the SPA would have on Medicaid beneficiary access to laboratory services.**

In Nevada, clinical laboratories employ close to 2,500 people, provide almost \$200 million in wages, and pay near \$30 million in state taxes. The clinical laboratory industry has an economic impact of almost \$790 million in the state of Nevada.¹ ACLA members have a direct stake in ensuring that laboratory services remain accessible to all Medicaid beneficiaries and are concerned about ongoing accessibility for clinical laboratory services under the proposed SPA effective August 15, 2020. We have also shared our concerns related to reductions under the Protecting Access to Medicare Act (PAMA) and further reductions in state Medicaid rates with the Centers for Medicare and Medicaid Services, particularly for those instances where a Medicaid SPA is required.

ACLA is very concerned about the impact of the proposed SPA on Medicaid payment rates for clinical laboratory services. In concert with historic changes to Medicare clinical laboratory fee schedule (CLFS) reimbursement under PAMA that began January 1, 2018, the rates under the proposed SPA may threaten Medicaid beneficiary access to critical laboratory services used in the prevention, diagnosis, and monitoring of disease.

¹ <https://acla.guerrillaeconomics.net/reports/f5bf1be5-0221-4e8d-b8b0-83ff4ebf5389?>

Laboratories serving Nevada Medicaid beneficiaries already face unprecedented reimbursement cuts in the Medicare program under PAMA. Payment rates for many laboratory tests on Medicare's CLFS have been slashed by as much as 30% since January 2018, with further cuts already scheduled as a result of PAMA implementation. Reductions in the clinical laboratory service rates under proposed SPA on top of the PAMA reductions will reduce reimbursement to a level that is unsustainable for laboratories, and could threaten patient care.

The proposed Medicaid rates may leave providers with no choice except to discontinue laboratory services for Medicaid patients in Nevada. This is because Medicaid reimbursement under the proposed SPA is likely to become less than what it costs to furnish the tests. Section 1902(a)(30)(A) of the Social Security Act requires payments to be "sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the same geographic area."² With some laboratories barely breaking even, payment will not be sufficient for them to remain enrolled as Medicaid providers and continue to provide services to Nevada Medicaid beneficiaries.

Finally, the DHHS rates for clinical laboratory services are insufficient even absent the ongoing Medicare rate reductions under PAMA. **For this and all the reasons indicated above, we urge DHHS not to proceed with the proposed SPA.** At the very minimum, in the event DHHS moves forward with a SPA encompassing clinical laboratories, DHHS should delay the effective date of any reductions for clinical laboratory services until after the end of the public health emergency.

Thank you for the opportunity to comment. Should you have questions or need additional information, please contact me at swest@acla.com or (202) 637-9466.

Sincerely,



Sharon L. West
Vice President, Legal & Regulatory Affairs

² https://www.ssa.gov/OP_Home/ssact/title19/1902.htm



Advanced Personal Care Solutions

August 12, 2020

DHHS

Public Hearing – Medicaid Services Fee Schedule Adjustments

**RE: PROPOSED MEDICAID RATE REDUCTIONS – COMMENT FOR PUBLIC HEARING
SCHEDULED AUGUST 13, 2020**

Thank you for allowing us to submit written comments for this meeting.

We all realize that these are unprecedented times and we all need to step up and make sacrifices.

I would urge that rate cuts be delayed until Congress has finished negotiations on the next COVID relief package and we find out if the package includes additional funds to help support State Medicaid programs.

The issue as it pertains to Personal Care Agencies in the state is that the rate cuts will force a significant number of agencies to stop accepting Medicaid clients or to discharge the Medicaid clients they have on service. If the rates are reduced and then reversed if more Federal funding becomes available, the damage will already have been done, especially in the rural areas.

As it stands now, there are services in the Medicaid waiver program at Division of Aging that pay providers less than minimum wage. Taking a shotgun approach and slashing rates across the board makes the situation even worse. **With the current rate reductions, combined with the increase in the state minimum wage, companion services through the Division of Aging elderly wavier program will be paying more than \$2.00 an hour under minimum wage.** I'm not sure how that's legal, if it's not, hopefully everyone can agree that it's wrong for the State of Nevada to pay less than minimum wage for services (if you include payroll taxes, workers, comp, unemployment insurance and other expenses the average loss per hour for an agency for this service is close to \$8 an hour).

Hopefully, you can take this information under consideration and not make any hasty decisions.

Thank you.

Robert P. Crockett
Advanced Personal Care Solutions, Inc.



Advanced Neuro
CONNECTIONS

3940 West Ann Road #100, Las Vegas, NV 89031 | 702-820-8891

August 13, 2020

To: ANC families utilizing ATAP funds

Re: Notice of service termination

First, I would like to stress that the following decision was made after long contemplation and with a very heavy heart. We at ANC are proud to be your current ABA provider; however, due to several circumstances, Advanced Neuro Connections Inc. will be terminating all ATAP clients as of September 13th, 2020. This decision is due to 1. Current ATAP caps of BCBA/BCaBA supervision hours that do not allow for proper programming, parent training and supervision of your child's program. 2. RBT reimbursement rates are extremely low and as much as we want to continue providing services to your child, we can no longer sustain the financial burden the State of NV is imposing on us.

We fully understand the position you are being put in by our decision and do not take this lightly. Today, state of NV officials met to cut the already low rates by another 6% sealing our decision even further. While you are receiving this letter, several NV senators are also being informed via official letter by me, of the hardship this is placing on you as a parent. I am actively working on bringing awareness to key people. This is a widespread issue for ATAP and Medicaid clients in NV and providers are leaving the state for that same reason.

If you would like to discuss this with me further, please email me at info@advancedneuroconnections.com or tanjabro@msn.com. I will keep you informed about my efforts to create change.

Warm Regards,

Tanja Brown

Tanja Brown, M.S., LSP

ANC CEO/Owner

Hello Everyone,

In response to the 31st (2020) Special Session of the Nevada Legislature that resulted in a 6% rate reduction, I would like to ask if DHCFP and DXC would be willing to consider easing up on some of the administrative burdens during the COVID19 period? I would like to propose a compromise of sorts to alleviate some of the provider's administrative costs which are initially built into the rate structure. Losing 6% definitely cuts into that budget and affects the way these administrative services can be performed without placing undue hardship on providers.

