Presumptive Eligibility in Arizona

As required under the Affordable Care Act, AHCCCS has established standards for the State's Hospital Presumptive Eligibility (HPE) program. Participating hospitals must agree to the requirements as set forth in the Arizona HPE policy.

I.   AHCCCS Policy Goals

1. Provide a pathway to complete healthcare coverage.
2. Expand Medicaid eligibility training on Health-e-Arizona Plus (HEAplus) to hospital staff.
3. Employ PE as a safety net to ensure appropriate access to care by eligible populations.

II.   Eligible Populations

The AHCCCS Office of the Inspector General will conduct routine audits to ensure HPE is used for eligible populations only.

The following populations may be made eligible through HPE:
- Pregnant women (up to 150% FPL)
- Infants (up to 147% FPL); children 1-5 (up to 141% FPL); and children 6-19 (up to 133% FPL)
- Parents and caretaker relatives (up to 106% FPL)
- Non-disabled adults, 19-64 without Medicare (up to 133% FPL)
- Former Foster Care children
- Individuals qualifying under the Breast and Cervical Cancer Treatment Program for those hospitals that are also qualified to perform breast and cervical cancer screenings by the Arizona Department of Health Services under the Well Woman Health Check Program.

Citizenship and Residency
- Citizenship and state residency requirements must still be met for HPE applicants.
- HPE is not a shortcut for non-qualifying aliens to obtain full Medicaid eligibility and benefits.
- All HPE applicants must attest that they meet the citizenship requirements (including attesting to legal permanent resident status meeting the 5-year bar for non-citizens).
- All HPE applicants must attest that they meet the residency requirements.

III.   HPE Eligibility Period

Federal regulation defines the HPE period.
- The HPE period begins on the date the HPE determination is made.
- HPE ends on the last day of the month following the HPE determination, if a regular Medicaid application is not completed and submitted by that date.
- If a regular Medicaid application is completed before the last day of the second month, HPE ends the date the Medicaid eligibility determination is made.
- **HPE is *only* allowed once every 24 months**.

IV.   Hospital Qualifications

A qualified hospital is a hospital that:
- Is licensed by the Arizona Department of Health Services (ADHS) or is a federally operated hospitals, including Indian Health Services and tribally-operated 638 hospitals.
- Is an AHCCCS Registered Provider.
- Has a Health-e-Arizona Plus Subscription Agreement in place with AHCCCS;
- Operates within the State of Arizona.
- Notifies the agency of its election to make presumptive eligibility determinations under this policy.
- Agrees to make presumptive eligibility determinations consistent with State policies and procedures.
- Assists individuals in completing and submitting the full AHCCCS application and understanding any documentation requirements.
- Has not been disqualified by the agency in accordance with this policy.
- Ensures 90% of the persons the hospital determines presumptively eligible complete regular Medicaid applications submitted through HEAplus before the end of the presumptive eligibility period.
- Ensures 95% of the persons the hospital determines are presumptively eligible who also completed a regular Medicaid application are determined Medicaid eligible by the State.
- Provides Medicaid application assistance to the community, including individuals not in need of hospital services.
- Agrees to be listed on the AHCCCS website as an authorized site for Medicaid application assistance services.

V. How to Become a HPE Provider

HPE providers must:
- Register with AHCCCS
- Complete HEAplus Subscription Agreement
- Sign the HPE Policy agreement
- Complete initial and ongoing training

Organizations that meet the above qualifications and are interested in becoming a HPE provider or HEAplus subscriber should email a request to HEAAHCCCS@azahcccs.gov.

VI. HPE Provider Reimbursement

- There is no reimbursement for completing a HPE determination.
- There is no reimbursement for assisting an individual to complete the full Medicaid application.
- Hospitals may not charge applicants to apply for PE or for assisting with the submission of a complete regular Medicaid application.
- Qualified hospitals or other registered Medicaid providers that provide medical care to HPE eligible individuals must submit claims to the AHCCCS Administration and will be reimbursed on a fee-for-service basis at the current AHCCCS rates for services rendered during the PE period. (Individuals made presumptively eligible will be enrolled as AHCCCS Fee-for-Service members).

