

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

*Si necesitas ayuda traduciendo este mensaje, por favor escribe a [dhcfp@dhcfp.nv.gov](mailto:dhcfp@dhcfp.nv.gov), o llame (702) 668-4200 o (775) 687-1900  
如果希望获得本文件的翻译版本，请提交申请至 [dhcfp@dhcfp.nv.gov](mailto:dhcfp@dhcfp.nv.gov); (702) 668-4200 o (775) 687-1900*

## Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

### Public Hearing October 31, 2023

#### Summary

Date and Time of Meeting: October 31, 2023, at 9:08 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: DHCFP  
1100 E. William Street  
First Floor Conference Room  
Carson City, Nevada 89701

#### Teleconference and/or Microsoft Teams Attendees

**(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)**

Malinda Southard, Deputy Administrator, DHCFP	Sean Linehan, DHCFP
Gabriel D. Lither, Senior Deputy Attorney General	Stephanie Sadabseng, DHCFP
Casey Angres, DHCFP	Candace McClain-Williams, DHCFP
Evette Cullen, DHCFP	Sean Linehan, DHCFP
Jeffrey Stroup, DHCFP	Carin Hennessey, DHCFP
Lisa Dyer, DHCFP	Robert Taggart, Maxim Healthcare Services
Monica Schiffer, DHCFP	Brooke Gruger, Liberty Dental Plan
De	LaTanya McNair, Elevance Health
Marcel Brown, DHCFP	Cyndi L. Smith, Division of Public and Behavioral Health (DPBH)
Shawna Derosse, United Healthcare (UHC)	Giovanni Margaroli
Seth Wray, United Healthcare (UHC)	Dominic Gaon, Anthem
Ferrari Reeder Public Affairs (FRPA)	Dylan Shaver
Robert	Dan Musgrove, Strategies 360
April Caughron, DHCFP	Marlene Lockard
Areli Alarcon	Elizabeth Scott, DHCFP
Stephen Samiotes, DHCFP	Melody Hall-Ramirez
Abigail Bailey, DHCFP	
Tanya Benitez, DHCFP	Francisco Morales
Kimberly Adams, DHCFP	Nancy Kuhles

Elyse Monroy-Marsala, Belz & Case  
Travis Walker  
Brandon Ford, Silver State Health  
Jessica Mandoki, DHCFP  
Lisa Collier  
Brandee  
David Drzewiecki, Absolute Dental  
Catherine Morrison, Max Health  
Joy Thomas, Anthem  
Nancy J. Bowen, Nevada Primary Care Association (NVPCA)  
Tricia Schares, Liberty Dental  
Jessica Long, NeuroRestorative  
Patrick Kelly, Nevada Hospital Association (NHA)  
Holly Long, DHCFP  
Jessica Fry, Consumer Direct Care  
Keith Benson, DHCFP  
Keri Kelley, Silver Summit Health (SSH)  
Jenny Claypool, Healthy Communities Coalition of Lyon &  
Storey Counties (HCCLSC)  
Cody Wagner, HCCLSC  
Stephanie Fitch, Consumer Direct Care  
Evelyn Ortiz, Consumer Direct Care  
Areli Alarcon  
A Gregg  
Amy Levin, MD, Anthem  
Sarah, Cusson, Mercer  
Susan Waschevski  
Mark Rosenberg, Fidelis-Rx  
Mary Gilbertson, UCare  
Sandra Stone, Division of Child and Family Services (DCFS)  
Rachael Devine, DHCFP

