Indiana’s Hospital Presumptive Eligibility (HPE) Process

October 2014
The purpose of this training is to provide hospitals participating in the Hospital Presumptive Eligibility (HPE) process with an understanding of the eligibility requirements and the hospital’s role in assisting applicants through the HPE application.
Objectives

By the end of this lesson, you will be able to do the following:

• Explain the role HPE fills under the Affordable Care Act (ACA)
• Identify HPE requirements and aid categories
• Indicate applicant requirements used to determine HPE eligibility
• Distinguish how HPE differs from Presumptive Eligibility for Pregnant Women (PEPW)
• Describe how to enter an HPE application and make a determination using the Web interChange system
• Define HPE-covered services and the benefit period
• Recognize the hospital’s responsibility regarding the completion and submission of the Indiana Application for Health Coverage
What is Hospital Presumptive Eligibility (HPE)?
Under ACA, the State of Indiana is required to implement hospital presumptive eligibility. The process allows qualified providers to make temporary eligibility determinations for individuals. This will allow individuals to obtain medical services prior to an Indiana Health Coverage Programs (IHCP) determination by the Family and Social Services Administration (FSSA).
Introducing MAGI

ACA also mandates a new financial eligibility determination for certain eligibility groups known as Modified Adjusted Gross Income (MAGI).

MAGI is an income determination methodology based on federal taxable income and the tax household with some modifications.

For the HPE application, an individual will be asked about family size and income.

Later in the training, you will learn more about the information you need to know to determine if the HPE applicant meets MAGI eligibility criteria.
Beginning January 1, 2014, the HPE process will allow acute care hospitals to enroll with the Indiana Health Coverage Programs (IHCP) as HPE Qualified Providers (QPs) for the purpose of making presumptive eligibility determinations for IHCP.

HPE allows QPs to make eligibility determinations presumptively based on preliminary information that the applicant attests to. This allows hospitals to enroll individuals for temporary coverage with the expectation that an *Indiana Application for Health Coverage* will follow the presumptive decision.
An HPE Qualified Provider (QP) is an acute care hospital that:

• Participates as a provider under the IHCP state plan, notifies the IHCP of its election to make presumptive determinations, and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

• Has not been disqualified by the IHCP for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures, or for failure to meet any standards that may have been established by the IHCP.

Note: If hospitals choose to contract with third party vendors to assist with HPE, the hospital must retain ultimate responsibility for the PE determinations that result.
Hospital Responsibilities

Acute care hospital responsibilities include the following:

• Verify an individual’s IHCP eligibility via systems such as Web interChange or Automated Voice Response

• Enroll presumptively eligible individuals in the HPE process 24 hours a day, 7 days a week

• Make HPE determinations consistent with state policies and procedures

• Guide on the requirements to complete and submit the Indiana Application for Health Coverage within 30 days of a completed HPE application
Hospital Agreement

Acute care hospitals also agree to the following:

• Affirm that this organization understands and will abide by any published guidance regarding the performance of HPE activities

• Affirm that this organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility

• Affirm understanding that all HPE enrollment activities undertaken in this hospital must be performed by a hospital employee or hospital designee
The PEPW process still exists. Acute care hospitals that enrolled as PEPW qualified providers before 1/1/14 retain their ability to enroll individuals as a PEPW qualified provider. When accessing the HPE application system, these providers will see both PEPW and HPE verbiage and data fields to select for individuals.

Acute care hospitals were not enrolled as PEPW qualified hospitals on or after 1/1/14 are not eligible to enroll in the PEPW program. Going forward, acute care hospitals will only be eligible to enroll as qualified hospitals under HPE.
Acute care hospitals that are enrolled as both Presumptive Eligibility for Pregnant Women (PEPW) and HPE will be able to enroll pregnant women through either the PEPW or HPE process.

The primary difference between the PEPW and HPE is the delivery system—PEPW is managed care; HPE is fee-for-service.

