

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA)#: 23-0014**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid  
Services 7500 Security  
Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**  
**Medicaid Benefits and Health Programs Group**

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September 12, 2023

Stacie Weeks, JD, MPH  
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

Dear Stacie Weeks,

The CMS Division of Pharmacy team has reviewed Nevada's State Plan Amendment (SPA) 23-0014 received in the CMS Medicaid & CHIP Operations Group on August 30, 2023. This SPA proposes to update the reimbursement methodology for physician administered drugs (PAD).

In keeping with the requirements of section 1902 (a)(30)(A) of the Social Security Act, we believe the state has demonstrated that their reimbursement is consistent with efficiency, economy, and quality of care, and are sufficient to ensure that care and services are available to Medicaid beneficiaries at least to the extent they are available to the general population in the geographic area. We believe that there is evidence regarding the sufficiency of Nevada's pharmacy provider network at this time to approve SPA 23-0014. Specifically, Nevada has reported to CMS that 494 of the state's 511 licensed in-state retail pharmacies are enrolled in Nevada's Medicaid program. With a 96 percent participation rate, we can infer that Nevada's beneficiaries will have access to pharmacy services at least to the extent available to the general population since Medicaid requires that beneficiaries be provided access to all covered outpatient drugs of participating drug manufacturers with a rebate agreement through a broad pharmacy network. In contrast, commercial insurers often have more limited drug formularies and a more limited pharmacy network.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that NV-23-0014 is approved with an effective date of December 1, 2023. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Nevada's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or [michael.forman@cms.hhs.gov](mailto:michael.forman@cms.hhs.gov).

Sincerely,



Cynthia R. Denemark, R.Ph.  
Director  
Division of Pharmacy

cc: Richard Whitley, Nevada Division of Health Care Financing and Policy  
Sandi Ruybalid, Nevada Division of Health Care Financing and Policy  
Jenifer Graham, Nevada Division of Health Care Financing and Policy  
Cindy Kirste, Nevada Division of Health Care Financing and Policy  
David Olsen, Nevada Division of Health Care Financing and Policy  
Brian Zolynas, CMS, Medicaid & CHIP Operations Group  
Cecilia Williams, CMS, Medicaid & CHIP Operations Group

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 4</u>	2. STATE <u>NV</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <b>December 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION <i>State Plan Under Title XIX of the SSA: 42 CFR 447</i>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <i>Attachment 4.19-B, Page 3 (Continued)</i>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <i>Attachment 4.19-B, page 3 (Continued)</i>

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 SSA: 42 CFR 447*

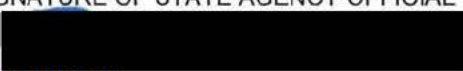
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
*Attachment 4.19-B, Page 3 (Continued)*

9. SUBJECT OF AMENDMENT  
*Payment for Physician Administered Drugs (PADs)*

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 	15. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
12. TYPED NAME RICHARD WHITLEY	
13. TITLE DIRECTOR, DHHS	
14. DATE SUBMITTED August 30, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED August 30, 2023	17. DATE APPROVED September 12, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark	21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: 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.