



Medicaid Handbook Transmittal Letter (MHTL) No. 3334-05

DATE: November 6, 2019

TO: Eligible Providers of Medicaid Services
Chief Executive Officers, Managed Care Plans (MCPs)

FROM: Maureen Corcoran, Director

SUBJECT: New Rule – Qualified entity requirements and responsibilities for determining presumptive eligibility

Summary

Effective November 9, 2019, new rule 5160-1-17.12, entitled "Qualified entity requirements and responsibilities for determining presumptive eligibility," will be adopted by the Ohio Department of Medicaid (ODM). Since 2014, ODM has authorized certain entities to determine presumptive eligibility (PE) and grant immediate Medicaid coverage to individuals seeking medical services at a qualified entity (QE). Although Administrative Code rule 5160:1-2-13 defines presumptive eligibility, identifies state agency responsibilities and the responsibilities of the QE, it does not identify the qualifications and terms and conditions to become a QE. Detailed requirements for becoming a QE were previously identified on the acknowledgment form that a potential QE must sign and return to ODM. This rule is intended to serve the purpose of clearly communicating to the impacted business community the eligibility requirements and responsibilities to obtain and maintain designation as a QE. The existing requirements identified in the acknowledgment form have been incorporated into this new rule and no additional requirements for existing or new QEs have been added. Existing QEs will experience no additional impact as a result of this new rule because they are already implementing the requirements set forth in this rule.

To become a QE, this rule requires the eligible entity to have an active provider agreement, read the PE training guide found on the ODM website, and attest that it will meet the terms and conditions as a QE by signing an acknowledgment form and submitting it to ODM.

Once designated as a QE, this rule requires the QE to remain in good standing as an Ohio Medicaid provider, follow federal and state laws when determining Medicaid PE, retain all records related to PE determinations and provide records upon request. This rule requires the QE to provide to ODM a list of names of all employees who will be determining PE and request appropriate web portal access from ODM. This rule requires the QE to ensure employees have read the PE training guide, understand the criteria for all Medicaid eligibility categories, and have been trained on how to use the PE portal. This rule requires a QE to verify, prior to presumptive eligibility enrollment, that each individual is not enrolled in another category of Medicaid.

This rule requires the QE who is a hospital to provide thirty-six hours' worth of medically necessary medication to any person enrolled presumptively by the QE at time of determination. If the QE is a Federally Qualified Health Center (FQHC) and has the ability to do so, it must provide thirty-six hours' worth of medically necessary medications to any person enrolled presumptively by the QE at the time of determination if such needs are determined during a medical visit.

The rule requires the QE to ensure at least 85% of presumptively enrolled individuals submit an application for full Medicaid benefits no later than the last day of the month following the month in which the QE made the PE determination. The QE must ensure that for all persons who had an application submitted for full Medicaid benefits, at least 85% result in an awarding of Medicaid eligibility.

This rule prohibits employees of the QE who have responsibility to submit claims for Medicaid reimbursement from performing PE determinations. Under this rule, a QE will be held responsible for the willful conduct of its employees who violate state or federal law.

This rule sets forth conditions under which ODM may terminate the authority granted under this rule including, but not limited to, if the QE's Medicaid provider agreement is revoked or cancelled, unauthorized use of the Medicaid Information Technology System (MITS), programmatic or systematic changes related to Medicaid eligibility or enrollment system, or if the QE is unable to perform its functions. QE designation may be terminated if the 85% application and Medicaid eligibility requirements described above are not met.

This rule sets forth the reconsideration rights available to the QE to challenge a decision of ODM to deny or terminate QE designation.

Access to Rules and Related Material

The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs, and rules; the address is <http://www.medicaid.ohio.gov>

Additional Information

Questions pertaining to this letter should be addressed to:

Ohio Department of Medicaid
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