

510.3 MEMBER ELIGIBILITY

Reimbursement for medically necessary Hospital Services is available on behalf of all WV Medicaid-eligible members, subject to the conditions and limitations applicable to these services. Additional information on member eligibility is located in Chapter 400.

510.3.1 Hospital Based Presumptive Eligibility (HBPE)

A qualified hospital may elect to make presumptive eligibility determinations for populations whose eligibility is determined using the Modified Adjusted Gross Income (MAGI) methodology described in Chapter 10, Section 8 of the West Virginia Income Maintenance Manual.

510.3.1.2 HBPE Qualified Hospitals

In order to make presumptive eligibility determinations a hospital must:

- Be enrolled in the WV Medicaid as a provider;
- Elect to participate in the HBPE program by:
 - Submitting a HBPE application attesting to their qualifications to participate in the HBPE program, and
 - Agree to all the terms and conditions related to the use of the presumptive eligibility determination portion of the on-line system WVInroads.
- Appoint/assign a hospital employee to serve as the presumptive eligibility administrator/point of contact
- Assist applicants with the completion of the full Medicaid application
- Follow state and federal privacy and security requirements
- Follow state requirements for data submission
- Meet state-specified performance standards as described in Chapter 510.3.
- Hospitals electing to use third party vendors and/or DHHR workers to make presumptive eligibility determinations must sign an addendum to their HBPE application.

510.3.1.3 HBPE Employee Requirements

Hospitals may implement presumptive eligibility with the support of third party contractors and DHHR workers as well their own employees as long as the hospital assumes full responsibility for the presumptive eligibility determinations that result. In this Chapter, the term Authorized Hospital Employees (AHE) includes all individuals making determinations on behalf of a hospital who have completed training and are authorized to make presumptive eligibility determinations.

Before a hospital employee, DHHR worker or other third party contractor can be authorized to perform presumptive eligibility determinations he or she must satisfactorily complete the training course provided by BMS and BCF.

For all hospital employees, DHHR workers and other third party contractors, the following conditions must be met:

- A certificate of course completion must be kept in the workers file at the hospital and must be made available to BMS or BCF with five (5) days of request. A file must be kept on third party vendors and DHHR workers who are assigned to do presumptive eligibility determinations.

- Access to WVinroads may not be granted by the Presumptive Eligibility Administrator/Point of Contact until all training is completed and a certificate is presented by the employee.
- All authorized presumptive eligibility employees must complete and submit a User Agreement with WVinroads prior to conducting presumptive eligibility determinations.
- When an AHE leaves the employment of the hospital, their contract ends or is no longer assigned to determine presumptive eligibility on behalf of the hospital the Presumptive Eligibility Administrator/Point of Contact must immediately remove his/her access to the WVinroads system.

510.3.1.4 HBPE Determination Groups and Eligibility

In order to be determined presumptively eligible for Medicaid individuals must fall into one of the new Modified Adjusted Gross Income (MAGI) groups:

- Children
- Pregnant women
- Adults between the ages of 19 and 64
- Former WV foster children up to age 26
- Women who may gain eligibility through the breast and cervical cancer screening program according to state and federal requirements
- Incarcerated individuals with hospital stays exceeding 24 hours.

510.3.1.5 HBPE Determination Process

Presumptive eligibility will be assessed using the rules outlined in the state's Income Maintenance Manual. Authorized hospital employees will gather data from the individual using the presumptive eligibility determination portion of the on-line system WVinroads. The employee may obtain information relating to the individual such as name, address, phone number, and social security number from other hospital personnel such as registrars; however this information must be confirmed by the individual or another person with reasonable knowledge of the individual's status. The individual or another person with reasonable knowledge of the individual's status seeking HBPE must attest to the information provided on the application. Authorized hospital employees may not request any documentation or require verification of information provided.

Applicants are allowed only one HBPE determination per 12 month period or, if pregnant, per pregnancy. In the absence of an automated system that can verify the applicant's past use of presumptive eligibility, the hospital will rely on self-attestation.

