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NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

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Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the Medicaid Services Manual (MSM)

Public Hearing July 29, 2025 Summary

Date and Time of Meeting: July 29, 2025, at 10:02 AM

Name of Organization: State of Nevada, Nevada Health Authority (NVHA),
Nevada Medicaid

Place of Meeting: Nevada Medicaid
1919 College Parkway, Suite #120
Carson City, Nevada 89706

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Casey Angres, Nevada Medicaid	Brittany Lewis, Banner Health
Lauren M. Driscoll, Deputy Attorney General (DAG)	Theresa Carsten, Nevada Medicaid
Veronica Bean, Nevada Medicaid	Ellen Flowers, Nevada Medicaid
Kerisa Weaver, Nevada Medicaid	Evette Cullen, Nevada Medicaid
Amber Cronn, Nevada Medicaid	Sabrina Schnur, Cartwright NV
Kelissa Plett-Merritt, Aging and Disability Services Division (ADSD)	Helen Foley, Public Affairs
Lindsey Bondiek, Nevada Medicaid	James Smith
Deborah Jordan, Nevada Medicaid	Kris Absher
Nhobelyn Kho, Nevada Medicaid	Anthony Duncan, Molina Health Care (MHC)
De Yates	Todd Rich, Nevada Medicaid
Christina Cobeo, Nevada Medicaid	Amy Levin, MD, Anthem
Sarah Dearborn, Nevada Medicaid	Carin Hennessey, Nevada Medicaid
Nate Osborne, Bluebird Bio	Kirsten Coulombe, Nevada Medicaid
Cassandra Davis, Nevada Medicaid	Amy Hale, JANUS
Russell Steele, Nevada Medicaid	Rachael Metz, ADSD
Travis Walker, Community Health Alliance (CHA)	Bonnie Palomino, Nevada Medicaid
Jeri Ross, CHA	Alex Tanchek, Silver State Government Relations
Brittany Acree, ADSD	Lori Follett, Nevada Medicaid
Abbie Chalupnik, ADSD	Michelyn Y. Domingo, Anthem
Rachael Devine, Nevada Medicaid	Lauren Bratland, MHC

Jeremey Hays, Nevada Medicaid
 Sevil Monge, Nevada Medicaid
 Melody Hall-Ramirez, Nevada Medicaid
 Ashley Jones, Elevance Health
 Ashby McDonald, Parents Empowering Parents (PEP)
 Maria Reyes, Fidelis-Rx
 Allison Genco Herzik
 Cade Grogan
 Regina C. De Rosa, Anthem
 Robin Ochsenchlager, Nevada Medicaid
 Amber Wilkins, MHC
 Joleen Walker, Nevada Medicaid
 Stefanie Abraham, Takeda Pharmaceuticals
 Jessica Hamilton, Nevada Medicaid
 Brian Evans, The Perkins Company
 Sarah Woods
 Rianna White, Fidelis-Rx
 Stephanie Gstettenbauer, CHA
 Ryan A. Roa, Merck
 Kimberly Lambrecht, Nevada Primary Care Association (NVPCA)
 Cybil Fry, MHC
 Celina Salas, Hope Christian Health Center
 Jimmy Tran, MHC
 Brooke Greenlee, Anthem
 Nicole L. Figles, Silver Summit Health Plan (SSHP)
 Sarah E. Fox, SSHP
 Dawnesha Powell, SSHP

Lisa Glick, Fidelis-RX
 Jason Molino, Division of Public and Behavioral Health (DPBH)
 Shaneka L. Wiley, Elevance Health
 Esther Flores, Bridge Counseling Associates
 Jacqueline L. Nguyen, Nevada State Medical Association, (NSMA)
 Jason Embra, MHC
 Eric Alonzo, Fidelis RX
 Suellen Narducci, MHC
 Angel Beus, Anthem
 JC Flowers, Nevada Health Centers
 Angela Quinn
 Brooke Pellegrino, Liberty Dental Plan (LIB)
 Joy Thomas, Anthem
 Kodi Izuora, Anthem
 Alyssa Drucker, Gainwell Technologies (GWT)
 Jason Drake
 Cynthia Stephenson, Division of Child and Family Services (DCFS)
 Casey Walker
 Nicholas Hollister, MHC
 Vickie S. Ives, Nevada Medicaid
 Casey Gillham, CHA
 Marcel Brown, Nevada Medicaid
 Krisann Taylor, Nevada Medicaid
 Kaela Friedman, SSHP

Introduction:

Casey Angres, Chief of Division Compliance, Nevada Medicaid, opened the Public Hearing introducing herself, Theresa Carsten, Deputy Administrator, Nevada Medicaid, and Lauren M. Driscoll, DAG.

