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Governor



Richard Whitley, MS
Director

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 May 31, 2022 Summary

Date and Time of Meeting: May 31, 2022 at 10:01 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, DHCFP
Karen A. Griffin Deputy Attorney General (DAG)
Casey Angres, DHCFP
Annette M. Piccirilli, Optum
Robin Ochenschlager, DHCFP
Jessica L. Bowers, Silver Summit
Denys Williams, Department of Health and Human Services (DHHS)
Kimberly Gahagan, Molina Healthcare
Raj Mishra, Magellan Health
Angela Mangum, WestCare
Sandra Stone, Division of Child and Family Services (DCFS)
Mackenzie Lopez, Gainwell Technologies (GWT)
Lori Follett, DHCFP
Erin Lynch, DHCFP
Corie Nieto, Nevada Rural Health Center (NVRHC)
Kindra Berntson, DHCFP
Antonio Gudino-Vargas, DHCFP
Stephanie Cook, DHHS
Barry Gold, AARP

Sarah Dearborn, DHCFP
Theresa Carsten, DHCFP
Marcia Tinberg, DHCFP
Kaitlin Nguyen, ViiV Healthcare
Sarah Adler, Belz & Case
Carin Hennessey, DHCFP
Sarah Scott, Black & Wadhams
Alicia Roman, DHCFP
Maribeth C. Capen, Anthem
Tiffany N. Saunders-Newey, Well Point
Monica Schiffer, DHCFP
Dena Brennan GWT
Sophia Heinz, GWT
Sophia Heinz, GWT
De
Alex Tanchek
Amanda Henderson, WestCare
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, in accordance with Nevada Statute 422.2369.

1. Public Comments:

Kaitlin Nguyen with ViiV Healthcare spoke 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 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 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 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 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 in need. 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.

Jerry Cad went on record to advise he agreed with Kaitlin Nguyen.

Barry Gold Director of Government Relations, AARP of Nevada, advised AARP supported Senate Bill (SB) 5 during the 81st Nevada Legislature to remove the exclusion of standard telephones as a way of providing telehealth services. Many older adults on fixed and lower incomes do not have Smart phones or computers they have audio only. Thus, the use of a standard telephone is a way to provide telehealth services that helps many receive the necessary healthcare. AARP urges the state to act on this amendment and pass it in the next hearing. On behalf of the 345,000 AARP members across the state of Nevada, they support the amendment.

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

Subject: Telehealth Services

Monica Schiffer, Social Services Program Specialist, DHCFP, presented that a Nevada Medicaid State Plan Amendment is being proposed to Attachment 4.19-B, Page 1e (continued) – Telehealth Services, to remove the restriction of standard telephone as a communication technology as a result of SB 5 that passed in the 81st (2021) Nevada State Legislative Session. Additionally, the descriptor “audio-visual electronic” is being removed and the words “when applicable” have been added regarding the payment of an originating site facility fee. The originating site must be a Medicaid enrolled provider and is defined as the location where a patient is receiving telehealth services from a provider of health care at a distant site.

These proposed changes were discussed at a public workshop held on March 31, 2022.

The following Provider Types (PT) may be affected by this change (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 this new policy is June 1, 2022, pending CMS approval.

At the conclusion of Monica Schiffer'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 Telehealth Services.

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

Subject: 1115 Substance Use Disorder Demonstration Waiver

Sarah Dearborn, Behavioral Health Unit Chief, DHCFP presented the Nevada DHHS, DHCFP, has requested authority from the Centers for Medicare & Medicaid Services (CMS) for a five-year, Section 1115 Demonstration Waiver. Nevada submitted this Section 1115 Demonstration Waiver application entitled "Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project" on November 15, 2021.

Since the initial submission of the Demonstration application, CMS has provided the state feedback to further align the Demonstration application with federal transparency requirements outlined in 42 CFR 431.408 in order for the application to be accepted as complete. Updates to the Demonstration application were made to align with transparency requirements and additional Public Notice and Abbreviated Public Notice documents were created. With these updates completed, the state has initiated a second 30-day public comment period to engage the public for further feedback on the Demonstration application beginning on April 28, 2022.

With support and further recommendation from CMS, Nevada has developed a dedicated webpage for 1115 Demonstrations to further outline and provide easy access to core information related to the 1115 process.

DHCFP is proposing resubmission of "Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project" to CMS.

This proposed change affects all Medicaid-enrolled providers delivering substance use disorder services. Those PTs 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 individuals served through this Demonstration waiver are approximately 5,587 costing close to \$7 million dollars:

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

At the conclusion of Sarah Dearborn'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.

4. Adjournment

There were no further comments and Casey Angres closed the public hearing at 10:17 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.***