Hospital Presumptive Eligibility

Training Template for Qualified Hospitals

Notes on this presentation template

- These slides are meant to be used as a customizable resource to help states train/educate hospitals about the hospital presumptive eligibility (HPE) option
- Text in black is applicable to all states, while italicized blue text should be customized based on state policies or deleted if not applicable
- States should feel free to add, remove, or change aspects of this presentation to best meet their needs and those of their hospitals

Agenda

- HPE as part of the Continuum of Coverage
- HPE Overview
- How Hospitals Can Participate in HPE
- Who is Eligible to Enroll in Medicaid through HPE? What are the Benefits?
- How the HPE Process Works
- Contact Information

HPE as part of the Continuum of Coverage

ACA Coverage Changes

- The Affordable Care Act (ACA) was signed into law in March 2010; it makes major changes to how people secure health coverage in the U.S. Coverage changes include:
 - Medicaid and CHIP expansion and improvements
 - Health insurance marketplaces for individuals and small businesses
 - Private insurance market reforms

The New Vision for Medicaid and CHIP

Medicaid Coverage Expansion

 Covers adults 19-64 with incomes up to 133% FPL who are not eligible and enrolled in a mandatory group

Single, Streamlined Application

 Individuals can apply for Marketplace coverage and all insurance affordability programs (Medicaid, CHIP, premium tax credits) on one application

Simplified Eligibility and Enrollment Rules

 Modified Adjusted Gross Income (MAGI) is the new income methodology based on IRSdefined concepts of income and household to determine Medicaid and CHIP eligibility for children, pregnant women, parents and caretaker relatives, and adults 19-64

Modernized Eligibility Systems

Increases use of automated rules engines to enable real-time eligibility determinations;
 individuals can apply for coverage online

Children's Coverage Improvements

All children up to age 19 with family incomes up to 133% FPL are now Medicaid-eligible

Hospital Presumptive Eligibility

Hospitals can now determine individuals to be presumptively eligible for Medicaid

[Additional Information on Coverage Changes]

 [State to insert any additional information on coverage changes. Can reference information from: Affordable Care Act Overview: A Primer for Medicaid/CHIP Eligibility Workers or make this presentation available to HPE determination workers]

HPE Overview

What Is Hospital Presumptive Eligibility (HPE)?

- As of January 1, 2014, hospitals can immediately determine Medicaid eligibility for certain individuals who are likely to be eligible
- Eligibility under PE is temporary but allows immediate access to coverage for eligible individuals; this is discussed in more detail later in the presentation
- [If State has an existing PE program, note that HPE policies and procedures may differ from those in optional state Medicaid PE programs for children, pregnant women, and the Breast and Cervical Cancer Program and others]

How HPE Works to Get People Connected to Coverage and Care

- HPE improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage
- It ensures the hospital will be reimbursed for services provided, just as if the individual was enrolled in standard Medicaid
- HPE is not about short-term coverage; it provides individuals with an opportunity to get connected to longer-term coverage options

How Hospitals Can Participate in HPE

How Hospitals Can Participate in HPE

- Hospital participation in HPE is <u>optional</u>, but states must provide a mechanism for a hospital to become qualified to conduct PE
- To make HPE determinations, a hospital must:
 - Participate in the Medicaid program
 - Notify the state of its election to make HPE determinations by [State to insert how the hospital should notify the state]
 - Agree to make HPE determinations consistent with policies and procedures of the state [State to insert how the hospital should demonstrate agreement with federal and state policies (e.g. sign attestation form)]

Placeholder for Screenshot of Letter of Intent

 [State to include format for hospital letter of intent to participate in HPE]

Placeholder for Screenshot of Attestation Form

 [State to include attestation form indicating how the hospital will demonstrate agreement with federal and state HPE policies (e.g. signed attestation form)]

Hospital Staff Eligible to Make HPE Determinations

- Once a hospital is a qualified entity:
 - Any hospital employee who is properly trained and certified can make HPE determinations
 - This includes employees in hospital-owned physician practices or clinics, including those in off-site locations
 - Participating hospitals may not delegate HPE determinations to non-hospital staff
 - Third party vendors or contractors may not make PE determinations

Staff Training and Certification

- [State to include process for individual hospital staff members to participate in the HPE program, including training requirements (such as viewing this training or completing other navigator or assister trainings), testing requirements, or forms to sign]
- [State to link to or include copy of training materials or forms]
- [State to include if there is an option for ongoing trainings]

HPE Performance Standards

- [State to include if it is implementing any performance standards for hospitals, and if so, how it will track and use the standards]
- [State to include any other oversight activities for ensuring hospitals are determining PE correctly]
- The state has the authority to take corrective action against hospitals, including termination from the HPE program, if the hospital does not follow state policies or does not meet established standards

Who is Eligible to Enroll in Medicaid through HPE? What are the Benefits?

