

Steve Sisolak
Governor



Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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



Suzanne Bierman,
JD MPH
Administrator

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

Public Hearing November 30, 2021 Summary

Date and Time of Meeting: November 30, 2021 at 9:17 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: DHCFP
1100 E. William Street
First Floor Conference Room
Carson City, Nevada 89701

Teleconference and/or WebEx Attendees

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

Gabriel Lither, Senior Deputy Attorney General (SDAG)	Kelly Carranza, DHCFP
Dr. Antonina Capurro, Deputy Administrator	Kyril Plaskon, DHCFP
Jessica Kemmerer, HIPAA Privacy Officer	Laurie Curfman
Abigail Bailey, DHCFP	Lisa Thompson, MD
Alex Tanchek	Lori Cook, DHCFP
Amy Levin	Luke Lim
Aodhan Downey	Michael Gorden, DHCFP
Beth Slamowitz, DHCFP	Natasha Powell
Blayne Osborn	Nicholle Booker
Melissa Bosen	Nicole Figles
Briza Virgen, DHCFP	Regina De Rosa
Carin Hennessey, DHCFP	Robin Ochenschlager, DHCFP
Dan Musgrove	Robyn Gonzalez, DHCFP
Donalda Binstock	Sheila Heflin-Conour, DHCFP
Jeanette Belz	Susana Galvin, MD, FAAFP
Kaelyne Day, DHCFP	Tiffany Saunders-Newey
	Tyler

Introduction:

Jessica Kemmerer, HIPAA Privacy Officer, DHCFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator of DHCFP and Gabe Lither, Senior Deputy Attorney General (SDAG).

Jessica Kemmerer – The notice for this public hearing was published on October 28, 2021 and revised on November 9, 2021 in accordance with Nevada Statute 422.2369.

1. **Public Comments:** None
2. **Discussion and adoption of changes to MSM Chapter 200 – Hospital Services and MSM Chapter 600 – Physician Services**

Lori Cook, Social Services Program Specialist, DHCFP. The following revisions to the Medicaid Services Manual (MSM) Chapter 200 – Hospital Services policy are being proposed.

Please note, the proposed policy for MSM 203D – Newborns and Neonatal Intensive Care Unit (NICU) initially posted for this public hearing is no longer being proposed and has been redacted from the most current posted version. The previous MSM 203(D) policy which was effective February 1, 2020, will remain at this time with no updates.

The following policy proposal is for Section 200 –Introduction
Propose to rename obstetric center and birth center to Freestanding Birthing Center(s) per the passage of Assembly Bill 287 during the 81st Nevada Legislative Session.

The following policy proposal is for Section 201 – Authority Page
Section 201(B)(6 and 7) propose to rename obstetric center and birth centers to Freestanding Birthing Center(s) in alignment with the passage of Assembly Bill 287. Section 201(B)(9); propose to add the title to 42 CFR Part 440.255 of “Limited services available to certain aliens” for clarity.

The following policy proposal is for Attachment A, Policy #02-01 – Birth Centers
Attachment A, Policy #02-01 propose to rename this section to Freestanding Birthing Centers in alignment with the passage of Assembly Bill 287. In addition, rename obstetric center and birth center to freestanding birthing center throughout this section. Also, the proposal to remove the reference of Obstetric Center as Nevada’s legal term as they are now called freestanding birthing centers.

Attachment A, Policy #02-01 (E)(5-6) proposes the removal of the Memorandum of Understanding (MOU) requirements related to a backup hospital or physician with admitting privileges and an ambulance service as these are licensing requirements and addressed by Health Care Quality and Compliance (HCQC).

Lastly, DHCFP is requesting a friendly amendment. See Attachment A, Policy #02-01(E)(3) initially proposed to remove two accreditation organizations. DHCFP is now requesting the removal of all three accreditation sources listed and to add the new language of “Licensure from HCQC as a freestanding birthing center.”

The following revisions to the Medicaid Services Manual Chapter 600 – Physician Services are being proposed in policy.

The following policy proposal is for Section 603.4 – Maternity Care
Section 603.4 - Maternity Care- Proposes to rename obstetric center and birth center to Freestanding Birthing Center in alignment with the passage of Assembly Bill 287 during the 81st Nevada Legislative Session. In addition, within this section, the proposal to remove the sentence “This is also Nevada’s legal term for a birth center or freestanding birthing center.” as the renaming of obstetric and birth center no longer requires this reference.