VII. Process for Submitting HPE Application

Step 1: *Start in HEAplus*
- All applications must begin in Health-e-Arizona Plus (HEAplus).

Step 2: *Try to Complete A Full Application First*
- For individuals who complete a regular Medicaid application in HEAplus, the hospital worker must also provide an eligibility determination letter on that hospital's letterhead stating:
    - A regular Medicaid application was submitted in HEAplus and the date it was submitted;
    - The applicant has also been made presumptively eligible; and
    - The HPE determination date and HPE period.

Step 3: *Using the HPE Application as a Backup*
- If an applicant begins a regular application in HEAplus and the data hubs determine the applicant is over income for Medicaid or does not meet citizenship requirements, the hospital worker **may not** begin a HPE application for that individual.

- If the applicant is unable or unwilling to provide all of the necessary information to submit a complete regular application, the hospital worker must begin the HPE application in HEAplus entering the required data elements.[1] The hospital worker can then make the HPE determination and provide notice of approval on hospital letterhead.
- The hospital worker must request a fingerprint of all HPE applicants for Program Integrity reviews to assist the AHCCCS Inspector General in audit reviews as well as connecting the HPE application to the completed regular application.
- It is critical to begin in HEAplus so that the agency can later connect the HPE application to the actual Medicaid application.
- All HPE determinations will be submitted online through the AHCCCS website accessible only to hospital staff that has completed their training.
- All HPE determinations will be concurrently submitted to the AHCCCS website and to the Office of the Inspector General.

Step 4: *Schedule the Follow-up Appointment*
- All applicants submitting an HPE application must be offered a follow up appointment for completing their regular Medicaid application.

Step 5: *The HPE Notice*
- Once the HPE determination is submitted, the hospital worker must provide the applicant with a HPE determination letter explaining:
  - Whether the applicant has been made presumptively eligible.
  - If denied, no appeal rights are available.
  - If approved,
    - The PE time period, including the exact date the individual was made eligible for HPE.
    - The need to complete a full application at a later time.
    - The date/time/location for the follow up appointment so that the applicant may complete the full Medicaid application.

VIII.   Required Training for Hospital Staff

All HPE participating hospitals must identify name and contact information of the specific hospital staff that will be authorized to complete HPE applications.
- All authorized hospital staff must complete:
  - HEAplus training.
  - HPE training.
  - See the AHCCCS website for HEAplus information and contact information to complete the HEAplus agreements and begin training. http://www.azahcccs.gov/community/Health-e-Arizona/HEAplus.aspx

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[1] The required data elements follow federal regulations; what they are and how to capture them in HEAplus will be outlined in the HPE training.

IX.   **Program Integrity**

HPE is a powerful tool that allows hospital staff to determine individuals eligible for the Medicaid program. Because the AHCCCS program is taxpayer funded, AHCCCS has a fiduciary duty to ensure funds are spent appropriately. Pursuant to the reporting and auditing requirements that follow, the AHCCCS Office of the Inspector General (OIG) will look for patterns and trends, which may lead to corrective action, additional investigation or other.

To that end, the Arizona HPE Policy includes a necessary Program Integrity component as follows.

Reporting Requirements
All HPE participating hospitals must complete the following:

Quarterly Report: The following must be reported to the AHCCCS Office of Inspector General quarterly:
1. Number of HPE applications by:
    a. Specific hospital facility
    b. Name of the Hospital worker who approved the HPE application
    c. Approvals by
        i. Eligibility category
        ii. Income
    d. Denials
        i. Reason for denial
    e. Medical Need – e.g., did applicant come in through ED, IP, OP, walk in/not a patient or "treat and release."
2. Number of follow up appointments scheduled to complete a regular application for benefits
    a. Number of missed appointments
    b. Number of HPE applicants for whom follow up appointment was not scheduled and reason why
3. Number of HEAplus applications for individuals determined presumptively eligible that were completed before the end of the PE period.
4. Number of individuals made eligible via HPE for whom no Medicaid application was completed, whether via HEAplus, paper or other.
5. Number of individuals made eligible using HPE who were later denied for full Medicaid coverage.
6. Number of HPE approved applications which the OIG later determined to not meet eligibility.
7. Total payments made for services provided to individuals eligible via HPE.