Jennifer Wheeler  
Chris Bosse, Renown  
Rogie Arellano, DHCFP  
Laurie Curfman, Liberty Dental Plan  
Katie Andrew, Liberty Dental  
Bre Stark, Liberty Dental  
Alex Tanchek - Silver State Government Relations  
Serene Pack, DHCFP  
Misty  
Jay Kolbet-Clausell, Nevada Community Health  
Worker Association (NVCHWA)  
Sarah Adler  
Steve Messinger, Nevada Primary Care Association  
Susana Angel, DHCFP  
Kirsten Coulombe, DHCFP  
Andrew Tarab, Liberty Dental  
Lisa J. Bogard, Anthem  
Francisco J. Morales-Sánchez, Brownstein Hyatt Farber  
Schreck  
Oscar Delgado, Community Health Alliance (CHA)  
Kirstin Kramer, Community Health Alliance (CHA)  
Cody Hoskins, Service Employees International Union  
(SEIU)  
Helen Foley, Public Affairs  
Christy Nguyen, Fidelis-RX  
Erik Schoen  
Theresa Carsten, DHCFP  
Vickie S. Ives, DPBH  
Dawn Lyons, Nevada Aging and Disability Services  
Division, ADSD

### Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Malinda Southard, Deputy Administrator, DHCFP, and Gabriel Lither, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on September 28, 2023, and revised on October 13, 2023, and October 18, 2023, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

#### **Subject: Attachment 4.19B, State Plan for Medicaid Services – Dental Rate Increase**

Candace McClain-Williams, Management Analyst in the Rate Analysis and Development Unit, DHCFP, presented DHCFP is proposing revisions to the Nevada Medicaid State Plan, Attachment 4.19-B, Page 2c.

As a result of budget funding appropriations during the 2023 Legislative session, a 5% rate increase will be implemented for Dental Services. The Dental Services 5% rate increase will be effective January 1, 2024.

These changes are expected to increase the annual aggregate expenditures for State Fiscal Years (SFY) 2024 and 2025.

SFY 24	\$2,485,081
SFY 25	\$4,970,797

The effective date of change is January 1, 2024.

At the conclusion of Candace McClain-Williams' presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for State Plan for Medicaid Services – Dental Rate Increase, Attachment 4.19B.

### 3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

#### **Subject: Attachment 4.19-B, Home Health Services (Including Private Duty Nursing)**

Lisa Dyer, Rate Analyst, DHCFP, presented a State Plan Amendment (SPA) for Medicaid Services- Attachment 4.19-B, Page 2 and 2a.

DHCFP is submitting a Medicaid SPA in order to enact a 15% Rate Increase for provider type (PT) Home Health (PT 29), including Private Duty Nursing (PDN) services, per the legislative approved state budget.

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$2,124,482
SFY 25	\$4,593,465

The effective date of change is January 1, 2024.

As this change increases the payment rates for these services, it is anticipated that this should have a positive effect on access to these services for Nevada Medicaid and Nevada Check Up participants.

At the conclusion of Lisa Dyer's presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** Robert Taggart is the area vice president of Maxim Health, Inc. Maxim is a national provider of home healthcare, homecare, and additional in-home services options. They provide skilled nursing care in Nevada through two offices in Reno and Las Vegas from brand new babies to 103-year-old World War II veterans. As of 2022, they employ nearly 600 nurses and serve 600 patients throughout the great state. Maxim specializes in PDN. PDN is continuous skilled nursing care provided in the home for medically complex and vulnerable pediatric and adult patient populations under Medicaid, many of whom require assisted technologies such as ventilators, and tracheostomies to sustain life. Maxim also provides limited personal care services (PCS) throughout the state. He advised he is supporting the plan to increase

current rates for home health services including PDN, as well as, for PCS. He advised Maxim is grateful for the initial increase and the legislatures work to make the increase permanent. Improved Medicaid rates for PDN will help contain costs and promote a better quality of life for Nevada’s medically complex children and their families. Through reductions and avoidable hospital utilization, homecare providers keep people in their homes and communities where they overwhelmingly prefer to be, and with appropriate skilled care support. The cost of 16 hours of in-home PDN services is approximately one-third the cost of a day in the hospital. Additionally, improved rates will help improve nurse staffing. Robert Taggart said he mentioned earlier the one-on-one ratio of patients to caregivers in Nevada, which is far from ideal as it is preferred additional caregivers be available to help provide back-up and cover vacations.

Casey Angres – closed the Public Hearing for State Plan for Medicaid Services – Home Health Services (Including Private Duty Nursing).

