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

Public Hearing October 26, 2021
Summary

Date and Time of Meeting:	October 26, 2021 at 9:10 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 Microsoft Teams Attendees
(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Gabriel Lither, Senior Deputy Attorney General (SDAG)
Dr. Antonina Capurro, Deputy Administrator
Jessica Kemmerer, HIPAA Privacy Officer
Abigail Bailey, DHCFP
Courtney Cantrell
Angela Mangum
April Sears, DHCFP
Antonio Gudino-Vargas, DHCFP
Jim Clinton
Tyler
Yvonne Vestal
Carin Hennessey, DHCFP
Kevin Roy, Shatterproof
Cheri Glockner, Silver Summit Health Plan (SSHP)
Chloe Johnson
Pricila Longmire-Yancy
Tom Beranek, SSHP
Sarah Bellemare
Jennifer Bevacqua
Frederick Gibison
Olivia Smith
Stephanie Woodard
Kim Riggs
Naomi Jones
Melody Hall-Ramirez, DHCFP
Ellen Flowers, DHCFP
Gladys Cook, DHCFP
Teresa Etcheberry
Lori
Ryan Gustafson
Jeanette K. Belz, JK Belz and Associates
Alex Tanchek
Tiffany Lewis, DHCFP
Nicholas Osterman
Tiffany N. Saunders-Newey, Anthem
Lana
Chris Empey
Frank Reagan
Katherine Lau
Cathy Crocket
Suzanne Bierman, DHCFP
Kathryn Martin
Annette M. Piccirilli, Optum

Kindra Berntson, DHCFP
Ryan A. Roa
Jeffry Majeske, DHCFP
Betti Magney
Valerie Balen, JK Belz and Associates
Brittany Loyd
Torii Hayes
Jill Lecheminant, Optum
Scott Langevin
Jason Engel
Lori Follett, DHCFP
Luke Lim, Anthem
Lisa Thompson, MD
Jackie Shott
Temyka Miller
Sheila Lambert
Theresa Carsten, DHCFP
Beth Slamowitz, DHCFP
Anya Earl
Regina C. De Rosa
Leo Magrdichian
Robyn Gonzalez, DHCFP
Rossana Dagdagan, DHCFP
Sarah Braze
Sarah Dearborn, DHCFP
Jessica Halling
Sarah Mersereau-Adler
Debra Sisco, DHCFP
Dani Tillman
Sean O'Donnell
Serene Pack, DHCFP
Shanna Cobb-Adams, DHCFP
Kerri Korin
Adele Solomon
Steve Messinger, Nevada Primary Care Association
Natasha A. Powell

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 September 23, 2021 and revised on October 21, 2021 in accordance with 42 CFR 422.2369.

1. Public Comments

Kevin Roy, See attached written comments.

2. Discussion of the 1115 Substance Use Disorder Demonstration Waiver

Subject: 1115 Substance Use Disorder (SUD) Demonstration Waiver

Sarah Dearborn, Program Specialist, Behavioral Health, DHCFP:

In an effort to combat the ongoing opioid crisis, Centers for Medicare and Medicaid Services (CMS) created an opportunity under the Authority of Section 1115(a) of the Social Security Act (SSA) for states to demonstrate and test flexibilities to improve the continuum of care for beneficiaries with substance use disorders (SUDs) including Opioid Use Disorder (OUD). SUDs are extremely common in the United States affecting 20.3 million individuals. Per Mental Health America (MHA), in 2021 there were 206,000 adult Nevadans with a SUD within the past year. This number represents 9.0% of the population in Nevada and is higher than the national average of 7.67%. Nevada seeks to increase availability of reimbursement opportunities to expand SUD services across the care continuum. DHCFP is proposing submission of

