

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD) OMB No.: 0938-

State/Territory: Nevada

Citation

42 CFR

447.252

1902 (a) (13)

and 1923 of

the Act

1902 (e) (7) of

the Act

4.19 Payment for Services

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

— Inappropriate level of care days is covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

X Inappropriate level of care days are not covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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(MB)

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State: Nevada

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902 (a) (13) (E)
1903 (a) (1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the follow requirements.

1. Section 1902 (a) (13) (E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under Section 1905 (a) (2) (C) of the Act. The agency meets the requirements of Section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services.

ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost or budget reviews, or sample surveys).

2. Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-b describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902 (a) (10) and

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

1902 (a) (30) of
the Act

SUPPLEMENT 2 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for organ transplant services and out-of-state emergency services and the limitations placed on reimbursement of these services.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OMB No.: 0938-0193

State/Territory: Nevada

Citation

42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

X Yes. The State's policy is described in ATTACHMENT 4.19-C.

___ No.

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

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State/Territory: Nevada

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19(d)

X(1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services as well as the services covered by those rates.

(2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

X At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

— At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

— Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

X At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

— At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

— Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

(4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OMB No.: 0938-0193

State/Territory: Nevada

Citation

42 CFR 447.45(c)
AT-79-50

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN No.: 79-17
Supersedes
TN No.: _____

Approval Date: October 10, 1979

Effective Date: August 23, 1979

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Nevada

Citation

4.19(f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OMB No.: 0938-0193

State/Territory: Nevada

Citation

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

42 CFR 447.201
42 CFR 447.202
AT-78-90

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

OMB No.: 0938-0193

State/Territory: Nevada

Citation

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

42 CFR 447.201

42 CFR 447.203

AT-78-90

TN No.: 79-16

Approval Date: October 10, 1979

Effective Date: August 6, 1979

Supersedes

TN No.: _____

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OMB No.: 0938-0193

State/Territory: Nevada

Citation

42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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State/Territory: Nevada

Citation

42 CFR 447.201
and 447.205

4.19(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903 (v) of the
Act

(k) The Medicaid agency meets the requirements of Section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in Section 1903(v) of the Act.

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October 1992

OMB No.: 0938-0193

State/Territory: Nevada

Citation

1903(i)(14)
of the Act

4.19(1) The Medicaid agency meets the requirements of Section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada
Revision: HCFA-PM-94-8

Attachment 4.19
Page 66(b)
OMB No.: 0938-0193

Citation

4.19(m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric
(C)(ii) of Act vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administrated as follows:

(ii) The State:

— sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

1926 of (iii) Medicaid beneficiary access to immunization is assured through the following
the Act methodology:

The Nevada State Health Division is designated as the lead Agency for the Pediatric Immunization Program. As such, the Health Division is responsible for the ordering, storage and shipping of vaccine from the Centers for Disease Control and Prevention as well as for the recruitment, education, and review of immunization practices of providers. The Nevada Medicaid Program (through the Division of Health Care Financing and Policy) reimburses health care professionals who are contracted with the Nevada Medicaid Program for the administration of immunizations provided to Medicaid eligible individuals.

The Division of Health Care Financing and Policy (Nevada Medicaid Program) and the Nevada State Health Division are sister agencies. Nevada Medicaid staff collaborate with the Health Division and staff of the District Offices to provide outreach regarding immunizations.

Nevada Medicaid Program Managed Care Organizations (MCO) require network providers to enroll in the Vaccines for Children (VFC) Program and to work with the Health Division regarding immunizations.