Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #:14-0005-MM7

This file contains the following documents in the order listed:

1) Approval Letter

2) Companion Letter

3) CMS 179 Form/Summary Form

4) Approved SPA Pages

5) Presumptive Eligibility Training

6) Presumptive Eligibility Application

7) Hospital Presumptive Eligibility Denial Notice

8) Hospital Presumptive Eligibility Approval Card

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Division of Medicaid and Children's Health Operations / Boston Regional Office

January 13, 2015

Mary Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011

RE: Maine ME 14-0005MM7

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved Maine State Plan Amendment (SPA) No. 14-0005MM7 submitted to CMS on March 30, 2014. This SPA was submitted to revise your approved Title XIX State plan to describe the state's policies related to hospital presumptive eligibility. This SPA has been approved effective January 1, 2014.

Enclosed are copies of the following State plan pages and attachments to be incorporated within a separate section at the end of your approved State plan.

- S21- Presumptive Eligibility by Hospitals, pages 1-3;
- Hospital Presumptive Eligibility Training Materials, pages 1-41;
- Hospital Presumptive Eligibility Current Application, pages 1-2;
- Hospital Presumptive Eligibility Card, pages 1-2; and
- Hospital Presumptive Eligibility Denial Notice, pages 1-2.

A companion letter is also attached to this SPA approval package requiring a corrective action plan.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Division of Medicaid and Children's Health Operations / Boston Regional Office

January 13, 2015

Mary Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011

RE: Maine ME 14-0005MM7

Dear Commissioner Mayhew:

This letter is being sent as a companion to our approval of Maine State Plan Amendment (SPA) ME-14-0005MM7, which proposes to implement presumptive eligibility conducted by hospitals in the Medicaid state plan in accordance with the Affordable Care Act. This amendment was submitted on March 30, 2014, with an effective date of January 1, 2014.

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. While the SPA is approvable, CMS' analysis determined that additional changes related to the state's implementation of the hospital presumptive eligibility provision are needed in the Maine Medicaid state plan.

As set forth in Section 1902(a)(47)(B) of the Social Security 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. Maine has provided sufficient SPA pages and supporting materials in the ME-14-0005MM7 submission to show that it has policies in place and can begin to train hospitals as qualified entities, allowing CMS to approve this SPA. CMS acknowledges that Maine needs time to promulgate state rules before fully implementing its hospital presumptive eligible 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. The state has indicated that it expects to implement its hospital presumptive eligibility program within five to six months from the date of this SPA's approval, i.e., May or June 2015.

Within 30 days of this letter, please reply to CMS with an update on the state's implementation efforts. Please include in your reply a corrective action plan to comply with requirements of 42 CFR 430.10. This corrective action plan should outline a timeline and the steps the state will take to finalize the implementation of the program and comply with the statutory requirement to provide a program for hospitals that choose to serve as qualified entities for presumptive eligibility determinations. Further, this corrective action plan should include a description of the state's program design details that the state is still finalizing, including:

- How hospitals will transmit complete paper HPE applications to the state Medicaid agency and
- How hospitals will check for enrollment in a previous PE period

In its SPA, the state has proposed high threshold performance standards. *(If a hospital fails on three occasions to submit a regular application after making a PE determination and/or makes a PE determination for someone who is ultimately found ineligible for coverage, the hospital will lose the ability to perform PE determinations.)* CMS has discussed these performance standards with the state on several occasions and we understand that the state feels strongly about the three-time threshold for the performance standards and does not want to consider a phase in or hold harmless period for implementation. While the state does have the flexibility to select and set its own performance metrics, CMS is responsible for ensuring that states can provide a program for those hospitals that want to serve as qualified entities. To this point, CMS will periodically ask for updates from the state regarding the number of hospitals enrolled in the program, and may request to revisit these performance standards if the state reports that no hospitals are able to meet the threshold and are disenrolled from the program.

During the 30 days following receipt of this SPA approval and companion letter, while the state is developing its corrective action plan for implementation and after, CMS will remain available to provide technical assistance, as needed or required.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Maine**

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.

