Basic Overview of Hospital Presumptive Eligibility

The Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility (PE) for individuals for specific Medicaid categories.



A "qualified hospital" is one that:

- Participates as a Medicaid provider
- Notifies the Division of Medicaid (DOM) of its election to make PE determinations
 - A hospital planning to make PE determinations must notify the Executive Director of the Division of Medicaid of this intent in writing. An outline of the hospital's basic plan for making PE determinations would be helpful.
- Agrees to make PE determinations consistent with state policies & procedures
- Has not been disqualified from making PE determinations for failure to meet performance standards set by the agency

Hospital Responsibilities

- May not delegate PE authority to non-hospital staff; third party vendors or contractors may not make PE determinations.
- Ensure PE determinations made by hospital staff are consistent with state policies and procedures.
- Provide a notice to the individual assessed for presumptive eligibility of the following:
 - 1. Whether PE was approved or denied;
 - 2. If approved, beginning and ending date of the PE period:
 - Begins on the date the qualified hospital determines an individual is presumptively eligible, and
 - Ends at the end of the month following the month the PE decision is made by the qualified hospital, or
 - If a full application is submitted to DOM within the PE period, the PE period ends on the date the eligibility decision is made by DOM.
 - 3. If denied, explain the reason for denial and give the option to submit a regular Medicaid application.
 - 4. An explanation that PE decisions may not be appealed. Only a formal Medicaid eligibility decision made by DOM grants appeal rights.
- Notify DOM of all PE approvals within five (5) days of the decision.
- Assist the individual in completing and submitting the full application for Medicaid before the end of the PE period. (state option)

Division of Medicaid Responsibilities

- Provide the PE application form and information on proper completion.
- Training and certification:
 - Develop materials needed to train hospital staff who will be performing PE determinations

- Permissible to require passing score on knowledge test prior to certifying hospital staff to make PE determinations
- Provide oversight of program quality:
 - o Establish procedures to ensure responsibilities for PE determinations are fulfilled
 - May perform audits
 - Authority to take corrective action against a hospital, if the hospital does not follow state policies or meet established standards, including disqualification from the PE program when other corrective action measures fail

Performance Standards

One or more performance standards may be required such as:

- Proportion of individuals who receive a PE determination and submit a full Medicaid application by the end of the PE period
- Proportion of individuals who received a PE determination and are subsequently determined eligible for Medicaid
- Proportion of individuals who received a PE determination, but were already current Medicaid recipients

Medicaid Coverage Groups Eligible for Hospital PE Decisions

- Children up to age 19
- Pregnant Women
- Parents/Caretaker Relatives
- Former Foster Care Children (in DHS foster care at age 18 and currently under age 26)
- Certain Individuals Needing Breast and Cervical Cancer Treatment (limited to hospitals that conduct screenings under the state's breast and cervical cancer early detection program (BCCEDP)

PE Periods

• The state may limit the number of PE periods, i.e., no more than one period within two (2) calendar years; however, pregnant women are limited to one PE determination per pregnancy.

Benefits

- Benefits for pregnant women are limited to ambulatory prenatal care. Birthing expenses are not covered under PE.
- Benefits for others are those provided under the eligibility group for which the individual is determined presumptively eligible.

Questions? If you have questions or need more information contact: Janis Bond, Deputy Administrator for Enrollment Division of Medicaid (601) 576-4111 janis.bond@medicaid.ms.gov