

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 17-006**

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**

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July 13, 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) 17-006. The SPA updates Attachment 4.19-B to add additional language explaining the existing payment methodology used for peritoneal dialysis. The SPA was submitted to my office on May 30, 2017.

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

- Attachment 4.19-B, Pg. 10

If you have any questions, please contact Kathleen Creggett by phone at (415) 744-3656 or by email at [Kathleen.Creggett@cms.hhs.gov](mailto:Kathleen.Creggett@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:

17-006

2. STATE:

**NEVADA**

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

4. PROPOSED EFFECTIVE DATE

**January 1, 2017** April 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 *(See 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 2017 \$0

b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Page 10**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 4.19-B, Page 10**

10. SUBJECT OF AMENDMENT:

**Adding additional language explaining the existing payment methodology used for peritoneal dialysis. Obsolete language is also being removed.**

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:

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: **May 30, 2017**

18. DATE APPROVED:

**July 13, 2017**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**April 1, 2017**

20. SIGNATURE OF REGIONAL OFFICIAL:

*/s/*

21. TYPED NAME:

**Henrietta Sam-Louie**

22. TITLE:

**Associate Regional Administrator**

23. REMARKS:

The effective date has been changed from January 1, 2017 to April 1, 2017, per the state's request.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B

Page 10

## End Stage Renal Disease (ESRD) Dialysis Procedure Payment and ESRD Facilities

Hemodialysis (HD) and peritoneal dialysis (PD) services, CPT codes 90999 and 90945 respectively, will be paid the lower of 1.) billed charges, or 2.) a fixed fee. Dialysis services are all services provided in conjunction with the dialysis treatment as defined in the Medicare ESRD Facility Prospective Payment System.

The bundled prospective payment rate will be set according to the most current Centers for Medicare & Medicaid Services (CMS) ESRD Prospective Payment System base rate. The bundled rate will include all resources used in providing outpatient dialysis treatment, including biological, drugs and laboratory services.

The fixed fee for 90999 (HD) will be 100% of the Medicare ESRD Prospective Payment System (PPS) base rate multiplied by the current ESRD Wage Index Locality Factor for Nevada for independent and hospital-based facilities. The fixed fee for 90945 (PD) is set as an HD-equivalent session. This is accomplished by dividing HD rate by seven, and multiplying the result by three.

Vaccine Products require a National Drug Code (NDC) and will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B.

Assurance: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ESRD services. The agency's fee schedule rates were set as of January 1, 2017, and are effective for services on or after that date. All rates are published on the agency's website at: <http://dhcfp.nv.gov/Resources/Rates/RatesMain/>.