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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 State Plan for Medicaid Services

Public Hearing March 29, 2022 Summary

Date and Time of Meeting: March 29, 2022 at 10:12 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)	Theresa Carsten, DHCFP
Dr. Antonina Capurro, Deputy Administrator, DHCFP	Rossana Dagdagan, DHCFP
Casey Angres, DHCFP	Vickie S. Ives
Frederick Gibison, Mercer	Adonica Iverson, Northern Nevada HOPES
Jaimie Evins, DHCFP	Carin Hennessey, DHCFP
Elisa Ashton, SCGUS	Amy Hyne-Sutherland, Carson Tahoe Health
Michelyn Y. Domingo, Anthem	Alissa Lucke, DCFS
David Olsen, DHCFP	Maribeth C. Capen, Anthem
Amy Levin, MD, Anthem	Mary Wherry, Community Health Alliance
Iman Eletreby, Anthem	Gladys Cook, DHCFP
Sandra Stone, Division of Child and Family Services (DCFS)	Monica Schiffer, DHCFP
Jessica Vannucci, DHCFP	Sheila Heflin-Conour, DHCFP
Lori Follett, DHCFP	Vimal Asokan, Anthem
Erin Lynch, DHCFP	Christina Sapien, Behavioral Health Services
Jessica Escobedo, DHCFP	De
Abigail Bailey, DHCFP	Maurice Cloutier, Silver Summit
Kindra Bertson, DHCFP	Chris
Antonio Gudino-Vargas, DHCFP	Ashley Cruz
Kaela Friedman, Silver Summit	Ashleigh Papez, GWT
Rebecca Vernon-Ritter, DHCFP	Tyler Shaw, FRPA
Sarah Dearborn, DHCFP	Christina Trovato, DHCFP
	Maria Reyes, Fidelis-Rx

Steve Messinger, Nevada Primary Care
Susana Angel, DHCFP
Jameca Williams, Anthem
Loretta Cook, DHCFP
David Escame, Amerigroup
Cheryl Tempel, Nevada Rural Health Center
Becky Gonzales, ViiV Healthcare
Joy Cleveland, Anthem
Nicole L. Figles, Silver Summit
Blayne Osborn, Nevada Rural Health Center
Tracey Green, Molina Health Care
Michael Zarob, Alkermes

Dylan Shaver
Keibi Mejia
Michelle Guerra, Molina Health Care
Sandra Hartman, Community Health Alliance
Matt Robinson
Nicole Robling, Otsuka-US
Lawrence Henry, Fidelis-Rx

Denise Hanlin,
(SAFY)
Rianna White, Fidelis-Rx
Bryan Dillon, Otsuka-US
Jennifer Atlas
Meaghan O'Toole, Molina Health Care
Mitchell Moen, DHCFP
Laurie Curfman, Liberty Dental Plan
Marta Jensen, M Jensen Consulting

Rutu Ezhuthachan
Yvonne Vestal, DHCFP
Marcel Brown, DHCFP
Ritchie Duplechien, Silver Summit
Stephanie Sadabseng, DHCFP
Lisa Dyer, DHCFP
Kyril Plaskon, DHCFP
Kimberly Adams, DHCFP
Joseph Turner, DHCFP
Serene Pack, DHCFP
Robert Moore, DHCFP
Kaelyne Day, DHCFP
Jessica Flood Abrass, Northern Rural
Hospital Partners
Casey Walker
Susan Harrison, GWT
Valerie Haskin
Tiffani Hart, Anthem
Melissa Roy, Otsuka-US
Lisa Thompson, MD, Anthem
Allyson Hoover
Life Change Therapy
Allyson Hoover, Silver Summit
Kim Donohue, Northern Rural Hospital
Partners
Alyssa Kee Chong, GWT
Luke Lim, Anthem
Christian Thauer,

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 February 24, 2022 and revised on March 17, 2022 and March 23, 2022 in accordance with Nevada Statute 422.2369.

- 1. Public Comments:** None
- 2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Nevada Medicaid State Plan Attachment 4.22-B Third Party Liability

Robert Moore, Management Analyst, Fiscal Services Unit, DHCFP, discussed a documentation change to Nevada Medicaid State Plan that addresses third party liability. Due to technical difficulties Monica Schiffer presented on behalf of Robert Moore.

On August 27, 2020, the Centers for Medicare and Medicaid (CMS) issued an Information Bulletin 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 requirements listed on the screen.

Nevada Medicaid already addresses these requirements in the existing documentation, just not at this level of granularity. However, CMS is requiring all State Medicaid Agencies to insert this language into their State Plan Amendments (SPA).

