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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-011

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

December 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) 17-0011. The SPA updates Attachment 4.19-B to modify the methodology for the enhanced rates for practitioner services delivered in a teaching setting. The SPA was submitted to my office on September 19, 2017.

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

- Attachment 4.19-B, Pgs. 8-9a

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: Administrator, DHCFP

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;"><u>17-011</u></div>	2. STATE: <div style="text-align: center;">NEVADA</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">October 1, 2017</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act; 42 CFR 440		7. FEDERAL BUDGET IMPACT: <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> a. FFY 2018 b. FFY 2019 </div> <div style="width: 60%; text-align: right;"> \$3,972,359 \$3,957,255 </div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Nevada State Plan Section 4.19b pages 8-9a</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <div style="text-align: center;">Nevada State Plan Section 4.19b pages 8-9</div>	
10. SUBJECT OF AMENDMENT: The DHCFFP is proposing to revise the above section of the State Plan to modify the calculation methodology for the enhanced rate, include additional services and provider types as well as additional teaching entities.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Lynne Foster, Chief of Division Compliance DHCFFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
13. TYPED NAME: Richard Whitley		14. TITLE: Director, Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 19, 2017		17. DATE RECEIVED: 9/19/2017	
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: December 13, 2017		19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2017	
PLAN APPROVED – ONE COPY ATTACHED			
20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>		21. TYPED NAME: Henrietta Sam-Louie	
22. TITLE: Associate Regional Administrator		23. REMARKS: <div style="height: 100px;"></div>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Enhanced Rates for Practitioner Services Delivered in a Teaching Environment

In order to ensure access to practitioner services by needy individuals in the state of Nevada and to recognize the higher cost of providing practitioner services in a teaching environment, enhanced payments will be made for services provided by Designated Practitioners through one of the following four eligible public teaching entities:

- University of Nevada, Las Vegas School of Dental Medicine
- University of Nevada, Las Vegas School of Medicine
- University of Nevada, Reno School of Medicine
- University Medical Center of Southern Nevada

Enhanced payments apply to claims paid on or after July 1, 2017 to Medicaid-enrolled Designated Practitioners providing approved Medicaid services through one of the eligible public teaching entities under the Nevada Medicaid State Plan. Medicaid Services must be billed under the Medicaid Billing Provider ID of a Designated Billing Provider.

The State of Nevada Division of Healthcare Financing and Policy (DHCFP) must concur with the public teaching entity's designation of eligible practitioners in order for the payment adjustment to be applied.

The following Designated Practitioners are eligible for enhanced payments:

- Advanced Practitioner of Registered Nursing (APRN)
- Audiologist
- Clinical Psychologist
- Dentist
- Licensed Clinical Professional Counselor, Intern or Psychological Assistant
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Nurse Practitioner
- Licensed Registered Nurse
- Oral Surgeon
- Physician (MD or DO)
- Physician Assistant (PA-C)
- Speech Pathologist
- Optometrist
- Ophthalmologist
- Registered Dietician
- Registered Behavioral Technician

TN No.: 17-011

Approval Date: December 13, 2017

Effective Date: October 1, 2017

Supersedes

TN No.: 06-009

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For the purposes of these enhanced payments for services provided by Designated Practitioners delivered in a teaching environment, the following definitions shall apply:

- Designated Practitioner means an individual practitioner or a practitioner group designated by one of the eligible public teaching entities as participating in medical education programs. To qualify for designation as a Designated Practitioner, the practitioner or practitioner group must be either an employee of the designating eligible public teaching entity or under contract with the designating eligible public teaching entity. Designations may apply to both public and private practitioners and practitioner groups.
- Designated Billing Provider means one of the eligible public teaching entities or a billing provider/provider group that facilitates meaningful medical education and is contracted by the designating eligible public teaching entity for billing Medicaid services provided by the Designated Practitioners.

Medicaid Services means Fee-for-Service (FFS) practitioner services enumerated by Healthcare Common Procedure Coding System (HCPCS)/Common Procedural Terminology (CPT)/Code on Dental Procedures (CDT)/Code, delivered to Medicaid eligible recipients, and paid during the Claims Payment Period. The source of the service and payment data shall be the Nevada MMIS.

- The following services are excluded from the enhanced payment:
 - Services delivered to Medicaid eligible recipients enrolled in Medicaid Managed Care Organizations or Pre-Paid Ambulatory Health Plans (PAHP).
 - Clinical diagnostic lab procedures
 - Services provided to Medicaid recipients also eligible for Medicare
 - The technical component of radiological services
 - Services provided by practitioners/practitioner groups not designated by one of the eligible public teaching entities as Designated Practitioners for the entire Claims Payment Period
 - Services not billed by a Designated Billing Provider
- Medicaid Base Rate(s) means the applicable Medicaid FFS reimbursement rate(s) published by the DHCFP, applicable on the date of service.
- Claims Payment Period means the three-month period directly prior to the first day of each payment quarter.
- Base Period means the state fiscal year (July 1 – June 30) prior to the Claims Payment Period.

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- Average Commercial Rate (ACR) means, for each procedure (HCPCS/CPT/CDT) code, the average reimbursement amount of the top five commercial payers to the public teaching entity. "Commercial payers" exclude Medicare, Workers Compensation and any other payer(s) not subject to market forces. The ACR for each procedure code is established separately for each public teaching entity every Base Period.

If an eligible public teaching entity's contracts with commercial payers do not include a rate for a Medicaid Service delivered by a Designated Practitioner, and the Designated Billing Provider's contracts with commercial payers do include a rate for the Medicaid Service, the designating public teaching entity's average ACR percentage increase over the Medicaid Base Rates will be applied to the Medicaid Base Rate for the Medicaid Service.

If an eligible public teaching entity does not have contracts in place with commercial payers during a Base Period, the ACRs will be calculated based on the public teaching entity's contracts with commercial payers in effect during the Claims Payment Period.

The enhanced payment for each eligible service will be the lesser of:

- The difference between Billed Charges and the Medicaid Base Rate.
- The difference between 100% of the ACR and the Medicaid Base Rate.

Each eligible public teaching entity will provide the following listings to the DHCFP no later than the fifth business day of the first month of a quarter:

- A list of Designated Practitioners to include the Practitioner Name, Practitioner National Provider Identification number (NPI), Designation Start Date, Designation End Date (if applicable) for the prior quarter.
- A list of Designated Billing Providers to include the Billing Provider Name, Billing Provider ID, Designation Start Date, Designation End Date (if applicable) for the prior quarter.

No later than the last business day of the first month of the quarter, the DHCFP will provide a separate report to each eligible public teaching entity which includes the utilization data for the services paid during the Claims Payment Period that were billed by their Designated Billing Providers and delivered by their Designated Practitioners. The public teaching entity must review the report and acknowledge the completeness and accuracy of the report no later than the last business day of the second month of the quarter. After receipt of this acknowledgement, the DHCFP will approve and process the quarterly enhanced payments for each Designated Billing Provider no later than the last business day of the last month of the quarter. The process includes a reconciliation that takes into account all valid claim replacements affecting claims previously processed, as well as a process for recoupment of erroneous enhanced payments.

The enhanced payments will be sent to the Designated Billing Providers through the identification number used to bill Medicaid under the FFS program.