

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