



*Department of Medical Assistance  
Services*



# Hospital Presumptive Eligibility (HPE) Updates

Hospital Based Provider Training

Virginia Department of Medical Assistance Services  
(DMAS)

September 2015



# Agenda

- What is Hospital Presumptive Eligibility (HPE)?
- Hospitals Role in HPE
- The new HPE Eligibility Manual and Updates to Virginia's HPE Agreement
- Accountability and Performance Standards
- HPE Eligibility and Covered Services
- Updated HPE Screening Tool
- New Quick Guide to Citizenship and Immigration
- New Notices of Action
- Updated HPE Online Enrollment Form
- New Hospital Notices of Action
- Cover Virginia



## Hospital Presumptive Eligibility (HPE)

- Section 2202 of the Patient Protection and Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility for certain individuals under a state's Medicaid program.
- States are required to set up and monitor a presumptive eligibility process. States must allow any qualified and interested hospital to participate; however, hospital participation is optional.
- States are responsible for ensuring HPE determinations are done in accordance with established guidelines and that performance standards are met.



## What is Hospital Presumptive Eligibility (HPE)?

- As of January 1, 2014, qualified hospitals can immediately approve presumptively eligible individuals.
- Qualified hospitals must be approved Virginia Medicaid providers.



## Why Hospital Presumptive Eligibility (HPE)?

- Provides timely access to necessary health care services.
- Provides immediate temporary medical coverage while full eligibility is being determined.
- Is a pathway to longer-term Medicaid coverage.
- Requires minimal eligibility information.



## Why Hospital Presumptive Eligibility (HPE)?

- HPE allows hospitals to be reimbursed for covered services provided during the temporary coverage period even if individual is ultimately determined ineligible for Medicaid or FAMIS (CHIP).



## The Hospital's Role in HPE

- Hospitals may not contract HPE functions to other entities or use contracted personnel to make HPE determinations.
- Contracted entities and staff may assist in gathering information and helping promote HPE as well as help individuals complete a full Medicaid application



## The Hospital's Role in HPE

- Identify individuals who may be eligible for Medicaid
- Make immediate temporary eligibility determinations for these individuals
- Provide the immediate Notice of Action of the determination
- Provide appropriate Covered Services Fact Sheet for approvals
- Provide approved members with Cover Virginia Notice of Action with Medicaid ID



## The Hospital's Role in HPE

- Educate individuals about their responsibility to complete the full Medicaid application
- Assist individuals in completion of the full Medicaid application



## New HPE Manual and Agreement

- Qualified hospitals must complete, sign and submit the *newly revised* Virginia Qualified Entity Agreement for Hospital Presumptive Eligibility.
- Employees should review the new HPE Eligibility Manual for reference of policies, procedures and forms.
- Only employees who have participated in this training can make HPE determinations.

# New! Virginia Hospital Presumptive Eligibility Manual

Online at  
[www.dmas.virginia.gov](http://www.dmas.virginia.gov)  
under Provider Services

## VIRGINIA HOSPITAL PRESUMPTIVE MEDICAID ELIGIBILITY MANUAL

*Eligibility Process*

*Roles and  
Responsibilities of  
Hospitals*

*Roles and  
Responsibilities of  
DMAS*

*HPE Approval and  
Denial Notices*

*Cover Virginia  
Notices*

*HPE Quick Guide to  
Citizenship and  
Immigration Status*

*HPE Covered Services  
Fact Sheets*

*The Hospital  
Provider Enrollment  
Agreement*



## Revised HPE Qualified Entity Agreement

- Provides the identifying information and point of contact for the hospital
- Specifies the requirements and responsibilities for a qualified hospital, including record retention
- Provides potential for corrective action measures, if needed



## Revised HPE Qualified Entity Agreement

- Requires the hospital's authorized agent's signature for agreement with the terms
- All hospitals must complete and sign the new agreement.
- Currently qualified hospitals must sign the new agreement and submit to DMAS on or before 60 days from the state plan amendment approval to maintain status.
- The revised agreement is located in the new HPE Eligibility Manual



## Accountability

- Hospital Recordkeeping Requirements
  - Hospitals must maintain HPE records minimum three years (includes approvals and denials)
  - Record of applicants given information on completing the full Medicaid application
  - Record of applicants who received assistance from the hospital completing the full Medicaid application



## Accountability

- DMAS Recordkeeping Requirements
  - Number of members enrolled due to HPE determination by covered group
  - Number of HPE applicants who were:
    - Determined eligible for Medicaid or FAMIS (CHIP)
    - Determined ineligible for Medicaid or FAMIS (CHIP)
    - % of HPE members resulting in full Medicaid enrollment
  - All claims payments related to HPE
  - Performance standards which will be refined as needed



## HPE Performance Standards

- Hospital performance standards:
  - At least 85% of the HPE determinations result in the submission of a full Medicaid application for continued coverage
  - At least 70% of HPE determinations result in individuals being determined eligible for Medicaid based on full application



## HPE Performance Standards

- If performance standards are not met:
  - A 60 day action plan during which DMAS will work with the provider to meet standards will be implemented
  - Additional trainings may be provided to improve performance
- DMAS may terminate the hospital's authority to perform HPE determinations if performance is not improved



## HPE Performance Standards

- Hospital termination of HPE cannot be appealed
- A hospital's participation with DMAS or the DMAS Managed Care Organizations (MCOs) will not be impacted based on participation with HPE or HPE performance standards



# Hospital Presumptive Eligibility (HPE)

- HPE enrollment period:
  - begins on the day that the determination is made and
  - ends with the earlier of:
    - The day on which a decision is made on that application in the case of an applicant who has filed a full Medicaid application; or
    - The last day of the month following the month in which the determination of presumptive eligibility was made in the case of an applicant who has not filed a full Medicaid application.
- HPE enrollment is limited to one HPE period per pregnancy and one per calendar year for all other covered groups.
- If the applicant files a full Medicaid application and is found eligible, they will be enrolled in full Medicaid benefits.



