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

Vision for Medicaid and Child Health Insurance Program (CHIP)

- **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 long-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: _____

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
- https://medicaid.alabama.gov/documents/2.0_Newsroom/2.5_Media_Library/2.5.1_Slide_Presentations/2.5.1_Programs/2.5.1_HPE_Training_Presentation_FY_26_1-26-26.pdf

Alabama HPE Policies and Procedures

- Patients found eligible for HPE *must* be referred to complete the full Medicaid application (application assisters, online, 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

Alabama HPE Policies and Procedures "continued"

- 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, 2026

Note: Federal Poverty Levels (FPL) change in February of each year. Updated 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*
2	$325.00
3	$410.00
4	$495.00
5	$581.00
6	$666.00
7	$751.00
8	$836.00

ADDITIONAL FAMILY MEMBERS		
ADD	$86.00	* 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, 2026

Note: Federal Poverty Levels (FPL) change in February of each year. Updated amounts will be provided as soon as they are released by the federal government.

FAMILY SIZE	MONTHLY GROSS INCOME LIMIT (146% FPL)* *Note: includes 5% FPL Disregard*
2	$2,633.00
3	$3,324.00
4	$4,015.00
5	$4,707.00
6	$5,398.00
7	$6,089.00
8	$6,780.00

ADDITIONAL FAMILY MEMBERS		
ADD	$692.00	*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 stepchildren 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

General Rules	Action	Exceptions	Action
Taxpayer who is not claimed as a dependent	Include taxpayer and all tax dependents claimed	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	
Tax dependents	HH is same as the HH of the tax payer unless one of the following exceptions applies: 	• Individual other than spouse, biological, adopted or stepchild is being claimed as tax dependent by another taxpayer • 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 • Children under age 19 or, under age 21 and a full-time student who are being claimed by non-custodial parent	If one of the exceptions exists, follow non-filer HH rules which are: Include the individual and the following if living with the individual: • Spouse • Natural, adopted and stepchildren • If the individual is a child, include the child's natural, adopted and step-parent and siblings who are also children
Non-tax filers or individuals not claimed as tax dependent	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 stepchildren c. If the individual is a child, include the child's natural, adopted and step-parent and siblings who are also children	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	
Pregnant women	When determining the HH of the pregnant woman, count the pregnant woman plus the number of unborn	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	

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

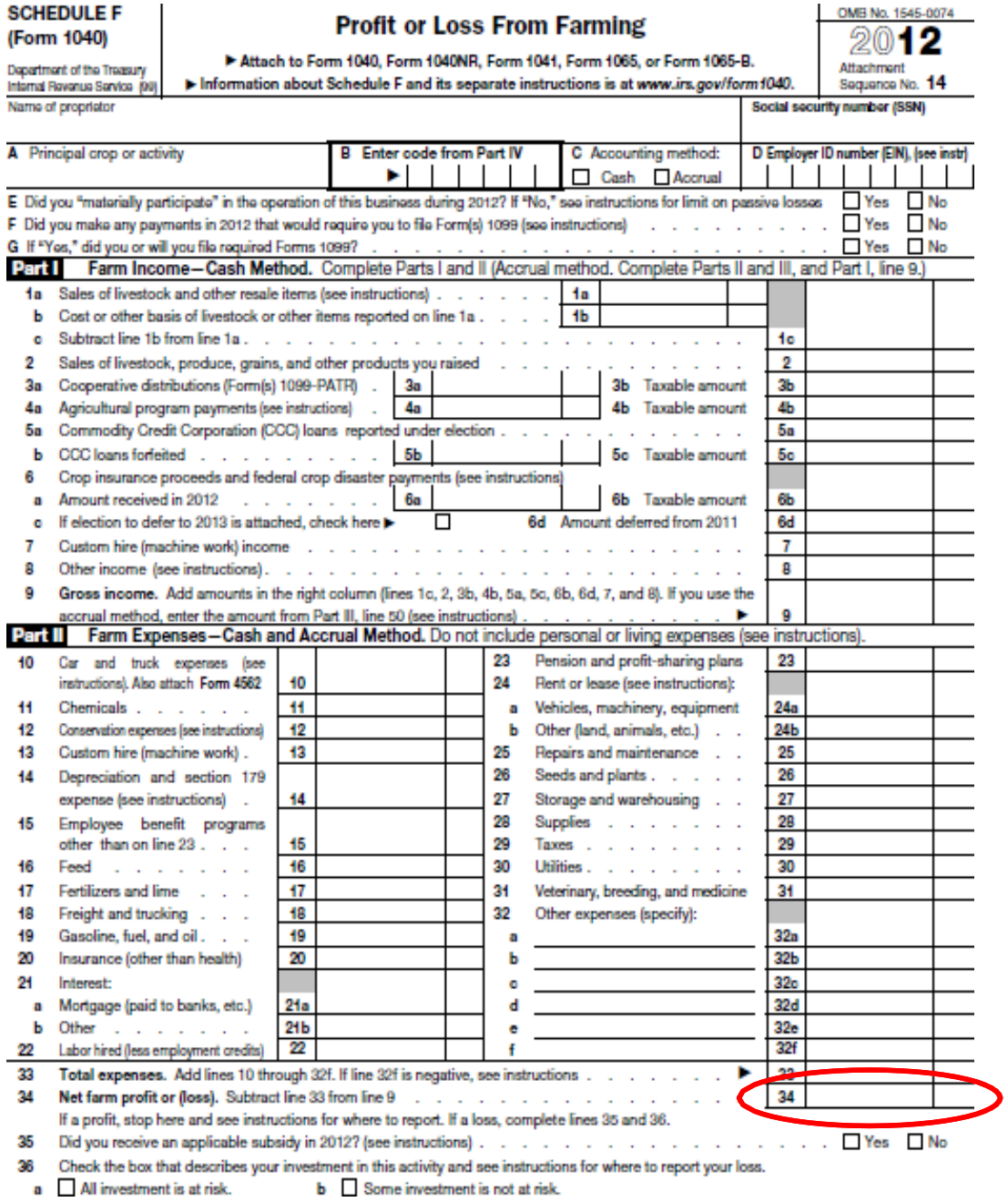
- Self-employment and farm income (after depreciation and deduction of capital losses) is counted
- Social Security payments are counted, both taxable and non-taxable
- Lump sum payment is counted in the month it is received
- Child support income is not counted
- Veterans' income is not counted
- Workers’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

