

Presumptive Eligibility Federal Provisions and State Options

Sacramento, CA
June 11, 2012

manatt

Focus for Today

- **Background**
- **Program Design Features**
- **California's Future Options**
 - **Current Populations**
 - **New Populations**
- **Appendix**
 - **Review of National Landscape**

Focus for Today

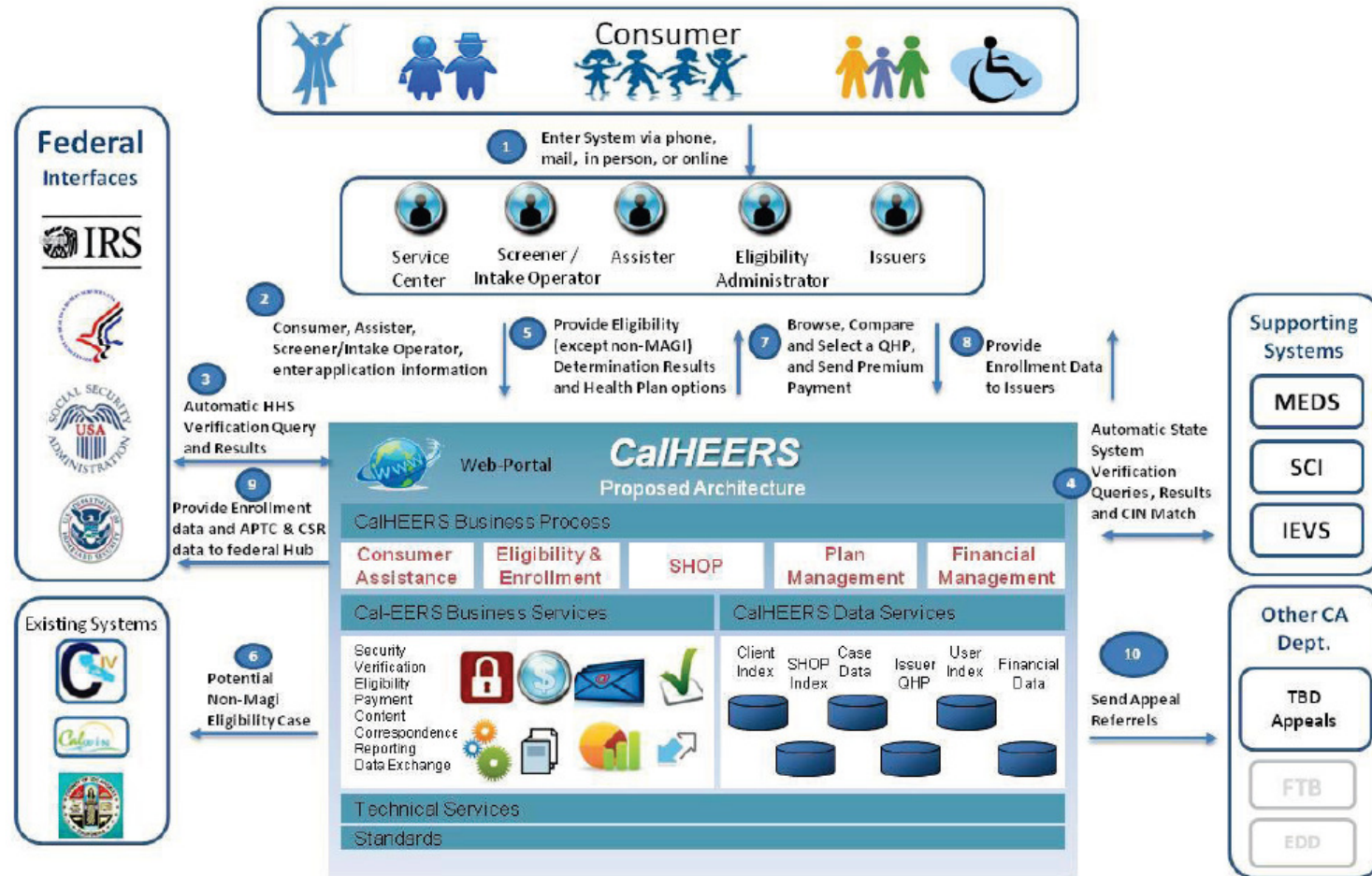
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Future Vision for Medicaid Eligibility

- Maximize automation through data sources
- Minimize need for documentation and reduce administrative burden
 - ✓ Individuals must not be required to provide additional information or documentation unless information cannot be obtained electronically or it is not **reasonably compatible** with attested information
- Simple and transparent process for consumers
 - ✓ Medicaid eligibility determinations conducted “**promptly and without undue delay.**” Medicaid determinations must be completed within:
 - 45 days for a general application
 - 90 days for an application based on disability
- Ensure program integrity

