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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 14-0009-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

June 26, 2014

John Polanowicz, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 14-0009-MM7 submitted to CMS on March 28, 2014. This SPA was submitted to revise your approved Title XIX State plan to describe the Commonwealth's policies related to hospital presumptive eligibility. This SPA has been approved effective January 1, 2014.

Enclosed are copies of the following State plan pages and attachments to be incorporated within a separate section at the end of your approved State plan.

- S21 – Presumptive Eligibility by Hospitals, pages 1-3;
- Hospital Presumptive Eligibility Training Materials for MassHealth Learning Management System, pages 1-78;
- Hospital Presumptive Eligibility Current Application, pages 1-3;
- Hospital Presumptive Eligibility Training Quiz, pages 1-3; and
- Hospital Presumptive Eligibility Interim Process Toolkit for Certified Application Counselors (CACs), pages 1-19.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kristin Thorn, Medicaid Director
Michael Coleman, State Plan Coordinator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory
name:

Massachusetts

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.

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

Federal Fiscal YearAmount

First Year\$

Second Year\$

Subject of Amendment

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:

Signature of State Agency Official

Submitted By:

Alison Kirchgasser

Last Revision Date:

Jun 25, 2014

Submit Date:

Mar 28, 2014

DATE RECEIVED: 03/28/2014

PLAN APPROVED – ONE COPY ATTACHED

DATE APPROVED: 06/26/2014

EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014

SIGNATURE OF REGIONAL OFFICIAL:

/s/

TYPED NAME: Richard R. McGreal

TITLE: Associate Regional Administrator,
Division of Medicaid & Children's Health Operations
Boston Regional Office



Medicaid Eligibility

OMB Control Number 0938-1148

OMB 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

Describe: Reasonable Classification of Individuals Under 21

☒ Demonstration populations covered under section 1115



Medicaid Eligibility

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Describe: Individuals who are HIV positive and individuals with Breast and Cervical Cancer

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

☒ Yes ☐ No

Select one or both:

- ☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: MassHealth expects to set this standard at 75%

- ☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: In the initial phase of implementation, EOHHS will monitor all participating hospitals to assess the average rate of success and will formulate a measure based on this assessment.

- ☒ 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:

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

☐ Yes ☒ No

- ☒ 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



Medicaid Eligibility

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- ☒ 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.

Course: Hospital-Determined Presumptive Eligibility



Course Description

This course covers:

- An overview of Hospital-Determined Presumptive Eligibility (HPE).
- The process to become a HPE hospital.
- Hospital performance standards.
- How to determine HPE eligibility.
- HPE follow-up activities.

An optional, narrated walk-through of the HPE training course is available in the "Resources" area of the Learning Management System. To access it, select the drop-down in the upper right corner of your screen and select "Resources." This walk-through is **optional** and **does not count** toward your completion of the HPE training.



Hospital-Determined Presumptive Eligibility

In this Course you will learn about:

- Hospital-Determined Presumptive Eligibility (HPE) Overview
 - What is HPE?
 - Program Objectives
 - HPE Interim Application Process.
 - How the HPE Process Works.
 - Who Can Make HPE Determinations?
- Hospital Requirements, and Performance Standards
- HPE Application Process
 - Application Process Overview.
 - Step 1: Determine if Individual May Be HPE Eligible.
 - Step 2: Complete the MassHealth Application for HPE (HPE Application).
 - Step 3: Submit the HPE Application.
 - Step 4: Provide Notice to Applicant.
 - Step 5: Follow Up – Full Application.
- HPE Resources and Additional Information
- Assessment: Hospital Determined Presumptive Eligibility
- HPE-Trained CAC – Next Steps

Hospital-Determined Presumptive Eligibility

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Chapter 1: Hospital-Determined Presumptive Eligibility – Overview



Lesson 1: Hospital-Determined Presumptive Eligibility (HPE) Overview

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Hospital Presumptive Eligibility Training
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Approval Date: 06/26/2014
Effective Date: 01/01/2014

Lesson Objectives

In this lesson you will learn about:

- What is Hospital-Determined Presumptive Eligibility.
- HPE Program Objectives.
- The interim HPE application process.



Starting in 2014, the Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for certain individuals who appear to be eligible for Medicaid coverage. While the ACA provides this as an option, hospitals are not required to participate in this program.

Hospital-Determined Presumptive Eligibility (HPE):

- Improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage.
- Provides temporary benefits while allowing for immediate access to MassHealth coverage for eligible individuals.
- Ensures the hospital will be reimbursed for services provided.
- Provides individuals with an opportunity to be connected to longer-term coverage options.



The ACA aims to achieve the following objectives through the HPE program by:

- Developing a streamlined process for qualified hospitals to make presumptive eligibility determinations.
- Allowing qualified hospitals that meet applicable state requirements to make presumptive eligibility determinations for individuals who are likely eligible, using self-attested information.
- Providing individuals immediate access to coverage for a limited period.



HPE Overview

HPE Interim Application Process

Future plans are for hospitals to access the HPE application via the HIX. Until that time, the following HPE Interim Process will be used:

- Hospitals will use a PDF-fillable version of the short-form HPE application provided by MassHealth to determine eligibility and then fax the information to MassHealth.
- An HPE unit at MassHealth will receive HPE applications.
- MassHealth will enter Hospitals' HPE determinations directly into MA21 (MassHealth Legacy System).
 - Providers (including hospitals) will be able to view eligibility in My Account Page* (MAP) and EVS the next business day.
- HPE Approval/Denial notices will be provided to the applicant by the hospital.
 - If approved, MassHealth will send an approval confirmation letter to the applicant.

* Reminder: Certain cases, such as individuals reporting HIV or that have no SSN, do not display in MAP. Check EVS for eligibility information.



HPE Overview

How the HPE Process Works

- An individual seeks health care coverage at an HPE-Qualified hospital, outpatient department or satellite clinic.
- An HPE-trained CAC assists applicants and completes one HPE application per individual (i.e. not per household)
- An HPE-trained CAC helps the hospital determine HPE eligibility and coverage type*. Hospitals may not delegate the actual HPE determination to an HPE-trained CAC who is a contractor, rather than employee, of the hospital.
- Approved individuals receive MassHealth coverage effective immediately, for a limited amount of time.
- An HPE-trained CAC transmits approved HPE applications to MassHealth.
- The HPE-trained CACs are required to offer to assist individuals in completing a full Application for Health Coverage and Help Paying for Costs ("full MassHealth application") but such full application is not required to receive temporary coverage through HPE.

* Details and steps for the HPE process are covered later in this course.



Who Can Make HPE Determinations?

Once a hospital has a signed HPE contract with MassHealth, it can make HPE determinations. Only HPE-trained CACs at participating hospitals may make HPE recommendations, as long as the hospital takes responsibility for all presumptive eligibility determinations made based on such recommendations. Hospitals may not delegate the actual HPE determination to an HPE-trained CAC if the CAC is a contractor.

HPE-trained CACs that may assist hospitals and consumers with the HPE process may be hospital staff or contractors, including those in hospital-based physician practices, outpatient departments or satellite clinics operating under a qualified hospital's license, including those in off-site locations, that have already successfully completed CAC training in the MassHealth/Health Connector Learning Management System (LMS). However, if the HPE-trained CAC is a contractor, rather than employee of the hospital, then the contractor may not make the HPE determination.

The individual CAC must then complete HPE training ***in the CAC Learning Management System (LMS)*** before assisting with the HPE process.



You have reached the end of this lesson.

Next Steps:

- Close this lesson by selecting the X in the upper right corner of the window.
- Select the Launch button to begin your next lesson.



Chapter 2: Hospital Requirements and Performance Standards

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Lesson 1: Hospital Requirements and Performance Standards

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MassachusettsHospital Presumptive Eligibility Training
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In this lesson you will learn about:

- HPE hospital requirements and performance standards.

**Hospital Requirements
and Performance Standards**

- An HPE-qualified hospital may participate by notifying the state of its desire to make presumptive eligibility determinations and agreeing to make determinations in accordance with state policies and procedures.
- HPE-qualified hospitals are required to complete and submit to EOHHS an application for participation in MassHealth HPE. Hospitals must sign an HPE contract with MassHealth in order to participate.
- Only HPE-trained CACs are able to assist hospitals in making presumptive eligibility determinations. CACs may be hospital employees, volunteers, or third-party contractors as long as the hospital is responsible for all the presumptive eligibility determinations.



HPE-trained CACs at participating hospitals are required to:

- Not charge or accept compensation from individuals for any HPE or MassHealth application assistance.
- Read and explain the applicant's rights and responsibilities that are part of the HPE application and receive verbal acknowledgement from the applicant of their understanding of these rights and responsibilities.
- Offer to provide individuals with continued assistance to apply for full MassHealth benefits.



- HPE participating hospitals will be evaluated based on the number of individuals granted HPE who subsequently apply before their temporary status expires.
- Hospitals are expected to have at least 75% of the individuals determined presumptively eligible complete a MassHealth application for full coverage by the end of the presumptive eligibility period.
- If the hospital does not follow federal or state policies or meet established standards, the state has the authority to take corrective action, including, ultimately, termination from the HPE program.



Hospital Requirements and Performance Standards

- Future evaluations will also be based on a second compliance standard - the percentage of HPE members that are determined eligible for MassHealth based on a full application.
- In the initial phase of implementation, EOHHS will monitor all participating hospitals to assess the average rate of full eligibility and will formulate a compliance standard based on this assessment.
- Once the compliance standard is determined, EOHHS will inform hospitals of the metrics and the applicable timeline that will be used to measure the second compliance standard.



Hospital Requirements and Performance Standards

If a hospital does not follow state or federal laws, regulations, policies, and procedures, EOHHS may require the hospital, its CACs completing HPE applications, or both, to participate in additional training or take other reasonable corrective actions as appropriate.

- Hospitals that do not meet performance standards will be given an opportunity to improve before being disqualified from making HPE determinations.
- The state will notify the hospital in writing of any retraining or other corrective action plans.
- If the hospital is disqualified from making presumptive eligibility determinations, it will not necessarily impact whether or not the hospital can participate in Medicaid or in any agreements other than this one between the hospital and EOHHS.
- Beyond the specific HPE provisions in state and federal law, hospitals are also bound by **all** applicable federal and state requirements, including anti-fraud requirements.



You have reached the end of this lesson.

Next Steps:

- Close this lesson by selecting the X in the upper right corner of the window.
- Select the Launch button to begin your next lesson.



Lesson 2: Application Process Overview
Application Process: Step One



Lesson Objectives

In this lesson you will learn about:

- The HPE application process.
- Determine how an individual may be HPE Eligible.



