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Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

Public Hearing March 26, 2024
Summary

Date and Time of Meeting:	March 26, 2024, at 10:02 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:	Microsoft Teams

Teleconference and/or Microsoft Teams Attendees
(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Theresa Carsten, Deputy Administrator, DHCFP
Karen A. Griffin, Senior Deputy Attorney General
Casey Angres, DHCFP
Sarah Dearborn, DHCFP
Lisa Dyer, DHCFP
Carin Hennessey, DHCFP
Adri

Stephanie Sadabseng, DHCFP
Dan Musgrove, Strategies 360
Deanna Torres
Gladys Cook, DHCFP
Evette Cullen, DHCFP
Elizabeth
Toni Mims
Dr, David Gennis, Psy.D, LMFT
Leydis Diaz
Keith Benson, DHCFP
De
Marcel Brown, DHCFP
Keiko Duncan, DHCFP

Lori Follett, DHCFP
Kimberly Adams, DHCFP
Patrick Kelly, Nevada Hospital Association (NVHA)
Raquel, Steps to Healing BHS
Elizabeth Scott, DHCFP
Maria
Alexandra Brabson, Halcyon Bill Co.
Blayne Osborn, Nevada Rural Health Partners (NRHP)
Elyse Monroy-Marsala, Belz & Case
Christy Nguyen, Fidelis-RX
Lauren B
Belz & Case Government Affairs-Scribe by Rewatch
Rianna White, Fidelis-Rx
Tashanae Glass, DHCFP
Brian Hager, Grant a Gift Autism Foundation
Erin Lynch, NVHA
Sean Gamble
Luke Dumaran, Nevada Aging and Disability Services Division (ADSD)
Kathy W.
Jeremey Hays, DHCFP

Charmaine Yeates, DHCFP
Sandi Lehman, Mt Grant General Hospital, (MGGHNV)
Rhett Hollon, DHCFP
Wendy Avila, ADSD
Kurt Karst, DHCFP
Steve Messinger, Nevada Primary Care Association (NVPCA)
Kimberly Lambrecht, NVPCA
Lori Howarth, Bayer Healthcare Pharmaceuticals
Michael McCabe, Sellers Dorsey
Hannah Branch, Ferrari Reeder Public Affairs (FRPA)
Catherine Morrison, Max Health
DHCFP SUR Reviewer 504
Hanna Fetters, Reno Children's Center
Geoffrey H. Kim, CareSource
Mark Gonzalez, University of Nevada Reno (UNR)
Philip Ramirez, Molina Healthcare
Karen Ford Manza, Nevada Primary Care Association (NVPCA)
Amanda Mirkovich
Nancy J. Bowen, NVPCA
Ashwini Prasad, DHCFP
Ramona Beasley, The Empowerment Centre
Josh Porter, DHCFP
Catherine Vairo, DHCFP
Ellen Flowers, DHCFP
Alex Tanchek, Silver State Government Relations
D. Shaver
Amy Levin, MD, Anthem
Mary Gilbertson, UCare
Dawn Tann, Department of Health and Human Services (DHHS)
Brandon Ford, Best Practices NV, LLC
Tara Raines, Children's Advocacy Alliance
John Packham
Ana Plasencia
Dawnesha Powell, Silver Summit Health Plan (SSHP)
Marsha Matsunaga-Kirgan
Katie Pfister, ADSD
Joann Katt, Gainwell Technologies (GWT)
Laura J. Deya Orona, Anthem
Bernard Sands, Division of Child and Family Services (DCFS)
Barbara A. Scaturro, Centene
Vanessa
Maria Reyes, Fidelis-Rx
Sharon, Halcyon Bill Co.
Nicole Janas, DHCFP
Matt Wazny
Madison Lopey, DHCFP
Samantha Jayme, ADSD
Susan Harrison, GWT
S. Goldstein, MBH Pays
Sarah Cusson, Mercer
Cheri Glockner, Silver Summit Health Plan (SSHP)
Heike Ruedenauer-Plummer, ADSD
Cheryl Tempel, Nevada Rural Health Center (NRHC)
Angela Hough, Fort McDermitt Wellness Center, (FMCDWC)
Alyssa Kee Chong, GWT
Karen Sillas, Organon
Keibi Mejia, Ferrato Co.
Gwen Johnson, Accelerated Learning Clinic
Luke Lim, Anthem
Rocio de la O Pena, ADSD
Areli
Laurie Curfman, Liberty Dental Plan (LIB)
Vickie S. Ives, Division of Public and Behavioral Health (DPBH)
Mari Nakashima Nielsen, The Perkins Company
Jessika Dragna
Amy Shogren, Black & Wadhams
Robert Spadaccini, Sellers Dorsey
Gilead Sciences, Inc.
Susan F.
Celina
Chris
Denise Ferguson, MGGHNV
Desert Star Mental Health
Nunez Romero
Kenia Yanetza
Wasana Palapan, Clark County Nevada
Michael Madajski
Neyky Feranandez
Lea Case, Belz & Case
Perla S.
Marnie Lancz, TMG
Jeana C. Piroli, Washoe Schools
Julian
Helen Amores
Jeffery Stroup, DHCFP
Liz
Gabriel D. Lither, Senior Deputy Attorney General
Kathryn Tejero, Clark County Nevada
Lori Lutu, ADSD
Abbie Chalupnik, ADSD
HBI
Jor

