Medicaid Eligibility

State Name: Tennessee

OMB Control Number: 0938-1148

Transmittal Number: TN - 14 - 0011

Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals — S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

(●) Yes ( ) No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

- ■ A qualified hospital is a hospital that:
  - ■ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
  - ■ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

  Assists individuals in completing and submitting the full application and understanding any documentation requirements.

  (●) Yes ( ) No

- ■ The eligibility groups or populations for which hospitals determine eligibility presumptively are:
  - ■ Pregnant Women
  - ■ Infants and Children under Age 19
  - ■ Parents and Other Caretaker Relatives
  - ■ Adult Group, if covered by the state
  - ■ Individuals above 133% FPL under Age 65, if covered by the state
  - ■ Individuals Eligible for Family Planning Services, if covered by the state
  - ■ Former Foster Care Children
  - ■ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state
  - ☐ Other Family/Adult groups:
  - ☐ Eligibility groups for individuals age 65 and over
  - ☐ Eligibility groups for individuals who are blind
  - ☐ Eligibility groups for individuals with disabilities
  - ☐ Other Medicaid state plan eligibility groups
  - ☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

◉ Yes ○ No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards: Participating hospitals shall ensure no less than 99% of individuals approved for PE actually completed and submitted the full application for ongoing TennCare eligibility. Additionally, the hospital shall maintain a Hospital PE Affidavit for Failure to Submit Form for 100% of individuals the hospital approved for PE who did not submit a full application for ongoing coverage.

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards: No less than 93% of all applicants made presumptively eligible shall be found eligible for full Medicaid benefits in year 1, with the required approval proportion increasing to 95% and 97% in years 2 and 3, respectively. Thus, a hospital faces termination of HPE privileges if greater than 7% of the applicants they made presumptively eligible in year 1 were not in fact Medicaid eligible after determination based on a regular Medicaid application.

■ The presumptive period begins on the date the determination is made.

■ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

■ Periods of presumptive eligibility are limited as follows:

○ No more than one period within a calendar year.

○ No more than one period within two calendar years.

○ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

◉ Other reasonable limitation:

	Name of limitation	Description	
+	Limitation #1	No more than one period of hospital presumptive eligibility (HPE) within two calendar years.	X

	+	Limitation #2 (interim measure)	The State will rely on H15 account transfer and flat file data from CMS to determine the end date for the HPE eligibility period. If the data from CMS does not indicate that, at a point in time 62 days following an individual's HPE effective date, the individual's application has either (a) been approved by the FFM; or (b) been identified by the FFM as pended as a result of a data inconsistency, then the State will infer that the individual either did not submit an application to the FFM or did submit an application and was denied. While this interim measure is in effect the State will provide a single notice that includes the start and end dates of eligibility along with information about the importance of applying to the FFM. This interim measure will remain in effect until the state's new eligibility system is functional.	X

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

◉ Yes ○ No

◉ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

○ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

☒ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

☒ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Division of
Health Care
Finance & Administration

Step-by-Step Instructional Guide for Hospital Presumptive Eligibility

Updated: June 14, 2016

If an individual does not already have TennCare Medicaid, qualified hospitals can help him or her apply for Hospital Presumptive Eligibility (PE). This guide explains Hospital PE in nine simple steps:

Step 1: Check for TennCare Enrollment
Step 2: Fill Out the Application Form
Step 3: Complete the Hospital PE Worksheet
Step 4: Determine Eligibility for Hospital PE
Step 5: Issue Hospital PE Notice
Step 6: Mail Marketplace Application
Step 7: Enter Data Into TennCare Online Services (Formerly Known as TN Anytime)
Step 8: File and Maintain Hospital PE Records
Step 9: Confirm Enrollment in TennCare Online Services

Staff of qualified entities (those facilities that may determine Hospital PE) should use this guide along with the Hospital PE Worksheet to make PE determinations. For more information about the Hospital PE process, visit http://www.tn.gov/tenncare/section/providers.

For more information about general TennCare Medicaid policy, visit http://www.tn.gov/tenncare/topic/eligibility-policy.

Specific questions regarding the policies and procedures of the Hospital PE process may be directed to HospitalPE.TennCare@tn.gov.

Step 1: Check for TennCare Enrollment

Verify first whether the applicant already has TennCare coverage by checking TennCare Online Services or other means. The Hospital PE system will reject an application if the individual is currently enrolled in TennCare Medicaid.

> ***Note:*** An individual in TennCare Online Services is enrolled in TennCare if he or she has an open eligibility span with benefit plan Title 19 Medicaid, Immediate Eligibility, Presumptive Eligibility, Supplemental Security Income, or TennCare Standard. If any other benefit plan displays, then the individual is not enrolled in TennCare and is therefore not precluded from eligibility for Hospital PE based on current eligibility status. However, the applicant will need to meet other requirements to enroll via Hospital PE.

Health care providers typically verify TennCare eligibility using the TennCare Online Services system. This system requires the patient's SSN in order to perform the eligibility lookup. Additionally, providers have several other options. First, those providers that use Emdeon,

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TN NO.: 14-0011-MMT Approval Date: 06/28/16 Effective Date: 07/01/16
Tennessee

Passport, or similar vendors are often able to look up patients using name and date of birth. Second, providers can look up eligibility for United Healthcare members through either Optum Cloud or their RV e-services website using only the individual's name and DOB without needing an SSN. Similarly, providers can do a name lookup using the BlueCross BlueShield of Tennessee portal. AmeriGroup does not allow for name lookups on its portal but allows providers to call its Customer Service Line at 1-800-454-3730 for assistance.

Step 2: Fill Out the Application Form

Help the applicant complete the Hospital PE Cover Sheet and the **ENTIRE** Marketplace Application. For instructions about the Marketplace Application, visit https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family-instructions.pdf.

Make sure the applicant signs and dates the Hospital PE Cover Sheet and the Marketplace Application. Also, you as the hospital employee must sign and date the Hospital PE Cover Sheet.

> ***Note:*** If Hospital PE enrollees do not submit **COMPLETE** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **COMPLETE** Marketplace Applications.

Step 3: Complete the Hospital PE Worksheet

Using the information on the Marketplace Application, complete the Hospital PE Worksheet. Complete a separate Worksheet for each applicant listed on the Marketplace Application. Do **not** request any proof or verifications from the applicant.

Also, note the following for each question on the Hospital PE Worksheet:

Worksheet Question #1: Does the applicant live in Tennessee?

Check whether the applicant listed a Tennessee address in Step 1 on p. 1 of the Marketplace Application. If so, answer "yes" on the Hospital PE Worksheet. Also answer "yes" if the applicant does not report a specific address (e.g., because he or she is homeless) – but the applicant is physically present in Tennessee and says he or she intends to remain here. Otherwise, answer "no."

Worksheet Question #2: Is the applicant a U.S. citizen or an eligible immigrant?

Check whether the applicant is Person 1 on the Marketplace Application and answered "yes" to either questions #11, 12, or 13 on Step 2 on p. 2. (If the applicant is Person 2+ on the Marketplace Application, check his or her answers to questions #12, 13, or 14 on p.4.) If the applicant replied "yes" to any of these questions, answer "yes" to Question #2 on the Worksheet. Otherwise, answer "no."

We understand that the federal rules around immigrant eligibility are complicated. The following table may help applicants understand the question:

Answer "YES" to having eligible immigration status if applicant is a:	Answer "No" if applicant is a:
• **Lawful permanent resident** or "LPR" (i.e., person with a green card) who has been in that qualifying non-citizen status for **5 years or more**; • Abused immigrant with a VAWA petition* who has held qualifying status for **5 years or more**; • **Immigrant who is a veteran or active duty military** (or spouse, un-remarried surviving spouse, or child of such an immigrant)**; or • **Humanitarian immigrant**, which includes***: ➢ Refugees and asylees; ➢ Amerasian immigrants; ➢ Cuban or Haitian entrants; ➢ Iraqi or Afghan special status immigrants; ➢ Victims of a severe form of trafficking (with a "T" visa); and ➢ Immigrants whose deportation is being withheld. • Immigrant paroled into the U.S for at least one year who has been in the U.S. for 5 years or more; • Immigrant granted conditional entry prior to 4/1/1980;	• Undocumented immigrant; • Lawful permanent resident who has been in the U.S. for less than 5 years and who is neither a veteran nor a humanitarian immigrant; • Abused immigrant with a VAWA petition* who has held qualifying status for less than 5 years; • Immigrant paroled into the U.S. for at least one year and who has been in the U.S. for less than 5 years; • Non-immigrant or non-resident alien (temporary residents); or • Other type of immigrant not listed in the column to the left. ***Note:*** *An unborn child may still be eligible for CoverKids if a pregnant woman answers "No" here. See the footnote to FAQ #58.*

*An abused immigrant with a VAWA petition, his/her child(ren), and his/her parent(s) are subject to a five-year waiting period from the date they received the qualifying status.
**In order for an immigrant veteran/active duty military member to qualify for Medicaid, he or she must be in any qualified alien status, including an LPR. Qualified alien veterans/active duty military members are eligible without a 5-year waiting period.
***Any humanitarian immigrant who subsequently becomes an LPR is not subject to a 5-year waiting period.

