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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 14-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages
- 5) Attachments

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

May 10, 2016

Elizabeth Roberts, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
74 West Road, Hazard Building
Cranston, RI 02920

Dear Secretary Roberts:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No. 14-003, submitted March 28, 2014. Effective January 1, 2014 this SPA grants authority to implement hospital presumptive eligibility in accordance with the Affordable Care Act.

This approval is accompanied by a companion letter outlining the need for systems changes that are necessary to achieve full compliance with hospital presumptive eligibility requirements. We look forward to your response and are happy to provide any technical assistance needed as you move forward.

If you have any questions regarding this matter you may contact Lynn DeVecchio (617) 565-1201 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

Cc: Dr. Anya RadarWallack, MD, Medicaid Director
Melody Lawrence Health Services Manager

MD-S-30-RI

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

May 10, 2016

Ms. Elizabeth Roberts, Secretary
Executive Office of Health & Human Services
State of Rhode Island & Providence Plantations
74 West Road, Hazard Building
Cranston, Rhode Island 02920

Dear Secretary Roberts:

This letter is being sent as a companion to our approval of Rhode Island State Plan Amendment (SPA) RI-14-0003MM7, which proposes to implement presumptive eligibility (PE) conducted by hospitals in the Medicaid state plan in accordance with the Affordable Care Act. Rhode Island ("the state") submitted this amendment on March 28, 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 Code of Federal Regulations (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 PE provision are needed. This companion letter memorializes the changes, as detailed below.

Coverage for Children in the Optional Targeted Low Income (OLTI) Group

Rhode Island is currently operating a hospital PE program that does not allow hospitals to make PE determinations for children with income above 190% (for children under age 1), 142% (for children age 1-5), and 133% (for children age 16-18), of the FPL, even though these children are eligible in the state's Optional Targeted Low-income (OTLI) group (defined at 42 CFR 435.229). Rhode Island has a combination CHIP program and covers the Medicaid expansion optional targeted low income (OTLI) children group populations under its Medicaid state plan. Children in the OTLI group are Medicaid-eligible and also eligible for hospital PE, as codified in 42 CFR 435.1102(a). The eligibility level has been incorrectly coded in the system logic for the state's hospital PE system. While hospitals are not expected to narrow eligibility specific to the OTLI group, they do perform the PE determinations using the state's system. Thus, discrepancies in the state's system prevent the hospitals from accurately determining presumptive eligibility for children referenced above with income up to 261 percent of the Federal Poverty Level (FPL). Further, the state's training for hospital qualified entities has not included correct income limits for children, as it did not incorporate the income limits of this OTLI group.

The state has acknowledged its deficiency in providing hospital PE determinations to children up to 261 percent of the FPL and has said that it needs time to implement system and training changes to the program.

We understand the state is implementing all other aspects of hospital PE in accordance with federal regulations and guidance. We are approving this SPA with the understanding that the state will be fixing this issue. Due to competing systems priorities, the state reports that system fixes will not be in place until July 2016. CMS requests that the state make efforts to expedite these fixes to an earlier release. In the interim, we understand that the state makes the full single streamlined application available through the hospitals and that the state is able to process 87 percent of Medicaid eligibility determinations in real-time.


Following system fixes, the state will conduct education and/or re-training with hospitals as needed to ensure that the income limit for children is 261 percent of the FPL.

CMS reviews hospital PE applications as part of SPA approvals. When Rhode Island begins work on the hospital PE system and determines what changes may be made to the user interface, pursuant to the above, please contact CMS to talk about the need for an amendment.

Within 30 days of this letter, please respond to formally acknowledge this companion letter and confirm the state's timeline for fixing these issues. To stay apprised of the state's progress in implementing this fix, CMS may request verbal updates from the state periodically. During the 30 days and after, CMS will remain available to provide technical assistance, as needed or required.

If you have any questions, please contact Lynn DelVecchio of my staff at 617-565-1201 or by e-mail at Lynn.delvecchio@cms.hhs.gov.

Sincerely,

 Richard R. McGreal
Associate Regional Administrator

cc: Dr. Anya Wallack, Medicaid Director
Melody Lawrence Health Services

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If you have any questions regarding this matter you may contact Lynn DelVecchio (617) 565-1201 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Richard R. McGreal". The signature is written in a cursive style with a large initial "R".

for Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Dr. Anya RadarWallack, MD, Medicaid Director
Melody Lawrence Health Services Manager

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Sincerely,

/s/

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Associate Regional Administrator

Enclosure

cc: Dr. Anya RadarWallack, MD, Medicaid Director
Melody Lawrence Health Services Manager

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Rhode Island

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.

