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To: Eligibility Services – Regional Directors
Program Managers
Eligibility Services Supervisors
Regional Attorneys
Hearings Officers

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Subject: Presumptive Eligibility (PE) Determined by Qualified Hospitals and Qualified Entities

This bulletin is being sent to supervisors and other regional managers. Supervisors must share this information with all Texas Works staff. Please ensure that copies are provided to staff that do not have access to e-mail. If you have any questions regarding the policy information in this bulletin, follow regional procedures. Active bulletins are posted on the Texas Works Handbook (TWH) website at <http://www.dads.state.tx.us/handbooks/TexasWorks/>.

Background

Under the Affordable Care Act (ACA), a qualified hospital may choose to make presumptive eligibility (PE) determinations for Medicaid for pregnant women, parents and caretaker relatives, children, and former foster care children. PE is short-term Medicaid coverage provided to individuals determined presumptively eligible by a qualified hospital or entity while HHSC makes a determination for regular Medicaid.

Current Process and Policy

Currently, Texas provides Medicaid PE to pregnant women [Type Program (TP) 42] and women diagnosed with breast and cervical cancer [Medicaid for Breast and Cervical Cancer (MBCC) — Type of Assistance (TA) 66]. PE for these programs is determined by qualified entities (QEs). A QE is an organization that has entered into an agreement with HHSC to make PE determinations for pregnant women or with the Department of State Health Services (DSHS) to make PE determinations for MBCC. QEs determining eligibility for TP 42 currently submit paper PE determinations to the local eligibility office for data entry into Texas Integrated Eligibility and Redesign System (TIERS). QEs that determine eligibility for TA 66 submit MBCC PE determinations and applications to DSHS, who forwards them to HHSC to be processed by specialized staff in Centralized Benefit Services (CBS).

Qualified hospitals (QHs) currently do not make PE determinations for any groups.

New Process and Policy

Qualified Hospitals (QHs) and Qualified Entities (QEs) Policy and Process

A QH is a Medicaid provider that notifies HHSC of its intent to make PE determinations and agrees to make PE determinations according to new HHSC policies and process.

QEs may continue to determine PE for pregnant women and MBCC. The policies for QEs that only determine PE for pregnant women are the same as the new policies and process for QHs.

For MBCC, only QEs that are also DSHS Breast and Cervical Cancer Services contractors may make MBCC PE determinations following current policies and process. They follow the process for determining PE outlined in the TWH at:

<http://www.dads.state.tx.us/handbooks/TexasWorks/X/100/index.htm>.

QH/QEs submit PE determinations to HHSC electronically through the PE Portal, which is accessed through the state portal. The PE portal allows QH/QEs to conduct limited inquiry and submit PE determinations. Determinations are processed automatically. An exception to this automated process is the failure of auto-file clearance, which is described below.

How to Become a Qualified Hospital or Qualified Entity

Hospitals or entities that want to become qualified to make PE determinations must submit to HHSC a notice of intent, sign a Memorandum of Understanding, and complete training electronically at the PE website located at: <https://www.TexasPresumptiveEligibility.com>.

Groups Eligible for Presumptive Eligibility (PE) Determined by Qualified Hospitals (QHs)

In Texas, the following groups are eligible for PE determined by a QH:

- Children
 - Medical Assistance (MA) - Children Under 1 Presumptive: Type of Assistance (TA) 74
 - MA - Children 1-5 Presumptive: TA 75
 - MA - Children 6-18 Presumptive: TA 76
- Former Foster Care Children (MA - FFCC Presumptive: TA 83);
- Pregnant Women (MA - Pregnant Women Presumptive: TP 42); and
- Parents and Other Caretaker Relatives (MA - Parents and Caretaker Relatives Presumptive: TA 86).

Following a PE determination, QH/QEs assist individuals with submitting a regular Medicaid application for ongoing coverage through www.YourTexasBenefits.com. The regular Medicaid application is routed to an out-stationed worker for processing.

Household Composition

The QH/QE uses the non-tax payer/non-tax dependent rules to determine household composition.

Modified Adjusted Gross Income (MAGI) Methodology

The QH/QE uses a simplified MAGI methodology to determine an individual's income eligibility for PE. The income limits for each PE TA are the same as the associated regular Medicaid type of assistance. **For example:** MA - Children Under 1 Presumptive has the same income limit as MA - Children Under 1.

Verifications

To be presumptively eligible for Medicaid, the individual must attest/self-declare to being:

- a Texas resident, and
- a United States citizen or an eligible immigrant.

For all other PE criteria, the individual's statement is acceptable verification. Additional forms of verifications beyond an individual's statement are not required.

