

## Hospital Presumptive Eligibility: Opportunities to Connect Uninsured Individuals to Coverage

As of January 1, 2014, hospitals participating in Medicaid can take advantage of hospital presumptive eligibility (HPE) to enroll individuals likely to be eligible for Medicaid immediately into the program. Choosing to become an HPE site is a hospital decision; states cannot require or preclude hospital participation. States do, however, have an important role to play in designing program components, educating participating hospitals about their responsibilities, and overseeing hospital performance (see Exhibit 1).

EXHIBIT 1: Division of HPE Responsibility	
Hospital Responsibility	State Responsibility
<ul style="list-style-type: none"> <li>Notifies state agency of its election to make HPE determinations.</li> <li>Makes HPE determinations consistent with state policies and procedures.</li> </ul>	<ul style="list-style-type: none"> <li>Submits State Plan Amendment to the Centers for Medicare &amp; Medicaid Services, including application and training materials.</li> <li>Provides participating hospitals with information (via trainings or other means) on state HPE policies and procedures.</li> <li>Oversees hospital programs and takes corrective action if a hospital fails to meet state standards.</li> </ul>

### HPE Program Design

The Centers for Medicare & Medicaid Services (CMS) published regulations in July 2013 that define standard HPE requirements, while still giving states program design flexibility.<sup>1</sup> All HPE programs must incorporate:

- Simplified application:** Hospitals should use a simplified application as opposed to the full application used to determine regular Medicaid eligibility.
- Core eligibility factors:** HPE determinations should be based on whether or not: (1) the individual belongs to a Medicaid population eligible for HPE (see Exhibit 2); (2) the individual's income meets Medicaid eligibility limits; and (3) the individual is not currently enrolled in Medicaid. States can also require two additional eligibility factors: state residency and citizenship status.
- Simplified method for determining income:** Hospitals should use a simplified method for determining an individual's income, not the full Modified Adjusted Gross Income criteria.
- Self-attestation of eligibility factors:** Attestations about income and other eligibility factors should be made by self-declaration; individuals do not need to supply documents verifying statements.
- Hospital staff make determinations:** Hospitals are ultimately accountable for HPE determinations, but are allowed to use third-party contractors to help likely Medicaid-eligible individuals complete the HPE and single streamlined application. A participating hospital is required to oversee the contractors and may not fully delegate its authority to make

EXHIBIT 2: HPE-Eligible Medicaid Populations	
Mandatory	State Option
<ul style="list-style-type: none"> <li>Pregnant women</li> <li>Infants and children under age 19</li> <li>Parents and other caretaker relatives</li> <li>Adult group, if covered by the state</li> <li>Former foster care children</li> <li>Individuals over 133% FPL under age 65, if covered by the state</li> <li>Individuals eligible for Family Planning Services, if covered by the state</li> <li>Certain individuals needing treatment for breast or cervical cancer, if covered by the state</li> </ul>	<ul style="list-style-type: none"> <li>Other family/adult groups (may be via CHIP authority, not Medicaid HPE authority)</li> <li>Eligibility groups for individuals age 65 and over</li> <li>Eligibility groups for individuals who are blind</li> <li>Eligibility groups for individuals with disabilities</li> <li>Other Medicaid State Plan eligibility groups</li> <li>Demonstration populations covered under Section 1115 waivers</li> </ul>

HPE determinations. States may not limit a hospital's ability to use third-party contractors as long as the hospital is following the above requirements.

- **Limited duration of HPE benefits:** The HPE period begins the day the hospital makes the HPE determination and ends either: (1) the day the state makes the full Medicaid determination; or (2) the last day of the month following the month in which the hospital makes the PE determination, whichever comes first.

### HPE State Plan Amendment Submission

States must describe their HPE policies and procedures to CMS by submitting the S-21 State Plan Amendment (SPA) (Exhibit 3).<sup>ii</sup> SPA materials should detail the state's approach to meeting HPE program requirements, including identifying which optional program components the state will implement and how it will ensure that hospitals comply with state and federal policies. CMS recently released resources on HPE implementation to aid states in the SPA submission process.<sup>iii</sup>

EXHIBIT 3: Medicaid State Plan Amendment Requirements	
<ul style="list-style-type: none"><li>• Completed three-page SPA application.</li><li>• Simplified written application (if a written application is required and the state is not using the single streamlined application).</li><li>• Educational/training materials for hospitals.</li></ul>	

### The HPE Determination Process: A Hypothetical Example

To illustrate how the HPE determination process might work in practice, following is a fictional account of an uninsured patient during a hospital visit:

*Oscar is a 42-year-old landscaper. Single and without children, he earns about \$15,000 per year, and has never had health insurance. He strained his back helping a friend move a broken refrigerator. After three days of intense pain, Oscar decided to go to the emergency department (ED) at a local hospital.*

*In the ED, a hospital employee, Mary, gives Oscar a brochure explaining how the Affordable Care Act has allowed their state to expand Medicaid for single adults ages 18 to 64 with annual incomes under \$16,105.<sup>iv</sup> Mary tells Oscar that she may be able to enroll him in Medicaid temporarily and help him apply for permanent coverage. She asks Oscar for basic information, including his legal name, address, date of birth, social security number, and his weekly take-home pay. She then logs into an online hospital PE application<sup>v</sup> provided by the state Medicaid agency and enters Oscar's information, except his social security number, which Oscar doesn't remember.<sup>vi</sup> Mary quickly verifies that Oscar is not enrolled in Medicaid, and determines that he is presumptively eligible for Medicaid.*

*Mary prints a temporary Medicaid eligibility card for Oscar. She also prints a checklist of information he'll need to provide to complete the full online Medicaid application, and schedules a follow-up call with him to finish the application. With temporary card in hand, Oscar goes back to the ED admit desk and gives his new health insurance information. After seeing a doctor, Oscar takes his prescription for muscle relaxants to a local pharmacy, where he uses his temporary Medicaid card to pay for the prescription. A few days later, Oscar gets a call from Mary, and with her help, finishes his full Medicaid application online.*

This story demonstrates how the HPE process can help an uninsured individual pay for immediate care at a hospital and help connect the individual to long-term, stable health insurance coverage.

<sup>i</sup> [http://www.kslaw.com/library/publication/HH071513\\_FinalRule.pdf](http://www.kslaw.com/library/publication/HH071513_FinalRule.pdf)

<sup>ii</sup> <http://157.199.113.99/MMDLDOC/mac/S21.pdf>

<sup>iii</sup> <http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Learning-Collaborative-State-Toolbox/State-Toolbox-Expanding-Coverage.html>

<sup>iv</sup> Calculated from the 2014 federal poverty guidelines, available at <http://aspe.hhs.gov/poverty/14poverty.cfm>.

<sup>v</sup> In this scenario, the state Medicaid agency is immediately informed of the presumptive eligibility determination. Simplified paper application forms may also be used, and hospitals must inform the state Medicaid agencies of determinations within five business days.

<sup>vi</sup> States may not require submission of a social security number in order for a hospital to make a PE determination.