



HEALTH CARE PROGRAMS
Division of Medical Assistance Programs

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Date: April 24, 2014

To: Oregon Health Plan providers

From: Don Ross, Manager
Medicaid Policy and Planning Section, DMAP

Subject: Hospital Presumptive Eligibility process effective January 1, 2014

More than 35 hospitals statewide are now approving individuals for temporary OHP Plus coverage through the Hospital Presumptive Eligibility (HPE) process. We are writing this letter to let you know more about this process.

Why is this happening?

As permitted by Section 2202 of the federal Affordable Care Act (ACA), the Division of Medical Assistance Programs (DMAP) established the HPE process to open a new path to ongoing eligibility for all uninsured individuals. This includes both hospital patients and individuals who are non-patients (*i.e.*, walk-in clients who are not seeking hospital services, but the HPE determination only).

HPE is covered in [Oregon Administrative Rule 410-200-0105](#) (Hospital Presumptive Eligibility).

What should you do?

Before providing services, verify the individual's eligibility for OHP Plus (BMH) benefits.

- Use the [Provider Web Portal](#), [Automated Voice Response](#), or 270/271 electronic data interchange (EDI) transaction (available to registered EDI trading partners through their practice management software or clearinghouse).
- **If the client is not in the system at the time you verify eligibility, please accept the client's HPE Approval Notice (OHP 3263A) as proof of eligibility**, the same way you would accept the Temporary Oregon Health ID (DMAP 1086). When completed and signed by an authorized representative, these forms act as proof of OHP eligibility until we are able to enter the individual into our eligibility system.

You can also help patients who need health coverage [find an HPE determination site](#).

What services are covered?

Temporary coverage provided through the HPE process provides **all OHP Plus health care benefits except inpatient labor and delivery**, as outlined in 42 CFR 435.1103(a) and (c)(1)(ii). OHA will provide additional guidance on how to handle inpatient labor and delivery for HPE-eligible individuals in the near future, but these services cannot be covered under HPE.

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

Questions?

For more information about this program, [visit the HPE Web page](#). If you have any questions, please email us at hpe.info@state.or.us.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

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