Income (continued)

- 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



SCHEDULE F (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ Information about Schedule F and its separate instructions is at www.irs.gov/form1040.

OMB No. 1545-0074
2012
Attachment Sequence No. 14

Name of proprietor | Social security number (SSN)

A Principal crop or activity | B Enter code from Part IV ▶ | C Accounting method: ☐ Cash ☐ Accrual | D Employer ID number (EIN), (see instr)

E Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on passive losses ☐ Yes ☐ No
F Did you make any payments in 2012 that would require you to file Form(s) 1099 (see instructions) ☐ Yes ☐ No
G If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I **Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a	Sales of livestock and other resale items (see instructions)	1a					
b	Cost or other basis of livestock or other items reported on line 1a	1b					
c	Subtract line 1b from line 1a					1c	
2	Sales of livestock, produce, grains, and other products you raised					2	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a		3b	Taxable amount	3b	
4a	Agricultural program payments (see instructions)	4a		4b	Taxable amount	4b	
5a	Commodity Credit Corporation (CCC) loans reported under election					5a	
b	CCC loans forfeited	5b		5c	Taxable amount	5c	
6	Crop insurance proceeds and federal crop disaster payments (see instructions)						
a	Amount received in 2012	6a		6b	Taxable amount	6b	
c	If election to defer to 2013 is attached, check here ▶ ☐			6d	Amount deferred from 2011	6d	
7	Custom hire (machine work) income					7	
8	Other income (see instructions)					8	
9	**Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50 (see instructions) ▶					9	

