

# Presumptive Eligibility Federal Provisions and State Options

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Sacramento, CA  
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manatt

# Focus for Today

- **Background**
- **Program Design Features**
- **California's Future Options**
  - **Current Populations**
  - **New Populations**
- **Appendix**
  - **Review of National Landscape**

# Focus for Today

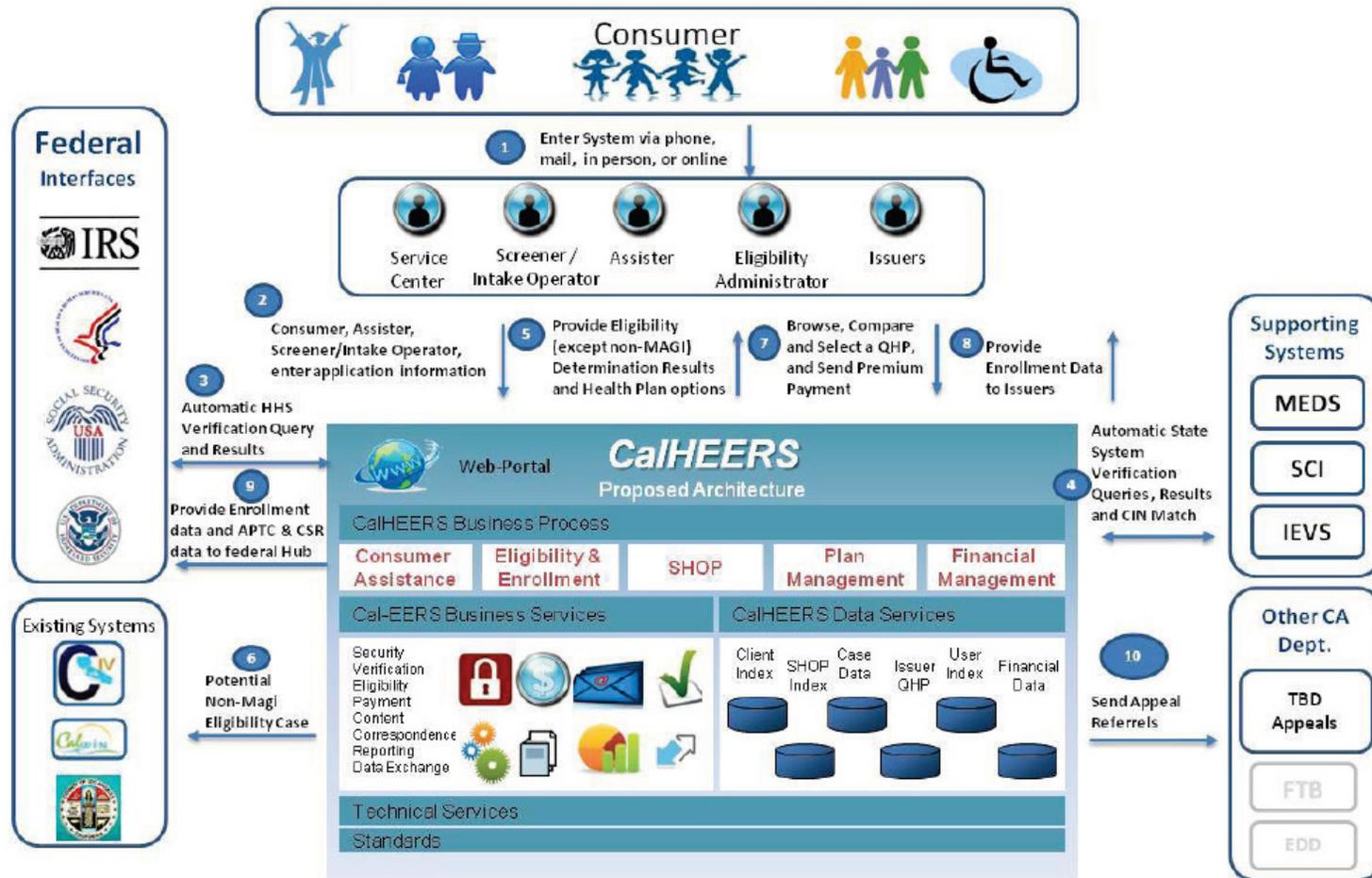
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# Future Vision for Medicaid Eligibility

- Maximize automation through data sources
- Minimize need for documentation and reduce administrative burden
  - ✓ Individuals must not be required to provide additional information or documentation unless information cannot be obtained electronically or it is not **reasonably compatible** with attested information
- Simple and transparent process for consumers
  - ✓ Medicaid eligibility determinations conducted “**promptly and without undue delay.**” Medicaid determinations must be completed within:
    - 45 days for a general application
    - 90 days for an application based on disability
- Ensure program integrity

