



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

2nd REVISED AGENDA

Date of Publication: August 27, 2020
Date of Revision: August 28, 2020
Date of 2nd Revision: September 16, 2020

Date and Time of Meeting: September 29, 2020 at 9:00 AM

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

Place of Meeting: Please use the teleconference/WebEx options provided below. If accommodations are requested, please advise using the information at the end of this agenda. Out of deference to Declaration of Emergency Directive 006 (<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/03/Declaration-of-Emergency-Directive-006-re-OML-3-21-20.pdf>) from the State of Nevada Executive Department signed by Governor Sisolak on March 22, 2020 as well as Emergency Directive 003 (<https://nvhealthresponse.nv.gov/wp-content/uploads/2020/03/2020-03-20.Declaration-of-Emergency-Directive-003.pdf>) signed March 20, 2020, a physical location will not be open to the public for attendance at this time.

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

Webinar: <https://dhcfc.webex.com/dhcfp/onstage/g.php?MTID=e9801c9ba8b2dbd0f2293b35aaa9943f7>

Or

www.webex.com, select "Join," enter Meeting Number 133 247 1922 your name and email and then select "Join."

The meeting should not require a password, please search for the meeting manually using the meeting number above to join. If the page appears to still ask for a password, click the green "Register" button for quick registration and subsequent access.

(Please use the webinar if possible as the audio option has an attendee limit.)

Audio Only: (415) 655-0002
Event Number: 133 247 1922

PLEASE DO NOT PUT THIS NUMBER ON HOLD (*hang up and rejoin if you must take another call*)

AGENDA

1. General Public Comments (Because of time considerations, the period for public comment by each speaker or organization may be limited to three minutes and speakers are urged to avoid repetition of comments made by previous speakers)
2. **Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

Subject: Small/Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

The DHCFP is proposing an amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.19-D, pages 11 through 13, to update the reimbursement methodology for Small/Private ICF/IID providers. The proposed change would restructure the current reimbursement methodology. ~~which has resulted in payments exceeding the Upper Payment Limit (UPL).~~ Under the proposed rate methodology, Small/Private ICF/IID providers would be paid an interim rate calculated using the provider's adjusted cost report, subject to cost settlement at 100% of the provider's allowable costs.

This State Plan Amendment also corrects language included in the reimbursement methodology for Public Intermediate Care Facilities in order to reflect the correct terminology used to describe Individuals with Intellectual Disabilities.

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

This proposed reimbursement methodology change will affect Small/Private Intermediate Care Facilities for Individuals with Intellectual Disabilities under PT 68. "Small" facilities are defined as facilities having six beds or fewer. Terminology changes described above will potentially affect PT 16 (with no associated estimated change aggregate expenditures anticipated for PT 16).

Estimated change in annual aggregate expenditures: An estimated decrease in annual aggregate expenditures for Small/Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (PT 68):

SFY 2020:	(\$413,022)
SFY 2021:	(\$505,906)

The effective date of change is September 1, 2020.

a. Public Comment

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

Subject: Small/Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

As a result of the 31st (2020) Special Session of the Nevada Legislature, which began on July 8, 2020 and adjourned sine die on July 19, 2020, Fee-for-Service ("FFS") rates for Nevada Medicaid providers must be reduced by 6% to address the budget shortfall as a result of the COVID-19 pandemic and subsequent economic impact.

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

The DHCFP is proposing an amendment to the Nevada Medicaid SPA, Attachment 4.19-B, pages 1e and 1e (continued) to amend the reimbursement methodologies for the following provider types:

- *PT 32 ambulance, Specialty 249 Community Paramedicine*
- *PT 26 Psychologist*
- *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 ($0.59 \times 0.94 = 0.56$).

**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 Provider Types affected above:

SFY 2021: (\$603,667)

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

b. Public Comment

3.4. Adjournment

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment may be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the open meeting law in this process.

This notice and agenda have been posted at <http://dhcfnv.gov/> and <https://notice.nv.gov/>.

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP website <http://dhcfnv.gov/>. The agenda posting of this meeting can be viewed at the following locations:

1100 East William Street, Suite 111, Carson City, NV 89701 Carson City Central Office;
1210 S. Valley View, Suite 104, Las Vegas, NV 89102 Las Vegas District Office;
745 W. Moana Lane, Suite 200, Reno, NV 89509 Reno District Office and
1010 Ruby Vista Drive, Suite 103, Elko, NV 89801 Elko District Office

and may be reviewed during normal business hours.

If requested in writing, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to Jenifer Graham at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, Nevada 89701.

All persons that have requested in writing to receive the public hearing agendas have been duly notified by mail or e-mail.

We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting and/or participate. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least ten days in advance of the meeting, by e-mail at: jenifer.graham@dhcfnv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.