14-003

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	\$ 756000.00
Second Year	2015	\$ 3024000.00

Subject of Amendment

The budget impact was derived based on anticipated enrollment in Medicaid 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:

This amendment has not been reviewed specifically with the Governor's Office. Under the Rhode Island Medicaid State Plan, the Governor has elected not to review the details of state plan materials. However, in accordance with Rhode Island law and practice, the Governor is kept apprised of major changes in the state plan.

Signature of State Agency Official

Submitted By:	Melody Lawrence
Last Revision Date:	Apr 27, 2016
Submit Date:	Mar 28, 2014



Presumptive Eligibility Application [HELP](#)

Required Fields *

Primary Applicant Information

First Name *	Middle Name	Last Name *
<input type="text" value="Eg ,John"/>	<input type="text" value="Eg ,William"/>	<input type="text" value="Eg ,Smith"/>
Address Line 1 *	Address Line 2	Apt/Unit#
<input type="text" value="Address Line 1"/>	<input type="text" value="Address Line 2"/>	<input type="text" value="Apt/Unit #"/>
City *	State *	Zip Code *
<input type="text" value="Eg Providence"/>	<input type="text" value="RI"/>	<input type="text" value="Zip Code"/>
Date of Birth	Social Security Number (SSN)	
<input type="text" value="01/01/1975"/>	<input type="text" value="Eg 123-45-6789"/>	

This person is applying for Presumptive Eligibility

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“ A TOOL TO COMPARE,
PURCHASE AND RECEIVE
AFFORDABLE HEALTHCARE?
PERFECT. ”

MICHAEL R.



Presumptive Eligibility Application [HELP](#)

Required Fields *

Your Household Members

Hospital Name *

Select ▼

Applicant's Primary Phone Number Type

402-531-3456

-Select ▼

Applicant's Secondary Phone Number Type

402-531-3456

-Select ▼

Applicant's Email Address

Presumptive Eligibility Applicant 1 of 1

First Name *

John

Middle Name

Eg. James

Last Name *

Smith

Suffix

-Select ▼

Date of Birth *

01/01/1975

Gender *

Male Female

Is this person a parent/caretaker? * Yes No

Social Security Number

Eg. 123-45-6789



Note

Entering your Social Security Number is optional, however it is useful in processing your application.

Are you a US citizen or a national? *

Yes No

Do you have an eligible immigration status? *

Yes No

Was this person in the Rhode Island foster care system on his or her 18th birthday? *

Yes No

Was this person in the Rhode Island foster care system on his or her 18th birthday? *

Yes No

Add Member

Household Current Gross Monthly Income *

Eg \$0.00

Household Total Monthly Deductions *

Eg \$0.00

How many additional people are in the household, excluding the applicant(s) above? Please also indicate unborn children not included above *

Eg 4

Electronic Signature

By signing this application electronically, I certify under penalty and false swearing that my answers are correct and complete to the best of my knowledge.

- I understand the questions and statements on this application.
- I understand the penalties for providing false information or breaking the rules.
- I understand that the State may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing the application

First Name

Eg John

Middle Name

Eg James

Last Name

Eg Smith

Suffix

-Select ▾

Date

03/26/2014

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Hospital Presumptive Eligibility

Executive Office of Health and Human Services
April 11, 2016



Agenda

- Hospital Presumptive Eligibility (HPE) as part of the Continuum of Coverage
- HPE Overview
- How Hospitals Can Participate in HPE
- Who is Eligible to Enroll in Medicaid through HPE? What are the Benefits?
- How the HPE Process Works
- Contact Information



HPE as part of the Continuum of Coverage



ACA Coverage Changes

- The Affordable Care Act (ACA) was signed into law in March 2010; it makes major changes to how people secure health coverage in the United States. Coverage changes include:
 - Medicaid and CHIP expansion and improvements
 - Health insurance marketplaces for individuals and small businesses
 - Private insurance market reforms



