



## NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY

### Nevada Medicaid Pregnancy 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 qualified entity. The Addendum, effective on the date specified on the signature page of this document, is made pursuant to 42 CFR 435.1103 to implement presumptive eligibility (hereinafter called “PE”) by qualified entities. A qualified entity (hereinafter called the “Provider”) for pregnancy related presumptive eligibility is a Nevada Medicaid enrolled provider who practices obstetrics within their scope of practice. Coverage of services provided to presumptively eligible pregnant individuals is limited to ambulatory prenatal care. The following provider types and specialties may be considered qualified entities:

Provider Type	Specialty	Title
17	166	Family Planning
17	169	Licensed Birth Centers
17	180	Rural Health Clinics
17	181	Federally Qualified Health Centers
20	062, 124 or 129	Physicians - Obstetrics/Maternal Fetal Medicine specialties
24	--	Advanced Practice Registered Nurses (APRN)
47	--	Indian Health Programs
74	--	Nurse Midwives
77	--	Physician Assistants

#### 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 pregnant individuals 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 for pregnant individuals to no more than one per pregnancy.
- 1.5 Navigate individuals determined presumptively eligible in completing a full electronic Medicaid application through DWSS for continued and expanded healthcare coverage.
- 1.6 Maintain PE applications and supporting documentation for a period of 37 months.

- 1.7 PE eligibility is to be conducted by the qualified entity employee staff only; this does not include contracted staff.
- 1.8 Provider attests all qualified entity 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 qualified entity employee performing PE determinations participates in the mandatory eligibility training course provided by 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 pregnant 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.
- 4.2 The qualified entity entering this contract assumes all liability with the performance of their trained and certified staff under this Addendum.

## **Section 5. Corrective Action**

- 5.1 Comply with all corrective action plan requirements as directed by DWSS policies, procedures and performance standards.
- 5.2 The Division may discontinue the provider's authority to conduct PE determinations, if the qualified entity does not meet the Division or DWSS policies, procedures and performance standards as expected in the corrective action plan.

## **Section 6. Miscellaneous**

- 6.1 The qualified entity 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 qualified entity no longer meets the professional credential/licensing requirements, or the enrollment screening criteria described at 42 CFR 455 subpart E and [Medicaid Services Manual Chapter 100 – Medicaid Program](#). The terms of this Addendum may be terminated separate from the remaining terms of the provider'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, the qualified entity attests it is a Covered Entity in compliance with the HIPAA privacy rule at 45 CFR 164.

Qualified Entity Administrator/CEO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Provider National Provider Identifier (NPI): \_\_\_\_\_ Provider Type and Specialty: \_\_\_\_\_

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**