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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 16-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

June 21, 2016

Richard Whitley, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Whitley:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 16-001. The SPA adds a reimbursement methodology for cornea procurement. It was submitted to my office on April 1, 2016.

The approval is effective April 1, 2016. Attached is a copy of the following page to be incorporated into your State Plan:

- Attachment 4.19-B, pg. 5

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Marta Jensen: Acting Administrator, DHCFP

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

16-001

2. STATE

NEVADA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~February 12, 2016~~
April 1 PB 4/1/16

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 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$44,865

b. FFY 2017 \$33,948

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, Page 5

10. SUBJECT OF AMENDMENT:

This section is being updated to reflect a methodology for Cornea Procurement.

11. 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:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Richard Whitley

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED:

April 1, 2016

16. RETURN TO:

Lynne Foster, Chief of Division Compliance

DHCFP/Medicaid

1100 East William Street, Suite 101

Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 4/1/16

18. DATE APPROVED:

6/21/2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/16

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Henrietta Sam Louie

22. TITLE:

Associate Regional Administrator

23. REMARKS:

A pen and ink change was requested by the state to change the proposed effective date from 2/12/16 to 4/1/16.

STATE PLAN UNDER TILE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B

Page 5

26. Surgical services provided in both hospital-based and freestanding Ambulatory Surgical Centers (ASC)
- a. The Division adopts for reference the list of eligible codes for surgical centers for ambulatory patients and the payment groups to which those codes are assigned for services paid on or after September 1, 2003. This listing was established by Centers for Medicare and Medicaid Services (CMS) in 1997 and modified in 2000 and 2003.
 - b. The Division also adopts as a base, the payment amounts for groupings 1-9 as published in 42 CFR part 416 dated March 28, 2003. To ensure access of services, these payment amounts will be increased by 50% for hospital-based ambulatory surgical center services and 20% for freestanding ambulatory surgical center services. Services covered by Nevada Medicaid will be processed at these payment amounts.
 - c. Codes not on the Medicare list that are deemed appropriate to be performed in an ASC setting will be paid at the appropriate grouping level based on the services performed.
 - d. In the case of multiple procedures the following adjustments to the fee schedule are made:
 - 1) First procedure 100% of fee schedule
 - 2) Second procedure 50% of fee schedule
 - 3) Third procedure 25% of fee schedule
 - 4) Fourth procedure 10% of fee schedule
 - 5) Fifth and thereafter procedures 5% of fee schedule
 - e. Professional services are reimbursed as indicated in page 1c of section 4.19-B.
 - f. Cornea procurement will be reimbursed at \$2500.00 per corneal procedure.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of hospital-based and freestanding Ambulatory Surgical Centers (ASC). The agency's fee schedule rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates are published at: <http://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Resources/Rates/ASCGroupsandProcedures.pdf>.

TN No. 16-001

Approval Date: June 21, 2016

Effective Date: April 1, 2016

Supersedes

TN No. 13-007