The authorized hospital employee must make the final determination of whether or not the individual may be eligible for Medicaid. This decision may be made using a combination of the results of the on-line system WVinroads, past experience with the individual or any hospital policies in place in determining presumptive eligibility. Once a final decision is made by the authorized worker he/she will provide the patient with either a temporary Medicaid card or a document stating why he/she was not determined presumptively eligible.

The HBPE determination is not subject to the Department's fair hearing process.

510.3.1.6 HBPE Period

The presumptive eligibility period begins on the date the HBPE determination is made.

The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made [for example, if HBPE is determined June 15th, and regular Medicaid eligibility is determined August 3 based on a Medicaid application that was filed by July 30, then HBPE would end August 3]; or
- The last day of the month following the month in which the determination of presumptive eligibility is made if no application for Medicaid is filed by that date [for example, if HBPE is determined June 15th eligibility would expire July 31 if no application was filed].
- If a patient is determined HBPE on June 15, applies for Medicaid and is denied on July 10, PE ends July 10.

510.3.1.7 Completing Full Medicaid Application

It is the responsibility of the hospital which completes the presumptive eligibility determination to complete the full Medicaid application prior to the end of the presumptive eligibility period.

The full Medicaid application may be completed by:

- The HBPE authorized hospital employee
- A hospital vendor/contractor
- A hospital based DHHR worker
- The patient/authorized representative through www.wvinroad.org or by visiting a local DHHR office

In the event of a transferred patient the two hospitals involved in the transfer will need to identify which one will complete the full Medicaid application.

If the HBPE authorized hospital employee, a hospital vendor/contractor or the hospital-based DHHR worker is completing the full application, he/she will use www.wvinroad.org. In order for the hospital to receive credit for completing the full application, the Temporary Medicaid ID number assigned to the patient must be used in the appropriate field.

The full Medicaid application must have the signature of the applicant or the applicants authorized representative. If completing the application over the phone the person must obtain the signature of the applicant in one of two ways:

1. Send the application to the applicant for signature. The applicant should then return the application to the hospital. OR
2. Collecting the signature telephonically by either 1) recording the entire telephone application process with the signature included; or (2) recording only the signature portion of each telephone call.

In either case the signature must be kept in the hospital file for a period of three years.

HBPE employees or other hospital workers are not required but may assist patients in completing applications for other DHRR programs such as SNAP.

510.3.1.8 Performance Measures

In order to continue participation in the hospital based presumptive eligibility program hospitals must meet the following performance standards on a quarterly basis:

- 75% individuals determined presumptively eligible must submit a regular application before the end of the presumptive eligibility period.
- 50% of individuals who are determined presumptively eligible and have submitted a regular application prior to the end of the presumptive eligibility period must be determined eligible for Medicaid.

Upon receipt of its quarterly performance measures report a hospital may submit documentation to the Bureau showing why they were out of compliance with the performance measures. Acceptable reasons for being out of compliance would include, but not be limited to, the patient died prior to a full application being completed, the patient moved out of state prior to a full application being completed, etc. Unacceptable reasons for being out of compliance would include, but not be limited to, could not reach the patient by phone, patient would not return phone calls, patient refused to cooperate, etc.

A hospital may lose their eligibility to participate in the hospital based presumptive eligibility determination program if they do not meet the above performance standards. Performance measures will be based on all individuals doing presumptive eligibility determinations for the hospital, including DHHR workers and third party contractors, as well as hospital employees.

510.3.1.8 Corrective Action

Once a hospital is notified that it has not met the requisite standards it will have one quarter to take corrective action before the State could revoke the hospital's permission to participate in the hospital based presumptive eligibility program. In the event a hospital's permission to participate in this program is revoked, the hospital must wait at least six (6) months before reapplying to participate in the program.

The State will work with the hospital to develop a comprehensive corrective action plan. Corrective action must include staff re-training.