

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 13-0027-MM7**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS Summary form (with HCFA-179-like data)
- 4) Approved SPA Pages
- 5) Additional materials to be incorporated in the State Plan

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

February 27, 2015

Mari Cantwell, Chief Deputy Director  
California Department of Health Care Services  
Director's Office, MS 0000  
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 13-0027-MM7. SPA CA-13-0027-MM7 was submitted to my office on December 23, 2013 to identify the specifications according to which California will implement the hospital presumptive eligibility (PE) requirements of the Affordable Care Act, found at 42 CFR 435.1110.

The effective date of this SPA is January 1, 2014. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- S21, pages 1-3
- Hospital PE application
- Hospital PE training materials

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at [Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov).

Sincerely,

/s/

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Nate Emery, California Department of Health Care Services  
Alice Mak, California Department of Health Care Services

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

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**State/Territory name:**

California

**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

CA-13-0027

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Section 1902(a)(47)(B); 42 CFR 435.1110

**Federal Budget Impact**

|             | Federal Fiscal Year | Amount         |
|-------------|---------------------|----------------|
| First Year  | 2014                | \$ 15308000.00 |
| Second Year | 2015                | \$ 37749000.00 |

**Subject of Amendment**

To determine eligibility presumptively under the option at 42CFR435.1110 and that the State provides Medicaid coverage for individuals determined presumptively eligible under this provision

**Governor's Office Review**

- Governor's office reported no comment  
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal

- Other, as specified

Describe:

The Governor's Office does not wish to review the State Plan Amendment

**Signature of State Agency Official**

Submitted By:

Nathaniel Emery

Last Revision

Date:

Dec 1, 2014

Submit Date:

Dec 23, 2013



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CA - 13 - 0027

Expiration date: 10/31/2014

## Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes    No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of

its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance

with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes    No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115



# Medicaid Eligibility

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Yes  No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

|   | Name of limitation   | Description  |   |
|---|--|--|---|
| + | Children Under 19 Years Old Presumptive Eligibility Periods    | Children under the age 19 years old, receive no more than Two PE periods within a twelve-month period, starting with the effective date of the initial presumptive eligibility period. | X |
| + | Former Foster Care Presumptive Eligibility Period              | Former Foster Care individuals, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.       | X |
| + | Parents and Caretaker Relatives Presumptive Eligibility Period | Parents and Caretaker Relatives, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.      | X |
| + | Adults Presumptive Eligibility Period                          | Adults, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.                               | X |
| + | Pregnant Women Presumptive Eligibility Period                  | Pregnant Women, receive no more than One PE period, per pregnancy.   | X |

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes  No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**



# Medicaid Eligibility

- The presumptive eligibility determination is based on the following factors:
  - The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
  - Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
  - State residency
  - Citizenship, status as a national, or satisfactory immigration status
- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

**An attachment is submitted.**

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



# Hospital Presumptive Eligibility (HPE) Medi-Cal Application



Complete this application with a Qualified HPE Provider to find out in real-time if you qualify for the Hospital Presumptive Eligibility (HPE) Program. The HPE Program offers qualified individuals (such as patients and family members) immediate access to temporary Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage.

## WHO CAN QUALIFY FOR HPE?

To qualify for HPE, individuals must meet the rules below.

- Have income below the monthly limit for household size.
- Be a California resident.
- Not already have Medi-Cal.
- If not pregnant, have not received PE Enrollment Period benefits from any Medi-Cal PE Program, up to the maximum limitation allowed within the past 12 months of applying. The Medi-Cal PE Programs are identified in the chart in Section 2. of the instructions.
- If pregnant, have not had a PE Enrollment Period during this pregnancy.
- And, be eligible in one of the following HPE groups below:

| HPE GROUPS  | Total PE Enrollment Periods Permitted within the Past 12 Months |
|---|---|
| ➤ Individuals between the ages 18-25 who were in foster care at age 18 (no income limit)                                    | 1 PE Enrollment Period  |
| ➤ Children under 19 years old   | 2 PE Enrollment Periods   |
| ➤ Parents and Caretaker Relatives   | 1 PE Enrollment Period  |
| ➤ Adults between the ages 19-64, not pregnant, not enrolled in Medicare, and not eligible for any other group stated above. | 1 PE Enrollment Period  |
| ➤ Pregnant Women  | 1 PE Enrollment Period, Per Pregnancy                           |

## IF YOU QUALIFY FOR HPE - WHAT HAPPENS NEXT?

- On the day you are approved for HPE, the hospital will give you a temporary paper benefits identification card (BIC) to sign and use immediately to receive temporary covered Medi-Cal services such as, doctor visits, hospital care, and some prescription drugs.
- **If you are pregnant**, you can get care at outpatient clinics or other places in the community. HPE will **not** cover the cost if you are admitted to the hospital and that's why it is important to apply for Medi-Cal. Limited-scope pregnancy only Medi-Cal programs may cover your pregnancy, labor and delivery related hospitalization. Medi-Cal or other health coverage may cover additional hospital services. You may apply for the Access for Infants and Mothers (AIM) Program by calling 1-800-433-2611 or visit the AIM website at <http://www.aim.ca.gov/Home/>.
- The hospital will give you an insurance affordability application to apply for Medi-Cal or other health coverage. If you do not fill out the insurance affordability application, your PE Enrollment Period will end on the last day of the following month in which you were approved for PE.
  - **For example**, if approved for PE coverage on July 3, PE coverage ends on the last day of August.
- If you do fill out the insurance affordability application, your PE Enrollment Period for Medi-Cal coverage will end on the day in which the eligibility determination was made (approved or denied).
  - **For example**, if approved for PE coverage on July 3, and the insurance affordability application eligibility determination was made on August 25, PE coverage ends on August 25.

## INDIVIDUALS CAN APPLY FOR MEDI-CAL AND OTHER HEALTH COVERAGE

If you prefer to file online or by phone you may do so at:

### Covered California

- **Online:** <https://www.coveredca.com/>
- **English:** (800) 300-1506 | TTY: (888) 889-4500
- **Español:** (800) 300-0213

## IF YOU DO NOT QUALIFY FOR HPE - WHAT HAPPENS NEXT?

If you do not qualify for the HPE Program, you cannot appeal the PE eligibility decision, BUT you can still apply for Medi-Cal or other health insurance by completing the insurance affordability application. If there are errors or corrections needed due to system issues, individuals may call the Telephone Service Center at 1-800-541-5555 Monday through Friday, between 8 a.m. and 5 p.m.

# Hospital Presumptive Eligibility (HPE) Medi-Cal Application

**\* Do Not Mail this Application \***

This application is used for internal purposes to assist applicants and retain for record keeping.

