Florida Medicaid Qualified Hospital (QH) Presumptive Eligibility

March 2020
# Presentation Outline

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Presumptive Eligibility: Section 1

LEGAL BASIS
What is Presumptive Eligibility?

Presumptive Eligibility (PE):

• Provides temporary Medicaid coverage for individuals who are likely to be eligible for Medicaid and assures timely access to care while a final eligibility determination is made.

• Is based on limited information provided by an individual about his or her income and household size, citizenship, and residency status.
42 U.S.C. 1396a(a)(47)

The Patient Protection and Affordable Care Act amended section 1902(a)(47) of the Social Security Act as follows:

“...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...”
What Does This Mean?

Florida Medicaid enrolled hospital providers may choose to make PE determinations in accordance with federal law and state policy.

In Florida, enrolled hospitals may make PE determinations for:

- Pregnant women.
- Infants and children under age 19 years.
- Parents and other caretaker relatives.
- Former foster care children.
Presumptive Eligibility: Section 2

QUALIFIED HOSPITAL
What is a Qualified Hospital?

A QH is a hospital that:

- Participates as a Medicaid provider (Provider Type 01).
- Notifies Florida Medicaid of its election to make PE determinations.
- Agrees to make PE determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make PE determinations in accordance with applicable state policies and procedures or for failure to meet the standards established by the Medicaid agency.
How to Become a QH

1. Must be a Florida Medicaid provider
   To enroll as a Florida Medicaid provider:
   Visit http://mymedicaid-florida.com
   select Provider Services
   then select Enrollment

2. Enroll as a Qualified Hospital Provider
   Complete the required provider agreement located at:
   Submit the signed copy to:
   QH Enrollment Coordinator
   Agency for Health Care Administration
   2727 Mahan Drive, Mail Stop 20
   Tallahassee, Florida 32308
QH Responsibilities

Ensure that:

- Employees making PE determinations must meet the training certification requirements to become an Authorized Agent before making any determinations.
- Only hospital employees make PE determinations—contractors or 3rd party vendors are NOT permitted to make PE determinations.
- Anyone who enters PE approvals (determined by hospital employees) into the online system must meet the training certification requirements to become an Authorized Agent before entering approvals.
QH Responsibilities

• Documentation of the certifications is maintained in a central location.
• Presumptive Eligibility determinations are consistent with state policies and procedures.
• Staff are available to assist individuals with submission of applications for full Medicaid benefits.
Performance Standards

For the first 18 months, the QH must meet the following standards:

- An average of 90% of individuals the QH determines to be presumptively eligible will submit an application for full Medicaid benefits before the end of the PE period.
- On average, the application for full Medicaid benefits will be submitted within 10 days from the date of the PE approval.
- An average of 90% of the individuals who submit the application for full Medicaid benefits before the end of the PE period will be eligible for full Medicaid.
Performance Standards

After the first 18 months, the QH must meet the following standards:

• An average of 95% of individuals the QH determines to be presumptively eligible will submit an application for full Medicaid benefits before the end of the PE period.

• On average, the application for full Medicaid benefits will be submitted within 10 days from the date of the PE approval.

• An average of 97% of the individuals who submit the application for full Medicaid benefits before the end of the PE period will be eligible for full Medicaid.
Presumptive Eligibility: Section 3

PE PROCESS
Eligibility Requirements

Each individual **must not:**

- Be currently eligible for Medicaid.
- Have been determined eligible for PE in the last 12 months.
- Be an inmate of a public institution, such as incarcerated in a state prison or local jail, or in the custody of the Department of Juvenile Justice.

Each individual **must:**

- Fit into one of the PE eligibility categories.
- Meet citizenship and residence requirements.
- Meet income requirements.
Gathering Information

• Accept the individual applicant’s (or responsible individual if applicant is a child) statement for all information.

• Individuals are not required to provide any documentation to prove their statement, including:
  – Medical verification of pregnancy.
  – Birth certificate or proof of noncitizen status.
  – Social Security card.
Presumptive Eligibility Worksheet

Use the PE Worksheet to assist when making PE determinations (recommended).

Link to the worksheet and instructions:
Steps in the PE Process

1. Check for current Medicaid eligibility.
2. Determine applicant’s eligibility category.
3. Determine applicant’s residence and citizenship status.
4. Determine applicant’s income eligibility.
5. Explain PE benefits and coverage span.
6. Authorize PE coverage via the Provider Portal.
7. Provide applicant with a written notice of eligibility.
8. Assist applicant with completing and submitting the full Medicaid application.
Presumptive Eligibility: Section 4

PE DETERMINATION
Check for Current Medicaid Eligibility

Individuals currently eligible for Medicaid are not eligible for PE.

