

Comparison of Hospital Hold and Hospital Presumptive Eligibility Processes

	Hospital Hold	Hospital Presumptive Eligibility
What it is	<p>A hospital hold is a process which allows an in-state general hospital or an out-of-state contiguous general hospital who is a participating provider in Oregon’s Medicaid program to assist an individual who is admitted to the hospital for an inpatient hospital stay to secure a date of request when the individual is unable to apply for the Oregon Health Plan due to inpatient hospitalization.</p> <p>Stat. Auth.: ORS 409.050 Stats. Implemented: ORS 414.065</p>	<p>Hospitals that are participating providers¹ under a state’s Children’s Health Insurance Program (CHIP) or Medicaid program and that have been approved by OHA, after submitting a Declaration of Intent and Agreement to Serve as an HPE Site (OHP 3262), may determine, based on preliminary information, whether an individual is eligible for medical assistance for a temporary presumptive eligibility period.</p> <p>An individual determined presumptively eligible by a qualified participating hospital, whether or not they were admitted to the hospital or seeking hospital services, would be immediately covered for medical assistance.</p> <p>Proposed Rule– OAR 410-200-0105 Section 2202 of PPACA, amending SSA.</p>
Provider Payment	<p>Only if the patient is ultimately determined eligible for OHP or CAWEM Plus; and is admitted to the hospital on an inpatient basis.</p>	<p>Hospitals, doctors, pharmacies and other enrolled providers are reimbursed for the services they provide to the presumptively eligible individual during this temporary coverage period just as they would be for an individual who is already fully enrolled in coverage. Reimbursement occurs whether or not the final determination finds the individual OHP-eligible, and even if the patient does not ultimately enroll in OHP.</p>
When does it begin?	<p>The date of admission.</p>	<p>The date on which the qualified hospital determines, on the basis of preliminary information, that the family income of the individual does not exceed the applicable income level of eligibility under the state plan.</p>

¹ To be considered a designated Presumptive Eligibility determination site, the hospital must submit—and OHA must approve—a Declaration of Intent and Agreement to Serve as a HPE Site (OHP 3262).

	Hospital Hold	Hospital Presumptive Eligibility
Where does the hospital fax each form?	Hospital sends Inpatient Hospital Hold Request for OHP Application form (OHP 3261) via secure email to application.requests@state.or.us . Likewise, the hospital may fax the Hospital Hold form to either 503-378-2271 or 503-378-4139 .	Hospital has 5 working days to submit to CSC the applicant's completed HPE application (OHP 7260) along with the Approval or Denial Notice (OHP 3260A or 3260B). The hospital may fax these HPE forms to 503-373-7493 or send them by secure email to: hospital.presumptive@state.or.us .
When does it end?	Date of discharge	The presumptive eligibility period ends with (and includes) <i>the earlier of</i> : <ul style="list-style-type: none"> • The day on which the state makes the eligibility determination for medical assistance; or, • The last day of the month following the month during which the hospital makes the presumptive determination, if the individual does not submit a complete application (OHP 7210) by that time.
Must be completed by:	The Division of Medical Assistance Programs (Division) will accept hospital holds for inpatient stays. Hospitals must either submit a DMAP 3261 or a hospital generated form to OHA within 24 hours of the admission time, or the next working day. If a hospital uses its own form, the form must contain all the information found on the DMAP 3261.	HPE determinations must be made by hospital employees. Hospitals may not contract HPE site functions to other entities or use contracted hospital personnel to make HPE determinations. Certified Application Assistants (contracted entities and staff thereof) may assist in completing applications, gathering information, and reaching out to individuals who may be eligible for HPE, but hospital personnel must make the HPE determination.
Applies to CAWEM/CAWEM Plus?	A hospital hold can be used to cover emergency-only benefits for CAWEM-eligible individuals.	CAWEM and CAWEM-Plus eligibility criteria apply to HPE in the same way they apply to eligibility for all OHP programs. Individuals who do not meet the noncitizen requirements for full-benefits are not eligible for medical through the HPE process. Hospitals may want to consider either establishing a hospital hold or submitting a complete Oregon Health Authority application (7210) for CAWEM-eligible patients as soon as possible, preferably the same day the patient received services so the services provided could potentially

	Hospital Hold	Hospital Presumptive Eligibility
		be covered. Retroactive coverage is also possible, for a period of 90-days prior to application, if the service is noted on the individual's full application (OHA 7210) and the individual is found eligible for OHP.
What procedures or conditions are covered?	Medicaid-eligible inpatient services.	Labor and delivery are not covered. Baby can be determined for HPE eligibility, and mother can claim benefits 90 days retroactive to cover bills.
How often can it be used?	No limit.	Only one time in a 12-month period