

## Memorandum

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From: PATH Team at CLASP

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Re: Presumptive Eligibility and Hospital Presumptive Eligibility

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### SUMMARY

One of the goals of Prince George's County's SOC grant is to better serve uninsured transition-age-youth. Presumptive eligibility is one tool that can be used to serve this population; however, currently Maryland's use of presumptive eligibility is narrow. This memo provides an overview of both presumptive eligibility (which Maryland does not have) and hospital presumptive eligibility (which Maryland does have). It then offers examples from other states that have expanded and improved on both presumptive eligibility and hospital presumptive eligibility.

### What is presumptive eligibility?

Presumptive eligibility allows individuals to temporarily enroll in Medicaid coverage based on the presumption that they are eligible for coverage. Presumptive eligibility allows these individuals to receive covered health care services without delay. Qualified entities can screen individuals for presumptive eligibility and can temporarily enroll them if they qualify. That individual is then encouraged to apply for permanent coverage. Presumptive eligibility ends when either their application has been approved or denied, their permanent coverage has been approved or denied, or the time frame for presumptive eligibility has expired. The coverage period for presumptive eligibility is usually a maximum of sixty days. Generally, the coverage period ends on the last day of the month following the month in which the determination was made. For example, if an individual enrolls in presumptive eligibility in February, their coverage will end on March 31<sup>st</sup>.<sup>1</sup> Generally, only one period of presumptive eligibility is allowed per twelve months or per pregnancy.

Presumptive eligibility was established in 1986 as a state option to provide select services to uninsured pregnant women. In 1997, the program was extended to children and presumptive eligibility was established for CHIP. States with presumptive eligibility could screen children and pregnant women and enroll them if they appeared to be eligible.<sup>2</sup>

States with presumptive eligibility for children and pregnant women are California, Colorado, Connecticut, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oregon, Tennessee, West Virginia, and Wisconsin.<sup>3</sup> Who qualifies for presumptive eligibility differs state-by-state. Thirty-one states offer

presumptive eligibility to pregnant women, while only sixteen states offer presumptive eligibility for children. Of those sixteen states, fourteen offer presumptive eligibility for both Medicaid and CHIP.<sup>4</sup>

In states that already had presumptive eligibility, the ACA allowed them to extend that eligibility to groups beyond pregnant women and children, including parents, former foster children, individuals in need of family planning services, and other adults. Nine states made presumptive eligibility available to parents (Idaho, Indiana, Iowa, Montana, New Hampshire, New Jersey, Ohio, West Virginia, and Wyoming). Six states made presumptive eligibility available to childless adults (Indiana, Montana, New Hampshire, New Jersey, Ohio, and West Virginia).<sup>5</sup> In each of these states, the eligibility requirements differ from group to group, specifically regarding income requirements. For example, in Indiana presumptive eligibility for adults has a requirement of 138% of FPL, while presumptive eligibility for infants under one has a requirement of 213% of FPL.<sup>6</sup>

The ACA also expanded presumptive eligibility to allow hospitals, as “qualified entities,” to make presumptive eligibility determinations in every state for all individuals eligible for Medicaid based on modified adjusted gross income. While hospitals are not required to participate, they are encouraged to do so.<sup>7</sup>

### **Presumptive Eligibility in Maryland**

Maryland only has hospital presumptive eligibility (HPE). Hospitals are encouraged but not required to participate. HPE allows hospitals to be reimbursed for services covered under the Maryland Medicaid Fee-for-Service program during a temporary coverage period (maximum of 60 days) even if the individual is ultimately determined to be ineligible. Only one period of HPE coverage is allowed in any 12-month period. Screening for eligibility must be conducted by a hospital employee (it cannot be contracted to a third-party provider). Hospital employees must attend required trainings and pass an HPE knowledge test prior to making HPE determinations.<sup>8</sup>

Maryland uses an online system, eMedicaid, to screen for HPE. There is no requirement that the individual be admitted to the hospital or be seeking hospital services at the time of a determination. Hospital workers enter the applicants self-attested information to screen for Maryland residency, citizenship status, and income. Only Maryland residents who are U.S. citizens or qualified immigrants are eligible for HPE. A social security number is preferred, but not required. The hospital worker submits the information to the eMedicaid portal, which then links to MMIS to provide a determination. The hospital worker is then able to immediately inform the applicant if their HPE has been approved or denied. In either case, the hospital should immediately assist the individual in completing a full Medicaid application. The most common reasons for denial are already having active Medicaid or Medicare, or having already had an HPE period in the previous 12 months. Individuals who gain coverage through HPE are not placed in an MCO during the temporary period.<sup>9</sup>

