

CMCS Informational Bulletin

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SUBJECT: Implementation of Hospital Presumptive Eligibility

This informational bulletin announces the release of a number of resources designed to assist states in the implementation of hospital Presumptive Eligibility (PE) as authorized by the Affordable Care Act. Beginning in January 2014 all states must implement hospital PE and ensure that hospitals that participate in the Medicaid program can begin making PE determinations to provide temporary Medicaid coverage to individuals who qualify including children, pregnant women, parents, individuals formerly in foster care, and if applicable in a state, adults covered under the new low-income adult eligibility group. The Affordable Care Act directs that hospital PE be available in every state.

Today the Centers for Medicare & Medicaid Services (CMS) is releasing a set of frequently asked questions for states and stakeholders regarding hospital PE. This document discusses questions on the application process, the eligible populations, information on the qualified entities that can make hospital PE determinations, qualification standards for participating hospitals, and the federal matching funds available.

In addition, CMS is posting tools for states to use in developing policies and procedures related to hospital PE. In response to state requests, CMS has developed templates for training materials, and model agreement forms, and will provide a model PE application, samples of acceptable PE applications, and a model memorandum of understanding for states to use with participating hospitals in the near future. These tools can be found on Medicaid.gov at: <http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Learning-Collaborative-State-Toolbox/State-Toolbox-Expanding-Coverage.html>.

The following are some important policy considerations for states as they implement hospital PE:

- **The PE period varies depending on whether an individual submits a full application.** The PE period begins on the day that the qualified hospital approves PE. If the individual submits a Medicaid application by the last day of the month after the month that PE is determined, the PE end date is the date full Medicaid eligibility is approved or denied. If a full Medicaid application is not filed, by the last day of the month following the month that PE is determined, the PE period ends on that date. For example, if a hospital determines an individual to be presumptively eligible on February

20th, the PE period will end on March 31st if the individual does not file a full application by that date.

- **A full Medicaid application is not a condition of eligibility for PE.** The purpose of PE is to provide a streamlined option for people to get access to immediate coverage. Under the statute and applicable regulations, a full eligibility determination is not needed and may not be required for PE to be approved. However, filing a full application may be encouraged, and states may require that hospitals assist individuals who are presumptively eligible in completing a full application during the PE period. States may also establish performance standards for hospitals that measure the extent to which individuals covered during a PE period submit a full application.

Because a full application cannot be required for PE, if states use the single streamlined application for hospital presumptive eligibility determinations, they must clearly denote the required questions in order for PE to be determined. PE may not be denied or delayed if the applicant does not complete questions that are optional for PE. If the state uses a separate application designed specifically for PE, the questions must be limited to those needed by the qualified hospital to make a PE determination.

- **States may not require verification of information provided as a condition of PE.** States must rely on attestation of information for a PE determination. Once a PE period has been established, states may proceed with verification during the full application process.

Hospital presumptive eligibility offers a streamlined, expedited path to coverage for individuals in all states. In states where Medicaid system development and testing remains underway and the system is not yet ready to make real-time eligibility determinations, timely implementation is particularly important.