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State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV-24-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Managed Care Group

January 11, 2024

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

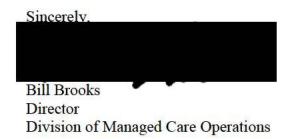
Re: Nevada State Plan Amendment (SPA) 24-0005

Dear Administrator Weeks:

The Centers for Medicare & Medicaid Services (CMS) completed review of Nevada's State Plan Amendment (SPA) Transmittal Number 24-0005 submitted on December 29, 2023. The purpose of this SPA is to implement an auto-assignment algorithm to reflect MCO enrollment assignment ranking based on quality measure performance.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Nevada Medicaid SPA Transmittal Number 24-0005 is approved effective January 1, 2024.

If you have any questions regarding this amendment, please contact Nicole Gillette-Payne at 212-616-2465 or via email at nicole.gillette4@cms.hhs.gov.



cc: Jaimie Evins, DHCFP Cynthia Garraway, DMCO

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES 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 438 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F Page 15 and 15a	1. TRANSMITTAL NUMBER 2 4 0 0 0 5 NV 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE January 1, 2024 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ 0 b. FFY 2025 \$ 0 8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F Pages 15	
9. SUBJECT OF AMENDMENT Update Attachment 3.1-F to reflect implementation of a quality-base 10. GOVERNOR'S REVIEW (Check One)	ed auto-assignment algorithm effective January 1, 2024.	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:	
12. TYPED NAME RICHARD WHITLEY 13. TITLE DIRECTOR, DHHS 14. DATE SUBMITTED	Cynthia Leech, Compliance Agency Manager DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 R, DHHS	
December 29, 2023 FOR CMS US	F ONLY	
16. DATE RECEIVED 12/29/23	7. DATE APPROVED 1/11/24	
PLAN APPROVED - ONE	OTHER DESIGNATION OF THE PROPERTY OF THE PROPE	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Bill Brooks	I. TITLE OF APPROVING OFFICIAL Director, Division of Managed Care Operations	
22. REMARKS		

	Page15
	OMB No.: 093 8-0933
State: Nevada	
Citation	Condition or Requirement

* The function of the algorithm is to ultimately achieve no more than a 10% differential in enrollment between all MCO contractors. Once the differential is achieved, use of this algorithm will be discontinued and head of households will be auto assigned on rotating basis.

Effective January 1, 2024, the state will implement a quality-based auto-assignment algorithm. Each MCO will receive an ordinal ranking of 1 through 5 based on its score for each of five selected quality measures for a specified measurement year. The state will notify the MCOs of the selected measures and measurement period annually. The MCO with the highest score will be assigned a ranking of 1. If two MCOs have the same score on a given measure, they shall receive the same rank, and the next lower rank shall be skipped. Each MCO's ordinal rankings for the five measures will be added to determine which percentage an MCO will receive for auto-assignment algorithm. The MCO with the lowest total score for ordinal rankings (indicating the best performer) will receive the highest auto-assignment percentage. The quality-based algorithm is as follows:

Quality-Based Auto-Assignment Algorithm	
MCO with lowest total score for ordinal ranking	35%
MCO with second lowest total score for ordinal ranking	30%
MCO with the third lowest total score for ordinal ranking	20%
MCO with the highest total score for ordinal ranking	15%

- c.

 If applicable, please check here to indicate that the state uses a **passive** enrollment process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.
 - i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).

Effective Date: January 1, 2024

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1932(a)(4) 42 CFR 438.54 42 CFR 438.52 3. State assurances on the enrollment process.

Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.

a.

The state assures that, per the choice requirements in 42 CFR 438.52:

42 CFR 438.56(g)

- i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3);
- ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State;
- iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.

b.	\square The state plan program applies	the rural exception to ch	oose requirements of 42	CFR 438.52(a) for MCOs in
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Approval Date: 1/11/2024

CMS-PM-10120 ATTACHMENT		
State: Nevada		
Citation	Condition or Requirement	
accordance with 42 CFR 438.52(b). Please	e list the impacted rural counties:	
⊠This provision is not applicable to this	1932 State Plan Amendment.	
**	rollment provision in accordance with 42 CFR 438.56(g) if the recipient Medicaid eligibility for a period of 2 months or less.	
☐ This provision is not applicable to this	1932 State Plan Amendment.	
CER 438 71		

42 CFR 438.71

c.

☑ The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or

Effective Date: January 1, 2024