
Hospital Presumptive Eligibility

Eligibility Determination;
Program Guidelines; and
Policy and Procedures



February 2017

Today's Agenda

- Hospital Presumptive Eligibility (HPE) review and background information
- The hospital's role – steps to determine HPE temporary eligibility
- HPE program guidelines
- OHA policy and procedures

Background Information

HPE REVIEW

Patient Protection and Affordable Care Act (ACA), Section 2202

- Allows voluntary participation for Medicaid-enrolled hospitals to:
 - Serve as HPE-determination sites
 - Determine eligibility for temporary medical assistance
- The state must allow any qualified and interested hospital that agrees to the terms of the program to participate

Why HPE?

- For consumers
 - Immediate, temporary medical coverage while full eligibility is being determined
 - A pathway to ongoing Medicaid coverage
- For hospitals
 - Reimbursement for covered services provided during the temporary coverage period even if the individual is ultimately determined ineligible for Medicaid/ CHIP
 - Opportunity to enroll community members in HPE as a path to ongoing eligibility, whether or not individuals are seeking hospital or medical services

Eligibility Groups and Income Guidelines

- Parent and Caretaker Relative (specific \$ limits)
- Pregnant Woman (through 185% FPL)
- Medicaid Child
 - Under age one (through 185% FPL)
 - Age one through 18 (through 133% FPL)
- CHIP Child
 - Under age one (above 185% through 300% FPL)
 - Age one through 18 (above 133% through 300% FPL)

Refer to OHA's *Quick Guide to Income Eligibility* at <http://www.oregon.gov/oha/healthplan/tools/Quick%20Guide%20to%20Income%20Eligibility%20for%20HPE%20Determinations.pdf>

Eligibility Groups and Income Guidelines, continued

- Adult not eligible as Parent and Caretaker Relative (through 133% FPL)
- Individual (to age 26) formerly in Foster Care in Oregon (no FPL limit)
- Individual in the Breast and Cervical Cancer Treatment Program (BCCTP) (through 250% FPL)

Refer to OHA's *Quick Guide to Income Eligibility* at <http://www.oregon.gov/oha/healthplan/tools/Quick%20Guide%20to%20Income%20Eligibility%20for%20HPE%20Determinations.pdf>

Individuals that are NOT Eligible

Individuals are not eligible for HPE when:

- They already have Medicaid/ CHIP benefits;
- HPE eligibility was active within the last 12 months;
- Applying for CWM emergency-only benefits;
- Over the age of 65;
- Receiving SSI benefits;
- Medicare-eligible; or
- Residing out-of-state.

Refer to *The Hospital Presumptive (Temporary) Eligibility Process* at <http://www.oregon.gov/oha/healthplan/tools/Hospital%20Presumptive%20Eligibility%20Roles%20and%20Responsibilities%20Manual.pdf>

The HPE Coverage Period

Starts

Begins at midnight on the Date of Notice:

- The date the hospital determines temporary eligibility (if the person is not seeking services at the time); or
- The date the individual received a covered medical service, as long as the hospital submits the decision to OHA within five working days following the date of service

Continues

Temporary eligibility is in place until:

- OHA makes an eligibility determination (based on the full Medicaid/ CHIP application [OHA 7210], as long as the applicant submits the application by the last day of the month following the month of the HPE determination date; or
- The last day of the month following the month of the HPE Date of Notice (if the OHA 7210 is not submitted in time)

Only one period of HPE coverage is allowed in any 12-month period (calculated from the first day of the most recent prior period of HPE).

The HPE Coverage Period

HPE coverage begins	OHA 7210 received	OHP coverage decision	HPE coverage ends	OHP coverage begins
10/5/2016	10/15/2016	10/30/2016 (denied)	10/30/2016	N/A
10/5/2016	11/10/2016	11/25/2016 (approved)	11/24/2016	11/25/2016
10/5/2016	12/3/2016	12/10/2016 (approved)	11/30/2016	12/3/2016
10/5/2016	N/A	N/A	11/30/2016	N/A

Temporary HPE is in place until OHA makes a decision based upon the full OHP application or the last day of the following month.

HPE Coverage and Limitations

In general

- All OHP-covered services
- Including dental, vision and mental health

For pregnant women

- Labor and delivery are NOT covered (often covered retroactively if the woman is determined Medicaid-eligible)
- For women who apply while in labor, submit a full OHA 7210 on the first date medical benefits were provided

HPE newborns

- Not considered Assumed Eligible Newborns (AENs)
- Should be given a separate HPE determination
- May change to AEN if the mother is determined Medicaid-eligible

THE HOSPITAL'S ROLE

The hospital's role

1. Identify individuals who may be eligible for Medicaid/CHIP health coverage.
2. Assist individuals to apply for OHP through the ONE system, or direct individuals to a community application assister, when possible.
3. When an individual's application through the ONE system is pended, follow the HPE process.

