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State/Territory Name: Maryland

State Plan Amendment (SPA) #:14-0006-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) Summary Form (with 179-like data)
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan (delete if not applicable)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #: 032620144044

JUN 23 2014

Chuck Lehman, Interim Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Mr. Lehman:


Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 14-0006-MM7 Hospital Presumptive Eligibility. This SPA attests that the State of Maryland is providing Medicaid coverage for individuals determined presumptively eligible under 42 CFR 435.1110.

However, during the review process, CMS has found issues related to the State's proposed October 1, 2014 implementation date of the hospital presumptive eligibility provision. As set forth in Section 1902(a)(47)(B) of the Social Security Act ("the Act"), states must provide a program for hospitals that choose to provide hospital presumptive eligibility determinations, effective January 1, 2014, as codified in the Section 2202 of the Affordable Care Act. Concurrent with this approval letter, CMS will issue a companion letter and provide guidance on time frames for correction.

The effective date for this amendment is January 1, 2014. The CMS-179 form and the approved State Plan pages are enclosed.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at (215) 861-4325.

Sincerely, 
/S/


Francis McCulloch
Associate Regional Administrator

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT: #032620142022

'JUN 23 2014

Chuck Lehman, Interim Deputy Secretary
Health Care Financing
MD Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Mr. Lehman:

This letter is being sent as a companion to our approval of Maryland's State Plan Amendment (SPA) 14-0006-MM7 Hospital Presumptive Eligibility, with an effective date of January 1, 2014. While we are proceeding with approval of MD SPA 14-0006-MM7, this letter follows up on matters noted which were not in compliance with current Federal regulation, so that we can work with you to resolve the issues listed below.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR 430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program.

In reviewing the State Plan pages, CMS found issues related to the State's proposed October 1, 2014 implementation date of the hospital presumptive eligibility provision. As set forth in Section 1902(a)(47)(B) of the Social Security Act ("the Act"), states must provide a program for hospitals that choose to provide hospital presumptive eligibility determinations, effective January 1, 2014, as codified in the Section 2202 of the Affordable Care Act. Maryland has provided sufficient SPA pages and supporting materials in the 14-0006-MM7 submission to show that it has policies in place and can begin to train providers as qualified entities. Therefore, CMS is approving this SPA. CMS also acknowledges that systems limitations are preventing the state from fully implementing its program, so we are giving the State time to come into compliance with its approved State plan, which has an effective date of January 1, 2014.

We understand that the State is still in the process of finalizing its system to support hospital presumptive eligibility and is estimating an implementation date of October 1, 2014. In the interim, the State can and should implement manual processes (for example, a paper application) while it finalizes the electronic system build. The State's corrective action plan in response to this letter should describe the steps the state is taking to ensure it is prepared to implement its

Page 2 – Chuck Lehman


hospital presumptive eligibility program and come into compliance with the January 1, 2014 effective date in statute and in the State's approved SPA.

Please respond within 30 days from the date of this letter with a corrective action plan describing how you will resolve the issues identified above. During the 30-day period, we are available to provide any technical assistance that you need. A State Plan that is not in compliance with requirements at 42 CFR 430.10 and 42 CFR 440.167 is grounds for initiating a formal compliance process.

If you have any questions regarding this letter, please contact Lieutenant Commander Andrea Cunningham at (215) 861-4325. We look forward to working with you on these issues.

Sincerely 
/S/



 Francis McCullough 
Associate Regional Administrator

logged in as C3KM(CMS RO Staff) read only mode application rev c01

Medicaid State Plan Eligibility

MD.0826.R00.00 - Jan 01, 2014

Home Logout Finder Save Validate Print Help

Control Panel

General Information

File Management

Tribal Input

Summary (CMS179)

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Maryland

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MD-14-0006

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	2014	\$ 6250000.00
Second Year	2015	\$ 25000000.00

Subject of Amendment

Character Count: 812 out of 2000

Attest that the state of Maryland is providing Medicaid coverage for individuals determined presumptively eligible under 42 CFR 435.1110.

Maryland calculated the federal fiscal impact for Hospital Presumptive Eligibility (HPE) based on the following methodology.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

- Other, as specified

Describe:

Character Count: 84 out of 2000

Authority delegated to Deputy Secretary for Health Care Financing, Charles Milligan.