Worksheet Question #3: Is the applicant a former foster child under age 26, pregnant woman, child under age 19, or parent/caretaker relative?

Check the questions below to see whether the applicant falls into one or more eligibility groups described in the table below. Answer "yes" to question #3 on the Hospital PE Worksheet if the applicant meets at least one of these definitions. Otherwise, answer "no."

To review applicant for this category...	...check here on the Marketplace Application if applicant is	
	Person 1:	**Person 2:**
a) Former Foster Care *An individual now under age 26 who was in foster care and enrolled in TennCare at age 18.*	P. 2, Step 2, question #18 **Also:** Check to see that applicant < age 26 (based on date of birth)	P. 4, Step 2, question #18 **Also:** Check to see that applicant < age 26 (based on date of birth)
b) Pregnant Woman	P. 2, Step 2, question #8	P. 4, Step 2, question #9
c) Child < 1 **d) Child 1-5** **e) Child 6-18**	P. 2, Step 2, question #4 about date of birth	P. 4, Step 2, question #4 about date of birth
f) Parent/Caretaker Relative *An individual related to a dependent child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child's care. The child must be under 18 (or a full-time student if child is age 18).*	P. 2, Step 2, question #15 Also: Check to see that child is < age 18 (based on child's date of birth) or, if child is 18, whether child is a full-time student (p. 4, Step 2, question #20 if child is Person 2).	P. 4, Step 2, question #16 Also: Check to see that child is < age 18 (based on child's date of birth) or, if child is 18, whether child is a full-time student (p. 2, Step 2, question #17 if child is Person 1).

Write the applicant's eligibility group (if any) in the second row of the box at the top of the Hospital PE Worksheet. If the applicant may qualify for more than one eligibility group, choose the group listed first in the table above (e.g., choose pregnant woman over parent caretaker relative if an applicant meets the definition of both).

Worksheet Question #4: Is the applicant's household income each month less than the limit for his or her respective eligibility category?

Review household members on pp. 2 and 4 of the Marketplace Application. Add up all members of the nuclear family, including stepparents and stepchildren. If the applicant is pregnant, also count the unborn babies – but only when calculating the household size for the pregnant woman herself. Do not count the unborn babies in the household size of her spouse or anyone else in the household. This means that in some cases, different family members (pregnant women) may have different household sizes (than, for example a spouse or child). Write the household size in the second row of the box at the top of the Hospital PE Worksheet.

Households: For reference, the household includes the applicant and, if living with the applicant, the following individuals:

- The applicant's spouse;
- The applicant's natural, adopted, and step children under age 19 (or 21 if a full-time student);

- For applicants under age 19 (or 21 if a full-time student): the applicant's natural, adopted, or step parent; and
- For applicants under age 19, or 21 if a full-time student: the applicant's natural, adopted, and step siblings who are under age 19 (or 21 if a full-time student).

For example, a single 29-year-old woman who is pregnant with twins would be a household of three if she has no spouse or other children. If she were married and had two other minor children, then she would have a household of six (herself, her husband, her unborn twins, and her two other minor children), but the household size would be four for the husband and the two other minor children.

The same rules generally apply for mothers under age 19. In most cases, the household for the newborn would consist of the newborn, the minor mother, her spouse (if any), and any of her other children in the home. The newborn's household would not include any grandparents. Follow this approach when determining eligibility for Hospital PE.

For example, an unmarried, pregnant 17-year-old lives with her parents. The 17-year-old has no other children. When she gives birth, the newborn's household size would be two (the 17-year-old mother and the infant). The only income counted for the newborn's household would be the 17-year-old mother's. The grandparents would not be part of the newborn's household, and the grandparents' income would not be considered. Meanwhile, the 17-year-old's household would be four (including herself, her unborn child, and her parents.

Monthly Income: On the Marketplace Application, the applicant should report the **before-tax** amounts of wages, salaries, and self-employed income received by adult household members. The applicant should also include unemployment, alimony received, Social Security retirement, and Social Security Disability Income (SSDI) for household members. Supplemental Security Income (SSI) and child support are excluded from the household's income.

For example, a 31-year-old divorced mother receives $1,050 per month in alimony, and she nets $1,400 per month in self-employed income as a nail technician. She also works part-time as a receptionist and earns $400 each month before taxes in wages. In addition, she receives $600 in child support for her eight-year-old son. Her countable income is $2,850 (i.e., $1,050 in alimony received + $1,400 in self-employed income + $400 in wages; the child support income is not countable).

Review all household income on pp. 3 and 5 of the Marketplace Application. Add up all the pre-tax income for everyone in the household (including stepparents). Remember, though: do not include either SSI payments or child support.

Hospital PE eligibility, like TennCare Medicaid and CoverKids eligibility, is determined based on monthly income. The applicant might provide amounts that are not monthly.

Use the online calculator at http://tn.gov/tenncare/article/federal-poverty-level-converter to convert income to a monthly amount. To manually convert to a monthly amount refer to the following guidance:

- If the applicant listed only weekly income amounts, multiply by 4.3 to convert to monthly amounts.
  - Example: Jane earns $100 a week. Multiply $100 by 4.3 to get a monthly income amount of $430.
- If the applicant reported bi-weekly income amounts, multiply these by 2.15 to calculate monthly amounts.
  - Example: Jane earns $200 every two weeks. Multiply $200 by 2.15 to get a monthly income amount of $430.
- If the applicant reported semi-monthly income amounts, multiply these by 2 to calculate monthly amounts.
  - Example: Jane earns $230 once a month and $200 once a month. Add $230 and $200 to get a monthly income amount of $430.
- If the applicant reported yearly amounts, divide the number by 12 to calculate the monthly amounts.
  - Example: Jane earns $5,160 a year. Divide $5,160 by 12 to get a monthly income amount of $430.
- If the applicant reported hourly amounts, multiply the hours worked per week by the hourly wage rate and then multiply that number by 4.3 to calculate monthly amounts.
  - Example: Jane earns $10 an hour and works 10 hours a week. Multiply $10 by 10 to get a weekly income amount of $100. Multiply $100 by 4.3 to get a monthly income amount of $430.

Write the household's monthly income in the third row of the box at the top of the Hospital PE Worksheet.

Look at the table on the Hospital PE Worksheet with TennCare Income Limits. Find the dollar limit for the household size and eligibility group for this applicant. If the applicant's monthly household income is less than or equal than the applicable limit, answer "yes" to question #4 on the Hospital PE Worksheet. Otherwise, answer "no."

Worksheet Question #5: Is this the applicant's first Hospital PE period in the past two years? Or, if the applicant is pregnant, is this the applicant's first Hospital PE period during the current pregnancy?

An individual cannot have more than one Hospital PE period in two calendar years unless the individual is pregnant. The Hospital PE interface will reject an application if the non-pregnant applicant has received a Hospital PE period in the past two years. Answer "yes" to question #5 on the Hospital PE Worksheet if the Hospital PE interface allows for the application to be submitted. Otherwise, answer "no."

There is an exception for pregnant women: they can have one Hospital PE period per pregnancy (even if that exceeds one Hospital PE period in the past two calendar years). If you have a situation in which a pregnant woman is applying for Hospital PE and has had a period of Hospital PE in the past two calendar years, please email HospitalPE.TennCare@tn.gov for assistance.

Step 4: Determine Eligibility for Hospital PE

Use the Hospital PE Worksheet, make an eligibility determination. If you answered "yes" to all questions #1-5 on the Hospital PE Worksheet, check the approval box in the Hospital Employee Determination Section. Otherwise, check the denial box. Sign and date the Hospital PE Worksheet after you make a determination.

> ***Note:*** If you approve Hospital PE eligibility for the applicant, the effective date of coverage is the date you make the determination and sign the Hospital PE Worksheet. For example: An applicant signs the HPE Cover Sheet and Marketplace Application on January 3rd. The hospital employee signs the Marketplace Application, the Hospital PE Worksheet, and the Hospital PE Notice on January 5th. The applicant's Hospital PE period will begin on January 5th.