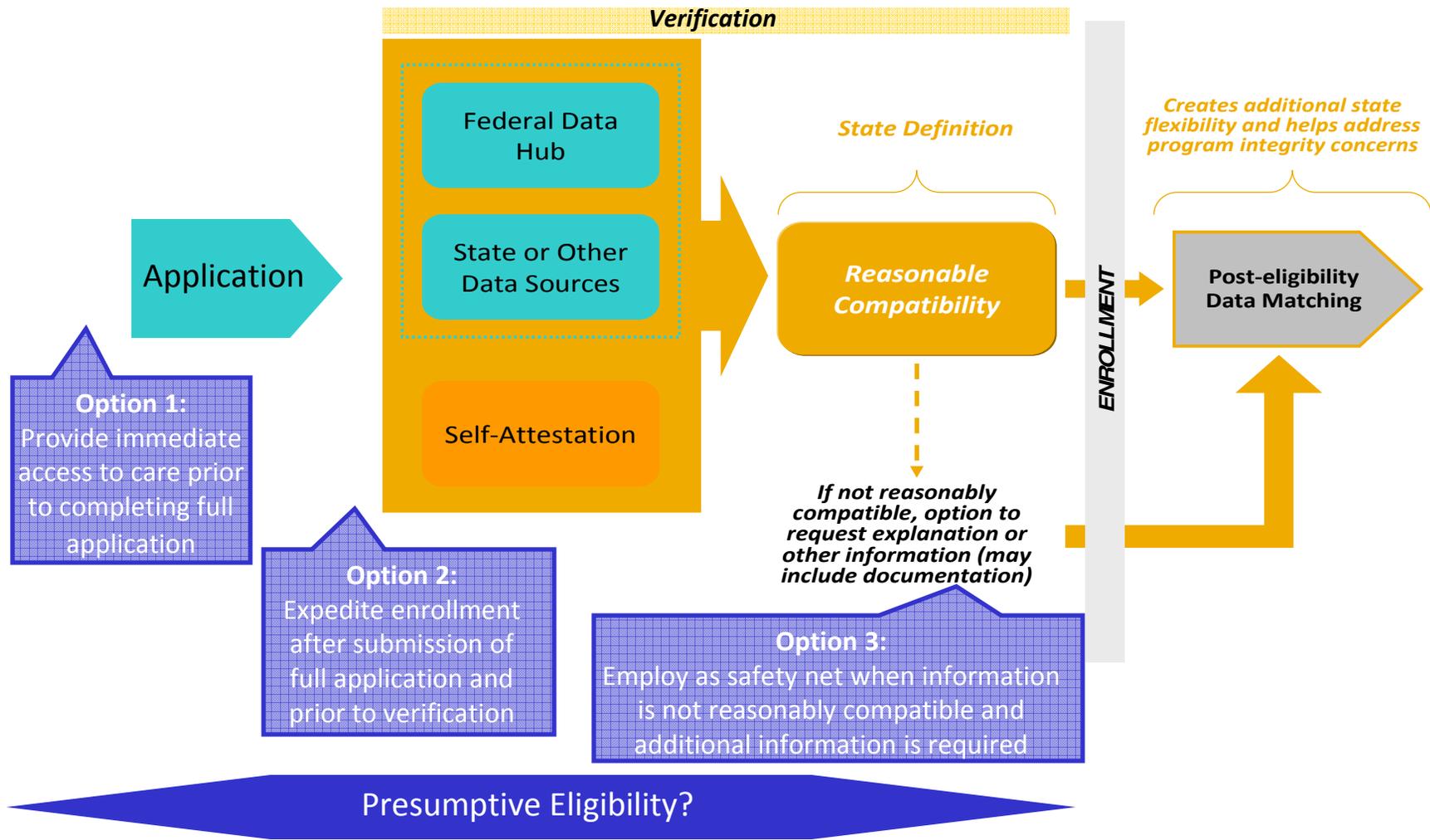
*Affordable Care Act §1413  
42 CFR 435.907, 435.912, 435.945,  
435.948, 435.949, 435.952*

# Future Vision for CalHEERS



Source: CalHEERS Concept of Operations, March 2012

# Future Role of Presumptive Eligibility?



# Distinguishing Characteristics of PE

- ✓ **Temporary coverage**
- ✓ **No appeals**
- ✓ **Targeted populations**
- ✓ **Targeted entry points**
- ✓ **Special audit protections**

# Potential Goals for Presumptive Eligibility

## ■ Policy Goals

- **Access to Care:** *Provide immediate access to care and facilitate continuity of care*
- **Facilitated Coverage:** *Create new/additional points of entry to coverage*
- **Streamlined Enrollment:** *Streamline coverage pathway and mitigates potential eligibility processing delays*
- **Seamless Transitions:** *Manage transitions in coverage*

## ■ Operating Goals

- **Administrative Efficiency:** *Implement effectively and efficiently*
- **Program Integrity:** *Ensure appropriate access by eligible populations*
- **Fiscal Responsibility:** *Make predictable and reasonable demands on State resources*

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# Program Design Features

**POPULATIONS  
AND BENEFITS**

## **Federal Law**

[SSA §§1902(a)(47(b), 1920(e), 1920A,  
1920B, 1920C)]

**QUALIFIED  
ENTITIES**

**Limited Federal Regulations/Guidance**  
[42 CFR §§435.1101-1102, 447.89, 457.301,  
457.355, SMD Letter 10/10/97, 10-013]

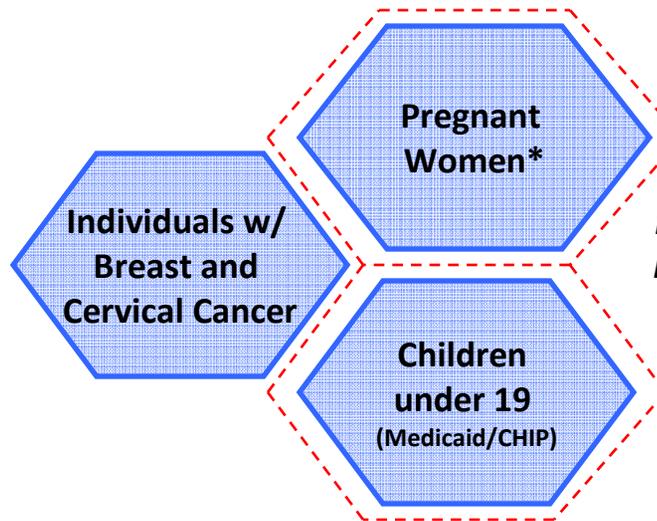
**APPLICATION  
PROCESSES/  
PATHWAY**

## **State Policies**

# State Options for PE: Populations

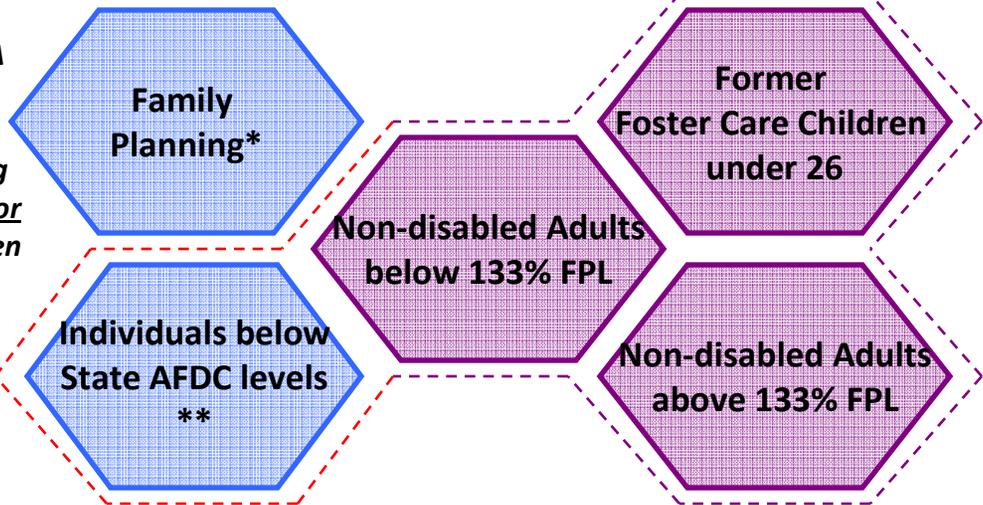
Certain populations may access immediate, temporary Medicaid coverage based on preliminary information

## Under Existing Statute



Most new ACA  
options  
contingent  
upon providing  
PE for children or  
pregnant women

