

STATE PLAN SUMMARY FOR MAY 2015 – DECEMBER 2015

SPAs Submitted to CMS

SPA 15-003, Indigent Accident Fund (IAF) Supplemental Payment for Inpatient Hospitals:

The DHCFP is proposing to extend the supplemental payment program for acute care hospitals based on inpatient services utilization through SFY 2016 and SFY 2017. The DHCFP is also proposing to increase the Non-Federal share of the supplemental payments from \$11,245,692 each SFY to \$14,745,692 each SFY.

Submission Date: June 30, 2015

Requested Effective Date: July 1, 2015

SPA 15-004, Rate Increases for Provider Types (PTs) 20 (Physicians), 24 (Advanced Practice Registered Nurses and 77 (Physician's Assistants):

The DHCFP is proposing to update the rate methodologies for laboratory and pathology services using the 2014 Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada and the three provider types (20, 24 & 77) using the January 1, 2014 unit values and the 2014 Medicare Physician Fee Schedule Conversion Factor.

Submission Date: June 30, 2015

Requested Effective Date: July 1, 2015

SPA 15-005, PT 11 Inpatient Hospital Rate Increase: This legislatively mandated rate change increases the existing per diem rates for medical/surgical, maternity and newborn stays by 5%. This increase is applied to the bulk of the services performed by these providers. It is anticipated that this change will increase access to care as well.

Submission Date: July 8, 2015

Requested Effective Date: July 9, 2015

SPA 15-006, Intensive Behavior Intervention – Applied Behavior Analysis (ABA):

The DHCFP is proposing to add intensive behavior intervention services as a component of Early and Periodic Screening, Diagnosis & Treatment (EPSDT). In accordance with guidance CIB 07-07-2014, states must allow for medically necessary diagnostic and treatment services for children with autism to include intensive behavior intervention services under State Plan. This State Plan is to expand the EPSDT benefit to cover intensive behavior intervention services performed by other licensed practitioners. The other licensed practitioners authorized to perform intensive behavior intervention services are a qualified psychologist, behavior analyst, assistant behavior analyst, and registered behavior technician.

Submission Date: October 19, 2015

Requested Effective Date: January 1, 2016

SPA 15-007, International Classification of Diseases (ICD)-10 Changes:

With the federal implementation of International Classification of Diseases (ICD)-10 beginning October 1, 2015, the Division of Health Care Financing and Policy (DHCFP) is removing verbiage from the State Plan which currently references ICD-9. This will be obsolete after September 30, 2015. This is not a policy change.

Submission Date: September 30, 2015

Requested Effective Date: October 1, 2015

SPA 15-008, Reimbursement Methodology for Emergency Transportation Services Provided by Governmental Agencies:

The DHCFP is proposing to revise the reimbursement methodology for emergency transportation services provided by governmental entities from the lower of A) billed charge, or B) fixed basic rate plus fixed fee per mile, to allow the provider to select a reimbursement methodology each rate year of either: 1) the lower of: A) billed charges; or B) a cost based rate. The cost-based rate is an annual rate developed based on historic costs. Cost based rates will be calculated annually and are determined by dividing estimated reimbursable costs of providing Medicaid-covered services by the projected total direct medical service utilization for the upcoming fiscal period. 2-) the lower of: A) billed charges; or B) an interim rate. The Interim rate is the rate for a specific service for a period that is provisional in nature, pending the completion of cost reconciliation and a cost settlement for that period. There will be no fiscal impact to the State General Funds as a result of this SPA.

Submission Date: September 30, 2015 **Requested Effective Date:** October 1, 2015

SPA 15-009, Applied Behavior Analysis (ABA) Rate Methodology:

In accordance with guidance CIB 07-07-2014, states must allow for medically necessary diagnostic and treatment services for children with autism to include intensive behavior intervention services under the State Plan. This SPA details the rate methodology used to reimburse for those ABA services.

Submission Date: October 19, 2015 **Requested Effective Date:** January 1, 2016

SPA 15-012, Pediatric Enhancement and Mid Tier Radiology:

The reimbursement methodology will be updated under the section entitled “Payment for services billed by Physicians using Current Procedural Terminology (CPT) codes”. Language added for a pediatric rate enhancement is as follows:

A pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established rates for respiratory, cardiovascular, hemic, lymphatic, mediastinum and diaphragm related surgical codes (30000-39999).

