

HOSPITAL PRESUMPTIVE ELIGIBILITY DWSS CASE MANAGER GUIDANCE

H-200 OVERVIEW

Hospital Presumptive Eligibility (HPE) allows qualified hospitals to determine certain individuals “presumptively eligible” for Medicaid based on preliminary information obtained from the applicant. Individuals determined eligible for HPE receive full Medicaid benefits for a temporary period of time, provided all eligibility criteria is met.

A Qualified Hospital participates as a provider under the State Medicaid program and agrees to make presumptive eligibility determinations consistent with state policies and procedures. Each hospital electing to participate in the HPE program must have a Presumptive Eligibility (PE) contract amendment in place with the Division of Health Care Financing and Policy (DHCFP). Hospital staff making the presumptive eligibility determination must be trained and certified by the Division of Welfare and Supportive Services (DWSS) Professional Development staff in order to obtain HPE system access.

The purpose of HPE is to provide a streamlined process for individuals to get access to immediate coverage and to promote ongoing Medicaid enrollment, by encouraging individuals to complete a medical assistance application.

H-205 ELIGIBLE GROUPS

Hospitals participating in the HPE program may make presumptive eligibility determinations for the following eligibility groups. Eligibility for medical assistance is categorized in groups based on budgeting methodologies associated to the eligibility determination.

- a. **Children** (This group only covers children approved for the CH and/or CH1 categories. Hospitals do not make determinations for Nevada Check Up.)
- b. **Parents and caretaker relatives**
- c. **Pregnant women**
- d. **Childless adults age 19-64**
- e. **Aged Out of Foster Care**

Hospitals are not limited to hospital patients; they may assist with presumptive determinations for family members and other non-patients.

Participants are eligible for 1 presumptive eligibility period in a 24 month period.

H-210 FACTORS OF ELIGIBILITY

To be eligible for PE, potential recipients must meet certain citizenship, residency and income criteria.

Citizenship – Individuals must attest to U.S. Citizenship or indicate they are a Lawful Permanent Resident and have been continuously residing in the U.S. for 5 years.

Residency – Individuals must be living in Nevada with the intention of making Nevada their home permanently OR must be living in Nevada with a job commitment or seeking employment. Individuals are not required to have a fixed place of residence to meet this requirement.

Income – Individuals must meet income eligibility criteria for the appropriate eligibility group.

Assistance Unit – Must apply non-filer rules to all cases. The household consists of the individual and, if living with the individual;

- a. the individual's spouse/domestic partner; and
- b. the individual's natural, adopted and step children under age 19; and
- c. in the case of children under age 19:
 1. the child's natural, adopted and step parents; and
 2. natural, adoptive and step siblings under age 19

H-215 VERIFICATION

Hospitals are prohibited from requiring individuals to provide verification of any of the eligibility factors used in a Medicaid determination. Hospitals must accept client attestation for all factors of eligibility.

H-220 HPE COVERAGE PERIOD

The PE period begins the day the HPE determination is made by the hospital and ends the last day of the month following the month of the eligibility determination, **if** an application for medical assistance is not received by DWSS for the individual. If a full application for medical assistance is received during the HPE period, HPE ends the day DWSS approves or denies the application.

Example: HPE determination is made on January 10th and no medical assistance application is received. Medicaid eligibility begins January 10th and ends February 28th. The system will automatically terminate eligibility, requiring no action by DWSS staff.

H-210 HOSPITAL PRESUMPTIVE ELIGIBILITY FACTORS OF ELIGIBILITY

Example: HPE determination is made on February 10th and a full medical assistance application is received on March 2nd. DWSS processes the application on April 10th. Presumptive eligibility ends April 10th.

Note: Adverse action is not required when ending a presumptive eligibility period by denying the medical assistance application.

DWSS case managers are not required to update the HPE determination in the system. When the full application for medical assistance is processed, using all current eligibility policies, the system will update the HPE determination.

Example: HPE determination was made in January and the full medical assistance application was received in January, but not processed until March. Case manager would post application month of January and ongoing regardless of the HPE determination. This will allow the MMIS system to adjust the eligibility status and retroactively claim the appropriate federal match rates for newly eligible individuals.

H-225 NOTIFICATION

Hospitals are required to provide written notification of the eligibility determination (Notice of Decision) to individuals applying for HPE.

The notice must:

- a. advise the applicant of the eligibility determination; and
- b. the PE period; and
- c. the requirement to submit a complete medical assistance application

Notice and fair hearing regulations do not apply to the PE determination. The Notice of Decision (form 2991) will be provided to hospitals by DWSS.