

Steve Sisolak
Governor



Richard
Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Suzanne
Bierman, JD
MPH
Administrator

MCAC MEETING MINUTES

Date and Time of Meeting: July 13, 2021 at 9:00 AM

Place of meeting: Division of Health Care Financing and Policy (DHCFP)
1100 East William Street, Second Floor Conference Room
Carson City, Nevada 89701

Place of Video Conference: Microsoft TEAMS

Attendees

MCAC Voting Member Attendance	
Member Name	Present
Rota Rosaschi, Chairperson	X
Peggy Epidendio	ABS
Kimberly Palma-Ortega	X
Aaron Dieringer	X
Ryan Murphy	X
June Cartino	X
Kelsey Maxim	X
Non-Voting Member Attendance	
Ihsan Izzam	X

Teleconference and/or WebEx Attendees

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

Ellen Crecelius, DHCFP
Suzanne Bierman, DHCFP
Phillip Burrell, DHCFP
Cody Phinney, DHCFP
Theresa Carsten, DHCFP

Jessica Kemmerer, DHCFP
Amy Tongsiri
Jaimie Evins, DHCFP
Paula Pence, DHCFP
Kirsten, Coulombe, DHCFP

Sean Linehan, DHCFP
Shanna Cobb-Adams, DHCFP
Antonina Capurro, DHCFP
Bobbie Senn, DHCFP
Tiffany Saunders-Newey,
Jeffrey Murawsky
Shawna Derausse,
Jan Henry,
Robyn Gonzalez, DHCFP
Eric Schmacker
Michelyn Domingo
Temyka Miller

Rachelle Doubinkine, DHCFP
Veronica Alegria, DHCFP
Anthanasia (Sia) Dalacas, DAG
Kyril Plaskil, DHCFP
Sarah Dearborn, DHCFP
Laurine Tibaldi
Kelly Simonson,
Amy Levin, MD
Neil Boyce RN, HPN
Abigail Bailey, DHCFP
Dr. Ruiz

- I. Call to order
Chair Rota Rosaschi called the meeting to order at 9:00 A.M.
- II. Roll call
Roll call was performed by Tanya Benitez with the Division of Health Care Financing (DHCFP). Quorum was established for the meeting.
- III. Public comment
- IV. Chair Rosaschi opened the discussion for public comment in all venues. No public comment.
- V. ***For Possible Action**** Review and approve meeting minutes from the previous meeting held on April 20, 2021.
Chair Rosaschi called for a motion to amend or approve the draft minutes from the April 20, 2021 MCAC quarterly meeting. A motion to approve the draft minutes presented was provided Dr. Kelsey Maxim, and a second was provided by Dr. Ryan Murphy. Motion passed unanimously.
- VI. Administrator's report

Suzanne Bierman, Administrator, DHCFP provided updates on the State Plan Amendments (SPA) for April 2021 through June 2021 that have been submitted to the Centers for Medicare and Medicaid Services (CMS). Administrator Bierman noted SPA 21-0007 for Supplemental payment for inpatient hospitals has been submitted to CMS proposing to amend the State Plan to allow for the continuation of the supplemental payment program based on inpatient hospital utilization. The purpose is to preserve access to inpatient acute services through State Fiscal Year (SFY) 2022. This will be submitted by September 30, 2021, and DHCFP is requesting an effective date of July 1, 2021. SPA 21-0008 for Nevada Check Up to add behavioral health coverage changes and align with the requirements of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Communities and Patients (SUPPORT) Act. This provision expands access to services by making behavioral health coverage a mandatory benefit for Separate Children Health Insurance Programs (SCHIP). This requires states with Separate Children Health Insurance Programs (CHIP)s on the actions necessary to implement the requirements of Section 5022 of the SUPPORT Act. The added language provides coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner for all

CHIP enrollees, including pregnant women and unborn children. Although we are required to add this language to SCHIP, State Plan currently provides all the required coverages as outlined. The scope of medical services available are described in the SSA, Section 1905(a). Submission date by September 30, 2021, with a requested effective date of June 30, 2021. SPA 21-0009 removes Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. Attachment 4.19-B page 3b and 3g will eliminate Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. Neurotherapy is individual psychological therapy incorporating biofeedback training combined with psychotherapy as a treatment for mental health disorders. The elimination of these services is being made as a result of the approved DHCFP budget during the 2021 Legislative session in effort to reduce current costs to the Medicaid program and to address the Governor's mandated budget cuts. This proposed change affects all Medicaid-enrolled providers delivering biofeedback and neurotherapy type of services. Those provider types 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); and Behavioral Health Rehabilitative Treatment (PT 82), and Certified Community Behavioral Health Center (PT 17 Specialty 188). Date of submission is September 30, 2021, with an effective date of July 1, 2021.

Chair Rosaschi inquired if there were any questions. Dr. Dieringer inquired if the biofeedback and neurotherapy were widely used services. Administrator Bierman noted it was not one of the most utilized services. DHCFP has plans to work with impacted providers to promote continuity of care and identify other appropriate behavioral health services for those who have relied on these services. Ms. Cody Phinney, Deputy Administrator, DHCFP noted the reimbursement for a separate service is eliminated. If a therapist finds that the modality is useful to them and wants to include it in psychotherapy services, that is not prohibited. There just is not an additional reimbursement.

