Presumptive Eligibility for Medicaid - Provider Training

Self Reliance eLearning
Welcome to the Department of Health and Welfare Self Reliance eLearning course Presumptive Eligibility for Medicaid, Provider Training.
This course is for providers who have been selected, approved and have completed their Memorandum of Understanding Agreement with the Department of Health & Welfare for determining Presumptive Eligibility for Medicaid.

Only hospitals can be Presumptive Eligibility Providers.
IMPORTANT: If you are not an approved provider and if you have not completed and signed the Memorandum of Understanding Agreement with the Department of Health & Welfare, please exit this course now.
As a provider, it is your responsibility to ensure that all of your staff have completed this training on Presumptive Eligibility for Medicaid.
You should also be aware that I will frequently say **DHW** instead of Department of Health & Welfare.
And the person who is a Patient to you is a Customer to DHW... but we are talking about the same person.
Patients may be determined presumptively eligible for Medicaid if they meet standard criteria.
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The patient must meet one of the following:

1. Patient is pregnant
2. Patient has related children under 19 living with them
3. Patient is a child under 19
4. Patient is between the ages of 18 and 26, and received Idaho Medicaid through the foster care program on their 18th birthday
Additionally, the patient must either meet U.S. Citizenship or qualified non-citizen requirements, which will be determined by DHW during the application process.
During this course, we will go over all of the resources that providers will use when a patient appears to be a candidate for the Presumptive Eligibility process. These resources are:

- Presumptive Medicaid Trial Eligibility Tool
- Presumptive Medicaid Eligibility Provider’s Information Sheet
- Presumptive Medicaid Eligibility Application Form
- Multiple Income Calculator
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We are going to discuss each of these in detail throughout the course, but first let’s do a high-level overview of the process.
During DHW’s business hours, you will always use the **Presumptive Medicaid Eligibility Provider’s Information Sheet** and call DHW to begin the application process.

**NOTE:** This form should never be submitted or turned in to DHW.
After DHW’s business hours, there are two options.

1. Complete the **Presumptive Medicaid Eligibility Provider’s Information Sheet** and call DHW the next business day. Choose this option if you want a real-time eligibility decision and the Medicaid ID (MID) number, or if the household has more than four people.

   OR

2. Complete the **Presumptive Medicaid Eligibility Application Form** and submit electronically using the submit button on the form. With this option, there is no need to call DHW.

   These forms should never be faxed, emailed or mailed to DHW.
DHW will make the customer eligible except in the following circumstances:

- If during business hours DHW determines the customer ineligible

- If eligible immigration status cannot be verified, regardless of time of service.

- If the person already had a Presumptive Eligibility determination in the past 12 months.
Let’s get into the details of the provider’s process for Presumptive Eligibility for Medicaid.
Before doing Presumptive Eligibility, if you are a provider who has access to IBES, remember to check the system to see if the patient is already eligible or has a pending application.
Also, the IBES Access Agreement must be followed, including contacting DHW to have a staff member’s access denied when that person is no longer employed by the provider.
I’ve mentioned a few different resources you will need in order to do the Presumptive Eligibility process.
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You can find all of these resources on the DHW website at

http://www.healthandwelfare.idaho.gov

Once you’re there, click the **Providers** tab.
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Just look for the Presumptive Eligibility Medicaid Providers heading.
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The first resource we are going to look at is the Presumptive Medicaid Trial Eligibility Tool.
BEST PRACTICE

**Always** use the link to the tool directly from the DHW website. DHW routinely updates income limits and policy, and will also be making changes to the tool and forms as improvements are identified.
The tool is a spreadsheet that will open in Excel.
The first thing you will see are instructions. We will touch on the instructions as we work through using the tool. To begin, click the Presumptive Eligibility tab at the bottom of the form.
You will find that some of the fields have drop-downs for you to select pre-defined responses.