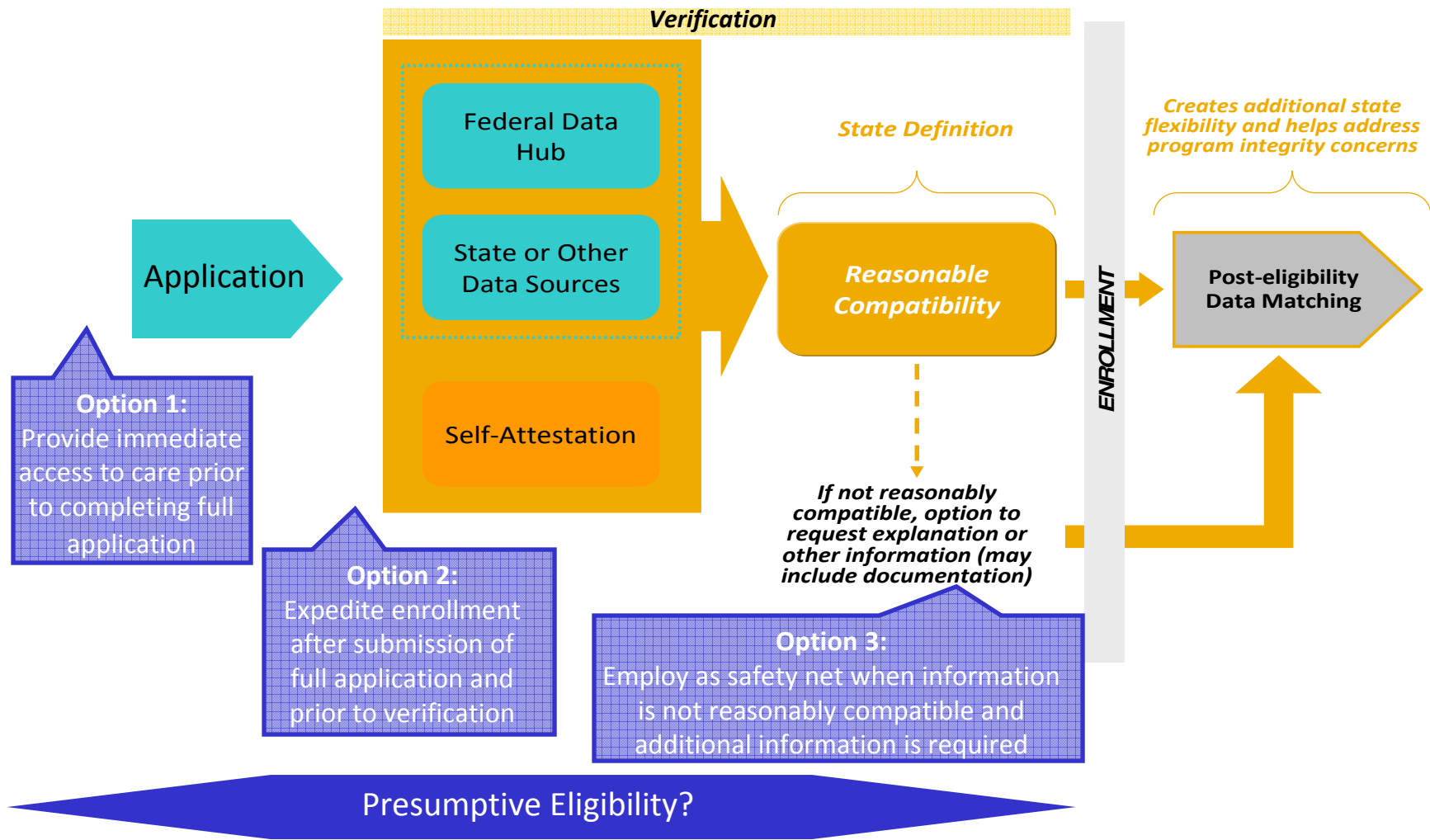
*Affordable Care Act §1413
42 CFR 435.907, 435.912, 435.945,
435.948, 435.949, 435.952*

Future Vision for CalHEERS



Source: CalHEERS Concept of Operations, March 2012

Future Role of Presumptive Eligibility?



Distinguishing Characteristics of PE

- ✓ **Temporary coverage**
- ✓ **No appeals**
- ✓ **Targeted populations**
- ✓ **Targeted entry points**
- ✓ **Special audit protections**

Potential Goals for Presumptive Eligibility

■ Policy Goals

- **Access to Care:** *Provide immediate access to care and facilitate continuity of care*
- **Facilitated Coverage:** *Create new/additional points of entry to coverage*
- **Streamlined Enrollment:** *Streamline coverage pathway and mitigates potential eligibility processing delays*
- **Seamless Transitions:** *Manage transitions in coverage*

■ Operating Goals

- **Administrative Efficiency:** *Implement effectively and efficiently*
- **Program Integrity:** *Ensure appropriate access by eligible populations*
- **Fiscal Responsibility:** *Make predictable and reasonable demands on State resources*

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Program Design Features

**POPULATIONS
AND BENEFITS**

Federal Law

[SSA §§1902(a)(47(b), 1920(e), 1920A,
1920B, 1920C)]

**QUALIFIED
ENTITIES**

Limited Federal Regulations/Guidance
[42 CFR §§435.1101-1102, 447.89, 457.301,
457.355, SMD Letter 10/10/97, 10-013]

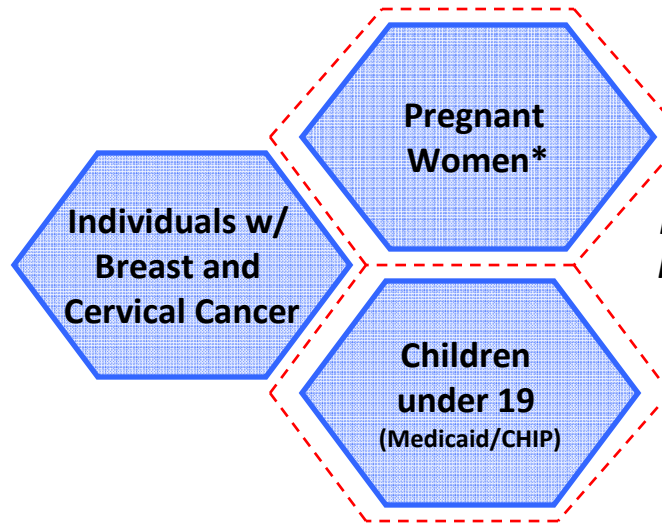
**APPLICATION
PROCESSES/
PATHWAY**

State Policies

State Options for PE: Populations

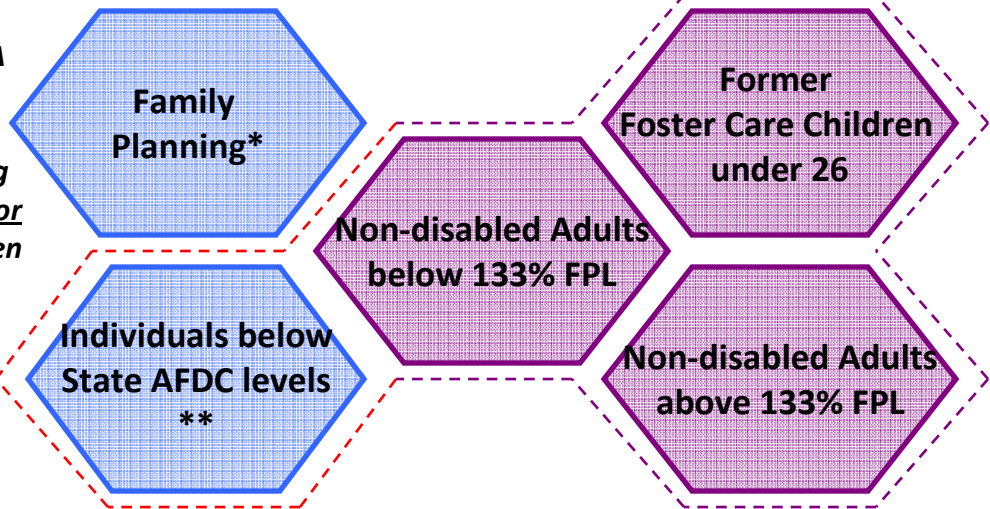
Certain populations may access immediate, temporary Medicaid coverage based on preliminary information

