

Hospital Presumptive (Temporary) Eligibility Process



Why does Oregon 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 or not.
 - The State must allow any qualified and interested hospital to participate.

Benefits of 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 OHP (*i.e.*, above the finding line on the Prioritized List).

Benefits of Hospital Presumptive Eligibility (HPE)

- Timely access to necessary health care services
- Immediate temporary medical coverage while full eligibility is being determined
- Pathway to longer-term Medicaid coverage
- Requires minimal eligibility information



What does HPE cover?

- In general, HPE covers all services covered under OHP, including dental, vision and mental health.
- This means that HPE will cover only services that are above the funding line on the State's Prioritized List of Health Services.
- Exception: Pregnant Women
 - Pregnant women are covered **only** for ambulatory prenatal care (the regular OHP Plus benefits) under HPE.



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.
- HPE is a path to ongoing eligibility for any eligible individual.

Qualified hospitals: Agreement/Certification

- To become an approved eligibility determination site, hospitals must:
 - Be enrolled with Oregon Medicaid as a participating provider;
 - Notify OHA of their decision to become a Hospital Presumptive Eligibility determination site;
 - Agree to make determinations consistent with OHA policies and procedures; and
 - Meet established quality standards.



Qualified hospitals: Agreement/Certification

- Hospitals may not contract HPE site functions to other entities or use contracted hospital personnel to make HPE determinations.
- Certified Application Assistants or contracted entities and staff thereof may assist in completing applications, gathering information, and reaching out to individuals who may be eligible for HPE.
- Determinations themselves, however, must be made by hospital employees.

What do the hospitals do?

- I. Check MMIS for current OHP eligibility.
- II. Complete Part 1 of the OHP 7260 (Application for HPE Eligibility).
- III. Make eligibility determination based on required information in Part 1 of the OHP 7260.
- IV. Notify the applicant.
- V. Notify OHP Customer Service (Branch 5503).

Assisting the applicant

- Hospitals are responsible to:
 - Provide the eligible individual with the full Cover Oregon/OHA application (OHA 7210)
 - Provide individual assistance in completing the 7210, or
 - Inform the individual that the 7210 must be completed by the last day of the second month following the HPE determination in order to determine ongoing Medicaid eligibility; and
 - Inform the individual of resources for assistance with the 7210.
 - Hospitals may also want to follow up with each individual with HPE to check on their progress with submission.