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Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

Division of Health Care Financing and Policy
Notice of meeting to solicit public comments and intent to act
Upon Amendments to the State Plan for Medicaid Services

Public Hearing October 9, 2014

Minutes

Date and Time of Meeting: October 9, 2014 at 9:00 AM

Name of Organization: State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: State of Nevada Legislative Building
401 So. Carson Street, Room 2135
Carson City, Nevada 89701

Place of Video Conference: Grant Sawyer Office Building
555 E. Washington Avenue, Suite 4412
Las Vegas, Nevada 89101

Attendees

In Carson City, NV

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|---------------------------------------|---|
| Jennifer Frischmann, DHCFP | Nova Murray, DWSS |
| Alexis Tucey, DHCFP | Hilary Jones, DHCFP |
| Kim Riggs, DHCFP | Scott Mayne, Washoe County/Clark County |
| Carl Jeffery, Catamaran | Billie Kale, CVMC |
| Christina Buxton, CVMC | Betsy Aiello, DHCFP |
| Coleen Lawrence, DHCFP | Mary Griffith, DHCFP |
| Michele Belkin, DHCFP | Jenni Bonk, DHCFP |
| Michael Bowman, Eligibility Solutions | Aubrey Straub, Eligibility Solutions |
| Lynne Foster, DHCFP | Joanna Jacob, Ferrari Public Affairs |
| Dwight Hansen, NV Hosp. Assn. | Bethany Sexton, Renown |
| Mary Fernandez, Renown | Pam Calvert, Renown |
| Tammy Moffitt, DHCFP | Darrell Faircloth, DAG |

In Las Vegas, NV

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|--------------------------|--------------------|
| Dan Musgrove, Amerigroup | Debra Ferber, DWSS |
| Tyler Owen, Sunrise HCA | Dana Lunde |

In Las Vegas, NV (Continued)

Lisa Betts, MedImmune
Charlene Frost, NVPEP
Shannon Groppenbacher, Johnson & Johnson
Renee Nemchek, UMC

Dev Vinson, MedImmune
Jarred Nelson, RCA
Amanda Haboush-Deloy, MCRP

Introduction:

Ms. Tammy Moffitt, Chief of Program Integrity, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Betsy Aiello, Deputy Administrator of the DHCFP and Mr. Darrell Faircloth, Senior Deputy Attorney General (DAG).

Ms. Moffitt – The notice for this public hearing was published on September 5, 2014 in accordance with the Nevada Revised Statute 422.2369.

1. General Public Comments

No Comments

2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Presumptive Eligibility Determinations by Hospitals

Ms. Nova Murray:

The Division of Health Care Financing and Policy (DHCFP) is proposing an addition to the Nevada Medicaid State Plan to incorporate requirements under 42 CFR 435.1110, which allows for one or more qualified hospitals to determine presumptive eligibility for children, pregnant women, parents, caretaker relatives and adults without children.

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. Participating qualified hospitals must comply with performance standards established by the State agency.

Participating hospitals will be required to assist individuals in completing a full electronic 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.

The entities financially affected are Provider Types 11 and 75 and there is no known impact on local government.

The effective date is January 1, 2014.

The state has elected to only allow the period of presumptive eligibility to be determined once in a two calendar year period.

At the conclusion of Ms. Murray's presentation, Ms. Moffitt asked Ms. Aiello, Deputy Administrator, and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Aiello's Comments:

- No Comments

Mr. Faircloth's Comments:

- No Comments

Public Comments:

- Ms. Billie Kale of Carson Valley Medical Center (CVMC) inquired regarding costs associated with implementation of the presumptive eligibility program in the hospital.
- Ms. Murray responded it is expected the hospital will need to have staff trained, including an FBI background check. A complete process must be developed in the agency that would allow eligibility determination on an application, the ability to submit the application potentially electronically, and notification of all clients that the records are to be stored with an eligibility entity. With this process and training, all corresponding information will be provided to the providers that elect to implement presumptive eligibility.
- Ms. Kale inquired as far as quality control (QC) who establishes that, is QC through the State.
- Ms. Murray responded that is correct; it will be QC through the State. The Division of Welfare and Supportive Services (DWSS) agency is doing that in compliance with the presumptive eligibility guidelines.
- Ms. Kale inquired approximately how much training will hospital staff be required to receive.
- Ms. Murray responded for full eligibility training 40 hours will be required of each staff member who will be required to each have their own unique log in. New staff members must also complete the 40 hours of training.
- Ms. Kale inquired about technical assistance regarding computer and network issues, etc.; is that included in the cost to the hospital.
- Ms. Murray responded that is included in the hospital cost, they must maintain their own computer and the information they use to submit into the computer system on the DWSS site.
- Michael Bowman with Eligibility Solutions inquired if it is solely hospital employees who are allowed to carry out the presumptive eligibility, or will hospital vendors working within the hospital doing eligibility currently be able to carry this out.
- Ms. Murray responded this particular question was submitted to the Centers for Medicare and Medicaid Services (CMS); their response stated it must be hospital employees who determine the presumptive eligibility. The hospital cannot delegate the authority to determine eligibility for hospital presumptive eligibility, however as outlined in the Frequently Asked Questions (FAQ's) there are ways that contractors can provide support for the hospital.

- Mr. Bowman inquired as to where to find the particular ways that the contractor can provide assistance to the hospital.
- Ms. Murray responded that information was not provided, however we can look into this process and get back to you. The information CMS provided indicates there are more FAQ's that go further into the information; these FAQ's can be found on the CMS website.
- Bethany Sexton from Renown Health commented please share some background or rationale regarding the two year limitation.
- Ms. Murray responded that decision was based on the Affordable Care Act (ACA) and the intent of the regulation is to get people covered by health care insurance. If a client applies for assistance, it is expected of them to comply with that and be covered with insurance. This is just one method to enter that process and stay in that process. We don't expect this to be used transiently.
- Ms. Sexton commented the individuals who roll onto Medicaid and potentially not qualify for Medicaid in the latter half of the two year period, they would then not be able to be insured under the presumptive eligibility, and they would instead have to go through the whole Medicaid application process.
- Ms. Murray responded that is correct. 90% of the clients that come through the presumptive eligibility process will have to complete an application anyway.
- Ms. Sexton commented from a hospital perspective, being able to make that determination quickly and efficiently through this potential process would ensure continuity of care and having to go through a more rigorous process is somewhat of a limitation as people roll on and off of Medicaid on a somewhat regular basis.

Ms. Moffitt – Closed the Public Hearing for the SPA on Presumptive Eligibility Determinations by Hospitals.

2. General Public Comments

- No Comments

There were no further comments and Ms. Moffitt adjourned the public hearing at 9:13 AM.

****An Audio (CD) version of this meeting is available through the DHCFP Administration office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Rita Mackie at rmackie@dncfp.nv.gov or you may call (775) 684-3681.***