Other areas will require you to type the appropriate information.
There are three questions in the Question Section that must be answered about the patient. Use the drop-down selector for each question and select Yes or No.
If the patient is under 26 and received Medicaid through the foster care program on their 18th birthday, they are automatically eligible for Presumptive Eligibility and you do not need to complete the Trial Eligibility Tool.
Remember, the patient must meet one of the following criteria to use this process:

1. Patient is pregnant
2. Patient has related children under 19 living with them
3. Patient is a child under 19
4. Patient is between the ages of 18 and 26, and received Idaho Medicaid through the foster care program on their 18th birthday
If the answer to all three questions is **No**, then **STOP**.
The patient is not eligible for Presumptive Eligibility.

You will see the message change to “This person does not qualify for presumptive eligibility.”
If the patient answers **Yes** to any of the three questions, you will continue.
The Household Members and Income List section has three columns, as shown above.

Let’s walk through completing this portion of the form.
The **Name** column is where you will enter the names of all of the members of the patient's household, including any unborn children.
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It is important that you list all qualified household members **only once**. The number of people in the household determines the maximum income for eligibility. If the number of members in the household is not accurate, the eligibility determination may be incorrect.

<table>
<thead>
<tr>
<th>Name</th>
<th>Household Members</th>
<th>Income</th>
<th>Frequency</th>
</tr>
</thead>
</table>

Total Household Members: 0  Total Monthly Income: $
The **Household Members Income** column and the **Frequency** column work together to calculate the total household income.
Before entering data on the form, let’s take a look at the information provided in the Instructions tab of the Presumptive Medicaid Eligibility Screening Tool.
As you can see there is information about what types of income to count or not count.
All of DHW’s income calculations are based on gross income.

**Gross income** is the total of earned and unearned income BEFORE taxes or any other deductions are removed.

The amount of income AFTER deductions or taxes are removed is called **Net income**.
Let’s look at an example.

On this paystub, you see a TOTAL PAY of $772.87. This is the gross income because it’s the amount prior to any deductions.

You can also see NET PAY of $614.84, which is the amount of income after deductions.

The household’s gross income must be used for the presumptive eligibility determination to be correct.
In the **Household Members Income** column, enter the gross income amount for that person, unless the income is identified as excluded.

In the **Frequency** column, select how often the household member receives this income.
Let’s look at the first person in the household. Sally works part-time. She is paid every other week, or Bi-Weekly, and has a gross income of $100. You would enter 100 in the Household Members Income column, and select Bi-Weekly in the Frequency drop-down box.

<table>
<thead>
<tr>
<th>Name</th>
<th>Household Members Income</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally</td>
<td>100</td>
<td>Bi-Weekly</td>
</tr>
</tbody>
</table>
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As you can see, the tool calculates a Total Monthly Income using a conversion factor appropriate to the frequency type. Simply enter the income information and the tool will calculate it correctly.

<table>
<thead>
<tr>
<th>Name</th>
<th>Household Members</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally</td>
<td>$100.00</td>
<td>Bi-Weekly</td>
</tr>
</tbody>
</table>

Total Household Members: 1
Total Monthly Income: $215.00
**IMPORTANT**

You can only enter each household member name one time. If you enter a name more than once, a warning message will alert you that there is a duplicate.
Sometimes a household member will have more than one source of income. When this happens, there is an additional tool you will need to use. It’s called the **Multiple Income Calculator Job Aid.**
The job aid is also located on the DHW website in the Provider section.

Let’s take a look at how it works.
The Multiple Income Calculator allows you to enter more than one income amount and the frequency of each income for the same person.

Let’s look at an example if Sally had more than one source of income.
Sally’s first source of income is $100 gross, and she is paid every other week. Enter 100 in the Income column, and select a Frequency of Bi-Weekly.

Sally’s second source of income is $50 gross paid each week. Enter 50 in the Income column of the next row, and select Weekly for Frequency.
Finally, on the Presumptive Medicaid Trial Eligibility Tool, enter the total income calculated from the Multiple Income Calculator for that household member and use a frequency of **Monthly**.
If more than one person in the household has multiple income sources, you can click **Clear Contents** to start fresh with another person’s income information.
Let’s look at some best practices for completing the Presumptive Medicaid Eligibility Screening Tool.
Presumptive Eligibility for Medicaid: Provider Training

When completing this tool, start at the top and move from left to right.
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Enter one person’s information at a time.
When a person has more than one source of income, use the job aid to calculate the monthly total for that individual.
Presumptive Medicaid Trial Eligibility Tool Instructions

The following information is the instructions for completing the Presumptive Medicaid Trial Eligibility Tool.

