

Guide to Oregon Medicaid Eligibility Determinations for Inmates under Age 65

Who can use this process?

County jails may use this process to verify or help determine potential eligibility for Medicaid.

Who may be eligible under this process?

Oregon inmates under the age of 65 who:

- Have inpatient hospitalizations during their incarceration, or
- Will soon be released from incarceration.

For inmates who are ages 65 and over, please refer to the separate document, *Guide to Oregon Medicaid Eligibility Determinations for Inmates Ages 65 and Over*.

How long does eligibility last?

Medicaid eligibility is effective for 12 months unless there is a change in the individual's circumstances (e.g., new income). In that case, OHA will need to re-determine eligibility based on a new application.

Can inmates become retroactively eligible under this process?

Yes, under certain limited circumstances (up to 90 days prior to the eligibility determination date), providing the individual would have been Medicaid-eligible at the time, and the services would have been covered by the Oregon Health Plan, at the time.

County jail responsibilities

Process overview

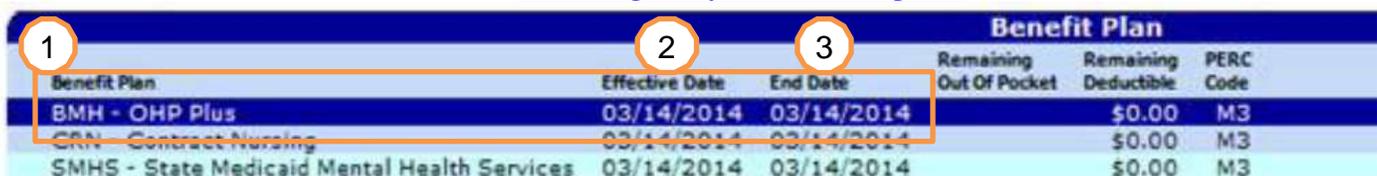
1. Identify inmates who are scheduled for inpatient hospitalization or release.
2. Review their Medicaid eligibility using the Provider Web Portal at <https://www.or-medicaid.gov>.
3. Notify OHA of eligible or potentially eligible inmates at hospitalization or release. (For inmates who need to return to jail after hospitalization, also notify OHA of the return to jail.)

Step 1 – Identify inmates who are scheduled for inpatient hospitalization or release

Do this within five (5) calendar days of release, five (5) calendar days of an unscheduled hospitalization; or up to 20 calendar days prior to a scheduled hospitalization.

Step 2 – Review their Medicaid eligibility using the Provider Web Portal (PWP).

Check the “Benefit Plan” section of the [PWP eligibility verification panel](#).



Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	03/14/2014	03/14/2014		\$0.00	M3
CRN - Contract Nursing	03/14/2014	03/14/2014		\$0.00	M3
SMHS - State Medicaid Mental Health Services	03/14/2014	03/14/2014		\$0.00	M3

1. **Benefit plan:** *BMH – OHP Plus* is OHP Plus (Medicaid).
2. **Effective date:** This is the date you checked eligibility.
3. **End date:** If this date is *prior to* the Effective Date, the person *stopped being eligible on* the End Date. If the date is *the same as* the Effective Date, the person *was eligible on* the Effective Date.

Step 3 – Notify OHA of eligible or potentially eligible inmates

Within five (5) calendar days of release or an unscheduled hospitalization, or up to 20 calendar days prior to a scheduled hospitalization, fax the following documents to the OHP Customer Service Center at 503-373-7493:

For currently eligible inmates	For potentially eligible inmates (no record in Provider Web Portal)
<ul style="list-style-type: none">■ Cover Sheet for Oregon Medicaid Inmate Eligibility Determinations (DMAP 7100) – Complete parts 1, 2 and Notes <p>NOTE: If an inmate does not have a change in circumstances, eligibility remains suspended and if the individual is re-hospitalized during the 12-month certification period, a new application is not required.</p>	<ul style="list-style-type: none">■ Cover Sheet for Oregon Medicaid Inmate Eligibility Determinations (DMAP 7100) – Complete parts 1, 2, 3 (and Notes as needed)■ A completed application for Medical Assistance (OHA 7210) (paper application only) – For inmates scheduled for release, include the inmate’s address upon release.■ Proof of income, if available■ Proof of any other health insurance, if available■ If information is to be released to County Jail, a completed MSC 2099 (Authorization for Use and Disclosure of Information)

Within five (5) calendar days after discharge from the hospital and return to the correctional facility, fax another cover sheet with the required re-incarceration information to the OHP Customer Service Center at 503-373-7493.

OHP Customer Service Center responsibilities

- Determine or reinstate eligibility upon receipt of completed documentation. Eligibility is effective the day OHP Customer Service receives the information/application.
- Notify applicant of eligibility approval, denial, or reinstatement.
- Suspend eligibility post-hospitalization upon notice from county jail.
- Ensure eligibility status is properly entered in MMIS.
- Ensure Client Enrollment Services (CES) exempts inmates from managed care organization (MCO) and coordinated care organization (CCO) enrollment and/or disenrolls any inmate already enrolled in an MCO/CCO.
- Ensure CES removes MCO/CCO enrollment exemptions for released inmates.

Hospital responsibilities (inmate inpatient coverage only)

- Confirm Medicaid eligibility using the Provider Web Portal (within 7 days from the date of application).
- Bill DMAP on a fee-for-service basis.
- If an inmate is released from the hospital prior to a full 24 hours as an inpatient, the hospital may still bill DMAP as long the inmate was originally admitted with the expectation of a 24-hour minimum stay.
- Hospitals may bill DMAP even if the inmate was released from incarceration at the same time as he/she was released from the hospital.
- Do not bill an MCO/CCO. MCO/CCOs are not responsible for inmate health care, and all individuals should be disenrolled from MCO/CCOs during incarceration.