

Hospital Presumptive Eligibility (HPE) Guide

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Basic HPE Policy

Hospital Presumptive Eligibility is a requirement of the Affordable Care Act (ACA) that was effective January 1, 2014. States are required to allow approved hospitals to presumptively determine eligibility for certain categories of MAGI Medicaid and Breast & Cervical Cancer Medicaid (BCCM).

Allowable Medicaid categories

Hospital Presumptive eligibility can only be used for the following categories of Medicaid:

- Children under age 19
- Parents and caretaker relatives
- Pregnant women
- People under age 26 who were in foster care in Alaska at age 18
- Women in treatment for breast and/or cervical cancer
- Expansion Group

Simplified determinations

Hospitals will use a simplified application (HPE 1) as states are not allowed to ask all of the questions that are listed on the full Medicaid application. *Hospital Presumptive Eligibility is only temporary coverage.* In order to receive ongoing Medicaid coverage, these individuals must submit a regular Medicaid application and be found eligible for Medicaid by the Division of Public Assistance.

HPE MOU

Each hospital that would like to make presumptive eligibility determinations must indicate their interest by completing a Memorandum of Understanding (MOU) with the Division. Interested hospitals that do not already have a HPE MOU in place should send their request for a MOU to dpapolicy@alaska.gov.

HPE Training for hospital staff members

Once an HPE MOU has been approved for the hospital, every hospital worker that will make these determinations must complete on-line HPE training created by SD&T and pass a knowledge test prior to any determinations being made. A list of all approved hospitals and hospital workers that have successfully completed training is available on the DPAweb under ET resources.

Client attestation

Hospitals are not allowed to verify information provided by an HPE applicant. They will take client attestation of specific eligibility factors. If the individual(s) are found eligible for HPE benefits, the hospital will fax the initial HPE packet to Field Services for processing. If any of these initial HPE application materials are accidentally sent directly from the hospital to a local DPA office for processing, please send them to dpafield@alaska.gov immediately.

Existing clients in EIS

The existing information in EIS should **not** be changed based on a HPE application, with one exception: if the individual does not currently receive public assistance benefits and the only change is a *slight* name difference (Ex: Daniel VS Danny). Remember to create an alias if making a “given” name change. As explained on page 5, a HPE application is not a report of change to DPA.

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The required GEN 50C

Hospitals will assist individuals that have been approved for Hospital Presumptive Eligibility to complete a paper GEN 50C for Medicaid and submit it to their local DPA office within the approved HPE period. Individuals approved for full MAGI Medicaid will be authorized in ARIES, if possible.

It is extremely important that every application received for Medicaid is screened by the receiving office to ensure that each household member listed on the application did not receive coverage through HPE. This is done by checking the CLPM and looking for ME cases assigned to FSO 015.

HPE variable end date

The end date for the Hospital Presumptive Eligibility depends on whether or not the individual submits a full Medicaid application during the approved HPE coverage period. If an individual received Medicaid through HPE and a full Medicaid application is received within the HPE coverage period, the application must be prioritized and processed immediately to ensure the HPE period is adjusted as necessary. The local office receiving the full Medicaid application must make sure that the Hospital Presumptive Eligibility ends when it should. This could mean extending the HPE approved period or shortening it.

- If the individual(s) are determined **eligible** for MAGI Medicaid benefits, the ARIES case should start the first day of the month that the application was filed and we determine that the household is eligible. *There is no need to adjust the HPE case in EIS.* Retroactive Medicaid requests should be handled normally.
- If the individual(s) are **ineligible** for MAGI Medicaid benefits, the ARIES case should be denied and the end date on the HPE case in EIS should be shortened to the date the Medicaid eligibility determination was made.
- If the individual(s) eligibility for MAGI Medicaid benefits is **unknown** by the date, the HPE authorization is expected to end (example: the Medicaid eligibility determination has not yet been made because the case is pending), the HPE case in EIS should be extended by one month.

Example: A GEN 50C is received on 10/21 for Medicaid. The individuals listed on the GEN 50C are looked up in EIS to see if they received Medicaid under FSO 015. It is found that the individual was authorized HPE Medicaid from 9/15 through 10/31. This Medicaid application needs to be prioritized and processed immediately. This is to ensure that a Medicaid determination (approval or denial) on the regular Medicaid application is made before the authorized HPE Medicaid ends. If a Medicaid eligibility determination is not made by 10/31, the HPE Medicaid case must be processed and authorized for another month (this will also require reopening the HPE Medicaid case). If DPA determines that this individual is ineligible for Medicaid on 10/22, the previously authorized HPE period will need to be shortened.

DPA will only alter (shorten or extend) the HPE benefit if the individual submits a full Medicaid application within the approved HPE period. Applications received prior to or after the HPE period will not affect the HPE benefit start and end date authorized by the hospital.

Please refer to [EIS Procedure 2015-1](#) for detailed EIS processing instructions.

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The HPE Packet

Receiving a HPE Packet from the hospital:

The hospital determines presumptive Medicaid eligibility and faxes the HPE approval packet to Field Services at (907) 269-3099 within 5 working days from the date the hospital determined the individual(s) eligible for HPE. Field Services staff members will review the HPE packet for completeness and scan it to a local FSO for processing. Hospitals should be contacting Field Services for process related questions and Policy for policy related questions. They should *not* be contacting the local offices. If they do, please refer them to the correct support unit to get their questions answered. These initial HPE packets must be processed within 1 business day of receipt. *The hospital will not send over denial paperwork.* The HPE packet must contain the following:

- a. HPE 1 – Application for Presumptive Eligibility for Denali Care/Denali KidCare (one per household)
- b. HPE 2 – Hospital Presumptive Eligibility Worksheet. (page two and page 3 must be completed for each individual approved for HPE)
- c. HPE 3 – Hospital Presumptive Eligibility Approval Letter (one per household)

The Approved Hospital List

Please refer to the “approved hospital list” posted under ET Resources on the DPAnet prior to authorizing hospital presumptive Medicaid. This document includes:

- A list of hospitals that are approved to make HPE determinations and their contact information
- Assigned EIS caseload id’s for each approved hospital and the unit numbers needed to authorize the HPE in EIS
- A list of hospital staff members that have successfully completed the HPE training. Only hospital staff members on this list are allowed to make HPE determinations

If a HPE packet is received from a hospital that is not on the approved list or the Presumptive Eligibility Worksheet (HPE 2) is signed by a hospital staff member not on the approved list, do not approve the HPE benefit until you verify eligibility by contacting policy at dpapolicy@alaska.gov.

