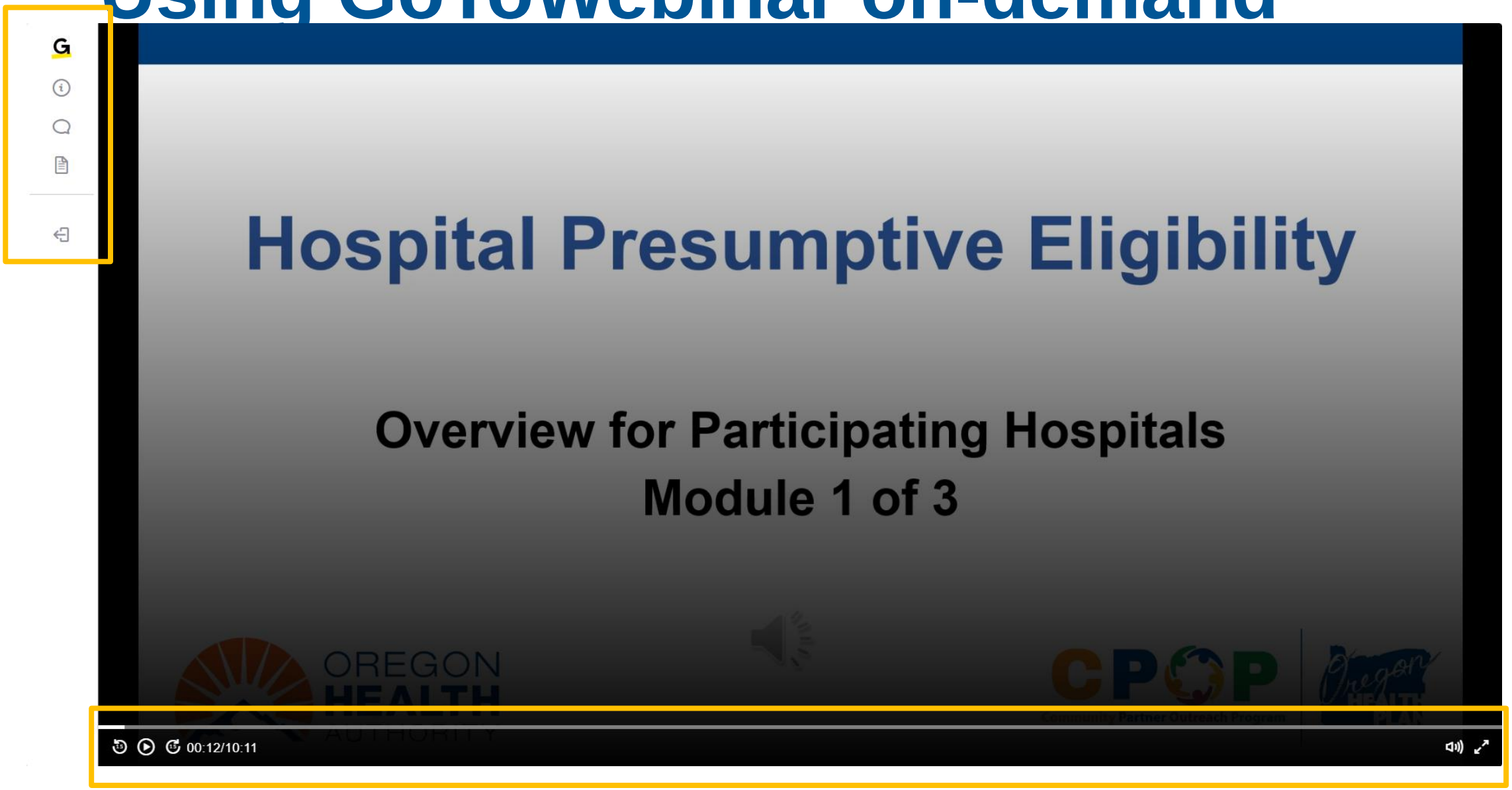
Using GoToWebinar on-demand



Using GoToWebinar on-demand

- For information about the webinar
- Chat: Feature to ask questions
  - Questions asked here will be responded to 72 hours after the webinar has ended.
- Handouts: This is where you can access any handouts to support your learning in the training
- Exit: Click this icon to leave the webinar

Hospital Presumptive Eligibility

Eligibility and Determinations Training
Module 2 of 3

OREGON HEALTH AUTHORITY

CPOP Community Partner Outreach Program

Oregon HEALTH PLAN

Agenda

- Summary
- Learning objectives
- Steps for hospital employees
- Applicant next steps
- Informing ODHS/OHA of the determination and verifying coverage
- Key Points
- Resources

Summary

- Second module in the series for HPE training
- The first module included:
  - An HPE program overview
  - The hospital role and hospital qualified staff requirements
  - Who can apply and coverage

Learning Objectives

Participants will understand the eligibility requirements of HPE

Participants will understand how to successfully make an HPE determination and how to complete the required forms

Participants will understand how to support the applicant in completing the full OHP application after HPE determination is made

Participants will understand how to inform OHA of the determination and the forms to submit

Tools

To make determinations you will need access to some tools:

- Access to the Provider Web Portal (MMIS) to verify eligibility.
  - If you currently don’t have access to MMIS, please check with your administrators to gain access.
- ODHS/OHA Forms and Publications web page – where you can find all state forms and applications.
  - https://sharedsystems.dhsoha.state.or.us/forms/
- OHA's HPE website - contains links to forms and applications as well as HPE resources.
  - https://www.oregon.gov/oha/hsd/ohp/pages/hospital-pe.aspx

Steps for hospital representatives

- Complete the Hospital Presumptive Application for Temporary Medical Assistance (OHP 7260).
- Check the Provider Web Portal (MMIS) for current OHP eligibility or recent HPE determinations.
- Make eligibility determination.
  - Review for disqualifying factors
  - Review income eligibility
- Provide applicants with the decision notice.
- Submit OHP 7260 and decision notice to ODHS within 5 days.
- Help applicants complete a full OHP application.

Complete Part 1 of the OHP 7260

- Complete this section for all applicants.
- Use only information provided by the applicant or their representative. Verification documents are not required.

PART 1 – REQUIRED INFORMATION – *Applicant attestation only; no documents required*

Legal name (first, middle, last and suffix):			Family size:	Household's gross monthly income:	
Date of birth:	Sex: ☐ Male ☐ Female			SSN:	
Home address:					
Mailing address (if different):					
Lives in and plans to stay in Oregon?	☐ Yes	☐ No	U.S. citizen, U.S. national or qualified non-citizen?	☐ Yes	☐ No
Primary caretaker for any child under age 19 who: 1) is your own child or relative and 2) lives with you?				☐ Yes	☐ No
Previous HPE coverage?	☐ Yes	☐ No	If Yes, when?		
If available, <u>also</u> tell us the following:					
Other medical coverage?	☐ Yes	☐ No	Pregnant? If yes, pregnancy due date:	☐ Yes	☐ No
Age 65 or over?	☐ Yes	☐ No	In Oregon Foster Care at age 18?	☐ Yes	☐ No
Receiving Medicare?	☐ Yes	☐ No	Eligible for or receiving SSI benefits?	☐ Yes	☐ No

Eligibility exclusions

- Review for conditions that would exclude the applicant from eligibility.
- If any of the following is true, you must **deny** coverage and provide the applicant with an OHP 3263B denial notice:
  - Not a U.S. citizen, U.S. national or qualified non-citizen (refer to Quick Guide to HPE Citizenship tool, shown on following screen)
  - Age 65 or over *(unless they have primary care responsibility for a minor relative child in their home)*
  - Receiving SSI
  - Receiving Medicare or other health insurance
  - Does not live in Oregon
  - Has current Medicaid/CHIP coverage
  - Had HPE coverage within the last 12 months
- If none of the exclusions apply, proceed to review income requirements.

Reviewing Citizenship and Immigration Status Eligibility

Quick Guide to Citizenship and Immigration Status for HPE

Category		Meets Status	Meets Status if Under Age 19	Meets Status if Over 19 and 5 years have passed	Does Not Meet Status
Citizens of	U.S.	Yes			
	Puerto Rico	Yes			
	Guam	Yes			
	Virgin Islands	Yes			
	American Samoa	Yes			
	Swains Islands	Yes			
	Northern Mariana Islands (most)	Yes			
Non-Citizens Who Are	Members of Indian tribes in the U.S.	Yes			
	Some American Indians born in Canada	Yes			
	Most members of the U.S. Armed Forces on active duty as well as their spouses and children	Yes			
	Honorably discharged (other than for alien status) veterans of the U.S. Armed Forces who fulfilled minimum active-duty requirements as well as their spouses and children	Yes			
Legally Residing Qualified Non-Citizens;[i] Not DACA	Lawful Permanent Residents		Yes	Yes	
	Refugees under sec. 207	Yes			
	Those granted asylum under sec. 208	Yes			
	Deportation being withheld under sec. 243(h)	Yes			
	Cuban or Haitian public interest or humanitarian parolees	Yes			
	Iraqi or Afghan im immigrant status u				
	Parolees under sec.				
	Immigrant granted conditional entry under sec. 203(a)(7) in effect prior to 4/1/80		Yes	Yes	
	Battered spouses and children		Yes	Yes	
	Immigrants who had one of the statuses listed above before 8/22/96	Yes			
	Entered the U.S. before 8/22/96 and was continuously present from then until the date one of the above statuses was granted	Yes			
	Immigrant under sec. 584(a)	Yes			
	Victim of severe trafficking in persons and family members who hold visas for a victim	Yes			
	Citizens of Micronesia, the Marshall Islands, and Palau who are non-immigrants and are permitted to reside indefinitely in the U.S.	Yes			
Other Legally Residing Non-Citizens; Not DACA	Temporary residents		Yes		
	Spouses or children of U.S. citizens whose visa petitions have been approved and who are pending an adjustment of status		Yes		
	Other legally residing non-citizens		Yes		
Deferred Action Childhood Arrivals (DACA) and Undocumented					Does not meet status for HPE

- Refer to the Quick Guide to Citizenship and Immigration Status for HPE document for help in determining if applicants meet citizenship and immigration status requirements.

