Presumptive Eligibility by Hospitals

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.
Medicaid Eligibility

☐ 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.

Hospitals determining presumptive eligibility for individuals will need to show those individuals following up with a valid Medicaid application at a rate of 95% or higher.

The State will continuously assess hospital performance data and quality.

Description of standards: Hospitals will not be disqualified for failing to meet the standards for the first 12 months of the individual hospital's implementation. Effective 12 months after the hospital's implementation, the hospital will be subject to disqualification for not meeting the standard. Individuals within the hospital are not exempt from the disqualification.

☒ 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.

Hospitals determining presumptive eligibility will need to maintain a correct determination accuracy rate of 95% or higher.

That is to say, of the individuals determined eligible under the presumptive eligibility program who file a valid Medicaid application, 95% are approved for Medicaid.

Description of standards: The State will continuously assess hospital performance data and quality.

Hospitals will not be disqualified for failing to meet the standards for the first 12 months of the individual hospital's implementation. Effective 12 months after the hospital's implementation, the hospital will be subject to disqualification for not meeting the standard. Individuals within the hospital are not exempt from the disqualification.

☐ 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

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.
The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

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.

**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.