



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Presumptive Eligibility (PE)

Streamlining Healthcare for Montanans

Human and Community Services Division, DPHHS
PO Box 202925, Helena, Montana 59620-2925

Website: www.dphhs.mt.gov ♦ E-mail: tsmith@mt.gov
1-877-543-7669, x3098 (Free call)



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What Is Presumptive Eligibility?

Immediate temporary health coverage for eligible individuals for designated Public Assistance programs

- Recipients are allowed ONE PE period every 12 months (dated from the most recent PE effective date) OR once per pregnancy. (A pregnant woman may be eligible more than once in 12 months if they have more than one pregnancy during that 12-month period).
- PE begins the date a Qualified Entity makes a PE determination, and lasts until either the date a complete eligibility determination is made based on a full health coverage application, OR until the last day of the month following the month PE began.



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Who Determines Presumptive Eligibility?

- In December 2013, the Montana Human and Community Services Division (HCSD) staff trained more than 365 employees from Montana hospitals, affiliated clinics, county health departments, critical access hospitals, and Indian Health Service facilities to determine Presumptive Eligibility under new 2014 guidelines.
- Hospitals are not mandated to provide Presumptive Eligibility determinations. To date, 38 Montana hospitals and 14 other facilities have staff who received training.
- During January, 2014, just over 150 people statewide received access to health care services through Presumptive Eligibility.



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New or Changing Populations for PE

Beginning January 1, 2014, hospitals and other designated facilities participating with Medicaid are able to offer PE to more people. Prior to 2014, PE was available for children and pregnant women. Now the following populations have PE coverage as an option if they meet eligibility requirements. The hospital/facility must participate with Medicaid and must agree to make determinations for every group listed:



Children (HMK *Plus* and HMK)



Former Foster Care Children (ages 18 up to 26)



Parent/Caretaker Relative Medicaid



Pregnant Woman (Ambulatory Prenatal Care)



Breast and Cervical Cancer



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Definitions

HMK Plus -- formerly known as Children's Medicaid

- **Children UP TO age 19.**

HMK -- formerly known as the Children's Health Insurance Program (CHIP)

- **Children UP TO age 19.**
- **Applicants cannot have other health insurance and receive HMK.**

Former Foster Care

- For individuals who **were in Foster Care and receiving Medicaid** when they turned **18**
- May apply if currently age **18 through age 25 (UP TO age 26)**

Parent/Caretaker Relative Medicaid

• The parent or caretaker relative **must have a related dependent child under age 19 living with them in the home to be eligible.** In general, Montana does not provide Medicaid to adults unless they qualify under specific groups (i.e., aged, blind, or disabled). The Montana Legislature has not approved expansion of Medicaid to adults.



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Definitions, Continued

Pregnant Woman

- For Pregnant women presenting for services prior to delivery. A pregnant woman may be eligible for PE more than once in 12 months if they are pregnant more than once in that 12-month period.

Breast and Cervical Cancer

- For women (ages 19 through 64) presenting for services after screening at a designated Montana Breast and Cervical Health Program facility AND after receiving diagnosis and treatment options for breast and/or cervical cancer.
- Applicants cannot have other insurance which covers breast or cervical cancer treatment.

Verifying Presumptive Eligibility

When seeking health care services, those qualifying for Presumptive Eligibility should present two documents which verify PE. **They do not receive a member ID card for PE**, but will have the following:

- **Presumptive Eligibility Application;** and
- **Proof of Temporary Coverage form**

Before providing services to a PE recipient, please visit the Web Portal to verify PE coverage is active (see examples on next two slides), or call Xerox Provider Relations to verify at 1-800-624-3958.