Jeanette Verdin, Washoe Schools
Tray Abney,
Vanessa Justice,
Kaelyne Day, DHCFP
Kathy Triplett, Nevada Health Centers

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Theresa Carsten, Deputy Administrator, DHCFP, and Karen Griffin, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on February 22, 2024, and revised on February 26, 2024, March 19, 2024, and March 25, 2024, in accordance with Nevada Statute 422.2369.

1. Public Comments:

Elizabeth asked about issues with accessing the portal and getting current information on insurances. She wanted to know if there is a place to go to find out how to correct that instead of waiting several months to find out that somebody might have dual insurance and it does not show in the portal in Nevada Medicaid.

Casey Angres responded as this is the public comment period would Elizabeth email her contact information to the Document Control email. Jenifer Graham advised the information will be placed in the chat.

Casey Angres advised Elizabeth someone will help her with this outside the meeting if she provides her contact information to the email in the chat.

Elizabeth replied she appreciated it and was sure she could get the information from the recordings.

Vanessa asked if she could provide a document toward the end of the meeting that can go on the files.

Casey Angres advised the document can be emailed to the Document Control email address that is in the chat and on the agenda.

Vanessa asked if it would be considered part of the meeting.

Casey Angres answered yes.

Vanessa asked if there are specific comments on a topic, will there be time for public comments.

Casey Angres replied time will be given for public comment after each topic is presented.

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

Subject: State Plan Amendment (SPA) for the Removal of Individual Psychophysiological Therapy (Neurotherapy) and Biofeedback, Attachment 4.19-B, Page 3b and Page 3g

Sarah Dearborn, Behavioral Health Benefits Coverage Chief, DHCFP, presented DHCFP is proposing amendments to State Plan Attachment 4.19-B, Pages 3b and 3g to remove Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. During 2021, the Division proposed the removal of Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis through State Plan Amendment (SPA) to the Centers of Medicare and Medicaid Services (CMS). CMS did not approve the SPA due to a maintenance of effort (MOE) violation of the requirements of Section 9817 of the American Rescue Plan Act (ARPA) of 2021, which would have resulted in the state's 9817 enhanced Home and Community Based Services (HCBS) Federal Medical Assistance Percentage (FMAP) funding being placed at risk. The state withdrew the SPA until the end of the HCBS ARPA period at which time the elimination could be reconsidered. That period ends March 31, 2024. During the 82nd Legislative Session (2023), the DHCFP budget was approved through Senate Bill (SB) 504 which includes the removal of Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis.

This proposed change affects all Medicaid-enrolled providers delivering Neurotherapy and Biofeedback as independently reimbursed services for the treatment of a mental health diagnosis. Those provider types (PT) include but are not limited to: Hospital, Outpatient (PT 12); Behavioral Health Outpatient Treatment (PT 14); Physician, M.D., Osteopath D.O. (PT 20); Advanced Practice Registered Nurse (PT 24); Psychologist (PT 26); Physician's Assistant (PT 77); Behavioral Health Rehabilitative Treatment (PT 82), and Certified Community Behavioral Health Center (PT 17, Specialty 188).

There is an estimated change in annual aggregate expenditures for SFY 2024 and 2025 to include a savings of:

SFY 2024	$1,156,958
SFY 2025	$ 5,366,109

The effective date of these changes is April 1, 2024.