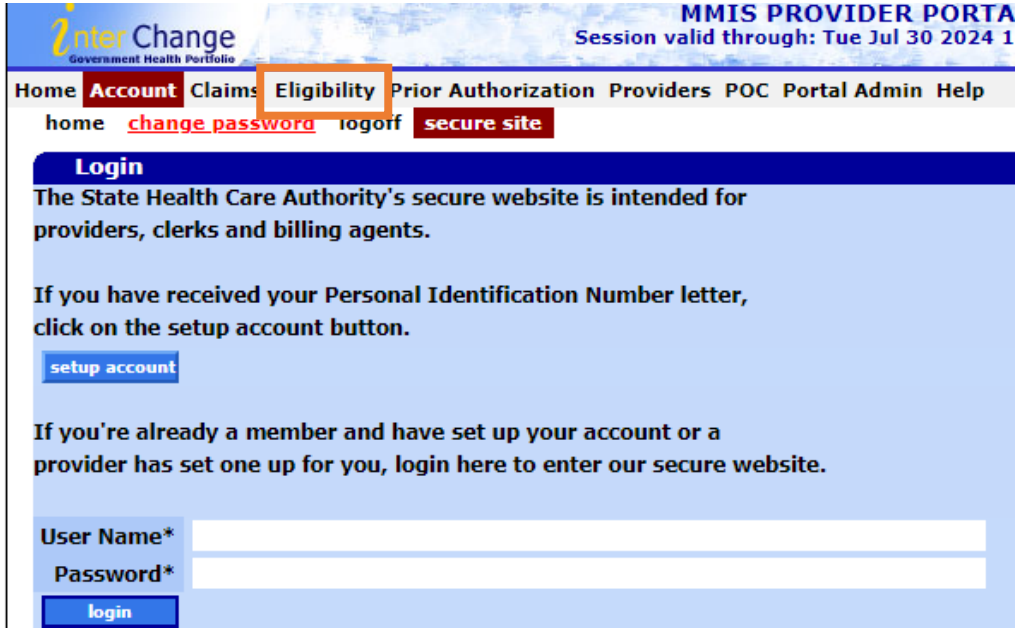
- It can be found on OHA's HPE web page: https://www.oregon.gov/oha/HSD/OHP/Tools/HPE-Citizenship-Guide.pdf

Check MMIS for coverage

MMIS is the State's Medicaid Management Information System. It is the system that contains records of all Medicaid/CHIP eligibility.

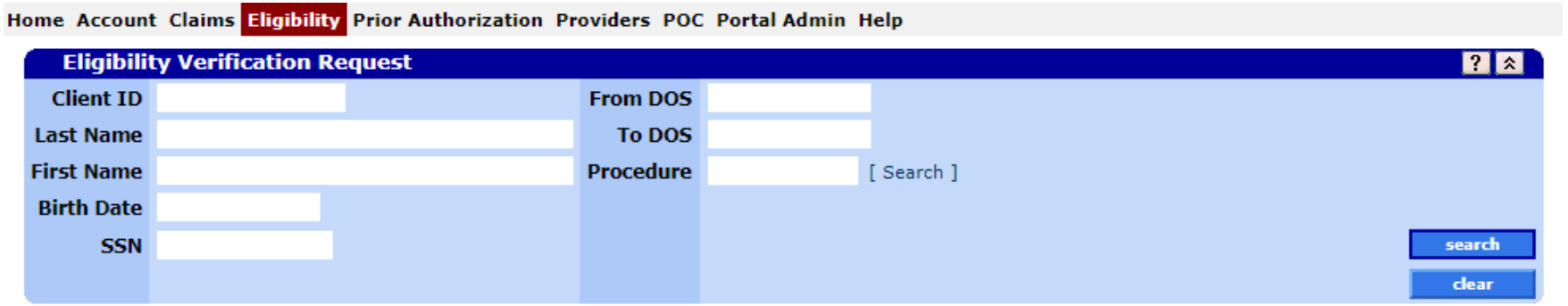
Check MMIS to see if applicants already have current OHP coverage or have had HPE within the past 12 months.

- Go to https://www.or-medicaid.gov, log in and click “Eligibility”.



Check MMIS for coverage cont.

- Enter the applicant's information
  - First Name, Last Name, Date of Birth **or**
  - Social Security number and Name or Date of Birth
- Enter current date as the "To" date and 12 months prior as the "From" date
  - Example: a determination made on 7/30/2024 would have a "From" date of 7/30/2023 and a "To" date of 7/30/2024.
- Click "Search"



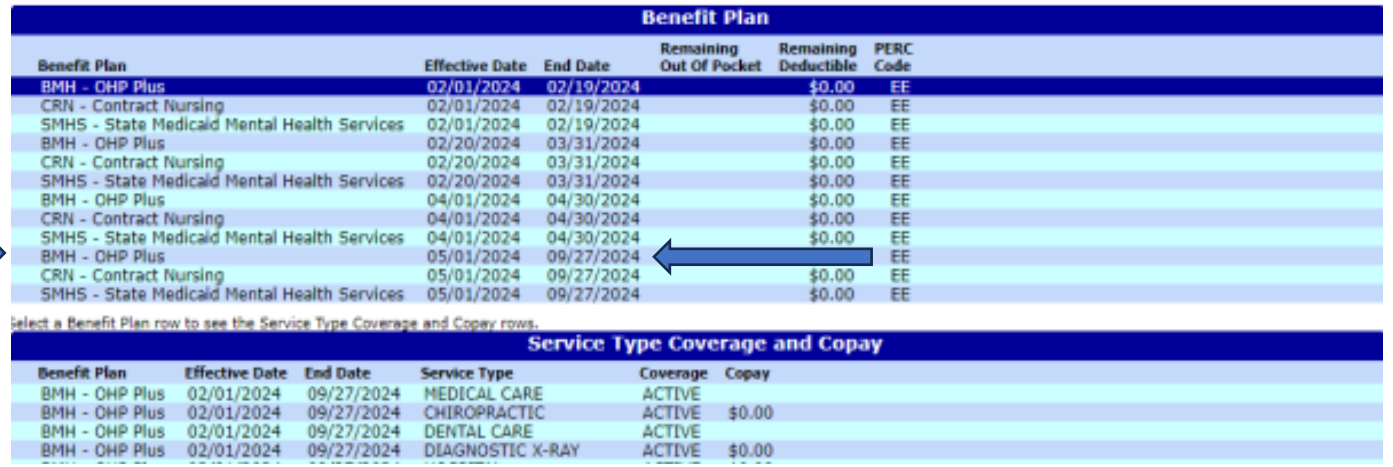
Check for recent HPE eligibility cont.

Example 1: Someone **with no HPE** in the prior 12 months.

Example 2: Someone **with HPE** in the prior 12 months.

Check for current OHP coverage

Example 1: Someone with current OHP Plus coverage as of the search date of 9/27/24.



Benefit Plan

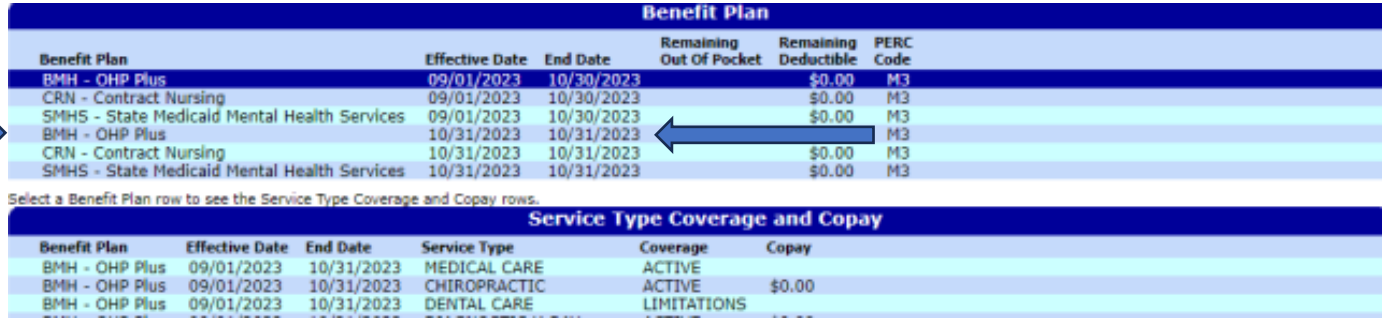
Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	02/01/2024	02/19/2024		$0.00	EE
CRN - Contract Nursing	02/01/2024	02/19/2024		$0.00	EE
SMHS - State Medicaid Mental Health Services	02/01/2024	02/19/2024		$0.00	EE
BMH - OHP Plus	02/20/2024	03/31/2024		$0.00	EE
CRN - Contract Nursing	02/20/2024	03/31/2024		$0.00	EE
SMHS - State Medicaid Mental Health Services	02/20/2024	03/31/2024		$0.00	EE
BMH - OHP Plus	04/01/2024	04/30/2024		$0.00	EE
CRN - Contract Nursing	04/01/2024	04/30/2024		$0.00	EE
SMHS - State Medicaid Mental Health Services	04/01/2024	04/30/2024		$0.00	EE
BMH - OHP Plus	05/01/2024	09/27/2024			EE
CRN - Contract Nursing	05/01/2024	09/27/2024		$0.00	EE
SMHS - State Medicaid Mental Health Services	05/01/2024	09/27/2024		$0.00	EE

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

Service Type Coverage and Copay

Benefit Plan	Effective Date	End Date	Service Type	Coverage	Copay
BMH - OHP Plus	02/01/2024	09/27/2024	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	02/01/2024	09/27/2024	CHIROPRACTIC	ACTIVE	$0.00
BMH - OHP Plus	02/01/2024	09/27/2024	DENTAL CARE	ACTIVE	
BMH - OHP Plus	02/01/2024	09/27/2024	DIAGNOSTIC X-RAY	ACTIVE	$0.00

Example 2: Someone with no active coverage as of a search date of 9/27/24. Most recent coverage ended 10/31/23.



