

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 May 31, 2022 Summary

Date and Time of Meeting: May 31, 2022 at 10:17 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 Microsoft Teams Attendees

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

Gabriel Lither, Senior Deputy Attorney General (SDAG)	Barry Gold, AARP
Dr. Antonina Capurro, Deputy Administrator, DHCFP	Sarah Dearborn, DHCFP
Karen A. Griffin Deputy Attorney General (DAG)	Theresa Carsten, DHCFP
Casey Angres, DHCFP	Marcia Tinberg, DHCFP
Annette M. Piccirilli, Optum	Kaitlin Nguyen, ViiV Healthcare
Robin Ochenschlager, DHCFP	Sarah Adler, Belz & Case
Jessica L. Bowers, Silver Summit	Carin Hennessey, DHCFP
Denys Williams, Department of Health and Human Services (DHHS)	Sarah Scott, Black & Wadhams
Kimberly Gahagan, Molina Healthcare	Alicia Roman, DHCFP
Raj Mishra, Magellan Health	Maribeth C. Capen, Anthem
Angela Mangum, WestCare	Tiffany N. Saunders-Newey, Well Point
Sandra Stone, Division of Child and Family Services (DCFS)	Monica Schiffer, DHCFP
Mackenzie Lopez, Gainwell Technologies (GWT)	Dena Brennan GWT
Lori Follett, DHCFP	Sophia Heinz, GWT
Erin Lynch, DHCFP	Sophia Heinz, GWT
Corie Nieto, Nevada Rural Health Center (NVRHC)	De
Kindra Berntson, DHCFP	Alex Tanchek
Antonio Gudino-Vargas, DHCFP	Amanda Henderson, WestCare
Stephanie Cook, DHHS	Jovanna Leid, GWT
	Ashleigh Papez, GWT
	Tyler Shaw, FRPA

Anna Rich, Northern Nevada HOPES  
Cheri Glockner, Silver Summit  
Sarah Bellemare, Mercer  
Susana Angel, DHCFP  
Jameca Williams, Anthem  
JC Flowers, NVRHC  
David Escame, Amerigroup  
Cheryl Tempel, NVRHC  
Becky Gonzales, ViiV Healthcare  
Jerry Cad  
Jason Engel, WestCare  
Dorothy A. Edwards, Washoe Behavioral Health  
Jeannine Warner, University of Nevada Reno (UNR)  
Kathy Triplett, Nevada Health Centers  
Lisa J. Bogard, Anthem  
Abigail Hatefi, DHHS  
Keibi Mejia  
A. Remulla  
Sarah Hunt, Nevada Hospital Association, (NVHA)  
Joan Hall, NRHP  
Jennifer Simeo, DCFS  
Diane Ross  
Laurie Curfman, Liberty Dental Plan

Lea Case, Belz & Case  
Connie Chow, Magellan Health  
Jill Lecheminant, Optum  
Kitty Ketenheim, WestCare  
Jennifer Tongol, DHHS  
Stephanie Sadabseng, DHCFP  
Theresa Fooks, GWT  
Leann McAllister, Nevada American  
Academy of Pediatrics (AAP)  
Mark Du, DHCFP  
Serene Pack, DHCFP  
Sarah Braze  
Kaelyne Day, DHCFP  
Temyka Miller, Anthem  
Jesse Wadhams, Black & Wadhams  
Susan Harrison, GWT  
Stephanie Woodard, DHHS  
Michelle Gonzales, Acadia HealthCare  
Steven Evans, Centene  
Lana, New Frontier  
Lori Kearse, DCFS  
Alyssa Kee Chong, GWT

### **Introduction:**

Casey Angres, Manager of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Antonina Capurro, Deputy Administrator of DHCFP and Gabe Lither, SDAG.

Casey Angres – The notice for this public hearing was published on April 28, 2022, and revised on March 9, 2022, in accordance with Nevada Statute 422.2369.

