



PROVIDER ALERT

HOSPITAL PRESUMPTIVE ELIGIBILITY

OCTOBER 17, 2014

The Affordable Care Act (ACA) allows qualified hospitals to make "presumptive eligibility" determinations for Medical Assistance (MA) based on basic, self-attested income and demographic information. The Maryland Department of Health and Mental Hygiene (the Department) is implementing the Hospital Presumptive Eligibility (HPE) Program starting in October 2014.

HPE OVERVIEW

HPE provides temporary MA, with full MA benefits, to the ACA populations – children, parents, single adults under 65, and pregnant women. This eligibility is temporary, and hospitals should, whenever possible, file the complete MA application simultaneously. HPE enrollees are not enrolled in managed care organizations (MCOs) until they receive a full MA determination.

If approved, the temporary HPE, coverage begins on the date the hospital submits the application, and ends on the last day of the month following the HPE determination, for example: if the hospital submits an application on September 10th, the approved applicant is eligible from September 10 through October 31st. HPE will end earlier if the applicant applies and is found eligible for full Medicaid coverage. Transitioning from HPE coverage to full MA coverage will have no impact on services available to the applicant.

Generally, applying for HPE will involve an HPE worker gathering basic eligibility information from the applicant, submitting the information through the e-Medicaid portal giving the applicant the approval or denial letter and then preferably assisting the applicant with completing a full MA application prior to leaving the hospital.

This temporary MA coverage, though determined by Medicaid through the local hospitals, covers a consumer for all Medicaid eligible services. A consumer with HPE coverage will be given a MA approval letter (sample below) that authorizes all Medicaid eligible services. These notifications have the beginning and ending date of the HPE coverage time period, so please be sure to monitor this. Consumers that have HPE are also eligible for an Uninsured Span if the Medicaid application process has not been completed. Please note that all MA and BHA requirements, such as preauthorization and utilization review criteria, are also applicable to HPE enrollees.

For additional information, please see: dhmh.maryland.gov/HPE . Questions can be emailed to: dhmh.HPE@maryland.gov .

Appendix A: Approval Notice

Hospital Presumptive Eligibility Program

HOSPITAL PRESUMPTIVE ELIGIBILITY NOTICE OF APPROVAL

Patient name:	██████████
Medical Assistance ID #:	██████████

YOUR TEMPORARY HEALTH COVERAGE PERIOD BEGINS: XXXXXXXX
YOUR TEMPORARY HEALTH COVERAGE PERIOD ENDS: XXXXXXXX

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for Hospital Presumptive Eligibility (HPE) through the Maryland Medical Assistance (MA) Program. HPE provides temporary health coverage. HPE offers full access to all benefits under Maryland Medicaid Fee-for-Service *for a limited time only*. **Present this notice as *proof of coverage* during this temporary coverage period.**

HOSPITAL PRESUMPTIVE ELIGIBILITY IS NOT A FINAL DETERMINATION FROM THE MEDICAID AGENCY

To determine your eligibility beyond **END DATE**, you must take action.

- For consideration to receive full MA coverage beyond the end date above, you must complete the MA application.
- The hospital can help you complete the full MA application. You can apply any time online at <https://marylandsail.org> or by visiting a local connector entity, health department or department of social services. You can also apply by calling Maryland Health Connection Consumer Support Center at 1-855-642-8572 (TTY 1-855-642-8573).
- If we do not receive your full MA application by ██████████, you will have a gap in coverage.
- Completing the full MA application does not extend this temporary coverage, but may qualify you for full coverage.
- If you submit a full MA application before ██████████ and you are not found eligible, your temporary coverage will end on XXXX.



Issued by: HOSPITAL NAME

Authorized HPE Representative: XXXXXX

HPE Representative Email: XXXXX

Notice to providers: Please use the Medical Assistance Eligibility Verification System (EVS) to check the MA ID number above prior to delivering services. Health care providers with questions may email dhmh.HPE@maryland.gov.