

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.42A

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METHODOLOGIES FOR COMPLIANCE OVERSIGHT

Methods for administration of the State Plan in accordance with 1902(a)(68) of the Social Security Act, and 1396a(a)(68) of Title 42, United States Code are:

1. The Nevada Division of Health Care Financing and Policy (DHCFP) will ensure entities, providers and contractors who reach the \$5,000,000 threshold as defined in 4.42(a)(1)(A), comply and maintain compliance with the above-mentioned Acts and Regulations by:
 - a. Making current state policy and procedures, covering 1902(a)(68), available to all providers and contractors.
 - b. Providing written notice to each entity, informing them of their obligation to comply with the above-mentioned Acts and Regulations as a condition of their continued participation in the Medicaid program.
 - c. Requiring each entity submit, within 90 days of receipt of the notice, a certification declaring the entity, and any contractor or agent of the entity, is in compliance. The certification is to be accompanied by a new Provider Agreement or Managed Care contract, a copy of their written policies, current employee handbook, if one exists, and documentation of staff having received detailed information on the regulations.
 - d. Reviewing, on an annual basis, the written policies and documents submitted by each entity to ensure they comply with 42 USC section 1396(a)(68). The documents will be used to create and maintain a record file on each entity.
 - e. Requiring each entity submit a new certification, annually, to attest to their continued compliance, and include any revisions made to their policies.
 - f. Identifying, at the beginning of each federal fiscal year, providers and contractors who have reached the \$5,000,000 threshold in the previous fiscal year, and providing them written notice of their obligation to comply with the regulations.

Initial notifications were mailed on March 27, 2007. Future notifications will be mailed, annually, within the first quarter of each calendar year.

2. The DHCFP may take administrative action for non-compliance through non-renewal of provider enrollment or contract, or suspension or termination of provider status.