Public Comments:

Vanessa stated she understood that there was a legislative session where this was already proposed and passed.; however, she advised there was an investigation with the Department of Justice in October 2022 basically stating the state of Nevada was violating this act of the American Disabilities Act (ADA), finding the state of Nevada does not provide sufficient outpatient programs to clients of neurodiversity with neurofeedback and biofeedback. This serves a population that sometimes lacks communication and does not benefit from traditional talk therapy. Vanessa said she feels part of this act is being violated and she wonders if this is violating the ADA. Vanessa said she would provide a copy of the investigation.

Casey Angres thanked Vanessa for the comment and advised DHCFP will look for the attachments and if she has any questions that require further discussion to send contact information, and someone will reach out.

Elizabeth advised her concern of the removal of neurofeedback and biofeedback as independently reimbursed services for the treatment of mental health diagnoses. She asked if neurofeedback can be approved in conjunction with services, because neurofeedback is not supposed to be an independently used service. It must go with therapy as part of MSM Chapter 400. She asked that as most are using it correctly in conjunction with therapy, is it being removed completely with that as well. No one is supposed

to use neurofeedback to diagnose mental health disorders. It is used to treat mental health disorders as well as other disorders like attention-deficit/hyperactivity disorder (ADHD), and one just goes on from there. Elizabeth advised the wording does not really make sense because this is not used as a treatment for the diagnosis of mental health disorders. She asked if anyone went to the Senate when they discussed this SB 504 bill and let them know that this is Federal and Drug Administration (FDA) approved services. Neurofeedback is not just something they all do. It is literally FDA approved. It started with NASA and worked its way down to using it for pilots to learn and how to renavigate. Neurofeedback service is being cut to save money but now medication money will be added to the budget because this is in lieu of using medications. She asked if there is any way of fighting this moving forward.

Sarah Dearborn clarified to Elizabeth and a remark made in the chat that services being removed are related to neurotherapy services, which is an independently reimbursed CPT code. The codes being removed are 90875 and 90876.

Theresa Carsten also responded to the question as to how to get the service added again. She advised as this coverage was removed through a Senate Bill and for Medicaid to cover anything there must be legislative authority and funding. Medicaid would need approval at that level to add it back in the same way.

Brandon Ford advised he had a couple questions as to how this happened. He felt many times there was a disconnect and he did not know if DHCFP represents more the legislators and the Senate side of things or the providers. He feels sometimes legislators are not getting the information they need to make these decisions and they do not understand what the service did or how it is even performed. He would like to see some of the professionals more engaged in these stakeholder events, just being aware of what is on the agenda, and be consulted as the professionals that provide the service as to what they think about that. Brandon Ford's second comment was on the budget. He advised that in 2022, there were talks of a financial impact of $28 million and now it is about $1.5 million. He stated that is a huge difference. He asked why this still needs to be cut when it is already taking care of itself. He feels it just got carried over from one legislative session to the next and was not really looked at for the impact that it could make. It is not really saving $23 million anymore. It is now $1.5 million, and he feels service has been utilized much more effectively and efficiently in the past few years, but it is still being cut. His third comment was regarding mental health provider shortage and efforts to recruit more providers in Nevada and yet a service is being cut that allows the ability of providers to see more people by using the technician to assist in providing the treatment. Cutting this will cause more difficulties in seeing more clients when there is already a provider shortage. He feels there is talk about doing more for mental health because Nevada is ranked so low, yet again a mental health service that allows a therapist to use a technician to treat more people in a smaller window of time is being cut. He would really like to see more provider engagement with DHCP and the legislators that are making these decisions. He stated they are just not being informed, so they do not know what they are voting on.

Casey Angres replied DHCFP does not represent any legislators and pointed him back to Deputy Theresa Carsten's response.

Theresa Carsten thanked Brandon Ford for his comment and added providers need to be involved and advocate for themselves and during the legislative process that is allowed. There are public comment periods after every bill and public comment for any item as well. It is very similar to the process DHCFP has for public hearings. Teresa Carsten agreed if one has positions to advocate on specific bills or coverage,

that person can participate in those meetings. Theresa said the Division holds multiple provider engagement points. Public workshops for coverages of spas and chapter changes are held. In addition to that, there is a Medical Care Advisory Committee (MCAC), which is an open meeting and provider feedback is taken, and other meetings to discuss different topics. DHCFP does its best to inform the public and this specific removal has been discussed over many legislative sessions. If anybody needs additional assistance on how to participate during legislative session to provide those public comments, someone with DHCFP can help assist on how to find those links, agendas, and participate in that manner.