The New Vision for Medicaid and CHIP

- **Medicaid Coverage Expansion**
 - Covers adults 19-64 with incomes up to 133% FPL who are not eligible for Rite Care or Medicaid through a Disability characteristic
- **Single, Streamlined Application**
 - Individuals can apply for Marketplace coverage and all insurance affordability programs (Medicaid, CHIP, premium tax credits) on one application
- **Simplified Eligibility and Enrollment Rules**
 - Modified Adjusted Gross Income (MAGI) is the new income methodology based on IRS-defined concepts of income and household to determine Medicaid and CHIP eligibility for children, pregnant women, parents and caretaker relatives, and adults 19-64
 - Different from past Medicaid/Rite Care eligibility formula
- **Modernized Eligibility Systems**
 - Increases use of automated rules engines to enable real-time eligibility determinations; individuals can apply for coverage online, by telephone, in-person or on paper
- **Children's Coverage Improvements**
 - All children up to age 19 with family incomes up to 133% FPL are now Medicaid-eligible
 - In Rhode Island - Rite Care covers kids up to 250%
- **Hospital Presumptive Eligibility**
 - Hospitals can now determine certain individuals to be presumptively eligible (PE) for Medicaid. This eligibility determination **does not** include hospital's determining eligibility for CHIP.



Overview of the Affordable Care Act through a Medicaid lens

CMS Learning Collaborative has produced a comprehensive training power point regarding the new continuum of coverage and changes to Medicaid and CHIP. This document is located at:

<http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Downloads/Primer-for-Eligibility-Workers.pdf>

This link was sent to you from HARI



HPE Overview



What Is Hospital Presumptive Eligibility (HPE)?

- As of March 1, 2014, Rhode Island hospitals can immediately determine Medicaid eligibility for certain individuals who are likely to be eligible
- Eligibility under HPE is temporary
- Eligibility is immediate
- Hospitals that elect to participate must comply with Rhode Island State and Federal laws, regulations, policies and procedures or will forfeit HPE authorization



How HPE Works to Get People Connected to Coverage and Care

- HPE improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage
- It ensures the hospital will be reimbursed for services provided, just as if the individual was enrolled in standard Medicaid
- HPE is not about short-term coverage; it provides individuals with an opportunity to get connected to longer-term coverage options
- The State strongly encourages hospitals to assist patients in applying for and obtaining full health care coverage through HSRI (Medicaid or QHP)



How Hospitals Can Participate in HPE



How Hospitals Can Participate in HPE

- Hospital participation in HPE is optional, but states must provide a mechanism for a hospital to become qualified to conduct PE and the hospital must agree to make determinations in accordance with the federal and state requirements.
- To make HPE determinations, a hospital must:
 - Participate in the Medicaid program
 - Notify the state of its election to make HPE determinations by completing a “Notice of Intent to Participate”
 - Agree to make HPE determinations consistent with policies and procedures of the state by executing a Memorandum of Agreement with the State of Rhode Island.
 - Execute a Business Associate Agreement
 - Submit executed MOU, Notice and BAA to State for review and approval



Memorandum of Understanding

Each hospital that elects to participate in HPE shall execute a MOU with the State that includes the following agreements:

- Comply with the State of RI policies and procedures regarding Hospital PE.
- Comply with the State of RI training and certification requirements for hospital PE staff prior to participation.
- Will not permit non-hospital employees to make PE determinations.
- Will submit performance reports as required.
- In the event the hospital does not meet proficiency requirements, the hospital agrees to submit a corrective action plan.
- Agrees to assist PE applicant to submit a full application within 5 days.
- Comply with all federal and state privacy and security requirements.



Hospital Notice of Intent to Participate

Hospital shall sign the Notice and attach it to the signed MOU.

- The notice provides affirmation of the agreements in the MOU and also provides the following:
 - Hospital will provide to EOHHS the outcome of the PE determination using a State approved format.
 - Hospital PE staff will be knowledgeable regarding Medicaid eligibility criteria
 - Hospital PE staff will explain PE to applicant
 - Hospital PE staff will explain and assist patient with full the Medicaid application
 - The hospital will maintain all records of PE decisions for 10 years.



Business Associate Agreement

- Hospital shall sign the BAA and attach it to the signed MOU and Notice.
- This document provides assurance that the hospital will comply with relevant HIPAA requirements.



Hospital Staff Eligible to Make HPE Determinations

- Once a hospital is approved:
 - Only those hospital employees who are properly trained and certified can make HPE determinations
 - This includes employees in hospital-owned physician practices or clinics, including those in off-site locations
 - Participating hospitals **shall not** delegate HPE determinations to non-hospital staff
 - Third party vendors or contractors may not make PE determinations
 - Third party vendors may assist with filling out PE applications so long as the hospital takes responsibility for the PE determinations that result.