Section 603.4A Titled Stages of Maternity Care – Proposes to rename obstetric center to freestanding birthing center, also in alignment with the passage of Assembly Bill 287.

These proposed changes were discussed at the Public Workshop conducted on October 19, 2021.

There is no anticipated affect to the Medicaid enrolled birth center providers. This PT includes but is not limited to Birth Centers (PT 17, Specialty 169).

No financial impact on local government is anticipated.

The effective date is January 1, 2022.

At the conclusion of Lori Cook's presentation, Jessica Kemmerer asked Dr. Capurro and Gabe Lither if they had any questions or comments and they had none.

There were no public comments.

Jessica Kemmerer closed the Public Hearing for MSM Chapter 200 – Hospital Services.

Dr. Capurro approved as submitted.

Jessica Kemmerer – Closed the Public Hearing for MSM Chapter 600 – Physician Services.

3. Discussion and adoption of changes to MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services are being proposed

Michael Gorden, Social Services Manager III, DHCFP. Revisions to MSM Chapter 400 (Attach C) are being proposed to remove the language “for pregnant women only” from any association with Tobacco Cessation. This will open Tobacco Cessation for entire Medicaid population including children.

Entities Financially Affected This proposed change affects all Medicaid-enrolled providers delivering Tobacco Cessation Counseling type of services. Those PTs include but are not limited to: Special Clinics (PT 17), Behavioral Health Outpatient Treatment (PT 14), Physician M.D. Osteopath D.O. (PT 20), Physician Assistant (PT 77), and Advanced Practice Registered Nurses (PT 24). Friendly amendment to add Dental (PT 22).

Financial impact on local government: Unknown at this time.

Effective date: November 1, 2021. Friendly amendment – Effective date of coverage will be December 1, 2021.

At the conclusion of Michael Gorden's presentation, Jessica Kemmerer asked Dr. Capurro and Gabe Lither if they had any questions or comments and they had none.

There were no public comments.

4. Adjournment

****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.***



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

November 19, 2021

Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Attention: Jeffrey Murawsky, M.D., State Board of Health
4150 Technology Way, Suite 300
Carson City, Nevada 89706

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy
Attention: Jenifer Graham
1100 East William Street
First Floor Conference Room
Carson City, Nevada 89701

SUBMITTED VIA EMAIL to stateBOH@health.nv.gov; dpbh@health.nv.gov; jenifer.graham@dncfp.nv.gov

RE: Nevada Free Standing Birthing Center Accreditation, proposed amendments to Chapter 449 of NAC and Medicaid Services Manual (MSM) Chapter 200

Dear Dr. Murawsky and Ms. Graham,

The AAAHC is a private, independent, not-for-profit corporation with over 40 years of experience dedicated exclusively to quality improvement and patient safety in ambulatory care. With over 6,000 currently accredited organizations, including 88 facilities in Nevada, AAAHC accredits more ambulatory health care organizations than any other accrediting body in the nation and is recognized by government entities at both the federal and state levels including the Centers for Medicaid and Medicare Services under its deemed accreditation program for ambulatory surgical facilities. Additionally, AAAHC maintains accreditation contracts with the United States Health Resources Services Agency, the United States Indian Health Service, the United States Coast Guard, and the United States Department of Justice Bureau of Prisons. As a nationally-recognized accreditation organization, the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) mission to improve health care quality through accreditation is consistent with the Department's drive to promote the health and well-being of Nevada's residents.

AAAHC Standards are published annually after being reviewed and updated by professionals representing the highest levels of achievement in clinical practice and health care management. These standards are designed to be dynamic in order to reflect evolving trends in ambulatory health care and maintain applicability across a wide range of ambulatory care facilities.

We recently became aware of the proposed amendments to Chapter 449 of NAC¹ and Medicaid Services Manual (MSM) Chapter 200² to require freestanding birthing center (FSBC) accreditation. We noted that the authorizing statute, NRS 449.0302(12) provided opportunity for review of additional accreditation organizations not specifically listed in the law; however, it does not appear that the same language was included in the regulatory proposal. As such, AAAHC respectfully requests that the Division eliminate the barrier to entry into the Nevada FSBC accreditation market by providing the opportunity for additional organizations to become approved FSBC accreditors. Attached please find our recommendations for updating the language to allow for future competition in the Nevada FSBC accreditation market.

