



NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

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Carson City, Nevada 89701

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Joe Lombardo,
Governor



Stacie Weeks, JD MPH,
Director

Ann Jenson
Administrator

January 28, 2026

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) #26-0002. This SPA amends Nevada's State Plan effective February 1, 2026. The specific changes being made are as follows:

Inclusion of 42 CFR 455.107 within Nevada's State Plan Attachment 4.31 and Attachment 4.46 Pages 1 – 2a. This section allows for the inclusion of 'affiliations' for disclosure purposes; providers must disclose any other organizations or corporations they are affiliated with as applicable per required disclosure within 455 Subpart B.

If you have any policy questions regarding this SPA, please contact Casey Angres, Agency Manager at (775) 684-3667 or cangres@nvha.nv.gov.

Sincerely,

Stacie Weeks, Director
Nevada Health Authority

Enclosures

cc: Ann Jensen, Administrator, Nevada Health Authority (NVHA), Nevada Medicaid
Casey Angres, Agency Manager, NVHA, Nevada Medicaid,

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: NEVADA

Citation

455.103
44 FR 41644
1902 (a)(38)
of the Act
P.L. 100-93
(sec. 8(f))

435.940
through 435.960
52 FR 5967
52 FR 8738

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.1076 and Sections 1128(b)(9) and 1902(a)(38) of the Act.

4.32 Income and Eligibility Verification System

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.
- (b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.
- (c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify Title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS agreements. The State will transmit and receive data quarterly (February, May, August and November).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.46

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National Governors Association
ENCLOSURE A

State/Territory: _____

4.46 Provider Screening and Enrollment

Citation

1902(a)(77)
1902(a)(39)
1902(kk);
P.L. 111-148 and
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455

Subpart B

DISCLOSURE OF INFORMATION BY PROVIDERS AND FISCAL AGENTS

42 CFR 455.100 Assures implementation of sections 1124, 1126, 1902(a)(38), 1903(i)(2), and 1903(n) of the Social Security Act.

42 CFR 455.107

DISCLOSURE OF AFFILIATIONS

Assures provider disclosure of affiliations under 42 CFR 455.107 and inform subsequent screening efforts.

42 CFR 455

Subpart E

PROVIDER SCREENING

Assures that the State Medicaid agency complies with the process for screening providers under Sections 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

Assures that providers will be revalidated regardless of provider type at least every five years.

TN No. 12-00426-0002
2026

Approval Date: April 26, 2012 Effective Date: April 1, 2012February 1,

Supersedes

TN No. NEW12-004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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42 CFR 455.416 **TERMINATION OR DENIAL OF ENROLLMENT**
X Assures that the State Medicaid agency will comply with Section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420 **REACTIVATION OF PROVIDER ENROLLMENT**
X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

42 CFR 455.422 **APPEAL RIGHTS**
X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

42 CFR 455.432 **SITE VISITS**
X Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.

42 CFR 455.434 **CRIMINAL BACKGROUND CHECKS**
X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

42 CFR 455.436 **FEDERAL DATABASE CHECKS**
X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

42 CFR 455.440 **NATIONAL PROVIDER IDENTIFIER**
X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

42 CFR 455.450 **SCREENING LEVELS FOR MEDICAID PROVIDERS**
X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460 **APPLICATION FEE**
X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

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42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under Sections 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN No.: 26-0002

Supersedes

TN No. NEW

Approval Date:

Effective Date: February 1, 2026