ME-14-0005

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	$ 0.00
Second Year	2015	$ 0.00

Subject of Amendment

Hospital Presumptive Eligibility

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:
  Commissioner, Department of Human Services

Signature of State Agency Official

Submitted By: Reinhold Bansmer

Last Revision Date: Jan 13, 2015

Submit Date: Mar 30, 2014

FOR REGIONAL OFFICE USE ONLY-

PLAN APPROVED- ONE COPY ATTACHED

DATE RECEIVED: 3/30/2014

DATE APPROVED: 1/13/2015

EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2014

SIGNATURE OF REGIONAL OFFICIAL:

/s/

TYPED NAME: Richard McGreal

TITLE: Associate Regional Administrator

REMARKS: none

Medicaid Eligibility

OFFICIAL

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

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

- [x] A qualified hospital is a hospital that:
  - [x] 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.
  - [x] 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

- [x] The eligibility groups or populations for which hospitals determine eligibility presumptively are:
  - [x] Pregnant Women
  - [x] Infants and Children under Age 19
  - [x] Parents and Other Caretaker Relatives
  - [x] Adult Group, if covered by the state
  - [x] Individuals above 133% FPL under Age 65, if covered by the state
  - [x] Individuals Eligible for Family Planning Services, if covered by the state
  - [x] Former Foster Care Children
  - [x] 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

OFFICIAL

(•) 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: If a hospital fails on three occasions to submit a regular application after making a PE determination and/or makes a PE determination for someone who is ultimately found ineligible for coverage, the hospital will lose the ability to perform PE determinations.

☒ 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.

Description of standards: If a hospital fails on three occasions to submit a regular application after making a PE determination and/or makes a PE determination for someone who is ultimately found ineligible for coverage, the hospital will lose the ability to perform PE determinations.

■ 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:

	Name of limitation	Description	
+	24 Month Period Limitation	Periods of eligibility will be limited to no more than one period within a 24-month period, starting with the effective date of the initial presumptive eligibility period.	X

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.

Medicaid Eligibility

OFFICIAL

An attachment is submitted.

■ 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.

OFFICIAL

Understanding How to Make Presumptive Eligibility Determinations for Medicaid Coverage

Maine Department of Health and Human Services
Office for Family Independence

What is presumptive eligibility?

Determining that an individual is eligible for Medicaid coverage based on a presumption of facts related to eligibility requirements such as income, citizenship, etc. – requirements that normally must be verified before eligibility is granted.

Who can make presumptive eligibility determinations?

- A limited number of providers (e.g., Family Planning Clinics and Federally Qualified Health Centers) have been making presumptive eligibility (PE) determinations for pregnant women for several years.
- Effective TBD, any hospital in the State of Maine that asks to do so will be allowed to make PE determinations for a broader population, provided the hospital agrees to certain conditions.

Who is eligible for a presumptive eligibility determination?

- Family Planning Clinics and Federally Qualified Health Centers will still only make PE determinations for pregnant women.
- Qualified hospitals will be able to make PE determinations for:
  - Pregnant women;
  - Parents and caretaker relatives of children under the age of 18;
  - Children under the age of 21;
  - Individuals under age 26 who were in foster care in Maine at age 18; and
  - Women who are in treatment for breast and cervical cancer.

What are the steps for making a presumptive eligibility determination?

Step 1

Ask the individual to complete a PE application (HPE-App).

Note: A hospital cannot ask the applicant for verification of any information included on the application

What are the steps for making a presumptive eligibility determination? (continued)

Step 2

Determine if the applicant fits into a coverable group (e.g., parent/caretaker relative, child under 21, pregnant woman, etc.).

This determination is based on information from the HPE application.

What are the steps for making a presumptive eligibility determination? (continued)

Step 3

Confirm with the Department that:

- the applicant is not already enrolled in MaineCare and/or
- the applicant has not received a PE determination within the last 24-months

Confirmation will be made via telephone

What are the steps for making a presumptive eligibility determination? (continued)

Step 4

Determine the applicant's countable MAGI income and household size.

This determination is based on information from the HPE application.

What are the steps for making a presumptive eligibility determination? (continued)

Step 4 (continued)

To determine the applicant's countable MAGI income and household size, enter applicable data from the HPE application into the MAGIC tool.