As some of you know, I have been a long time advocate for the Mental Health providers in this community and have lobbied for Mental Health Parity. As you are aware, some of us just feel that Behavioral Health providers are held to a more rigid set of standards and procedures compared to those of our primary healthcare counterparts. Myself along with United Providers of Mental Health and the many agencies and independent providers I represent, believe the Prior Authorizations for routine therapy visits are an unnecessary burden to providers and patients alike. I can't speak from the Medical side, but as it relates to BH specifically, I think this could be a win-win solution to reduce stress during a stressful pandemic. It will save some of the admin costs at DXC spent on reviewing and processing so many requests, and at the same time give provider's some needed relief for routine services. I get the BST, PSR, and other more intensive services still requiring PARS. That would be a nightmare not having that in place for those services, however; routine services like therapy (just like a doctor visit), could occur normally without extra processes.

I don't think this is the end all solution, but I think it helps ease the pain being felt across the board. It can alleviate a little of the pressure that is building everyday as we continue to try and operate as essential workers on the frontlines. Please consider my proposal, as I think it could help both providers and DXC cope with these budget cuts. It's not much, but at this point anything you can do to help will be appreciated. Thank you.

Sincerely,

Brandon Ford

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Healthcare Consultants

(702) 208-

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"Our community is suffering from a shortage of therapists to support children with disabilities, adults with traumatic injuries and mental illness, and so much more. My business alone is seeing exploding wait lists for these services because we are driving skilled therapists out of Nevada and discouraging therapists from moving to our community.

Cuts continue to be put on the backs of those dedicating their lives to care for our most vulnerable neighbors. The **newest round of proposed cuts of 6% to therapy reimbursement would represent a cumulative cut of 49% since 2006** after accounting for inflation.

Our community needs help! We cannot keep driving away those dedicated to helping."

Thank you,

Corinne Trenholm MS, OTR/L, CAPS, M.Ed.
Good Life Therapy, LLC
Phone: 702-526-
Fax: 702-347-

Thank you Jenifer. There's actually one last thing I'd like to add. Recently there was a survey done on current reimbursement versus actual cost per day for ADHC services, which I gladly participated in and submitted prior to the deadline. I hope other providers submitted theirs as well. I implore you, the specialists, Ms Bearman, Ms Cody and whoever else, to please review those as well and consider the huge impact if the rates are reduced by 6%.

Again, thank you for your time and consideration.

Cristina Vito

Good morning. I was at the Public Hearing this morning via Webex, but unfortunately my computer does not have a microphone so I can verbally address my comments regarding the proposal of the 6% rate reduction for PT39. One of my colleagues at Nevada Senior Services, Les Jacobs as well as the President & CEO of Nevada Adult Day Healthcare Centers, Chris Vito, were able to make their comments during the webex. I'd like to echo what they both said and add a little more.

In 2003, there were only 4 Adult Day Care facilities in Clark County, Las Vegas Valley. When we researched the needs of these services in the state of NV, Mr Chris Vito, myself, and 3 other Directors from the other ADHC facilities flew to Carson City to meet with the Chief Deputy Administrator and shared with him how beneficial and cost effective ADHC services are for the elderly and the medically disabled citizens of NV. However, the reimbursement rate of \$40 per day of 6 hrs or more care had not been adjusted for years. After presenting how much the state and federal will be saving in lieu of paying for institutions such as Nursing Homes or PCA or Home Health services, the Chief Deputy Administrator approved an adjustment from \$40.00 to \$54.48 per day of 6 hrs or more in 2004. No adjustments were made for PT48.

With increasing costs of operating ADHC's over each passing year, it took DHCFP 14 years to make a second adjustment to \$57.20 per day of 6 hrs or more in 2018 for PT39. With consistent requests for a rate adjustment for PT48, it was finally approved for an adjustment from \$40.00 to \$42.00 per day.

During this time of uncertainty with the COVID-19 pandemic, we all have been financially affected significantly for the past 5 months and continuing. With the help from the federal CARES ACT Relief we were able to reopen and resumed employment for our nearly 100 employees with the PPP funds. Those funds have been depleted at the end of June. With the COVID-19 business reopening guidelines from the CDC and our Governor's Road to Recovery Plans, we're only able to operate at less than 50% of our pre-COVID census, which is a significant decline in revenue to cover the costs to operate. Please be mindful, we're not only providing quality care to keep seniors and disabled adults at home and from being institutionalized, but we're also able to help families continue their jobs without having to worry about their loved ones.

A 6% reduction will take us back to less than what the rate was in 2004. This will, I believe, be devastating and most likely lead to closure of most, if not all, ADHC's in Nevada, which will then increase the State & Federal costs for institutionalization.

Thank you for your attention and consideration.

Kind regards,

Cristina V. Vito, RN

Administrator / Director of Nurses

Nevada Adult Day Healthcare Centers

2008 S. Jones Blvd.

Las Vegas, NV 89146

Ph: (702) 319-

Fax: (702) 319-

Dear Ms. Graham – I am respectfully submitting the following public comment regarding the reimbursement rate cut to Personal Care Services.

The combination of a reimbursement reduction and rising costs (minimum wage, mandatory sick time, etc...) will undoubtedly force many personal care agencies to drop from the Medicaid program or close their doors entirely, resulting in issues accessing care and less consumer choice. The only question is if any providers will remain and how many and if those providers will serve additional consumers. The impact will hit rural areas hardest where access to personal Care services is already very challenging.

Impeding access to home care services during a pandemic is especially dangerous considering the challenges with spread of the virus in nursing homes. While we appreciate the impact of the revenue shortfall created by the pandemic on the state of Nevada, the effective date of these across the board increases seems aggressive and very likely to cause further pain for at-risk Nevadans.