## Hospital Presumptive Eligibility (HPE)

- HPE is not available to individuals who are already enrolled in any Medicaid or FAMIS (CHIP) benefit
- HPE does not require individual to be uninsured
- There is no requirement that the applicant be admitted or be seeking hospital services at the time of an HPE determination.



## Covered Services Under (HPE)

- Full Benefit Eligibility Groups
  - Children Under Age 19
  - Parent/caretaker-relatives of dependent children (LIFC)
  - Former Foster Care Children Under Age 26
  - Breast and Cervical Cancer Treatment and Prevention Act
- HPE covers all services covered under the Virginia Medicaid State Plan, including dental, vision, and mental health for individuals qualifying for these eligibility groups.



## Covered Services Under (HPE)

- Limited Benefit Eligibility Groups
  - Pregnant Women - outpatient prenatal care services only
  - Plan First - family planning services only
- All HPE Eligibility Groups can access transportation to obtain covered services, if needed



## HPE Patient Eligibility

- To be eligible for HPE, individuals must be in a certain covered group and have income within established limits for their household size
- The Presumptive Eligibility Screening Tool addresses all non-financial and financial criteria in order to assist hospitals in completing the determination
- Hospitals should keep a copy of the completed screening tool or other documentation in the individual's medical record.

# Updated Presumptive Eligibility Screening Tool

**Social Security Number (SSN) is optional.**

**Applicant self-attests to previous HPE coverage**



## Presumptive Eligibility Screening Tool

Choose One of the following Categories

- Person is a parent or caretaker relative of a child/children in the home under age 18 or age 19 if the child remains in a school (expected to graduate by age 19). *LIFC (Low Income Family with Child)*
- Person is pregnant. (Pregnant women can only get HPE coverage one period per pregnancy and all other individuals can only get HPE coverage one time during the calendar year.)
- Person is a child under age 19
- Person is a former Foster Care child under age 26 (had active Medicaid when turned age 18).
- Person has been diagnosed with breast or cervical cancer through the Every Woman's Life Program.
- Person is applying for Plan First family planning services (Does not qualify for any other category).

Decision Date:  \*Required Child's DOB:  \*Required 0 yrs. old

Applicant's Name:  \*Required Sex:  Male  Female

SSN:  \*Required City/County Residence:  \*Required (Choose from drop-downs)

Telephone #:  Household Size:  \*Required Monthly Income:  \*Required

U.S. Citizen or Legal Alien?  Yes  No \*Required Is the applicant a Virginia Resident?  Yes  No \*Required

Has the applicant received HPE in the current calendar year?  Yes  No \*Required

**\*\* Individual is eligible for one HPE period per calendar year.**

**Decision:** Based on this information, the applicant appears to be eligible for Category LIFC.



## Quick Guide to Citizenship and Immigration Status

<b>Eligible Individuals</b>	All US Citizens and Nationals
	Non-citizens lawfully admitted prior to 8/22/96
	All Lawfully Residing Children under Age 19 and Pregnant Women
	Aliens lawfully admitted for permanent residence (LPRs) who are Active Duty Military or Veterans and their spouses or dependent children
	Lawfully admitted for permanent residence (LPRs) admitted on or after 8/22/96 with 5 years of residence and 40 quarters of work history under Social Security
<b>Eligible for First Seven Years in US—not eligible after Seven Years</b>	Asylees
	Refugees
	Cuban/Haitian Entrants
	Aliens whose deportation has been withheld
	Victims of a Severe Form of Trafficking
	Afghan and Iraqi Special Immigrants
<b>Not Eligible</b>	Deferred Action Childhood Arrivals (DACA)
	Undocumented
	Lawfully admitted for permanent residence (LPRs) without 40 quarters of work history under Social Security



## HPE Individual Eligibility

Presumptive Eligibility groups include:

- **Children Under Age 19** with income within 143% FPL
- **Pregnant Women** with income within 143% FPL
- **Parent/caretaker-relative of children** under age 18 or if 18 expected to graduate high school by 19th birthday
  - Income limits for parent/caretaker-relatives vary depending on the locality where the individual lives.
  - There are 3 locality groupings in Virginia
  - The HPE screening tool cues the income limit to the locality.
  - These income levels are subject to change July of each year.
  - Slides 31-33 specify the current income limits per grouping.



## HPE Individual Eligibility

- **Former Foster Care youth** under age 26 who were receiving Medicaid and foster care services in any state at the time of their 18th birthday. No Medicaid income test
- **Breast and Cervical Cancer Prevention and Treatment Act** participant- limited to hospitals that have the Every Woman's Life program. No Medicaid income test
- **Plan First** with income within 200% FPL
- All groups have an additional 5% income disregard to the income levels listed above.



## HPE Individual Eligibility

### Determine Household Size & Whose Income Counts

- Income is based on the individual's report of total monthly income.
- Include all individuals living in the home among whom legal responsibility for financial support exists.
  - Married couples
  - Parent(s) and their children under age 21, including stepparent, step-siblings and half-siblings
  - Pregnant woman-count unborn(s) for her determination, but not for other applicants



## HPE Individual Eligibility

- Do not include:
  - boy/girl friends, roommates, grandparents, uncles, aunts, cousins, friends etc.
  - parents of individuals age 21 and older
  - legal guardian, power of attorney (POA)
- Unmarried parents living together - do not count for each other, but do count both for their child under age 21

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### Children Under Age 19 and Pregnant Women Income Limits \*

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Family Size	Monthly Amount
1	\$1,453
2	\$1,966
3	\$2,479
4	\$2,992
5	\$3,505
6	\$4,018
7	\$4,531
8	\$5,044
Each additional family member	\$514

\* Income limits subject to change; current income limits are posted on DMAS website.