## Section 1. Tell us about yourself. Personal and Contact Information

|   |  |   |   |             |               |  |  |
|---|--|---|---|-------------|---------------|--|--|
| Last Name   | First Name                               | Middle Name   | (Jr. Sr. II. etc.)  |             |               |  |  |
| Date of birth (mm/dd/yyyy)<br>/ /   | Social Security Number (optional)<br>- - |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>Male</b></td> <td style="width: 50%; text-align: center;"><b>Female</b></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | <b>Male</b> | <b>Female</b> |  |  |
| <b>Male</b>   | <b>Female</b>                            |   |   |             |               |  |  |
|   |  |   |   |             |               |  |  |
| <input type="checkbox"/> If homeless, check the box and tell us where we can reach you in the home address field below. |  | <input type="checkbox"/> If "Safe At Home" participant, check the box and answer the questions below.             |   |             |               |  |  |
|   |  | 1. What is your P.O. Box address, if known? _____<br>2. What is your Safe At Home Participant ID, if known? _____ |   |             |               |  |  |
| Home Address (number & street)  |  | City  | State      ZIP Code   |             |               |  |  |
| Mailing Address (if different than above)   |  | City  | State      ZIP Code   |             |               |  |  |
| Living in California? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | County living in?   |   |             |               |  |  |
| Best contact phone number   | Other phone number                       | Email address   |   |             |               |  |  |
| What language do you speak best?  |  | What language do you read best?   |   |             |               |  |  |

## Section 2. Additional Questions

|   | Yes | No |
|---|-----|----|
| 1. Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months?<br>If yes, name the PE program(s) _____ and if under age 19 how many times it was received? _____   |     |    |
| 2. Do you currently have Medicare?  |     |    |
| 3. Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card?<br>If yes, what is the identification number on the card, (if available)? _____   |     |    |
| 4. Are you between the ages of 18 – 25 and had Foster Care the month of his/her 18th Birthday?  |     |    |
| 5. Are you a parent of a child or caretaker relative of a child that lives with the patient?  |     |    |
| 6. Are you pregnant?<br>If <b>yes</b> , what is the expected due date (mm/dd/yyyy)? _____ How many babies expected, if known? _____<br><b>Note:</b> If the individual is pregnant, services received are limited to ambulatory prenatal services. |     |    |
| 7. If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?   |     |    |

## Section 3. Tell us about your household and income information.

|  |   |
|--|---|
| <b>How many family members live in your household?</b> _____<br><i>(Include parent, spouse, and any children under age 21 living in the household)</i> | <b>How much is your household income before taxes?</b><br>\$ _____ Monthly or \$ _____ Yearly |
|--|---|

## Section 4. Signature and Declaration

**By signing, I declare that what I say below is true and correct.**

- I have read and understand this HPE Medi-Cal Application.
- The information I provided is true, correct, and complete.
- I understand that I must complete and submit the insurance affordability application by the end of my PE period in order to be eligible for continued coverage.
- I have received the insurance affordability application.

|  |   |                   |
|--|---|-------------------|
| Signature of applicant or parent/spouse/guardian/emancipated minor | Relationship to the applicant (if applicable) | Date (mm/dd/yyyy) |
|  |   |                   |

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Hospital Presumptive Eligibility Provider and Covered California.

## INSTRUCTIONS

## Hospital Presumptive Eligibility (HPE) Medi-Cal Application

(Page 1 of 2)

## Section 1.

## Tell us about yourself. Personal and Contact Information

## Personal Information

- Enter your Last Name, First Name, Middle Name and Jr., Sr., II, if indicated, otherwise leave blank.
- Enter your date of birth (month/date/full year). (Example: 07/07/2014)
- Enter your Social Security Number, if available. Enter a check mark to indicate your gender.

## Homeless Question

- Check the box if you are homeless. All applicants should complete the home address or mailing address field.

## Safe At Home Questions

- Check the box if you are a "Safe At Home" participant.
  1. Enter your P.O. Box, if available. Otherwise, select "Unknown".
  2. Enter the Safe At Home Participant ID, if available.

**Important - Safe At Home program** is California's confidential address program, which helps victims of violence by providing a free post office box mail service. HPE applicants, who are Safe At Home participants, are allowed to provide their Safe at Home P.O. Box address instead of providing their residence address. Safe At Home participants have a participant ID card.

## Address and Contact Information

- Enter your home address. (If homeless, enter an alternative address or location).
- Enter your mailing address if different from the home address.
- Check Yes or No you are living in California.
- Enter the name of the County where you are living. (If homeless, your designated County general area)
- Enter your phone numbers with area code, if available.
- Enter your email address, if available.

## Section 2.

## Additional Questions

1. Check Yes or No if you have been enrolled in Medi-Cal through PE in the past 12 months. If yes, name the PE program(s) and if under age 19 how many times it was received? The Medi-Cal PE Programs are listed in the chart below.  
**Note:** PE Enrollment benefits received from any PE program are limited to the past 12 months prior to applying for HPE as indicated below.

|   | Medi-Cal PE Programs   | Total PE Enrollment Periods Permitted |
|---|--|---------------------------------------|
| 1 | HPE - Individuals between the ages 18-25 who were in foster care at age 18 | 1 PE Enrollment Period                |
| 2 | HPE - Children under 19 years old  | 2 PE Enrollment Periods               |
| 3 | HPE - Parents and Caretaker Relatives                                      | 1 PE Enrollment Period                |
| 4 | HPE - Adults between the ages 19-64  | 1 PE Enrollment Period                |
| 5 | HPE - Pregnant Women   | 1 PE Enrollment Period, Per Pregnancy |
| 6 | Children Health and Disability Prevention (CHDP) Gateway                   | 2 PE Enrollment Periods               |
| 7 | Breast and Cervical Cancer Treatment Program (BCCTP)                       | 1 PE Enrollment Period                |
| 8 | PE for Pregnant Women  | 1 PE Enrollment Period, Per Pregnancy |

2. Check Yes or No if you currently have Medicare. Note: Individuals eligible for the Adult group and currently have Medicare are not permitted to receive PE.
3. Check Yes or No if you have a BIC. If yes, enter the card number, if available.
4. Check Yes or No if you are between the ages of 18 – 25 and had Foster Care the month of your 18th Birthday.

**INSTRUCTIONS****Hospital Presumptive Eligibility Medi-Cal Application**

(Page 2 of 2)

5. Check Yes or No if you are a parent of a child (under the age 18) or 18 and a full-time student, or caretaker relative of a child that lives with the individual.
6. Check Yes or No if you are pregnant.
  - If pregnant, enter the expected due date, if available.
  - Enter the number of babies expected, if available.
7. Check Yes or No if you are pregnant and you have been enrolled in Medi-Cal through PE during this current pregnancy.  
**Note:** PE Enrollment Periods for pregnant women are limited to (1) PE Enrollment Period, per pregnancy.

**Section 3.****Tell us about your household and income Information.**

- Enter the total number of family members living in your household. Family members include you, your parents if you are under 21 living in the home, your spouse, and any children under age 21 living in the household.
- Enter your total income received in your household before taxes, either monthly income or yearly income.

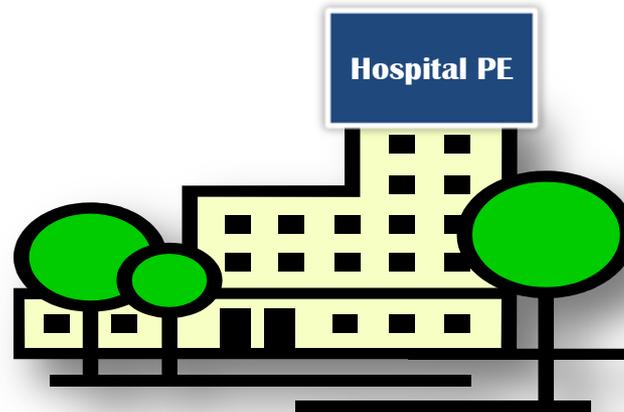
**Section 4.****Signature and Declaration**

- State and federal laws require the individual's signature. The signature indicates that the declarations and answers are truthful and correct. If you cannot sign the application, a family member may sign the application on your behalf.

