Hospital Presumptive Eligibility Determiner Training

Alabama Medicaid Agency
Agenda

• HPE as part of the Continuum of Coverage
• HPE Overview
• How Hospitals Can Participate in HPE
• Who is Eligible to Enroll in Medicaid through HPE
• How the HPE Process Works
• Contact Information
HPE as part of the Continuum of Coverage
Affordable Care Act Coverage Changes

• The Affordable Care Act (ACA) was signed into law in March 2010; it made major changes to how people secure health coverage in the United States. Coverage changes include:
  – Medicaid and CHIP expansion and improvements
  – Health insurance marketplaces for individuals and small businesses
  – Private insurance market reforms
The Vision for Medicaid and Child Health Insurance Program

• **Single, Streamlined Application**
  – Individuals can apply for Marketplace coverage and all insurance affordability programs (Medicaid, CHIP, premium tax credits) on one application

• **Simplified Eligibility and Enrollment Rules**
  – Modified Adjusted Gross Income (MAGI) is the new income methodology based on IRS-defined concepts of income and household to determine Medicaid and CHIP eligibility for children, pregnant women, parents and other caretaker relatives.

• **Modernized Eligibility Systems**
  – Increases use of automated rules engines to enable real-time eligibility determinations; individuals can apply for coverage online

• **Children’s Coverage Improvements**
  – All children up to age 19 with family incomes up to 141% FPL are now Medicaid-eligible

• **Hospital Presumptive Eligibility**
  – Hospitals can now determine individuals to be presumptively eligible for Medicaid
HPE Overview
What Is Hospital Presumptive Eligibility (HPE)?

- Effective January 2014, hospitals staff determine Medicaid eligibility for certain individuals who are likely to be eligible.

- Eligibility under HPE is temporary but allows immediate access to coverage for eligible individuals; this is discussed in more detail later in the presentation.
How HPE Works to Get People Connected to Coverage and Care

• HPE improves individuals’ access to Medicaid and necessary services by providing another channel to apply for coverage

• It ensures the hospital will be reimbursed for services provided, just as if the individual was enrolled in standard Medicaid

• HPE is not about short-term coverage; it provides individuals with an opportunity to get connected to longer-term coverage options
How Hospitals Can Participate in HPE
How Hospitals Can Participate in HPE

• Hospital participation in HPE is optional, but states must provide a mechanism for a hospital to become qualified to conduct HPE

• To make HPE determinations, a hospital must:
  – Participate in the Medicaid program
  – Notify the state of its election to make HPE determinations by completing the HPE Provider Status and Agreement
  – Agree to make HPE determinations consistent with policies and procedures of the state and complete the HPE Determiner Agreement
Hospital Presumptive Eligibility (HPE) Application

Provider Status and Agreement

Presumptive Eligibility (PE) is short-term Medicaid coverage for children up to age 19, pregnant women, former foster care and parent/caretaker relatives. It is also the process of applying for this short-term coverage. This means covered medical services accessed during this time by the eligible individual will be paid by Medicaid. Periods of presumptive eligibility are limited to no more than one presumptive eligibility period within a calendar year.

A finalized and approved full Alabama Medicaid application form may result in 12 months of Medicaid eligibility for children; coverage for pregnant women (which includes two months of post-partum care); coverage for parent/caretaker relatives; coverage for former foster care; Breast and Cervical Cancer Program coverage; or one year of family planning Medicaid coverage for women. The Alabama Medicaid agency expects the HPE provider to make a good faith effort to refer and encourage individuals to begin the full Medicaid application process to provide patients the most comprehensive coverage period.

To become a HPE Determiner, an individual must first be a member of an eligible hospital. Each determiner will also be required to complete an Alabama Medicaid sanctioned training to qualify as a Hospital Presumptive Eligibility Determiner. Each qualified hospital will be responsible for ensuring that the trained determiners follow applicable Alabama Medicaid rules.

Provider Status and Agreement
I understand that presumptive eligibility provider status means that this hospital will, to the best of our ability, use Alabama Medicaid's PE forms and methodology to establish PE for individuals, entitling pregnant women to receive Medicaid coverage for ambulatory prenatal services and full coverage for children, former foster care and parent/caretaker relatives.