Step 5: Issue Hospital PE Notice

Complete the Hospital PE Notice, then sign and date it. Give the Notice to the applicant.

Remind approved applicants they are getting only **temporary** TennCare coverage. The Marketplace must receive the signed Marketplace Application in order to give the applicant ongoing coverage.

Also, remind denied applicants they can still apply again at www.healthcare.gov for TennCare and other programs.

Step 6: Mail Marketplace Application

If Hospital PE enrollees do not submit **COMPLETE** Marketplace applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an

affirmative obligation to help all Hospital PE enrollees to fill out and submit **COMPLETE** Marketplace applications.

Mail **all** signed Marketplace Applications to:

Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001

> ***Note:*** Even if you deny the applicant, mail the Marketplace Application to the above address. This ensures that the Marketplace will evaluate the applicant for all available programs rather than just TennCare.

If the applicant does not wish to submit a Marketplace application for ongoing coverage, the Hospital PE Affidavit for Failure to Submit Form must be reviewed and signed by both the applicant and the hospital employee assisting with the Hospital PE process.

Step 7: Enter Data into TennCare Online Services

Enter data for approved applicants in the Hospital PE interface on TennCare Online Services as quickly as possible. Please see the User Guide for the TennCare Online Services Hospital PE Interface for more information about the questions on the Hospital PE application.

> ***Note:*** You do **not** need to enter any information in the Hospital PE interface for denied applicants.

The Hospital PE interface on TennCare Online Services will require an FPL percentage to be entered for every applicant. You will have to calculate this percentage based on the applicant's household income. An FPL converter is available at http://tn.gov/tenncare/article/federal-poverty-level-converter. If the FPL converter is unavailable, manually calculate the percentage by following these steps:

- Divide the individual's monthly income by the FPL corresponding to the individual's household size.
  - For example: James, a child aged 15, applies for Medicaid with a monthly income of $750. His household size is one. Divide $750 by $990. The result is 0.7575.
- Multiply the result by 100. James's example will give us this result: 0.7575 multiplied by 100 is 75.75. Round down to the nearest whole number. This gives us 75%. James's FPL percentage is 75%.

The table below displays the FPLs for household sizes through eight.

Household Size	Federal Poverty Level for 2016 (In Dollars)
1	$990
2	$1,335
3	$1,680
4	$2,025
5	$2,370
6	$2,715
7	$3,061
8	$3,408

Step 8: File and Maintain Hospital PE Records

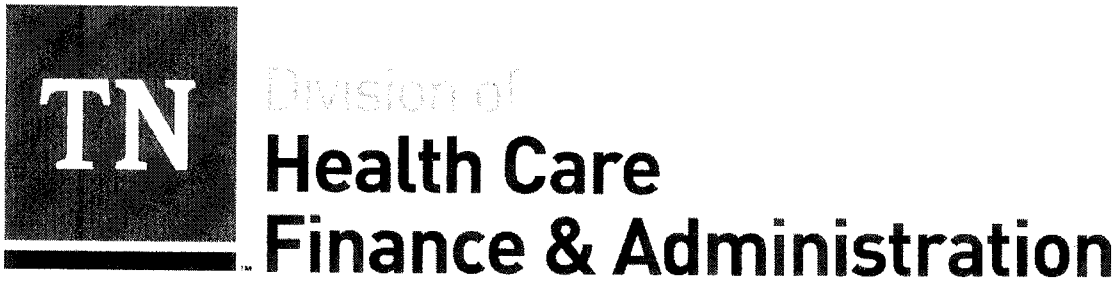
Place a copy of the Hospital PE Worksheet, Hospital PE Eligibility Notice, Hospital PE Cover Sheet, and Marketplace Application, Hospital PE Errata Sheet, and Hospital PE Affidavit for Failure to Submit Form in a paper or electronic file for each Hospital PE applicant. You must keep records for both approved and denied applicants. Maintain these files in a secure location for at least seven (7) years.

Step 9: Confirm Enrollment in TennCare Online Services

The Hospital PE interface will display a confirmation pop-up box if it successfully transmits the information to TennCare.

Check TennCare Online Services to validate that all information for individuals approved for Hospital PE appears correctly in the system. Conduct this check within one to three business days after the transmission of Hospital PE eligibility data. If you find a data entry error, complete a Hospital PE Errata Sheet and fax it to TennCare Provider Services at (615) 734-5325.

The Hospital PE Errata Sheet allows hospitals to correct name misspellings or other keying errors they accidentally transmit to TennCare Online Services. When a hospital employee accidentally keys an error in TennCare Online Services and transmits the information to TennCare, fax the Hospital PE Errata Sheet to TennCare Provider Services at (615) 734-5325. However, hospitals may not use this process to change an HPE enrollee's health plan; rather, HPE enrollees must call the TennCare Solutions Unit at (800) 878-3192 to change health plans. Additionally, an effective date of Hospital PE can be corrected if the hospital employee keyed the wrong date of determination in TennCare Online Services – but a hospital cannot retroactively change the effective date to a date prior to the actual PE determination date. Finally, a hospital cannot terminate a Hospital PE span.



Hospital Presumptive Eligibility

Training for Qualified Hospitals

Division of Health Care Finance and Administration (HCFA), Bureau of TennCare

TN NO.: 14-0011-MM7
Tennessee

Approval Date: 06/28/16

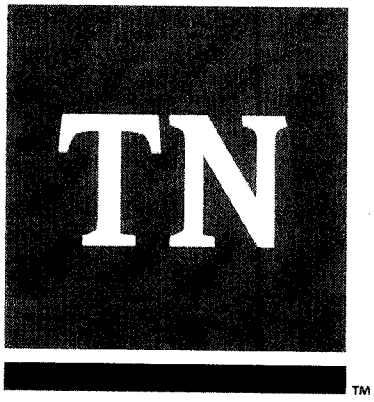
Effective Date: 07/01/16

TN Division of Health Care Finance & Administration

Agenda

- What is Hospital PE?
- How Can Hospitals Participate in Hospital PE?
- Who is Eligible to Enroll in Hospital PE? What Are the Benefits?
- How Does the Hospital PE Process Work?
- Contact Information and Additional Resources

TN NO.: 14-0011-MM7 Approval Date: 06/28/16 Effective Date: 07/01/16
Tennessee



What is Hospital PE?

TN NO.: 14-0011-MM7
Tennessee

Approval Date: 06/28/16

Effective Date: 07/01/16

What is Hospital PE?

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Effective July 1, 2016, all Tennessee hospitals can immediately determine eligibility for certain individuals who are likely to be eligible for ongoing TennCare Medicaid, as determined by federal rules*.

- Pilot hospitals can begin submitting applications sooner.

- Hospital PE is temporary but offers immediate access to coverage for eligible individuals.

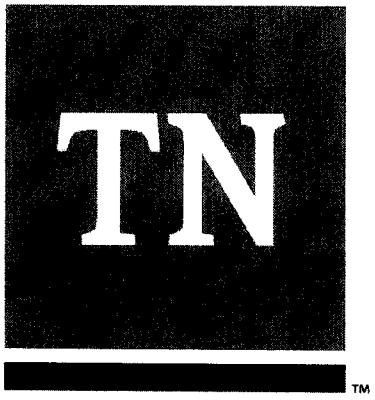
*42 CFR § 435.1101

TN Division of Health Care Finance & Administration

How Hospital PE Works to Get People Connected to Coverage and Care

- Improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage.
- Ensures that the hospital will be reimbursed for services provided, just as if the individual was enrolled in ongoing TennCare Medicaid.
- Eligibility is determined by hospitals based on preliminary information reported by the individual, including:
  - Income
  - Citizenship/immigration status
  - Residence, etc.

TN Department of Health Care Finance & Administration



How Can Hospitals Participate in Hospital PE?

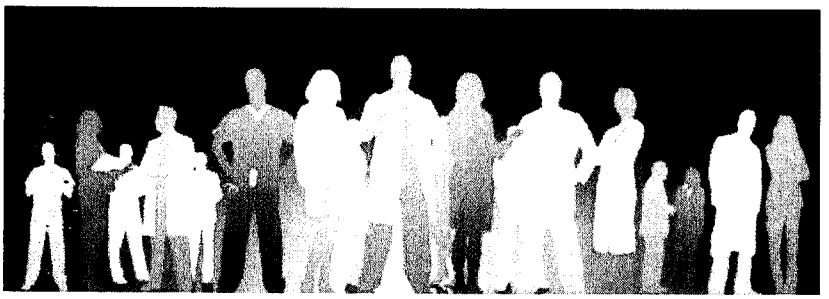
0011-MM7 Approval Date: 06/28/16 Effective Date: 07/01/16

How Can Hospitals Participate in Hospital PE?