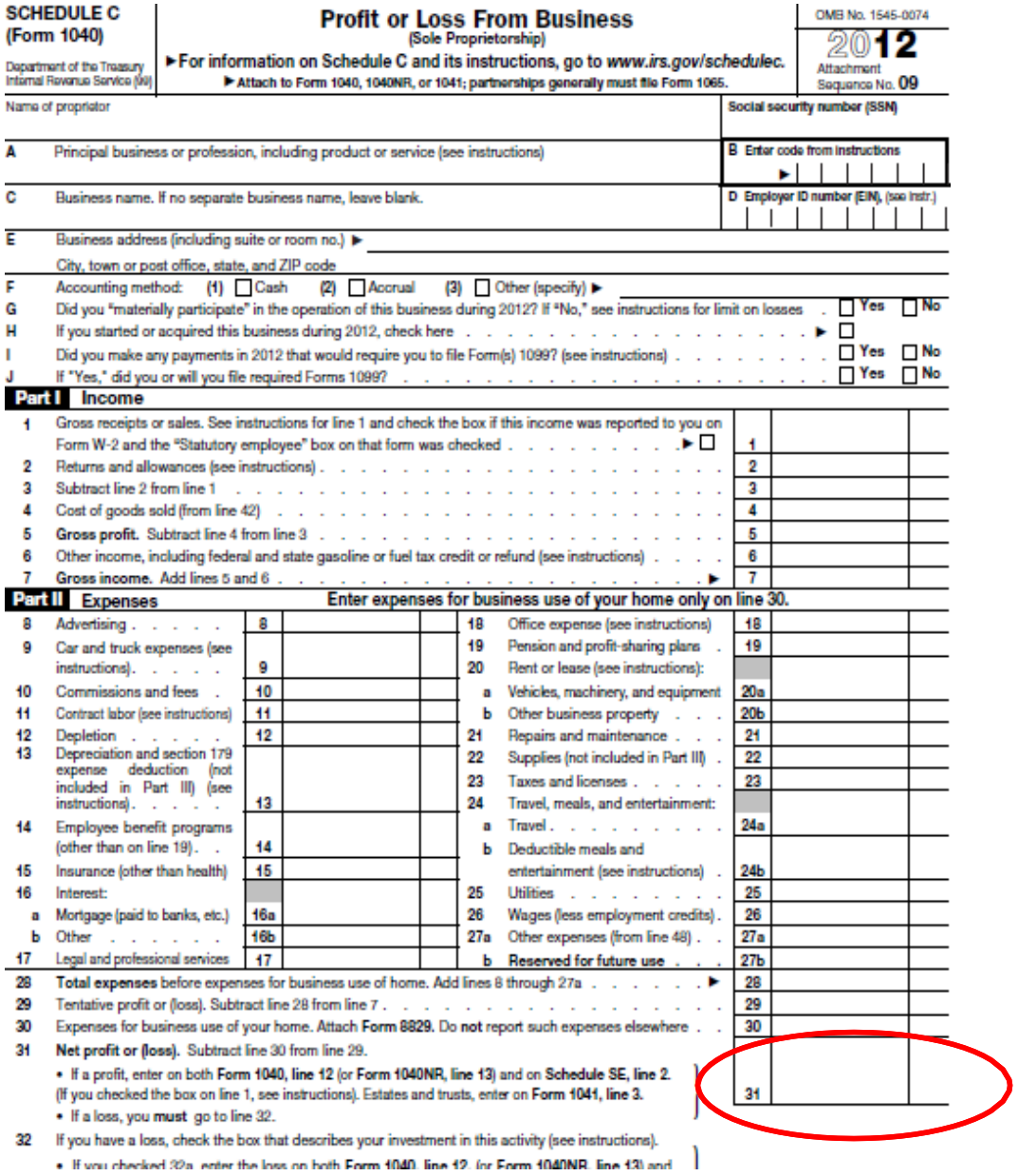
Part II **Farm Expenses—Cash and Accrual Method.** Do not include personal or living expenses (see instructions).

10	Car and truck expenses (see instructions). Also attach Form 4562	10		23	Pension and profit-sharing plans	23	
11	Chemicals	11		24	Rent or lease (see instructions):		
12	Conservation expenses (see instructions)	12		a	Vehicles, machinery, equipment	24a	
13	Custom hire (machine work)	13		b	Other (land, animals, etc.)	24b	
14	Depreciation and section 179 expense (see instructions)	14		25	Repairs and maintenance	25	
15	Employee benefit programs other than on line 23	15		26	Seeds and plants	26	
16	Feed	16		27	Storage and warehousing	27	
17	Fertilizers and lime	17		28	Supplies	28	
18	Freight and trucking	18		29	Taxes	29	
19	Gasoline, fuel, and oil	19		30	Utilities	30	
20	Insurance (other than health)	20		31	Veterinary, breeding, and medicine	31	
21	Interest:			32	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	21a		a		32a	
b	Other	21b		b		32b	
22	Labor hired (less employment credits)	22		c		32c	
				d		32d	
				e		32e	
				f		32f	

33	**Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions ▶	33	
34	**Net farm profit or (loss).** Subtract line 33 from line 9. If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.	34	
35	Did you receive an applicable subsidy in 2012? (see instructions) ☐ Yes ☐ No		
36	Check the box that describes your investment in this activity and see instructions for where to report your loss. a ☐ All investment is at risk. b ☐ Some investment is not at risk.		