Benefit Plan

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	09/01/2023	10/30/2023		$0.00	M3
CRN - Contract Nursing	09/01/2023	10/30/2023		$0.00	M3
SMHS - State Medicaid Mental Health Services	09/01/2023	10/30/2023		$0.00	M3
BMH - OHP Plus	10/31/2023	10/31/2023			M3
CRN - Contract Nursing	10/31/2023	10/31/2023		$0.00	M3
SMHS - State Medicaid Mental Health Services	10/31/2023	10/31/2023		$0.00	M3

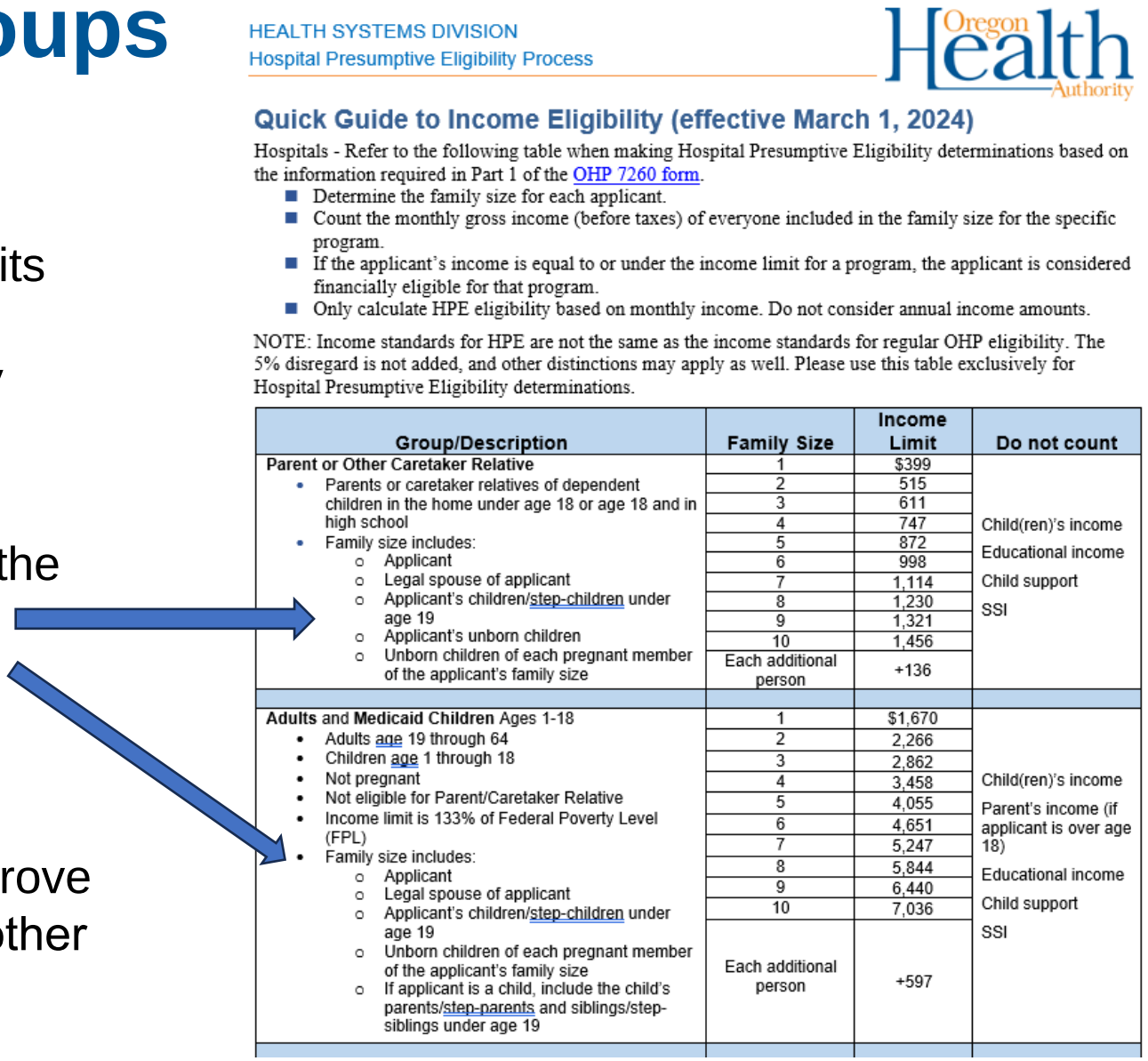
Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

Service Type Coverage and Copay

Benefit Plan	Effective Date	End Date	Service Type	Coverage	Copay
BMH - OHP Plus	09/01/2023	10/31/2023	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	09/01/2023	10/31/2023	CHIROPRACTIC	ACTIVE	$0.00
BMH - OHP Plus	09/01/2023	10/31/2023	DENTAL CARE	LIMITATIONS	

Review eligibility groups and income

- HPE Eligibility groups and income limits can be found on the Quick Guide to Income Eligibility – it is updated every year in March when Federal Poverty Levels are adjusted.
- The Guide describes who to count in the family size for each medical program category.
- If income is more than the limits that apply, you must deny HPE.
- If it is less than the limit, you may approve HPE, assuming they don't meet any other eligibility exclusions.



HEALTH SYSTEMS DIVISION
Hospital Presumptive Eligibility Process

Oregon Health Authority

Quick Guide to Income Eligibility (effective March 1, 2024)

Hospitals - Refer to the following table when making Hospital Presumptive Eligibility determinations based on the information required in Part 1 of the OHP 7260 form.

- Determine the family size for each applicant.
- Count the monthly gross income (before taxes) of everyone included in the family size for the specific program.
- If the applicant's income is equal to or under the income limit for a program, the applicant is considered financially eligible for that program.
- Only calculate HPE eligibility based on monthly income. Do not consider annual income amounts.

NOTE: Income standards for HPE are not the same as the income standards for regular OHP eligibility. The 5% disregard is not added, and other distinctions may apply as well. Please use this table exclusively for Hospital Presumptive Eligibility determinations.

Group/Description	Family Size	Income Limit	Do not count
Parent or Other Caretaker Relative • Parents or caretaker relatives of dependent children in the home under age 18 or age 18 and in high school • Family size includes: ○ Applicant ○ Legal spouse of applicant ○ Applicant's children/step-children under age 19 ○ Applicant's unborn children ○ Unborn children of each pregnant member of the applicant's family size	1	$399	Child(ren)'s income Educational income Child support SSI
	2	515	
	3	611	
	4	747	
	5	872	
	6	998	
	7	1,114	
	8	1,230	
	9	1,321	
	10	1,456	
	Each additional person	+136	
Adults and **Medicaid Children** Ages 1-18 • Adults age 19 through 64 • Children age 1 through 18 • Not pregnant • Not eligible for Parent/Caretaker Relative • Income limit is 133% of Federal Poverty Level (FPL) • Family size includes: ○ Applicant ○ Legal spouse of applicant ○ Applicant's children/step-children under age 19 ○ Unborn children of each pregnant member of the applicant's family size ○ If applicant is a child, include the child's parents/step-parents and siblings/step-siblings under age 19	1	$1,670	Child(ren)'s income Parent's income (if applicant is over age 18) Educational income Child support SSI
	2	2,266	
	3	2,862	
	4	3,458	
	5	4,055	
	6	4,651	
	7	5,247	
	8	5,844	
	9	6,440	
	10	7,036	
	Each additional person	+597	

Complete Part 2 of the OHP 7260

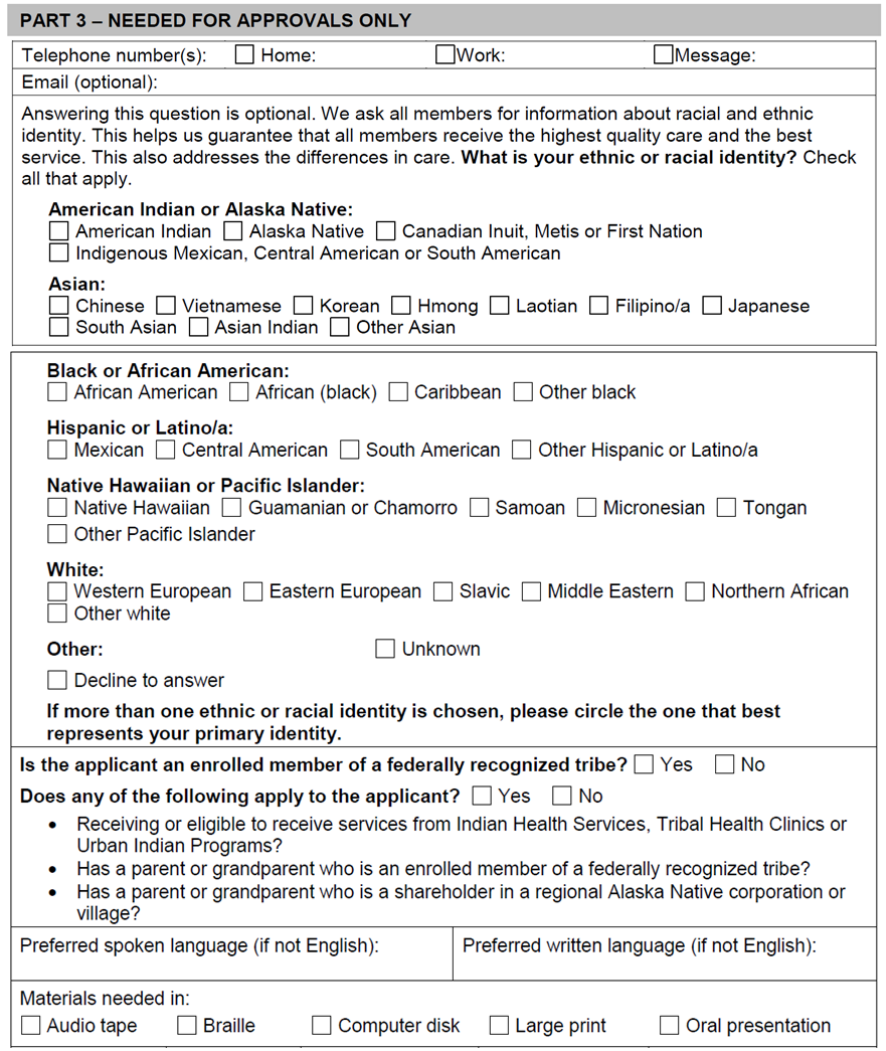
- For Part 2 of the application, you will document eligibility and then select the eligibility group that the applicant qualifies for.

* For denials, it is okay to not select an eligibility group. This section must be completed for all applicants.

PART 2 – DETERMINATION BY HOSPITAL REPRESENTATIVE – *Based on answers in Part 1 only*

Eligible?	If yes, select eligibility group:	
☐ Yes – Give approval notice	☐ Adult	☐ Former Foster Care Youth < age 26
☐ No – Give denial notice	☐ Pregnant woman	☐ Parent/caretaker relative
	☐ Child - CHIP	☐ BCCTP
	☐ Child - Medicaid	

Complete Part 3 of the OHP 7260 for HPE application approvals



PART 3 – NEEDED FOR APPROVALS ONLY

Telephone number(s): ☐ Home: ☐ Work: ☐ Message:

Email (optional):

Answering this question is optional. We ask all members for information about racial and ethnic identity. This helps us guarantee that all members receive the highest quality care and the best service. This also addresses the differences in care. **What is your ethnic or racial identity?** Check all that apply.

