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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 19-002

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
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

July 8, 2019

Suzanne Bierman, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 104
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-002. The SPA updates Attachment 4.19-B of the state plan to allow for Tribes or Tribal organizations to be recognized as Federally Qualified Health Centers (FQHCs). This SPA is approved effective April 1, 2019. Attached is a copy of the following page to be incorporated into your state plan:

- Attachment 4.19-B, Pg. 7a

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,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Centers for Medicaid and CHIP Services
Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 19-002	2. STATE: NEVADA
		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 April 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act, Section 1905 (1)(2)(B) and Indian Self Determination Act - Public Law 93-638		7. FEDERAL BUDGET IMPACT: a. FFY 2018 2019 \$0 b. FFY 2019 2020 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 - B Page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19 - B Page 7a	

10. SUBJECT OF AMENDMENT:

DHCFP is proposing revisions to the State Plan Amendment, Attachment 4.19-B, Page 7a, to allow for Tribes or Tribal organizations to be recognized as an FQHC. This service model will allow tribal clinics the option of enrolling as a FQHC to promote greater access to specialty and related services outside of the four walls of the tribal clinics.

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: **STEVE SISOLAK**
 14. TITLE: **Governor, State of Nevada**
 15. DATE SUBMITTED: **5/28/19**

16. RETURN TO:

Tanmy Moffitt, Chief of Operations
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **5/28/19**

18. DATE APPROVED:
July 08, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **4/1/19**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Richard Allen**

22. TITLE: **Director, Regional Operations Group**

23. REMARKS:

Pen and Ink Request: 1. Box 7: Update "2018 / 2019" to "2019 / 2020".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B
Page 7a

REIMBURSEMENT FOR INDIAN HEALTH SERVICE TRIBAL 638 HEALTH FACILITIES

Nevada Medicaid reimburses Indian Health Services facilities and Tribal 638 facilities in accordance with the most recently published Federal Register.

The published, all inclusive, rate is paid for up to five face-to-face encounters/visits per eligible Medicaid recipient per day. Encounters/visits are limited to healthcare professionals as approved under the Nevada Medicaid State Plan.

Alternative Payment Methodology for Tribal Facilities Recognized as FQHCs

Outpatient health programs or facilities operated by a Tribe or Tribal organization that choose to be recognized as FQHCs in accordance with Section 1905 (I)(2)(B) of the Social Security Act and the Indian Self-Determination Act (Public Law 93-638) will be paid using an alternative payment methodology (APM) for services as described on Attachment 3.1-A, Page 1a, Paragraph 2c, that is the published, all-inclusive rate (AIR). The APM/AIR rate is paid for up to five face-to-face encounters/visits per recipient per day.

Nevada Medicaid will establish a Prospective Payment System (PPS) methodology for the Tribal facility so that the agency can determine on an annual basis that the published, all-inclusive rate is higher than the PPS rate. The PPS rate will be established by reference to payments to one or more other FQHCs in the same or adjacent areas with similar caseloads. If such an FQHC is not available, the PPS rate will be established by reference to payments to one or more other FQHCs in the same or adjacent areas with a similar scope of services. If there is no FQHC in the same or adjacent area with similar caseloads or similar scope of services, the PPS rate will be based on an average rate of other FQHCs throughout the state. The Tribal facility would not be required to report its costs for the purposes of establishing a PPS rate. The APM is effective for services provided on and after April 1, 2019.