

H-3200 HOSPITAL PRESUMPTIVE ELIGIBILITY

H-3210 GENERAL INFORMATION

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 a Hospital Presumptive Eligibility Qualified Entity (HPEQE) may obtain information and determine Hospital Presumptive Eligibility (HPE) for individuals who are not currently enrolled in Medicaid and who are in need of medical services covered under the State Plan.

Household composition and countable income for HPE coverage groups are determined using a simplified Modified Adjusted Gross Income (MAGI) methodology. Refer to [I-1550 MAGI Determinations](#). There is no resource test for these groups.

H-3220 COVERAGE GROUPS

HPE coverage groups include the following individuals:

- Adults;
- Certain individuals needing treatment for breast and/or cervical cancer (BCC);
- Children under age 19;
- Former foster care children;
- Parents and caretaker relatives;
- Pregnant women; and
- Take Charge Plus.

Note:

Individuals must meet all of the requirements of the Medicaid program for which they are determined presumptively eligible. For example, a pregnant woman must be a citizen or a qualified alien to qualify for HPE.

H-3230 COVERED SERVICES

HPE beneficiaries receive the same benefits as those provided under the Medicaid group for which they are determined presumptively eligible. For example, an individual who is found presumptively eligible for Take Charge Plus will receive services limited to Take Charge Plus services and supplies.

Exception:

HPE coverage for pregnant women is limited to ambulatory (outpatient) prenatal services including medically necessary transportation. Pregnant women are limited to one HPE period per pregnancy.

H-3240 HPE DETERMINATION PROCESS

HPE shall only be determined by a HPEQE by completing and submitting the BHSF Form 1-HPE. Louisiana Medicaid shall not make HPE determinations; however, program staff shall enter the HPE certification in the Louisiana Medicaid Eligibility Determination System (LaMEDS).

The agency shall not change an HPE determination made by a HPEQE, even if the determination was incorrect.

Exception:

If the beneficiary has received HPE in the past twelve (12) months, or in the case of pregnant women, if the beneficiary has received HPE for the current pregnancy, the HPE certification shall be denied.

H-3240.1 HPE CERTIFICATION LIMITS

HPE certifications shall be limited to no more than one per twelve (12) month period for all coverage groups, with the exception of pregnant women, who are limited to one period of coverage per pregnancy.

H-3240.2 HPE CERTIFICATION PERIOD

The HPE certification period:

- Begins on the date that the HPEQE determines eligibility;
- Is never retroactive;

- Ends the last day of the month following the month in which the HPE determination is made if the beneficiary has not filed an application for regular Medicaid;
- Continues until the eligibility determination is made if an application for regular Medicaid is received prior to the end of the HPE certification period; and
- Is limited to no more than one HPE certification period every twelve (12) months for all eligibility groups, with the exception of pregnant women, who are limited to one certification period per pregnancy.

H-3240.3 HPE DECISION

If the HPE potential beneficiary is determined to be presumptively eligible the HPEQE is responsible for:

- Advising the beneficiary, in writing, of their presumptive eligibility at the time the determination is made by providing a copy of the approved BHSF Form 1-HPE, Assessment Tool for Hospital Presumptive Eligibility Only;
- Educating the beneficiary regarding HPE requirements and conveying the importance of submitting BHSF Form 1-A, Application for Health Coverage to Louisiana Medicaid prior to the end of the HPE certification period in order for benefits to continue;
- Assisting in the completion and filing of the BHSF Form 1-A; and
- Forwarding the completed HPE assessment within five (5) working days of the HPE determination, via fax, to (225) 389-2741 or (877) 747-0985.
- The HPEQE is prohibited from requiring individuals to provide verification of any of the eligibility factors used in a Medicaid determination. The HPEQE must accept client attestation for all factors of eligibility.

If the individual is determined not to be presumptively eligible, the HPEQE is responsible for:

- Assisting the individual with completing the BHSF Form 1-A; or
- Advising the individual that they may apply for a formal determination of Medicaid eligibility by:
 - Seeking assistance from the in-hospital financial department;

- Speaking with an on-site certified application counselor, if there is a certified application center on-site;
- Referral to the nearest certified application center if there is not one on-site;
- Applying on-line;
- Applying via the customer service hotline at (888) 342-6207; or
- Visiting the nearest Medicaid office.

H-3240.4 HPE NOTICES

BHSF Form 1-HPE, issued at the time of HPE certification by the HPEQE, shall also serve as the termination notice. No advance notice or appeal rights are granted when terminating HPE coverage.

H-3240.5 MEDICAID RESPONSIBILITY UPON RECEIPT OF HPE DETERMINATION

Review of HPE Assessment

The HPE assessment is complete if it contains basic beneficiary information, HPE representative signatures, and dates.

If the assessment contains enough information for certification, enter the HPE certification immediately on LaMEDS. If the assessment does not contain enough information for certification, contact the beneficiary to secure the information and make a notation in the case notes.

Note:

Medicaid payments made as a result of an erroneous Presumptive Eligibility (PE) determination by the HPEQE are not considered overpayments.

HPE eligibility decisions are not subject to Quality Control review.