

Table of Contents

State/Territory Name: NV

State Plan Amendment (SPA) #: 23-0013

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

October 24, 2023

Stacie Weeks, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 23-0013

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-23-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 27, 2023. This SPA updates the payment methodology for Enhanced Rates for Practitioner Services Delivered in a Teaching Environment.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 3

2. STATE

NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

July 1, 2023

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

State Plan Under Title XIX of the Social Security Act;
42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Nevada State Plan Section 4.19-B pages 8-9a.3

9a.1, 9a.2, and 9a.3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Nevada State Plan Section 4.19-B pages 8-9a

9. SUBJECT OF AMENDMENT

THE DHCFF is proposing to revise the above section of the State plan to modify the calculation methodology.

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 OFFICIAL

12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
July 27, 2023

15. RETURN TO

Sandie Ruybalid, Deputy Administrator
DHCFF/Medicaid

1100 East William Street, Suite 101
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
July 27, 2023

17. DATE APPROVED
October 24, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

August 23, 2023: State concurs with pen and ink change to Boxes 7 and 8.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B

Page 9a.1

Prior to July 1, 2023, the DHCFP used a date of payment based supplemental payment approach described above. Effective July 1, 2023, the DHCFP transitioned to using the date of service based supplemental payment approach described below.

Interim Payments

Effective for services provided on or after July 1, 2023, the DHCFP will make interim averaged quarterly payments on a quarterly basis. 180-days after the end of service period, the DHCFP will reconcile the interim averaged quarterly payment to date of service data from the applicable service period as described below.

Final Payment based on Date of Service methodology

Payment based on date of service data will be made using the same methodology in effect on June 30, 2023, but the following definitions will be in effect:

- 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 during the Service Period. The source of the service and payment data shall be the Nevada MMIS.
- Service Period means the three-month period that ends 180-days prior to the first day of each payment quarter.
- Base Period means the state fiscal year (July 1 – June 30) prior to the Service Payment Period.
- Interim Averaged Quarterly Payment means the Base Period payments added together and divided by three.
- 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. The ACR for each procedure code is established separately for each public teaching entity every Base Period and is reported to the DHCFP by the first business day of August yearly.
- Reconciliation Period means the period of time that Interim Averaged Quarterly Payments are issued and reconciliations will be completed to compare the Interim Averaged Quarterly Payment issued and the Date of Service claims.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B

Page 9a.2

Following the exhaustion of a public teaching entities 180-day claim submission period, a date of service calculation will be completed. The calculation will be completed the first month of a quarter following the exhaustion of the 180-day claim submission period. 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 based on date of service data for services provided during the Service Period. 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 considers all valid claim replacements affecting claims previously processed, as well as a process for recoupment of erroneous enhanced payments. The federal financial participation portion of the recouped payments will be returned to the federal agency.

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

Reconciliation Period:

During the transition period (July 1, 2023-March 31, 2024) an interim averaged quarterly payment will be provided to each public teaching entity the second month following the close of the quarter. The interim payments will be calculated by averaging the same quarter payments that were completed in previous state fiscal year. These payments will be completed for the first 3 quarters following July 1, 2023. Starting with the fourth quarter, a reconciliation will be completed for each of the next 3 quarters to compare the interim payment to the actual amount due to the public teaching entity based on date of service claims. Following the exhaustion of a public teaching entities 180-day claim submission period, a date of service calculation will be completed. The DHCFP will provide the results of this report to each eligible public teaching for review. The eligible public teaching entity must review the additional report and acknowledge the completeness and accuracy of the report no later than the 10th business day of the following month. After receipt of this acknowledgement, the DHCFP will approve and process the additional payment, if any is due. If during this reconciliation it is discovered that an overpayment of a quarter has occurred, the public teaching entity will refund the funds for the overpayment. The reconciliation period will end six quarters after July 1, 2023.

ACR after July 1, 2023:

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B

Page 9a.3

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

If the ACR is not provided at a procedure code level by the public teaching entity or the public teaching entity does not have contracts that meet the criteria for described in the previous two paragraphs, an average will be calculated by the DHCFP for the ACR by utilizing ACR data submitted for the Base Period by each of the public teaching entities participating in the program.