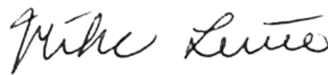**MassHealth**
All Provider Bulletin 360
January 2023

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Acting Assistant Secretary for MassHealth

RE: **Hospital-Determined Presumptive Eligibility (HPE): Updates for Certain Applicants**

Introduction

This bulletin summarizes and expands on changes to MassHealth's Hospital-Determined Presumptive Eligibility (HPE) process for certain applicants, specifically those applying under non–modified adjusted gross income (MAGI) criteria. The HPE process for MAGI applicants described in All Provider Bulletin 302 remains in effect unless specifically superseded by this bulletin.

Effective January 1, 2023, (1) all seniors, including seniors seeking long term nursing facility or long term chronic disease or rehabilitation hospital care, may apply for HPE using abbreviated non-MAGI criteria; and (2) a new process will be implemented to temporarily set a level of care (LOC) segment in parallel with the HPE determination to allow additional time for the facility to submit an SC-1 after hospital discharge. The objective of this guidance is to help facilitate timely and seamless hospital discharges into less acute or more appropriate clinical settings with minimal barriers while still maintaining eligibility requirements and benefit integrity.

For detailed information about MAGI eligibility for HPE, please see All Provider Bulletin 302.

Overview

The Affordable Care Act (ACA) allows qualified hospitals to make presumptive eligibility determinations for immediate, time-limited Medicaid coverage using self-attested information from certain individuals who appear to be eligible for Medicaid coverage but cannot complete a full Medicaid application at that time. (See 42 CFR 435.1110: *Presumptive Eligibility Determined by Hospitals* and 130 CMR 502.003(H): *Hospital-determined Presumptive Eligibility*.) Qualified hospitals may include both acute hospitals and psychiatric hospitals. In addition to meeting other requirements, qualified hospitals may make HPE determinations for certain individuals if the hospitals have notified the Executive Office of Health and Human Services (EOHHS) of their election to do so; 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 them to make HPE determinations. (See 130 CMR 450.110: *Hospital-determined Presumptive Eligibility*.)

Once a qualified hospital has contracted with MassHealth to make HPE determinations, its HPE-trained Certified Application Counselors (CACs) may determine whether an applicant is eligible for HPE by completing the MassHealth Application for Hospital-Determined Presumptive Eligibility during COVID-19 Emergency (HPE application) using self-attested information provided by the applicant. The HPE-trained CAC must complete a separate HPE application for each individual

seeking HPE coverage. The MassHealth HPE team will process and enter each CAC-approved HPE application in MassHealth's systems. Providers can view applicant information on the MassHealth Eligibility Verification System (EVS) by the business day after the information is entered.

Before completing and submitting an HPE application, the CAC must

- ensure that the applicant cannot currently complete a full Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) or Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2)
- determine the applicant's eligibility for HPE
- explain the HPE application process to the applicant and describe the applicant's rights and responsibilities
- assign the applicant to the appropriate MassHealth coverage type

Once the HPE-trained CAC approves the application, the applicant receives immediate, time-limited MassHealth coverage corresponding to the coverage type assigned by the CAC. The expiration date of the applicant's HPE coverage is described in greater detail later in this bulletin. Qualified hospitals must also offer to help applicants complete a full ACA-3 or SACA-2 to ensure that the applicants will be considered for continued MassHealth coverage after the HPE coverage period.

HPE for Non-MAGI Applicants

Effective January 1, 2023, through March 31, 2024, the following updates to the HPE criteria and eligibility processes for non-MAGI applicants will be implemented.

- Applicants over 65 years old, including those seeking institutionalized care in a nursing facility or a chronic disease and rehabilitation hospital (CDRH), if they meet the financial eligibility criteria for MassHealth Standard set forth in 130 CMR 519.005(A) and 130 CMR 519.006, will continue to qualify for HPE.

- Eligibility criteria will also apply to applicants whose income exceeds 100% of the federal poverty level (FPL) and who may be required to pay a deductible or a patient paid amount (PPA), as set forth in 130 CMR 520.027 and 130 CMR 520.028, so as not to unnecessarily restrict access to HPE.

  - Although hospitals cannot calculate the PPA or deductible amount, they will identify the excess income amount and the FPL equivalent and determine that a PPA or deductible will likely ensue, and they will communicate the expectations for the applicant to the appropriate parties.

- For applicants being discharged to a facility, eligibility criteria will also account for asset limits of $2,000 for the applicant entering the facility and $137,400 for the community spouse.

- Updated eligibility processes will create a process to temporarily set an LOC segment in parallel with the HPE without the submission of an SC-1 before admission. The facility will submit the SC-1 to MassHealth before the HPE period ends.

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Additionally, responsibility for submission of a full and completed SACA-2 within the HPE period will be as follows.

- If the applicant is returning to the community, the hospital making the HPE determination will be responsible for submitting the SACA-2.

- If the applicant is discharged to a facility, the facility that the applicant is admitted to will be responsible for submitting the SACA-2.

Payment for Services Provided to Members Determined to Be Eligible through HPE

Providers who deliver services to MassHealth members determined to be 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, billing, and program requirements.

Members determined eligible through HPE may receive MassHealth Standard, CarePlus, CommonHealth, or Family Assistance. Any services that are available on a fee-for-service basis for these coverage types are available to members determined to be eligible through HPE. (See 130 CMR 450.105: *Coverage Types* for a complete list of covered services by coverage type.) Members with HPE will not be assessed a premium. Premium assistance is not awarded during the HPE period.

For members who are discharged to a nursing facility or a CDRH, MassHealth will temporarily set an LOC segment in parallel with the HPE determination providing a pathway for payment to the nursing facility and CDRH for the duration of the member's time-limited coverage.

Managed care enrollment is not available to members determined to be eligible through HPE. HPE is not available for members applying for home and community-based service waivers or Program of All-inclusive Care for the Elderly coverage types. Those needing such services must apply using the SACA-2.

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 HPE determination and ends on the last day of the month after the approval if a full application has not been submitted by that day; or, if a full application has been submitted by that day, the HPE coverage ends on the day a determination is made based on the full application. Additionally, the temporary LOC segment that was established during the HPE period will be appropriately adjusted based on the information provided on a full and completed application and will begin on the date the full determination is made. MassHealth staff will extend an HPE benefit if the member has filed a full SACA-2 application that has not yet been processed but was received before the end date of the HPE period.

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HPE determination is not a final determination. A final determination requires a comprehensive review, which could result in ineligibility based on established eligibility criteria. An application must be completed in its entirety and submitted before the end date of the HPE period to continue benefits appropriately and accurately.

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 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 because of to the lag time in getting the approval information into MassHealth systems.

MassHealth will also mail applicants who have been approved through HPE an 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 it is established. The EVS message for coverage determined through HPE will reflect fee-for-service coverage in MassHealth Standard, Family Assistance, CommonHealth, 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.

MassHealth Website

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Questions

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