Casey Angres – The notice for this public hearing was published on June 26, 2025, and revised on June 27, 2025, and July 2, 2025, in accordance with Nevada Revised Statute (NRS) 422.2369.

1. **Public Comments:** There were none.
2. **Discussion and Proposed Adoption and Changes to MSM Chapter 1500**

Subject: MSM Chapter 1500 – Healthy Kids (EPSDT)

Evette Cullen, Chief, Medical and Dental Benefits Coverage Unit, Nevada Medicaid, presented the proposed changes to MSM Chapter 1500. MSM Chapter 1500 has been rewritten in its entirety with sections being reconfigured and language revised to enhance both the clarity and practical application of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) regulations.

The proposed changes affect all Medicaid-enrolled providers delivering EPSDT services. Those provider types (PT) include but are not limited to the PTs listed on the agenda.

In Section 1500, Healthy Kids Program, EPSDT, the section title was changed from “Introduction” to “Healthy Kids Program (EPSDT),” and the language was updated to better summarize EPSDT. Under Section 1501, Authority, language was revised to align more with the Centers for Medicare and Medicaid Services (CMS). In Section 1502, Transportation, the title was changed from “Reserved” to “Transportation” and describes how transportation benefits may be utilized. Transportation was previously described in section 1503.7, which was removed from the chapter.

Under Section 1503, Comprehensive Early and Periodic Screenings, the title was changed from “Policy” to “Comprehensive Early and Periodic Screenings.” It clarifies a high-level description of what screenings should include, and the dental periodicity schedule was added. Section 1503.1, Coverage and Limitation, the section title was changed from “Early Periodic Screenings” to “Coverage and Limitations,” and it specifies each of the required age-appropriate screening components in detail for Section 1503. All remaining subsections in Section 1503 were removed and the content was absorbed into other sections.

In Section 1504, Interperiodic Screenings, the title was changed from “Hearings” to “Interperiodic Screenings” and clarifies when these screenings are appropriate to conduct. Section 1505, Diagnostic Services, was added to define and describe when it is applicable to utilize diagnostic services. Section 1506, Treatment, was added to define treatment and when to treat recipients. Section 1507, Prior Authorization, was added to communicate when prior authorizations (PAs) are required.

Section 1508, Provider Responsibility, was moved and reworded from Section 1503.1 and outlines provider requirements when administering EPSDT services. Section 1503.1 was removed. Section 1509, Case Management, was added to discuss case management as it relates to EPSDT. It refers to the billing guide for information on accessing services. Section 1510, Hearings, was added to reference hearings policy and point out its location in the MSM. Attachment A Policy#15-1 and Attachment A Policy#15-2 were both removed, and their content was added to Section 1506.1.

The effective date is July 30, 2025.

Public Comments: There were none.

Theresa Carsten approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 1500 – Healthy Kids (EPSDT).

3. Discussion and Proposed Adoption and Changes to MSM Chapter 2900

Subject: MSM Chapter 2900 – Federally Qualified Health Centers (FQHC)

Kerisa Weaver, Program Specialist, Medical and Dental Benefits Coverage Unit, Nevada Medicaid, presented the proposed revisions to MSM Chapter 2900 which includes additional providers and their master level interns as qualified health professionals who may deliver services in an FQHC.

The policy updates affect the following PTs including but not limited to Special Clinics FQHC (PT 17, Specialty 181).

The approximate fiscal impact is \$77,943 for state fiscal year (SFY) 2026-2027.

Throughout the chapter, the term mental and behavioral health has been revised to only state behavioral health for consistency across policy chapters. MSM 2903(D)(1) and MSM 2903.1(B) have been revised adding Licensed Clinical Professional Counselors (LCPC), Licensed Alcohol and Drug Counselors (LADC), and Licensed Clinical Alcohol and Drug Counselors (LCADC) to the list of qualified providers. Language in MSM 2903.1(B)(2) has also been revised to allow master's level interns to deliver encounters in the FQHC setting and set certain requirements regarding contractual agreements of these interns.