# Department of Health Care Services



## Hospital Presumptive Eligibility (HPE) Program Provider Training



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**Module 1: Background**

**Module 2: HPE Program Eligibility Requirements and HPE Income Chart**

**Module 3: HPE Enrollment Period Requirements**

**Module 4: HPE Program Provider Election Form and Agreement Overview**

**Module 5: Initial HPE Application Process**

**Module 6: HPE Application Web Portal Submission and Eligibility Process**

**Module 7: HPE Program Contact Information and Resources**

**Module 8: HPE Program Quiz**

**Module 9: HPE Program Training Acknowledgement**

# Module 1: Background

- a) HPE Overview**
- b) HPE Qualified Provider**
- c) State Legislation**
- d) Federal Rule**



# a) HPE Overview

- The HPE Program provides qualified, individuals immediate temporary, no cost, Medi-Cal benefits during the individual's PE Enrollment Period.
- The PE Enrollment Period begins on the day determined HPE eligible.
- The PE Enrollment Period ends, either:
  - 1) On the last day of the following month in which determined eligible for HPE - if the individual did not file an insurance affordability application prior to their PE Enrollment Period end date, OR
  - 2) On the day the eligibility determination is made - if the insurance affordability application is filed prior to the PE Enrollment Period end date.



## b) HPE Qualified HPE Provider

### Once a hospital is a “Qualified HPE Provider”:

- HPE Provider employees who are HPE trained can make HPE determinations. This includes trained employees in hospital-owned clinics.
- HPE Providers must **not** delegate HPE determinations to non-hospital staff. Third party vendors or contractors may **not** make HPE determinations.
- HPE Provider employees enter the applicant’s personal information into the HPE Application Web Portal and receive real-time HPE eligibility.

## b) State Legislation



### **Senate Bill X1-1, (Hernandez, Chapter 4, Statutes of 2013) Welfare and Institutions Code, Section 14011.66**

Medi-Cal benefits shall be provided during a presumptive eligibility period to those determined eligible on the basis of preliminary information by a qualified hospital provider.

## C) Federal Rule



The Medicaid final rule in Title 42 of the Code of Federal Regulations, Section 435.1110, states that the HPE program shall be implemented as follows:

- The HPE program shall have an effective date of January 1, 2014.
- Qualified hospital under the state plan or a Medicaid 1115 demonstration waiver will have the option as qualified entities to make presumptive eligibility determinations, and will notify the Department of Health Care Services (DHCS) of its election to do so.

## C) Federal Rule (continued)

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- Medi-Cal benefits shall be provided during a presumptive period to individuals who are determined by a qualified hospital on the basis of preliminary information to be presumptively eligible for Medi-Cal benefits.

# Module 2: HPE Program Eligibility Requirements & HPE Income Chart

- a) HPE Program Eligibility Requirements**
- b) List of Medi-Cal PE Programs & PE Enrollment Periods Permitted**
- c) HPE Federal Income Chart**



# a) HPE Program Eligibility Requirements

To qualify for HPE, individuals must meet the rules below:

- Have income below the monthly limit for household size (see slide 12)
- Be a California resident
- Not currently enrolled in Medi-Cal.
- If not pregnant - have not received the maximum amount of PE Enrollment Periods permitted of any Medi-Cal PE Programs (see next slide) within the past 12 months of applying for HPE.
- If pregnant - have not had a PE Enrollment Period during this pregnancy.
- And, be eligible in one of the following HPE groups below:

| HPE Groups   | PE Enrollment Periods Permitted                 |
|--|---|
| ➤ <b>Individuals between the ages 18-25 who were in foster care at age 18 (no income limit)</b>                                    | 1 PE Enrollment Period within the past 12 mos.  |
| ➤ <b>Children under 19 years old</b>   | 2 PE Enrollment Periods within the past 12 mos. |
| ➤ <b>Parents and Caretaker Relatives</b>   | 1 PE Enrollment Period within the past 12 mos.  |
| ➤ <b>Adults between the ages 19-64, not pregnant, not enrolled in Medicare, and not eligible for any other group stated above.</b> | 1 PE Enrollment Period within the past 12 mos.  |
| ➤ <b>Pregnant Women</b>  | 1 PE Enrollment Period, Per Pregnancy           |



## b) List of Medi-Cal PE Programs & PE Enrollment Periods Permitted

PE Enrollment benefits received from any of the Medi-Cal PE Programs listed below are limited to the past 12 months prior to applying for HPE, except the PE for Pregnant Women which is limited to (1) PE Enrollment Period per pregnancy, as indicated below. HPE Program categories include Federal Poverty Level (FPL).

|   | <b>Medi-Cal PE Programs</b>   | <b>Total PE Enrollment Periods Permitted</b> |
|---|---|--|
| 1 | HPE - Individuals between the ages 18-25 who were in foster care at age 18, no income | 1 PE Enrollment Period                       |
| 2 | HPE - Children under 19 years old, (FPL: 0% - 266%)                                   | 2 PE Enrollment Periods                      |
| 3 | HPE - Parents and Caretaker Relatives, (FPL: 0%-109%)                                 | 1 PE Enrollment Period                       |
| 4 | HPE - Adults between the ages 19-64, (FPL: 0%-138%)                                   | 1 PE Enrollment Period                       |
| 5 | HPE - Pregnant Women, (FPL: 0%-213%)  | 1 PE Enrollment Period, per Pregnancy        |
| 6 | Children Health and Disability Prevention (CHDP) Gateway                              | 2 PE Enrollment Periods                      |
| 7 | Breast and Cervical Cancer Treatment Program (BCCTP)                                  | 1 PE Enrollment Period                       |
| 8 | PE for Pregnant Women   | 1 PE Enrollment Period, per Pregnancy        |