Brandon Ford said that would be great to help the providers get connected with DHCFP and be able to advocate for themselves. They do not really know these things are happening. Brandon Ford said that is not an excuse, but he is looking for a solution on how to get them more engaged and involved, and if DHCFP could help with that he would appreciate it.

Theresa Carsten replied "Absolutely."

Susan F. said she is really concerned. She knows there are public hearings that we expect clients to be there. Susan F. wanted to know the percentage of patients and clients that have been attending these meetings. Do they know they exist, and how are they being contacted. She advised most of their clients do not even know what is happening in the back end. If they are expected to participate in the meetings and give their own feedback, she said they expect to have a platform that they know, and when to show up, and what is expected of them. Nevada is ranked 51 nationally when it comes to mental health and has one mental health professional for 160 residents. She advised that she is expecting the state to come up with better resources. She asked what we can do for our residents, not remove the things that give them hope, things that they get to see as getting themselves better. She agreed with Brandon Ford regarding there is a big difference from the last hearing held, then the current hearing. That is a lot of money that the state is saving, but she asked how many lives we are saving. Susan F. stated she understands the budget is important, but she felt we should be aware of what is good for the clients as they are the ones spending time with them. The ones seeing them and getting them back to a place of hope. When these decisions are made without considering what is happening in the field, she does not think it is a wise decision or fair for the community. She advised everyone has to do better for the community.

Tara Raines, Children's Advocacy Alliance, said she echoed the sentiments of the earlier commenter regarding the Department of Justice report that suggests Nevada does not have low level outpatient and community mental health supports for children. She feels taking away the option for biofeedback is potentially harmful and will make that even more difficult. She understands this decision has been coming down for a few years, and she wanted to state that they hope recommendations to replace this treatment modality are also coming from DHCFP as there are a number of clinicians who use it, particularly for children with attention deficit disorder (ADD) and other disorders. She said Children's Advocacy Alliance also offers support for practitioners who want to get involved in the legislative process. She said they missed this and will be much more attentive in this coming session.

Elizabeth asked if it is known what information was given to our legislators to base this decision on cutting the neurofeedback as she said she is hearing comments regarding the cuts in the financing between what it was the last time as to what it is now. She asked what information was given to the legislators. She said she has tried calling the governor, senators, and people that are running for election this year, but she did not get any response to her emails. She again asked if it is known what information was given to these people to present this bill to cause them to cut services. Is information being given to them that is not

accurate on how well it is doing. Elizabeth advised their clients show a 96% favorable outcome on all the people that do neurofeedback in their company. She again asked what information was given.

Casey Angres replied she cannot speak on behalf of the legislature or what they might have had when they made this decision, so that question may need to be directed to the legislature.

Brandon Ford asked if DHCFP represents the public to the legislators and will DHCFP pass on these type of comments that are being made.

Casey Angres advised Brandon Ford that he had his opportunity to comment and if he wanted to gather more information, he can send his contact information to the Document Control email, and someone can reach out after this meeting.

Casey Angres – closed the Public Hearing for the Removal of Individual Psychophysiological Therapy (Neurotherapy) and Biofeedback, Attachment 4.19-B, Page 3b and Page 3g.

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

Subject: Other Practitioner Services - The licensed behavior analyst, licensed assistant behavioral analyst and the registered behavior technician added to the providers approved to deliver services

Lori Follett, Program Specialist, Behavioral Health Coverage Benefits Unit, DHCFP, presented the Division is proposing an amendment to Nevada Medicaid State Plan Attachment 3.1-A, Page 3a. During the 2023 Legislative Session, SB 191 was passed and signed into law and is now codified under Nevada Revised Statute (NRS) 422.27497. The statute requires the Division to amend language to include recipients aged 21-27. The Division has elected to provide these services to all eligible recipients. This amendment is anticipated to impact some providers of Applied Behavior Analysis (ABA) services. These PTs include but are not limited to Applied Behavior Analysis (PT 85) and School Health Services (PT 60).