/S/
6/23/2014

Signature of State Agency Official

Francis T. McCullough

Submitted By: Molly Marra
Last Revision Date: Jun 20, 2014
Submit Date: Mar 26, 2014





Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of
 its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance
 with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

1) 90 percent of all approved HPE applicants submit a full MA application no later than the last day of the month following the month during which the HPE determination is made
 2) 90 percent of the time the Hospital's determination that applicants did not receive temporary coverage within the past 12 months is correct.
 3) 90 percent of the time the Hospital's determination that the applicants do not have current Medicaid/CHIP is correct

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.



Medicaid Eligibility

- The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

- being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

- State residency

- Citizenship, status as a national, or satisfactory immigration status

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



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To find out if you qualify for regular Medicaid or other health coverage, you must complete this application for Temporary Eligibility. While you wait to learn if you qualify for regular Medicaid or other health coverage, you can get your health services through Temporary Eligibility for Medicaid.

APPLICATION FOR HOSPITAL PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL ASSISTANCE

PART I – INFORMATION FOR DETERMINATION (ITEMS LABELED WITH ‘*’ ARE REQUIRED)

*First Name :	*Middle Name:	*Last Name:	Suffix:
*Family Size:	*Household Gross Monthly Income:		*Maryland Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Date of Birth: ____/____/____	*U.S. Citizen, U.S. National or Qualified Non-Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
If readily available, also tell us the following:			
*Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number: _____ - ____ - _____	
Other insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	*In Foster Care at age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Already have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Already have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART II – IMPORTANT CONTACT INFORMATION

*Home Address:			
*City:	*State:	*Zip Code:	*County:
Mailing Address (if different):			
City:	State:	Zip Code:	County:
*Telephone: Home		Work	Cell
E-mail address:			

PART III – PRESUMPTIVE DETERMINATION: Hospitals representative must make the determination based on the REQUIRED information in Part I only and give the applicant an approval or denial notice.

Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <u>check</u> the eligibility group:		
	<input type="checkbox"/> Child (Medicaid)	<input type="checkbox"/> Pregnant Woman	<input type="checkbox"/> Former Foster Youth <26
	<input type="checkbox"/> Child (MCHP)	<input type="checkbox"/> Parent/caretaker relative	<input type="checkbox"/> Adult

PART IV – SIGNATURES

Applicant: By signing, you are attesting that the information you provided for this form is true as far as you know and that you have received a copy of the Approval Notice that lists your Rights and Responsibilities, or a Denial Notice. We will keep your information secure and private.

_____ Signature of Applicant (or legal guardian)	_____ Date
_____ Signature of Authorized Representative (if applicant unable to sign)	_____ Relationship to Applicant
	_____ Date

Hospital Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

_____ Signature of Hospital Representative	_____ Date
---	---------------

Hospital Presumptive (Temporary) Eligibility Process

Maryland Department of Health and
Mental Hygiene



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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201 |

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Agenda for today

- Why does Maryland now have a Hospital Presumptive Eligibility (HPE) process?
- What is HPE?
 - Maryland's experience with Presumptive Medical Eligibility
 - Definitions and distinctions
- The hospitals' role in HPE
- DHMH's role in HPE
- The applicant's role in HPE
- Accountability and sanctions
- Feedback and Q & A



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Why does Maryland now have a Hospital Presumptive Eligibility (HPE) Process?

- Section 2202 of the Patient Protection and Affordable Care Act (ACA) allows Hospitals that are participating providers under a state's Medicaid program to determine eligibility for medical assistance.
- Hospitals are **not** required to participate as an HPE eligibility determination site.
 - Hospitals have the option to participate in HPE.
 - The State must allow any qualified and interested hospital to participate.



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Hospital Presumptive (Temporary) Eligibility Process

WHAT IS HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)?



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Why Hospital Presumptive Eligibility (HPE)?

- HPE enables:
 - Timely access to necessary health care services
 - Immediate temporary medical coverage while full eligibility is being determined
 - A pathway to longer-term Medicaid coverage
 - A coverage determination based on minimal eligibility information requirements



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Why Hospital Presumptive Eligibility (HPE)?

