

Florida Medicaid Qualified Hospital (QH) Presumptive Eligibility

June 2018



Presentation Outline

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2	Qualified Hospital (QH)
3	The Presumptive Eligibility (PE) Process
4	How to Determine PE
5	How to Authorize Eligibility
6	Other Requirements
7	The DCF Presumptive Eligibility Application



Presumptive Eligibility: Section 1

LEGAL BASIS



What is Presumptive Eligibility?

Presumptive Eligibility (PE):

- Provides temporary Medicaid coverage for individuals who are likely to be eligible for Medicaid and assures timely access to care while a final eligibility determination is made.
- Is based on limited information provided by an individual about his or her income and household size, citizenship, and residency status.



42 U.S.C. 1396a(a)(47)

The Patient Protection and Affordable Care Act amended section 1902(a)(47) of the Social Security Act as follows:

“...any hospital that is a participating provider under the State plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State plan or under a waiver of the plan for purposes of providing the individual with medical assistance during a presumptive eligibility period...”



What Does This Mean?

Florida Medicaid enrolled hospital providers may choose to make PE determinations in accordance with federal law and state policy.

In Florida, enrolled hospitals may make PE determinations for:

- Pregnant women.
- Infants and children under age 19 years.
- Parents and other caretaker relatives.
- Former foster care children.



Presumptive Eligibility: Section 2

QUALIFIED HOSPITAL



What is a Qualified Hospital?

A QH is a hospital that:

- Participates as a Medicaid provider (Provider Type 01).
- Notifies Florida Medicaid of its election to make PE determinations.
- Agrees to make PE determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make PE determinations in accordance with applicable state policies and procedures or for failure to meet the standards established by the Medicaid agency.



How to Become a QH

1. Must be a Florida Medicaid provider

To enroll as a Florida Medicaid provider:

Visit <http://mymedicaid-florida.com>

select **Provider Services**

then select **Enrollment**

2. Enroll as a Qualified Hospital Provider

Complete the required provider agreement located at:

http://ahca.myflorida.com/Medicaid/QHPE/docs/MPA_Inst_QH_Dec_13.pdf

Submit the signed copy to:

QH Enrollment Coordinator

Agency for Health Care Administration

2727 Mahan Drive, Mail Stop 20

Tallahassee, Florida 32308



QH Responsibilities

Ensure that:

- Employees making PE determinations must meet the training certification requirements to become an Authorized Agent before making any determinations.
- Only hospital employees make PE determinations—contractors or 3rd party vendors are NOT permitted to make PE determinations.
- Anyone who enters PE approvals (determined by hospital employees) into the online system must meet the training certification requirements to become an Authorized Agent before entering approvals.



QH Responsibilities, cont.

- Documentation of the certifications is maintained in a central location.
- Presumptive Eligibility determinations are consistent with state policies and procedures.
- Staff are available to assist individuals with submission of applications for full Medicaid benefits.



Performance Standards

For the first 18 months, the QH must meet the following standards:

- An average of 90% of individuals the QH determines to be presumptively eligible will submit an application for full Medicaid benefits before the end of the PE period.
- On average, the application for full Medicaid benefits will be submitted within 10 days from the date of the PE approval.
- An average of 90% of the individuals who submit the application for full Medicaid benefits before the end of the PE period will be eligible for full Medicaid.



Performance Standards

After the first 18 months, the QH must meet the following standards:

- An average of 95% of individuals the QH determines to be presumptively eligible will submit an application for full Medicaid benefits before the end of the PE period.
- On average, the application for full Medicaid benefits will be submitted within 10 days from the date of the PE approval.
- An average of 97% of the individuals who submit the application for full Medicaid benefits before the end of the PE period will be eligible for full Medicaid.