- Use your normal process for verifying Medicaid eligibility.
- If you need additional information, you can learn how to verify eligibility using the provider web portal at the following link:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Training/Web_Portal_CBT_Lesson_4_-_Eligibility.exe
Determine Eligibility Category

Does the individual fit into one of the following eligibility groups?

- Pregnant woman.
- Parent or relative caring for a child under 18 years of age.
- Child under 19 (infant under 1 year; child 1 through 18 years).
- Former foster child under 26 who was eligible for Medicaid in Florida when he/she aged out of care.

☐ Yes – Continue with determination.
☐ No – Ineligible.
Determine Residence and Citizenship Status

• Individual currently lives in Florida and intends to remain:
  ■ Yes – Continue with determination.
  ■ No – Ineligible.

• Individual is a US citizen or qualified noncitizen:
  ■ Yes – Continue with determination.
  ■ No – Ineligible.
Determine Income Eligibility

• Determine whether the household’s income is equal to or less than the income limit for the individual’s eligibility group.

• To do this you need to know:
  – Household size.
  – Household income.

**Note:** If applicant is in the former foster care group, do not complete the income eligibility calculations. There is no income eligibility requirement for that group.
Determining Household Size

Count the following individuals in determining household size:

• If individual is a child < 19 years of age, count:
  – Child + parents (natural, adoptive, and/or step) + siblings < 19 years of age (natural, adoptive, step).

• For all other applicants, count:
  – Individual + spouse + children < 19 years of age (natural, adoptive, step).

• If applicant or any person being counted is pregnant, count the number of expected babies.
Determining Household Income

Monthly household income = total monthly income before taxes for individuals who are part of the household.

Count:
✓ Job income (for example, wages, salaries, self-employment).
✓ Other income (for example, unemployment, alimony, disability payments from Social Security).

DO NOT count:
✗ Supplemental Security Income payments.
✗ Child support payments.
✗ Social Security payment made to or on behalf of a child.
Determining Income Limits

- Find the monthly income limit for the individual’s household size and eligibility group on the PE Income Limits chart (see next slide).

- Compare the household’s monthly income to the amount in the chart.

- Household’s monthly income equal to or less than the applicable PE income limit:
  - Yes – Eligible (based on income).
  - No – Ineligible.
<table>
<thead>
<tr>
<th>Household Size</th>
<th>Parents &amp; Caretakers, Children 19 &amp; 20</th>
<th>Pregnant Women Including PEPW</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infant &lt; 1</td>
<td>1-5</td>
<td>6-18</td>
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<tr>
<td>1</td>
<td>180</td>
<td>1,968</td>
<td>2,127</td>
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<tr>
<td>2</td>
<td>241</td>
<td>2,658</td>
<td>2,874</td>
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<tr>
<td>3</td>
<td>303</td>
<td>3,349</td>
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<td>364</td>
<td>4,040</td>
<td>4,367</td>
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<tr>
<td>5</td>
<td>426</td>
<td>4,730</td>
<td>5,114</td>
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<tr>
<td>6</td>
<td>487</td>
<td>5,421</td>
<td>5,860</td>
</tr>
<tr>
<td>7</td>
<td>549</td>
<td>6,112</td>
<td>6,607</td>
</tr>
<tr>
<td>8</td>
<td>610</td>
<td>6,802</td>
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<tr>
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<td>671</td>
<td>7,493</td>
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<td>12,580</td>
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<tr>
<td>16</td>
<td>1,105</td>
<td>12,328</td>
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</tr>
<tr>
<td>17</td>
<td>1,167</td>
<td>13,018</td>
<td>14,074</td>
</tr>
<tr>
<td>18</td>
<td>1,229</td>
<td>13,709</td>
<td>14,820</td>
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<td>19</td>
<td>1,297</td>
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<td>1,353</td>
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<td>22</td>
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<td>16,472</td>
<td>17,807</td>
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<tr>
<td>23</td>
<td>1,539</td>
<td>17,162</td>
<td>18,554</td>
</tr>
<tr>
<td>24</td>
<td>1,601</td>
<td>17,853</td>
<td>19,300</td>
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<tr>
<td>Additional Person</td>
<td>+62</td>
<td>+682</td>
<td>+737</td>
</tr>
</tbody>
</table>

