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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 13-008 | 2. STATE NEVADA |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 4. PROPOSED EFFECTIVE DATE July 1, 2013 |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act: 42 CFR 440 | 7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 458,883 b. FFY 2014 \$2,024,521 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-B, Pages 1c – 1e</u> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 4.19-B, Pages 1c – 1e</u> |

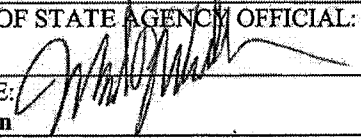
10. SUBJECT OF AMENDMENT:

Based upon a 2013 Legislative decision, the DHCFP is proposing to submit a SPA to increase the reimbursement rates for:

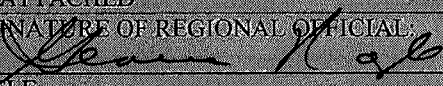
- Anesthesia: The update revises the Anesthesia conversion factor from the 2009 amount of \$21.12 to the 2013 amount of \$22.57 resulting in an increase to the conversion factor of 6.86%.
- Obstetrical Services: Restoring rates to 128% which were reduced in 2008.
- Pediatric Enhancement-Surgical Services: The amendment is partially restoring the pediatric enhancement to surgical services which were reduced in 2008, increasing the rates by 30%.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Marta Stagliano, Chief, Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 |
| 13. TYPED NAME: Michael J. Willden | |
| 14. TITLE: Director, Department of Health and Human Services | |
| 15. DATE SUBMITTED: JUN 05 2013 | |

| FOR REGIONAL OFFICE USE ONLY | |
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| 17. DATE RECEIVED: June 5, 2013 | 18. DATE APPROVED: AUG 30 2013 |

| PLAN APPROVED - ONE COPY ATTACHED | |
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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Gloria Nagle, Ph.D., MPA | 22. TITLE: Associate Regional Administrator |

23. REMARKS: