

Medicaid and CHIP

**MAC**

*Learning Collaboratives*

# Coverage Expansion Learning Collaborative

Hospital Presumptive Eligibility  
Model Application and  
Memorandum of Understanding

SOTA All State Webinar

Date: February 20, 2014

Time: 1:30 – 3:00 pm (ET)

URL: <https://chcs.webex.com/chcs/onstage/g.php?t=a&d=712294500>

Dial: 888-601-3884

Passcode: 566840

# Agenda

- 
- Introduction and Project Approach** 5 mins.
  - Hospital Presumptive Eligibility (PE) Requirements** 5 mins.
  - Model PE Application & Federal Single Streamlined Application** 25 mins.
  - Model Memorandum of Understanding** 20 mins.
  - Discussion and Wrap-Up** 35 mins.

# HPE The Big Picture



- Effective January 1, 2014
- Allows qualified hospitals to determine people “presumptively eligible” (PE) for Medicaid based on preliminary information
- People may immediately enroll if they meet state eligibility criteria
- Creates opportunities to connect people to ongoing coverage
- Hospital decision to conduct PE determinations; not state decision (unlike other PE options)
- Hospitals must abide by federal and state requirements and performance standards
- Based on gross income or other simplified measure of income. At state option, states may use a simplified definition of household (e.g. non-filer rules) and/or require attestation of citizenship/immigration status and residency

# Project Goal and Approach

## PROJECT GOAL

In response to state requests, develop customizable model materials to assist states and hospitals with PE implementation and to facilitate enrollment of eligible people into ongoing coverage.

### Goal

Model materials include:

- Hospital PE application
- Federal single streamlined application with required elements marked
- State-hospital Memorandum of Understanding (MOU)

## PROJECT APPROACH

Developed materials in collaboration with CMS and Maximus; approved by CMS

- Analyzed previously-released state PE applications and MOUs
- Application reviewed by nationally-recognized literacy expert
- Application and MOU reviewed by several states
- Modeled on best practices and lessons learned through model notices, single-streamlined application, and renewal form – all Learning Collaborative projects

### Approach

# Model PE Application: Key Federal Requirements



Every state must implement hospital PE by submitting a SPA to CMS that outlines the policies and procedures, training materials, and the application that will be used.

## APPLICATIONS MUST / MAY

- May be a standalone PE application or a single streamlined application that clearly indicates which questions are required for PE.
- Must only require questions necessary for conducting PE determinations. Must include questions that:
  - Gather information on gross income or other simplified measure of income.
  - Gather information about household members. At state option, may use simplified household definition (e.g. non-filer rules).
  - Allow hospitals to determine appropriate eligibility category for an applicant.
  - Other optional questions may be asked.
- At state option, may require attestation of citizenship and residency status.

## APPLICATIONS CANNOT

- Cannot require applicants to complete information that is not necessary for hospital PE.
  - For example, states cannot require applicants to provide an SSN.
- Cannot require verification or documentation of information, including income, residency and citizenship.
- For PE purposes, cannot require applicants to submit the single streamlined application.

# Model PE Application

Model PE application was developed based on federal requirements and literacy techniques used to increase comprehension and facilitate enrollment.

States are welcome to use this application and modify it for state-specific information (e.g. eligibility criteria) or for use in an online environment. States can also develop their own application.

Assumes hospital staff will assist people in filling out the application.



You can use this form to apply if you are a patient of the hospital, a patient's family member, or a community member.

## Application for Presumptive Eligibility for Medicaid

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid [State information: State Medicaid program name]. Presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for regular Medicaid or other health coverage, you must complete [State information: State single streamlined application]. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through presumptive eligibility for Medicaid.

[State information: State instructions for how to apply for regular Medicaid and other health coverage, e.g., online or via telephone or paper application.]

### Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of these rules:

- Your income is below the monthly limit
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in the [State policy: Applicable timeframe]. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
  - Children under [State policy: Applicable age]
  - Parents and caretaker relatives
  - Pregnant women
  - [State policy: Other adults age 19-64]
  - People under age 26 who were in foster care at age 18 (no income limit)
  - [State policy: Women in treatment for breast and cervical cancer]
  - [State policy: Women who need family planning services]
  - [State policy: Any other populations]

### Need help with your application?

[State information: For example: "Ask your hospital representative or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX." ]

# Model PE Application: Instructions

**Primary Purpose of Section:** Provides basic information about what PE is, how it works, and its role in facilitating ongoing coverage.

