

## Hospital Presumptive Eligibility (HPE) & Electronic Reporting of Deemed Newborns Frequently Asked Questions

### 1. What must our facility do in order to participate in HPE?

You must be an approved Medicaid provider and complete, sign, and return the agreement form available on the DMAS website. All hospital staff that will be performing HPE determinations must view the HPE/Deemed Newborn Enrollment training webinar posted on the DMAS website.

### 2. In a hospital system, should we file one agreement for the system or one for each facility?

DMAS requires one agreement for each National Provider Identifier. Hospitals who have multiple sites with different National Provider Identifiers but one administrator/authorized agent who will be signing the agreement, may use the same signature page for all agreements submitted.

### 3. Does MAGI policy apply to presumptive eligibility?

MAGI policy is not applicable methodology for HPE.

### 4. Who can perform HPE determinations? Which hospital staff members or departments should be responsible for determining HPE?

Only hospital staff may perform HPE determinations at this time, and any further direction from CMS regarding third party vendors will be communicated to hospitals. It is at the hospital's discretion to decide which staff members and/or departments will determine HPE.

### 5. Can third party vendors enter electronic deemed newborn enrollment information?

Yes.

### 6. Can hospitals choose to perform HPE determinations for some eligibility groups and not others? Can hospitals opt not to participate in HPE but still do deemed newborn enrollments?

If you choose to perform HPE determinations, HPE must be made available to all eligibility groups that are part of HPE, including children under age 19, pregnant women, parent/caretaker relatives, former foster care children, and, if your facility is part of the Every Woman's Life Program, participants in the Breast and Cervical Cancer Prevention and Treatment Act. Hospitals that choose not to perform HPE determinations may participate in electronic deemed newborn enrollments.

### 7. Should our hospital review only self-pay patients?

The hospital should look at any patient without current Medicaid or FAMIS coverage.

### 8. If the information from a patient indicates that he or she is not eligible for HPE, how should I proceed?

You may still encourage the patient to apply for Medicaid using other routes. The patient may: 1) Apply online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov); 2) Call Cover Virginia at 1-855-242-8282 to apply on the phone; 3) Print out and complete a paper application and mail it to the local Department of Social Services; or 4) Visit his or her local Department of Services in the town or county of residence.

**9. How long does it take to perform an HPE determination?**

The process should only take a few minutes for each patient.

**10. Our hospital is located within a different locality group than many of our patients. Do we use our location or the patient's location when looking at income eligibility?**

The patient's address determines the locality group, not the hospital's.

**11. What is the processing time frame for an HPE application?**

Applications are processed within approximately one (1) business day. Hospitals will receive notice of approval or denial for the application.

**12. Will the HPE income guidelines be the same income guidelines for Medicaid? Will the income guidelines apply to non-residents or non-citizens?**

The income guidelines are the same for HPE and Medicaid, and they apply to all patients. Undocumented non-citizens are not eligible for HPE, but should be encouraged to apply for regular Medicaid for payment limited to Emergency Services.

**13. How does the hospital verify income?**

There is no verification process for HPE, as all information is self-attested by the patient.

**14. How many HPE periods are allowed per patient, per year?**

Patients are limited to one HPE period per calendar year with the exception of pregnant women, who are limited to one HPE period per pregnancy. The best way to determine if a patient has already had an HPE period is simply to ask, although if the information is entered and he or she has an existing HPE period for the year or pregnancy, the system will come back with a denial for that reason.

**15. Will current enrollment processes for deemed newborns continue? Does the electronic deemed newborn process automatically enroll the newborn in an MCO?**

The electronic deemed newborn enrollment is the newest and most timely method for Medicaid enrollment, though existing processes may still be used. If the mother is enrolled in an MCO, the newborn will follow her into the same MCO. If the mother has fee-for-service coverage, the newborn will begin with fee-for-service Medicaid but will cycle into an MCO.

**16. Must the HPE applicant be a hospital patient at the time of determination?**

While you may process determination for others, DMAS assumes that the vast majority of HPE applications will be for patients of the hospital and encourages HPE for patients as a best practice. Other interested applicants would best be served by being directed to the channels for completing a Medicaid application.

**17. Can a regular Medicaid application be submitted at the same time as an HPE application?**

Yes, and this is the easiest and most efficient way to help the patient gain ongoing coverage.