Presumptive Eligibility Compliance

HEALTHY INDIANA PLAN 2.0

Qualified Provider Responsibilities

- Verify an individual's IHCP eligibility via Web interChange, Automated Voice Response, or Electronic Data Interchange.

- Enroll presumptively eligible individuals with PE coverage during all business hours.

- Make presumptive eligibility determinations consistent with state policies and procedures.

- Guide individuals on the requirements to complete and submit the Indiana Application for Health Coverage within 30 days of a completed PE application.

- Affirm that the organization understands and will abide by any published guidance regarding the performance of PE activities.

- Affirm that the organization will not knowingly or intentionally misrepresent client information in order to inappropriately gain presumptive eligibility.

- Affirm understanding that all PE enrollment activities undertaken in the hospital must be performed by a hospital employee or hospital designee.

HPE/PE Goals for Applications Submitted

FULL IHCP APPLICATIONS

405 IAC 2-3.3-3

(A) Ninety-five percent (95%) of presumptively eligible individuals from a qualified hospital shall complete and submit an application before the end of the presumptive eligibility period.

(B) Ninety percent (90%) of applications submitted for applicants will be sufficiently complete

(C) Ninety-five percent (95%) of the applicants who complete and submit an application shall be determined eligible for a Medicaid program.

Presumptive Eligibility Metrics
Q2: April 1st – June 30th 2016

	Presumptive Eligibility Applications					Full Medicaid Applications							
Specialty	Submitted	Approved	Denied	% Approved	% Denied	Full Medicaid Application Submitted	% of PE Members	Full Approved Applications	Full Denied Applications	Still Pending	% Approved (of those with a determination)	% Denied (of those with a determination)	% Still Pending
Acute Care	29,481	21,024	8,457	71.31%	28.69%	18,421	87.62%	4,832	12,445	1,144	27.97%	72.03%	6.21%
Community Mental Health Center (CMHC)	1,394	1,073	321	76.97%	23.03%	927	86.39%	237	632	58	27.27%	72.73%	6.26%
County Health Department	9	8	1	88.89%	11.11%	8	100.00%	2	5	1	28.57%	71.43%	12.50%
Federally Qualified Health Clinic (FQHC)	3,212	2,723	489	84.78%	15.22%	2,432	89.31%	1,011	1,267	154	44.38%	55.62%	6.33%
Psychiatric	563	439	124	77.98%	22.02%	360	82.00%	88	254	18	25.73%	74.27%	5.00%
Rural Health Clinic (RHC)	14	8	6	57.14%	42.86%	7	87.50%	0	7	0	0.00%	100.00%	0.00%
Grand Total	34,673	25,275	9,398	72.9%	27.1%	22,155	87.7%	6,170	14,610	1,375	29.7%	70.3%	6.2%

*Performance process only applies to hospitals at this time.

HPE Performance Management Criteria

Goal – from IAC	Q2 Status (April-June)	Performance Standard for Oct-Dec
95% of PE members complete a full IHCP application	• 28 hospitals are meeting the 95% or higher goal • Average of all Hospitals is 88.5%	All hospitals must hit 95%
95% of all IHCP applications are approved for coverage	• Only 1 hospital met the requirement. This hospital did 4 apps in the quarter. This has been excluded from the calculations. • Average of all Hospitals is 29.5%	All hospitals must hit 95%

HPE Performance Management Timeline

Step 1: Review current performance in baseline review period (April/May/June) 2016

Step 2: Notify QPs about their current performance and the target they must hit in the next review period (Oct/Nov/Dec). Letter sent out in October with specific hospital performance, state average performance and performance target. Guide hospitals on learning best practices.

Step 3: Review data from 2nd review period (Oct/Nov/Dec) to determine who needs to be put on a CAP. All facilities who do not meet performance goals by the end of Dec (As reviewed in January), will be sent a Corrective Action Plan letter asking them to outline their efforts to improve in the next 90 days. CAP is due 30 days from issue of letter.

Step 4: Review CAPs and continue monthly monitoring of those on CAP.

Stakeholder Engagement and Education

Quarterly Stakeholder group meetings: Meet quarterly to review data and discuss any issues in the HPE/PE program. Stakeholders include Indiana Hospital Association, Indiana Council of Community Mental Health Centers, Indiana Primary Health Care Association, ClaimAid, and Covering Kids and Families.

Best Practice Webinar Series hosted by Indiana Hospital Association:

Presentations on November 19th and Nov 29th 2016.