
HOSPITAL PRESUMPTIVE ELIGIBILITY
REISSUED 12/18/18 – CHANGE NO. 12-18

[Current Change Notice: 12-18](#)

- Hospital Presumptive Eligibility policy has been relocated to MA 3246.
- Section 15026.1, Hospital Presumptive Eligibility, has been removed from the IEM.

I. HOSPITAL PRESUMPTIVE

Effective, January 1, 2014, the Affordable Care Act (ACA) of 2010, gives hospitals the option to perform Presumptive Eligibility (PE) determinations for individuals who appear to qualify for certain Medicaid programs.

A qualified hospital may conduct an eligibility determination of a potentially Medicaid-eligible applicant based on self-attestation of income and circumstances. A qualified hospital is one that meets the criteria as stated in the [Hospital Provider Instructions Administrative Letter 03-18](#). The local agency should review the Hospital Provider Instructions Administrative Letter 03-18 and the list of qualified hospitals found on the NC Medicaid Division of Health Benefits website: <https://medicaid.ncdhhs.gov/resources>.

II. ELIGIBILITY

A. Medicaid may contract with hospitals that are determined Qualified Medical Providers (QMP's) to determine Presumptive Eligibility (PE) for the following groups based on Modified Adjusted Gross Income (MAGI):

1. Pregnant women (MPW) – covers ambulatory prenatal care only,
2. Infants and Children (MIC),
3. Medicaid for Families with Dependent Children (MAF),
4. Family Planning Program (MAF-D),
5. Former Foster Care Children (MFC), and
6. Breast and Cervical Cancer Medicaid (BCCM).

- Hospital must be a Breast and Cervical Cancer Control Program (BCCCCP) provider.

B. The qualified hospital provider determines presumptive eligibility, by using the Presumptive Eligibility Determination Form (DMA-5032-H) for benefits based on the applicant's self-attestation of the following eligibility criteria:

1. U.S Citizenship, U.S. national, or satisfactory immigration status,
2. North Carolina residency or intent to reside in North Carolina,
3. Not be an inmate of a public institution,
4. Not be receiving Medicaid in another aid/program category, county, or state, and
5. Gross income equal to or less than the income limit for the individual's applicable group.
6. There is no resource test.

C. Presumptive eligibility is limited to:

1. Once per pregnancy for Medicaid for Pregnant Women (MPW)
2. Once in a two-year period for all other eligible programs.

III. APPLICATION

A. It is the hospital provider's responsibility to determine Presumptive Eligibility (PE) and notify the local agency. The local agency cannot determine PE.

B. If the applicant is determined presumptively eligible (PE) for Medicaid, the QMP hospital must:

1. Submit a hospital PE determination via the NC FAST ePass portal.
2. Advise the applicant to apply for Medicaid no later than the last work day of the month following the month they were determined presumptively eligible.
3. Refer the applicant to the local agency to apply for Medicaid, or
4. Assist the applicant with submitting an electronic Medicaid application via the ePass portal
5. **Forward the [DMA-5032-H](#) and [DMA-5033](#) to the local county agency**

within five (5) work days of the PE determination.

