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State/Territory Name: NV

State Plan Amendment (SPA) #: 24-0001

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

March 12, 2024

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

RE: TN 24-0001

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-24-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 28, 2023. This SPA adds a reimbursement methodology for clinic benefits provided by special clinics that provide treatment primarily to children with cancer and other rare diseases.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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| <p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p> | 1. TRANSMITTAL NUMBER <u>2 4 - 0 0 0 1</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 October 1, 2023 | |
| 5. FEDERAL STATUTE/REGULATION CITATION State Plan Under Title XIX of the Social Security Act; 42 CFR Sec. 440.90 | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>799,011</u> b FFY <u>2025</u> \$ <u>1,456,378</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Nevada Medicaid State Plan Attachment 4.19-B, page 2b <i>and 2b (Continued)</i> | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Nevada Medicaid State Plan Attachment 4.19-B, page 2b | |

9. SUBJECT OF AMENDMENT
New reimbursement methodology for special clinics that provide treatment primarily to children with cancer and other rare diseases

10. 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

| | |
|--|---|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL | 15. RETURN TO Cynthia Leech, Compliance Agency Manager DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 |
| 12. TYPED NAME RICHARD WHITLEY | |
| 13. TITLE DIRECTOR, DHHS | |
| 14. DATE SUBMITTED December 28, 2023 | |

FOR CMS USE ONLY

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| 16. DATE RECEIVED December 28, 2023 | 17. DATE APPROVED March 12, 2024 |
|--|-------------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

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|--|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL October 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
03/07/2024: State concurs with pen and ink change to Box 7.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 2b

9. Special clinic services: as indicated for specific services listed elsewhere in this attachment, e.g., physicians' services, prescribed drugs, therapy. Payment will be the lower of billed charges, or the amounts specified below:
- a. Surgical Codes will be reimbursed at 69% of the Medicare facility rate.
 - b. Radiology Codes will be reimbursed at 100% of the Medicare facility rate.
 - c. Medicine Codes and Evaluation and Management codes will be reimbursed at 60% of the Medicare non-facility rate. Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.
 - d. When Codes 90465 – 90468, 90471 – 90474, 99381 – 99385 and 99391 – 99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
 - e. Obstetrical Service Codes will be reimbursed at 88% of the Medicare non-facility rate.
 - f. Medicine Codes 90281 – 90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.
 - g. Freestanding Obstetrical/Birth Centers will be reimbursed an all-inclusive (one time) rate for Procedure Code 59409 that shall not exceed 80% of the Hospital In-patient Maternity daily rate. The rate will be reviewed and updated annually as necessary at the FFY (Oct. – Sept.).
 - h. Effective for dates of service on or after October 1, 2023, special clinics that primarily provide services to children with cancer or other rare diseases will be reimbursed for all medical services via an all-inclusive encounter visit rate.
 1. The all-inclusive encounter visit rate is billed as a daily rate. Only one encounter may be billed by the clinic per recipient, per day. The bundled daily rate does not include room and board or other unallowable facility costs.
 2. The all-inclusive encounter visit rate includes the following services:
 - a. Evaluation and management
 - b. Anesthesia
 - c. Surgery
 - d. Radiology Procedures
 - e. Pathology and Laboratory Procedures
 - f. Medicine Services and Procedures
 - g. Procedures, services, and supplies billed via HCPCS codes, including Medical and Surgical Supplies; Enteral and Parenteral Therapy; Other Therapeutic Procedures; Durable Medical Equipment; Procedures/Professional Services; Components, Accessories, and Supplies; Orthotic Procedures and Services; Prosthetic Procedures; Screening Procedures; Pathology and Laboratory Services; Diagnostic Radiology Services; Vision Services; Hearing Services.
 - h. Any other service determined to be necessary for treatment of cancer or other rare diseases that would be rendered by a physician, advanced practice registered nurse, physician assistant, nurse anesthetist, psychologist, licensed clinical social worker, radiology, clinical laboratory and other

TN No.: 24-0001
Supersedes
TN No.: 13-019

Approval Date: March 12, 2024

Effective Date: October 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 2b (Continued)

- services included in the state plan (excluding pharmacy as described below). This also includes services and supplies that are furnished as an incident to professional services provided by the clinical staff described above.
- i. Services described in 2.a – 2.h may not be billed separately outside the encounter payment.
 - j. Providers who are not employed by or providing services within the scope of services for the clinic may be reimbursed separately for services that may occur on the same day of service as the encounter visit.
3. Pharmaceutical items will be reimbursed separately to the all-inclusive rate per the drug reimbursement algorithm set forth on Page 3 – Page 3 (continued) of Attachment 4.19-B.
 - a. Drug and vaccine administration costs are included in the bundled encounter rate.
 4. The clinic must provide at least one of the services described in 2.a - 2.h to bill for an encounter visit.
 - a. Clinical records must be maintained to provide documentation to the Division, as requested, validating the services that were performed during each encounter.
 - b. The state will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>