The effective date is July 30, 2025.

Public Comments:

Kimberly Lambrecht, Health Center Informatics Director, Nevada Primary Care Association (NPCA), which is the State Association of FQHCs, advised that their members provide care to more than 116,000 Nevadans, including more than 45,000 Medicaid recipients. Lambrecht thanked Nevada Medicaid for the prompt response to Senate Bill (SB) 300 with this proposed MSM change. This will expand their members the ability to provide substance use disorder (SUD) treatments that is just as important as the amendments provisions to allow members to train many types of behavioral health providers. They are excited for their members to have the ability to expand services and to increase overall access to care, due to this update.

Travis Walker, Chief Medical Officer, CHA, which is an FQHC in Washoe County, advised that they serve about 33,000 members of the community every year, and entered a comment of support noting this is going to help with expanding access to behavioral health services, supporting further integrated care and FQHCs, and help with workforce development and sustainability for the behavioral health community.

Helen Foley, FirstMed Board Chair, an FQHC in Southern Nevada, thanked the sponsor of the bill, Marilyn Dondero Loop, who is Chair of Senate Finance, for introducing this bill on their behalf. Foley stated that because they provide most of the mental health services for children in foster care in Southern Nevada, as well as all of the children at Child Haven, it is vitally important to have greater access to mental health providers. While LCPCs and LADCs have been accepted at the federal level, this change is needed to make sure that Nevada can also take advantage of this. They also realize that it is an expense, so when they requested the bill, they limited it to FQHCs.

Theresa Carsten approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 2900 – FQHC.

4. Discussion and Proposed Adoption and Changes to MSM Chapter 1200

Subject: MSM Chapter 1200 – Prescribed Drugs

Ellen Flowers, Program Specialist, Pharmacy Unit, Nevada Medicaid, presented the proposed revisions to MSM Chapter 1200.

The changes to Appendix A – Section YYY, Antibiotics, were: Removal of ceftibuten and cefditoren from the list of outpatient antibiotic class criteria; Updated coverage and limitations for Third-Generation

Cephalosporins to include provider attestation; Updated Exception Criteria to require that a Third-Generation Cephalosporin is being prescribed in the setting of a severe penicillin allergy.

Appendix B – Section 5.A: Abraxane®, had revisions to Universal Criteria under Breast Cancer: Non-Small Cell Lung Cancer (NSCLC), performance status (PS) was removed and a requirement for NRG1 gene fusion was added; Ovarian, Fallopian Tube, and Primary Peritoneal Cancer, removed the distinction between platinum-sensitive and platinum-resistant disease; Cutaneous Melanoma, added the recipient is ineligible for recommended immunotherapy or targeted therapy due to progression, toxicity, or comorbidities; New Universal Criteria were added for Biliary Tract Cancers and Small Bowel Adenocarcinoma (SBA); Additional updates to Kaposi Sarcoma, added Vaginal Cancer, updated dosing limits, and PA guidelines.

Under Appendix B – Section B: Anti-PD-1 Monoclonal Antibodies were revisions to Bavencio®: Removed references to specific drugs; Added criteria requiring recurrent, locally advanced disease where curative surgery and radiation are not feasible and progression occurred after neoadjuvant nivolumab therapy. Revisions to Imfinzi®: Removed specific drugs and PS under NSCLC; added use as single-agent consolidation therapy for unresectable Stage II and Stage III disease; Added indication for Limited Stage Small Cell Lung Cancer (LS-SCLC); Updated Endometrial Cancer criteria; Added a new section for Urothelial Carcinoma (Bladder Cancer) with dosage limits and PA guidelines. Revisions to Libtayo®: Removed performance standards and drug examples; Added new criteria for Colon Cancer, Appendiceal Adenocarcinoma, and Rectal Cancer. Revisions to Opdivo®: Adjusted age criteria for Pediatric CNS Cancers to ≤21 years; Updated criteria for several cancers including Colorectal Cancer (CRC), Gastric Cancer, Hepatocellular Carcinoma (HCC), Vulvar Cancer, and Melanoma; Added KRAS G12C mutation language under NSCLC; Updated Recertification Requests and PA requirements. Revisions to Tecentriq®: Removed outdated references and updated criteria for NSCLC, Cutaneous Melanoma, and added new criteria for Cervical Cancer.