Explains who can apply for coverage (patient, family member, or a community member).



You can use this form to apply if you are a patient of the hospital, a patient's family member, or a community member.

Provides basic information about PE.

## Application for Presumptive Eligibility for Medicaid

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid [State information: State Medicaid program name]. Presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for regular Medicaid or other health coverage, you must complete [State information: State single streamlined application]. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through presumptive eligibility for Medicaid.

[State information: State instructions for how to apply for regular Medicaid and other health coverage, e.g., online or via telephone or paper application.]

Emphasizes need to take action to find out if they qualify for regular Medicaid or other health coverage.

**Note: Highlighted items represent state policy options and state information.**

# Model PE Application: Eligibility Criteria

**Primary Purpose of Section:** Helps people understand if they are likely to qualify.

## Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of these rules:

- Your income is below the monthly limit
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in the [State policy: Applicable timeframe]. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
  - Children under [State policy: Applicable age]
  - Parents and caretaker relatives
  - Pregnant women
  - [State policy: Other adults age 19-64]
  - People under age 26 who were in foster care at age 18 (no income limit)
  - [State policy: Women in treatment for breast and cervical cancer]
  - [State policy: Women who need family planning services]
  - [State policy: Any other populations]

Explains which groups of people may be eligible for presumptive eligibility for Medicaid.

States have flexibility to adopt reasonable standards regarding the number of PE periods that may be provided in a given time frame. For pregnant women, PE is only available if person has not received it during current pregnancy.

# Model PE Application: Application Filer Information

**Primary Purpose of Section:** Collects contact information on person filling out the application.

1

## Tell us about yourself

We ask for this information so that we can contact you about this application.

Name *(first, middle, last)*

---

Home address *(leave blank if you don't have one)*

---

City

State

ZIP code

---

Mailing address *(if different from home address)*

---

Phone number *(if you have one)*

Email address *(if you have one)*

**Phone Number and Email Address: While not required, it may be helpful for following up with the applicant to encourage them to submit a single streamlined application.**

# Model PE Application: Household Information

**Primary Purpose of Section:** Identifies applicants and family/household members. This allows the hospital to determine family size and provides initial information to determine the appropriate eligibility group.

Depending on state policy, may not be necessary to ask these questions. If question is asked, state should provide a tool to help applicants answer the question.

Provides instructions on who to include and a simplified definition based on the non-filer rules.

**2 Tell us about your family**  
 List yourself and the members of your immediate family who live with you. Include your spouse and your children under [State policy: Applicable age] if they live with you. Do not list other relatives or friends even if they live with you.

Name <i>(first, middle, last)</i>	Date of birth <i>(XX/XX/XXXX)</i>	Relationship to you	Applying for presumptive eligibility for Medicaid? <i>(Yes or No)</i>	Already has Medicaid? <i>(Yes or No)</i>	[State policy: U.S. Citizen, U.S. National, or eligible immigrant?] <i>(Yes or No)</i>	[State policy: Resident of State?] <i>(Yes or No)</i>
(Same as above)		(Self)				

Answer for family members who are applying. If a person is not applying, you do not have to answer these questions for that person.

Highlights that existing coverage, citizenship and residency questions need to be answered only for household members applying for coverage. People not applying for coverage do not have to provide this information.

# Model PE Application: Household Information Continued

**Primary Purpose of Section:** Collects additional information needed to identify the appropriate eligibility group for people and their family size.

3

## Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone pregnant, [State policy: even if she is **not applying for presumptive eligibility for Medicaid**]?  Yes  No

If yes, who? ..... How many babies does she expect? .....

[State policy: Is anyone who is **applying for presumptive eligibility for Medicaid** receiving Medicare?]  Yes  No

If yes, who? .....

Is anyone who is **applying for presumptive eligibility for Medicaid** a parent or caretaker relative?  Yes  No

*For example, a grandparent who is the main person taking care of a child.*

If yes, who? .....

Was anyone who is **applying for presumptive eligibility for Medicaid** in foster care at age 18 [State policy: Or applicable older age]?  Yes  No

If yes, who? .....

[State policy: Is anyone who is applying for **presumptive eligibility for Medicaid** being treated for breast or cervical cancer?]  Yes  No

If yes, who? .....

Asks about pregnancy status of non-applicants because it can help people qualify. States that do not adjust family size for non-applicant's pregnancies should ask only about applicants.