The following slide (13) describes the process the QP should follow during the Enrollment Broker’s hours of operation, Monday – Friday 8 a.m. – 6 p.m. EST.
Prior to Beginning the PE Application

• For QPs enrolled in both the HPE and PEPW processes, the QP must inform the woman about presumptive eligibility prior to starting a PE application.
  – Explain to the applicant that she has the option of selecting a managed care entity for her PE period.
  – Ask the applicant if she wants to be considered for managed care.
• If the applicant says yes, use the PEPW application.
• If the applicant says no, use the HPE application.
• If the applicant does not have a preference, follow the process on the following slides (14 and 15).
When to use HPE or PEPW

The following examples are suggestions when determining which process to use when the applicant does not have a preference:

• Is the pregnant woman seeking acute care or routine care?
  – If the pregnant woman is seeking acute care that was not scheduled, it is recommended that the QP use the HPE process.
  – If the pregnant woman goes to the hospital to use the clinic within the hospital for routine prenatal care, it is recommended that the QP use the PEPW process.
When to use HPE or PEPW (continued)

• Where is the pregnant woman receiving services?
  – If the pregnant woman is seeking care in an emergency room or acute care setting, it is recommended that the QP use the HPE process.
  – If the pregnant woman is seeking prenatal care through an OBGYN’s office or clinic, it is recommended that the QP use the PEPW process.

• When is the pregnant woman seeking services?
  – If the pregnant woman is seeking services before 8 a.m. or after 6 p.m. Monday – Friday, or on a weekend, it is recommended that the QP use the HPE process.
  – If the pregnant woman is seeking services during the hours of 8 a.m.– 6 p.m., Monday – Friday, it is recommended that the QP use the PEPW process.

Note: When using the PEPW process, QPs must follow the instructions as provided in the Presumptive Eligibility for Pregnant Women Qualified Provider Manual.
ACA allows hospitals to determine HPE Aid categories for the following:

- Medicaid-eligible children
- Low-income parents/caretakers
- Family planning
- Pregnant women
- Former foster care children ages 18 through 25, up to age 26

HPE will not apply to anyone already covered by the Indiana Health Coverage Programs (IHCP) or a presumptive eligibility process.

DETAILS

HPE for an individual will last until the last day of the month following the month of determination if an application has not been filed, or until the day of the IHCP determination. All HPE categories are reimbursed through the fee-for-service delivery system. His/her benefits will depend on the HPE eligibility category for the individual.

Individuals have the option to select a Managed Care Entity (MCE) when they complete an Indiana Application for Health Coverage.
Additional requirements must be met for certain aid categories. Those requirements are as follows:

- **Parents or Caretakers** – Must live with an individual under the age of 18 and must be the main caretaker for the child(ren)

- **Former Foster Care Children** – Must be at least 18 but under 26 years old, have been in foster care under the responsibility of the State of Indiana, and enrolled in IHCP at age 18

- **Pregnant Women** – Individual must be pregnant, but the pregnancy does not need to be medically verified

- **Family Planning** – Individual must not be eligible for any other HPE category
Eligible HPE Applicants

To be eligible for the HPE program, an individual must meet the following requirements:

• Be a U.S. citizen or a qualified non-citizen
• Currently reside in Indiana
• Meet the income level requirements

<table>
<thead>
<tr>
<th>Aid Category</th>
<th>Aid Category Description</th>
<th>Income Eligibility (FPL Limit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HI</td>
<td>HPE Infants (Under 1)</td>
<td>213 % *</td>
</tr>
<tr>
<td>HK</td>
<td>HPE Children (Ages 1 through 18)</td>
<td>163 % *</td>
</tr>
<tr>
<td>HP</td>
<td>HPE Parents/Caretakers</td>
<td>Converted AFDC limits</td>
</tr>
<tr>
<td>H1</td>
<td>HPE Former Foster Care Children</td>
<td>No Income Requirement</td>
</tr>
<tr>
<td>HW</td>
<td>HPE Pregnant Women</td>
<td>213 % *</td>
</tr>
<tr>
<td>HF</td>
<td>HPE Family Planning</td>
<td>146 % *</td>
</tr>
</tbody>
</table>