*Congress continues to debate another COVID relief package, including direct aid to states. The state has already received \$842 million in direct payment under the CARES Act and is receiving an additional 6.2% federal match on Medicaid costs and had a rainy day fund of over \$700 million. Given the on-going risk of the COVID-19 virus to the elderly and disabled individuals, it seems premature to implement these cuts effective **in two days**. If they must be implemented at all, we strongly urge you to delay the implementation of these cuts until such time as the debate over direct state aid is resolved. As stated, cutting rates now will lead to providers dropping Medicaid and even if rates are restored later many providers won't be around.*

Darby Anderson

Executive Vice President & Chief Strategy Officer

2300 Warrenville Rd., Ste. 100

Downers Grove, IL 60515-1765

danderson@addus.com

mobile: 312-315-



Hi Jennifer. Here are my comments. Thanks so much for your help.
Diane

To Division of Health Care Financing and Policy

My name is Diane Ross and I am the CEO and President of The Continuum in Reno, Nevada. We are a community based rehabilitation program that provides speech, physical and occupational therapies to people of all ages.

We have been providing therapy intervention for over 27 years to Medicaid recipients. While I understand the financial distress Nevada is currently experiencing, the 6% reduction in therapy rates adds an additional burden

To The Continuum and other providers who are also struggling financially. I worry that with these cuts, some providers will decrease or stop treating Medicaid patients. The impact on our Medicaid population with disabilities should be of great

concern. I urge you to consider another solution to our financial situation rather than decreasing services to our citizens who are the least able to find alternative therapy interventions.

Thank you for allowing me to express my concerns.

Diane Ross

The 6% decrease for type 39 clients is unfair as Covid-19 has already cut our Medicaid bills by 65%, the new Medicaid prior authorization system has also cut into our Medicaid bills because clients either not getting authorizations because they are not receive PCA services and that makes them not qualified (we are trying to prevent them for utilizing the Pca services that is more cost to the state so this new rule doesn't make sense) or reduced days for their new authorizations, the rollback would take us back to pre 2004 rates.

I believe we are the most affected provider type at this moment and you are not looking into the future when people start going to work again and they will need our services what you are doing is totally unfair, wrong and not taking in consideration our industry

In many ways, we have demonstrated that we are the most cost-effective for the state to provide services for the elderly and disabled.

I understand that at this point we are going to extraordinary times but it doesn't mean that the elderly do not continue needing our services. and they would eventually go back to normal

Please reconsider

Best regards

Baby Boomers Activities Club I & II
Katiushka L De Posada
Director
702-878- / 702-629-



Reno Diagnostic Centers

When it has to be done right.

August 13, 2020

Written comments concerning Nevada Department of Health and Human Services, Division of Health Care Financing and Policy's Proposed Amendments to the State Plan for Medicaid Services Fee Schedule Adjustments.

My name is Kevin Cogan and I am the Executive Director of Reno Diagnostic Centers. We have three locations, have been in business for more than 30 years, and as the only independently owned (non-hospital affiliated) imaging center in Northern Nevada, we pride ourselves on our ability to provide northern Nevadans with low cost, easily accessible, compassionate, high-quality diagnostic imaging services. We presently employ more than 100 team members.

We appreciate the opportunity to comment on the Proposed State Plan Amendment and join with a long list of provider groups in opposition to the 6% cuts to Medicaid payment rates.

In calendar year 2019, Medicaid patients/payments comprised nearly 10% of Reno Diagnostic Centers' total revenue. While it is well understood that Medicaid payment rates fall well below commercial payor rates for the same services, we see Medicaid patients because we know it is simply the right thing to do.

Cutting these existing low payment rates by 6% further exacerbates the financial challenges that providers must meet when agreeing to treat Medicaid patients. In fact, a 6% cut in payment rates will amount to close to \$300,000 in reduced annual revenue for Reno Diagnostic Centers, compounding our state's existing access to care challenges by making it more difficult for our Company to recruit and retain highly qualified providers and staff.

For the last five months, Nevada's provider community has, at great risk, continued to treat Nevadans and service their health care needs. Some have lauded us as heroes, but we're simply members of the communities where we live, who provide care because it is our life's work, our passion and despite the associated dangers, we still feel privileged to provide these essential imaging services.

Following the 2020 First Special Session, Nevada received additional FMAP dollars designed to assist our state in managing the COVID-19 pandemic. We implore you to use these additional funds to add back the recent legislatively approved 6% Medicaid payment cuts to providers that will help ensure Nevadans retain access to their high-quality healthcare providers.

Sincerely,
Kevin Cogan
Executive Director
(775) 323-5083

Locations:

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Reno, NV 89511

590 Eureka Avenue
Reno, NV 89512

896 W. Nye Lane
Carson City, NV 89703

We already had 50% of the DAAY court BCBA's indicate (In court today at 1am) that they will be dropping Medicaid and no longer serve these families due to the financial hit. The other 50% already don't take Medicaid as primary.

Subject: RE: Provider Type 85 Comments to 6% Rate reduction

Speaking both as a clinical provider and as a Board Certified Patient Advocate

Relative to Provider Type 85 (my specialty area):

Has it been considered that it would be better to only reduce the Medicaid BCBA rate rather than the RBT rate?

GIVEN: The RBT rate is already so low most providers in Nevada refuse to see Medicaid patients where Medicaid is the primary insurance and ONLY contract with Medicaid for families to have co-insurance coverage. The RBT rate is already below the cost of providing the services and is between 20-40% of that paid out by most commercial and self-funded plans that we are aware of. Even the few providers who have been able to remain taking Medicaid as primary have stated they will be forced to exit due to unsustainability. RBTs already are reimbursed so poorly that the majority leave the field rather than remain long enough to become licensed at a higher level. Further contributing to the lack of providers and services and creating even longer delays that disproportionately affect Medicaid families.

NV Medicaid already wastes a significant amount of funds by limiting parent training below clinical efficacy doses (1 hour a week instead of 3 hours). The low rate already has caused most Medicaid families to have to wait around 3 years to access treatment which increases the costs to the state by 3x-10x across not just Medicaid but multiple state funding buckets including Medicaid, schools, supported living, adult day services, court services, etc.