HPE Application Process Overview

Upon the applicant's initial visit, the HPE-trained CAC should take the following steps:

- Step 1: Determine if individual may be HPE eligible
- Step 2: Complete the HPE application
- Step 3: If approved, submit application to MassHealth
- Step 4: Provide notice to applicant
- Step 5: Follow-up – full application

Steps covered on the following pages guide you through collecting and determining information for the HPE application.



HPE Application Process Overview

In order to further assist HPE-trained CACs with the HPE process, the following resources are available in the LMS*:

- **Toolkit for HPE-Trained CACs (Interim Process)**
 - This toolkit provides guidance and tools to help HPE-trained CACs through the HPE Application process. It is a supplement to this LMS training course and can be used as a desk guide resource for HPE-Trained CACs.
- **CAC HPE Checklist (Interim Process)**
 - This checklist is an optional tool HPE-trained CACs may use to help ensure he/she has completed all the HPE Application steps.
- **The following slides reference these resources and how they can be used.** Both documents are available in the Resource area of this course*.

* Select the *Resources* button that displays on the left when you open the Hospital-Determined Presumptive Eligibility course.



HPE Application Process Overview

The information below is included on the MassHealth Application for Hospital-Determined Presumptive Eligibility. The HPE-trained CAC must fill out the application in full. While most fields are self-explanatory, certain fields (noted with an *) require additional explanation and are detailed in this training.

- Name, residential address, mailing address, date of birth, gender.
- Citizenship and immigration status*.
- Massachusetts residency status.
- Household size and income*.
- Whether the individual aged out of foster care (only if the individual is between the ages of 18 and 26).
- **Optional** responses for Social Security Number and phone number.
- **Optional** responses for breast or cervical cancer status and HIV status.
- Attest you have read the Rights and Responsibilities section to the applicant, and applicant acknowledges their understanding and accepts these rights and responsibilities.
- **If approved**, indicate HPE determined coverage type*.



HPE Application Process Overview

Sample MassHealth Fax Coversheet for HPE Applications

MassHealth

MassHealth

Pink Cover Sheet – HPE Applications

Hospital-Determined Presumptive Eligibility

Please print clearly in the space over each of the following documents to MassHealth.

Applicant Information: _____

Name: _____

Sex: ☐ M; ☐ F (if applicable) _____

Date of Birth: _____

MassHealth ID No. (if applicable) _____

Number of pages (including cover sheet): _____

Date: _____

Important Message

DO NOT photocopy user sheets. For forwarding to work, cover sheet must be originals, not copies. Use a separate cover sheet for each HPE application.

Free Info

Please use the following number to fax hospital-determined presumptive eligibility applications: 617-387-8754.

This document is intended only to provide information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to whom it is addressed. If you are not the recipient or the employer or the agent responsible for the delivery of this document to the intended recipient, please notify the sender by telephone at the above number and destroy the attached document, if appropriate, rather than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

HPE-CB (04-14)

Hospital-Determined Presumptive Eligibility

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HPE Application Process Overview

Sample HPE Application

[illegible]

Hospital-Determined Presumptive Eligibility

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Who is eligible?

- Individual must:
 - Be under age 65 (unless a parent or caretaker relative).
 - Be a citizen or meet satisfactory immigration status requirements.
 - Be a Massachusetts resident.
 - Meet certain income criteria.



Important information to know about the HPE application

- The HPE-trained CACs must accept self-attestation for all information requested in the HPE application.
- The HPE-trained CACs cannot require any verification or documentation of information, including income, residency, and citizenship/immigration status.
- Applicants cannot be required to provide information that is not necessary to determine HPE.
- The HPE-trained CACs may not require the applicant to answer the **optional** questions, such as HIV status or if the individual has breast or cervical cancer, but should explain to the applicant it may result in HPE coverage for certain applicants at higher income levels. The HPE application shall be processed even if the applicant declines to answer optional questions.
- **No verification requests will be sent** from MassHealth to the individual applicant based on an HPE application.



You have reached the end of this lesson.

Next Steps:

- Close this lesson by selecting the X in the upper right corner of the window.
- Select the Launch button to begin your next lesson.



Lesson 3: Complete the Application: Step Two



Lesson Objectives

In this lesson you will learn how to complete the HPE Application:

- Determine if an individual has current comprehensive MassHealth coverage.
- Determine immigration and citizenship status.
- Determine household size.
- Determine income.
- Calculate Federal Poverty Level (FPL).
- Determine coverage category.



Step 2: Complete the Application *Determine Current Subsidized Health Insurance*

Determine if individual currently has comprehensive MassHealth coverage:

- Look up individual in My Account Page (MAP)* and/or EVS.
- If you find individual has comprehensive MassHealth coverage (Standard, CommonHealth, CarePlus, or Family Assistance):
 - Inform individual that MassHealth coverage has already been established and he/she does not need time-limited HPE benefits, and
 - Assist individual in understanding how to access their current benefits.
- If no current eligibility is found, proceed with HPE application and determination.

* **Reminder:** HPE-trained CAC should check with applicant on whether they would like the CAC to receive eligibility information from MassHealth on their case. If so, the HPE-trained CAC may need to request a signed PSI (Permission to Share Information) form from the individual to check for eligibility information in MAP or speak with MassHealth about benefits.



Step 2: Complete the Application Determine Citizenship and Immigration Status

Question 5 -

Determine Citizenship or Immigration Status (required)

- In order to be eligible for HPE benefits, the individual must meet citizenship or immigration status requirements.
- The questions on the HPE application related to Citizenship and Immigration Status are:

5. Citizenship or Immigration Status (required)

a) Are you a U.S. Citizen, U.S. National, or eligible immigrant? (required) ☐ Yes ☐ No

Immigration status (if applicable): _____

b) If you answered No, have you ever been issued a document from U.S. Immigration officials? ☐ Yes ☐ No

- The next few pages relate to Question 5 of the application and will help you understand how to help the applicant answer citizenship and immigration status questions (5a and 5b) for HPE.



Step 2: Complete the Application Determine Citizenship and Immigration Status

Question 5 -

To determine an applicant's immigration status:

- Ask applicant for their status as is explained in the following slides. Check it against the Citizens and Immigration list in Appendix A of the **Toolkit for HPE-Trained CACs (Interim Process)**, available in the Resources area of the this course.
- The Toolkit lists immigration status by category:
 - Citizen/National
 - Eligible Immigrant
 - Nonqualified PRUCOL
 - Undocumented



Step 2: Complete the Application Determine Citizenship and Immigration Status

Question 5 -

Are you a U.S. Citizen, U.S. National, or Eligible Immigrant?

Answer "Yes" to Question 5. a) if the applicant has one of the following statuses.

- **Citizen /National**
 - Born in the U.S. or its territories (including Puerto Rico, the Virgin Islands, Commonwealth of the Northern Mariana Islands, and Guam).
 - Born to a parent who is a U.S. citizen.
 - Naturalized citizen.
 - A U.S. national.
- **Eligible Immigrant**
 - Ask applicant for their status and check it against Toolkit for HPE-Trained CACs , Appendix A, for the full list of Eligible Immigrant statuses.
 - If applicant has one of the Eligible Immigrant statuses, you need to answer "Yes" to 5.a) **and** write the applicant's self-declared immigrant status on application.



Step 2: Complete the Application Determine Citizenship and Immigration Status

Question 5 -

If the applicant answers "No" to:

5. a) Are you a U.S. Citizen, U.S. National, or Eligible Immigrant?

Ask this additional question:

5. b) Have you ever been issued a document from U.S. Immigration?

- A person who answers "Yes" to this question (5. b.) is considered a **Nonqualified PRUCOL** and may be eligible for HPE.
- A person who answers "No" to 5.a) and has never been issued a document from U.S. Immigration should answer "No" to this question (5.b.). These individuals are not eligible for HPE **unless they are pregnant and at or below 200% FPL .**



Step 2: Complete the Application Determine Household Size

Question 9 -

Household Size and Income (required)

The following household size and income questions are on the HPE application:

9. Household Size and Income (required)

- a) How many people are in your household (including yourself)? _____
- b) What is your household's total gross monthly income? _____

The next few pages relate to Question 9 of the application and provide criteria to help determine household size, income, and FPL.



Step 2: Complete the Application Determine Household Size

Question 9a – How many people are in your household?

Who to count for Household Size/Family Group

Family: Count all family members to answer question 9a

- Parent (natural, step, or adoptive) who lives together with a child under age 19, including parents who are mutually responsible for one or more children who live with them.
- A child under age 19 who is absent from home to attend school is considered as living in the home.
- Siblings under age 19, including any of their children who live together, even if no adult is present.
- Caretaker Relative: Any adult who is the primary caregiver for a child and is related to the child by blood, adoption, or marriage and lives in the same home as that child. Neither parent may be living in the home.

Couple: The answer to 9a is “2”.

- Two persons married to each other and living together with no children under age 19 living with them.

Individual: The answer to 9a is “1”

- Any person not included in the definition of a family or couple.



Step 2: Complete the Application Determine Household Size

Question 9a – Examples of Household/Family Group Size

- John and Mary are married. They have no children. ***They are a household size of two.***
- Jim and Sally are married. They have two children under age 19. ***They are a household size of four.***
- Larry and Michelle are married. Michelle has a 14 year old child from a previous marriage. ***They are a household size of three.***
- Kristin and Dianne are married. They have twins, Susan and Daniel, age three. ***They are a household size of four.***
- Steve and Sue are married. They have two children under 19. Melissa is six and Cindy is 17. Cindy is pregnant. ***They are a household size of five (unborn child is counted in household size).***
- Ruth, age 67 is caring for her grandchildren Melanie, age seven and Andrew, age four who are siblings. The children's parents are not living in the home. ***They are a household size of three.***



Step 2: Complete the Application Determine Income

Question 9b – What is your household's total Monthly Income?

- Simple income rules are used to determine eligibility for HPE.
- MAGI-income counting methodologies are ***not*** used with HPE.
- HPE uses simplified household composition rules (refer to Determining Household Size on the previous pages).
- When determining financial eligibility for HPE, the gross monthly income of all family group members is counted (see next page) and compared to federal poverty levels based on family group size (household size).



Step 2: Complete the Application Determine Income

Question 9b – What is your household's total Monthly Income?

When determining the household's total monthly income, ask the applicant: What is the total amount of income that the household receives per month. The applicant should include:

- **Earned Income:** All income from employment for all family members.
- **Non-Working Income:** All income received from retirement, social security, or other income that is not from a job (do **not** count TAFDC, EAEDC, SSI income, or child support).
- **Net Rental Income:** Total amount of gross rental income received less any deductions equals Net Rental Income.

