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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

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Stacie Weeks,
JD MPH
Administrator

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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 November 26, 2024 Summary

Date and Time of Meeting: November 26, 2024, at 10:00 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFTP)

Place of Meeting: DHCFTP
4070 Silver Sage Drive
Main 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)

Casey Angres, DHCFTP	Kirsten Coulombe, DHCFTP
Gabriel D. Lither, Senior Deputy Attorney General (SDAG)	April Caughron, DHCFTP
Christopher Christiano, DHCFTP	Marcel Brown, DHCFTP
Malinda Southard, DHCFTP	Nhobelyn Kho, DHCFTP
Kimberly Adams, DHCFTP	Ellen Flowers, DHCFTP
Antonio Brown, DHCFTP	Bonnie Palomino, DHCFTP
Catherine Vairo, DHCFTP	Heather Lazarakis, DHCFTP
Cynthia Leech, DHCFTP	Rachael Devine, DHCFTP
De ABS	Erica McAllister, DHCFTP
Sabrina Schnur, Belz & Case	Patricia Schille, DHCFTP
Steve Messinger, Nevada Primary Care Association (NVPCA)	Jeremey Hays, DHCFTP
Steven Evans, Silver Summit Health Plan (SSHP)	Angela Stewart, Elevance Health
Luke B Flanagan	Rianna White, Fidelis-Rx
Paula Konomos, Evergreen HealthCare	Joy Thomas, Anthem
Lisa Glick, Fidelis-Rx	Thomas L. Beranek, Centene
Kelly Carranza, DHCFTP	Allyson Hoover, SSHP
Gina Ward, DHCFTP	Erin Lynch, Nevada Hospital Association (NVHA)
Robin Ochenschlager, DHCFTP	Maria Reyes, Fidelis-Rx
	Linda Anderson, Nevada Public Health Foundation (NPHF)

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Dr. Malinda Southard, Deputy Administrator, DHCFP, and Gabriel D. Lither, SDAG.

Casey Angres – The notice for this public hearing was published on October 24, 2024, and revised on October 31, 2024, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Value-Based Purchasing (VBP) Arrangements for drug therapies

Antonio Brown, Chief of Pharmacy and Durable Medical Equipment (DME), DHCFP, presented the proposed State Plan Amendment (SPA) to Attachment 3.1-A. The proposed change would allow Nevada Medicaid to enter into value-based arrangements for supplemental drug rebates with drug manufacturers on a voluntary basis for high-cost drug therapies used by Nevada Medicaid recipients. The Division held a public workshop on August 13, 2024, in which no public comments were received.

The proposed change may affect all Medicaid-enrolled providers, 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 (NF) (PT 19); Physician/Osteopath (PT 20); Podiatrist (PT 21); Advanced Practice Registered Nurse (APRN) (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) (PT 52); 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 (PT 68); Nurse Anesthetist (PT 72); Critical Access Hospital (CAH), Inpatient (PT 75); Audiologist (PT 76); Physician’s Assistant (PA) (PT 77); Indian Health Service Hospital, Inpatient (Non-Tribal) (PT 78); Indian Health Service Hospital, Outpatient (Non-Tribal) (PT 79).

There is no anticipated change in annual aggregate expenditure.

The effective date of this change is January 1, 2025, pending Centers for Medicare and Medicaid Services (CMS) approval.

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for changes to the VBP Arrangements for drug therapies.

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

Subject: Skilled Nursing Facility Case-Mix Classification Model

Christopher Christiano, Registered Nurse (RN) Healthcare Coordinator and State Case Mix Coordinator, DHCFP, presented on changes associated with the Nevada Medicaid transition from a Resource Utilization Group (RUG) III model to the patient driven payment model (PDPM) case mix reimbursement method. The proposed changes would affect Medicaid Service Manual (MSM) Chapter 500 and SPA Attachment 4.19-D. DHCFP is proposing changes to the State Plan Attachment 4.19-D for Long Term Nursing Facility Services, Methods, And Standards, Pages 5a, 5i, 6, 8, 8a, 9, and 10.

Christopher Christiano summarized the changes for each page affected. Changes to Page 5a included numbering, lettering, and date changes along with the removal of references to Health Information Management (HIM)-15 terminology. Page 5i, lettering, numbering, and date changes were made. Page 6 removed the HIM terminology. Changes to Page 8 included removal of RUG terminology, numbering, and lettering changes, in addition to the rates effective dates as follows: in Section E(3) for rates effective April 1, 2024, through September 30, 2024, Case Mix Index (CMI) values will be calculated as described for July 1, 2003 to March 31, 2024, except that the Medicaid CMI used to acuity adjust the direct health care rate component will be the higher of the most current RUG Medicaid CMI, or the average of the three most current quarters RUG Medicaid CMI points in time from April 1, July 1, and October 1, 2023; in Section E(4) beginning with the rates effective October 1, 2024, elements of the PDPM will be used to calculate a facility wide CMI and Medicaid CMI using CMS fiscal year (FY) 2024 CMI weights. Each nursing facility (NF) and a facility with completed and submitted Minimum Data Set (MDS) assessment shall be assigned to a PDPM classification group in the PDPM nursing, PDPM non-therapy ancillary (NTA), and PDPM speech-language pathology (SLP) components on the first day of each calendar quarter. These PDPM classification group assignments would be based upon each resident's most current MDS assessment available on the first day of each quarter preceding the rate effective date. A blended CMI value will be calculated for each residence based on a weighted average of the PDPM CMI for the following three components according to the following percentage rates: PDPM nursing CMI will be weighted at 65%, PDPM NTA CMI will be weighted at 25%, and PDPM SLP CMI will be weighted at 10%. The PDPM case mix rate methodology would be phased in gradually from October 1, 2024, to June 30, 2026, as described on Page 5b and Page 8 of the attachment. The changes on Page 8a included added discussion on the phase-in patient driven payment model and states that in order to gradually transition from RUG to PDPM, there will be a phase-in methodology. The changes on Pages 9 and 10 were lettering corrections.

These proposed changes would affect all Medicaid enrolled providers delivering services under nursing facilities (PT 19).

There is no anticipated change in annual aggregate expenditure.

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

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for Skilled Nursing Facility Case-Mix Classification Model.

4. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 10:08 AM.

****A video 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@dhefp.nv.gov with any questions.***