

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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November 1, 2017

Inter-Tribal Council of Nevada
Executive Board President
Vinton Hawley, Chairman
Pyramid Lake Paiute Tribe
P.O. Box 256
Nixon, NV 89424

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed change in policy:

Revisions to Medicaid Services Manual (MSM) Chapter 100 – Medicaid Program are proposed to clarify policy regarding the terms “Applicant” and “Provider,” National Provider Identifier (NPI) number, provider Change of Ownership, Site Visits, Sanctions and Sanction Tiers and updates are being made to Fiscal Agent and Managed Care Organization (MCO) references. Proposed updates will also include language for applicants who are prohibited from enrollment consideration and Provisional Enrollment criteria.

These proposals will include changes to Section 100 – Introduction, to include the meanings of “Applicant” and “Provider” and to relocate specific Code of Federal Regulations (CFR) citations from Section 102 to this section; Section 102 – Provider Enrollment, which will add Provisionally Enrolled providers to the “Moderate” risk category, outlining the conditions for Provisional Enrollment and the effect of non-compliance and to clarify policy such as NPI requirements, terminations for provider convictions of State or Federally funded assistance programs other than Medicaid/Medicare, the purpose of and method for Site Visits, and the criteria under which an applicant will be prohibited from enrollment consideration; Section 103 – Provider Rules and Requirements, to list examples of changes which providers shall report and to update the language for Intermediate Care Facilities/Individuals with Intellectual Disabilities (ICF/IID); and, Section 106 – Contract Terminations, to inform providers that terminating from Fee-for-Service will also terminate provider from Medicaid MCO(s), add to the conditions warranting Immediate Termination and Advance Notice of Termination, align sanction periods, and to restructure the 3-Tier Sanction format to a 4-Tier Sanction format.

October 30, 2017

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Further revisions are proposed to MSM Chapter 100, Section 108 – References, to list changes to Fiscal Agent and MCO information.

Throughout these sections, language has been added for clarification and sections moved to eliminate duplications and strengthen policy.

There is no anticipated fiscal impact to the Tribes.

If you would like a consultation regarding this new policy, please contact Colleen McLachlan at (775) 684-3722 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,



Lynne Foster
Chief of Division Compliance

Cc: Shannon Sprout, Deputy Administrator, DHCFP
Tammy Moffitt, Chief, Program Integrity, DHCFP
Diane Smith, Chief, Provider Enrollment, DHCFP
Catherine Vairo, SSPS I, Provider Enrollment, DHCFP
Jodi Patton, SSPS III, Policy Development & Program Management, DHCFP