The addition to Page 3a is being proposed under Other-Practitioner Services to add the following PTs: Services of a Board-Certified Behavior Analyst (BCBA) within their scope of practice according to state law; Services of a Board-Certified Assistant Behavior Analyst (BCaBA) within their scope of practice according to state law; and Services of a Registered Behavior Technician (RBT) within their scope of practice according to state law.

Lori Follett advised of a friendly amendment versus what was posted to align those PT titles with NRS 641D.

There is an estimated increase in annual aggregate expenditures for SFY 2024 and 2025.

SFY 2024	$909,495
SFY 2025	$4,487,238

The effective date of change is April 1, 2024.

Public Comments:

Catherine Morrison, Maxim Healthcare Services, advised they are here to applaud this expansion and discuss some of the current licensing challenges within the ABA field in the state. Maxim is a national provider of skilled nursing and behavioral applied behavioral analysis. They provide care in 25 locations through eight states, including Nevada. They are very excited about the SPA extending ABA services to recipients ages 21 to 27 and are grateful to prioritize these important programs and extending age eligibility. She said as our understanding of autism spectrum disorder throws this recognition and extended coverage is critical to treat individuals along the continuum of care needs. However, the challenges that we experience in Nevada will ultimately limit the implementation of these new benefits. Maxim is not alone in experiencing licensure challenges. Just to summarize, we have issues with licensing providers, particularly with Gainwell Technologies (GWT), the state's contractor in this space, and with individual therapists. Thus, they are seeking a more uniform and inclusive regulatory process. They understand the state is undergoing a larger review of its licensing boards, and they want to work with DHCFP to find systematic processes to get more professionals working in the field. Again, they are very grateful for the consideration of ABA services and expanding the eligibility, but they hope at the same time this process is being implemented to make sure we can get people to do the work in the state.

Casey Angres – Closed the Public Hearing for Medicaid Services Attachment 3.1 to ABA Services.

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

A. Subject: Reimbursement methodology for Rural Emergency Hospitals

Kimberly Adams, Fiscal Services Unit, DHCFP, presented the Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-B, Page i - Page 1 (Continued), Outpatient Hospital, to establish a reimbursement methodology for Rural Emergency Hospitals (REHs). Please note the agenda indicating the changes will be made on Page I - Page 1 (cont.) which is the Outpatient Hospital section. However, based on recent CMS guidance this reimbursement language will be moved under the Clinic Reimbursement Methodology language beginning on Page 2b of Attachment 4.19-B.

Effective January 1, 2023, a final rule was enacted by CMS establishing REHs as a new Medicare provider type. Per the rule, REHs are authorized to provide emergency department services, observation care, and additional outpatient medical and health services so long as the annual per patient length of stay does not exceed 24 hours. During the 2023 Legislative Session, Assembly Bill (AB) 277 was passed and signed into law. AB 277 allowed REHs to become licensed in Nevada. Additionally, AB 277 also directed DHCFP to implement a SPA to "provide increased rates of reimbursement under the State Plan for REH services provided by a REH." The Division intends to reimburse REH services at an amount equal to a five percent increase over the existing reimbursement rates for Outpatient Hospital Services (PT 12).

The following PT will be potentially affected by this change: Rural Emergency Hospitals (Provider Type TBD).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2024:	$1,852
SFY 2025:	$10,852

The effective date of change is January 1, 2024.

Public Comments:

Blayne Osborn, President of Nevada Rural Hospital Partners, advised they were very happy to be here in support of this item. They very much appreciate the division for making these changes. He advised as he had spoken during the legislative session, this is one more tool in the toolbox for the state of Nevada to prevent any rural hospital closures.

B. Subject: Reimbursement methodology changes for outpatient hospital services rendered by a public critical access hospital (CAH)

Kimberly Adams, Fiscal Services Unit, DHCFP, presented the Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-B, Page i - Page 1 (Continued), to amend reimbursement rates paid to public CAHs for outpatient services. During the 2023 Nevada Legislative Session, SB 241 was passed and signed into law. Under the terms of the bill, DHCFP must submit a SPA to alter the reimbursement methodologies that specify how payments are made to CAHs. Specifically, the Division must reimburse CAHs at a rate equal to cost for outpatient services rendered by public CAHs. The Division will utilize the most recently available audited cost report to determine the cost-to-charge ratio for each facility, which will then be inflated forward using the Medicare Economic Index (MEI) to inflate costs to current. For the subsequent two years, MEI will be applied annually with a rebase occurring every third year. There will be no cost settlement.