What are the steps for making a presumptive eligibility determination? (continued)

Step 5

The MAGIC tool will confirm the applicant's eligibility for HPE coverage.

What are the steps for making a presumptive eligibility determination? (continued)

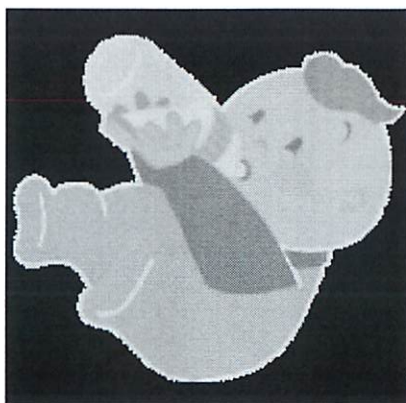
Special Rule for Former Foster Care Children

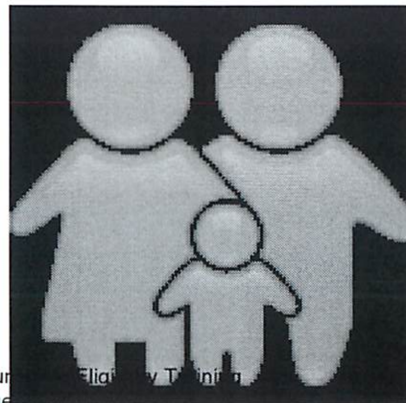
- If an individual is under age 26 and was in foster care in Maine at age 18, there is no income test
- This special rule applies to the individual only – not his/her family members

OFFICIAL

What is MAGI?

- Modified Adjusted Gross Income (MAGI) is a methodology based on federal tax rules for how income is counted and family size is determined for Medicaid eligibility. MAGI is NOT a number on a tax return.





3 Step Process for Determining Eligibility

Step 1

- Identify members of the individual's family who are considered part of his/her household and determine family size

Step 2

- Add the income of all the relevant members of the individual's household.

Step 3

- Compare total household income to the federal poverty level for the individual's family size. **Note: income must not be calculated for individuals under age 26 who were formerly in foster care in Maine at age 18.**

Tax Filing Information

- When constructing a household for PE determinations, we need to know if the individual plans to file a federal tax return or expects to be claimed as a tax dependent for the year in which coverage is sought.
- Individual's household is constructed based on his plan to file – regardless of whether or not he ultimately files a return at the end of the year – or be claimed as a tax dependent.

General Rules: Constructing a Household

- Construct a household for *each* individual listed on the application/renewal form who is applying for PE coverage (this is because eligibility is determined at the individual level).
  - An individual's household may or may not include everyone listed on the application form.
- Different households may exist within a single family, depending on each of the family members' familial and tax relationships to each other.
  - Example: An individual's family size may include 3 persons, but that does not necessarily mean that those 3 individuals will all have the same household size.

Constructing a MAGI Household for EACH Applicant – Step A

A. Does the individual expect to file taxes?

1. If no – continue to **Step B**.
2. If yes – does the individual expect to be claimed as a tax dependent by anyone else?
    a. If no – the household consists of the taxpayer, a spouse living with the taxpayer (or estranged spouses filing jointly), and all persons whom the taxpayer expects to claim as a tax dependent.
    b. If yes – continue to **Step B**.

Step B

B. Does the individual expect to be claimed as a tax dependent?

1. If no – continue to **Step C**.
2. If yes – does the individual meet any of the following exceptions?
   a. The individual expects to be claimed as a tax dependent of someone <u>other than</u> a spouse or a biological, adopted or step parent.
   b. The individual is a child under age 19 living with both parents, but will only be claimed as a tax dependent by one.
   c. The individual is a child under age 19, living with a custodial parent/caretaker relative, but expects to be claimed by a non-custodial parent.

If the individual does NOT meet any of these exceptions, the household is the same as the household of the taxpayer claiming him/her as a tax dependent. *NOTE: If the individual is married, the household also includes the individual's spouse.*

If the individual meets <u>any</u> of the exceptions listed above – continue to **Step C**.