Appendix B – Section D: Bevacizumab revisions: Removed “unresectable localized” from Ampullary Adenocarcinoma; Updated criteria across multiple cancers including Colorectal, Endometrial, Mesothelioma, and Ovarian Cancer; Added initial therapy for SBA; Updated first-line therapy and combination regimens for Vulvar Cancer; Added Vaginal Cancer to dosage limits.

Appendix B – Sections E and F: Darzalex® and Darzalex Faspro®: Updated PA guidelines for both products; Updated Universal Criteria for Multiple Myeloma (MM) and Systemic Light Chain Amyloidosis.

Appendix B – Section G: Elaprase®, updated dosage limits.

Appendix B – Section H: Anti-Angiogenic Ophthalmic Agents revisions: Under Susvimo®, added coverage conditions and removed unnecessary drug examples; Added new Diabetic Macular Edema (DME) criteria; Updated dosage limits and PA guidelines.

Appendix B – Section J: Antineoplastic – Anti PD-1, Jemperli®, and Keytruda®: Removed drug examples under Universal Criteria; Updated criteria for Triple-Negative Breast Cancer, Pediatric Central Nervous System (CNS) Cancer, Esophageal Cancer, Melanoma, NSCLC, and Microsatellite Instability-High (MSI-H)/Deficient Mismatch Repair (dMMR) Cancers; Changed Squamous Cell Carcinoma of Head and Neck (SCCHN) reference to Head and Neck Cancers.

Appendix B – Section L: Aranesp®: Added indication for del(5q) mutation, or relapse post-luspatercept; Updated dosage limits.

Appendix B – Section M: Long-Acting Granulocyte Colony-Stimulating Factor (G-CSFs): Added Rolvedon® and Ryzneuta®, with age restrictions; Updated dosing limitations, Recertification Requests, and PA guidelines.

Appendix B – Section N: Pemetrexed (Alimta®, Pemfexy™) updated criteria and dosing guidelines for Mesothelioma and NS-NSCLC.

Appendix B – Section P: CD20 Monoclonal Antibodies: Updated criteria for Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL), Pediatric B-cell Lymphomas, and Rheumatologic conditions such as Rheumatoid Arthritis (RA), Systemic Lupus Erythematosus (SLE), Lupus Nephritis (LN), and Immunoglobulin G4-related disease (IgG4-RD); Updated dosage limits and PA guidance.

Appendix B – Section R: Yervoy® (ipilimumab): Updated clinical criteria for numerous cancers including Colorectal, Esophageal, Gastric, HCC, Soft Tissue Sarcoma (STS), and Melanoma; Added new section for Retroperitoneal/Intra-Abdominal Sarcomas; Updated Recertification Requests and PA guidelines.

There was no known financial impact on local government.

The effective date is August 4, 2025.

Public Comments: There were none.

Theresa Carsten approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 1200 – Prescribed Drugs.

5. Discussion and Proposed Adoption and Changes to MSM Chapter 600

Subject: MSM Chapter 600 – Physician Services

Veronica Bean, Program Specialist, Medical and Dental Benefits Coverage Unit, Nevada Medicaid, advised that Nevada Medicaid proposed a revision to MSM Chapter 600 – Physician Services, Attachment A, Policy #6-10, to correct a chapter reference related to blood glucose monitors and diabetic supplies.

The current language incorrectly refers to MSM Chapter 1300, Durable Medical Equipment (DME), Disposable Supplies, and Supplements. The proposed update will replace this with the correct reference: MSM Chapter 1200, Prescribed Drugs.

This is a technical correction only and will not impact providers or the services they deliver. No policy changes are being made, only a correction to ensure accurate referencing within MSM Chapter 600.

The effective date is July 30, 2025.

Public Comments: There were none.

Theresa Carsten approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 600 – Physician Services.

6. Adjournment

There were no further comments, and Casey Angres closed the Public Hearing at 10:25 AM.

****A video version of this meeting is available through the Nevada Medicaid Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Jenifer Graham at documentcontrol@nvha.nv.gov with any questions.***