

LOUISIANA MEDICAID
HOSPITAL PRESUMPTIVE ELIGIBILITY
QUALIFIED ENTITY (HPEQE)
PROVIDER MANUAL

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INTRODUCTION

This manual is for use by hospitals that have elected to participate in the Hospital Presumptive Eligibility (HPE) determination process for Louisiana's Medical Assistance Program, known as Medicaid, and have been certified by the Louisiana Department of Health and Hospitals (DHH) as Hospital Presumptive Eligibility Qualified Entities (HPEQEs). It is not a legal description of all aspects of Medicaid regulations or Title XIX and Title XXI (LaCHIP) of the Social Security Act. Should there be any conflict between information in this manual and the pertinent laws or regulations governing these programs, the latter takes precedence.

General information and the procedures set forth in this manual will enable HPEQEs to comply with the laws and regulations governing the HPE program administered by the DHH Bureau of Health Services Financing. This information is required to safeguard assistance benefits, protect the integrity of the HPE program, and ensure equity among those served. This manual and any subsequent revisions or amendments must be maintained onsite by the HPEQE and made available upon request by DHH or its designee.

Questions concerning any aspects of the Louisiana Medicaid HPE Program should be directed to HPE@la.gov.

Note: All inquiries and correspondence must include the HPEQE name and HPEQE provider number.

OVERVIEW

The Louisiana Medical Assistance Program became effective on July 1, 1966, under provisions of Title XIX Amendments to the Federal Social Security Act and Article 18, Section 7, Subsection 1, Louisiana Constitution, as amended. The United States Department of Health and Human Services (DHHS) issues guidelines for the states' participation in Medicaid. These guidelines provide the states' individual Medicaid programs with structure and direction, and allow for a degree of consistency in the scope of Medicaid coverage from one state to another. Additionally, DHHS allows the states to have flexibility in the administration of their individual Medicaid programs.

DHH is the designated State Medicaid agency which administers this program in Louisiana. The Medicaid Program is designated to provide certain health care benefits for those individuals who are in need of medical services and who meet eligibility requirements. Individuals who are entitled to Medicaid benefits as a result of their eligibility for cash assistance are determined eligible by either the Social Security Administration (SSA) or by the Department of Children and Family Services (DCFS).

DHH is responsible for the overall management of the Medicaid Program including, but not limited to, these specific functions:

- promulgation of all necessary regulations and guidelines for Medicaid program policy;
- administration of the program;
- determination of services covered by the program and reimbursement rate-setting within federal guidelines; and
- determination of individual's eligibility, maintenance of enrollee eligibility files, and issuance of Medical Eligibility Cards (MECs) to enrollees.

The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the Affordable Care Act or "ACA") include provisions enabling states to improve and expand access to health insurance coverage for the Medicaid and CHIP populations. One such provision is the option for qualified hospitals to be designated as entities qualified to make presumptive Medicaid eligibility determinations based on preliminary, self-attested information obtained from individuals seeking medical assistance.

Effective January 1, 2014, any hospital designated by Louisiana Medicaid as an HPEQE may obtain information and determine presumptive Medicaid eligibility for individuals who are not currently enrolled and are in need of medical services covered under the State Plan.

As an HPEQE, the hospital is required to follow all policies and procedures relative to Hospital Presumptive Eligibility (HPE) established by the Louisiana Medicaid program including, but not limited to:

- maintaining current enrollment, in good standing, with Louisiana Medicaid;
- notifying the DHH of the hospital's decision to elect to determine presumptive eligibility based on preliminary information obtained from the individual via the BHSF Form 1-HPE "Assessment Tool for Hospital Presumptive Eligibility (HPE) Coverage Only"; and,
- abiding by Louisiana Medicaid HPE policies and procedures, as evidenced by the Chief Executive Officer (CEO) or Hospital Administrator's signature on the HPEQE contractual agreement,

DHH's responsibility with regard to the HPE program includes, but is not limited to, the following:

- certification of hospital providers who elect to participate in Louisiana Medicaid's HPE program;
- provision of training on HPE policies and procedures for HPEQE staff; and
- monitoring HPEQEs for compliance with established HPE policies and procedures.