Nevada's Section 1115 Demonstration Waiver application titled "Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project". DHCFP is requesting authority from CMS for a five-year, Section 1115 Demonstration waiver to expand statewide access to comprehensive behavioral health services for the most vulnerable Nevadans, including those with OUDs and other SUDs. Specifically, DHCFP seeks a limited waiver of the federal Medicaid Institutions for Mental Diseases also known as (IMD) exclusion. This Demonstration waiver will further the objectives of Title XIX and Title XXI of the SSA by improving access to high-quality, person-centered services that produce positive health outcomes for individuals; advance innovative delivery systems and payment models to strengthen provider network capacity and drive greater value for Medicaid. The Demonstration waiver will not modify the State's current Medicaid program or Children's Health Insurance Program (CHIP) outside of the benefits and reimbursement methodologies described within this application. The Demonstration waiver will target high-risk, high-need beneficiaries requiring enhanced services to effectively support individuals with a SUD or co-occurring behavioral health disorder. Despite the number of licensed IMD providers in Nevada, access to SUD treatment services is severely limited for the uninsured, underinsured, and Medicaid beneficiaries. Nearly 86% of the potentially available residential treatment and withdrawal management beds are not eligible for Medicaid reimbursement. This is primarily due to the IMD exclusion, which prohibits federal financial participation (FFP) for medically necessary services provided in hospitals, nursing facilities, and other institutions of more than 16 beds, that are primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.

Also, outlined in this application, utilizing state plan authority, the state seeks to add SUD residential and withdrawal management services consistent with American Society of Addiction Medicine (ASAM) levels of care 3.1, 3.2, 3.5, and 3.7. Clinically managed residential services will not include payment for room and board.

In 2021 the Nevada legislature passed Senate Bill 154, which directs the Department of Health and Human Services (HHS) to apply for a waiver to receive federal funding for coverage of the treatment of SUD of a person in an IMD. This bill was approved by the Governor June 4, 2021.

This proposed change affects all Medicaid-enrolled providers delivering SUD services. Those provider types (PT) include, but are not limited to: Hospital, Inpatient (PT 11), Psychiatric Hospital, Inpatient (PT 13), Physician, M.D., Osteopath, D.O., (PT 20), Advance Practice Registered Nurse, (PT 24), Nurse Midwife, (PT 74), Physician's Assistant, (PT 77), Substance Abuse Agency Model (PT 17 Specialty 215), Certified Community Behavioral Health Center (PT 17 Specialty 188).

The projected enrollment and expenditures for each demonstration year are listed on the agenda and within the application, please review for specifics. For example, during demonstration year 2023 the estimated number of members served through this Demonstration waiver are approximately 5,587 with a cost close to $7 million dollars:

The effective date of the Demonstration waiver is January 1, 2023.

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

There were no public comments.

Jessica Kemmerer recommended the Deputy Administrator approve the proposed changes for 1115 Substance Use Disorder Demonstration Waiver.

Dr. Capurro approved as submitted subject to any spelling and grammar checks.

Jessica Kemmerer – Closed the Public Hearing for 1115 Substance Use Disorder Demonstration Waiver.

7. Adjournment

There were no further comments and Jessica Kemmerer closed the public hearing at 9:23 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@dhcfp.nv.gov with any questions.

Kevin Roy, Shatterproof, Chief Public Policy Officer
Remarks before Nevada Medicaid 1115 Waiver Hearing
October 26, 2021

Good morning. My name is Kevin Roy. Chief Public Policy Officer for Shatterproof.

Thank you for the opportunity to provide public comment on Nevada's proposed 1115 Waiver. Shatterproof is a national non-profit dedicated to reversing the addiction crisis. We are encouraged that Nevada will expand supply of residential treatment through the IMD exclusion waiver.

However, the reason for my public comment is to encourage Nevada to think beyond the residential setting for its waiver. Nevada Medicaid should consider amending its waiver to include coverage of the Collaborative Care Model (CoCM) codes to help address the addiction crisis in Nevada.

CoCM is a well-studied treatment model for the primary care setting that has shown in more than 70 randomized controlled trials to improve outcomes and to be cost-effective. CMS created codes for the model in 2016. It is a scalable way to treat addiction and mental health in the primary care setting.

- Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending.
- The Collaborative Care Model is one of the very few interventions in medicine that have been shown to reduce disparities by race/ethnicity and/or socioeconomic status in patients' access to care, quality of care, and outcomes.
- Despite the evidence base, only 20 Medicaid programs are covering the codes today.

By way of further background:

- 50 percent of individuals with a mental health disorder have a comorbid substance use disorder.
- The SUMMIT Randomized Clinical Trial found that collaborative care for opioid and alcohol use disorder increased both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months. Abstinence improved 47% over the control.
- In addition to the health benefits of collaborative care, several studies have demonstrated that it is cost- effective. Findings from the IMPACT study observed that the model was associated with substantially lower total health care costs compared to typical care – an ROI of $6.50:1.
- We need all states to cover the codes for Medicaid. Further, states should use federal support for the SUD crisis to support adoption of the model by its primary care providers.

