

2016

HOSPITAL PRESUMPTIVE ELIGIBILITY *Training Manual*



With Presumptive Eligibility (PE), an individual can be temporarily enrolled in Medicaid if it appears they are eligible.

State of Utah

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UTAH DEPARTMENT OF
HEALTH
MEDICAID

A Bridge to Wellness for Utah's Vulnerable

Hospital Presumptive Eligibility (HPE) Provider Manual

Table of Contents

PART 1	GENERAL INFORMATION	2
	Section 1: What is Presumptive Eligibility	2
	Section 2: Contact Information	2
	Section 3: Resources	3
PART 2	POLICIES AND PROCEDURES	3
	Section 1: Terms of Agreement	3
	Section 2: Services and Payment	4
	Section 3: Confidentiality	4
	Section 4: Fraud, Waste and Abuse	5
	Section 5: Completing the Application	5
	Section 6: Eligibility Criteria	6
	Section 7: Medicaid Programs and Hierarchy	7
	Section 8: Basic Program Requirements	7
	Section 9: Determining Household Size	9
	Section 10: Income	10
	Section 11: What Happens After an Eligibility Determination	12
	Section 12: Check List	13
PART 3	APPENDICES	
	Appendix 1: Income Chart	14
	Appendix 2: 172 Hour Chart	15

PART 1 – General Information

Section 1: What Is Presumptive Eligibility?

- Presumptive Eligibility or PE is a temporary Medicaid program that bases eligibility on preliminary information to make an individual 'presumptively' eligible. There are two PE programs that are administered throughout the state: Hospital Presumptive Eligibility (HPE) and Baby Your Baby (BYB).
- The two departments that oversee the programs are the Utah Department of Health (DOH) and the Department of Workforce Services (DWS). DOH oversees policy and procedure, while DWS oversees the ongoing Medicaid eligibility process.
- DOH issues Memorandum of Agreements (MOA) between DOH and hospitals throughout the state to administer the HPE program. Only hospital staff who are trained in the HPE process by DOH can determine HPE eligibility.
- Applicants can apply for HPE through any qualified hospital.

Section 2: Contact Information

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Section 3: Resources

- For questions regarding policy and procedure email hpepolicy@utah.gov.
- To order applications, receipts or other documents email hpepolicy@utah.gov.
- For questions regarding covered services, medical billing/payment, call Medicaid Information Line at: (801) 538-6155 or (800) 662-9651.
- Submit completed applications including all pages to DWS at hospitalPE@utah.gov (This includes approved and denied applications.)
- To verify client eligibility:
 - Eligibility Lookup Tool at: <https://medicaid.utah.gov/eligibility>
 - Call Medicaid at (801)538-6155 or 1-800-662-9651.
 - Key in the client ID number and use the HPE determination date as the date of the medical service received. If the applicant is eligible, the system will give the medical program type, health plan, co-pay, mental health coverage information, and TPL information.

PART 2 Policies and Procedures

Section 1: Terms of Agreement

- A hospital must inform DOH that it intends to make HPE determinations and that it agrees to follow the State's policies and procedures as outlined in the MOA and the HPE Training Manual. DOH will provide hospitals with information on all policies and procedures related to HPE.
- A hospital must make HPE determinations in accordance with DOH's policies and procedures. If a hospital is not making HPE determinations in accordance with DOH's policies and procedures, DOH will provide the hospital with additional training or other forms of corrective action before disqualifying the hospital.
- The hospital must notify DOH of all new staff that will determine eligibility,
- The hospital must report within five business days when any HPE staff changes job responsibilities or terminates employment.
- All staff must receive HPE training directly from DOH prior to determining presumptive eligibility.
- Eligibility determinations may only be performed by staff employed by the hospital at the location in which they work and determine eligibility.

- A hospital must comply with the proficiency standard set by DOH. DOH has set standard at an 85 percent accuracy rate on HPE decisions. Accuracy is based on the application and application process. Determinations are based on the information provided by the applicant.
- The hospital may not prescreen potential applicants. However, the hospital may describe the eligibility qualifications to individuals who inquire about the program.