This proposed change affects all publicly owned critical access hospitals rendering outpatient hospital services under Outpatient Hospital (PT 12).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2024:	$784,494
SFY 2025:	$1,817,345

The effective date of this change is January 1, 2024.

Public Comments:

Blayne Osborn, Nevada Rural Hospital Partners, is in strong support of this agenda item. They appreciate these changes that will do so much to strengthen the financial position of some of our neediest rural hospitals in the state.

Patrick Kelly, Nevada Hospital Association, advised he wanted to echo the comments of his colleague, Mr Osborne. He said they appreciate all the Division's hard work and efforts to preserve hospital services in rural Nevada.

Casey Angres – Closed the Public Hearing for State Plan Attachment 4.19-B, rural emergency hospitals and critical access hospital.

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

A. Subject: Unbundling of payments for Long-Acting Reversible Contraceptives (LARC) provided during an inpatient maternity stay at a General Acute Hospital (PT 11)

Kimberly Adams, Fiscal Services Unit, DHCFP, advised the Division is proposing an amendment to Nevada Medicaid State Plan Attachment 4.19-A, Page 4a, to allow hospitals to be reimbursed separately for LARC devices and the insertion/removal procedure when provided as part of an inpatient maternity stay. During the 2023 Nevada Legislative Session, SB 280 was passed and signed into law. This bill requires that hospitals "provide for the insertion or injection of certain long-acting reversible contraception if requested by a patient giving birth at a hospital." Given the cost of LARC devices, the Division is proposing an amendment to the maternity payment methodology. These changes will allow hospitals to bill separately for both the LARC device and insertion/removal procedure, in addition to the existing maternity per diem payment. Payments for LARC devices will follow the existing pharmacy reimbursement methodology; insertion/removal procedures will be reimbursed according to the existing reimbursement methodology for the provider type.

This proposed change affects all Medicaid-enrolled providers delivering inpatient maternity services, including but not limited to General Acute Hospitals (PT 11).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2024:	$145,197
SFY 2025:	$293,844

The effective date of change is January 1, 2024.

Public Comments: There were none.

B. Subject: Changes to inpatient reimbursement methodology for CAHs and unbundling of payments for LARC provided during an inpatient maternity stay at a CAH (PT 75).

Kimberly Adams, Fiscal Services Unit, DHCFP presented the Division is proposing an amendment to the Nevada Medicaid State Plan Attachment 4.19-A, Page 15-15a, to shift inpatient reimbursement for CAHs from cost-settled reimbursement rates to cost-based reimbursement rates. The intent of these changes is to simplify rate-setting processes for both providers and the agency and provide more predictability for providers. These changes are also anticipated to eliminate delays in reimbursing providers at cost. Currently, providers are not "made whole" for a fiscal year until a cost report audit has been completed. The proposed methodology would utilize cost report information to establish rates, which would then be inflated to the current time period. The inflationary measure would replace the cost-settlement process.

Provider-specific, cost-based rates will be established for all CAHs for Medical/Surgical/ICU revenue codes. Provider-specific, cost-based rates will also be established for maternity, newborn, and psychiatric/detoxification services for the facilities that render these services. Reimbursement rates will be established utilizing the most recently available audited cost reports. The reimbursement rates will be inflated using the MEI to inflate costs to current; there will be no cost-settlement. Calculated rates will

then be inflated annually using MEI for the two following years before being rebased every third year, with the first rebase occurring for reimbursement rates effective January 1, 2027.

Additionally, the Division is proposing changes that unbundle costs for LARCs from the inpatient maternity per diem rates; this would allow CAHs to be reimbursed separately for LARC devices and the insertion/removal procedure when provided as part of an inpatient maternity stay. During the 2023 Nevada Legislative Session, SB 280 was passed and signed into law. This bill requires that hospitals "provide for the insertion or injection of certain long-acting reversible contraception if requested by a patient giving birth at a hospital." Given the cost of LARC devices, the Division is proposing an amendment to the maternity payment methodology. These changes will allow CAHs to bill separately for both the LARC device and insertion/removal procedure, in addition to the existing maternity per diem payment. Payments for LARC devices will follow the existing pharmacy reimbursement methodology; insertion/removal procedures will be reimbursed according to the existing reimbursement methodology for the provider type.