### **1. Public Comments:**

Kaitlin Nguyen, ViiV Healthcare, requested to use her previous public comment on the State Plan Amendment (SPA) Public Hearing on open access for Cabenuva®: She advised that Human Immunodeficiency Virus (HIV) continues to be a public health challenge and 1.2 million people are living with HIV in the United States despite significant improvement, many people still struggle with daily oral doses because of adherence, anxiety and fear of disclosure with daily reminders of HIV. This leads to a greater risk of drug resistance, transmission, increased cost of care resulting from suboptimal adherence and viral suppression. Guidelines strongly recommend Cabenuva® in stable switch therapy noting it may benefit and improve quality of life for patients who struggle with fear or stigma associated with data or medications. This is the first time in HIV treatment they have a directly observed therapy that allows for document adherence. Cabenuva® reduces treatment days to just six times a year. Costs are now comparable to other oral standard of care regiment. More recently Cabenuva® received approval for use with adolescents. When it comes to HIV treatment, there is no “one size fits all.” People living with HIV deserve open access to regiments which are critical to their health, and to prevent further HIV transmission. Providers should be involved with the submission making process of choosing an

appropriate regiment to achieve the best outcome together with members. The Acquired Immune Deficiency Syndrome (AIDS) Institute states step therapy and prior authorization should never be used in the treatment of HIV. The US Government sponsored HIV treatment guidelines for healthcare cannot be used effectively in a system that does not account for unattended consequences on all stakeholders. In order to help all people and be effective, it must be made easy and accessible to those in need. Those living with HIV are the most vulnerable. She asked that they be allowed to show compassion and strive to be more effective by adding options and removing obstacles. The proposed policy change would contradict Nevada schools of increased focus on care management, member engagement and access as it may hinder patients' access to drugs. We cannot consider moving any policies against Cabenuva®. Policies that may create more barriers and do not support the national goal to ending the HIV epidemic.

**2. For possible action:** Discussion and adoption of changes to MSM Chapter 3400 – Telehealth Services

Monica Schiffer, Social Services Program Specialist, DHCFP, advised revisions are being proposed as a result of the passage of Senate Bill (SB) 5 at the 81<sup>st</sup> Nevada State Legislature. Audio Only Telehealth Services restriction is being removed. The following are the proposed changes for the chapter:

Section 3403 Telehealth Policy: Remove 'standard telephone' from the list of unacceptable communication technologies and remove "audio-visual communication" as a descriptor.

Section 3403.1 Telehealth Originating Site: Added Item "B" stating a provider cannot be both an originating and a distant site for the same patient, same date of service and updated Item "D" to clarify who may bill a facility fee or an encounter code.

Section 3403.5 Coverage and Limitations: Removed Item "C" to align with MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services.

Section 3403.6 Non-Covered Services: Removed "Telephone Calls" and updated language for Behavioral Health Services.

In addition, throughout the MSM Chapter 3400 grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and rearranging of sections was necessary.

These proposed changes were discussed at a public workshop held on March 31, 2022 and affect the following provider types (PT) as listed on today's agenda. Those provider types include, but are not limited to: Outpatient Surgery (PT 10); Hospital, Inpatient (PT 11); Hospital, Outpatient (PT 12); Psychiatric Inpatient Hospital (PT 13); Behavioral Health Outpatient Treatment (PT 14); Registered Dietician (PT 15); Special Clinics (PT 17); Nursing Facility (PT 19); Physician/Osteopath (PT 20); Podiatrist (PT 21); Dentist (PT 22); Advanced Practice Registered Nurse (PT 24); Optometrist (PT 25); Psychologist (PT 26); Radiologist and Noninvasive Diagnostic Center (PT 27); Pharmacy (PT 28); Durable Medical Equipment (DME), Disposable, Prosthetics (PT 33); Therapy (PT 34); Chiropractor (PT 36); Opticians (PT 41); Laboratory, Pathology/Clinical (PT 43); End Stage Renal Disease (ESRD) Facility (PT 45); Ambulatory Surgical Centers, Freestanding (PT 46); Indian Health Programs and Tribal Clinics (PT 47); Indian Health Service Hospital, Inpatient (Tribal) (PT 51), Indian Health Service Hospital, Outpatient (Tribal) (PT 52); Targeted Case Management (PT 54); Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals (PT 56); School Based (PT 60); Residential Treatment Center (PT 63); Hospice (PT 64); Hospice, Long Term Care (PT 65); Nurse Anesthetist (PT 72); Nurse Midwives (PT 74); Critical Access Hospital (CAH), Inpatient (PT

75); Audiologist (PT 76); Physician's Assistant (PT 77); Indian Health Service Hospital, Inpatient (Non-Tribal) (PT 78); Indian Health Service Hospital, Outpatient (Non-Tribal) (PT 79); Hospital Based End Stage Renal Disease (ESRD) PT 81; Provider Behavioral Health Rehabilitative Treatment (PT 82); Applied Behavioral Analysis (PT 85); Community Health Workers (PT 89); Doulas (PT 90).

