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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.

Sincerely,



Bill Brooks
Director
Division of Managed Care Operations

cc: Jaimie Evins, DHCFP
Cynthia Garraway, DMCO


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 0 0 0 5</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 January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION <u>State Plan under Title XIX of the Social Security Act; 42 CFR 438</u>	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 <u>Attachment 3.1-F Page 15 and 15a</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-F Pages 15</u>	

9. SUBJECT OF AMENDMENT
Update Attachment 3.1-F to reflect implementation of a quality-based auto-assignment algorithm effective January 1, 2024.

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 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 29, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED <u>12/29/23</u>	17. DATE APPROVED <u>1/11/24</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Bill Brooks</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Managed Care Operations</u>

22. REMARKS

Instructions on Back

State: Nevada

Citation

Condition or Requirement

accordance with 42 CFR 438.52(b). Please list the impacted rural counties:

This provision is not applicable to this 1932 State Plan Amendment.

c. The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.

This provision is not applicable to this 1932 State Plan Amendment.

42 CFR 438.71

d. 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