Table of Contents

State/Territory Name: NV

State Plan Amendment (SPA) #: 25-0025

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
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604

Financial Management Group

December 12, 2025

Stacie Weeks, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 25-0025

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-25-0025 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2025. This SPA updates the payment methodology for the state's Enhanced Rates for Practitioner Services Delivered in a Teaching Environment program.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0025

2. STATE: NV

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
State Plan under Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 13,931,257 (3,124,317)
b. FFY 2026 $ 14,532,277 (3,257,810)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Medicaid State Plan Attachment 4.19-B Page 9a.3
and 8, 9, 9a, 9a.1, and 9a.2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Medicaid State Plan Attachment 4.19-B Page 9a.3
and 8, 9, 9a, 9a.1, and 9a.2

9. SUBJECT OF AMENDMENT
In section XIV of the State Plan, a revision to update the ACR calculation methodology to demonstrate the economic and efficiency required by CMS.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
STACIE WEEKS

13. TITLE
DIRECTOR, NVHA

14. DATE SUBMITTED
September 29, 2025

15. RETURN TO
Ann Jensen, Administrator
NVHA/Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
September 30, 2025

17. DATE APPROVED
December 12, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, FMG Division of Reimbursement Review

22. REMARKS
10/27/25: State concurs with pen and ink changes to Box 6.
12/10/25: State concurs with pen and ink changes to Boxes 7 and 8.

Instructions on Back

Enhanced Rates for Practitioner Services
Delivered in a Teaching Environment

In order to ensure access to practitioner services by needy individuals in the state of Nevada and to recognize the higher cost of providing practitioner services in a teaching environment, enhanced payments will be made for services provided by Designated Practitioners through one of the following four eligible public teaching entities:

- University of Nevada, Las Vegas School of Dental Medicine
- University of Nevada, Las Vegas School of Medicine
- University of Nevada, Reno School of Medicine
- University Medical Center of Southern Nevada

Enhanced payments apply to claims paid on or after July 1, 2017 to Medicaid-enrolled Designated Practitioners providing approved Medicaid services through one of the eligible public teaching entities under the Nevada Medicaid State Plan.

Effective July 1, 2025, enhanced payments will apply to services rendered on or after that date by Medicaid-enrolled Designated Practitioners delivering approved Medicaid services through eligible public teaching entities, as defined in the Nevada Medicaid State Plan. Medicaid Services must be billed under the Medicaid Billing Provider ID of a Designated Billing Provider.

Nevada Health Authority (NVHA) must concur with the public teaching entity's designation of eligible practitioners in order for the payment adjustment to be applied.

The following Designated Practitioners are eligible for enhanced payments:

- Advanced Practitioner of Registered Nursing (APRN)
- Audiologist
- Clinical Psychologist
- Dentist
- Licensed Clinical Professional Counselor, Intern or Psychological Assistant
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Nurse Practitioner
- Licensed Registered Nurse
- Oral Surgeon
- Physician (MD or DO)
- Physician Assistant (PA-C)
- Speech Pathologist
- Optometrist
- Ophthalmologist
- Registered Dietician
- Registered Behavioral Technician

For the purposes of these enhanced payments for services provided by Designated Practitioners delivered in a teaching environment, the following definitions shall apply:

- Designated Practitioner means an individual practitioner or a practitioner group designated by one of the eligible public teaching entities as participating in medical education programs. To qualify for designation as a Designated Practitioner, the practitioner or practitioner group must be either an employee of the designating eligible public teaching entity or under contract with the designating eligible public teaching entity. Designations may apply to both public and private practitioners and practitioner groups.

- Designated Billing Provider means one of the eligible public teaching entities or a billing provider/provider group that facilitates meaningful medical education and is contracted by the designating eligible public teaching entity for billing Medicaid services provided by the Designated Practitioners.

  Medicaid Services means Fee-for-Service (FFS) practitioner services enumerated by Healthcare Common Procedure Coding System (HCPCS)/Common Procedural Terminology (CPT)/Code on Dental Procedures (CDT)/Code, delivered to Medicaid eligible recipients, and rendered during the Claims Service Period. The source of the service and payment data shall be the Nevada MMIS.

- The following services are excluded from the enhanced payment:

  - Services delivered to Medicaid eligible recipients enrolled in Medicaid Managed Care Organizations or Pre-Paid Ambulatory Health Plans (PAHP).
  - Clinical diagnostic lab procedures
  - Services provided to Medicaid recipients also eligible for Medicare
  - The technical component of radiological services
  - Services provided by practitioners/practitioner groups not designated by one of the eligible public teaching entities as Designated Practitioners for the entire Claims Payment Period
  - Services not billed by a Designated Billing Provider

- Medicaid Base Rate(s) means the applicable Medicaid FFS reimbursement rate(s) published by the NVHA, applicable on the date of service.