¹ <https://www.leg.state.nv.us/Register/2021Register/R062-21I.pdf>

² https://dncfp.nv.gov/uploadedFiles/dncfpnv.gov/content/Public/AdminSupport/MeetingArchive/PublicHearings/2021/MSM_PH_11_30_21_Ch_200_ADA.pdf

Freestanding Birthing Center Accreditation

November 19, 2021

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AAAHC accreditation surveys are conducted by physicians, registered nurses, and administrators who are actively involved in the facility-type which they survey. These experienced professionals meet stringent recruitment qualifications, are screened by the AAAHC Surveyor Training and Education Committee, approved by the AAAHC Board of Directors, and trained by AAAHC on a biennial basis.

Thank you for taking the time to consider this request. AAAHC welcomes the opportunity for a conversation regarding quality and safety in health care facilities and our ambulatory health care accreditation programs with you at any time.

Sincerely,

/s/ Ann Carrera, JD
Sr. Counsel

ATTACHMENT A

Suggested Amendments to Proposed Language

NAC Chapter 449, Sec. 8

1. The State Board of Health hereby adopts by reference the most current version of the CABC Indicators of Compliance with Standards for Birth Centers which can be obtained for free by registering with the CABC at: <https://birthcenteraccreditation.org/go-get-cabc-indicators/?sfw=pass1631561235>. ~~The Division may choose to approve Standards from other accrediting organizations upon receipt of a request for recognition.~~
2. The State Board of Health will review each revision of the publications adopted by reference ~~or approval~~ pursuant to subsection 1 to ensure its suitability for this State. If the Board determines that a revision is not suitable for this State, the Board will hold a public hearing to review its determination within 12 months after the date of the publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the publication adopted by reference ~~or approval~~ pursuant to subsection 1.
3. A freestanding birthing center must comply with the most current ~~Standards~~ version of ~~the CABC Indicators of Compliance with Standards for Birth Centers adopted by reference pursuant to subsection 1~~ ~~its chosen accrediting organization.~~
4. A freestanding birthing center must obtain accreditation by the CABC ~~or other accrediting organization approved by the Division~~ within six months of the date of the application for licensure and shall submit to the Division proof of such accreditation. If the ~~CABC or its successor~~ ~~accrediting~~ organization notifies the freestanding birthing center that it cannot be accredited within 6 months, the timeframe required to become accredited will be extended by 6 months.
5. Upon request, the freestanding birthing center shall provide the Division with any material submitted by the freestanding birthing center to the ~~CABC accrediting organization~~ as part of the accreditation process, including the accreditation application, the self-evaluation report, the accreditation decision letter ~~from the CABC~~, and any reports ~~from the CABC~~ following a site visit.
6. A freestanding birthing center shall maintain current accreditation by the CABC, ~~or~~ its successor organization, ~~or other accrediting organization approved by the Division~~. If the freestanding birthing center loses its accreditation, the birth center must immediately notify the Division.
7. and 8. No change.
9. Each freestanding birthing center shall keep on its premises and make available to all clinical providers and clinical staff a copy of the most recent version of the ~~CABC Indicators of Compliance with Standards for Birth Centers~~ ~~Standards published by its chosen accrediting organization.~~

NAC Chapter 449, Sec. 15

A pregnant person may give birth in a freestanding birthing center if:

1. The freestanding birthing center establishes risk eligibility criteria that aligns with the most current version of the CABC Indicators of Compliance with Standards for Birth Centers **or other approved accrediting organization**; and
2. through 9. No change.

NAC Chapter 449, Sec. 19

A freestanding birthing center must:

1. Provide services for labor, delivery, newborn and recovery care pursuant to the most current version of the CABC Indicators of Compliance with Standards for Birth Centers **or other approved accrediting organization adopted by reference pursuant to section 8**;
2. through 8. No change.

MEDICAID SERVICES MANUAL CHANGES; CHAPTER 200 – HOSPITAL SERVICES

Policy #02-01, Section E

E. PROVIDER REQUIREMENTS

Freestanding birthing center must meet the following criteria:

1. and 2. No change.
3. Accreditation by **the Commission for the Accreditation of Birth Centers (CABC) or other one of the following nationally recognized accreditation organizations recognized by the Division of Public and Behavioral Health Commission for the Accreditation of Birth Centers (CABC).**:
~~a. The Accreditation Association for Ambulatory Health Care, (AAAHC) Inc.; b. The Commission for the Accreditation of Birth Centers, (CABC); or c. The Joint Commission, for institution-affiliated outpatient maternity care programs which principally provide a planned course of outpatient prenatal care and outpatient childbirth service limited to low-risk pregnancies.~~
4. No change.