Staff Training and Certification

The State will require the following training and certification process:

- In-person training
- Computer based training
- Proficiency testing and certification
- Training and testing must be completed annually and at specific intervals as indicated by the State

In Person training

- Conduct of 2.5 hour training session

Computer based training will be provided via the following

- CMS training PPT – provided to you by HAIR is also online for federal overview of ACA and eligibility requirements.
- State of RI HPE module – for overview, eligibility requirement and presumptive eligibility system training.

Proficiency Testing and Certification

- Hospital staff must achieve a minimum certification testing score of 85 out of 100
- Annual Training and testing information will be provided at a later date.



HPE Performance Standards

- The State plans to monitor and oversee HPE activities and expects RI hospitals to meet the following proficiency standards:
 - Hospital shall submit a full application within 5 calendar days of submission of PE application. Hospitals will comply with this requirement 95% of the time
 - Hospital PE determinations will become fully Medicaid eligible 90% of the time
- ***March 2014 through June 30, 2014, RI will gather data on the hospitals compliance with the above standards and will provide reports to the hospitals regarding their compliance with performance standards, but will not impose sanctions on hospitals for failure to meet standards until July 1, 2014.***
- Standards for performance will be published in Medicaid provider bulletins and on the provider website. Hospitals are expected to know and maintain performance standards.
- Failure to meet standards will result in re-training or reasonable corrective action by the State. Re-training will be mandatory. Continued failure could lead to disqualification.
- The State reserves the right to revoke specific hospital staff privileges in the event a specific individual is not meeting performance standards.



Who is Eligible to Enroll in Medicaid through HPE? What are the Benefits?



Populations Eligible for Medicaid via HPE Determinations

- Individuals who do not currently receive Medicaid benefits.
- Individuals are limited to one PE period in a 12 month timeframe.
- Pregnant women are limited to one PE determination per pregnancy.
- State requires PE applicants to attest to being Rhode Island residents and to their citizenship or eligible noncitizenship status.
- *Additional information regarding noncitizen eligibility is provided on the handout*
- PE determinations may be made for the following Medicaid eligible groups only:
 - Children (Non CHIP) up to 261% FPL; Parents/Caretaker relatives; Pregnant Women (Non CHIP); newly eligible Adults with income up to 133% FPL
- Breast and Cervical Cancer Treatment Program participants are technically eligible for PE, but none of the state's screening sites are at hospitals.



A 5% income disregard can be applied to Hospital PE income eligibility determinations

Rhode Island HPE Income Eligibility Chart

Formal Description	HPE FPL Levels
Medicaid Pregnant/PP	Less than or equal to 190% FPL
Medicaid parent or caretaker whose income is less than 133%;	Less than or equal to 133% FPL
Expansion adult without dependent child whose income is less than 133%	Less than or equal to 133% FPL
Medicaid Child whose income is less than or equal to 261%	Less than or equal to 261% FPL

Please note: A 5% income disregard can be applied to Hospital PE income eligibility determinations



Duration of Eligibility under HPE

- **The HPE period is limited to one time per 12 months, and once per pregnancy for pregnant women**
- HPE period begins with, and includes, the day on which the hospital makes the HPE determination
- 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.



Determining Household Size

- Hospital PE worker may accept verbal information from applicant regarding who is a household member
- Relationships between different family members based on individual's answers to questions about themselves and other family members applying for coverage.
- Construct a household for each individual listed on the application (this is because eligibility is determined at the individual level).
- Income of all the household members forms the basis for establishing eligibility.
- Family size adjustment needs to be made if individual is pregnant or individual has a pregnant woman in their household.



Determining Financial Eligibility Income Sources

- Hospital PE Workers may accept verbal information from applicant regarding income
- Three high level steps
 - Step 1 - Identify members of family who are household members and determine family size.
 - Step 2 - Add the income of relevant members of the household – use current monthly income
 - Step 3 - Compare total household income to federal poverty level -

Please refer to the “Household and MAGI Income Training Manual”, which can be found at <https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/expanding-coverage.html>

- If unable to complete the full on-line application, use minimal information required to determine presumptive eligibility.
- Total household income is used to determine whether the individual is financially eligible for Medicaid.



- Hospitals must submit a full Medicaid application within 5 days of the PE application.

