



STEVE SISOLAK
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN
SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

Date: _____

Case ID: _____

Customer Service/ VRU

Questions? Contact Us - 24 Hours a day!

Southern Nevada Phone: (702) 486-1646

Northern Nevada Phone: (775) 684-7200

Toll Free: (800) 992-0900

Website: <http://dwss.nv.gov>

**TEMPORARY SPECIAL MEDICAID PROGRAM
NOTICE OF DECISION**

Dear: _____ Medicaid Billing No. _____
(Applicant's Name)

! Keep This Notice as Proof of Medical Assistance Eligibility!

The eligibility of the applicant listed on this notice of decision is indicated below. Eligible applicants must show this notice to the doctor, pharmacist, hospital or other medical care provider to help verify medical assistance eligibility.

The Nevada Division of Welfare and Supportive Services (DWSS) has taken an action on your application. Please review the information below. The DWSS Customer Service Unit (CSU) and 24-hour automated Voice Response Unit (VRU) are available to answer questions about your Medicaid case at the phone numbers listed above. To use the 24-hour automated VRU, you will need your Personal Identification Number (PIN) and Case ID. If you do not know your PIN, you may contact the CSU or the local DWSS District Office for assistance.

A decision on your application for the Temporary Special Medicaid Program dated _____ has been made.
Month/Day/Year

You have been determined **ELIGIBLE** under the following Temporary Special Medicaid Program:

Uninsured Individual coverage for SARS-CoV-2 / COVID-19 diagnostic testing and testing-related services only.

Effective date coverage will begin: _____
Month/Day/Year

If you are determined eligible for the Temporary Special Medicaid Program, you are entitled to benefits from the effective date of coverage. Eligibility for the Temporary Special Medicaid Program will end when either the public health emergency ends, or DWSS has determined you are no longer eligible for the program. See back for additional information on the program.

It has been determined you are **NOT ELIGIBLE** under the Temporary Special Medicaid Program.

This determination is based on the following findings:

You do not meet citizenship requirements.

You are not a Nevada resident.

You failed to provide a valid Social Security Number.

You are currently enrolled in Medicaid coverage or have other private medical insurance.

Other: _____

Case Manager Signature: _____ Date: _____

**NOTICE OF DECISION
TEMPORARY SPECIAL MEDICAID PROGRAM
(Continued)**

Important information

- Eligibility is temporary and will end at the close of the public health emergency.
- There is no coverage for services provided after the public health emergency closes.
- You **must** report any private health or medical insurance that you may have or have gained during your enrollment with Medicaid. If you have other health insurance, Nevada Medicaid is not liable for any health coverage services you receive from a provider not authorized by your health insurance or managed care organization.

Nevada law mandates that "a person who is a recipient of Medicaid or insurance pursuant to the Children's Health Insurance Program may not opt out of having his or her individually identifiable health information disclosed electronically" (NRS 439.538). When a patient is no longer a Medicaid recipient, it is the patient's responsibility to change their consent choice. At any time, you may revoke your consent by signing a new consent form and giving it to your doctors. These forms are available at your doctor's office.

The Temporary Special Medicaid program is managed by the Division of Health Care Financing and Policy (DHCFP). Questions related to services covered or which Medicaid providers you are eligible to schedule an appointment with should be directed to DHCFP or one of their District Offices. Northern Nevada: (775) 687-1900 / Southern Nevada: (702) 668-4200.

If you have any eligibility-related questions, please contact the DWSS customer service unit at (775) 684-7200 or (702) 486-1646.

Non-Discrimination

Following federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. You can file a complaint of discrimination by visiting <http://www.hhs.gov/ocr/office/file>; or you may write: HHS, Director, Office for Civil Rights, Room 506F, 200 Independence Ave, S.W. Washington, D.C. 20201; or call (202) 619-0403 (voice) or (202) 6193257(TTY).

HEARINGS

You can ask for a fair hearing if you do not agree with what we have told you in this notice. A hearing will give you a chance to explain why you do not agree.

How do I ask for a hearing?

If you want to have a hearing, you must ask for it .in writing.

What is the deadline to ask for a hearing?

You have up to 90 days from the date on this notice to ask for a hearing.

Where can I get help with my hearing?

If you need legal counsel and cannot afford it, these agencies may be able to help you:

- Washoe County: Nevada Legal Services 1 (800) 323-8666;
- Washoe County Senior Law Project (775) 328-2592.
- Clark County: Nevada Legal Services: (702) 386-0404, toll free 1 (866) 432-0404;
- City of Las Vegas Senior Citizens Law Project: (702) 229-6596.
- Rural counties: Nevada Legal Services Carson City: (775) 883-0404, toll free: 1 (800) 323-8666.

If you do not agree with the action taken you may request a conference or hearing within 90 days of the date of this notice. If you want a conference/hearing, check the appropriate box below, include your reason, sign, date, and return this notice to your local welfare office.

I desire a hearing.

I desire a conference.

Reason for requesting a hearing:

Applicant's Signature: _____ Date: _____