Under Existing Statute





Most new ACA
options
contingent
upon providing
PE for children or
pregnant women

Added by ACA



Awaiting additional
CMS Guidance

-  Effective on or before March 23, 2010
-  Effective January 1, 2014
- * Limited benefits
- ** CMS appears to be interpreting effective date as January 1, 2014

State Options for PE: Qualified Entities

States must designate “qualified entities,” as specified under Federal law, to conduct presumptive eligibility determinations

PREGNANT WOMEN

- FQHC
- RHC
- Nurse managed health clinic
- MCH block grantee
- Children’s Nutrition Program provider
- Perinatal program provider
- IHS
- Urban Indian Organization
- Tribe
- *Entity that may determine children’s PE*

CHILDREN

- Provide eligibility determination for Medicaid, CHIP, Head Start, Child Care and Development Block Grant, WIC, or public housing
- State or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or Foster Care
- School
- State or Tribal child support enforcement agency
- Emergency food and shelter provider
- *Entity deemed by State and approved by CMS*

BCCTP

- Entity deemed by State

FAMILY PLANNING

- Entity deemed by State

ADULTS, FOSTER CHILDREN

Awaiting CMS Guidance

Hospital Option for Presumptive Eligibility

“...**any hospital** that is a participating provider under the State plan **may elect to be a qualified entity for** purposes of **determining**, on the basis of preliminary information, whether **any individual** is **eligible for medical assistance under the State plan or under a waiver** of the plan for purposes of providing the individual with medical assistance **during a presumptive eligibility period**, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, or 1920B (but **without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections**)...”

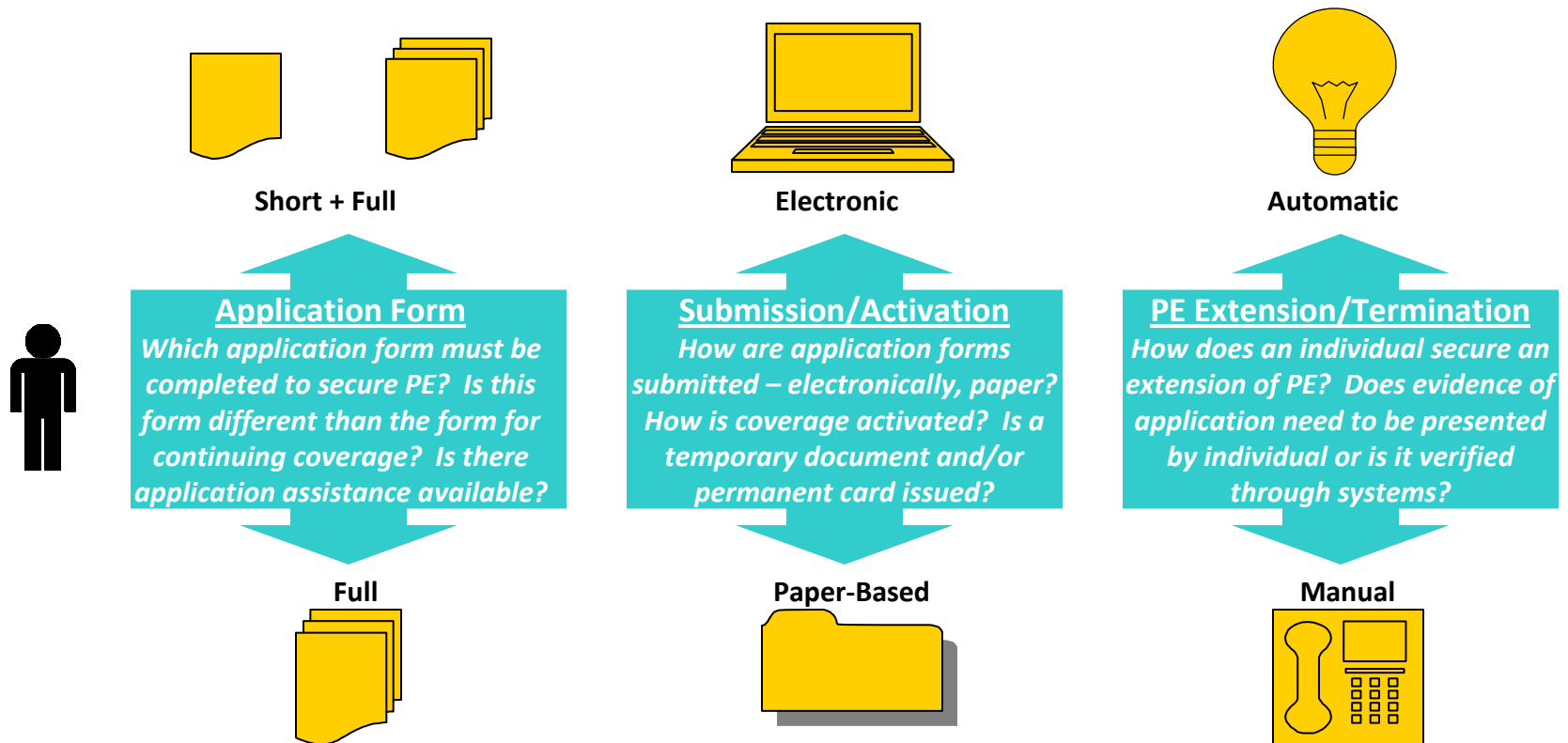
Social Security Act §1902(a)(47), as amended by Affordable Care Act §2202

State Options for PE: Processes and Pathways

State has flexibility in determining processes and pathways.