American Indian or Alaska Native:
☐ American Indian ☐ Alaska Native ☐ Canadian Inuit, Metis or First Nation
☐ Indigenous Mexican, Central American or South American

Asian:
☐ Chinese ☐ Vietnamese ☐ Korean ☐ Hmong ☐ Laotian ☐ Filipino/a ☐ Japanese
☐ South Asian ☐ Asian Indian ☐ Other Asian

Black or African American:
☐ African American ☐ African (black) ☐ Caribbean ☐ Other black

Hispanic or Latino/a:
☐ Mexican ☐ Central American ☐ South American ☐ Other Hispanic or Latino/a

Native Hawaiian or Pacific Islander:
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Micronesian ☐ Tongan
☐ Other Pacific Islander

White:
☐ Western European ☐ Eastern European ☐ Slavic ☐ Middle Eastern ☐ Northern African
☐ Other white

Other: ☐ Unknown

☐ Decline to answer

If more than one ethnic or racial identity is chosen, please circle the one that best represents your primary identity.

Is the applicant an enrolled member of a federally recognized tribe? ☐ Yes ☐ No

Does any of the following apply to the applicant? ☐ Yes ☐ No

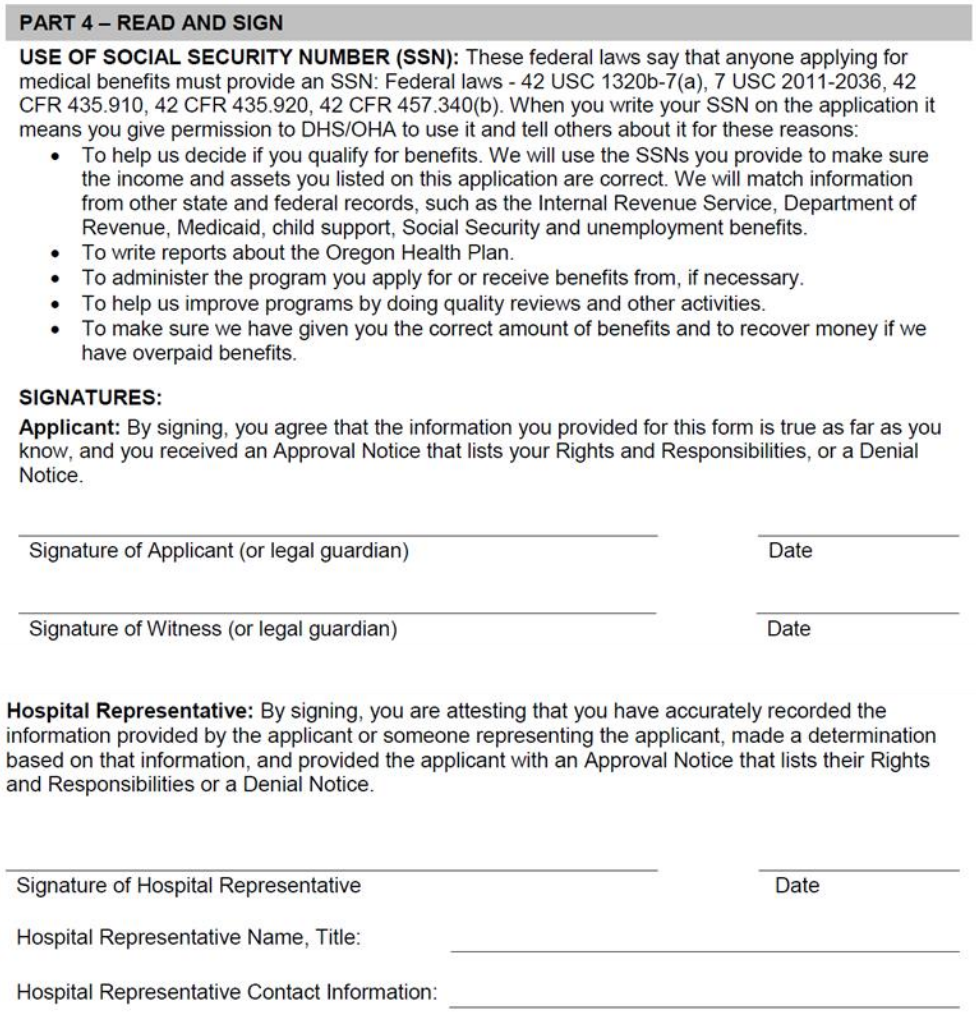
- Receiving or eligible to receive services from Indian Health Services, Tribal Health Clinics or Urban Indian Programs?
- Has a parent or grandparent who is an enrolled member of a federally recognized tribe?
- Has a parent or grandparent who is a shareholder in a regional Alaska Native corporation or village?

Preferred spoken language (if not English):	Preferred written language (if not English):

Materials needed in:
☐ Audio tape ☐ Braille ☐ Computer disk ☐ Large print ☐ Oral presentation

- You must review and ask applicants about all questions in Part 3.
- These answers are not required for HPE benefits to be approved, but they are needed to the extent that the data is available, and the individual chooses to disclose.

Complete Part 4 of the OHP 7260



PART 4 – READ AND SIGN

USE OF SOCIAL SECURITY NUMBER (SSN): These federal laws say that anyone applying for medical benefits must provide an SSN: Federal laws - 42 USC 1320b-7(a), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b). When you write your SSN on the application it means you give permission to DHS/OHA to use it and tell others about it for these reasons:

- To help us decide if you qualify for benefits. We will use the SSNs you provide to make sure the income and assets you listed on this application are correct. We will match information from other state and federal records, such as the Internal Revenue Service, Department of Revenue, Medicaid, child support, Social Security and unemployment benefits.
- To write reports about the Oregon Health Plan.
- To administer the program you apply for or receive benefits from, if necessary.
- To help us improve programs by doing quality reviews and other activities.
- To make sure we have given you the correct amount of benefits and to recover money if we have overpaid benefits.

SIGNATURES:

Applicant: By signing, you agree that the information you provided for this form is true as far as you know, and you received an Approval Notice that lists your Rights and Responsibilities, or a Denial Notice.

Signature of Applicant (or legal guardian) _____ Date _____

Signature of Witness (or legal guardian) _____ Date _____

Hospital Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

Signature of Hospital Representative _____ Date _____

Hospital Representative Name, Title: _____

Hospital Representative Contact Information: _____

- You must review the “Use of Social Security Number (SSN)” section with applicants to ensure they are aware of these required disclosures.
- All approved and denied individuals (or their legal guardians) are required to sign.
- As the qualified hospital representative, you must complete your section completely and legibly.

Let's review some examples of completed applications

Example 1: Approved HPE for a pregnant individual with one other child in the home

- Part 1 is completed with all applicant information
- Part 2 is completed with eligibility determination and eligibility group.

DHS Oregon Department of Human Services

HOSPITAL PRESUMPTIVE APPLICATION FOR TEMPORARY MEDICAL ASSISTANCE

Oregon Health Authority

Hospitals may approve an individual for coverage through this process once every 12 months.

PART 1 – REQUIRED INFORMATION – *Applicant attestation only; no documents required*

Legal name (first, middle, last and suffix): Jane Doe	Family size: 3	Household's gross monthly income: $3,000
Date of birth: 09/06/1997	Sex: ☐ Male ■ Female	SSN: 555-55-5555
Home address: 1111 Happy Valley Lane Portlandia, OR 99999		
Mailing address (if different):		
Lives in and plans to stay in Oregon? ■ Yes ☐ No	U.S. citizen, U.S. national or qualified non-citizen? ■ Yes ☐ No	
Primary caretaker for any child under age 19 who: 1) is your own child or relative and 2) lives with you? ■ Yes ☐ No		
Previous HPE coverage? ☐ Yes ■ No	If Yes, when?	

If available, also tell us the following:

Other medical coverage? ☐ Yes ■ No	Pregnant? If yes, pregnancy due date: 4/30/2025 ■ Yes ☐ No
Age 65 or over? ☐ Yes ■ No	In Oregon Foster Care at age 18? ☐ Yes ■ No
Receiving Medicare? ☐ Yes ■ No	Eligible for or receiving SSI benefits? ☐ Yes ■ No

PART 2 – DETERMINATION BY HOSPITAL REPRESENTATIVE – *Based on answers in Part 1 only*

Eligible?
- ■ Yes – Give approval notice
- ☐ No – Give denial notice

If yes, select eligibility group:
- ☐ Adult
- ■ Pregnant woman
- ☐ Child - CHIP
- ☐ Child - Medicaid
- ☐ Former Foster Care Youth < age 26
- ☐ Parent/caretaker relative
- ☐ BCCTP

PART 3 – NEEDED FOR APPROVALS ONLY

Telephone number(s): ■ Home: (111)111-1 ☐ Work: ☐ Message:

Email (optional):

Answering this question is optional. We ask all members for information about racial and ethnic identity. This helps us guarantee that all members receive the highest quality care and the best service. This also addresses the differences in care. **What is your ethnic or racial identity?** Check all that apply.

American Indian or Alaska Native:
☐ American Indian ☐ Alaska Native ☐ Canadian Inuit, Metis or First Nation
☐ Indigenous Mexican, Central American or South American