- Participation in Hospital PE is optional, but HCFA provides the opportunity for a hospital to become qualified to make PE determinations.
- To make Hospital PE determinations, a hospital must:
  - Participate in the TennCare Medicaid program;
  - Be signed up for TennCare Online Services (formerly known as TN Anytime)
  - Be located in Tennessee;
  - Sign a Hospital PE Qualified Entity Agreement to make determinations consistent with policies and procedures of the state;
  - Comply with all training requirements; AND
  - Comply with all performance standards.

TN Department of Health Care Finance & Administration

Hospital Staff Eligible to Make Hospital PE Determinations



- Once a hospital is a qualified entity:
  - Any hospital employee who is properly trained and certified can make Hospital PE determinations.
  - Participating hospitals may not delegate Hospital PE determinations to non-hospital staff.
    - Third-party vendors or contractors may not make PE determinations.

Additional Submission Guidelines

- A qualified hospital shall not:
  - Allow anyone other than fully-trained staff members to provide assistance to applicants;
  - Allow anyone other than fully-trained hospital employees to make PE determinations and enter approval data into TennCare Online Services; or
  - Allow a hospital employee to record an incorrect signature date on a PE Eligibility Notice or PE Worksheet.

HCFA Oversight and Responsibilities

- HCFA will confirm the following screening criteria:
  - The hospital is qualified to make Hospital PE determinations;
  - The applicant does not currently receive coverage under TennCare Medicaid or a Hospital PE period; AND
  - The applicant has not received coverage based on a Hospital PE period within two calendar years.
    - There is an exception for pregnant women: they can have one presumptive eligibility period per pregnancy (even if that exceeds one Hospital PE period in the past two calendar years).

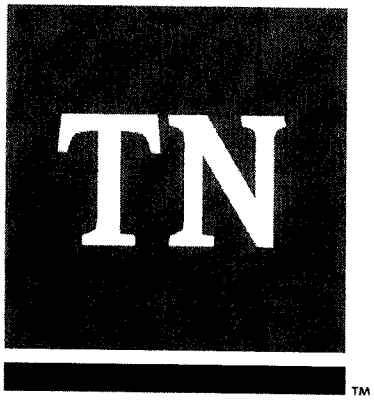
HCFA Oversight and Responsibilities

- HCFA will accept the determination unless:
  - The determination is from a non-qualified hospital; OR
  - The applicant has current TennCare Medicaid or Hospital PE coverage or has had Hospital PE within two calendar year, if not pregnant; OR
  - The pregnant applicant has had Hospital PE coverage once during the current pregnancy.

- A Hospital PE decision will not be reversed or retroactively terminated, even if the individual may be found to be ineligible based on the ongoing TennCare Medicaid application and determination.

Accountability and Corrective Actions

- HCFA has the authority to take corrective actions if the hospital does not meet the established performance standards, including (but not limited to):
    - Establishing targets and timelines for improvements;
    - Requiring additional staff trainings; AND
    - Terminating hospitals from the Hospital PE program.



Who is Eligible to Enroll in Hospital PE? What Are The Benefits?

TN NO.: 14-0011-MM7 Approval Date: 06/28/16 Effective Date: 07/01/16
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Populations Eligible for Hospital PE

- Individuals who do not currently receive TennCare Medicaid benefits.
- Individuals who have not had a PE period in the past two calendar years.
  - There is an exception for pregnant women: they can have one presumptive eligibility period per pregnancy (even if that exceeds one Hospital PE period in the past two calendar years).
- Individuals who attest to being U.S. citizens or eligible immigrants.
- Individuals who attest to being residents of Tennessee.
- Individuals who fall into one of the following groups:
  - Child MAGI (younger than age 19), Pregnancy MAGI, Caretaker Relative MAGI, or Former Foster Care Up To Age 26.

Application Scenarios

- A single father with two children may be eligible for Hospital PE, provided all other presumptive eligibility requirements are met.
  - Eligible by grouping as a Caretaker Relative.
- A childless woman who is not pregnant (age 34) cannot be approved for Hospital PE.
  - However, the hospital can help the applicant apply for private insurance during open enrollment or during Special Enrollment Period and for tax credits (per the Affordable Care Act).
- A childless male (age 67) cannot be approved for Hospital PE.
  - However, the hospital can help the applicant apply for Long-Term Services & Supports (LTSS) or the Medicare Savings Program (MSP) via the LTSS/MSP paper application process.

Hospital PE Income Eligibility Chart

Child Aged 0 - 1 and Pregnant Women (195% + 5% FPL of FPL)			Child Aged 1 - 5 (142% + 5% of FPL)		
Household Size	Yearly	Monthly	Household Size	Yearly	Monthly
1	$ 23,760	$ 1,980	1	$ 17,464	$ 1,456
2	$ 32,040	$ 2,670	2	$ 23,550	$ 1,963
3	$ 40,320	$ 3,360	3	$ 29,636	$ 2,470
4	$ 48,600	$ 4,050	4	$ 35,721	$ 2,977
5	$ 56,880	$ 4,740	5	$ 41,807	$ 3,484
Child Aged 6 – 18 (133% + 5% of FPL)			**Caretaker Relative MAGI (103% + 5% of FPL)**		
Household Size	Yearly	Monthly	Household Size	Yearly	Monthly
1	$ 16,395	$ 1,367	1	$ 12,831	$ 1,070
2	$ 22,108	$ 1,843	2	$ 17,302	$ 1,442
3	$ 27,821	$ 2,319	3	$ 21,773	$ 1,815
4	$ 33,534	$ 2,795	4	$ 26,244	$ 2,187
5	$ 39,248	$ 3,271	5	$ 30,716	$ 2,560

Income limits are current as of May 2016.

There is no income limit for the Former Foster Care Up To Age 26 category.

An expanded version of this document is available in the Step-By-Step Instructional Guide for Hospital PE

TN Division of Health Care Finance & Administration

Visit the following link for more information regarding income limits.
https://www.tn.gov/assets/entities/tenncare/attachments/eligibilityrefguide.pdf

Duration of Eligibility Under Hospital PE

- The Hospital PE period begins on, and includes, the date on which the hospital makes the Hospital PE determination.
  - Hospitals cannot "back date" determinations.
- A Hospital PE period automatically ends after the 62nd day of coverage, but can remain open if an ongoing TennCare Medicaid application is pending.

Determination of Household Size

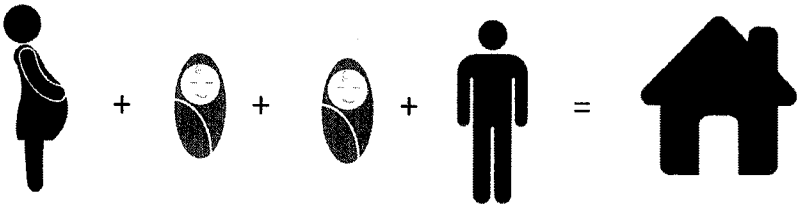
- The household* includes the applicant and, if living with the applicant, the following individuals:
  - The applicant's spouse;
  - The applicant's natural, adopted, and step children under age 19 (or 21 if a full-time student);
  - For applicants under age 19 (or 21 if a full-time student): the applicant's natural parents, adopted parents, or step parents; and
  - For applicants under age 19 (or 21 if a full-time student): the applicant's natural siblings, adopted siblings, and step siblings who are under age 19 (or 21 if a full-time student).

*42 CFR 435.603(f)

Pregnant Women's Households

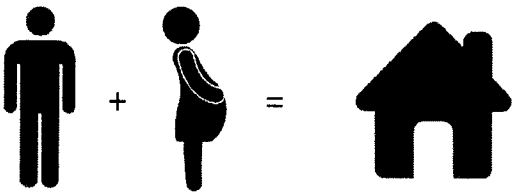
- When determining household size for a pregnant woman, the pregnant woman is counted as herself plus the number of children she is expected to deliver.

Household size for pregnant woman



- When determining household size for other applicants in the household, the pregnant woman is counted as one person.