- Service Period means the three-month period immediately preceding six months after the quarter end, within the specific State Fiscal Year applicable to the submitted claims.

- Base Period means the state fiscal year (July 1 – June 30) prior to the Claims Payment Period.

- Average Commercial Rate (ACR) means, for each procedure (HCPCS/CPT/CDT) code, the average reimbursement amount of the top five commercial payers to the public teaching entity. "Commercial payers" exclude Medicare, Workers Compensation and any other payer(s) not subject to market forces. The ACR for each procedure code is established separately for each public teaching entity every Base Period.

The enhanced payment for each eligible service will be the lesser of:

- The difference between Billed Charges and the Medicaid Base Rate.
- The difference between 100% of the ACR and the Medicaid Base Rate.

ACR for services provided on or after July 1, 2025:

The average commercial rate per procedure code is calculated from the allowed payment amount from each eligible provider's billing system for the top (generally five), or for all, commercial third-party payers (TPP) for the base period. The average ACR is calculated by the number of commercial rates provided up to five. For example, if an entity submits three commercial rates for a specific procedure code, the average will be calculated by the sum of all three commercial rates and divided by three.

A zero payment is equivalent to a zero-dollar allowed amount; therefore, a supplemental payment cannot be made for Medicaid services when the billing provider is not paid a commercial rate for that service.

To receive a supplemental payment, eligible public teaching entities must have a commercial payer contract at the procedure code level at an amount greater than zero dollars.

The ACR sheet with the Medicaid approved procedure codes will be sent to each participating entities by the first week of January every Calendar Year (CY). The entities will be given 30 days, from the time NVHA sends them the new ACR sheet, to complete the commercial payer rates (Commercial Payer 1 through Commercial Payer 5) and submit the ACR back to NVHA. In February, NVHA will review the ACR sheets from each entity to ensure completeness. If the entities do not provide any commercial payer rates for procedure codes, they will have 30 days from the date they submitted the initial completed ACR sheet to update commercial payer rates for the missing codes. However, if the eligible public teaching entity is unable to provide the rate within the stated timeframe, the ACR will be updated to reflect zero dollars in supplemental payments for the specific procedure code for the upcoming quarters for the Fiscal Year within the same base period.

If a procedure code does not have an established Medicaid rate, then no supplemental payments will be made for that specific procedure code.

ACR on or after July 1, 2017 through June 30, 2023:

If an eligible public teaching entity's contracts with commercial payers do not include a rate for a Medicaid Service delivered by a Designated Practitioner, and the Designated Billing Provider's contracts with commercial payers do include a rate for the Medicaid Service, the designating public teaching entity's average ACR percentage increase over the Medicaid Base Rates will be applied to the Medicaid Base Rate for the Medicaid Service.

If an eligible public teaching entity does not have contracts in place with commercial payers during a Base Period, the ACRs will be calculated based on the public teaching entity's contracts with commercial payers in effect during the Claims Payment Period.

Each eligible public teaching entity will provide the following listings to the NVHA no later than the fifth business day of the first month of a quarter:

- A list of Designated Practitioners to include the Practitioner Name, Practitioner National Provider Identification number (NPI), Designation Start Date, Designation End Date (if applicable) for the prior quarter.
- A list of Designated Billing Providers to include the Billing Provider Name, Billing Provider ID, Designation Start Date, Designation End Date (if applicable) for the prior quarter.

No later than the last business day of the first month of the quarter, the NVHA will provide a separate report to each eligible public teaching entity which includes the utilization data for the services paid during the Claims Payment Period that were billed by their Designated Billing Providers and delivered by their Designated Practitioners. The public teaching entity must review the report and acknowledge the completeness and accuracy of the report no later than the last business day of the second month of the quarter. After receipt of this acknowledgement, the NVHA will approve and process the quarterly enhanced payments for each Designated Billing Provider no later than the last business day of the last month of the quarter. The process includes a reconciliation that takes into account all valid claim replacements affecting claims previously processed, as well as a process for recoupment of erroneous enhanced payments.

The enhanced payments will be sent to the Designated Billing Providers through the identification number used to bill Medicaid under the FFS program.
Prior to July 1, 2023, the NVHA used a date of payment based supplemental payment approach described above.