**4. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Section 4.19-D, Long Term Nursing Facility Services Methods and Standards**

Kimberly Adams, DHCFP, presented DHCFP intends to submit a Medicaid SPA in order to increase the reimbursement rate for Nursing Facilities (PT 19).

These changes are to State Plan Sections 4.19-D, Pages 5i and 9 and only apply to the weighted average budget neutral per diem, the ventilator dependent add-on rate, and Pediatric Level I and Level II reimbursement rates.

The proposed 24.5% increase in reimbursement rates is a result of funding appropriations allocated by Senate Bill (SB) 504 and Assembly Bill (AB) 237 of the 82nd Nevada Legislative Session. 10% of the increase was approved in the DHCFP budget and an additional 14.5% of the increase was authorized by AB 237. Applying the proposed 24.5% increase to the existing rate methodology, the weighted budget neutral per diem rate is \$159.77, the ventilator dependent add-on rate is \$616.28, Pediatric Level I rate is \$790.58, and the Pediatric Level II rate is \$865.28.

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$18,178,876
SFY 25	\$43,881,757

The effective date of change is January 1, 2024.

At the conclusion of Kimberly Adams’ presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** Jessica Long spoke on behalf of NeuroRestorative Services for kids in Nevada, which operates pediatric skilled nursing facilities that provide supports and services for children with complex medical nursing and therapy needs, including brain and spinal cord injury. They provide a safe, non-institutional environment for kids while they receive specialized, subacute medical, and therapy services during their recovery period. Their state-of-the-art facilities take care of the children and their families by providing specialized subacute medical services with 24/7 support of one to four staffing ratio and training

for families for each child upon discharge. Their environments of care truly feel like home and are welcoming and supportive for the children and the families they serve. The NeuroRestorative Services play a critical role in the community, and they are incredibly thankful for this proposed SPA. The proposed rate increase will help them continue to provide critical healthcare services for kids and families who need them the most. She said thank you for making a difference in the lives of these children.

Casey Angres – closed the Public Hearing for Payment for Long Term Nursing Facility Services Methods and Standards.

**5. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Section 4.19-B, Personal Care Services Rate Increase with Wage Requirement**

Kimberly Adams, DHCFP, presented DHCFP intends to submit a SPA to increase the reimbursement rates for PCS (HCPCS Code T1019) by 42.37%, resulting in an hourly rate equivalent to \$25 per hour. This rate change was included in the legislatively approved DHCFP budget for Fiscal Year (FY) 24-25 based on recommendations from the Nevada Home Care Employment Standards Board. This SPA also includes a new requirement that the direct care home workers (employed and/or contracted) be paid a minimum hourly wage of \$16.00 per hour as a condition of receiving the \$25.00 per hour rate for PCS. These changes are being made to Attachment 4.19-B, Page 4 (Addendum).

This SPA is anticipated to impact Medicaid enrolled providers delivering Personal Care Services (PT 30) and Personal Care Aid (PT 83).

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$23,349,042
SFY 25	\$51,840,260

The effective date of change is January 1, 2024.

At the conclusion of Kimberly Adams’ presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing for Section 4.19-B, Personal Care Services Rate Increase with Wage Requirement.

**6. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Attachment 4.19-B**

Casey Angres advised this agenda item is broken into four sections and public comment will be allowed after each section is presented.

**A. Subject: 5% Rate Increase for Physicians**

Sean Linehan, Management Analyst with the Rates Analysis and Development Unit, DHCFP, presented DHCFP intends to submit a Medicaid SPA in order to provide an increase to Physician rates. These changes are to Attachment 4.19-B, Pages 1c and 1c continued of the State Plan.

This change is the result from the passage of SB 504 which was passed during the 2023 Nevada Legislative Session.

This change will affect all Current Procedure Terminology codes that are open to Physician (PT 20) to provide a 5% increase to reimbursement of such codes.

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$18,692,171
SFY 25	\$36,994,490

The effective date of change is January 1, 2024.

At the conclusion of Sean Linehan’s presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** There were none.

