

HCRA – FAQ's

Question: Do out-of county outpatient non-emergency services require a pre-approval from the applicant's county of residence?

Answer: Yes. The hospital must obtain pre-approval for all out-of-county outpatient non-emergency services prior to the rendering of such services.

Question: Do in-county outpatient non-emergency services require a pre-approval from the applicant's county of residence?

Answer: Yes. The hospital must obtain pre-approval for all in-county outpatient non-emergency services prior to the rendering of such services.

NOTE: Each outpatient (in and out-of-county) date of service requires a pre-approval; a separate application is required for each date of service. The hospital should bill each pre-approved date of service on a separate UB-04.

Question: What are the maximum reimbursement limitations for inpatient services?

Answer: The County must reimburse participating hospitals through HCRA for up to a maximum of 45 days of inpatient services per eligible recipient per county fiscal year (10/1-9/30).

Question: What are the maximum reimbursement limitations for outpatient services?

Answer: The County must reimburse participating hospitals up to \$1,500 of emergency outpatient hospital services per eligible recipient per county fiscal year (10/1-9/30). [Certain exclusions apply to the \\$1,500 limit. Please refer to Chapter 3, Section 3-17.](#)

Question: Are in-county outpatient emergency services reimbursable through HCRA?

Answer: Yes. For in-county hospitals, the applicant must be a resident of the county where the hospital is located and services were provided and the county must have elected to reimburse its in-county hospitals.

Question: The County received an incomplete UB-04 from the hospital, can the claim be denied?

Answer: Yes. The claim can be denied and returned to the hospital.

NOTE: The hospital may resubmit the corrected claim to the county for reimbursement. There is a 6 month window from the date the NOE is signed that the claim can be resubmitted to the county for reimbursement.

Question: The hospital failed to notify the County of an increased per diem rate, can the county submit a retroactive payment to the hospital for the difference?

Answer: No. The hospital is responsible for notifying the county, in writing, of **any interim adjustments** to its inpatient and/or outpatient per diem rates. The per diem rate utilized at the time of claim adjudication is considered the final rate for that claim. No retroactive per diem rate adjustment is allowed.

Question: Are HCRA payments considered payment in full?

Answer: Yes. The hospital may only bill Spend-Down applicants for their share of cost.

Question: The County received an application from a hospital that was on the participating hospital list the previous county fiscal year but the hospital is not listed on the current fiscal year, how should this be handled?

Answer: The County should first refer to the date(s) of service. If the date(s) of service fall in the current fiscal year the application should be denied.

NOTE: A hospital's participation in the HCRA program is voluntary; however, eligibility for HCRA program participation must be determined annually by the Agency for Health Care Administration.

Question: Can a HCRA applicant have "no income?"

Answer: No. For the purpose of HCRA, all applicants have income. This income is referred to as "contributions."

NOTE: For a more in-depth explanation, you may contact the HCRA Liaison.

Question: Are face to face interviews required if the County has all of the necessary information needed to determine HCRA eligibility?

Answer: No. If insufficient or conflicting documentation has been provided, the county may require an interview.

Question: Can a HCRA application be denied because the applicant or designated representative failed to attend a scheduled appointment?

Answer: No. The certifying agency may not deny eligibility if the applicant or designated representative fails to keep such appointment as long as the hospital has submitted sufficient verification to determine eligibility or if the applicant or designated representative has mitigating circumstances for missing the scheduled appointment.

Question: There is a hospital located within the applicant's county of residence but the county received a HCRA application for services at an out of county hospital, how should this be handled?

Answer: The County should proceed with eligibility determination for the HCRA applicant.

NOTE: The County can not dictate where an applicant receives emergency services.

Question: A HCRA applicant was transferred from an in-county hospital to an out-of-county hospital, would this be considered emergency inpatient services?

Answer: Yes. The needed care and services were not available in the person's county of residence. Needed care and services are considered not available within the county of residence if a hospital within the county of residence transfers an indigent patient to an out-of-county hospital because the in-county hospital did not have the necessary treatment resources, such as diagnostic equipment or on-duty physicians, available.

Question: Who can I contact for additional HCRA program information?

Answer: Sherell S. Hudson, HCRA Liaison
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