- C. When a Qualified Medical Provider (QMP) hospital submits a PE determination through ePASS to the local agency, it is categorized as an “Undisposed Presumptive Determination” and will arrive in the NC FAST work queue called, “<County Name> - County Presumptive Eligibility”. Appropriate local agency staff must retrieve the Hospital PE determination from this queue weekly. Staff should authorize the PE determination case within the first 5 work days of the next calendar month.**
- D. The local agency must contact the QMP if the Presumptive Eligibility Determination Form ([DMA-5032-H](#)) and Presumptive Eligibility Transmittal Form ([DMA-5033/DMA-5033sp](#)) are not received from the QMP by the 6th work day.**
- E. Upon receipt of the Presumptive Eligibility Determination Form ([DMA-5032-H](#)) and Presumptive Eligibility Transmittal Form ([DMA-5033/DMA-5033sp](#)) from the QMP :**
1. Use the [Presumptive Eligibility Log, DMA-5183](#), to record the receipt of the Presumptive Eligibility Determination Form, [DMA-5032-H](#).
 2. Review the Presumptive Eligibility Determination Form, [DMA-5032-H](#), to [ensure](#) it is signed and dated by both the applicant and the provider:
 - a. If the [DMA-5032-H](#) form is not signed and dated by both the applicant and the provider:
 - (1) Make a copy of the [DMA-5032-H](#) and keep a copy for agency records.
 - (2) Return the original form to the provider for completion.
 - (3) Document on the log that it has been returned to the provider.
 - b. If the applicant’s address indicates they are not a resident of your county:
 - (1) Contact the provider within 2 work days of receipt of the presumptive eligibility determination forms.
 - (2) Confirm the correct county of residence;
 - (3) If, the applicant is not a resident of your county, mail the presumptive eligibility forms to the responsible local agency, and transfer the PE determination case to the correct county within two (2) work days.

- (a) The local agency within two (2) work days must call the contact person in the applicant's responsible county and report that a Hospital PE determination and/or PE forms have been received,
 - (b) The responsible local agency must acknowledge and document the verbal notification of the PE from the county that originally received the PE determination and/or PE forms.
 - (c) If the non-resident local agency does not transfer the PE determination case by the third work day, the non-resident agency is responsible for authorizing eligibility and transferring to the appropriate county.
 - (d) Follow procedures in the Job Aid: [Completing a County Transfer](#)
- 3. Check NC FAST to see If the applicant has a pending Medicaid application in any program. If there is a pending Medicaid application:
 - a. Complete the bottom portion of the DMA-5033/DMA-5033sp transmittal form indicating the status of the Medicaid application and return it to the provider within 5 work days.
 - b. Keep a copy of the transmittal form to send to the provider at disposition (approved/denied).
- 4. Retain the [DMA-5032-H](#) and [DMA-5033](#) forms in a suspense file in accordance with county administrative procedures for retrieval when the applicant comes in to apply or within the first five work days of the next calendar month if no application has been made.

IV. CERTIFICATION

When the PE certification ends depends on when (or if) a corresponding regular Medicaid application is submitted for the beneficiary.

A. PE Determination

- 1. Authorize the hospital PE determination case within the first five (5) workdays of the month following the month of the PE determination after receipt of the [DMA-5032-H](#) and [DMA-5033/DMA-5033sp](#).
 - a. The PE start date indicates:

- (1) The day the applicant's PE was determined,
 - (2) The application was signed at the qualified hospital, and
 - (3) Submitted into NC FAST by the QMP.
- b. The local agency must:
- (1) Authorize PE beginning with the date of the presumptive application through the last day of that month.
 - (2) Follow procedures Job Aid: [Processing Hospital Presumptive Eligibility \(PE\) Determinations](#), for authorizing PE determinations.
 - (3) Send a [DMA-5003ia/DMA-5003s-ia](#), advising the applicant of the dates authorized for presumptive eligibility.
 - (4) Continue to review the hospital PE determination case within the first five (5) work days of each month and authorize presumptive eligibility for the previous month until the presumptive eligibility period ends.
2. PE ends on the earliest of the following dates:
- a. The last day of the month following the month PE was determined if the applicant/beneficiary does not apply for Medicaid or,
 - b. The day the local agency makes an eligibility determination if the applicant/beneficiary does apply for Medicaid.
3. Ensure a Medicaid card has been issued. It is the applicant/beneficiary's responsibility to notify the provider when the Medicaid card is received.

B. If the applicant/beneficiary does not apply for Medicaid by the last work day of the month following the month Presumptive Eligibility (PE) was determined:

1. Terminate the PE case for the last day of the month following the month PE was determined following procedures in the Job Aid: [Processing Hospital Presumptive Eligibility \(PE\) Determinations](#).
2. Complete the bottom portion of the [DMA-5033/DMA-5033sp](#), transmittal form, and return it to the provider within 5 workdays. Include the beneficiary's Medicaid Individual ID. Indicate on the form that the applicant/beneficiary did not apply within the required timeframe.

