

**South Carolina Department of Health and Human Services  
Medical Care Advisory Committee  
Item for Committee Advisement**

**PREPARED BY:** Ella Dickerson

**PRESENTED BY:** John Supra

**DATE:** 10/20/2013

**SUBJECT:** Presumptive Eligibility for Medicaid in Hospitals

**OBJECTIVE:** Design a Presumptive Eligibility program that results in individuals who truly qualify for Medicaid gaining access to the system through accurate screening and a full determination.

**BACKGROUND:** Effective for services provided on or after January 1, 2014, hospitals will have the option to perform Presumptive Eligibility determinations as granted by the Affordable Care Act. Through this program, hospitals that participate in Medicaid and have not been disqualified can make presumptive Medicaid eligibility determinations for individuals who attest to a simplified set of eligibility requirements for the following SCDHHS categories: Pregnant Women, Family Planning, Former Foster Care Children to Age 26, Breast and Cervical Cancer Treatment, Infants and Children under Age 19, and Parents and Caretaker Relatives. SCDHHS will communicate the program requirements and provide training to these hospitals. Individuals who are determined presumptively eligible will be enrolled in a fee-for-service payment category based on the hospital's assessment of categorical eligibility, household income, state residency and citizenship, status as a national or satisfactory immigration status as attested by the applicant. The agency will provide all services covered under the plan, including EPSDT, during this Presumptive Eligibility Period. Exceptions to this include individuals found presumptively eligible for family planning will receive services limited to family planning, and individuals enrolled in the presumptively eligible category for pregnant women will only receive ambulatory prenatal care. Presumptive Eligibility Periods are limited to no more than one period within two calendar years. The Presumptive Eligibility Period begins on the date the determination is made. The Presumptive Eligibility Period ends with 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.

SCDHHS will require hospitals to meet performance standards that relate to the proportion of individuals determined presumptively eligible who submit a full application before the end of the Presumptive Eligibility Period and 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.

**BUDGETARY IMPACT:** Hospital participation in this program will determine the final budgetary impact. SCDHHS anticipates the budgetary impact to be minimal. The potential budget risks are based on the possibility that individuals are granted presumptive eligibility by hospitals erroneously. SCDHHS will be monitoring and reviewing this program to minimize and manage this budget risk.

**EXPECTED OUTCOMES:** The goal is to reach the eligible but unenrolled population in the state and get them enrolled in a full Medicaid plan. If a presumptive period is required, diligent follow up efforts should result in a full application and enrollment in to a Medicaid plan or transfer of information to the FFM for QHP application and enrollment.

**EXTERNAL GROUPS AFFECTED:** Hospitals, Eligible but Unenrolled Individuals

**RECOMMENDATION:** Hospitals should explore this option carefully to ensure that it will be beneficial in their workflow.

**EFFECTIVE DATE:** January 1, 2014