Covered Services Under PE

- Benefits are the same as those provided under the Medicaid group for which the individual is determined presumptively eligible
- Important Exception
 - Pregnant women - benefits limited to ambulatory prenatal care (birthing expenses are not covered)
 - These benefits are different from the benefits a pregnant woman is eligible for when she is found to be fully eligible for Medicaid. Thus, conversion to full Medicaid as soon as practicable will be optimal for pregnant women.



How the HPE Process Works



The HPE Determination Process

At individual's initial visit to the hospital, A properly credentialed and trained Hospital PE worker will take the following steps:

A. Assist individual with completing HPE application

1. Request individual to provide any existing Medicaid number or insurance information.
2. Check the MMIS/HP Provider Portal to do Medicaid eligibility checks:
 - <https://www.eohhs.ri.gov/secure/logon.do>
3. PE worker shall access the system and the PE Application using the PE worker sign-on credentials. (<http://www.healthsourceri.com>)
4. Request individual to assist with completion of the application and have applicant attest to accuracy of information by signing the application (person is a resident of RI and provides citizenship /eligible noncitizenship status).
5. PE worker shall assist with completing required questions:
 - a. Hospital name
 - b. Applicant's first and last name
 - c. Date of birth
 - d. Parent/caretaker status
 - e. Immigration status
 - f. Foster care on 18th birthday
 - g. Household current gross monthly income and total monthly deductions
 - h. Household members
6. PE worker shall assist individual with calculating monthly family income and household size²⁶ and put the total into the application.



The HPE Determination Process (*cont.*)

B. Determine if individual meets HPE criteria

1. PE worker shall submit the PE Application and wait for a decision from the system. The system will provide a decision in real time.
 - a. If yes:
 - i. Inform applicant orally of outcome and inform them that their Medicaid card will arrive in the mail. Also provide a written notice of the decision.
 - ii. Summarize benefits and answer any questions
 - iii. Assist individual with application for full Medicaid
 - b. If no:
 - i. Provide the written notice and explain the denial notice and provide resources for applying for all insurance affordability programs.



How to Use the HPE/Medicaid Application

- The HPE application is a shortened application.
- The CBT Module provides training regarding how to download the application from HealthSourceri.gov and proceed through the process.

<http://www.healthsourceri.com/>



Verification of Eligibility Criteria for HPE

- Individual cannot be required to provide proof/documentation of any PE eligibility criteria
 - (e.g., can't require medical verification of pregnancy)
- Applicant must affirmatively attest to being a Rhode Island resident and to their citizenship or eligible noncitizenship status
- Hospital/state must accept self-attestation.



Approval and Denial Notices

- Hospitals must provide individuals with a notice after the HPE determination is made, which includes:
 - Whether HPE was approved or denied
 - If approved, beginning and ending dates of the HPE period, which will be extended if the individuals files a Medicaid application and eligibility is not determined by then
 - If denied, the reason for the denial and the option to submit a regular Medicaid application
- Hospital PE Worker shall print the notice and provide to the individual
- Hospital must notify state agency of PE approvals (and date range for the HPE period) within [5 or fewer] days; it should do this by submitting monthly reports using State approved format.



Connecting to Full Medicaid Coverage

- Hospital shall assist PE applicant with completion of the full application. This is done by:
 - Accessing a new application on behalf of applicant online.
 - Completion of a paper application and submission by mail.
- Hospitals have a performance requirements to assist applicant with full application, however, If the hospital is not successful at assisting with and submitting a full application within 5 days, it shall provide information regarding how an individual may apply for full Medicaid coverage:
 - Online at <http://www.healthsourceri.com/>
 - In-person at DHS field offices or HSRI contact center (70 Royal Little Drive Providence, RI)
 - Calling - Contact Center at **1-855-840-HSRI (4774)**
 - By mailing the paper application to:
 - HealthSource RI
 - HZD Mailroom
 - 74 West Road, Suite 900
 - Cranston, RI 02920-8413



State Hospital Presumptive Eligibility Contact and Additional Resources

- For questions on Rhode Island's Hospital Presumptive Eligibility **Policies**, contact:
 - Deb.Florio@ohhs.ri.gov
Deborah J. Florio
Administrator
Executive Office of Health and Human Service

For **Technical Support** – Log on, Passwords, Web site, HPE Portal issues, contact:

HSRI Contact Center - 1-855-840-HSRI (4774)

