Joe Lombardo
Governor

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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

Richard Whitley, MS
Director

June 25, 2025

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Director Miller:

Enclosed please find Nevada's State Plan Amendment (SPA) #25-0018. This SPA amends Nevada's State Plan effective July 1, 2025. The specific changes being made are as follows:

Attachment 4.19-A, Page 32b: DHCFP is proposing an amendment to the Nevada Medicaid State Plan that would allow the continuation of the supplemental payment program based on inpatient hospital utilization to preserve access to inpatient acute services through SFY 2026. This amendment will also decrease the supplemental payments from $65,363,566.87 in SFY 2025 to $64,274,593.25 in SFY 2026.

Attach 4.19-A Page 36: UNLV and CHIA are no longer the contractors used and their names are replaced with "contractors".

If you have any policy questions regarding this SPA, please contact Cynthia Leech, Compliance Agency Manager at (775) 684-7964 or cleech@dhcfp.nv.gov .

Sincerely,

Richard Whitley, Director
Department of Health and Human Services

Enclosures

cc: Cynthia Leech, Compliance Agency Manager, Division of Health Care Financing and Policy (DHCFP)
Jennifer Krupp, Deputy Administrator, DHCFP

Si necesitas ayuda traduciendo este mensaje, por favor escribe a dhcfp@dhcfp.nv.gov, o llame (702) 668-4200 o (775) 687-1900
We will make reasonable accommodations for members of the public with a disability.
Please notify Nevada Medicaid as soon as possible to dhcfp@dhcfp.nv.gov.

REVISED NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO THE STATE PLAN FOR MEDICAID SERVICES AGENDA

Date of Publication:	May 23, 2025
Date of Revision:	**June 16, 2025**
Date of Revision:	**June 17, 2025**
Date and Time of Meeting:	June 24, 2025, at 10:00 AM
Name of Organization:	The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)
Place of Meeting:	DHCFP 1919 College Parkway Main Conference Room Carson City, Nevada 89706 Please use the teleconference/Microsoft Teams options provided below.

Note: *If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email Jenifer Graham at documentcontrol@dhcfp.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.*

Please be cautious and do not click on links in the chat area of the meeting unless you have verified they are safe. If you ever have questions about a link in a document purporting to be from Nevada Medicaid, please do not hesitate to contact documentcontrol@dhcfp.nv.gov for verification.

Webinar:	https://tinyurl.com/DHCFP2025PH Select "Join," enter your name and email and then select "Join." The meeting should not require a password.
Audio Only:	(775) 321-6111
Conference ID:	606 294 915#

PLEASE DO NOT PUT THIS NUMBER ON HOLD (*hang up and rejoin if you must take another call*)

YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDE CONVERSATIONS DURING THE MEETING OR THOSE MAY BE HEARD BY OTHERS AND RECORDED

This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

AGENDA

1. General Public Comments (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, you may join the meeting by dialing (775) 321-6111 and when prompted to provide the Meeting ID, enter 451 974 828#. You may then press *5 to raise your hand during the public comment periods to provide your comment. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name. Those who wish to provide a written comment may submit their comment via mail to 4070 Silver Sage Drive, Carson City, Nevada 89701 or via email to documentcontrol@dhcfp.nv.gov).

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

   Subject: **Peer Support Services (Qualifications/Training Requirements) And Service Language Updates to Remove Specific Service Limitations**

   DHCFP is proposing revisions to Attachment 3.1-A, Pages 6a.1-6a.14 of the Nevada Medicaid State Plan to update policies related to Peer Support Services (formerly Peer-to-Peer Support Services). The proposed changes include: Clarification of Provider Qualifications: Establishing distinct qualifications for delivering Adult, Youth, and Family Peer Support services; Generalized Training Requirements: Training requirements for Certified Peer Support Specialists will be determined by the state rather than specified in the plan; Service Language Updates: Reorganizing and clarifying service descriptions for improved readability; Removal of Specific Service Limitations: Service limitations will no longer be explicitly listed; instead, services will be based on the intensity and frequency of the recipient's documented treatment goals.

   Financial impact on local government: No change in annual aggregate expenditures is anticipated.

   Effective date: ~~April 30~~July 1, 2025.

   a. Public comment regarding subject matter.

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

   Subject: **Nevada Medicaid State Plan Attachment 3.1-A – Nursing Facilities**

   Revisions to Nevada Medicaid State Plan Attachment 3.1-A, Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy, Pages 2a, 6d, and 9i are being proposed to include the addition of language defining Nursing Facility (NF) Services, including medical necessity criteria. Language for the NF prior authorization process has been revised to remove obsolete references and add federal and state authorization requirements. Additionally, language for inpatient hospital and inpatient psychiatric services for individuals age 65 and older has been revised to remove obsolete prior authorization process.

Proposed changes affect all Medicaid-enrolled providers delivering Nursing Facility (NF) services, Hospital Inpatient, and Psychiatric Inpatient. These provider types (PT) include but are not limited to: NF (PT 19); Hospital Inpatient (PT 11); and Psychiatric Inpatient (PT 13).

