



**Centers for Medicare & Medicaid Services**  
**CMS eXpedited Life Cycle (XLC)**

## **Medicaid and CHIP Program (MACPro)**

# **S21-Presumptive Eligibility by Hospitals PRA document**

---

**Version 1.0**

**08/21/2017**

**Document Number:** 231-QSSI-MACPro-PRA-S21-D

**Contract Number:** HHSM-500-2007-00024I: HHSM-500-T0014

## Table of Contents

**1. S21-Presumptive Eligibility by Hospitals – Screenshots ..... 1**  
    1.1 Presumptive Eligibility by Hospitals..... 1

## List of Figures

Figure 1: Presumptive Eligibility by Hospitals – 1 ..... 1  
Figure 2: Presumptive Eligibility by Hospitals – 2..... 2  
Figure 3: Presumptive Eligibility by Hospitals – 3..... 2  
Figure 4: Presumptive Eligibility by Hospitals – 4..... 3  
Figure 5: Presumptive Eligibility by Hospitals – 5..... 3  
Figure 6: Presumptive Eligibility by Hospitals – 6..... 4  
Figure 7: Presumptive Eligibility by Hospitals – 7..... 4

# 1. S21-Presumptive Eligibility by Hospitals – Screenshots

## 1.1 Presumptive Eligibility by Hospitals

**Medicaid State Plan Eligibility**

---

**Presumptive Eligibility**  
**Presumptive Eligibility by Hospitals**  
MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0009D

[Request System Help](#)

CMS-10434 OMB 0938-1188

---

Not Started
In Progress
Complete

**Package Header**

<b>Package ID</b>	CA2017MS0009D	<b>SPA ID</b>	N/A
<b>Submission Type</b>	Draft	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

**A. Qualifications of Hospitals**

+/-

A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Figure 1: Presumptive Eligibility by Hospitals – 1

- 2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
  - 3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.
- Yes  No

**B. Eligibility Groups or Populations Included**

+/-

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes  No

9. Other Medicaid state plan eligibility groups:

Name of eligibility group	Description
No items available	

A value is required

+ Add Eligibility Group

10. Demonstration populations covered under section 1115

Description: \*

**Figure 2: Presumptive Eligibility by Hospitals – 2**

Description: \*

Character count: 0/4000

**C. Standards for Participating Hospitals**

+/-

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes  No

Select one or both:

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Percentage of individuals submitting a regular application: \*

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid \*

**D. Presumptive Eligibility Period**

+/-

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
  - a. 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; or
  - b. 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.
3. Periods of presumptive eligibility are limited as follows:
  - a. No more than one period within a calendar year.

**Figure 3: Presumptive Eligibility by Hospitals – 3**

b. No more than one period within two calendar years.  
 c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.  
 d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.  
 e. Other reasonable limitation:

Name of limitation	Description
No items available	

**A value is required**

+ Add Limitation

### E. Application for Presumptive Eligibility

+/-

Require at least one option from 2, 3 or 4 to be selected. Permissible choices are: Option 2 alone; Option 3 alone; Option 4 alone; both Options 3 and 4.

1. The state uses a standardized screening process for determining presumptive eligibility.  
 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

**Saved Documents**

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

<input type="checkbox"/>	Name	Date Created	↑	Type
No items available				

**A document is required**

UPLOAD

DELETE DOCUMENT(S)

SAVE DOCUMENT(S)

**Figure 4: Presumptive Eligibility by Hospitals – 4**

3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**Saved Documents**

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

<input type="checkbox"/>	Name	Date Created	↑	Type
No items available				

**A document is required**

UPLOAD

DELETE DOCUMENT(S)

SAVE DOCUMENT(S)

4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

**Saved Documents**

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

<input type="checkbox"/>	Name	Date Created	↑	Type
No items available				

**A document is required**

UPLOAD

DELETE DOCUMENT(S)

SAVE DOCUMENT(S)

5. Describe the presumptive eligibility screening process: \*

**Figure 5: Presumptive Eligibility by Hospitals – 5**

5. Describe the presumptive eligibility screening process: \*

Character count: 0/4000

### F. Presumptive Eligibility Determination +/-

The presumptive eligibility determination is based on the following factors:

- The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
  - a. A reasonable estimate of MAGI-based income is used to determine household income.
  - b. Gross income is used to determine household size.
  - c. Other income methodology
- State residency
- Citizenship, status as a national, or satisfactory immigration status

### G. Qualified Entity Requirements +/-

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- A copy of the training materials has been uploaded for review during the submission process.

**Saved Documents**


- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

Figure 6: Presumptive Eligibility by Hospitals – 6

Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

<input type="checkbox"/>	Name	Date Created	Type
No items available			

A document is required



### H. Additional Information (optional) +/-

Character count: 0/4000

Figure 7: Presumptive Eligibility by Hospitals – 7