Add all of the above together to get total family/household income per month. **Do not ask for proof of income.**



Step 2: Complete the Application Determine FPL

Question 9b – What is your household's total Monthly Income?

Determining FPL

- Once the household's size and monthly gross income is determined, the chart on the following page should be used to determine FPL. Although this information does not get recorded on the application, you will need it to help determine the coverage type.
- A printable version of this chart is available as a Resource for this course: **2014 FPL Chart for HPE (Interim Process)**.



Step 2: Complete the Application Determining FPL

2014 MassHealth Federal Poverty Levels for HPE				
Family Size	A	B	C	D
	Household is less or equal to 133% Federal Poverty Level II: Monthly Income is less than or equal to	Household is less or equal to 150% Federal Poverty Level II: Monthly Income is less than or equal to	Household is less or equal to 200% Federal Poverty Level II: Monthly Income is less than or equal to	Household is less or equal to 250% Federal Poverty Level II: Monthly Income is less than or equal to
1	\$1,294	\$1,459	\$1,945	\$2,432
2	\$1,744	\$1,967	\$2,622	\$3,278
3	\$2,194	\$2,474	\$3,299	\$4,123
4	\$2,644	\$2,982	\$3,975	\$4,969
5	\$3,094	\$3,489	\$4,652	\$5,815
6	\$3,544	\$3,997	\$5,329	\$6,661
7	\$3,994	\$4,504	\$6,005	\$7,507
8	\$4,444	\$5,012	\$6,682	\$8,353
For each additional person add	\$450	\$508	\$677	\$846

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Step 2: Complete the Application Determine Coverage Type

At this point in the application process you will have gathered information that will be necessary to determine coverage type:

- Age (application requires Date of Birth).
- Citizenship/Immigration status.
- Parent/Caretaker Relative status.
- Pregnancy.
- FPL.
- Aged out of Foster care.
- *Optional* HIV-positive status.
- *Optional* Breast or cervical cancer status.

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Step 2: Complete the Application *Determine Coverage Type*

MassHealth Hospital-Determined Presumptive Eligibility allows qualified hospital to determine the coverage type on the application before it is submitted to MassHealth.

PART E: COVERAGE TYPE (required)

Based on the information supplied by the applicant, the hospital named on page 1 has determined the applicant to be presumptively eligible for:

- ☐ MassHealth Standard
- ☐ MassHealth CarePlus
- ☐ MassHealth Family Assistance



Step 2: Complete the Application *Determine Coverage Type*

- Using the information you have gathered on the applicant, you can use one of the following tools to help make the coverage type determination. Both charts contain the same information, however they are displayed differently. Use whichever is easier for you.
- These charts are shown in the next few slides ahead and can also be found in the Toolkit for HPE-trained CACs.



Step 2: Complete the Application Determine Coverage Type

HPE Eligibility Coverage Chart

This chart should be used with 2014 MassHealth Federal Poverty Levels for HPE.

Population (age)	Immigration Status	Income based on Family Size
MassHealth STANDARD if...		
Infant (<1)	Citizen or Eligible Immigrant	Column C or lower
Child (1-20)	Citizen or Eligible Immigrant	Column B or lower
Former Foster Care Child (<26)	Citizen or Eligible Immigrant	No FPL Limit
Pregnant Woman	All	Column C or lower
Parent with a child age <19	Citizen or Eligible Immigrant	Column A or lower
Individual with Breast or Cervical Cancer (<65)	Citizen or Eligible Immigrant	Column D or lower
HIV + (<65)	Citizen or Eligible Immigrant	Column A or lower
MassHealth CAREPLUS if...		
Adult (21-64)	Citizen or Eligible Immigrant	Column A or lower
MassHealth FAMILY ASSISTANCE if...		
Infant (<1)	Non-Qualified PRUCOL	Column C or lower
Child (1-20)	Non-Qualified PRUCOL	Column B or lower
HIV + (<65)	Citizen or Eligible Immigrant	Greater than Column A but Column C or lower

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Step 2: Complete the Application Determine Coverage Type

This HPE Eligibility Flow Chart provides the process to determine HPE MassHealth coverage types.

Flow chart tip:

Starting with the first row, answer each question from left to right. If any answer is No, move to the first question in the next row. If the answer is Yes to a question, continue to the right. Continue to answer questions until your Yes answers allow you to reach the coverage type shown in that row.

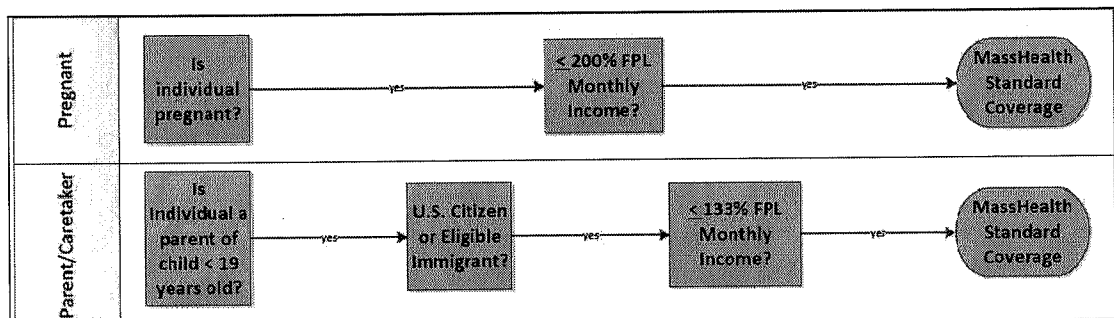


Chart continued on next slide...

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Step 2: Complete the Application Determine Coverage Type

HPE Eligibility Flow Chart continued from previous slide...

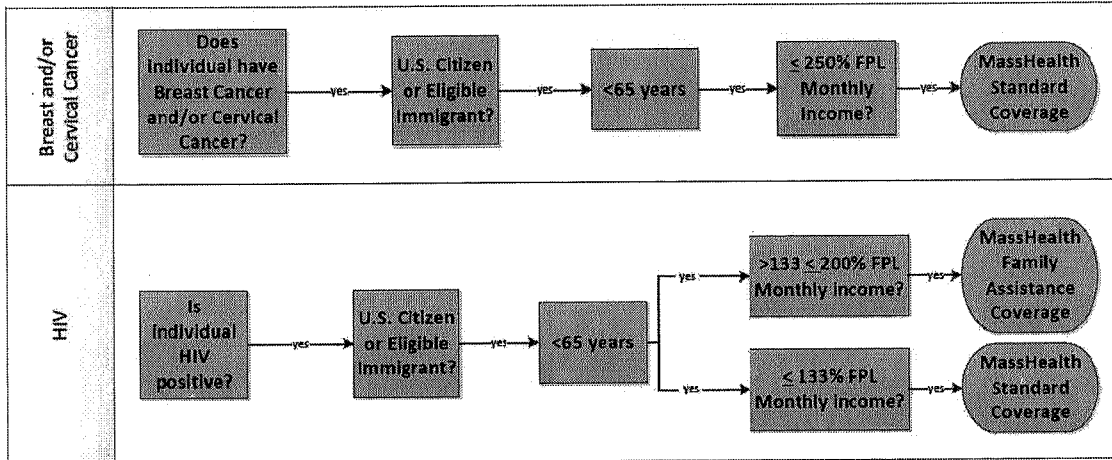


Chart continued on next slide...

Hospital-Determined Presumptive Eligibility

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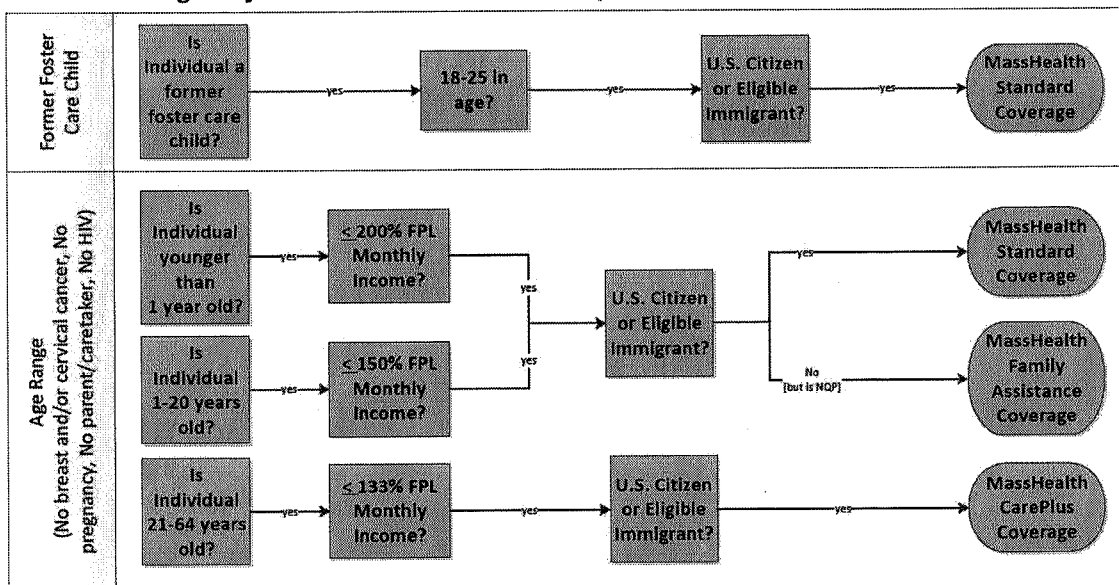
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Step 2: Complete the Application Determine Coverage Type

HPE Eligibility Flow Chart continued from previous slide...



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You have reached the end of this lesson.

Next Steps:

- Close this lesson by selecting the X in the upper right corner of the window.
- Select the Launch button to begin your next lesson.



Lesson 4: Submit the Application: Step Three
Providing Notice to the Applicant:
Step Four
Follow Up: Step Five



Lesson Objectives

In this lesson you will learn:

- How to submit the HPE application.
- The HPE Approval/Denial process.
- The application follow-up process.



Step 3: Submit the Application

Submitting the HPE Application

- The MassHealth Application for Hospital-Determined Presumptive Eligibility (HPE Application) is a fillable PDF form that MassHealth will provide to hospitals contracted to do HPE. (You need Adobe Reader® to open and use this form.)
- Contact the HPE Coordinator at your hospital for a copy of the HPE Application. A sample of the application can be viewed in the Resources area of this course.
- The **HPE-trained CAC** can choose to:
 - Print the form and complete by hand, or
 - Enter the information directly into the form then print it.
- The HPE-trained CAC then completes the MassHealth Fax Coversheet for HPE that MassHealth will provide to hospitals contracted to do HPE.