Effective July 1, 2023, the NVHA transitioned to using the date of service based supplemental payment approach described below.

Interim Payments

Effective for services provided on or after July 1, 2023, the NVHA will make interim averaged quarterly payments on a quarterly basis. 180-days after the end of service period, the NVHA will reconcile the

interim averaged quarterly payment to date of service data from the applicable service period as described below.

Final Payment based on Date of Service methodology

Payment based on date of service data will be made using the same methodology in effect on June 30, 2023, but the following definitions will be in effect:

- Medicaid Services means Fee-for-Service (FFS) practitioner services enumerated by Healthcare Common Procedure Coding System (HCPCS)/Common Procedural Terminology (CPT)/Code on Dental Procedures (CDT)/Code delivered to Medicaid eligible recipients during the Service Period. The source of the service and payment data shall be the Nevada MMIS.

- Service Period means the three-month period that ends 180-days prior to the first day of each payment quarter.

- Base Period means the state fiscal year (July 1 – June 30) prior to the Service Payment Period.

- Interim Averaged Quarterly Payment means the Base Period payments added together and divided by three.

- Average Commercial Rate (ACR) means, for each procedure (HCPCS/CPT/CDT) code, the average reimbursement amount of the top five commercial payers to the public teaching entity. "Commercial payers" exclude Medicare, Workers Compensation and any other payer(s) not subject to market forces. The ACR for each procedure code is established separately for each public teaching entity every Base Period. The ACR for each procedure code is established separately for each public teaching entity every Base Period and is reported to the NVHA by the first business day of August yearly.

- Reconciliation Period means the period of time that Interim Averaged Quarterly Payments are issued and reconciliations will be completed to compare the Interim Averaged Quarterly Payment issued and the Date of Service claims.

Following the exhaustion of a public teaching entities 180-day claim submission period, a date of service calculation will be completed. The calculation will be completed the first month of a quarter following the exhaustion of the 180-day claim submission period. No later than the last business day of the first month of the quarter, the NVHA will provide a separate report to each eligible public teaching entity which includes the utilization data based on date of service data for services provided during the Service Period. The public teaching entity must review the report and acknowledge the completeness and accuracy of the report no later than the last business day of the second month of the quarter. After receipt of this acknowledgement, the NVHA will approve and process the quarterly enhanced payments for each

Designated Billing Provider no later than the last business day of the last month of the quarter. The process includes a reconciliation that considers all valid claim replacements affecting claims previously processed, as well as a process for recoupment of erroneous enhanced payments. The federal financial participation portion of the recouped payments will be returned to the federal agency.

The enhanced payments will be sent to the Designated Billing Providers through the identification number used to bill Medicaid under the FFS program.
Reconciliation Period:

During the transition period (July 1, 2023-March 31, 2024) an interim averaged quarterly payment will be provided to each public teaching entity the second month following the close of the quarter. The interim payments will be calculated by averaging the same quarter payments that were completed in previous state fiscal year. These payments will be completed for the first 3 quarters following July 1, 2023. Starting with the fourth quarter, a reconciliation will be completed for each of the next 3 quarters to compare the interim payment to the actual amount due to the public teaching entity based on date of service claims. Following the exhaustion of a public teaching entities 180-day claim submission period, a date of service calculation will be completed. The NVHA will provide the results of this report to each eligible public teaching for review. The eligible public teaching entity must review the additional report and acknowledge the completeness and accuracy of the report no later than the 10th business day of the following month. After receipt of this acknowledgement, the NVHA will approve and process the additional payment, if any is due. If during this reconciliation it is discovered that an overpayment of a quarter has occurred, the public teaching entity will refund the funds for the overpayment. The reconciliation period will end six quarters after July 1, 2023.

ACR on or after July 1, 2023 through June 30, 2024:

If an eligible public teaching entity's contracts with commercial payers do not include a rate for a Medicaid Service delivered by a Designated Practitioner, and the Designated Billing Provider's contracts with commercial payers do include a rate for the Medicaid Service, the designating public teaching entity's average ACR percentage increase over the Medicaid Base Rates will be applied to the Medicaid Base Rate for the Medicaid Service.

If an eligible public teaching entity does not have contracts in place with commercial payers during a Base Period, the ACR will be calculated based on the public teaching entity's contracts with commercial payers in effect during the Service Period.

If the ACR is not provided at a procedure code level by the public teaching entity or the public teaching entity does not have contracts that meet the criteria for described in the previous two paragraphs, an average will be calculated by the NVHA for the ACR by utilizing ACR data submitted for the Base Period by each of the public teaching entities participating in the program.