Questions section:
Answer each question that displays as it pertains to the applicant.

Household Members and Income List:
List all household members that are related to the patient as long as they are the parent, the spouse, a related child under 19, the sibling (if patient and sibling are both under 19) or anyone that will be included in the same tax filing household as the patient. List the income received by those members excluding Child Support, Workman’s Compensation, Student Financial Aid and Veterans income paid by a Veterans agency.

In order for the Presumptive Eligibility decision to be correct, all household members must be entered, even if they have no income, including unborn children. Refer to the instruction sheet for who should be entered on the tool.
If a person is pregnant with more than one unborn, in addition to adding the mother, enter “Unborn 1” and “Unborn 2” in the Name column so that each baby is counted in the household.
Every member of the household must have an Income and a Frequency. If a household member has no income, enter 0 in the Household Members Income column, and set the Frequency to None.
Here is an example of what this section will look like when it is completed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Household Members Income</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally</td>
<td>$430.00</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mark</td>
<td>$280.00</td>
<td>Semi-Monthly</td>
</tr>
<tr>
<td>Johnny</td>
<td>$0.00</td>
<td>None</td>
</tr>
<tr>
<td>Unborn</td>
<td>$0.00</td>
<td>None</td>
</tr>
</tbody>
</table>

Total: $990.00
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Next, you will review the Total Household Members section.
The **Total Household Members** section will show the total number of people in the home.

Compare the number listed in the Total Household Members section against the patient’s statement for number of people in their household, including unborn children.
If the number listed in the Total Household Members section is not correct, make the necessary changes.
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If the above message is displayed: STOP

This person would not be eligible for Medicaid

The patient does not qualify for Presumptive Eligibility.
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If this message is displayed, the patient may qualify.

But there is a little more you need to know.

This person may be eligible for Medicaid.
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Compare the amount listed in the **Total Monthly Income** section against the income charts listed in the tool.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Adult Income Limit</th>
<th>Pregnant Woman Income Limit</th>
<th>Maximum Child Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$205.00</td>
<td>$1,273.00</td>
<td>$1,771.00</td>
</tr>
<tr>
<td>2</td>
<td>$251.00</td>
<td>$1,719.00</td>
<td>$2,391.00</td>
</tr>
<tr>
<td>3</td>
<td>$317.00</td>
<td>$2,165.00</td>
<td>$3,011.00</td>
</tr>
<tr>
<td>4</td>
<td>$382.00</td>
<td>$2,610.00</td>
<td>$3,631.00</td>
</tr>
</tbody>
</table>

This person may be eligible for Medicaid.
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From our example, if Sally is the patient and pregnant, you would compare the Household’s Total Monthly Income to the “Pregnant Woman Income Limit”.

If Mark is the patient, compare to the “Maximum Adult Income Limit”

If a child is the patient, compare to the “Maximum Child Income Limit”

<table>
<thead>
<tr>
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<th>Pregnant Woman Income Limit</th>
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<td>4</td>
<td>$382.00</td>
<td>$2,610.00</td>
<td>$3,631.00</td>
</tr>
</tbody>
</table>
Let’s look specifically at Sally as the patient. Sally’s Total Household size is 4 and the Total Monthly Income is $990.00. Therefore, Sally may be presumptively eligible because her total household income is less than the amount listed in the Pregnant Woman Income Limit column.
It’s important for providers to know and explain to their patients that the information they are giving must be truthful. DHW will pursue a fraud investigation against the patient for intentionally providing wrong or incorrect information.
If the decision has been made that your patient may qualify for Presumptive Eligibility *during* DHW’s regular business hours, access the DHW website and print a copy of the *Presumptive Medicaid Eligibility Provider’s Information Sheet*. 
Work with the patient to answer every question on the Information Sheet.
The **Presumptive Eligibility Provider’s Information Sheet** is used to collect data from the patient and is intended for provider use only. This form should not be submitted to DHW.
Once the Information Sheet is complete, the provider will call 1-855-289-1427 to begin the application process.