As such, this is a document change only to comply with the CMS bulletin. There is no additional burden to providers and no fiscal impact.

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

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for SPA Attachment 4.22-B Third Party Liability.

3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Nevada Medicaid State Plan Attachment 4.19-B, and 4.19-A, Reimbursement Methodology for Crisis Stabilization Centers.

Joseph Turner with the Rate Analysis and Development Unit at DHCFP presented Reimbursement methodology will be added to SPA Attachment 4.19-B, Pages 4a through 4c. As authorized by Assembly Bill (AB) 66 of the 80th Nevada Legislative Session in 2019 and Senate Bill 156 of the 81st Nevada Legislative Session in 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 de-escalate or stabilize a behavioral crisis; and avoid admission of a patient to another inpatient mental health facility or hospital when appropriate." State Plan language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate. The elements which are used to calculate this rate are Bureau of Labor Statistics Wage information, Employee related expenses, a productivity adjustment factor, program support costs, allowances for supervisory time and capital costs, and administrative overhead. The methodology for determining the rate is outlined within the SPA language. Stays up to 23 hours and 59 minutes will be billed as an outpatient service. If a recipient needs to remain at the Crisis Stabilization Centers for longer than 24 hours, the second day would be billed as an inpatient claim. Reimbursement methodology will also be added to SPA Attachment 4.19-A to cover the inpatient portion of the service.

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 provider will split the cost to have this work performed by an actuarial contractor. Later in the hearing, the changes to the Medicaid Services Manual (MSM) will be presented and outlined in further detail.

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

There is an estimated decrease in annual aggregate expenditures expected as a result of this SPA.

SFY 2022: (\$816,333)

SFY 2023: (\$12,122,807)

The effective date of this change is March 30, 2022

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

Public Comments:

Christina Sapien, Director of Behavioral Health Services and the Mallory Behavioral Health Crisis Center at Carson Tahoe Health, expressed support and gratitude for the work done to address the behavioral health issues affecting our communities. In particular, we are grateful for the state’s efforts to work with the community partners and organizations to develop sustainable funding mechanisms and rates for crisis stabilization units. Carson Tahoe Health, Mallory Behavioral Health Center has been serving our community with 24/7 acute crisis stabilization services since 2017 and has been seeing the availability of these services firsthand and improving patient care and outcomes, as well as community coordination and resilience. They welcome the state’s decision to develop both a default rate and a cost-based rate as this reflects the nuisance and flexibility needed to truly innovate and make progress as a state with respect to behavioral health.

Casey Angres – Closed the Public Hearing for SPA Attachment 4.19-B, Reimbursement Methodology for Crisis Stabilization Centers.

4. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Nevada Medicaid State Plan Attachment 3.1-A, National Medicaid Pooling Initiative (NMPI) Model for Supplemental Rebate Agreements

Antonio Gudino, Social Services Program Specialist Supervisor for Pharmacy Services, DHCFP, presented the proposed amendment to SPA Attachment 3.1-A 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 recipients.

The NMPI is a multi-state Medicaid pharmaceutical purchasing pool that will allow Nevada Medicaid to consolidate purchasing power to negotiate a lower price for prescription drugs.

These proposed policy changes were discussed at a public workshop conducted on February 7, 2022. Although the agenda mentions providers delivering prescription drug services may be impacted, this proposed SPA does not affect any providers as this relates to supplemental rebate agreements between drug manufactures and Nevada Medicaid.

There are no changes in annual aggregate expenditures.

The effective date of the change is July 1, 2022.

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

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for SPA Attachment 3.1-A, National Medicaid Pooling Initiative (NMPI) Model for Supplemental Rebate Agreements.

5. Discussion of 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)

Rossana Dagdagan, Social Services Program Specialist in the Medical Programs Unit with DHCFP. Rossana presented on behalf of Gladys Cook.

A SPA is being proposed to allow Medicaid recipients' coverage of routine patient costs for items and services furnished in connection to Qualifying Clinical Trials (QCTs). Changes to the SPA Attachment 3.1-A and 3.1-B are proposed, 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.

This proposed SPA may affect the following PTs, identified on the agenda including but not limited to:

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).

There is no fiscal impact.

The effective date of this new policy is January 1, 2022.

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

Public Comments: There were none.

Casey Angres – Closed the Public Hearing for Clinical Trials - Attachment 3.1-A, 3.1-B, and the Alternative Benefit Plans (ABPs).

6. Adjournment

There were no further comments and Casey Angres closed the public hearing at 10:40 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 with any questions.***