Note: there are two approved groups making HPE determinations at ANMC – ANTHC and SCF. Make sure you are using the correct caseload id and faxing the coupon to the correct group.

How the HPE application affects ongoing benefits

Information entered by the applicant on the HPE application (HPE 1) is information reported to the hospital in order for them to make an eligibility determination. The information is not considered to be a report of change to DPA. We should not use the information showing on the HPE application to make

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case changes to any open program the client may be receiving. Only if the client applies for regular Medicaid using a full Medicaid application should we check for reports of change.

The hospital HPE screening

The hospital staff member must screen the applicant for HPE eligibility. This screening involves the applicant or their spouse attesting to the Medicaid eligibility factors required for HPE. An authorized representative can sign the HPE application if the applicant is unable to do so but the applicant or their spouse must verbally answer the HPE screening questions. If the applicant is unable to do so, hospitals have been instructed not to authorize HPE benefits. A GEN 50C should be submitted to their local DPA office for a full Medicaid determination.

Incomplete HPE packets

If the packet is incomplete, contact the hospital at the number provided on the “approved hospital list”. A complete packet is needed prior to any HPE authorization. The date we receive the complete packet is the correct application received date.

Issuing the HPE benefit in EIS

Once the local FSO receives the HPE packet from Field Services:

1. Do a client inquiry (in EIS and ARIES) to ensure that there is no open Medicaid case for any of the household members requesting presumptive eligibility.

If an individual applying for HPE already has authorized Medicaid coverage, notify the hospital that made the HPE determination of the existing Medicaid case and provide them with a copy of the Medicaid coupon that covers the month of the HPE application. If you are unable to print the Medicaid coupon in ARIES because the case is currently in auto-roll, call the hospital and tell them the Medicaid ID number(s). Register the HPE application in EIS and deny using “other”. Do not use the same HPE case number more than once. Do not mail a notice to the household.

***If it is discovered that the HPE applicant has active Medicaid coverage in another state in the month that the Alaska HPE was authorized by the hospital, notify the hospital that made the HPE determination that the individual is not eligible for HPE. The hospital will need to get the out of state Medicaid information from the client. Register the HPE application in EIS and deny using “other”. Do not use the same HPE case number more than once. Do not mail a notice to the household.

If the hospital approves HPE for an individual who already had active Medicaid coverage that had been authorized by DPA *before* the HPE benefit was authorized by the hospital, send an email to dpapolicy@alaska.gov that includes the name of the hospital, the name and phone number of the hospital worker that made the HPE determination, and the client name. Please title the email to policy “HPE determination – Medicaid recipient”.

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Although the HPE process should not be used to avoid providing information to DPA, if an individual who has been determined eligible for HPE by the hospital has a pending or unworked regular Medicaid application at DPA, no prioritization of the unworked Medicaid application received prior to the HPE start date needs to occur. HPE should be authorized, as there is no active Medicaid for the individual.

2. Confirm that the individual(s) have not received HPE within the past 12 months (unless it was a pregnant woman and this is a new pregnancy). The 12-month period starts with the month of the initial presumptive eligibility period.

Example: A client received HPE benefits on 9/8/15. The 12-month period for this client is 9/15 – 8/16 so the client is eligible for HPE benefits again 9/1/16.

If an individual applying for HPE already received a HPE authorization within the past 12 months (at any hospital), notify the hospital that made the HPE determination that the individual is not eligible for HPE. Register the HPE application in EIS and deny using “other”. Do not use the same HPE case number more than once. Do not mail a notice to the household.

If this occurs, send an email to dpapolicy@alaska.gov that includes the name of the hospital, the name and phone number of the hospital worker that made the HPE determination, and the client name. Please title the email to policy “HPE determination – ineligible”.

3. Register the HPE application in EIS using ***FSO 015***. Each HPE application received from a hospital must be a stand-alone Medicaid case. Do not use the same HPE case number more than once. Every HPE application received from a hospital should be registered in EIS, even if the HPE benefit is denied because the individual already has active Medicaid or already received HPE benefits within the last 12 months (and it is not a pregnant woman with a new pregnancy).

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CLIENT 02 - HPE, CHILD SAVED FOR REG.
EIS CLIR                CLIENT INQUIRY/REGISTRATION MENU                090514 14:57
                                                                    TRN-RONDA T

1.  INQUIRE ON PERSON
2.  CREATE AND SAVE CLIENT FOR REGISTRATION
3.  REGISTER APPLICATION WITH EXISTING CASE NUMBER
4.  REGISTER APPLICATION WITH NEW CASE NUMBER
5.  DELETE PREVIOUSLY SAVED PERSONS

FUNCTION: 4

INQUIRE BY CLIENT DATA:

SURNAME      :                ( * )
GIVEN NAME   :                ( * ) Remove '*' for direct
MIDDLE INITIAL:                name matches
DOB (MMDDYYYY):
SSN          :
SEX          :

ENTER EXISTING CASE NUMBER (FOR FUNCTION 3) :
ENTER OFFICE, UNIT, AND CASELOAD NUMBER (FOR FUNCTION 4): 015 1 01
    
```

- Each hospital is assigned a unique caseload number and the unit number will represent the DPA region where the hospital is located. This information is on the “Approved Hospital List (HPE)” posted on the DPAweb under ET resources. **It is extremely important that you use the correct hospital caseload number.**

HPE for BCCM

If a HPE packet is received that is authorizing BCCM, immediately forward this packet to the Long Term Care Field Office for processing. *The MAGI Medicaid subtypes should not be used for these cases.* The BCCM HPE benefit is issued using the correct BCCM program coding of ME AD / BC 20. Since this is the only category of Medicaid allowed under HPE that is not MAGI related, special processing is required when the BCCM GEN 50C is received. See page 18 for detailed instructions.