The effective date of these changes is June 1, 2022, pending CMS approval.

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

**Public Comment:** Barry Gold, Director of Government Relations, AARP of Nevada, advised AARP supports the proposed changes to the MSM allowing standard telephones and audio only. On behalf of the 345,000 members across the state, it is hoped this passes and is implemented as of June 1, 2022.

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

Casey Angres closed the Public Hearing for MSM Chapter 3400 – Telehealth Services.

**3. For possible action:** Discussion and proposed adoption of changes to MSM Chapter 1200 – Prescribed Drugs

Kindra Berntson, Social Services Program Specialist II for Pharmacy Services Unit, DHCFP, presented on the proposed revisions to MSM 1200 – Prescribed Drugs, based on recommendations approved at the January 27<sup>th</sup>, 2022, Drug Utilization Review (DUR) Board Meeting.

The proposed changes include: Revisions to the existing Calcitonin Gene-Related Peptide (CGRP) criteria as well as updates to the Anti-Migraine section to improve readability; Revisions to the current prior authorization criteria for Trikafta<sup>®</sup> (elexacaftor-tezacaftor ivacaft) within the Cystic Fibrosis Agents to conform with new FDA-approved age indication; Addition of new prior authorization criteria for Opzelura<sup>®</sup> (ruxolitinib) within the Topical Immunomodulator section as well as revisions to the current prior authorization criteria for Eucrisa<sup>®</sup> (crisaborole) to conform with the new FDA-approved age indication; The creation of a new Human Immunodeficiency Virus (HIV) section which includes new prior authorization criteria for Cabenuva<sup>®</sup> (cabotegravir; rilpivirine and Vocabria<sup>®</sup> (cabotegravir); New prior authorization criteria for Zeposia<sup>®</sup> (ozanimod) for Ulcerative Colitis; Revisions to the current Dupixent<sup>®</sup> (dupilumab) prior authorization criteria to conform with new FDA-approved age indication as well as revision to the current prior authorization criteria for Fasenra<sup>®</sup> (benralizumab) to align with the Dupixent<sup>®</sup> and Nucala<sup>®</sup> (mepolizumab) criteria; Revisions to the current prior authorization for Qutenza<sup>®</sup> (capsaicin) to conform with new FDA-approved age indication of neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet; Addition of new prior authorization criteria for Amondys 45<sup>®</sup> (casimersen) within the Duchenne Muscular Dystrophy (DMD) Agents section; and the revision to the Topical Androgens section to improve readability.

The following providers who prescribe, dispense, or administer this drug may be affected by this change, including but not limited to the following PTs: Outpatient Surgery (PT 10); Hospital, Inpatient (PT 11); Hospital, Outpatient (PT 12); Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public (PT 16); Special Clinics (PT 17); Nursing Facility (PT 19); Physician/Osteopath (PT 20); Podiatrist (PT21); Advanced Practice Registered Nurse (PT 24); Pharmacy (PT 28); Home Health Agency (PT 29);

Ambulatory Surgical Centers, Freestanding (PT 46); Indian Health Programs and Tribal Clinics (PT 47); Indian Health Service Hospital, Inpatient (Tribal) (PT 51), Indian Health Service Hospital, Outpatient (Tribal) (PT52); Transitional Rehabilitative Center, Outpatient (PT 55); Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals (PT 56); Hospice (PT 64); Hospice, Long Term Care (PT 65); Intermediate Care Facilities for Individuals with Intellectual Disabilities, Private (PT68); Nurse Anesthetist (PT 72); Critical Access Hospital (CAH), Inpatient (PT 75); Audiologist (PT 76); Physician's Assistant (PT 77); Indian Health Service Hospital, Inpatient (Non-Tribal) (PT 78); Indian Health Service Hospital, Outpatient (Non-Tribal) (PT 79)..

There is no financial impact on local government known.

The effective date of these changes is June 6, 2022.

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

There were no public comments.

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

Casey Angres closed the Public Hearing for MSM Chapter 1200 – Prescribed Drugs.

#### **4. Adjournment**

There were no further comments and Casey Angres closed the public hearing at 10:26 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](mailto:jenifer.graham@dncfp.nv.gov) with any questions.***