Launched in 2017, Maryland has a presumptive eligibility for correctional facilities program. Through this program, correctional facilities were designated as “qualified entities” who could

determine presumptive eligibility. However, presumptive eligibility was a secondary option for coverage, with individuals first applying formally for Medicaid. Only individuals who did not have all the necessary paperwork for a Medicaid application were considered for presumptive eligibility.<sup>10</sup> Because Medicaid applications can be approved in under 24 hours if applicants have the proper paperwork, most individuals were formally enrolled in Medicaid rather than enrolling first through presumptive eligibility.<sup>11</sup>

### State Examples of Presumptive Eligibility

The following table overviews presumptive eligibility in Maryland and five other states. Each of these five states have both presumptive eligibility and hospital presumptive eligibility. We highlight the hospital presumptive eligibility programs in California and New York because their presumptive eligibility programs only cover children and pregnant women. We overview the presumptive eligibility programs in Indiana, Montana, and West Virginia. These states are three of the six states that extend presumptive eligibility to everyone.

	Qualified Entities	# of periods per 12 months or per pregnancy	Eligible immigrant populations	Income limits for TAY
California <sup>12</sup> (HPE)	Community hospital, county hospital, mental health	<ul style="list-style-type: none"> <li>Minors: 2</li> <li>All other groups: 1</li> </ul>	<p>"Citizenship, status as a national, or satisfactory immigration status"</p> <p>*No citizenship question</p>	<p>*different levels of coverage for different income levels</p> <ul style="list-style-type: none"> <li>Children 6-19: FPL 266%</li> <li>Former foster care children up to age 26: none</li> <li>Parent/caretaker: FPL 109%</li> <li>Adults: FPL 138%</li> <li>Pregnant women: 213%</li> </ul>
Indiana <sup>13</sup> (PE)	FQHCs, RHCs, CMHCS, local county health departments	One	<ul style="list-style-type: none"> <li>Lawful permanent resident</li> <li>Refugee</li> <li>Individual granted asylum</li> <li>Deportation order withheld</li> <li>Amerasian from Vietnam</li> </ul>	<ul style="list-style-type: none"> <li>Children 1-18: FPL 163%</li> <li>Adults 19-64: FPL 138%</li> <li>Pregnant women: FPL 213%</li> <li>PE Family Planning: FPL 146%</li> <li>Former foster care</li> </ul>

			<ul style="list-style-type: none"> <li>• Veteran</li> <li>• Other qualified alien</li> </ul> <p>*Citizenship Question</p>	children: no income limit
New York <sup>14</sup> (HPE)	Hospitals	Not stated	Not stated	Not stated
Maryland <sup>15</sup> (HPE)	Hospitals	one	<p>The following groups are eligible to enroll in a qualified health plan<sup>16</sup></p> <ul style="list-style-type: none"> <li>• LPR</li> <li>• Deferred Action Status (not including DACA recipients)</li> <li>• Asylees</li> <li>• Green card holders</li> <li>• Refugees</li> <li>• Deferred Enforced Departure</li> <li>• Battered spouse, parent, or child</li> <li>• Alien paroled into the US for at least a year</li> <li>• Trafficking victim and spouse, child, sibling, or parent</li> <li>• Veterans and their spouses</li> <li>• TPS</li> <li>• Granted withholding of</li> </ul>	<ul style="list-style-type: none"> <li>• Parents and caretaker relatives: FPL 133%</li> <li>• Pregnant women: FPL 259%</li> <li>• Medicaid Children: FPL 317%</li> <li>• Adults: FPL 133%</li> </ul> <p>Former foster care children (up to age 26): no limit</p>

			<ul style="list-style-type: none"> <li>deportation</li> <li>• Citizens of Marshall Islands</li> <li>• Resident of American Samoa</li> <li>• Iraqi and Afghan nationals who worked for or on behalf of the US government</li> <li>• Member of federally recognized Indian tribe or American Indian born in Canada</li> <li>• Cuban/Haitian entrant</li> <li>• Non-immigration status not in violation, including students, U and V Visas, HB-1 and J visas</li> </ul> <p>*Citizenship question</p>	
Montana <sup>17</sup> (PE)	Determination must be made by a qualified entity from a healthcare facility who is trained by the state of	one	<ul style="list-style-type: none"> <li>• Lawful permanent residents</li> <li>• Asylees</li> <li>• Refugees</li> <li>• Cuban/Haitian entrants</li> <li>• Paroled into the US for at least a year</li> </ul>	<ul style="list-style-type: none"> <li>• Children, HMK plus: FPL 0%-143%</li> <li>• Parent: FPL 0-23%</li> <li>• Adults: FPL 24-133%</li> <li>• Pregnant Woman: FPL 0-159%</li> </ul>

