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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 20-0006

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
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

June 30, 2020

Suzanne Bierman, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 104
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 20-006. The state plan amendment updates language related to ground emergency medical transportation services and reimbursement. This SPA was approved on June 29, 2020, with an effective date of April 1, 2020, as requested.

Attached is a copy of the following approved pages to be incorporated into your state plan:

- Attachment 3.1-D, Pages 1 and 1a
- Attachment 4.19-B, Page 4

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,

A black rectangular redaction box covers the signature of Ruth A. Hughes. A small portion of the signature, showing a stylized "R" and "H", is visible above the redaction.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 0 - 0 0 6

2. STATE

NEVADA

3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SSA (MEDICAID)

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

4. PROPOSED EFFECTIVE DATE

April 1, 2020

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

42 CFR440.170, 42 CFR431.53, 45 CFR92.36

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 9,514,580.46

b. FFY 2021 \$ 12,486,397.04

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Medicaid State Plan:
Attachment 3.1-D Page 1 & 1a
Attachment 4.19-B, Page 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Medicaid State Plan:
Attachment 3.1-D Page 1 & 1a
Attachment 4.19-B, Page 4

10. SUBJECT OF AMENDMENT

Ground Emergency Medical Transportation services ~~carve out from the MCOs to Fee for Service Medicaid.~~

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
~~April 29, 2020~~ 5/8/20

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
5/8/20

18. DATE APPROVED
June 29, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
4/1/20

20. SIGNATURE OF REGIONAL OFFICIAL

Date: 2020.06.30 10:17:19 -0500

21. TYPED NAME
Ruth A. Hughes

22. TITLE
Acting Director, Division of Program Operations

23. REMARKS

Pen and Ink Request: Box 8: Please add "Attachment 4.19-B, Pg. 4". Box 9: Please add "Attachment 4.19-B, Pg. 4". Box 10: Please update to read "Ground Emergency Medical Transportation services". Box 15: Please update to read "5/8/20".

TRANSPORTATION

The State of Nevada Division of Health Care Financing and Policy (DHCFP) provides emergency medical transportation and non-emergency transportation (NET) of eligible recipients to and from Nevada Medicaid covered services in accordance with 42 CFR440.170, 42 CFR431.53, 45 CFR92.36.

Emergency medical transportation services are covered to the nearest, appropriate Medicaid health care provider or appropriate medical facility capable of meeting the recipient's medical needs, in an emergent situation, when other methods of transportation are contraindicated. Emergency medical transportation may be provided via ground or air ambulance transport. These services do not require prior authorization.

Ground ambulance emergency medical transportation claims for all Nevada Medicaid recipients, including Managed Care Organization (MCO) enrolled recipients, must be submitted to Nevada Medicaid's fiscal agent.

Air ambulance transportation claims for Nevada Medicaid recipients enrolled in Fee-for-Service Medicaid, must be submitted to Nevada Medicaid's fiscal agent. For recipients enrolled in MCO, claims for air ambulance transportation are to be submitted to the MCO in which the recipient is enrolled.

NET services are provided to all eligible Nevada Medicaid recipients under a contract with a broker who:

1. Is selected through a competitive bidding process based on the state's evaluation of the broker's experience, performance, references, resources, qualifications and costs;
2. Has oversight procedures to monitor recipient access and complaints and ensures the transportation personnel are licensed, qualified, competent and courteous;
3. Is subject to regular auditing and oversight by the state in order to ensure that quality of the transportation services provided and adequacy of recipient access to medical care and services;
4. Complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish.

The State assures that the NET Broker itself is not a provider of transportation. The NET broker may not hold ownership in any NET provider with whom the broker subcontracts or arranges NET through a non-contractual relationship. This prohibition applies to the corporation, if the broker is incorporated and to the owners, officers or employees of the broker.

The State of Nevada assures the availability of medically necessary transportation to and from medical providers for eligible Medicaid recipients in the following ways:

1. Eligible Medicaid program recipients are informed verbally and in writing of the availability of non-emergency transportation services by the Nevada Medicaid contracted Transportation Broker.
2. NET is contracted by a broker to provide transportation to medically necessary covered services statewide 24 hours a day, seven days per week, including weekends and holidays. The NET broker operates within all applicable Federal, State and local laws.
3. All NET services require prior authorization by DHCFP's NET broker with the exception of NET services provided by Indian Health Services (IHS) clinics. The NET broker is required to authorize the least expensive alternative conveyance available consistent with the recipient's medical condition and needs.
4. The NET broker will facilitate rides for recipients requiring door-to-door transport (Paratransit). The DHCFP will reimburse the Regional Transportation Commission (RTC) directly for any costs incurred for these services.

NET is not covered for recipients residing in a Nursing Facility (NF) setting requiring NET to and from Nevada Medicaid covered services. NET is the responsibility of the NF as NET is included in the NF all-inclusive per diem rates.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B
Page 4

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates are for Provider Type 32, Ambulance, Air or Ground are published on the agency's website:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

14. RESERVED
15. RESERVED
16. RESERVED
17. RESERVED
18. Prior to the beginning of each rate year, governmental providers of emergency medical transportation, ground ambulance services, must select one of the reimbursement methodologies described below. Governmental providers must select their reimbursement methodology by April 30 for the rate year beginning July 1 and will not be able to change the selected reimbursement methodology until the following rate year.
 - I. Reimbursement methodology for emergency medical transportation, ground or air ambulance services, provided by non-governmental entities and governmental entities that do not undergo the Medicaid cost identification, reporting, reconciliation and settlement procedures.

Emergency Medical Transportation: Ground Ambulance or Air Ambulance (fixed wing or rotary aircraft): lower of: a) billed charge, or b) fixed basic rate plus fixed fee per mile. Effective July 1, 2013, the reimbursement rates will be increased 15%.
 - II. Reimbursement methodology for emergency medical transportation, ground ambulance services, provided by a government entity which selects cost identification, reporting, reconciliation and settlement.

Governmental entities may select a reimbursement methodology for emergency medical transportation that is based on cost identification, reporting, reconciliation and settlement. This methodology reimburses governmental entities for uncompensated care costs for providing emergency medical transportation services to Nevada Medicaid beneficiaries. Uncompensated care costs are allowable costs in excess of payments made by Nevada Medicaid. This reimbursement will include a base payment per emergency medical transportation claim plus a final supplemental payment adjustment so that total reimbursement does not exceed or fall short of the total cost of providing services to Medicaid beneficiaries.

TN No.: 20-006
Supersedes
TN No.: 15-008

Approval Date: June 29, 2020

Effective Date: April 1, 2020