PE ends if applicant:

- *Does not file full Medicaid application, by end of the following month, or*
- *When eligibility determination is made after submission of full application.*



Application Elements

Application Elements	2014 Application (preliminary)	Application for Medi-Cal MC 210	Healthy Families Application/ Medi-Cal Screening Tool MC 321	CHDP Pre-Enrollment DHCS 4073	PE for Pregnancy MC 263	PE for Pregnancy-Medi-Cal MC 263	BCCTP
Name/Address/Phone	X	X	X	X	X	X	X
SSN	Required	Optional	Optional	Optional	Optional	Optional	Optional
DOB	X	X	X	X	X	X	X
Language	X	X	X	X	X	X	X
Existing Benefits #		X	X	X			X
Income Level and Sources	X	X	X	Level only	X		
HH/Family Composition	X	X	X		X		
Deductions/Expenses		X	X				
Cit/Imm Status	X	X	X				X
Absent Parent/Spouse	X	X	X				
Other Medical Expenses	X	X	X				X
Other Coverage	X	X	X				X
Plan Selection			X				
Tax Filing Information	X						

Ethnicity is also an optional question on the preliminary 2014 application and MC 210/321

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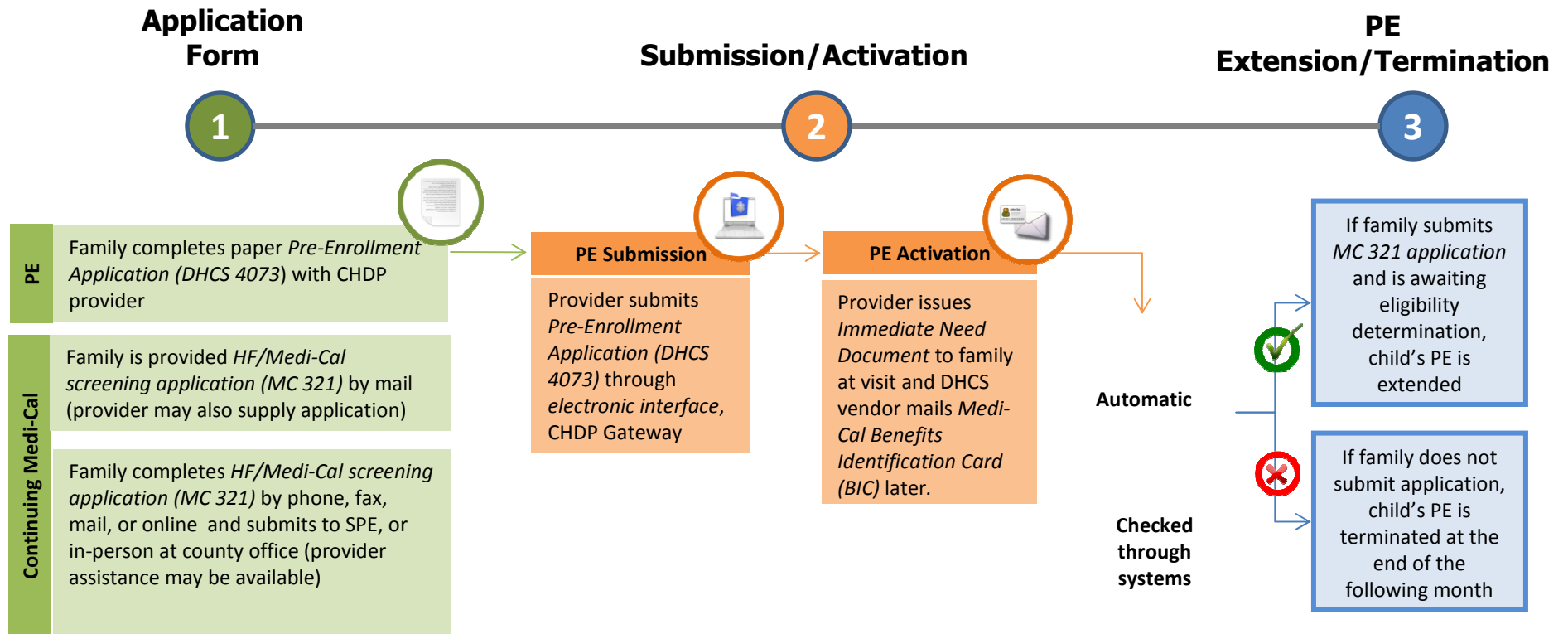
Current California Practices: Children

- **Child Health and Disability Prevention (CHDP) Program Gateway**
 - An estimated 500,000 cases are “pre-enrolled” in Medi-Cal/HF through the Gateway
 - An estimated 175,000 pre-enrolled cases submit full Medi-Cal applications
 - An estimated 112,000 pre-enrolled cases are determined eligible and enrolled in Medi-Cal/HF for continuing coverage
 - Physicians are the primary source of CHDP Gateway services for children
- **Single Point of Entry (SPE)**
 - An estimated 315,000 applications for Medi-Cal/HF come to SPE
 - 33% of applications are granted “accelerated enrollment” in Medi-Cal
 - On average, children remain in “accelerated enrollment” for two months