Presumptive Eligibility: Section 3

PE PROCESS



Eligibility Requirements

Each individual **must not**:

- Be currently eligible for Medicaid.
- Have been determined eligible for PE in the last 12 months.
- Be an inmate of a public institution, such as incarcerated in a state prison or local jail, or in the custody of the Department of Juvenile Justice.

Each individual **must**:

- Fit into one of the PE eligibility categories.
- Meet citizenship and residence requirements.
- Meet income requirements.



Gathering Information

The QH must:

- Accept the individual applicant's (or responsible individual if applicant is a child) statement for all information.
- Not require individuals to provide any documentation to prove their statement, including:
 - Medical verification of pregnancy.
 - Birth certificate or proof of noncitizen status.
 - Social Security card.



Presumptive Eligibility Worksheet

Use the PE Worksheet to assist when making PE determinations (recommended).

Link to the worksheet and instructions:

http://ahca.myflorida.com/medicaid/QHPE/docs/Simplified_Presumptive_Eligibility_Worksheet.pdf



Steps in the PE Process

1. Check for current Medicaid eligibility.
2. Determine applicant's eligibility category.
3. Determine applicant's residence and citizenship status.
4. Determine applicant's income eligibility.
5. Explain PE benefits and coverage span.
6. Authorize PE coverage via the Provider Portal.
7. Provide applicant with a written notice of eligibility.
8. Assist applicant with completing and submitting the full Medicaid application.



Presumptive Eligibility: Section 4

PE DETERMINATION



Check for Current Medicaid Eligibility

Individuals currently eligible for Medicaid are not eligible for PE.

- Use your normal process for verifying Medicaid eligibility.
- If you need additional information, you can learn how to verify eligibility using the provider web portal at the following link:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Training/Web_Portal_CBT_Lesson_4_-_Eligibility.exe



Determine Eligibility Category

Does the individual fit into one of the following eligibility groups?

- Pregnant woman.
- Parent or relative caring for a child under 18 years of age.
- Child under 19 (infant under 1 year; child 1 through 18 years).
- Former foster child under 26 who was eligible for Medicaid in Florida when he/she aged out of care.

Yes – Continue with determination.

No – Ineligible.



Determine Residence and Citizenship Status

- Individual is currently living in Florida and intends to reside in the state:
 - Yes – Continue with determination.
 - No – Ineligible.

- Individual is a US citizen or qualified noncitizen:
 - Yes – Continue with determination.
 - No – Ineligible.



Determine Income Eligibility

Determine whether the household's income is equal to or less than the income limit for the individual's eligibility group.

- To do this you need to know:
 - Household size.
 - Household income.

Note: If applicant is in the former foster care group, do not complete the income eligibility calculations. There is no income eligibility requirement for that group.



Determining Household Size

Count the following individuals in determining household size:

- If individual is a child < 19 years of age, count:
 - Child +
 - Parents (natural, adoptive, and/or step) +
 - Siblings < 19 years of age (natural, adoptive, step).
- For all other applicants, count:
 - Individual +
 - Spouse +
 - Children < 19 years of age (natural, adoptive, step).
- If the applicant or any person being counted is pregnant, count the number of expected babies.



Determining Household Income

Monthly household income = total monthly income before taxes for individuals who are part of the household.

Count:

- ✓ Job income (for example, wages, salaries, self-employment).
- ✓ Other income (for example, unemployment, alimony, disability payments from Social Security).

DO NOT count:

- ✗ Supplemental Security Income payments.
- ✗ Child support payments.
- ✗ Social Security payment made to or on behalf of a child.



Determining Income Limits, cont.

Continue with the following steps to determine the individual's income:

- Find the monthly income limit for the individual's household size and eligibility group on the PE Income Limits chart (see next slide).
- Compare the household's monthly income to the amount in the chart.
- Household's monthly income equal to or less than the applicable PE income limit:
 - Yes – **Eligible** (based on income).
 - No – **Ineligible**.



