



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

**NOTICE OF PUBLIC MEETING TO SOLICIT COMMENTS ON AMENDMENTS TO
THE STATE PLAN FOR MEDICAID SERVICES**

AGENDA

Date of Publication: October 24, 2018

Date and Time of Meeting: November 29, 2018 at 1:00 PM

Name of Organization: The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: Division of Public and Behavioral Health
4150 Technology Way, Room 303
Carson City, Nevada 89701

Teleconference Number: North (775) 687-0999
South (702) 486-5260

Access Code: 43606

AGENDA

1. General Public Comments (Because of time considerations, the period for public comment by each speaker or organization may be limited to five minutes and speakers are urged to avoid repetition of comments made by previous speakers.)
2. Discussion of Proposed Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Update to the Medicaid State Plan: Third Party Liability – Identifying Liable Resources.

The DHCFP is proposing updates to the State Plan Attachment 4.22-A Third Party Liability, Expansion of Description of Procedures and Methodologies for cost avoidance and cost savings programs. The updates are intended to align the State Plan with current state practices for third party liability procedures and methods.

The following Provider Type (PT) will potentially be affected by this change: All PTs will potentially be affected by this change.

Estimated Change in Annual Aggregate expenditures: An estimated increase in annual aggregate expenditures for

SFY 2019: \$0
SFY 2020: \$0

The effective date of change is: October 1, 2018.

3. Discussion of Proposed Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Health Insurance Premium Program (HIPP)

Revisions to the Medicaid State Plan Section 4, Attachment 4.22-C, Page 1, “Condition or Requirements,” are being proposed to align with the Centers for Medicare and Medicaid Services’ (CMS) enrollment criteria for the Health Insurance Premium Payment (HIPP) program. The HIPP program assists Medicaid eligible recipients with payment for insurance premiums when the recipient has access to private insurance and enrollment by the recipient in private insurance is determined to have a cost savings to the state. The changes update the requirements for the determination of the cost effectiveness of the health insurance premium payment for the state by removing restrictive conditions and updating the financial determination methodology.

The following Provider Types (PTs) will potentially be affected by this change: All provider type will potentially be affected.

Estimated Change in Annual Aggregate expenditures: An estimated decrease in annual aggregate expenditures for

SFY 2019: (\$2,303,790.00)
SFY 2020: (\$2,764,548.00)

The effective date of change is: November 30, 2018.

4. Discussion of Proposed Amendments to the State Alternative Benefit Plan for Medicaid Services and Solicitation of Public Comments

Subject: Alternative Benefit Plan (ABP)

The Alternative Benefit Plan Number 9 (ABP9), Pages 1 and 2, Employer Sponsored Insurance and Payment Premiums, is being updated to align with the revisions to Section 4, Attachment 4.22-C. Sections ABP10 and ABP11 were not impacted.

In accordance with 42 CFR §440.386, the DHCFP is proposing an amendment to the ABP to update Third Party Liability Health Insurance Premium Program known as HIPP – Section 4, Attachment 4.22-C. This program revision will provide authority for the DHCFP to increase access to care implemented through the HIPP program. The state assures compliance with 42 CFR 440.345 to provide full access to Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for covered participants by describing the process to access these benefits.

The following PTs will potentially be affected by this change: All providers will potentially be affected.

Estimated Change in Annual Aggregate expenditures: An estimated decrease in annual aggregate expenditures for

SFY 2019:	(\$2,303,790.00)
SFY 2020:	(\$2,764,548.00)

The effective date of change is: November 30, 2018.

5. Adjournment

Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing, other than as stated above.

PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to five minutes.

This notice and agenda have been posted at <http://dhcfp.nv.gov/> and notice.nv.gov/.

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP Web site <http://dhcfp.nv.gov/>. The agenda posting of this meeting can be viewed at the following locations: Carson City Central Office, Las Vegas District Office, Reno District Office; Elko District Office; Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to the Ellen Felsing at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701.

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

We are pleased to make accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and at least 10 days in advance of the meeting, by e-mail at: Ellen.Felsing@dhefp.nv.gov, in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Ellen Felsing at (775) 684-3684.
