

Presumptive Eligibility and Provider Gateways break-out group discussion questions

1. Given the time periods for conducting eligibility determinations under ACA (promptly and without undue delay), the eligibility simplifications, other coverage options—Exchange and potentially a Basic Health Program—what role do you envision Presumptive Eligibility (PE) having in this new context of health care coverage?
2. To what extent should the PE application serve as precursor to a full application for health care coverage under Medi-Cal? What data elements should/should not be included on the application?
3. Should PE be allowed for all populations or selected populations as we do now (i.e. kids, pregnancy, newborns specific conditions)? What limitations or criteria should be applied?