```

EIS REAP                REGISTER APPLICATION                090514 14:38
                                                                    TRN-RONDA T

CASE NAME:                CASE NUMBER: 00042677
CASELOAD: 01 ANCHORAGE , REGIONAL    FULL SERVICE OFFICE: 015
UNIT: 1                LIMITED SERVICE OFFICE:    FEE AGENT:
EXPEDITED FS: N    TA TYPE APPLIED FOR:

PROGRAMS APPLIED FOR: me af
APP RECEIVED DATE: 090514
BENEFIT START DATE: 090414

CLIENT                DATE OF                POSITION
NAME                BIRTH                SSN                SEX                RELATION                ON APP

HPE , ADULT                02141985 321 54 8765    F                pi                01
HPE , CHILD                04012000                M                ch                02

ADDRESS INFORMATION TO BE ENTERED ? :    Y    PRINT IVR NOTICE ? : Y
    
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- a) Application received date: Use the date the complete HPE packet was received by Field Services.
- b) Benefit start date: **Use the date the hospital determined the client is eligible for presumptive eligibility.** This is the date the trained hospital worker signed the Presumptive Eligibility Worksheet (HPE 2).

Note: register all household members listed on the HPE application. Only code “in” those household members requesting HPE coverage, all other household members should be coded “out”. Use normal registration rules – correcting for any hospital error.

Example: the hospital lists a child as the applicant in section 1 of the HPE application even though the child is living with their parent/caretaker as shown in section 2. We need to register the parent/caretaker as the PI in EIS, not the child.

- c) In the FILE LOCATION field on the CARC screen, type the FSO number for the office processing the HPE application. Example: type 083 if the Gambell office is processing the HPE application.

EIS	CASE RECORD	090514
CARC	CONTROL	14:53
CASE NAME: HPE , ADULT	CASE NUMBER:	TRN-RONDA T
00042677		
FULL SERVICE OFFICE:	UNIT:	CASELOAD
015	1	:
FILE LOCATION: 083		1
DATE:		LIMITED SERVICE
		OFFICE:
FEE AGENT:		
REPORT TO	Y	
CLIENT	FILE	
NAME	OFC U CS LOC PGM CASE	
	MANAGER	
		NEXT--
		>

4. Assign applications to an ET immediately. HPE applications need to be expedited and the HPE benefit issued the same day it is received. If the application is received on a holiday or over the weekend, issue the HPE benefit by the next business day.

Remember that the Benefit Start Date entered in EIS for these cases should be the date the hospital determines the individual(s) eligible, not the first of the month.

5. Enter information in EIS provided by the applicant on the HPE application. There is no need to remove additional pre-existing data in EIS if the individual has a public assistance history as long the CSEA screen is coded with “EX” so a CSED referral does not occur.

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EIS CSEA		CSEA		090514 15:19						
				TRN-RONDA T						
CASE NAME: HPE , ADULT			CASE NUMBER: 00042677							
ABSENT PARENT NAME			- G O O D C A U S E -							
NAME	REL	LAST	FIRST	M	COOP	START	PEND	APP	DET	DATE
01	ADULT	H	PI		EX					
02	CHILD	H	CH							
MORE CLIENTS:					NEXT-->					

Exception: Do not enter resources or income information in EIS.

If the client does not provide a social security number on the HPE application, enter the HPE application date in the SS5 date field on the SSDO screen.

EIS SSDO		SSN / DATE OF BIRTH / SEX		090514 15:12							
				TRN-RONDA T							
CASE NAME: HPE , ADULT			CASE NUMBER: 00042677								
NAME	REL	SSN	SS5 DATE	VR	PEND	SVES REQ?	DOB	VR	PEND	SEX	PWE/ INCAP
01	ADULT	H	PI	321548765		cs	02141985	cs		F	
02	CHILD	H	CH	090514		cs	04012000	cs		M	
MORE CLIENTS:					NEXT-->						

6. Do not attempt to verify information provided by the applicant. Code verification fields as CS (client statement). **Do not check interfaces or request SVES.**

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EIS MIBW                MEDICAL INSURANCE BUDGET WORKSHEET                090514 15:29
                                TRN-RONDA T
CASE NAME: HPE , ADULT                CASE NUMBER: 00042677 MONTH: 0914
CLIENT ##: 01 NAME : HPE, ADULT                AGE : 29
CATEGORY : FM SUBTYPE: AF                FROM MO : 0914 THRU MO : 1014
MED INS :                EIS CASE: 00042677
                                ( Eligible / NOT Authorized )
NAME REL PAR AUTH GET CATG TYPE                AMOUNT TEST
1 ADULT H PI IN P ? FR FM AF                COUNTABLE RESOURCES : 0.00 Pass
2 CHILD H CH IN ? CH                GROSS EARNED INCOME : 0.00
                                TOTAL UNEARNED INCOME : 0.00
                                NET DEEMED INCOME : 0.00
                                TOTAL GROSS INCOME : 0.00 Pass
                                WORK EXPENSE : 0.00
                                EARNED INCOME DEDUCTIONS: 0.00
                                DEPENDENT CARE EXPENSES : 0.00
                                NET EARNED INCOME : 0.00
                                CHILD SUPPORT DEDUCTION : 0.00
                                NET COUNTABLE INCOME : 0.00 Pass
SWITCH MODE : PF2 Trial Mode
CLEAR CLIENT: PF4
DETERM ELIG : PF5 Applicant for FM STD HH GROSS NEED/NET
                                PF6 Recipient of FM TYPE SIZE AMOUNT AMOUNT DESCR
                                AI 02 2569 1389 Table 32
Elig for client 01 PASSED - authorize on MIAU                NEXT-->
    
