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 <u>likely</u> to be eligible

 Eligibility under HPE is <u>temporary</u> 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 <u>optional</u>, 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

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 <u>must</u> 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, 2024

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*
1	\$226.00
2	\$307.00
3	\$388.00
4	\$468.00
5	\$549.00
6	\$630.00
7	\$711.00
8	\$791.00

ADDITIONAL FAMILY MEMBERS							
ADD	\$81.00	*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, 2024

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*
1	\$1,833.00
2	\$2,487.00
3	\$3,142.00
4	\$3,796.00
5	\$4,451.00
6	\$5,106.00
7	\$5,760.00
8	\$6,415.00

		ADDITIONAL FAMILY MEMBERS
ADD	\$655.00	*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 noncustodial 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)

All investment is at risk.

Profit or Loss From Farming

Attachment

OMB No. 1545-0074

 Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B. Department of the Treasury

▶ Information about Schedule F and its separate instructions is at www.irs.gov/form1040. Internal Revenue Service (98 Sequence No. 14 Name of proprietor Social security number (SSN) A Principal crop or activity B Enter code from Part IV C Accounting method: D Employer ID number (EIN), (see instr) Cash Accrual E Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on passive losses F Did you make any payments in 2012 that would require you to file Form(s) 1099 (see instructions) G If "Yes," did you or will you file required Forms 1099? . . 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) Cost or other basis of livestock or other items reported on line 1a. Subtract line 1b from line 1a . . . Sales of livestock, produce, grains, and other products you raised Cooperative distributions (Form(s) 1099-PATR) 4a Agricultural program payments (see instructions) 4b Taxable amount 4b Commodity Credit Corporation (CCC) loans reported under election . 5a CCC loans forfeited Crop insurance proceeds and federal crop disaster payments (see instructions) Amount received in 2012 6d If election to defer to 2013 is attached, check here ▶ Custom hire (machine work) income 8 Other income (see instructions). 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) Part II Farm Expenses - Cash and Accrual Method. Do not include personal or living expenses (see instructions). Car and truck expenses (see Pension and profit-sharing plans instructions). Also attach Form 4562 Rent or lease (see instructions): 11 Vehicles, machinery, equipment Chemicals Conservation expenses (see instructions) 12 24b Other (land, animals, etc.) . Repairs and maintenance 25 Custom hire (machine work) 26 Seeds and plants Depreciation and section 179 27 Storage and warehousing . . expense (see instructions) 28 Employee benefit programs 29 other than on line 23 . . . 16 30 Fertilizers and lime Veterinary, breeding, and medicine 18 32 Other expenses (specify): Freight and trucking . . 19 Gasoline, fuel, and oil . Insurance (other than health) 32d Mortgage (paid to banks, etc.) 21Ь b Other 32f Labor hired (less employment credits) 22 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions Net farm profit or (loss). Subtract line 33 from line 9 . . 34 If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36. Yes No Did you receive an applicable subsidy in 2012? (see instructions) Check the box that describes your investment in this activity and see instructions for where to report your loss.

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

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.

2012
Attachment
Sequence No. 09

Name of proprietor Social security number (SSN) B Enter code from instructions Principal business or profession, including product or service (see instructions) D Employer ID number (EIN), (see Instr Business name. If no separate business name, leave blank. Business address (including suite or room no.) > City, town or post office, state, and ZIP code Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses If you started or acquired this business during 2012, check here . Yes No Did you make any payments in 2012 that would require you to file Form(s) 10997 (see instructions' Yes No If "Yes." did you or will you file required Forms 1099? Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Cost of goods sold (from line 42) Gross profit. Subtract line 4 from line 3 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions Gross income. Add lines 5 and 6 Part | Expenses Advertising Office expense (see instructions) Pension and profit-sharing plans Car and truck expenses (see Rent or lease (see instructions): Vehicles, machinery, and equipment Contract labor (see instructions) Other business property Repairs and maintenance . Depreciation and section 179 Supplies (not included in Part III) expense deduction (not Taxes and licenses . . . included in Part III) (see Travel, meals, and entertainment: Employee benefit programs (other than on line 19). Deductible meals and Insurance (other than health) entertainment (see instructions) Mortgage (paid to banks, etc.) Wages (less employment credits). 27a Other expenses (from line 48) . Legal and professional services Total expenses before expenses for business use of home. Add lines 8 through 27a 29 Tentative profit or (loss). Subtract line 28 from line 7. Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere 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. 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, for 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

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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