Source: DHCS, 2010-2011 data

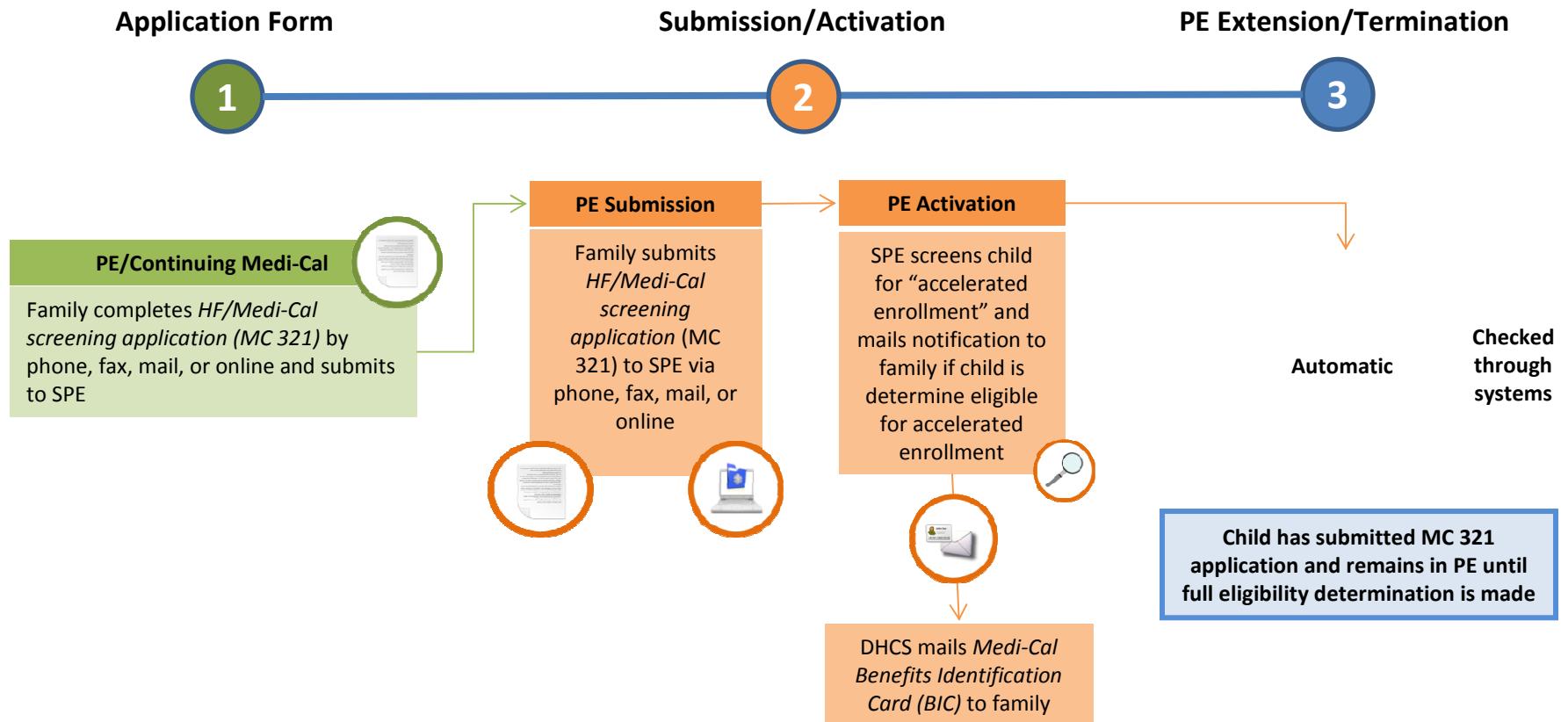
Children's PE: Processes and Pathways

CHDP Gateway "Pre-enrollment"



State Options for PE: Processes and Pathways

Single Point of Entry “Accelerated Enrollment”



Children: 2014 Options

	Current	2014 Options <i>permissible under Federal law</i>
Eligibility	< 200% FPL	<ul style="list-style-type: none"> ■ Maintain ■ Expand to 250% FPL (maximum HF level)
Covered Services	Full scope Medi-Cal benefits	No change; restricted by Federal law
Qualified Entities	<ul style="list-style-type: none"> ■ Child Health and Disability Prevention (CHDP) Program Gateway ■ Single Point of Entry (SPE) 	<ul style="list-style-type: none"> ■ Maintain ■ Add one or more: <ul style="list-style-type: none"> • Provide eligibility determination for Medicaid, CHIP, Head Start, Child Care and Development Block Grant, WIC, or public housing • State or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or Foster Care • School (Expand) • State or Tribal child support enforcement agency • Emergency food and shelter provider • Entity deemed by State and approved by CMS – CAHBEX? <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>

Children: 2014 Options

	Current	2014 Options <i>permissible under Federal law</i>
PE Process and Pathway	<p>CHDP “Pre-enrollment”</p> <ul style="list-style-type: none"> ■ Multiple application forms: Pre-enrollment and full Medicaid app ■ Electronic submission: Gateway ■ Activation: Provider issues temporary document. DHCS mails BIC to family. ■ Automatic Extension: With submission of full app, child remains in PE until full determination is made 	<ul style="list-style-type: none"> ■ Maintain ■ Expedite enrollment post-full application and pre-verification ■ Employ as a safety net when pursuing additional information ■ Streamline multiple applications into one
PE Process and Pathway	<p>SPE “Accelerated Enrollment”</p> <ul style="list-style-type: none"> ■ Single application form: Full Medicaid app ■ Manual/electronic submission: Individual submits application to SPE through variety of pathways ■ Activation: SPE screens child and mails notification to family if child is determined eligible for AE. DHCS mails BIC to family. ■ Automatic Extension: With submission of full app, child remains in PE until full determination is made 	<ul style="list-style-type: none"> ■ Maintain

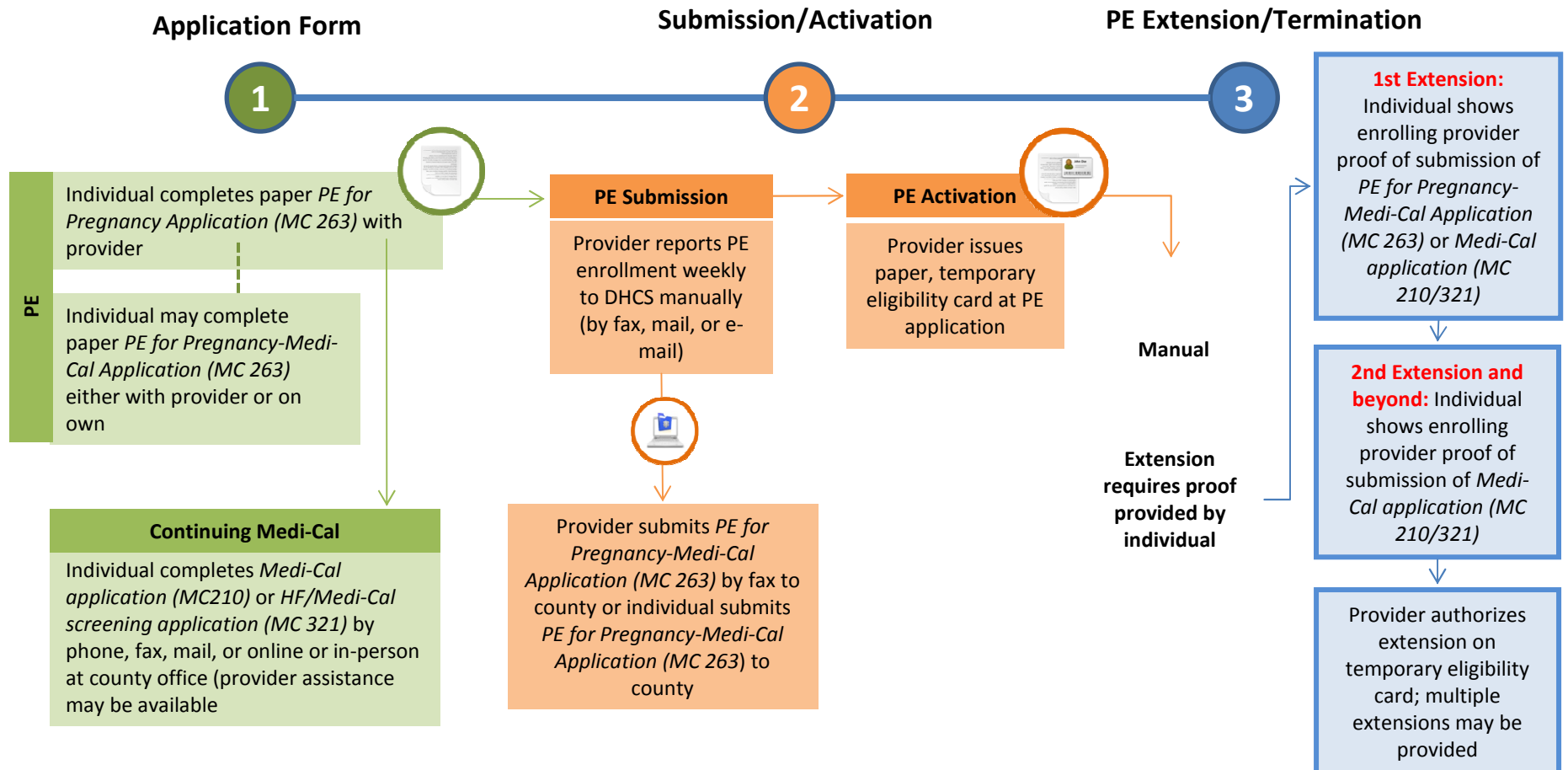
Current California Practices: Pregnant Women