**Effective Date**
- April 1992
- April 2020

**Notes**
- Limits are Based on Monthly Income
# Some Reminders

<table>
<thead>
<tr>
<th>If the individual is</th>
<th>Then the PE eligibility group is</th>
<th>Remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pregnant woman</td>
<td>Pregnant Women</td>
<td>If a woman is pregnant, always use this group even if she could be eligible under another group</td>
</tr>
<tr>
<td>A parent or other relative caring for a child or children under age 18</td>
<td>Parent/Caretakers</td>
<td>The minor child(ren) must be living in the home with the parent or relative</td>
</tr>
<tr>
<td>A child under age 19</td>
<td>• Infants aged less than 1 year or&lt;br&gt;• Children age 1 up to 19</td>
<td>• Be sure to determine the correct age group based on the child’s age on the day the PE determination is made&lt;br&gt;• The child does not have to be living with a parent or relative to be eligible</td>
</tr>
<tr>
<td>A former foster child who “aged out” of care and was receiving Medicaid at that time</td>
<td>Prior Foster Care individuals less than 26 years</td>
<td>• Only use this group if the individual is not eligible under any of the other PE groups&lt;br&gt;• The individual must have been in foster care in Florida at the time he/she aged out</td>
</tr>
</tbody>
</table>
Presumptive Eligibility: Section 5

ELIGIBILITY AUTHORIZATION
How to Authorize Eligibility

Authorize PE coverage via the Provider Portal.
Explain PE Benefits

• Coverage begins on the day the QH determines the individual is eligible for PE

• PE coverage ends on either:
  – The date the eligibility determination for full Medicaid is made by the Department of Children and Families (DCF);
  or
  – The last day of the month after the month the QH determined the individual eligible for PE.

Example: PE determined 1/2/2016. PE eligibility period 1/2/16 – 2/28/16. DCF determines eligibility on 2/15/16. PE ends the date of the approval or denial for full Medicaid (2/15/16).
Presumptive Eligibility: Section 6

OTHER REQUIREMENTS
Other Requirements

• Provide applicant with a written notice of eligibility.
• Assist applicant with completing and submitting the full Medicaid application.
Provide Written Notice

QH must provide individuals with a written notice of the PE decision.

• If approved, the notice must:
  – Include the beginning date of the PE period;
  – Explain to the applicant:
    – Application for full Medicaid must be filed by the end of the following month, or the PE period will end on the last day of that month.
    – When an application for full Medicaid is filed, the PE period will end on the date that application is approved or denied.

• If denied, the notice must:
  – Identify denial reason; and
  – Advise the individual of the option to submit an application for full Medicaid.
Assist with Filing Application

The QH is responsible for:

• Assisting individuals to complete and submit a Medicaid application for full Medicaid.
  – Includes:
    • Paper, online, and phone applications.
    • Providing mailing address or faxing.
Presumptive Eligibility: Section 7

PE APPLICATION
DCF Presumptive Eligibility Application

• Online application used to enter information for individuals determined to be presumptively eligible.

• Application **does not** make the eligibility determination—it only transmits required information to open eligibility on the Florida Medicaid Management Information System (FMMIS).
Authorize PE Coverage

• Use the Florida Medicaid portal to authorize PE coverage through the DCF PE link.

• Remember: Only use this link to authorize eligible individuals.
Remember

• *Only* hospital employees can determine PE; unless entering data after a hospital employee made the PE determination.

• Enter information *only* for individuals who are eligible for coverage.
Presumptive Eligibility Authorization

IMPORTANT: Enter information only for individuals who have been determined ELIGIBLE.
Presumptive Eligibility Authorization

Authorized Agents must log on to FMMIS to enter the PE request into the system using the DCF PE application. User IDs are unique to the individual and must not be shared.
Presumptive Eligibility Authorization

Select the DCF PE link to submit a PE eligibility authorization.*

*Link is only accessible by certified authorized agents.
Entering a PE Request

- The DCF PE application landing page, displayed immediately after logging in, displays un-submitted requests for the authorized agent.
- The PE Request screen allows the authorized agent to add a new determination request for an applicant or continue to submit an existing request.
Entering a PE Request

• Select ADD from the bottom right corner to create a new request.
• Review all un-submitted determination requests prior to beginning a new one (avoids duplicate determination requests).
Entering a PE Request

Authorized Agents can (only) view saved and un-submitted PE requests associated with their individual MEUPS user ID.

Select “Continue” in the Details column to continue/submit a saved PE request. Requests are listed based on the “Date” the request was saved, with the most recent at the top of the page.

Note: Requests that are saved but not submitted will be automatically deleted from system after 90 days.
Entering a PE Request

• Only one person can be entered.
• Enter the recipient’s basic demographic information in the PE Customer Data screen.
• Select the appropriate Medicaid eligibility category and date of the PE period.

Note: The system will time out after 18 minutes of inactivity. Select Save & Exit so the data is saved if you will not complete the entry immediately.
Entering a PE Request

The PE Data screen contains the following data fields:

- First Name and Last Name.*
- Gender.*
- Citizenship Status.*
- Date of Birth.*
- Social Security Number (SSN) - *check box if not provided.
- Race.
- Medicaid eligibility category.*
- PE begin date.*
- Address.* Note: CITY field must be no more than 15 characters, including spaces.