Step 3: Submit the Application

Submitting the HPE Application

- Completed applications and the MassHealth Fax Coversheet for HPE must be submitted by the CAC (not the individual) by fax to MassHealth to the following HPE-dedicated fax number (only HPE applications can be faxed to this number):

HPE Fax: 617-887-8754

- HPE applications ***cannot be mailed, delivered personally, or faxed to any other fax number.***
- No additional forms are required to be submitted to MassHealth with the HPE application*.**

* **Reminder:** HPE-trained CAC should check with applicant on whether they would like the CAC to receive eligibility information from MassHealth on their case. If so, the HPE-trained CAC may need to request a signed PSI (Permission to Share Information) form from the individual to check for eligibility information in MAP or speak with MassHealth about benefits.



Step 4: Provide Notice to Applicant Approval/Denial Process

HPE-trained CACs must provide individuals with a written notice after the HPE determination is made.

If approved, complete the approval letter which must include HPE coverage type and beginning and ending dates of the HPE period.

- HPE coverage begin date: Date of HPE determination.
- HPE coverage end date: Last day of the month following the month in which the HPE-trained CAC makes the HPE determination.
- HPE-trained CAC must inform the applicant:
 - That their HPE coverage will end on the last day of the month following the month in which the HPE-trained CAC makes the HPE determination, ***if*** the individual does not file a full application by that time, ***or***
 - For an individual who does file a full application before that time, the end date will be the eligibility determination date.

"If approved," continues on next slide...



Step 4: Provide Notice to Applicant Approval/Denial Process

"If approved", continued...

- Approval letter also explains that benefits will be extended if the individual files a full MassHealth application and eligibility is not determined by HPE end date.
- HPE-trained CAC must review the notification letter with the applicant and ensure he/she fully understands it.
- The HPE-trained CACs should explain to approved applicants that MassHealth will also be sending an approval confirmation letter directly to the applicant.



Step 4: Provide Notice to Applicant Approval/Denial Process

HPE-trained CACs must provide individuals with a written notice after the HPE determination is made.

If denied, complete the denial letter which must include the reason for the denial. Letter explains the option of submitting a full MassHealth application and includes instructions on how to submit.

- HPE-trained CACs must review the notification letter with the applicant and ensure he/she fully understands it.



Step 4: Provide Notice to Applicant Approval/Denial Process

- Approval/Denial template letters are word document forms that MassHealth will provide to hospitals contracted to do HPE. Hospitals will issue template letter content on their own letterhead.
- Approval/Denial template letters are available from your organization's HPE coordinator.
- Approved HPE applications must be **faxed**, along with the MassHealth Fax Coversheet for HPE, to MassHealth, as soon as possible but under all circumstances **within five days** from the date the HPE-trained CAC makes the HPE determination.
 - Please note:** HPE Eligibility information will not show in EVS and MAP until one business day after HPE application is faxed.



Step 4: Hospital Provides Notice to Applicant Approval

Sample HPE approval notice -
provided by HPE-trained CACs
to applicant

Dear _____,

_____ of _____

_____ at _____

Helped the person below get temporary MassHealth CarePlus benefits under Hospital-Determined Presumptive Eligibility. These benefits start on _____ and will end on _____.

_____ where you submit to MassHealth an Application for Health Coverage and Help Paying Costs to get MassHealth benefits.

_____ Date of Birth: _____

_____ Date of Birth: _____ Member ID # (optional): _____

IMPORTANT!

Your temporary benefits will end soon. You must submit a completed MassHealth Application for Health Coverage and Help Paying Costs before _____.

If MassHealth does not get your completed application by this date, your temporary MassHealth benefits will end on this date. You will not receive authorization when your temporary benefits end. If MassHealth gets your completed application on or multiple dates, your benefits will continue until MassHealth makes a decision on your application. In that case, MassHealth will tell you at that time if you can continue to receive MassHealth benefits.

What happens next?

- MassHealth will send you a letter confirming your temporary MassHealth benefits. This letter will include a temporary Member ID number that you will need to use medical services. It will be important for you to bring the MassHealth letter to your doctors and pharmacies to get those services.
- Until you receive that letter from MassHealth, you can use this letter to show your doctors and pharmacies that you have temporary MassHealth coverage. Because your coverage is temporary, they will check MassHealth's records to make sure you still have coverage on the date of service.
- Please send in the completed application to continue to receive benefits. You will not receive another notice when your temporary coverage ends.

HPE-16-CF-0391-0

How can you get the application?

- Check: Visit www.MassHealthconnector.org. Create an account if you don't have one already.
- Ask the hospital medical center staff that helped you get temporary benefits.
- Call 1-800-641-2300 (TTY: 1-800-457-4646) for people who are deaf, hard of hearing, or have a speech disability.

The hospital medical center that helped you get temporary benefits can also help you fill out this application.

Even if you submit your application without the help of our hospital facility staff, please tell us that you have submitted the application. You want to help make sure you stay covered after the temporary coverage ends.

What does your temporary MassHealth CarePlus cover?

MassHealth CarePlus covers medical visits, hospital stays, prescription drugs, mental health services, and substance use disorder treatment. MassHealth CarePlus also covers transportation to medical appointments, even if it is not an emergency.

There are no monthly premiums with MassHealth CarePlus. You may have a copay for prescription and dental or hospital visits.

What if you have questions?

If you have questions you can contact _____ or the MassHealth Customer Service Center at 1-800-641-2300 (TTY: 1-800-457-4646) people who are deaf, hard of hearing, or speech disabled. Note that questions about temporary benefits under Hospital-Determined Presumptive Eligibility, including this letter, only use help lines of each benefit, cannot be answered.

Thank you,



Step 4: Hospital Provides Notice to Applicant Denial

Sample HPE Denial Notice –
provided by HPE-trained CAC
to applicant

Dear _____
(Printed First and Last Name)

_____ (HPE-trained CAC Name)

has determined that the person listed below does not qualify for temporary MassHealth Standard, MassHealth CarePlus, or MassHealth Family Assistance under Hospital-Determined Presumptive Eligibility.

This is because:

- ☐ You are not a resident of Massachusetts.
- ☐ You do not meet the citizenship/immigration requirements for Hospital-Determined Presumptive Eligibility coverage types.
- ☐ Your income is too high to qualify for Hospital-Determined Presumptive Eligibility coverage types.
- ☐ You are over age to qualify for Hospital-Determined Presumptive Eligibility coverage types.

Even though you do not qualify for temporary coverage through Hospital-Determined Presumptive Eligibility, you may qualify for other appropriate health care coverage. To see if you qualify, please send a completed *Application for Health Coverage and Help Paying Costs to MassHealth*.

How can you get the application?

1. Work with our hospital facility staff to complete a full application.
2. Online: Visit www.MassHealthconnector.org. Create an account if you don't have one already.
3. Call 1-800-841-2800 (TTY: 1-800-497-4645 for people who are deaf, hard of hearing, or speech disabled).

The hospital/medical center that helped you today can also help you fill out this application. Even if you submit your application without the help of our hospital facility staff, please tell us that you have submitted the application. We want to help you get covered.

HPE-TO (5-014)

What if you have questions?

If you have questions, you can contact:

or the MassHealth Customer Services Center at 1-800-841-2800 (TTY: 1-800-497-4645 for people who are deaf, hard of hearing, or speech disabled). Note that outside of temporary Hospital-Determined Presumptive Eligibility and Temporary Eligibility, including the start date and end date of each benefit, cannot be approved. (See 45 CFR 406.112(a).) Please send a completed *Application for Health Coverage and Help Paying Costs* to be considered for other available health care coverage.

Thank you.

_____ (HPE-trained CAC Name)

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Step 4: MassHealth Provides Notice to Applicant Approval

Sample of one of the MA21
Approval Notices mailed to
applicant by MassHealth

Health Insurance Processing
P.O. Box 8100
Trenton NJ 02790-0900

Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medical
www.mass.gov/masshealth

Tel: (603) 841-2800
TTY: 1-800-497-4645
Fax: (603) 497-4770
Medicaid ID: 100287524523

511/APW-HPE-CP *000002*
CPNOTICE HPE
CPNOTICE ADDRESS
HERSHMAN MA 02494

Date: 06/05/2014 Member ID: 1741488 SEN: XXX-XX-0300
DMW CPNOTICE HPE

You can get this information in large print and Braille. Call 1-800-841-2800 from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4645 for people who are deaf, hard of hearing, or speech disabled).

A hospital/medical center recently notified the person below to qualify for temporary MassHealth CarePlus benefit. These temporary benefits start on 04/05/2014 and will end on 03/31/2015 unless you send us an Application for Health Coverage and Help Paying Costs to get MassHealth benefits.

* SEN: CPNOTICE, Member ID: 100287524523, Date of birth: 02/01/1977

IMPORTANT!

Your temporary benefits will end soon. You must send us a complete Application for Health Coverage and Help Paying Costs before 03/31/2015. If we do not get your completed application by 03/31/2015, your temporary MassHealth benefits will end on this date. You will not receive another notice when your temporary benefits end. If we get your completed application on or before 03/31/2015, your benefits will continue until we make a decision on your application. In that case, we will tell you at that time if you can continue to receive MassHealth benefits.

This is according to MassHealth regulations at 110 CMR 502.003 (B).

encl. found...

What happens next?

Please send us a completed Application for Health Coverage and Help Paying Costs before 03/31/2015. If you have already mailed a complete application, thank you! We will send another letter to let you know if you qualify for MassHealth, the children's Medical Security Plan, Commonwealth Plan and Veterans Tax Credit, and the Health Safety Net.

• See this letter as your temporary ID card. Show it to doctors and pharmacists when getting medical services.

How can you get the application?

1. Online: Visit www.MassHealthconnector.org. Create an account if you don't have one already.
2. Ask the hospital/medical center staff that helped you get temporary benefits.
3. Call: 1-800-841-2800 (TTY: 1-800-497-4645 for people who are deaf, hard of hearing, or speech disabled).

The hospital/medical center that helped you get temporary benefits can also help you fill out this application.

What does MassHealth CarePlus cover?

MassHealth CarePlus covers doctors' visits, hospital care, prescription drugs, mental health services, and substance use disorder treatment. MassHealth CarePlus also covers transportation to medical appointments, even if it is not an emergency.

Please ask us shortly how we will help you with your application. You may have a copy for prescriptions and doctor or hospital visits.