I understand that the hospital must keep complete and thorough records on all PE clients, and that these records are subject to review by state and/or federal agencies. I understand hospital staff must sign and abide by the Determiner Code of Conduct. Failure to sign the Code of Conduct or to comply with guidelines for establishing PE status may result in denial of application for determiner status or immediate termination of determiner status.

Alabama Medicaid may terminate HPE status immediately if the Code of Conduct is breached or if the HPE fails to comply with Alabama Medicaid guidelines for establishing HPE status.

Provider Name *(Please Print)*  

Provider Telephone Number

Address

City  State  Zip Code

Provider's Medicaid Billing Number

Provider's E-mail Address

Authorized Signature  Printed Name  Date
Hospital Presumptive Eligibility (HPE) Application
Determiner Agreement & Code of Conduct

Determiner Code of Conduct Disclosure or Misuse of Confidential or Official Information and Agreement

Code of Conduct
Presumptive Eligibility Determiners (PEDs) must conduct themselves in a professional manner in all dealings with the public. It is never acceptable to convey an indifferent, hostile or careless attitude toward clients, even if clients are abusive. If a client continues to be abusive or threatening please courteously refer them to an Alabama Medicaid (Medicaid) office.

PEDs shall disqualify themselves from participating in any official action affecting clients or other persons with whom they enjoy a personal relationship that could compromise, or be reasonably perceived by the public as compromising the integrity of their official actions.

PEDs may not receive any financial benefits as a result of his/her provision of services to a client on behalf as a PED of Medicaid, other than what may be provided by Alabama Medicaid.

Disclosure or Misuse of Confidential or Official Information
PEDs may not disclose confidential or official information if the disclosure of such information is prohibited by law or regulation or would be contrary to the best interest of Medicaid or its clients.

PEDs may not disclose or misuse confidential or official information not generally available to the public, or acquired by virtue of his/her affiliation with Alabama Medicaid, for his/her own or another's private gain.

PEDs under investigations or charged with criminal activities and/or unethical practices will subject the determiner to immediate termination of their determiner status.
Agreement

Alabama Medicaid and the PED enter into the agreement to allow the PED to authorize temporary Hospital Presumptive Eligibility for Medicaid.

Alabama Medicaid agrees to train PED in all matters relating to PE determination and supply all initial forms needed for PE.

PED agrees to 1) Participate in trainings sponsored by Alabama Medicaid; 2) Transmit to Alabama Medicaid the PE approvals on the day approved, if a weekday, or on the next work day if the PE approval occurs on a weekend; 3) Maintain client confidentiality; 4) Keep complete records on all PE clients; these records are subject to review by state and/or federal agencies 5) Sign, abide by, return the PE Determiner Code of Conduct; 6) comply with Alabama Medicaid guidelines for establishing PE status.

Alabama Medicaid may terminate PED status if the Code of Conduct is breached or if the PED fails to comply with Alabama Medicaid guidelines.

PE Determiner Name (Please Print) PE Determiner's Signature Work Telephone Date

Work E-Mail Address: _____________________________

Created 12-18-2013 Alabama Medicaid Agency
Hospital Staff Eligible to Make HPE Determinations

• Once a hospital is a qualified entity:
  – Any hospital employee who is properly trained and certified can make HPE determinations
    • This includes employees in hospital-owned physician practices or clinics, including those in off-site locations
  – Participating hospitals may not delegate the authority for HPE determinations to non-hospital staff
    • Third party vendors are permitted to assist with various HPE functions except for the determination
Staff Training and Certification

• The “Hospital Provider Status and Agreement” must be completed by an authorized hospital representative and submitted to the Medicaid contact in an electronic format.

• The “HPE Determiner Agreement” must be completed by the hospital staff member(s) wishing to become a HPE determiner and submitted to the Medicaid contact in an electronic format.

• HPE determiners must complete training provided by Medicaid prior to performing HPE determinations.