STANDARDS FOR PARTICIPATION

Standards for participation are the guidelines, agreements, required training and certification procedures established by DHH to ensure compliance with Federal and State regulations governing hospitals that determine presumptive Medicaid eligibility based on preliminary information obtained from individuals seeking assistance with medical services.

Federal Medicaid regulations require that HPEQEs must:

- not have been suspended or excluded from participating in the Medicaid Program;
- be enrolled as Louisiana Medicaid provider under the Medicaid state plan or a Medicaid 1115 Demonstration;
- notify Louisiana Medicaid of its election to make HPE determinations in the following eligibility categories: Dependent children under age 19, Pregnant Women, Parents and Caretaker Relatives, Former Foster Care Children, and Childless Adults to include Breast and Cervical Cancer (BCC) program participants* and Take Charge Family Planning Waiver participants;
 - *BCC screening and diagnosis must be by a provider certified in the Louisiana Breast & Cervical Health Program, funded by the Centers for Disease Control (CDC) and administered by the Louisiana State University Health Sciences Center (LSUHSC)
- agree to adhere to Louisiana Medicaid rules and regulations governing participation in the HPE Program; and
- be trained and certified by Louisiana Medicaid to make HPE determinations.

The State of Louisiana further requires that HPEQEs:

- follow all policies and procedures relative to Hospital Presumptive Eligibility (HPE) established by the Louisiana Medicaid program;
- ensure availability of internet, telephone, printer, and fax access necessary to facilitate the HPE and Medicaid application process;
- utilize one or more of the state's Eligibility Verification Systems (i.e., MEVS, REVS, eMEVS) to verify individuals' current Medicaid enrollment status;
- identify HPE staff and ensure that required training is completed and updated as needed;
- educate and assist HPE individuals with regard to completion and submission of an application for full Louisiana Medicaid benefits; and
- agree to meet the minimum HPE performance standards established by the state.

DHH will verify current Louisiana Medicaid participation status of any hospital requesting certification as an HPEQE. If approved, the hospital will be required to execute a HPEQE contractual agreement and will be issued an HPE provider number by DHH.

REQUIRED DOCUMENTATION

The following materials and certification documents shall be maintained by the HPEQE and be accessible upon request by DHH or its designee:

- most current version of the Louisiana Medicaid Hospital Presumptive Eligibility Provider Manual available onsite or via Internet access;
- HPEQE contractual agreement signed by the duly authorized representative (Chief Executive Officer or Hospital Administrator);
The signature of the duly authorized representative serves as the HPEQE's agreement to abide by all policies and procedures relative to the HPE determination process.
- HPEQE Certification Notice;
- Training Certificate for each certified HPE Representative;
- log of HPE applications received, submitted and corresponding eligibility decisions; and
- corrective action findings and resolution, if any.

These records must be provided upon request by DHH or its designee, the Secretary of the Department of Health and Hospitals, the Medicaid Fraud Control Unit, or the U.S. Department of Health and Human Services.

These records must be maintained for a minimum of five (5) years from the date of service. Any records necessary to support an active audit review or lawsuit must be maintained until these legal actions are disposed.

HOSPITAL PRESUMPTIVE ELIGIBILITY MEDICAID PROGRAM DESCRIPTIONS

BREAST & CERVICAL CANCER: Coverage for uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program* and are in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer.

*HPE individuals who may have Breast or Cervical Cancer should be referred to a medical provider that has been designated by the Louisiana Breast and Cervical Health Program (LBCHP) to perform breast and cervical cancer screenings. ([LINK TO STATEWIDE LIST](#))

CHILDREN: Coverage for dependent children under the age of 19 if they meet all requirements of the program.

FAMILY PLANNING WAIVER (TAKE CHARGE): Coverage for Family Planning related services such as birth control, counseling, exams, and tests, for non-pregnant women between ages 19-44.

