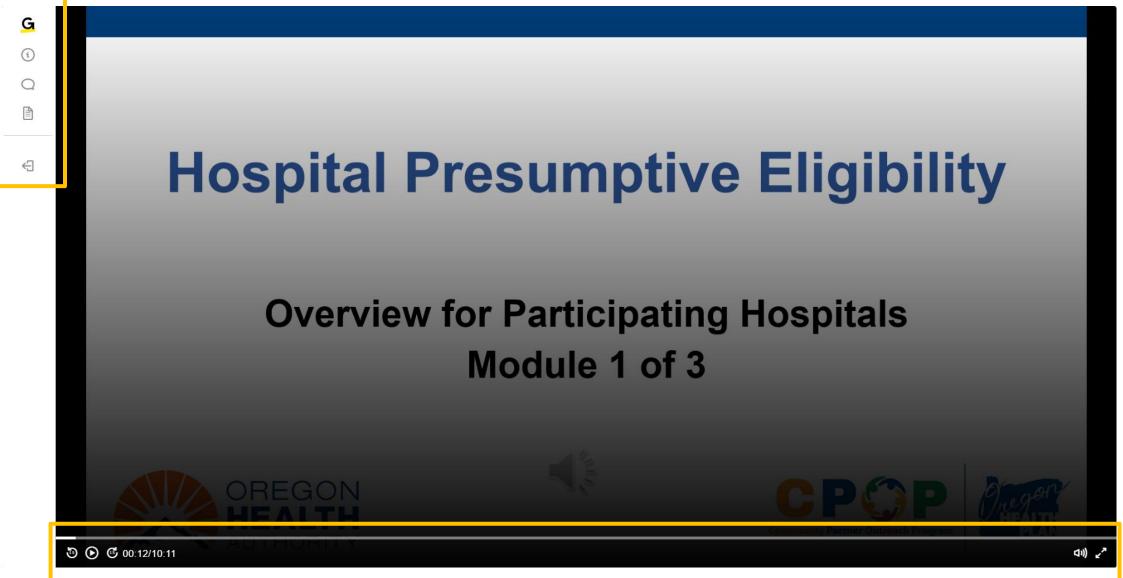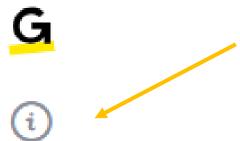# Using GoToWebinar on-demand
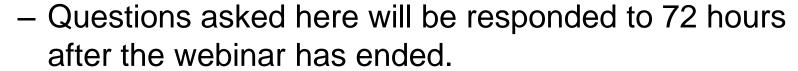
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Hospital Presumptive Eligibility

Overview for Participating Hospitals
Module 1 of 3

Agenda

Learning Objectives

Who we are

Background

What is Hospital Presumptive Eligibility

Hospital role and hospital qualified staff requirements

Who can apply and coverage

Resources

Learning Objectives

Participants will understand the purpose of the Presumptive Eligibility Process

Participants will understand the hospital & hospital representative roles and responsibilities for HPE

Participants will understand coverage and limitations of HPE

Who is CPOP?

Community Partner Outreach Program – "CPOP"

- Regional Outreach Coordinators – "ROCs"
- Strategists
- Other statewide roles

What we do for you

- Training and support

- Learning and engagement opportunities

Background

The Affordable Care Act (ACA) gave qualified hospitals the opportunity to determine presumptive eligibility (PE) for specific Medicaid – eligible populations beginning January 1, 2014.

This enabled hospitals to enroll likely-eligible people in temporary Medicaid, while ensuring that hospitals received compensation for hospital-based services and facilitating a pathway to Medicaid coverage.

More information

Hospital Presumptive Eligibility

- How to become a participating hospital
- Find a participating hospital

Community Partner Outreach Program

- About CPOP
- OHP Assisters

What is HPE?

- Hospital Presumptive Eligibility (HPE)

- A path for applicants to apply for **temporary** OHP coverage

- Immediate eligibility determination

Hospital's role and responsibilities

- Identify uninsured individuals who may be eligible for the Oregon Health Plan (OHP)

- Screen individuals for potential HPE coverage and make determinations for HPE.

- Educate individuals about their responsibility to complete the full OHP application (OHP 7210) for health coverage within required timeframes when an application has not already been completed.

Hospital's role and responsibilities cont.

- Help individuals complete a full OHP application by:
    - Helping them apply for OHP through ONE Online, or
    - Providing them with, or helping them complete, the OHP 7210 paper application, or
    - Providing resources to help individuals complete the application within required timeframes.
- Provide applicant with a decision notice of HPE approval or denial and submit the HPE application and determination to OHA/ODHS within 5 days.

Qualified hospital representative

To be a qualified hospital representative with the ability to make HPE determinations on behalf of the qualified hospital, a person must:

• Be employed by a qualified hospital or an employee of a hospital's contractor.

• Complete initial and annual training.

• Make determinations consistent with OHA policies and procedures.

Who can apply for coverage

- Any uninsured individual who is seeking immediate medical coverage can be screened for HPE.

  - There is no requirement that the individual be admitted to the hospital or be seeking hospital services, or any medical services, to apply.

- HPE is a path to ongoing eligibility as well as temporary coverage.

HPE Coverage

Start date is the date HPE coverage was approved

- End date is no later than the last day of the following month
- Example: Applicant was approved on May 26th, coverage ends June 30th

Covers all OHP Services

- Labor and delivery is excluded in HPE coverage

Receive care right away

- No need to wait for full OHP approval

Coverage start date

If eligible, an individual's temporary coverage starts on the date the hospital determines the individual is eligible.

Important to know: Only one period of HPE coverage is allowed in any 12-month period, calculated from the first day of the most recent previous period of HPE.

Coverage end date

The HPE end date is either the date a full OHP determination is made OR the end of the temporary coverage period, whichever is earliest.

- If the full application is submitted by the due date, HPE remains in effect until the full determination is made.

- If the full application is submitted by the due date and the agency determines the applicant is not eligible, HPE ends on the date the full determination is made.

- If the full application is not submitted by due date, HPE ends at the end of the temporary coverage period, which is the last day of the month following the month in which HPE begins.

What does HPE cover?

HPE covers all the same services covered with OHP, including dental, vision, and behavioral health EXCEPT:

- Pregnant individuals have full OHP Plus coverage including for "ambulatory prenatal care", but their HPE does not cover inpatient labor and delivery.
  - If individuals who had HPE when their pregnancy ends are determined to be Medicaid eligible, based on the timely submission of the full OHP application, the labor and delivery charges can often be covered with retroactive approval of Medicaid.
  - For a pregnant individual applying while in labor, it may be best for the hospital to submit a full OHP application through the ONE Online portal or on an OHP 7210 and request retroactive coverage as needed to cover the first date medical benefits were provided.

Key Points

- The hospital needs to be a qualifying site to conduct HPE determinations.

- Hospital staff need to be trained and approved to make HPE determinations.

- HPE is temporary Medicaid coverage for 30-60 days until a full OHP determination is made.

- Individuals are only eligible once in a 12-month period for HPE.

- HPE provides OHP Plus coverage minus labor and delivery.

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/