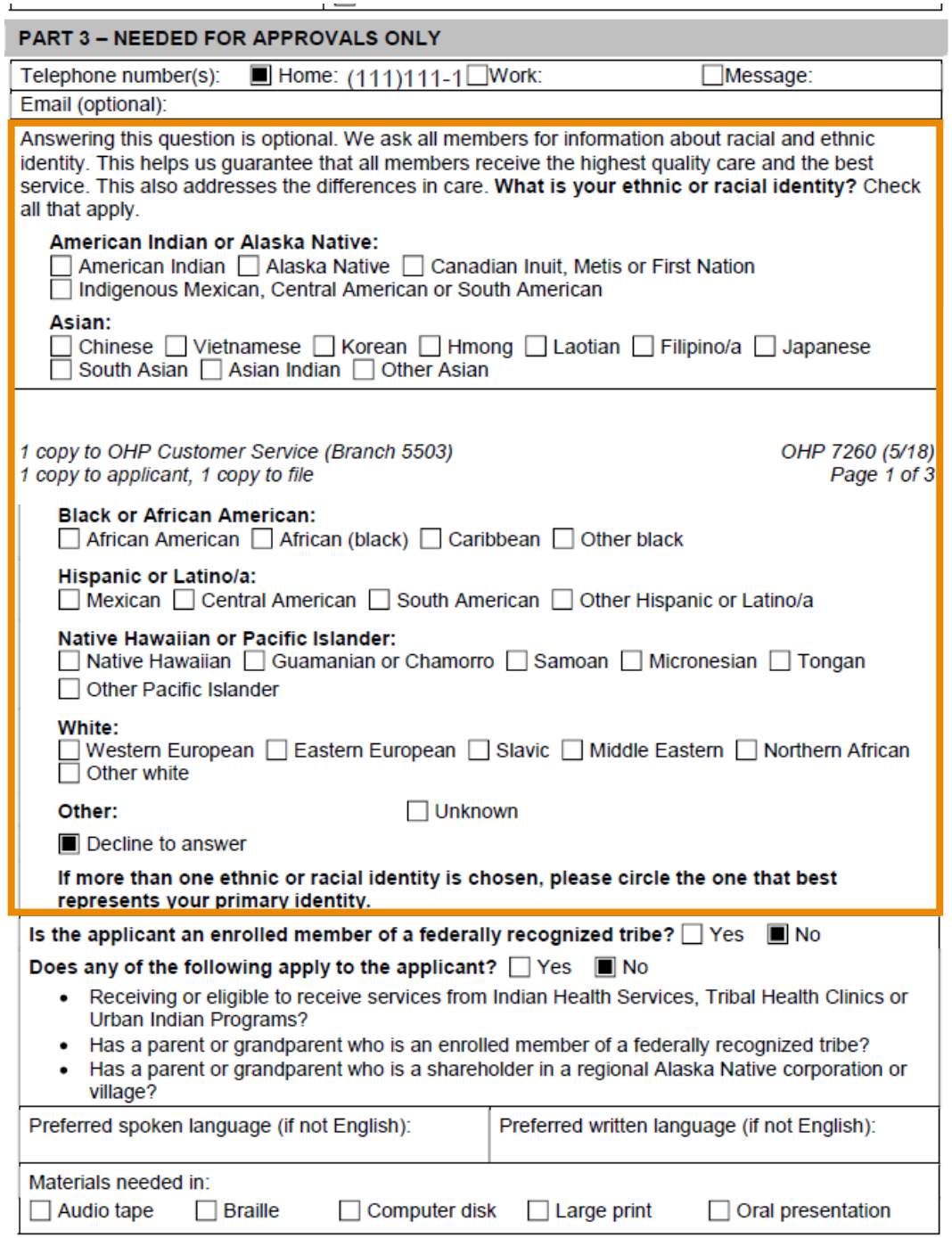
Asian:
☐ Chinese ☐ Vietnamese ☐ Korean ☐ Hmong ☐ Laotian ☐ Filipino/a ☐ Japanese
☐ South Asian ☐ Asian Indian ☐ Other Asian

1 copy to OHP Customer Service (Branch 5503)
1 copy to applicant, 1 copy to file

OHP 7260 (5/18)
Page 1 of 3

Example 1: Approved HPE for a pregnant individual with one other child in the home cont.

- Part 3 is completed. This part of the application is needed only for approvals.
- The REALD section is not required (highlighted in orange)



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☐ Indigenous Mexican, Central American or South American

Asian:
☐ Chinese ☐ Vietnamese ☐ Korean ☐ Hmong ☐ Laotian ☐ Filipino/a ☐ Japanese
☐ South Asian ☐ Asian Indian ☐ Other Asian

1 copy to OHP Customer Service (Branch 5503)
1 copy to applicant, 1 copy to file

OHP 7260 (5/18)
Page 1 of 3

Black or African American:
☐ African American ☐ African (black) ☐ Caribbean ☐ Other black

Hispanic or Latino/a:
☐ Mexican ☐ Central American ☐ South American ☐ Other Hispanic or Latino/a

Native Hawaiian or Pacific Islander:
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Micronesian ☐ Tongan
☐ Other Pacific Islander

White:
☐ Western European ☐ Eastern European ☐ Slavic ☐ Middle Eastern ☐ Northern African
☐ Other white

Other: ☐ Unknown

■ Decline to answer

If more than one ethnic or racial identity is chosen, please circle the one that best represents your primary identity.

Is the applicant an enrolled member of a federally recognized tribe? ☐ Yes ■ No

Does any of the following apply to the applicant? ☐ Yes ■ No

- Receiving or eligible to receive services from Indian Health Services, Tribal Health Clinics or Urban Indian Programs?
- Has a parent or grandparent who is an enrolled member of a federally recognized tribe?
- Has a parent or grandparent who is a shareholder in a regional Alaska Native corporation or village?

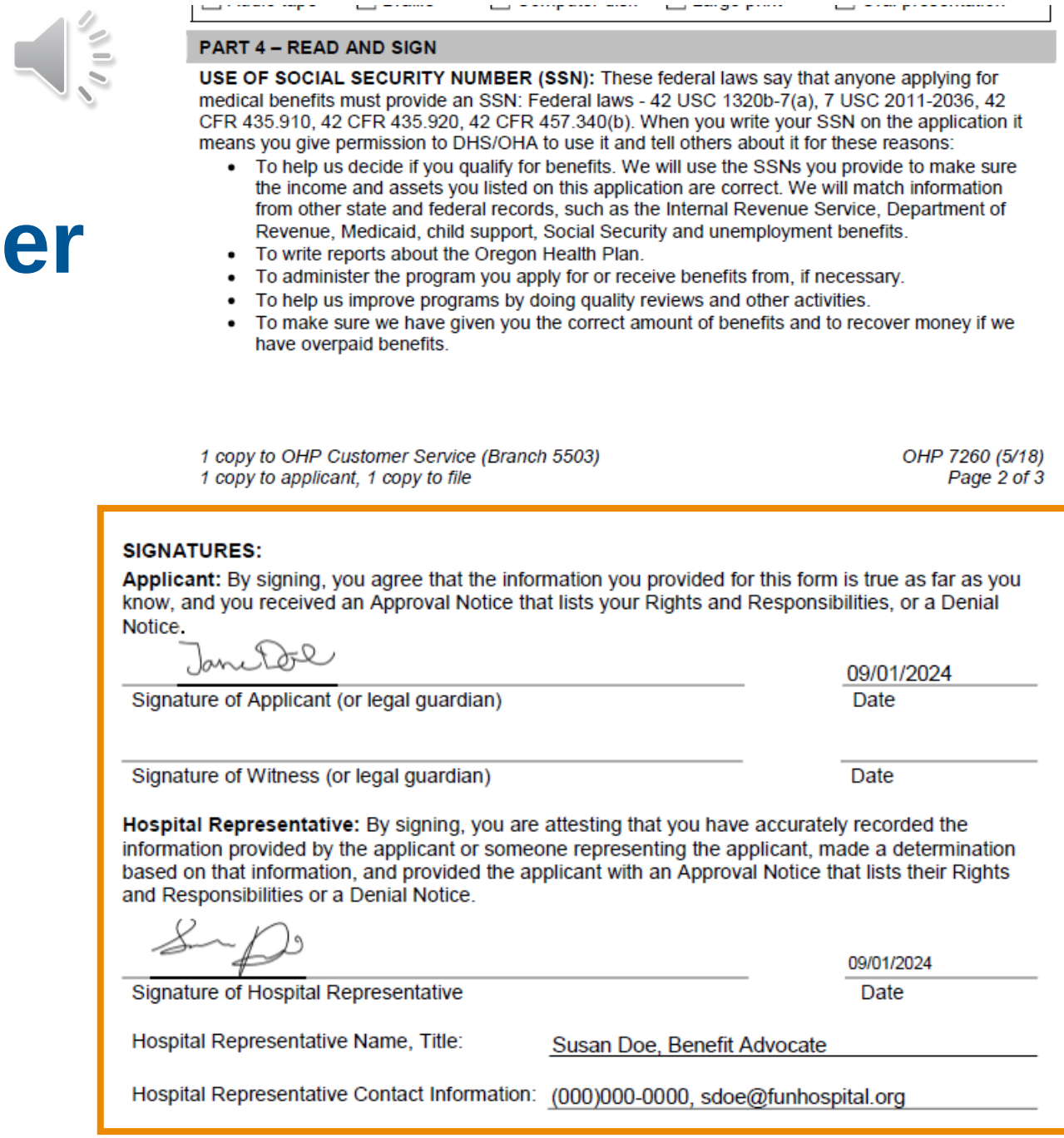
Preferred spoken language (if not English):

Preferred written language (if not English):

Materials needed in:
☐ Audio tape ☐ Braille ☐ Computer disk ☐ Large print ☐ Oral presentation

Example 1: Approved HPE for a pregnant individual with one other child in the home cont.

- Part 4 must be completed as pictured.
- The application will not be accepted if the applicant signature is missing.
- The hospital representative must complete all details as pictured



PART 4 – READ AND SIGN

USE OF SOCIAL SECURITY NUMBER (SSN): These federal laws say that anyone applying for medical benefits must provide an SSN: Federal laws - 42 USC 1320b-7(a), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b). When you write your SSN on the application it means you give permission to DHS/OHA to use it and tell others about it for these reasons:

- To help us decide if you qualify for benefits. We will use the SSNs you provide to make sure the income and assets you listed on this application are correct. We will match information from other state and federal records, such as the Internal Revenue Service, Department of Revenue, Medicaid, child support, Social Security and unemployment benefits.
- To write reports about the Oregon Health Plan.
- To administer the program you apply for or receive benefits from, if necessary.
- To help us improve programs by doing quality reviews and other activities.
- To make sure we have given you the correct amount of benefits and to recover money if we have overpaid benefits.

1 copy to OHP Customer Service (Branch 5503)
1 copy to applicant, 1 copy to file

OHP 7260 (5/18)
Page 2 of 3

SIGNATURES:

Applicant: By signing, you agree that the information you provided for this form is true as far as you know, and you received an Approval Notice that lists your Rights and Responsibilities, or a Denial Notice.

Jane Doe — Signature of Applicant (or legal guardian)

09/01/2024 — Date

Signature of Witness (or legal guardian)

Date

Hospital Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

Susan Doe — Signature of Hospital Representative

09/01/2024 — Date

Hospital Representative Name, Title: Susan Doe, Benefit Advocate

Hospital Representative Contact Information: (000)000-0000, sdoe@funhospital.org

Example 2: Denied HPE for an adult without a qualifying immigration status

- Part 1 is completed with all applicant information
- Part 2 is completed with eligibility determination and eligibility group.

Note: You do not complete Part 3 for denied HPE applications.

DHS Oregon Department of Human Services

HOSPITAL PRESUMPTIVE APPLICATION FOR TEMPORARY MEDICAL ASSISTANCE

Oregon Health Authority

Hospitals may approve an individual for coverage through this process once every 12 months.