## Added by ACA



Effective on or before March 23, 2010



Effective January 1, 2014

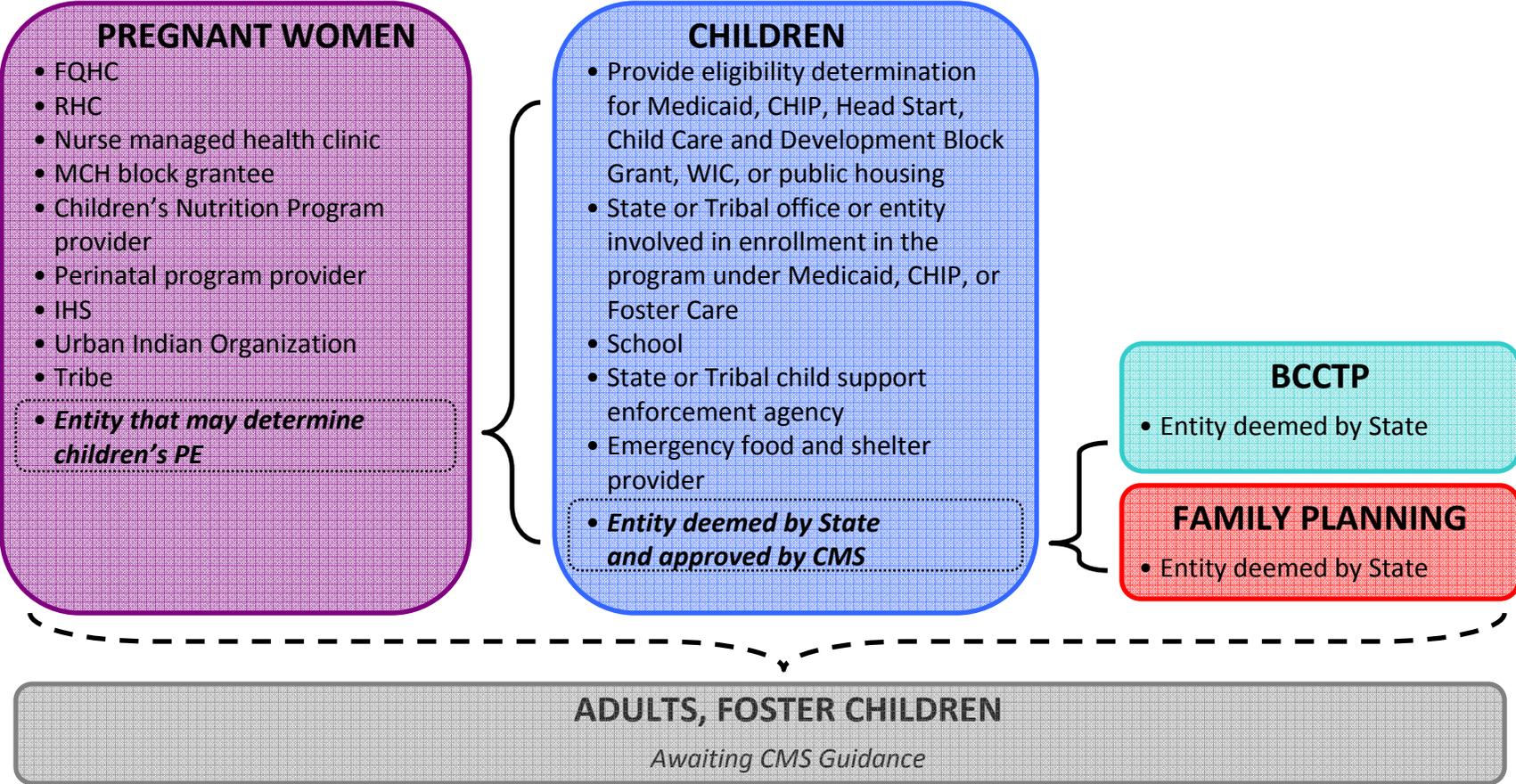
\* Limited benefits

\*\* CMS appears to be interpreting effective date as January 1, 2014

Awaiting additional  
CMS Guidance

# State Options for PE: Qualified Entities

*States must designate “qualified entities,” as specified under Federal law, to conduct presumptive eligibility determinations*



# Hospital Option for Presumptive Eligibility

“...**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**, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, or 1920B (but **without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections**)...”

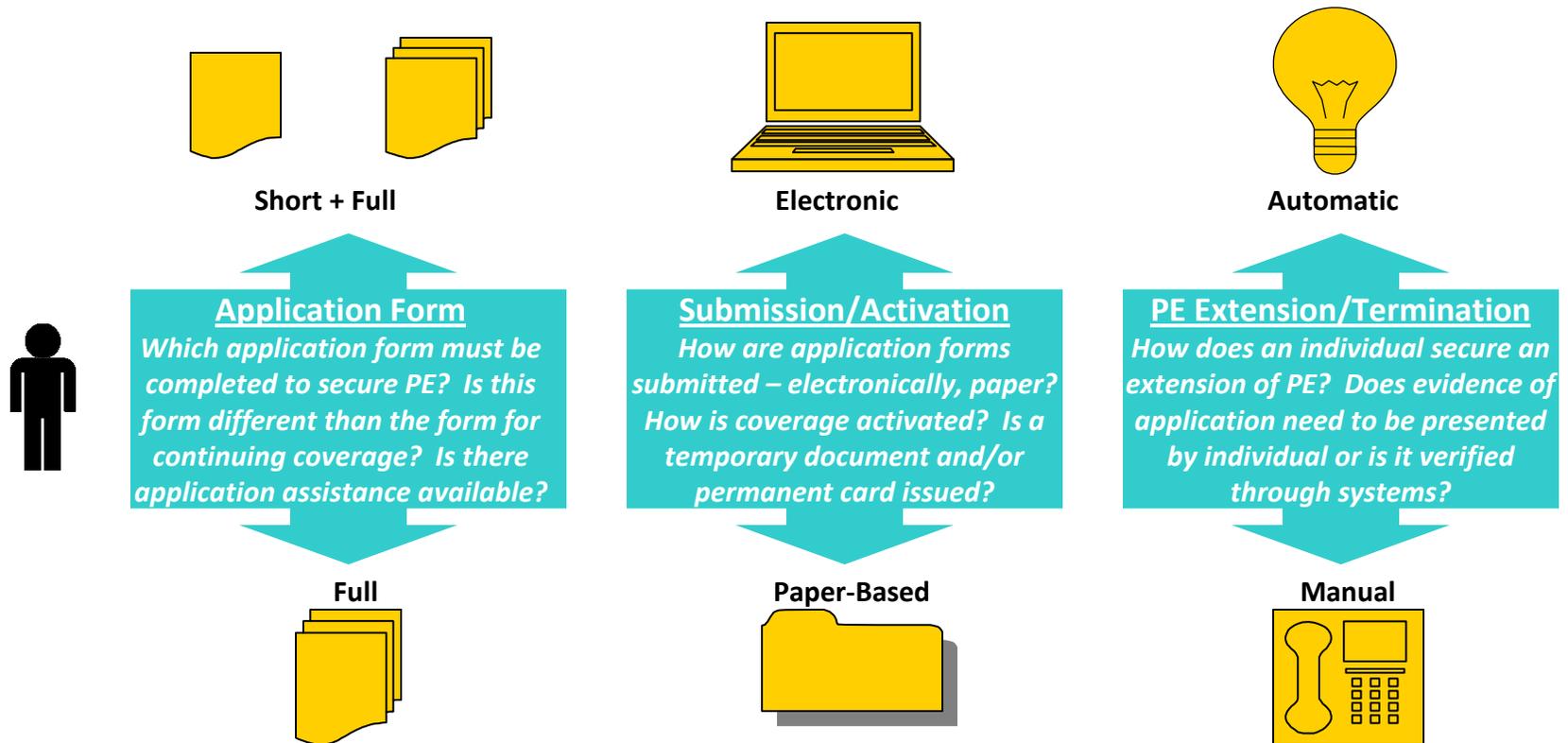
*Social Security Act §1902(a)(47), as amended by Affordable Care Act §2202*