# c) HPE Federal Income Chart

## Hospital Presumptive Eligibility Program 2014 Monthly Income Levels

| Family Size                          | 109%       | 133%       | 138%       | 142%       | 208%       | 213%       | 266%        |
|--------------------------------------|------------|------------|------------|------------|------------|------------|-------------|
| 1                                    | \$1,061.00 | \$1,294.00 | \$1,343.00 | \$1,381.00 | \$2,023.00 | \$2,072.00 | \$2,587.00  |
| 2                                    | \$1,429.00 | \$1,744.00 | \$1,809.00 | \$1,862.00 | \$2,727.00 | \$2,793.00 | \$3,487.00  |
| 3                                    | \$1,798.00 | \$2,194.00 | \$2,276.00 | \$2,342.00 | \$3,431.00 | \$3,513.00 | \$4,387.00  |
| 4                                    | \$2,167.00 | \$2,644.00 | \$2,743.00 | \$2,823.00 | \$4,134.00 | \$4,234.00 | \$5,287.00  |
| 5                                    | \$2,536.00 | \$3,094.00 | \$3,210.00 | \$3,303.00 | \$4,838.00 | \$4,955.00 | \$6,187.00  |
| 6                                    | \$2,904.00 | \$3,544.00 | \$3,677.00 | \$3,784.00 | \$5,542.00 | \$5,675.00 | \$7,087.00  |
| 7                                    | \$3,273.00 | \$3,994.00 | \$4,144.00 | \$4,264.00 | \$6,246.00 | \$6,396.00 | \$7,987.00  |
| 8                                    | \$3,642.00 | \$4,444.00 | \$4,611.00 | \$4,744.00 | \$6,949.00 | \$7,116.00 | \$8,887.00  |
| 9                                    | \$4,011.00 | \$4,894.00 | \$5,078.00 | \$5,225.00 | \$7,653.00 | \$7,837.00 | \$9,787.00  |
| 10                                   | \$4,380.00 | \$5,344.00 | \$5,545.00 | \$5,705.00 | \$8,357.00 | \$8,558.00 | \$10,687.00 |
| 11                                   | \$4,748.00 | \$5,794.00 | \$6,012.00 | \$6,186.00 | \$9,061.00 | \$9,278.00 | \$11,587.00 |
| 12                                   | \$5,117.00 | \$6,244.00 | \$6,478.00 | \$6,666.00 | \$9,764.00 | \$9,999.00 | \$12,487.00 |
| <i>Each Additional Family Member</i> | \$369.00   | \$450.00   | \$467.00   | \$481.00   | \$704.00   | \$721.00   | \$900.00    |

**Notes:**

- 2014 Federal Poverty Level (FPL) values are rounded up to the next higher dollar amount.
- FPL levels are 2014 dollar values, valid through April 2015. FPLs are updated annually in April.

# **Module 3: HPE Enrollment Period Requirements**

- a) HPE Enrollment Period**
- b) HPE Pregnant Women Enrollment Period & Benefits**
- c) HPE Denial Reasons**



## a) HPE Enrollment Period

- The HPE Enrollment Period begins on the date determined PE eligible.
- The HPE Enrollment Period Ends, either:
  1. On the last day of the following month in which determined eligible for PE if an insurance affordability application was not filed by the PE Enrollment Period end date; or
    - ❖ **For example**, if PE coverage is approved on July 3, the PE Enrollment Period ends on the last day of August.

## a) HPE Enrollment Period (continued)

2. Ends on the date the eligibility determination is made on the insurance affordability application, if filed prior to the PE Enrollment Period end date. The PE Enrollment Period ends on the day in which the eligibility determination is made (approved or denied).
  - ❖ **For example**, if PE coverage is approved on July 3, and the insurance affordability application eligibility determination was made on August 25, PE coverage continues until the application is approved or denied.

## c) HPE Pregnant Women Enrollment Period and HPE Benefits

- **HPE Pregnant Women - Enrollment Period** is one PE Enrollment period, per pregnancy. If a pregnant woman has a new pregnancy, she can qualify for HPE within the same 12-month period.
- **Pregnant Women - HPE Benefits** are limited to ambulatory prenatal care (birthing expenses are not covered).



## d) HPE Denial Reasons

### Individuals are denied HPE Enrollment if they are:

- Not a California resident;
- Over the income limit for their coverage group;
- Currently receiving coverage through Medi-Cal;
- If eligible for coverage through the Adult Group and currently receives Medicare coverage;
- Has already received the maximum PE Enrollment Period benefits from a Medi-Cal PE Program within the past 12 months of applying or with the current pregnancy.



State of California - Health and Human Services Department of Health Care Services

### Hospital Presumptive Eligibility Medi-Cal Pre-Enrollment Application

**Instructions:** To find out if you or your pregnant Presumptive Eligibility (PE) benefits today, please answer all the questions on this form. This is a voluntary program. All information is confidential. The Hospital PE Program gives patients temporary, no-cost Medi-Cal coverage for up to 90 days.

**Important Reminder:** The individual must submit a completed insurance affordability application before their PE period terminates in order to be eligible for continuous coverage beyond the 90-day PE period and/or coverage back to 3 months from the date of the insurance affordability application.

**Section 1. Tell us about the patient. Patient Personal and Contact Information**

Respected Official Use Only Date First Trimester (mm/dd/yyyy)

Last Name First Name Middle Name (L, M, I, etc.)

Date of Birth (mm/dd/yyyy) Social Security Number (optional) Mar. Status

Pregnant, check the box and tell us when we can reach you in the mailing address box below.  Not a Home participant, check the box and answer the questions below.

1. What is your P.O. Box address, if any?  
2. What is your cell or text number?

Home Address (Street & ZIP) Mailing Address (if different)

**Section 2. Patient Household and Income Information**

How many people live in the patient's household? (Include patient, spouse, and any children under age 27 living in the household) How much is the patient's household income before taxes?

**Section 3. Signature and Declaration**

By signing, I declare that what I say below is true and correct.

- I have read and understand this Hospital PE Medi-Cal Pre-Enrollment Application.
- I have received the insurance affordability application.
- The information provided is true, correct, and complete.

I understand that I must complete and submit the insurance affordability application by the end of my PE period in order to be eligible for continued coverage.

The information provided is for informational purposes only.

Signature of patient or parent/guardian/participant Date (mm/dd/yyyy)

An individual has a right to receive medical services before payment of premiums. The official who is responsible for keeping the information consistent with this application is the California Department of Health Care Services, 400 West 10th Street, Sacramento, CA 95833. For more information, call 1-800-950-2820. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Hospital Presumptive Eligibility provider and Covered California.

DHCS 0001/17/15 Date 11-Nov-15/15

# **Module 4:**

## **HPE Program Provider Election Form and Agreement Overview**

- a) HPE Provider Participation Requirements**
- b) Hospital Owned Clinic(s) Requirements**
- c) HPE County Owned/Operated Hospitals Requirements**
- d) HPE Application Eligibility Process Requirements**
- e) HPE Provider Records Management Requirements**
- f) HPE Provider Training Requirements**
- g) HPE Provider Corrective Action**
- h) HPE Provider Disqualification**
- i) HPE Provider Certification and Signature**





# a) HPE Provider Participation Requirements

(continued)

- 1) Must already be an enrolled Medi-Cal hospital provider.
- 2) Must have a hospital license number.
- 3) Must have a National Provider Identifier (NPI) number.
- 4) Must provide a Federal Employer ID Number (EIN) or Taxpayer Identification Number (TIN).
- 5) Must have a Medi-Cal Provider Identification Number (PIN).
- 6) Must have on file a Medi-Cal POS Network/Internet Agreement form.
- 7) Complete the web-based HPE program provider training.
- 8) Only trained hospital employees including employees of hospital owned clinics shall perform PE eligibility determinations for PE applicants.
- 9) Assist the applicant who is seeking services in completing the HPE application.
- 10) When permitting contractors, third party vendors, or sub-contractors to assist with HPE Applicants, HPE Providers must complete and keep on file the HPE Provider Intake Advisor Verification Form 7011.



## b) Hospital Owned Clinic(s) Requirements

Hospital Providers which elect to permit their hospital owned clinics to participate in HPE under their hospital license, must select “Yes” in Part 2. of the HPE Program Provider Election Form and Agreement. Once approved, the HPE Provider must take full responsibility of permitting their clinic(s) to participate in the HPE Program and ensure the rules below are implemented.