Step C

C. For individuals who neither expect to file a tax return nor expect to be claimed as a tax dependent, as well as tax dependents who meet one of the exceptions from Step B-2, the household consists of the individual and, if living with the individual –

1. The individual's spouse;
2. The individual's natural, adopted and step children under the age of 19; and
3. In the case of individuals under the age of 19, the individual's natural, adopted and step parents and natural, adoptive and step siblings also under the age of 19.

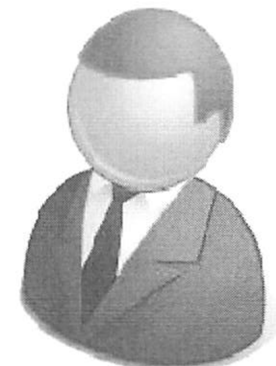
Household Example

Household Description

Joseph (32 yrs. old) is applying for PE coverage for himself, his girlfriend, Tessa (28 yrs. old), and their mutual child, Avery (7 yrs. old). They all live together. Joseph and Tess are both required to file taxes and will be filing separately. Avery is a tax dependent of Joseph.

Tessa
Tax Filer

Joseph
Tax Filer



Son

Son

Avery
Tax Dependent of Joseph

Determine Joseph's Household

1. Does Joseph expect to file taxes? Yes
   2. If yes – Does Joseph expect to be claimed as a tax dependent by anyone else? No
      a. Joseph's household includes Joseph (the taxpayer) and his tax dependent, Avery.

Medicaid Eligibility For	Eligibility Category	Joseph	Tessa	Avery	MAGI Household Size
Joseph	Parent	Count	Not Counted	Count	2
Tessa					
Avery					

Determine Tessa's Household

A. Does Tessa expect to file taxes? Yes

2. If yes – Does Tessa expect to be claimed as a tax dependent by anyone else? No

a. Tessa is not married and is not claiming any tax dependents. Her household size is one.

Medicaid Eligibility For	Eligibility Category	Joseph	Tessa	Avery	MAGI Household Size
Joseph	Parent	Counted	Not Counted	Counted	2
Tessa	Parent	Not Counted	Counted	Not Counted	1
Avery					

Determine Avery's Household

A. Does Avery expect to file taxes? No

B. Does Avery expect to be claimed as a tax dependent? Yes

  2. Does he meet any of the following exceptions?

     a. Does he expect to be claimed as a tax dependent of someone other than a spouse or parent? No

     b. Is he under age 19 living with both parents, but will only be claimed as a dependent by one? Yes

Avery's Household (Continued)

C. Avery meets one of the exceptions from B-2. His household consists of himself and his parents.

Medicaid Eligibility For	Eligibility Category	Joseph	Tessa	Avery	MAGI Household Size
Joseph	Parent	Counted	Not Counted	Counted	2
Tessa	Parent	Not Counted	Counted	Not Counted	1
Avery	Child	Counted	Counted	Counted	3

MAGI Income

- Countable income is taxable income minus certain expenses.
- Expenses include:
  - Alimony
  - Student Loan Interest
  - Pre-tax deductions (403b, 401K, health savings accounts)
- All disregards will be replaced by a fixed amount determined by household size.
- Income is not calculate for individuals under age 26 who were in foster care in Maine at the age of 18.

Whose Income Is Counted?

- Each individual's household must be constructed before determining whose income counts.
  - It is possible for someone's income to be counted in one MAGI household but not another.
- The basic rule for income is this: MAGI income for all individual who are counted in a MAGI household should be counted.
- There are 2 exceptions to the basic rule.

Determining MAGI Income for Each Household – **Second Exception**

Is the individual the tax dependent of someone in this MAGI household who is not the individual's spouse or parent?

