



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 244
May 2014

TO: All Providers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director
RE: Coverage Provided via Hospital-Determined Presumptive Eligibility

Overview

The Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for time-limited coverage using self-attested information from certain individuals who appear to be eligible for Medicaid coverage. (See 130 CMR 502.003(H): Hospital-Determined Presumptive Eligibility.) In addition to meeting other requirements, qualified hospitals may make hospital-determined presumptive eligibility (HPE) determinations for certain individuals if they have notified EOHHS of their election to make HPE determinations; agreed to make HPE determinations in accordance with federal and state statutes, regulations, policies, and procedures, including training requirements; and signed a contract with EOHHS allowing the qualified hospital to make HPE determinations. (See 130 CMR 450.110: Hospital-Determined Presumptive Eligibility.)

Applicants are determined presumptively eligible for MassHealth coverage by qualified hospitals on the basis of self-attested eligibility factors, including but not limited to household income, household size, pregnancy status, parent or caretaker relative status, immigration status, and Massachusetts residency status. If found eligible, the applicant receives MassHealth coverage effective immediately, but for a limited amount of time. Qualified hospitals are required to offer to assist applicants in completing a full application to be considered for continued coverage. Applicants who are determined eligible through HPE and complete a full application in a timely manner will remain in HPE until MassHealth determines eligibility based on a full application.

Payment for Services Provided to Members Determined Eligible through HPE

Providers who provide services to MassHealth members determined eligible through HPE will be paid according to MassHealth fee-for-service rules for medically necessary covered services, if they submit claims for such services in compliance with all applicable administrative and billing and program requirements.

Members determined eligible through HPE may receive MassHealth Standard, MassHealth CarePlus, or MassHealth Family Assistance. Any services that are available fee-for-service for these coverage types are available to members determined eligible through HPE. (See 130 CMR 450.105 for a complete list of covered services by coverage type.)

Managed care enrollment is not available to members determined eligible through HPE.

HPE coverage will not be retroactively terminated, even if the eligibility determination on the full application results in the member not being eligible for continued MassHealth coverage.

HPE Coverage Duration

HPE coverage starts on the day that the qualified hospital makes the presumptive eligibility determination, and ends on the last day of the month following the month that HPE was approved if a full application has not been submitted by that day; or, if a full application has been submitted by that date, then the HPE coverage ends on the date a determination is made based on the full application.

For example, if an applicant is determined to be eligible for coverage through HPE on May 15, 2014, then that is the first day of the HPE coverage period. The HPE coverage will end on June 30, 2014, if the individual has not submitted a full application by that date. If the individual does submit a full MassHealth application by June 30, 2014, then the HPE coverage will continue until MassHealth makes an eligibility determination on the full application.

A member's HPE end date will vary depending on whether the member has submitted a full application and whether MassHealth has made a determination on that application. Therefore, it is particularly important that providers check the MassHealth Eligibility Verification System (EVS) every day on which they furnish services, and every day of an inpatient hospital stay, to determine members' eligibility.

Although providers are instructed to check EVS each day, because the qualified hospital makes the determination of coverage and submits that determination to MassHealth, there may be a few days of lag time between the coverage start date and when the member shows up in EVS. In these cases, providers are required to honor the proof of HPE coverage described below and furnish services or prescriptions and submit the claim when the member ID is available.

Proof of HPE Coverage

Applicants approved for coverage through HPE will receive an approval notice from the qualified hospital when the qualified hospital makes the HPE eligibility determination. The approval notice will include the HPE approval as well as the qualified hospital's name and contact information. In many cases, the approval notice provided by the qualified hospital will not include a member ID due to the lag time in getting the approval information into MassHealth systems.

MassHealth will also mail applicants approved through HPE a confirmation approval letter on MassHealth letterhead. This letter will contain the member ID.

Either the letter from the qualified hospital or the letter from MassHealth may be used as proof of coverage. Providers will also be able to verify coverage in EVS, once established. The EVS message for coverage determined through HPE will reflect fee-for-service coverage in MassHealth Standard, Family Assistance, or CarePlus.

No member ID cards will be provided for coverage determined through HPE. Members are directed to use the letter from the hospital or MassHealth as proof of coverage.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Services Center at 1-800-841-2900; e-mail your inquiry to providersupport@mahealth.net; or fax your inquiry to 617-988-8974.