MEDICAID MEMO

TO: All Medicaid Enrolled Hospitals

FROM: Cynthia B. Jones, Director
             Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 10/05/2015

SUBJECT: Updates to Hospital Presumptive Eligibility — Effective October 1, 2015

The purpose of this memorandum is to inform you that changes are being made to the Hospital Presumptive Eligibility (HPE) process for all participating Virginia-Medicaid hospital providers, as required by the Centers for Medicare and Medicaid Services (CMS). DMAS is implementing these changes as well as streamlining the process for hospitals to complete HPE determinations. DMAS has posted the PowerPoint training online at www.dmas.virginia.gov, under Provider Services / Hospital Presumptive Eligibility. Hospital staff who are responsible for completing the HPE determinations must review this training. The hospital must also submit the HPE Qualified Entity Responsibilities and Agreement form to DMAS by October 31, 2015. This includes current and new participating hospitals.

For more information about hospital presumptive eligibility, please visit www.dmas.virginia.gov, under Provider Services / HPE. For questions about the HPE program, please email HPE@dmas.virginia.gov.

BACKGROUND
As of January 1, 2014, the Affordable Care Act (ACA) began allowing qualified hospitals to determine presumptive eligibility for certain Medicaid eligible groups. A qualified hospital is a hospital that participates as a Medicaid provider, notifies DMAS of its election to make HPE determinations, agrees to make those determinations consistent with DMAS policies and procedures and signs an agreement to enroll individuals in HPE. Hospitals are able to temporarily enroll individuals in Medicaid, which will ensure compensation for certain Medicaid services covered under the HPE eligible groups and provide patients access to medical care as well as a pathway to ongoing Medicaid coverage.

Eligible groups in Virginia that will receive full Medicaid benefits through HPE include:

- Low-Income Families with Children (parent and caretaker relatives);
- Children Under age 19;
- Former Foster Care participants; and
- Every Woman's Life program for breast and cervical cancer prevention and screening;

Eligible groups in Virginia that will receive limited Medicaid benefits through HPE include:

- Pregnant Women (ambulatory prenatal care only); and

- Plan First (family planning/birth control services only).

Individuals are limited to one hospital presumptive eligibility period per calendar year. Pregnant women are limited to one hospital presumptive eligibility period per pregnancy.

The determination of hospital presumptive eligibility will be based on self-attestation by the enrollee regarding certain eligibility factors, including income, citizenship, immigration status and family size, and hospitals will be provided with eligibility guidelines for these factors. The period of presumptive eligibility will begin on the date of determination and end the day on which a decision is made on the application in the case of an applicant who has filed an application for full Medicaid benefits, or the last day of the month following the month in which the determination of presumptive eligibility was made in the case of an applicant who has not filed an application for full Medicaid benefits.

HPE is not available to individuals who are already enrolled in any Medicaid or FAMIS (CHIP) benefit coverage groups.

Information on HPE can be found on the DMAS website under Provider Services at http://www.dmas.virginia.gov and on the Cover Virginia website at http://www.coverva.org.

_____

COMMONWEALTH COORDINATED CARE
Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx to learn more.

MANAGED CARE ORGANIZATIONS
Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL
DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"
The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

    1-804-786-6273 Richmond area and out-of-state long distance
    1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.