IHCP *bulletin*

Hospital Presumptive Eligibility to begin January 1, 2014

The Indiana Health Coverage Programs (IHCP) is implementing a Hospital Presumptive Eligibility (HPE) process effective January 1, 2014. HPE enables qualified acute care hospitals to enroll qualifying individuals in certain aid categories to receive temporary health coverage at point-of-service until eligibility for an IHCP program is officially determined by the Indiana Family and Social Services Administration (FSSA).

The HPE coverage period begins on the date the HPE qualified provider determines an individual is presumptively eligible for coverage under an IHCP program. The HPE coverage period ends when one of the following circumstances occurs:

■ The member does not complete and file an *Indiana Application for Health Coverage* by the end of the month following the month in which HPE coverage begins. A completed *Indiana Application for Health Coverage* must be pending with the FSSA within that time frame to continue HPE coverage.

■ The member is officially determined eligible for coverage under an IHCP program by the FSSA. Eligibility for HPE will end on the day after the eligibility information is received from the FSSA.

■ The member is officially determined ineligible for coverage under an IHCP program by the FSSA. Eligibility for HPE will end on the day after the denial of eligibility information is received from the FSSA.

■ For women found presumptively eligible because of pregnancy, the member's HPE eligibility will end if the pregnancy ends while the member's eligibility is still in presumptive status. Eligibility for HPE will end on the day after the pregnancy ends, whether it ends in miscarriage, abortion, or delivery.

Enrolling as a qualified provider

Only acute care hospitals are eligible to enroll as HPE qualified providers (QPs). To be eligible, an acute care hospital must:

- Participate as a provider under the Indiana State Plan or under a demonstration program under section 1115 of the *Social Security Act*.

- Notify the FSSA of the hospital's intention to make hospital presumptive eligibility determinations.

- Agree to make hospital presumptive eligibility determinations consistent with state policies and procedures.

- Guide individuals in the process for completing and submitting the *Indiana Application for Health Coverage* paperwork to the FSSA.

- Complete and submit HPE QP eligibility attestations through the HPE enrollment process on Web interChange.

- Complete Web interChange training.

- Participate in HPE training.

An acute care hospital meeting these requirements is encouraged to enroll as an HPE QP through Web interChange. If an acute care hospital does not currently use Web interChange, an authorized person from the hospital can sign up for access from the Web interChange home page at indianamedicaid.com:

- Click **How to Obtain an ID**.

- Select the link for the *Web interChange Administrator Request Form*.

- Complete and submit the form online.

With access to Web interChange, the hospital can complete the HPE QP enrollment application and the required attestations located under the *Provider Maintenance* window. On completion, the hospital immediately receives an automated email notification of its HPE QP status. Within 10 business days, the HPE QP is contacted to schedule an enrollment training session to finalize the HPE QP enrollment. Once enrolled, the HPE QP is required to complete a training session about the HPE process before being activated in Indiana*AIM* and making presumptive eligibility determinations.

Individual eligibility requirements

Individuals are allowed only one presumptive eligibility coverage period per rolling 12 months or per pregnancy. To be determined presumptively eligible, an individual must meet the following eligibility requirements:

- Be a U.S. citizen or a qualified noncitizen.

- Be an Indiana resident.

- Not be currently incarcerated.
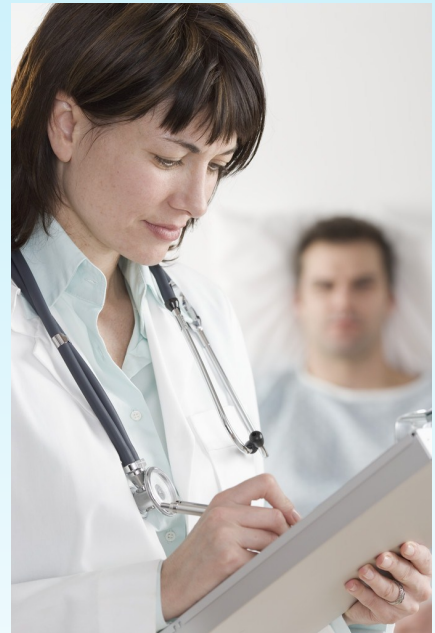
- Not be currently covered under presumptive eligibility or enrolled in an IHCP program.

- Meet the income level requirements specific to certain aid categories.

- Meet any additional requirements specific to certain aid categories.

Income level requirements are based on Modified Adjusted Gross Income (MAGI) rules associated with the federal poverty level (FPL). Table 1 presents the FPL and age requirements for each aid category.