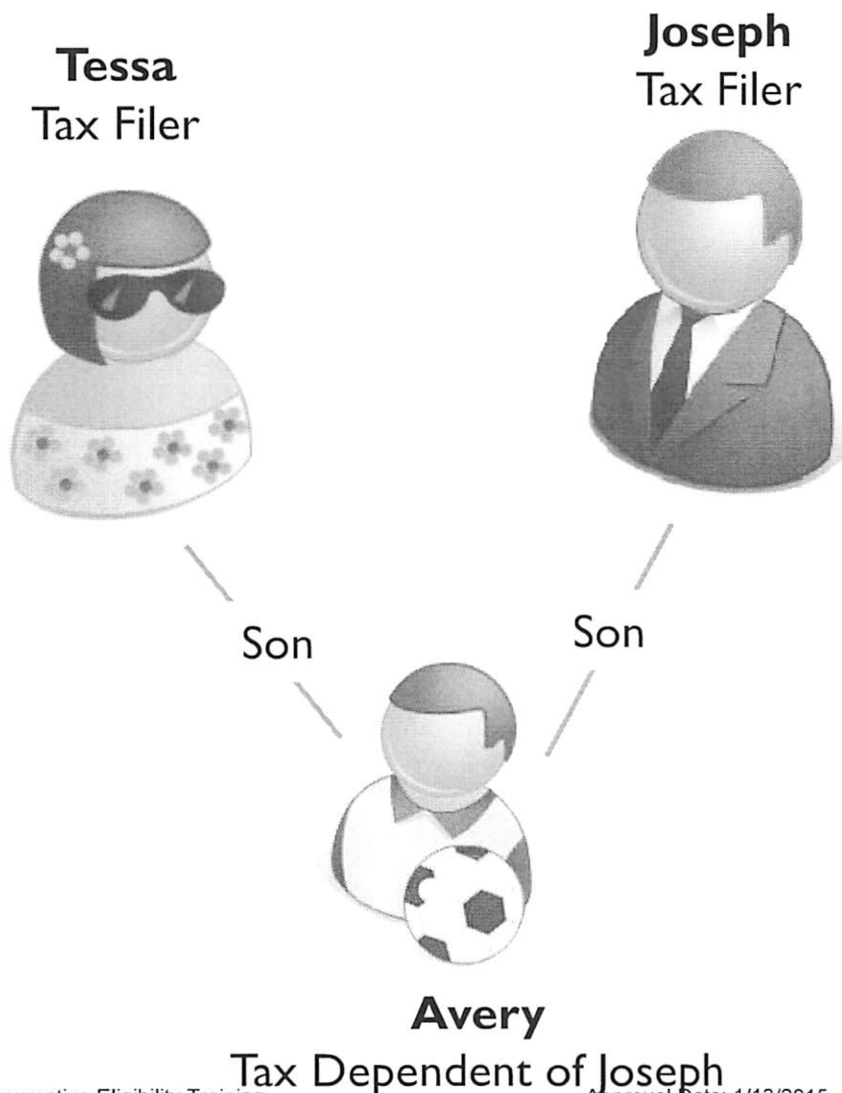
1. If yes – Is the individual expected to be required to file a tax return?
   a. If yes, the individual's income must be included in this MAGI household's total MAGI income.
   b. If no, the individual's income should NOT be included in this MAGI household's total MAGI income.
2. If no, the individual's income must be included in this MAGI household's total MAGI income.

Income Example

Household Description

- Joseph: $1,200/mo. earned
- Tessa: $450/mo. earned
- Avery: No income

Joseph and Tess are both required to file taxes and will be filing separately. Avery is a tax dependent of Joseph.



Whose income counts in Joseph's household?

- The household consists of Joseph and Avery. Only Joseph has income.
- You must determine if each individual in the household meets any exceptions to the general rule.
  - Exception 1: Are Joseph's parents in his MAGI household? No
  - Exception 2: Is Joseph the tax dependent of someone in his household who is not his spouse or parent? No
- Joseph doesn't meet any exceptions so his income counts.

Whose income counts in Tessa's household?

- Tessa is the only member in her MAGI household so she will not meet any exceptions.
- Her income counts in her household.

Whose income counts in Avery's household?

- The household consists of Joseph, Tessa and Avery. Joseph and Tessa have income.
- You must determine if each individual in the household meets any exceptions to the general rule.
  - Exception 1: Are Joseph's/Tessa's parents in Avery's MAGI household?
  - Exception 2: Is Joseph/Tessa the tax dependent of someone in Avery's MAGI household who is not his/her spouse or parent?
- Joseph and Tessa don't meet any exceptions so their income counts.

Determine Financial Eligibility

Avery's Eligibility

- Countable income
  - Joseph's earnings: $1200
  - Tessa's earnings: $450
  - Total countable: $1650
- MAGI Standard Disregard for HH of 3: $82
- $1650 – 82 = $1568
- Compare countable income to appropriate FPL for HH size. $1568 < $2556 (157% FPL)

An applicant is found eligible for PE coverage, what happens next?