C. If the applicant/beneficiary does apply for Medicaid by the last work day of the month following the Presumptive Eligibility (PE) determination month:

1. Review and determine eligibility on the Medicaid application. The Medicaid application date is the date the complete Medicaid application is signed and received in the local agency.
 - a. Refer to section [MA 2300/3200, Application](#), or
 - b. Refer to section [MA 3250, Breast and Cervical Cancer Medicaid \(BCCM\)](#) applications received, if applicable.
2. If Medicaid eligibility cannot be determined, authorize PE through the last day of that month:
 - a. Follow procedures in the Job Aid: [Processing Hospital Presumptive Eligibility \(PE\) Determinations](#).
 - b. Continue to review and authorize the PE determination case for the previous month within the first five workdays of each month:
 - (1) Until the PE period ends, or
 - (2) A Medicaid eligibility determination has been made
 - (3) Follow procedures in the Job Aid: [Processing Hospital Presumptive Eligibility \(PE\) Determinations](#).
 - c. Complete the bottom portion of the [DMA-5033/DMA-5033sp](#) transmittal form and return it to the provider within 5 work days indicating:
 - (1) The applicant/beneficiary applied for Medicaid, and
 - (2) The status of the Medicaid application (approved, pending, etc.).
3. If a Medicaid eligibility determination has been made, authorize PE through the day the eligibility determination is made on the Medicaid application.
 - a. If the applicant/beneficiary applies and is determined eligible for Medicaid:
 - (1) The Medicaid start date is the date the Medicaid application is signed, and all eligibility factors are met.
 - (2) Authorize the Medicaid case for ongoing coverage and/or retroactive coverage, if all eligibility factors are met.
 - (3) Follow procedures in the Job Aid: [Processing Hospital Presumptive Eligibility \(PE\) Determinations](#).

- (4) Notify the applicant/beneficiary of the approval of the Medicaid application on the Notice of Benefits, [DMA-5003ia/DMA-5003s-ia](#), including the dates of eligibility.
 - (5) If the individual is a pregnant woman also, send the Pregnancy Medical Home (PMH) handout, [DMA-5076/DMA-5076sp](#).
 - (6) Send a copy of the [DMA-5033/DMA-5033sp](#) transmittal form to the provider within 5 workdays indicating that the Medicaid application was approved or pending. Note on the form the authorization dates and the Medicaid ID number, if applicable.
- b. If the applicant/beneficiary applies and is determined ineligible for Medicaid:
- (1) Terminate PE effective the day the Medicaid application is denied.
 - (2) Follow procedures in the Job Aid: [Processing Hospital Presumptive Eligibility \(PE\) Determinations](#).
 - (3) Send the Your Application for Benefits is being Denied or Withdrawn, [DSS-8109](#) to the applicant/beneficiary to notify of the denial of the ongoing Medicaid application.
 - (4) Send a copy of the [DMA-5033/DMA-5033sp](#) transmittal form to the provider within 5 workdays indicating that the application was denied. Note on the form the authorization dates for the presumptive period and the Medicaid ID number.

V. REPORTS

NC FAST will provide two reports that will identify PE beneficiaries by county. Appropriate local agency staff must monitor these reports. The reports will be in NC FAST Help called Non-Disposed Hospital PE Determinations and Active Hospital PE Product Delivery Case:

A. Non-Disposed Hospital PE Determinations

1. Report will identify PE cases that are still awaiting the county to authorize and activate in NC FAST.
2. Non-Disposed Hospital PE Determinations should be reviewed, authorized, and activated by the 5th work day of the next calendar month following PE determinations.

B. Active Hospital PE Product Delivery Cases

1. Report will identify all active PE cases.
2. Active Hospital PE cases should be reviewed by 5th work day of the next month following the PE determination and coverage extended or terminated by the last day of the month.