Limits include the MAGI 5 % federal poverty level (FPL) disregard

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**Parent/Caretaker-relative of a Child Under Age 18 Income Limits \***

**Locality Group 1**

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Family Size	Monthly Amount
1	\$244
2	\$371
3	\$472
4	\$573
5	\$675
6	\$761
7	\$859
8	\$962
Each additional family member	\$100

\* Income limits subject to change; current income limits are posted on DMAS website.

Limits include the MAGI 5 % federal poverty level (FPL) disregard

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**Parent/Caretaker-relative of a Child Under Age 18 Income Limits \***

**Locality Group 2**

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Family Size	Monthly Amount
1	\$359
2	\$457
3	\$575
4	\$687
5	\$808
6	\$911
7	\$1,020
8	\$1,139
Each additional family member	\$113

\* Income limits subject to change; current income limits are posted on DMAS website.

Limits include the MAGI 5 % federal poverty level (FPL) disregard

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**Parent/Caretaker-relative of a Child Under Age 18 Income Limits \***

**Locality Group 3**

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Family Size	Monthly Amount
1	\$481
2	\$644
3	\$788
4	\$925
5	\$1,093
6	\$1,216
7	\$1,353
8	\$1,496
Each additional family member	\$138

\* Income limits subject to change; current income limits are posted on DMAS website.

Limits include the MAGI 5 % federal poverty level (FPL) disregard

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### Plan First Income Limits \*

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Family Size	Monthly Amount
1	\$2,012
2	\$2,722
3	\$3,433
4	\$4,144
5	\$4,854
6	\$5,565
7	\$6,276
8	\$6,986
Each additional family member	\$712

\* Income limits subject to change; current income limits are posted on DMAS website.  
Limits are 200% of the federal poverty level (FPL) and include the MAGI 5% FPL disregard

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# HPE Income Limits Reference Chart

Updated as of 7/1/15

Located at [coverva.org](http://coverva.org)

## Hospital Presumptive Eligibility (HPE) Income Limits

### Children Under Age 19 and Pregnant Women Statewide Income Limits \*

Family Size	Monthly
1	\$1,453
2	\$1,966
3	\$2,479
4	\$2,992
5	\$3,505
6	\$4,018
7	\$4,531
8	\$5,044
Additional family member add	\$514

### Plan First - Family Planning Statewide Income Limits \*

Family Size	Monthly
1	\$2,012
2	\$2,722
3	\$3,433
4	\$4,144
5	\$4,854
6	\$5,565
7	\$6,276
8	\$6,986
Additional family member add	\$712

\*Effective 1/22/2015 Income Limits subject to change annually in January

### Parent/Caretaker-relative of a Child Under Age 18 Income Limits by locality

#### Locality Group I

Accomack, Alleghany, Amelia, Amherst, Appomattox, Bath, Bedford City/County, Bland, Botetourt, Bristol, Brunswick, Buchanan, Buckingham, Buena Vista, Campbell, Caroline, Carroll, Charles City, Charlotte, Clarke, Craig, Culpeper, Cumberland Danville, Dickenson, Dinwiddie, Emporia, Essex, Fauquier, Floyd, Fluvanna, Franklin City County, Frederick, Galax, Giles, Gloucester, Goochland, Grayson, Greene, Greenville, Halifax, Hanover, Henry, Highland, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee,

Family Size	Monthly
1	\$294.00
2	\$438.00
3	\$556.00
4	\$675.00
5	\$794.00
6	\$897.00
7	\$1,013.00
8	\$1,133.00
Additional family member add	\$118

Louisa, Lunenburg, Madison, Mathews, Mecklenburg, Middlesex, Nelson, New Kent Northampton, Northumberland, Norton, Nottoway, Orange, Page, Patrick, Pittsylvania, Poquoson, Powhatan, Prince Edward, Prince George, Pulaski, Rappahannock, Richmond County, Rockbridge, Russell, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Suffolk, Surry, Sussex, Tazewell, Washington, Westmoreland, Wise, Wythe, York

#### Locality Group II

Albemarle, Augusta, Chesapeake, Chesterfield, Covington, Harrisonburg, Henrico, Hopewell, Lexington, Loudoun, Lynchburg, Martinsville, Newport News, Norfolk, Petersburg, Portsmouth, Radford, Richmond City, Roanoke City, Roanoke County, Rockingham, Salem, Staunton, Virginia Beach, Warren, Williamsburg, Winchester

Family Size	Monthly
1	\$369.00
2	\$524.00
3	\$659.00
4	\$789.00
5	\$927.00
6	\$1,047.00
7	\$1,174.00
8	\$1,310.00
Additional family member add	\$131

#### Locality Group III

Alexandria, Arlington, Charlottesville, Colonial Heights, Fairfax City, Fairfax County, Falls Church, Fredericksburg, Hampton, Manassas, Manassas Park, Montgomery, Prince William, Waynesboro

Family Size	Monthly
1	\$531.00
2	\$711.00
3	\$872.00
4	\$1,027.00
5	\$1,212.00
6	\$1,352.00
7	\$1,507.00
8	\$1,667.00
Additional family member add	\$156

Parent/Caretaker Relative income limits subject to change annually on July 1.