Annual Report: The same elements in the quarterly report must be included per quarter and then aggregated for the year. The annual report is submitted to the OIG on a calendar year basis and is due December 31.

Audit Requirements
The OIG or designated staff will perform on-site audits of HPE qualified hospitals. Each month, the OIG will inspect records, policies and procedures, documentation, compliance with HPE Policy, and verify HPE participating staff of qualified hospitals. The number and identity of hospitals that will be audited each month is left to the discretion of the Inspector General. Findings will be reported and posted to the AHCCCS website.

An annual audit will be conducted by an independent third party. The AHCCCS Administration will determine the amount owed by each hospital to fund the external review based on proportion of HPE claims paid per hospital.

OIG Investigations
If OIG audits result in open investigations for Medicaid fraud, waste, or abuse, the qualified hospital could be subject to disciplinary action including: civil monetary penalties; referral for prosecution; and could be subject to removal from the Medicaid program.

X.   Hospital Disqualification

Federal regulations allow states to disqualify hospitals from participating as HPE providers for failure to meet established performance standards.

Requirement to Provide Application Assistance
Arizona's HPE Policy requires that the qualified hospitals follow up with individuals made presumptively eligible to ensure they complete and submit a regular Medicaid application.
- Arizona's HPE Policy requires qualified hospitals follow up with individuals made presumptively eligible to ensure they complete and submit a regular Medicaid application.
- 90% of all individuals made presumptively eligible must complete a regular application before the end of their HPE period.

Error Rate
Federal regulations allow the State to establish standards for qualified hospitals related to the proportion of individuals determined presumptively eligible that are determined eligible for Medicaid by the agency based on their completed regular application.
- Arizona has established that 95% of all applicants made presumptively eligible that complete a regular Medicaid application must be found eligible for full Medicaid benefits.
- Thus, a hospital faces termination of HPE privileges if greater than 5% of the HPE approvals were made in error.

Corrective Action Plan
Qualified hospitals not meeting the above-stated standards will be placed on a corrective action plan (CAP) and will be given one calendar year from the date the CAP was issued to come into compliance with the Arizona HPE policy. Every CAP will include additional hospital training.

Final Disqualification
If after completion of the CAP and additional training, the State determines that the hospital is not capable of making PE determinations in accordance with the Arizona HPE policy or meeting the standards established therein, the hospital will be disqualified from further participation in Arizona's HPE program.

XI.   Provider Status and Agreement

I understand that presumptive eligibility provider status means that this hospital will adhere to Arizona's Medicaid Hospital Presumptive Eligibility (HPE) Policy as established herein, including completing an HEAplus subscription agreement and using HEAplus for HPE determinations to establish PE for individuals, entitling pregnant women to receive Medicaid coverage for ambulatory prenatal services and full coverage for children, former foster care, parent/caretaker relatives, non-disabled adults 19-64 without Medicare and women eligible for the Breast and Cervical Cancer Treatment Program.

I understand that the hospital must keep complete and thorough records on all HPE clients, and that these records are subject to review by state *and/or* federal agencies. I understand hospital staff must complete training on HEAplus and HPE, identity proofing and multi-factor authentication. I also understand failure to complete training or to comply with guidelines for establishing HPE status may result in denial of application for HPE determiner status or immediate termination of determiner status.

Arizona Medicaid may terminate HPE status if the hospital or its staff fails to comply with Arizona Medicaid guidelines for establishing HPE status.

Provider Name *(Please Print)*	Provider Telephone Number

Address

City	State	Zip Code

Provider's Medicaid Billing Number	Provider's E-mail Address

Authorized Signature	Printed Name	Date