# State Options for PE: Processes and Pathways

*State has flexibility in determining processes and pathways.*

*PE ends if applicant:*

- *Does not file full Medicaid application, by end of the following month, or*
- *When eligibility determination is made after submission of full application.*



# Application Elements

| Application Elements     | 2014 Application (preliminary) | Application for Medi-Cal MC 210 | Healthy Families Application/ Medi-Cal Screening Tool MC 321 | CHDP Pre-Enrollment DHCS 4073 | PE for Pregnancy MC 263 | PE for Pregnancy-Medi-Cal MC 263 | BCCTP    |
|--------------------------|--------------------------------|---------------------------------|--|-------------------------------|-------------------------|----------------------------------|----------|
| Name/Address/Phone       | X                              | X                               | X  | X                             | X                       | X                                | X        |
| SSN                      | Required                       | Optional                        | Optional   | Optional                      | Optional                | Optional                         | Optional |
| DOB                      | X                              | X                               | X  | X                             | X                       | X                                | X        |
| Language                 | X                              | X                               | X  | X                             | X                       | X                                | X        |
| Existing Benefits #      |                                | X                               | X  | X                             |                         |                                  | X        |
| Income Level and Sources | X                              | X                               | X  | Level only                    | X                       |                                  |          |
| HH/Family Composition    | X                              | X                               | X  |                               | X                       |                                  |          |
| Deductions/Expenses      |                                | X                               | X  |                               |                         |                                  |          |
| Cit/Imm Status           | X                              | X                               | X  |                               |                         |                                  | X        |
| Absent Parent/Spouse     | X                              | X                               | X  |                               |                         |                                  |          |
| Other Medical Expenses   | X                              | X                               | X  |                               |                         |                                  | X        |
| Other Coverage           | X                              | X                               | X  |                               |                         |                                  | X        |
| Plan Selection           |                                |                                 | X  |                               |                         |                                  |          |
| Tax Filing Information   | X                              |                                 |  |                               |                         |                                  |          |

*Ethnicity is also an optional question on the preliminary 2014 application and MC 210/321*

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# Current California Practices: Children

## ■ **Child Health and Disability Prevention (CHDP) Program Gateway**

- An estimated 500,000 cases are “pre-enrolled” in Medi-Cal/HF through the Gateway
- An estimated 175,000 pre-enrolled cases submit full Medi-Cal applications
- An estimated 112,000 pre-enrolled cases are determined eligible and enrolled in Medi-Cal/HF for continuing coverage
- Physicians are the primary source of CHDP Gateway services for children

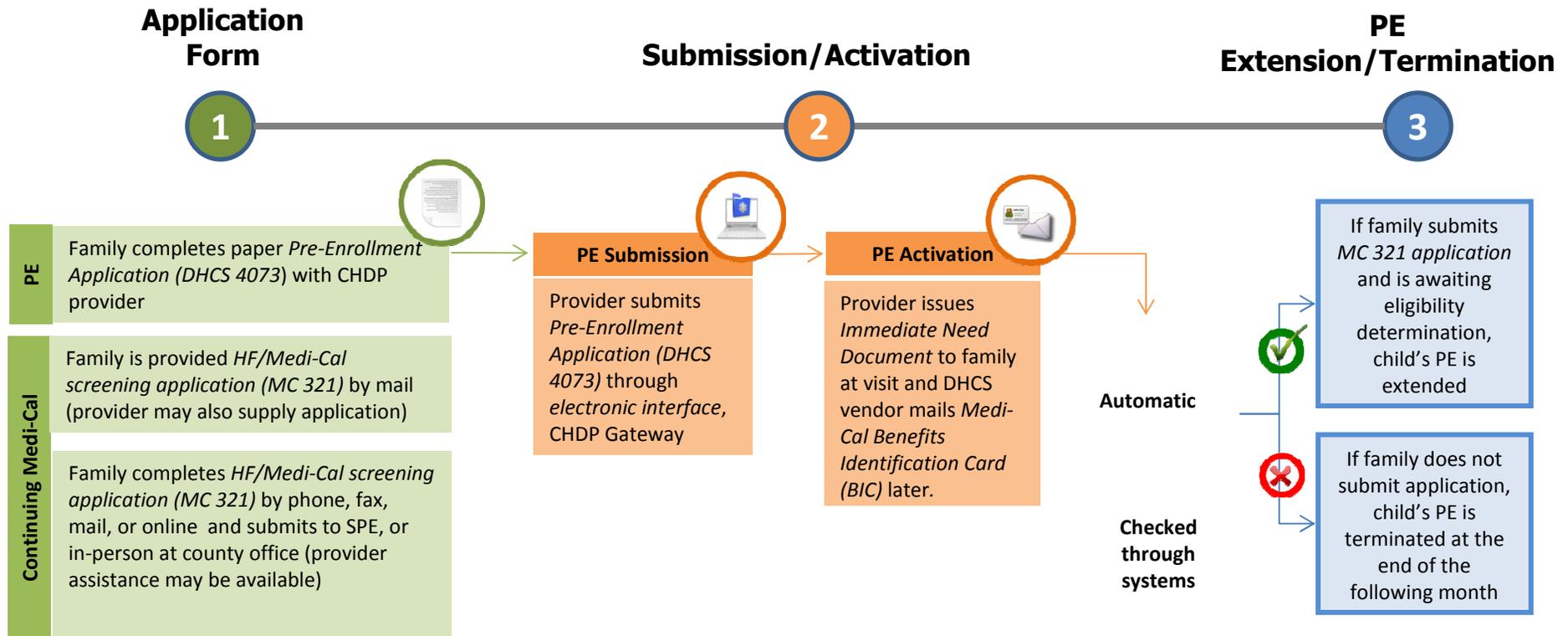
## ■ **Single Point of Entry (SPE)**

- An estimated 315,000 applications for Medi-Cal/HF come to SPE
  - 33% of applications are granted “accelerated enrollment” in Medi-Cal
- On average, children remain in “accelerated enrollment” for two months

