



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

March 27, 2014

To: ALL COUNTY WELFARE DIRECTORS Letter No.: 14-14
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

Subject: IMPLEMENTATION OF THE HOSPITAL PRESUMPTIVE
ELIGIBILITY (HPE) PROGRAM

The purpose of this letter is to provide counties with the policies and procedures for the Hospital Presumptive Eligibility (HPE) program, implemented on January 1, 2014. The HPE program provides temporary, no share-of-cost, Medi-Cal benefits for up to 60 days based on self-attested information collected by the hospital from the individual.

Please note that the Department of Health Care Services is still working with the federal Centers for Medicaid and Medicare Services regarding the policies set forth in this guidance. To the extent final federal approval modifies any of the policies outlined in this letter, updated information will be provided to the counties.

BACKGROUND

The Patient Protection and ACA of 2010 as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as ACA) require implementation of HPE effective January 1, 2014. To implement the HPE Program, California enacted Welfare & Institutions Code Section 14011.66, as prescribed in Senate Bill X1 1, (Hernandez and Steinberg), Chapter 4, Statutes of 2013.

Effective January 1, 2014, qualified hospitals can determine PE for certain Medi-Cal eligible populations based on preliminary information. This will enable hospitals to temporarily enroll individuals into Medi-Cal; ensuring uninsured individuals have access to medical care.

HPE PROGRAM ELIGIBILITY REQUIREMENTS

To qualify for the HPE program, individuals must be a California resident, not currently be enrolled in an insurance affordability program, and meet the income and household composition requirements for one of the ACA eligibility groups below:

- Former foster care children between the ages of 18-26 who were receiving foster care on their 18th birthday
- Children (ages 0-18)
- Parent/Caretaker Relatives
- Pregnant Women
- New Adults (ages 19-64, not pregnant, not enrolled in Medicare, and not eligible for any other mandatory group)

HPE MEDI-CAL APPLICATION

The HPE Medi-Cal application is a one-page application (Attachment 1) that is based entirely on the individual's attestation. The application collects information about the individual's state residence, income, and family size. Authorized hospital personnel review the one page application and input the individual's information online via the HPE Medi-Cal Application portal. HPE application can only be submitted online via the Hospital PE portal, it is not possible to submit a paper HPE application.

Once the HPE application has been submitted through the online portal, an electronic data match of the individual's information determines if they are currently receiving benefits through an insurance affordability program using the Medi-Cal Eligibility Data System (MEDS). If the individual is not currently receiving benefits through an insurance affordability program, MEDS will provide a response to the the system and make an HPE eligibility determination. The HPE eligibility determination will be made in real-time.

If the individual is determined eligible for the HPE program, the HPE provider would print out the eligibility determination and the, "*Immediate Need Eligibility Document*" (Attachment 2). The *Immediate Need Eligibility Document* works similar to a Benefits Identification Card (BIC). The patient must present the *Immediate Need Eligibility Document* to a Medi-Cal provider for services during the HPE eligibility period. Please note, HPE beneficiaries will not receive a BIC. The *Immediate Need Eligibility Document* acts as a BIC. A BIC will only be sent to the beneficiary if he/she applies for, and is subsequently determined eligible for, Medi-Cal benefits.

HPE PROGRAM ENROLLMENT REQUIREMENTS

Enrollment Frequency:

Enrollment into the Hospital PE Program is limited to one enrollment per 12-month period. The 12-month enrollment period begins in the month determined eligible for the Hospital PE Program. For example:

If the patient is determined eligible for the Hospital PE Program effective April 1st, the patient could not enroll for another Hospital PE period until the following April.

The exception to this rule is pregnant woman. Pregnant women are permitted one HPE period per pregnancy for ambulatory prenatal services. Therefore, a pregnant woman could potentially receive more than one PE period in a 12-month period with a new pregnancy.

Enrollment Denial:

An individual could have their HPE application denied if they attested to any of the following:

- Not being a resident of California
- Have income over the limit for their coverage group
- Are currently enrolled in an insurance affordability program
- Have already received Hospital PE benefits within the current 12-month period or current pregnancy

HPE ENROLLMENT

HPE providers are required to provide individuals enrolled in the HPE program an insurance affordability application prior to leaving the hospital. Individuals enrolled in the HPE Program must submit a completed insurance affordability application no later than the last day of the following month in which HPE was granted. To the extent the application is submitted during their HPE period, their HPE coverage can be further extended pending the Medi-Cal determination (approval or denial). Individuals can have up to a maximum of 60 days of HPE.

MEDS is programmed to automatically terminate all HPE benefits for individuals who reach the 60-day limit unless MEDS has a record of a pending insurance affordability program application. If MEDS shows a pending HX-18 transaction (Covered California application)

or EW-18 transaction (county application), MEDS will not automatically terminate HPE benefits until the application is adjudicated with either an HX-20 or EW-20.

Individuals enrolled in the HPE program and subsequently move into another eligibility category (for example a child turning 19) within their 60-day HPE period, their HPE coverage will continue until the last day of their 60-day HPE period.

HPE PROGRAM LEVEL OF BENEFITS

Individuals determined eligible for HPE benefits in the former foster care, children's, parents caretaker relatives, and "new adult" coverage group would receive full-scope Medi-Cal benefits. Individuals determined eligible in the pregnant women coverage group would receive ambulatory prenatal services only.

HPE AID CODES

There are ten, HPE aid codes, identified in the aid code matrix below. The aid code matrix identifies each HPE aid code, income level, and level of benefits offered.

Aid Codes	HPE Aid Code Definitions	Level of Benefits
P1	Hospital Presumptive Eligibility for Infants age 0-1 (at or below 208 percent FPL)	Full
P2	Hospital Presumptive Eligibility Parent-Caretaker (at or below 109 percent FPL)	Full
P3	Hospital Presumptive Eligibility for Adults (at or below 138 percent FPL)	Full
P4	Hospital Presumptive Eligibility for Pregnant Women (at or below 213 percent FPL)	Limited
H6	Hospital Presumptive Eligibility for infants age 0-1 (above 208 percent up to and including 266 percent FPL)	Full
H7	Hospital Presumptive Eligibility for Children age 1-6 (at or below 142 percent FPL)	Full
H8	Hospital Presumptive Eligibility for Children age 6-19 (at or below 133 percent FPL)	Full
H9	Hospital Presumptive Eligibility for Children age 1-6 (above 142 percent up to and including 266 percent FPL)	Full
H0	Hospital Presumptive Eligibility for Children age 6-19 (above 133 percent up to and including 266 percent FPL)	Full
4E	Hospital Presumptive Eligibility for Former Foster Care Children up to age 26, (No income screening)	Full

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QUALIFIED HOSPITAL PE PROVIDERS

In order for hospitals to enroll as a “qualified hospital”, which permits the hospital to participate in the HPE program, a hospital must participate as a provider under the State plan or a demonstration under section 1115 of the Social Security Act. The hospital must complete and sign the *HPE Program Provider Election Form and Agreement* and agree to comply with all applicable HPE program requirements and policies. For additional information regarding the HPE program for providers, counties may download information from the link below:

http://files.medi-cal.ca.gov/pubsdoco/aca/aca_HPE_landing.asp

If you have any questions, please contact Delena Fong at (916) 324-0186 or by email at Delena.Fong@dhcs.ca.gov.

Sincerely,

Original Signed By:

Tara Naisbitt, Chief
Medi-Cal Eligibility Division