**B. Subject: Payments for Advanced Practice Registered Nurses and Certified Nurse Midwives in Parity with Physicians**

Sean Linehan, Management Analyst with the Rates Analysis and Development Unit, DHCFP, presented DHCFP intends to submit a Medicaid SPA in order to place Advanced Practice Registered Nurses (APRN) (PT 24) and Certified Nurse Midwife (PT 74) rates in parity with PT 20 rates. These changes are to 4.19-B Pages 1d continued and 1e continued of the State Plan.

The intent of these changes is to increase access to care for Nevada Medicaid recipients via services from APRNs and Nurse Midwives within the state.

This change is the result from the passage of SB 504 which was passed during the 2023 Nevada Legislative Session.

This change will affect all Current Procedure Terminology codes that are open to Certified Registered Nurse Practitioner (PT 24) and Nurse Midwife (PT 74) to place all opened codes in parity with PT 20. Rates paid in parity will be adjusted to include both the pediatric enhancement allowable for some physician services as well as the 5% rate increase for physicians effective January 1, 2024.

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$11,805,906
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SFY 25                      \$24,772,092

The effective date of change is January 1, 2024.

At the conclusion of Sean Linehan’s presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** Casey Angres acknowledged on record that written comments from the Nevada Pharmacy Alliance and the American Pharmacists Association on this agenda item and it will be added to the record and DHCFP will reach out with any additional information.

**C.      Subject: Payments for Physician Assistants in Parity with Physicians Under Certain Circumstances**

Sean Linehan, Management Analyst with the Rates Analysis and Development Unit, DHCFP, presented on State Plan for Medicaid Services Rate parity for Physician Assistant services when providing services to test for, treat, or prevent Human Immunodeficiency Virus (HIV) or Hepatitis C (HCV).

DHCFP intends to submit a Medicaid SPA in order to provide an increase to Physician Assistant (PA) rates. These changes are to 4.19-B Pages 1d continued and 1e continued of the State Plan.

Nevada Medicaid was asked to provide higher reimbursement rates for PAs when providing service to a recipient with a diagnosis of HIV or HCV. When a recipient has a diagnosis of HIV and/or HCV, those services will be reimbursed in parity with PT 20.

This change is the result from the passage of SB 439 which was passed during the 2023 Nevada Legislative Session. Please note, SB 439 also included a similar provision for APRNs, however, full parity for APRNs was included in SB 504 of the 2023 Legislative Session. As such, this agenda item only includes parity for PAs for services meeting the conditions described in the bill.

This SPA for PA rate parity for services provided to a HIV and/or HCV diagnosed recipient was initiated through legislative action driven by providers.

This change will affect all Current Procedure Terminology codes that are open to Physician’s Assistant (PT 77) to provide rate parity with PT 20 when the recipient being cared for has a diagnosis of HIV and/or HCV.

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$4,925
SFY 25	\$10,523

The effective date of change is January 1, 2024.

At the conclusion of Sean Linehan’s presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**D. Subject: Changes to Types of Practitioners Permitted to Supervise a Community Health Worker**

Kimberly Adams, DHCFP, presented DHCFP is proposing an amendment to the Nevada Medicaid State Plan Attachment 4.19-B, Pages 1b, 1b(b), 1c, 1c (continued), 1d (continued), 1e (continued) and 1e (continued Page 1). During the 2023 Legislative Session, SB 117 was passed and signed into law. This bill allows additional types of practitioners to supervise a community health worker (CHW). Changes made to the State Plan pages mentioned above remove the CHW reimbursement methodology from being placed only under the State Plan sections for physicians, APRN, and PAs and instead creates a distinct section for the CHW reimbursement methodology. The intent of this change is to ensure that the Division has federal authority to reimburse the services of a CHW supervised by other types of practitioners, in addition to physicians, APRNs, and PAs. There are no anticipated changes to the reimbursement rates currently paid to CHWs; the fiscal impact amounts listed below reflect only the anticipated increase in the number of CHW services provided to Medicaid recipients.

This SPA is anticipated to impact Community Health Workers (PT 89). Estimated change in annual aggregate expenditures: An estimated increase in annual aggregate expenditures:

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$10,323
SFY 25	\$21,067

The effective date of change is January 1, 2024.

