

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 16-017

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 16, 2017

Richard Whitley, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Whitley:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 16-017. The SPA adds reimbursement methodology language for telehealth services and adds a payment methodology for select critical access hospitals. The SPA was submitted to my office on December 20, 2016.

The approval is effective November 24, 2016. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 4.19-B, Pg. 1e and Pg. 1e (Continued)
- Attachment 4.19-B, Supplement 3 Pg. 1

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Marta Jensen: Acting Administrator, DHCFP

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

16-017

2. STATE:

NEVADA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

November 24, 2016 ~~October 1, 2016~~

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 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0

b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1e and Page 1e (Continued) ~~PS~~

Supplement 3 to Attachment 4.19-B Page 1
~~Attachment 4.19-B, Page 1e~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Page 1e

10. SUBJECT OF AMENDMENT: This amendment will add language for Telehealth reimbursement, policy and the Alternative Benefits Plan. Reimbursement methodology will be added for Telehealth services.

Adding Telehealth services to the Nevada Medicaid State Plan to reflect the current payment methodology being used.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Richard Whitley

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED: December 20, 2016 ~~PS~~

16. RETURN TO:

**Lynne Foster, Chief of Division Compliance
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 20, 2016

18. DATE APPROVED:
March 16, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 24, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Henrietta Sam Louie

22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and Ink Request: 1. Box 4 - Change effective date to November 24, 2016. 2. Box 8 - Change to read "Attachment 4.19-B, Page 1e and Page 1e (Continued). Supplement 3 to Attachment 4.19-B Page 1. 3. Box 15 - Add December 20, 2016.

RECEIVED

DEC 20 2016

**DHCFP
DIVISION COMPLIANCE**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 1e

- e. Payment for community paramedicine services will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges or the amount specified below:
 - 1. The following Medicine codes and Evaluation and Management codes will be reimbursed at 63% of the Medicare non-facility rate: 90460, 90471-90474, 99341-99345, 99347-99350.
- f. Payment for services billed by a Nurse Anesthetist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
 - 1. Medicine codes 90000 - 99199 and Evaluation and Management codes 99201 – 99499 will be reimbursed at 74% of the Medicare non-facility rate. Vaccine Products 90476 – 90749 will be reimbursed at 85% of the Medicare non-facility rate.
 - 2. Anesthesia codes 00100 – 01999 will be reimbursed based on the Centers for Medicare and Medicaid Services (CMS) 2009 base units for anesthesia. Payment is determined by adding the base units plus time units and multiplying the result by the CMS 2013 anesthesia conversion factor of \$22.57. Anesthesia codes 01967 – 01969 are occurrence based codes that are paid a flat rate. Anesthesia codes 99100 – 99140 are not covered.
 - 3. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
- g. Payment for services billed by a Psychologist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or 85% of the Medicare non- facility based rate.
- h. Medicine codes 90281-90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.

Assurance: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency's Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife fee schedule rates were set as of July 1, 2015 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

7. Telehealth Services

Telehealth is the delivery of services from a provider of health care to a patient at a different location, through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1e (Continued)

- a. The originating site provider will be paid a telehealth originating site facility fee per completed transmission. Payment for an originating site facility fee will be reimbursed at the rate established in the CY 2012 Medicare Physician Fee Schedule.
- b. The distant site provider is paid the current applicable Nevada Medicaid fee for the telehealth service provided. Instructions for submitting billing claims may be found on the Nevada Medicaid website: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.
- c. A provider will not be eligible for payment as both the originating and distant site for the same patient, same date of service.
- d. Fee schedule rates are the same for both governmental and private providers. The Nevada Medicaid fee schedules may be found on the following website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Supplement 3 to Attachment 4.19-B

Page 1

Payments for Selected Critical Access Hospitals for Providing Telehealth Services

For dates of service beginning November 24, 2016 and ending July 31, 2019, Battle Mountain General Hospital, Grover C Dils Medical Center, Mount Grant General Hospital and Pershing General Hospital will be reimbursed for telehealth services using a cost-based methodology as described below:

1. Interim Payments

- a) Each facility identified above is reimbursed on an interim basis for telehealth services provided at the Nevada Medicaid outpatient hospital services fee-for-services rates.

2. Quarterly Cost Reconciliation/Payment Process

- a) Within 60 days after the end of each quarter each facility identified above will submit to DHCFP a summary of all telehealth encounters paid during the previous quarter, identified by the telehealth Originating Site Facility Fee code, Q3014, and the related Medicaid charges.
- b) DHCFP will determine the total Medicaid charges for each facility by totaling the Medicaid charges for all telehealth encounters submitted under #a above.
- c) DHCFP will apply the facility's most current available Medicare approved telemedicine cost to charge ratio to the total Medicaid charges (see #b above) to determine the total cost of Medicaid telehealth services provided in the quarter.
- d) If the total quarterly actual costs for providing Medicaid telehealth services as determined under #c exceeds the total interim Medicaid payments for the quarter, DHCFP will pay the facility the difference.

If the facility's total interim quarterly Medicaid payments for the telehealth services exceeds the actual cost determined under #c above, DHCFP will recoup the overpayment using one of the following two methods:

- i. Off-set all future claims payment from the facility until the amount of the overpayment is recovered;
- ii. The facility will return an amount equal to the overpayment.