

## Hospital Based Presumptive Eligibility (HPE) Fact Sheet

<b>Purpose</b>	<ul style="list-style-type: none"> <li>• The Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility for certain individuals.</li> <li>• Beginning 1/1/2014, qualified hospitals can immediately approve certain patients for Medicaid without waiting for an eligibility determination from the patient’s local department of social services (LDSS)</li> </ul>
<b>HPE Eligibility Requirements</b>	<ul style="list-style-type: none"> <li>• HPE is based on self-declaration of a minimum set of factors including: <ul style="list-style-type: none"> <li>○ Virginia residency</li> <li>○ US citizenship or legal alien status</li> <li>○ Relationship to a Medicaid covered group</li> </ul> </li> <li>• Meeting income limits for household size for a certain covered group</li> </ul>
<b>Covered Groups, Benefits and Limits</b>	<ul style="list-style-type: none"> <li>• HPE coverage limited to individuals in the following covered groups: <ul style="list-style-type: none"> <li>○ Parent/caretaker-relatives of dependent children under age 18</li> <li>○ Full Medicaid benefits</li> <li>○ Limited to one PE period per calendar year</li> </ul> </li> <li>• Children Under Age 19 <ul style="list-style-type: none"> <li>○ Full Medicaid benefits</li> <li>○ Limited to one PE period per calendar year</li> </ul> </li> <li>• Pregnant Women <ul style="list-style-type: none"> <li>○ Coverage of ambulatory prenatal services only</li> <li>○ Limited to one PE period per pregnancy</li> </ul> </li> <li>• Former Foster Care Children Under Age 26 who “aged out” of foster care <ul style="list-style-type: none"> <li>○ Full Medicaid benefits</li> <li>○ Limited to one PE period per calendar year</li> </ul> </li> <li>• Breast and Cervical Center Prevention and Screening Act group <ul style="list-style-type: none"> <li>○ Limited to hospitals who screen under the Every Woman’s Life program</li> <li>○ Full Medicaid benefits</li> <li>○ Limited to one PE period per calendar year</li> </ul> </li> <li>• Plan First <ul style="list-style-type: none"> <li>○ Limited Medicaid benefits for family planning services only</li> <li>○ Available to women and men who are not eligible for one of the above groups</li> <li>○ Limited to one PE period per calendar year</li> </ul> </li> </ul>
<b>How to become an approved provider?</b>	<ul style="list-style-type: none"> <li>• Qualified hospitals must be approved Virginia Medicaid providers</li> <li>• To make HPE determinations for Virginia Medicaid, a hospital must: <ul style="list-style-type: none"> <li>○ Participate in the DMAS HPE training</li> <li>○ Complete, sign and submit the Virginia Qualified Entity Hospital Presumptive Eligibility Agreement</li> </ul> </li> </ul>
<b>Who can make HPE determinations</b>	<ul style="list-style-type: none"> <li>• <u>Hospital employees</u> who have received DMAS training can make HPE determinations</li> <li>• LDSS and third party vendors or contractors may not make HPE determinations</li> </ul>
<b>Contacts</b>	<p><b>Department of Medical Assistance Services</b> for policy related questions: Email: <a href="mailto:HPE@dmas.virginia.gov">HPE@dmas.virginia.gov</a></p> <p><b>Virginia Medicaid Web Support Helpdesk</b> for web portal access related questions: (8am-5pm, Mon-Fri) Phone - 866-352-0496</p>