We encourage Nevada Medicaid to amend its waiver to include the CoCM codes to help address the addiction crisis in Nevada. The Collaborative Care Model addresses SUD in an early stage, with the expectation that it will prevent some from needing residential treatment. The State of Texas recently enacted legislation to cover the codes for its Medicaid program. Texas's Legislative Budget Board found that the costs to cover the codes were offset by decreased costs related to reduced hospitalizations and utilization of other services.

In summary, CoCM would enhance this waiver by enabling care and treatment for some SUD patients prior to the need for an IMD. Thank you for your kind attention to these remarks. I will be happy to answer any questions.

Collaborative Care Model

Mental Health and Addiction Treatment in Primary Care

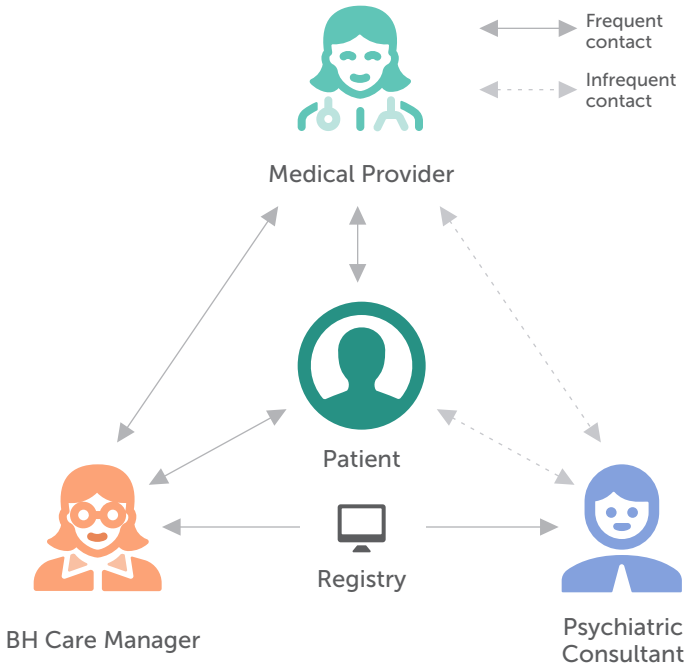
What is it?

The collaborative care model (CoCM) integrates behavioral health care into the medical care system to help increase access to evidence-based treatment for addiction.

CoCM uses a team-based approach that includes a primary care provider, care management staff, and a specialty addiction or psychiatric consultant.

CoCM has been proven effective in over 80 clinical trials, demonstrating increases in both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months.

With 80& of patients receiving or seeking to receive behavioral healthcare from their primary care practice, **this model allows patients to bridge the gap for addiction treatment services with their most common point of contact – their primary care provider.**



Cost-savings

Medicaid enrollees with behavioral health conditions make up approximately 20% of enrollees but over 50% of Medicaid spending. CoCM has been proven to reduce overall costs for Medicaid enrollees.

Among patients with co-morbid conditions, an estimated 9%-17% of costs could be saved by integrating medical and behavioral care – **potentially saving between $38 and $68 billion.**

(Millman 2017)

SHATTERPROOF™

What would NV need to integrate CoCM

Nevada Medicaid would need to submit a state plan amendment to allow billing under the CoCM to join Medicare, most private insurers, and 20 other states that reimburse for CoCM.

In May 2021, Texas submitted a fiscal note for zero dollars and indicated costs to implement CoCM would be offset by savings from reduced hospitalization and utilization of other services.

Collaborative Care G-Codes and CPT Codes

G-Code	CPT Code	Description	Payment/Patient (Non-facilities)*	Payment/Patient (Facilities)*
G0502	**99492**	First 70-minutes in first calendar month – collaborative care	**$156.99**	**$90.22**
G0503	**99493**	First 60-minutes in subsequent month – collaborative care	**$126.31**	**$81.20**
G0504	**99494**	Each additional 30 minutes in month – collaborative care	**$63.88**	**$43.31**
G0507	**99484**	Care management services, minimum 20 min per month	**$48.00**	**$32.84**

Note: "Non-Facilities" refers to primary care settings. "Facilities" refers to hospital or other facility settings. Reimbursement amount provided is the national payment amount, meaning no modifiers are applied.

Source: Medicare Physician Fee Schedule (Centers for Medicare and Medicaid Services, 2020).