

Notice Regarding Three State Plan Amendments for Nevada Medicaid: New Ambulatory Surgical Centers (ASC) Methodology; Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS); and Provider Payment Realignment

With a proposed effective date of January 1, 2017, the Division of Health Care Financing and Policy (DHCFP) has submitted three (3) Nevada Medicaid State Plan Amendments (SPA) to the Centers for Medicare & Medicaid Services (CMS):

1. New ASC Methodology: The DHCFP is proposing to revise the current payment methodology for provider types (PTs) 10-Outpatient Surgery and 46-Ambulatory Surgical Centers to one based on the CMS Ambulatory Payment Classifications system. This new methodology will give Nevada Medicaid the ability to set more appropriate rates in Outpatient Surgery and ASC settings.
2. DMEPOS: As a result of recent changes to the CMS DMEPOS fee schedule, DHCFP is proposing to update the rate methodology currently being used in order to set more appropriate rates for Nevada Medicaid DMEPOS.
3. Provider Payment Realignment: The DHCFP is proposing to revise the current payment methodologies for the following PTs: 12-Hospital, Outpatient; 21-Podiatrist; 25-Optometrist; 26-Psychologist; 27-Radiology and Non-invasive Diagnostic Centers; 34-Therapy; 36-Chiropractor; 41-Optician, Optical Business; 43-Laboratory, Pathology Clinical; 72-Nurse Anesthetist; 74-Nurse Midwife; and 76-Audiologist. The new methodologies will be based on the CMS Physician Fee Schedule and will use the 2014 relative value units and conversion factors. This update will allow Nevada Medicaid to align the rates for the same service across provider types.

Workshops related to these proposed changes were held October 25, 2016, and March 9, 2017. The Public Hearing was held December 13, 2016.

Information regarding the public meetings may be found on the DHCFP website:
<http://dhcfp.nv.gov/Public/Home/>