* Includes 5% income disregard
Monthly income limits (with the 5% disregard) are listed below as a guide for each HPE eligible group. Former foster care children do not have income requirements.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Infants (Age 0 - 1)</th>
<th>Children (Age 1 - 18)</th>
<th>Parents Caretakers</th>
<th>Pregnant Women</th>
<th>Family Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,040</td>
<td>$1,561</td>
<td>$160</td>
<td>N/A **</td>
<td>$1,398</td>
</tr>
<tr>
<td>2</td>
<td>$2,754</td>
<td>$2,107</td>
<td>$260</td>
<td>$2,754</td>
<td>$1,888</td>
</tr>
<tr>
<td>3</td>
<td>$3,467</td>
<td>$2,653</td>
<td>$326</td>
<td>$3,467</td>
<td>$2,377</td>
</tr>
<tr>
<td>4</td>
<td>$4,181</td>
<td>$3,199</td>
<td>$392</td>
<td>$4,181</td>
<td>$2,866</td>
</tr>
<tr>
<td>5</td>
<td>$4,894</td>
<td>$3,745</td>
<td>$457</td>
<td>$4,894</td>
<td>$3,355</td>
</tr>
</tbody>
</table>

* Rounded to the nearest dollar
** Not Applicable. Family size for pregnant women is at least two
Ineligible Applicants

The following individuals are not eligible for HPE:

• Incarcerated individuals
• Non-qualified non-citizens
• Non-citizens who are lawful permanent residents in the United States less than five years
• Applicants that have been on HPE within the past 12 months
• Applicants enrolled in the presumptive eligibility process (HPE or PEPW)
• Individuals already enrolled in the Indiana Health Coverage Programs (IHCP)
Separate HPE Applications

Individuals will be able to apply for HPE for all members in their family, regardless of the person’s need for services at the time of application.

Each individual that desires to apply for HPE must complete his or her own application for enrollment.

For example, if a child is being seen at the hospital, the parent or guardian may also apply for HPE at this time.
All HPE aid categories are reimbursed through the fee-for-service delivery system; thus, all HPE claims should be submitted to HP, the claims and billing contractor. Always verify the members’ eligibility using the Eligibility Verification Systems (EVS).

Package A – Standard Plan coverage applies to the following:
• HPE Infants
• HPE Children
• HPE Parent/Caretaker
• HPE Former Foster Care Children

October 2014
HPE-Covered Services: Family Planning

HPE Family Planning is limited to family planning services only. The following items/services are covered under HPE Family Planning:

- Family planning visits
- Laboratory tests (if medically indicated as part of the decision-making process regarding contraceptive methods)
- Limited health history and physical exams
- Pap smears
- Initial diagnosis of STDs/STIs
- Vasectomies

- Follow-up care for complications associated with contraceptive methods
- FDA-approved oral contraceptives, devices, and supplies
- Screening, testing, counseling, and referral of members at risk for HIV
- Tubal ligations
- Hysteroscopy sterilization
HPE Covered Services: Pregnant Women

HPE Pregnant Women is limited to ambulatory prenatal care services only. The following items/services are covered under HPE Pregnant Women (Package P):

- Doctor visits for prenatal care
- Prescription drugs related to pregnancy
- Prenatal lab work
- Transportation to prenatal visits
Ending HPE Eligibility

HPE will end for an individual when either of the following occurs:

• Has not filed an *Indiana Application for Health Coverage* by the last day of the month following the month in which the HPE period began

• A determination has been made on the individual’s *Indiana Application for Health Coverage*
HPE Period

An individual's presumptive eligibility period lasts until the end of the month following the month in which the presumptive eligibility determination was made. If the individual has a pending *Indiana Application for Health Coverage*, HPE eligibility cannot be terminated.

For example, if the presumptive eligibility determination was made on March 10, the individual would remain eligible as though he or she were fully enrolled in IHCP until April 30. All services that are covered by IHCP within the designated HPE aid category are covered during the presumptive eligibility period.
HPE Application in Web interChange
Web interChange System

The Web interChange is the system into which the hospital staff enters all presumptive eligibility application information.