Self Employment Income

- Self-employment income is based on the "Schedule C" tax deductions
  - Line 31



SCHEDULE C (Form 1040)
Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2012
Attachment Sequence No. 09

Name of proprietor | Social security number (SSN)

A Principal business or profession, including product or service (see instructions) | B Enter code from instructions ▶

C Business name. If no separate business name, leave blank. | D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses ☐ Yes ☐ No

H If you started or acquired this business during 2012, check here ▶ ☐

I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	
2	Returns and allowances (see instructions)	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

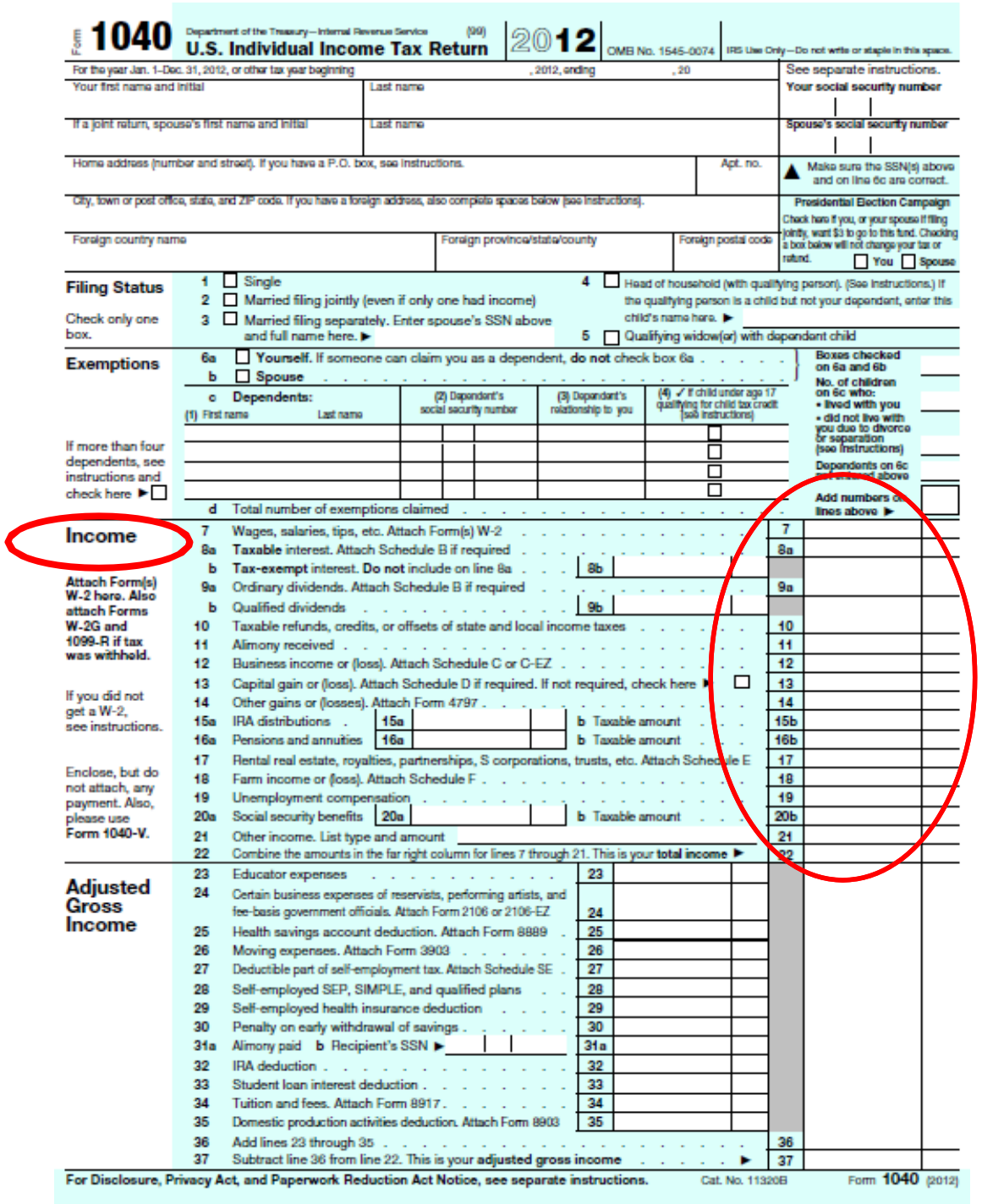
Part II Expenses Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	
30	Expenses for business use of your home. Attach **Form 8829.** Do **not** report such expenses elsewhere	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and		

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



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2012** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20 — See separate instructions.

