



February 9, 2015
Announcement 879

Attention All Providers: Qualified Hospitals Are Required to Provide Presumptive Eligibility Notice of Decision (NOD) to Recipients

Qualified hospitals that have been certified by the Division of Welfare and Supportive Services (DWSS) to make Presumptive Eligibility (PE) determinations are required to provide written notification regarding the determination to the recipients applying for PE. Attached (and below) is a sample of the [Presumptive Eligibility Notice of Decision \(NOD\)](#). This notice will indicate the eligibility determination (approval or denial), the PE period, and the requirement to submit a complete Medicaid application.

The purpose of the notice verifies Medicaid eligibility for the recipient and may be used as proof of Medicaid eligibility for 10 days from the date of approval; at which time, the recipient will be issued a Nevada Medicaid card to be used for the remaining eligibility period.

This will be the only acceptable form used for providing proof of eligibility when making PE determinations until the recipient receives their official Medicaid card. Eligibility will be posted and viewable on the [Electronic Verification System \(EVS\)](#) within 48 hours of the PE determination.

See [Web Announcement 861](#) for additional information regarding the implementation of the hospital PE option for acute care hospitals. If you have questions regarding presumptive eligibility policy or regulations, please contact Nova Murray at namurray@dwss.nv.gov.

**PRESUMPTIVE ELIGIBILITY
NOTICE OF DECISION**

Hospital's Name _____ Case Manager _____

Applicant's Name _____ Billing No. _____

Applicant's Date of Birth _____

On _____, Medicaid benefits for the Presumptive Eligibility application dated _____ were:
Month/Day/Year Month/Day/Year

Approved effective _____ ending effective _____
Month/Year Month/Year

Denied

Reason for Denial:

- The applicant does not meet citizenship requirements.
- The applicant is not a Nevada resident.
- The applicant's income is above the Federal Poverty Limit.
- The applicant is receiving Medicaid through another category of assistance.
- The applicant has received Presumptive Eligibility within the last 2 years.
- Other _____

COMMENTS: _____

Case Manager Signature _____ Date _____

Individuals determined eligible for Presumptive Eligibility are entitled to benefits from the date the hospital determined them presumptively eligible until:

- the day a DWSS eligibility determination is made on a full Medicaid application; or
- when an application for Medicaid has not been filed, the last day of the month following the month the determination of presumptive eligibility was made.

You must submit an Application for Medical Assistance to the Division of Welfare and Supportive Services prior to the end of the Presumptive eligibility period. You can apply online or obtain an application at dwss.nv.gov.

This notice may be used as proof of medical assistance eligibility for 10 days from the date of approval. A Medicaid/Nevada Check-Up card will be mailed to you. The eligible member must show their card or notice to the doctor, pharmacist, hospital or other medical care provider as proof of medical assistance eligibility.

The determination of Hospital Presumptive Eligibility does not provide the right to an appeal or hearing. If you disagree with the decision made you must complete a Medicaid application.