What if you have questions?

If you have questions, you can contact:

or the MassHealth Customer Services Center at 1-800-841-2800 (TTY: 1-800-497-4645 for people who are deaf, hard of hearing, or speech disabled).

Thank you.

_____ (HPE-trained CAC Name)

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Step 5: *Explanation of Full Application Process*

Offering to Assist with full MassHealth Application

HPE-trained CACs must provide all HPE applicants the following additional information:

- HPE-trained CACs must explain the full MassHealth application process and inform approved HPE applicants of the potential availability of continued coverage, if a full application is completed, submitted and approved. However, applicants are not required to fill out a full application in order to receive coverage through HPE.
- HPE-trained CACs should strongly encourage all HPE applicants to apply for MassHealth before HPE expires and provide assistance if needed.
- For denied HPE applicants, HPE-trained CACs should explain and offer to assist with the full MassHealth application process.



Step 5: *Explanation of Full Application Process*

Individuals can access the full application by:

- Visiting MAhealthconnector.org and creating an account if he/she does not have one already.
- Asking the HPE-trained CAC that assisted with the HPE application.
- Calling 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).



You have reached the end of this lesson.

Next Steps:

- Close this lesson by selecting the X in the upper right corner of the window.
- Select the Launch button to begin your next lesson.



Chapter 3: Resources and Additional Information



Lesson 1: Resources and Additional Information

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Lesson Objectives

In this lesson you will learn:

- What additional HPE resources and information are available and where they can be found.



HPE Resources and Additional Information Resources

The following resources are *only* available from your HPE coordinator:

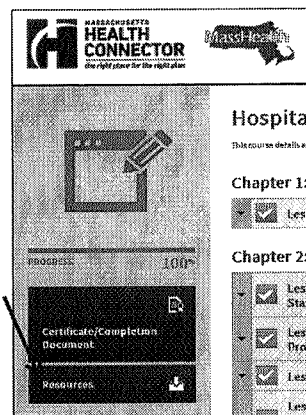
- MassHealth Application for Hospital-Determined Presumptive Eligibility (fillable PDF).
- MassHealth Fax Coversheet—HPE Applications (fillable PDF).
- Hospital-Determined Eligibility Approval and Denial Notice Templates (Word documents).



HPE Resources and Additional Information Resources

The following resources and sample documents are available in the Resource area of this course:

- Toolkit for HPE-Trained CACs (Interim Process).
- CAC HPE Checklist (Interim Process).
- Citizenship and Immigration Job Aid for HPE.
- 2014 FPL Chart for HPE (Interim Process).
- Sample MassHealth Application for Hospital-Determined Presumptive Eligibility (Interim Process).
- Sample MassHealth Fax Coversheet—HPE Applications (Interim Process).
- Sample CarePlus Approval Letter Template (Interim Process).
- Sample Standard Approval Letter Template (Interim Process).
- Sample Family Assistance Approval Letter Template (Interim Process).
- Sample Denial Letter Template (Interim Process).
- Sample – MA21 Approval Letter – Standard.
- Sample – MA21 Approval Letter – CarePlus .
- Sample – MA21 Approval Letter – Family Assistance.



Screenshot of the HPE Course in the LMS – Click the Resources button to access HPE documents and samples



HPE Resources and Additional Information *Contact Information*

- For questions about the HPE application process, please contact:
ehs.HPEprocess@state.ma.us.
- Please continue to contact MassHealth Customer Service for all other applications not related to HPE.



You have reached the end of this lesson.

Next Steps:

- Close this lesson by selecting the X in the upper right corner of the window.
- Select the Launch button to begin your next lesson.



Lesson 2: HPE-Trained CAC: Next Steps

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Lesson Objectives

In this lesson you will learn about:

- Next steps now that you have finished the Hospital-Determined Presumptive eligibility training.



HPE CAC – Next Steps**Next Steps:**

- Print HPE Training Completion Document – (For hospital records as proof of successful completion of the HPE training in the LMS).
- Access and print HPE resources from the Resource button in this lesson. (Reminder: HPE resources are only available from within this course, they are not available in the general Resource area accessed from the LMS home page.)
- Return to this course at any time to review the lessons or to view or print the HPE resources.

**HPE CAC – Next Steps**

Congratulations!
You have reached the end of the HPE
training course.

- Close this course by selecting the X in the upper right hand corner of the window.



MassHealth Application for Hospital-Determined Presumptive Eligibility



FOR MASSHEALTH USE ONLY: Application received date _____

PART A: HOSPITAL INFORMATION (required)

Hospital Name _____

Hospital Site Name _____

Certified Application Counselor Name _____

Certified Application Counselor Phone No. _____

Today's Date _____

By checking Yes in the box below, the Certified Application Counselor filling out this application and whose name appears above, attests that he or she is trained and qualified to make hospital-determined presumptive eligibility determinations; has the permission of the applicant to submit this application to MassHealth, receive limited information from MassHealth about this application, and contact the applicant on related matters; will read the Rights and Responsibilities in Part F to the applicant; and will not submit any information that the Certified Application Counselor knows to be false.

☐ Yes ☐ No

Hospital-determined presumptive eligibility is a time-limited MassHealth benefit based on the applicant's responses to a short set of questions. If approved, eligibility will last until the end of the month after it was approved or the date a determination is made based on a full application. An applicant must submit a full MassHealth application (ACA-2 or SACA-2) in order to continue to receive benefits.

PART B: APPLICANT INFORMATION (required)

Applicant

First Name _____ Last Name _____

Date of Birth _____ Gender _____ Social Security No. (if available) _____

Parent/Guardian*

First Name _____ Last Name _____

Date of Birth _____ Gender _____ Social Security No. (if available) _____

* Provide custodial parent/guardian information only if applicant is younger than age 19. If the custodial parent/guardian would also like to apply for hospital-determined presumptive eligibility, he or she must fill out a separate application with himself or herself as the applicant.

PART C: APPLICANT CONTACT INFORMATION

1. Phone No. _____
2. Residential Address (required):
 Address Line 1 _____
 Address Line 2 _____
 City _____ State _____ Zip Code _____
 Is your residential address the same as your mailing address? ☐ Yes ☐ No
 If No, please enter your mailing address below (if applicable):
 Address Line 1 _____
 Address Line 2 _____
 City _____ State _____ Zip Code _____
3. Are you homeless? (optional) ☐ Yes ☐ No
4. Languages (optional)
 Written language choice _____ Spoken language choice _____

PART D: INFORMATION TO DETERMINE ELIGIBILITY

5. Citizenship or Immigration Status (required)
 - a) Are you a U.S. Citizen, U.S. National, or eligible immigrant? (required) ☐ Yes ☐ No
 Immigration status (if applicable): _____
 - b) If you answered No, have you ever been issued a document from U.S. Immigration officials? ☐ Yes ☐ No
6. Residency (required): Are you living in Massachusetts and planning to stay? ☐ Yes ☐ No
7. Are you a parent or caretaker relative of a child younger than age 19? (required) ☐ Yes ☐ No
8. Pregnancy (required): Are you pregnant? ☐ Yes ☐ No
 - a) If Yes, how many children are you expecting? _____
 - b) If Yes, when is your due date? _____
9. Household Size and Income (required)
 - a) How many people are in your household (including yourself)? _____
 - b) What is your household's total gross monthly income? _____
10. Additional Eligibility Questions (optional):
 - a) Did you age out of foster care at the age of 18 or older? ☐ Yes ☐ No ☐ Prefer not to answer
 - b) Are you HIV-positive? ☐ Yes ☐ No ☐ Prefer not to answer
 - c) Do you have breast or cervical cancer? ☐ Yes ☐ No ☐ Prefer not to answer
 If Yes, do you have other insurance coverage? ☐ Yes ☐ No

PART E: COVERAGE TYPE (required)

Based on the information supplied by the applicant, the hospital named on page 1 has determined the applicant to be presumptively eligible for:

- ☐ MassHealth Standard
☐ MassHealth CarePlus
☐ MassHealth Family Assistance

MassHealth Hospital-Determined Presumptive Eligibility Quiz

MassHealth Hospital-Determined Presumptive Eligibility Quiz

Required in order to complete HPE Training in Learning Management System (online training tool)

June 13, 2014

1. HPE stands for:

- a. Hospital Provisional Eligibility
- b. Hospital Determined Presumptive Eligibility
- c. Hospital Predetermined Eligibility
- d. None of the above

Answer b: HPE stands for Hospital Determined Presumptive Eligibility. Starting in 2014, the Affordable Care Act allows qualified hospitals to make presumptive eligibility determinations for certain individuals who appear to be eligible for Medicaid coverage. Qualified hospitals must make the choice to participate in HPE and enter into a contract with MassHealth to do so.

2. Which of the following are benefits of HPE?

- a. Provides temporary yet immediate access to MassHealth coverage for eligible individuals
- b. Improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage
- c. Provides individuals with an opportunity to potentially get connected to longer-term coverage options
- d. All of the above

Answer d: Hospital Presumptive Eligibility (HPE): 1) Improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage, 2) Provides temporary benefits but allows for immediate access to MassHealth coverage for eligible individuals. 3) Provides individuals with an opportunity to get connected to longer-term coverage options as well as 4) Ensures the hospital will be reimbursed for services provided

3. Who determines an individual's HPE eligibility?

- a. MassHealth
- b. Hospitals with HPE Contracts
- c. Any CAC
- d. All of the Above

Answer b: Only hospitals with a signed agreement with MassHealth may make HPE determinations. The hospital must use HPE-trained CACs to assist with HPE applications and determinations, but a hospital may not delegate the actual HPE determination to an HPE-trained CAC who is a contractor, rather than employee, of the hospital. Hospitals may choose not to sign up with MassHealth to perform HPE – it is at the hospital's option.

MassHealth Hospital-Determined Presumptive Eligibility Quiz

4. Hospitals' CACs are required to offer assistance to individuals who are determined presumptively eligible in completing a full MassHealth application for coverage.

- a. True
- b. False

Answer a: Hospital CACs are required to offer to assist individuals in completing a full MassHealth application for coverage. MassHealth will monitor each hospital participating in HPE to evaluate the percentage of people with HPE who go on to submit a full MassHealth application. This is necessary to ensure that HPE is a pathway to longer-term coverage, everyone's ultimate goal.

5. An applicant is determined eligible for HPE on May 15, 2014, and coverage starts that day. The individual submits a full MassHealth application prior to June 30th. On what day does the HPE coverage end?