FORMER FOSTER CARE CHILDREN: Coverage for individuals up to age 26 that were in foster care and were receiving Medicaid on their 18th birthday.

LaCHIP PHASE IV: Coverage for pregnant women who are not otherwise eligible for Medicaid. Non-citizen pregnant women may qualify for this program, regardless of their immigration status.

PARENTS AND CARETAKER RELATIVES: Coverage for families with dependent children who meet certain income and eligibility.

PREGNANT WOMEN: Coverage for ambulatory prenatal care for pregnant women that may begin at any time during pregnancy.

HOSPITAL PRESUMPTIVE ELIGIBILITY ASSESSMENT PROCESS

Effective January 1, 2014, hospitals designated by Louisiana Medicaid as HPEQEs shall determine presumptive eligibility for benefits based on preliminary information obtained via self-attestation from individuals regarding income, household size, citizenship and Louisiana residency. Information attested to by individuals will be reported to DHH via the BHSF Form 1-HPE, "Louisiana Medicaid Hospital Presumptive Eligibility Assessment Tool Only". The HPEQE is not required to verify information provided by individuals.

NOTE:

Fair hearing rights do not apply to HPE decisions.

BHSF Form 1-HPE, "Assessment Tool for Hospital Presumptive Eligibility (HPE) Only" is:

- the official document used to collect preliminary information necessary to determine hospital presumptive eligibility;
- the individual's self-attestation of taxable income and household composition at the time of interview;
- the individual's attestation that all information provided is true and correct,
- a document that can be used in formal court proceeding if necessary; and
- the HPEQE's attestation that they have verified the individual is not currently enrolled in Louisiana Medicaid and that the HPEQE's records indicate the individual:
 - has not received HPE within the last 12 months at their facility, and
 - if pregnant, has not received HPE for the current pregnancy

NOTE:

All sections of the assessment tool must be completed.

Assessment tool information and discussions of the individual's circumstances are considered official and confidential.

The HPE Representative must:

- ensure that no interviews are conducted via telephone or mail correspondence, or by completing forms relative to the HPE determination process without the individual present;
- conduct all HPE interviews face-to-face with the individual ensuring that responses to all questions are documented on the BHSF Form 1-HPE;
- ensure that, if provided, the Social Security Number (SSN) of the individual is recorded on the BHSF Form 1-HPE. (NOTE: It is optional for the individual to provide their social security number. Social security numbers for household members **who are not applying for HPE coverage** are never required);
- ensure that all information required on the assessment tool, that is pertinent

- to the individual's situation, has been provided before submission to Louisiana Medicaid;
- provide information about the Louisiana Medicaid program and educate the individual regarding the importance of completing a BHSF Form 1-A for full Medicaid benefits, and
 - complete and submit the BHSF Form 1-HPE to Louisiana Medicaid via fax to (225) 389-2741 or (877) 747-0985 within 5 days of the date of determination.

A list of all individuals and the disposition of their HPE determination shall be maintained on a log that will be submitted to Louisiana Medicaid on the first day of each month.

If the individual has not had presumptive eligibility coverage within the previous 12 months, presumptive eligibility shall be approved from the date of HPE determination through the last day of the month following the date of the HPE determination. If an application for full Medicaid benefits is submitted during the presumptive eligibility coverage period, presumptive eligibility benefits shall continue until a determination for full Medicaid is made.

NOTE:

For pregnant women, the reasonable number of HPE periods is defined as one per pregnancy.

HPEQEs shall educate all HPE enrollees regarding their need to complete a BHSF Form 1-A for full Medicaid benefits. Enrollees who do not wish to complete the BHSF Form 1-A at the time of HPE enrollment, shall be informed that they may apply via:

- Online
- Mail
- Fax
- Phone
- In person at the local Medicaid office
- Assistance from in-hospital financial department
- Navigators and in-person assistors,
- Certified Application Centers/Counselors,
- Community Health Centers, and
- Consumer Assistance Programs

NATIONAL VOTER REGISTRATION ACT

The National Voter Registration Act of 1993 (NVRA) is a federal statute that contains provisions which make it easier for individuals to register to vote in elections for federal office. NVRA requires that States designate all offices that provide “public assistance”, including Medicaid, as voter registration agencies. As such, HPEQEs shall offer all individuals assessed for presumptive Medicaid eligibility, the opportunity to register to vote.