Once a hospital has determined an applicant to be eligible for PE coverage, the hospital must – at the time of determination:

- Provide each approved individual with a completed MaineCare Hospital PE Card – this will serve as written notification of the individual's eligibility for PE coverage;
- Assist each individual determined presumptively eligible with completing and submitting a full MaineCare application – the individual may use a paper application or apply online at www.maine.gov/mymaineconnection.

An applicant is found eligible for PE coverage, what happens next? (continued)

Once a hospital has determined an applicant to be eligible for PE coverage, the hospital must – at the time of determination:

- Inform each approved individual that PE coverage will end on the earlier of:
  - The day on which an eligibility decision has been made on the applicant's full MaineCare application (if submitted); or
  - The last day of the month following the month in which a presumptive eligibility decision was made (if a full application was not submitted).

An applicant is found eligible for PE coverage, what happens next? (continued)

Once a hospital has determined an applicant to be eligible for PE coverage, the hospital must – at the time of determination:

- Provide a copy of the completed Hospital PE Card to the Office for Family Independence (OFI) for each PE determination within 5 working days from when the determination was made. Copies can be submitted via the postal service, fax or email.

An applicant is found ineligible for PE coverage, what happens next?

If a hospital has determined an applicant to be ineligible for PE coverage, the hospital must:

- Inform the applicant of the reason for the denial of coverage – this must be shared in writing and orally, if appropriate; and
- Inform the applicant that he/she may still file a full MaineCare application.

Payment for Medical Services

- The Department will not hold hospitals financially responsible if an individual is found ineligible for Medicaid based on a full eligibility determination,

BUT

- The Department will not pay claims for individuals determined presumptively eligible if the hospital does not notify OFI of the PE determination within 5 working days of the determination.

PE Performance Standards for Hospitals

- If a hospital:
  - Fails to notify OFI of a PE determination within 5 working days of the determination;
  - Fails to submit a completed full MaineCare application on behalf of the individual before the end of the PE period; and/or
  - Makes a PE determination for someone who is ultimately found to be ineligible for Medicaid coverage,

the hospital will receive a written warning from OFI that documents the reason for the warning.

PE Performance Standards for Hospitals (continued)

- If a hospital for the second time:
  - Fails to notify OFI of a PE determination within 5 working days of the determination;
  - Fails to submit a completed full MaineCare application on behalf of the individual before the end of the PE period; and/or
  - Makes a PE determination for someone who is ultimately found to be ineligible for Medicaid coverage,

