

Presumptive Eligibility FAQs

1. “May not delegate PE authority to another entity”- Many hospitals have contracted eligibility vendors in-house to assist patients with applying for Medicaid. Does this statement prohibit the use of such vendors? [The statement does prohibit such vendors; the law requires the use of hospital staff.](#)
2. In other research I have read, there are extensive tracking and reporting requirements. Can you please explain what those area and what is expected of the hospitals to comply? [We are awaiting directions from CMS on the tracking and reporting requirements. Please note we are in the process of developing metrics and guidelines for hospitals participating in PE determinations- we intend use current data and will work with hospitals to develop such metrics.](#)
3. “Provide individual with regular application (if different from PE application) to facilitate full eligibility decision”- Does this statement mean that after the PE has been determined, the hospital must follow-up with a full regular application, or do the two concurrently? [It implies the hospital must follow up with a full regular application- this will be included in the metrics for hospital continued eligibility to make PE determinations.](#)
4. How does the hospital apply to become a PE Qualified hospital and is that information marketed or shared with others? [Hospitals must be contracted with the Oklahoma Health Care Authority.](#)
5. Can the Qualified Hospital restrict this process only to patients that use their service or will the Qualified Hospital be expected to make this service available to any consumer who seeks the facility out? [Hospital should make the service available to all consumers, but should only make approval determinations if the consumer meets Medicaid eligibility criteria.](#)
6. Does CMS require OHCA to use a training and certification process for hospitals before granting them PE capabilities? If so, what type of training and certification does OHCA envision? [Yes- OHCA envisions several training approaches for each hospital employee making PE determinations. These could include but are not limited to face to face training \(during provider training\), live webinar training and/or web based training.](#)
7. Can OHCA make hospital PE available for aged, blind, and disabled populations? Insure Oklahoma’s Individual Plan? [PE populations include pregnant women, children, parent and other care taker relatives, former foster care, BCC, and family planning. The state has not opted to cover Insure Oklahoma or ABD populations.](#)
8. Federal regulations say the state may make reasonable limitations on the recurrences of PE determinations, such as no more than once in a twelve-month period. How will a hospital be able to determine if an individual has already had a presumptive period, established by a different hospital, during this limitation period? [Hospitals will be required to verify eligibility. OHCA intends to incorporate a system notification when a hospital verifies eligibility that will alert the hospitals to recent \(12 month period\) PE determinations. If the hospitals makes a determination to deem an individual eligible after a PE determinations has been made \(within 12 month period\) claims will not be paid.](#)
9. What standards is OHCA considering establishing for the proportions of PE individuals who submit a regular application, and who are determined as eligible based on an application? [Standards are being discussed with OHCA leadership and have not been established. We are looking at other states that currently make determinations for PE and will get back to you as soon as a decision has been made.](#)

10. Before establishing standards, can OHCA gather data on these proportions (PE individuals who apply, and PE individuals who gain eligibility) for a period (such as a calendar quarter) to help inform appropriate benchmarks? CMS requires that the agency submit standards with the State Plan submission, therefore we will establish standards with direction from CMS, by evaluating other states PE standards, and by looking at current NODOS data.
11. Does OHCA plan to track submission and eligibility completion rates at the individual logon level, or only at the hospital level? OHCA plans to track submission and eligibility completion rates at both the individual logon level and hospital level.
12. When a hospital completes a PE determination, will an identification number for the PE individual be immediately provided online? An identification card? If not, how will this information be provided? A PE ID will be provided; we will include this information in training after we have worked through possible system changes.
13. Will hospital claims for PE services need to include any special information, or will these claims be identical to other SoonerCare claims? No special information will need to be included; these claims will be identical to other SoonerCare claims.
14. How long can it take for the application to go through the process? In terms of the full application, eligibility is determined using real time, so as soon as the hospital assists the individual in completing the application a determination for SoonerCare eligibility is made.
15. If the patient never completes the formal Medicaid application, how long will it take Medicaid eligibility to be updated? Hospital must assist individuals in completing the full application. If the hospital does not assist the individual or an individual does not follow up with a full application- SoonerCare system will be updated the last day of the month following the month in which the PE determination was made.
16. What is the correct effective date for the Presumptive Eligibility? The PE period begins on the date on which a hospital determines that an individual is presumptively eligible.
17. Has Medicaid explained to their members they will be responsible for the balance until their Medicaid eligibility is updated to Title 19 or Alien/Soon to be Sooner? No, this determination has not been made. Once a determination is made we will educate members if needed.
18. How will the hospital be notified when patient's eligibility has been updated? Hospitals must verify eligibility. Hospitals will know the status after assisting the individual with the completion of a full application.
19. Under this program, will Medicaid records need to be sent along with HCA-17 Form? If a procedure traditionally requires medical records (PA process), yes records will need to be submitted.
20. How is PE going to be different than current NODOS process?
NODOS is for emergent situations where an individual is incapacitated.
PE can be determined in non-emergent cases.
The PE application requires additional information regarding income, NODOS does not.
NODOS can be retroactive, PE must be completed on the day an individual is seen and is not retroactive.
PE can only being conducted once in a 12 month period.
21. Will this PE replace the NODOS process or will both options still be available?
PE will not replace NODOS; however, if a PE determination is made after a NODOS application is submitted the PE application cancels out the NODOS application.
22. We have trouble getting patients to finish the process and I see that part of the Optimal Process is that the Hospital follow up with the patient to make sure they apply for coverage. But we can't make them. So, in my example, the visit would be covered under PE. But what about the next time that same patient comes in? Can we use the PE process again and again use our full efforts to try to get them to apply?

A standard will require that hospitals follow up with a full application, if a percentage of full applications are not completed the hospital could be disqualified from the program. In addition the information must result in actual eligibility with the OHCA. PE can only be submitted once in a 12 month period, if the patient presents again within the 12 month period a PE determination cannot be made.

23. What is our liability on patients' representations of their income on the application?

Training will outline that the hospital and individual must attest to the accuracy of the information, so the hospital must assure the information presented is accurate. Training will outline hospitals responsibilities for explaining to the individual applying the importance of given accurate information and that falsifying information may result in penalty's to the hospital and/or individual.

24. How are denials of the full application reported to Hospitals so that we know how to handle future visits for these "frequent fliers"? I am assuming if we follow the PE process and the end result is a denial of the application; that future visits wouldn't be allowed to be reimbursed as PE?

A PE determination can only be made once in a 12 month period, if an individual is denied eligibility that does not mean the next time they present to the hospital they will be denied- circumstances change so the hospital should follow up with a full application to determine if a person is eligible. The hospital can develop standards to address "frequent fliers", due to changes in circumstances the agency cannot set any guidelines. The member is notified of a denial. The hospital will be able to determine if an individual has been denied when eligibility is verified during the next visit(s).

25. Also, once the streamlined application is completed, what is the timeline for determination?

Immediately, if by streamlined application you mean the agency's online application. The agency's online application makes real-time determinations.