States not expanding Medicaid to adults should not ask Medicare question.

If state permits hospitals to conduct PE for CHIP, ask whether child has other health coverage.

# Model PE Application: Income

**Primary Purpose of Section:** Identifies applicant/household's income using a simplified methodology.

Instructional text reflects that question seeks information on income before taxes are taken out.

4

## Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

▼ Job income *For example, wages, salaries, and self-employment income.*

Amount \$ \_\_\_\_\_ How often? (check one)  Weekly  Biweekly  Monthly  Yearly

▼ Other income *For example, unemployment checks, alimony, or disability payments from the Social Security Administration ("SSDI"). Do **not** include Supplemental Security Income ("SSI payments") or any child support you receive.*

Amount \$ \_\_\_\_\_ How often? (check one)  Weekly  Biweekly  Monthly  Yearly

Applicant is not asked to total earned/unearned income. Assumes hospital will calculate on applicant's behalf.

Help text identifies some key sources of income that should be included/excluded.

# Model PE Application: Signature Line

**Primary Purpose of Section:** Offers opportunity to collect applicant signature and provide privacy/security considerations.

5

## Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know.  
We will keep your information secure and private.

Your signature:

Date:

Signature may not be required.

# Model PE Application: Next Steps

**Primary Purpose of Section:** Provides applicant with information about how to use their PE coverage and apply for ongoing coverage.

## 6 If you qualify for presumptive eligibility for Medicaid, what happens next?

- You will get a notice from the hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for Medicaid covered services such as doctor visits, hospital care, and some prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
  - To start using your presumptive eligibility for Medicaid, [State information: State-specific directions. For example, "The hospital will give you a notice saying you are approved. Use the notice to get services until you get a card in the mail. The card should arrive within X days."] If you lose the notice, you can call [State information: Relevant instructions].
  - If the notice says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. Presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.
  - If the notice says you qualify for presumptive eligibility for Medicaid for family planning services, you are only covered for those services.
- If you do not fill out and send the [State information: State single streamlined application] to see if you qualify for regular Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved.
  - ➔ For example, if you qualified for presumptive eligibility for Medicaid in January, it will end on the last day of February.
- **To see if you qualify for regular Medicaid or other health coverage,** [State information: State instructions for how to apply for regular Medicaid and other health coverage, e.g., online or via telephone or paper application.]. The hospital will provide you with an application.

## 7 If you do not qualify for presumptive eligibility for Medicaid, what happens next?

You will get a notice from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid or other health coverage using the [State information: State single streamlined application].

- **Clearly states timeframe for PE expiration and provides example.**
- **Indicates that hospital will provide official determination notice.**
- **Provides information about benefits covered.**
- **Provides instructions for completing single streamlined application.**

- **Indicates that hospital will provide official determination notice.**
- **Highlights that consumer cannot appeal the hospital's decision.**
- **Provides instructions for applying for health coverage using the single streamlined application.**

# Federal Single Streamlined Application: Required Data Elements for PE

As an alternative to customizing the model application, states may use the approved single streamlined application and clearly mark required data fields.

There are certain application questions that must be asked of applicants. Other questions can be asked but must be optional.