At the conclusion of Kimberly Adams’ presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** Jay Kolbet-Clausell, director of Nevada Community Health Worker Association, advised they have an employer class that was developed with CDC funds. It is not available to register for CE credits yet, but the lessons are available for free on their website [nvchwa.org](http://nvchwa.org), and then click on CHW resources and scroll to the end to see a preview of all employer lessons. As they bring in more providers, they want to ensure CHWs and their employers know the scope of work the CHWs should be doing, the kind of team they should be having, and what are the best practices as the field grows. He thanked the Division for all the work done for CHWs in Nevada.

Casey Angres – closed the Public Hearing for SPA for Attachment 4.19-B related to Rate Increase for Physicians; Payments for Advanced Practice Registered Nurses and Certified Nurse Midwives in Parity with Physicians; Payments for Physician Assistants in Parity with Physicians Under Certain Circumstances; and Changes to Types of Practitioners Permitted to Supervise a Community Health Worker

**7. Discussion of proposed Amendments to the State Plan for Medicaid Services and solicitation of public comments**

**Subject: Section 4.19-B, Federal Medical Assistance Percentages (FMAP) changes to the Nursing Facility Supplemental Payments**



Dr. Jeffery Stroup, Actuarial Economist with the Fiscal Unit, DHCFP, presented the Division is proposing an amendment to Nevada State Plan Attachment 4.19-D Page 10a. As a result of funding appropriations allocated by SB 504 the calculation of the FMAP applied to the Nursing Facility (NF) Supplemental payments will be expanded to include FMAP calculations from 42 CFR 433.10 (c).

The total spent on NF bed days and the aid code of the members from the base quarter will be gathered to calculate a weighted average state share percentage.

This SPA is anticipated to impact NF providers (PT 19).

These changes are expected to increase the annual aggregate expenditures for SFYs 2024 and 2025.

SFY 24	\$4,017,086
SFY 25	\$8,113,739

Please note that no state general fund dollars are used to increase aggregate expenditures.

The effective date of this change is January 1, 2024.

At the conclusion of Dr. Jeffery Stroup’s presentation, Casey Angres asked Malinda Southard and Gabriel Lither if they had any questions or comments, they had none.

**Public Comments:** There were none.

Casey Angres – closed the Public Hearing Section 4.19-B, FMAP changes to the Nursing Facility Supplemental Payments

## 8. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 9:37 AM.

***\*An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Jenifer Graham at [documentcontrol@dncfp.nv.gov](mailto:documentcontrol@dncfp.nv.gov) with any questions.***

November 7, 2023

Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 E. William Street  
First Floor Conference Room  
Carson City, Nevada 89701

RE: Proposed Amendments to the State Plan for Medicaid Services – Home Health Services including Private Duty Nursing

My name is Catherine Morrison and I am the Director of Government Affairs at Maxim Healthcare Services, Inc. (“Maxim”). Maxim is a national provider of home healthcare, homecare, and additional in-home service options. Maxim is a national provider of home healthcare, homecare, and additional in-home service options.

We provide skilled nursing care in Nevada through two offices in Reno and Las Vegas. We employ nearly 600 nurses and serve 600 patients throughout the State. Maxim specializes in private duty nursing (PDN) services. Private duty nursing is continuous skilled nursing care provided in the home for medically-complex and vulnerable pediatric and adult patient populations under Medicaid, many of whom require assistive technology such as ventilators and tracheostomies to sustain life. Maxim also provides limited personal care services throughout the state.

I am following up on our testimony from last week’s hearing on Proposed Amendments to the State Plan for Medicaid Services to support the plan to increase current rates for home health services, including PDN, as well as for personal care services.

We are grateful for the initial increase via ARPA and the legislature’s work to make the increase permanent. Thank you, too, for your department’s speedy work to implement the increased rate.

Improved Medicaid rates for PDN will help contain costs and promote a better quality of life for Nevada’s medically-complex children and their families. Through reductions in avoidable hospital utilization, homecare providers keep people in their homes and communities—where they overwhelmingly prefer to be—and with appropriate skilled care support. The cost of 16 hours of in-home PDN services is approximately one-third the cost of a day in the hospital.