- ✓ The HPE Provider is responsible for HPE determinations made at participating clinics;
- ✓ All HPE determinations are made by approved HPE Provider (hospital owned clinic employees) that are HPE trained and adhere to all HPE rules and guidelines;
- ✓ The HPE Provider maintains a current list of clinics permitted to make HPE determinations;
- ✓ The HPE Provider maintains a current list of HPE trained hospital clinic employees conducting HPE at those locations.



## c) HPE County Owned/Operated Hospitals Requirements

**County Owned/Operated HPE Hospitals** that have elected to permit county owned/operated clinic(s) to assist with gathering HPE Application information, take full responsibility and will ensure the rules below are implemented.

- ✓ All clinic HPE determinations must be made by an approved HPE county owned hospital employee that is HPE trained and adheres to all of the HPE rules and guidelines;
- ✓ All county owned/operated clinic employees that assist with HPE Application information must adhere to all HPE rules and guidelines;
- ✓ The County Owned/Operated HPE Provider must maintain a current list of county owned/operated clinics permitted to assist in HPE;
- ✓ The County Owned/Operated HPE Provider maintains a current list of HPE trained county hospital employees conducting HPE determinations in county owned/operated clinics.



## d) HPE Application Eligibility Process Requirements

All HPE providers must provide the following to each applicant:

- A paper copy of his/her HPE eligibility determination generated from the on-line HPE program application system.
- A written and oral explanation of the eligibility determination.
- An Insurance Affordability Application.



## d) HPE Application Eligibility Process Requirements (continued)

- The HPE eligibility determination is real-time. HPE coverage begins on the day in which the determination is made via submission of the HPE Web Portal Application.
- PE eligibility can't be back dated regardless of the reason. Individuals must apply for full scope Medi-Cal and mark the box which indicates the individual had medical expenses in the last 3 months and needs help to pay.
- Individuals must apply for full scope Medi-Cal and mark the box which indicates the individual had medical expenses in the last 3 months and needs help to pay.



## d) HPE Application Eligibility Process Requirements (continued)

- If the applicant is determined not eligible for HPE, inform the applicant in writing, and orally if appropriate, of the reason for that determination and that he or she may file an insurance affordability application for coverage under an insurance affordability program.
- Provide the HPE applicant a paper copy of the insurance affordability application prior to release from the hospital.
- Provide assistance to the HPE applicant, if assistance is requested, in completing the insurance affordability application.



## e) HPE Provider Records Management Requirements

- Hospitals shall maintain records of HPE Medi-Cal applications for **three years** from the last date of billing.  
**Note:** Hospitals are allowed to store scanned copies of the completed HPE Medi-Cal applications only if the scanning system has the capability to store confidential documents securely.
- HPE Provider participants that use third party vendors, contractors or subcontractors shall maintain the HPE Provider Intake Advisor Verification Form 7011 on file with current information for three years.
- HPE records shall be available to DHCS for periodic review within 30 days of DHCS's request within that three year period.

## f) HPE Provider Training Requirements

- Each hospital employee that will submit HPE Medi-Cal Applications must complete and pass the HPE computer based training and stay current with HPE Program changes.
- HPE Program changes are issued through Provider Bulletins, notices and/or additional training programs.





# g) Provider Participation Corrective Action

- Based on DHCS's review of HPE Program reports or information received, in the event HPE Providers do not adhere to all HPE Provider instructions and federal regulations, HPE Providers are subject to Corrective Action and must submit to DHCS a Corrective Action Plan describing:
  1. Indicate how additional staff training will be conducted.
  2. Provide an estimated time to adhere to HPE Provider instructions and federal regulations (no greater than three months).
  3. State how corrective outcomes will be measured.
  4. DHCS will review the corrective action plan within 30 days of receipt.

## i) HPE Provider Disqualification

- HPE providers will be disqualified from participating in the HPE program if the hospital fails to meet the conditions specified in the HPE Provider Election form and Agreement and fail to submit a corrective action plan.



## j) Provider Participation Certification and Signature



- Providers must affirm in writing that all personnel use the HPE program rules as specified in the HPE Program Provider Manual and agree to abide by the applicable requirements and policies of the HPE program.
- Providers must understand that failure to comply with the requirements of the HPE program may result in disqualification from participation in the HPE program.

# Module 6:

## Initial HPE Application Process

- a) Confirm System Requirements
- b) HPE Applicant Assistance
- c) HPE Application Web Portal Login Link
- d) HPE Application Web Portal Data Entry Transactions
- e) HPE Application Web Portal Final Review and Signature



## a) Confirm System Requirements

In order to download HPE Applications and perform HPE Application Web Portal transactions, HPE providers need to confirm their systems meet the equipment and software requirements below:

- Computer: Windows 98 operating system or higher; Pentium I processor (1.33 MHz) or higher; minimum 32 MB RAM
- Modem Speed: Minimum 28 KBPS
- A Printer (to ensure confidentiality when printing out documents)
- Adobe Acrobat Reader version 4.0 or higher for downloading and printing the HPE Application
- Browser: Google Chrome, Internet Explorer 7 and above, Firefox 3.6 and above, Safari 5 and above.