Source: DHCS, 2010-2011 data

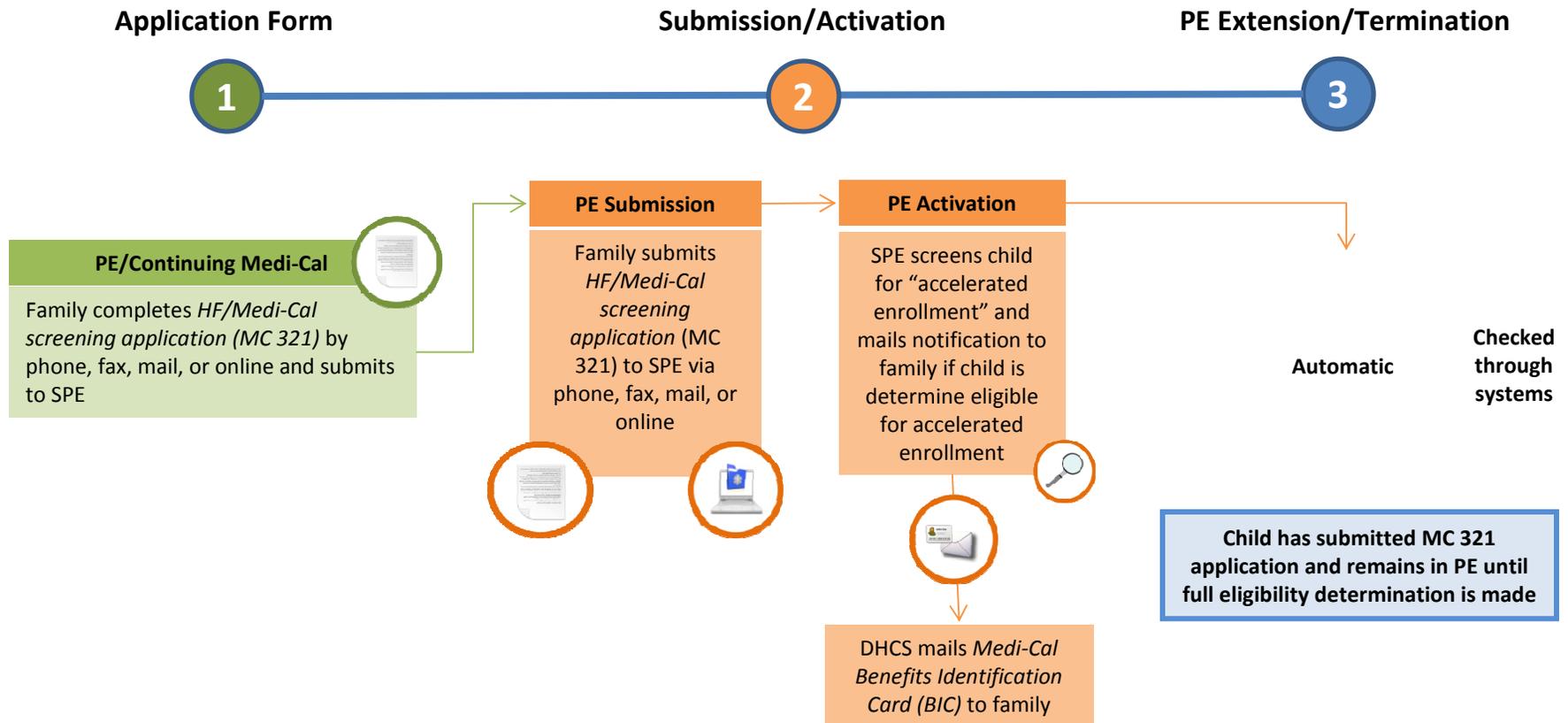
# Children's PE: Processes and Pathways

## CHDP Gateway "Pre-enrollment"



# State Options for PE: Processes and Pathways

## Single Point of Entry “Accelerated Enrollment”



# Children: 2014 Options

|                           | Current  | 2014 Options<br><i>permissible under Federal law</i>   |
|---------------------------|--|--|
| <b>Eligibility</b>        | < 200% FPL   | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Expand to 250% FPL (maximum HF level)</li> </ul>  |
| <b>Covered Services</b>   | Full scope Medi-Cal benefits   | No change; restricted by Federal law   |
| <b>Qualified Entities</b> | <ul style="list-style-type: none"> <li>■ Child Health and Disability Prevention (CHDP) Program Gateway</li> <li>■ Single Point of Entry (SPE)</li> </ul> | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Add one or more:                             <ul style="list-style-type: none"> <li>• Provide eligibility determination for Medicaid, CHIP, Head Start, Child Care and Development Block Grant, WIC, or public housing</li> <li>• State or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or Foster Care</li> <li>• School (Expand)</li> <li>• State or Tribal child support enforcement agency</li> <li>• Emergency food and shelter provider</li> <li>• Entity deemed by State and approved by CMS – CAHBEX?</li> </ul> </li> </ul> <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p> |

# Children: 2014 Options

|                               | Current  | 2014 Options<br><i>permissible under Federal law</i>   |
|-------------------------------|--|--|
| <b>PE Process and Pathway</b> | <p><b>CHDP “Pre-enrollment”</b></p> <ul style="list-style-type: none"> <li>Multiple application forms: Pre-enrollment and full Medicaid app</li> <li>Electronic submission: Gateway</li> <li>Activation: Provider issues temporary document. DHCS mails BIC to family.</li> <li>Automatic Extension: With submission of full app, child remains in PE until full determination is made</li> </ul>  | <ul style="list-style-type: none"> <li>Maintain</li> <li>Expedite enrollment post-full application and pre-verification</li> <li>Employ as a safety net when pursuing additional information</li> <li>Streamline multiple applications into one</li> </ul> |
| <b>PE Process and Pathway</b> | <p><b>SPE “Accelerated Enrollment”</b></p> <ul style="list-style-type: none"> <li>Single application form: Full Medicaid app</li> <li>Manual/electronic submission: Individual submits application to SPE through variety of pathways</li> <li>Activation: SPE screens child and mails notification to family if child is determined eligible for AE. DHCS mails BIC to family.</li> <li>Automatic Extension: With submission of full app, child remains in PE until full determination is made</li> </ul> | <ul style="list-style-type: none"> <li>Maintain</li> </ul>   |