The hospital's role – HPE process

- The HPE process is to be used when the ONE system application is pended.
- The ONE system can be accessed by applicants directly, or by application assisters.

Find all HPE forms and instructions here:
<http://www.oregon.gov/oha/healthplan/Pages/hpe.aspx>

The hospital's role – HPE steps

1. Check the Provider Web Portal for current and past eligibility (13 months)
2. Fill out the current Application for Hospital Presumptive Eligibility (OHP 7260) with the individual's information;
3. Make an immediate temporary eligibility determination;
4. Provide the individual with an approval (OHP 3263A) or denial (OHP 3263B) notice; and
5. Use the HPE Fax Cover Sheet to fax all completed documents.

Find all HPE forms and instructions here:

<http://www.oregon.gov/oha/healthplan/Pages/hpe.aspx>

The hospital's role – HPE process

- Direct both approved and denied individuals to the [ONE system](#) or to an application assister in their community to complete the full application process.
- Let HPE-approved individuals know:
 1. HPE coverage is temporary, and can only be obtained once within a 12-month period;
 2. To receive continued coverage, they must submit a full OHP application through the ONE system; and
 3. There are community application assisters to help them submit the application for continued coverage.

Find all HPE forms and instructions here:

<http://www.oregon.gov/oha/healthplan/Pages/hpe.aspx>

Next Steps

- HPE-eligible members should be in the OHP system within one week after all forms are submitted
- If the HPE-eligible member is not in the OHP system, hospitals may contact OHP Customer Service: 800-699-9075
- Report special instances (i.e. another provider refuses follow-up services upon discharge) to the HPE team: hospital.presumptive@state.or.us.

HPE Temporary Eligibility Process

THE OHA'S ROLE

The OHA's Role in HPE

- Confirms hospital is a qualified HPE-determination site
- Confirms the person who made the determination is a qualified hospital staff member (illegible applications will be returned to the hospital for correction)
- When all criteria are met, OHA:
 - Accepts the hospital's determination
 - Enters the individual(s) into the MMIS (Medicaid Management Information System)
 - Sends the individual(s) ID card(s) and coverage letter(s)

NOTE: HPE decisions may not be reversed, nor HPE eligibility terminated, retroactively.

The OHA's Role in HPE

During the HPE-eligibility period, OHA:

- Ensures the HPE-eligible individual is not enrolled in coordinated care, or other managed care
- Reimburses for all HPE-covered services on a fee-for-service (FFS) basis

OHA-Hospital Accountability Partnership

DATA REQUIREMENTS AND ACCOUNTABILITY

OHA Reminders and Data Submission

- OHA will send out a reminder, with a reporting form, just after the quarter has ended
- Hospitals are required to submit their data for the three-month period by the second Friday of the second month following the end of the quarter

Period covered	Report due
First Quarter (January – March)	May 12, 2017
Second Quarter (April – June)	August 11, 2017
Third Quarter (July – September)	November 10, 2017
Fourth Quarter (October – December)	February 9, 2018

OHA's HPE Standards

OHA's HPE program has proposed the following standards:

Quality Standard	Criteria
90% of HPE-approved applicants	Received an OHA 7210 and application assistance
	Received an OHA 7210 and information on resources for application assistance
90% of the time	The hospital accurately determined the applicant did not have current Medicaid/ CHIP
90% of the time	The hospital accurately determined the applicant did not receive HPE within the past 12 months
75% of all approved applicants	Submit an OHA 7210 within the prescribed timeframes
75% of all approved applicants who submit a full application	Are found eligible for Medicaid/ OHP benefits

To check if an applicant has been covered on HPE in the past 12 months, contact Provider Services Unit: 800-336-6016

OHA's Proposed Sanctions and Disqualification

If prescribed standards are not met for a period of one calendar quarter, OHA will establish with the hospital a Plan of Correction, describing:

- Targets and timelines for improvement;
- Steps to be taken in order to comply with the performance standards;
- How additional staff training would be conducted, if needed;
- Estimated time to achieve the expected performance standards (\leq three months); and
- How outcomes would be measured

OHA's Proposed Sanctions and Disqualification

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

Resources, Contacts and Q&A

RESOURCES

HPE Contacts and Information

HPE information, forms and guidance:

<http://www.oregon.gov/oha/healthplan/Pages/hpe.aspx>

Special instances regarding HPE:

HPE.info@state.or.us

OHA 7210 application status and application processing information:

ohp.outreach@state.or.us

800-699-9075

Program and policy questions or training needs:

Provider Services Unit

dmap.providerservices@state.or.us

800-336-6016