```

- Enter the appropriate Medicaid subtype for each household member on the MIBW screen and authorize benefits for all household members requesting Medicaid on the HPE application.

When assigning the proper Medicaid subtypes for HPE, use the following criteria:

Age	Insurance Y or N	Income	Subtype
Child age 0-5	With or Without Insurance	Income is equal to or less than 159% FPL	HC
Child age 0-18	With Insurance	Income is above 159% and equal to or less than 177% FPL	H1
Child age 6-18	With Insurance	Income is above 124% and equal to or less than 159% FPL	S1
Child age 6-18	With or Without Insurance	Income is equal to or less than 124% FPL	SU
Child age 6-18	Without Insurance	Income is above 124% and equal to or less than 159% FPL	S2
Child of any age under 19	Without Insurance	Income is above 159% and equal to or less than 177% FPL	H2
Child of any age under 19	Without Insurance	Income is above 177% and equal to or less than 203% FPL	CP
Pregnant Woman	With or Without Insurance	Income is equal to or less than 159% FPL	PR
Pregnant Woman	With or Without Insurance	Income is above 159% and equal to or less than 200% FPL	PX
Parent / Caretaker Relative	With or Without Insurance	Income is equal to or less than COLA based standard	AF
Expansion	With or Without Insurance	Income is equal to or less than 133% FPL	MX

MAGI HH SIZE	FPL Standards	KIDS SUBTYPE: SU	KIDS SUBTYPE: S1, S2, HC	KIDS SUBTYPE: H1, H2	KIDS SUBTYPE: CP	PREGNANT WOMAN SUBTYPE: PR	PREGNANT WOMAN SUBTYPE: PX	PARENT / CARETAKER RELATIVE SUBTYPE: AF	EXPANSION SUBTYPE: MX
	100%	124%	159%	177%	203%	159%	200%	N/A	133%
1	\$1,255	\$1,557	\$1,996	\$2,222	\$2,548	\$1,996	N/A	\$1,487	\$1,670
2	\$1,691	\$2,097	\$2,689	\$2,993	\$3,433	\$2,689	\$3,382	\$2,370	\$2,249
3	\$2,127	\$2,638	\$3,382	\$3,765	\$4,318	\$3,382	\$4,254	\$2,904	\$2,829
4	\$2,563	\$3,178	\$4,075	\$4,536	\$5,202	\$4,075	\$5,125	\$3,437	\$3,409
5	\$2,999	\$3,718	\$4,768	\$5,308	\$6,087	\$4,768	\$5,997	\$3,972	\$3,988
6	\$3,435	\$4,259	\$5,461	\$6,079	\$6,972	\$5,461	\$6,869	\$4,505	\$4,568
7	\$3,870	\$4,799	\$6,154	\$6,850	\$7,857	\$6,154	\$7,740	\$5,038	\$5,148
8	\$4,306	\$5,340	\$6,847	\$7,622	\$8,741	\$6,847	\$8,612	\$5,571	\$5,727
Each Additional	\$436	\$541	\$693	\$772	\$885	\$693	\$872	\$534	\$580

rev 04/17

- The Under 21 Medicaid category is not used for HPE determinations. These individuals are issued HPE benefits in the Expansion Group category. When the GEN 50C is received at the

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local office, DPA will review all Medicaid categories and use the Under 21 Medicaid category (if appropriate) upon MAGI Medicaid approval.

- If a hospital mistakenly authorizes HPE benefits for an individual who is age 65 or older in the Expansion Group category, EIS will display an error edit and will not let you issue the HPE benefit. If this occurs, the HPE benefit will need to be issued using the “AF” Subtype. Make sure that you also notify policy by sending an email to dpapolicy@alaska.gov.

TPL/TPR information

If an individual states they have TPL on the HPE application, indicate that they have other insurance on the MIBW screen and include any information they provided on the TPR line of the MERI. If they did not provide any specific information, leave the MERI blank. We are not allowed to ask for more information from a HPE recipient. We will find out about the TPL/TPR when we work the GEN 50C that is submitted within the approved HPE period.

HIC numbers already in EIS

Make sure that there is not a real HIC number or Medicare codes on the MERE or MERI screens for any of the individuals being issued HPE benefits prior to entering your PCN. If there is – STOP! Do not delete/remove existing HIC numbers or Medicare codes from the MERE or MERI screens. Contact the EIS Help Desk for assistance if the individual is currently receiving Medicare. You will need to provide the HPE start and end dates in your email so that they can add the K coding to the MERI screen for you.

CAMA

If the individual approved for HPE benefits is currently receiving CAMA, a work around process will be needed to authorize the HPE Medicaid benefits. Please contact policy at dpapolicy@alaska.gov if this occurs.

Medicare Premium Assistance

Medicare Premium Assistance is not provided to those individuals receiving only HPE benefits. The individual must apply for regular Medicaid through DPA and provide the required verifications to be potentially eligible for QMB, SLMB, or QDWI.

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EIS MIAU                MEDICAL INSURANCE AUTHORIZATION                090514 15:37
                                                                    TRN-RONDA T
CASE NAME: HPE , ADULT    CASE NUMBER: 00042677 MONTH: 0914