The HPE Representative shall ensure that the Voter Registration Declaration form and Mail Voter Registration Application form are completed with each HPE assessment. At the time of the assessment, the HPE Representative shall:

- Conduct all conversations with sensitivity and must not:
 - Try to influence an individual's political preference or party affiliation,
 - Display any political preference or party allegiance,
 - Make any statement to an individual or take any action which would discourage that person from registering to vote, or
 - Make any statement to an applicant or take any action which would lead that person to believe that a decision to register to vote or not register to vote would have any bearing on the availability of services or benefits from the agency.
- Complete the Voter Registration Declaration for each individual offered the opportunity to register to vote and include the document with the 1-HPE submitted to DHH.

Note: When offered the opportunity to register to vote, individuals may decline. This is known as a “declination.” Individuals that do not wish to register and fail to sign the Voter Registration Declaration are considered to have declined to register to vote.

- Assist in completing the Mail Voter Registration Application form unless the individual refuses to register.
- Determine whether there are changes needed for individuals that are already registered to vote.
- Provide the same degree of assistance to each individual in completing the Mail Voter Registration Application as provided to others completing the HPEQE's own forms.

Note: No other person (i.e., authorized representative, responsible party) shall be allowed to complete the Mail Voter Registration Application form for the individual who wishes to register to vote. The individual's original signature is required.

- Complete the information on the reverse side of the Mail Voter Registration Application form designated as "Official Use Only", sign on the "Received By" line, and circle the appropriate "Voter Registration Agency" as "PA" (Public Assistance).

The HPEQE shall ensure that all completed Mail Voter Registration Applications are mailed to the Registrar of Voters where the individual resides. If requested for someone other than the individual being assessed for HPE, the HPEQE shall provide the form to take for completion, but is not required to assist or mail for any other person.

Questions regarding residence, election dates, or polling locations shall be referred to the Registrar of Voters located in the individual's parish of residence or the toll-free telephone number 1-800-825-3805.

Mail Voter Registration Applications may be ordered from the Registrar of Voters' Office online at this link: <http://www.geauxvote.com>. The Voter Registration Declaration form may be downloaded and printed as needed.

ADMINISTRATIVE PROCEDURE

ENTITY	DESCRIPTION
HPEQE	Makes request to DHH for designation as a Hospital Presumptive Eligibility Qualified Entity (HPEQE) by faxing to (225) 389-2741 or (877) 747-0985 or via email to: HPE@la.gov
DHH	Transmits HPEQE manual and contractual agreement to facility.
HPEQE	Returns completed contractual agreement to DHH with a list of hospital personnel that require access to training and the Facility Notification Systems (FNS)
DHH	Executes HPEQE contractual agreement and sends the HPEQE a copy of the executed agreement as documentation to be maintained in the facility's file.
	Assigns an HPE Provider Identification Number and updates HPEQE data base.
	Approves or denies request for HPEQE representative training.
	If approved: DHH processes the request for HPEQE representative training and provides login information and a link to the website.
	If denied: DHH notifies the HPEQE of the denial.
HPEQE Representative	Attends scheduled training, completes confidentiality agreement, and takes web-based examination.
DHH	Monitors training attendance and scores written examinations.
	If the exam is passed, the HPEQE representative receives notice of exam score and a training certificate is issued. A copy of the certificate is provided to the HPEQE for maintenance in the facility's files.
	If exam is not passed, the HPE representative receives notice of exam score and must wait 24 hours before attempting the exam again.
	Maintains all related documents and information in HPEQE master files.

