



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

MICHAEL J. WILLDEN
Director

LAURIE SQUARTSOFF
Administrator

February 21, 2014

Inter-Tribal Council of Nevada
Executive Board President
Gerald Temoke, Tribal Chairman
Elko Band Council
1745 Silver Eagle Drive
Elko, Nevada 89801

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed change in the Medicaid State Plan.

The Affordable Care Act gives qualified hospitals the opportunity to make presumptive eligibility determinations for certain individuals under 42 CFR 435.1110. A qualified hospital is a hospital that participates as a provider under the Medicaid state plan. Qualified hospitals electing to participate may temporarily enroll Medicaid eligible individuals into coverage based on preliminary information. Hospitals can use the new provision to enroll children, pregnant women, parents, caretaker relatives and adults without children.

Participating qualified hospitals must comply with performance standards established by the state agency. If a hospital fails to meet the state's performance standards a corrective action will be allowed, but if a hospital continues to fall short of the standards the state may discontinue the hospital's authority to conduct presumptive eligibility determinations.

Hospitals electing to make presumptive eligibility determinations will be required to have all staff making eligibility determinations participate in eligibility training at one of the Division's Professional Development Centers. Training will include application forms, eligibility determinations, presumptive eligibility proficiency standards, audits, quality control, corrective actions and Medicaid contract implications. Training material is currently in development but the state is estimating the training course to take approximately 40 hours and will require all individuals to pass a competency exam prior to completion.

Presumptive eligibility performance standards are determined by the state and include limiting the number of presumptive eligibility periods to no more than one within 2 calendar years. Participating hospitals will be required to assist individuals in completing a full electronic Medicaid application for 100% of individual's determined presumptively eligible. The state will require 97% of applications submitted to be determined Medicaid eligible by the state agency.

Hospitals will be required to provide written notification to the individuals at the time the determination is made. Notification of the presumptive determination must be made to the

Division of Welfare and Supportive Services within 5 working days of the determination. The Division is proposing a weekly electronic file to be provided to the Division of all presumptive determinations, including all data elements used to establish eligibility.

The eligibility determination must be based on both an individual's non-financial and financial factors such as age and pregnancy, residency, citizenship and household income, using modified adjusted gross income (MAGI) budgeting rules.

The presumptive eligibility period begins the date the hospital makes the eligibility determination and ends on the date a full eligibility determination is made by the agency if a Medicaid application is filed; and at the end of the second month if no Medicaid application is filed.

Qualified hospitals electing to participate will incur financial costs associated to system access, notification requirements, reporting requirements and mandatory personnel training.

If you would like a consultation regarding this new policy, please contact Tanya Benitez at (775) 684-3722 who will schedule a meeting. We would appreciate a reply whether or not you would like this consultation, however if we do not hear from you within 30 days from the date of this letter we will consider that an indication that no consultation is requested.

Sincerely,

A handwritten signature in blue ink that reads "Elizabeth Aiello for Laurie Squartsoff". The signature is written in a cursive style.

Laurie Squartsoff
Administrator

Cc: Elizabeth Aiello, Deputy Administrator
Coleen Lawrence, Chief, Program Services
Naomi Lewis, Chief, Eligibility & Payments
Dena Schmidt, Program Specialist, Eligibility & Payments