

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 19-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

January 15, 2020

Richard Whitley, Director  
Chief Deputy Director, Health Care Programs  
Nevada Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, NV 89706

RE: Nevada State Plan Amendment 19-0016

Dear Mr. Whitley:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 19-0016. Effective January 1, 2020, this state plan amendment increases the rates for certain specialized neonatal services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 19-0016 is approved effective January 1, 2020. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Blake Holt at (415) 744-3754.

Sincerely,

A black rectangular redaction box covers the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
1 9 - 0 1 6

2. STATE  
NEVADA

3. PROGRAM IDENTIFICATION:  
TITLE XIX OF THE SSA (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
State Plan Under Title XIX of the Social Security Act: 42

7. FEDERAL BUDGET IMPACT  
a. FFY 2020 (9 months) \$ 7,037,064  
b. FFY 2021 \$ 9,445,515

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-A, Pages 5, 6, ~~8~~, and 8a

and Page 5  
Continued

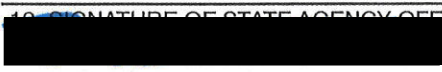
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
Attachment 4.19-A, Pages 5, 6, ~~8~~, and 8a

10. SUBJECT OF AMENDMENT

The DHC FP is proposing an amendment to the Nevada State Plan (SPA), Attachment 4.19-A, pages 5, 6, 8,

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
RICHARD WHITLEY

14. TITLE  
DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES

15. DATE SUBMITTED  
09/23/2019

16. RETURN TO  
Tammy Moffitt, Chief of Operations  
DHC FP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED  
01/15/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL  
01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL  


21. TYPED NAME  
Kristin Fan

22. TITLE  
Director, FMG

23. REMARKS

Pen and ink  
changes made to  
boxes 8 and 9 with  
state concurrence

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A  
Page 5

B. Newborn Rate Calculation

An all-inclusive per diem rate will be developed for newborns admitted through routine delivery at a hospital.

Historical Medicaid data for the Calendar Year (CY) ended December 31, 2002, has been extracted showing Medicaid Newborn admissions and Newborn patient days by tier. Projected Newborn payments for each tier are calculated as CY2002 Newborn admissions per tier times the current tier rate. Total projected Newborn payments are the sum of all projected tier payments.

The conversion per diem rate for Newborn has been determined by the following formula:

$$\frac{\text{Total Projected Newborn Payments}}{\text{CY2002 Historical Newborn Patient Days}} = \text{Newborn Per Diem Rate}$$

For services performed on or after January 1, 2006, the newborn per diem rate will be determined by multiplying a factor of 1.1001 times the conversion per diem rate.

For services performed on or after July 1, 2007, the newborn per diem rate will be determined by multiplying a factor of 1.0757 times the conversion per diem rate.

For services performed for claims with an admission date on or after September 8, 2008, the newborn per diem rate will be calculated as follows:

1. Charges submitted for claims paid in SFY 2007 were used from the Nevada Medicaid claims data.
2. The number of days admitted (the length of stay) for claims paid in SFY 2007 was used to calculate each claim's billed charges per day.
3. The per diem rate will be 34% of the median of billed charges per day for Nevada in-patient hospital routine services related to the care of a newborn.

This rate will be used as a prospective rate until rebased as directed by the Department of Health and Human Services. There will be no cost settlement.

For services performed for claims with an admission date on or after July 9, 2015, the newborn per diem rate will be determined by multiplying a factor of 1.05 times the September 8, 2008 per diem rate.

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TN No.: 19-016  
Supersedes  
TN No.: 15-005

Approval Date: 01/15/2020

Effective Date: January 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A  
Page 5 (Continued)

For services performed for claims with an admission date on or after January 1, 2020, the reimbursement methodology described above will apply only to Revenue Codes 0170 and 0171.

For services performed for claims with an admission date on or after January 1, 2020, the newborn per diem rate will be determined by multiplying a factor of 1.25 times the July 9, 2015 per diem rate.

1. This increase applies only to Revenue Code 0172.

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TN No.: 19-016  
Supersedes  
TN No.: NEW

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Effective Date: January 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A  
Page 6

C. Neonatal Intensive Care Rate Calculation

For admissions prior to September 8, 2008:

A separate rate is used for patients admitted to Level III Neonatal Intensive Care Units. The current rate was developed from historical costs pursuant to Section II, Prospective Rate Development. The calculated cost per day of each neonatal unit was arrayed from highest to lowest. The prospective per diem rate was then calculated at the 55th percentile and indexed.

For admissions on or after September 8, 2008:

1. Charges submitted for claims paid in SFY 2007 were used from the Nevada Medicaid claims data.
2. The number of days admitted (the length of stay) for claims paid in SFY 2007 was used to calculate each claim's billed charges per day.
3. The per diem rate will be 34% of the median of billed charges per day for Nevada in-patient hospital services for Neonatal Intensive Care.

This rate will be used as a prospective rate until rebased as directed by the Department of Health and Human Services. There will be no cost settlement.

For services performed for claims with an admission date on or after January 1, 2020, the per diem rate for Neonatal Intensive Care services will be determined by multiplying a factor of 1.25 times the September 8, 2008 per diem rates.

1. This increase applies only to Revenue Codes 0173 and 0174.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-A  
Page 8a

For services performed for claims with an admission date on or after January 1, 2020, the medical/surgical/ICU per diem rate will be determined by multiplying a factor of 1.025 times the July 9, 2015 per diem rate.

F. Pediatric Intensive Care Rate Calculation

For services performed on or after January 1, 2020:

A separate rate is used for patients admitted to a Pediatric Intensive Care Unit (PICU). The rate was developed by applying a multiplying factor of 1.15 percent to the July 9, 2015 Medical Surgical per diem rate.

1. This increase only applies to Revenue Code 0203.

TN No.: 19-016  
Supersedes  
TN No.: NEW

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Effective Date: January 1, 2020