

Hospital Presumptive Eligibility HPE & Changes to Existing PE

CCKF Quarterly mtg.

February 20, 2014



Affordable Care Act

January 1, 2014

- Gave **hospitals** the right to do presumptive eligibility for:
 - **HUSKY A** – kids and pregnant women
 - **HUSKY A** – parents and caretaker relatives
 - **HUSKY D** – lowest income population
 - Family Planning, Kids aging out of Foster Care, Breast and Cervical Cancer only if a CDC entity.
- **Not HUSKY B** (some hospitals already had contracts to do HB that preceded HPE)
- Only Qualified Hospitals are eligible to participate in HPE and agreements must be in place.
- Other qualified entities **do not** have authority or contracts that allow them to do HUSKY A for parents /caretakers or HUSKY D adults.

Pre January 1st

- DSS met with hospitals for pre-planning meeting in October 2013.
- DSS conducted two large training sessions for hospitals only in December 2013.
- DSS conducted three training sessions in December across the state to update existing entities of the January 1 changes.
- RPU's were trained on all PE changes
- All DSS staff were trained on ACA changes.



Those changes included:

- Access Health CT system (shared rules engine between DSS and AHCT) now used for:
 - HUSKY A
 - HUSKY B
 - HUSKY D
- Family Planning, Breast Cervical Cancer to use MAGI methodology
- Children aging out of DCF coverage covered until age 26 – no income or asset test

MAGI Medicaid

- MAGI Medicaid methodology
- DSS decided to use non-filer rules for PE (part of MAGI Medicaid)
- Increased Medicaid limits & 5% disregard
- Application, redetermination and other DSS processes – The W1-HUS is obsolete.
- Introduction of X-track coverage groups on EMS



Why use Presumptive Eligibility?

- DSS was clear with all participants that **applying through Access Health CT should be the first step.**
- DSS acknowledged that there will be times when PE is useful or preferable. (systems down, etc)
- DSS gave the option of two processes to apply for PE:
 - DSS online ConneCT process – highly preferable
 - Paper and fax process – when online is difficult

Please remember:

- Using the paper/fax or DSS ConneCT online application process will work for PE which is TEMPORARY.
- But unlike in the past when the W-1HUS form served as the application for both PE and regular, ongoing Medicaid, the only way to apply for regular HUSKY now is through Access Health CT.
- Only AHCT has the tax questions and the rules engine for MAGI Medicaid.



Works in Progress

- HPE agreements were sent out to hospital CFO this past week. As soon as they are finalized, hospitals will be notified to proceed with HPE implementation.
- New forms
 - Short PE application – W1-PE
 - Revised voucher – W-538
- Emergency Medical Process (undocumented)
 - requires offline manual MAGI Medicaid calculation
- Healthy Start Pregnant Women applications – should consider AHCT as first step.
- HUSKY B to A Process – Xerox should consider AHCT as first step rather than faxing to DSS.
- Newborns Deemed Eligible and Newborn Initiative – DSS continues to process the coverage for these babies.

Ongoing Challenges and Contacts

- ConneCT delays
- RPU response time
- Providers that do not accept vouchers
- HPE contracts - Manager
 - Alejandro.Arbelaez@ct.gov
- HPE contracts – Attorney
 - Patricia.McCooey@ct.gov
- Policy Consultant
 - Dan.Patterson@ct.gov
- RPU Supervisors –
 - Josephine.Savastra@ct.gov
 - Deidre.Smith@ct.gov
 - Thomas.Fichera@ct.gov

Additional Training session

- **March 11, 2014** – Connecticut Hospital Association – Wallingford – 9:00 - noon
- Direct questions via e-mail to DSS Policy Team:
PresumptiveEligibility.DSS@ct.gov
- PE training related questions
 - Lois.Filek@ct.gov
- ConneCT questions
 - Kathy.Misset@ct.gov

Thank you for your patience and continued support.

Helpful Info

Medicaid and CHIP (MAC)

<http://www.medicaid.gov/State-Resource-Center/MAC-Learning-Collaboratives/Medicaid-and-CHIP-Learning-Collab.html>



ALL-STATE WEBINAR SERIES

ALL-STATE WEBINAR – FEBRUARY 20, 1:30-3:00 PM ET

Hospital Presumptive Eligibility: Model Application and Memorandum of Understanding for States

This webinar will feature presentations by the Center for Medicaid and CHIP Services (CMCS) and Manatt Health Solutions on new model materials that states may use to implement hospital presumptive eligibility (PE). Under hospital presumptive eligibility, effective January 1, 2014, hospitals may use preliminary information to enroll people who appear eligible for Medicaid on a temporary basis and facilitate their enrollment into ongoing coverage.

The new model materials include: (1) a model hospital presumptive eligibility application; (2) a copy of the federal single streamlined application with required hospital PE application elements marked; and (3) a model memorandum of understanding between states and hospitals that conduct hospital presumptive eligibility determinations.

During the webinar, presenters will review the new model materials; discuss modifications that may be needed to the materials based on state-specific procedures for implementing hospital PE; and answer questions.

- WHAT:** Hospital Presumptive Eligibility: Model Application and Memorandum of Understanding for States
- WHEN:** February 20, 1:30-3:00 pm ET
- AUDIENCE:** State Medicaid/CHIP eligibility policy, operational, and systems staff
- REGISTER:** <https://chcs.webex.com/chcs/onstage/g.php?t=a&d=712294500>

Center for Budget & Policy Priorities

<http://www.healthreformbeyondthebasics.org/>

A screenshot of the website "Health Reform: Beyond the Basics". The page features a navigation menu with links for Home, Issues, Library, Events, Resources, and Contact Us. Below the menu is a large image of a document titled "PLEASE COMPLETE IF YOU ARE AN ENROLLEE'S CAREGIVER" with a pencil pointing to the section "2. OTHER HEALTH INSURANCE". To the right of the image is a sidebar with two items: "Latest Webinar Video Navigating the Application Process for Families that Include Immigrants" and "Upcoming Webinar Diving Deep on Commonly Encountered Eligibility and Enrollment Issues Wednesday, February 26 2 pm ET (11 am Pacific)". At the bottom of the page is a dark grey box with the text "Question of the Day: When people report a change in income to the Marketplace, how does the Marketplace compute the new amount of their premium credit?"