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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-017

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

November 30, 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) 17-0017. The SPA updates Attachment 4.19-B to modify the reimbursement methodology for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). The SPA was submitted to my office on October 26, 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. 2 and 2 (Continued)

If you have any questions, please contact Kathleen Creggett by phone at (415) 744-3656 or by email at Kathleen.Creggett@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;">17-017</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> <div style="text-align: center; font-size: small;"> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) </div>		4. PROPOSED EFFECTIVE DATE October 1, 2017 October 26, 2017	
6. FEDERAL STATUTE/REGULATION CITATION: State Plan under Title XIX of the Social Security Act: 42 CFR 447	7. FEDERAL BUDGET IMPACT: <div style="display: flex; justify-content: space-between;"> <div>a. FFY 2018</div> <div>\$197,300</div> </div> <div style="display: flex; justify-content: space-between;"> <div>b. FFY 2019</div> <div>\$256,876</div> </div>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Attachment 4.19-B, Page 2 and Page 2 (Continued)</div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <div style="text-align: center;">Attachment 4.19-B, Page 2 and Page 2 (Continued)</div>		
10. SUBJECT OF AMENDMENT: Currently, Nevada Medicaid reimburses 62% of billed charges for DMEPOS items that have a \$0 rate assigned. We are proposing to change the methodology to the ^{lowest} of: a) manufacturer's suggested retail price (MSRP) less 25%, verifiable with quote or manufacturer's invoice that clearly identifies MSRP; b) if there is no MSRP, reimbursement will be acquisition cost plus 20%, verifiable with manufacturer's invoice; or c) the actual charge submitted by the provider.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <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> <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: <div style="background-color: black; height: 20px; width: 100%;"></div>		16. RETURN TO: Lynne Foster, Chief of Division Compliance DHCFP/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: <div style="font-size: 1.5em; color: blue;">10/26/17</div>		17. DATE RECEIVED: <div style="text-align: center;">October 26, 2017</div>	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">October 1, 2017</div>		18. DATE APPROVED: <div style="text-align: center;">November 30, 2017</div>	
PLAN APPROVED – ONE COPY ATTACHED			
21. TYPED NAME: <div style="text-align: center;">Henrietta Sam-Louie</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>	
22. TITLE: <div style="text-align: center;">Associate Regional Administrator</div>		23. REMARKS: <div style="text-align: center; padding-top: 20px;"> Pen and ink changes made on line items #4 & #10. </div>	

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, 2016, and are effective for services on or after that date. All rates can be found on the official Web site of the Division of Health Care Financing and Policy at <http://dhcfp.nv.gov/Resources/Rates/>

Effective July 1, 2016, pediatric enhancement rates do not apply for services listed above in a.5.

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 rate.
2. Reimbursement for rental of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule rate.
3. If there is no fee schedule available, reimbursement will be the lowest of: a) manufacturer’s suggested retail price (MSRP) less 25%, verifiable with quote or manufacturer’s invoice that clearly identifies MSRP; b) if there is no MSRP, reimbursement will be acquisition cost plus 20%, verifiable with manufacturer’s invoice; or c) the actual charge submitted by the provider.

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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.

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 Home Health Care Services fee schedule rates were set as of July 1, 2016 and are effective for services provided on or after that date. Durable Medical Equipment, Prosthetics, Orthotics and Supplies fee schedule rates were set as of January 1, 2017, 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/>.