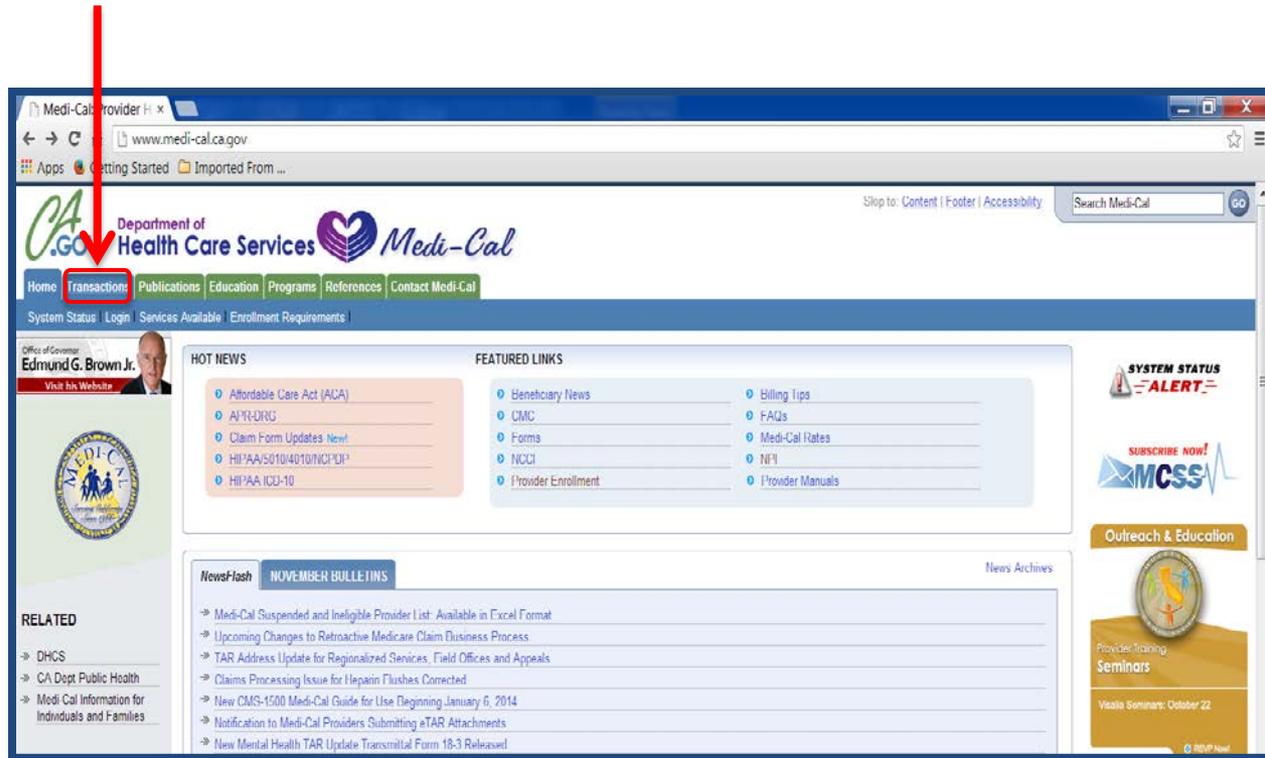
## b) HPE Application Assistance

- HPE Provider employees that assist individuals through the HPE application process and are responsible for ensuring that individuals understand the application questions and that the HPE Medi-Cal Application is complete and signed before submission.
- HPE Provider employees must ensure individuals' confidentiality.



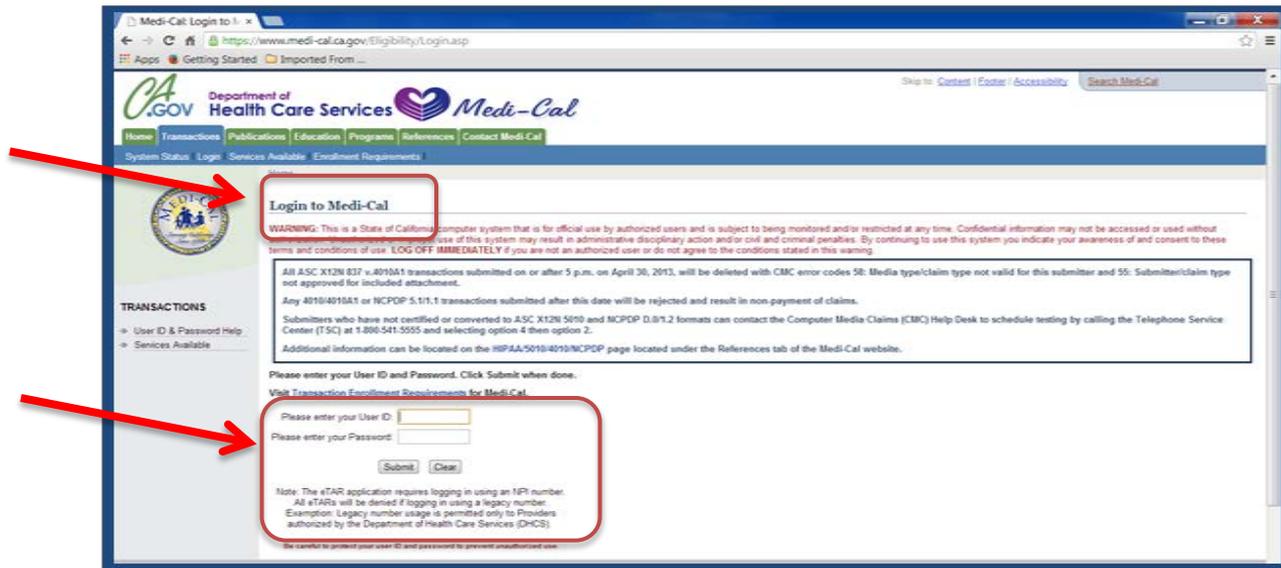
# c) HPE Application Web Portal Login Link

The HPE Application website login link is located on Medi-Cal website for providers at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) > **Transactions tab** or directly at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>



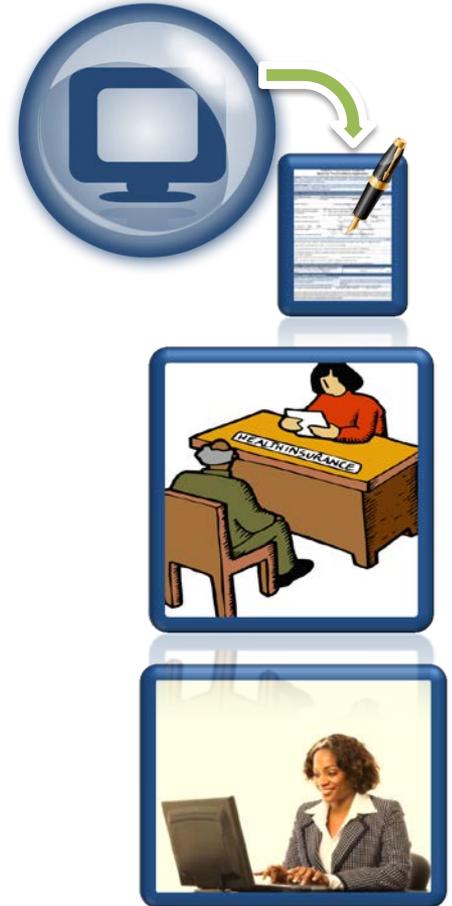
# c) HPE Application Web Portal Login Link (continued)

Once **Transactions tab** has been selected or the direct link at <https://www.medi-cal.ca.gov/Eligibility/Login.asp> has been selected, the login page is opened. DHCS approved HPE Providers will have authorized logins for web transactions.



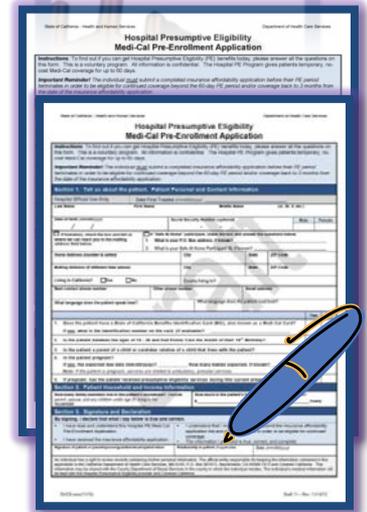
## d) HPE Application Web Portal Data Entry Transactions

- Providers may download the HPE Medi-Cal Application (hard copy) to assist individuals complete in writing or complete the data fields online with the individual verbally.
- No supporting documentation and/or verification are required.
- The HPE Medi-Cal Application is only available via Internet portal. It is not available for submission in a paper format. (Currently available in English only).
- Providers enter all application data into the internet HPE Medi-Cal Application portal and confirm the data with the individual.



# e) HPE Application Web Portal Final Review and Signature

- Once the HPE provider confirms that the individual's application data is complete, the provider prints two **(2) copies** of the HPE Medi-Cal Application. The individual signs **both printouts**.
- The Provider must ensure that the individual, spouse, parent/legal guardian or authorized representative has completed and signed the application prior to online submission. The HPE Application is not complete without a valid signature.
- The Provider must retain this signed HPE Application summary in the individual's file at the hospital for three (3) years from the last date of billing.