These delays have increased the amount of time members meet medical necessity requirements from ~3 years to an average of between 10 years to life.

Of those individuals with Autism who encounter law enforcement and are arrested, to date, 100% of those between the ages of 10 and 21 who are arrested and sent to the detention alternative for autistic youth diversion program (DAAY), 100% are families who were not able to access ABA services in a timely fashion because the RBT rate was so low that providers could not see them either in a timely fashion or at all. These are individuals who because of a lack of access to treatment, were arrested for physical assault, sexual assault, property destruction, drug use, truancy, and theft. Not a single individual that I am aware of who has gone into this program was able to access BA services. When these youths are arrested, they become a direct and significant cost burden to Medicaid as well as other state agencies.

Reducing the RBT rate will only increase costs to the state not only in rural but also in major city centers.

Matthew A. T. Lehman, LBA, BCBA, BCEA-F, BCPA, ADHD-CCSP, CCATP-CA, CA/FTP, CSOTP, ILSC

Licensed / Board Certified Behavior Analyst
Feeding Dynamics Specialist
Board Certified Patient Advocate
Specialty Designations: Autism, Social Cognition, Executive Functioning, & Behavior Management
ADHD Certified Clinical Services Provider
Certified Clinical Anxiety Treatment Professional - Child & Adolescent
Certified Child & Adolescent Trauma Professional
Certified Family Trauma Professional
Independent Living Specialist Certified #18846
NCRC Trained Adv. Mediator
BCEA: 52417-7716-CA-F
BCPA: 2018-1-00095
BACB: 1-10-7411
NYS LBA: 0145
NYS LBA: 000027
VTS LBA: 146.0124394
WAS LBA: BA60807646
[702-430- Confidential PHONE / FAX](tel:702-430-XXXX)
mLehman@abaGroup.org



Accelerated Learning Clinic

Providing Effective and Efficient Autism Treatment

August 13, 2020

RE: Public Comment on AB3 Proposed Amendments to the State Plan for Medicaid Services

To Whom It May Concern:

I am writing to express my deep concern of the 6% cuts in the State Plan for Medicaid Services. I understand we are facing difficult budget shortfalls, and that these cuts are shared across all specialties and service providers.

I want to specifically address the cuts to Provider Type 85 and more specifically the Registered Behavior Technician (RBT) rate. Our company became a Medicaid provider in 2016 as soon as this was available. We felt we had a civic and ethical responsibility to offer services to families who otherwise would not be able to afford our services and treatment to their children.

At this time, we accepted that the RBT rates were loss leaders for our company; but believed we had to start somewhere. We were hopeful in time the rates would increase. Our average cost per RBT is \$31.90/hour and this is on the low end. The 6% cut in the RBT rates now asks us as a company to not even break even, but to lose money on every hour of treatment delivered. This is simply not sustainable for us.

Given the current cuts, we will not be accepting any new Medicaid clients until the reimbursement rates at a minimum cover our costs. We have worked hard to cultivate our relationship with Medicaid. It is unacceptable to us that children will be negatively impacted and remain on wait list even longer than they currently have been due to these cuts. Time is of the essence in Autism treatment; especially Early Intensive Intervention. Every hour that a child loses now is an hour they will most likely not regain.

Further, Medicaid rates often drive commercial insurance rates. Where historically, this is where we have been able to make up the difference. This places all services both Medicaid and Commercial insurance at risk for a reduction in services to an already vulnerable population.

It should be discussed the 6% cut now will have an even more devastating cost to our State in the future. We can pay now or pay later. The cost for life-time care of individual with Autism and other Developmental Disabilities is astronomical in comparison to the cost of effective treatment.

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In closing, I hope that our State and Legislators will continue to monitor the budget needs and reinstate the current Medicaid rates for all specialties and providers as soon as possible and not consider these cuts permanent.

Sincerely,

Gwen Dwiggin

Gwen Dwiggin, Ph.D., BCBA-D, LBA
CEO Accelerated Learning Clinic



August 13, 2020

Hello, my name is Belinda Garey an occupational therapist with Motivated Kids Therapy providing outpatient pediatric therapy to children ages 0-21 years of age. Our clinic also provides speech therapy and physical therapy servicing the greater Las Vegas area.

I'm deeply grateful for the legislation that has, thus far, supported and protected the future of physical, occupational, and speech therapy; however, I implore you to take action against the deep payment cuts for Therapy 34- Fee Schedule. The pandemic has destabilized the entire healthcare system, and many providers are in danger of closing their facilities. According to a data collection effort spearheaded by WebPT, rehab therapy clinics in every state experienced a dramatic drop in their total number of patients seen, with the luckiest states seeing an average decline of 25% and the least lucky states seeing decreases as steep as 80%. Further cuts to the 34-Therapy fee schedule—especially the projected 6% reduction to reimbursements for physical therapy, speech therapy, and occupational therapy services—could cripple the therapy industry and eliminate services for those in most need. Prior to this pandemic in 2018 34-Therapy Fee Schedule was revised and underwent a reduction in payment. Since then it has been very difficult with increased inflation costs to provide services. Medicaid reimbursement is much less for therapy when compared to private health insurances and Medicare reimbursement for the same services and now legislation is asking to reduce rates even more.

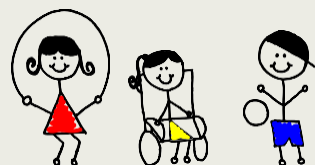
I ask that the 34-Therapy Fee Schedule not be reduced. This would save many healthcare providers from undue financial burden without shifting that burden to the patients. Preventing the financial impact of these cuts will benefit the entire industry, but it will be most crucial for the healthcare professionals who furnish care to the underserved population. Eliminating rate reductions will help those in recovering from pandemic-related disruptions and closures withing the therapy providers.

Thank you for your time and thank you again for working diligently to protect the healthcare industry from the detrimental effects of the COVID-19 pandemic.

