

## **Table of Contents**

**State/Territory Name: NV**

**State Plan Amendment (SPA) #: 25-0007**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

March 4, 2025

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

RE: TN 25-0007

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-25-0007 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 18, 2024. This SPA establishes payment at the All-Inclusive Rate (AIR) for pharmacy service encounters, in addition to the 5-encounter limit for clinic services, at Indian Health Service (IHS) and Tribal 638 pharmacies.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2025. 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,

[Redacted Signature]

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 5 — 0 0 0 7

2. STATE

NV3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 22,687,795 17,015,846b. FFY 2026 \$ 23,822,185

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Page 7a

Attachment 4.19-B Page 3 (Continued)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B Page 7a

Attachment 4.19-B Page 3 (Continued)

9. SUBJECT OF AMENDMENT

This State Plan Amendment to Attachment 4.19-B Page 7a, Page 3 (continued) addresses the reimbursement methodology for pharmacy services for Tribal Health Clinics operating under the Indian Self-Determination and Education Act of 1975 (PL 93-638).

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

12. TYPED NAME

RICHARD WHITLEY

13. TITLE

DIRECTOR, DHHS

14. DATE SUBMITTED

December 16, 2024

15. RETURN TO

Cynthia Leech, Compliance Agency Manager

DHCFP/Medicaid

4070 Silver Sage Drive

Carson City, NV 89701

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 18, 2024

17. DATE APPROVED

March 4, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

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

2/24/2025: State provides concurrence for pen and ink change to Box 6a.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B  
Page 3 (Continued)

9. For drugs acquired at a nominal price (outside of 340B or FSS), the ingredient cost reimbursement is based on AAC plus a professional dispensing fee of \$10.17 per prescription.
10. Providers that are approved to be reimbursed through an encounter rate(s) meet AAC requirements.
11. For drugs (such as specialty drugs) not distributed by a retail community pharmacy, and distributed primarily through the mail, the ingredient cost reimbursement is based on AAC plus a professional dispensing fee of \$10.17 per prescription.
12. For drugs (such as a long-term care facility drugs) not distributed by a retail community pharmacy, the ingredient cost reimbursement will be based on AAC plus a professional dispensing fee of \$10.17 per prescription.
13. Payment for Physician Administered Drugs (PADs) is limited to the lesser of the Nevada Medicaid PAD fee schedule, Medicare Part B fee schedule, NADAC, WAC, or AAC.
  - a. No dispensing fee is paid for a PAD.
  - b. For 340B PADs, the ingredient cost reimbursement will be the lowest of (a) AAC or (b) 340B ceiling price.
14. For clotting factor drugs, ingredient cost reimbursement will be the lowest of AAC plus a professional dispensing fee of \$10.17 per prescription, or the pharmacist's usual and customary charge.
  - a. For clotting factor drugs provided by 340B entities, the ingredient cost reimbursement will be the lowest of (a) AAC, or (b) 340B ceiling price, plus a professional dispensing fee of \$10.17 per prescription.
15. Out-of-state providers will be reimbursed a professional dispensing fee of \$10.17 per prescription.
16. The state of Nevada does not cover investigational drugs.
17. Indian Health Services (IHS) and Tribal 638 pharmacies will receive the per visit outpatient encounter rate, called the All-Inclusive Rate (AIR). IHS and Tribal 638 pharmacies will receive one encounter paid at the all-inclusive rate per prescription filled and will not be limited to a certain number of prescriptions per day. Pharmacies reimbursed using the all-inclusive rate will not be eligible for a dispensing fee.

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B  
Page 7a

## REIMBURSEMENT FOR INDIAN HEALTH SERVICE TRIBAL 638 HEALTH FACILITIES

Nevada Medicaid reimburses Indian Health Services facilities and Tribal 638 facilities in accordance with the most recently published Federal Register.

The published, all inclusive, rate is paid for up to five face-to-face encounters/visits per eligible Medicaid recipient per day. Encounters/visits are limited to healthcare professionals as approved under the Nevada Medicaid State Plan. In addition to the five encounters/visits, Indian Health Services and Tribal 638 pharmacy encounters will be paid at the all-inclusive rate as outlined in attachment 4.19-B, section 12 of this state plan.

### Alternative Payment Methodology for Tribal Facilities Recognized as FQHCs

Outpatient health programs or facilities operated by a Tribe or Tribal organization that choose to be recognized as FQHCs in accordance with Section 1905 (I)(2)(B) of the Social Security Act and the Indian Self-Determination Act (Public Law 93-638) will be paid using an alternative payment methodology (APM) for services as described on Attachment 3.1-A, Page 1a, Paragraph 2c, that is the published, all-inclusive rate (AIR). The APM/AIR rate is paid for up to five face-to-face encounters/visits per recipient per day.

Nevada Medicaid will establish a Prospective Payment System (PPS) methodology for the Tribal facility so that the agency can determine on an annual basis that the published, all-inclusive rate is higher than the PPS rate. The PPS rate will be established by reference to payments to one or more other FQHCs in the same or adjacent areas with similar caseloads. If such an FQHC is not available, the PPS rate will be established by reference to payments to one or more other FQHCs in the same or adjacent areas with a similar scope of services. If there is no FQHC in the same or adjacent area with similar caseloads or similar scope of services, the PPS rate will be based on an average rate of other FQHCs throughout the state. The Tribal facility would not be required to report its costs for the purposes of establishing a PPS rate. The APM is effective for services provided on and after April 1, 2019.