

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

AUG 14 2013

Michael J. Willden, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Willden:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 13-001. This SPA was submitted to my office on February 19, 2013 requesting to amend Attachment 4.19-B, Page 10 to change the reimbursement methodology for end stage renal disease dialysis services and facilities from a composite rate to a prospective payment system.

The approval is effective January 12, 2013. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 4.19-B, Page 10

In our March 26, 2013 comments and questions on the SPA, we requested that Nevada revise Attachment 3.1-A, Page 4a to describe more clearly any limitations on clinic services. We indicated that the State had the option of making these changes as part of SPA 13-001 or making the requested changes in a separate SPA. We noted that if the State elected to make the changes as part of a separate SPA, we would issue a companion letter to SPA 13-001, and Nevada would have 90 days from the date of that letter in which to submit the required SPA or explain why the existing State Plan language is consistent with federal requirements. Nevada's April 30, 2013 response to our comments indicated that the State preferred to resolve the limitations issue as part of a separate SPA. Nevada's comments confirmed that there are no limitations on clinic services other than the requirement that they be medically necessary.

After further review, CMS has concluded that a formal companion letter for SPA 13-001 is not required, and we will not be issuing one. We do request, however, that Nevada clarify the description of the limitations on outpatient hospital and clinic services the next time a SPA is submitted that includes Attachment 3.1-A, Page 1a and 4a. This clarification can be done by either:

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- 1) Revising Attachment 3.1-A, preprint check-off page 1 and 4 to indicate that there are no limitations for outpatient hospital and clinic services and revising Attachment 3.1-A, Page 1a and 4a to delete the current limitations language for outpatient hospital and clinic services; or
- 2) Revising Attachment 3.1-A, Page 1a and 4a to indicate that there are no limitations on outpatient hospital clinic services *other* than for medical necessity.

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Squartsoff, Administrator, DHCFP
Marta Stagliano, Chief, Compliance, DHCFP