- SB 24 requires an electronic gateway for pregnant women and newborns, which has not been implemented due to lack of State funding
- Approximately 125,000 cases were determined presumptively eligible for Medi-Cal in 2010-2011
- Unclear how many received continuing Medi-Cal coverage
- Limited data on presumptive eligibility for pregnant women

Source: DHCS, 2010-2011 data

Pregnant Women PE: Processes and Pathways

Pregnant Women “Presumptive Eligibility”



Pregnant Women: 2014 Options

	Current	2014 Options <i>permissible under Federal law</i>
Eligibility	< 200% FPL	<ul style="list-style-type: none"> ■ Maintain ■ Reduce/Eliminate
Covered Services	Ambulatory pregnancy-related services	No change; restricted by Federal law
Qualified Entities	Medi-Cal providers who provide prenatal care: Physicians, Nurse/midwives, Nurse practitioners, Community Hospitals, County Hospitals, Community Clinics, Rural Health Clinics, County Clinics, Tribal Clinics, Primary Care Clinics, Family Planning	<ul style="list-style-type: none"> ■ Maintain ■ Add one or more: <ul style="list-style-type: none"> • Maternal and child health block grantee • Children’s Nutrition Program provider • Qualifying provider who is able to determine PE for children (SPE, CHDP Gateway, CAHBEX?) ■ Limit <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>
PE Process and Pathway	<ul style="list-style-type: none"> ■ Multiple application forms: One page PE for Pregnancy, two copies PE for Pregnancy-Medi-Cal app, full Medi-Cal app ■ Manual submission: Provider reports to DHCS ■ Activation: Provider issues temporary eligibility card ■ Manual Extension: Individual must present proof to provider 	<ul style="list-style-type: none"> ■ Maintain ■ Expedite enrollment post-full application and pre-verification ■ Employ as a safety net when pursuing additional information ■ Streamline multiple applications into one ■ Convert to electronic submission process ■ Provide automatic extension using data matching

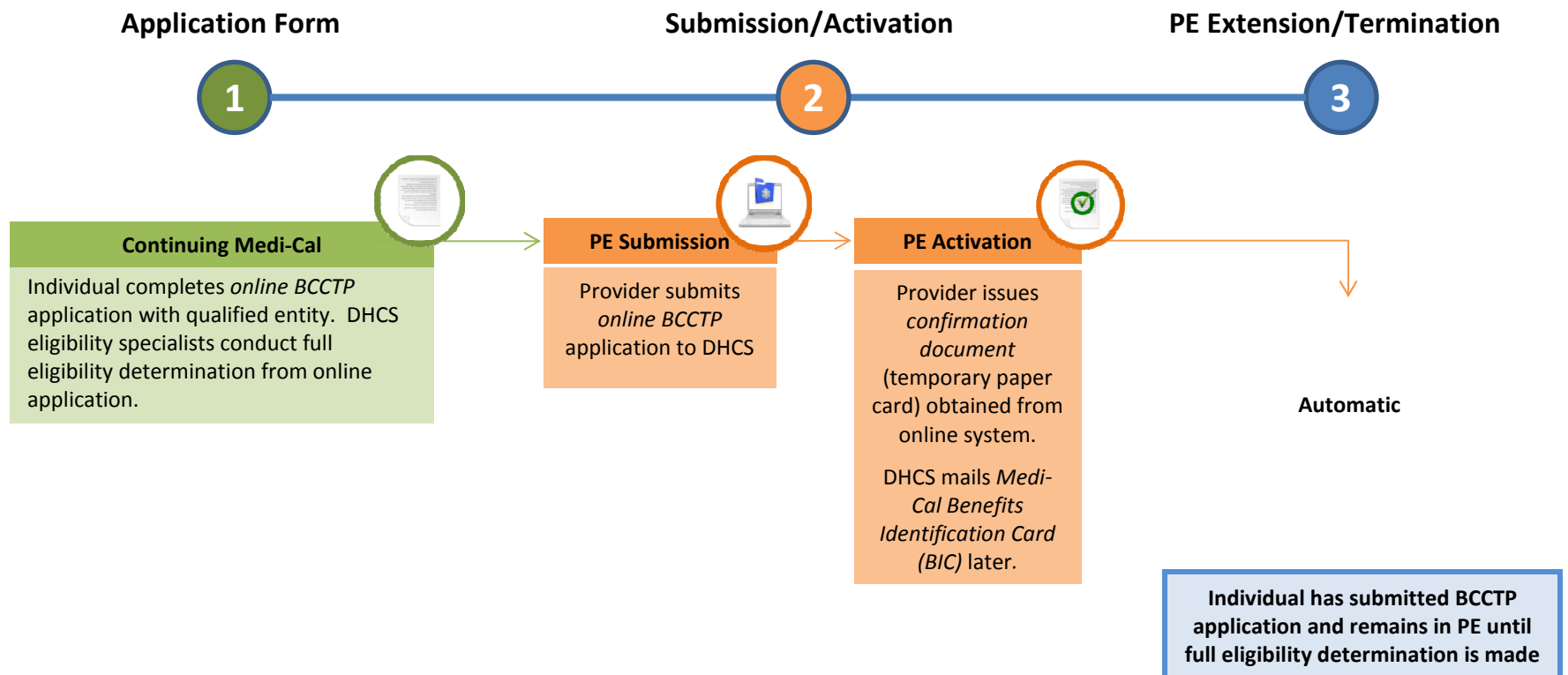
Current California Practices: BCCTP

- Approximately 3,000 women were determined presumptively eligible for Medi-Cal through BCCTP in 2010-2011
- Most PE cases are issued an eligibility determination for ongoing Medi-Cal within 60 days of PE application
- Over 90% of PE cases are determined eligible for ongoing full scope or restricted Medi-Cal benefits

