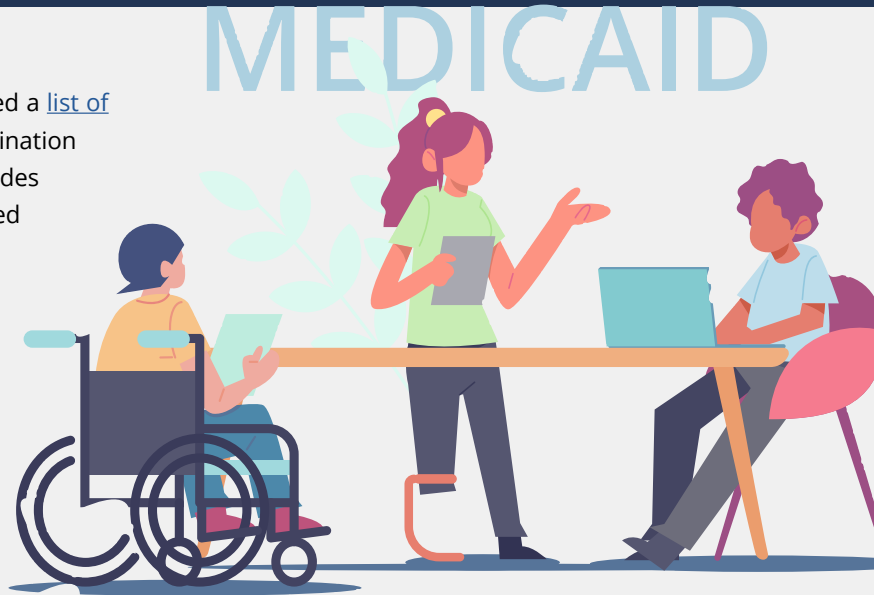


PRESUMPTIVE ELIGIBILITY DURING THE MEDICAID UNWINDING

UNDERSTANDING THE BASICS

The Centers for Medicare and Medicaid (CMS) published a [list of strategies](#) that states can implement to minimize termination for procedural reasons. One of the strategies includes the use of presumptive eligibility for community-based organizations, such as health centers. Community health centers can use presumptive eligibility to provide Medicaid coverage temporarily to patients who are likely to qualify for Medicaid. This summary provides a breakdown of what has traditionally been in place and the new waiver CMS released for presumptive eligibility.



WHAT IS PRESUMPTIVE ELIGIBILITY (PE)?

Presumptive eligibility (PE) is a long-standing state policy option that allows states to train specific “qualified entities,” such as health care providers, schools, government agencies and community-based organizations, to screen for eligibility and temporarily enroll children and pregnant women in Medicaid or CHIP for up to two months.

The traditional PE process requires qualified entities to provide information to families on what they must do to complete and submit the full application. States providing traditional PE can be found [here](#).

New PE §1902(e)(14)(A) Waiver Authority

The unwinding-related temporary waiver allows states to designate pharmacies, community-based organizations, and/or other providers as qualified entities to make PE determinations for individuals disenrolled from Modified Adjusted Gross Income–based Medicaid or CHIP for a procedural reason during the unwinding.

Key Differences Between Traditional PE & New Waiver Authority

The new temporary waiver strategy allows states to focus this pathway strictly on re-enrolling Modified Adjusted Gross Income–based groups (children, pregnant people, parents, and expansion adults) that have been disenrolled for procedural reasons in the prior 90 days (or longer period elected by the state).

Presumptive Eligibility Time Period

Under traditional PE, the individual is enrolled until the full application is processed or until the end of the month following the PE determination.

Under the temporary waiver authority, the PE period extends from the date of the PE determination by the qualified entity to the date a final determination of eligibility is made by the agency.

WHAT'S INVOLVED IN MAKING A PE DETERMINATION?

Qualified entities must screen for continuing eligibility. However, since the temporary strategy is focused on individuals who were previously determined eligible, income is the primary criteria that must be screened for re-enrollment.

- This is because citizenship or qualified immigration status are generally not subject to change and do not have to be re-verified at renewal.

The easiest way to screen income is to request that the individual share their gross household income, but state requirements may vary.

- Gross household income can be compared to income eligibility for the appropriate Medicaid category to determine if the individual is eligible to be re-enrolled.

IS THERE A FINANCIAL RISK FOR QUALIFIED ENTITIES IF IT TURNS OUT THAT THE INDIVIDUAL IS NOT ELIGIBLE TO RE-ENROLL?

No, the qualified entity is not at risk for covered services delivered if it turns out that the individual is over income, nor is the enrollee. Services delivered during the PE period will be reimbursable to the provider and the state will receive the federal matching rate.

HOW TO SUBMIT A PE DETERMINATION TO THE STATE?

This varies by state. Some states have a web-based portal through which required information is submitted. Others may have qualified entities submit a form electronically or via fax.

Benefits of PE During the Unwinding

It reconnects the individual with coverage quicker than submitting the renewal form or required documentation during the 90-day reconsideration period.

- This ensures that individuals can get their prescriptions and needed services during the PE period.

Almost all states are understaffed and already there is evidence of growing backlogs of pending renewals and overdue applications that could delay re-enrollment.

HOW DOES A PROVIDER VOLUNTEER TO BE A PE QUALIFIED ENTITY?

Unlike hospital presumptive eligibility (a different type of PE enacted as part of the Affordable Care Act) which gives hospitals the prerogative to become a PE site, the state must first adopt the temporary policy and determine what types of qualified entities will be authorized to make PE determinations.



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