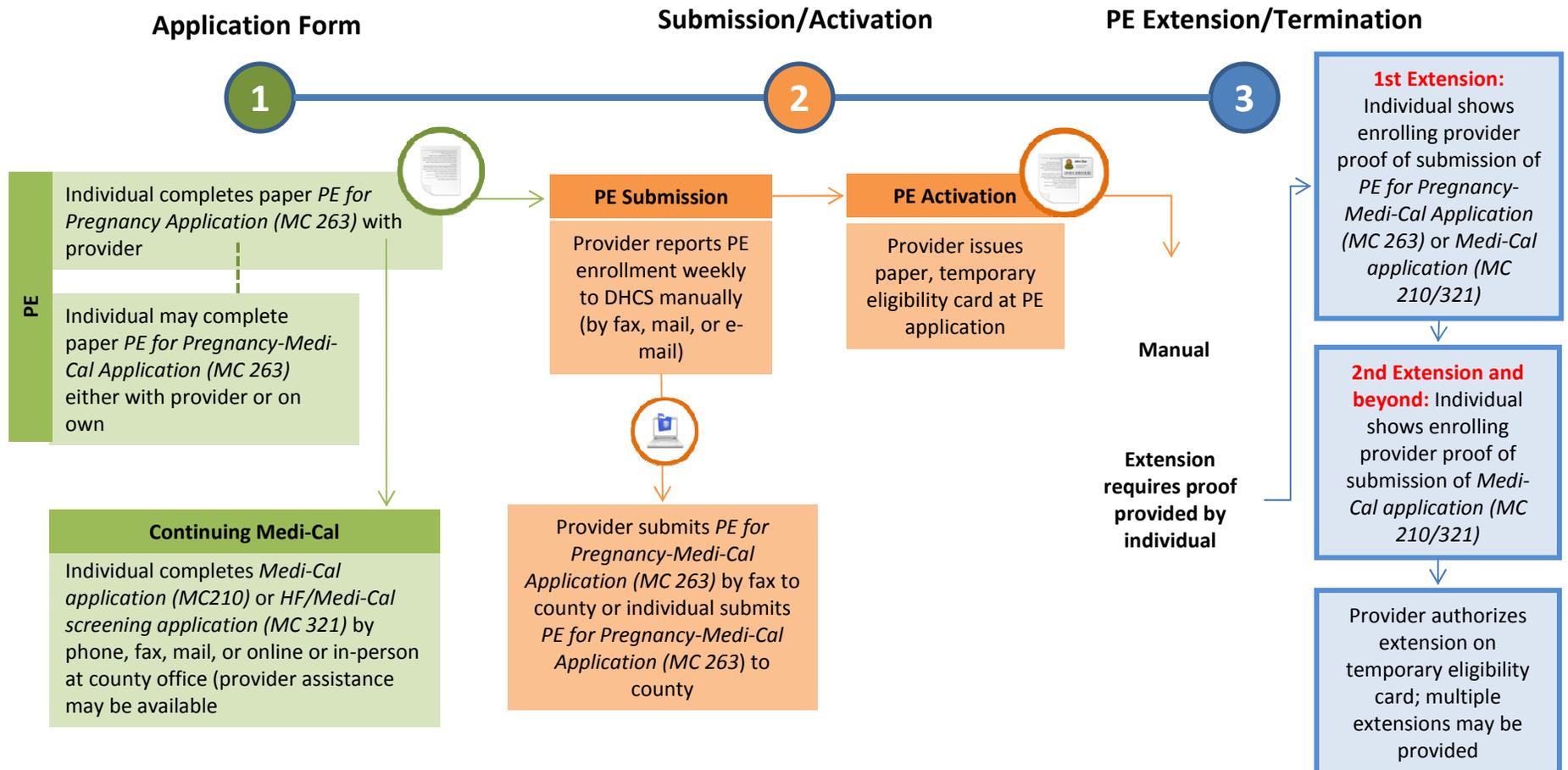
# Current California Practices: Pregnant Women

- SB 24 requires an electronic gateway for pregnant women and newborns, which has not been implemented due to lack of State funding
- Approximately 125,000 cases were determined presumptively eligible for Medi-Cal in 2010-2011
- Unclear how many received continuing Medi-Cal coverage
- Limited data on presumptive eligibility for pregnant women

Source: DHCS, 2010-2011 data

# Pregnant Women PE: Processes and Pathways

## Pregnant Women “Presumptive Eligibility”



# Pregnant Women: 2014 Options

|                               | Current  | 2014 Options<br><i>permissible under Federal law</i>  |
|-------------------------------|--|---|
| <b>Eligibility</b>            | < 200% FPL   | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Reduce/Eliminate</li> </ul>  |
| <b>Covered Services</b>       | Ambulatory pregnancy-related services  | No change; restricted by Federal law  |
| <b>Qualified Entities</b>     | Medi-Cal providers who provide prenatal care:<br>Physicians, Nurse/midwives, Nurse practitioners, Community Hospitals, County Hospitals, Community Clinics, Rural Health Clinics, County Clinics, Tribal Clinics, Primary Care Clinics, Family Planning  | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Add one or more:                             <ul style="list-style-type: none"> <li>• Maternal and child health block grantee</li> <li>• Children’s Nutrition Program provider</li> <li>• Qualifying provider who is able to determine PE for children (SPE, CHDP Gateway, CAHBEX?)</li> </ul> </li> <li>■ Limit</li> </ul> <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p> |
| <b>PE Process and Pathway</b> | <ul style="list-style-type: none"> <li>■ Multiple application forms: One page PE for Pregnancy, two copies PE for Pregnancy-Medi-Cal app, full Medi-Cal app</li> <li>■ Manual submission: Provider reports to DHCS</li> <li>■ Activation: Provider issues temporary eligibility card</li> <li>■ Manual Extension: Individual must present proof to provider</li> </ul> | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Expedite enrollment post-full application and pre-verification</li> <li>■ Employ as a safety net when pursuing additional information</li> <br/> <li>■ Streamline multiple applications into one</li> <li>■ Convert to electronic submission process</li> <li>■ Provide automatic extension using data matching</li> </ul>   |