Health Insurance Marketplace  
Form Approved  
OMB No. 0938-1191

## Application for Health Coverage & Help Paying Costs

<b>Use this application to see what coverage you qualify for</b>	<ul style="list-style-type: none"> <li>Affordable private health insurance plans that offer comprehensive coverage to help you stay well</li> <li>A new tax credit that can immediately help pay your premiums for health coverage</li> <li>Free or low cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)</li> </ul> <p>You may qualify for a free or low-cost program even if you earn as much as \$94,000 a year (for a family of 4).</p>
<b>Who can use this application?</b>	<ul style="list-style-type: none"> <li>Use this application to apply for anyone in your family.</li> <li>Apply even if you or your child already has health coverage. You could be eligible for lower cost or free coverage.</li> <li>If you're single, you may be able to use a short form. Visit <a href="http://HealthCare.gov">HealthCare.gov</a>.</li> <li>Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.</li> <li>If someone is helping you fill out this application, you may need to complete Appendix C.</li> </ul>
<b>Apply faster online</b>	Apply faster online at <a href="http://HealthCare.gov">HealthCare.gov</a> .
<b>What you may need to apply</b>	<ul style="list-style-type: none"> <li>Social Security numbers (or document numbers for any eligible immigrants who need insurance)</li> <li>Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)</li> <li>Policy numbers for any current health insurance</li> <li>Information about any job related health insurance available to your family</li> </ul>
<b>Why do we ask for this information?</b>	We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We'll keep all the information you provide private and secure, as required by law. To view the Privacy Act Statement, go to <a href="http://HealthCare.gov">HealthCare.gov</a> or see instructions.
<b>What happens next?</b>	Send your complete, signed application to the address on page 7. If you don't have all the information we ask for, sign and submit your application anyway. We'll follow up with you within 1-2 weeks. You'll get instructions on the next steps to complete your health coverage. If you don't hear from us, visit <a href="http://HealthCare.gov">HealthCare.gov</a> or call 1-800-318-2596. Filing out this application doesn't mean you have to buy health coverage.
<b>Get help with this application</b>	<ul style="list-style-type: none"> <li>Online: <a href="http://HealthCare.gov">HealthCare.gov</a></li> <li>Phone: Call our Help Center at 1-800-318-2596.</li> <li>In person: There may be counselors in your area who can help. Visit <a href="http://HealthCare.gov">HealthCare.gov</a> or call 1-800-318-2596 for more information.</li> <li>En Español: Llame a nuestro centro de ayuda gratis al 1-800-318-2596.</li> </ul>

10/2013

**NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](http://HealthCare.gov) or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-855-889-4325.

# Federal Single Streamlined Application: Required Data Elements for PE Cont'd

Initial here: \_\_\_\_\_  
Page 1 of 7

Use blue or black ink to complete this application.

## STEP 1 Tell us about yourself.

(We need one adult in the family to be the contact person for your application.)

1. First name	Middle name	Last name	Suffix
2. Home address (Leave blank if you don't have one.)			3. Apartment or suite number
4. City	5. State	6. ZIP code	7. County
8. Mailing address (if different from home address)			9. Apartment or suite number
10. City	11. State	12. ZIP code	13. County
14. Phone number ( ) -		15. Other phone number ( ) -	
16. Do you want to get information about this application by email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email address: _____			
17. What is your preferred spoken or written language (if not English)? _____			

## STEP 2 Tell us about your family.

Who do you need to include on this application?  
Tell us about all the family members who live with you. If you file taxes, we need to know about everyone on your tax return.  
(You don't need to file taxes to get health coverage.)

**DO Include:**

- Yourself
- Your spouse
- Your children under 21 who live with you
- Your unmarried partner who needs health coverage
- Anyone you include on your tax return, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you

**You DON'T have to include:**

- Your unmarried partner who doesn't need health coverage
- Your unmarried partner's children
- Your parents who live with you, but file their own tax return (if you're over 21)
- Other adult relatives who file their own tax return

The amount of assistance or type of program you qualify for depends on the number of people in your family and their incomes. This information helps us make sure everyone gets the best coverage they can.

Complete Step 2 for each person in your family. Start with yourself, then add other adults and children. If you have more than 2 people in your family, you'll need to make a copy of the pages and attach them. You don't need to provide immigration status or a Social Security Number (SSN) for family members who don't need health coverage. We'll keep all the information you provide private and secure as required by law. We'll use personal information only to check if you're eligible for health coverage.

## Required data elements include:

- Applicant information:
  - Name
  - Home address (if available) and/or
  - Mailing address (if different from home address)
- Household information:
  - Name
  - Relationship to applicant
  - Date of birth
  - Pregnancy status (in some states, may not be requested for non-applicants)
  - Whether applying for health coverage
  - Current enrollment in health coverage
  - Citizenship/immigration status (State option)
  - Parent/caretaker relative
  - Former foster care child
- Income information:
  - Earned income: e.g. wages/tips
  - Unearned income: e.g. unemployment

# Overview of Sections of MOU

NOTE: Items highlighted in gray indicate where state-specific information may need to be inserted.

## MEMORANDUM OF UNDERSTANDING

State of [State name]  
Department of [Department name]  
[Address]  
AND

[Hospital Name]  
[Hospital Address]

This Memorandum of Understanding is effective as of \_\_\_\_ (date) between the State of [State name and Department] (herein referred to as "the Department") and [Hospital name] (herein referred to as "the hospital"). It shall remain in effect unless terminated in accordance with the policies and procedures outlined in Sections IV and V.