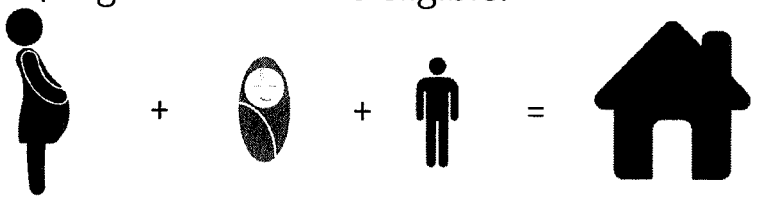
Household size for other applicants in the household



Pregnant Women's Households

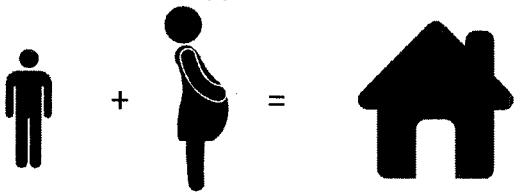
- A pregnant woman with a household of three (her 11-year-old son, her unborn child, and herself) may be eligible. The household income is $3,000. The income threshold for a family of three at 200% of FPL (the income limit for a pregnant woman*) is $3,360. The pregnant woman is eligible.

Household size for pregnant woman



- The household size for the 11-year-old child is two. Using the income limit for a household size of two at 138% of FPL (the income limit for a child aged 6-18**) is $1,843. The 11-year-old child is not eligible.

Household size for other applicants in the household



*195% + 5% FPL; **133% + 5% FPL

Determining Income Sources for Financial Eligibility

- Based on Modified Adjusted Gross Income (MAGI)*:
  - Household income equals the sum of the MAGI of every member of the household whose income is counted. MAGI is a set of income rules determined by the IRS. The Patient Protection and Affordable Care Act (ACA) requires that state Medicaid programs use MAGI rules for most families and children.
  - Taxable income is countable income.
  - Non-taxable income is excluded income.
  - There is no asset or resource test.

*42 CFR 435.603

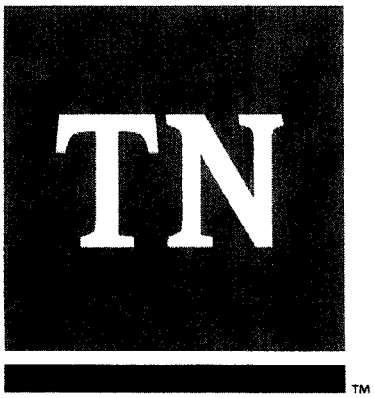
Countable Income

- Countable income includes:
  - Earned income (wages, salary, or any compensation from work).
  - Net self-employment income from a business or hobby; count the amount after business expenses are deducted.
  - Social Security income, including Social Security Disability Insurance and retirement benefits (excluding SSI).
  - Unemployment benefits.
  - Investment income, including interest, dividends, and capital gains.
  - Alimony received.
  - Pensions and annuities.
  - Rents and royalties received.

- Do not count child support received or SSI.

Covered Services Under Hospital PE

- Benefits are the same as those provided under the ongoing TennCare Medicaid category for which the individual is determined presumptively eligible.
    - E.g., a mother with two children determined presumptively eligible for Hospital PE on the basis of her Caretaker Relative status will receive the same benefits as she would receive if she were determined eligible for Caretaker Relative MAGI coverage.



How Does the Hospital PE Process Work?

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The Hospital PE Determination Process

The hospital worker should take the following steps (refer to the Step-By-Step Instructional Guide):

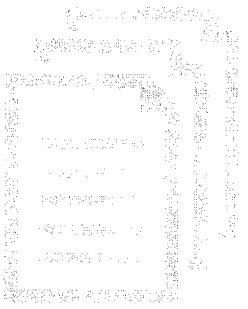
- Assist applicant with completing Hospital PE application if not already enrolled in Medicaid by: a) assisting applicant with completing required questions on the Marketplace Application and b) assisting applicant with calculating monthly family income and household size.
- Determine if applicant meets Hospital PE criteria using the Hospital PE Worksheet and Step-By-Step Instructional Guide; if so, confirm eligibility.
- Enter applicant's data into the Hospital PE screen of TennCare Online Services.
- Print/provide eligibility notice to applicant.

Continued on next slide...

The Hospital PE Determination Process

Continued...

- Summarize benefits and answer any questions.
- Facilitate application for ongoing Medicaid.
- Submit the Hospital PE Pilot Form.*
- Confirm enrollment data.
- Save copies of the following documents:
  - Hospital PE Cover Sheet
  - Hospital PE Approval or Denial Notice
  - Hospital PE Affidavit for Failure to Submit Form
  - Marketplace Application
  - Hospital PE Worksheet
  - Hospital PE Pilot Form*



*For pilot period only

Hospital PE Application

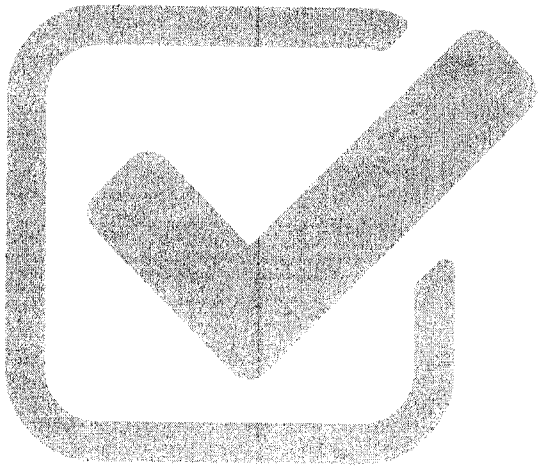
- Tennessee uses a Hospital PE application process separate from the ongoing Medicaid application process.
  - The Marketplace application is used for both processes.
  - The Hospital PE application process is conducted exclusively through TennCare Online Services.

- The individual does not need to be admitted or seeking hospital services at the time of application or Hospital PE determination.

Hospital PE Application Questions

- The Hospital PE application process uses questions contained on the Marketplace Application, including:
  - Name.
  - Date of birth.
  - Social Security Number
    - Not required, but helpful for checking potential eligibility for Hospital PE.
  - Citizenship/immigration status.
  - Address.
  - Monthly income.
  - Monthly Federal Poverty Level (FPL) percentage.
  - Determination date.
- Hospitals must check TennCare Online Services about two days after submitting an application to confirm the information is correct.
  - If application is incorrect, an Errata Sheet must be submitted to TennCare Provider Services to correct errors. The Errata Sheet cannot be used to change enrollees' Health Plans.

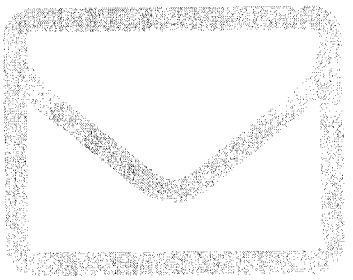
Verification of Eligibility Criteria for Hospital PE



- Hospital/state must accept self-attestation of income, citizenship/immigration status, residence, pregnancy, caretaker relative status, former foster care status, and other Hospital PE eligibility criteria.
    - Individual cannot be required to provide verification of any Hospital PE eligibility criteria.

Approval and Denial Notices

- Hospitals must provide individuals with a written notice after the Hospital PE determination is made, which includes:
  - Whether Hospital PE was approved or denied.
  - If approved, the beginning and ending dates of the Hospital PE period, which will be extended if the individual files a Medicaid application and eligibility is not determined by the end of the Hospital PE period.
  - If denied, the reason for the denial and the suggestion to submit a Marketplace Application.
  - Use the Hospital PE notice to communicate the approval or denial.



Notifying the Applicant

Eligible individuals receive:

- Eligibility notice with "approval" selected.
- An application for ongoing TennCare Medicaid.
- An explanation that the individual must complete and submit the ongoing application in order to receive continuing coverage.
- Assistance with, or information regarding, resources to assist the individual with completing the ongoing application.

Ineligible individuals receive:

- Eligibility notice with "denial" selected.
- An application for ongoing TennCare Medicaid.
- Assistance with, or information regarding, resources to assist the individual with completing the ongoing application.

Facilitating Ongoing Medicaid Coverage

- Submit all signed Marketplace Applications to:

Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001

- Hospitals must cover the cost of mailed applications.
- The applications must be sent for all applicants whether they were approved or denied for Hospital PE.
  - If Marketplace Application is not submitted, then the Affidavit for Failure to Submit Form must be signed by the applicant and hospital employee and retained.
- The Hospital PE period automatically ends after 62 days unless a Marketplace Application is submitted before the end of the 62-day period.

Submitting the Hospital PE Pilot Form

- The Hospital PE Pilot Form must be used for pilot submission using the Hospital PE interface.
- When submitting the Hospital PE application, enter the applicant's information on the Hospital PE Pilot Form and fax to TennCare Provider Services.
- This form ensures that the information being transmitted through the Hospital PE interface is being recorded correctly.