Your first name and initial | Last name | Your social security number

If a joint return, spouse's first name and initial | Last name | Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | Presidential Election Campaign — Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status Check only one box.
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**
c **Dependents:** (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here ▶☐
d Total number of exemptions claimed
Boxes checked on 6a and 6b
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
8a	**Taxable** interest. Attach Schedule B if required		8a
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		9a
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes		10
11	Alimony received		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶☐		13
14	Other gains or (losses). Attach Form 4797		14
15a	IRA distributions 15a	b Taxable amount	15b
16a	Pensions and annuities 16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17
18	Farm income or (loss). Attach Schedule F		18
19	Unemployment compensation		19
20a	Social security benefits 20a	b Taxable amount	20b
21	Other income. List type and amount		21
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35		36
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2012)

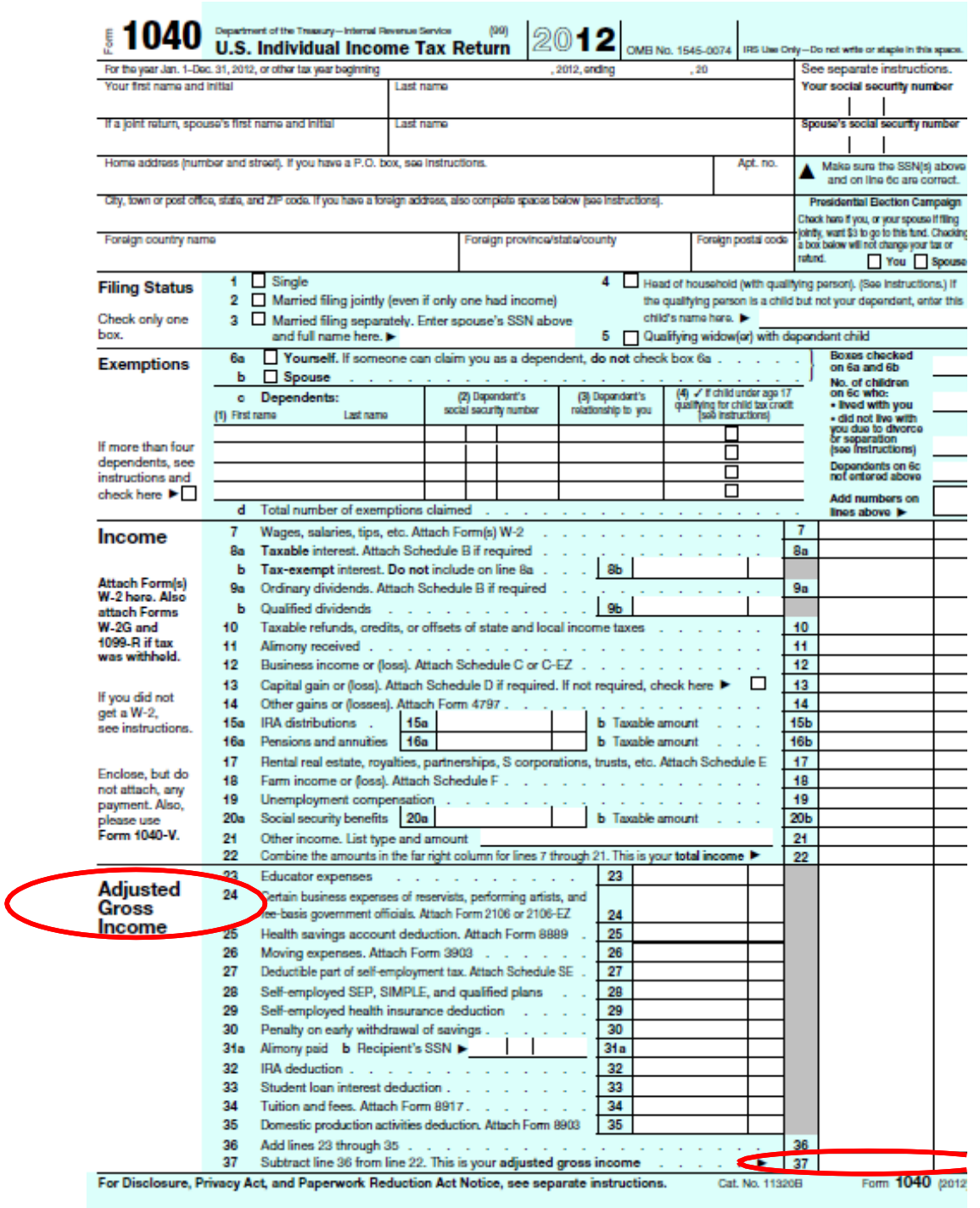
Adjusted Gross Income (AGI)

Gross income minus adjustments = AGI (also know 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.



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2012** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20 — See separate instructions.

