



NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY

Nevada Medicaid Hospital Presumptive Eligibility Provider Addendum

This Addendum amends the most recent existing Nevada Medicaid Provider Contract (hereinafter called the "Provider Contract") between the State of Nevada, Division of Health Care Financing and Policy (hereinafter called the "Division") and the undersigned Hospital, (hereinafter called the "Provider"). The Addendum, effective on the date specified on the signature page of this document, is made pursuant to 42 CFR 435.1110 to implement presumptive eligibility (hereinafter called "PE") by hospitals.

Section 1. Responsibilities

- 1.1 Follow the Division of Welfare and Supportive Services' (hereinafter called the "DWSS") and the Division's policies and procedures for determining PE on children, pregnant women, parents, caretaker relatives, and childless adults who are without current Nevada Medicaid coverage.
- 1.2 Assist all individuals who request a PE application/determination without regard to age, sex, race, color, religion, national origin, disability or type of illness or condition.
- 1.3 Temporarily enroll Medicaid eligible individuals into coverage based on preliminary information.
- 1.4 Limit PE determinations to no more than one within two calendar years, per person.
- 1.5 Assist a minimum of 90% of the individuals determined presumptively eligible in completing a full electronic Medicaid application.
- 1.6 Maintain PE applications and supporting documentation for a period of 37 months.
- 1.7 PE eligibility is to be conducted by hospital employee staff only; this does not include contracted staff.
- 1.8 Provider attests all hospital employees that perform PE determinations have a Nevada Criminal History Record check through the Nevada Department of Public Safety.

Section 2. Training

- 2.1 Ensure each hospital employee performing PE determinations participates in the mandatory eligibility training course provided by the DWSS.
- 2.2 Ensure each trained employee has passed a DWSS competency exam prior to making any PE determinations.

Section 3. Notices

- 3.1 Provide a Presumptive Eligibility Notice of Decision to the individuals at the time the determination is made.
- 3.2 Inform the DWSS within five (5) business days of all eligible PE determinations.

Section 4. Performance Measures

4.1 Meet the DWSS accuracy requirement that 94% of PE determinations must be accurate.

Section 5. Corrective Action

5.1 Comply with all corrective action plan requirements as directed by the DWSS policies, procedures and performance standards.

5.2 The Division may discontinue the hospital’s authority to conduct PE determinations, if the hospital does not meet the Division or DWSS policies, procedures and performance standards as expected in the corrective action plan.

Section 6. Miscellaneous

6.1 Provider and Division agree that all administrative remedies, including the Fair Hearing process described at NRS 422.306, must be exhausted prior to initiating any litigation against the Division or DWSS.

6.2 The Division may terminate this Addendum immediately when the Division receives notification that the Provider no longer meets the professional credential/licensing requirements, or the enrollment screening criteria described at 42 CFR 455 subpart E. The terms of this Addendum may be terminated separate from the remaining terms of the hospital’s servicing Provider Contract with Nevada Medicaid.

6.3 It is further expressly understood and agreed that either party may terminate this Addendum without cause at any time with thirty (30) days prior written notice to the other party.

The parties agree that all questions pertaining to validity, interpretation and administration of this Addendum shall be determined in accordance with the laws of the State of Nevada, regardless of where any Service is performed. The parties consent to the exclusive jurisdiction of the First Judicial District court, Carson City, Nevada for enforcement of this Addendum.

By signature below, Provider attests it is a Covered Entity in compliance with the HIPAA privacy rule at 45 CFR 164.

Hospital Administrator/CEO Signature: _____ Date: _____

Printed Name: _____ Title: _____

Provider National Provider Identifier (NPI): _____ Provider Type: _____

Physical/Street Address of the Practice/Business Facility (*cannot be a P.O. Box*):

Street _____ City _____ State _____ Zip _____

_____ Date: _____

Stacie Weeks, Administrator

Nevada Division of Health Care Financing and Policy