***Commonwealth of Massachusetts***

**Executive Office of Health and Human Services
*Office of Medicaid***

www.mass.gov/masshealth

**Eligibility Operations Memo 23-03**

**January 2023**

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Director of Eligibility Policy [signature of Heather Rossi]

RE: **Hospital-Determined Presumptive Eligibility (HPE): Updates for Non-MAGI Individuals**

# Summary

This memo summarizes changes to MassHealth’s Hospital-Determined Presumptive Eligibility (HPE) process for non–modified adjusted gross income (MAGI) applicants previously described in [EOM 20-19](https://www.mass.gov/lists/eligibility-operations-memos-by-year#2020-eligibility-operations-memos-).

Effective January 1, 2023, (1) all seniors, including seniors seeking long term nursing facility 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 more detailed information about MAGI eligibility for HPE, please see EOM 20-19.

# 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 individuals will be implemented.

* Applicants over 65 years old, including those seeking long term 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 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.

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

# 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 applicant has filed a full SACA-2 application that has not yet been processed but was received before the end date of the HPE period.

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 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. 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 Notices

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 the lag time in getting the approval information into MassHealth systems.

MassHealth will also mail applicants 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.

# Program Eligibility Monitoring

MEC staff members will run systematic queries of the eligibility systems to determine whether HPE-approved members have submitted a full SACA-2 application. If so, and if the full application is approved, MEC staff members will extend the HPE coverage end date until the start date of the full MassHealth benefit.

IMPORTANT: MEC staff members who learn that a full SACA-2 application has been submitted for HPE members must notify the MassHealth HPE team by emailing the team to confirm that this has happened.

# Questions

If you have any questions about this memo, please have your MEC designee contact the Policy Hotline.