• Ongoing trainings are provided for HPE determiners.

http://medicaid.alabama.gov/content/4.0_Programs/4.4_Medical_Facilities/4.4.1_Hospital_Services/4.4.1.1_Presumptive_Eligibility.aspx
Alabama HPE Policies and Procedures

• Patients found eligible for HPE must be referred to complete the full Medicaid application (Application Assisters, on line, mail, in person or phone)

• Alabama Medicaid will take corrective action against hospitals, including termination from the HPE program, if the hospital does not follow Medicaid policies
In addition HPE Providers must meet the following standards:

- 70% of HPE enrollees must submit a regular Medicaid application before the end of the presumptive eligibility period.
- 50% of HPE enrollees must enroll in Medicaid on an ongoing basis.
- 90% of HPE determinations must be conducted accurately in accordance with Alabama Medicaid eligibility rules.
- 100% of applicants HPE applications must be checked for prior HPE enrollment (e.g. applicants are limited to one HPE period per calendar year and pregnant women are limited to one HPE period per pregnancy.)
Who is Eligible to Enroll in Medicaid through HPE?
What are the Benefits?
Populations Eligible for Medicaid via HPE Determinations

• Individuals who do not currently receive Medicaid benefits and have not had a PE period in the timeframe set by the state limited to one PE determination per year (for pregnant women, limited to one PE determination per pregnancy)
• Applicant must attest to their citizenship/qualified non-citizen and state residency status
• Individuals who fall into one of the following income-based groups:
  Parent and other Caretaker Relatives- 13% Federal Poverty Level (FPL)*
  Pregnant Women- 141% FPL*
  Children- 141%FPL *
  Former Foster Care- No income limit, up to age 26

*Note: A 5% FPL disregard must be applied for individuals over the applicable income level
PARENTS AND CARETAKER RELATIVES
Income Guidelines
Effective February 1, 2021
Note: Federal Poverty Levels (FPL) change in February of each year, update amounts will be provided as soon as they are released by the federal government

FAMILY SIZE | MONTHLY GROSS INCOME LIMIT (18% FPL)*
*Note: includes 5% FPL Disregard

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>MONTHLY GROSS INCOME LIMIT</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
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<td>7</td>
<td>$602.00</td>
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<td>8</td>
<td>$670.00</td>
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ADDITIONAL FAMILY MEMBERS
Add $69.00 for each additional family member over 18% of poverty*.

*The amount above includes the 5% Federal Poverty Level (FPL) disregard
PREGNANT WOMEN/CHILDREN (AGES 0-18)
Income Guidelines
Effective February 1, 2021
Note: Federal Poverty Levels (FPL) change in February of each year. Update amounts will be provided as soon as they are released by the federal government.

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>MONTHLY GROSS INCOME LIMIT (146% FPL)*</th>
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<tr>
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<td>7</td>
<td>$4,882.00</td>
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<td>8</td>
<td>$5,434.00</td>
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**ADDITIONAL FAMILY MEMBERS**

| Add | $553.00 | for each additional family member over 146% of poverty*. |

*The amount above includes the 5% Federal Poverty Level (FPL) disregard*
Duration of Eligibility under HPE

• HPE period begins with, and includes, the day on which the hospital makes the HPE determination
• HPE period ends with:
  – The day on which the state makes the eligibility determination for standard Medicaid, if the individual files a full Medicaid application before the end of the month following the month in which the presumptive eligibility determination was made, or
  – The last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a full application by that time
• The HPE period is limited to one PE determination per year and once per pregnancy for pregnant women
HPE Determiner Resources
Medicaid Household and Income Calculations

• There may be instances where a patient may include information on the HPE application that makes it appear to the HPE Determiner that they are over the applicable income limit for a program.

• The following resources are to assist the HPE Determiner to discuss with the patient how to calculate household size and income in instances where the patient may initially appear ineligible for HPE.
Determining Households for Medicaid

• Three categories of individuals
  – Tax filers not claimed as a tax dependent
  – Tax dependents
  – Non-filers and not claimed as a tax dependent

• Based on expected tax filing status
Modified Adjusted Gross Income
household size rules

Tax filer Rule:
If the individual expects to file taxes and is not expected to be claimed as a tax dependent by anyone else:
the household consists of the taxpayer, a spouse living with the taxpayer, and all persons whom the taxpayer expects to claim as a tax dependent.