PART 1 – REQUIRED INFORMATION – *Applicant attestation only; no documents required*

Legal name (first, middle, last and suffix): Jose Doe	Family size: 5	Household's gross monthly income: $3,500
Date of birth: 07/16/1989	Sex: ■ Male ☐ Female	SSN:
Home address: 1110 Happy Valley Lane Portlandia, OR 99999		
Mailing address (if different):		
Lives in and plans to stay in Oregon? ■ Yes ☐ No	U.S. citizen, U.S. national or qualified non-citizen? ☐ Yes ■ No	
Primary caretaker for any child under age 19 who: 1) is your own child or relative and 2) lives with you? ■ Yes ☐ No		
Previous HPE coverage? ☐ Yes ■ No	If Yes, when?	
If available, also tell us the following:		
Other medical coverage? ☐ Yes ■ No	Pregnant? If yes, pregnancy due date: ☐ Yes ■ No	
Age 65 or over? ☐ Yes ■ No	In Oregon Foster Care at age 18? ☐ Yes ■ No	
Receiving Medicare? ☐ Yes ■ No	Eligible for or receiving SSI benefits? ☐ Yes ■ No	

PART 2 – DETERMINATION BY HOSPITAL REPRESENTATIVE – *Based on answers in Part 1 only*

Eligible?	If yes, select eligibility group:	
☐ Yes – Give approval notice ■ No – Give denial notice	☐ Adult ☐ Pregnant woman ☐ Child - CHIP ☐ Child - Medicaid	☐ Former Foster Care Youth < age 26 ☐ Parent/caretaker relative ☐ BCCTP

PART 3 – NEEDED FOR APPROVALS ONLY

Telephone number(s): ☐ Home: ☐ Work: ☐ Message:

Email (optional):

Answering this questio… k all members fo… racial and ethnic identity. This helps us … rs re… are and the best service. This also addresse… **… or racial identity?** Check all that apply.

American Indian or Alaska Na…

☐ American Indian ☐ A… First Nation

☐ Indigenous Mexi… …ou…

Asian:

☐ Chinese ☐ Vietn… ☐ Korean ☐ Hmong ☐ Laoti… …no/a ☐ Japanese

☐ South Asian ☐ As… …ndian ☐ Other Asian

1 copy to OHP Customer Service (Branch 5503)
1 copy to applicant, 1 copy to file

OHP 7260 (5/18)
Page 1 of 3

Example 2: Denied HPE for an adult without a qualifying immigration status cont.

- Part 4 must be completed as pictured.
- The application will not be accepted if the applicant signature is missing.
- The hospital representative must complete all details as pictured

PART 4 – READ AND SIGN

USE OF SOCIAL SECURITY NUMBER (SSN): These federal laws say that anyone applying for medical benefits must provide an SSN: Federal laws - 42 USC 1320b-7(a), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b). When you write your SSN on the application it means you give permission to DHS/OHA to use it and tell others about it for these reasons:

- To help us decide if you qualify for benefits. We will use the SSNs you provide to make sure the income and assets you listed on this application are correct. We will match information from other state and federal records, such as the Internal Revenue Service, Department of Revenue, Medicaid, child support, Social Security and unemployment benefits.
- To write reports about the Oregon Health Plan.
- To administer the program you apply for or receive benefits from, if necessary.
- To help us improve programs by doing quality reviews and other activities.
- To make sure we have given you the correct amount of benefits and to recover money if we have overpaid benefits.

1 copy to OHP Customer Service (Branch 5503)
1 copy to applicant, 1 copy to file

OHP 7260 (5/18)
Page 2 of 3

SIGNATURES:

Applicant: By signing, you agree that the information you provided for this form is true as far as you know, and you received an Approval Notice that lists your Rights and Responsibilities, or a Denial Notice.

Jose Doe — Signature of Applicant (or legal guardian)

09/01/2024 — Date

Signature of Witness (or legal guardian)

Date

Hospital Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

Signature of Hospital Representative

09/01/2024 — Date

Hospital Representative Name, Title: Susan Doe, Benefit Advocate

Hospital Representative Contact Information: (000)000-0000, sdoe@funhospital.org

Decision Notice

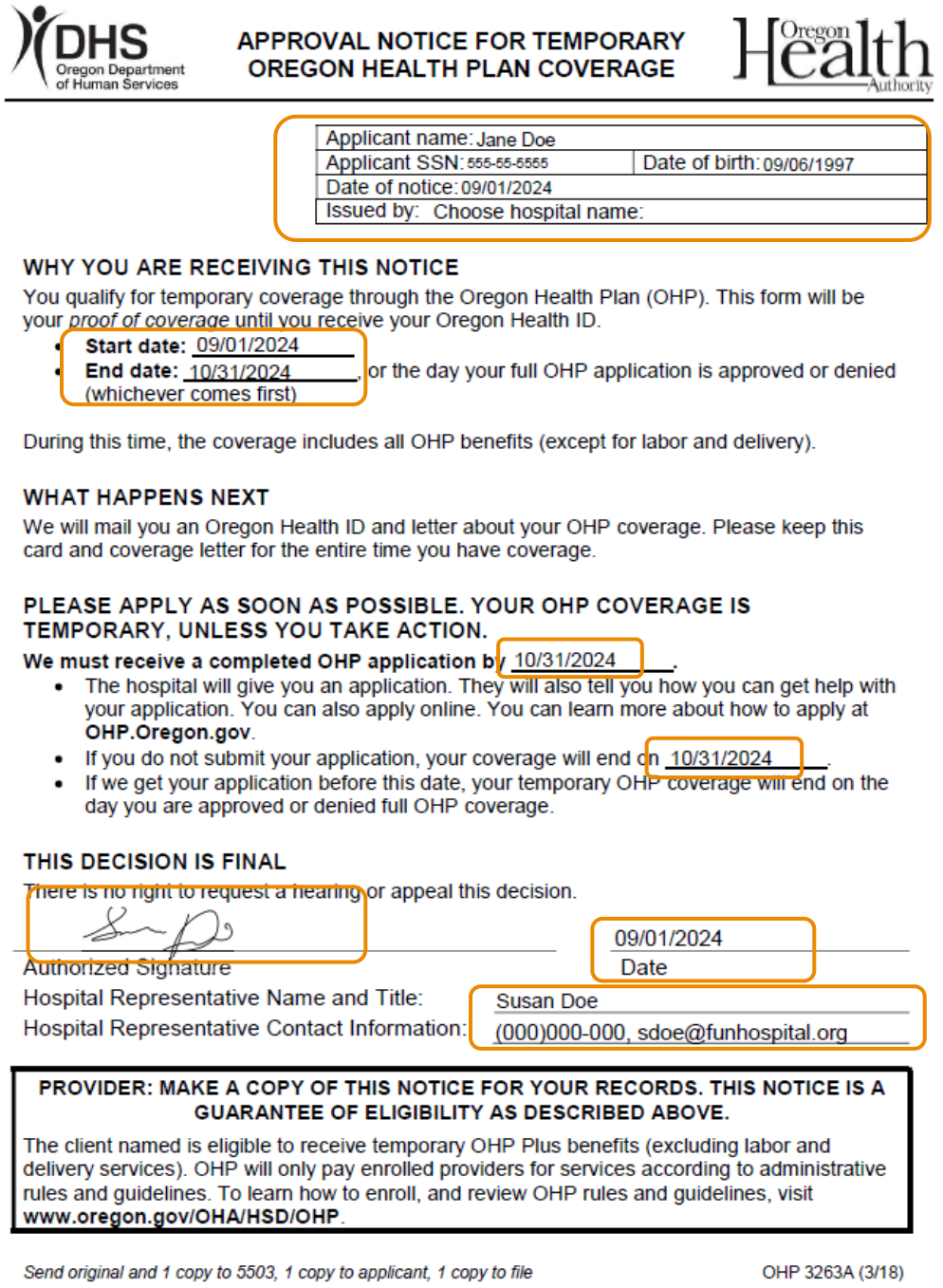
- After an HPE determination is made, whether approved or denied, all applicants must be immediately provided with a decision notice.
  - Approved applications receive an approval notice OHP 3263A
  - Denied applications receive a denial notice OHP 3263B

* All forms are found on the HPE website.

OHP 3263A Approval Notice

Complete all fields (outlined in orange).

- Include page 2 (Rights and Responsibilities).
- The notice is the applicant's proof of coverage until OHA can mail them an ID card.
- All dates must be entered so that providers can accept this as proof of coverage.
- The **Date of notice** is the date you made the determination.
- The **Start Date** is either:
  - The date you made the determination, OR
  - The date a covered service was provided as long as the application is submitted to the state within 5 days of the date of service.
- The **End date** and **Reply-by date must** contain the coverage end date. This date is the last day of the month following the month of the HPE Start Date. These dates must match.



DHS Oregon Department of Human Services

APPROVAL NOTICE FOR TEMPORARY OREGON HEALTH PLAN COVERAGE

Oregon Health Authority

Applicant name: Jane Doe	
Applicant SSN: 555-55-5555	Date of birth: 09/06/1997
Date of notice: 09/01/2024	
Issued by: Choose hospital name:	

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for temporary coverage through the Oregon Health Plan (OHP). This form will be your *proof of coverage* until you receive your Oregon Health ID.

- **Start date:** 09/01/2024
- **End date:** 10/31/2024, or the day your full OHP application is approved or denied (whichever comes first)

During this time, the coverage includes all OHP benefits (except for labor and delivery).

WHAT HAPPENS NEXT

We will mail you an Oregon Health ID and letter about your OHP coverage. Please keep this card and coverage letter for the entire time you have coverage.

PLEASE APPLY AS SOON AS POSSIBLE. YOUR OHP COVERAGE IS TEMPORARY, UNLESS YOU TAKE ACTION.

We must receive a completed OHP application by 10/31/2024.

- The hospital will give you an application. They will also tell you how you can get help with your application. You can also apply online. You can learn more about how to apply at **OHP.Oregon.gov**.
- If you do not submit your application, your coverage will end on 10/31/2024.
- If we get your application before this date, your temporary OHP coverage will end on the day you are approved or denied full OHP coverage.

THIS DECISION IS FINAL

There is no right to request a hearing or appeal this decision.

Authorized Signature — 09/01/2024 Date

Hospital Representative Name and Title: Susan Doe

Hospital Representative Contact Information: (000)000-000, sdoe@funhospital.org

PROVIDER: MAKE A COPY OF THIS NOTICE FOR YOUR RECORDS. THIS NOTICE IS A GUARANTEE OF ELIGIBILITY AS DESCRIBED ABOVE.