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attach Forms	ь	Qualified dividends					9b	_			Щ				
W-2G and	10	Taxable refunds, cred	its, or offse	ets of state	and loo	al incor	ne ta	xes .				10			├
1099-R if tax was withheld.	11	Alimony received .										11			
was was not noted.	12	Business income or (k	oss). Attaci	h Scheduk	e C or C	EZ .						12			
r	13	Capital gain or (loss).	Attach Sch	edule D if	required	. If not	requi	red, ch	eck her	e >		13			
If you did not get a W-2,	14	Other gains or (losses)). Attach Fe	orm 4797.		4.5						14			
see instructions.	15a	IRA distributions .	15a				ь Та	wable a	mount		.]	15b			
	16a	Pensions and annuities	16a				ь Та	wable a	mount		.]	16b			
	17	Rental real estate, roy	alties, part	nerships, S	Scorpon	ations,	trusts	, etc. /	Attach S	chedi	ule E	17			
Enclose, but do	18	Farm income or (loss).	Attach So	hedule F]	18			
not attach, any payment. Also,	19	Unemployment comp	ensation .		,]	19			
please use	20a	Social security benefits	20a				ь Та	xable a	mount		. 1	20Ь			
Form 1040-V.	21	Other income. List typ	e and amo	ount								21			
	22	Combine the amounts in			r lines 7 t	hrough 2	21. Th	is is yo	ur total ir	ncome		22			
	22	Educator expenses					23				Т				
Adjusted	24	Certain business expens	es of reservi	ists perform	ning artist	s. and	\vdash				\vdash				
Gross		ee-basis government off					24				1 1				
Income	25	Health savings accoun					25				\vdash				
	26	Moving expenses, Att					26				$\overline{}$				
	27	Deductible part of self-er			Schedule	SE	27				+				
	28	Self-employed SEP, S				uc .	28				+				
	29	Self-employed self, s					29				+				
	30						30				+-+				1
	31a	Penalty on early withd			i . i .		_	_			\vdash				
		Alimony paid b Recip	ment s SSN		<u> </u>	_	31a	_			+				
	32	IRA deduction					32				+-+				1
	33	Student loan interest of					33				+				1
	34	Tuition and fees. Attac					34				+				1
	35	Domestic production ac		uction. Atta	ch Form	8903	35				Щ				
	36	Add lines 23 through 3										36			
	37	Subtract line 36 from I			_										
For Disclosure, P	rivacy A	ct, and Paperwork Re-	duction A	ot Notice.	see sep	arate ir	nstru	ctions		Cat.	No. 1132	20B	For	m 1040	(2012

^{*}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)

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	c.)
			🗆	
Date of birth (month/date/year)	Social Security	Number (optional)	Male	Female
□ If homeless, check the box & tell u	s where we can reach you			
Home Address (number & street) Cit	y State ZIP Code			
Mailing Address (if different than abo	ve) City State ZIP Code			
Living in Alabama? Yes No	U.S. Citizen or Qualified Non-Citizer	? Yes No		
County living in?				
Best contact phone number	Other phone number	Email address		
What language does the patient spea	ak best? What langua	ge does the patient read best?		

1. Does the patient have an Alabama Medicaid Card?					
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?					
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	.)
			_ 0	
Date of birth (month/date/year)	Social Security	Number (optional)	Male	Female
If homeless, check the box & tell of	us where we can reach you.			
Home Address (number & street) City	State ZIP Code			
Mailing Address (if different than about	ve) City State ZIP Code			
Living in Alabama? ☐ Yes ☐ No	US Critzen or Qualified N	on-Citizen? Yes No		
County living in?				
Best contact phone number	Other phone number	Email address		-
What language does the patient spea	k best? What langua	ge does the patient read best?		
What language does the patient spea	k best? What langua	ge does the patient read best?		
		ge does the patient read best?		
What language does the patient spea 1. Does the patient have an Alabama If yes, what is the identification numb	Medicaid Card? □Yes □No			

- 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)

	US Citizen or Qualified Non-Cit	izen? □ Yes □ No	
County living in?	-27		
Best contact phone number	Other phone number	Email address	
What language does the patient spe	ak best? What language do	es the patient read best?	
1 Dans the autical base on Maham	Marfacial Court Court		
Does the patient have an Alabama If you what is the identification number	oer on the card (if available)?		
	caretaker relative of a child that lives with t		
	18 years old, and is now under 26 years old		
4. Is the patient pregnant? Yes		IF DIES DNO	
the contract of the contract o	ate? How many ba	ships expected (if known)	
	ices are limited to ambulatory, prenatal and		
Note. If the patient is pregnant, servi	ces are innited to amountiony, prenatal and	pregnancy-related coverage only.	
How many family members live in th			
(Include parent, spouse, and any chi	ldren under age 21 living in the household)		
How much is the patient's household	income?		
How much is the patient's household	l income?		