Presumptive Eligibility Income Limits - Effective June 2018

Household Size	Parents & Caretakers	Pregnant Women	Children		
			Infants < 1	1 - 5	6 - 18
1	340	1984	2136	1468	1,397
2	456	2690	2896	1991	1,894
3	573	3395	3655	2512	2,391
4	690	4101	4415	3033	2,887
5	807	4806	5174	3556	3,384
6	924	5512	5934	4078	3,881
7	1041	6217	6693	4600	4,378
8	1158	6923	7453	5122	4,875
9	1274	7629	8213	5643	5,371
10	1392	8334	8972	6166	5,868
11	1510	9040	9732	6678	6,365
12	1628	9745	10491	7210	6,862
13	1746	10451	11251	7732	7,359
14	1864	11157	12011	8253	7,855
15	1982	11862	12770	8776	8,352
16	2100	12568	13530	9298	8,849
17	2218	13273	14289	9820	9,346
18	2336	13979	15049	10342	9,843
19	2454	14685	15809	10863	10,339
20	2572	15390	16568	11386	10,836
21	2690	16096	17328	11908	11,333
22	2808	16801	18087	12430	11,830
23	2926	17507	18847	12952	12,327
24	3044	18213	19607	537	12,823



Some Reminders

If the individual is	Then the PE eligibility group is	Remember
A pregnant woman	Pregnant Women	If a woman is pregnant, always use this group even if she could be eligible under another group
A parent or other relative caring for a child or children under age 18	Parent/Caretakers	The minor child(ren) must be living in the home with the parent or relative
A child under age 19	<ul style="list-style-type: none"> • Infants aged less than 1 year or • Children age 1 up to 19 	<ul style="list-style-type: none"> • Be sure to determine the correct age group based on the child's age on the day the PE determination is made • The child does not have to be living with a parent or relative to be eligible
A former foster child who "aged out" of care and was receiving Medicaid at that time	Prior Foster Care individuals less than 26 years	<ul style="list-style-type: none"> • Only use this group if the individual is not eligible under any of the other PE groups • The individual must have been in foster care in Florida at the time he/she aged out



Presumptive Eligibility: Section 5

ELIGIBILITY AUTHORIZATION



How to Authorize Eligibility

Presumptive eligibility coverage is authorized via the Provider Portal.

Access the Secure Web Portal at
http://portal.flmmis.com/FLPublic/Provider_PublicHome/tabId/36/Default.aspx



Presumptive Eligibility: Section 6

PE APPLICATION



DCF Presumptive Eligibility Application

Online applications are used to enter information for individuals determined to be presumptively eligible.

Applications **do not** make the eligibility determination—it only transmits required information to open eligibility on the Florida Medicaid Management Information System (FMMIS).



Authorize PE Coverage

Use the Florida Medicaid Provider Portal to authorize PE coverage through the DCF PE link.

Remember: Only use this link to authorize eligible individuals.



Remember

Only hospital employees can determine PE; unless entering data after a hospital employee made the PE determination.

Enter information *only* for individuals who are eligible for coverage.



Presumptive Eligibility Authorization

IMPORTANT: Enter information *only* for individuals who have been determined **ELIGIBLE**.



Presumptive Eligibility Authorization

Authorized Agents must log on to FMMIS to enter the PE request into the system using the DCF PE application. User identification numbers are unique to the individual and must not be shared.

AHCA
agency for health care administration

FLORIDA MEDICAID

For assistance, call 850-298-7123 during normal business hours 8:00 am - 5:30 pm Monday - Friday EST.

