

DEPARTMENT OF HEALTH AND HUMAN SERVICES



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DIVISION OF HEALTH CARE FINANCING AND POLICY Helping people. It's who we are and what we do.

NOTICE OF MEETING TO SOLICIT PUBLIC COMMENTS AND INTENT TO ACT UPON AMENDMENTS TO THE NEVADA MEDICAID SERVICES MANUAL (MSM) AND ADOPTION OF PUBLIC OPTION PLAN

AGENDA

Date of Publication: November 23, 2022

Date and Time of Meeting: December 27, 2022 at 10:00 AM

Name of Organization: The State of Nevada, Department of Health and Human Services (DHHS), Division

of Health Care Financing and Policy (DHCFP)

Place of Meeting: DHCFP

1100 East William Street First Floor Conference Room Carson City, Nevada 89701

Please use the teleconference/Microsoft Teams options provided below. If accommodations are requested, please advise using the information at the end of this

agenda.

Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Jenifer Graham at <u>documentcontrol @dhcfp.nv.gov</u> and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

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Webinar: https://tinyurl.com/DHCFP2022PH

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AGENDA

- 1. General Public Comments (Because of time considerations, the period for public comment by each speaker or organization may be limited to three minutes and speakers are urged to avoid repetition of comments made by previous speakers.)
- 2. **For possible action:** Discussion and adoption of changes to MSM Chapter 1200 Prescribed Drugs.

The DHCFP is proposing revisions to MSM Chapter 1200 – Prescribed Drugs, to revise the coverage limitations for over-the-counter (OTC) drugs. The proposed change establishes a Maximum Allowable Cost (MAC) for OTC drugs as well as clarification of coverage requirements, quantity limits, exclusions to the MAC, and prior authorization requirements for all OTC drugs.

Entities Financially Affected: Providers who prescribe, dispense or administer this drug may be affected by this change, 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 (PT 19); Physician/Osteopath (PT 20); Podiatrist (PT 21); Advanced Practice Registered Nurse (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 (PT 77); Indian Health Service Hospital, Inpatient (Non-Tribal) (PT 78); Indian Health Service Hospital, Outpatient (Non-Tribal) (PT 79).

Financial impact on local government: No known financial impact of local government.

Effective date: January 9, 2023.

- a. Presentation of MSM Chapter 1200
- b. Public comment on proposed changes
- c. Adoption of proposed changes
- 3. **For possible action:** Discussion and adoption of changes to MSM Chapter 2500 Case Management and MSM Chapter 2700 Certified Community Behavioral Health Centers (CCBHC).

The DHCFP is proposing revisions to MSM Chapter 2500 – Case Management and MSM Chapter 2700 – Certified Community Behavioral Health Centers (CCBHC) to ensure that duplication of services is not occurring for a single Medicaid recipient who is enrolled in a Medicaid Managed Care Organization (MCO) and receiving case management services through a CCBHC. Language in MSM Chapter 2500 and MSM Chapter 2700 is proposed to clarify the role of the Lead Case Manager. When a recipient is eligible for Medicaid through an MCO, it is the

responsibility of the Lead Case Manager to ensure that the identified MCO is notified of the recipient's participation in Targeted Case Management (TCM), in addition to coordinating all care with the MCO.

Throughout the section, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering Case Management Services. Those PTs include but are not limited to Targeted Case Management (PT 54), CCBHC (PT 17 Specialty 188), Behavioral Health Outpatient Treatment (PT 14).

Financial impact on local government: No financial impact is currently anticipated for local government.

Effective date: December 28, 2022.

- a. Presentation of MSM Chapter 2500 and MSM Chapter 2700
- b. Public comment on proposed changes
- c. Adoption of proposed changes
- 4. **For possible action:** Discussion and adoption of changes to MSM Chapter 1500 Healthy Kids Program

Revisions to MSM Chapter 1500 – Healthy Kids Program are being proposed to update the policy and to allow payments for a Well Check Visit and a Sick Visit for the same recipient, at the same time of service and with the same provider.

Entities Financially Affected: These proposed change affects all Medicaid enrolled provider delivering Healthy Kid Exams/annual wellness visits and sick visits. Those PTs include but are not limited to: Outpatient Hospital (PT 12), Physician (PT 20), Advanced Practice Registered Nurse (PT 24), and Physician Assistant (PT 77).

Financial impact on local government: No known financial impact of local government.

Effective date: December 28, 2022.

- a. Presentation of MSM Chapter 1500
- b. Public comment on proposed changes
- c. Adoption of proposed changes
- 5. **For possible action:** Discussion and adoption of state bulletin outlining proposed revisions to the premium reduction targets for the public option pursuant to the Director's authority under Nevada Revised Statutes, Chapter 695K.

Revisions to the premium reduction targets for the new public option program are being revised by the Director to adjust for inflation and other cost growth in the state's individual health insurance market. These revisions include replacing Medicare Economic Index with the Consumer Price Index for medical (CPI-M) as the cost inflator for purposes of setting the benchmark and measuring plan performance under the reduction target. The revisions also adjust the premium reduction target down by 1% each year resulting in plans having to achieve a 16% total reduction over the first four years of the public option as opposed to a 20% total reduction in premiums as compared to the benchmark.

Entities Financially Affected: This affects at least all Medicaid managed care plans and providers in their networks with respect to the premium reduction target.

Financial impact on local government: Unknown at this time.

Effective date: For rates effective on January 1, 2026, pending approval of the state's 1332 waiver application by the federal government.

- a. Presentation of Public Option Program
- b. Public comment on proposed changes
- c. Adoption of proposed changes

6. Adjournment

<u>NOTE</u>: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:

https://teams.microsoft.com/l/meetup-

join/19%3ameeting_M2YwMmM1YjQtMDE1NS00YWY3LWJiNGMtNjdkMmVjMzk5YmI5%40thread.v2/0?context=%7b% 22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

<u>PLEASE NOTE:</u> Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment will be limited to three minutes.

The DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at http://dhcfp.nv.gov, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact documentcontrol@dhcfp.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

DHCFP, 1100 E. William St., Suite 101, Carson City, Nevada 89701 DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801 DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102 DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

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