### I. Introduction and Purpose

Under Section 2202 of the Patient Protection and Affordable Care Act of 2010 and Federal regulations at 42 CFR 435.1110, qualified hospitals may determine certain individuals presumptively eligible for Medicaid on the basis of preliminary information, subject to federal and state requirements. By conducting presumptive eligibility determinations in accordance with this provision, the hospital can assist individuals in securing temporary coverage on a timely basis and provide them with a pathway to ongoing health coverage.

Under this agreement, the hospital can make PE determinations for patients, family members and other community members seeking coverage. When conducting determinations, the hospital will evaluate individuals for eligibility under Modified Adjusted Gross Income (or "MAGI") categories, including eligibility categories for children, parents and caretaker relatives, pregnant women, individuals under age 26 who were in foster care at age 18 [State policy: Or applicable age if older], and [State policy: Insert additional state-specific categories of individuals eligible for hospital-based presumptive eligibility, such as adults age 19-64, individuals receiving breast and cervical cancer treatment, individuals eligible for family planning services, and other populations].

The purpose of this Memorandum of Understanding is to set forth the role, responsibilities, and other terms for the hospital to conduct Medicaid presumptive eligibility determinations and facilitate enrollment in ongoing coverage, as well as the Department's role and responsibilities in supporting and overseeing these activities.

## Overview of Sections:

- I. Introduction and Purpose
- II. Department Responsibilities
  - Training and Assistance
  - Performance Standards and Oversight
  - Services and Support
- III. Hospital Responsibilities
  - Procedures for Conducting PE Determinations
  - Training
  - Confidentiality of Information
  - Developing and Complying with Performance Standards
- IV. Potential for Disqualification
- V. Termination of this MOU
- VI. Signatures

Appendix A. Data Hospitals Will Provide to Support Development of State Performance Standards

# Model Memorandum of Understanding (MOU)

**Introduction and Purpose: Provides a basic overview of PE and explains the purpose of the MOU.**

- Provides basic information about what PE is, how it works, and its role in facilitating ongoing coverage.
- Highlights that anyone can apply for PE coverage, including patients, their family members, and community members.
- Indicates the eligibility groups that may qualify for PE coverage.
- In model, highlights that the hospital will assist people in securing ongoing coverage.

# MOU: State Responsibilities

## Introduction/Overview

**Primary Purpose of Section:** Reviews overarching state responsibilities (referred to as “Department” in MOU).

### II. [Department name] Responsibilities

In general, the Department will support the hospital in conducting presumptive eligibility determinations by providing training, oversight, and other Department services required for such determinations. It will provide Medicaid coverage to individuals based on the hospital’s preliminary determination of eligibility as long as it was conducted in accordance with Department policies and procedures. The Department will not hold the hospital financially responsible if an individual is found ineligible for Medicaid based on a full eligibility determination.

#### State will:

- Support hospitals in making PE determinations.
- Accept a hospital’s PE determination if conducted in accordance with state policies and procedures.
- Not hold hospital financially responsible if individual is found ineligible for Medicaid.

# MOU: State Training and Assistance and Performance Standards

**Primary Purpose of Section:** Reviews state training obligations and describes role in developing and overseeing performance standards.

## TRAINING AND ASSISTANCE

The Department will provide initial and ongoing training and technical assistance to the hospital, including responding to the hospital's questions regarding the appropriate policies and procedures to use when conducting presumptive eligibility determinations.

## PERFORMANCE STANDARDS AND OVERSIGHT

In consultation with this hospital and other qualified hospitals, the Department will develop reasonable and appropriate performance standards. In doing so, it will rely on data provided by this and other hospitals. Once the performance measures are established, the Department will gather data from the hospital on the performance measures every [State policy: Insert number of months], evaluate the data provided by the hospital, and provide the hospital with timely feedback on its performance.

If the hospital fails to meet the Department's performance standards, the Department will notify the hospital; provide the hospital additional training; assist the hospital in developing and implementing a corrective action plan; and in collaboration with the hospital, identify a timeline within which to achieve improved results that meet the Department's performance standards. If the hospital is unable to meet performance standards after being given the opportunity, time, and assistance it needs to do so, the Department may terminate this agreement, as described in Section V.