Section 2: Services and Payment

- HPE covers an array of Medicaid eligible services that may include medication, lab work, inpatient and outpatient care. For questions regarding covered services, call Medicaid Information Line at (800) 662-9651.
- During the HPE period, the applicant will also be able to receive treatment from other Medicaid providers after they leave the hospital.
- Hospitals will be paid at regular Medicaid rates for covered services.
- Payments for covered services are guaranteed to a hospital during an individual's presumptive eligibility period, even if the person fails to complete the full Medicaid application or is ultimately determined to be ineligible for ongoing Medicaid.
- Money will not recouped from the hospital for services rendered during the HPE period.

Section 3: Confidentiality

- All confidential information must be safeguarded from unauthorized disclosure and use. Staff who fail to safeguard confidential information may be subject to both civil and criminal penalties.
- Confidential information includes:
 - Identifying information, such as names, addresses, telephone numbers, social security numbers, etc.
 - Information used to determine eligibility, such as income, assets, medical reports and data, names of persons obligated to provide financial and medical support, etc.
 - Information about benefits and medical services provided to individual recipients.
- Information that cannot be identified to particular applicants and recipients is not confidential information. For example, information stating the total number of HPE recipients is not confidential information because no one person can be identified by the general information.
- The hospital shall only access, use, or disclose data solely for the purposes of determining HPE.

- The hospital shall implement and maintain administrative, technical, and physical safeguards necessary to protect the confidentiality of the data and to prevent any unauthorized use or access. Any and all transmission or exchange of data and electronic records shall take place via secure means.

Section 4: Fraud, Waste and Abuse

- To report suspected fraud, contact the DWS Information Fraud Hotline at (800)955-2210 or via email at wsinv@utah.gov.
- What you need to know when reporting fraud, waste or abuse:
 - It is helpful if you can provide any of the following information when reporting fraud, waste or abuse of the HPE Program:
 - Provider or recipient name
 - Date of birth
 - Address
 - Phone number
 - Medicaid ID or SSN
 - Other details about what you suspect may be happening that appears to be wrong
 - You may remain anonymous when reporting suspected fraud
 - You may be requested to provide your name so that the investigator can contact you if there are questions regarding your referral. However, you may request that your name is not used in conjunction with the case.
 - You may find more information on reporting fraud, waste or abuse at: <http://hldev/mpi/forms/recipient.php>

Section 5: Completing the Application

- Always use the most current application form. DOH will supply hospitals with applications and receipts.
- Self-declaration is used for all factors of eligibility.
- If an applicant is unable to complete the application, they may assign an authorized representative to apply on their behalf.
 - Hospitals cannot require individuals to assign the hospital as their authorized representative.
 - In general, the person who signs the application must be someone who can answer the questions on the application.

- If an applicant is unable to write, he/she must make a mark on the application and have at least one witness to the signature.
- All required sections, as stated on the front page of the application, must be completed.
- If the applicant completes Section D of the application, the income amount must match the income reported in Section K.
- Applications must be signed and dated or the application is incomplete. Unless a minor is living independently, a parent or responsible adult must sign the application.
- Coverage cannot begin before the date the application is signed and dated. If a determination is made after the application date, the start date for coverage is the date PE is approved by the hospital.
- Applications must be sent to DWS within five business days from the date of the PE determination.
- If an application is incomplete, DWS will send the application back and the hospital will have 2 business days to correct the application (this may require contacting the client) and return it to DWS. If the corrected application is not returned within those 2 days, the application will be denied.
- Individuals can still receive PE, even if they have other health insurance.

Section 6: Eligibility Criteria

Self-declaration is used for all eligibility criteria. Compare the responses on the application to the eligibility criteria listed in this section. Individuals who do not meet the criteria listed below are not eligible for HPE.

- Be a U.S. citizen.
- Qualified alien.
 - Qualified aliens are individuals who are not U.S. citizens but have received a lawful permanent resident (LPR) status. Adults age 19 and older are barred from receiving PE for a period of five years from the date they became an LPR.
 - Children under age 19 are not subject to five year bar.
 - Nationalized citizens and individuals born in any of the 50 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, American Samoa, and Swain's Island meet U.S. citizenship requirements.
 - Individuals from the Marshall Islands are not considered U.S. Nationals.
- Be a Utah resident.
- Except for pregnant woman PE, an individual can only receive HPE one time in the current calendar year. Woman can receive pregnant woman PE one time during each pregnancy.