Best Regards,

Belinda Garey

Belinda Garey MS, OTR/L
Owner, Occupational Therapist



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Mednax is comprised of the nation's leading providers of physician services who provide Neonatal Intensive Care, Pediatric Intensive Care, and Maternal-Fetal Medicine. In Nevada, physicians practicing as a part of Mednax represent the largest provider of Neonatal Intensive Care to Medicaid patients in the state. Throughout the pandemic, our clinicians continued to provide high quality care, without hesitation or interruption, often putting their own safety at risk. On behalf of our clinicians and patients we appreciate this opportunity to submit comments on the planned amendments to the State Plan.

Mednax endorses and signs on to the comments provided by the Nevada State Medical Society, Nevada Hospital Association, and the Nevada Health Care Association and shares in their concerns. There appears to be due process issues with the notice, the pending submission to the Centers for Medicare and Medicaid, the justification for the 6% provider rate cut, and how its impact will be monitored in the future.

The State Plan amendment process in 42 CFR 447.204 provides significant safeguards to prevent any diminution in access to care for Nevada's most vulnerable patients.

These are important issues which require thoughtful resolution prior to any implementation. We appreciate any opportunity to work with you and help to see them resolved.

Mednax also wants to raise specific "access to care" concerns for the record today:

Prior to the present health crisis, Nevada's Medicaid program was already a crucial lifeline for many vulnerable Nevada families, including pregnant women and their children.

- 19% of the NV population is covered by Medicaid
- 1 in 3 children are covered by Medicaid
- 1 in 3 individuals with disabilities are covered by Medicaid
- 47% of children with special health care needs are covered by Medicaid in NV¹
- 61% of all births in NV are financed by Medicaid²

We anticipate that the Medicaid population will grow significantly in the coming months. These families will need access to quality medical care more than ever.

Provider cuts of 6% across the board will impact access to care:

- When a baby or child with a complex medical condition is ready to be discharged from the Neonatal Intensive Care Unit (NICU) or Pediatric Intensive Care Unit (PICU), lower Medicaid rates make it difficult to find an appropriate pediatrician to transition care. A reduction in funding may mean patients or referring physicians could have difficulty finding a provider and lose

¹ <http://files.kff.org/attachment/fact-sheet-medicaid-state-nv>,

² <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

continuity of care, which is especially critical for people with chronic or complex conditions. A reduction in Medicaid rates therefore exacerbates the challenges already facing the vulnerable Medicaid population.

- Traditionally, research has shown that low Medicaid payment levels are associated with a fewer number of physicians accepting a larger number of Medicaid patients into their practices, and delayed appointment availability, resulting in reduced access to care for persons covered under Medicaid.
- Provider cuts will exacerbate Nevada’s long-standing challenge with primary care as well as jeopardize access to specialty care. If appointment availability is reduced for Medicaid patients, both current patients and new enrollees may wait longer for primary or specialty care, or forgo such care altogether, which is likely to result in worse health outcomes.
- Physician fees represent a small portion of the Medicaid “spending pie” – as noted in this 2014 document³. The cost savings for Nevada is slight in comparison to the compounding effect of lost FMAP and reduced access to care.

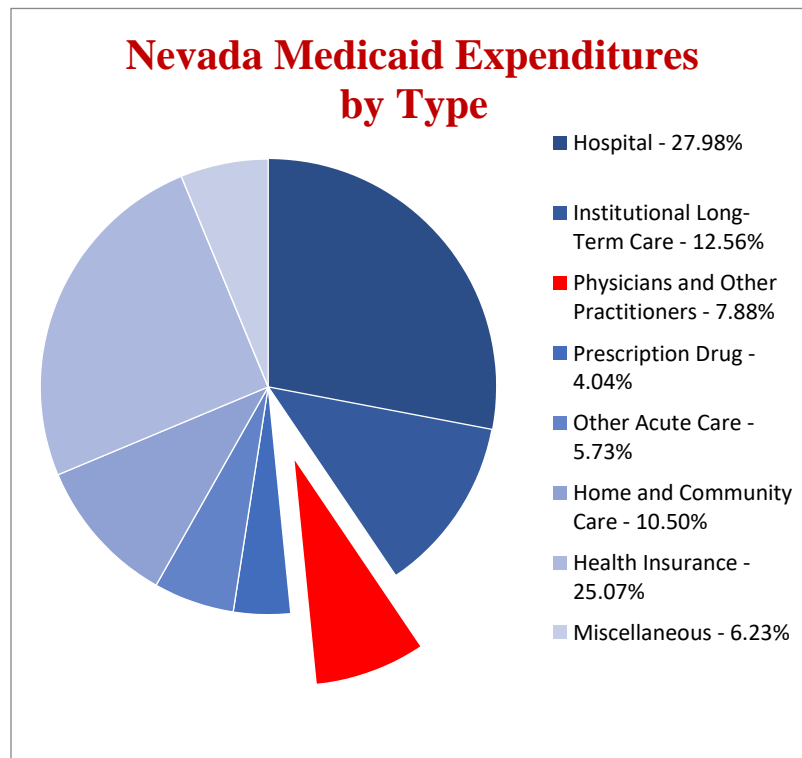
We appreciate being a part of the process and helping Nevada and Nevada’s Medicaid patients weather the current health and economic crisis. However, draconian provider cuts will only further erode Nevada’s social safety net – especially when the funding appears already available to help mitigate them.

³ Attached

PHYSICIAN SERVICES ONLY ACCOUNT FOR 7.88% OF MEDICAID SPENDING IN NEVADA

Contrary to common perception, physicians and other practitioners only receive a small portion of Medicaid expenditures. In fact, **physician fees only account for approximately 5.34% of total Medicaid expenditures nationally**. Medicaid rates are typically significantly lower than usual and customary medical care fees, and are often lower than managed care and Medicare fees.ⁱ Low Medicaid payment rates place an unfair burden on Medicaid providers, resulting in limited access to care for low-income individuals.