+ CLIENT NAME  CATG  REL  TYPE  SZ  TYPE  ELIG  FROM  THRU  PCN
ADULT   H  FM  PI  AI  02  AF  Pass  0914  1014
CHILD   H  KIDS CH      02  SU  Pass  0914  1014
                                                                    □

AUTH PCN   : 9999          BENEFIT ISSUANCE : I          REVIEW MONTH :
DENY/CLOSE :              ALERT DATE       :              DELAY REASON CODE :
                                                                    NEXT--
    
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- Make sure the correct Medicaid subtype is still showing on the MIAU prior to entering your PCN.

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EIS MERE                MEDICAL REFERENCE                090514 15:40
                                                                    TRN-RONDA T
CASE NAME: HPE , ADULT    CASE NO: 00042677    MONTH: 0914
POST MED START MONTH:

NAME  REL  SUBTYPE  CODE  EPSDT  PHS  VER  CARE  HIC NUMBER  TPL-TPR  DATE OF
01 ADULT H  PI    AF    20    N          HPEXXXXXXXXX
02 CHILD H  CH    SU    50    B          HPEXXXXXXXXX

RESOURCE INFO?(Y) :    MORE CLIENTS:    NEXT-->
    
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8. Enter HPEXXXXXXXX in the HIC NUMBER field on the MERE screen.

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EIS MERI	MEDICAL RESOURCE INFORMATION				090514 15:43	
CASE NAME: HPE , ADULT			CASE NO :	00042677	TRN-RONDA T	
CLIENT: HPE , ADULT			REL: PI	CLIENT NO: 0600093036		
START	END	CODE	TYPE	POLICY NUM	GROUP NUM	A/P NAME APID DEL
TPR1						
TPR2						
TPR3						
TPR4						
MCR1	09042014	10312014	K			
MCR2						
MCR3						
MCR4						
CLIENT: HPE , CHILD			REL: CH	CLIENT NO: 0600093037		
START	END	CODE	TYPE	POLICY NUM	GROUP NUM	A/P NAME APID DEL
TPR1						
TPR2						
TPR3						
TPR4						
MCR1	09042014	10312014	K			
MCR2						
MCR3						
MCR4						
				MORE CLIENTS:	NEXT-->	

9. In the first available MCR line on the MERI screen, enter the HPE benefit start date in the START field, the HPE benefit end date in the END field, and K in the CODE field. *Use the first MCR line if available. If an individual received HPE benefits in the past, do not delete the previous information! Use the next available MCR line.*

Make sure that the information is on the correct line. Entering it on a TPR line will cause an error.

10. Authorize the initial application month and initialize benefits to the month after the application month. Print and sign a field benefit issuance for the *initial* month using the Medical Insurance Manual Issuance screen (MIMI). Fax a cover sheet and a coupon to the hospital at the fax number provided on the "Approved Hospital List" and mail a copy to the client. The original HPE coupon should be kept in the case file for our records. There is no need to send the HPE coupon it to a specific hospital staff member as each hospital has established an internal communication process. **Remember to enter the appropriate wording in the SPECIAL INFORMATION field.**

CMP

Authorizing HPE for an individual that has been previously identified as CMP (lock-in) will require special processing and close coordination between DPA workers and Conduent/DHCS staff. HPE approved for CMP clients (that are still under the lock-in period) must have their Medicaid benefits issued via a RESTRICTED field coupon (MIMI) by the Conduent/CMP staff.

It is extremely important that the restricted field coupons be issued for the 2-month HPE period the **same** day that the DPA worker authorized the HPE benefits. If this does not occur, the next Medicaid issuance job will delete the approved HPE benefits from EIS and no longer display or be accessible in the system without being re-authorized. In order for Conduent to complete

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these timely, there will be a 3:00pm cutoff daily. If a HPE application for a CMP client is authorized by 3:00pm, do not authorize the HPE benefit until the next business day.

If HPE is authorized for a CMP client, email the primary contact at Conduent and copy the secondary contact and DHCS:

Conduent CMP Contact

907-644-6842

SURS-AK@conduent.com

DHCS CMP Contact

Diana McGee 754-3434

Diana.McGee@alaska.gov

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SE193-I MONTH FOR PROGRAM(S) INITIALIZED
EIS APEM                ELIGIBILITY INFORMATION SYSTEM          090514 15:50
                        APPLICATION ENTRY MENU                TRN-RONDA T

1. APPLICATION ENTRY SEQUENCE
2. ESTABLISH RETRO MONTH MEDICAL
3. ESTABLISH RETRO MONTH MEDICAID
4. INITIALIZE MONTH
5. DELETE MONTH
6. DELETE RETRO MONTH MEDICAID
7. DELETE RETRO MONTH MEDICAL

ENTER FUNCTION (BY NUMBER):
CASE NUMBER (FOR 1 - 7): 00042677
MONTH (FOR 1 - 1014)
BUDGETING METHOD (FOR 1,2): P

NEXT--
```

