

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 22-0006**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 27, 2022

Suzanne Bierman, Administrator  
Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) 22-0006

Dear Ms. Bierman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0006. This amendment proposes to bring Nevada's state plan into compliance with specific third-party liability requirements outlined in the Bipartisan Budget Act of 2018 and the Medicaid Services Investment and Accountability Act of 2019.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 1902(a)(25) of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA 22-0006 was approved on April 27, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Peter Banks at (415) 744-3782 or via email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov)

Sincerely,

A black rectangular box redacting the signature of Ruth A. Hughes.

Digitally signed by  
Ruth Hughes -S  
Date: 2022.04.27  
14:43:56 -05'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

cc:

- Suzanne Bierman
- Sandie Rubalid

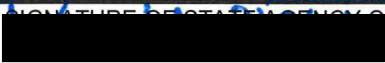
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0 6</u>	2. STATE <u>NV</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <u>State Plan Under Title XIX of the Social Security Act</u> 1902(a)(25) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Nevada Medicaid State Plan Attachment 4.22-B, page 2</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Nevada Medicaid State Plan Attachment 4.22-B, page 2</u>	

9. SUBJECT OF AMENDMENT  
The proposed amendment will reflect detailed compliance to third party liability section of the State Plan.

10. 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

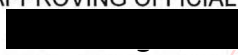
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED March 30, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED 3/30/22	17. DATE APPROVED April 27, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/22	19. SIGNATURE OF APPROVING OFFICIAL  <small>Digitally signed by Ruth Hughes -S Date: 2022.04.27 14:45:25 -05'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS  
Pen and Ink Request: Box 5: Please update to read: "1902(a)(25) of the Social Security Act".

III. Casualty – Subrogation

42 CFR 433.139(f)(e)

- A. Claims which edit for trauma codes are processed through the regular processing cycle. If the billed amount is \$125 or greater and no insurance has paid on the claim, the claim is referred to the fiscal agent for subrogation follow-up.
- B. If the billed amount is less than \$125, no investigation is initiated unless large quantities of claims exist for this diagnosis or service date.
- C. Claims with billed amounts of \$125 or more are investigated and followed through the legal process until settlements are reached or a determination made to drop the case.

IV. Compliance

Nevada complies with the following requirements:

- A. Apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services.
- B. Make payments without regard to potential TPL for pediatric preventive services unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.
- C. Make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries.

42 CFR 433.139(b)(3), SAA Section 1902 (a)(25)(E)