- HPE allows hospitals to be reimbursed for services provided during the temporary coverage period even if individual is ultimately determined ineligible for Medicaid/CHIP.
- NOTE: To be reimbursed, services must be covered under the Maryland Medicaid Fee-for-Service Program.



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When Does HPE Coverage Begin?

- HPE period begins with, and includes, the day on which the hospital makes the HPE determination



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When does HPE Coverage End?

- Hospital Presumptive Eligibility period ends with:
 - The day on which the state makes the eligibility determination for full Medicaid; or
 - The last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a full application by that time.



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How often may someone have HPE coverage?

- Only one period of HPE coverage is allowed in any 12-month period.
- Pregnant women are allowed one period of HPE coverage per pregnancy.
- This is calculated from the last day of the most recent prior period of HPE.



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What does HPE cover?

- HPE offers full access to all benefits under Maryland Medicaid Fee-for-Service.



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What eligibility groups are included?

Refer to Maryland's "Quick Guide to Income Eligibility"

- Hospital Presumptive Eligibility uses the following income guidelines.
 - Parents and Caretaker Relatives
 - Over 65 or with Medicare (through 123% FPL)
 - Others (through 133% FPL)
 - Pregnant Woman (through 259% FPL)
 - Medicaid Children (through 317% FPL)



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What eligibility groups are included (cont.)?

- CHIP Children
 - Included in Medicaid (Expansion CHIP)
- Newly Eligible Adults (through 133% FPL)
- Individuals (to age 26) formerly in Foster Care in Maryland (no FPL limit)



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Does the applicant have to be admitted to the hospital?

- No, there is no requirement that the applicant be admitted or be seeking hospital services at the time of an HPE determination.



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Hospital Presumptive (Temporary) Eligibility Process

THE HOSPITAL'S ROLE IN HPE



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The hospital's role in HPE

- Identify individuals who may be eligible for Medicaid/ CHIP health coverage;
- Screen individuals through the Eligibility Verification System to ensure that they are not already covered through Medicaid or other programs.
- Make immediate temporary eligibility determinations for these individuals;
- Educate individuals about their responsibility to complete the full Maryland MA application for health coverage with timeframes required by the Hospital Presumptive Medical process;
- Provide the full Maryland MA application; and
- Assist the individual with completing the full application.



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Qualified hospitals: Agreement/Certification

- To become an approved eligibility determination site, hospitals must:
 - Be enrolled with Maryland Medicaid as a participating provider;
 - Notify DHMH of their decision to become a Hospital Presumptive Eligibility determination site;
 - Agree to make determinations consistent with DHMH policies and procedures and meet established quality standards; and
 - Maintain with DHMH an up-to-date list of all the name of individuals in the hospitals certified to make HPE determinations.



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Qualified hospitals: Agreement/Certification

- Only hospital employees are able to conduct HPE determinations.
- Hospitals may not contract HPE functions to other entities or use contracted hospital personnel to make HPE determinations.



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What do the hospitals do?

- I. Check eMedicaid for current MA eligibility and prior PE period.
- II. Complete Application for HPE Eligibility.
- III. Make eligibility determination based on required information in Application for HPE Eligibility.
- IV. Notify the applicant.
- V. Notify the Department of determination on date of application completion.
- VI. Assist the HPE Application with completion of the full MA application before the end of the HPE period.



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I. Check eligibility using EVS

- Before making HPE determinations, check EVS to see if the applicant is currently receiving Medicaid/CHIP .
- If an applicant has current Medicaid or CHIP coverage, the individual will not be eligible for HPE.



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II. Complete Part 1 of the HPE Application

- Use the DHMH Hospital Presumptive Medical application.
 - Use only information provided by the applicant or his/her representative in Part 1 of the HPE application.
 - No additional documentation or verification may be required at the time of the HPE determination.
 - Document the decision and the date of the decision on the application form. The decision should be made the first day the patient received services.



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II. Complete Part I of the HPE Application, continued

- Information Required for Determination
 - Applicant’s full legal name
 - Family size
 - Household’s gross monthly income
 - Maryland resident? (Yes/No)
 - U.S. citizen, U.S. national or qualified non-citizen? (Yes/No)
 - For more information on these groups:
<https://www.healthcare.gov/immigration-status-and-the-marketplace/>.