Sign in to the Florida Medicaid

- Access your applications
- Manage your account
- Change your password

Sign in to Florida Medicaid [Help](#)

Username

Password

[Sign In](#)

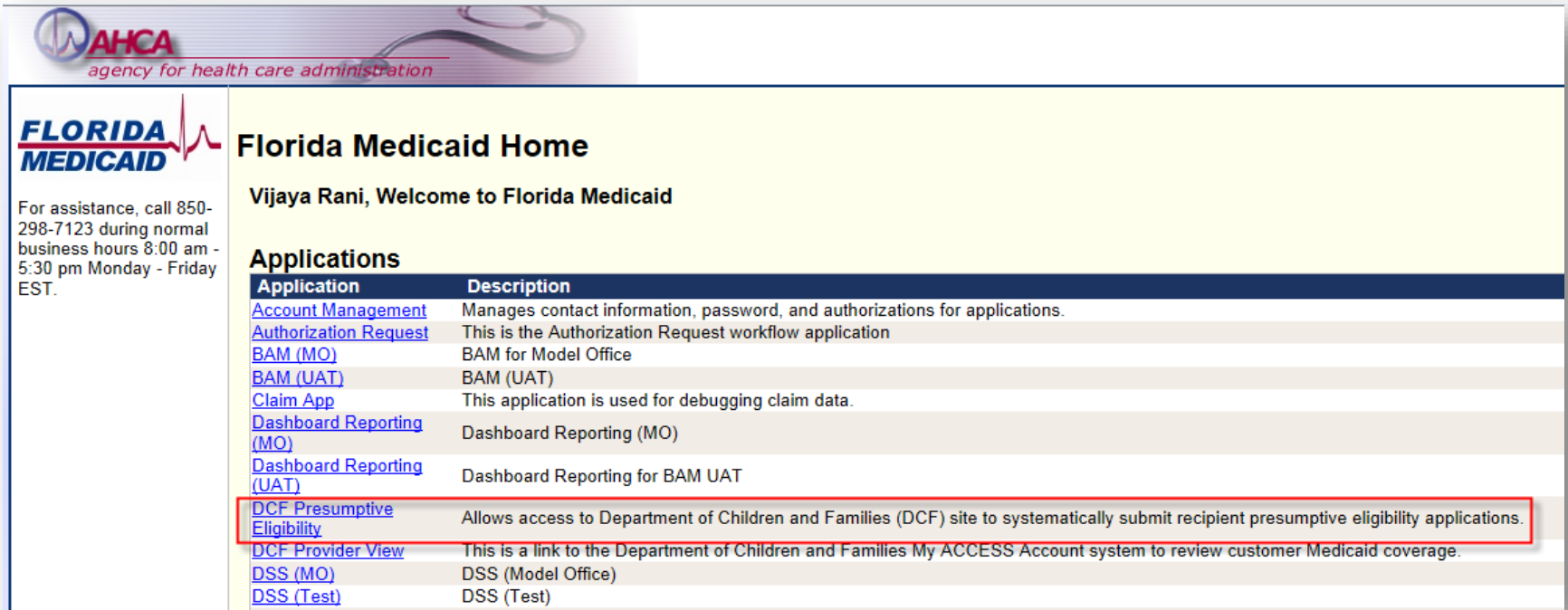
Florida Medicaid
[Forgot your password?](#)

Privacy | Disclaimer



Presumptive Eligibility Authorization

Select the DCF PE link to submit a PE eligibility authorization.*



FLORIDA MEDICAID

For assistance, call 850-298-7123 during normal business hours 8:00 am - 5:30 pm Monday - Friday EST.

Florida Medicaid Home

Vijaya Rani, Welcome to Florida Medicaid

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application
BAM (MO)	BAM for Model Office
BAM (UAT)	BAM (UAT)
Claim App	This application is used for debugging claim data.
Dashboard Reporting (MO)	Dashboard Reporting (MO)
Dashboard Reporting (UAT)	Dashboard Reporting for BAM UAT
DCF Presumptive Eligibility	Allows access to Department of Children and Families (DCF) site to systematically submit recipient presumptive eligibility applications.
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.
DSS (MO)	DSS (Model Office)
DSS (Test)	DSS (Test)

*Link is only accessible by certified authorized agents.