Non Filer Rule:
For individuals who neither expect to file a tax return nor expect to be claimed as a tax dependent, the household consists of the individual and, the following individuals living in the household:
• The individual’s spouse
• The individual’s natural, adopted and step children under age 19, or, in the case of full-time students, under age 21
• The individual’s parents (natural, adopted and step) and siblings (adopted and step) for individuals under age 19, or, in the case of full-time students, under age 21
## General Rules in Determining HH Size

<table>
<thead>
<tr>
<th>General Rules</th>
<th>Action</th>
<th>Exceptions</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax payer who is not claimed as a dependent</td>
<td>Include taxpayer and all tax dependents claimed.</td>
<td>Always include married couples living together in the HH of the other spouse regardless of whether they expect to be claimed as a tax dependent of the other spouse or whether they file separately.</td>
<td></td>
</tr>
<tr>
<td>Tax dependents</td>
<td>HH is same as the HH of the tax payer unless one of the following exceptions applies:</td>
<td>• Individual other than spouse, biological, adopted or stepchild is being claimed as tax dependent by another taxpayer  &lt;br&gt; • Children who expect to be claimed by one parent as a tax dependent and under age 19 or, under age 21 and a full-time student who is living with both parents but whose parents don’t expect to file a joint tax return  &lt;br&gt; • Children under age 19 or, under age 21 and a full-time student who are being claimed by non-custodial parent</td>
<td>If one of the exceptions exists follow non-filer HH rules which are:  &lt;br&gt; Include the individual and the following if living with the individual:  &lt;br&gt; - Spouse  &lt;br&gt; - Natural, adopted and step children  &lt;br&gt; - If the individual is a child, include the child’s natural, adopted and step-parent and siblings who are also children</td>
</tr>
<tr>
<td>Non tax filers or individuals not claimed as tax dependent</td>
<td>Follow non-filer HH rules which are: 1. Include the individual and the following if living with the individual:  a. Spouse  b. Natural adopted and step children  c. If the individual is a child, include the child’s natural, adopted and step-parent and siblings who are also children</td>
<td>Always include married couples living together in the HH of the other spouse regardless of whether they expect to be claimed as a tax dependent of the other spouse or whether they file separately</td>
<td></td>
</tr>
<tr>
<td>Pregnant women</td>
<td>When determining the HH of the pregnant woman, count the pregnant woman plus the number of unborn.</td>
<td>When determining the HH size of other individuals who have a pregnant woman in their HH, count the pregnant woman and include actual number of babies she is expected to deliver.</td>
<td></td>
</tr>
</tbody>
</table>
Determine Modified Adjusted Gross Income for each member of the individual’s household

- Household income equals the sum of the Modified Adjusted Gross Income of every member of the individual’s household whose income is counted.

- Do not count the income of a child, or a person who is expected to be a tax dependent of another household member ... *unless that person is required to file a tax return.*

- Use special rules for lump sum income, educational scholarships and awards and special Alaska native/American Indian income

- If needed apply 5% of FPL to determine if individual is eligible for applicable program
Income

- Self-employment and farm income (after depreciation and deduction of capital losses) is counted
- Social Security Payments are counted, both taxable and non-taxable
- Lump sum payment is counted in the month it is received
- Child support income is not counted
- Veterans income is not counted
- Workers’ compensation is not counted
- Gifts and inheritance is not counted
Income (cont’d)

- Scholarships, fellowship grants and awards used for educational purposes are not counted
- Salary deferrals [flexible spending, cafeteria and 401(k) plans] are not counted
- Temporary Assistance for Needy Families (TANF) is not counted
- Supplemental Security Income (SSI) is not counted
- American Indian and Alaska Native income derived from distributions, payments, ownership interests, and real property usage rights are not counted
- Alimony paid is deducted from income
- Student Loan interest paid is deducted from income
Farm Income

- Farm income is based on the “Schedule F” tax deductions – Line 34
**Self Employment Income**

- Self-employment income is based on the “Schedule C” tax deductions – Line 31
Countable Income

- Earned income (e.g., wages, salary, or any compensation for work)
- Self-employment income from a business or hobby
- Social Security income, including Social Security Disability Insurance (SSDI) and retirement benefits
- Unemployment benefits
- Investment income, including interest, dividends, and capital gains
- Alimony received
- Pensions and annuities
- Rents and royalties received

Calculated on IRS Form 1040 on lines 7 to 22

(Some gross earnings for employees may already be reduced by “Pre-tax deductions” such as health or life insurance)
Adjusted Gross Income (AGI)

Gross income minus adjustments = AGI (also known as adjustments above the line). Listed on IRS Form 1040 on line 37.