## The HPE Determination Process

- Collect the information necessary to complete the HPE Online Enrollment Form
- Determine if individual meets nonfinancial criteria for a covered group
  - residency, citizenship or qualified immigration status, HPE covered group



## The HPE Determination Process

- Determine if individual meets financial criteria for covered group
  - Determine who must be included in the household
  - Add together gross current monthly income of household members
  - Compare total income to the income limit for the household size, for the covered group



## The HPE Approval Process

- If the individual meets all criteria for a HPE covered group
  - Provide copy of the Hospital HPE Approval Notice
  - Enter individual data into the HPE Online Enrollment Form
  - Encourage/assist with full Medicaid application, as needed
  - Provide the approved individual with appropriate Covered Services fact sheet



## The HPE Denial Process

- If the individual does not meet all criteria for a HPE covered group
  - Provide copy of the Hospital HPE Denial Notice
  - Encourage/assist with full Medicaid application, as needed



## **\*New\* Approval and Denial Notices**

- Hospitals must provide notification of approvals and denials to the individuals immediately after the HPE determination is made
  - Approval notices include
    - the length of the HPE period and the need to file a full application
  - Denial notices include
    - the reason for the denial and the option to submit a regular Medicaid application

**New! Notice  
for Hospital  
staff use  
immediately  
upon  
determining  
applicant  
approved for  
HPE**

**APPROVAL NOTICE FOR HOSPITAL PRESUMPTIVE ELIGIBILITY  
FOR TEMPORARY MEDICAID COVERAGE IN VIRGINIA**

Patient Name: \_\_\_\_\_  
Patient SSN\*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of notice: \_\_\_\_\_  
Begin date of coverage: \_\_\_\_\_ End date of coverage: \_\_\_\_\_  
Issued by: \_\_\_\_\_

\*Social Security Number is not required for determination.

**WHY YOU ARE RECEIVING THIS NOTICE**

You qualify for temporary health coverage through the Virginia Hospital Presumptive Medicaid Eligibility program. This form will be your *proof of coverage* until you receive your Commonwealth of Virginia (blue & white) ID card.

**TEMPORARY ELIGIBILITY GROUP (check one)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Parent/Caretaker-Relative of dependent children under age 18 | <input type="checkbox"/> Pregnant Women (Prenatal services only) | <input type="checkbox"/> Breast and Cervical Cancer Treatment Program (BCCTP)   |
| <input type="checkbox"/> Child under age 19   | <input type="checkbox"/> Former Foster Care Child under age 26   | <input type="checkbox"/> Plan First (Coverage of family planning services only) |

**WHAT HAPPENS NEXT**

The Virginia Department of Medical Assistance Services (DMAS) will mail you a Commonwealth of Virginia Medical Assistance ID card and letter about your health coverage. Please keep this card and coverage letter for the entire time you have coverage.

Your temporary eligibility will cover all services for which you are eligible under the Virginia Hospital Presumptive Medicaid Eligibility program, only while you are eligible. Please review the covered services fact sheet the hospital has provided you to see what services are covered for you.

**HOSPITAL PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE FINAL.** There is no right to appeal a hospital presumptive eligibility decision.

If you have filed a Medicaid application, your temporary eligibility will end the day on which the decision is made on that application. Your health coverage may be extended if an application for Medicaid is filed prior to the end date of coverage listed above and additional time is needed for the eligibility determination. If you do not file a Medicaid application, your temporary eligibility will end on the last day of the month following the month in which the determination of presumptive eligibility was made.

There are four easy ways to apply for Medicaid.

1. Online at [www.coverva.org](http://www.coverva.org); or
2. Call the Cover Virginia at 1-855-242-8282 to apply by phone; or
3. Print out and complete a paper application from [www.coverva.org](http://www.coverva.org) and mail it or drop it off at your local Department of Social Services; or
4. Visit your local Department of Social Services in the city or county in which you live for assistance in applying.

Hospital Name: \_\_\_\_\_  
Hospital Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Hospital Representative Name and Title: \_\_\_\_\_  
Print  
Hospital Representative Telephone Number: \_\_\_\_\_

**New! Notice  
for Hospital  
staff use  
immediately  
upon  
determining  
applicant  
denied for HPE**

**DENIAL NOTICE FOR HOSPITAL PRESUMPTIVE ELIGIBILITY  
FOR TEMPORARY MEDICAID COVERAGE IN VIRGINIA**

Patient Name: \_\_\_\_\_

Patient SSN\*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of notice: \_\_\_\_\_

Issued by: \_\_\_\_\_

\*Social Security Number not required for determination.

**WHY YOU ARE RECEIVING THIS NOTICE**

You do **not** qualify for temporary health coverage through the Virginia Hospital Presumptive Medicaid Eligibility Program.

**REASON FOR DETERMINATION** (check appropriate box)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Does not meet covered group              | <input type="checkbox"/> Does not meet financial requirements                      | <input type="checkbox"/> Previous presumptive eligibility period in past calendar year    |
| <input type="checkbox"/> Does not meet non-financial requirements | <input type="checkbox"/> Currently enrolled in full benefit Medicaid/FAMIS program | <input type="checkbox"/> Previous presumptive eligibility period during current pregnancy |
| <input type="checkbox"/> Other _____                              |  |   |

**HOSPITAL PRESUMPTIVE ELIGIBILITY DETERMINATIONS ARE FINAL**

There is no right to appeal a hospital presumptive eligibility decision.

You may still apply for a complete evaluation for health coverage by completing an application for Medicaid.

**There are four easy ways to apply for Medicaid.**

1. Online at [www.coverva.org](http://www.coverva.org); or
2. Call the Cover Virginia at **1-855-242-8282** to apply by phone; or
3. Print out and complete a paper application from [www.coverva.org](http://www.coverva.org) and mail it or drop it off at your local Department of Social Services; or
4. Visit your local Department of Social Services in the city or county in which you live for assistance in applying.

Hospital Name: \_\_\_\_\_

Hospital Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Representative Name and Title: \_\_\_\_\_  
Print

Hospital Representative Telephone Number: \_\_\_\_\_



*Department of Medical Assistance Services*



# SUBMITTING THE HPE ONLINE ENROLLMENT FORM

[www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov)

Select portal link:  
*Hospital  
Presumptive  
Eligibility*



The screenshot displays the Virginia Medicaid website interface. At the top, there is a logo for "Virginia Medicaid" featuring a map of the state. Below the logo is a navigation bar with buttons for "Home", "Claims", "Payment History", and "EH". A "Quick Links" menu is open, listing various services. The link "Hospital Presumptive Eligibility" is highlighted with a red rectangular box. Below the menu is a "News" section with a welcome message and contact information for the support help desk.