	Montana		<ul style="list-style-type: none"> <li>• Conditional entrant granted before 1980</li> <li>• Battered non-citizen spouses, children, or parents</li> <li>• Victims of trafficking and his or her spouse, child, sibling</li> <li>• Parents or individuals with a pending application for a victim of trafficking visa</li> <li>• Granted withholding of deportation</li> <li>• Member of federally recognized Indian tribe of American Indian born in Canada</li> <li>• Children lawfully residing in the state of Montana</li> </ul>	<ul style="list-style-type: none"> <li>• Former Foster Care Children: no income limit</li> </ul>
			*Citizenship question	
West Virginia <sup>18</sup> (PE)	FQHC, RHC, free clinics, CBHC	one	<ul style="list-style-type: none"> <li>• Permanent resident</li> <li>• Asylee</li> <li>• Refugee</li> <li>• Paroled into the United States</li> </ul>	138% FPL

			<ul style="list-style-type: none"> <li>• Deportation order being withheld</li> <li>• Granted conditional entry</li> <li>• Amerasian immigrant</li> <li>• Cuban or Haitian entrant</li> <li>• Veterans and their children/spouses</li> <li>• Battered non-citizen spouses, children, or parents</li> </ul>	
			*Citizenship question	

*Indiana:*

Indiana has both PE and HPE for all populations. FQHCs, RHC, Community mental health centers (CMHCs) and local county health departments are qualified entities for PE. Acute care hospitals and free-standing psychiatric hospitals may be qualified entities for HPE. Individuals are not limited to receive care at only the provider where they applied for PE.

Different categories of individuals have different levels of care for PE. For example, adults who qualify for PE are given the HIP basic package, which covers ambulatory patient services, hospitalizations, ER, mental health and substance abuse, prescription drugs, labs, preventative care, and rehabilitative care. This package does require copays for some services. PE children are given package A in which they can receive any services covered by the Medicaid program.

*West Virginia:*

West Virginia is one of six states that has presumptive eligibility for all populations. Individuals must be screened by a PE authorized worker, referred to as an authorized employee (AE). AEs complete an online training course. West Virginia uses an online system, inROADS, to make PE determinations. Using the inROADS system, AEs ask individuals all prompted questions, but cannot verify the information given. If, after completing the questionnaire, the AE believes the individual to qualify for PE they determine which date to begin the PE (today or yesterday). The

AE will print the individual a temporary Medicaid card. The individual will have coverage until no later than the end of the following month. The AE then has the option of continuing to the full Medicaid application, if the individual chooses to do so. The AE can also determine the person not eligible for PE. Reasons for denial include: the individual has had a PE period previously in the past 12 months, the individual is not a US citizen, the individual is not a WV resident, the individual's income exceeds the applicable income standard, the individual is not a member of one of the eligible groups.

### **Considerations when Implementing Presumptive Eligibility<sup>19</sup>**

The PATH team could consider introducing presumptive eligibility in Maryland for TAY. While presumptive eligibility only provides coverage for 60 days, it does provide immediate access to health care services and can encourage individuals to enroll for permanent coverage (if they meet the necessary requirements). Maryland should consider the following strategies/challenges:

- 1) Create systems to ensure enrollment into permanent coverage, when possible: In New Hampshire, qualified entities receive a fee for assisting families in completing and submitting a regular application. In Iowa, a web-based enrollment site automatically transfers information on presumptive eligibility enrollees to initiate a new application, which is then assigned to a state eligibility worker to process. However, hospitals should not be required to ensure enrollees enroll in more permanent options.<sup>20</sup>
- 2) Expand qualified entities: Under HPE only hospitals can act as "qualified entities." However, the list of possible qualified entities under a larger PE system is broad. Entities could include health care providers, schools, organizations that administer other assistance such as SNAP, WIC, or housing assistance, direct service providers (e.g. Boys and Girls club), etc. Different states have different requirements for qualified entities. In Wisconsin, any federally qualified entity can become certified. Other states phase in the number of authorized entities to ease the implementation process.
- 3) Ongoing trainings for staff on PE and dedicated staff to support PE sites. Colorado and New Hampshire have centralized offices to support PE sites. PE assistors should be able to share their experiences with others in the states. New Mexico and Connecticut both have convenings where assistors can discuss PE and learn from one another's experiences.
- 4) Develop a web-based enrollment site and simplify the application process. Use a shortened form that requires minimal information when screening for PE, rather than the full Medicaid form. Make sure the active enrollment status is promptly transferred to the state's eligibility and claims system.
- 5) Offer financial support to PE Agencies. There are no requirements for states to do so but offering resources to these organizations can incentivize agencies to help families complete both the PE application and a regular Medicaid application.

### **Recommendations**



The PATH team should consider strategies that strengthen the existing hospital presumptive eligibility program and strategies to create broader presumptive eligibility for TAY.