Select the option for Presumptive Eligibility Providers.
This phone number will connect to a DHW staff person who will speak to the customer. The DHW staff person will complete the interview process with the customer and make a Medicaid eligibility determination.

If the person is deemed eligible during the phone call, DHW will:

- Approve the customer
- Give the Medicaid ID (MID)
- Provide the customer with a list of required verifications, if any are needed
If DHW needs verifications, the customer will be approved before DHW gets the verifications.

The Provider does NOT need to collect verifications in advance.

However, if the Provider has verifications, they should let DHW know.
If, during business hours, the patient is not able to speak to DHW, the provider will complete the process on behalf of the patient.
Please be aware that during peak times you may need to leave a message and wait for a call back from DHW.
If it is **outside of DHW’s normal business hours** and a decision has been made that a patient may qualify for Presumptive Eligibility, the provider will follow a slightly different process.

There are two options to use outside of DHW’s business hours, and we will look at each option.
Providers can work with the patient to complete the **Presumptive Medicaid Eligibility Provider’s Information Sheet**. The provider then phones DHW the next business day at **1-855-289-1427**. Select the option for Presumptive Eligibility Providers.
If you want a real-time eligibility decision and the MID, or if the household size is greater than four, you must complete the **Presumptive Medicaid Eligibility Provider’s Information Sheet** and phone DHW the next business day.
The second option is to complete the **Presumptive Medicaid Eligibility Application Form**, as shown here.

You can only use the Application Form for households of four or less people.
The **Presumptive Medicaid Eligibility Application Form** will collect the patient information necessary to complete the Medicaid application process. It has a “**SUBMIT**” button and will electronically transmit to DHW.
When using the Application Form, do not call DHW to initiate the application process.

If you have access to IBES, you can check the status of the application in 5 days.
You will only use one of the two forms for a patient.

If you use the Information Sheet for a patient, do not use the Application Form.

And if you choose to submit the Application Form for a patient, do not use the Information Sheet.

Never fax, email or mail either form to DHW.
Regardless of the form used, there are a few things to keep in mind.

Due to the way that eligibility is determined for Medicaid, it is critical that the tax filing information is accurately obtained and recorded.

Therefore, it is the Provider’s responsibility to ensure their staff ask these questions.

<table>
<thead>
<tr>
<th>Does the person plan to file a federal tax return for the CURRENT YEAR?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Primary tax filer?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| b. Filing jointly with a spouse? | No | Yes
If yes, name of spouse: ____________________________ |
| c. Claiming dependents? | No | Yes
If yes, names of dependents: ____________________________ |
| d. Claimed as a dependent by a: | household member | non-household member
Who will be the primary filer? ____________________________ |
Providers will ensure that their staff thoroughly review the entire DHW Rights & Responsibilities with the patient whenever information is obtained without the patient speaking to a DHW staff member.
The Rights & Responsibilities can be found on Page 4 of the Application Form.

DHW will cover the Rights & Responsibilities if they complete the application process with the customer during business hours. Any other time you do Presumptive Eligibility with the customer, you must talk through each point with them.
When working with a patient after DHW hours, provide the patient with a copy of the Information Sheet and the Rights & Responsibilities, or a copy of the Application Form.

It is important that the patient has a copy of the information they give to the provider.
Also, if a Provider determines that a patient meets eligibility outside of DHW’s business hours, DHW will make the person eligible from the date the Provider made the determination.
Additionally, providers will convey to their staff that when completing Presumptive Eligibility, they must maintain a 90% or higher accuracy rate.
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This means that the following must be completed correctly:

- All questions asked of the customer
- Capturing all information, including but not limited to:
  - Household members
  - Gross Income
  - Frequency of Income
- Comparison of household information to the income charts

In order for Providers to keep their Presumptive Eligibility status, nine out of ten cases must be determined correctly.
At this point, we have walked through the resources that a provider would need to determine Presumptive Eligibility for Medicaid.
And since you may not be doing this every day, we’ve put together a Fact Sheet that you can use as a quick reference.
Thank you for completing this training. The Fact Sheet can be found on the following pages. Please take a moment to review it.
Presumptive Eligibility for Medicaid – Fact Sheet

Presumptive Medicaid Trial Eligibility Tool

- The Presumptive Medicaid Trial Eligibility Tool is built in Excel and has two tabs:
  - Instructions
  - Presumptive Eligibility

- The Instructions should be referenced before every use for updates and to ensure that the provider has the necessary information for completing the form.

