

Steve Sisolak
Governor



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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,
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Administrator

NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO THE STATE PLAN FOR MEDICAID SERVICES

REVISED AGENDA

Date of Publication: February 24, 2022

Date of Revision: March 17, 2022

Date of 2nd Revision: March 23, 2022

Date and Time of Meeting: March 29, 2022, at 10:00 AM

Name of Organization: The 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

Space is limited at the physical location and subject to any applicable social distancing or mask wearing requirements as may be in effect at the time of the meeting for the county in which the physical meeting is held.

Please use the teleconference/Microsoft Teams options provided below. If accommodations are requested, please advise using the information at the end of this agenda.

Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Jenifer Graham at jenifer.graham@dchfp.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified they are safe. If you ever have questions about a link in a document purporting to be from Nevada Medicaid, please do not hesitate to contact Jenifer.graham@dchfp.nv.gov for verification.

Webinar: <https://tinyurl.com/PH032922>

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This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

AGENDA

1. General Public Comments (Because of time considerations, the period for public comment by each speaker or organization will be limited to three minutes and speakers are urged to avoid repetition of comments made by previous speakers)
2. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: Third Party Liability in Medicaid: State Compliance with Changes Required in Bipartisan Budget Act of 2018 and Medicaid Services Investment and Accountability Act of 2019 (via Center for Medicaid and CHIP Services (CMCS) Informational Bulletin dated August 27, 2021).

DHCFP is proposing an amendment to the Nevada Medicaid State Plan (SPA), Attachment 4.22-B, page 2, to comply with CMCS Informational Bulletin dated August 27, 2021, titled, "Third Party Liability (TPL) in Medicaid: State Compliance with Changes Required in Bipartisan Budget Act of 2018 and Medicaid Services Investment and Accountability Act of 2019." This bulletin reinforces DHCFP's efforts to meet the follow requirements:

- A. Apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services.
- B. Make payments without regard to potential TPL for pediatric preventive services.
- C. Make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries.

As DHCFP already meets this required document change, there is no additional burden to providers. and no fiscal impact for Financial Fiscal Year (FFY) 2022 and FFY 2023.

Estimated change in annual aggregate expenditures: No change in annual aggregate expenditures is anticipated.

The effective date of change is January 1, 2022.

- a. Public comment regarding subject matter.

3. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: Reimbursement Methodology for Crisis Stabilization Centers

Reimbursement methodology will be added to SPA Attachment 4.19-B, Pages 4a through 4c and Nevada Medicaid State Plan Attachment 4.19-A, Pages 14-14c. As authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021), this SPA proposes the reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization Services are defined by legislation as “behavioral health services designed to: (1) de-escalate or stabilize a behavioral crisis; and (2) avoid admission of a patient to another inpatient mental health facility or hospital when appropriate.” SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. After a provider has a complete fiscal year of providing services, the provider will be allowed to complete a cost report to be used to determine an individual, provider-specific rate for crisis stabilization services.

The proposed changes may affect the following provider types (PTs), including but not limited to: Inpatient Hospital (PT 11), Outpatient Hospital (PT 12), Inpatient Hospital, Psychiatric (PT 13).

Estimated change in annual aggregate expenditures: An estimated decrease in annual aggregate expenditures for State Fiscal Year (SFY):

SFY 2022: \$(816,333)
SFY 2023: \$(12,122,807)

The effective date of change is March 30, 2022.

a. Public comment regarding subject matter.

4. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: National Medicaid Pooling Initiative (NMPI) Model for Supplemental Rebate Agreements

An amendment to Nevada State Plan attachment 3.1-A is proposed to enter into the Michigan multi-state pooling agreement, also referred as the National Medicaid Pooling Initiative (NMPI) for supplemental rebate agreements for drugs provided to Nevada Medicaid fee-for-service beneficiaries.

This proposed change affects all Medicaid-enrolled providers delivering prescription drug services, including but not limited to the following Provider Types (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).

Estimated change in annual aggregate expenditures: No change in annual aggregate expenditures is anticipated.

The effective date of change is July 1, 2022.

a. Public comment regarding subject matter.

5. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments

Subject: Clinical Trials - Attachment 3.1-A, 3.1-B, and the Alternative Benefit Plans (ABPs)

As a result of an amendment to the 2021 “Consolidated Appropriation Act” (CAA), section 1905(a) of the Social Security Act (SSA) (42 U.S.C. 1396d) and 1902(a)(10)(A) and 1937(b)(5) of the SSA, the Division of Health Care Financing and Policy (DCHFP) is proposing updates to the policy under the State Plan 3.1-A, 3.1-B, and the Alternative Benefit Plans (ABPs).

The proposed changes will allow Medicaid recipients’ coverage of routine patient costs for items and services furnished in connection with participation in Qualifying Clinical Trials (QCT) and makes coverage of this new benefit mandatory under the State Plan and the ABPs.

In accordance with 42 CFR §440.386, the Division of Health Care Financing and Policy is proposing an amendment to the Alternative Benefits Plan to the State Plan for Medicaid Services that would allow for coverage of routine patient costs for items and services furnished in connection with participation in QCT. The state assures compliance with 42 CFR 440.345 to provide full access to Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services for covered participants by describing the process to access these benefits in Medicaid Services Manual (MSM) Chapter 1500, Healthy Kids Program.

The following Provider Types (PTs) may potentially be affected by this change, but are not limited to the following PTs: Outpatient Surgery (PT 10); Hospital, Inpatient (PT 11); Hospital, Outpatient (PT 12); Psychiatric (PT 13); Behavioral Health Outpatient Treatment (PT 14); Special Clinics (PT 17); Physician/Osteopath (PT 20); Podiatrist (PT 21); Dentist (PT 22); Hearing Aid Dispenser and Related Supplies (PT 23); Advanced Practice Registered Nurse (PT 24); Optometrist (PT 25); Psychologist (PT 26); Radiologist and Noninvasive Diagnostic Center (PT 27); Pharmacy (PT 28); Ambulance Air or Ground (PT 32); Durable Medical Equipment (DME), Disposable, Prosthetics (PT 33); Therapy (PT 34); 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); Transitional Rehabilitative Center, Outpatient (PT 55); Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals (PT 56); Residential Treatment Center (PT 63); Hospice (PT 64); Hospice, Long Term Care (PT 65); 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); Hospital Based End Stage Renal Disease (ESRD) PT 81; Provider Behavioral Health Rehabilitative Treatment (PT 82); Applied Behavioral Analysis (PT 85).

Estimated change in annual aggregate expenditures: No change in annual aggregate expenditures is anticipated.

The effective date of change is January 1, 2022.

a. Public comment regarding subject matter.

6. Adjournment

NOTE: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_YTgyYzRiMWItMWMxMi00NDQ1LWE4NDctZTMjOWJmMmRhMWY0%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment will be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at <http://dhcfnv.gov> and <http://notice.nv.gov>, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact jenifer.graham@dhcfnv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

DHCFP, 1100 E. William St., Suite 101, Carson City, Nevada 89701
DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102
DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

If you require a physical copy of supporting material for the public meeting, please contact jenifer.graham@dhcfnv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible, by e-mail at jenifer.graham@dhcfnv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.