- Cannot be open for Medicaid, CHIP, UPP, PCN, BYB, or Medicaid with a spenddown, even if the spenddown has not been paid.
- Must not have been denial for Medicaid, CHIP, UPP or PCN within the past 30 days, unless household circumstances have changed. If the individual was denied for Medicaid because of income and now they report a decrease in income; determine HPE eligibility.
- Be at or under the income limit for the specific HPE program. The income limit is based upon household size. See section 10 & 11 to determine the household income.

Section 7: Medicaid Programs and Hierarchy

A PE determination can only be completed on certain Medicaid programs. Do not complete a determination on individuals in the household who are not wanting PE coverage. The programs which a determination can be complete on and the order of hierarchy starting with Child Medicaid are listed below:

- Child 0-5 (CM 0-5)
- Child 6-18 (CM 6-18)
- Parent/Caretaker Relative (PCR)
- Pregnant woman (PW)
- Former Foster Care (FC)

A few examples of incorrect determinations:

- PCR for a child under 19
- CM 6-18 for a child under age 6
- PW for a male
- CHIP, PCN, Family or Emergency Medicaid for any individual

Section 8: Basic Program Requirements:

❖ **Child Medicaid Age 0-5**

- Income limit: 139% of the Federal Poverty Level (FPL).
- Can receive eligibility through the month in which they turn age 6.
- Parent(s) income is countable.
- A child does not have to live with a parent.

❖ **Child Medicaid Age 6-18**

- Income limit: 133% of FPL.
- Can receive eligibility through the month in which they turn age 19.
- Parent(s) income is countable.
- A child does not have to live with a parent.

❖ Parent/Caretaker Relative (PCR) Age 19-64

- Income limit: See income chart in Appendix 1.
- Must be age 19 or older, and can receive eligibility through the month in which they turn age 65.
- Must have an eligible child.
 - Household must include a child that is either under 18 or child age 18 who is a full time student, and expected to graduate before the age of 19.
 - If there are no other eligible children in the household, an unborn can count as an eligible child if the woman is in her 3rd trimester (If she is not in her 3rd trimester determine if she qualifies for PW).
- Deprivation of Support must exist.
 - Deprivation of support exists if the household has:
 - A parent who is deceased.
 - A parent who is incapacitated.
 - A parent who is unemployed or employed less than 100 hours per month.
 - A parent who is absent.

❖ Pregnant Woman

- Income limit: 139% of FPL.
- The woman must be pregnant on the day of approval for HPE.
- If age 19 or older and lives with her parent(s), her parent's income is not countable.
- If under age 19 and living with her parent(s), her parents' income is countable.
- Only covers pregnancy related outpatient services. Labor and delivery are not covered under PW.

NOTE: Due to the hierarchy of CM and PCR to PW, it is possible that a pregnant woman is determined eligible for CM or PCR. CM and PCR cover labor and delivery.

❖ Former Foster Care Individuals

- Age 18 to 26. Eligibility runs through the month they turn age 26.
- Individual was receiving Medicaid, in foster care and aged out of foster care on or after their 18th birthday.
- They had to be receiving Medicaid when they aged out of foster care.
- Individual was in the custody of DCFS, DHS or an American Indian Tribe when foster care ended. Persons in the custody of Juvenile Justice Services are not eligible.
- There is no income test.
- Must not be eligible for CM, PCR or PW.

Section 9: Determining Household Size

With the exception of Former Foster Care, household size is determined by relationship and living arrangements. Do not include in the household size individuals who do not live with the person needing PE coverage.

❖ Under Age 19

Include the following in the household size:

- The individual
- The individual's children
- If pregnant, the number of unborn children of the individual
- Legal spouse
- Parent(s) or step-parent(s)
- Any sibling under the age of 19

Note: Do not include adults in a child's household size if they are not a parent of that child, such as a grandparent or aunt/uncle.

❖ Over Age 19

Include the following in the household size:

- The individual
- If pregnant, the number of unborn children of the individual
- Legal spouse
- Children or step-children under the age of 19

❖ Former Foster Care

Include the following in the household size:

- The individual (always a household size of 1)

Example: Laurie (18) who is pregnant, lives with her boyfriend George and her parents Dave and Linda. She also has two siblings Gina (20) who is also pregnant and her brother Lane (15). The household size for Laurie is 5. George is not included as they are not married and Gina is also not included as she is over the age of 18.