TRAINING AND CERTIFICATION PROCEDURE

DHH will provide HPE Representative training for HPEQE staff identified by the duly authorized representative (CEO/Administrator) upon receipt of the signed HPEQE contractual agreement. DHH will also provide a copy of the Louisiana Medicaid Hospital Presumptive Eligibility Provider Manual listing all procedures and requirements of the program.

As soon as the HPEQE becomes aware of the need for HPE Representative Training, a request for training must be submitted to DHH for review and approval in advance of a scheduled training class.

Participants who successfully complete the HPE Representative Training and pass the written exam are presented a training certificate and will be credentialed to make HPE determinations. All Participants receive a pass/fail notice upon completion of HPE training and testing.

The HPEQE agrees that only persons who have successfully completed certification training with a passing grade will be allowed to perform HPE determinations. Participants that do not successfully pass the certification test by obtaining a minimum score of 70% must retake the training. There is no limit to the number of times a representative may attempt to successfully complete the training.

NOTE:

DHH will hold credentialing until training is complete, a satisfactory score is received on the certification test, and a training certificate is issued.

The HPEQE agrees to keep a copy of each HPE Representative's training certificate, all test results and corresponding notifications of failure to successfully complete the HPE training by obtaining a test score of 70% or higher.

The HPEQE also agrees to participate in required follow-up training provided by DHH or its designee.

NOTE:

Peer training is prohibited. Newly hired staff must be trained and certified by Louisiana Medicaid prior to assisting HPE individuals with completing the HPE Assessment Tool.

The authority to make HPE determinations **shall not** be delegated to a contractor or sub-contractor of the HPEQE.

PERFORMANCE EXPECTATIONS

Performance Indicator	Benchmark
Number of HPE enrollees who also file a BHSF Form 1-A for full Medicaid benefits.	<u>70</u> %
HPE determination also results in HPE enrollee's eligibility for full Medicaid benefits, based on full applications received.	<u>85</u> %
Verify that HPE enrollees have not received HPE coverage within the past 12 months, within the same facility.	<u>85</u> %
Verify that HPE enrollees are not currently enrolled in Medicaid.	<u>95</u> %

MONITORING

Louisiana Medicaid will monitor the following information on a monthly basis:

- the number of monthly HPE certifications;
- based on the number of HPE certifications, the number of HPE enrollees who actually complete a BHSF Form 1-A for full Medicaid benefits;
- based on the number of HPE enrollees who complete a BHSF Form 1-A, the number of HPE enrollees who were denied full Medicaid benefits;
- based on the number of HPE enrollees who complete a BHSF Form 1-A, the number of HPE enrollees who were approved for full Medicaid benefits; and
- the number of HPE enrollees that had been approved for HPE within the past 12 months.

Louisiana Medicaid will monitor HPEQE performance to ensure that HPE determinations are made in accordance with state and federal requirements and meet required performance standards, as outlined in the standards for participation.

The HPEQE agrees to periodic monitoring by state officials or their designees without prior notice and agrees that state officials or their designees will have access to the premises to inspect records and evaluate work being performed.

CORRECTIVE ACTION

DHH reserves the right to institute a thirty (30) day period of corrective action, through continued training, to allow the HPEQE to address any deficiencies identified during routine monitoring, and/or as a result of failure to meet performance benchmarks, and/or for failure to adhere to the policies and procedures of the Louisiana Medicaid HPE program. An HPEQE may ultimately be dis-enrolled as an HPE provider, if correction action is not effective.

REPORTING HOSPITAL PRESUMPTIVE ELIGIBILITY QUALIFIED ENTITY CHANGES

The HPEQE agrees to report changes affecting its participation in the Louisiana Medicaid HPE Program to DHH within ten (10) days of the change. Such changes include but are not limited to: staff changes such as CEO/Administrator or certified HPE Representatives, telephone or fax number changes, physical or mailing address changes, e-mail address changes, or changes in the legal name of the HPEQE.

NOTE:

All inquiries and correspondence must include the HPEQE name and HPE provider number.

TERMINATING THE HPEQE CONTRACTUAL AGREEMENT

The HPEQE has the right to terminate its agreement for any reason, in writing, with thirty (30) days' prior notice to DHH.

