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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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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 January 28, 2022 Summary

Date and Time of Meeting: January 28, 2022 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)	Kaelyne Day, DHCFP
Dr. Antonina Capurro, Deputy Administrator, DHCFP	Krystle Daniels
Alex Tanchek	Kyril Plaskon, DCHFP
Blayne Osborn	Lawrence Henry
Adele Solomon	Lea Case
Alicia Roman	Amy Levin, MD
Alisa Howard	Linda Anderson
Blayne Osborn	Lisa Thompson, MD
Brandon Ford	Loretta Cook, DCHFP
Brenda Montes	Maria Reyes
Briza Virgen, DCHFP	Mary Austin
Casey Angres, DCHFP	Mary Wherry
Cody Wagner	Michael Murphy
Erin Lynch, DCHFP	Michelyn Y. Domingo
Michelle Guerra	Monica Schiffer, DHCFP
Jaimie Evins, DHCFP	Rebecca Vernon-Ritter, DCHFP
Jay Kolbet-Clausell	Rianna White
Jeffry Majeske, DCHFP	Robyn Gonzalez, DHCFP
Jennifer Wheeler	Sabrina Cruz
Jimmy Lau	Samantha Sato
	Sandra Hartman
	Sarah Scott

Seth Wray
Shanna Cobb-Adams, DCHFP
Sia Dalacas, Deputy Attorney General
Steve Messinger, Nevada Primary Care

Susana Angel, DCHFP
Temyka Miller
Veronica Alegria, DCHFP
Vimal Asokan

Introduction:

Casey Angres, Manager of Division Compliance, DCHFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator of DCHFP and Gabe Lither, Senior Deputy Attorney General (SDAG).

Casey Angres – The notice for this public hearing was published on December 28, 2021 in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** None
- 2. Discussion and adoption of changes to MSM Chapter 3600 – Managed Care Organization**

Veronica Alegria, Social Services Program Specialist, DCHFP.

Veronica proposed revisions to MSM Chapter 3600, to align with the new contract with the contracted Managed Care Organizations (MCOs). These changes consist of revisions and clarification to existing policy related to MCO responsibility and coverage of:

Ground Emergency Medical Transportation (GEMT), Certified Community Behavioral Health Centers (CCBHC), Private Duty Nursing (PDN), Dental, Adult Day Health Care (ADHC), Early, Periodic, Screening, Diagnostic, and Treatment (EPSDT) services, Pharmacy, Pharmacy Drug Limitations, Electronic Visit Verification (EVV), and enrollment for Medicaid Eligible newborns.

Details of the changes can be found throughout MSM, Chapter 3600, where the introduction was revised to identify that the DCHFP contracts with four health maintenance organizations and one prepaid ambulatory health plan.

The next proposed changes can be found in Section 3603.1(A)(10), titled ELIGIBLE GROUPS. This section was updated to include Temporary Assistance to Needy Families (TANF), Child Health Assurance Program (CHAP), and adults diagnosed as Seriously Mentally Ill (SMI).

Section 3603.4(B), titled EXCLUDED SERVICES AND/OR COVERAGE LIMITATIONS was updated to rename Non-Emergency Transportation (NET) to Non-Emergency Medical Transportation (NEMT).

3603.4(D) - Nursing Facility stay was updated for the MCOs to cover the first 45 days to 180 days throughout the chapter.

3603.4(H) - The Residential Treatment Center was removed from this section.

3603.4(I) – Language was added related to “crisis residential services.”

3603.4(O) - The removal of SMI in this section and the removal of CCBHC in section 3603.4(Q), as these are now services covered under Managed Care.

Section 3603.5(D), titled SPECIAL REQUIREMENTS FOR SELECTED COVERED SERVICES was updated to clarify Federally Qualified Health Centers (FQHC) Prior Authorization policy. Language was added to clarify the Maternity Kick Payment process in Section 3603.5(F)(4). In Section 3603.5(F)(6) language was revised related to Coordination

of care to align with Code of Federal Regulations (CFR) requirements. Language was added to clarify Essential Community Providers (ECP) requirements in Section 3603.5(G).

Section 3603.10, titled CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTERS (CCBHC) was added as a covered service under Managed Care.

Section 3603.11, titled RESEIDENTIAL TREATMENT CENTER (RTC) was added as a covered service under Managed Care.

Section 3603.12, titled CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) AND MENTAL HEALTH SERVICES FOR ADULT was revised to clarify policies related to this section.

Section 3603.13, titled TRANSPORTATION OF ORGANS AND TISSUE, AND RELATED IMMUNO-SUPPRESSANT DRUGS was updated to align with the current reimbursement threshold from \$100,000 to \$500,000.

Section 3603.15, titled POPULATION HEALTH PROGRAM was added relating to the program.