- a. June 30, 2014
- b. The eligibility determination date based on the full application for MassHealth benefits
- c. July 31, 2014
- d. None of the above

Answer b: For an individual who does file a full application before the last day of the month following the month in which the HPE application was approved, the HPE period lasts until an eligibility determination is made on a full MassHealth application.

6. An applicant is determined eligible for HPE on May 15, 2014, and coverage starts that day. The individual does not submit a full application prior to June 30th. On what day does the HPE coverage end?

- a. May 31, 2014
- b. June 30, 2014
- c. June 1, 2014
- d. None of the Above

Answer b: The HPE period ends on the last day of the month following the month in which the HPE application was approved, if the individual does not file a full MassHealth application by that time.

7. The state has the authority to take corrective action against hospitals, including termination from the HPE program, if the hospital does not follow federal or state policies, or meet state established performance standards.

- a. True
- b. False

Answer a: If a hospital does not follow state or federal laws, regulations, policies, and procedures, or is not successful in helping individuals submit full MassHealth

MassHealth Hospital-Determined Presumptive Eligibility Quiz

applications in accordance with the state-developed performance standards, EOHHS will require the hospital, its HPE-trained CACs, or both, to participate in additional training or take other reasonable corrective actions as appropriate. If a Hospital fails to comply with any corrective action plan or the Performance Standards, the Contract may be suspended or permanently terminated.

8. Hospitals are expected to have at least ____ of the individuals determined presumptively eligible complete a MassHealth application for full coverage by the end of the presumptive eligibility period.

- a. 80%
- b. 55%
- c. 65%
- d. 75%

Answer d: Participating hospitals will be required to meet performance standards..

Hospitals are expected to have at least 75% of the individuals determined presumptively eligible complete a MassHealth application for full coverage by the end of the presumptive eligibility period.

9. Who is not Eligible for HPE coverage?

- a. Individuals who are not Massachusetts residents
- b. Individuals with existing comprehensive MassHealth coverage
- c. Individuals whose incomes are too high
- d. None of the above
- e. All of the above

Answer e: An eligible individual must: 1) Not currently have comprehensive MassHealth coverage (MassHealth Standard, CommonHealth, CarePlus, or Family Assistance); 2) Be a Massachusetts resident; 3) Meet certain income criteria.

10. The individual must provide proof of income.

- a. True
- b. False

Answer b: The hospital must accept self-attestation of income and all other information requested in the HPE application. The hospital may not require verification or documentation of information of self-attested information, including income, residency, and citizenship or immigration status as part of the HPE application or determination process.



HOSPITAL-DETERMINED PRESUMPTIVE ELIGIBILITY (HPE) INTERIM PROCESS TOOLKIT for HPE-TRAINED CACS

Who can use this Toolkit

- Certified Application Counselors (CACs) at hospitals who have completed the Hospital-Determined Presumptive Eligibility (HPE) training course in the Learning Management System.

Purpose of this Toolkit

Hospital-Determined Presumptive Eligibility allows qualified hospitals to make presumptive eligibility determinations for certain individuals who appear to be eligible for MassHealth coverage.

This toolkit provides guidance and tools to help HPE-trained CACs through the HPE application process.

This toolkit is a supplement to the HPE training course. For more information and detail about a particular step of the HPE application process, please refer to the HPE training course in the Learning Management System.

Included in this toolkit, and also available as a separate document in the Learning Management System, is the CAC HPE Checklist. This checklist may be used by HPE-trained CACs as they work with the individual to complete the HPE application.

If you have any questions about the HPE process, please contact MassHealth at ehs.HPEprocess@state.ma.us.



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I. General Hospital Determined Presumptive Eligibility Overview

How HPE Works

- An individual seeks health care coverage at an HPE-Qualified hospital, outpatient department, or satellite clinic.
- An HPE-trained CAC assists applicants and completes one HPE application per individual (i.e. not per household).
- An HPE-trained CAC helps the hospital determine HPE eligibility and coverage type. Hospitals may not delegate the actual HPE determination to an HPE-trained CAC who is a contractor, rather than employee, of the hospital.
- Approved individuals receive MassHealth coverage effective immediately, for a limited amount of time.
- An HPE-trained CAC transmits approved HPE applications to MassHealth.
- The HPE-trained CACs are required to offer to assist individuals in completing a full Application for Health Coverage and Help Paying for Costs ("full MassHealth application") but such full application is not required to receive temporary coverage through HPE.

HPE Duration

- **For approved individuals, the HPE period begins with, and includes:**
 - The day on which the HPE-trained CAC makes the HPE determination.
- **HPE period ends on:**
 - The last day of the month following the month in which the HPE application was submitted, **if** the individual does not file a full application by that time, **or**
 - For an individual who does file a full application before that time, HPE ends on the eligibility determination date.

Who can make HPE Determinations

Once a hospital has a signed HPE contract with EOHHS and Certified Application Counselors (CACs) trained in HPE, it can make HPE determinations. Hospitals may not delegate the actual HPE determination to an HPE-trained CAC if the CAC is a contractor.

Only HPE-trained CACs at participating hospitals may make HPE recommendations, as long as the hospital takes responsibility for all presumptive eligibility determinations made based on such recommendations. HPE-trained CACs that may assist hospitals and consumers with the HPE process may be hospital staff or contractors, including those in hospital-based physician practices, outpatient departments or satellite clinics operating under a qualified hospital's license, including those in off-site locations, who have already successfully completed CAC training in the MassHealth/Health Connector Learning Management System (LMS). However, if the HPE-trained CAC is a contractor, rather than employee of the hospital, then the contractor may not make the HPE determination.

HPE-trained CACs at participating hospitals are required to:



Hospital-Determined Presumptive Eligibility Toolkit – Interim Process

- Not charge, or accept compensation from individuals for any HPE or MassHealth application assistance.
- Read and explain the applicant's rights and responsibilities that are part of the HPE application and receive verbal acknowledgement from the applicant of their understanding of these rights and responsibilities.
- Offer to provide individuals with continued assistance to apply for full MassHealth benefits.



II. HPE Application Process

Upon the applicant's initial visit, the HPE-trained CAC should take the following steps to help the hospital determine an individual's HPE eligibility, HPE coverage type (if eligible), and complete the HPE application.

Step 1: Determine if Individual May Be HPE Eligible

To be eligible for HPE, an individual must:

- Be under age 65 (unless a parent or caretaker relative)
- Be a citizen or meet satisfactory immigration status requirements
- Be a Massachusetts resident
- Meet certain income criteria

Important Information to know about the HPE application

- The HPE-trained CACs must accept self-attestation for all information requested in the HPE application.
- The HPE-trained CACs cannot require any verification or documentation of information, including income, residency, and citizenship/immigration status.
- Applicants cannot be required to provide information that is not necessary to determine HPE.
- The HPE-trained CACs may not require the applicant to answer the *optional* questions, such as HIV status or if the individual has breast or cervical cancer but should explain to the applicant it may result in HPE coverage for certain applicants at higher income levels. The HPE application shall be processed even if the applicant declines to answer optional questions.
- **No verification requests will be sent** from MassHealth to the individual applicant based on an HPE application.

Step 2: Complete the Application

The HPE-trained CAC collects information from the applicant to help the hospital determine HPE eligibility and coverage type and then submits the approved application to MassHealth. This section provides guidance on how to collect information provided by the applicant to make the determination, and how to complete certain questions on the application. For ease of use, this information can be collected on the CAC HPE Checklist – Appendix B.

The following topics are covered in Step 2:

- Determine if individual currently has comprehensive MassHealth coverage (Standard, CommonHealth, CarePlus, or Family Assistance)
- Determine citizenship or immigration status
- Determine household size
- Determine income



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- Determine FPL
- Determine Coverage Type

Determine if individual has Current MassHealth Coverage

To determine if individual currently has MassHealth coverage:

- Look individual up in My Account Page* and/or EVS. If you find individual has comprehensive MassHealth coverage (Standard, CommonHealth, CarePlus, or Family Assistance), inform individual that MassHealth coverage has already been established and they do not need time-limited HPE benefits, and assist individual in understanding how to access their current benefits.
- If no comprehensive eligibility is found proceed with HPE application and determination.

* **Reminder:** An HPE-trained CAC should check with applicant on whether they would like the CAC to receive eligibility information from MassHealth on their case. If so, the HPE-trained CAC may need to request a signed PSI (Permission to Share Information) form from the individual to check for eligibility information in MAP or speak with MassHealth about benefits.

Determine Citizenship or Immigration Status (Question 5)

The questions on the HPE application related to Citizenship and Immigration Status are:

<p>PART D: INFORMATION TO DETERMINE ELIGIBILITY</p> <p>5. Citizenship or Immigration Status (required)</p> <p>a) Are you a U.S. Citizen, U.S. National, or eligible immigrant? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Immigration status (if applicable): <input type="text"/></p> <p>b) If you answered No, have you ever been issued a document from U.S. Immigration officials? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

To determine an applicant's immigration status:

- Ask applicant for their status and check it against the *Citizen and Immigration Section Information - Appendix A* of this Toolkit.

Question 5a: Are you a U.S. Citizen, U.S. National, or Eligible Immigrant?

Answer "Yes" to Question 5. a) if the applicant has one of the following statuses.

- **Citizen /National**
 - Born in the U.S. or its territories (including Puerto Rico, the Virgin Islands, Commonwealth of the Northern Mariana Islands, and Guam)
 - Born to a parent who is a U.S. citizen
 - Naturalized citizen
 - A U.S. national
- **Eligible Immigrant**
 - Ask applicant for their status and check it against Appendix A of this Toolkit for the full list of Eligible Immigrant statuses.



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- If applicant has one of the Eligible Immigrant statuses, you need to answer “**Yes**” to **5a** and write the applicant’s self-declared immigrant status on application.

Question 5b: If you answered No, have you ever been issued a document from U.S. Immigration officials?

If the applicant answers “**No**” to: **5a** *Are you a U.S. Citizen, U.S. National, or Eligible Immigrant?*, **then ask this additional question:**

5.b) If you answered No, have you ever been issued a document from U.S. Immigration officials?

- A person who answers “**Yes**” to question **5b** is considered a **Nonqualified PRUCOL** and may be eligible for HPE
- A person who answers “**No**” to **5a** and has never been issued a document from U.S. Immigration should answer “**No**” to question **5b**. These individuals are not eligible for HPE **unless they are pregnant and at or below 200% FPL**.

See Citizen and Immigration
Status Information - Appendix A

Determine Household Size (Question 9)

The following Household Size and Income questions are on the HPE application:

9. Household Size and Income (required)

a) How many people are in your household (including yourself)?

b) What is your household's total gross monthly income?

Question 9.a): How many people are in your household (including yourself)?