# **Module 7: HPE Application Web Portal Eligibility Process**

- a) HPE Application Web Portal Eligibility Overview**
- b) Approved Eligibility Determination Message**
- c) Approved Eligibility Determination Process**
- d) Denied Eligibility Determination Process**
- e) Continuation of Benefits**



# a) HPE Application Web Portal Eligibility Overview

Once the online application data is submitted, an eligibility determination message is provided in real-time which identifies one of the following:

- The individual is approved to receive temporary full scope, no cost Medi-Cal eligibility.
- The individual is denied HPE and the denial reason. (Refer to the HPE Provider User Guide for denial reasons and messages)



## b) Approved Eligibility Determination Message



Below is an example of an approved eligibility determination printout. This document is called an, "*Immediate Need Eligibility Document*" aka temporary Benefits Identification Card (BIC). The individual must sign to receive temporary Medi-Cal services .

**Hospital Presumptive Eligibility Response**

Application DateTime: 12/6/2013 3:19:01 PM

|                  |            |
|------------------|------------|
| Provider Number: | [REDACTED] |
| Patient's Name:  | LEV VIT    |
| Date of Birth:   | 1/1/1950   |
| Gender:          | M          |
| BIC ID#:         | [REDACTED] |
| BIC Issue Date:  | 12/6/2013  |
| Good Thru Date:  | 1/31/2014  |

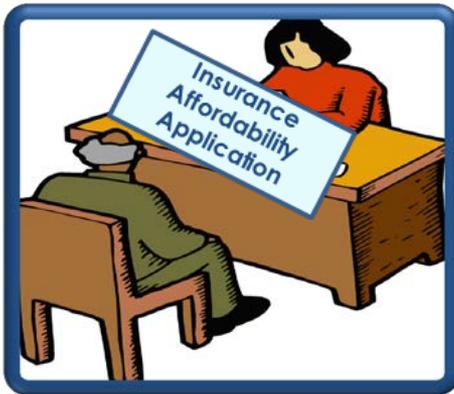
You are temporarily eligible for full scope Medi-Cal through 1/31/2014. Use this document to access Medi-Cal Services. To continue your coverage, you must return a completed single streamlined application before 1/31/2014.

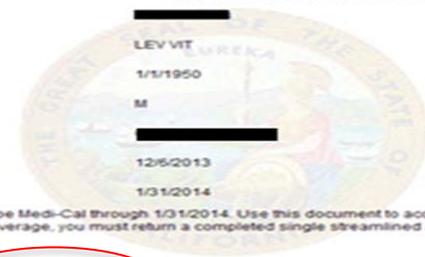
Client Signature: \_\_\_\_\_

# c) Approved Eligibility Determination Process



1. Explain the approved eligibility decision.
2. Print **two (2) copies** of the Temporary BIC and have the individual sign both printouts on the client signature line.
3. Provide the individual a signed printout and retain the other signed printout in the individual's hospital file.
4. Inform the individual to present the temporary BIC to receive temporary Medi-Cal services.



| Hospital Presumptive Eligibility Response   |  |
|---|--|
| Pr:   | Application Date/Time: 12/5/2013 3:19:01 PM  |
| <b>Hospital Presumptive Eligibility Response</b><br>Application Date/Time: 12/5/2013 3:19:01 PM |  |
| Pr:   | Provider Number: [REDACTED]  |
| Da:   | Patient's Name: LEVIT  |
| Ge:   | Date of Birth: 1/1/1950  |
| Bl:   | Gender: M  |
| Bl:   | BIC ID: [REDACTED]   |
| Ge:   | BIC Issue Date: 12/5/2013  |
| Yo:   | Good Thru Date: 1/31/2014  |
| MN:   | You are temporarily eligible for full scope Medi-Cal through 1/31/2014. Use this document to access Medi-Cal Services. To continue your coverage, you must return a completed single streamlined application before 1/31/2014. |
| de:   |  |
|   |    |
|   | <b>Client Signature:</b>   |

## c) Approved Eligibility Determination Process (continued)

5. Provide the individual with the insurance affordability application.
6. Explain the HPE Program Enrollment Period.
7. Explain the frequency of individual enrollment.



## d) Denied Eligibility Determination



1. Explain the eligibility decision to the individual.
2. Print **two (2) copies** of the denied eligibility response message.
3. A signature is not required when the applicant is denied.
4. Provide the individual a copy of the eligibility determination and retain a copy in the individual's file.

| Hospital Presumptive Eligibility(PE) Eligibility Response   |   |
|---|---|
|   | Application Date/Time: 1/2/2015 12:37:33 PM |
| Provider Number:  | 1003961251                                  |
| Individuals's Name:   | TEST USER D                                 |
| Date of Birth:  | 2/1/2000                                    |
| Gender:   | F   |
| BIC ID:   |   |
| BIC Issue Date:   |   |
| Response: You are not eligible for Hospital Presumptive Eligibility because you indicated that you do not live in California. Hospital Presumptive Eligibility is only available to California Residents. |   |

## e) Continuation of Benefits



- HPE Providers are **required** to provide the applicant an insurance affordability application.
- Individuals must submit a completed insurance affordability application before their PE period end date in order to be eligible for continued coverage beyond their PE enrollment period end date and/or coverage up to 3 months from the date of the insurance affordability application.
- Individuals can complete the insurance affordability application on-line, via paper, over the phone, and in person at their local county welfare office.
- If individuals have questions regarding the application process for continuing coverage, providers may refer individuals/families to Covered California at 1-800-300-1506 or their website at: [www.coveredca.com](http://www.coveredca.com).

# Module 8:

## HPE Program Contact Information and Resources

**DHCS Telephone Service Center (TSC) 1-800-541-5555**  
Monday through Friday, between 8 a.m. and 5 p.m.  
TSC provides assistance with the following:

- Troubleshooting your computer to make sure it has the correct technical specifications
- Accessing the correct software and browser
- Accessing the HPE Program Internet transaction



# Resources

- HPE Program Provider Election Form and Agreement [insert link]
- HPE Provider Intake Advisor Verification Form [insert link]
- Medi-Cal Point of Service Network Internet Agreement Form [insert link]
- HPE Program Provider User Guide [insert link]
- HPE Program Provider Manual [insert link]



# Resources (continued)

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## Covered California

- **Online:** <https://www.coveredca.com/>
- **English:** (800) 300-1506 | TTY: (888) 889-4500
- **Español:** (800) 300-0213

# Module 9: HPE Program Quiz



# HPE Program Quiz

## State Legislation:

1. According to California legislation, what should HPE eligibility be based on?
  - A. Verified information
  - B. **Preliminary information and applicant attestation**
  - C. Your best guess
  - D. Information you obtain from electronic data

## Federal Legislation:

1. What type of hospital is permitted to participate in the HPE Program?
  - A. Any hospital
  - B. Doctor's offices
  - C. Medical clinics
  - D. **Qualified hospital under the state plan or Medicaid 1115 waiver**
2. DHCS will require hospitals participating in the HPE program to follow HPE Provider instructions and federal regulations.
  - A. **True**
  - B. False



# HPE Program Quiz

## (continued)

### HPE Program Eligibility Requirements

1. Can an individual be enrolled in the HPE Program if the individual is eligible in the adult group and is currently enrolled in Medicare?
  - A. Yes
  - B. **No**
  
2. If an adult was enrolled in the Breast and Cervical Cancer Treatment Program and then 6 months later applies for the HPE Program, can this individual be eligible for the HPE Program?
  - A. Yes
  - B. **No**
  
3. Can an individual be enrolled in the HPE Program if the individual has a pending insurance affordability application?
  - A. **Yes**
  - B. No



# HPE Program Quiz

## (continued)

### HPE Program Enrollment Requirements

1. When does the PE Enrollment Period begin?
  - A. The first of the month
  - B. The day determined eligible
  - C. The end of the month
  - D. The middle of the month
  
2. Pregnant women receive one PE enrollment period in a 12-month period?
  - A. True
  - B. False
  
3. Children under 19 years old are permitted 2 PE enrollment periods within 12 months of applying for the HPE Program?
  - A. True
  - B. False



# HPE Program Quiz

## (continued)

### HPE Program Provider Participation and Agreement

1. Can third party vendors make HPE Application determinations?
  - A. Yes
  - B. **No**
  
2. Which of the following statements are false?
  - A. **Anyone can be a HPE Provider.**
  - B. A provider must be enrolled as a Medi-Cal Provider with a National Provider Identifier (NPI) number and Provider Identification Number (PIN).
  - C. HPE Providers/employees shall perform HPE determinations for HPE applicants.
  