- According to a 2012 study published by the Centers for Medicare and Medicaid Services (CMS), the services of physicians and other practitioners across the country merely account for 5.34% of total U.S. Medicaid expenditures. In **Nevada**, physician spending only accounts for 7.88% of Medicaid spending.ⁱⁱ
- The majority of Medicaid dollars, according to the CMS study, are spent on hospital fees, institutional long-term care and prescription drugs. Physicians providing services to Medicaid patients receive a very small percentage of Medicaid expenditures.
- Medicaid is a critical health care program for millions of low-income Americans covering more than 51 million low-income individuals nationwide, including more than 32 million children.ⁱⁱⁱ Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.^{iv} Further, uninsured individuals are more likely to experience financial strain from medical bills than those with Medicaid coverage, and are more likely to have to postpone care because of costs.^v Therefore, **it is crucial that suitable access to care be guaranteed to Medicaid beneficiaries.**
- More than 64 million Americans currently live in an area with a shortage of primary care health professionals.^{vi} It is estimated that the United States will face a shortage of more than 90,000 primary care physicians by 2020.^{vii}



- Millions of formerly uninsured individuals will be eligible for health care coverage through Medicaid, pursuant to the Affordable Care Act.^{viii} An estimated 14 million additional Americans will be enrolled in Medicaid by 2014, as a result.^{ix} It is crucial that there are enough primary care physicians and that they continue to see and treat Medicaid patients in the coming years.

ⁱ Medicaid, American Psychiatric Association, <http://www.psych.org/practice/managing-a-practice/medicaid>.

ⁱⁱ Table 13.2, Medicare and Medicaid Statistical Supplement, 2012 Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

ⁱⁱⁱ Medicaid Facts, American Academy of Pediatrics, September 2012, <http://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/access-to-care/Medicaid%20Fact%20Sheets/nevada.pdf>.

^{iv} Key Facts about the Uninsured Population, Kaiser Family Foundation (citing e.g. Wilper et al., 2009, “Health Insurance and Mortality in US Adults.” American Journal of Public Health, 99(12) 2289-2295 and Collins et al., 2011, “Help on the Horizon: How the Recession Has Left Millions of Workers Without Health Insurance, and How Health Reform Will Bring Relief,” The Commonwealth Fund.)

^v K. Baicker et al., 2013. “The Oregon Experiment — Effects of Medicaid on Clinical Outcomes.” N Engl J Med 368 (18): 1713-1722.

^{vi} Fiscal Year 2010 Summary of Performance and Financial Information, U.S. Department of Health and Human Services http://www.hhs.gov/about/budget/fy2012/spfi_report.pdf

^{vii} Physician Shortages to Worsen Without Increases in Residency Training, Association of American Medical Colleges <https://www.aamc.org/download/286592/data/>.

^{viii} Congressional Budget Office’s May 2013 Estimate of the Effects of the Affordable Care Act on Health Insurance Coverage. http://cbo.gov/sites/default/files/cbofiles/attachments/44190_EffectsAffordableCareActHealthInsuranceCoverage_2.pdf.

^{ix} *Id.*

Subject: RE: Oncotype DX CPT 81519 rate adjustment - further SPA request for more cuts

To the executive team at Nevada Medicaid:

I was surprised to learn that the state is moving forward with even deeper cuts to laboratory testing rates.

Companies like mine agree to provide specialized cancer/standard of care testing to the underserved as a commitment to society – we believe all people should have access to the same level of technology, regardless of economic status. We expect to accept Medicare level rates for this population, and we do so because it is fair, that we also work to serve the underprivileged like you do.

- Are you banking on the fact that we refuse to deny access to NV Medicaid cancer patients, despite the lowest reimbursement from any program in the country?
- Nevada Medicaid is the only state program who has taken a universal slash across a series of CPT codes, without any consideration to the utilization or outcome of that testing.
- The state saves money on avoided chemotherapy, every time Oncotype Dx is ordered. Yet an arbitrary reduction across a series of CPT codes is how you expect to meet your budgetary needs? Every state plan is suffering, yet none have done what NV Medicaid implemented.
- Do you know that not one of your managed plans will pay a penny over the rate you publish, have you considered how that low rate impacts our business – regionally and nationally?

Peter, Nevada Medicaid cannot balance their budget on the backs of vendors providing services, please do not approve this SPA request for further cuts.

Best,

Melissa

Melissa Wood

Associate Director, Government Markets, Managed Care

Mobile: 408-202-2142 |

Exact Sciences Corporation | 101 Galveston Drive, Redwood City, CA 94063

Dear Nevada DHCFP,

On behalf of NeuroRestorative Nevada, I write to thank you for preserving funding for pediatric residential services, but to urge you to continue to fully fund critical cognitive therapeutic services, including physical, occupational, speech and other services to Nevadans living with brain injury. These rehabilitation services allow individuals to regain and maintain skills and functionality that they once had and are crucial to keeping them out of hospitals or institutional settings.

With more than 40 years of experience, NeuroRestorative has been a leading national provider of rehabilitative supports and services for individuals with acquired or traumatic brain injury. We have provided services in Nevada for the past 16 years, employing nearly 226 people who currently serve over 100 individuals through multiple locations across the state. During our tenure in the state, we have made a meaningful difference in the lives of thousands of Nevadans.

We understand Nevada faces a significant budget crisis. The COVID-19 pandemic has not only effected out state's fiscal health but also made the delivery of critical care by Medicaid-funded human service providers much more difficult and costly, including those who support individuals with brain injuries. We thank you for the support you showed for pediatric residential services by preserving funding in the most recent state budget. While that funding is critically important, so too is funding for adult rehabilitative services for individuals with brain injuries.

Research shows the need and effectiveness of neurological rehabilitation, which includes physical, occupational, speech and other therapeutic services. Specifically, studies have demonstrated that individuals with access to these services:

- Have a return to work rate as high as 50%;
- Have reduced long-term healthcare costs;
- Are less reliant on other public support systems; and
- Make significant physical and cognitive gains and have improved quality of life.

The therapeutic services must be delivered consistently over a period of time and may be necessary for individuals to maintain their independence even if they are no longer making functional gains. We know from experience that removing or limiting these therapeutic services can lead individuals to regress and experience significant physical and cognitive setbacks.