Use the following to determine who to count for Household Size.

Family: Count all family members to answer question 9a

- Parent (natural, step, or adoptive) who lives together with a child under age 19, including parents who are mutually responsible for one or more children who live with them.
- A child under age 19 who is absent from home to attend school is considered as living in the home.
- Siblings under age 19, including any of their children who live together, even if no adult is present.
- Caretaker Relative: Any adult who is the primary caregiver for a child and is related to the child by blood, adoption, or marriage and lives in the same home as that child. Neither parent may be living in the home.

Couple: The answer to 9a is “2”.

- Two persons married to each other and living together with no children under age 19 living with them.

Individual: The answer to 9a is “1”



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- Any person not included in the definition of a family or couple.

The following examples provide additional guidance in determining family size:

John and Mary are married. They have no children. They are a household size of two.	Jim and Sally are married. They have two children under age 19. They are a household size of four.
Larry and Michelle are married. Michelle has a 14 year old child from a previous marriage. They are a household size of three.	Kristin and Dianne are married. They have twins, Susan and Daniel, age three. They are a household size of four.
Steve and Sue are married. They have two children under 19. Melissa is six and Cindy is 17. Cindy is pregnant. They are a household size of five (unborn child is counted in household size).	Ruth, age 67 is caring for her grandchildren Melanie, age seven and Andrew, age four who are siblings. The children's parents are not living in the home. They are a household size of three.

Question 9b) What is your household's total gross monthly income?

When determining financial eligibility for HPE, the gross monthly income of all family group members is counted and compared to federal poverty level based on family group size (household size).

Determine Income:

- When determining the household's total monthly income, ask the applicant: What is the total amount of income that the household receives per month. The applicant should include:
 - Earned Income: All income from employment for all family members.
 - Non-Working Income: All income received from retirement, social security, or other income that is not from a job (do not count TAFDC, EAEDC, SSI income, or child support).
 - Net Rental Income: Total amount of gross rental income received less any deductions equals Net Rental Income.
- Add all of the above together to get total family/household income per month. **Do not ask for proof of income.**
- See the **CAC HPE Checklist – Appendix B** to record monthly household income for family members.



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Hospital-Determined Presumptive Eligibility Toolkit – Interim Process

Determine FPL

Once the household's size and monthly gross income is determined, the below chart should be used to determine FPL. Although this information does not get recorded on the application, you will need it to help determine the coverage type.

2014 MassHealth Federal Poverty Levels			
Family Size	A	B	C
	Household is less or equal to 133% Federal Poverty Level if:	Household is less or equal to 150% Federal Poverty Level if:	Household is less or equal to 200% Federal Poverty Level if:
	Monthly income is less than or equal to	Monthly income is less than or equal to	Monthly income is less than or equal to
1	\$1,294	\$1,459	\$1,945
2	\$1,744	\$1,967	\$2,622
3	\$2,194	\$2,474	\$3,299
4	\$2,644	\$2,982	\$3,975
5	\$3,094	\$3,489	\$4,652
6	\$3,544	\$3,997	\$5,329
7	\$3,994	\$4,504	\$6,005
8	\$4,444	\$5,012	\$6,682
For each additional person add	\$450	\$508	\$677
			\$846



Determine Coverage Type

MassHealth Hospital-Determined Presumptive Eligibility allows the qualified hospital to determine the coverage type and mark that on the application before it is submitted to MassHealth.

PART E: COVERAGE TYPE (required)

Based on the information supplied by the applicant, the hospital named on page 1 has determined the applicant to be presumptively eligible for:

- ☐ MassHealth Standard
- ☐ MassHealth CarePlus
- ☐ MassHealth Family Assistance

Using the information you have gathered on the individual, you can use the HPE Eligibility Coverage Chart or the HPE Eligibility Coverage Flow Chart found on the following pages to help make the coverage type determination. Each tool contains the same information but laid out in different ways. Use whichever is easier for you. The HPE Eligibility Coverage Chart below can also be found on the **CAC HPE Checklist**.



HPE Eligibility Coverage Chart

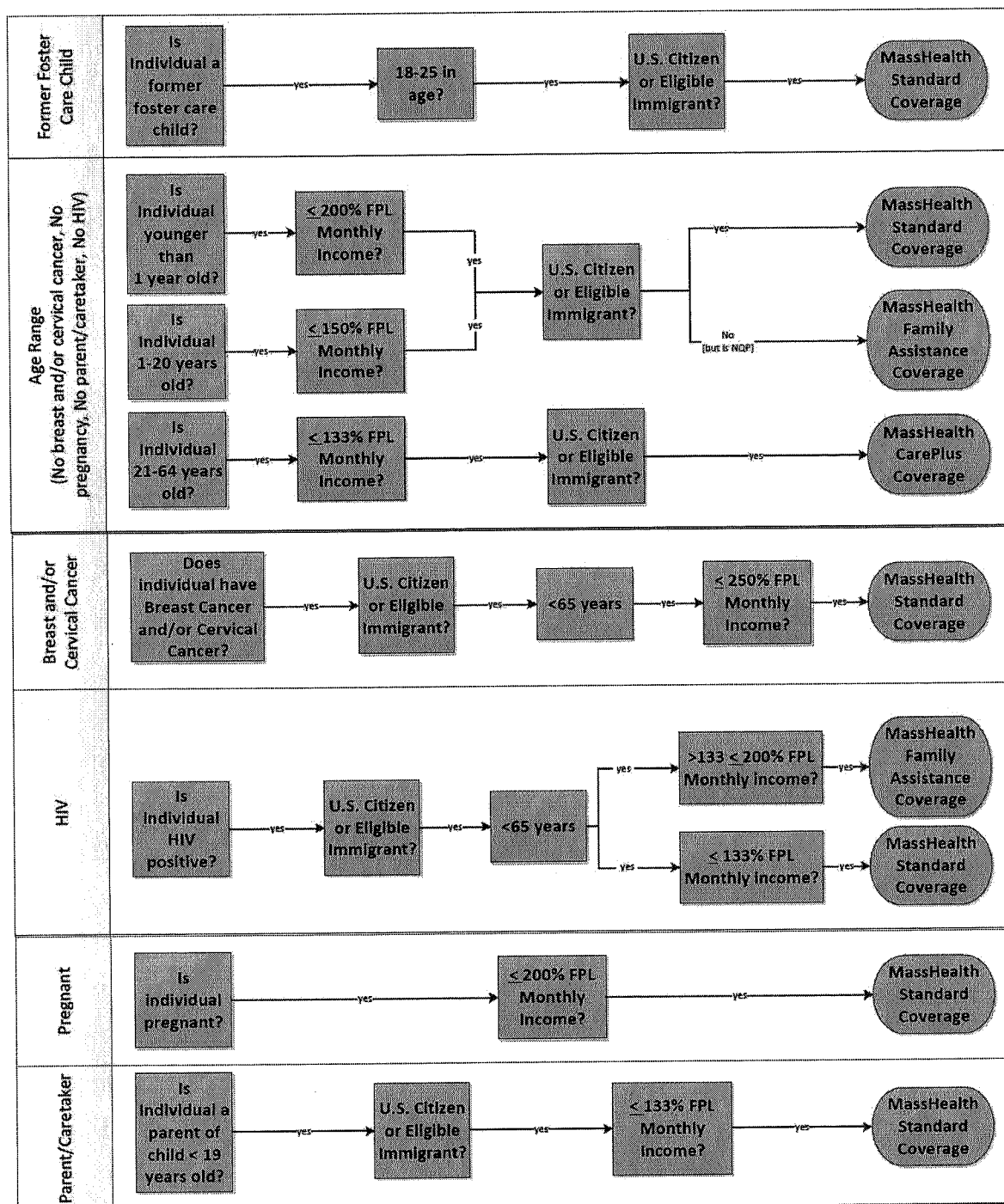
This chart should be used with 2014 MassHealth Federal Poverty Levels for HPE.

Population (age)	Immigration Status	Income based on Family Size
MassHealth STANDARD if...		
Infant (<1)	Citizen or Eligible Immigrant	Column C or lower
Child (1-20)	Citizen or Eligible Immigrant	Column B or lower
Former Foster Care Child (<26)	Citizen or Eligible Immigrant	No FPL Limit
Pregnant Woman	All	Column C or lower
Parent with a child age <19	Citizen or Eligible Immigrant	Column A or lower
Individual with Breast or Cervical Cancer (<65)	Citizen or Eligible Immigrant	Column D or lower
HIV + (<65)	Citizen or Eligible Immigrant	Column A or lower
MassHealth CAREPLUS if...		
Adult (21-64)	Citizen or Eligible Immigrant	Column A or lower
MassHealth FAMILY ASSISTANCE if...		
Infant (<1)	Non-Qualified PRUCOL	Column C or lower
Child (1-20)	Non-Qualified PRUCOL	Column B or lower
HIV + (<65)	Citizen or Eligible Immigrant	Greater than Column A but Column C or lower



HPE Eligibility Coverage Flow Chart

In first row, answer first question. If answer is No to any question, then answer next row, etc. If answer is Yes the questions, use the coverage type shown in that row.





Step 3: Submit Application

Reminder: An HPE-trained CAC submits one HPE application per individual (e.g. not household)

Completed HPE applications along with the MassHealth Fax Coversheet for HPE must be submitted by the CAC (not the individual) by fax to MassHealth:

HPE Fax: 617-887-8754

HPE Applications Cannot Be Mailed, Delivered Personally, or Faxed To Any Other Fax Number

Step 4: Provide Notice to Applicant Approval/Denial Process

Hospitals must provide individuals with a written notice after the HPE determination is made:

If approved, complete the approval letter which must include HPE coverage type and beginning and ending dates of the HPE period.

- HPE coverage begin date: Date of HPE determination.
- HPE coverage end date: Last day of the month following the month in which the HPE determination was made.
- HPE-trained CAC must inform the applicant:
 - That their HPE coverage will end on the last day of the month following the month in which the HPE application was submitted ***if*** the individual does not file a full application by that time, **or**
 - For an individual who does file a full application before that time, the end date will be the eligibility determination date.
- The letter explains benefits will be extended if the individual files a full MassHealth application and eligibility is not determined by HPE end date.
- HPE-trained CAC must review the notification letter with the applicant and ensure he/she fully understands it.

The HPE-trained CACs should explain to approved applicants that MassHealth will also be sending an approval confirmation letter directly to the applicant.

If denied, complete the denial letter which must include the reason for the denial. The letter explains the option to submit a full MassHealth application and includes options on how to submit one.