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Web Portal

<https://mtaccesstohealth.acs-shc.com/>



Verify if the person has current coverage



Montana's Official State Website

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[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response Mayo Dermatology

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	NPI or Provider ID:	0001110907
Client Current ID:	Date of Service:	10/19/2013
Client Member ID:	Valid Request Indicator:	
Name:	Reject Reason Code:	
Address:	Follow-up Action Code:	
City:	Date of Death:	
County Code:	Trace Number:	
State:		
Zip Code:		
Date of Birth:		
Gender Code:		

In this example, the person has HMK Plus coverage from 2/1/12 - 12/31/13.

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Basic Coverage	02/01/2012	12/31/2013





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Verify if the person has Presumptive Eligibility

mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

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Eligibility Inquiry Response

01/15/2014

Client Demographic Information

Client Original ID: NPI or Provider ID: 0001110902
 Client Current ID: Date of Service: 01/15/2011
 Client Member ID: Valid Request Indicator:
 Name: Reject Reason Code:
 Address: Follow-up Action Code:
 City: Date of Death:
 County Code: Trace Number: 201103814061225IT
 State:
 Zip Code: 593270000
 Date of Birth: 10/24/1992
 Gender Code: M: Male

01/15/2014 02/28/2014

Eligibility Spans [About HMK/HMKPlus](#)

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	OT: Other	HMK/CHIP	Presumptive Eligible	01/15/2011	02/28/2011

In this example, the person had HMK Presumptive Eligibility coverage 1/15/14-2/28/14. This person can't receive PE benefits again until 1/15/2015





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The Presumptive Eligibility Application (Page 1 of 2)



PRESUMPTIVE ELIGIBILITY (PE) APPLICATION ONLY

This application is used for Presumptive Eligibility (PE) determinations for:

- Children (HMK Plus and HMK)
- Former Foster Care Children, ages 18 up to 26
- Parent/Caretaker Relative Medicaid
- Pregnant Woman
- Breast & Cervical Cancer

For ongoing coverage, applicants may:

- Apply online at www.healthcare.gov; or phone 1-800-318-2596
- Apply online at www.apply.mt.gov or phone 1-888-706-1535
- Apply by mail using a paper **Application for Health Coverage**.
Mail application to: P.O. Box 202925, Helena, MT 59620-2925

Applicant Information - Please PRINT CLEARLY.

First/Last Name:	
Home Address:	City/State/ZIP:
Mailing Address (if Different):	City/State/ZIP:
Home or Cell Phone:	Message Phone:

Household Information – Complete for every person living in the household. List adults first, then children. Social Security Numbers are requested but are not required. *U.S. Citizenship and *Qualified Non-Citizen status ONLY need to be included for persons applying for Presumptive Eligibility. ** Answer ONLY for HMK.

Name (First – Middle Initial – Last)	Relationship to Applicant	Apply for PE? (Y/N)	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender (M/F)	*U.S. Citizen (Y/N)	*Qualified Non-Citizen (Y/N)	Montana Resident (Y/N)	**Has Health Insurance (Y/N)
	(self)								
1									
2									
3									
4									
5									
6									

Is anyone in the household pregnant? ___Yes ___No If "Yes", who? _____ Date Due _____ How many unborns? _____

Was anyone in Foster Care and receiving Medicaid at age 18? ___Yes ___No If "Yes", who? _____

Applicant: Please also complete **Household Income Information** and **Signature** on Next Page.



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The Presumptive Eligibility Application (Page 2 of 2)

Household Income Information and Applicant Signature			
<small>Earned Income -- List this MONTH'S total gross wages before taxes for each person; Unearned Income -- List all monthly unearned income (i.e., Unemployment, Social Security, Pensions, Interest/Dividends) for each person. (Do not include Child Support or Worker's Comp)</small>			
First Name	Earned Income Total	Unearned Income Total	TOTAL (Monthly Gross)

COMBINED TOTAL MONTHLY GROSS INCOME = \$ _____

(Applicant OR Parent/Guardian/Other) – I understand the questions on this application and the penalty for withholding or giving false information. I certify, under penalty of perjury, all my answers are correct and complete to the best of my knowledge. I understand the information provided on this application can be used to establish identity for children under age 16.

