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DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Health Care Financing and Policy  
*Helping people. It's who we are and what we do.*



Suzanne Bierman, JD, MPH  
Administrator

April 8, 2020

Dear Nevada Medicaid Enrolled Providers:

This letter is a friendly reminder that all Nevada Medicaid enrolled providers are not allowed to bill Nevada Medicaid recipients for services that are covered under the Nevada Medicaid State Plan. All Nevada Medicaid enrolled providers shall adhere to federal, state, and Nevada Medicaid policies before billing recipients for services.

Per 42 CFR 447.15, "Acceptance of State Payment as Payment in Full," once a payment from Nevada Medicaid has been received, this claim is considered paid in full. Any remaining balance cannot be obtained from the Nevada Medicaid recipient, nor can the recipient be sent to collections for the remaining balance. Additionally, per the Medicaid Services Manual (MSM), Chapter 100, Section 104, "Third Party Liability (TPL) – Other Health Care Coverage," Medicaid is generally the payer of last resort.

Circumstances in which a recipient may/may not be billed are clearly defined in MSM, Chapter 100, Section 105.3, "Billing Medicaid Recipients." This policy can be found at:

<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C100/Chapter100/>.

Additionally, per Nevada Revised Statute 449A.159, "Limitations on efforts of hospitals to collect; date for accrual of interest; rate of interest; limitations on additional fees" states that when a person receives hospital care, the hospital must not proceed with any efforts to collect on any amount owed to the hospital for the hospital care from the responsible party, other than for any copayment or deductible, if the responsible party has health insurance or may be eligible for Medicaid, the Children's Health Insurance Program or any other public program which may pay all or part of the bill, until the hospital has submitted a bill to the health insurance company or public program and the health insurance company or public program has made a determination concerning payment of the claim.

Nevada Medicaid providers may also not disregard submitting claims on time to Nevada Medicaid in order to then bill a recipients TPL for a higher reimbursement. In-state providers must submit claims within 180 days of service, date of eligibility decision, or date of hospital discharge, and out-of-state providers must submit claims within 365 days of service or the claim will be denied. A denial for timeliness does not allow providers to then bill a recipients TPL for the claim.

The Nevada Division of Health Care Financing and Policy greatly appreciates all our enrolled providers for serving our Medicaid recipients to better the health of our state.

Sincerely,

*Suzanne Bierman*  
Suzanne Bierman (Apr 7, 2020)

Suzanne Bierman, JD, MPH