Your first name and initial | Last name | Your social security number

If a joint return, spouse's first name and initial | Last name | Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | Presidential Election Campaign — Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status — Check only one box.
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions
6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**
c **Dependents:** (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
If more than four dependents, see instructions and check here ▶☐
d Total number of exemptions claimed
Boxes checked on 6a and 6b
No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
8a	**Taxable** interest. Attach Schedule B if required		8a
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		9a
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes		10
11	Alimony received		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13
14	Other gains or (losses). Attach Form 4797		14
15a	IRA distributions — 15a — b Taxable amount		15b
16a	Pensions and annuities — 16a — b Taxable amount		16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17
18	Farm income or (loss). Attach Schedule F		18
19	Unemployment compensation		19
20a	Social security benefits — 20a — b Taxable amount		20b
21	Other income. List type and amount		21
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22

Adjusted Gross Income

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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2012)

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)

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 online 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 ☐ U.S. 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

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)

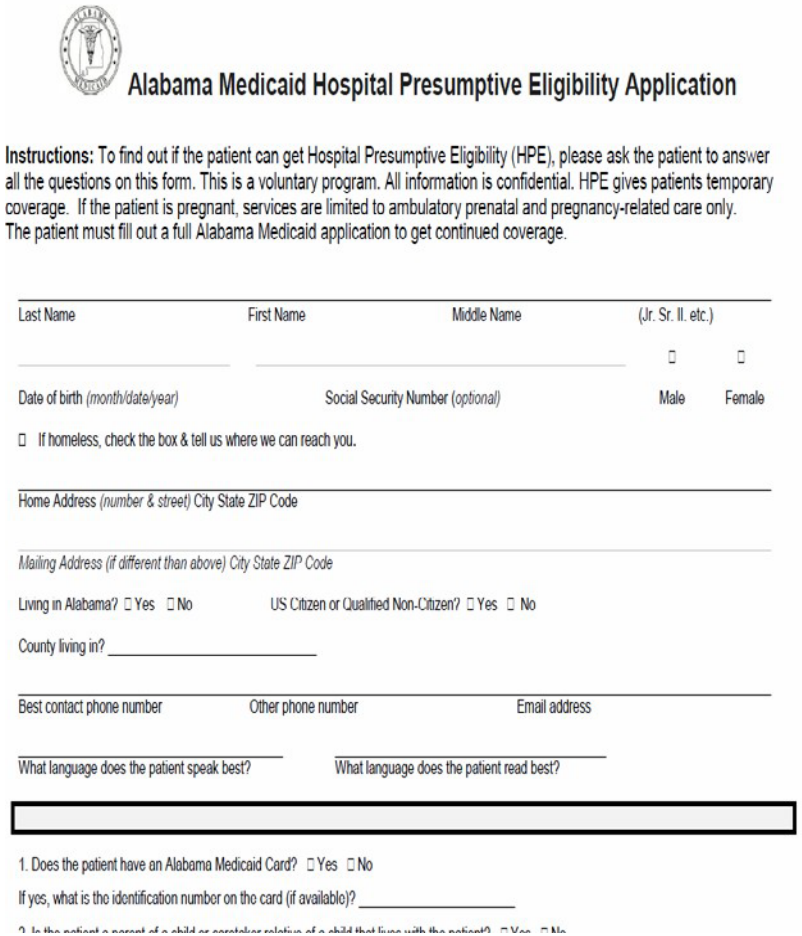
How much is the patient's household income?

$ _____ 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 *(it applicable)*	Date

HPE Application Questions



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.)