- Examples of adjustments* made to gross income to determine adjusted gross income include:
  - Certain salary deferrals
  - Cafeteria/flexible spending plans,
  - Contributions to “401(k)” plans)
  - Contributions to a health savings account
  - Job-related moving expenses
  - Student loan interest
  - Tuition and fees **
  - Alimony paid

*Note that many adjustments are capped or may be limited based on a taxpayer’s income

**For many families, the education tax credit is more beneficial
How The HPE Process Works
Covered Services Under Hospital Presumptive Eligibility (HPE)

• Benefits are the same as those provided under the Medicaid group for which the individual is determined presumptively eligible

• Exceptions
  – Pregnant women - benefits limited to ambulatory prenatal care (birthing expenses are not covered)
The HPE Determination Process

At individual’s initial visit, HPE determiner should take the following steps:

1. Assist individual with completing HPE application
   – Assist individual in completing required questions for; name, DOB, sex, residency, citizenship, parent/caretaker
   – Assist individual with calculating monthly family income and household size
   – Ask if previously enrolled in Medicaid (obtain number if possible)
2. Determine if individual meets HPE criteria; if so, confirm eligibility
3. Send individual’s information to Alabama Medicaid HPE contact
4. Print/provide eligibility notice to individual
5. Summarize benefits and answer any questions
6. Encourage application for standard Medicaid; Refer to Application Assister if the hospital has Assisters, apply on line at https://insurealabama.adph.state.al.us, direct to local Medicaid office or apply by phone.
Alabama Medicaid Hospital Presumptive Eligibility Application

Instructions: To find out if the patient can get Hospital Presumptive Eligibility (HPE), please ask the patient to answer all the questions on this form. This is a voluntary program. All information is confidential. HPE gives patients temporary coverage. If the patient is pregnant, services are limited to ambulatory prenatal and pregnancy-related care only. The patient must fill out a full Alabama Medicaid application to get continued coverage.

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________ (Jr. Sr. II. etc.) ___________________________

Date of birth (month/date/year) ___________________________ Social Security Number (optional) ___________________________ Male Female

☐ If homeless, check the box & tell us where we can reach you.

Home Address (number & street) ___________________________ City State ZIP Code ___________________________

Mailing Address (if different than above) ___________________________ City State ZIP Code ___________________________

Living in Alabama? ☐ Yes ☐ No US Citizen or Qualified Non-Citizen? ☐ Yes ☐ No

County living in? ___________________________

Best contact phone number ___________________________ Other phone number ___________________________ Email address ___________________________

What language does the patient speak best? ___________________________ What language does the patient read best? ___________________________

1. Does the patient have an Alabama Medicaid Card? ☐ Yes ☐ No

If yes, what is the identification number on the card (if available)? ___________________________

2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient? ☐ Yes ☐ No
Best contact phone number   Other phone number   Email address

What language does the patient speak best?   What language does the patient read best?

1. Does the patient have an Alabama Medicaid Card?  □ Yes  □ No
   If yes, what is the identification number on the card (if available)? __________________________

2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient?  □ Yes  □ No

3. Was the patient in Foster Care at 18 years old, and is now under 26 years old?  □ Yes  □ No

4. Is the patient pregnant?  □ Yes  □ No
   If yes, when is the expected due date? __________________________ How many babies expected (if known) __________________________

Note: If the patient is pregnant, services are limited to ambulatory, prenatal and pregnancy-related coverage only.

How many family members live in the patient’s household? __________________________

(Include parent, spouse, and any children under age 21 living in the household)

How much is the patient’s household income?

$ __________________ Monthly  or  $ __________________ Yearly

I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that the information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/emancipated minor

Relationship to patient (if applicable)  Date
HPE Application Questions

- Name, beginning with last name
  Ex. Doe       Jane       Anne
- DOB       Ex. 11/22/73
- SSN       Ex. 111-22-3333
  If patient does not have a SSN, write “None”
  If patient does not know SSN, write “Unknown”
- Sex       Ex. Check Male or Female
- Homeless   Ex. Check if no home address
- Home Address
  Ex. 123 Main ST   Anytown, AL 12345
- Mailing Address, if not home address
  Ex. PO Box 1   Anytown, AL 12345
  Also used if homelessness is indicated
- Living in Alabama
  Ex. Check yes or no
  Accept attestation of residency
HPE Application Questions (cont’d)

- US citizen or Qualified Non-Citizen
  Check yes or no (Accept Attestation)
  A list of eligible immigration statuses can be found at the link below:

- County living in
  Example (Ex.): Montgomery

- Best phone number
  Ex. (123) 456-7891

- Other phone number
  Ex. (456) 789-1011

- Email
  Ex. janedoe@yahoo.com

- What language spoken best
  Ex. English

- What language read best
  Ex. Spanish
HPE Application Questions (cont’d)