The system is managed by HP, the entity that provides claims and billing support to FSSA.
Basic HPE Process Flow

Start

Eligibility Inquiry on Web interChange

On IHCP?

Yes → Stop HPE Process

No → Submit HPE Application through Web interChange

Approved for HPE?

Yes → Print Approval Letter

No → Print Denial Letter

October 2014
The HPE application will be electronic. The individual will self-attest to the necessary information to be entered by the hospital designee online via Web interChange. QPs may not ask for verification documents when performing HPE tasks.

Enrollment is available 24 hours a day, 7 days a week. There will be a real-time response as to whether the individual will be eligible for HPE based on the questions asked during the application process.

The following pages offer step-by-step guidance for completing the HPE application through Web interChange.
If an acute care hospital does not currently use Web interChange, an authorized person from the hospital can access the request form on the Web interChange home page.

Click the *How to Obtain an ID* hyperlink, select the interChange Administrator Request Form, and complete the form.

Log in to Web interChange.
Eligibility Inquiry

The HPE Qualified Provider (QP) uses the *Eligibility Inquiry* feature from the left navigation menu in Web interChange to verify that the individual is not already in IHCP. The *Eligibility Inquiry* window appears.
Users with Web interChange access to multiple office locations must be sure to select the *actual* location that is an enrolled QP. Select the **Search** button to perform eligibility inquiry to verify the applicant is not already eligible for IHCP. You may search by name, date of birth, Social Security number or Medicare ID.
Beginning the HPE Application

If the individual is not currently on IHCP, Presumptive Eligibility for Pregnant Women (PEPW) process, or is already enrolled in HPE, the HPE QP completes the HPE application via Web interChange.

Click the **HPE Application** button, as shown in the screenshot below, to begin the application process.

Note: The **PE Application for Pregnant Women** button will only show to current PEPW QPs.
The *HPE Member Application* screen will appear. Complete all fields by asking the applicant for the required information. Fields are organized by section:

- Identifying Information
- Address Information
- Phone Numbers
- Other Eligibility Information
The other information section includes questions regarding the following:

- Ethnicity
- Indiana Residency
- Incarceration
- Pregnancy
- U.S. Citizenship
- Family Size and Income
- Current health coverage, if any
- Indiana Foster Care on 18th birthday
- Caretaker status

**REMINDER**

QPs may not ask for verification documents when performing HPE tasks.

Proof of income, residency, citizenship, and any other documents for eligibility verification are not required at the time of application for HPE.
The following fields will have an additional ‘?’ icon to click for more information. When clicking, you will be presented with a pop-up window providing more information related to the field in question.

- **Ethnicity** – Select Hispanic or Other
- **Indiana Resident?**
  - The applicant declares whether or not she is a resident of Indiana and plans to continue living in Indiana. Final verification of state residency will be required by FSSA for final determination of IHCP benefits
- **Incarcerated?**
  - Incarceration includes a county jail or any type of prison or correctional facility. Home detention is not incarceration.
U.S. Citizenship Question Details

U.S. Citizen: Yes/No radio buttons

• If the No radio button is selected, a drop-down list of the following options will appear:
  – Lawful Permanent Resident immigrant living lawfully in U.S. for 5 years or longer
  – Lawful Permanent Resident immigrant living lawfully in U.S. for less than 5 years
  – Refugee
  – Individuals granted asylum by Immigration office
  – Deportation withheld by Order from an Immigration Judge
  – Amerasian from Vietnam
  – Veteran of U.S. Armed Forces with honorable discharge
  – No immigration papers
MAGI Eligibility: Family Size Question Details

As you learned earlier in the training, financial eligibility is now based on MAGI. Two important pieces of information are the number of people in the household and the household income.