Additionally, improved rates will help improve nurse staffing. The current one-to-one ratio of patients to caregivers is far from ideal, as we prefer additional caregivers available to help provide backup and cover vacations. We believe this rate increase will help to recruit nurses and provide more hours of care.

Thank you for your consideration of home health and private duty nursing services across the state, and for your investment in medically fragile children and adults.

Sincerely,

A handwritten signature in black ink that reads "C. Morrison".

Catherine Morrison, MPH  
Director of Government Affairs  
Maxim Healthcare Services  
[caperezl@maxhealth.com](mailto:caperezl@maxhealth.com)



October 31, 2023

[submitted electronically via: [documentcontrol@dncfp.nv.gov](mailto:documentcontrol@dncfp.nv.gov)]

Stacie Weeks JD, MPH  
Administrator  
Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 E. William Street  
First Floor Conference Room  
Carson City, Nevada 89701

Dear Administrator Weeks:

The Nevada Pharmacy Alliance (NPA) and the American Pharmacists Association (APhA) appreciate the opportunity to submit comments on agenda item 6.B. "Payments for Advanced Practice Registered Nurses and Certified Nurse Midwives in Parity with Physicians". We are supportive of the proposed changes to the Nevada state plan, however we urge you to also make appropriate corresponding amendments to the licensed pharmacists' provisions at Attachment 4.19-B Page 1e, in conformance with Nevada Revised Statutes (NRS) 422.27235.

NPA was created to address the need in Nevada to have an association that focused on the greater good of the pharmacy profession. To make sure that pharmacy professionals are supported so that they are able to take care of their patients. NPA is committed to connecting, educating, and advocating for the profession of pharmacy to optimize patient care and public health.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. APhA's members are pharmacists, student pharmacists, and pharmacy technicians that provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

NRS 422.27235 requires reimbursement by the state Medicaid program of certain services provided by a pharmacist "at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services." Currently, according to Attachment 4.19-B Page 1e<sup>1</sup> of the Nevada Medicaid State Plan, pharmacists are reimbursed at 63% "of the Medicare non-facility rate" for "Evaluation and Management Codes 99201 – 99499". As a result of the proposed changes for

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<sup>1</sup> <https://dncfp.nv.gov/uploadedFiles/dncfpnv.gov/content/Resources/AdminSupport/Manuals/MSP/Sec4/5-4.19AttachBPayforMedCare.pdf>

Advanced Practice Registered Nurse on Attachment 4.19-B Page 1d<sup>2</sup> and in order to comply with NRS 422.27235, we recommend the following amendments to Attachment 4.19-B Page 1e:

*h. Licensed Pharmacist*

~~Effective for dates of service on or after July 1, 2022, payment for 1905(a)(6) services billed by a Licensed Pharmacist will be calculated using the January 1, 2014 unit values for Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amount specified below:~~

*a. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 6399.75% of the Medicare non-facility rate.*

*1. Laboratory codes 80000-89999 will be paid:*

*a. The lower of billed charges not to exceed 50% of the rate allowed by the 2014 Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada;*

*b. Allowed laboratory and pathology codes/services outside the Licensed Pharmacy 1905(a)(6) services described in State Plan Attachment 3.1-A or not listed in the Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada will be paid in accordance with other sections of this State Plan based on rendering provider type;*

*c. For “BR” (by report) and “RNE” (relativity not established) codes that fall within the Code Range 80000 - 89999, the payment will be set at 62% of billed charges.*

Thank you for your consideration of these comments. If you have any questions or require additional information, please don't hesitate to contact Ken Kunke, PharmD, NPA Executive Secretary by email at [info@nevadapharmacyalliance.com](mailto:info@nevadapharmacyalliance.com), and E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,

**Ken Kunke, PharmD**  
Executive Secretary  
Nevada Pharmacy Alliance

**Ilisa BG Bernstein, PharmD, JD, FAPhA**  
Senior Vice President, Pharmacy Practice  
American Pharmacists Association