

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 24-0003

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

November 25, 2024

Stacie Weeks, Administrator
Department of Health and Human Services
Division of Healthcare Financing and Policy
1100 East Williams Street, Suite 101
Carson City, NV 89701

Re: Nevada State Plan Amendment (SPA) NV-24-0003

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number NV-24-0003. This amendment proposes to establish provisions governing Rural Emergency Hospitals (REH's).

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nevada Medicaid SPA NV-24-0003 was approved on November 25, 2024, with an effective date of January 01, 2024.

If you have any questions, please contact Cecilia Williams at 667-414-0674 or via email at Cecilia.Williams@cms.hhs.gov.

Sincerely,

Ruth
Hughes -S

Digitally signed by
Ruth Hughes -S
Date: 2024.11.25
15:03:59 -06'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Jenifer Graham
Cindy Kirstie
Evette Cullen
Casey Angres
Theresa Carsten

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER</p> <p style="text-align: center;">2 4 — 0 0 0 3</p>	<p>2. STATE</p> <p style="text-align: center;">NV</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</p> <p style="text-align: center;"><input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION</p> <p>Federal Authority is 440.20, State authority is NRS 422.270-422.274951905(a)(9)</p>		<p>4. PROPOSED EFFECTIVE DATE</p> <p style="text-align: center;">January 1, 2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</p> <p>Attachment 3.1-A Page 1 and 1a</p> <p>Attachment 4.19 B Page 2b (Continued)</p> <p>Attachment 4.19 B Page 2c</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY 2024 \$ 0 \$2871</p> <p>b. FFY 2025 \$ 0 \$8926</p>	
<p>9. SUBJECT OF AMENDMENT</p> <p>Establishes provisions governing rural emergency hospitals</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p> <p>Attachment 3.1-A Page 1 and 1a</p> <p>Attachment 4.19 B Page 2b (Continued)</p> <p>Attachment 4.19 B Page 2c</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p style="text-align: right;"><input type="radio"/> OTHER, AS SPECIFIED:</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <p style="background-color: black; color: black;">[REDACTED]</p>		<p>15. RETURN TO</p> <p>Cynthia Leech, Compliance Agency Manager DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701</p>	
<p>12. TYPED NAME</p> <p>RICHARD WHITLEY</p>		<p>FOR CMS USE ONLY</p>	
<p>13. TITLE</p> <p>DIRECTOR, DHHS</p>			
<p>14. DATE SUBMITTED</p> <p>December 27, 2023</p>			
<p>16. DATE RECEIVED</p> <p>December 27, 2023</p>		<p>17. DATE APPROVED</p> <p>November 25, 2024</p>	
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p> <p>January 1, 2024</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p style="text-align: center;">Ruth Hughes -S</p> <p style="font-size: small; text-align: right;">Digitally signed by Ruth Hughes -S Date: 2024.11.25 15:04:30 -06'00'</p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL</p> <p>Ruth A. Hughes</p>		<p>21. TITLE OF APPROVING OFFICIAL</p> <p>Acting Director, Division of Program Operations</p>	
<p>22. REMARKS</p> <p>On October 15, 2024, NV provided concurrence for pen and ink changes to boxes 6 a and b and to boxes 7&8 in writing via the official RAI response.</p> <p>On October 17, 2024, NV provided concurrence for a pen and ink change to box 5 via email.</p>			

State/Territory: Nevada

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

2. a. Outpatient hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

Provided: No limitations With limitations*

Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services.

Provided: No limitations With limitations*

*Description provided on Attachment.

1. Inpatient hospital services are limited to admissions certified for payment by Nevada Peer Review Organization.
- 2.a. Outpatient hospital services are limited to the same extent as physicians' services, prescribed drugs, therapy and other specific services listed in this Attachment.
- 2.b. Rural health clinic services are subject to the same limitations listed for specific services elsewhere in this Attachment.

Rural Health Clinic (RHC) Services are defined in Section 1905(a)(2)(B) of the Social Security Act (the Act). RHC services include services provided by physicians (MD/DO), dentist, advanced practice registered nurse, physician assistants, nurse anesthetist, nurse midwives, psychologist, licensed clinical social workers, dental hygienist, podiatrist, radiology, optometrist, opticians (including eyeglasses dispensed), visiting nurses, clinical laboratory and other ambulatory services included in the state plan. RHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner or nurse midwife, and related medical supplies other than drugs and biologicals. Limitations on other ambulatory services furnished in the RHC are the same limitations as defined for those services in the State Plan.

- 2.c. Federally qualified health center services are subject to the same limitation as those of rural health clinics.

Federally Qualified Health Center (FQHC) Services as defined in Section 1905(a)(2)(C) of the Act. FQHC services include services provided by physicians (MD/DO), dentist, advanced practice registered nurse, physician assistants, nurse anesthetist, nurse midwives, psychologist, licensed clinical social workers, dental hygienist, podiatrist, radiology, optometrist, opticians (including eyeglasses dispensed), visiting nurses, clinical laboratory and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner or nurse midwife, and related medical supplies other than drugs and biologicals. Limitations on other ambulatory services furnished in the FQHC are the same limitations as defined for those services in the State Plan.

- 2.d. Rural Emergency Hospital (REH) Services are provided in Medicare-certified facilities as defined in 42 U.S.C. § 1395x(kkk). These providers will furnish emergency department services, observation care, and other specified outpatient medical and health services. These providers must have a transfer agreement in effect with a level I or level II trauma center.

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 under 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.
- i. Rural Emergency Hospitals
 1. Effective for services provided on or after January 1, 2024, payments to hospitals enrolled as a Rural Emergency Hospital will be calculated by multiplying a factor of 1.05 times the outpatient hospital rate as described in State Plan Attachment 4.19-B, Page 1, paragraphs 2.a.i-ix and xi-xii and Page 1a, Paragraphs a-c.
 - a. This methodology applies to surgical codes 10000 – 58999 and 60000 – 69999; radiology codes 70000-79999; radiopharmaceutical and contrast codes; medicine codes 90000-99199; evaluation and management codes 99201 – 99499; obstetrical service codes 59000 – 59999; anesthesia codes 00100 – 01999; outpatient laboratory and pathology services; dental services, and durable medical equipment, prosthetics, and orthotics.
 - b. Vaccine Products require a National Drug Code (NDC) and will be reimbursed according to the drug reimbursement algorithm set forth on page 3 of Attachment 4.19-B.
 - c. Prescribed drugs will be reimbursed according to the drug reimbursement algorithm set for on page 3 of Attachment 4.19-B.

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/>

TN No.: 24-0003

Approval Date: November 25, 2024

Effective Date: January 1, 2024

Supersedes

TN No.: 24-0001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 2c

10. Dental services:

I. STANDARD DENTAL SERVICES

Current Dental Terminology (CDT) codes will be reimbursed based on the base units in the “Relative Values for Dentists” publication by Relative Value Studies; Incorporated for the year the specific CDT code was set in the system. Effective January 1, 2024, payment is determined by multiplying the base units by the conversion factor of \$ 21.53.

II. MEDICAL/SURGICAL PROCEDURES RELATED TO DENTAL SERVICES

Services billed using Current Procedure Terminology (CPT) codes will be calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

- a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 99.75 % of the Medicare facility rate, effective January 1, 2024.
- b. Radiology Codes 70000 – 79999 will be reimbursed at 105% of the Medicare facility rate.
- c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 99.75% of the Medicare non-facility rate, effective January 1, 2024.

Assurance: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency’s rates for medical/surgical procedures related to dental services were set as of January 1, 2024 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfnv.gov/Resources/Rates/FeeSchedules/>.