State Hospital PE Contact and Additional Resources

HospitalPE.TennCare@tn.gov

Websites

- www.tn.gov/providers
- www.tn.gov/tenncare/topic/eligibility-policy
- https://tcmisweb.tenncare.tn.gov/tcmis/tennessee/security/logon.asp
- www.healthcare.gov

Useful Documents

- Hospital PE Application Cover Sheet
- Hospital PE Worksheet
- Step-by-Step Instructional Guide for Hospital PE
- Hospital PE Interface User Guide
- FAQs for Hospital PE
- Hospital PE Errata Sheet
- Hospital PE Notice
- Hospital PE Pilot Form*

Division of Health Care Finance and Administration (HCFA), Bureau of TennCare

*For pilot period only.

TN Health Care Finance & Administration

Step-by-Step Instructional Guide for Hospital Presumptive Eligibility

Updated: June 14, 2016

If an individual does not already have TennCare Medicaid, qualified hospitals can help him or her apply for Hospital Presumptive Eligibility (PE). This guide explains Hospital PE in nine simple steps:

Step 1: Check for TennCare Enrollment
Step 2: Fill Out the Application Form
Step 3: Complete the Hospital PE Worksheet
Step 4: Determine Eligibility for Hospital PE
Step 5: Issue Hospital PE Notice
Step 6: Mail Marketplace Application
Step 7: Enter Data Into TennCare Online Services (Formerly Known as TN Anytime)
Step 8: File and Maintain Hospital PE Records
Step 9: Confirm Enrollment in TennCare Online Services

Staff of qualified entities (those facilities that may determine Hospital PE) should use this guide along with the Hospital PE Worksheet to make PE determinations. For more information about the Hospital PE process, visit http://www.tn.gov/tenncare/section/providers.

For more information about general TennCare Medicaid policy, visit http://www.tn.gov/tenncare/topic/eligibility-policy.

Specific questions regarding the policies and procedures of the Hospital PE process may be directed to HospitalPE.TennCare@tn.gov.

Step 1: Check for TennCare Enrollment

Verify first whether the applicant already has TennCare coverage by checking TennCare Online Services or other means. The Hospital PE system will reject an application if the individual is currently enrolled in TennCare Medicaid.

> ***Note:*** An individual in TennCare Online Services is enrolled in TennCare if he or she has an open eligibility span with benefit plan Title 19 Medicaid, Immediate Eligibility, Presumptive Eligibility, Supplemental Security Income, or TennCare Standard. If any other benefit plan displays, then the individual is not enrolled in TennCare and is therefore not precluded from eligibility for Hospital PE based on current eligibility status. However, the applicant will need to meet other requirements to enroll via Hospital PE.

Health care providers typically verify TennCare eligibility using the TennCare Online Services system. This system requires the patient's SSN in order to perform the eligibility lookup. Additionally, providers have several other options. First, those providers that use Emdeon,

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Passport, or similar vendors are often able to look up patients using name and date of birth. Second, providers can look up eligibility for United Healthcare members through either Optum Cloud or their RV e-services website using only the individual's name and DOB without needing an SSN. Similarly, providers can do a name lookup using the BlueCross BlueShield of Tennessee portal. AmeriGroup does not allow for name lookups on its portal but allows providers to call its Customer Service Line at 1-800-454-3730 for assistance.

Step 2: Fill Out the Application Form

Help the applicant complete the Hospital PE Cover Sheet and the **ENTIRE** Marketplace Application. For instructions about the Marketplace Application, visit https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family-instructions.pdf.

Make sure the applicant signs and dates the Hospital PE Cover Sheet and the Marketplace Application. Also, you as the hospital employee must sign and date the Hospital PE Cover Sheet.

> ***Note:*** If Hospital PE enrollees do not submit **COMPLETE** Marketplace Applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an affirmative obligation to help all Hospital PE enrollees to fill out and submit **COMPLETE** Marketplace Applications.

Step 3: Complete the Hospital PE Worksheet

Using the information on the Marketplace Application, complete the Hospital PE Worksheet. Complete a separate Worksheet for each applicant listed on the Marketplace Application. Do **not** request any proof or verifications from the applicant.

Also, note the following for each question on the Hospital PE Worksheet:

Worksheet Question #1: Does the applicant live in Tennessee?

Check whether the applicant listed a Tennessee address in Step 1 on p. 1 of the Marketplace Application. If so, answer "yes" on the Hospital PE Worksheet. Also answer "yes" if the applicant does not report a specific address (e.g., because he or she is homeless) – but the applicant is physically present in Tennessee and says he or she intends to remain here. Otherwise, answer "no."

Worksheet Question #2: Is the applicant a U.S. citizen or an eligible immigrant?

Check whether the applicant is Person 1 on the Marketplace Application and answered "yes" to either questions #11, 12, or 13 on Step 2 on p. 2. (If the applicant is Person 2+ on the Marketplace Application, check his or her answers to questions #12, 13, or 14 on p.4.) If the applicant replied "yes" to any of these questions, answer "yes" to Question #2 on the Worksheet. Otherwise, answer "no."

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[illegible] Approval Date: 06/28/16 [illegible]

We understand that the federal rules around immigrant eligibility are complicated. The following table may help applicants understand the question:

Answer "YES" to having [illegible] immigration [illegible]	Answer "No" if applicant is a:
• **Lawful permanent resident** or "LPR" (i.e., person with a green card) who has been in that qualifying non-citizen status for **5 years or more**; • Abused immigrant with a VAWA petition* who has held qualifying status for **5 years or more**; • **Immigrant who is a veteran or active duty military** (or spouse, un-remarried surviving spouse, or child of such an immigrant)**; or • **Humanitarian immigrant**, which includes***: ➢ Refugees and asylees; ➢ Amerasian immigrants; ➢ Cuban or Haitian entrants; ➢ Iraqi or Afghan special status immigrants; ➢ Victims of a severe form of trafficking (with a "T" visa); and ➢ Immigrants whose deportation is being withheld. • Immigrant paroled into the U.S for at least one year who has been in the U.S. for 5 years or more; • Immigrant granted conditional entry prior to 4/1/1980;	• Undocumented immigrant; • Lawful permanent resident who has been in the U.S. for less than 5 years and who is neither a veteran nor a humanitarian immigrant; • Abused immigrant with a VAWA petition* who has held qualifying status for less than 5 years; • Immigrant paroled into the U.S. for at least one year and who has been in the U.S. for less than 5 years; • Non-immigrant or non-resident alien (temporary residents); or • Other type of immigrant not listed in the column to the left. ***Note:*** *An unborn child may still be eligible for CoverKids if a pregnant woman answers "No" here. See the footnote to FAQ #58.*

*An abused immigrant with a VAWA petition, his/her child(ren), and his/her parent(s) are subject to a five-year waiting period from the date they received the qualifying status.
**In order for an immigrant veteran/active duty military member to qualify for Medicaid, he or she must be in any qualified alien status, including an LPR. Qualified alien veterans/active duty military members are eligible without a 5-year waiting period.
***Any humanitarian immigrant who subsequently becomes an LPR is not subject to a 5-year waiting period.

Worksheet Question #3: Is the applicant a former foster child under age 26, pregnant woman, child under age 19, or parent/caretaker relative?

Check the questions below to see whether the applicant falls into one or more eligibility groups described in the table below. Answer "yes" to question #3 on the Hospital PE Worksheet if the applicant meets at least one of these definitions. Otherwise, answer "no."

To review applicant for this category	Check here on the Marketplace Application if applicant is: Person 1:	Person 2:
a) Former Foster Care *An individual now under age 26 who was in foster care and enrolled in TennCare at age 18.*	P. 2, Step 2, question #18 **Also:** Check to see that applicant < age 26 (based on date of birth)	P. 4, Step 2, question #18 **Also:** Check to see that applicant < age 26 (based on date of birth)
b) Pregnant Woman	P. 2, Step 2, question #8	P. 4, Step 2, question #9
c) Child < 1 **d) Child 1-5** **e) Child 6-18**	P. 2, Step 2, question #4 about date of birth	P. 4, Step 2, question #4 about date of birth
f) Parent/Caretaker Relative *An individual related to a dependent child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child's care. The child must be under 18 (or a full-time student if child is age 18).*	P. 2, Step 2, question #15 Also: Check to see that child is < age 18 (based on child's date of birth) or, if child is 18, whether child is a full-time student (p. 4, Step 2, question #20 if child is Person 2).	P. 4, Step 2, question #16 Also: Check to see that child is < age 18 (based on child's date of birth) or, if child is 18, whether child is a full-time student (p. 2, Step 2, question #17 if child is Person 1).