3. HPE Providers must complete and keep on file the HPE Provider Advisor Intake Form when using third party vendors or subcontractors?
  - A. **True**
  - B. False



# HPE Program Quiz

## (continued)

### HPE Program Provider Participation and Agreement

4. Special training is not required to be a HPE Provider.
  - A. True
  - B. **False**
  
5. Which of the following is incorrect for HPE Provider to provide the applicant with a paper copy of the insurance affordability application?
  - A. Immediately after completing the HPE Medi-Cal Application.
  - B. Prior to the applicant's release from the hospital.
  - C. **By mail after they are discharged from the hospital**



# HPE Program Quiz

## (Continued)

### HPE Program Provider Participation and Agreement

6. How long must a HPE provider maintain records of HPE applications?
- A. 30 days
  - B. 3 months
  - C. **3 years**
7. If the HPE Provider fails to adhere to HPE Provider instructions and federal regulations, which of the following must be included in their corrective action plan?
- A. Indicate how additional staff training will be conducted.
  - B. Provide an estimated time to implement corrective action.
  - C. State how corrective action outcomes will be measured.
  - D. **All of the Above**

# **Module 10:**

## **HPE Program Training Acknowledgement**



# HPE Program Training Provider/Employee Acknowledgement

- I (Provider/Employee) agree to follow all HPE Program policies and procedures outlined in this training course and I electronically sign acknowledging that I have completed the HPE Program required training. If you agree with this statement, please select option, “I Agree” below and submit.

- A) I Agree
- B) I Disagree

**Submit**

# Thank You for your Participation!



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706  
DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

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February 27, 2015

Mari Cantwell, Chief Deputy Director  
California Department of Health Care Services  
Director's Office, MS 0000  
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

This letter is being sent as a companion to our approval of California State Plan Amendment (SPA) CA-13-0027-MM7, which proposes to implement presumptive eligibility conducted by hospitals in the Medicaid state plan in accordance with the Affordable Care Act (ACA). This amendment was submitted on December 23, 2013, with an effective date of January 1, 2014.

Section 1902(a) of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain Federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement describing the nature and scope of the state's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the state program. While this SPA is approvable, additional changes are needed in order to comply fully with the provisions specified at 42 CFR 435.1110. The specific items in need of correction are identified in the attached corrective action plan (CAP) that is enclosed with this companion letter.

To stay apprised of the state's progress in implementing this CAP, CMS will request verbal updates from the state at least every 30 days via one of the regularly scheduled California-CMS calls. If the state is not able to provide adequate updates regarding the status of the CAP, we may request a more formal written status report. Within 30 days of this letter, please respond to formally acknowledge this companion letter and your understanding of the regular status updates required through implementation.

During the 30 days and after, CMS will remain available to provide technical assistance, as needed or required. If you have any additional questions about this letter or the CAP, please contact Tom Schenck at (415) 744-3589, or [tom.schenck@cms.hhs.gov](mailto:tom.schenck@cms.hhs.gov).

Sincerely,

/s/

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Alice Mak, California Department of Health Care Services  
Nathaniel Emery, California Department of Health Care Services

## **Corrective Action Plan for California Hospital Presumptive Eligibility**

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CMS understands that California (“the state”) is pursuing system and policy changes related to hospital presumptive eligibility (HPE) to comply with CMS direction and has asked for additional time following the approval of State Plan amendment (SPA) CA 13-0027 to implement these changes to the existing California HPE Program. CMS and the state agreed to the following corrective action plan on 2/26/15.

### **Implemented On 12/14/14**

The state implemented changes to correct issues with the HPE period begin and end date. The HPE period means a period that begins on the date on which an applicant is determined presumptively eligible and ends either (1) For applicants who file a Medicaid application by the end of the month following the month of PE determination, the day on which a decision is made on that application, or (2) For applicants who do not file a Medicaid application, the last day of the month following the month in which the determination of presumptive eligibility was made.

### **To Be Implemented No Later Than 4/30/2015**

On or before this date, the state will implement the manual workaround to mitigate the system limitation that effectively prevents applicants from being determined for HPE if they were found eligible for Advanced Premium Tax Credits (APTC)/Cost Sharing Reduction (CSR) in a Qualified Health Plan (QHP). This mitigation approach is further described later in this document.

### **To Be Implemented No Later Than 5/30/15 (i.e., No More Than 90 Days Following Approval of CA 13-0027 SPA)**

On or before this date, the state shall implement the following changes in the HPE Portal:

- Remove any remaining language in the portal that refers to a HPE period being 60 days
- Remove any remaining language for the backdate functionality that allowed the state to begin a HPE period earlier than the day on which the HPE determination was made
- Modify the former foster care age category to age 18-25, meaning through age 25 and under age 26
- Re-print and distribute final paper applications that reflect the changes described in the three preceding bullets above, and which have already been made in the approved documents associated with this SPA

On or before this date, the state shall implement the following changes to related HPE processes:

- Update the online training portal to reflect the policy and process changes that the State has already made in the approved training materials associated with this SPA
- Modify the HPE Provider agreement to incorporate language consistent with the State’s elimination of the backdating functionality and changes to HPE period limitations

### **To Be Implemented No Later Than 10/31/15**

On or before this date, the state will implement system changes to remove the restriction on HPE applicants who have been determined eligible for APTC/CSR in a QHP. Effective 4/20/15 and in the interim of this system change, the state will implement a manual workaround to mitigate this limitation that effectively prevents applicants from being determined for HPE (i.e., for all denied HPE applications through the online portal for the reason “APTC/CSR eligible”). As part of this mitigation approach, the state will manually review denied individuals and determine the individual’s eligibility for a specific

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coverage group, then will enter into MEDS to effectuate coverage under HPE. The state will use this mitigation approach until the system changes expected on 10/31/15 are complete.

Also on or before this date, the state shall modify the four PE portals to perform a real-time validation of previous PE enrollment periods, i.e., all the programs will limit PE within a 12-month period to provide one (1) PE period to adults (age 19 to 64) and two (2) PE periods to children (0 to under age 19), except for pregnant women who are eligible to receive one (1) PE period per pregnancy. These four PE portals include: the HPE portal, the CHDP Gateway PE portal for children, the pregnant women PE portal, and the Breast and Cervical Cancer Treatment Program (BCCTP) PE portal.