DHH has the right to terminate the agreement with ten (10) days' notice for violation of any of the stated agreements and responsibilities as set forth in the HPEQE contractual agreement."

FRAUD

Federal regulations require that each state's Medicaid program establish criteria for identifying situations in which there may be fraud or situations of expected fraud and arrange for prompt referral of such situations to authorities. Federal regulations require a state to develop methods of investigation or review that ascertain the facts without infringing on the legal rights of the HPEQE or individuals involved and that are consistent with principles recognized as affording due process of law.

Fraud is determined in accordance with State and Federal law. It is, in all of its aspects, a matter of law. The definition of fraud that governs citizens and government agencies is found in Louisiana R.S. 14:67 and Louisiana R.S. 14:70.1. Legal action may also be mandated under Section 1909 of the Social Security Act as amended by Public Law 95-142 (HR-3).

Prosecution for fraud and the imposition of a penalty, if the individual, liable representative, or HPEQE is found guilty, are prescribed by law and are the responsibility of the law enforcement officials and the courts. All such legal action is subject to due process of law and the protection of the rights of an individual afforded by this process.

Penalties assessed as a result of fraud shall be a felony punishable by a fine in any amount not exceeding \$5,000.00 or imprisonment of not more than five (5) years, or both, together with the costs of prosecution.

Cases involving the following situations shall constitute sufficient grounds for a fraud referral of an individual, authorized representative, or HPEQE:

1. Misrepresentation of facts in order to assist an individual in becoming or remaining eligible to receive benefits under or to obtain payment for services from the Medicaid program.
2. Misrepresentation of facts in order to obtain greater benefits once determined eligible.
3. Misrepresentation by HPE personnel who may prompt responses of individuals to aid in eligibility of receiving benefits or payment of services from the Medicaid Program.

Situations involving potential fraud which are to be reviewed by the Medicaid Program may include any or all of the following:

1. Complaints reported by mail, phone, or online.
2. Cases referred by the U.S. Department of Health and Human Services. It is equally important that the Title XIX agency, in turn, refer suspected cases of fraud in the Medicare Program to the Center for Medicare & Medicaid Services (CMS) and work very closely with that agency in such matters.
3. Situations brought to light by special reviews, internal controls, provider audits, inspections, or monitoring of HPEQEs.

4. Referrals from other agencies or sources of information.

Report suspected Medicaid fraud and abuse by providers to:

Mail

Department of Health and Hospitals
Office of the Secretary Program Integrity
P.O. Box 91030
Baton Rouge, Louisiana 70821-9278

Phone

Provider Fraud/Abuse Hotline 1-800-488-2917

Online

<http://new.dhh.louisiana.gov/index.cfm/form/22>

Report suspected Medicaid fraud and abuse by enrollees to:

Mail

Department of Health and Hospitals
Bureau of Health Services Financing
Customer Service Unit
P. O. Box 91278
Baton Rouge, LA 70821-9278

Phone

Enrollee Fraud/Abuse Hotline 1-888-342-6207

Online

<http://new.dhh.louisiana.gov/index.cfm/form/23>

ABBREVIATIONS AND ACRONYMS

AR – Authorized Representative

BCC – Breast and Cervical Cancer

BHSF – Bureau of Health Services Financing

CMS – Centers for Medicare and Medicaid Services (formerly HCFA)

DHH –Department of Health and Hospitals

DHHS –Department of Health and Human Services (Federal agency)

FPIG – Federal Poverty Income Guidelines

FPL – Federal Poverty Level

HIPAA – Health Insurance Portability and Accountability Act

HPE – Hospital Presumptive Eligibility

HPEQE– Hospital Presumptive Eligibility Qualified Entity

LaCHIP – Louisiana Children's Health Insurance Program

LIFC – Low Income Families with Children

MEC – Medical Eligibility Card

MEDS – Medicaid Eligibility Data System

MMIS – Medicaid Management Information System

NVRA – National Voter Registration Act

HPE – Hospital Presumptive Eligibility

PW – Pregnant Woman

SSI – Supplemental Security Income

TC – Take Charge Family Planning Waiver Program

UCB – Unemployment Compensation Benefits

DEFINITIONS

Assessment Date – The date an assessment for Hospital Presumptive Eligibility is made by the Hospital Presumptive Eligibility Qualified Provider.