Write the applicant's eligibility group (if any) in the second row of the box at the top of the Hospital PE Worksheet. If the applicant may qualify for more than one eligibility group, choose the group listed first in the table above (e.g., choose pregnant woman over parent caretaker relative if an applicant meets the definition of both).

Worksheet Question #4: Is the applicant's household income each month less than the limit for his or her respective eligibility category?

Review household members on pp. 2 and 4 of the Marketplace Application. Add up all members of the nuclear family, including stepparents and stepchildren. If the applicant is pregnant, also count the unborn babies – but only when calculating the household size for the pregnant woman herself. Do not count the unborn babies in the household size of her spouse or anyone else in the household. This means that in some cases, different family members (pregnant women) may have different household sizes (than, for example a spouse or child). Write the household size in the second row of the box at the top of the Hospital PE Worksheet.

Households: For reference, the household includes the applicant and, if living with the applicant, the following individuals:

- The applicant's spouse;
- The applicant's natural, adopted, and step children under age 19 (or 21 if a full-time student);

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- For applicants under age 19 (or 21 if a full-time student): the applicant's natural, adopted, or step parent; and
- For applicants under age 19, or 21 if a full-time student: the applicant's natural, adopted, and step siblings who are under age 19 (or 21 if a full-time student).

For example, a single 29-year-old woman who is pregnant with twins would be a household of three if she has no spouse or other children. If she were married and had two other minor children, then she would have a household of six (herself, her husband, her unborn twins, and her two other minor children), but the household size would be four for the husband and the two other minor children.

The same rules generally apply for mothers under age 19. In most cases, the household for the newborn would consist of the newborn, the minor mother, her spouse (if any), and any of her other children in the home. The newborn's household would not include any grandparents. Follow this approach when determining eligibility for Hospital PE.

For example, an unmarried, pregnant 17-year-old lives with her parents. The 17-year-old has no other children. When she gives birth, the newborn's household size would be two (the 17-year-old mother and the infant). The only income counted for the newborn's household would be the 17-year-old mother's. The grandparents would not be part of the newborn's household, and the grandparents' income would not be considered. Meanwhile, the 17-year-old's household would be four (including herself, her unborn child, and her parents.

Monthly Income: On the Marketplace Application, the applicant should report the **before-tax** amounts of wages, salaries, and self-employed income received by adult household members. The applicant should also include unemployment, alimony received, Social Security retirement, and Social Security Disability Income (SSDI) for household members. Supplemental Security Income (SSI) and child support are excluded from the household's income.

For example, a 31-year-old divorced mother receives $1,050 per month in alimony, and she nets $1,400 per month in self-employed income as a nail technician. She also works part-time as a receptionist and earns $400 each month before taxes in wages. In addition, she receives $600 in child support for her eight-year-old son. Her countable income is $2,850 (i.e., $1,050 in alimony received + $1,400 in self-employed income + $400 in wages; the child support income is not countable).

Review all household income on pp. 3 and 5 of the Marketplace Application. Add up all the pre-tax income for everyone in the household (including stepparents). Remember, though: do not include either SSI payments or child support.

Hospital PE eligibility, like TennCare Medicaid and CoverKids eligibility, is determined based on monthly income. The applicant might provide amounts that are not monthly.

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Use the online calculator at http://tn.gov/tenncare/article/federal-poverty-level-converter to convert income to a monthly amount. To manually convert to a monthly amount refer to the following guidance:

- If the applicant listed only weekly income amounts, multiply by 4.3 to convert to monthly amounts.
  - Example: Jane earns $100 a week. Multiply $100 by 4.3 to get a monthly income amount of $430.
- If the applicant reported bi-weekly income amounts, multiply these by 2.15 to calculate monthly amounts.
  - Example: Jane earns $200 every two weeks. Multiply $200 by 2.15 to get a monthly income amount of $430.
- If the applicant reported semi-monthly income amounts, multiply these by 2 to calculate monthly amounts.
  - Example: Jane earns $230 once a month and $200 once a month. Add $230 and $200 to get a monthly income amount of $430.
- If the applicant reported yearly amounts, divide the number by 12 to calculate the monthly amounts.
  - Example: Jane earns $5,160 a year. Divide $5,160 by 12 to get a monthly income amount of $430.
- If the applicant reported hourly amounts, multiply the hours worked per week by the hourly wage rate and then multiply that number by 4.3 to calculate monthly amounts.
  - Example: Jane earns $10 an hour and works 10 hours a week. Multiply $10 by 10 to get a weekly income amount of $100. Multiply $100 by 4.3 to get a monthly income amount of $430.

Write the household's monthly income in the third row of the box at the top of the Hospital PE Worksheet.

Look at the table on the Hospital PE Worksheet with TennCare Income Limits. Find the dollar limit for the household size and eligibility group for this applicant. If the applicant's monthly household income is less than or equal than the applicable limit, answer "yes" to question #4 on the Hospital PE Worksheet. Otherwise, answer "no."

Worksheet Question #5: Is this the applicant's first Hospital PE period in the past two years? Or, if the applicant is pregnant, is this the applicant's first Hospital PE period during the current pregnancy?

An individual cannot have more than one Hospital PE period in two calendar years unless the individual is pregnant. The Hospital PE interface will reject an application if the non-pregnant applicant has received a Hospital PE period in the past two years. Answer "yes" to question #5 on the Hospital PE Worksheet if the Hospital PE interface allows for the application to be submitted. Otherwise, answer "no."

There is an exception for pregnant women: they can have one Hospital PE period per pregnancy (even if that exceeds one Hospital PE period in the past two calendar years). If you have a situation in which a pregnant woman is applying for Hospital PE and has had a period of Hospital PE in the past two calendar years, please email HospitalPE.TennCare@tn.gov for assistance.

Step 4: Determine Eligibility for Hospital PE

Use the Hospital PE Worksheet, make an eligibility determination. If you answered "yes" to all questions #1-5 on the Hospital PE Worksheet, check the approval box in the Hospital Employee Determination Section. Otherwise, check the denial box. Sign and date the Hospital PE Worksheet after you make a determination.

> ***Note:*** If you approve Hospital PE eligibility for the applicant, the effective date of coverage is the date you make the determination and sign the Hospital PE Worksheet. For example: An applicant signs the HPE Cover Sheet and Marketplace Application on January 3rd. The hospital employee signs the Marketplace Application, the Hospital PE Worksheet, and the Hospital PE Notice on January 5th. The applicant's Hospital PE period will begin on January 5th.

Step 5: Issue Hospital PE Notice

Complete the Hospital PE Notice, then sign and date it. Give the Notice to the applicant.

Remind approved applicants they are getting only **temporary** TennCare coverage. The Marketplace must receive the signed Marketplace Application in order to give the applicant ongoing coverage.

Also, remind denied applicants they can still apply again at www.healthcare.gov for TennCare and other programs.

Step 6: Mail Marketplace Application

If Hospital PE enrollees do not submit **COMPLETE** Marketplace applications after they apply for Hospital PE, they will lose their temporary eligibility. For this reason, qualified hospitals have an

Health Care Finance and Administration • 310 Great Circle Rd • Nash [illegible] TN 37243 [illegible]

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Tennessee

affirmative obligation to help all Hospital PE enrollees to fill out and submit **COMPLETE** Marketplace applications.

Mail **all** signed Marketplace Applications to:

Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0001

> ***Note:*** Even if you deny the applicant, mail the Marketplace Application to the above address. This ensures that the Marketplace will evaluate the applicant for all available programs rather than just TennCare.

If the applicant does not wish to submit a Marketplace application for ongoing coverage, the Hospital PE Affidavit for Failure to Submit Form must be reviewed and signed by both the applicant and the hospital employee assisting with the Hospital PE process.

Step 7: Enter Data into TennCare Online Services

Enter data for approved applicants in the Hospital PE interface on TennCare Online Services as quickly as possible. Please see the User Guide for the TennCare Online Services Hospital PE Interface for more information about the questions on the Hospital PE application.

> ***Note:*** You do **not** need to enter any information in the Hospital PE interface for denied applicants.

The Hospital PE interface on TennCare Online Services will require an FPL percentage to be entered for every applicant. You will have to calculate this percentage based on the applicant's household income. An FPL converter is available at http://tn.gov/tenncare/article/federal-poverty-level-converter. If the FPL converter is unavailable, manually calculate the percentage by following these steps:

- Divide the individual's monthly income by the FPL corresponding to the individual's household size.
  - For example: James, a child aged 15, applies for Medicaid with a monthly income of $750. His household size is one. Divide $750 by $990. The result is 0.7575.
- Multiply the result by 100. James's example will give us this result: 0.7575 multiplied by 100 is 75.75. Round down to the nearest whole number. This gives us 75%. James's FPL percentage is 75%.