If there are multiple MIMI pages, (DKC subtypes always create a second page), you must issue a manual issuance for each page and the appropriate wording in the SPECIAL INFORMATION field must be typed again.

Partial month Medicaid requires field issuances

EIS communicates HPE eligibility to MMIS using field issuances. Since HPE is not "one day, one month" Medicaid eligibility, field issuances must be used to let MMIS know partial month eligibility for both the start and end dates of HPE.

Include the start and potential end date in the open text section of the field issuance coupon (MIMI).

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DENALI KIDCARE PAGES EXIST			
MIMI	MEDICAL INSURANCE MANUAL ISSUANCE	090514 15:54 TRN-RONDA T	
RECIPIENT I.D. 600093036 HPE	RECIPIENT NAME ADULT	D.O.B. MM DD YY SEX 02 14 85 F	ELIG PGM/ RE- CODE MEDSB SRCE(S) 20 ME AF X
ADULT HPE 3601 C ST., STE 434 ANCHORAGE AK99503	HOSPITAL PRESUMPTIVE ELIGIBLE SPECIAL ISSUANCE COUPON		VILL: K02 DIST: 083
SPECIAL INFORMATION (OPTIONAL)	THIS IS THE OPEN TEXT SPECIAL INFORMATION INSTRUCTION FIELD, WHICH MUST BE COMPLETED BY THE WORKER. REFER TO THE PROCESS GUIDE FOR SPECIFIC BENEFIT LANGUAGE.		
AUTHORIZATION SIGNATURE: *** S T A T E O F A L A S K A ***	DOCUMENT#	Z0016418	ISSUANCE INDICATOR: F

Special information:

For hospital presumptive approvals for the Pregnant Women category:

“Your temporary Hospital Presumptive Medicaid eligibility begins xx/xx/xx & will end no later than xx/xx/xx. This coverage is limited & does not cover inpatient hospitalization.”

For Hospital Presumptive approvals for other categories:

“Your temporary Hospital Presumptive Medicaid eligibility begins xx/xx/xx and will end no later than xx/xx/xx.”

For Hospital Presumptive approvals for households that contain both a pregnant woman and individuals approved for other categories:

“Your temporary Hospital Presumptive Medicaid eligibility begins xx/xx/xx & will end no later than xx/xx/xx. This coverage is limited for pregnant individuals.”

To create a MMIS interface record for the month after the application month, issue another field benefit but the special text is not necessary/needed and it does not need to be printed. This is because the field coupon printed for the initial month already displays the special text and date information.

For example, if the HPE application was approved on 10/21/14, the household is eligible for HPE Medicaid until 11/30/14.

11. Close the HPE Medicaid case at the end of the approved HPE period via REVERT PROGRAM TO CLOSE (REPC) function. As described in the example above, this case should be closed 11/30/14. Unless the client submits a full Medicaid application prior to the end of the approved HPE period, the 11/30/14 closure will remain in effect. **If the client submits a full Medicaid application after the HPE period has ended (12/1/14 or later in this example), the application is treated as a normal Medicaid application for services.**

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12. Delete the pending EIS notice that is auto-generated because of the Medicaid application registration. DPA does not send any notices when the HPE is authorized.

Hospitals must notify the applicant of the eligibility decision

The hospital must provide individuals with a written notice after the HPE determination is made (HPE 3). When HPE ends, individuals do not receive a notice of their coverage ending. The approval notice they received from the hospital serves as their notice that this benefit is temporary and will end. **DPA staff will not send any notices for HPE cases** but must send all normal notices when a full Medicaid application is received and an eligibility determination is made.

HPE benefits issued incorrectly

If it is determined that HPE benefits were accidentally issued to the wrong person (the Eligibility Technician selected an individual that was previously known to EIS but the individual being approved for HPE benefits is a different person), contact dpapolicy@alaska.gov for instructions. Corrective action will need to be taken as quickly as possible.

Receiving a full Medicaid application after HPE was authorized:

ALL MAGI MEDICAID APPLICATIONS RECEIVED BY A DPA OFFICE (GEN 50C, SSP, or FFM) MUST BE SCREENED IMMEDIATELY TO SEE IF ANY HOUSEHOLD MEMBER LISTED ON THE APPLICATION RECEIVED A HPE AUTHORIZATION AND IF THE CURRENT MEDICAID APPLICATION HAS BEEN RECEIVED DURING THE HPE AUTHORIZED PERIOD.

Hospitals have been instructed to use the paper GEN 50C when assisting HPE clients with the full Medicaid application process. This is so DPA can more easily screen incoming Medicaid applications but Medicaid applications from **all sources** should be checked for a previous HPE authorization. This includes phone applications.

- a) DPA offices will need to ensure that each household member listed on a full Medicaid application did not receive coverage recently through HPE by checking CLPM and looking for ME cases assigned to FSO **015** caseload.
- b) If any of the household members received Medicaid through HPE and the Medicaid application is received within the HPE coverage period, the application must be **prioritized and processed immediately**.

For example, if a GEN 50C application is received on 10/21 for regular Medicaid and HPE Medicaid was issued from 9/15 through 10/31, the Medicaid application needs to be prioritized and processed immediately. This is to ensure that a Medicaid determination (approval or denial) on the regular Medicaid application is made before HPE Medicaid ends. If a Medicaid eligibility determination is not made by 10/31, the HPE Medicaid case must be processed and authorized for another month (this will also require reopening the HPE Medicaid case).

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HPE Extension

Staff must print a field issuance for the additional month of benefits. A fax cover sheet and the field coupon must be faxed to the hospital at the fax number listed on the "Approved Hospital List (HPE)" document and a copy mailed to the client. Keep the original in the case file for our records. Include the start and end dates in the free form section of the field issuance.

Remember that HPE coverage should end the date DPA determines the individual ineligible for Medicaid. If an extension has already been authorized – do not forget to shorten the HPE extension as required.

Special information:

For Hospital Presumptive extensions for the Pregnant Women category:

"Your Hospital Presumptive Medicaid extension starts on xx/xx/xx and ends no later than xx/xx/xx. Coverage is limited and does not cover inpatient hospitalization."

For Hospital Presumptive extensions for other categories:

"Your Hospital Presumptive Medicaid extension starts on xx/xx/xx and ends no later than xx/xx/xx."

For Hospital Presumptive extensions for households that contain both a pregnant woman and individuals approved for other categories:

"Your Hospital Presumptive Medicaid extension starts on xx/xx/xx & ends no later than xx/xx/xx. This coverage is limited for pregnant individuals."

HPE End Date Extension

When an HPE recipient submits a completed GEN50C (MAGI Medicaid) application that is not processed prior to the end date of their HPE period, the client(s) is entitled to additional HPE benefits.

