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# Medicaid Eligibility for Inmates of Jails and Prisons

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Division of Medical Assistance Programs

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# Federal law and inmate eligibility

- In general, federal law does not allow federal Medicaid funds to be spent on medical care for inmates of public correctional institutions, even if they are Medicaid-eligible.
- This federal spending is called federal financial participation (FFP), and the funds to the state are called the Federal Medical Assistance Percentage (FMAP).
- However, Medicaid eligibility may be suspended for inmates; and FFP may be used to pay for care received while the incarcerated individual is an *inpatient in a medical institution*, outside the correctional facility.

# Inpatient – Definition (42 CFR § 435.1009)

- Inpatient - a patient who has been admitted to a medical institution as an inpatient on recommendation of a physician or dentist and who —
  - 1) Receives room, board and professional services in the institution for a 24 hour period or longer, or
  - 2) Is expected by the institution to receive room, board and professional services in the institution for a 24 hour period or longer even though it later develops that the patient dies, is discharged or is transferred to another facility and does not actually stay in the institution for 24 hours.

# Medical institution – Definition (42 CFR § 435.1009)

- Medical institution - an institution that—
  - a) Is organized to provide medical care, including nursing and convalescent care;
  - b) Has the necessary professional personnel, equipment, and facilities to manage the medical, nursing, and other health needs of patients on a continuing basis in accordance with accepted standards;
  - c) Is authorized under State law to provide medical care; and
  - d) Is staffed by professional personnel who are responsible to the institution for professional medical and nursing services.
- The services must include:
  - Adequate and continual medical care and supervision by a physician; registered nurse or licensed practical nurse supervision; and
  - Services and nurses' aid services, sufficient to meet nursing care needs; and a physician's guidance on the professional aspects of operating the institution.

# State implementation of the federal inpatient exception

- Oregon has traditionally terminated (not suspended) Medicaid eligibility for inmates and, therefore, claimed no FFP for inmate inpatient stays.
- Using FFP can create savings to correctional budgets for inpatient care of Medicaid-eligible inmates. To be eligible for FFP:
  - The inmate must qualify for Medicaid eligibility, and
  - The services provided must be included in the State's approved Medicaid State Plan or Demonstration Waiver.
- Two recent state laws allow Oregon to start using this exception.

# State Law and Inmate Eligibility

## HB 3536 (2011)

- Allows DHS/OHA to suspend, instead of terminate, the Medicaid eligibility of a person:
  - Who becomes an inmate of a local correctional facility, and
  - Who is expected to remain in the local correctional facility for no more than 12 months.
- Eligibility is reinstated when the person is no longer an inmate.

## HB 2087 (2013)

- Allows state and local correctional facilities to sign and submit a Medicaid application on behalf of an inmate (during incarceration).
- Facilities may obtain information necessary to determine eligibility, including Social Security number or other information not otherwise subject to disclosure under ORS 411.320 or 413.175.
- The information may be used only for the purpose of applying for medical assistance and may not be re-disclosed without the person's authorization.



Guide to Oregon Medicaid Eligibility Determinations for  
Inmates under Age 65

# NUTS AND BOLTS

# Who can use this process?

- County jails may use this process to verify or help determine potential eligibility for Medicaid for inmates under age 65.

# Who may be eligible under this process?

- Oregon inmates under age 65 who:
  - Have inpatient hospitalizations during their incarceration, or
  - Will soon be released from incarceration.

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

# County jail responsibilities

1. Identify inmates who are scheduled for inpatient hospitalization or release.
2. Review their Medicaid eligibility using the Provider Web Portal (PWP) at <https://www.or-medicare.gov>.
  - For more PWP information, visit <http://www.oregon.gov/oha/healthplan/pages/webportal.aspx>.
3. Notify OHA of eligible or potentially eligible inmates at hospitalization or release.
4. For inmates who need to return to jail after hospitalization, also notify OHA of the return to jail.