Virginia  
Medicaid

Home Claims Payment History EH

Quick Links

- Provider Services
- Provider Resources
- EDI Support
- Documentation
- FAQ
- Newborn E-213
- Hospital Presumptive Eligibility**
- Search for Providers
- Provider Forms Search
- DMAS Web Site
- Change Password
- Change Security Profile
- Add Users
- View/Edit Users

News

Welcome to the Virginia Medicaid Web Portal.  
If you have any issues continuing with the registration process, please see the Web Registration Reference Material (located at the Provider Resources Quick Links above) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

# The HPE Welcome Screen

Department of Medical Assistance Services

Presumptive Eligibility Form

AUTHORIZED USE ONLY

**Welcome Test Hospital**

**Please make a selection**

- Person is a parent or caretaker relative of a child or children in the home under age 18 or 19 if the child remains in school
- Person is pregnant
- Person is a child under age 19
- Person is a former Foster Care child under age 26
- Plan First
- Person has been diagnosed with breast or cervical cancer

Next

[Download HPE Screening Tool.](#)

**Department of Medical Assistance Services  
Presumptive Eligibility Form for Child Under Age 19 (AC 064)  
Test Hospital**

**AUTHORIZED USE ONLY**

**Applicant Details**

Decision Date	<input type="text"/>	Date of Birth	<input type="text"/>
	<small>*Required: mm/dd/yyyy</small>		<small>*Required: mm/dd/yyyy</small>
Applicant Name	<input type="text"/>	Sex	<input type="radio"/> Male <input type="radio"/> Female
	<small>*Last</small>		<small>*Required</small>
SSN	<input type="text"/>	Race	<input type="text"/>
	<small>Format: 999-99-9999</small>		<small>*Required</small>
Physical Address	<input type="text"/>		
	<small>*Street</small>		
U.S. Citizen?	<input type="text"/>	VA	<input type="text"/>
	<small>*City</small>	<small>*State</small>	<small>*Zip</small>
	<input type="radio"/> Yes <input type="radio"/> No		Locality
	<small>*Required</small>		<input type="text"/>
			<small>*Required</small>
Telephone #	<input type="text"/>	Household Size	<input type="text"/>
			<small>*Required</small>
			Monthly Income
			<input type="text"/>
			<small>*Required</small>

**Attestation Details**

**Attestation:** The parent/caretaker relative of the individual above has attested that the child is under age 19 and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive presumptive eligibility enrollment information on behalf of this applicant. I also attest that the email address listed above is a valid hospital provider email address.

Agree  Disagree

**Submission Details**

Hospital Name	Test Hospital	Hospital NPI #	0015209906
Patient Acct #	<input type="text"/>		
Submitted By	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>*Name</small>	<small>*Title</small>	<small>*Telephone</small>
Email Address	<input type="text"/>	Email Address (re-enter)	<input type="text"/>
	<small>*Required: address@domain.ext</small>		<small>*Required: address@domain.ext</small>

The revised  
HPE Online  
Enrollment  
Form



## Applicant Attestation

The applicant attests to meeting the following requirements:

- Virginia residency,
- U.S. citizenship or qualified immigration status,
- household size and income, and
- no previous HPE enrollment within the specified time limits.

*Note: Social Security number is requested but not required as part of the HPE determination*



## Hospital Attestation

The hospital staff attests:

- They are an employee of the hospital listed in the determination for the individual and are authorized by the hospital to submit and receive presumptive eligibility enrollment information on behalf of the applicant.
- The email address listed in the determination is a valid hospital provider email address
- They have verified eligibility to ensure applicant is not currently covered by a full Medicaid or FAMIS (CHIP) benefit.

# The revised HPE Online Enrollment Form has new C&I menu

<b>Eligible Individuals</b>	<b>All US Citizens and Nationals</b>
	Non-citizens lawfully admitted prior to 8/22/96
	All Lawfully Residing Children under Age 19 and Pregnant Women
	Aliens lawfully admitted for permanent residence (LPRs) who are Active Duty Military or Veterans and their spouses or dependent children
	Lawfully admitted for permanent residence (LPRs) admitted on or after 8/22/96 with 5 years of residence and 40 quarters of work history under Social Security
<b>Eligible for First Seven Years in US—not eligible after Seven Years</b>	Asylees
	Refugees
	Cuban/Haitian Entrants
	Aliens whose deportation has been withheld
	Victims of a Severe Form of Trafficking
	Afghan and Iraqi Special Immigrants

# “Submission Complete” message

**Department of Medical Assistance Services  
Presumptive Eligibility Submission**

**HPE Enrollment Complete**

You should receive confirmation within 2 business days that your HPE eligibility determination has been entered into the eligibility system and a permanent member ID card is being issued.

If the applicant is currently enrolled in either FAMIS or a Medicaid benefit program that is equal or greater to the HPE benefit being determined, they will continue with their current medical benefit program.

For questions or concerns please email [HPE@dmas.virginia.gov](mailto:HPE@dmas.virginia.gov).

Close

*Remember to provider individual with  
Hospital Immediate Notice of  
HPE Approval*



## The HPE Approval Process

- Print Confirmation of Enrollment in Virginia Medicaid emailed from Cover Virginia and provide to individual
  - Cover Virginia will email hospital staff within 2 business days
  - DMAS will mail Medicaid card to individual at address entered on HPE Online Enrollment Form
  - Providers are encouraged to accept this form as proof of coverage for HPE.

