



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

October 7, 2014

Inter-Tribal Council of Nevada
Executive Board President
Gerald Temoke, Tribal Chairman
Elko Band Council
1745 Silver Eagle Drive
Elko, Nevada 89801

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.

The Center for Medicare and Medicaid Services (CMS) requires Physicians and/or recipients to sign and attach acknowledgment/certification forms with their claims for specific procedures for reimbursement. The acknowledgement/certification forms are currently located in the Nevada Medicaid Services Manual (MSM) at the end of Chapter 600.

MSM Chapter 600 - Physician Services, contains the following forms which are completed by the provider:

- Attachment B (Sterilization Consent Form),
- Attachment C (Acknowledgement Receipt of Hysterectomy Information before surgery),
- Attachment D (Acknowledgement Receipt of Hysterectomy Information after surgery),
- Attachment E (Receipt of Hysterectomy Information Acknowledgment Form),
- Attachment G (Certification Statement for Abortion to Save the Life of the Mother), and
- Attachment H (Certification Statement for Abortion due to Sexual Assault (Rape) or Incest are for Providers (i.e. Physicians/Osteopaths).

The revision to Chapter 600 would remove the acknowledgement/certification forms from the chapter and move these forms to the billing guide available on the internet at <http://www.medicaid.nv.gov/providers/BillingInfo.aspx>. There would be no coverage criteria changes based upon this policy change.

There is no fiscal impact anticipated for Provider Type 47, Indian Health Programs (IHPs) with regards to this policy change.

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If you would like a consultation regarding this new policy, please contact Tanya Benitez 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,



Laurie Squartsoff
Administrator

Cc: Elizabeth Aiello, Deputy Administrator
Coleen Lawrence, Chief, Program Services
Michele Belkin, Program Specialist II