STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Citation	Condition or Requirements

1906 of the Act State Method on Cost Effectiveness of Group Health Plans

1. The methodology used by Nevada for determining cost effectiveness of paying individual or group health insurance premiums for existing coverage shall be as follows:

   a. Applicant must be on Medicaid Fee-for-Service (FFS) for a minimum of six months.

   b. The state will take the following steps:

      a. Total 6 months billed group health plan divided by 6 = Average Premium Cost.

      b. Total 6 months Medicaid Medical Expenditures divided by 6 = Recognized Average Medicaid Expenditures.

      c. Recognized Average Medicaid Expenditures greater than Average Group Health Plan Premium plus Administrative Expenditures = Cost Effectiveness.

   c. The average Medicaid cost includes the benefits covered under the Medicaid eligibility group for which the individual would be determined eligible.

   d. Administrative costs include additional administrative cost to Medicaid for administering the premium assistance program as well as the following:

      Benefits wrap. If Medicaid services covered under the State Plan are not part of the services covered by a recipient's employer health care coverage, the recipient may obtain those services from participating Medicaid providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Citation	Condition or Requirements

a. Cost-sharing wrap. The State will provide a cost-sharing wrap to any cost-sharing amounts that exceed the cost-sharing limits described in the State Plan.

b. Premiums for non-eligible family members. Non-eligible family members are covered only if it is necessary in order to enroll a Medicaid eligible family member in the group health plan.

e. The state may also cover a recipient who has an existing medical confirmed condition or illness that is determined to be cost-effective under the Health Insurance Premium Program (HIPP) expenditure methodology.

2. Individuals enrolled in the premium assistance program are afforded the same beneficiary protections provided to all other Medicaid enrollees. As discussed in the cost-effectiveness test above, the Nevada Medicaid program will provide a benefit wrap and cost-sharing wrap. To effectuate the cost sharing wrap:

a. The State has a provider enrollment process for non-participating providers to ensure that providers that service Medicaid beneficiaries can be enrolled and paid through the state Medicaid program for any and all cost sharing amounts that exceed the Medicaid permissible limits;

b. The State will encourage non-participating providers to enroll by conducting outreach to the provider community to educate non-participating Medicaid providers on how to enroll in Medicaid for the purposes of receiving payment from the State.

c. The State will inform beneficiaries regarding how to contact the state's fiscal agent if the beneficiary intends to obtain care from a non-participating provider.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Citation	Condition or Requirements

d. In cases where the State becomes aware of a non-participating Medicaid provider, the State may implement a "single case" agreement with that provider to allow cost-sharing wrap for a specific individual.

The cost sharing wrap is required by section 1906(a)(3) of the Social Security Act.

3. Redetermination Review

a. The DHCFP or contracted vendor shall complete a redetermination review at least yearly for all HIPP enrollees. The yearly review shall consist of:

i. Verifying Medicaid eligibility; and

ii. Completing a cost-effective analysis.

Failure to meet HIPP enrollment eligibility cost-effective criteria during annual redetermination review will result in disenrollment from the Nevada Medicaid HIPP Program.