



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

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

July 14, 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 to the previously proposed Medicaid State Plan pertaining to hospital presumptive eligibility.

The Affordable Care Act gives qualified hospitals the opportunity to make presumptive eligibility determinations for certain individuals under 42 CFR 431.1110. 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 standard 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.

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 Medicaid application for 90% of individual's determined presumptively eligible. The State will require 94% of applications determined presumptively eligible to be eligible for Medicaid as determined by the State agency.

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

Additionally, due to the transition from the State Based Exchange to the Supported State Based Marketplace (SSBM), formatting changes are being made to the existing Medicaid paper application.

July 14, 2014

Page 2

If you would like a consultation regarding these policy updates, please contact Tanya Benitez at (775) 684-3722 to schedule a meeting, 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,



Laurie Squartsoff
Administrator

Cc: Elizabeth Aiello, Deputy Administrator
Coleen Lawrence, Chief, Program Services
Diane Smith, Program Integrity
Nova Murray, Chief, Eligibility & Payments
Dena Schmidt, Program Specialist, Eligibility & Payments