Financial impact on local government: No change in annual aggregate expenditures is anticipated.

Effective date: July 1, 2025.

a. Public comment regarding subject matter.

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

Subject: ~~**Supplemental Payment for Inpatient Hospitals**~~**Indigent Accident Fund**

Section VIII, Hospitals Serving Low-Income Patients ~~Disproportionate Share Hospitals (DSH)~~Indigent Accident Fund (IAF) State Plan will need specific language to be updated for fiscal year 2026.

In section XV of the State Plan, under Supplemental Payment for Inpatient Hospitals time periods referenced, and total payment amount will need to be updated. Specifically: Page 32b Paragraph A1 will be updated from: *"For the period July 1, 2024 to June 30, 2025 the total computable payment will be $65,363,566.87" to "For the period October 1, 2025 to June 30, 2026 the total computable payment will be $64,274,593.25".*

The following PTs will potentially be affected by this change: Inpatient Hospitals (PT 11), Critical Access Hospitals (CAH) (PT 75), Psychiatric Inpatient Hospitals (PT 13), Rehabilitation, Specialty or Long-Term Acute Care (LTAC) (PT 56).

Financial impact on local government: An estimated decrease of SFY 2026 is $851,241.87.

SFY 2025: $65,363,566.87
SFY 2026: $64,274,593.12

Effective date: July 1, 2025.

a. Public comment regarding subject matter.

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

Subject: **Disproportionate Share Hospitals**

Section VIII, Hospitals Serving Low-Income Patients Disproportionate Share Hospitals (DSH) State Plan will need specific language to be updated for fiscal year 2024. In Section VIII, subsection B (2), the DSH state plan rate year will be updated from "July 1, 2024 to June 30, 2025" to the upcoming state fiscal year "July 1, 2025 to June 30, 2026."In Section VIII, subsection B (2), the total DSH to be paid out during the time period of July 1, 2025 to June 30, 2026 will be updated from the previous fiscal year 2025 projection amount of "$25,138,225.17" to the recently updated state fiscal year 2025 projection amount of "$25,336,023.12." In Section VIII, subsection C (2), A clarification will be added "After DSH distributions have been made within a pool, the excess amounts will be distributed to the next pool. After the original distribution has been calculated, the remaining funds will be distributed in the reverse order. For example, the distribution would be as follows E-D-C-B-A."

Financial impact on local government: An estimated increase of $197,797.95.

SFY 2025: $25,138,225.17
SFY 2026: $25,336,023.12

Effective date: July 1, 2025

a. Public comment regarding subject matter.

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

Subject: ~~**Dental**~~ **Anesthesia Rate Increase**

State Plan for Medicaid Services Rate Increases for Anesthesia services to include a pediatric enhanced rate for recipients under the age of six.

DHCFP intends to submit a Medicaid State Plan Amendment to provide an increase to the reimbursement rates for Anesthesia Conversion factor from $23.70 to $26.07 and a pediatric enhanced conversion factor of $29.98 for recipients under the age of six. These changes are to 4.19-B Page 1a.

Financial impact on local government: These changes are expected to increase the annual aggregate expenditures for State Fiscal Years 2026 and 2027. The estimated increase in annual aggregate expenditures for

SFY 2026 is $861,179
SFY 2027 is $898,506

Effective date: July 1, 2025.

a. Public comment regarding subject matter

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

Subject: **Nevada Check Up SPA Assurance of the Consolidated Appropriations Act of 2023 (CAA) Section 5121**

Section 5121 of the Consolidated Appropriations Act of 2023 (CAA) requires state Medicaid and Children's Health Insurance Programs (CHIP) programs to provide screening, diagnostic, and case management services for eligible juveniles who are within 30 days of their scheduled date of release from a public institution. DHCFP is proposing an amendment to Section 4.1.9 of the Nevada Check Up State Plan to include assurances complying with the statutory requirements of CAA.

The following Provider Type (PT) will potentially be affected by this change:
This proposed change affects all Medicaid-enrolled providers delivering screening, diagnostic, and case management services. Those provider types include but are not limited to: Provider Type 14 – Behavioral Health Outpatient Treatment, Provider Type 20 – Physician, M.D. and Osteopath, Provider Type 22 – Dentist, Provider Type 24 – Advanced Practice Registered Nurse, Provider Type 26 – Psychologist, Provider Type 54 – Targeted Case Management, Provider Type 77 – Physician Assistant, Provider Type 82 – Behavioral Health Rehabilitative Treatment.

Estimated change in annual aggregate expenditures: No change in annual aggregate expenditures is anticipated. The effective date of change is January 1, 2025.

a. Public comment regarding subject matter.

8. Adjournment

NOTE: To use the long link to the meeting in the event there are issues with the URL shortener, please use the following complete link:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YjJiM2M3NWMtNTdlMC00MThlLThiZmItM2NkZjA1YzVkYzBk%40thread.v2/0?context=%7b%22Tid%22%3a%22e4a340e6-b89e-4e68-8eaa-1544d2703980%22%2c%22Oid%22%3a%22cc4c7a00-e2be-4dda-a27b-3405a8271b9c%22%7d

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order. Items may be pulled or removed from the agenda at any time. All public comment will be limited to three minutes.