Administrator Bierman provided the Medicaid Services Manual (MSM) updates. MSM Chapter 1200, prescribed drugs. The recommended updates are to align with recommendations approved on January 28, 2021 by the Drug Use Review (DUR) Board. The proposed changes include: Addition of new prior authorization criteria for Evrysdi® (risdiplam) within the new combined Spinal Muscular Atrophy (SMA) Agents section; addition of new prior authorization criteria for Vyondys 53® (golodirsen) within the new combined Duchenne Muscular Dystrophy (DMD) Agents section; Addition of new prior authorization criteria for Qutenza® (capsaicin); new prior authorization criteria for Fintepla® (fenfluramine) and lastly, technical changes to the Immunomodulator Drugs section to correct grammatical and inaccurate information. These changes were effective July 6, 2021. MSM Chapter 2900, Federally Qualified Health Centers (FQHC) changes are being proposed to clarify policy and re-arrange the existing format to align with current MSM conventions related to structure and content. The clarification of policy includes, Federal and State authorities, further defining medical, behavioral/mental health and dental encounters. Revisions will also include new policy for dually enrolled Certified Community Behavioral Health Centers (CCBHCs) and FQHCs, pharmacy policy for immunizations administered by an FQHC pharmacy, and a clarification of Managed Care policy for FQHCs not enrolled with a Managed Care Organization. These changes were effective June 30, 2021. MSM Chapter 600, Physician Services revisions are being proposed to allow physician assistants who possess a National Commission on Certification Physician Assistant certification and who also work in a military treatment facility, do not have to be licensed in their state of practice; clarification of incident-to billing; add reference of medication-assisted treatment services with DATA 2000 waiver for new and established patients; add information on Ordering, Prescribing, and Referring (OPR) providers; clarification of family planning services including birth control and FA-56/HHS-687 Sterilization Consent Form; clarification of maternity care services throughout section with specific

clarification on home births, obstetric centers, description of covered prenatal screening and diagnostic testing including the coverage of Chromosome Microarray Analysis, and clarification of FA-54, 55, 57 forms for abortion services; moved hysterectomy services out of maternity care services and into its own section along with clarification of FA-50 Hysterectomy Acknowledgement Form; clarification of gynecologic exams; moved organ transplant services into its own section; clarification of plan of care requirements and non-covered services in community paramedicine services; clarification on gender reassignment services to allow for any licensed qualified mental health care professional within their scope of their license to provide authentic letters for surgery. These changes were effective July 1, 2021. MSM Chapter 1900, Transportation Services. Revisions align the policy manual with the new contract for non-emergency medical transportation. It reinstates the benefits for meals and lodging and reduces the amount of time recipients must wait for rides and implements additional transportation considerations for pregnant recipients. The proposed changes include renaming the service Non-Emergency Transportation (NET) which was what it was formerly referred to non-emergency medical transportation. Transportation network companies are being added as an approved mode of transport under any non-emergency transportation services and those are ridesharing services such as Uber and Lyft. Transportation requests to the NET vendor because of a hospital discharge must now be provided within three hours of the request and that is down from eight hours. Meal reimbursement and lodging are being added back as NET covered benefits. Additionally, the exclusion of travel costs for attendants accompanying a recipient to and from a residential treatment center has been removed and will now be a covered benefit. The policy is being updated to require recipients to request transportation to non-urgent appointments at least three days in advance instead of five days and 14 days for out of area appointments instead of the prior 21-day requirement. NET vendors may bypass the public transportation assessment process for recipients who are considered to have a high-risk pregnancy or past their eighth month of pregnancy and should be authorized for a higher mode of transport. The effective date is July 1, 2021. MSM Chapter 400, Mental Health and Alcohol/Substance Abuse Services. Proposed revisions remove Biofeedback and Neurotherapy services for the treatment of a mental health diagnosis. Effective date of July 1, 2021.

Chair Rosaschi inquired if the new contract for transportation assists in resolving the issues of rural Nevadans being able to get into services. Administrator Bierman noted it does include rural Nevada. Administrator Bierman noted DHCFP staff will follow up and provide more in-depth information.

- VII. Legislative update
Administrator Bierman noted numerous pieces of legislation were passed that had impacts for the Division were passed during the
- VIII. Final Budget update
- IX. Medicaid Services Manual (MSM) 3800, Medication Assisted Treatment
- X. Report on Vaccination Efforts and Outcomes
 - a. Amerigroup
 - b. Health Plan of Nevada
 - c. SilverSummit

- XI. DHCFP Reports
 - a. Updated on 1115 Wiaver
 - b. Access to Endodontics Care
 - c. Nevada Medicaid Quadrennial Rate Review Update – Removed from agenda.
 - d. Managed Care Performance Measures

- XII. ***For Possible Action*** Possible agenda items for MCAC meetings, discussion and possible selection of dates for 2022 quarterly meetings – Removed from agenda.

- XIII. Public comment

- XIV. Adjournment