



**Notice of Meeting to Solicit Public Comments and
Intent to Act Upon Amendments to the Medicaid
Services Manual (MSM)**

**Public Hearing February 23, 2021
Summary**

Date and Time of Meeting: February 23 at 9:11 AM

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

Place of Meeting: WebEx

Teleconference and/or WebEx Attendees

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

Jessica Kemmerer, DHCFP	Paula Pence, DHCFP
Gabriel Lither, Senior Deputy Attorney General (SDAG)	Sheila Heflin-Conour, DHCFP
DuAne Young, Deputy Administrator, DHCFP	Carl B. Jeffery, Optum
Steven Messinger, Nevada Primary Care Association	Jack Zenteno, DHCFP
Cheri Glockner, Silver Summit Health Plan	Jessica Vannucci, DHCFP
Annette Piccirilli, Optum	Robyn Gonzalez, DHCFP
Abigail Bailey, DHCFP	Ellen Flowers, DHCFP
Laurie Curfman, Liberty Dental Plan	Carin Hennessey, DHCFP
Erin Lynch, DHCFP	Pauline Whelan, US Worlds Meds
Kindle Craig, Renown	Antonio Gudino, DHCFP
Sarah Dearborn, DHCFP	Jennifer Atlas
David Olsen, DHCFP	Serene Pack, DHCFP
Theresa Carsten, DHCFP	

Introduction:

Jessica Kemmerer, HIPAA Privacy and Civil Rights Officer, DHCFP opened the Public Hearing introducing herself, DuAne Young, Deputy Administrator, DHCFP and Gabriel Lither, SDAG.

Jessica Kemmerer – The notice for this public hearing was published on January 21, 2021 in accordance with the Nevada Revised Statute (NRS) 422.2369.

1. Public Comment

There were none.

2. Discussion and proposed adoption of changes to MSM Chapter 1000 – Dental

Paula Pence, Social Services Program Specialist for the Dental program, Managed Care and Quality Assurance Unit, DHCFP, presented on proposed changes to the MSM Chapter 1000 – Dental.

Revisions to MSM Chapter 1000 – Dental are being proposed to update the American Dental Association’s (ADA) Dental Claim Form required for all prior authorization requests, claims, adjustments, and voids. Currently, the ADA 2012 version is required. The DHCFP proposes to allow the continued use of the ADA Dental Claim Form version 2012 and allow newer versions of this form. Additionally, the DHCFP is proposing to remove a duplication of congenitally missing teeth, listed as part of the Medically Necessary Orthodontic Automatic Qualifying Conditions.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities financially affected by this proposed change: All Medicaid enrolled Provider Type (PT 22) – Dentists, all specialties.

Financial impact on Local Government: Unknown at this time.

The effective date of the proposed changes is February 24, 2021.

At the conclusion of Paula Pence’s presentation, Jessica Kemmerer asked DuAne Young and Gabriel Lither if they had any questions or comments, and they had none.

There were no public comments.

Jessica Kemmerer recommended the Deputy Administrator approve the proposed changes to MSM Chapter 1000 – Dental.

DuAne Young approved as submitted.

Jessica Kemmerer – Closed the Public Hearing for MSM Chapter 1000 – Dental.

3. Discussion and proposed adoption of changes to MSM Chapter 1200 – Prescribed Drugs

Antonio Gudino, Social Services Program Specialist for Pharmacy, DHCFP, presented the proposed revision to MSM Chapter 1200 – Prescribed Drugs, Appendix A, which are based on recommendations approved at the Drug Use Review Board Meeting on October 22, 2020.

The proposed changes include, addition of new prior authorization criteria for Doxepin Topical; addition of new prior authorization criteria for Zeposia® (ozanimod); the creation of a new combined “osteoporosis agents” section which will include new prior authorization criteria for: Evenity® (romosozumab-aqqg), Prolia® (denosumab), Forteo® (teriparatide) and Tymlos® (abaloparatide); Addition of new prior authorization criteria for Orilissa® (elagolix) and Oriahnn® (elagolix, Estradiol, and Norethindrone) within a new proposed “Gonadotropin Hormone Receptor (GnRH) Antagonist and Combinations” section; revisions to the existing prior authorization criteria for psychotropic medications for children and adolescents, and lastly, revision to the existing clinical criteria for Epidiolex® (cannabidiol).