**Training will be provided on an ongoing basis.**

**State will develop and maintain reasonable and appropriate performance standards by relying on data submitted by hospitals.**

**If a hospital fails to meet performance standards, state will notify the hospital; provide additional training; assist in developing a corrective action plan; and, in collaboration with the hospital, identify a timeline to achieve improved results to meet performance standards.**

# MOU: State Services and Support

**Primary Purpose of Section:** Describes specific services/support that the state will provide to the hospital.

## DEPARTMENT SERVICES AND SUPPORT

The Department will provide the hospital with the materials that are required to conduct presumptive eligibility determinations, including copies of the presumptive eligibility application, copies of the single streamlined application, eligibility determination notices, and temporary enrollment forms that allow beneficiaries to receive services while they are awaiting their Medicaid cards [State policy: If applicable to a state]. In addition, it will provide the hospital with the protocol for submitting PE determinations and applications for health coverage to the Department.

[State policy: The Department will provide a mechanism (insert mechanism) for the hospital to check current Medicaid enrollment (e.g. provide hospital with online access to portal or telephone number that can be called to check enrollment.)

The Department will designate one Department staff member to serve as the point of contact for the hospital. It will update the hospital if the staff member changes.

State will provide materials required to conduct PE determinations, including PE application and eligibility determination notices.

State option to allow hospitals to check if people are already enrolled in Medicaid.

State will designate a staff member to serve as a point of contact for the hospital.

# MOU: Hospital Responsibilities

## Introduction/Overview

**Primary Purpose of Section:** Reviews overarching hospital responsibilities.

### III. Hospital Responsibilities

The hospital will conduct presumptive eligibility determinations for Medicaid based on information provided by applicants. As part of conducting such determinations, the hospital will assist individuals with the presumptive eligibility application; make presumptive eligibility determinations; provide applicants with their eligibility results; and [State policy: help individuals complete the single streamlined application for ongoing coverage]. It will conduct these activities in accordance with all applicable laws, rules, regulations, and policies for Medicaid presumptive eligibility determinations.

**Hospital will help people apply for ongoing coverage.**

**Hospital must conduct PE determinations in accordance with applicable laws, rules and policies.**

# MOU: Hospital Procedures for Conducting PE Determinations

**Primary Purpose of Section:** Details requirements and processes for conducting PE determinations.

## PROCEDURES FOR CONDUCTING PRESUMPTIVE ELIGIBILITY DETERMINATIONS

- The hospital will conduct presumptive eligibility determinations for patients, family members, and members of the community seeking coverage.
- When conducting presumptive eligibility determinations, the hospital will consider eligibility for children, parents and caretaker relatives, pregnant women, former foster care children up to age 26, and [State policy: Insert state-specific information on any additional populations for which hospitals can conduct presumptive eligibility].
- The hospital will use a simplified measure of an individual's [State policy: household] and income to make presumptive eligibility determinations as described in [State information: Reference training module or manual]. [State policy: The hospital will require applicants to attest to their citizenship or immigration status and residency when completing the PE application.]
- When conducting presumptive eligibility determinations, the hospital will rely on information provided by applicants. It will not require or request any documentation or verification of the information, nor will it require any information that is not needed for a presumptive eligibility determination.

- **Accept applications from patients, family members, and community members.**
- **Evaluate eligibility for all appropriate groups.**

**Not require or request documentation or verification; not require information unless needed for a PE determination.**

# MOU: Hospital Procedures for Conducting PE Determinations Cont'd

**Primary Purpose of Section:** Details requirements and processes for conducting PE determinations.

- The hospital will notify individuals in writing and orally if appropriate, of the outcome of the presumptive eligibility determination. [State information: Insert notice process.] If the individual is found eligible for Medicaid, the notice will explain the duration of their presumptive eligibility; the services available to them and how to access them; and information on how to submit an application for ongoing coverage and the importance of doing so. If they are not found presumptively eligible, the notice will inform them of the decision; provide a reason for the determination; and advise them how to submit the single streamlined application [State information: Insert state-specific notice information].
- The hospital will provide individuals who have applied for presumptive eligibility with information on how to complete the single streamlined application and assistance in doing so.
- The hospital will notify the Department within 5 working days that an applicant is presumptively eligible for Medicaid. [State information: Insert any specific requirements for how the hospital should notify the Department.]
- The hospital will keep a record of presumptive eligibility determinations for a period of [State policy: Insert number of years] and make them available if needed for a state or federal review or audit.

**Hospitals will provide notices.**

**If eligible indicate:**

- The duration of the PE period
- The services available and how to access them
- How to apply for ongoing coverage.

**If not eligible indicate:**

- Outcome of determination
- Reason for determination
- How to apply for ongoing coverage.