Entering a PE Request

The DCF PE application landing page (displayed immediately after logging in) displays un-submitted requests for the authorized agent.

The PE Request screen allows the authorized agent to add a new determination request for an applicant or continue to submit an existing request.

Presumptive Eligibility Requests

This table displays all requests that are saved but not submitted.

Presumptive Eligibility Requests Not Submitted

Name	PE Request Number	Date Saved by Provider	Details
Kate Pearson	500000230	02/04/2014	Continue
John Smith	500000229	02/04/2014	Continue

Exit

ADD +



Entering a PE Request

Select ADD from the bottom right corner to create a new request.

Review all un-submitted determination requests prior to beginning a new one (avoids duplicate determination requests).

Presumptive Eligibility Requests

This table displays all requests that are saved but not submitted.

Presumptive Eligibility Requests Not Submitted

Name	PE Request Number	Date Saved by Provider	Details
Kate Pearson	500000230	02/04/2014	Continue
John Smith	500000229	02/04/2014	Continue

Exit

ADD +



Entering a PE Request

Authorized Agents can (only) view saved and un-submitted PE requests associated with their individual MEUPS user ID.

Select “Continue” in the Details column to continue/submit a saved PE request.

Requests are listed based on the “Date” the request was saved, with the most recent at the top of the page.

Presumptive Eligibility Requests

This table displays all requests that are saved but not submitted.

Presumptive Eligibility Requests Not Submitted

Name	PE Request Number	Date Saved by Provider	Details
Kate Pearson	500000230	02/04/2014	Continue
John Smith	500000229	02/04/2014	Continue

Exit

ADD +

Note: Requests that are saved but not submitted will be automatically deleted from system after 90 days.



Entering a PE Request

The following is further information on entering a PE request:

- Only one person can be entered.
- Enter the recipient's basic demographic information in the PE Customer Data screen.
- Select the appropriate Medicaid eligibility category and date of the PE period.

Presumptive Eligibility Customer Data

Presumptive Eligibility Customer Data

* First Name	Middle Name	* Last Name	Suffix <Click here to choose>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
* Gender	<input type="radio"/> Male	<input type="radio"/> Female	
* Citizenship Status	<input type="radio"/> Citizen	<input type="radio"/> Qualified Noncitizen	
* Date of Birth	<input type="text"/>	Ex. mm/dd/yyyy	
Social Security Number	<input type="text"/>	<input type="checkbox"/> SSN Not Provided by Customer	
Race	<Click here to choose>		
* Medicaid Eligibility Categories	<Click here to choose>		
* Requested Benefit Begin Date	<input type="text"/>	Ex. mm/dd/yyyy	

Customer Address

* Address Line 1	<input type="text"/>	
Address Line 2	<input type="text"/>	
* City:	* State:	* Zip Code:
<input type="text"/>	Florida	<input type="text"/>

* The Customer Residency Status and other demographics data needed for the Presumptive Eligibility determination has been established.
When complete, click NEXT.

< Previous Save & Exit Next >

Note: The system will time out after 18 minutes of inactivity. Select **Save & Exit** so the data is saved if you will not complete the entry immediately.



Entering a PE Request

The PE Data screen contains the following data fields:

- First Name and Last Name.*
- Gender.*
- Citizenship Status.*
- Date of Birth.*
- Social Security Number (SSN) - *check box if not provided.
- Race.
- Medicaid eligibility category.*
- PE begin date.*
- Address.* Note: CITY field must be no more than 15 characters, including spaces.

* Mandatory fields.

Information is verified against DCF's eligibility system data to determine known individuals.



Entering a PE Request

“Medicaid Eligibility Categories” drop-down field includes:

* Medicaid Eligibility Categories	<Click here to choose>
	<Click here to choose>
	Children age 1 up to 19
	Infants aged less than 1 year
	Parent/Caretakers
	Pregnant Women
	Prior Foster Care individuals less than 26 years



Entering a PE Request

Select “Save & Exit” button on the bottom right of the screen to save entered data and re-access it later.