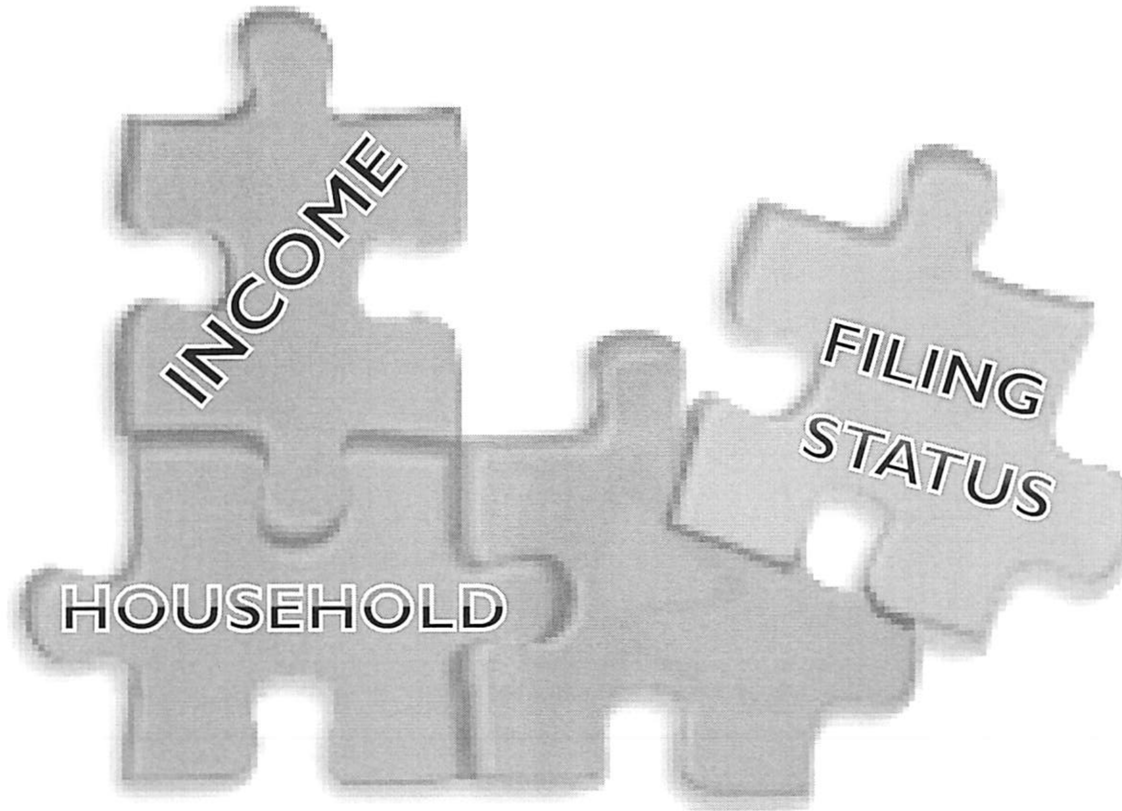
  the hospital will receive a written warning from OFI that documents the reason for the warning and require all applicable staff to participate in additional PE training provided by OFI.

PE Performance Standards for Hospitals (continued)

- If a hospital for a third time:
  - Fails to notify OFI of a PE determination within 5 working days of the determination;
  - Fails to submit a completed full MaineCare application on behalf of an individual before the end of the PE period; and/or
  - Makes a PE determination for someone who is ultimately found to be ineligible for Medicaid coverage,

  the hospital will receive a written notification from OFI that it will no longer be allowed to make PE determinations.

Questions?



OFFICIAL

PRESUMPTIVE ELIGIBILITY APPLICATION

Name of Applicant: ______________________________ Date of Birth: ________________

Social Security Number (optional): ______________________ Phone Number: ______________

Address: ____

____

	YES	NO
1. Do you have a current MaineCare card? If yes, stop here.	☐	☐
2. Are you a resident of the State of Maine?	☐	☐
3. Are you a U.S. Citizen or a legal alien?	☐	☐

4. Are you:

   ☐ Married ☐ Divorced ☐ Single ☐ Widowed ☐ Separated

5. Household Member Information (if the Applicant or any other family member receives earned or unearned income (including income from: employment, self-employment, tips, commissions, pensions, Social Security, child/spousal support, gifts, disability, VA or unemployment benefits, etc.), list the amount received under Gross Income Received, where the money came from under Source, and how often the money is received under Frequency).

Name (Last, First, Middle Initial)	Applying for coverage?	Social Security Number (Optional)	Relationship to the Applicant	Date of Birth	Gross Income Received	Source of Income	Frequency
			Self				

6. Does anyone in the household pay alimony, pay interest on a student loan, or have any pre-tax deductions from earnings? If so, who, what is the amount paid and how often is it paid/deducted?

   ____

7. Is anyone in the household who is applying for coverage pregnant? If so, who and how many babies is she expecting?

   ____

8. Is anyone in the household who is applying for coverage a former foster care child from the State of Maine who was enrolled in MaineCare at the time he/she "aged out" of foster care? If so, who?

   ____

By signing below, I swear that everything written above on this form is true as far as I know.

