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State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV 13-019

This file contains the following documents in the order listed:

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

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

JAN 1 0 2014

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) 13-019. This SPA was submitted to my office on October 17, 2013 requesting to add a description of freestanding birth center services and a rate methodology for these services to the State Plan.

The approval is effective October 1, 2013. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A, Pages 11 and 11 (Continued)
- Attachment 4.19-B, Page 2b

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-019	2. STATE NEVADA
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2013
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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*)

6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act: 42 CFR440	7. FEDERAL BUDGET IMPACT: a. FFY 2013 2014 None Known b. FFY 2014 2015 None Known
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 11 (Continued) <u>Attachment 3.1-A, pgs. 11, 28 (New Services Pre-print)</u> <u>Attachment 4.19-B, p. 2b</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <u>Attachment 4.19-B, p. 2b</u>
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10. SUBJECT OF AMENDMENT:
Nevada Medicaid is adding a Services Pre-Print and Rate Methodology for a New Provider Type; PT17 Specialty 169 Obstetrical/Birth Centers, which was required by the Affordable Care Act (ACA). Nevada does not currently have providers of this type enrolled.

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Michael J. Willden 14. TITLE: Director, Department of Health and Human Services 15. DATE SUBMITTED: OCT 17 2013	16. RETURN TO: Marta Stagliano, Chief, Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: October 17, 2013	18. DATE APPROVED: JAN 10 2014
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19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Gloria Nagle, Ph.D., MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

Pen and ink changes to Boxes 7,8, and 11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 3.1-A

Page 11

Coverage Template for Freestanding Birth Center Services

Attachment 3.1A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations With limitations None licensed or approved

Please describe any limitations:

1. Must meet applicable state licensing and/or certification requirements in the state in which the center is located. Services are limited to labor, delivery, post-partum, and immediate newborn care.
2. Accreditation by one of the following nationally recognized accreditation organizations:
 - a. The Accreditation Association for Ambulatory Health Care, Inc.
 - b. The Commission for the Accreditation of Birth Centers.
 - c. The Joint Commission.
3. Service requirements are limited to care when the following pregnancy criteria are met:
 - a. An uncomplicated low-risk prenatal course is reasonably expected to result in a normal and uncomplicated vaginal birth in agreement with licensed birth center protocol;
 - b. Completion of at least 36 weeks gestation and not more than 42 weeks gestation.

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Childbirth procedures are limited to labor, delivery, postpartum care and immediate newborn care.

TN No. 13-019

Approval Date: JAN 10 2014

Effective Date: October 1, 2013

Supersedes

TN No. NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 3.1-A
Page 11 (Continued)

Please check all that apply:

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs) and any other type of licensed midwife). *
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: N/A

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Attachment 4.19-B

Page 2b

9. Special clinic services: as indicated for specific services listed elsewhere in this attachment, e.g., physicians' services, prescribed drugs, therapy. Payment will be the lower of billed charges, or the amounts specified below:
- a. Surgical codes will be reimbursed at 69% of the Medicare facility rate.
 - b. Radiology codes will be reimbursed at 100% of the Medicare facility rate.
 - c. Medicine codes and Evaluation and Management codes will be reimbursed at 60% of the Medicare non-facility rate. Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.
 - d. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
 - e. Obstetrical service codes will be reimbursed at 88% of the Medicare non-facility rate.
 - f. Medicine codes 90281-90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.
 - g. Freestanding Obstetrical/Birth Centers will be reimbursed an all-inclusive (one time) rate for Procedure code 59409 that shall not exceed 80% of the Hospital In-patient Maternity daily rate. The rate will be reviewed and updated annually as necessary at the FFY (Oct. – Sept.).

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://dhcftp.nv.gov/>.