

# 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.org>

\_\_\_\_\_  
HPE Determiner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date