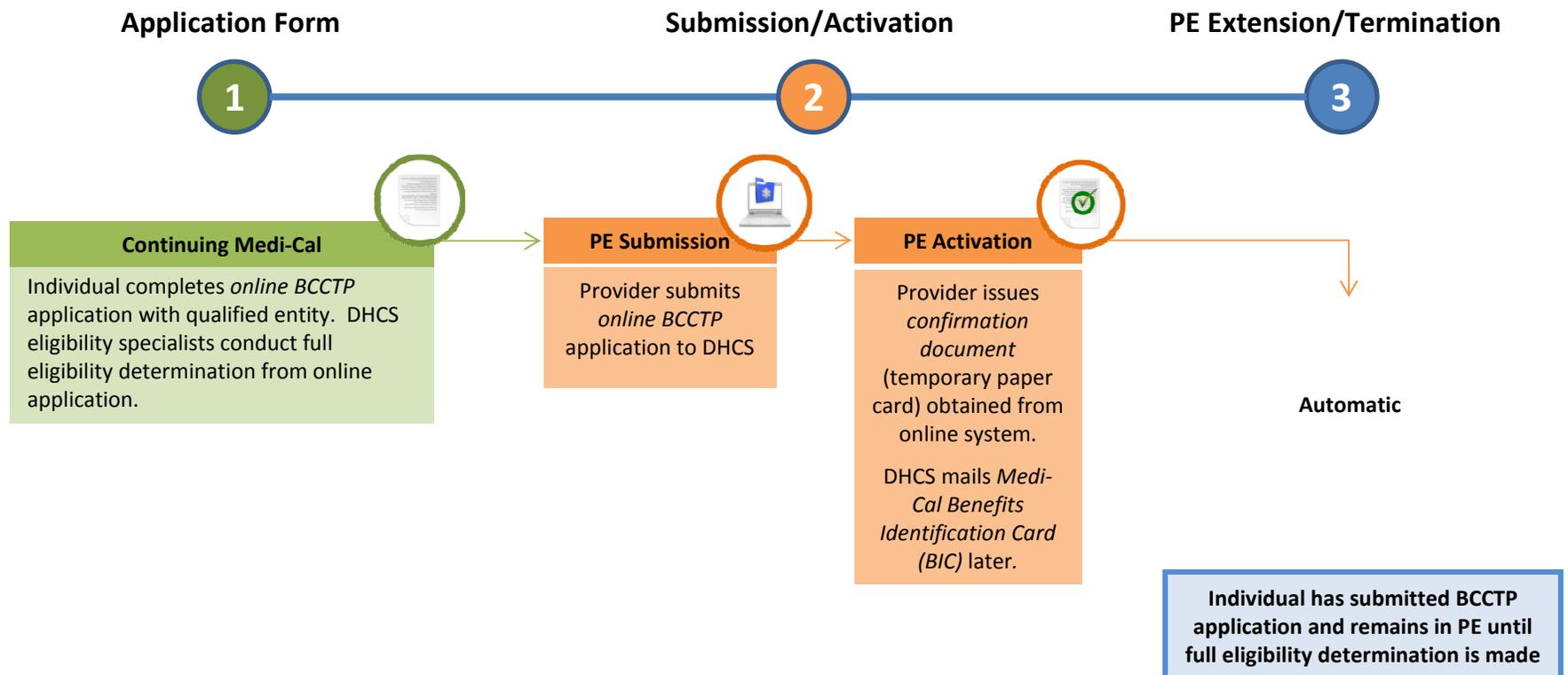
# Current California Practices: BCCTP

- Approximately 3,000 women were determined presumptively eligible for Medi-Cal through BCCTP in 2010-2011
- Most PE cases are issued an eligibility determination for ongoing Medi-Cal within 60 days of PE application
- Over 90% of PE cases are determined eligible for ongoing full scope or restricted Medi-Cal benefits

Source: DHCS, 2010-2011 data

# BCCTP: Processes and Pathways

## BCCTP "Accelerated Enrollment"



# BCCTP: 2014 Options

|                               | Current  | 2014 Options<br><i>permissible under Federal law</i>  |
|-------------------------------|--|---|
| <b>Eligibility</b>            | <p>&lt; 200% FPL</p> <p>Resident of California</p> <p>Screened and diagnosed by a CDC approved provider and found to be in need of treatment for breast or cervical cancer Female</p> <p>&lt; 65 years of age</p> <p>No other health insurance coverage</p>  | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Reduce/Eliminate</li> </ul>  |
| <b>Covered Services</b>       | Full scope Medi-Cal benefits   | No change; restricted by Federal law  |
| <b>Qualified Entities</b>     | Providers in the Cancer Detection Program: Every Woman Counts (CDP:EWC) or Family Planning, Access, Care and Treatment (Family PACT) program   | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Add</li> <li>■ Limit</li> </ul> <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p> |
| <b>PE Process and Pathway</b> | <ul style="list-style-type: none"> <li>■ Single application form: BCCTP (federal Medicaid and state-only BCCTP)</li> <li>■ Electronic submission: Provider submits online application form to DHCS</li> <li>■ Activation: Provider issues temporary document, followed by BIC in mail</li> <li>■ Automatic Extension: Individual remains in PE until full determination is made</li> </ul> | <ul style="list-style-type: none"> <li>■ Maintain</li> <li>■ Streamline application with future joint application</li> </ul>  |

# Discussion Questions

- To what extent are current programs meeting policy and operating goals?
- What is PE's role in the future? How can PE be best structured to advance California's policy and operating goals?
- Should availability of PE change in light of expanded electronic verification?
  - Should PE be provided prior to electronic verification?
  - Or, when information cannot be immediately electronically verified and additional documentation is pursued from individual?
- What is the role of the electronic application?

## Policy Goals

**Access to Care:** Provide immediate access to care

**Facilitated Coverage:** Create new/additional points of entry to coverage

**Streamlined Enrollment:** Streamline coverage pathway and mitigates potential eligibility processing delays

**Seamless Transitions:** Manage transitions in coverage

## Operating Goals

**Administrative Efficiency:** Implement effectively and efficiently

**Program Integrity:** Ensure appropriate access by eligible populations

**Fiscal Responsibility:** Make predictable and reasonable demands on State resources

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# Adults: Options

|                               | 2014 Options<br><i>permissible under Federal law</i>   |
|-------------------------------|--|
| <b>Eligibility</b>            | <ul style="list-style-type: none"> <li>■ Expand to:               <ul style="list-style-type: none"> <li>■ Individuals below State AFDC levels (Section 1931)</li> <li>■ Non-disabled Adults below 133% FPL (Section VIII)</li> <li>■ Non-disabled Adults above 133% FPL up to State-specified level (Section XX)</li> </ul> </li> </ul> |
| <b>Covered Services</b>       | Medi-Cal benefits  |
| <b>Qualified Entities</b>     | <p><i>Awaiting federal guidance</i></p> <ul style="list-style-type: none"> <li>■ Provider-type settings</li> <li>■ Full application submission portals</li> </ul> <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>   |
| <b>PE Process and Pathway</b> | <ul style="list-style-type: none"> <li>■ Provide immediate care pre-application</li> <li>■ Expedite enrollment post-full application and pre-verification</li> <li>■ Employ as a safety net when pursuing additional information</li> </ul>  |