Complete the following steps to extend an HPE period:

- 1) Revert the HPE case back to OPEN status (REPT)
- 2) Review the CAP2 for the CURRENT MONTH
- 3) Type the CURRENT MONTH into the MONTH field on the APEM
- 4) NEXT to the MIBW
- 5) Select the first HPE HH member (01) and press ENTER
- 6) Tab to the THRU MO: field and change it to the next month. For example, the information displaying shows a FROM MO: of 0914 and a THRU MO: 1014, change the THRU MO: field to 1114 (the next HPE month)
- 7) Press ENTER (edit will display regarding changing month)
- 8) Repeat steps 6) and 7) for each HPE household member
- 9) NEXT (or F1) back to the menu screen (APEM or CAMM) and INITIALIZE MONTH to the following month, (1114 in the example above)
- 10) NEXT to the MERI and change the MCR1 (K coded) END DATE field to reflect the extension month end date, (11302014 from 10312014 in this example) for all HPE

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household members

Note: Contact the EIS Help Desk for assistance if other Medicare codes display on the MERI / MCR# fields.

- 11) Press ENTER or NEXT to the MEBH. This will create a new system generated CANO capturing the updated EXTENSION END DATE for each HPE member (2 clients per CANO)
- 12) On the MEBH enter an X next to the recently authorized month and press ENTER
- 13) On the MIMI screen, type an F in the ISSUANCE INDICATOR: field on the last MIMI page with AF related subtypes and press ENTER
- 14) A document number will appear in the DOCUMENT# field. Type the special HPE field coupon text as outlined in the HPE Field Processing guide, citing the extended HPE END period.
- 15) Print the MIMI screen before pressing enter.
- 16) Type in the special HPE text and print all MIMI pages that follow
- 17) Repeat steps 12) thru 15) for MIMI pages with DKC related subtypes
- 18) Scan the printed and signed MIMI field coupon to the hospital and mail one field coupon copy to the client.
- 19) Revert the case back to CLOSED status (REPC)

Note: ***DO NOT*** update the CARC Unit or Caseload # to 9 99. Repeat the above steps for any additional HPE extension months.

- c) When an application is received for regular Medicaid, it is processed in ARIES. A full Medicaid eligibility determination must occur. If the individual will be receiving APA related Medicaid in EIS, special case processing instructions need to be followed:

Issuing regular Medicaid in EIS

Assuming the HPE case would always be processed and PAID 1st (via MIMI)

- 1) Worker needs to code the SEPA on the HPE case to OUT for the Individual(s), and do so for both HPE months

➤ **If NO TRP or MCR Info exists for the client:**

- 2) Worker can process the APA related Medicaid case, updating the MERE screen with the correct codes. However, worker should leave the "HPEXXXXXX" in the HIC NUMBER FIELD and **NEXT** directly to the APMM screen, **avoiding the MERI screen altogether.** This will allow the HPE START & END Dates and the K code to remain in place on the MERI screen and prevent the edit message from displaying & MERI from trying to update.
- 3) Once the APA related Medicaid benefits are authorized on the APMM screen, worker should INITIALIZE the APA related Medicaid case forward into the next month and repeat the above regarding the MERE & MERI screens.

NOTE: We suggest the worker process and authorize the APA related Medicaid case forward into a future month – 3 or 4 months beyond current system month.

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- 4) If RETRO Med Months are involved, the worker should be able to process them applying the same rules above regarding the MERE & MERI screens and authorize the RETRO Med.
- 5) Worker will now contact the EIS Help desk and request an update to the HPE CASE, changing the SEPA for the 1st HPE month back to IN. This change is done via the DBF – COMP/PARTICIPATION, so must be completed by Sys Ops.
 - a. I suggest only updating the 1st HPE month, ensuring the **HPE FSO 015** data continues to displaying on the clients **CLPM**. It does not display correctly when clients are coded OUT.

Since the APA related Medicaid case is processed out into future months, we do not anticipate anyone going back into the initial SEPA month on either case. If someone does, the S-EDIT Message will display for the client being coded IN on two cases for the same month. If this occurs, they can F9 off the screen and all should be fine.

➤ **If TPR or MCR Info exists for the client:**

WORKER will:

- 1) Code the SEPA on the HPE case to OUT for the Individual(s) for both HPE months
- 2) Process the Non-MAGI case for the 1st month to the MERE screen, updating the MERE with the proper codes
- 3) Contact the EIS Help desk via email:
 - provide the Case Numbers and Client Information
 - the correct HIC NUMBER, if the client is Medicare eligible
 - along with the START and END dates and Insurance Codes/ Info for the TPR fields on the MERI
- 4) Help Desk will notify staff when the updates have been completed to the MERE/MERI screens and the case can be processed /authorized forward. The worker will bypass the MERE & MERI screens, NEXT'ing directly to the APMM screen.
- 5) If Retro Med is involved, the worker can set-up the required Retro Med months first, and then contact the EIS Help desk – providing the same info as above as it pertains to which specific Retro-Med month.
- 6) The EIS Help desk will notify the worker when the MERE and MERI screens are updated for the Retro Med months, than the worker can go directly to the APMM or MIBW and authorize the Retro Med months on the case, bypassing the MERE & MERI screens.

Note: CLPM should be reviewed to verify the HPE FSO 015 case is displaying for future reference!

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Duplicating Medicaid benefits

If the individual is found to be eligible for regular Medicaid, there is no need to make any changes to the HPE case in EIS, as this should already be closed. When making the Medicaid eligibility determination in ARIES, the Medicaid should start the first day of the month that the application was filed and we determine that the household is eligible. Retroactive Medicaid requests should be handled normally.

Changing (Pulling Back) HPE End Date(s)

When an HPE recipient submits a GEN50C MAGI Medicaid application prior to the end of their HPE period and the client is determined ineligible for MAGI Medicaid, the HPE END DATE must be updated on the HPE case and pulled-back to the date that MAGI Medicaid ineligibility was determined. This includes if you must deny the Medicaid application because the household did not provide the verification necessary to make an eligibility determination.

