



Date: March 26, 2015
To: Hospital Presumptive Eligibility Site Contacts
From: Don Ross, Manager
Medicaid Policy and Planning Section,
Subject: Hospital Presumptive Eligibility updates and reminders

Congratulations to everyone for all of your great work during the initial year of Hospital Presumptive Eligibility (HPE) in Oregon! Fifty-five hospitals are now certified to approve eligible Oregonians for immediate and temporary OHP coverage through the HPE process. We are writing this letter to provide some updates and to clarify some of the program's requirements.

Who should a hospital serve with HPE?

HPE is a program with a broad aim of expanding coverage to those who are uninsured. The federal Affordable Care Act (ACA) allowed the Oregon Health Authority (OHA) to establish an HPE process to open a new path to ongoing eligibility for uninsured individuals in Oregon. This includes both hospital patients and individuals who are non-patients (*i.e.*, family members of patients or community members, walk-in clients who are not seeking hospital services, but the HPE determination only).

In order for HPE to serve as a path to ongoing eligibility, as well as to help to establish immediate eligibility, participating hospitals should be making HPE determinations available to potentially eligible uninsured individuals in the surrounding community upon request, as well as to the hospital's own patients.

What can a hospital do in order to serve the community better?

- Put the location and contact information for your HPE "office" in your Hospital directory.
- Identify where people can go for HPE on signage and informational materials in the hospital's lobbies and other public areas.
- Inform Reception and Information staff about the service and how people can find it.
- Contact your Regional Outreach Coordinator (see attached List) if your hospital would like more information or help with assisting applicants to complete the full Medicaid/CHIP application (OHA 7210)

Submitting HPE Applications

Where to submit

■ Approvals

- If the individual has a need for prescriptions or immediate medical attention for a life threatening condition, you may submit HPE Applications (OHA 7260) and Approval (3263A) forms via OHA's secure email, hospital.presumptive@state.or.us.
- Approval materials for non-urgent HPE determinations should be sent by Fax to 503-373-7493

■ **Denials**

- Documents for denied applicants, including the HPE Applications (OHA 7260) and the Denial notice (3263B) should be sent by Fax to 503-373-7493 and not by email.

■ **Full OHP Applications (OHA 7210)**

- Do not include completed 7210s with HPE forms.
- Fax them separately to 503-373-7493.

When to submit

■ **Approvals for those seeking immediate services:**

- 1) Enter the initial date the individual received a covered medical service as the Date of Notice on the Approval form, regardless of the date the Application form is signed; and
- 2) Sign the Application and submit both forms to OHA within 5 working days following the date of service.

■ **Approvals for those seeking HPE but not immediate services:**

- 1) Enter the date the hospital makes the HPE determination as the Date of Notice on the Approval form; and
- 2) Sign the Application and submit both forms to OHA.

■ **Denials:** Sign and submit on the date the hospital makes the HPE determination.

How long does HPE last?

- HPE coverage continues until OHA makes an eligibility determination based on the full Medicaid/CHIP application (OHA 7210), as long as OHA receives an OHA 7210 by the last day of the calendar month following the month of the individual’s HPE determination date.
- If OHA does not receive a completed OHA 7210 by the end of the month following the HPE determination, the temporary coverage will end on this date.

What services are covered?

Please remember that temporary coverage provided through the HPE process provides all OHP Plus health care benefits **except inpatient labor and delivery**, per federal law and regulation. OHA will provide additional guidance on how to handle coverage for inpatient labor and delivery for HPE-eligible individuals upon request, but these services cannot be covered under HPE.

Hospital Data Requirements

OHA requires hospitals to keep and report the following numbers on a quarterly basis (schedule to be announced), *broken out by patients of your hospital and those who are non-patients* just seeking an HPE determination.

1. Eligibility determinations completed-OHA 7260
2. Approval Notices issued--OHA 3260A
3. Denial Notices issued-OHA 3260B
4. Applicants provided full application-OHA 7210 – with and without assistance to complete

Thank you for your continued support of the Oregon Health Plan, your participation in the HPE program and the services you provide to our members.

Questions?

For more information about this program, [visit the HPE Web page](#), and you may find HPE covered in [Oregon Administrative Rule 410-200-0105](#).

If you have any questions, please contact Janna Starr at janna.starr@state.or.us or call 503-947-1193.

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