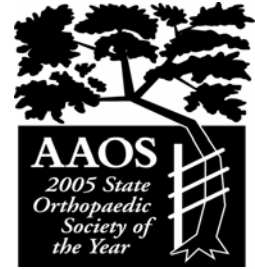
We stand ready to partner with the state to meet the unprecedented challenges created by COVID 19. Thank you for the opportunity to provide this feedback.

Sincerely,

Ashley Iverson, RN, MHA
Regional Executive Director- Mountain West
[NeuroRestorative](#)
Cell: [480-444-6054](tel:480-444-6054)
Fax: [949-336-1948](tel:949-336-1948)
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NEVADA ORTHOPAEDIC SOCIETY



August 13, 2020

Dear Ms. Bierman,

On behalf of the over 100 member of the Nevada Orthopaedic Society we are grateful for your commitment to the state of Nevada and its citizens. We understand during these difficult times everyone must sacrifice to ensure Nevada recovers from the COVID-19 pandemic. We have been doing our part by limiting the number of elected surgeries performed during the shutdown to protect the health of our patients and staff. Nevada's Medicaid rates are currently one of the lowest in the country and with an already crumbling healthcare system, a 6% cut to Medicaid will be detrimental to our most vulnerable populations. For years Nevada has struggled to recruit physicians into the state and has been at the bottom of yet another list for physician to patient ratios and now these cuts will be putting unnecessary obstacles in recruitment efforts.

Our responsibility has and always will be to provide best care possible to our patients, however; Nevada has continually struggled with access to healthcare and by cutting our most vulnerable population we are creating a greater gap in their access to quality healthcare. When access to quality healthcare is limited by these cuts, we could see difficulty caring for patients with complicated issues and an increase in comorbidities.

The Nevada Orthopaedic Society requests these cuts are not implemented during this imperative time of Keeping Nevada Safe.

Sincerely,

Lindsay Knox
Vice President of Government Affairs & Advocacy at McDonald Carano

Nevada Orthopaedic Society
5355 Kietzke Lane, Ste 100
Reno, NV 89511
Phone: (775) 825-6788
www.nevadaortho.org



August 12, 2020

By Email

Department of Health and Human Services
Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701
jenifer.graham@dncfp.nv.gov

Subject: Quest Diagnostics Incorporated's Opposition to Proposed Rate Methodology SPA for Provider Type 43 Laboratory, Pathology Clinical

Dear DHHS Administrators:

Quest Diagnostics, Incorporated (Quest Diagnostics) *strongly urges* the Department of Health and Human Services (DHHS) and its Office of Minority Health and Equity (NOMHE) to closely assess the dire consequences that a 6% rate reduction for laboratory providers will cause to testing capacity at this critical point in the pandemic response and exempt Provider Type 43 (Laboratory, Pathology Clinical) from the proposed rate methodology State Plan Amendment (SPA). At the very least, DHHS should postpone the effective date for any rate reduction to Provider Type 43 until the end of the public health emergency.

As a large provider of clinical laboratory testing services in Nevada, with the industry-leading test menu ranging across all clinical specialties, we have significant concerns that a ***reimbursement ceiling set at 47% of the rate allowed by the 2014 Medicare Clinical Diagnostic Laboratory Fee Schedule*** for Nevada will irreparably reduce the availability of covered testing services to Nevada consumers and exacerbate healthcare disparity for Nevada's most vulnerable populations accessing services under the State Plan Agreement versus commercial insurance.

It is especially alarming that this effort is being undertaken while the Division of Health Care Financing and Policy (DHCFP) labs – particularly Quest Diagnostics – have answered the call to action and are providing critical COVID-19 testing services across the State. Further, this SPA will cut reimbursement for the laboratory testing of viral infections, including communicable diseases, which like SAR-CoV-2 testing, relies upon joint resources from the public health and commercial laboratory infrastructure for access and capacity.

Nevada's State Plan rate methodology for laboratory and pathology services as ½ of the CMS established rates for Medicare already guarantees that DHHS payments to Provider Type 43 are among the very lowest across the United States. Unlike other Provider Types, the reimbursement methodology for Laboratory Pathology Clinical has not been revisited since 2014, despite a growth of ~95% in Medicaid enrollment since 2013. We are now dismayed to learn that DHHS seeks to even further lower reimbursement for these critical services. This extreme reduction in reimbursement during the very time

that laboratories across the country are scaling up operations to prioritize testing for the most vulnerable populations at risk for COVID19 coupled with the administrative complexity and costs associated with retroactive implementation through the State's MMIS vendor, adds considerable uncertainty to our current ability to plan and deliver services.

The need to support laboratory investment in test development and a robust network infrastructure has never been more important than right now. DHCFP laboratories are at a very vulnerable point as we focus on our response to the COVID-19 pandemic in an "all hands-on deck" approach. It is a public health priority to make widespread COVID-19 testing available. Public health experts have identified the critical role that clinical laboratory testing has had, and will continue to have, in early detection and ongoing surveillance to combat the dangerous spread of the COVID-19 virus. As the pandemic continues to severely impact individual states across the country, Quest Diagnostics (and other labs) continue to incur significant cost to expand the amount of COVID-19 testing available. As of this week, Quest Diagnostics has conducted 125,732 molecular viral tests and 31,679 serology antibody tests for Nevadans. We are proud that our services comprise approximately 18% of Nevada's aggregate molecular testing for COVID19¹. We remain committed to scaling up our operations to contribute to the coordinated public and private sector response as partners in this fight of early detection, surveillance, and prevention of the current and future resurgence of this deadly virus.