# Special Populations: Options

|                               | Family Planning  | Foster Care Children  |
|-------------------------------|--|---|
| <b>Eligibility</b>            | <ul style="list-style-type: none"> <li>Expand to Family Planning Individuals up to income level under Medicaid/CHIP for pregnant women</li> </ul> <p><i>Additional Options:</i></p> <ul style="list-style-type: none"> <li>Include individuals who would have been eligible under a family planning waiver on or before 1/1/07</li> <li>Consider only income of applicant</li> </ul> | <ul style="list-style-type: none"> <li>Expand to Former Foster Children Under 26</li> </ul> |
| <b>Covered Services</b>       | <p>Family planning services and supplies</p> <p><i>Additional Option:</i></p> <ul style="list-style-type: none"> <li>Provide coverage for medical diagnosis and treatment services pursuant to a family planning visit in a family planning setting at regular medical services FMAP</li> </ul>  | Medi-Cal benefits   |
| <b>Qualified Entities</b>     | <p>State-deemed</p> <p><i>NOTE: Hospitals may provide PE to all Medi-Cal populations</i></p>   | <i>Awaiting federal guidance</i>  |
| <b>PE Process and Pathway</b> | State flexibility  | <i>Awaiting federal guidance</i>  |

# Discussion Questions

- To what extent are PE policy and operating goals the same or different for new populations?
- How would a PE expansion to new populations best be structured?
  - Where should the PE determination be integrated in the application pathway?
  - Which qualified entities?
  - What application form(s)?
  - What submission/activation process?
  - What PE extension/termination process?
- To what extent would expanding to new populations require new infrastructure?

## Policy Goals

**Access to Care:** Provide immediate access to care

**Facilitated Coverage:** Create new/additional points of entry to coverage

**Streamlined Enrollment:** Streamline coverage pathway and mitigates potential eligibility processing delays

**Seamless Transitions:** Manage transitions in coverage

## Operating Goals

**Administrative Efficiency:** Implement effectively and efficiently

**Program Integrity:** Ensure appropriate access by eligible populations

**Fiscal Responsibility:** Make predictable and reasonable demands on State resources

# Thank You

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# Appendix

# Review of State Options

| Eligibility Category                        | Services                          | Qualified Entities<br><i>Must Participate in Medicaid and...</i>   | Other Key Details   |
|---|-----------------------------------|--|---|
| Pregnant Women                              | Limited; ambulatory prenatal care | <ul style="list-style-type: none"> <li>Federally qualified health center</li> <li>Rural health clinic</li> <li>Nurse managed health clinic</li> <li>Maternal and child health block grantees</li> <li>Urban Indian Organizations</li> <li>Children’s Nutrition Program provider</li> <li>State perinatal program provider</li> <li>Indian Health Service</li> <li>Tribe or tribal organization</li> <li>Qualifying provider who is able to determine PE for children</li> </ul>  | <ul style="list-style-type: none"> <li>SSA §1920</li> </ul>   |
| Children under 19                           | All                               | <ul style="list-style-type: none"> <li>Authorized to determine eligibility determination for Medicaid, CHIP, Head Start, Child Care and Development Block Grant, WIC, or public housing</li> <li>State or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or Foster Care program</li> <li>Elementary or secondary school</li> <li>State or Tribal child support enforcement agency</li> <li>Emergency food and shelter provider under the Stewart B. McKinney Homeless Assistance Act</li> <li>Any entity deemed by State and approved by CMS</li> </ul> | <ul style="list-style-type: none"> <li>SSA §1920A, 42 CFR §§435.1101-1102, 447.89, 457.301, 457.355, SMD Letter 10/10/97</li> <li>State must adopt “reasonable standards” regarding the number PE periods that will be authorized in a given timeframe</li> </ul> |
| Individuals with Breast and Cervical Cancer | All; at CHIP FMAP                 | Entities identified by State   | <ul style="list-style-type: none"> <li>SSA §1920B</li> </ul>  |

# Review of State Options

| Eligibility Category  | Services | Qualified Entities<br><i>Must Participate in<br/>Medicaid and...</i> | Other Key Details   |
|---|----------|--|---|
| Individuals below State AFDC levels<br>(Section 1931)   | All      | Awaiting CMS guidance  | <ul style="list-style-type: none"> <li>• SSA §1920(e)</li> <li>• Effective March 23, 2010</li> <li>• Must have taken up pregnant women or children option</li> </ul>  |
| Non-disabled Adults below 133% FPL<br>(Section VIII)<br><br>Non-disabled Adults above 133% FPL<br>up to State-specified level<br>(Section XX) | All      | Awaiting CMS guidance  | <ul style="list-style-type: none"> <li>• SSA §1920(e)</li> <li>• Effective January 1, 2014</li> <li>• Must have taken up pregnant women or children option</li> </ul> |

# Review of State Options

| Eligibility Category                 | Services   | Qualified Entities<br><i>Must Participate in Medicaid and...</i> | Other Key Details   |
|--------------------------------------|--|--|---|
| Family Planning Individuals          | Limited;<br>FP services<br>and supplies<br>at 90% FMAP | Entities identified by<br>State                                  | <ul style="list-style-type: none"> <li>• SSA §1920C, SMD Letter #10-013</li> <li>• Effective March 23, 2010</li> <li>• Must not exceed highest income level under Medicaid or CHIP for pregnant women</li> <li>• May include individuals who would have been eligible under a family planning waiver on or before 1/1/07</li> <li>• May only consider income of applicant</li> <li>• May provide coverage for medical diagnosis and treatment services pursuant to a family planning visit in a family planning setting at regular medical services FMAP</li> </ul> |
| Former Foster Care Children Under 26 | All  | Awaiting CMS guidance  | <ul style="list-style-type: none"> <li>• SSA §1920(e)</li> <li>• Effective January 1, 2014</li> <li>• Must have taken up pregnant women or children option</li> </ul>   |

# Review of Hospital Option

| Eligibility Category  | Services | Qualified Entities<br><i>Must Participate in<br/>Medicaid and...</i>                | Key Details   |
|---|----------|---|---|
| Individuals who may be Medicaid eligible under State plan or waiver | All      | Any Medicaid participating hospital may elect to be a qualified entity providing PE | <ul style="list-style-type: none"><li>• SSA §1902(a)(47)(B)</li><li>• Effective January 1, 2014</li><li>• Hospital option, regardless of whether State has opted for PE</li></ul> |



.5

Update

., 5/17/2012