The table below displays the FPLs for household sizes through eight.

Household Size	Federal Poverty Level for 2016 (In Dollars)
1	$990
2	$1,335
3	$1,680
4	$2,025
5	$2,370
6	$2,715
7	$3,061
8	$3,408

Step 8: File and Maintain Hospital PE Records

Place a copy of the Hospital PE Worksheet, Hospital PE Eligibility Notice, Hospital PE Cover Sheet, and Marketplace Application, Hospital PE Errata Sheet, and Hospital PE Affidavit for Failure to Submit Form in a paper or electronic file for each Hospital PE applicant. You must keep records for both approved and denied applicants. Maintain these files in a secure location for at least seven (7) years.

Step 9: Confirm Enrollment in TennCare Online Services

The Hospital PE interface will display a confirmation pop-up box if it successfully transmits the information to TennCare.

Check TennCare Online Services to validate that all information for individuals approved for Hospital PE appears correctly in the system. Conduct this check within one to three business days after the transmission of Hospital PE eligibility data. If you find a data entry error, complete a Hospital PE Errata Sheet and fax it to TennCare Provider Services at (615) 734-5325.

The Hospital PE Errata Sheet allows hospitals to correct name misspellings or other keying errors they accidentally transmit to TennCare Online Services. When a hospital employee accidentally keys an error in TennCare Online Services and transmits the information to TennCare, fax the Hospital PE Errata Sheet to TennCare Provider Services at (615) 734-5325. However, hospitals may not use this process to change an HPE enrollee's health plan; rather, HPE enrollees must call the TennCare Solutions Unit at (800) 878-3192 to change health plans. Additionally, an effective date of Hospital PE can be corrected if the hospital employee keyed the wrong date of determination in TennCare Online Services – but a hospital cannot retroactively change the effective date to a date prior to the actual PE determination date. Finally, a hospital cannot terminate a Hospital PE span.

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE

Hospital Presumptive Eligibility Application Cover Sheet

*Fill out this page **and** the Marketplace Application if you do NOT have TennCare.*

You are applying for **temporary** TennCare. This will allow you to get health care right away. You can qualify for temporary TennCare if:

- You live in Tennessee AND
- Your income is below the monthly limit AND
- You are a U.S. citizen, or eligible immigrant AND
- You do not already have Medicaid AND
- You are in one of the groups that qualifies for presumptive eligibility for TennCare AND
- You have not had presumptive eligibility for TennCare in the past two calendar years. Or, if you are pregnant, you have not had presumptive eligibility for TennCare during this pregnancy.

To apply, you must sign this page and fill out and sign the Marketplace Application.* The hospital will help you with this. The hospital will also help you mail the application to keep TennCare. For temporary TennCare, these questions are optional:

Step 1: #16 and 17 optional
Step 2: #6, 7, 9, 10, 12, part of 13 (you must answer first question), 14, 17, 19-22, 25, 26, 29, 32, and 33 optional
Step 3-5: optional
Appendices A-D: all optional

BUT, answering these questions may help you keep TennCare. Please answer these if you can.

APPLICANT: I want to apply for temporary TennCare based on TennCare's rules. I understand that TennCare is using the facts on this page and from my Marketplace Application to decide if I can get TennCare. I know that if I lie on purpose to get TennCare, I could be fined or go to jail. I know I must also mail in my Marketplace Application or apply for TennCare at www.healthcare.gov by the end of next month or I will lose coverage. If I am not eligible, I know I can still apply for TennCare and other programs at www.healthcare.gov. By signing below, I agree that this information is true and correct based on my knowledge. **Remember: You must also sign the Marketplace Application to apply for ongoing TennCare Medicaid.**

Applicant Signature _____ Date _____

HOSPITAL: By signing, you attest that you have accurately recorded the information provided by the applicant and made a determination based on that information. You have also told the applicant of your determination. You have offered to mail the Marketplace Application or to help the applicant apply online for ongoing TennCare. You have told the applicant to do this by the end of next month; if the applicant does not apply for ongoing TennCare by this time, you have told the applicant that he or she may lose eligibility. If denied, you have explained that the applicant can still send in the Marketplace Application or apply again at www.healthcare.gov for TennCare and other programs.

Employee Signature _____ Name of Hospital _____ Date _____

* The Marketplace Application is also at https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf. More information about applying for ongoing TennCare is at https://www.healthcare.gov/apply-and-enroll/how-to-apply/.

REQUIRED ATTACHMENT: Marketplace Application Form

TN Division of Health Care Finance & Administration

Hospital Presumptive Eligibility Worksheet

(to be completed by a **hospital employee** for **each** individual applicant)

Applicant First Name:	Applicant Last Name:	Applicant DOB:
Applicant SSN (optional):	Eligibility Category (see below):	Applicant Household Size:
Applicant Monthly Income:	Hospital Employee First Name:	Hospital Employee Last Name:
Hospital Employee Telephone Number:	Hospital National Provider Identifier (NPI):	Hospital Facility Name:

Based on the Marketplace Form:

1. Does the applicant live in Tennessee? ❑ Yes ❑ No
2. Is the applicant a U.S. citizen or an eligible immigrant? ❑ Yes ❑ No
3. Is the applicant is a former foster child now under age 26, pregnant woman, child under age 19, or parent caretaker relative? ❑ Yes ❑ No
4. Is the applicant's household income each month less than the limit below for his or her respective eligibility category (see below)? ❑ Yes ❑ No
5. Is this the applicant's first hospital presumptive eligibility period in the past two calendar years? ❑ Yes ❑ No

(Note: A pregnant woman is eligible for one presumptive eligibility period per pregnancy, even if she has received hospital presumptive eligibility during the past two years.)

Hospital Employee Determination

❑ I **approved** the HPE application because I answered "yes" to **each** of the five questions above.
❑ I **denied** the HPE application because I answered "no" to **any** of the questions above.

X _____ _____
Hospital Employee Signature Date

_____
Hospital Employee Title

TennCare Income Limits (2016)

Household Size	Former Foster Care <26	Pregnant Woman (195% + 5% FPL)	Child < 1 (195% + 5% FPL)	Child 1-5 (142% + 5% FPL)	Child 6-18 (133% + 5% FPL)	Parent Caretaker Relative (103% + 5% FPL)
1	*No limit*	n/a	$ 1,980	$ 1,456	$ 1,367	$ 1,070
2	*No limit*	$ 2,670	$ 2,670	$ 1,963	$ 1,843	$ 1,442
3	*No limit*	$ 3,360	$ 3,360	$ 2,470	$ 2,319	$ 1,815
4	*No limit*	$ 4,050	$ 4,050	$ 2,977	$ 2,795	$ 2,187
5	*No limit*	$ 4,740	$ 4,740	$ 3,484	$ 3,271	$ 2,560
6	*No limit*	$ 5,430	$ 5,430	$ 3,992	$ 3,747	$ 2,933
7	*No limit*	$ 6,122	$ 6,122	$ 4,500	$ 4,224	$ 3,306
8	*No limit*	$ 6,815	$ 6,815	$ 5,010	$ 4,703	$ 3,681

Definitions

Eligibility Category	Former Foster Care, Pregnant Woman, Child < 1 year, Child 1-5, Child 6-18, or Parent/Caretaker Relative.
Former Foster Care	An individual under age 26 who was in foster care in Tennessee and enrolled in TennCare Medicaid at age 18.
Parent/Caretaker Relative	Individual related to a child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child's care. The child must be under 18 (or is 18 if a full-time student).
Household Size	The total number of people in the family who live with the applicant. Count a spouse, siblings, and any other children or stepchildren. Count unborn babies only for the household size of a pregnant applicant. See the Step-By-Step Instructional Guide for Hospital PE for more information.
Monthly Income	The family's monthly income before taxes. Include wages, salaries, self-employed income, unemployment, alimony received, Social Security retirement and SSDI. Do **not** include SSI or child support. See the Step-By-Step Instructional Guide for Hospital PE for more information.
U.S. Citizen	Individual born in the U.S., became a naturalized U.S. citizen, or derived U.S. citizenship from parents.
Eligible Immigrant	Non-citizen who is eligible for Medicaid because he or she has a particular type of immigration status. See the Step-By-Step Instructional Guide for Hospital PE for more information.

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