A BILL FOR AN ACT

RELATING TO HEALTH AND HUMAN SERVICES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

| 1 | SECTION 1. The legislature finds that it is in the State's |
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| 2 | best interest to ensure that patients who are waitlisted for |
| 3 | long-term care or other types of care receive appropriate |
| 4 | medical care in a timely manner by authorizing the department of |
| 5 | human services to apply medicaid presumptive eligibility to |
| 6 | qualified waitlisted patients. Action based on presumptive |
| 7 | eligibility means that the department of human services will |
| 8 | make a preliminary, presumptive determination to authorize |
| 9 | medical assistance in the interval between an individual's |
| 10 | application for assistance and the final medicaid eligibility |
| 11 | determination, based on likelihood that the applicant will be |
| 12 | determined to be eligible. |
| 13 | At any given time, there are about one hundred fifty |
| 14 | patients in acute care hospital settings across the State who |
| 15 | are waitlisted for long-term care. Waitlisted patients are |
| 16 | those who are deemed medically ready for discharge and are no |
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longer in need of acute care services, but who cannot be

discharged due to various barriers, such as delays in medicaid



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- 1 eligibility determinations, and therefore must remain in a
- 2 higher-cost hospital setting. Discharge timeframes for
- 3 waitlisted patients range from a few days to over one year.
- 4 This situation lessens the quality of life for patients,
- 5 presenting an often insurmountable dilemma for providers and
- 6 patients and causing a serious drain on the financial resources
- 7 of acute care hospitals, with ripple effects felt throughout
- 8 other healthcare service sectors.
- 9 Regulatory and government mandates create barriers in
- 10 transferring waitlisted patients. One barrier is the delay in
- 11 completing medicaid eligibility determinations for waitlisted
- 12 patients. Senate Concurrent Resolution No. 198, adopted in
- 13 2007, requested the Healthcare Association of Hawaii to conduct
- 14 a study of patients in acute care hospitals who are waitlisted
- 15 for long-term care and to propose solutions to the problem. The
- 16 study's final report to the legislature addressed the critical
- 17 problem of waitlisted patients and the regulatory barrier of
- 18 medicaid eligibility determinations, which included several
- 19 concerns, among them:
- (1) The amount of time it takes to complete the medicaid
- 21 eligibility and re-eligibility processes;

| 1 | (2) | The amount of time staff within hospitals and nursing |
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| 2 | | facilities spend assisting families with medicaid |
| 3 | | applications, following up with families to ensure |
| 4 | | their compliance in submitting the required |
| , 5 | | documentation to support their applications, hand |
| 6 | | carrying applications to the medicaid eligibility |
| 7 | | office, and following up with eligibility workers on |
| 8 | | the status of applications; and |
| 9 | (3) | Delays in processing applications in a timely manner, |
| 10 | | resulting in delays in access to care for medicaid |
| 11 | | beneficiaries. |
| 12 | The | purpose of this Act is to improve the efficiencies and |
| 13 | managemen | t of medicaid eligibility determinations by requiring |
| 14 | the depar | tment of human services to: |
| 15 | (1) | Provide medicaid presumptive eligibility to patients |
| 16 | | who have been waitlisted for long-term care; |
| 17 | (2) | Conduct a study of a computerized medicaid |
| 18 | | applications system to address inefficiencies and |
| 19 | | other problems associated with processing medicaid |
| 20 | | applications; and |
| 21 | (3) | Submit a series of reports on costs and other issues |
| 22 | | related to medicaid presumptive eligibility. |

| 1 | This | Act also makes an appropriation to reimburse certain | |
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| 2 | providers | and plans. | |
| 3 | SECT | ION 2. Chapter 346, Hawaii Revised Statutes, is | |
| 4 | amended b | y adding a new section to be appropriately designated | |
| 5 | and to read as follows: | | |
| 6 | " <u>§34</u> | 6- Presumptive eligibility for medicaid; waitlisted | |
| 7 | patients. | (a) The department shall presume that a patient who | |
| 8 | <u>is waitli</u> | sted for long-term care and applying for medicaid is | |
| 9 | eligible | for coverage; provided that the applicant is able to | |
| 10 | show proo | f of: | |
| 11 | (1) | An annual income at or below the maximum level allowed | |
| 12 | | under federal law or under a waiver approved for | |
| 13 | | Hawaii under 42 United States Code section 1396n, as | |
| 14 | | applicable; | |
| 15 | (2) | Verification of assets; | |
| 16 | (3) | Confirmation of waitlisted status as certified by a | |
| 17 | | health care provider licensed in Hawaii; and | |
| 18 | (4) | Meeting the level of care requirement for | |
| 19 | | institutional or home- and community-based long-term | |
| 20 | | care as determined by a physician licensed in Hawaii. | |
| 21 | (b) | The department shall notify the applicant and the | |
| 22 | provider | of the presumptive eligibility on the date of receipt | |
| | 1101704 00 | 2 IDD 12 2200 1 dos | |

1 of the application. Within ten business days after the 2 applicant's receipt of notification of presumptive eligibility 3 from the department, the applicant shall submit all remaining 4 documents necessary to the department to qualify for medicaid coverage. The department shall notify the applicant of 5 6 eligibility within five business days of receipt of the 7 completed application for medicaid coverage. 8 (c) Patients who are waitlisted for long-term care and 9 presumptively covered by medicaid shall be eligible for services 10 and shall be processed for coverage under the State's qualifying 11 medicaid program. If the waitlisted patient is later determined 12 to be ineligible for medicaid after receiving services during 13 the period of presumptive eligibility, the department shall 14 disenroll the patient and notify the provider and the plan, if 15 applicable, of disenrollment by facsimile transmission or 16 electronic mail. The department shall provide reimbursement to the provider or the plan for the time during which the 17 18 waitlisted patient was enrolled." 19 SECTION 3. The department of human services shall conduct 20 a study of a computerized medicaid applications system to

address inefficiencies and other problems associated with

processing medicaid applications. The department shall submit

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- 1 its findings and recommendations to the legislature no later
- 2 than twenty days prior to the convening of the regular session
- **3** of 2013.
- 4 SECTION 4. The department of human services shall also
- 5 submit annual reports of its findings and recommendations to the
- 6 legislature no later than twenty days prior to the convening of
- 7 the regular sessions of 2013, 2014, 2015, 2016, and 2017,
- 8 regarding costs and other issues related to medicaid presumptive
- 9 eligibility.
- 10 SECTION 5. There is appropriated out of the general
- 11 revenues of the State of Hawaii the sum of \$ or so
- 12 much thereof as may be necessary for fiscal year 2012-2013 to
- 13 cover the costs of any reimbursements made to providers or plans
- 14 for services provided during the time waitlisted patients are
- 15 enrolled but are eventually determined to be ineligible.
- 16 The sum appropriated shall be expended by the department of
- 17 human services for the purposes of this Act.
- 18 SECTION 6. New statutory material is underscored.
- 19 SECTION 7. This Act shall take effect on July 1, 2013, and
- 20 shall be repealed on June 30, 2017.

Report Title:

Medicaid Presumptive Eligibility; Appropriation

Description:

Requires the department of human services to temporarily provide medicaid presumptive eligibility to patients who have been waitlisted for long-term care, and to conduct a study of a computerized medicaid applications system. Requires reports to the legislature. Appropriates funds to cover medicaid reimbursements made to providers or plans for waitlisted patients enrolled but found to be ineligible. Effective 07/01/2013, and repealed on 06/30/2017. (SD2)

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