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. Medicaid Services must be billed under the Medicaid Billing Provider ID of a Designated Billing Provider.

The State of Nevada DHCFP 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 paid during the Claims Payment 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 DHCFP, applicable on the date of service.

- Claims Payment Period means the three-month period directly prior to the first day of each payment quarter.

- 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.

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.

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.

Each eligible public teaching entity will provide the following listings to the DHCFP 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 DHCFP 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 DHCFP 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 DHCFP used a date of payment based supplemental payment approach described above. Effective July 1, 2023, the DHCFP 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 DHCFP will make interim averaged quarterly payments on a quarterly basis. 180-days after the end of service period, the DHCFP 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 DHCFP yearly 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 DHCFP 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 DHCFP 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 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 DHCFP 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 DHCFP 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 after July 1, 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 ACR will be calculated based on the public teaching entity's contracts with commercial payers in effect during the Claims Payment Period.

If the ACR is not provided at a procedure code level by the public teaching entity an average will be calculated by the DHCFP for the ACR by utilizing ACR data submitted for the Base Period by each of the public teaching entities participating in the program that completed the report. The format for reporting yearly ACR will be provided by the DHCFP each year to each of the participating public teaching entities. An audit may be conducted by the DHCFP on the ACR data provided by public teaching entities to verify the reported rates.