* Mandatory fields.

Information is verified against DCF’s FLORIDA system data to determine known individuals.
Entering a PE Request

- “Medicaid Eligibility Categories” drop-down field includes:
Entering a PE Request

Select “Save & Exit” button on the bottom right of the screen to save entered data and re-access it later.

Saved requests appear on the Presumptive Eligibility Request landing page.

Once the request is completed, select “Next” button at the bottom right of the screen.
Entering a PE Request

An error or informational message may indicate where further review or additional information may be required.

**Error Message**

This symbol will appear when additional data before the request can be successfully submitted.

**Example:**

Before you can go to the next page, you must:

- Please select ‘SSN Not Provided by Customer’, if SSN is not available.

**Informational Message**

This symbol will appear when information is highlighted prior to submission. These messages can be by-passed, however pay special attention to these messages.

**Example:**

All demographic data matched, except for Last Name.
Entering a PE Request

“Error” and “Informational Messages” may include when:

• All demographic data matched except:
  – First Name.
  – Gender.
  – Date of Birth.
  – Last Name.
  – SSN. Enter SSN when available.

• Applicant has been approved for PE within the last 12 months.

• Applicant already has active Medicaid eligibility.
Example 1:
• No SSN was provided and demographic data matched in the database.
• If a SSN is not entered on the PE request, the following informational message will appear.

All demographic data matched. Enter the SSN if available.*

*Authorized agents are strongly encouraged to obtain and enter the SSN, if available.
Entering a PE Request

Example 2:

• Social Security Number matches, but some other demographic data does not match.
• The following error messages will appear and the Authorized Agent will not be able to continue until the data elements are updated to match the database:

  ▪ All demographic data matched, except for first name.
  ▪ All demographic data matched, except for gender.
  ▪ All demographic data matched, except for date of birth.
Entering a PE Request

Example 3:

- Social Security Number, first name, gender and date of birth match, but different last name.
- The following informational message will appear if there is a discrepancy in last name and the existing data for the individual will be updated with the last name entered on the request.

- All demographic data matched, except for last name.

(Informational message; Authorized Agents may by-pass.)
Entering a PE Request

Example 4:

- Social Security Number partial match, but first name, gender, and date of birth match.
- The following informational message will appear if the Authorized Agent enters a SSN that is a very close match to all of the other demographics that have been entered:
  - All demographic data matched, except for SSN.

- Authorized Agent can confirm the SSN with the customer and correct if applicable. If the SSN is not updated, the application will be processed as a new individual.
Entering a PE Request

- Data submitted is compared to PE requests submitted within the last 12 months in DCF’s ACCESS system. The following message will appear when the individual is not eligible.
  - The applicant has been approved for PE within the last 12 months.

- Applicants with current, active Medicaid eligibility are ineligible for PE coverage and the following error message will appear.
  - The applicant already has active Medicaid eligibility.
Entering a PE Request – *Address Validation*

- System validates the address.

Address Validation

The addresses that you entered are being validated through the United States Post Office. If the addresses are not valid, you may not get mail from us or your benefits may be delayed.

Living address:

1950 North Monroe Street
Tallahassee, FL, 32303 -0000

1950 N Monroe St
Tallahassee, FL, 32303 -0000

- Select this option if you would like to correct the address that you have entered.
- Select this option if you want to use the standardized address.

When complete, click NEXT.
Entering a PE Request – Submission Confirmation

The confirmation page for each successfully submitted PE request will include the following:

- Applicant’s name.
- Last 4 digits of SSN (if provided).
- Request Number (ex. 5XXXXXXXX).
- PIN number if known to DCF’s FLORIDA system.
Submission Confirmation

Print the confirmation page in PDF format and provide copy to the applicant.

Presumptive Eligibility Confirmation

Customer Information

Name: George Anne
Social Security Number: XXX-XX-5555
Date of Birth: 2/13/2000
PE Eligibility Begin Date: 2/10/2014
PE Request Submitted Date: 2/20/2014
PE Request Number: 500000256

If you have questions or concerns about your Presumptive Eligibility, please contact the Authorized Agent at the facility where your eligibility was determined or contact the Florida Medicaid Area Office in your area:
http://portal.fmmis.com/Tpublic/Provider_AreaOffices/tabid/37/Default.aspx

Presumptive Eligibility is time limited. In order to determine your ongoing eligibility you must file a paper or on-line application for Medicaid. You may apply on-line at the following website: http://www.myflorida.com/accessflorida/
Questions? Contact the Florida Medicaid Recipient and Provider Assistance (RPA)* office.

RPA:
Phone: 1-877-254-1055