The client named is eligible to receive temporary OHP Plus benefits (excluding labor and delivery services). OHP will only pay enrolled providers for services according to administrative rules and guidelines. To learn how to enroll, and review OHP rules and guidelines, visit **www.oregon.gov/OHA/HSD/OHP**.

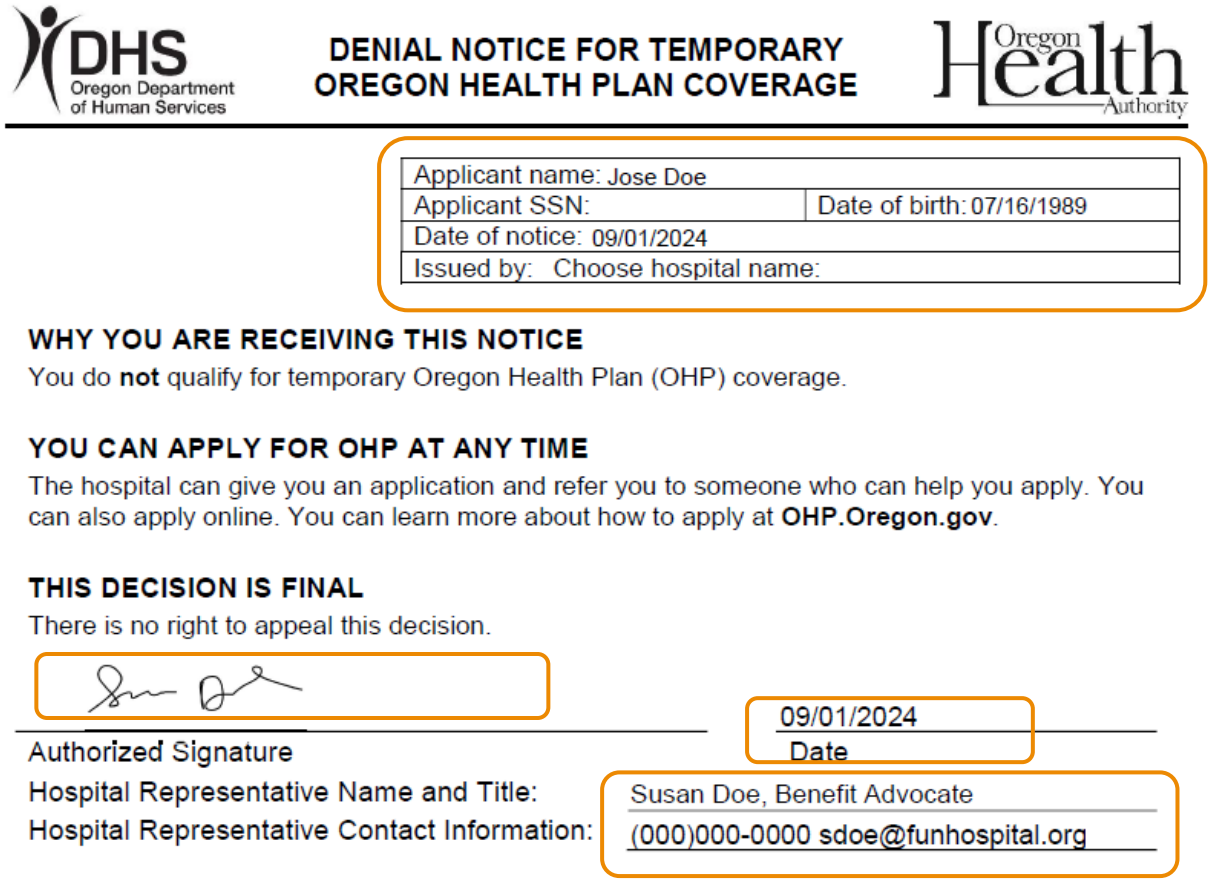
Send original and 1 copy to 5503, 1 copy to applicant, 1 copy to file OHP 3263A (3/18)

OHP 3263B Denial Notice

Complete all fields (outlined in orange).

- The notice is the applicant's proof of denied HPE coverage.
- This does not mean the applicant is not eligible for OHP – please provide the applicant with information to complete the full OHP application.

Note: There are other OHP programs that are not screened for during the HPE process that an individual could otherwise be eligible for.



DHS Oregon Department of Human Services

DENIAL NOTICE FOR TEMPORARY OREGON HEALTH PLAN COVERAGE

Oregon Health Authority

Applicant name: Jose Doe	
Applicant SSN:	Date of birth: 07/16/1989
Date of notice: 09/01/2024	
Issued by: Choose hospital name:	

WHY YOU ARE RECEIVING THIS NOTICE

You do **not** qualify for temporary Oregon Health Plan (OHP) coverage.

YOU CAN APPLY FOR OHP AT ANY TIME

The hospital can give you an application and refer you to someone who can help you apply. You can also apply online. You can learn more about how to apply at **OHP.Oregon.gov**.

THIS DECISION IS FINAL

There is no right to appeal this decision.

Authorized Signature — 09/01/2024 Date

Hospital Representative Name and Title: Susan Doe, Benefit Advocate

Hospital Representative Contact Information: (000)000-0000 sdoe@funhospital.org

Notify the applicant

- Give all applicants the following as soon as you complete the determination and application form:
  - Decision notice (OHP 3263A approval or OHP 3263B denial)
  - A copy of the completed HPE application (OHP 7260)
- Explain that:
  - This decision is final. Applicants cannot appeal or change the hospital's decision.
  - **If approved**: All individuals approved for HPE are required to complete a full OHP application by the due date if they want to continue to receive coverage.
  - **If denied**: HPE screening is based on limited information and only screens for a few programs. Applicants denied temporary coverage should still submit a full OHP application so that OHP Customer Service can determine if they qualify.

APPLICANT NEXT STEPS – COMPLETE THE FULL OHP APPLICATION

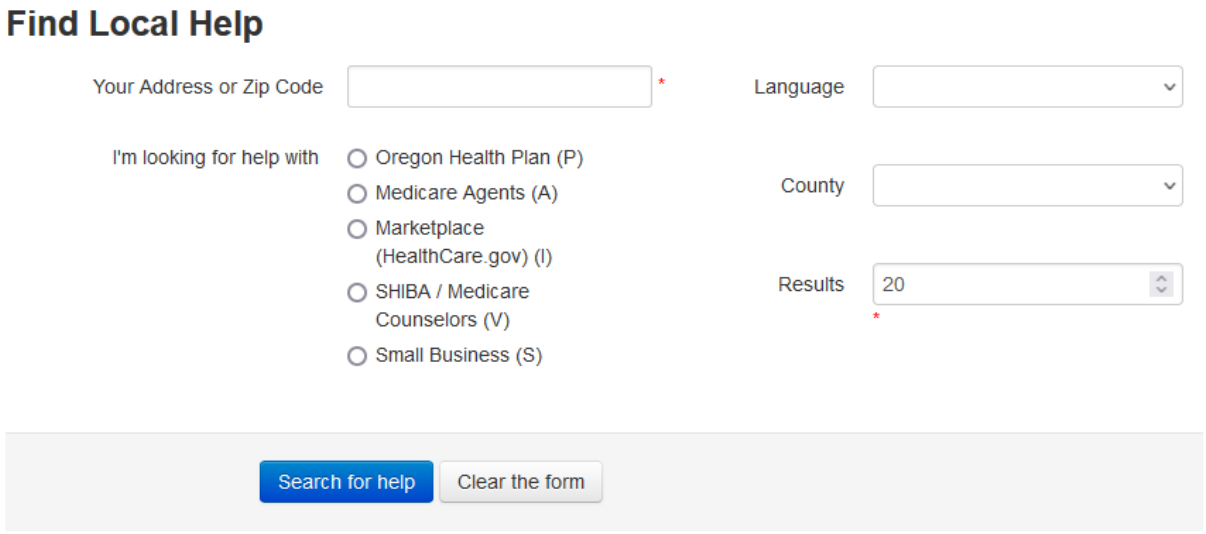
How can you help the applicant as a Hospital Representative?

You can help the applicant by providing them with the ways to complete a full OHP application:

1. Refer the applicant to an OHP Certified Assister.
2. Refer the applicant to apply online at ONE.Oregon.gov.
3. Provide a full OHP paper application.
4. Refer the applicant to visit a local ODHS office or call ONE Customer Service

How to find an OHP Certified Assister

- Your hospital may have staff trained as OHP-Certified Assisters. Please check with your hospital to see if this is the case and follow your internal process for referrals.
- If there is not an OHP-Certified Assister in your hospital, use the find local help tool to find one.



Apply online at ONE.Oregon.gov

The applicant may complete the full OHP application at ONE.Oregon.gov.

- More secure and,
- In many cases, gives real-time OHP eligibility determinations

Paper OHP Application

If applicants cannot apply with an OHP-Certified Assister or through ONE.Oregon.gov, please provide applicants:

- A full OHP paper application and mark “Hospital Presumptive” at the top of Page and,
- Help or inform the applicant on how to complete and submit a full OHP application.