Table 1 – FPL and age requirements per aid category

Aid Category	Eligibility Age (in years)	Income Eligibility (in % FPL)
HPE Infants	Under 1	Up to 213%*
HPE Children	1 – 18	Up to 163%*
HPE Parent/Caretaker	None	Converted AFDC limits**
HPE Former Foster Care Children	18 -25	None
HPE Pregnant Women	None	Up to 213%*
HPE Family Planning	None	Up to 146%*

* These percentages include a 5% income disregard. When completing a full application, the 5% income disregard will be applied only if an individual is otherwise ineligible for an IHCP program.

** For more information on converted Aid to Families with Dependent Children (AFDC) limits, please visit the Eligibility Guide on the member website at indianamedicaid.com.

Additional requirements must be met for certain aid categories. Those requirements are as follows:

- Parents or Caretakers – Individual must live with a person under the age of 18 and must be the individual taking care of the minor person.

- Former Foster Care Children – Individual must be at least 18 years old but less than 26 years old and must have been in foster care under the responsibility of the state of Indiana and been enrolled in an IHCP program at age 18.

- Pregnant Women – Individual must be pregnant (medical verification not required).

- Family Planning – Individual must not be eligible for any other HPE category.

HPE QPs must check eligibility before rendering services or before completing a presumptive eligibility application to determine if the individual is already enrolled in an IHCP program. Eligibility can be verified by using Web interChange or through one of the following Eligibility Verification System (EVS) options:

- Automated Voice Response System

- Omni

- Electronic Data Interchange (EDI) 270/271 – Eligibility Benefit Transaction

Hospital Presumptive Eligibility benefit packages

Individuals qualifying for HPE coverage receive the same benefit package they would receive if found eligible through a complete FSSA eligibility determination, except for those in the HPE Pregnant Women aid category. Table 2 shows the HPE benefit package for each aid category.

Table 2 – HPE benefit package per aid category

Aid Category	HPE Benefit Package
HPE Infants (Ages under 1)	Package A – Standard Plan
HPE Children (Ages 1-18)	Package A – Standard Plan
HPE Parent/Caretaker	Package A – Standard Plan
HPE Former Foster Care Children (Ages 18-25)	Package A – Standard Plan
HPE Pregnant Women	Package P – Presumptive Eligibility*
HPE Family Planning	Family Planning Eligibility Program Benefit Package

* *IHCP Bulletin BT201345*, published September 26, 2013, incorrectly stated HPE Pregnant Women coverage includes Package B benefits. The benefit package for HPE Pregnant Women is limited to Package P services only.

The HPE Pregnant Women aid category is limited to ambulatory prenatal care benefits only. The following items and services are covered under the HPE Pregnant Women benefit package (Package P):

- Prenatal care

- Prescription drugs related to pregnancy

- Prenatal lab work

- Transportation to prenatal visits

Please see *Chapter 2: Member Eligibility and Benefit Coverage* of the *IHCP Provider Manual* for information about benefits under Package A and under the Family Planning Eligibility Program.

Services rendered to individuals under HPE are reimbursed under the fee-for-service delivery system. Providers are reminded to always verify members' eligibility before rendering services.

Presumptive Eligibility for Pregnant Women and Hospital Presumptive Eligibility comparison

The IHCP includes two authorized processes by which individuals can be determined presumptively eligible and receive temporary health coverage until full eligibility is determined by the FSSA – Presumptive Eligibility for Pregnant Women (PEPW) and HPE. Table 3 describes the most significant differences between the two processes.

To eliminate confusion with the new HPE process, the current Presumptive Eligibility (PE) process is now referred to as Presumptive Eligibility for Pregnant Women (PEPW).

Table 3 – PEPW and HPE comparison

	PEPW	HPE
Aid Categories	Pregnant Women only	Children Pregnant Women Parents/Caretakers Former Foster Care Children Individuals Seeking Family Planning Services
Qualified Providers	Medical clinics Family planning clinics Health departments Hospitals*	Acute care hospitals only
Enrollment Broker Requirement	Pregnant women found presumptively eligible must contact the enrollment broker, MAXIMUS, to select a primary medical provider (PMP) and managed care entity (MCE) on the same day they are found presumptively eligible.	No requirement
Delivery System	Managed care	Fee-for-service

* Acute care hospitals currently enrolled as PEPW QPs will retain their ability to determine presumptive eligibility for pregnant women under the PEPW process; however, no new acute care hospitals will be enrolled as PEPW QPs. Going forward, acute care hospitals will be enrolled as qualified providers under HPE.

Additional guidelines regarding the HPE program will be provided in upcoming IHCP publications.

QUESTIONS?

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