Example: Jon was approved for HPE benefits from 3/13/15 – 4/30/15. He submitted a GEN 50C to his local office on 4/27/15. Since the application was submitted within the approved HPE period, it was processed immediately. The application was pended for verification needed to make an eligibility determination that was not due until 5/8/15. HPE benefits for Jon must be issued for 5/15 since we are unable to make eligibility determination by 4/30/15. Jon fails to provide the verification and his Medicaid application is denied on 5/11/15. The HPE benefits must be ended on 5/11/15 – the date the Medicaid application is denied.

To pass this changed HPE end date to MMIS, issue another field benefit but the special information text is not needed and it does not need to be printed. A CANO must be created indicating that the HPE end date was changed because the individual submitted a full Medicaid application and was found to be ineligible for Medicaid, even though a system generated CANO will be created when the MERI screen is updated and the END DATE(S) are pulled-back/changed.

For example, an HPE application is received and processed 09/05/14 through 10/31/14; field coupons were previously issued for both months. On 10/05/14, the client submits a full GEN50C MAGI Medicaid application. It is quickly processed on 10/06/14 and the client(s) is found ineligible for Magi Medicaid.

The worker must update the MERI **END DATE(S)** on the HPE case to reflect the denial date the MAGI Medicaid ineligibility was determined. In this example, by changing the END DATE on the MERI screen to 10062014 from 10312014.

A new field coupon (MIMI) must be issued to update the MMIS interface file.

Complete the following steps to change the HPE END DATE field on the MERI screen and reissue a new Field Coupon (MIMI).

- Go into the last HPE month (1014 in this example)
- NEXT to the MERI screen and update the MCR1 END DATE to reflect the new end date and press ENTER. Update the end date for each HPE household member

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- NEXT to the MEBH and enter an X next to the last HPE month and press ENTER
- Type an F in the ISSUANCE INDICATOR: field on the MIMI and press ENTER
- Complete a new MIMI for each separate Medicaid category page
- Review the CANO screen to ensure a new CANO was created indicating the changed END DATE
- Create a case note documenting why the END DATE has changed

NOTE: DO NOT update the CARC Unit and Caseload Numbers to 9 99 on HPE cases

The Medicaid denial must still be input into ARIES to complete the FFM referral and a denial notice sent to the applicant.

Newborns

Newborns born to women during the HPE period are not eligible for newborn “BA” Medicaid as they were not born to women eligible for and receiving Medicaid in the month of delivery.

Exception: If regular retroactive Medicaid was approved for the mother in the birth month, the newborn would then be eligible for newborn “BA” Medicaid.

For example: The same PI used in the example e) above – Providence Hospital determines Sue Johnson presumptively eligible for Medicaid on 9/8/14 in the pregnant woman category and provides Sue with an approval letter. Her eligibility for HPE ends on 10/31/14. However, since Sue applied for full Medicaid in the month she gave birth and we issued Medicaid starting 10/1/14 to cover the birth expenses, the baby is also eligible for “BA” Medicaid.

Request for retroactive Medicaid coverage

If the applicant submits a regular application and requests retroactive Medicaid coverage, the same rules for retroactive coverage apply. Retroactive months are the 3 months immediately preceding the submission of a regular Medicaid application.

Returned Mail

If a HPE coupon is returned to DPA as undeliverable, CANO that the coupon was returned and shred it. No additional action should be taken. Do not follow the returned mail instructions in administrative manual section 103-4, as DPA did not make the eligibility determination we only issued the coupon.

Filing the HPE Packet

Follow the procedure in Administrative Procedures Manual section 103 for filing the HPE packet and other documents in the case file. A copy of the HPE coupon should be kept in the file for our records, as EIS does not retain the special information that the Eligibility Technician wrote on the HPE coupon at issuance.

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Contact person in DPA field offices:

Each field office will have a designated contact person for HPE. If a hospital or local DPA office has questions about HPE policy, they should email dpapolicy@alaska.gov.

HPE Field Process

The HPE packets received from the approved hospitals are coordinated by Field Services.

- The Field Services Unit will monitor the fax machine for incoming faxes throughout the day.
- Field Services Unit will:
 - Date stamp the HPE packet
 - Check EIS for the any open case
 - If the client has an open case, or a case that has closed in the last year, the HPE packet will be scanned to the HPE folder located on the Z drive of that office.
 - If no open case is found, the HPE packet will be scanned into the Gambell Z drive – this is a new case and is considered part of the intake office
 - Once processed, the Gambell office will follow the rotation schedule currently used for new cases.
- Every office will have a folder labeled HPE in their Z drive – the point of contact (POC) for each office will monitor this folder throughout the day- the POC will assign the application to the appropriate staff, trained in EIS for processing.
 - HPE POC's:
 - Gambell: Jola Morris
 - Muldoon: Erik Ross
 - Wasilla: Tim Merrill
 - Kenai and Homer: Mari Hamilton (copy Kari Evanoff)
 - Coastal: Shanna Karella (copy Antoinette Horn)
 - Juneau: Linda Perry
 - Bethel: Jolene Gerhart
 - Ketchikan and Sitka: Vicki O'Brien
 - Fairbanks and Kotz: Claudia Zerbe
 - Nome: Johnna Harvard
- The ET that is assigned the HPE packet from the local office HPE POC will register it and process the case using EIS Procedure 2015-1 and the HPE Guide posted under ET Resources. The hospital has already determined their eligibility.
- When the paper application is received from the client, for ongoing med, this case will be registered and worked in ARIES by the ARIES team (except for Breast and Cervical Cancer Medicaid as this is processed in EIS).
- If an office receives the application for ongoing med and they do not have the original HPE packet (that was worked in EIS) and the file, the receiving office will work the application and request the HPE packet and file. They will be combined and will become part of that office's caseload.