- HPE-trained CACs must review the notification letter with the applicant and ensure he/she fully understands it.



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- Approval/Denial template letters are word document forms that MassHealth will provide to hospitals contracted to do HPE. Hospitals will issue template letter content on their own letterhead.
- Approval/Denial template letters are available from your organization's HPE coordinator.
- Completed and approved HPE applications must be faxed, along with the MassHealth Fax Coversheet for HPE, to MassHealth as soon as possible but under all circumstances within five days from the date the HPE-trained CAC makes the HPE determination.

Step 5: Explanation of Full Application Process

Offering to Assist with full MassHealth Application

HPE-trained CACs must provide all HPE applicants the following additional information:

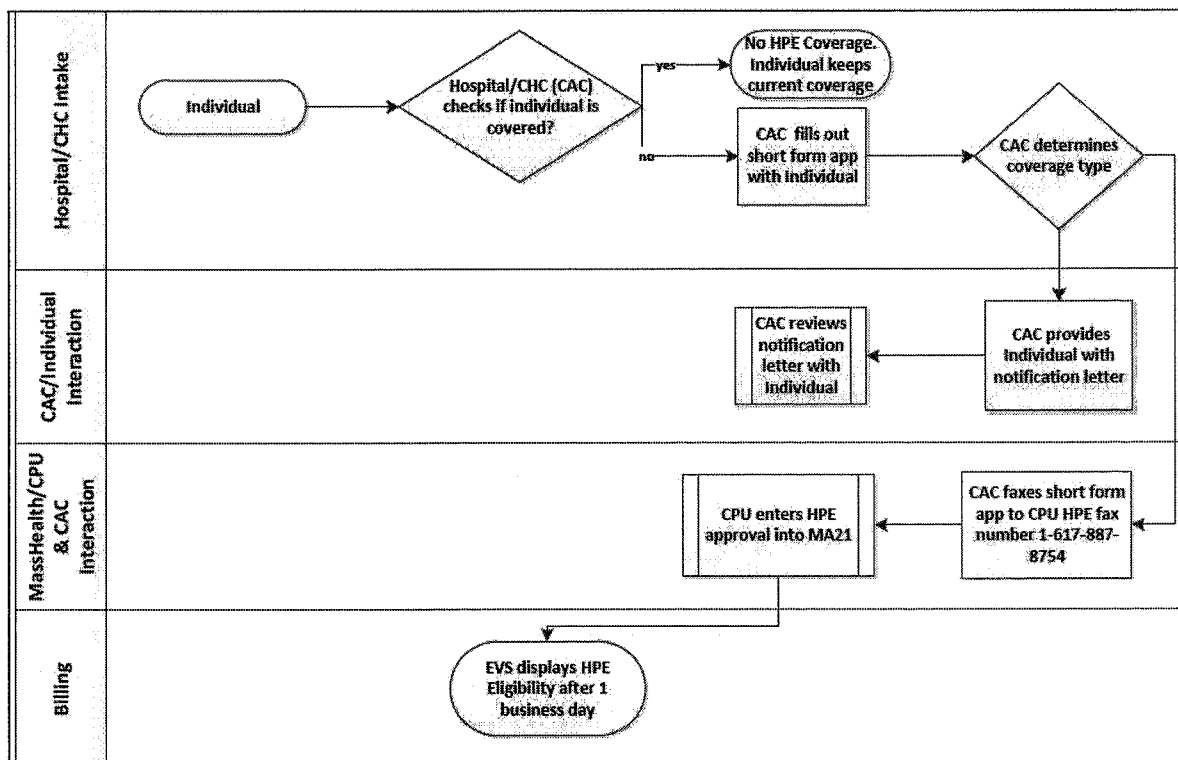
- HPE-trained CACs must explain the full MassHealth application process and inform approved HPE applicants of the potential availability of continued coverage, if a full application is completed, submitted and approved. However, applicants are not required to fill out a full application in order to receive coverage through HPE.
- HPE-trained CACs should strongly encourage all HPE applicants to apply for MassHealth before HPE expires and provide assistance if needed.
- For denied HPE applicants, HPE-trained CACs should explain and offer to assist with the full MassHealth application process.

Individuals can get an application by:

- Visiting MAhealthconnector.org and creating an account if they don't have one already.
- Asking the HPE-trained CAC that assisted with the HPE application.
- Calling 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

HPE Interim Process Flow Chart

The following flow chart provides a high-level overview of the HPE interim process—from intake through EVS (where you can view the Medicaid ID).





Appendix A: Citizenship and Immigration Status

For the question 5a: Are you a U.S. Citizen, U.S. National, or Eligible Immigrant? (required)

Below is the list of Citizenship and Immigration Statuses considered to be eligible under federal law. If an applicant has one or more of these statuses, it is appropriate to answer “yes” to this question. You will also need to write in the immigration status on the application

Citizens

- Born in the U.S. or its territories (including Puerto Rico, the Virgin Islands, Commonwealth of the Northern Mariana Islands, and Guam)
- Born to a parent who is a U.S. citizen
- Naturalized citizen
- A U.S. national

Eligible Immigrants

- Asylees
- Refugees
- Deportation withheld
- US Armed Forces Veterans and their spouses and dependents
- Conditional entrants
- Cuban or Haitian entrants
- Native Americans born in Canada or other non-U.S. territories
- Amerasians
- Victims of severe forms of trafficking or their spouse, child, sibling, or parent
- Iraqi Special Immigrant
- Afghan Special Immigrant
- Legal permanent residents
- Granted parole for at least one year
- Battered spouse, battered child, child of battered parent, or parent of a battered child
- Paroled into the U.S. less than one year
- Granted temporary resident status
- Granted Temporary Protected Status (TPS), including individuals with pending applications for TPS granted Employment Authorization
- Granted Employment Authorization
- Family Unity beneficiaries. Deferred Enforced Departure (DED)
- Granted Deferred Action status, except for Deferred Action for Childhood Arrivals Process (DACA)
- Granted an administrative stay of removal
- Beneficiary of approved visa petition pending adjustment of status
- Pending application for asylum or withholding of removal, including under the Convention Against Torture who have been granted employment authorization; or who are under 14 and have an application pending for at least 180 days
- Have been granted a withholding of removal under the Convention Against Torture
- A child has a pending application for Special Immigrant Juvenile status
- Non-immigration status (VISA)



Hospital-Determined Presumptive Eligibility Toolkit – Interim Process

If the applicant answers “no” to the question 5a, they will be asked to answer this additional question:

Question 5b: Have you ever been issued a document from U.S. Immigration?

Anyone not in an immigration status listed above that has ever had a document issued from U.S. immigration answer “yes” to question 5b. They will be considered **Nonqualified PRUCOL status**.

Anyone who answers “**No**” to question 5a and 5b will be considered **undocumented** and **only HPE eligible if pregnant and at or below 200% FPL**.

Appendix B: Toolkit for HPE CACs**Optional CAC HPE Checklist (Interim HPE Process)**

Introduction: This optional checklist may be used to assist HPE-trained Certified Application Counselors (CACs) with completing the **Hospital-Determined Presumptive Eligibility (HPE) Application** (interim HPE process). This optional checklist **cannot** be used in lieu of the HPE Application and **should not** be submitted to MassHealth.

- ☐ Determine if the applicant may be HPE Eligible
- ☐ Determine if the applicant currently has comprehensive MassHealth coverage
- ☐ Complete Parts A – C of the **HPE Application**
- ☐ Complete Part D of the **HPE Application** (use checkboxes below to help answer certain questions in Part D)
 - ☐ Applicant's Citizenship or Immigration Status
 - ☐ Citizen/National/Eligible Immigrant (YES to Question 5a)
 - ☐ Nonqualified PRUCOL (YES to Question 5b)
 - ☐ Undocumented (only eligible if pregnant and at or below 200% FPL)
- ☐ Applicant's Household Size: _____
- ☐ Applicant's Household Monthly Income: _____

Determine Monthly Income	
Family Member	Monthly Income
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
Monthly Household Total	\$
NOTE: DO NOT count TAFDC, EAEDC, SSI income.	

☐ Applicant's FPL Column: ☐ A ☐ B ☐ C ☐ D

2014 MassHealth Federal Poverty Levels (FPL) for HPE				
	A	B	C	D
	Household is ≤ 133% FPL	Household is ≤ 150% FPL	Household is ≤ 200% FPL	Household is ≤ 250% FPL
Family Size	If monthly income is less than or equal to:			
1	\$1,294	\$1,459	\$1,945	\$2,432
2	\$1,744	\$1,967	\$2,622	\$3,278
3	\$2,194	\$2,474	\$3,299	\$4,123
4	\$2,644	\$2,982	\$3,975	\$4,969
5	\$3,094	\$3,489	\$4,652	\$5,815
6	\$3,544	\$3,997	\$5,329	\$6,661
7	\$3,994	\$4,504	\$6,005	\$7,507
8	\$4,444	\$5,012	\$6,682	\$8,353
Each add'l person	\$450	\$508	\$677	\$846

☐ Complete Part E of the **HPE Application**

☐ Using the **Coverage Determination Chart** and additional information from the **2014 MassHealth FPL for HPE Chart**, along with the **HPE Application**, determine the applicant's HPE coverage

- ☐ MassHealth Standard
☐ MassHealth CarePlus
☐ MassHealth Family Assistance

HPE ELIGIBILITY COVERAGE CHART		
Population (Age)	Immigration Status	Income based on Family Size
MassHealth STANDARD if...		
Infant (<1)	Citizen or Eligible Immigrant	Column C or lower
Child (1-20)	Citizen or Eligible Immigrant	Column B or lower
Former Foster Care Child (<26)	Citizen or Eligible Immigrant	No FPL Limit
Pregnant Woman	All	Column C or lower
Parent with a child age <19	Citizen or Eligible Immigrant	Column A or lower
Individual with Breast or Cervical Cancer (<65)	Citizen or Eligible Immigrant	Column D or lower
HIV + (<65)	Citizen or Eligible Immigrant	Column A or lower
MassHealth CAREPLUS if...		
Adult (21-64)	Citizen or Eligible Immigrant	Column A or lower
MassHealth FAMILY ASSISTANCE if...		
Infant (<1)	Non-Qualified PRUCOL	Column C or lower
Child (1-20)	Non-Qualified PRUCOL	Column B or lower
HIV + (<65)	Citizen or Eligible Immigrant	Greater than Column A but Column C or lower

☐ Fax the **HPE Application** and MassHealth Fax Coversheet to MassHealth

HPE FAX # 617-887-8754

☐ Provide the **HPE Notice** to the applicant and explain full MassHealth application process