- **Number of people in family**
  - Family size based on the tax household
  - If you do not file taxes, household includes the child, the child’s parents (biological, adopted, and step), and the child’s siblings (biological, adopted, and step)
  - Number of unborn children is included in the family size for pregnant woman only
Family Income:
• This includes income from the applicant, spouse, and parents of the applicant if he or she is under 18 and living at home. For children and dependents, if the children/dependents are not required to file taxes, then their income is not counted. Income includes the following:
  – Wages/Salaries
  – Tips
  – Self-employment
  – Dividends
  – Interest
  – Rental income
  – Social Security; Disability and Retirement
  – Unemployment Compensation
  – Retirement benefits or Pensions
  – Educational income that is used for general living expenses
**Family Income:** Disregards

- **Do not count:**
  - Supplemental Security Income (SSI)
  - Child support and/or alimony
  - Veteran’s Benefits
  - Cash contributions
  - American Indiana/Alaska Native Tribal Income

- **Deduct from income the following:**
  - Alimony paid
  - Student loan interest
  - Other allowable Internal Revenue Service (IRS) deductions
A disclaimer statement ends the application. Place a check mark in the Disclaimer check box and click the Submit Application button.

Warning Message if box is not checked:
“You have indicated that you have not been trained to process the application for Hospital Presumptive Eligibility. Please review the statement before proceeding and check the box if you have been trained.”
If any of the required fields are missing, or the data entered is invalid, you will be presented with a pop-up notification indicating the list of fields that are missing data or have incorrect data.

Complete those required fields and submit the application.
Upon validation, the application data will be stored appropriately. A summary page will be systematically populated with the data submitted for the HPE applicant. The summary, which can be printed, will include an approval/denial status.

The HPE Qualified Provider (QP) should verbally inform the member of his or her coverage, including limitations of HPE Family Planning or Pregnant Women eligibility, the coverage period, and provide guidance on how the hospital could assist the member in completing the Indiana Application for Health Coverage.
Immediate Denial or Approval

Click the **Print Denial/Acceptance Letter** button to print an Adobe Portable Document Format (PDF) file of the HPE Determination Notice for the applicant. You may choose to print the summary page from this screen, as well.
Letters

Summaries, if chosen, and determination letters will appear on-screen in Adobe PDF files, ready to print.

An approval determination letter contains the Hospital PE ID and acceptance verbiage.

A denial determination letter contains the Hospital PE ID, denial verbiage, and all denial reasons.
Example Denial Letter

Dear John Doe,

It has been determined that you are not eligible for Hospital Presumptive Eligibility. The reason for your denial is:

Did not meet income requirements

Your Hospital Presumptive Eligibility ID number is: #######

If you have any questions regarding this determination, you will need your ID number for reference.

You may apply for Indiana Medicaid if you still believe you are eligible, or you may apply for health coverage at the federal health insurance marketplace by visiting www.healthcare.gov.

To apply for Indiana Medicaid, you may complete and submit an Indiana Application for Health Coverage:

- Online at www.dfrbenefits.in.gov;
- Over the phone at 1-800-403-0864; or
- At a Division of Family Resources (DFR) local office.

You may want to also consider applying for the Healthy Indiana Plan (HIP). For more information about the eligibility requirements and application process for HIP, please refer to the website at http://www.in.gov/fssa/hip/ or call toll-free at 1-877-438-4479.
Dear John Doe,

You have been approved for HPE Parent/Caretaker Medicaid. **This is short term coverage that begins today and will end on <PE end date>**. You can only qualify for presumptive eligibility once per year, and this coverage is temporary. In order to keep coverage you must submit an Indiana Application for Health Coverage.

Your coverage includes all benefits covered by Traditional Medicaid, such as visits to a doctor, lab work, emergency services and prescription drugs. You can learn about all of the benefits you can get at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Next Step

**You must submit a full application in order to keep coverage. You should do this right away.** You can submit an application:

- At the Hospital where you were found presumptively eligible
- On line at [www.dfrbenefits.in.gov](http://www.dfrbenefits.in.gov)
- Over the phone 1-800-403-0854
- At a Division of Family Resources (DFR) local office
Next Steps after HPE Application
If FSSA approves an individual for Indiana Health Coverage Programs (IHCP) eligibility, his or her benefit package changes from the HPE package assigned during the HPE process to the appropriate IHCP package.