- The Presumptive Eligibility tab has two sections:
  - Question Section
  - Household Members and Income List Section

- Here are some Best Practices for using this tool:
  1. When completing this tool, start at the top and move from left to right.
  2. Enter one person’s information at a time.
  3. When a person has more than one source of income, calculate the monthly total for that individual using the Multiple Income Calculator Job Aid and enter the total on the Presumptive Medicaid Trial Eligibility Tool.
  4. In order for the Presumptive Eligibility decision to be correct, all household members must be entered, even if they have no income – including an unborn child.
  5. Enter zero in the Household Members Income column if they have no income.

- If this tool indicates that the patient may be eligible, the provider will take the next action based on the following:
  - During the Department of Health & Welfare (DHW) business hours, complete the Presumptive Medicaid Eligibility Provider’s Information Sheet.
  - Outside of DHW business hours complete the Presumptive Medicaid Eligibility Application Form.
    - If the family size is larger than four individuals, the provider will use the Presumptive Medicaid Eligibility Provider’s Information Sheet and contact DHW during business hours.
Presumptive Eligibility for Medicaid – Fact Sheet

Multiple Income Calculator Job Aid

- The Multiple Income Calculator Job Aid is used when a member of the household has more than one source of income and is used to combine a household member’s income into a single monthly total.

- The Total Monthly Income amount is then entered on the Presumptive Medicaid Trial Eligibility Tool under the Household Members Income column and monthly is entered under the Frequency column.

Presumptive Medicaid Eligibility Provider’s Information Sheet

- The Presumptive Medicaid Eligibility Provider’s Information Sheet should be completed if it has been determined that the patient is potentially eligible. There are two times that this form will be used:
  
  o The first is when the provider contacts DHW during normal business hours to complete the process.
  
  o The second is if the Presumptive Medicaid Eligibility Application Form cannot be used because the household size is larger than four people. In this instance the provider will contact DHW the next business day.

- DHW cannot determine eligibility without complete data. Therefore, all questions within each section must be answered and completed for the entire household.

- The Presumptive Medicaid Eligibility Provider’s Information Sheet is intended for provider use and should not be submitted to DHW.

Presumptive Medicaid Eligibility Application Form

- The Presumptive Medicaid Eligibility Application Form is used by the provider when the patient is determined to be potentially eligible after DHW business hours.

  o This form cannot be used outside of DHW business hours if the household size is larger than four people. In this instance the provider will use the Presumptive Medicaid Eligibility Provider’s Information Sheet as noted above.

- DHW cannot determine eligibility without complete data. Therefore, all questions within each section must be answered and completed for the entire household.
Presumptive Eligibility for Medicaid – Fact Sheet

Actions when the patient may be eligible for Medicaid

During DHW normal business hours

- Call 1-855-289-1427 and select the option for Presumptive Eligibility Providers. A DHW staff person will speak to the patient or their representative and begin the application process.

- During peak times, providers may need to leave a message and wait for a call back from DHW.

Outside of DHW business hours (phone line is closed)

- If the household size is four or less, complete the Presumptive Medicaid Eligibility Providers Application Form and submit electronically using the submit button on the form.

- If the household size is greater than four, complete the Presumptive Medicaid Eligibility Provider’s Information Sheet and phone DHW the next business day at 1-855-289-1427, and select the option for Presumptive Eligibility Providers.

Accessing the Presumptive Eligibility Documents

- All resources needed to complete the Presumptive Eligibility determination can be accessed on the Department of Health & Welfare’s website, by selecting the Provider tab and scrolling down to the Presumptive Eligibility Medicaid Provider header.