Saved requests appear on the Presumptive Eligibility Request landing page.

Once the request is completed, select “Next” button at the bottom right of the screen.

Presumptive Eligibility Customer Data

Presumptive Eligibility Customer Data

* First Name Middle Name * Last Name Suffix

* Gender Male Female

* Citizenship Status Citizen Qualified Non-Citizen

* Date of Birth Ex. mm/dd/yyyy

Social Security Number SSN was not provided by Customer

Race

* Reason for Medicaid Eligibility

* Requested Benefit Begin Date Ex. mm/dd/yyyy

Where You Live

* Address Line 1

Address Line 2

* City: * State: * Zip Code:

* The Customer Residency status and other demographics data needed for the Presumptive Eligibility determination has been established.
When complete, click NEXT.

< Previous Save & Exit Next >

* The Customer Residency status and other demographics data needed for the Presumptive Eligibility determination has been established.

When complete, click NEXT.

<< Previous Save & Exit Next >>

Entering a PE Request

An error or informational message may indicate where further review or additional information may be required.



Error Message

This symbol will appear when additional data is needed before the request can be successfully submitted.



Informational Message

This symbol will appear when information is highlighted prior to submission. These messages can be by-passed, however pay special attention to these messages.

Example:

Before you can go to the next page, you must:



Please select 'SSN Not Provided by Customer', if SSN is not available.



All demographic data matched, except for Last Name.



Entering a PE Request

“Error” and “Informational Messages” may include when:

- All demographic data matched except:
 - First Name.
 - Gender.
 - Date of Birth.
 - Last Name.
 - Social Security Number. Enter SSN when available.
- Applicant has been approved for PE within the last 12 months.
- Applicant already has active Medicaid eligibility.



Entering a PE Request

Example 1:

- No SSN was provided and demographic data matched in the database.
- If a SSN is not entered on the PE request, the following informational message will appear.



All demographic data matched. Enter the SSN if available.*

*Authorized agents are strongly encouraged to obtain and enter the SSN, if available.



Entering a PE Request

Example 2:

- Social Security Number matches, but some other demographic data does not match.
- The following error messages will appear and the Authorized Agent will not be able to continue until the data elements are updated to match the database:



- All demographic data matched, except for first name.
- All demographic data matched, except for gender.
- All demographic data matched, except for date of birth.



Entering a PE Request

Example 3:

- Social Security Number, first name, gender and date of birth match, but different last name.
- The following informational message will appear if there is a discrepancy in last name and the existing data for the individual will be updated with the last name entered on the request.



- All demographic data matched, except for last name.

(Informational message; Authorized Agents may by-pass.)



Entering a PE Request

Example 4:

- Social Security Number partial match, but first name, gender, and date of birth match.
- The following informational message will appear if the Authorized Agent enters a SSN that is a very close match to all of the other demographics that have been entered:



- All demographic data matched, except for SSN.
- Authorized Agent can confirm the SSN with the customer and correct if applicable. If the SSN is not updated, the application will be processed as a new individual.



Entering a PE Request

Data submitted is compared to PE requests submitted within the last 12 months in DCF's eligibility systems. The following message will appear when the individual is not eligible.



The applicant has been approved for PE within the last 12 months.

Applicants with current, active Medicaid eligibility are ineligible for PE coverage and the following error message will appear.



The applicant already has active Medicaid eligibility.



Entering a PE Request – *Address Validation*

The recipient's address is validated.



Address Validation

Address Validation

The addresses that you entered are being validated through the United States Post Office. If the addresses are not valid, you may not get mail from us or your benefits may be delayed.

Living address:

1950 North Monroe Street
Tallahassee , FL , 32303 -0000

1950 N Monroe St
Tallahassee , FL , 32303 -0000

- Select this option if you would like to correct the address that you have entered. Select this option if you want to use the standardized address.