# MOU: Hospital Training, Confidentiality, Performance Standards

**Primary Purpose of Section:** Details expectations for training and compliance with performance standards.

## TRAINING

The hospital will require all staff that ~~conduct~~ Medicaid presumptive eligibility determinations to participate in Department-approved training, including ongoing training. It will keep a record of this training for the Department to review as requested. [State policy: The hospital will provide the state with the name, title, and contact information for staff that complete the training.] [State information: Insert any additional training information.]

## CONFIDENTIALITY OF INFORMATION

When conducting presumptive eligibility determinations, the hospital will comply with all state, federal, and Department rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

## DEVELOPING AND COMPLYING WITH PERFORMANCE STANDARDS

The hospital will provide the data specified in Appendix A to the Department on performance indicators to assist the Department in developing reasonable and appropriate standards for hospital-based presumptive eligibility. The Department will use the data from the hospital and other hospitals throughout the state to establish such standards. After the Department has established and informed hospitals of the required performance standards, the hospital will submit the data needed by the Department to monitor its compliance with these performance standards. The data will be submitted in accordance with Department directions and timeframes [State policy: Insert process and frequency of data submission.]

If the data indicate that the hospital is not meeting the specified standards, the Department will notify the hospital and initiate a process to assist the hospital in meeting the standards. As noted in Section II, it will provide the hospital with additional training, assist the hospital in developing and implementing a corrective action plan, and provide the hospital with a reasonable period of time to come into compliance with the standards. If the hospital remains unable to meet the standards after being given a reasonable and appropriate opportunity to do so, the Department may terminate this agreement, as described in Section V.

Require hospital to keep a record of staff who participate in training and provide list of trained staff.

Hospital will provide data specified in Appendix A to state to support development of performance standards.

# MOU: Potential for Disqualification

**Primary Purpose of Section:** Describes circumstances under which the state may disqualify the hospital from conducting PE determinations.

Indicates that states may disqualify hospital only if it is:

- **Not making PE determinations in accordance with federal and state requirements.**
- **Unable to meet performance standards (after following the resolution process).**
- **No longer participating in Medicaid.**

## IV. Potential for Disqualification

The Department may disqualify the hospital from conducting presumptive eligibility determinations only if the Department determines: 1) that the hospital is not making, or is not capable of making, presumptive eligibility determinations in accordance with federal and state law and regulations; 2) if the hospital remains unable to meet the performance standards established by the Department after following the process described above in Section III; or 3) the hospital no longer participates in Medicaid.

If the hospital is disqualified from making presumptive eligibility determinations, it will not have any bearing on whether the hospital can participate in Medicaid or on any agreements other than this one between the hospital and the Department.

**No implications for participation in Medicaid if hospital is disqualified from conducting PE determinations.**

# State Options and Considerations Across Deliverables

## Language to Describe PE

- First Step
- Step One
- Temporary Medicaid
- Presumptive Eligibility

## State Eligibility Policies That May Impact PE Materials

- Adults age 19-64
- Family planning services
- BCCT
- How to define a child for purposes of determining the household (e.g. age 19 or 21)

## PE Design Choice

- Require attestation of residency, citizenship, and/or immigration status
- Definition of income
- Definition of household composition
- Number of PE periods per year (unless pregnant)
- Require hospitals to provide list of trained staff
- Require hospitals to assist in completing the single streamlined application
- Extend hospital PE to other eligibility groups (e.g. 1115 waiver populations, non-MAGI)
- Allow hospitals to conduct PE determinations for CHIP in states with authority

## Application Design Choice

- Provide list of eligible immigrants
- Include optional questions
  - SSN
  - Phone number
  - Email address
  - Pregnant woman's due date

# Discussion and Wrap Up

## QUESTION AND ANSWER



# Additional Resources

## Hospital PE Materials:

<http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Learning-Collaborative-State-Toolbox/State-Toolbox-Expanding-Coverage.html>

- Hospital PE Frequently Asked Questions
- Hospital PE Training Template
- Hospital PE Form Templates: Statement of Interest, Qualified Entity Agreement, Qualified Entity Responsibilities and Agreement
- Slides from December 4, 2013 All State Webinar
- CHCS Brief on hospital PE
- State Network Brief on Hospital PE performance standards by Manatt (<http://www.statenetwork.org/resource/establishing-performance-standards-for-hospital-based-presumptive-eligibility/>)