Example: Wendy (21) who is pregnant lives with her husband Cleve, her father Bart and step mother Michelle, her step sister Caroline (19) and her sister Becky who is 18. The household size for Wendy is 3. Because Wendy is 19 or older her siblings and parents are not included in the household size.

Section 10: Income

❖ General Rules

- Only the income of a parent is countable, unless a child under age 19 is not living with a parent, then that child's income will count.
- For earned income, count the gross income, before taxes and deductions.
- For self-employment, count the net income after business expenses.
- Applicants must self-declare income in Section K (even if income is zero).
- Applicant must declare which income is correct if there is a discrepancy in income posted in Sections D and K.
- The following apply for the income of a child who is under age 19:
 - Not countable if living with a parent
 - Countable if not living with a parent
- Income of a sibling is not countable
- Income of a guardian or adult who is not the parent is not countable.
- FC does not have an income limit.
- The following apply for American Indian/Alaskan Native income:
 - Revenues from tribal ran gambling are countable
 - Tribal benefits are not countable
- The following income types are not countable:
 - Educational income
 - Veteran's income
 - Child support

❖ Determining Income

- **Determining Income Without Check Stubs**

To determine monthly income without check stubs, you will need to know how often the individual is paid, how many hours a week they work and their hourly rate.

- **Paid "Weekly" or "Every Other Week"**

- Multiply hours worked each week by the hourly rate. This will give you their gross weekly income.
- Multiply gross weekly income by 4.3. This will give you their gross monthly income.

Example: Individual works 32 hours a week at \$11.25 an hour.

- 32 hours per week 'X' \$11.25 an hour = \$360 (weekly income).
- \$360 'X' 4.3 = \$1548 (monthly income).

- **Paid “Twice a Month” or “Monthly”**

If an individual is paid twice a month or monthly, you will need to use 172 hour chart (appendix 3) to determine the monthly income.

- Using the 172 hour chart, find the weekly hours the individual states they work in the column on the left. This will determine the monthly hours as shown in the right column.
- Multiply the monthly hours by the hourly rate. This will give you their gross monthly income.

Example: Individual works 29 hours a week at \$10.25 an hour.

- 29 weekly hours = 126 monthly hours.
- 126 monthly hours 'X' \$10.25 = 1,291.50 (monthly income)

- **Determining Income Using Check Stubs**

Check stubs are not required. However, if an applicant provides you with check stubs determine income as follows:

- **Paid “Weekly”**

- Multiply gross amount on the check stub by 4.3.
 - Check stub shows gross income of \$512.50. Multiply \$512.50 by 4.3 = \$2203.75 (monthly income).

- **Paid “Every Two Weeks”**

- Multiply the gross paycheck amount by 2.15
 - Check stub shows gross income of \$412.55. Multiply \$412.55 by 2.15 = \$886.98 (monthly income).

- **Paid “Twice a Month”**

- Multiply the gross paycheck amount by 2.
 - Check stub shows gross income of \$680.01. Multiply \$680.01 by 2 = \$1360.02 (monthly income).

- **Paid “Monthly”**

- The gross amount on check is the gross monthly income.

Section 11: What Happens After An Eligibility Determination?

- ☑ Complete the cover sheet for presumptive eligibility for approved and denied applicants. Make sure to complete all fields and include the denial reason if the applicant is not eligible.

Possible denial reasons are as follows:

1. Not a U.S. citizen or qualified alien
2. Not a Utah resident
3. Current CHIP, UPP, PCN, or Medicaid recipient
4. Medicaid denial in the past 30 days
5. Already received HPE for the current pregnancy
6. Over the income limit
7. No available HPE program
8. Not enough information to determine HPE
9. Issued HPE in the current calendar year
10. No deprivation

