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# Hospital Presumptive Eligibility

## Reporting Requirements



# Agenda

This is the last of three modules hospital staff need to complete, prior to taking the quiz, in order to provide Hospital Presumptive Eligibility.

1. Overview
2. Making determinations
3. **Reporting requirements**



# Objectives

In this module you will learn:

- Data requirements
- Standards and accountability
- Recordkeeping requirements



# DATA REQUIREMENTS AND ACCOUNTABILITY



# What does OHA need to track?

- Number of applicants who submitted the full OHP application (OHA 7210) timely
  - Who was approved for full OHP coverage
  - Who was denied full OHP coverage
- HPE-related claims and payments
  - For applicants approved for full OHP coverage
  - For applicants denied full OHP coverage



# What do hospitals need to report?

- Total number of patient and non-patient applicants who:
  - Received an eligibility determination (OHP 7260)
  - Were issued an approval notice (OHP 3263A)
  - Were issued a denial notice (OHP 3263B)
  - Were provided full application (OHA 7210), and
    - Received direct assistance from the hospital,
    - Were referred by the hospital to a specific assister contact, or
    - Only received the 7210



# Why is reporting important?

- OHA will review reports to ensure that participating hospitals meets standards for:
  - Sufficient outreach to approved applicants, and
  - Accuracy of hospital coverage determinations



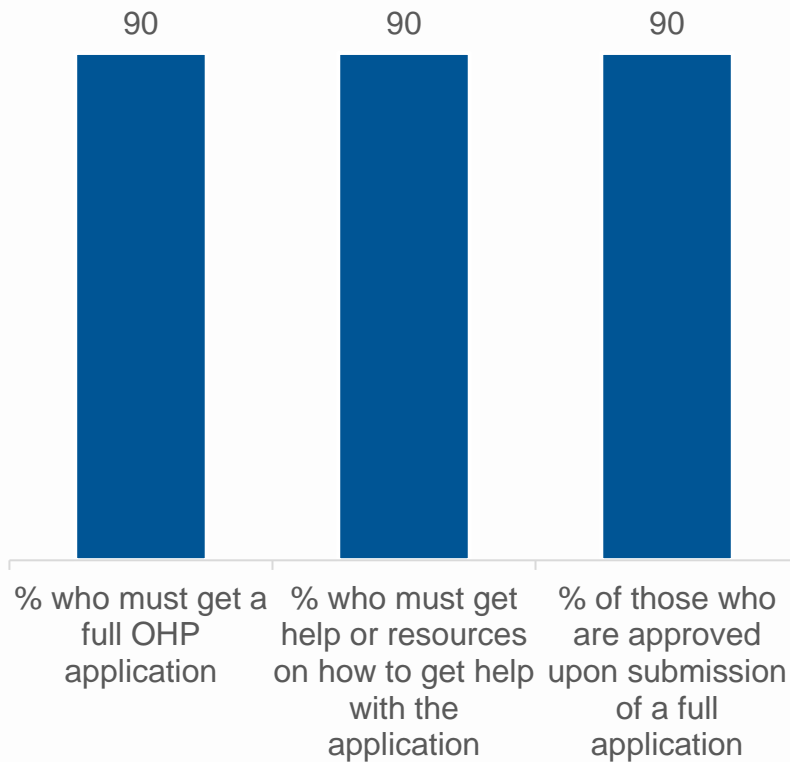
# STANDARDS AND ACCOUNTABILITY



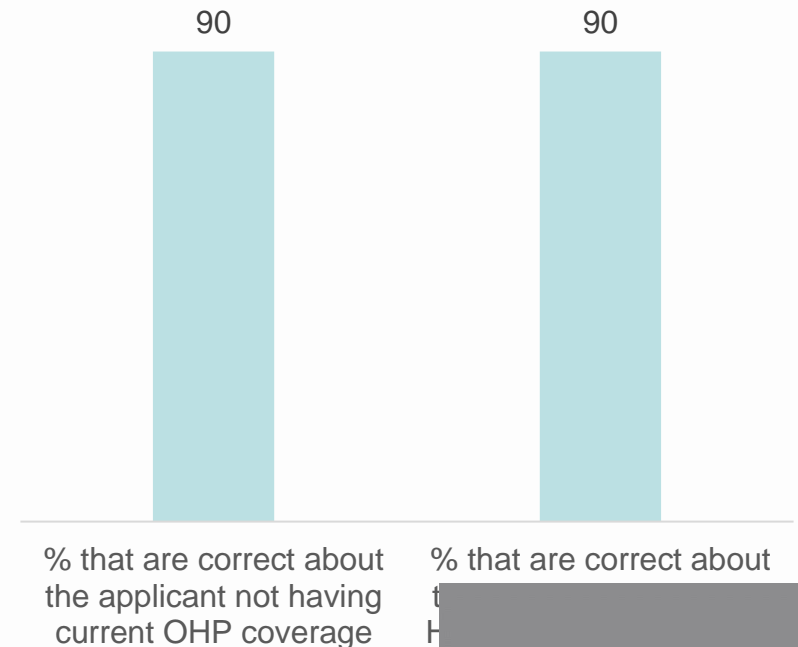


# Standards for participating hospitals

Of approved applicants:



Of hospital eligibility checks:



# What if standards are not met?

- If your quarterly reporting shows performance below the standards, OHA will establish a plan of correction for your hospital.
- The plan will include:
  - Targets and timelines for improvement
  - Steps to take in order to comply with the performance standards
  - Any additional staff training that is needed
  - When your hospital is expected to meet performance standards
  - How outcomes would be measured



# What if the correction plan does not improve performance?

- OHA may impose additional correction periods.
- If targets are not met, OHA may disqualify a hospital from making eligibility determinations using the HPE process.



# RECORDKEEPING REQUIREMENTS



# Documents to retain on file

- For each applicant:
  - Documentation faxed to OHP Customer Service (cover sheet, decision notice, application)
  - Record of giving access to the full OHP application
  - Record of giving help or information about getting help completing the full application
- The completed HPE Fax Cover Sheet can serve as documentation of giving access to the application and help with the application.
- It may be useful to keep quarterly files that line up with the reports you send to OHA.
- Reminder keep records of all applications for three years



# Quarterly reporting requirements

- OHA will send out a reminder, with the reporting form, just after the quarter has ended.
- You will have a full month to complete the report.
- Hospitals must submit their data as follows:

Period covered	Report due
January – March	May 1
April – June	August 1
July – September	November 1
October – December	February 1



# Completing the quarterly report

- It may be best to enter determinations into the report as you complete them.
- Complete all tabs:
  - Applicant Detail – Patient
  - Applicant Detail – Non-Patient
  - Quarterly overview
    - This may be easier to complete after you have completed the applicant detail tabs.
- Complete all fields!
  - OHA will let you know if you need to resubmit or correct any reporting you have submitted.



# Submitting the quarterly report

- Send the completed report by **secure** email to OHA at: [HPE.Program@odhsoha.oregon.gov](mailto:HPE.Program@odhsoha.oregon.gov)
- You can send via secure email in these ways:
  - From your organization's secure email application, or
  - DHS/OHA's secure email site at <https://secureemail.dhsoha.state.or.us/encrypt>

