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**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 19-0020**

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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

January 29, 2020

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

Dear Mr. Whitley:

The CMS Division of Pharmacy team has reviewed Nevada State Plan Amendment (SPA) 19-0020 received in the San Francisco Regional Operations Group on November 27, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0020 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Nevada's state plan will be forwarded by the San Francisco Regional Operations Group.

If you have any questions regarding this request, please contact Lisa Shochet at (410) 786-5445 or [Lisa.Shochet@cms.hhs.gov](mailto:Lisa.Shochet@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.  
Deputy Director  
Division of Pharmacy  
DEHPG/CMCS/CMS

cc: DuAne Young, Deputy Administrator, NV Department of Health and Human Services  
Cody Phinney, Deputy Administrator, NV Department of Health and Human Services  
Richard C. Allen, Director, San Francisco Regional Operations Group  
Peter Banks, San Francisco Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 9 - 0 2 0

2. STATE

NEVADA

3. PROGRAM IDENTIFICATION:

TITLE XIX OF SSA (MEDICAID) Section 1927

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2019

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

CFR467.703-.711, SSA Section 1004 SUPPORT Act

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0  
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Section 4.26, pages 74-74d~~

Section 4.26, Pages 74, 74a, 74b, 74c, 74d, and 74e

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

Section 4.26, Pages 74-74d

10. SUBJECT OF AMENDMENT

SUPPORT Act

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

RICHARD WHITLEY

14. TITLE

DIRECTOR, DHHS

15. DATE SUBMITTED

NOVEMBER 27, 2019

16. RETURN TO

Cody Phinney, Deputy Administrator  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

11/27/19

18. DATE APPROVED

01/29/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

10/1/19

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

The state is authorizing a Pen & Ink change to:  
Box 8 to read "Pages 74, 74a, 74b, 74c, 74d, and 74e" and  
Box 9 to read "Pages 74-74d"

Revision: HCFA-PM-93-3 (MB)  
March 1993

State/Territory: NEVADA

- 1927(g) (D)  
42 CFR 456.712  
(A) and (B)
- H. The state assures that it will prepare and submit an annual report to the secretary, which incorporates a report from the State DUR Board and that the State will adhere to the plans, steps, procedures as described in the report.
- 1927(h) (1)  
42 CFR 456.722  
electronic
- I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale claims management system to perform on-line:
- Real time eligibility verification
  - Claims data capture
  - Adjudication of claims
  - Assistance to pharmacists, etc., applying for and receiving payment
- 1927(g)(2)(A)(i)  
42 CFR 456.705(b)
2. Prospective DUR is performed using an electronic point of sale drug claims processing system.
- 1927(j)(2)  
42 CFR 456.703(c)
- J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs. The hospitals will provide documentation to the State to allow the State to make such exemptions.
- 1902(a)(85) and  
Section 1004 of the  
Substance Use-  
Disorder Prevention  
that Promotes Opioid  
Recovery and  
Treatment for  
Patients and  
Communities Act  
(SUPPORT Act)
- K.1 Claims Review Limitations:**
- a. Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
  - b. Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).

Revision: HCFA-PM-93-3 (MB)  
March 1993

State/Territory: NEVADA

- c. Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- d. Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.

**2. Programs to monitor antipsychotic medications to children:**

- a. Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

**3. Fraud and abuse identification:**

- a. The State's DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.