

Medicaid Services Manual  
Transmittal Letter

April 29, 2025

To: Custodians of Medicaid Services Manual

From: Casey Angres  
Chief of Division Compliance

Subject: Medicaid Services Manual Changes  
Chapter- Addendum

**Background And Explanation**

Revisions to Medicaid Services Manual (MSM) Addendum are being proposed to update the Medical Care Advisory Committee (MCAC) to the Medicaid Advisory Committee (MAC) and to add the definition for the Beneficiary Advisory Council (BAC).

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: There is no anticipated fiscal impact to Medicaid provider types.

Financial Impact on Local Government: Unknown at this time.

These changes are effective May 1, 2025.

Material Transmitted	Material Superseded
MTL OL MSM Addendum	MTL 23/15, 11/20, 05/23 MSM Addendum

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
<b>Section B</b>	<b>Beneficiary Advisory Council</b>	Added new definition for BAC.
<b>Section M</b>	<b>Medicaid Advisory Committee</b>	Renamed and updated the definition of the MCAC to the MAC.

<b>DRAFT</b>	<b>MTL <del>11</del>/20OL</b>
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### BASIC LIFE SUPPORT (BLS)

BLS is transportation by air or ground ambulance to facilitate the provision of medically necessary supplies and services. The ambulance must be staffed by an individual qualified, at least as an EMT, in accordance with State and local laws.

### BEHAVIORAL HEALTH COMMUNITY NETWORK (BHCN)

A public or private provider organization, under contractual affiliation through the provider enrollment process, with the State of Nevada, the DHHS, the DHCNP which operates under Clinical Supervision and utilizes practices consistent with professionally recognized standards of good practice and are considered to be effective by the relevant scientific community. The BHCN provides outpatient mental health services and may provide Rehabilitative Mental Health (RMH) services for persons with mental, emotional or behavioral disorders.

### BENEFICIARY ADVISORY COUNCIL (BAC)

The BAC is an advisory group comprised of individuals with Medicaid-lived experience whose purpose is to advise on matters to the State Medicaid Director related to policy development and related to the effective administration of the Medicaid program.

### BENEFIT

Benefit means a service authorized by the Managed Care plan.

### BEREAVEMENT COUNSELING

Counseling services provided to the recipient's family after the recipient's death.

### BILLING AUTHORIZATION

Billing Authorization is a notification sent to a provider giving authorization to bill for services within a specified time frame.

### BONE ANCHORED HEARING AID (BAHA)

A BAHA system is a small titanium implant placed in the bone behind the ear where it osseointegrates. The vibrations from the sound processor are transmitted to the implant via a percutaneous abutment.

### BUDGET AUTHORITY

The participant direction opportunity through which a waiver participant exercises choice and control over a specified amount of waiver funds (participant-directed budget).

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- use an information system capable of monitoring and evaluating patterns of covered persons' uses of medical services and the cost of those services.

#### MANAGING EMPLOYER

In a self-directed care model, refers to the recipient who selects, schedules, directs, trains and discharges his or her PCA. As a managing employer, the recipient manages the day to day aspects of the employment relationship.

#### MARKETING

Any communication from the Provider, including its employees, affiliated providers, agents or contractors to a Medicaid or NCU recipient who is not a client of the provider that can be reasonably interpreted as intended to influence the recipient to utilize that Provider.

#### MARKETING MATERIALS

Materials that are produced in any medium by or on behalf of the MCO and can reasonably be interpreted as intended to market potential clients.

#### MATERNITY KICK PAYMENT (SOBRA)

The Maternity Kick Payment is payment made to an MCO which is intended to reimburse the health plan for costs associated specifically with covered delivery costs and postpartum care.

#### MAXIMUM ALLOWABLE COST (MAC)

MAC is the lower of the cost established by:

- CMS for multiple source drugs that meet the criteria set forth in 42 CFR 447.332 and 1927(f)(2) of the Act; or
- The DHCFP for multiple source drugs under the State Maximum Allowable Cost (SMAC).

A generic drug may be considered for MAC pricing if there are two or more therapeutically equivalent, multi-source, non-innovator drugs with a significant cost difference. The SMAC will be based on drug status (including non-rebateable, rebateable, obsolete, therapeutic equivalency ratings) marketplace availability and cost. The obsolete drug status will be taken into account to ensure that the MAC pricing is not influenced by the prices listed for obsolete drugs. The SMAC will be based on drug prices obtained from a nationally recognized comprehensive data file maintained by a vendor under contract with the DHCFP.

The MAC list is available online at <http://www.medicaid.nv.gov/providers/rx/MACinfo.aspx>.

#### **MEDICAID** MEDICAL CARE ADVISORY COMMITTEE (MCAC)

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~~This is an mandated advisory committee whose purpose it is to act in an advisory capacity to the state Medicaid Director on matters related to policy development and related to the effective administration of the Medicaid program Administrator.~~

#### MEDICAID BILLING NUMBER (BILLING NUMBER)

Medicaid Billing Number is an eleven digit number in one of the following forms: 12345600010 or 00000123456 and used to identify Medicaid recipients. Providers use the billing number when submitting claims for payment on services provided to Medicaid recipients.

#### MEDICAID ESTATE RECOVERY (MER)

MER is a federally mandated program for deceased individuals age 55 or older who are subject to estate recovery for medical assistance paid by Medicaid on their behalf.

#### MEDICAID INTEGRITY

Medicaid integrity involves the planning, prevention, detection and investigative/recovery activities undertaken to minimize or prevent overpayments due to Medicaid fraud, waste, abuse or improper payments.

#### MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

A computer system designed to help managers plan and direct business and organizational operations.

#### ~~MEDICAL CARE ADVISORY COMMITTEE (MCAC)~~

~~This is a mandated advisory committee whose purpose it is to act in an advisory capacity to the state Medicaid Administrator.~~

#### MEDICAL CARE PLAN

This plan of treatment is developed in coordination with licensed nursing personnel by a licensed physician, if the physician determines that the recipient requires 24 hour licensed nursing care. Thus, recipients with chronic but stable health problems such as epilepsy do not require medical care plans. The medical care plan must be integrated with the IPP.

#### MEDICAL DIRECTOR

A Medical Director is a licensed provider who is allowed to be a Medical Director based upon their specific industry's scope of practice which is defined by Nevada Revised Statutes, Nevada Administrative Code, licensing board, or any other regulatory body.

#### MEDICAL DOCUMENTATION