Section 3603.18(A)(1), titled ENROLLMENT AND DISENROLLMENT REQUIRMENTS AND LIMITATIONS was updated with reference to the first 180 days covered by the MCOs in a Nursing Facility.

In Section 3603.18(C), revised language to clarify reporting on newborn enrollments.

In Section 3603.18(C)(1), revised language to clarify MCO responsibilities for Medicaid Eligible Newborns.

In Section 3603.18(D)(2), added language in reference to the Medicaid State Plan.

In Section 3603.18(F), added a section related to Performance Based Auto Assignment, which will begin in 2024.

Section 3603.20(B), titled TRANSITIONING/TRANFERRING OF ENROLLEES was updated to reflect that DHCFP “may” require the MCO to submit a Plan of Correction to address contractual requirements regarding timely reporting submissions.

In Section 3603.20(C), language was added related to Transitions of Child Welfare involved children from FFS to an MCO.

Section 3603.21(A)(1), titled INFORMATION REQUIREMENTS, language was added related to Member Handbook requirements.

In Sections 3603.21(A)(2) through Section 3603.21(A)(25), language was added related to the role of Primary Care Providers (PCPs).

Section 3603.22(A) through Section 3603(B)(5), titled MEDICAL PROVIDER REQUIREMENTS, revised and added language related to PCP or Primary Care Site (PCS) requirements in these sections.

In Section 3603.22(C), deleted language related to materials used to notify enrollees prior to publication or distribution.

In Section 3603.22(C)(3)(B), changed the distance from 25 miles to 10 miles.

In Section 3603.23, titled PROVIDER DIRECTORY, revised language to clarify Provider Directory requirements.

In Section 3603.24(A)(3), titled NETWORK MAINTENANCE, added an item related to maintenance of network.

In Section 3603.25(B), titled RETRO-CAPITATION AND CAPITATION RECONCILIATION, “Forms and Reporting Guide” is replaced with “Marriage and Family Therapist (MFT) MOVEit reporting repository.” This replacement is applied through the rest of the Chapter.

In Section 3604(A)(1), titled GRIEVANCES, APPEALS AND HEARINGS, language was added related to enrollee grievances and appeals actions.

Lastly, Section 3604(A)(3), the calendar days was revised from “90” to “60” days related to the MCO’s Notice of Decision. DHCFP will stay with 90 days to remain consistent with policy.

The proposed changes affect all Nevada Medicaid MCOs.

No financial impact on local government is anticipated.

The effective date is January 1, 2022.

At the conclusion of Veronica Alegria’s presentation, Casey Angres asked Dr. Capurro and Gabe Lither if they had any questions or comments. They had none.

Dr. Capurro approved the changes, pending spelling and grammar checks.

There were no public comments.

Casey Angres closed the Public Hearing for MSM Chapter 3600 – Managed Care Organization.

3. Discussion and adoption of changes to MSM Chapter 600 – Physician Services

Briza Virgen, Social Services Chief I, DHCFP. Briza stated the Doula services policy will be presented at a future public hearing as DHCFP is awaiting approval from CMS.

The addition of Community Health Worker (CHW) services within MSM Chapter 600 – Physician Services, Section 609, is being proposed as a result of the passage of Assembly Bill 191 and Senate Bill 420 during the 81st Legislative session. New proposed policy includes the following:

The definition of a CHW is a trained public health educator improving health care delivery requiring integrated and coordinated services across the continuum of health.

Describes CHWs as providing recipients culturally and linguistically appropriate health education related to disease prevention and chronic disease management.

Lists CHW provider qualifications which include the requirement of CHWs to be supervised by a Nevada Medicaid enrolled physician, Physician Assistant (PA) or Advanced Practice Registered Nurse (APRN).

Identifies covered services and non-covered services.

Further lists service limitations.

These proposed changes were discussed at the public workshop conducted on August 5, 2021.

This proposed policy update may affect the following Provider Types (PT), including but not limited to:

Community Health Worker (PT 89); Special Clinics (PT 17-including specialties, 180-Rural Health Clinics, 181-Federally Qualified Health Centers); Physician, M.D., Osteopath, D.O. (PT 20); Advanced Practice Registered Nurses (PT 24); Indian Health Programs (PT 47); Nurse Midwives (PT 74); and Physician Assistants (PT 77).

Briza added as a friendly amendment, the policy language for CHWs was moved from Section 605 to Section 609. There were no changes to the policy language.

The effective date of this new policy is February 1, 2022, pending CMS approval of the State Plan Amendment (SPA).

Financial impact on local government: An estimated decrease in annual aggregate expenditures for CHW services:

SFY 2022: (\$199,486)

SFY 2023: (\$839,241)

At the conclusion of Briza Virgen's presentation, Casey Angres asked Dr. Capurro and Gabe Lither if they had any questions or comments and they had none.

There were no public comments.

Casey Angres closed the Public Hearing for MSM Chapter 600 – Physician Services at 11:05 AM.

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.***