Three Months Prior Coverage

Three months prior coverage **does not** apply to PE. Eligibility for three months prior Medicaid coverage is determined when HHSC eligibility staff makes a regular Medicaid determination, if requested.

Medical Effective Dates (MEDs)

PE provides full fee-for-service Medicaid with the exception of pregnant women. Pregnant women receive ambulatory prenatal care only.

The MED for PE is the date that the QH or QE determines the individual presumptively eligible for Medicaid.

Note: An individual is not eligible for PE if the individual is currently certified for Medicaid, Children's Health Insurance Program (CHIP), or CHIP perinatal.

If the individual does not submit an application for regular Medicaid, the PE coverage will end the last day of the month following the month of the PE determination.

If the individual submits a Form H1205, Texas Streamlined Application, or Form H1010, Texas Works Application for Assistance - Your Texas Benefits, HHSC staff will determine whether the individual is eligible for regular Medicaid. If determined ineligible for regular Medicaid, the individual's PE coverage will end the date that HHSC determines the individual ineligible (see scenario 2 below). If determined eligible for regular Medicaid, the individual's PE coverage will end when the Medicaid eligibility determination is made, following cut-off rules. The individual is informed of the length of their PE coverage on Form H1266, Short-term Medicaid notice: Approved.

If an individual is Medicaid eligible during the application month, the individual will receive Medicaid during the period between the first of the month and the PE MED. Regular Medicaid coverage for the ongoing period will begin once the PE period ends (see scenarios 3 and 4 below). **Exception:** Since PE for Pregnant Women provides only limited prenatal services, ongoing Medicaid coverage will overlay the PE coverage (see scenario 5 below).

Examples:

PE Scenarios	
1. No regular Medicaid application submitted	Jana Smith is determined eligible for MA-Children 6-18 Presumptive on February 2, 2015. Her mother does not submit an application for regular Medicaid. Jana's PE coverage will end on March 31, 2015.
2. Determined ineligible for regular Medicaid	Elizabeth Gibson is determined eligible for MA-Children Under 1 Presumptive on April 4, 2015. Her father submits an application for regular Medicaid on that same date. HHSC determines on April 20, 2015 that she is not eligible for regular Medicaid. Elizabeth's PE coverage ends on April 20, 2015.
3. Determined eligible for regular Medicaid before cutoff	Marcus Garza is determined eligible for MA-Children 1-5 Presumptive on March 6, 2015 and his mother submits an application for regular Medicaid on the same date. HHSC determines on March 15, 2015 (before cut-off) that Marcus is eligible for regular Medicaid. Marcus' PE coverage will end March 31, 2015. He will be certified for regular Medicaid effective March 1, 2015 - March 5, 2015 and April 1, 2015 - ongoing.
4. Determined eligible for regular Medicaid after cutoff	Terry Johnson is determined eligible for MA-FFCC Presumptive on May 9, 2015 and submits an application for regular Medicaid on the same date. HHSC determines on May 22, 2015 (after cut-off) that he is eligible for regular Medicaid. Terry's PE coverage will end June 30, 2015. He will be certified for regular Medicaid effective May 1, 2015 - May 8, 2015 and July 1, 2015 - ongoing.
5. Pregnant woman determined eligible for Medicaid	Maria Green is determined eligible for MA-Pregnant Women Presumptive on June 4, 2015. She submits an application for regular Medicaid on the same date. HHSC determines on June 10, 2015 that she is eligible for regular Medicaid. Maria's PE coverage will end on June 30, 2015. Regular Medicaid will overlay her PE coverage with an effective date of June 1, 2015.

Periods of Presumptive Eligibility

Pregnant women are allowed one PE period per pregnancy.

For all other PE groups, an individual is allowed no more than one period of PE per two calendar years. **For example:** Clint Jones receives PE for children ages 6-18 in June 2015. He cannot receive another period of PE until January 2017.

Application Processing

QH/QE staff first must perform inquiry to establish whether an individual is currently receiving Medicaid, CHIP, or CHIP perinatal or whether the applicant has received a period of PE within the PE period limit.

The PE determination is made based on information provided by the individual regarding citizenship/immigration status, Texas residency, income, and household composition. QH/ QE staff use the information provided to determine the individual's eligibility using Form H1265, Presumptive Eligibility Worksheet.

If determined presumptively eligible, QH/QE staff enter the individual's demographic information and the type of PE assistance for which the individual is eligible into the PE portal. QH/QE staff use the PE portal to conduct limited inquiry and submit PE determinations.