Applicant Name _____ Applicant Signature _____
(Please Print)

(Presumptive Eligibility may last 60 days or less and is limited to once every 365 days OR once/pregnancy).

FOR OFFICE USE ONLY – Qualified Entity must complete all information below:

COMBINED TOTAL MONTHLY GROSS INCOME for Household: \$ _____** Household Size _____

(** Compare this amount to the Income Calculation Tool for the appropriate category of applicant[s] based on household size, then finalize determination).

DATE DETERMINED (mm/dd/yyyy) _____ Facility _____

QE Signature _____

QE Name (print) _____

QE Phone _____ QE FAX _____ QE Email _____

Within 5 days of Determination, SCAN application and Proof of Temporary Coverage form, then create a secure ePass account at transfer.mt.gov, and email scanned documents to: HHSPresumptive@mt.gov – OR FAX same documents to: 1-877-418-4533.



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The Proof of Temporary Coverage Form



Proof of Temporary Coverage for Presumptive Eligibility

Dear Provider:

The person(s) listed below has temporary health coverage through Presumptive Eligibility (PE). Temporary coverage may last between 30 and 60 days depending on the effective date of coverage shown (below). To ensure payment, providers must verify eligibility prior to providing services and submitting claims. If you have questions concerning Presumptive Eligibility, please call the Human and Community Services office, 1-877-543-7669, ext.2869 OR ext. 3098.

Verify Presumptive Eligibility via:

- Web Portal at www.mtmedicaid.org (click on *Montana Access to Health* link);
- FAX Back at 1-800-714-0075 (do not FAX the completed PE application to this FAX number); or
- Automated Voice Response at 1-800-714-0060

Services included under temporary coverage are the same as those available under regular program coverage.

NOTE: Social Security Numbers are requested but are not required.

Name (First - Middle Initial - last)	Social Security Number <u>AND</u> Date of Birth mm/dd/yyyy	Effective Date of Coverage mm/dd/yyyy	Check the appropriate coverage group					
			HVIC Plus	HVIC	Former Foster Care (ages 18 up to 26)	Parent/ Caretaker Relative Medicaid	Pregnant Woman	Breast & Cervical Cancer

Name of Qualified Entity Determining Presumptive Eligibility (Please Print)

Date

Signature of Qualified Entity

QUALIFIED ENTITY: Within 5 days of Determination, SCAN PE Application and Proof of Temporary Coverage form, then create a secure ePass account at transfer.mt.gov, and email scanned documents to: HHSPresumptive@mt.gov – OR FAX same documents to: 1-877-418-4533.

Additional Information About PE

Additional information about presumptive eligibility is available:

- On the Montana Medicaid Provider Information website by selecting the Presumptive Eligibility link in the left menu, or at:

<http://medicaidprovider.hhs.mt.gov/providerpages/presumptivesindex.shtml>

SUBMIT CLAIMS:

- Claims for all Medicaid coverage groups, along with Dental, Vision, and Pharmacy Claims for HMK (Healthy Montana Kids) should be submitted to ACS/Xerox
- Claims for HMK medical services should be submitted to Blue Cross and Blue Shield of Montana

NOTE: FQHC's and RHC's will be paid the Medicaid Outpatient Prospective Payment System (PPS) rates for clinic services provided to HMK-eligible children. FQHC and RHC claims for clinic services other than immunizations to HMK children should be submitted to Xerox. No copays apply.



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Notes and Contact Information

Prior to submitting claims, verify the Presumptive Eligibility span is active by:

Web Portal - <https://mtaccesstohealth.acs-shc.com/> (see “Eligibility Spans”)

If member’s information cannot be viewed on the web portal or shows an *inactive* status, contact Xerox Provider Relations at 1.800.624.3958 for assistance.

Contact Us

Please call at any time if you have questions or need to verify any information about Presumptive Eligibility:

Trinda Smith

406-444-3098

1-877-543-7669, ex. 3098

tsmith@mt.gov