☐ Male ☐ Female

Date of birth *(month/date/year)* | Social Security Number *(optional)*

☐ 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

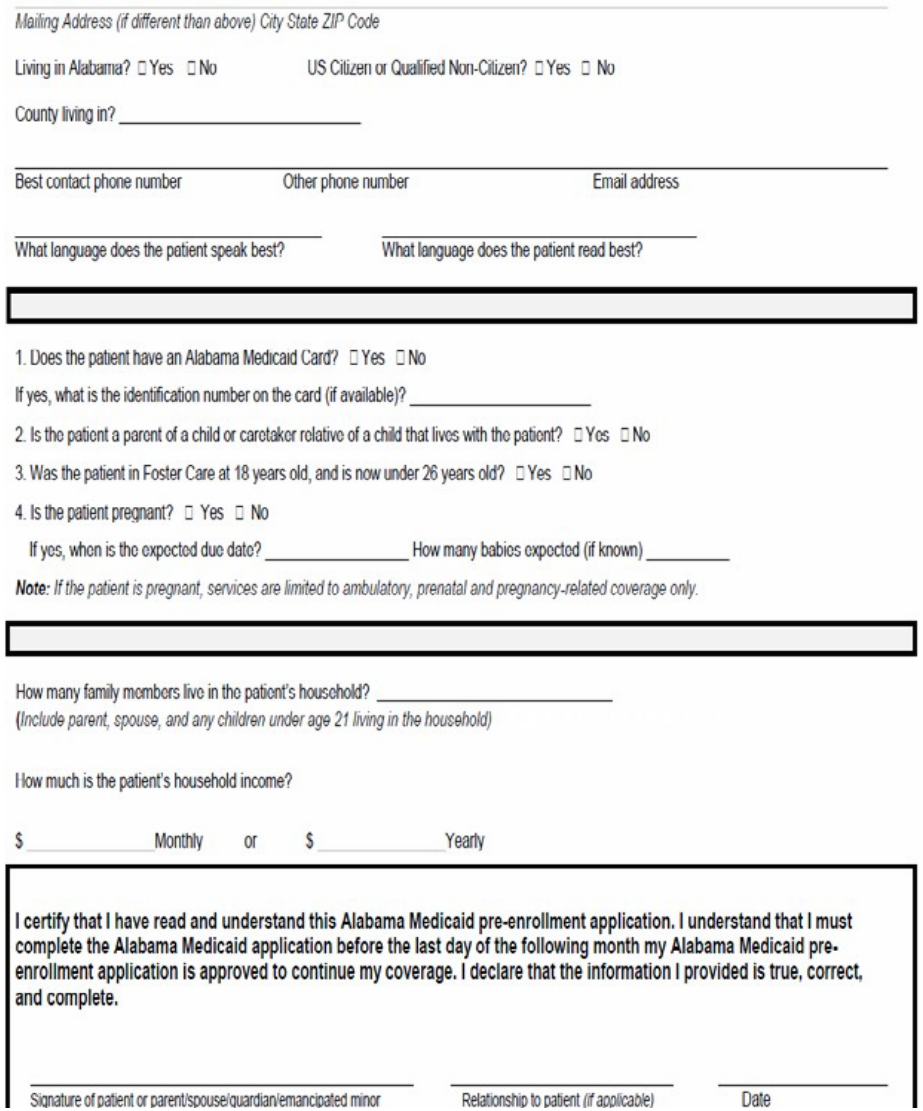
What language does the patient speak best? | What language does the patient read best?

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

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

- Name, beginning with last, first and middle (Ex. Doe , Jane, Anne)
- DOB (Ex. 11/22/73)
- SSN (Ex. 111-22-3333)
  If patient does not have an 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. P.O. 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 (continued)



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

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

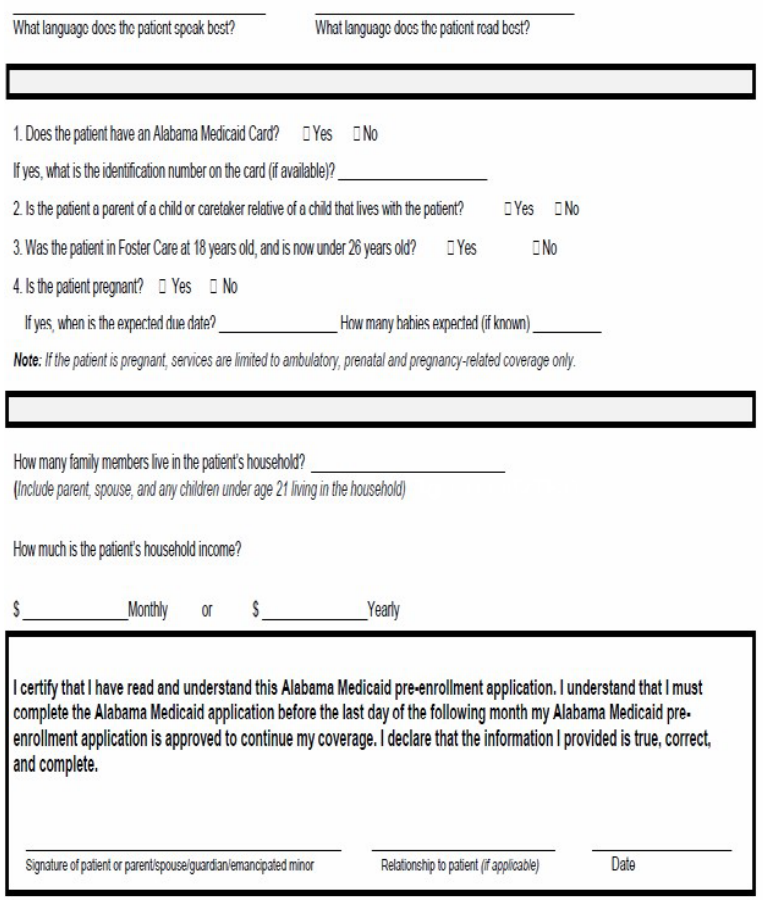
I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that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

_____ _____ _____

Signature of patient or parent/spouse/guardian/emancipated minor Relationship to patient *(if applicable)* Date