Populations Eligible for Medicaid via HPE Determinations

- Individuals who do not currently receive Medicaid benefits and have not had a PE period in the timeframe set by the state [State to insert timeframe] (for pregnant women, limited to one PE determination per pregnancy)
- [State to note if it has any residency or citizenship/immigration requirements]
- Individuals who fall into one of the following income-based groups: [State
 to insert appropriate Medicaid eligibility levels for children, pregnant
 women, parents and caretaker relatives, adults, former foster children and
 other populations eligible at state option]:

HPE Income Eligibility Chart

• [State to include charts of the monthly income eligibility ceilings for each eligible group]

Duration of Eligibility under HPE

- HPE period begins with, and includes, the day on which the hospital makes the HPE determination
- HPE period ends with:
 - The day on which the state makes the eligibility determination for full Medicaid, or
 - The last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a full application by that time
- The HPE period is limited to [State to include number of periods allowed for non-pregnant individuals in a given time span] and once per pregnancy for pregnant women

Determining Household Size

- [State to include list of factors to consider when determining household size. State can include content from Household Composition and Income Eligibility Rules: Detailed Rules for Medicaid/CHIP Eligibility Workers]
- [State can note that there is a simplified option for determining household size]

Determining Financial Eligibility Income Sources

 [State to include list of factors to consider when determining income. State can include content from Household Composition and Income Eligibility Rules: Detailed Rules for Medicaid/CHIP Eligibility Workers]

Covered Services Under PE

- Benefits are the same as those provided under the Medicaid group for which the individual is determined presumptively eligible
- Exceptions
 - Pregnant women benefits limited to ambulatory prenatal care (birthing expenses are not covered)
 - Family planning group benefits limited to family planning services and supplies

How The HPE Process Works

The HPE Determination Process

At individual's initial visit, PE worker should take the following steps:

- 1. Assist individual with completing HPE application [State to insert description of application process] if not already enrolled in Medicaid
 - Assist individual in completing required questions [State to insert what these are]
 - Assist individual with calculating monthly family income and household size
- 2. Determine if individual meets HPE criteria; if so, confirm eligibility
- 3. Enter individual's data [State to insert how hospital should proceed]
- 4. Print/provide eligibility notice [and PE/Medicaid card, if applicable]
- 5. Summarize benefits and answer any questions
- 6. Encourage application for full Medicaid; make connection to application counselor [State to insert what is expected of hospital]

Hospital PE Application

• [State to insert a description of its PE application - whether it is using the single streamlined Medicaid application, a different PE application, or if no written application is required]

How to Use the HPE/Medicaid Application

 [State to note the process for filling out a PE application; use step-by-step screen shots if possible]

Hospital PE Application Questions

 [State to include a copy of the application itself (that specifies the subset of questions included if state is using a separate PE application)]

Verification of Eligibility Criteria for HPE

- Individual cannot be required to provide proof/documentation of any PE eligibility criteria
 - (e.g., can't require medical verification of pregnancy)
- Hospital/state must accept self-attestation of income [and citizenship/immigration status, if applicable] [and residency, if applicable]

How to Make a Determination

- [State to include how the PE determination process works (e.g. PE worker makes determination immediately or forwards to the state agency to enter in MMIS)]
- [State to include how quickly a determination can usually be made]

How to Input/Submit Data

 [State to note process for how PE workers will input/submit data into the state's system (directly into online system, into the single streamlined application)]

Approval and Denial Notices

- Hospitals must provide individuals with a written notice after the HPE determination is made, which includes:
 - Whether HPE was approved or denied
 - If approved, beginning and ending dates of the HPE period, which will be extended if the individuals files a Medicaid application and eligibility is not determined by then
 - If denied, the reason for the denial and the option to submit a regular Medicaid application
 - [Additional information included in the written notice]
- Hospital must notify state agency of PE approvals (and date range for the HPE period) within [5 or fewer] days; it should do this by [State to note appropriate process for notifying state (e.g. direct link to MMIS or direct communication with state agency)]

Placeholder for Screenshot of Approval/Denial Notices

• [State to include screen shot of approval or denial notice]

[Temporary PE Cards]

• [If applicable, state to note process for printing temporary PE cards; include screen shot if possible]

Connecting to Full Medicaid Coverage Outside the Hospital

- Individuals can apply for full Medicaid coverage:
 - Online at [fill-in]
 - In-person at [fill-in]
 - By mailing the paper application to [fill-in]
 - By faxing the paper application to [fill-in]
 - By calling [Agency name] at [fill-in]
- Individuals can find help completing the single streamlined application at [fill-in]

Contact Information

State Hospital Presumptive Eligibility Contact and Additional Resources

- For questions or more information on [state's]
 Hospital Presumptive Eligibility policies, please contact: [state to fill in information about state HPE contact]
- [State to insert links or info on where to find additional resources/tools]