# Step 1 – Identify inmates no later than:

- 5 calendar days prior to release
- Within 5 calendar days of an unscheduled hospitalization
- 20 calendar days prior to a scheduled hospitalization

## Step 2 – Review their Medicaid eligibility

- You will need to enter the inmate’s last name, first name, date of birth, and your date of inquiry (e.g., today’s date) in the Provider Web Portal (PWP) eligibility verification panel at <https://www.or-medicaid.gov>.
  - For more information on the web portal:  
<http://www.oregon.gov/oha/healthplan/pages/webportal.aspx>
- Check the “Benefit Plan” section for the following:
  - Benefit plan: **BMH** is OHP Plus (Medicaid).
  - Effective date: This is the date you checked eligibility.
  - 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.
- If there is a recent record of the person in PWP, notify OHA.
- If there is no record of the person in PWP, consider the person **potentially eligible** and submit application material to OHA.

# Step 3 – Notify OHA of eligible or potentially eligible inmates

Eligibility status	What to send	Where to send
Eligible*	Cover sheet	OHP Customer Service 503-373-7493
Potentially eligible**	Cover sheet and application material	

*\*Eligible = Currently or recently eligible (past 12 months). 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 will not be required.*

*\*\*If there is no record of the person in PWP, consider the person **potentially eligible** and submit application material to OHA.*

# Step 3 – Required application material for potentially eligible inmates

<b>When to send</b>	<ul style="list-style-type: none"><li>• Within 5 calendar days of release</li><li>• Within 5 calendar days of unscheduled hospitalization</li><li>• Up to 20 calendar days prior to a scheduled hospitalization</li></ul>
<b>What to send</b>	<ul style="list-style-type: none"><li>• Cover sheet (DMAP 7100)</li><li>• Completed OHA 7210 – <i>For inmates scheduled for release, include the inmate’s address upon release.</i></li><li>• Proof of income, if available</li><li>• Proof of any other health insurance, if available</li><li>• Completed MSC 2099 - <i>If information is to be released to county jail</i></li></ul>
<b>Where to send</b>	OHP Customer Service 503-373-7493

To find a local community partner who can provide application assistance, visit <https://www.coveroregon.com/agent/search>. You can search by county or ZIP code.

# Step 4 – Report hospital discharges

<b>When to send</b>	<b>What to send</b>	<b>Where to send</b>
Within 5 calendar days of discharge	Cover sheet (DMAP 7100)	OHP Customer Service 503-373-7493

# OHA AND HOSPITAL RESPONSIBILITIES

# OHA responsibilities

- Determine or reinstate eligibility.
- Notify applicant of approval, denial or reinstatement.
- Suspend eligibility post-hospitalization.
- Ensure eligibility status is properly entered in MMIS.
- Ensure inmates are not enrolled in an MCO or CCO.
- Ensure MCO/CCO exemptions are removed for released inmates.

# Hospital responsibilities (for 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.

# Contacts

- For cover sheet/application processing status: OHP Customer Service
  - Carol Darensburg: 503-378-4149 or [Carol.DARENSBURG@state.or.us](mailto:Carol.DARENSBURG@state.or.us)
- For OHP eligibility and enrollment questions:
  - Vonda Daniels, OHA/DMAP: 541-690-6139 or [vonda.daniels@state.or.us](mailto:vonda.daniels@state.or.us)
- For application assistance questions:
  - Antonio Torres, OHA/DMAP: 503-602-7108 or [antonio.torres@state.or.us](mailto:antonio.torres@state.or.us)
  - Oliver Vera, OHA/DMAP: 503-945-5779 or [Oliver.VERA@state.or.us](mailto:Oliver.VERA@state.or.us)
- For implementation questions:
  - Janna Starr, OHA/DMAP: 503-947-1193 or [janna.starr@state.or.us](mailto:janna.starr@state.or.us)
  - Cherryl Ramirez, Association of Oregon Community Mental Health Programs: 503-399-7201 or [cramirez@aocweb.org](mailto:cramirez@aocweb.org)
- Web page for forms, guides, FAQs:
  - [www.oregon.gov/OHA/healthplan/Pages/inmate-project.aspx](http://www.oregon.gov/OHA/healthplan/Pages/inmate-project.aspx)