- U.S. citizen or Qualified Non-Citizen
  - Check yes or no (accept attestation)
  - A list of eligible immigration statuses can be found at the link below: https://www.healthcare.gov/immigration- status-and-the-marketplace/
- County living in (Ex. Montgomery)
- Best phone number (Ex. (123) 456-7891)
- Other phone number (Ex. (456) 789-1011)
- Email (Ex. janedoe@yahoo.com
- Language spoken best (Ex. English)
- Language read best (Ex. Spanish)

HPE Application Questions (continued)



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

- 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?
  Patient enters an amount- assist if needed
- How much is the family's income before taxes?
  Patient enters an amount- assist if needed
- Signature of patient

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 workday 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:

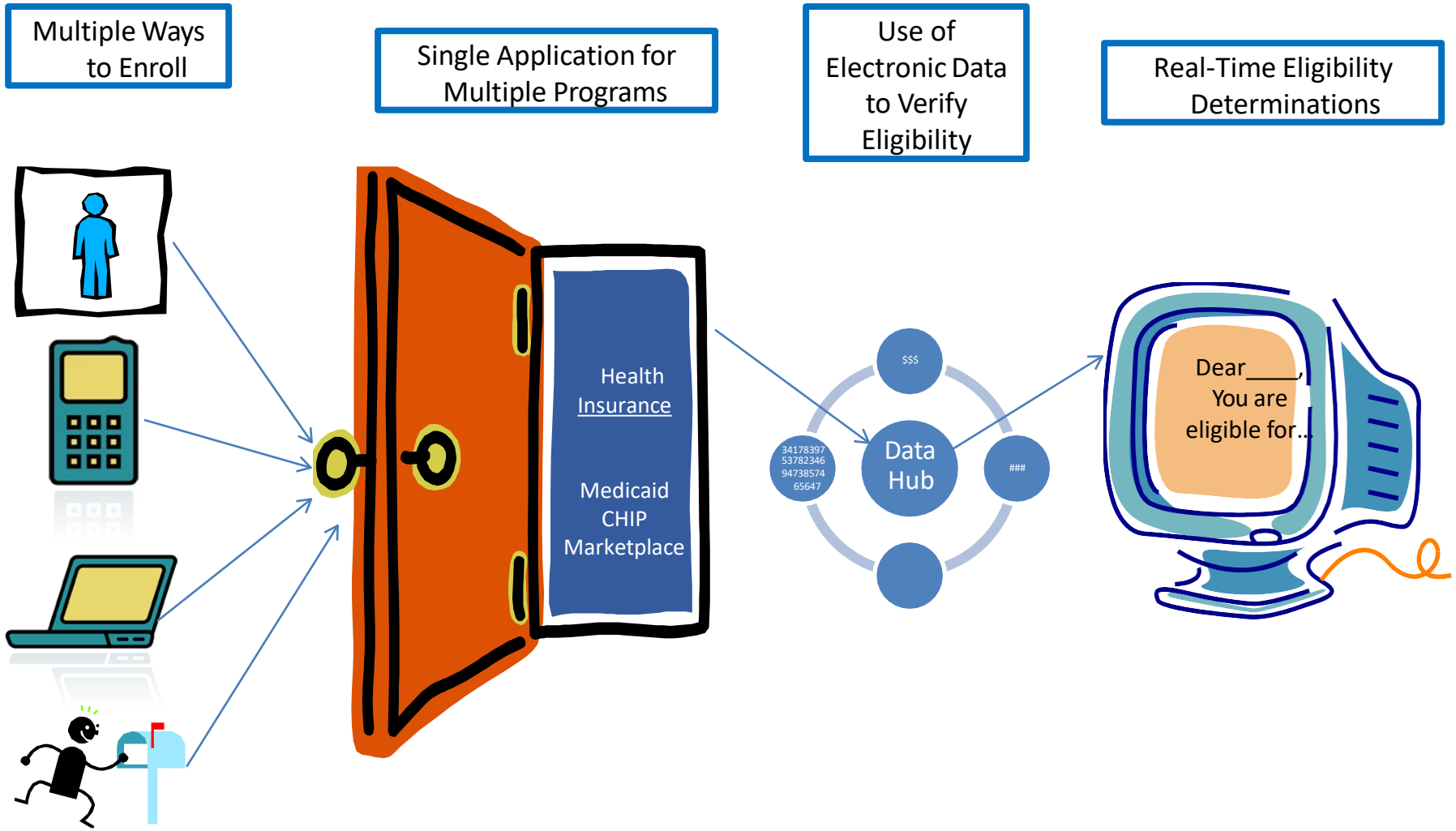
- Hospital Presumptive Eligibility (HPE) is short term Medicaid coverage. Coverage begins the date that an eligibility determination is made by the hospital and ends on either the date of a full eligibility determination, if the individual files a full Medicaid application by the last day of the month 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



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