

Hospital Based Presumptive Eligibility (HPE) Fact Sheet

Purpose	<ul style="list-style-type: none"> • The Affordable Care Act (ACA) gives qualified hospitals the opportunity to determine presumptive eligibility for certain individuals. • 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)
HPE Eligibility Requirements	<ul style="list-style-type: none"> • HPE is based on self-declaration of a minimum set of factors including: <ul style="list-style-type: none"> ○ Virginia residency ○ Social Security number ○ US citizenship or legal alien status ○ Relationship to a Medicaid covered group • Meeting income limits for household size for a certain covered group
Covered Groups, Benefits and Limits	<ul style="list-style-type: none"> • HPE coverage limited to individuals in the following covered groups: <ul style="list-style-type: none"> ○ Parent/caretaker-relatives of dependent children under age 18 ○ Full Medicaid benefits ○ Limited to one PE period per calendar year • Children Under Age 19 <ul style="list-style-type: none"> ○ Full Medicaid benefits ○ Limited to one PE period per calendar year • Pregnant Women <ul style="list-style-type: none"> ○ Coverage of ambulatory prenatal services only ○ Limited to one PE period per pregnancy • Former Foster Care Children Under Age 26 who “aged out” of foster care <ul style="list-style-type: none"> ○ Full Medicaid benefits ○ Limited to one PE period per calendar year • Breast and Cervical Center Prevention and Screening Act group <ul style="list-style-type: none"> ○ Limited to hospitals who screen under the Every Woman’s Life program ○ Full Medicaid benefits ○ Limited to one PE period per calendar year • Plan First <ul style="list-style-type: none"> ○ Limited Medicaid benefits for family planning services only ○ Available to women and men who are not eligible for one of the above groups ○ Limited to one PE period per calendar year
How to become an approved provider?	<ul style="list-style-type: none"> • Qualified hospitals must be approved Virginia Medicaid providers • To make HPE determinations for Virginia Medicaid, a hospital must: <ul style="list-style-type: none"> ○ Participate in the DMAS HPE training ○ Complete, sign and submit the Virginia Qualified Entity Hospital Presumptive Eligibility Agreement
Who can make HPE determinations	<ul style="list-style-type: none"> • <u>Hospital employees</u> who have received DMAS training can make HPE determinations • LDSS and third party vendors or contractors may not make HPE determinations at this time

Contacts	<p>Department of Medical Assistance Services for policy related questions: Email: HPE@dmas.virginia.gov Phone: 804-225-4279</p> <p>Virginia Medicaid Web Support Helpdesk for web portal access related questions: (8am-5pm, Mon-Fri) Phone - 866-352-0496</p>
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