

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-002

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

May 31, 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) 17-002. The SPA updates Attachment 4.19-B to change the reimbursement methodology for Durable Medical Supplies, Prosthetics, Orthotics, and Supplies (DMEPOS). The SPA was submitted to my office on March 27, 2017.

The approval is effective January 1, 2017. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 4.19-B, Pg. 2 and Page 2 (continued)

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:

17-002

2. STATE:

NEVADA

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

4. PROPOSED EFFECTIVE DATE

January 1, 2017

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: ^{FB}

a. FFY 2017 ~~(\$9,361,625)~~ (\$3,091,654)

b. FFY 2018 ~~(\$12,482,167)~~ (\$4,359,586)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 4.19-B, Page 2~~ ^{FB}

Attachment 4.19-B, Page 2 and Page 2 (Continued)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~Attachment 4.19-B, Page 2~~ ^{FB}

Attachment 4.19-B, Page 2 and Page 2 (Continued)

10. SUBJECT OF AMENDMENT:

As a result of recent changes to the Centers for Medicare and Medicaid (CMS) Durable Medical Supplies, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule, a state plan amendment is necessary to update the rate methodology currently being used in order to set more appropriate rates for Nevada Medicaid DMEPOS.

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:

^{FB}
3/27/17

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:

3/27/17

18. DATE APPROVED:

May 31, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Henrietta Sam Louie

22. TITLE:

Assistant Regional Administrator

23. REMARKS:

Pen and Ink Requests: Box 7: Updated to read: "FFY17 (\$3,091,645), FFY18 (\$4,256,576), FFY19 (\$4,359,586)". Box 8: Updated to read "Attachment 4.19-B, Page 2 and Page 2 (continued)". Box 9: Updated to read "Attachment 4.19-B, Page 2 and Page 2 (continued)". Box 15: Updated to read "3/27/17".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 2

7. Home Health Care Services:

- a. Home health care services include the following services and items:
 1. physical therapy – 1 unit per 15 minutes,
 2. occupational therapy – 1 unit per 15 minutes,
 3. speech therapy – 1 unit per 15 minutes,
 4. family planning education – 1 unit per visit,
 5. skilled nursing services (RN/LPN visits) 1 unit per 60 minutes or 1 unit per 15 minutes for brief visits or 1 unit per 15 minutes for extended visits (after 1st hour),
 6. home health aide services – 1 unit per 60 minutes or 1 unit per 30 minutes for extended visits (after 1st hour),
 7. durable medical equipment, prosthetics, orthotics, and
 8. disposable medical supplies.
- b. Reimbursements for Home Health Care services, listed above in a.1. through a.6, provided by Home Health Agencies (HHA) are the lower of a) billed charges, or b) a fixed fee schedule which includes the rate for each of the home health services and a rate for “mileage” as an add-on. The agency’s rates were set as of July 1, 2000 and are effective for services on or after July 1, 2000.

A pediatric enhancement for services listed above in a.1, 2, 3, and 5 is effective for services on or after July 1, 2009.

- c. Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
 1. Reimbursement for purchase of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule.
 2. Reimbursement for rental of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule.

Payments for DMEPOS will be calculated using the 2016 Nevada-specific non-rural fee schedule issued by the Centers for Medicare and Medicaid Services (CMS). Reimbursement will be set at 100% of the Nevada-specific rates.

- d. Disposable supplies:
 1. If a supply item is billed through point of sale (POS), using a National Drug Code (NDC) number, reimbursement is the lower of: a) usual and customary charge, or b) gross amount due or c) Wholesale Acquisition Cost (WAC) + 8% as indicated on the current national drug data base utilized in Point-of-Sale plus a handling fee. For drugs without a WAC acquisition cost will be reimbursed plus a handling fee.
 2. All other supplies billed outside POS, using Healthcare Common Procedure Coding System (HCPCS) codes and/or Current Procedural Terminology (CPT) codes are reimbursed the lower of: a) billed charge, or b) fixed fee schedule. The Agency’s rates were set as of January 1, 2017 and are effective for services on or after January 1, 2017.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 2 (Continued)

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://www.dhcfp.nv.gov>.