Medicaid Eligibility

State Name: Utah

OMB Control Number: 0938-1148

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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

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

- [x] A qualified hospital is a hospital that:
  - [x] 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.
  - [x] 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

- [x] The eligibility groups or populations for which hospitals determine eligibility presumptively are:
  - [x] Pregnant Women
  - [x] Infants and Children under Age 19
  - [x] Parents and Other Caretaker Relatives
  - [x] Adult Group, if covered by the state
  - [x] Individuals above 133% FPL under Age 65, if covered by the state
  - [x] Individuals Eligible for Family Planning Services, if covered by the state
  - [x] Former Foster Care Children
  - [x] Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state
  - [ ] Other Family/Adult groups:
  - [ ] Eligibility groups for individuals age 65 and over
  - [ ] Eligibility groups for individuals who are blind
  - [ ] Eligibility groups for individuals with disabilities
  - [ ] Other Medicaid state plan eligibility groups
  - [ ] Demonstration populations covered under section 1115

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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:

The State has set a standard for hospitals to provide 100% of all PE applications completed by the hospital site to the Department of Workforce Services (DWS). DWS enters the PE decision into the client eligibility system and issues medical assistance cards to eligible individuals.

The hospital PE application can be used to apply for ongoing assistance. Applicants only have to answer the questions required to make the PE decision and sign that paper application. The hospital staff are expected to let individuals know that they can apply for ongoing assistance using the PE application, and must offer assistance to applicants in completing the application. Individuals are encouraged, but not required to complete the full application if they want to use the PE application to apply for ongoing assistance. Applicants for PE may choose not to submit a full application at the time they are doing the PE application. The applicant may also choose to apply later using a different application process. The hospital PE application includes a question about using the PE application to apply for ongoing medical assistance.

DWS will accept the PE application as a full application for ongoing medical assistance when the applicant indicates he wants to apply for ongoing assistance. If a client does not indicate he wants to apply for ongoing assistance, DWS only enters the information about the PE decision, and issues a medical card for presumptive eligibility only.

☒ 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:

The State has set a standard that the hospital will maintain an 85% accuracy rate for its presumptive eligibility decisions based on the information provided by the applicant. The State will conduct periodic reviews of PE applications received from the various sites, and randomly select a sample of cases to review to decide if the hospital made the correct PE decision based on the information provided by the applicant. The State will conduct additional training when a site has a lower accuracy rate, and take corrective actions if needed, which may include disqualifying a site if improvement does not occur. The state will increase this standard as the hospitals have had time to learn the process, and based on the findings from reviews.

For presumptively eligible individuals who submit applications for ongoing medical assistance, the State has set a standard that 65% of those will be determined eligible for ongoing Medicaid. We have set the standard based on eligibility statistics from our Presumptive Eligibility for Pregnant Women program. We will initially use a slightly lower standard for the hospitals than the average rate of eligibility the state has seen for Pregnant Women cases because this is a new process for hospitals and it includes different populations. The state will utilize data about the number of PE cases approved and denied ongoing medical assistance to decide if a site is meeting this standard. The state may adjust the standard in the future based on its findings. from reviews.

Based on the findings from reviews, the state will schedule additional training or take other corrective actions to improve the success rate of hospitals that are not meeting these standards. If a hospital continues to be unable to meet the performance standards after corrective actions have taken place, the state can disallow the hospital from continuing to make presumptive eligibility determinations.

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- [x] The presumptive period begins on the date the determination is made.
- [x] 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.

- [x] 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 state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ( ) The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- [x] The presumptive eligibility determination is based on the following factors:

  - [x] 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)
  - [x] 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.
  - [x] State residency
  - [x] Citizenship, status as a national, or satisfactory immigration status

- [x] 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.

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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.

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