# Cover Virginia email confirmation of enrollment

From: Cover Virginia <CoverVA@Xerox.com>

Sent: Day, Month, DD, YYYY time:

To: Hospital Email Address

Subject: Notice of Presumptive Eligibility Enrollment

Attachments: Presumptive Eligibility Notice

The attached notice of presumptive eligibility confirms temporary enrollment into the Medicaid program for the following patient:

Name: FN, MI, LN

Medicaid member number: XXX-XXXXXX-XXX

Patient Account # xxxxxxx

Please provide a copy of the attached notice to the patient or legal guardian for proof of eligibility. Please also ensure the member above follows up with an application for continued Medicaid eligibility as soon as possible.

[CoverVA@xerox.com](mailto:CoverVA@xerox.com)

# Confirmation document of enrollment in Virginia Medicaid system and card issuance.

The State will mail copy of this notice to the individual.

Includes copy of Covered Services Fact Sheet.

Hospital should provide copies of both to individual.



## Notice of Presumptive Eligibility

John Doe  
600 East Broad Street  
Richmond, VA 23219

January 15, 2015

Dear John Doe:

The following person has been approved for presumptive Medicaid eligibility and enrolled for a limited time period indicated below:

Name	Medicaid ID	Begin Date	End Date
John Doe		01/13/2015	02/28/2015

- Coverage may be extended if an Application for Health Coverage & Help Paying Costs is filed prior to the end date of coverage above and additional time is needed for the eligibility determination. If you file a Medicaid application and you are determined to be ineligible for Medicaid coverage, your presumptive eligibility will end the date the eligibility determination is made.
- If you do not file a Medicaid application, you will no longer have presumptive eligibility Medicaid coverage after end date above.

**Please use this notice as proof of coverage until you receive your ID Card.**

You will receive a Commonwealth of Virginia (blue & white) ID card. Please present this card to your medical provider as proof of coverage.

### There are four easy ways to apply for Medicaid.

1. Online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
2. Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
3. Print out and complete a paper application from [www.coverva.org](http://www.coverva.org) and mail it to your local Department of Social Services or
4. Visit your local Department of Social Services in the city or county in which you live

**You should have the following information ready when you apply, for you and anyone else in your household who needs health insurance:**

- Full legal name, date of birth, Social Security number, and Citizenship or Immigration Status; Most recent federal tax filing information (if available);
- Job and income information for members of your household for the prior or the current month such as pay stubs or a letter from your employer
- Information about other taxable income for members of your household such as unemployment benefits, Social Security payments, pensions, retirement income, rental income, alimony received, etc.
- Current health insurance information

Visit [www.coverva.org](http://www.coverva.org) for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

# Limited Covered Services for Pregnant Women

## Hospital Presumptive Eligibility (HPE) Limited Coverage for Pregnant Women

The following describes the medical services available to pregnant women who have been determined to be presumptively eligible for Medicaid. The coverage period for presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

### Presumptive eligibility medical services for pregnant women include:

- Hospital Care – outpatient hospital services related to prenatal care
- Pharmacy – prescription drugs (ordered by a physician or other licensed health professional) related to prenatal care
- Emergency Services – for serious, immediate health problems that require emergency care related to prenatal care
- Physician Services – services related to prenatal care provided by doctors or other health professionals licensed to practice medicine, osteopathy, and psychiatry
- Laboratory Services for prenatal care
- X-ray Services - for prenatal care
- Transportation for prenatal care services – emergency transportation and non-emergency transportation through LogistiCare (1-866-386-8331)

Pregnant women who apply for regular, full-benefit Medicaid and are found eligible, may receive additional benefits including inpatient hospital care, labor and delivery and services for conditions/illness other than pregnancy.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local department of social services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.

# Limited Covered Services for Plan First

## Hospital Presumptive Eligibility (HPE) Limited Coverage for Plan First

The following describes the medical services available to patients who have been determined to be presumptively eligible for Plan First, a limited Medicaid benefit for family planning coverage only. The coverage period for Plan First presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

### Presumptive eligibility medical services for Plan First include:

- Annual family planning exams
- Pap smears for women to screen for cervical cancer
- Sexually transmitted infection (STI) testing
- Laboratory services for family planning and STI testing
- Family planning education, counseling, and preconception health
- Sterilization procedures (Tubal Ligation or Essure implant for women and vasectomies for men)\*\*
- Non-Emergency transportation (866-386-8331) to a family planning service
- Most Food and Drug Administration (FDA) approved prescription and over-the-counter contraceptives\*\*\*

\*Services must be for preventing a pregnancy. Specific service and supply billing codes are posted online at [www.planfirst.org](http://www.planfirst.org).

\*\*Sterilization Consent Form (DMAS-3004-English and DMAS-3004S-Spanish) for sterilization procedures must be signed at least 30 days prior to the surgery being performed.

\*\*\*Over-the-counter contraceptives require a prescription in order to be covered.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.

# Full Covered Services for All Others Groups

## Hospital Presumptive Eligibility (HPE) Full Benefit Coverage

The following describes the medical services available to patients (other than pregnant women) who have been determined to be presumptively eligible for Medicaid. The coverage period for presumptive eligibility begins with the day your HPE is determined by the hospital and ends the last day of the following month.

### Covered services include:

- Hospital Care – both inpatient and outpatient hospital services
- Pharmacy – prescription drugs ordered by a physician or other licensed medical professional
- Emergency Services – for serious, immediate health problems that require emergency care
- Physician Services – services provided by physicians or other health professionals licensed to practice medicine, osteopathy, and psychiatry
- Dental Care Services – routine dental services for individuals under age 21. Medically necessary oral surgery and the services used to determine the medical problem such as X-rays and surgical extractions for individuals 21 and older.
- Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) limited to individuals under age 21 to detect and diagnose health problems early so needed treatment can be provided
- Eyeglasses for individuals under age 21
- Laboratory Services
- X-ray Services
- Family planning services/Birth control – services that delay or prevent pregnancy
- Transportation for medical treatment – emergency transportation and non-emergency transportation through LogistiCare (1-866-386-8331)

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

# Confirmation of current active coverage

The State will  
mail copy of  
this notice to  
the individual.