Applicant's Signature: ______________________________ Date: ______________

HPE-App 01-2014

For Provider Use Only

Presumptive eligibility determination for: ____

Coverage group (check one):

_____ Parent/Caretaker Relative

_____ Child Under Age 21

_____ Pregnant Woman

_____ Former Foster Care Child (Note: There is no income test for this coverage group)

____ Woman in Treatment for Breast or Cervical Cancer

MAGI Monthly Income ____________________

Less any applicable expenses - ____________________

Less applicable standard disregard - ____________________

Total Countable MAGI Monthly Income ____________________

Maximum Income Levels as of January 1, 2014

Family Size	Parent/ Caretaker Relative 100% FPL	Ages Birth to 1 191% FPL	Ages 1 to 18 (inclusive) 157% FPL	Ages 19 & 20 (inclusive) 156% FPL	Pregnant Women 209% FPL	Woman with Breast or Cervical Cancer 250% FPL	5% Standard Income Disregard
1	$ 973	$1,829	$1,504	$1,494	$2,002	$2,432	$ 49
2	$1,311	$2,469	$2,030	$2,017	$2,702	$3,278	$ 66
3	$1,650	$3,109	$2,556	$2,539	$3,402	$4,125	$ 83
4	$1,988	$3,749	$3,082	$3,062	$4,102	$4,970	$ 99
5	$2,326	$4,389	$3,608	$3,585	$4,802	$5,815	$116
6	$2,665	$5,029	$4,134	$4,107	$5,502	$6,663	$133
7	$3,003	$5,668	$4,659	$4,630	$6,203	$7,508	$150
8	$3,341	$6,308	$5,185	$5,152	$6,903	$8,353	$167
Each Additional Person	$ 339	$ 640	$ 526	$ 523	$ 701	$ 848	$ 17

Is the applicant already enrolled in MaineCare? ☐ Yes ☐ No

Has the applicant been determined presumptively eligible once within the past 24-months? ☐ Yes ☐ No

Does the applicant meet all remaining Presumptive Eligibility Requirements? ☐ Yes ☐ No

Signature of Authorized Individual: ____

Date of Presumptive Eligibility Determination: ________________________________

Hospital Presumptive Eligibility for MaineCare Coverage
Notice of Ineligibility Decision

OFFICIAL

________________________________ has determined that the following
(name of hospital making the determination)

individual, ____ is not eligible for
(name of person seeking presumptive eligibility)

presumptive eligibility coverage through MaineCare because of the following reason(s):
(check all that apply)

___ 1. Individual does not have coverage group.

___ 2. Countable household income exceeds the maximum income level for the individual's coverage group.

___ 3. Individual does not meet the citizenship requirements for MaineCare coverage.

___ 4. Individual has received presumptive eligibility coverage in Maine through a hospital within the past two years.

___ 5. Other (please specify the reason): ________________________________

____

____

Although you are not eligible for presumptive eligibility coverage through MaineCare, you may obtain a full determination of eligibility by submitting a completed application for MaineCare coverage to the Maine Department of Health and Human Services' Office for Family Independence. You can complete and submit this application online at *www.maine.gov/mymaineconnection*; you can also call 1-855-797-4357 to learn of other ways you can submit an application.

Signature of Hospital Representative:

____
(Date)

State of Maine Department of Health and Human Services
MaineCare Hospital Presumptive Eligibility Card

OFFICIAL

Please Print

1) **Name:** ____
(Last Name) (First Name) (Middle Initial)

2) **Address:** ____
(Street) (City/Town) (State) (Zip Code)

3) **Date of Birth:** ________________

4) **Eligibility:** A. Starts: ______________________________
(Today's Date)

B. Ends: ______________________________
(Last Day of Month following Start Month*)

* NOTE: If the eligibility period has expired, this client may still be eligible for MaineCare coverage. The regulations at 42 CFR 435.1101 to 1110 define a period of presumptive eligibility. Specifically, a period of presumptive eligibility means a period that begins on the date on which a qualified entity determines that an applicant is presumptively eligible and ends with the earlier of— (1) In the case of an applicant on whose behalf a Medicaid application has been filed, the day on which a decision is made on that application; or (2) In the case of an applicant on whose behalf a Medicaid application has not been filed, the last day of the month following the month in which the determination of presumptive eligibility was made. Please call the DHHS Regional Office to verify MaineCare eligibility.

5) Hospital Making Eligibility Determination:

____
(Name) (Address)

6) Signature of Hospital Representative:

____
(Date)

To Member: Always show this card to your health care provider.
Services to be provided will be the same as those provided to the eligibility group for which you were determined presumptively eligible.

To Provider: Provide a copy of this form (via mail or fax) to the applicable DHHS Regional Office