

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

November 29, 2018

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
ADDENDUM

BACKGROUND AND EXPLANATION

The DHCFP is proposing revisions to Medicaid Services Manual (MSM) Chapter 900 – Private Duty Nursing (PDN) to ensure compliance with federal requirements. As part of that change, a definition for “Immediate Care” is proposed and the definition of “Concurrent Care” is revised. These definitions will appear in the Addendum of the MSM.

Entities Financially Affected: This change affects all Medicaid enrolled providers.

Financial Impact on Local Government: There is no anticipated financial impact.

These changes are effective December 1, 2018.

MATERIAL TRANSMITTED

CL
Addendum

MATERIAL SUPERSEDED

MTL 12/16, 23/15
Addendum

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Addendum	Section C	Clarification of language of definition of Concurrent Care.
Addendum	Section I	Addition of definition of Immediate Relative.

DRAFT	MTL-12/16CL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: C
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

CONCURRENT CARE

Concurrent care allows for the provision of Private Duty Nursing (PDN) services by a single nurse to care for more than one recipient simultaneously ~~in the recipient's residence~~. A single nurse may provide care for up to three recipients if care can be provided safely.

CONCURRENT REVIEW

A review of a Nevada Medicaid or Nevada Check Up eligible recipient's clinical information performed by the DHCFP's QIO-like vendor or a Managed Care Organization. The review is performed during a period of time that services are being rendered, to determine if a requested service will be authorized, based on medical necessity, appropriateness and compliance with applicable policies.

CONFIDENTIALITY

Confidentiality pertains to all safeguards required to protect all information which concerns Medicaid and NCU applicants and recipients, Medicaid providers and any other information which may not be disclosed by any party pursuant to federal and state law, and Medicaid Regulations, including, but not limited to: NRS Chapter 422, and 42 CFR 431, 45 CFR 160 and 164 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191).

CONTENTS OF NOTICE

A notice must contain the following information:

1. A statement of what action the State or NF intends to take;
2. The reasons for the intended action;
3. The specific regulations that support, or the change in Federal or State law that requires the action;
4. An explanation of:
 - a. The individual's right to request an evidentiary hearing if one is available, or a State agency hearing; or
 - b. In cases of an action based on a change in law, the circumstances under which a hearing will be granted; and
5. An explanation of the circumstances under which services are continued if a hearing is requested.

DRAFT	MTL 23/15CL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: I
MEDICAID SERVICES MANUAL	Subject: ADDENDUM

IMMEDIATE RELATIVE

An immediate relative means as any of the following:

1. husband or wife;
2. natural or adoptive parent, child or sibling;
3. stepparent, stepchild, stepbrother or stepsister;

IMPROPER PAYMENT

An improper payment is any payment that is billed to or paid by the DHCFP that is not in accordance with:

1. the Medicaid or NCU policy governing the service provided;
2. fiscal agent billing manuals;
3. contractual requirements;
4. standard record keeping requirements of the provider discipline; and
5. federal law or state statutes.

An improper payment can be an overpayment or an underpayment. Improper payments include, but are not limited to:

6. improper payments discovered during federal PERM reviews or Financial and Policy Compliance Audits;
7. payments for ineligible recipients;
8. payments for ineligible, non-covered or unauthorized services;
9. duplicate payments;
10. payments for services that were not provided or received;
11. payments for unbundled services when an all-inclusive bundled code should have been billed;
12. payments not in accordance with applicable pricing or rates;
13. data entry errors resulting in incorrect payments; payments where the incorrect procedure code was billed (up-coding);