Hospital should  
provide a copy  
to individual.



## Notice of Presumptive Eligibility

John Doe  
600 East Broad Street  
Richmond, VA 23219

April 15, 2015

Dear John Doe:

An application for Presumptive Medicaid Eligibility was recently submitted by a hospital for you.

Upon further review we show that you have active coverage.

If you have any questions, please contact Cover Virginia at 1-855-242-8282.

Visit [www.cover.va.org](http://www.cover.va.org) for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

*Cover Virginia*  
PO Box 1820 ~ Richmond, VA 23219  
[www.coverva.org](http://www.coverva.org) ~ 1-855-242-8282 TDD: 1-888-221-1590  
M-F 8:00am-7:00pm, Saturday 9:00am-12:00pm



## The HPE Approval Process

- Contact Cover Virginia at 1-855-242-8282 to request corrections to the HPE enrollment, if needed.
- The LDSS staff cannot make corrections to HPE determinations and enrollments.



## Retroactive Medicaid Coverage Period

- Retroactive eligibility for full Medicaid is determined when an applicant received a *covered* medical service within the retroactive period - the three months prior to application.
- The retroactive period is based on the month in which the full Medicaid application is filed.
- The retroactive period is the three months prior to the application month.
  - For example, if the Medicaid application is filed in June, the retroactive period includes the months of March, April and May.



## Retroactive Medicaid Coverage Period

For full coverage HPE groups

- If the individual submitted the regular Medicaid application in the same month HPE coverage began and was found eligible for regular Medicaid, the state's policy for retroactive Medicaid coverage will apply.
- If HPE began on any day other than the first day of the month, the LDSS eligibility worker will enroll them in a closed period of coverage with the first day of the month and ending the day before the HPE begin date.



## Retroactive Medicaid Coverage Period

- If an individual who was enrolled in HPE with partial coverage as a pregnant woman or in Plan First, and is determined eligible for full Medicaid coverage in the period covered by HPE, the LDSS eligibility worker will cancel HPE coverage retroactively and reinstate in full coverage for the retroactive months and ongoing, if eligible.



## HPE Coverage

- The end date for HPE coverage could become outdated if the applicant files a full Medicaid application and is found not eligible for coverage.
- Providers should encourage members to call Cover Virginia 1-855-242-8282 to check status of their coverage.



## Connecting to Full Medicaid Coverage

Individuals can apply for full Medicaid coverage:

- Online at [www.coverva.org](http://www.coverva.org)
- Cover Virginia Call Center
  - 1-855-242-8282 (TDD 1-888-221-1590)
- In-person at the individual's LDSS
- Mail/fax paper application to individual's LDSS

# CoverVA.org

http://www.coverva.org/index.cfm Welcome to Cover Virginia

File Edit View Favorites Tools Help

http... Bill... Virg... http... Earl... Code... Infa... VITA rates Samp... SSA Soci... edir... 416 Forms Publ... Virg... GA GA LIS ... Virg...



[Programs](#) [Apply](#) [Already Enrolled](#) [Marketplace](#) [Need Help?](#) [Health Plans](#) [News](#)

## Welcome to Cover Virginia!

On this website you can learn about Virginia's Medicaid and FAMIS programs for children, pregnant women and adults. You can also get information about health insurance options available through the Federal Marketplace. You can apply online or search for someone who can assist you with your application.

To begin, use the screening tool on the Eligibility page to get connected to the right health care coverage for you and your family.