BHSF Form 1-A – The form used to make a formal request for full Medicaid benefits to the agency, in writing, and signed by the applicant or someone acting on behalf of the applicant. The BHSF Form 1-A may be received by mail, phone, fax, in person, or electronically.

BHSF Form 1-HPE – The form used by a Hospital Presumptive Eligibility Qualified Entity to make a formal request for temporary Medicaid benefits.

Caretaker Relative – A relative of a dependent child by blood, adoption, or marriage with whom the child is living and who assumes primary responsibility for the child's care. The required degrees of relationship include the following relatives and extends to the legal spouse, even after the marriage is terminated by death or divorce: Grandparent (extends to great-great-great), sibling (including half-sibling and step sibling), aunt or uncle (extends to great-great), first cousin, nephew or niece (extends to great-great), and stepfather or stepmother.

Dependent – An individual who is the financial responsibility of a member of household.
Example: Someone counted as a tax dependent, if income tax is filed.

Enrollee – Anyone, for whom Medicaid eligibility has been established, has been issued a Medicaid ID number, and a Medicaid case added to DHH's Medicaid Eligibility Data System. Enrollees may receive covered health services and Medicaid will reimburse the provider for those services.

Fiscal Intermediary (FI) – Contractor managed by the DHH MMIS section that processes Medicaid claims, issues Medicaid payments to providers, handles provider inquiries and complaints, provides training for providers and issues medical eligibility cards to enrollees.

Fraud – The willful intent to obtain benefits or payments to which the enrollee or provider is not entitled.

Gross Income – Income from providing goods or services, before applying any deductions or exclusions.

Hospital Presumptive Eligibility Certification Period – The length of time an enrollee is certified for HPE Medicaid benefits.

Hospital Presumptive Eligibility (HPE) – Temporary Medicaid eligibility determined by a Hospital Presumptive Eligibility Qualified Entity based on preliminary, unverified household and income information obtained from individuals seeking assistance with

medical services.

Hospital Presumptive Eligibility Qualified Entity (HPEQE) – Hospital that participates as a provider under the Louisiana state plan, or demonstration under section 1115 of the ACA, and is certified to make presumptive eligibility determinations.

Income – A monetary gain or recurrent benefit, for providing good or services.

Legal Guardian – A person granted custody of a minor by court order.

Louisiana Children's Health Insurance Program (LaCHIP) – A Medicaid program that provides health benefits for eligible uninsured dependent children up to age 19.

Medical Eligibility Card (MEC) - A plastic swipe identification card referred to as “Health Network for Louisiana” card. The MEC is manufactured to have a three (3) year life span.

National Voter Registration Act (NVRA) - A federal statute that contains provisions which make it easier for individuals to register to vote in elections for federal office and requires States to designate all offices that provide “public assistance”, including Medicaid, as voter registration agencies.

Need – Living at or below the income and resource eligibility standards for Medicaid.

Sanction – Denial or suspension of benefits for failure to comply with an eligibility requirement [e.g., cooperating with Support Enforcement Services (SES) or Third Party Liability (TPL)].

APPENDICES

Z-200 Chart	Hospital Presumptive Eligibility Federal Poverty Income Guidelines (FPIG)
BHSF FORM 1-HPE	Louisiana Medicaid Hospital Presumptive Eligibility Assessment Tool Only
BHSF FORM 2-HPE	Hospital Presumptive Eligibility Qualified Entity Application for Hospital Presumptive Eligibility
BHSF FORM 3-HPE	Louisiana Medicaid Hospital Presumptive Eligibility Qualified Entity Responsibilities and Agreement
BHSF FORM 4-HPE	Hospital Presumptive Eligibility Qualified Entity Assessment Log