Find a local ODHS office or call ONE Customer Service

Applicants can also:

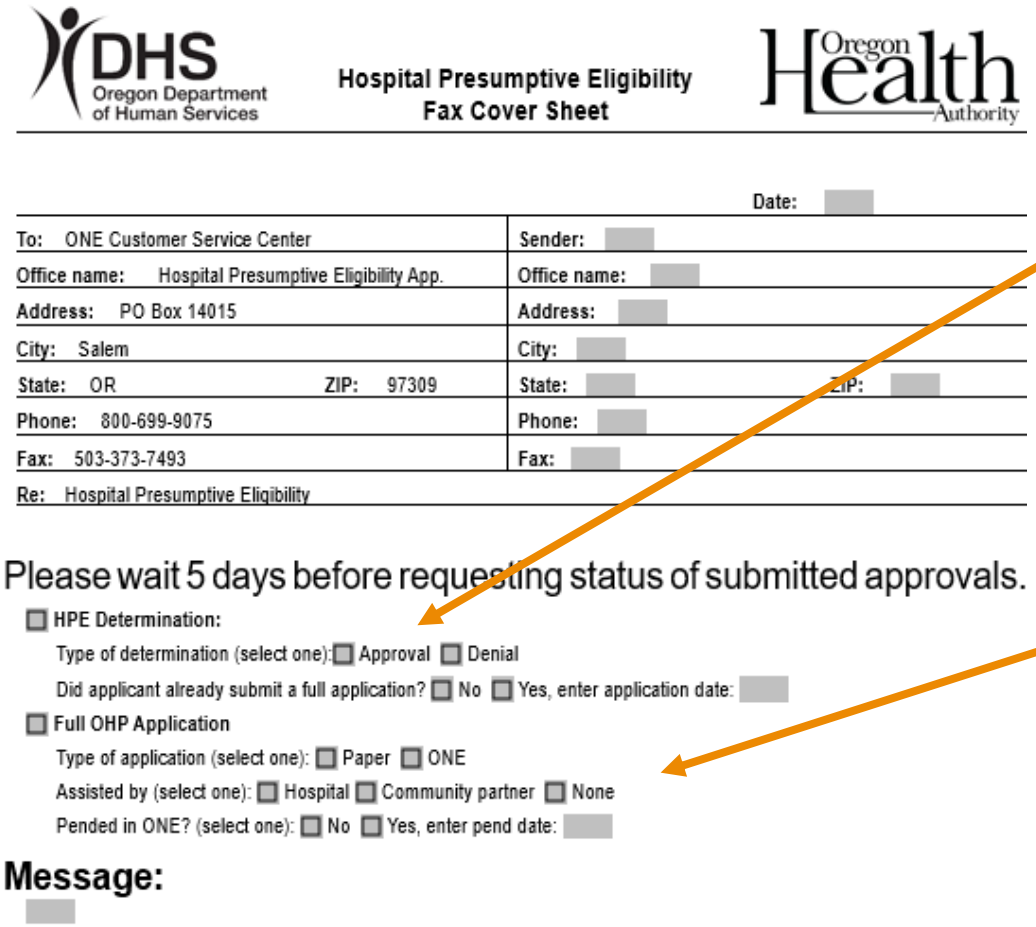
- Go to a local ODHS office for help with completing the full OHP application or to turn in the paper application.
  - Find a local ODHS office here.
- Or call ONE Customer Service at 800-699-9075

INFORMING ODHS/OHA OF THE DETERMINATION AND VERIFYING COVERAGE

How to inform ODHS/OHA of determination

- You must submit the following **within 5 business days** of making the determination:
  - HPE Fax Cover Sheet
  - Decision notice (OHP 3263A or 3263B)
  - Completed HPE application (OHP 7260)
- You can submit by:
  - Secure email to hospital.presumptive@odhsoha.Oregon.gov
  - Fax to 503-373-7493

HPE Fax Cover Sheet



DHS Oregon Department of Human Services

Hospital Presumptive Eligibility Fax Cover Sheet

Oregon Health Authority

Date:

To: ONE Customer Service Center	Sender:
Office name: Hospital Presumptive Eligibility App.	Office name:
Address: PO Box 14015	Address:
City: Salem	City:
State: OR ZIP: 97309	State: ZIP:
Phone: 800-699-9075	Phone:
Fax: 503-373-7493	Fax:
Re: Hospital Presumptive Eligibility	

Please wait 5 days before requesting status of submitted approvals.

☐ HPE Determination:
Type of determination (select one): ☐ Approval ☐ Denial
Did applicant already submit a full application? ☐ No ☐ Yes, enter application date:

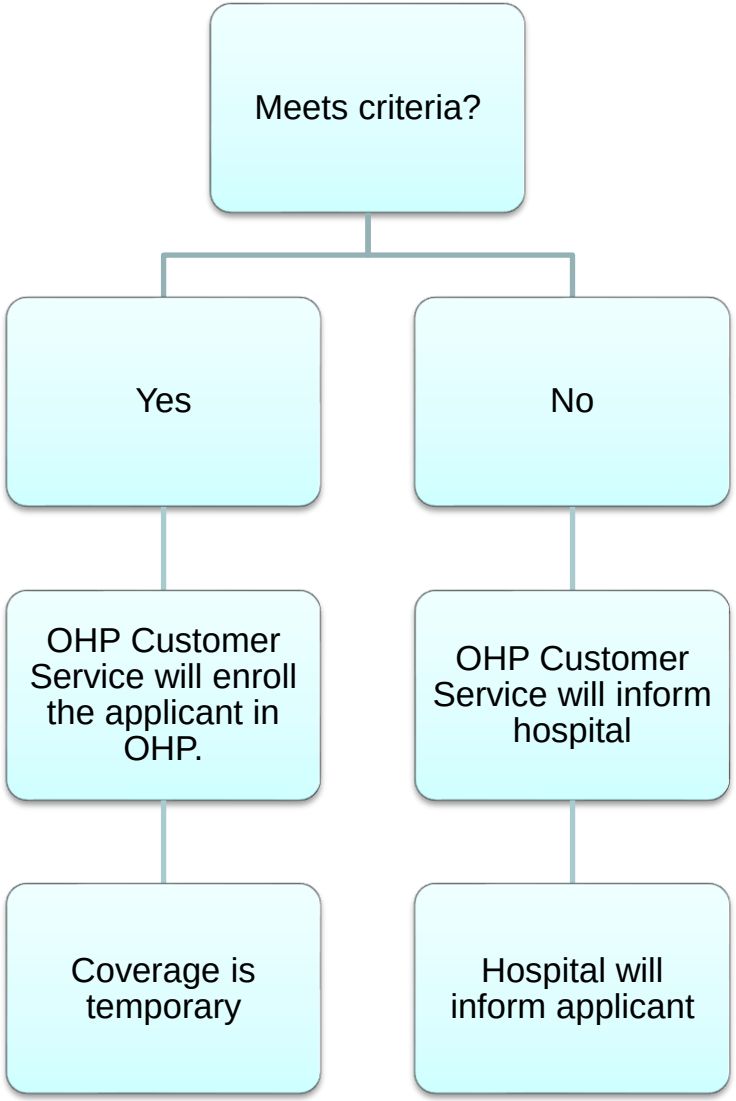
☐ Full OHP Application
Type of application (select one): ☐ Paper ☐ ONE
Assisted by (select one): ☐ Hospital ☐ Community partner ☐ None
Pended in ONE? (select one): ☐ No ☐ Yes, enter pend date:

Message:

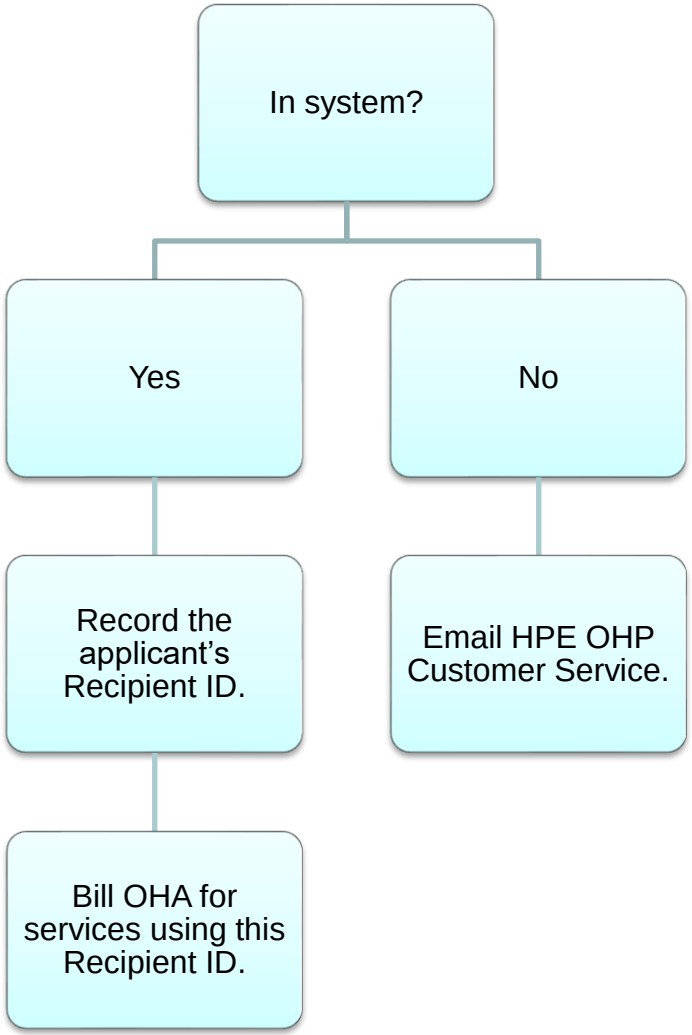
- **To report determinations:** Complete all fields in the **HPE Determination** section, including:
  - Whether they have already sent a full application to OHP Customer Service and if so, the application date
- **To report full applications:** Complete all fields in the **Full OHP Application** section, including:
  - If the applicant already submitted a full application through ONE or on paper
  - Who helped the applicant with the full application
  - If a full application was submitted and is pending in ONE, what was the application date?

Verifying HPE determinations

- OHP Customer Service will review documents to confirm:
  - The hospital is a qualified HPE determination site.
  - The hospital representative is qualified to make HPE determinations.
  - The applicant does not have OHP (Medicaid/CHIP) coverage.
  - The applicant (or their representative) has signed the OHP 7260 HPE application.
- If any of these conditions aren't met, the application may be returned and/or denied.



Checking for OHP enrollment



- If you do not hear from HPE OHP Customer Service within 7-10 days:
  - Check if the applicant is in our system at https://www.or-medicaid.gov.
  - Use the applicant's name, SSN, and/or date of birth.
- To email HPE OHP Customer Service, email, hospital.presumptive@odhsoha.oregon.gov.

Key Points

- Applicants without a qualifying immigration status are not eligible for HPE.
- Applicants with HPE in the last 12 months are not eligible for HPE.
- The application needs to be completed and signed for all HPE determinations – approved and denied.
- A Decision Notice must always be provided to applicants for all HPE determinations – approved and denied.
- The application and corresponding documents need to be submitted to ODHS within 5 days.
- The applicant must be informed on ways to complete the full OHP application.

HPE Resources

Resources to learn more:

- **CPOP HPE team email**: HPE.program@odhsoha.Oregon.gov
- **ODHS/OHA HPE Eligibility – OHP Customer Service:** Hospital.Presumptive@odhsoha.Oregon.gov
- **OHA HPE Website**: https://www.oregon.gov/oha/HSD/OHP/pages/hospital-pe.aspx
- **CPOP website**: https://oregoncpop.org/
- **Secure Email Portal:** https://secureemail.dhsoha.state.or.us/


ARIGATÔ
RAHMET
MOTASHAKKERAM
MAHALO
SUKRIYA
TAK
MERCI
TACK
BARKA
THANK YOU
DANKE
NAJIS TUKE
OBRIGADO
MANANA
СПАСИБО
谢谢
HVALA
GRACIAS
TODA