Medi-Cal Program Guide Letter (MPG) # 806

April 17, 2014

Subject	**HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)**
Effective	01/01/2014
Reference	ACWDL # 14-14
Purpose	To inform staff of a new section of the MPG containing information about Hospital Presumptive Eligibility (HPE).
Background	The Affordable Care Act of 2010 required implementation of HPE effective January 1, 2014. Qualified hospitals can determine Presumptive Eligibility (PE) to certain Medi-Cal eligible populations based on preliminary information. This enables hospitals to temporarily enroll individuals into Medi-Cal.
Required Action	Medi-Cal applications submitted from HPE beneficiaries must be processed in accordance to our normal business application processing procedures including making sure HPE aid codes are updated on MEDS upon case disposition.
Automation Impact	No Impact
Forms Impact	No Impact
ACCESS Impact	No Impact
Imaging Impact	No Impact
PA (CalFresh	No Impact

or CalWORKs) Program Impact

Quality Control (QC) Impact

Effective with the June review month, QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 5 Section 22	• Added new HPE section to MPG

Approval for Release

RA Wenn, 5-6-14

EM

Article 5 Section 22- Hospital Presumptive Eligibility (HPE)

Resources

Title	MPG Cite
Hospital Presumptive Eligibility Medi-Cal Application- Sample	[Appendix A](#)

A. General

The Affordable Care Act of 2010 required implementation of HPE effective January 1, 2014. Qualified hospitals can determine HPE to certain Medi-Cal eligible populations based on preliminary information. HPE provides temporary, no share-of-cost, Medi-Cal benefits up to 60 days based on self-attested information collected by authorized hospital personnel from the individual.

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B. Eligibility Requirements

To qualify for the HPE program, individuals must be a California resident, not be currently enrolled in an insurance affordability program, and meet the income and household composition requirements for one of the ACA eligibility groups.

The ACA eligibility groups are:
- Former foster care children between the ages of 18-26 who received Foster care on their 18th birthday
- Children ages 0-18
- Parent/ Caretaker relatives
- Pregnant women
- New Adults (ages 19-64, not pregnant at application, not enrolled in Medicare, and not eligible for any other mandatory group)

C. HPE Application

The HPE application is a one-page application that is based on the individual's attestation about the individual's state residence, income and family size.

HPE eligibility determination is made in real-time. Authorized hospital personnel review the application and input the individual's information online via the HPE online portal. Once the application is submitted online, an electronic match verifies that the individual is not currently receiving benefits through an insurance affordability program using the MEDS system. MEDS will provide a response and make an HPE eligibility determination. HPE paper applications are not acceptable and must be submitted online only.

If the individual is eligible for HPE, the authorized hospital personnel will provide the "Immediate Need Eligibility Document". HPE beneficiaries will not receive a BIC; therefore, the "Immediate Need Eligibility Document" acts as a BIC.

D.
HPE Denials

A HPE application can be denied if applicant attests to any of the following:
- Not being a California resident
- Have income over the limit for their coverage group
- Are currently enrolled in an insurance affordability program
- Have already received HPE benefits within the current 12-month period or current pregnancy

E.
HPE Enrollment Period

The 60-day HPE period begins the first day of the month the HPE application is approved and may end the last day of the following month.

Enrollment into the HPE program is limited to one enrollment per 12-month period. For example: If the patient is determined eligible for HPE effective April 1st, the patient could not enroll for another HPE period until the following April.

Exception:
Pregnant women could potentially receive more than one PE period for ambulatory prenatal services in a 12-month period with a new pregnancy.

F.
HPE Enrollment

HPE providers are required to provide HPE enrolled individuals an insurance affordability application (Medi-Cal application) prior to leaving the hospital. If the application is submitted during the HPE period, their HPE coverage can be extended pending the Medi-Cal determination (approval or denial).

MEDS is programmed to automatically terminate HPE beneficiaries who reach the 60-day limit unless MEDS has a record of a pending application.

If MEDS shows a ...	Then MEDS will ...
pending application with HX18 transaction (Covered California application) or EW18 transaction (county application)	**not** automatically terminate
transaction with either HX-20 or	automatically terminate

EW-20	

G.
Aid Codes

The following aid codes will be used by hospitals to issue HPE benefits to eligible individuals based on description and FPL:

Aid Code	Description	FPL	Level of Benefits
P1	HPE Infants age 0-1	At or below 208%	Full
P2	HPE Parent/ Caretaker	At or below 109%	Full
P3	HPE Adults	At or below 138%	Full
P4	HPE Pregnant Woman	At or below 213%	Limited to ambulatory prenatal services only
H6	HPE Infants age 0-1	209 to 266%	Full
H7	HPE Children age 1-6	At or below 142%	Full
H8	HPE Children age 6-19	At or below 133%	Full
H9	HPE for Children age 1-6	143-266%	Full
H0	HPE Children age 6-19	134- 266%	Full
4E	HPE for Former Foster Care Children up to age 26	No income screening	Full

H.
Worker
Actions

Medi-Cal applications submitted from HPE beneficiaries must be processed in accordance to our normal business application processing procedures including making sure HPE aid codes are updated on MEDS upon case disposition.

Appendix A Hospital Presumptive Eligibility Medi-Cal Application Sample

Hospital Presumptive Eligibility
Medi-Cal Application

Instructions: To find out if you can get Hospital Presumptive Eligibility (PE) benefits today, please answer all the questions on this form. This is a voluntary program. All information is confidential. The Hospital PE Program gives patients temporary, no-cost Medi-Cal coverage for up to 60 days.

