



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

May 8, 2013

Inter-Tribal Council of Nevada
Chairwoman Wanda Batchelor,
Washoe Tribe of Nevada and California
919 Highway 395 South
Gardnerville, NV 89410

Dear 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 Medicaid Services Manual (MSM) Chapter 3600, Managed Care Organization (MCO) policy will be revised with the subsequent additions and clarifications:

- Updated the language with Very Low Birth Weight (VLBW) and Primary Care Physician (PCP) enhancement payments for providers;
- Added language to clarify when it is the responsibility of the MCO or FFS to pay for ancillary charges for recipients in Residential Treatment Centers (RTC); Hospice; and Adult Day Care;
- Strengthened language the DHCFP could modify the voluntarily disenrollment for Seriously Emotionally Disturbed (SED)/ Seriously Mentally Ill (SMI) recipients in managed care at its discretion and removed duplication of related references;
- Deleted language that defined the minimum reimbursement for MCO network obstetricians;
- Included language the MCO must have policies and procedures in place for the transition of medical and pharmacy services from FFS, another MCO, and/or the Silver State Health Insurance Exchange (SSHIX);
- Updated language to reflect current practices of automatic re-enrollment and disenrollment for managed care recipients;
- Added language defining Essential Community Providers (ECPs);
- Clarified the MCOs responsibility to update the Enrollee Handbook, a minimum of 30-days before the intended effective date and when private duty services are available;

May 8, 2013

Page 2

- Clarified language on Third Party Liability (TPL) and subrogation for the DHCFP's contracts with the MCOs as well as updating language that prohibits payments to institutions or entities outside of the United States;
- Updated language the MCOs are responsible to ensure compliance with current International Classification of Disease (ICD) and Electronic Data Interchange (EDI) compliance as defined by CMS;
- Clarified language for the continuation of benefits for recipients during the state hearing process as well as the responsibility of MCOs in the provider dispute process; and
- Updated language related to reporting encounter data to be consistent with current standards.

There is no foreseeable fiscal impact.

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

Sincerely,



Laurie Squartsoff
Administrator

Cc: Elizabeth Aiello, Deputy Administrator
Coleen Lawrence, Chief, Program Services
John Whaley, Chief, Business Lines
Jennifer White, SSC II, Business Lines
Sheila Lambert, MA III, Business Lines