Reimbursement methodology will be added under Section 6.d. for services billed by an Advanced Practitioner of Nursing/Physician Assistant/Nurse Midwife. The amendment will add language to include radiology codes 70000 – 79999 and will be as follows: Radiology codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.

Submission Date: December 30, 2015 **Requested Effective Date:** January 1, 2016

SPA 15-013, PT 11 Hospital Transplant Rate Changes and PT 75 Rate Methodology Addition for Psychiatric/Substance Abuse Services:

The DHCFP is proposing an update to reflect increased reimbursement rates for hospital services and procurement relating to transplants. The methodology is being updated from 2008 data to 2013 data for cornea procurement and 2014 data for all other transplants and procurement.

The DHCFP is proposing an update to reflect the addition of Psychiatric/Substance Abuse services for Critical Access Hospitals to the list of services reimbursed at the general acute care hospital rates.

Submission Date: December 20, 2015 **Requested Effective Date:** January 1, 2016

SPAs Approved By CMS

SPA 14-001, Presumptive Eligibility for Qualified Hospitals:

Effective January 1, 2014, this SPA allows qualified hospitals to determine individuals presumptively eligible (PE) for Medicaid based on preliminary information.

SPA 14-006, State Plan Administration Designation and Authority:

Effective October 1, 2014, this SPA updates Section 1.0, Single State Agency Organization Unit. The last update to this section was in 1977 and references the obsolete Department of Human Resources, rather than the current Department of Health and Human Services (DHHS).

SPA 14-007, Special Care Rates:

Effective November 14, 2014, this SPA updates the nursing facility per diem rates for high cost Pediatric Levels of Care 1 and 2 for individuals less than age 21.

SPA 14-008, Indian Health Services (IHS) – Increase Encounter and Health Care Professionals:

Effective January 1, 2015, this SPA increases the number of face-to-face encounters/visits included in the all-inclusive rate paid to IHS and Tribal 638 facilities from three to five. This SPA also expands the list of health care professionals eligible for reimbursement to include all healthcare professionals approved under the State Plan.

SPA 14-009, Primary Care Physician (PCP) Rate Increase Extension:

Effective January 1, 2015, this SPA extends the primary care physicians' rate paid as a supplemental payment for Evaluation and Management codes 99201 through 99499 and Vaccination Administration codes 90460, 90461, 90471, 90472, 90473 and 90474 to certain providers that meet the specified qualifications. The extension will run through June 30, 2015, and was previously approved in the 2013 legislative session.

SPA 14-010, Pharmacy – Covered Outpatient Drugs:

Effective November 1, 2015, this SPA amends language to increase the professional dispensing fee and to include the use of the National Average Drug Acquisition Cost (NADAC) in the definition of Actual Acquisition Cost (AAC).

SPA 15-002, S25 Eligibility Groups – Mandatory Coverage Parents & Other Caretaker Relatives:

Effective January 1, 2015, this SPA changes the income standard for the mandatory eligibility group of parents and other caretaker relatives from the minimum to the maximum.

SPA 15-003, Supplemental Payment for Inpatient Hospitals:

Effective July 1, 2015, this SPA extends and updates the pool amount for an inpatient hospital supplemental payment program for the state fiscal year ending June 30, 2016.

SPA 15-004, Rate Increases for Provider Types (PTs): 20 (Physicians), 24 (Advanced Practice Registered Nurses and 77 (Physician’s Assistants):

Effective July 1, 2015, this SPA updates the rate methodologies for laboratory and pathology services using the 2014 Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada and the three provider types (20, 24 & 77) using the January 1, 2014 unit values and the 2014 Medicare Physician Fee Schedule Conversion Factor.

SPA 15-005, FY16-17 Provider Type 11 (Inpatient Hospital) Rate Increase:

Effective July 9, 2015, this SPA increases the inpatient hospital rate by 5%.

SPA 15-007, International Classification of Diseases (ICD)-10 Changes:

Effective October 1, 2015, this SPA, with the federal implementation of International Classification of Diseases (ICD)-10 beginning October 1, 2015, the Division of Health Care Financing and Policy (DHCFP) is removing verbiage from the State Plan which currently references ICD-9. This will be obsolete after September 30, 2015. This is not a policy change.