The following providers who prescribe, dispense or administer this drug may be affected by this change, including but not limited to the listed Provider types on the agenda.

Financial impact on local government: Unknown at this time.

The effective date of the proposed changes is March 1, 2021.

The location and details of the changes start with section N, titled “Psychotropic Medications for Children and Adolescents.” New policy language was added which allows polypharmacy rules to be bypassed for antidepressants, antipsychotics, anticonvulsants and mood stabilizers, if the medication is prescribed by a board-certified child psychiatrist. The next change is found in Section W, titled “Reserved for Future Use.” The section title is being revised to create a new section titled “Doxepin Topical,” which includes new prior authorization for doxepin topical. The next change is found in Section CC, titled “Multiple Sclerosis (MS) Agents.” Within the section revisions were made to the existing clinical criteria to correct and conform with the approved prior authorization criteria. Additionally, new prior authorization for Zeposia® was added. Next change is found in Section OO, titled “Prolia® (Denosumab).” The section title is being revised to create a new “Osteoporosis Agents” section, which includes revised prior authorization criteria for Prolia®, and new prior authorization criteria for Evenity®, Forteo®, and Tymlos®. Following that is Section PP, titled “Forteo® (teriparatide).” This section is being removed as new clinical prior authorization criteria is now under the newly proposed “osteoporosis agents” section as previously mentioned. Additionally, the section title is being revised to “Gonadotropin Releasing Hormone Receptor (GnRh) Antagonist and Combinations,” which includes new prior authorization for Orilissa® and Oriahnn®. The last change is found in Section BBBB, titled “Anticonvulsants.” The existing prior authorization criteria for Epidiolex® (cannabidiol) is being revised to include a new indication for Tuberous Sclerosis Complex and change the age restriction from two years of age to one year to coincide with the FDA-approved label.

At the conclusion of Antonio Gudino’s presentation, Jessica Kemmerer asked DuAne Young and Gabriel Lithier if they had any questions or comments, and they had none.

There were no public comments.

Jessica Kemmerer recommended the Deputy Administrator approve the proposed changes to the MSM Chapter 1200 – Prescribed Drugs.

DuAne Young approved as submitted.

Jessica Kemmerer closed the Hearing for MSM Chapter 1200 – Prescribed Drugs.

4. For possible action: Discussion and adoption of changes to MSM Chapter 2000 – Audiology

Jessica Vannucci, Audiology Specialist, DHCFP, presented the proposed changes to MSM Chapter 2000. Revisions to the chapter are being proposed to update cochlear implant coverage for age 9 months or older versus 12 months matching standard of care for this service per recommendations by the American Academy of Otolaryngology.

Entities financially impacted: This proposed change affects all Medicaid enrolled providers delivering cochlear services. Those PTs include but are not limited to Audiology (PT 23); Hearing Aid Suppliers (PT 76); Therapy (PT 34).

Anticipated financial impact on local government: Unknown at this time.

The effective date of the proposed changes is February 24, 2021.

MSM Section 2003.4A(2)(b) Coverage and Limitations now reads “must be at least nine months of age or older.” MSM Section 2003.4A(6) Children now reads “children from 9 months through 20 years of age.”

At the conclusion of Jessica Vannucci’s presentation, Jessica Kemmerer asked DuAne Young and Gabriel Lithier if they had any questions or comments, and they had none.

There were no public comments.

Jessica Kemmerer recommended the Deputy Administrator approve the proposed changes to the MSM Chapter 2000– Audiology.

DuAne Young approved as submitted.

Jessica Kemmerer – Closed the Public Hearing for the MSM Chapter 2000– Audiology.

5. Adjournment

There were no further comments and Jessica Kemmerer adjourned the public hearing at 9:26 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.***