• Does patient have a AL Medicaid card? Check yes or no
  If yes, what is the number on the card?
• Is the patient a parent of a child or a caretaker relative that lives with the child? Check yes or no (a child is under 19)
• Was the patient in Foster Care at 18 years old, and is now under 26 years old? Check yes or no
• Is the patient pregnant? Check yes or no, list the number of babies
• How many family members live in the patient’s household? (Include parent, spouse, and any children under age 21 living in the household)
• How much is the patient’s household income? $_________ Monthly or $_________ Yearly

I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that the information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/emancipated minor Relationship to patient (if applicable) Date
Verification of Eligibility Criteria for HPE

• Individual cannot be required to provide proof/documentation of any PE eligibility criteria
  – (e.g., medical verification of pregnancy is not required)

• Hospital/state must accept self-attestation of income, citizenship/immigration status and residency
How to Make a Determination

• HPE determiner will complete the determination and provide notice to the patient upon completion of the HPE application when possible

• Medicaid contact will provide Medicaid number to the HPE determiner for billing purposes
How to Submit Data

• HPE determinations will be submitted electronically to the Medicaid HPE contact

• The HPE application completed by the patient and the Approval/Denial notice completed by the determiner will be scanned and emailed to Medicaid HPE contact until further notice
Approval and Denial Notices

• Hospitals must provide individuals with a written notice after the HPE determination is made, which includes:
  – Whether HPE was approved or denied
  – If approved, beginning and ending dates of the HPE period
  – If denied, the reason for the denial and the option to submit a regular Medicaid application

• Hospitals must notify Alabama Medicaid of HPE approvals (and date range for the HPE period) on the day approved, if on a workday, or on the next work day if the HPE approval occurs on the weekend
Connecting to Full Medicaid Coverage Outside the Hospital

• Individuals can apply for full Medicaid coverage:
  – Application Assisters (primary referral if available)
  – Online at https://insurealabama.adph.state.al.us
  – In-person at their local Medicaid office
  – By mailing the single streamline application to
    PO Box 304839
    Montgomery, AL 36130-4839
  – By telephone at 1-888-373-5437

• Individuals can find help completing the single streamlined application at 1-888-373-5437
Alabama Medicaid Agency

Application Date ______________________

Dear ________________________________

You submitted an application for Alabama Medicaid Hospital Presumptive Eligibility and are;

☐ Approved    Begins____________________ Ends____________________

☐ Child      ☐ Pregnant Woman
☐ Parent/Caretaker Relative   ☐ Former Foster Care

☐ Denied       ☐ Too much income    ☐ Doesn’t fit into an eligibility group
☐ No child in home of Parent/Caretaker    ☐ No eligible immigration status
☐ Not an Alabama resident    ☐ Other; specify__________________________

If Approved:
If Approved:
- Hospital Presumptive Eligibility (HPE) is short term Medicaid coverage. Coverage begins the date that an eligibility determination is made by the hospital, and ends on either the date of a full eligibility determination, if the individual files a full Medicaid application by the last day of the month following the month in which the HPE determination was made; or, if the individual does not file a full Medicaid application, HPE ends on the last day of the month following the month in which the HPE determination was made. If you are approved as pregnancy only, services are limited to ambulatory prenatal and pregnancy-related care only. If you are approved as a Parent/Caretaker you have full coverage. You must complete a full Medicaid application for possible coverage beyond the short term coverage.

If Denied:
- Information will be provided to you for how and where you can apply for Medicaid including the new streamlined application online at https://insurealabama.adph.state.al.us

HPE Determiner Signature  Printed Name  Date
Streamlined Enrollment

- Multiple Ways to Enroll
- Single Application for Multiple Programs
- Use of Electronic Data to Verify Eligibility
- Real-Time Eligibility Determinations

Health Insurance
Medicaid
CHIP
MarketPlace

Data Hub

Dear ___,
You are eligible for...

31378197
5732346
94786574
65647

###
Contact Information
Alabama Medicaid Hospital Presumptive Eligibility Contact and Additional Resources

• For questions or more information on Alabama Hospital Presumptive Eligibility please contact:

  HPE@MEDICAID.ALABAMA.GOV

  www.medicaid.alabama.gov