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II. Complete Part I of the HPE Application, continued

- If information is readily available, also complete the following:
 - Other medical coverage? (precludes HPE for CHIP)
 - Pregnant? (Yes/No) If yes, pregnancy due date
 - In Foster Care at age 18?
 - Receiving Medicare benefits? (precludes HPE coverage for “new adult” applicants)



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III. Make eligibility determination

- Refer to the *Quick Guide to Income Eligibility* to help make the determination.
 - **Income guidelines may change yearly.** Please be sure you are using the most recent version.
- The *Quick Guide* includes the following guidance for each eligibility group:
 - What income to count in the applicant's family
 - Who to include in applicant's family size



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III. Make eligibility determination, continued

- When is the HPE determination made?
 - At the time of the HPE application.
- The hospital gives the individual **written notice** of whether s/he is eligible, or ineligible, for HPE coverage.
- The Hospital Presumptive Eligibility period begins on the date the qualified hospital determines the individual is eligible.



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IV. Notify the applicant

- Hospital provides the **eligible** individual with:
 - An approval notice;
 - A copy of the completed HPE Application ;
 - The full MA application packet, marked with “Hospital Presumptive” at the top of the front page;
 - An explanation that the individual must complete and submit the full MA application before their temporary coverage end date in order to prevent a coverage gap should the individual be MA eligible; and
 - Assistance with completing the full MA application.



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IV. Notify the applicant, continued

- Hospital provides the **ineligible** individual with:
 - A denial notice;
 - A copy of the completed HPE Application;
 - The full MA packet; and
 - Assistance with completing the MA application, or information on resources to help the individual complete and submit the MA application.



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HPE Application

For all applicants, make sure all parts of the form are completed.



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APPLICATION FOR HOSPITAL PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL ASSISTANCE

PART I – INFORMATION REQUIRED FOR DETERMINATION			
Legal Name			
First:	Middle:	Last:	Suffix:
Family Size:	Household Gross Monthly Income:		Maryland Resident?
			Yes No
U.S. Citizen, U.S. National or Qualified Non-Citizen? Yes No			
If readily available, also tell us the following:			
Are you pregnant? Yes No		If yes, what is your due date?	
How many babies are you expecting?			
Other insurance coverage? Yes No		In Foster Care at age 18? Yes No	Already have Medicaid? Yes No
Already have Medicare? Yes No			
PART II – PRESUMPTIVE DETERMINATION: Hospitals representative must make the determination based on the REQUIRED information in Part I only and give the applicant an approval or denial notice.			
Eligible?	If yes, select the eligibility group:		
Yes	Child (Medicaid)	Pregnant Woman	Former Foster Youth <26
No	Child (CHIP)	Parent/caretaker relative	Adult
PART III – INFORMATION NECESSARY TO ENTER THIS APPLICATION			
Contact Information			
Home Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different):			
City:	State:	Zip Code:	County:
Telephone:			
Home	Work	Cell	
E-mail address:			
Additional Information			
Date of Birth:	Social Security Number:	Sex: Male Female	
____/____/____	____-____-____		
PART IV – SIGNATURES			

Applicant: By signing, you are attesting that the information you provided for this form is true as far as you know and that you have received a copy of the Approval Notice that lists your Rights and Responsibilities, or a Denial Notice. We will keep your information secure and private.

Signature of Applicant (or legal guardian)	Date
_____	_____
Signature of Witness (or legal guardian)	Date
_____	_____

Hospital Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

Signature of Applicant (or legal guardian)	Date
_____	_____
Signature of Witness (or legal guardian)	Date
_____	_____

IV. Notify the applicant, continued

- What is in a Notice of Approval?
 - Client name, date of birth, SSN when provided
 - Hospital name, provider number, date of notice
 - Date of Notice -- Eligibility approval date
 - Next steps:
 - Assistance with completing the full MA application
 - Ensure individual understands the importance of supplying any supplemental information for the full MA application before the end of the HPE period to avoid any gap in coverage.
 - No appeal rights - HPE determinations are final.
 - Hospital representative signature, title and contact information



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IV. Notify the applicant, continued

- The Approval Notice is proof of coverage.
 - If the applicant is eligible, the Notice of Approval will be the individual's proof of coverage until they receive their Maryland Medical Assistance Number and Coverage Letter.