This proposed change affects all Medicaid-enrolled providers rendering services in a CAH setting, including but not limited to Critical Access Hospital (PT 75).

Estimated change in annual aggregate expenditures: The Division does not anticipate changes in spending in moving from cost-settled rates to cost-based rates for inpatient CAH services. The inflationary factor applied as described above is expected to cover the additional costs that would currently be paid via a cost-settlement.

However, there is an estimated decrease in annual aggregate expenditures tied to the unbundling of LARC devices and insertion/removal procedures for:

SFY 2024:	($4,903)
SFY 2025:	($11,503)

The effective date of these changes is January 1, 2024.

Public Comments:

Blayne Osborn, Nevada Rural Hospitals Partners for the record, advised they again sincerely appreciate the action that the division is taking to increase access to these vital services with this item and with agenda item six as well.

Patrick Kelly, Nevada Hospital Association, thanked the division for unbundling the billing for the LARC procedures, both in general acute care hospitals and in CAHs. He said approximately 50% of the children born in the state are Medicaid recipients, and so this is a very important reimbursement for hospitals.

Public Comments:

C. Subject: Changes to the reimbursement methodology for swing-bed hospitals

Kimberly Adams, Fiscal Services Unit, DHCFP presented the Division is proposing an amendment to the Nevada Medicaid State Plan Attachment 4.19-D, Page 14 to amend the reimbursement methodology for swing-bed hospitals. During the 2023 Nevada Legislative Session, SB 241 was passed and signed into

law. SB 241 requires the Division to begin reimbursing swing-bed services at an amount equivalent to the cost of providing the service. Currently, swing-bed hospitals are reimbursed based on the average weighted budget neutral per diem paid to skilled nursing facilities. The Division is proposing a reimbursement methodology that would establish cost-based interim rates for hospitals that would be settled to 100% of allowable costs under Medicare principles of retrospective reimbursement.

This proposed change affects all Medicaid-enrolled providers delivering inpatient swing-bed services, including but not limited to Swing-bed (PT 44).

Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2024: $240,558
SFY 2025: $590,272

The effective date of this change is January 1, 2024.

Public Comments:

Blayne Osborn, Nevada Rural Hospitals Partners, again advised they are in strong support of this agenda item. They are excited to see this increase in access to swing bed services for Medicare beneficiaries across the state.

Casey Angres – Closed the Public Hearing for State Plan Attachment 4.19-A, unbundling of LARCs, 4.19-D, the reimbursement methodology for swing-bed hospitals.

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

Subject: Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Long-Acting Reversible Contraception (LARC) Carve-out

Lisa Dyer, Rate Analyst, DHCFP, presented SPA for Medicaid Services-Attachment 4.19-B, Page 1 (Continued)-Page 6. DHCFP is proposing a Medicaid SPA to implement changes to the reimbursement methodology for FQHCs and Rural Health Clinics (RHCs) for LARCs. The proposed SPA would allow FQHCs/RHCs to be reimbursed separately for LARCs, outside of their established medical encounter rates. FQHC/RHCs would be reimbursed separately for both the device and the insertion/removal procedure, in addition to their established medical encounter rates.
Estimated decrease in annual aggregate expenditures related to carving-out LARCs from the FQHC/RHC Encounter Rates for:

SFY 2024: $1,173, 286
SFY 2025: $2,449,867

The effective date of this change is January 1, 2024.

Public Comments:

Steve Messinger, Nevada Primary Care Association representing the state's FQHC advised currently there is a strong disincentive for the health centers to insert LARCs because they often are more expensive as a device than the encounter rate that the clinics are paid. He said they want to thank the Division strongly for changing that and unbundling this as this will reduce that disincentive. He also expressed thanks for thinking about preventive care a little bit differently in the way of expecting this to affect the budget. He said he thinks in the past there was a lot of tendency to see spending on something like contraception as an expense, and this proposal really acknowledges that it prevents not only pregnancy, but it prevents expenses to the state.

Blane Osborn, Nevada Rural Hospitals Partners, responded to the previous comment with "Ditto."

Casey Angres – Closed the Public Hearing for State Plan Attachment 4.19-B, Federally Qualified Health Centers and Rural Health Clinics.

6. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 10:52 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** documentcontrol@dhcfp.nv.gov ***with any questions.