The need to support labs was specifically recognized in the Families First Coronavirus Response Act, when Congress temporarily halted further reductions to the Clinical Laboratory Fee Schedule through calendar year 2021. Conversely, this SPA will decrease reimbursement for the molecular and serology testing related to the diagnosis of and treatment for diseases that threaten public health such as:

- Influenza B Antibody (CPT 86710)
- Tuberculosis (CPT 86480)
- Zika PCR (CPT 87662)
- Hepatitis C (CPT 87902)
- HIV (CPT 87389)
- Hepatitis B (CPT 87517)
- Chlamydia (CPT 87491)
- Gonorrhea (CPT 87591)
- Trichomoniasis (CPT 87661)
- HSV 1/2 (CPT 87529)
- HPV (CPT 87624)

The 6% reduction in payments undermines DHCFP laboratories' ability to maintain or increase testing capacity should there be a related surge in other infectious diseases. Indeed, these cuts will force labs to curtail access points in areas that are the most difficult and expensive to service, such as tribal and urban communities, which are already experiencing pockets of infectious disease outbreak, such as chlamydia, gonorrhea and HIV.

The rate reductions in question deeply impact the fee-for-service DHCFP clinical laboratory services that are essential for your most vulnerable Nevadans, namely, the elderly, residents of skilled nursing

¹ Nevada COVID19 Health Response accessed August 11, 2020 <https://nvhealthresponse.nv.gov/>



facilities, and children with disabilities. For these reasons, Quest Diagnostics joins ACLA and other stakeholders in asking DHHS to exempt Provider Type 43 from its SPA due to the critical nature of testing services during the statewide pandemic response -- or, at the very least, to postpone the SPA effective date for Laboratory Pathology Clinical providers until the end of the public health emergency.

Sincerely,

A handwritten signature in black ink that reads 'P. Plewman'. The signature is written in a cursive style with a large initial 'P'.

Patrick T. Plewman
Vice President and General Manager
Quest Diagnostics, West Region



We understand what our Governor and lawmakers have in front of them, with the overwhelming work they need to do in order to balance our state budget. However, we want to ensure they understand the severity of the situation that would occur with the proposed cuts to Medicaid, the lifeline for Nevada's most vulnerable citizens.

A cut of this magnitude will threaten Nevadans' lives and health, especially in the middle of a pandemic. Nevada has a 15 percent unemployment rate, one of the highest in the nation. These are people who are unemployed, and who have no other health coverage. This is kicking them when they're down.

The cuts in Nevada's Medicaid reimbursement for hospitals, doctors and emergency medical services agencies will cripple many of them, and likely cause a number to fold. This especially affects physicians and hospitals with the narrowest margins, who are barely making it now due to the COVID-19 pandemic. Family doctors, OB-GYNs, pediatricians and our rural hospitals are at the most risk of not making it alive through a cut like this.

Nevada's Medicaid reimbursement rate is already one of the lowest in the nation. This will put this state at an immorally low level.

Thirty percent of REMSA's paramedic ambulance division patients are Medicaid, and Care Flight has nearly 20 percent of patients as Medicaid. For REMSA, the proposed 6 percent cut in Medicaid reimbursement will be below the actual costs of providing our care. REMSA, like other health care organizations, will continue to care for patients regardless, but consider the cumulative and future impacts on our organization, a non-profit community health organization that receives no tax subsidies from our local governments.

REMSA currently receives only 14.8 cents for every dollar we bill for Medicaid patients, a level that doesn't even cover our costs. With this cut, it will drop reimbursement to REMSA for care of Medicaid patients to only 13.9 cents on the dollar. This cut will impact how we serve our community, specifically rural communities, as it will reduce response times and the number of resources available to us. It will impact how we innovate for the future of our community, restricting us from being able to invest in technology and training for the health and safety of our patients.

REMSA and Care Flight, like other health organizations along with members of our community, continue to feel the financial burdens of COVID-19. We have transported many patients with COVID and COVID-like symptoms to hospitals - often without any reimbursement for our care, and have had to take extra precautions with our staff and clinical providers to ensure they have

added Personal Protective Equipment and other supplies, and have seen a decrease in the numbers of patients who might have the resources to pay for their care. REMSA and other healthcare providers cannot withstand a cut in what is already a very low Medicaid reimbursement for the Nevadans they care for.

We must make sure that no one is left behind as we begin to recover from the pandemic and economic crisis. This cut will leave our most vulnerable citizens and those providers who struggle to care for them, WAY behind.

Sincerely,

A handwritten signature in cursive script that reads "Dean C. Dow".

Dean Dow, MBE, CMTE
President & Chief Executive Officer



August 13, 2020

Dear Nevada Medicaid,

Thank you for your work, and the work of your colleagues, as the COVID-19 crisis continues. As you know, the pandemic is taxing every corner of our nation's health care system, and health care providers are working beyond their capacity to meet the needs of their patients. The Nevada Chapter of the American Physical Therapy Association (APTA Nevada) is writing to ask for you to delay the 6% cuts to Medicaid providers. Given the current instability in the health care system, now is not the time to reduce payment to Medicaid providers, which will impact patient access to care, especially in rural and underserved areas.

In the 2020 final Medicare Physician Fee Schedule rule, CMS included substantial cuts, effective January 1, 2021, to more than three dozen health care providers in order to increase payment for evaluation and management codes, also called E/M codes, that primary care health professionals use. Physical therapy is slated for a 9% cut, which, on top of the current economic crisis, is unsustainable for the physical therapy profession and the patients we serve. These cuts, in addition to the 6% cuts to Nevada Medicaid, are not only devastating for small health care businesses, which may be forced to close at a crucial time in our nation's health care crisis, but they will also negatively impact patient access to care.

APTA Nevada asks that Nevada Medicaid use the increased FMAP to delay these 6% cuts and protect access for Medicaid patients to physical therapy services. The impact of the COVID-19 pandemic on patient access and therapy clinics has been swift and will have negative repercussions for years to come. Therapists, clinics, and rehabilitation facilities continue to struggle to stay open, particularly in rural and underserved areas. Patients will not have adequate access to care if the economic impact closes practices. It has become clear that now is not the time to implement further reimbursement cuts that will severely impact patient access to care and exacerbate the instability of health care providers' practices. We respectfully ask that Nevada Medicaid delay these cuts while the enhanced FMAP is extended.

Thank you for your consideration and APTA Nevada looks forward to the continued work on the issue.

Sincerely,

Susan Priestman

Vice President/American Physical Therapy Association - Nevada