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Approval Notice

Hospital gives an Approval Notice to all eligible applicants.



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Hospital Presumptive Eligibility Program _____

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Patient name: _____	
Patient SSN: _____	Date of birth: _____
Date of notice: _____	
Issued by: Hospital Name and Number _____	

APPROVAL NOTICE FOR HOSPITAL PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL COVERAGE

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for temporary health coverage through the Maryland Medical Assistance (MA) Program. This form will be your *proof of coverage* for this temporary eligibility period.

Temporary Medical Assistance will cover all services for which you are eligible under the OHP only while you are eligible.

TO FIND OUT IF YOU CAN STAY ELIGIBLE AFTER YOUR TEMPORARY COVERAGE ENDS, YOU MUST APPLY FOR MEDICAL ASSISTANCE AS SOON AS POSSIBLE

The medical coverage you will receive is temporary, unless you take action.

- The hospital will give you an application and assist you to complete it, or give you a list of approved application assisters.
- If we do not receive your application by _____, your eligibility will stop on that day.
- If you are not found eligible for ongoing coverage your Temporary Medical coverage will end effective the date the determination is made.

PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE FINAL

There is no right to appeal a presumptive eligibility decision.

Authorized Signature _____

Date _____

Hospital Representative Name and Title: _____

Hospital Representative Contact Information: _____

IV. Notify the applicant, continued

- What is in a Notice of Denial?
 - Applicant name, date of birth, SSN when provided
 - Hospital name, provider number and date of notice
 - Denial of eligibility for Hospital Presumptive Eligibility
 - Next steps:
 - Give applicant full MA application, as well as information on completing full application.
 - Notify applicant that HPE determinations are final. There are no HPE appeal rights.
 - Hospital representative signature, title and contact information



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Denial Notice

Hospital gives a Denial Notice to all ineligible applicants.

Hospital Presumptive Eligibility Program



Patient name: [REDACTED]	
Patient SSN: [REDACTED]	Date of birth: [REDACTED]
Date of notice: [REDACTED]	
Issued by: Hospital Name and Number	

DENIAL NOTICE FOR HOSPITAL PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL COVERAGE

WHY YOU ARE RECEIVING THIS NOTICE

You do **not** qualify for temporary health coverage through the Maryland Medical Assistance (MA) Program.

You can apply for health coverage at any time. You may qualify for other MA health coverage.

PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE FINAL

There is no right to appeal a presumptive eligibility decision.

Authorized Signature

Date

Hospital Representative Name and Title:

Hospital Representative Contact Information:



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IV. Notify the applicant, continued

- Hospitals are responsible to:
 - Provide the eligible individual with the full Maryland MA application;
 - Provide individual assistance in completing the MA application; and
 - Ensure individual understands the importance of supplying any supplemental information for the full MA application before the end of the HPE period to avoid any gap in coverage.
- For HPE applicants who need to submit supplemental information to complete the full MA application, hospitals should follow up with individual to check on their progress with application completion.



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V. Notify the Division of Recipient Eligibility Program (DREP)

- What to fax to DREP:
 - A copy of the completed Approval or Denial Notice issued to the individual, and
 - A copy of the individual's completed Hospital Presumptive Eligibility application.



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V. Notify the Division of Recipient Eligibility Program (DREP)

- Hospitals should check EVS within a week of submitting the required forms to OHA to confirm if approved individuals are in the system.
 - If the EVS enrollment is not complete, contact the DREP.
- If an individual has already submitted a medical application but has not received an update on the status of the application:
 - Contact DREP to identify the application and ensure its processing is expedited.



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Hospital Presumptive (Temporary) Eligibility Process

DHMH'S ROLE IN HPE



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What are DHMH's responsibilities?

- Confirm initial screening criteria:
 - Hospital is a qualified hospital.
 - Individual reflects no MA eligibility on MMIS and EVS.
 - Individual does not currently receive coverage under a period of Hospital Presumptive Eligibility.
 - Individual has not received coverage based on Hospital Presumptive Eligibility within the past 12 months.



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What are DHMH's responsibilities?

- Accept the hospital's determination and not question the decision unless:
 - The determination comes in from a non-qualified hospital;
 - The individual is found to have current MA coverage; or
 - The individual has HPE benefits or has had HPE benefits in the prior 12 months.
- Under no circumstances, will an HPE decision be reversed, or HPE eligibility terminated retroactively, even though someone determined eligible through HPE could potentially be found ineligible based on the full determination.