- Maryland's existing HPE system can better serve transition-age youth by piloting partnerships between hospitals and behavioral health providers to qualify youth for HPE at the hospital and provide services onsite.
- To more effectively serve TAY, longer term reform to HPE should consider:
  - 1) Allowing multiple eligibility periods within a 12-month time frame for TAY; California's HPE allows two determination periods/year for minors, and New York's HPE provisions do not include an explicit limit on the number of eligibility periods each year.
  - 2) Removing the citizenship question on the presumptive eligibility application; not all states include a citizenship question in their HPE screening
  - 3) Allowing individuals who gain coverage through HPE to enroll in a Medicaid MCO during their eligibility period
- Implementation of expanded PE in Maryland would require a waiver/SPA but could be shaped to be particularly beneficial to transition-age youth. Such an expansion could
  - 1) Establish PE for all populations, key sub populations such as former foster youth and childless adults, or specifically for TAY
  - 2) Minimize regulations to maximize flexibility in the program
  - 3) Ensure youth-serving systems can become qualified entities to screen for PE, including SBHCs

#### Resources:

- [Medicaid on Presumptive Eligibility](#)
- [CDC on Hospital Presumptive Eligibility](#)
- [Maryland Department of Health on Presumptive Eligibility](#)
- [Presumptive Eligibility Policy Document](#)

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<sup>1</sup> <https://www.cdc.gov/phlp/docs/hospitalpe-brief.pdf>

<sup>2</sup> <https://www.cdc.gov/phlp/docs/hospitalpe-brief.pdf>

<sup>3</sup> <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html>

<sup>4</sup> [https://ccf.georgetown.edu/wp-content/uploads/2012/03/Presumptive\\_eligibility\\_20111.pdf](https://ccf.georgetown.edu/wp-content/uploads/2012/03/Presumptive_eligibility_20111.pdf)

<sup>5</sup> <https://www.kff.org/health-reform/state-indicator/presumptive-eligibility-in-medicaid-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>6</sup> <https://www.in.gov/medicaid/files/presumptive%20eligibility.pdf>

<sup>7</sup> <https://www.cdc.gov/phlp/docs/hospitalpe-brief.pdf>

<sup>8</sup> <https://mmcp.health.maryland.gov/Documents/MMAC%20Hosp%20Pres%20Eligibility%209.24.14.pdf>

<sup>9</sup> <https://mmcp.health.maryland.gov/Documents/MMAC%20Hosp%20Pres%20Eligibility%209.24.14.pdf>

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- <sup>10</sup><https://www.norc.org/PDFs/Supporting%20Incarcerated%20Individuals/Healthcare%20for%20Incarcerated%20Individuals.pdf>
  - <sup>11</sup><https://www.baltimoresun.com/health/bs-hs-medicaid-for-inmates-20190304-story.html>
  - <sup>12</sup>[http://files.medi-cal.ca.gov/pubsdoco/presumptive\\_eligibility/HPE\\_landing.asp](http://files.medi-cal.ca.gov/pubsdoco/presumptive_eligibility/HPE_landing.asp)
  - <sup>13</sup><https://www.in.gov/medicaid/files/presumptive%20eligibility.pdf>
  - <sup>14</sup><http://www.wnyc.com/resources/regs/360-3.7.htm>
  - <sup>15</sup><https://mmcp.health.maryland.gov/Documents/MMAC%20Hosp%20Pres%20Eligibility%209.24.14.pdf>
  - <sup>16</sup><https://www.marylandhealthconnection.gov/enrollment-eligibility-information-immigrant-families/>
  - <sup>17</sup><https://medicaidprovider.mt.gov/presumptiveeligibility#634687596-presumptive-eligibility-application-forms>
  - <sup>18</sup><https://dhhr.wv.gov/bms/Provider/HBPE/Documents/Presumptive%20Eligibility%20Desk%20top%20Manual%20Revised.pdf>
  - <sup>19</sup>[https://ccf.georgetown.edu/wp-content/uploads/2012/03/Presumptive\\_eligibility\\_20111.pdf](https://ccf.georgetown.edu/wp-content/uploads/2012/03/Presumptive_eligibility_20111.pdf)
  - <sup>20</sup>[https://www.mhaonline.org/docs/default-source/position-papers/2016/house-bill-1221-maryland-medical-assistance-program-presumptive-eligibility-required-participation-by-hospitals.pdf?sfvrsn=b393d80d\\_2](https://www.mhaonline.org/docs/default-source/position-papers/2016/house-bill-1221-maryland-medical-assistance-program-presumptive-eligibility-required-participation-by-hospitals.pdf?sfvrsn=b393d80d_2)