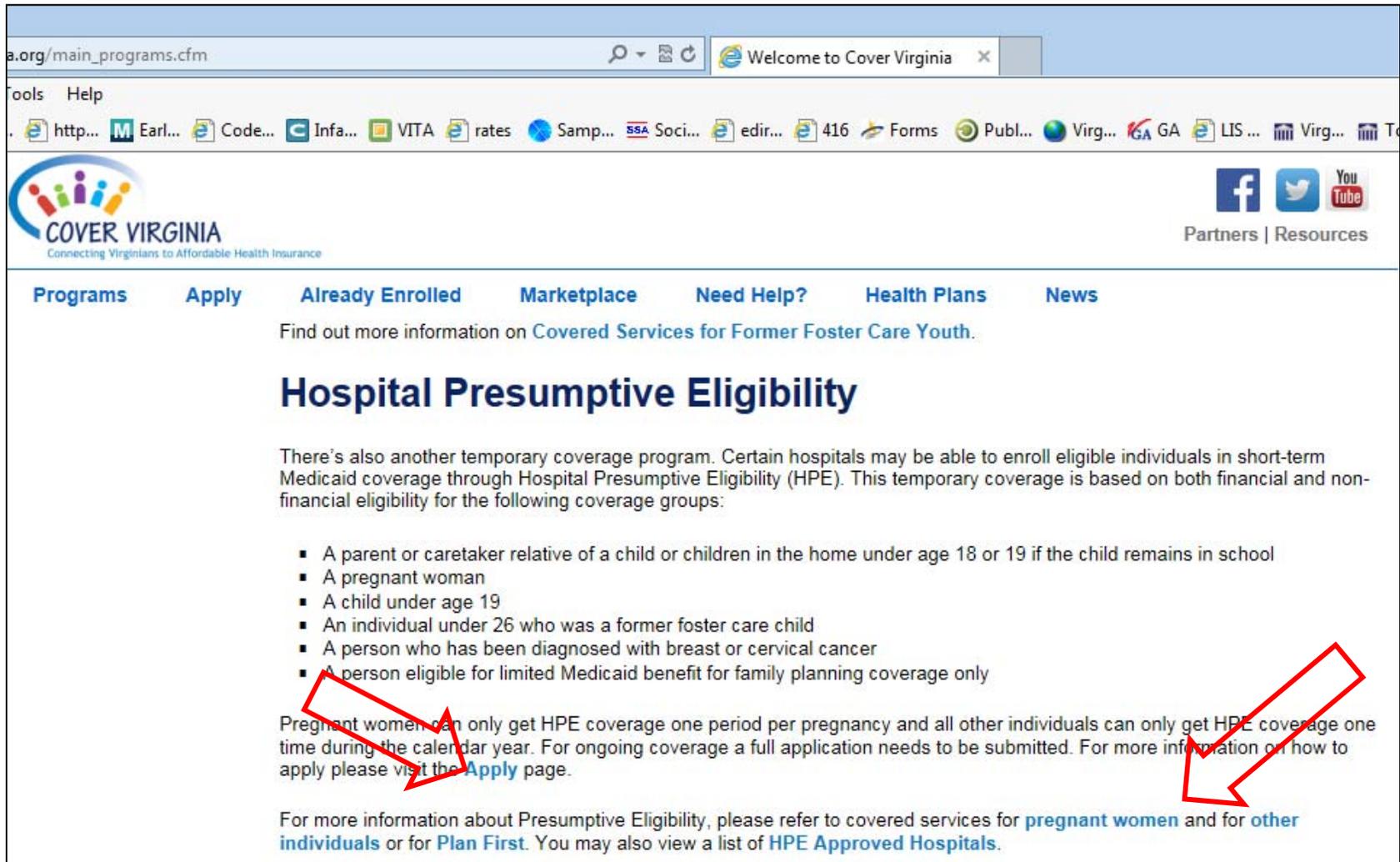
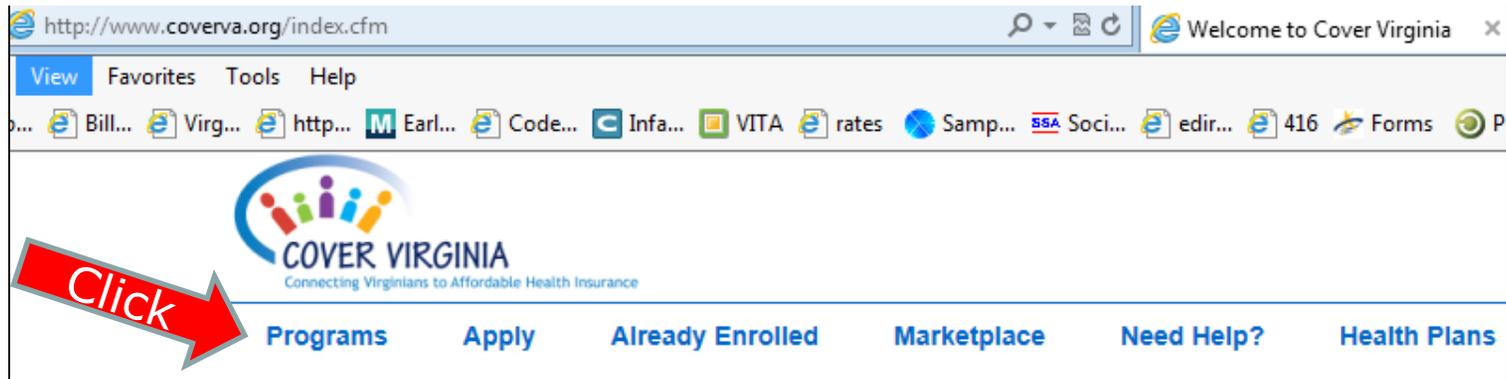
Eligibility



Apply



Renew



# How to Apply



Eligibility



Apply



Renew



If, after using the Screening Tool, you think you may qualify for health care coverage under Medicaid, FAMIS, or Plan First, there are four easy ways to apply.

1. Apply online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
2. Call Cover Virginia at 1-855-242-8282 to apply on the phone or
3. Print out and complete a [paper application](#) (Spanish version available [here](#)) and mail it to your local [Department of Social Services](#) (\* Additional forms or applications may be required) or
4. Visit your local [Department of Social Services](#) in the city or county in which you live

\*You may need to print out additional single page supplement forms if applying for Medicaid, FAMIS or Plan First for more than two people in your household. When applying for Medicaid for adults over age 19 with disabilities, adults aged 65 or over, and for all people who need long term care services, you will need to fill out an ABD-LTC - Appendix D application as well as the Application for Health Coverage and Help Paying Costs. See below

## [Additional Person Single Page Supplement ABD-LTC Application - Appendix D](#)

You should have the following information ready when you apply:

- Full legal name, Date of Birth, Social Security Number, Citizenship or Immigration Status for you and anyone in your household who is applying for health care coverage.
- Most recent federal tax filing information (if available).
- Job and income information for members of your household for the month prior or the current month. Having recent pay stubs or W-2s to reference may be helpful.
- Information about other taxable income for members of your household such as unemployment benefits, Social Security benefits, pensions, retirement income, rental income, alimony received, etc.
- Policy numbers for any current health insurance

When you apply, you will be asked if you wish to give your permission (Consent to Share) allowing us to use the information you gave us on the application to create a User Profile for you. Your answer does not affect your eligibility for health care coverage. You can read and download the Consent to Share document [here](#).

For information about how to appeal a decision visit the [Appeals](#) page.



## Contacts

- For questions about HPE or more information on Virginia's HPE program:

Email: [HPE@dmas.virginia.gov](mailto:HPE@dmas.virginia.gov)

- For questions about accessing the Medicaid Web Portal:

Virginia Medicaid Web Support Helpdesk

(8am-5pm, Mon-Fri) Phone - 866-352-0496



*Department of Medical Assistance Services*



# Questions?