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What are DHMH's responsibilities?

- Systems entry and documentation
 - Verify current Medical Assistance status when hospital submits HPE electronic application;
 - Return message to hospital when HPE applicant is already enrolled in another MA program; and
 - Enter approved HPE applicants into MMIS.



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What are DHMH's responsibilities?

- Ensure eligible individual is not auto-enrolled in a managed care organization (MCO) for the presumptive period.
- This means the individual will receive all health care services (physical, dental, mental health) on a fee-for-service basis.



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What are DHMH's responsibilities?

- Prior to end of HPE period, report to hospital which HPE applicants have yet to complete their full MA application.
- Upon receipt of a full MA application from a HPE beneficiary, DHMH will:
 - Complete the determination of ongoing eligibility under the appropriate program, and
 - If found eligible for Medicaid/CHIP, ensure that the individual is enrolled in a managed care entity (MCO).



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What are DHMH's responsibilities?

- Ensure that the presumptive coverage ends. The HPE period ends with:
 - The day on which the state makes the eligibility determination for full Medicaid, or
 - The last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a full application by that time.
- When HPE ends, individuals **do not** receive a notice of their coverage ending. The approval notice they receive in the hospital serves as their notice that this benefit is temporary and will end the last day of the month following the month in which the hospital made the HPE determination.



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Hospital Presumptive (Temporary) Eligibility Process

THE APPLICANT'S RESPONSIBILITIES



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What are the applicant's responsibilities?

- Provide true and accurate information for DHMH .
- If approved:
 - Submit completed MA application prior to the end of the month following the month of hospital's HPE determination.
 - If no application is received, coverage closes effective the end of the month following the month of hospital's determination.
- If denied:
 - No obligation, but may complete MA application for full eligibility determination



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ACCOUNTABILITY



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Partners in accountability

- Hospital Recordkeeping Requirements (maintain records for seven years):
 - Signed HPE applications;
 - Approval Notices issued;
 - Denial Notices issued; and
 - Record of full MA application completion for each approved HPE applicant.



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Partners in accountability

- DHMH Recordkeeping Requirements:
 - Number of applicants, statewide and by Hospital, who:
 - Submitted a full DHMH MA application before the end of the HPE period.
 - Were ultimately determined eligible for Medicaid/CHIP.
 - Were ultimately determined ineligible for Medicaid/CHIP.
 - All claims and payments related to Hospital Presumptive Eligibility approvals for:
 - Individuals ultimately eligible for Medicaid/CHIP, and
 - Individuals ultimately ineligible for Medicaid/CHIP



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Standards for accountability

- The HPE program is launching with the following “test” standards.
- After the first year of HPE implementation, the Department will evaluate these metrics and refine the standards as necessary following discussions with CMS.



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Standards and Criteria

Proposed Quality Standard	Criteria
1. 90 percent of the time	The Hospital's determination that the applicants do not have current Medicaid/CHIP is correct
2. 90 percent of the time	The Hospital's determination that applicants did not receive temporary coverage within the past 12 months is correct.
3. 90 percent of all approved HPE applicants	Submit a full MA application no later than the last day of the month following the month during which the HPE determination is made.



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Sanctions and disqualification

- As the program progresses and Standards and Criteria are refined, DHMH proposes to enforce the Standards as follows:
- Plan of Correction
 - If the prescribed standards are not met for a period of one calendar quarter, DHMH will establish with the Hospital a written Plan of Correction (POC) that describes:
 - Targets and timelines for improvement;
 - Steps to be taken in order to comply with the performance standards;
 - How additional staff training would be conducted, if needed;
 - The estimated time it would take to achieve the expected performance standards, which would be no greater than three months; and
 - How outcomes would be measured.



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Sanctions and disqualification

- DHMH may impose additional correction periods, as appropriate.
- If targets are not met after a sufficient period for improvement, as determined in discussions between DHMH and the hospital, the Department may disqualify a hospital from making eligibility determinations under the HPE program.



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CONTACTS AND INFORMATION



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Contacts and information

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FEEDBACK AND Q & A



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