Hospital Presumptive Eligibility (HPE)  
All-State Meeting

Resources for Implementing the HPE Program  
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Jennifer Ryan, Centers for Medicare & Medicaid Services  
Shannon McMahon, Center for Health Care Strategies  
Jocelyn Guyer, Manatt Health Solutions  
Christian Heiss, Center for Health Care Strategies  
Maia Crawford, Center for Health Care Strategies
Agenda

• Welcome and Introductions
• Review of HPE program requirements
• HPE Planning and Implementation Resources
• Perspective on HPE from the American Hospital Association
• Questions?
• Closing Remarks and Next Steps
Review of the HPE Program
The Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility (PE) for certain Medicaid-eligible populations.

- **Provides:**
  - Temporary enrollment in Medicaid
  - Access to, and compensation for, hospital-based services
  - Pathway to longer-term Medicaid coverage

- The HPE program is an option for hospitals; states must maintain a program if hospitals express interest.
State Responsibilities

• CMS final rule on HPE provides states with flexibility in HPE program design, particularly:
  • Training and certification of hospital staff
  • Tracking performance of hospital staff
  • Overseeing program quality

• States must submit a State Plan Amendment that outlines their planned approach for the HPE program, including:
  • Training materials for hospitals
  • PE application (if the state intends to use a written application)
HPE Planning and Implementation Resources
HPE Frequently Asked Questions

• CMS received questions and comments on the HPE program via:
  • Rulemaking process
  • All-state webinars
  • Affinity group of states with prior PE experience
  • State Operations and Technical Assistance (SOTA) calls

• FAQs address common questions about the HPE program in general, as well as questions specific to:
  • Application processing
  • Eligible populations
  • Qualified entities
  • Training and standards
  • Availability of Federal Match in the PE period
• Addresses key considerations for states as they design their HPE programs:
  • Qualified provider requirements
  • Training and certification
  • Performance standards
  • Plan enrollment and payment

• Written by CHCS for the State Health Reform Assistance Network, a national program of the Robert Wood Johnson Foundation
Highlights of the State Network Brief

• Qualified Provider Requirements
  • Only hospital employees are authorized to perform PE determinations; third-party contractors are not allowed
  • States must ensure that individuals applying for PE are informed about how to file a regular application for Medicaid

• Training and Certification
  • CMS does not mandate a specific training format: examples include in-person, telephone conference or webinar, or web-based training
  • Method for training and certification must be submitted with the State Plan Amendment
Highlights of the State Network Brief (continued)

• Performance Standards
  • States may establish standards based on:
    • the proportion of individuals determined presumptively eligible by the hospital who submit a full application; or
    • the proportion of individuals who are determined eligible for Medicaid based on the full application.
  • Hospitals may only be disqualified from conducting PE determinations after additional training or other reasonable corrective action measures.

• Plan Enrollment and Payment
  • States may want to establish policies to guard against steerage toward particular managed care plans as part of the HPE process.
  • The enhanced federal match for the newly eligible Medicaid expansion population can be claimed (including retroactively) once the individual is determined eligible for Medicaid outside a PE process.
• Template slides that states can modify for use as training materials with their hospitals

• Provides general information on the HPE program (in black text) and indicates areas for state-specific customization of the program (in blue text)

• Once completed by a state, could be included as part of the SPA submission to indicate how the state intends to train hospitals on the HPE program requirements
Sample HPE Forms

- Templates to be modified as necessary by states for initial administration of HPE programs

- Forms include:
  - Hospital Statement of Interest in participating in the HPE program
  - Qualified Entity Application for Participation
  - Qualified Entity Responsibilities and Agreement
  - Simplified Qualified Entity Agreement
States may establish standards for hospitals on share of PE applicants who:

- File a regular Medicaid application, and
- Are found eligible for regular Medicaid

States may use alternative/additional standards

An important tool for shaping implementation of hospital PE
Possible Approaches to HHS-Defined Measures

• Base Benchmarks on Actual Experience
• Consider Increasing Standards Over Time
• Use an Outlier Approach
• Consider a Multi-Step Process
Hospital Presumptive Eligibility Standards - Additional Measures to Consider

- Check for existing enrollment in Medicaid
- Prevent multiple PE applications
- Accuracy of PE determinations
- Connecting people to care
- Engaging outpatient departments
- Other standards
Hospital Presumptive Eligibility Standards - Conclusion

• Important for each state to develop performance standards in collaboration with hospitals that support their PE goals

• May want to gather benchmark data initially prior to establishing firm standards

• May want to consider more limited standards in short run to ensure PE program integrity. For example:
  - Hospitals conduct PE determinations accurately in high share of cases based on data provided
  - Hospitals ensure they verify that applicant is not already enrolled in Medicaid prior to conducting PE determination
American Hospital Association HPE Perspectives
Questions?
Selected Resources

CMS Summary of July 9, 2013 Regulations:


RWJF/State Network Brief on HPE:


Enroll America Hospital Presumptive Eligibility Toolkit:

http://www.enrollamerica.org/toolkits/pe/home.html
Thank you for participating in today’s webinar!