The individual also receives a Hoosier Health Card with his or her IHCP member identification number (ID). HPE coverage ends on the day after HP receives notification of IHCP eligibility from FSSA, whether approved or denied.

During the presumptive eligibility period, the eligible individual will also be able to receive treatment from other IHCP providers after he or she leaves the hospital.
Remind the applicant, if approved for HPE, that failure to complete the *Indiana Application for Health Coverage* through FSSA will result in termination of HPE benefits. The applicant needs to understand that HPE benefits are only offered for a limited time.

If an individual is denied for HPE, he or she can be given the options to apply for healthcare coverage through the federal Health Insurance Marketplace or to apply for IHCP through the State of Indiana.
It is imperative that the hospital designee informs the individual that he or she needs to complete the *Indiana Application for Health Coverage* before the temporary eligibility period ends, and how he or she can do so. As explained on the acceptance letter, the individual may complete this application in one of the following ways:

- At the hospital where the individual was determined presumptively eligible
- Online: [www.dfrbenefits.in.gov](http://www.dfrbenefits.in.gov)
- Over the phone: **1-800-403-0864**
- At a Division of Family Resources (DFR) local office
Qualified HPE hospitals may apply to be authorized representatives or Application Organizations (AOs), but they are not required to do so. Hospital staff members helping individuals complete the *Indiana Application for Health Coverage* also need to be certified as Indiana Navigators or designated as authorized representatives. Only in those roles, may the hospital staff assist the HPE participant with his or her *Indiana Application for Health Coverage*.

Some hospitals may choose to contract with eligibility assistance companies for this function. If the hospital contracts with an eligibility assistance company, that company should have staff that are certified as Indiana Navigators and/or designated as authorized representatives working with HPE participants to complete the application.
You may also refer applicants to www.in.gov/idoi for information regarding Indiana Navigators, a new role mandated by Indiana law. These are trained individuals whose role is to assist consumers with their applications for health coverage.

A Navigator is not needed if the applicant wishes to complete an application independently online, on the phone, or at a DFR local office.
As noted previously, HPE Qualified Provider (QPs) should use the Eligibility Verification Systems (EVS) to determine if the individual is already covered by IHCP.

Additionally, HPE QPs should verify if the individual has other health insurance prior to submitting claims for HPE services. Claims for HPE services will be submitted to HP with the HPE ID starting with a “6.” QPs should submit claims compliant with applicable program standards.
If an HPE member is approved for IHCP, QPs should use the appropriate IHCP ID. Hospitals will be reimbursed at regular IHCP rates for services rendered during the presumptive eligibility period.

Reimbursement for covered services rendered during the presumptive eligibility period is provided even if the person fails to complete the *Indiana Application for Health Coverage*, or if FSSA determines the individual to be ineligible for IHCP.
Performance Expectations and Ethical Standards

As with many newly implemented programs or government offerings, performance expectations will be established to provide oversight and learning opportunities as a way to measure effectiveness.

During the initial rollout period, metrics will be gathered. Monitoring will help determine the appropriate thresholds for the number of applications completed and percentages in which full applications are approved.
It is important to uphold the ethical standards. Data entered into the application should be truthful to the best of the applicant’s and hospital employee’s knowledge.

Resubmissions of HPE applications should not occur by changing data to obtain approvals. Metrics will be established at a later date to capture the resubmission of applications multiple times to impact the outcome of the determination.
By completing this training, you should be able to do the following:

- Explain the role HPE fills under the Affordable Care Act (ACA)
- Identify HPE requirements and aid categories
- Indicate factors used to determine HPE applicant requirements
- Distinguish how HPE differs from Presumptive Eligibility for Pregnant Women (PEPW)
- Describe how to enter an HPE application and make a determination using the Web interChange system
- Define HPE-covered services and the benefit period
- Recognize the hospital’s responsibility regarding the completion and submission of the *Indiana Application for Health Coverage*

October 2014
Congratulations! You have completed the training.