If determined presumptively eligible, QH/QE staff also issue the individual Form H1266, Short-term Medicaid notice: Approved, and assist the individual in completing and submitting the regular Medicaid application via www.YourTexasBenefits.com, if the individual wants to apply. **Note:** An individual is not required to submit a regular Medicaid application in order to receive PE Medicaid.

If determined ineligible for PE, QH/QE staff issue the individual a Form H1267, Short-term Medicaid Notice: Not Approved. Staff also advise the individual of the right to apply for regular Medicaid.

Due Dates and Processing Time Frames

Within one business day of the PE determination, the QH/QE must submit the PE determination to HHSC through the PE Portal.

HHSC Policy and Process

File Clearance

TIERS will perform automated file clearance for each individual determined eligible for PE if the individual is found to have a 100 percent match in TIERS or if no match for the individual is found in TIERS. For individuals for whom TIERS cannot perform automated file clearance, TIERS will trigger an alert to create a task list manager (TLM) task for staff to manually file clear the individuals. The manual file clearance tasks are routed to the Out-stationed Worker Program (OWP) queue for assignment and processing.

Task List Manager (TLM)

When TIERS does not automatically perform file clearance for an individual determined eligible for PE by a QH/QE, OWP worker action is needed. TIERS creates the task "Process a File Clearance Failure for Presumptive Eligibility" and sends it to an OWP worker based on zip codes.

To complete the task, the worker:

1. Selects Work icon
2. Selects Individual to file clear from the **Presumptive Eligibility Individual - Summary** page
3. Matches PE individual(s) to TIERS individual(s) on the **PE File Clearance - Results** page
4. Selects *Auto Process PE* on the **File Clearance - Results** page to complete the task once file clearance has been performed for all individuals on the case

The task can also be manually cleared. When a worker searches for an application on the **Self-Service Application Search** page, the *SS Application Search Results* section displays a *Determine PE* link if a PE individual on the case requires manual file clearance. The **Presumptive Eligibility Individual - Summary** page displays when the worker selects the link.

Once the worker completes file clearance, TIERS notifies the TLM to close the QH/QE PE task.

Application Processing

Applications for regular Medicaid submitted by individuals determined eligible for PE by a QH/QE are routed to an OWP worker for processing. If the QH has an OWP worker, the application is assigned to that worker for processing. If the QH does not have an OWP worker or the application is submitted by a QE, the application is routed to the regional OWP queue.

HHSC staff must process the applications using current application processing timeframes. If a PE task for file clearance and a regular Medicaid application exist for the same person, the PE task should be cleared first.

Verifications

Staff use standard verification requirements when processing an application for regular Medicaid submitted by an individual determined PE. For further details see TWH [C-900, Verification and Documentation](#).

Fair Hearings

Appeals and fair hearings are not applicable to PE determinations.

Questions Regarding the Presumptive Eligibility (PE) Process

Staff should direct QH/QEs interested in becoming qualified to the PE website located at <https://www.TexasPresumptiveEligibility.com>.

Staff should direct individuals with questions regarding their PE coverage dates to the QH/QE that made the PE determination. For questions regarding services covered by Medicaid, staff should direct the individual to call the Medicaid help line at 1-800-335-9857.

Forms

Forms in use for QEs prior to February 1, 2015, have been revised.

Form H1265, Presumptive Eligibility Worksheet, completed by the QH/QE and used to determine an applicant's eligibility for PE.

Form H1266, Short-term Medicaid notice: Approved, completed by the QH/QE and given to an individual found eligible for PE. The form notifies the individual of eligibility, eligibility start date, and eligibility end date. Individuals who present this form in a local eligibility determination office and request a temporary Medicaid identification card should be provided with Form H1027-A, Medicaid Eligibility Verification.

Form H1267, Short-term Medicaid notice: Not approved, completed by QH/QE and given to an individual found ineligible for PE. The form notifies the individual of the reason for ineligibility and that they can submit a regular Medicaid application.

Form H1271, Presumptive Eligibility Application Packet Referral Letter, is currently completed by QEs determining eligibility for Pregnant Women Presumptive. The QE attaches the form to the application packet when it is sent to the local eligibility determination office. With the automation of the PE process, the form is no longer needed and will be deleted from the Texas Works Handbook effective February 1, 2015.

Effective Date

QH/QEs will use the new process to determine and submit PE determinations to the PE portal beginning February 1, 2015.

Handbook

The Texas Works Handbook will be updated with the July 2015 revision.

Training

Training was delivered to staff in the web-based courses "D3: ACA Introduction of QH/QE PE" and "D7: ACA QH/QE PE for HHSC Staff".