Source: DHCS, 2010-2011 data

BCCTP: Processes and Pathways

BCCTP "Accelerated Enrollment"



BCCTP: 2014 Options

	Current	2014 Options <i>permissible under Federal law</i>
Eligibility	<p>< 200% FPL</p> <p>Resident of California</p> <p>Screened and diagnosed by a CDC approved provider and found to be in need of treatment for breast or cervical cancer Female</p> <p>< 65 years of age</p> <p>No other health insurance coverage</p>	<ul style="list-style-type: none"> ■ Maintain ■ Reduce/Eliminate
Covered Services	Full scope Medi-Cal benefits	No change; restricted by Federal law
Qualified Entities	Providers in the Cancer Detection Program: Every Woman Counts (CDP:EWC) or Family Planning, Access, Care and Treatment (Family PACT) program	<ul style="list-style-type: none"> ■ Maintain ■ Add ■ Limit <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>
PE Process and Pathway	<ul style="list-style-type: none"> ■ Single application form: BCCTP (federal Medicaid and state-only BCCTP) ■ Electronic submission: Provider submits online application form to DHCS ■ Activation: Provider issues temporary document, followed by BIC in mail ■ Automatic Extension: Individual remains in PE until full determination is made 	<ul style="list-style-type: none"> ■ Maintain ■ Streamline application with future joint application

Discussion Questions

- To what extent are current programs meeting policy and operating goals?
- What is PE's role in the future? How can PE be best structured to advance California's policy and operating goals?
- Should availability of PE change in light of expanded electronic verification?
 - Should PE be provided prior to electronic verification?
 - Or, when information cannot be immediately electronically verified and additional documentation is pursued from individual?
- What is the role of the electronic application?

Policy Goals

Access to Care: Provide immediate access to care

Facilitated Coverage: Create new/additional points of entry to coverage

Streamlined Enrollment: Streamline coverage pathway and mitigates potential eligibility processing delays

Seamless Transitions: Manage transitions in coverage

Operating Goals

Administrative Efficiency: Implement effectively and efficiently

Program Integrity: Ensure appropriate access by eligible populations

Fiscal Responsibility: Make predictable and reasonable demands on State resources

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Adults: Options

	2014 Options <i>permissible under Federal law</i>
Eligibility	<ul style="list-style-type: none"> ■ Expand to: <ul style="list-style-type: none"> ■ Individuals below State AFDC levels (Section 1931) ■ Non-disabled Adults below 133% FPL (Section VIII) ■ Non-disabled Adults above 133% FPL up to State-specified level (Section XX)
Covered Services	Medi-Cal benefits
Qualified Entities	<p><i>Awaiting federal guidance</i></p> <ul style="list-style-type: none"> ■ Provider-type settings ■ Full application submission portals <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>
PE Process and Pathway	<ul style="list-style-type: none"> ■ Provide immediate care pre-application ■ Expedite enrollment post-full application and pre-verification ■ Employ as a safety net when pursuing additional information

Special Populations: Options

	Family Planning	Foster Care Children
Eligibility	<ul style="list-style-type: none"> Expand to Family Planning Individuals up to income level under Medicaid/CHIP for pregnant women <p><i>Additional Options:</i></p> <ul style="list-style-type: none"> Include individuals who would have been eligible under a family planning waiver on or before 1/1/07 Consider only income of applicant 	<ul style="list-style-type: none"> Expand to Former Foster Children Under 26
Covered Services	<p>Family planning services and supplies</p> <p><i>Additional Option:</i></p> <ul style="list-style-type: none"> Provide coverage for medical diagnosis and treatment services pursuant to a family planning visit in a family planning setting at regular medical services FMAP 	Medi-Cal benefits
Qualified Entities	<p>State-deemed</p> <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>	<i>Awaiting federal guidance</i>
PE Process and Pathway	State flexibility	<i>Awaiting federal guidance</i>

Discussion Questions

- To what extent are PE policy and operating goals the same or different for new populations?
- How would a PE expansion to new populations best be structured?
 - Where should the PE determination be integrated in the application pathway?
 - Which qualified entities?
 - What application form(s)?
 - What submission/activation process?
 - What PE extension/termination process?
- To what extent would expanding to new populations require new infrastructure?

Policy Goals

Access to Care: Provide immediate access to care

Facilitated Coverage: Create new/additional points of entry to coverage

Streamlined Enrollment: Streamline coverage pathway and mitigates potential eligibility processing delays

Seamless Transitions: Manage transitions in coverage

Operating Goals

Administrative Efficiency: Implement effectively and efficiently

Program Integrity: Ensure appropriate access by eligible populations

Fiscal Responsibility: Make predictable and reasonable demands on State resources

Thank You

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Appendix

Review of State Options

Eligibility Category	Services	Qualified Entities <i>Must Participate in Medicaid and...</i>	Other Key Details
Pregnant Women	Limited; ambulatory prenatal care	<ul style="list-style-type: none"> • Federally qualified health center • Rural health clinic • Nurse managed health clinic • Maternal and child health block grantees • Urban Indian Organizations • Children’s Nutrition Program provider • State perinatal program provider • Indian Health Service • Tribe or tribal organization • Qualifying provider who is able to determine PE for children 	<ul style="list-style-type: none"> • SSA §1920
Children under 19	All	<ul style="list-style-type: none"> • Authorized to determine eligibility determination for Medicaid, CHIP, Head Start, Child Care and Development Block Grant, WIC, or public housing • State or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or Foster Care program • Elementary or secondary school • State or Tribal child support enforcement agency • Emergency food and shelter provider under the Stewart B. McKinney Homeless Assistance Act • Any entity deemed by State and approved by CMS 	<ul style="list-style-type: none"> • SSA §1920A, 42 CFR §§435.1101-1102, 447.89, 457.301, 457.355, SMD Letter 10/10/97 • State must adopt “reasonable standards” regarding the number PE periods that will be authorized in a given timeframe
Individuals with Breast and Cervical Cancer	All; at CHIP FMAP	Entities identified by State	<ul style="list-style-type: none"> • SSA §1920B