When complete, click NEXT.


Next



Entering a PE Request – *Submission Confirmation*

The confirmation page for each successfully submitted PE request will include the following:

- Applicant's name.
- Last 4 digits of SSN (if provided).
- Request Number (ex. 5XXXXXXXXX).
- PIN number if known to DCF's FLORIDA system.

 **ACCESS Florida** **SYSTEM TEST**

MYFLFAMILIES.COM

User ID : PROVIDER

Presumptive Eligibility Request Successfully Completed


This confirmation page is proof that Presumptive Eligibility has been completed and submitted for George ,XXX-XX-5555

Important Information

The request number is:500000256
Please provide this information to the customer so that he/she can keep track in his/her records.

If you have questions or concerns about your Presumptive Eligibility, please contact the Authorized Agent at the facility where your eligibility was determined or contact the Florida Medicaid Area Office in your area: http://portal.flmms.com/fipublic/Provider_AreaOffices/tabid/37/Default.aspx

Presumptive Eligibility is time limited. In order to determine your ongoing eligibility you must file a paper or on-line application for Medicaid. You may apply on-line at the following website: <http://www.myflorida.com/accessflorida/>

Print PE Request 

Exit **Continue**



Presumptive Eligibility: Section 7

OTHER REQUIREMENTS



Explain PE Benefits

The QH must explain the following to the individual seeking Medicaid eligibility:

- Coverage begins on the day the QH determines the individual is eligible for PE
- The PE coverage ends on either:
 - The date the eligibility determination for full Medicaid is made by the Department of Children and Families (DCF); or
 - The last day of the month after the month the QH determined the individual eligible for PE.

Example: Presumptive eligibility is determined 1/2/2016 and the PE eligibility period is 1/2/16 – 2/28/16. The DCF determines eligibility on 2/15/16. the PE ends the date of the approval or denial for full Medicaid (2/15/16).



Other Requirements

The QH must:

- Provide the applicant with a written notice of eligibility.
- Assist the applicant with completing and submitting the full Medicaid application.



Provide Written Notice

The QH must provide individuals with a written notice of the PE decision.

- If approved, the notice must:
 - Include the beginning date of the PE period;
 - Explain to the applicant:
 - Application for full Medicaid must be filed by the end of the following month, or the PE period will end on the last day of that month.
 - When an application for full Medicaid is filed, the PE period will end on the date that application is approved or denied.
- If denied, the notice must:
 - Identify denial reason; and
 - Advise the individual of the option to submit an application for full Medicaid.



Assist with Filing Application

The QH is responsible for:

- Assisting individuals to complete and submit a Medicaid application for full Medicaid.
 - Includes:
 - Paper, online, and phone applications.
 - Providing mailing address or faxing.



Submission Confirmation

Print the confirmation page in PDF format and provide copy to the applicant.



Presumptive Eligibility Confirmation

Customer Information

Name: George Anne
Social Security Number: XXX-XX-5555
Date of Birth: 2/13/2000
PE Eligibility Begin Date: 2/10/2014
PE Request Submitted Date: 2/20/2014
PE Request Number: 500000256

If you have questions or concerns about your Presumptive Eligibility, please contact the Authorized Agent at the facility where your eligibility was determined or contact the Florida Medicaid Area Office in your area:

http://portal.flmmis.com/flpublic/Provider_AreaOffices/tabid/37/Default.aspx

Presumptive Eligibility is time limited. In order to determine your ongoing eligibility you must file a paper or on-line application for Medicaid. You may apply on-line at the following website: <http://www.myflorida.com/accessflorida/>





Questions? Contact the Florida Medicaid Recipient and Provider Assistance office.

Web site: <http://ahca.myflorida.com/medicaid/Operations/assistance/index.shtml>

Phone: 1-877-254-1055