Important Reminder! The individual must submit a completed insurance affordability application before their PE period terminates in order to be eligible for continued coverage beyond the 60-day PE period and/or coverage back to 3 months from the date of the insurance affordability application.

Section 1. Tell us about the patient. Patient Personal and Contact Information

Hospital Official Use Only	Date First Treated *(mm/dd/yyyy)*: _____

Last Name	First Name	Middle Name	(Jr. Sr. II. etc.)

Date of birth *(mm/dd/yyyy)* __/__/__	Social Security Number *(optional)* __-__	Male	Female

☐ If homeless, check the box and tell us where we can reach you in the home address field below.

☐ If "Safe At Home" participant, check the box and answer the questions below.
1. What is your P.O. Box address, if known? _____
2. What is your Safe At Home Participant, if known? _____

Home Address *(number & street)*	City	State	ZIP Code

Mailing Address *(if different than above)*	City	State	ZIP Code

Living in California?   ☐ Yes   ☐ No   County _____?

Best contact phone number	Other phone number	Email address

What language does the patient speak best?	What language does the patient read best?

	Yes	No
1. Does the patient have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card? If **yes**, what is the identification number on the card, (if available)? _____		
2. Is the patient between the ages of 18 - 26 and in Foster Care the month of their 18th Birthday?		
3. Is the patient a parent of a child or caretaker relative of a child that lives with the patient?		
4. Is the patient pregnant? If **yes**, the expected due date (mm/dd/yyyy)? _____ How many babies expected, if known? _____ *Note: If the patient is pregnant, services are limited to ambulatory, prenatal services.*		
5. If pregnant, has the patient received presumptive eligibility services during this current pregnancy?		

Section 2. Patient Household and Income Information

How many family members live in the patient's household? *(Include parent, spouse, and any children under age 21 living in the household)* _____	How much is the patient's household income before taxes? $_____ Monthly or $_____ Yearly

Section 3. Signature and Declaration

By signing, I declare that what I say below is true and correct.

- I have read and understand this Hospital PE Medi-Cal Application.
- I have received the insurance affordability application.

- I understand that I must complete and submit the insurance affordability application the end of my PE period in order to be eligible for continued coverage.
- The information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/emancipated minor	Relationship to patient *(if applicable)*	Date *(mm/dd/yyyy)*

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413 and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Hospital Presumptive Eligibility provider and Covered California.

Section 1.   **Tell us about the individual requesting service. Personal and Contact Information**

Date First Treated – Hospital Official Use Only

- Enter the date the individual is first treated within the hospital facility if the submission date of this application differs from the date services were provided. The delay in submitting the application shall be no more than one month from the date of service. Provide reason for delay in submitting the application:

Reasons Application Delayed (Drop Down Menu)	Description
Applicant unavailable	Applicant unable to complete/sign application.
Authorized Rep unavailable	Applicant did not have representative or authorized representative to sign on his/her behalf.
Hospital staff unavailable	Designated hospital employee not available to complete on-line application.
Application Portal not available	Online Application Portal not available.

Individual's Personal Information

- Enter the individual's Last Name, First Name, Middle Name and Jr., Sr., II, if indicated, otherwise leave blank.

- Enter the individual's date of birth (month/date/full year, example: 07/07/2014)

- Enter the individual's Social Security Number, if available, enter a check mark to indicate the individual's gender.

Individual's Contact Information

- Check the box if the individual is homeless. All applicants should complete the home address <u>or</u> mailing address field.

Safe At Home Questions

- Check the box if the individual is a "Safe At Home" participant.

  1. Enter the individual's P.O. Box, if available. Otherwise, select "Unknown".

  2. Enter the Safe At Home Participant ID, if available.

> Important: Safe At Home program is California's confidential address program, which helps victims of violence by providing a free post office box mail service. Hospital PE applicants, who are Safe At Home participants, are allowed to provide their Safe at Home P.O. Box address <u>instead</u> of providing their residence address. Safe At Home participants have a participant ID card.

Individual's Address:

- Enter the individual's home address. (If homeless, enter an alternative address).

- Enter the individual's mailing address if different from the home address.

- Check Yes or No if the individual is living in California.

- Enter the name of the County where the individual is living. (If homeless, individual's designated County general area)

- Enter the individual's phone numbers with area code, if available.

- Enter the individual's Email address, if available.

INSTRUCTIONS
Hospital Presumptive Eligibility Medi-Cal Application
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Section 1. Continued   Tell us about the individual requesting service. Personal and Contact Information

Questions 1 – 5

1. Check Yes or No if the individual has a BIC. If yes, enter the card number, if available.

2. Check Yes or No if the individual is between the ages of 18 - 26 and had Foster Care the month of their 18th Birthday.

3. Check Yes or No if the individual is a parent of a child (under the age 18) or caretaker relative of a child that lives with the individual.

4. Check Yes or No if the individual is pregnant.

   ▪ If pregnant, enter the expected due date, if available.
   ▪ Enter the number of babies expected, if available.

5. Check Yes or No if the individual is pregnant _and_ has received presumptive eligibility services during this current pregnancy.

Section 2.   Individual's Household and Income Information

▪ Enter the total number of family members living in the individual's household. Family members include the individual, parents of individual under 21 living in the home, spouse of the individual, and any children under age 21 living in the household.

▪ Enter the total income received in the individual's household _before taxes_, either monthly income or yearly income.

Section 3.   Signature and Declaration

▪ State and federal laws require the individual's signature. The signature indicates that the declarations and answers are truthful and correct. If the individual cannot sign the application, a family member may sign the application on the individual's behalf.

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