DHCFP is exempt from Chapter 233B according to NRS 233B.039 and is not required to comply with the Nevada Administrative Procedure Act in this process. This meeting is conducted by and with state agency staff which is not a public body for purposes of NRS 241 related to Nevada Open Meeting Law but every effort is made to be transparent in notice and information provided to encourage public awareness and participation.

This notice and agenda have been posted online at http://dhcfp.nv.gov and http://notice.nv.gov, as well as Carson City, Las Vegas, Elko, and Reno central offices for DHCFP. E-mail notice has been made to such individuals as have requested notice of meetings (to request notifications please contact documentcontrol@dhcfp.nv.gov, or 4070 Silver Sage Drive, Carson City, Nevada 89701).

DHCFP, 4070 Silver Sage Drive, Carson City, Nevada 89701
DHCFP, 1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
DHCFP, 1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102
DHCFP, 745 W. Moana Lane, Suite 200, Reno, Nevada 89509

If you require a physical copy of supporting material for the public meeting, please contact documentcontrol@dhcfp.nv.gov, or at 4070 Silver Sage Drive, Carson City, Nevada 89701. Supporting material will also be posted online as referenced above.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify DHCFP as soon as possible in advance of the meeting, by e-mail at documentcontrol@dhcfp.nv.gov in writing, at 4070 Silver Sage Drive, Carson City, Nevada 89701.

SUPPLEMENTAL PAYMENT FOR INPATIENT HOSPITALS

In order to preserve access to inpatient hospital services for needy individuals in the state of Nevada, effective on or after January 1, 2014, the state's Medicaid reimbursement system shall provide for supplemental payments to inpatient hospitals. These supplemental payments shall be determined on an annual basis and paid to qualifying private and public inpatient hospitals on a quarterly basis. The payments will be based on inpatient hospital Medicaid Fee-for-Service utilization. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

A. Amount for Distribution

1. For the period for the State Fiscal Year 2026~~54~~, the total computable payment will be ~~$70,196,969.01~~$~~65,363,566.87~~$64,274,593.

2. The aggregated amount of supplemental payments to inpatient hospitals shall not exceed the Upper Payment Limit (UPL) for each one of the respective periods. The supplemental payment for the period of State Fiscal Year 2026~~54~~ will be accounted for in the UPL room available for State Fiscal Year 2026~~54~~.

B. Eligibility

1. Nevada Acute Care Inpatient Hospitals (PT 11), that are not designated as Critical Access Hospitals (CAH) (PT 75), Psychiatric Inpatient Hospitals (PT 13), Rehabilitation, Specialty or Long-Term Acute Care (LTAC) (PT 56), will be deemed to qualify.

2. Nevada Acute Care Inpatient Hospitals (PT 11) certified as Trauma I, Trauma II and Trauma III levels will additionally qualify for the distribution of the Trauma case portion of the allotment.

Methodology for Identifying Provider-Preventable Conditions

Beginning July 1, 2012, Nevada, which pays claims on a per-diem basis, will use two methods to identify PPCs: screening Prior Authorization requests and a retrospective review of claims.

PRIOR AUTHORIZATION (PA)

Prior Authorizations (PAs) will be screened for PPC codes and reviewed by the fiscal agent's medical review staff, which will make determinations for denials of payment for continued stay requests and/or level of care increases if the request appears to be related to a PPC. Payment denial does not consider medical necessity. Providers can appeal a PPC denial utilizing the existing appeals process.

RETROSPECTIVE REVIEW

Prior Authorization

A provider who caused a PPC may be discovered in the process of reviewing a PA request from a second provider from whom the patient seeks treatment. If it is determined in the PA screening that a provider other than the provider requesting the PA may be responsible for causing a PPC, a retrospective review of claims of the provider possibly causing the PPC will be done. Payments associated with treating the PPC will be recovered, from the original provider, if those increases in payments can be reasonably isolated to the PPC event.

Claims Review

Under NRS 449.485 and R151-8 the Nevada Division of Health Care Financing and Policy (DHCFP) and its contractors ~~University of Nevada Las Vegas (UNLV) Center for Health Information and Analysis (CHIA)~~ collect~~s~~ and maintain~~s~~ billing record fields for Nevada hospitals and ambulatory surgical centers. This data set captures the Present on Admission (POA) indicator for the UB-04 claims for principal and each secondary (other) diagnosis field. Claims data with dates of service on or after July 1, 2012 will be reviewed and those fitting the criteria for PPCs will be identified. Providers will be supplied information identifying claims with the potential PPCs and will be given 30 days to review and respond to any discrepancies. Provider-confirmed PPCs will be subject to payment adjustment.

Payment Adjustment

For per diem payments, the number of covered days shall be reduced by the number of days associated with any PPC not present on admission. Nevada will use nationally accepted standards to determine the number of days attributable to the diagnosis absent the PPC and the incremental number of days attributable to the PPC. Reimbursement may also be reduced for level of care changes attributable to a PPC.