- 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- statusand-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)

lf yes, what is th			aid Card? 🛮 Yes ne card (if available)? _			
2. Is the patient of	a parent of a child	or caretak	ter relative of a child th	hat lives with the patient?	□ Yes □ No	
3. Was the patie	nt in Foster Care a	at 18 years	s old, and is now unde	er 26 years old? 🛮 Yes	□ No	
	pregnant? 🛘 Ye					
If yes, when is	the expected due	date?		How many babies expected (i	f known)	—
				promise and programmy reserve		
note. Il uro pauc	p 3 1, 00	2010		2.001/1.001/1.00		
Note : If the patie		the patien	t's household?			
How many family (Include parent,	y members live in	children un	nder age 21 living in th	1721 Bibliotelia	-	
How many family (Include parent,	y members live in spouse, and any o	children un	nder age 21 living in th	1721 Bibliotelia	_	
How many family (Include parent,	y members live in spouse, and any o e patient's househo	children un	nder age 21 living in th	ne household)	-	
How many family (Include parent,	y members live in spouse, and any o e patient's househo	children un	nder age 21 living in th	ne household)	_	
How many family (Include parent, How much is the	y members live in spouse, and any o patient's househo	children un old income or	nder age 21 living in th	ne household)	application. I un	derstand that I must
How many family Include parent, How much is the Complete the Loomplete the	y members live in spouse, and any of patient's househousehousehousehousehousehousehouse	old income or understa	er age 21 living in the second of the second	e household) Yearly Medicaid pre-enrollment last day of the following	month my Alaba	ama Medicaid pre-
How many family Include parent, How much is the Complete the Leonglet the	y members live in spouse, and any of patient's househousehousehousehousehousehousehouse	old income or understa	er age 21 living in the second of the second	ne household)Yearly Medicaid pre-enrollment i	month my Alaba	ama Medicaid pre-

- 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 Da	te				
Dear					
You submitted	an application for Alabama Medicaid Hospital Presumptive Eligibility and are:				
☐ Approved H	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:

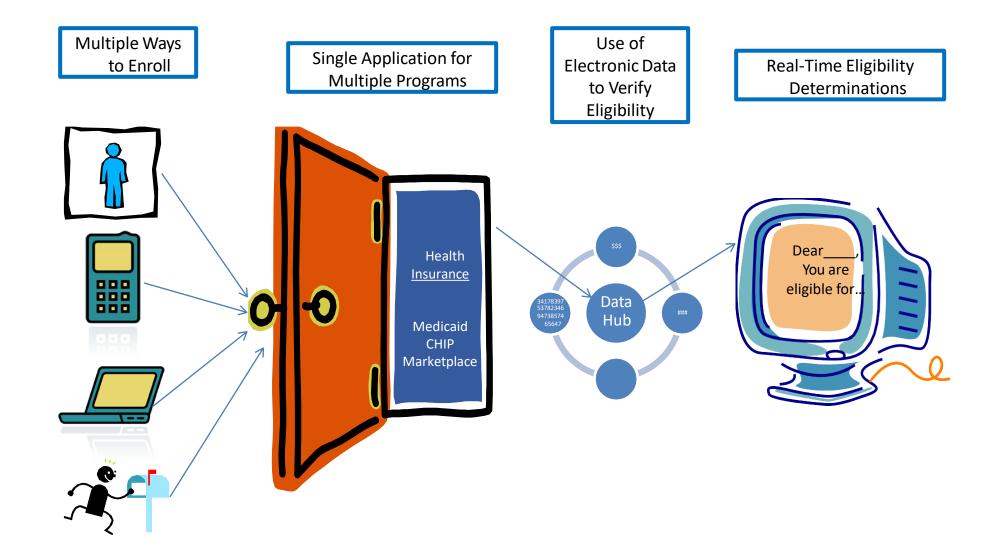
• Hospital Presumptive Eligibility (HPE) is short term Medicaid coverage. Coverage begins the date that an eligibility determination is made by the hospital and ends on either the date of a full eligibility determination, if the individual files a full Medicaid application by the last day of the month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