



# Medicaid Eligibility

OMB Control Number 0938-1148

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## Presumptive Eligibility by Hospitals S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes    No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of  
 its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance  
 with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes    No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

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Florida

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Yes     No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

During the first 18 months of enrollment as a Qualified Hospital:  
1) An average of 90% of individuals determined to be presumptively eligible by the qualified hospital will submit a regular application before the end of the presumptive eligibility period.  
2) Average (mean) days from date of presumptive eligibility determination to date of application submission is less than 10 calendar days.

After the first 18 months of enrollment as a Qualified Hospital (based on a quarterly review of data):  
1) 95% of individuals determined to be presumptively eligible will submit a regular application before the end of the presumptive eligible period.  
2) Average (mean) days from date of the presumptive eligibility determination to date of application submission is less than 10 calendar days.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

For the first 18 months:  
1) An average of 90% of the individuals who submit an application before the end of the presumptive eligibility period will be determined eligible for regular Medicaid.

After the first 18 months (based on a quarterly review of the data):  
1) 97% of the individuals who submit an application before the end of the presumptive eligibility period will be determined eligible for regular Medicaid.

Data Collection:  
The Agency will collect basic data (number of PE requests, number of follow-up applications submitted, number of denials based on the full application) for each Qualified Hospital electing to make presumptive eligibility determinations.

Corrective Action:  
If a Qualified Hospital fails to meet the established performance standards based on the data collected, the State will notify the Qualified Hospital of the deficiencies and request that the hospital submit a corrective action plan detailing the steps that it will take to remediate the issue(s) along with a time line for completion. If the Qualified Hospital continues to fail to meet the performance standards after the completion of their corrective action plan, the State may terminate their ability to make presumptive eligibility determinations (as outlined in 42 CFR 435.1110) under the Florida Medicaid program. During, for the first 18 months of enrollment as a Qualified Hospital, the State will provide the hospitals with the opportunity to demonstrate continued improvement by establishing a lower standard (as previously described). If the Qualified Hospital fails to meet the established standards after the first 18 months of enrollment, the State will perform quarterly review of the data and will require the hospital to remediate deficiencies (as described above).

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or



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The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes  No

The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

**An attachment is submitted.**

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.