Review of State Options

Eligibility Category	Services	Qualified Entities <i>Must Participate in Medicaid and...</i>	Other Key Details
Individuals below State AFDC levels (Section 1931)	All	Awaiting CMS guidance	<ul style="list-style-type: none"> • SSA §1920(e) • Effective March 23, 2010 • Must have taken up pregnant women or children option
Non-disabled Adults below 133% FPL (Section VIII) Non-disabled Adults above 133% FPL up to State-specified level (Section XX)	All	Awaiting CMS guidance	<ul style="list-style-type: none"> • SSA §1920(e) • Effective January 1, 2014 • Must have taken up pregnant women or children option

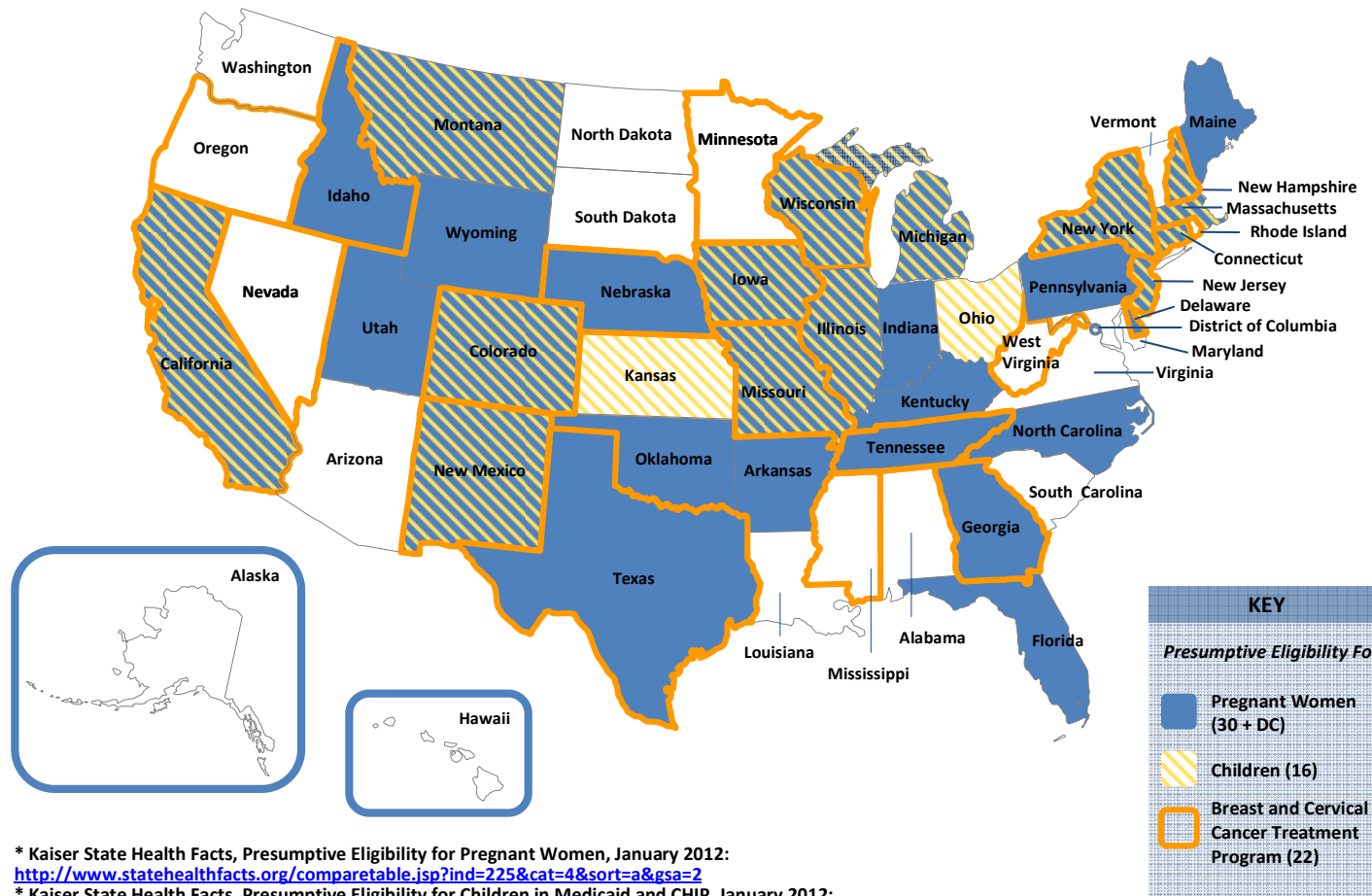
Review of State Options

Eligibility Category	Services	Qualified Entities <i>Must Participate in Medicaid and...</i>	Other Key Details
Family Planning Individuals	Limited; FP services and supplies at 90% FMAP	Entities identified by State	<ul style="list-style-type: none"> • SSA §1920C, SMD Letter #10-013 • Effective March 23, 2010 • Must not exceed highest income level under Medicaid or CHIP for pregnant women • May include individuals who would have been eligible under a family planning waiver on or before 1/1/07 • May only consider income of applicant • May provide coverage for medical diagnosis and treatment services pursuant to a family planning visit in a family planning setting at regular medical services FMAP
Former Foster Care Children Under 26	All	Awaiting CMS guidance	<ul style="list-style-type: none"> • SSA §1920(e) • Effective January 1, 2014 • Must have taken up pregnant women or children option

Review of Hospital Option

Eligibility Category	Services	Qualified Entities <i>Must Participate in Medicaid and...</i>	Key Details
Individuals who may be Medicaid eligible under State plan or waiver	All	Any Medicaid participating hospital may elect to be a qualified entity providing PE	<ul style="list-style-type: none">• SSA §1902(a)(47)(B)• Effective January 1, 2014• Hospital option, regardless of whether State has opted for PE

Current National Landscape



* Kaiser State Health Facts, Presumptive Eligibility for Pregnant Women, January 2012:

<http://www.statehealthfacts.org/comparetable.jsp?ind=225&cat=4&sort=a&gsa=2>

* Kaiser State Health Facts, Presumptive Eligibility for Children in Medicaid and CHIP, January 2012:

<http://www.statehealthfacts.org/comparetable.jsp?ind=229&cat=4&sort=a&gsa=2>

* National Breast Cancer Coalition, History and Background of the Medicaid Breast and Cervical Cancer Treatment Program,

<http://www.breastcancerdeadline2020.org/what-we-do/policy/legislative-policies-priorities/individual-policy-priorities/history-background-of-bcctp.html>

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Update

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