- ☑ If eligible for HPE, complete the "Presumptive Eligibility Receipt" and give it to the applicant.
- ☑ Hospital submits the application and e-mails it to DWS at hospitalPE@utah.gov
 - The application must be sent within 5 working days.
 - **IMPORTANT:**
 - If the application is not submitted within 5 working days of the decision, the determination is void and HPE will not be issued.
 - If the application is incomplete DWS will contact the hospital for additional information. The hospital must respond to DWS within 2 business days or HPE will not be issued. (Business days are Monday – Friday 8am to 5pm excluding holidays)
 - Applications will be used to determine regular Medicaid unless the applicant opts out.
 - Only submit one application per email.
 - Shred the paper application.
- ☑ The entire application must be sent with a completed cover page. DWS will enter the HPE decision into their eligibility system and will send the approval/denial notice and medical card (if approved for HPE).
- ☑ A new card will not be issued if the applicant is approved for ongoing Medicaid. The applicant will continue to use the card issued for HPE.
 - Most Medicaid programs under HPE provide the same medical coverage as ongoing Medicaid.
Exception: "Pregnant Woman" program only covers pregnancy related outpatient services. Delivery and inpatient services are not covered.
- ☑ HPE coverage will continue until DWS makes a decision for ongoing Medicaid. The day the decision is made for ongoing Medicaid, is the same day the HPE program will end.
- ☑ If the applicant opted out for ongoing Medicaid, HPE coverage will end on the last day of the month following the month HPE was approved.

Section 12: CHECK LIST

Complete the following:

- Make sure all required HPE sections of the application are complete including a signature.
- Help the customer complete the application if needed.

Note: Although the applicant is only required to complete the questions for HPE, you must submit the entire application. Completing the entire Medicaid application may expedite eligibility for ongoing medical coverage.

- Send the entire application to hospitalPE@utah.gov within 5 business days. This includes both approved and denied applications.
- If eligible for HPE, complete a "Presumptive Eligibility Receipt" and give to the applicant.
- Shred the paper application.

Educate the applicant on the following:

- Inform the applicant they can use their HPE coverage with any Utah Medicaid provider.
- Inform the applicant to stop using HPE benefits if they are denied for ongoing Medicaid.
 - If the applicant continues to use HPE coverage after being denied for ongoing medical assistance, they may be responsible to pay back any benefits received.
- Inform the applicant if they are approved for ongoing Medicaid, they will continue to use the same wallet-sized card that was issued for HPE.
- Inform the applicant that DWS may contact them for additional information for ongoing eligibility (if they did not opt out ongoing medical).
- Inform anyone approved for the HPE "Pregnant Woman" program that only pregnancy related outpatient services are covered. Labor and Delivery are not a covered service.
- Inform the applicant that they can only receive HPE once per calendar year even if they didn't use the benefits.

Exception: A pregnant woman can receive presumptive eligibility once per pregnancy including HPE and BYB.

PART 3 APPENDICES

Appendix 1: INCOME CHART
Effective March 1, 2016- February 28, 2017

Household Size	Parent/Caretaker Relative (PCR) Age 19-64	Pregnant Woman Under Age 65 & Child Medicaid Age 0-5	Child Medicaid Age 6-18	Former Foster Care Individuals Age 18-26
		139% FPL	133% FPL	No Income Limit
1	\$438	\$1377	\$1317	
2	\$544	\$1856	\$1776	
3	\$678	\$2336	\$2235	
4	\$797	\$2815	\$2694	
5	\$912	\$3295	\$3153	
6	\$1012	\$3774	\$3611	
7	\$1072	\$4255	\$4071	
8	\$1132	\$4737	\$4532	
9	\$1196	\$5219	\$4994	
10	\$1257	\$5701	\$5455	

Appendix 2: 172 Hour Chart

Use this chart when an applicant is paid "monthly" or "twice per month". When using the 172 hour chart, find the weekly hours the client states they work in the column on the left. This will determine the monthly hours as shown in the right column in order to calculate the monthly gross income.

Average Hours Worked Per Week	Monthly Hours
40	172
39	169
38	163
37	160
36	155
35	151
34	146
33	143
32	138
31	134
30	129
29	126
28	120
27	117
26	112
25	108
24	103
23	100
22	95
21	91
20	86
19	83
18	77
17	74
16	69
15	65
14	60
13	57
12	52
11	48
10	43
9	40
8	34
7	31
6	26
5	22
4	17
3	14
2	9
1	5