

Hospital Presumptive Eligibility Worksheet



To determine Hospital Presumptive Eligibility (HPE) follow these steps:

- 1) An approved hospital worker completes the HPE Eligibility Worksheet and assists the individual with completing a HPE application.
 - 2) The hospital worker determines if the individual:
 - a. Meets citizenship/qualified alien criteria (see page 2 for policy details);
 - b. Is an Alaska resident;
 - c. Is not an inmate confined to a correctional facility;
 - d. Is in an allowable Medicaid category;
 - e. Is not currently enrolled in Medicaid or entitled to Medicare; and
 - f. Has household income that is under the limit for that category.
 - 3) If determined presumptively eligible for Medicaid, the HPE Worksheet(s), HPE approval letter, and completed HPE application is faxed to (907) 269-3099 for benefit issuance.
 - 4) If determined ineligible for presumptive Medicaid, the hospital worker will assist the individual with completing a full application for Medicaid through the Division of Public Assistance.
- A qualified hospital is one that participates as a provider under the Medicaid state plan and has notified the Division of Public Assistance of its election to make presumptive eligibility determinations. They must agree to make presumptive eligibility determinations consistent with state policies and procedures.
 - A qualified hospital must help individuals complete and submit a full Medicaid application (GEN 50C) before the end of the hospital presumptive eligibility period.
 - The presumptive eligibility period begins on the date the determination is made and ends the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if a full application for Medicaid is filed by the end of the month after the month that presumptive eligibility is determined; or
 - The last day of the month after the month of the presumptive eligibility determination, if a full application for Medicaid is not filed by that date.
 - An individual may only receive one presumptive eligibility authorization within a 12 month period, starting with the beginning date of the initial presumptive eligibility period. A pregnant woman can be found presumptively eligible once per pregnancy, even if the pregnancies occur within the same 12 month period.
 - Under Federal Regulations in §435.1110(d)(2), a State may disqualify a hospital from conducting presumptive eligibility determinations if the State finds that the hospital is not making or is not capable of making accurate presumptive eligibility determinations in accordance with applicable State policies and procedures.

Hospital Presumptive Eligibility Worksheet

Medicaid Citizenship / Qualified Alien Requirements



In order for an individual to meet the citizenship requirements for Medicaid, they must be a US citizen or n
This means they were:

1. Born in the US, DC, Puerto Rico, Guam, Virgin Islands or Northern Mariana Islands,
2. A naturalized citizen, or
3. A US National born in American Samoa or Swain's Island. An individual who was not born in American Samoa Or Swain's Island, but has a parent who was, may be a US National.

If the individual does not meet one of the above requirements, the individual must be a qualified alien AND have held their qualifying status for at least 5 years (unless exempt).

Qualified Aliens:

1. Lawful Permanent Resident
2. Asylee
3. Refugee or Amerasian
4. Cuban/Haitian Entrant
5. Alien granted parole for at least 1 year
6. Alien with deportation withheld
7. Alien granted conditional entry under immigration law in effect before April 1, 1980
8. Battered spouse or child of battered spouse of a US citizen or permanent legal resident and aliens protected under 1508 of the violence against women act
9. Victims of trafficking
10. Non-citizen native Americans as defined in 4(e) of the Indian Self-Determination and Education Assistance Act, 25 USC 450b(e) and 289 Native Americans.
11. Special immigrants from Iraq and Afghanistan admitted under 101(a)(27) of the INA

If an individual is a qualified alien but has not held their qualifying status for at least 5 years, make sure they are not exempt from the 5-year waiting period. The following qualified aliens are eligible for Medicaid even if they have not held their qualifying status for at least 5 years:

Exemptions from the 5-year waiting period:

1. Refugee
2. Asylee
3. Deportation withheld
4. Cuban Haitian entrants
5. Amerasian immigrant
6. Active duty military or honorably discharged veterans. Includes their spouse (including surviving spouse if not married) or dependent children and step-children.
7. Victims of trafficking
8. Member of a federally recognized Indian tribe
9. American Indians born in Canada
10. Special immigrants from Iraq and Afghanistan
11. Non-citizens receiving SSI

**All qualified aliens who are exempt from the 5-year waiting period are eligible for Medicaid without the 5-year waiting period after becoming a lawful permanent resident.*

If an individual does not attest to meeting the citizenship/qualified alien requirements, the hospital worker will assist the individual with completing a full application for Medicaid through the Division of Public Assistance. The division will verify the individual's citizenship status and make a full Medicaid eligibility determination.

Hospital Presumptive Eligibility Worksheet

Individual's Name: _____

Individual's SSN: _____ DOB: _____



Section A

1. Is this woman pregnant? YES / NO If yes, move on to section B
2. Is this person a child under age 19? YES / NO If yes, move on to section B
3. Does this person live with a child under age 19 for whom they are the primary caretaker?
YES / NO If yes, move on to section B
4. Was this person in State or Tribal Foster Care and receiving Medicaid in the State of Alaska when they turned 18? Is this person also under the age of 26 and not eligible for any other Medicaid category?
YES / NO If yes, move on to section B
5. Has this woman been previously screened under Alaska BCHC or CDC National Breast and Cervical Cancer Early Detection program and determined to need treatment for breast or cervical cancer?
YES / NO If yes, move on to section B
6. Is this person a low income adult age 19-64 that is not eligible for another Medicaid category, not receiving SSI benefits, and not entitled to Medicare?
YES / NO If yes, move on to section B

If no is the answer to all questions, there is no presumptive Medicaid eligibility.

Section B

1. Is this person an Alaska resident? YES / NO If yes, move on to question 2
2. Is this person a United States citizen, United States national, or an eligible immigrant?
YES / NO If yes, move on to section C

If no is the answer to either question, there is no presumptive Medicaid eligibility. The individual must be given a HPE denial letter.

Even though the individual was not found eligible for HPE benefits, please help them complete and submit a full application for Medicaid. This can be done online at: <http://my.alaska.gov> or you can download a paper application and find your closest DPA office here: <http://dpaweb.hss.state.ak.us/e-forms/pdf/Gen50c.pdf>

Section C

Use the household income limit chart (next page) to determine if the household income is below the applicable income standard for the category for which the individual's presumptive eligibility is being determined.

If the individual passes the income test, presumptive Medicaid eligibility exists. Fax the HPE application, the HPE approval letter, and page 2 & 3 of this HPE worksheet (one for each person approved) to DPA at 269-3099 for benefit issuance. Remember to provide the individual with a copy of the HPE approval letter.

Hospital Presumptive Eligibility Worksheet

Monthly Household Income



Individual's Name: _____

1. Circle the eligible Medicaid category for the individual (top row).
2. Determine the monthly household income. Household income includes all money from jobs, tips, alimony, social security, unemployment, and Permanent Fund Dividends (yearly amount divided by 12). Do not include public assistance benefits or child support received.

Total gross monthly income for this household is: _____.

3. Circle the number of people in the MAGI household size (first column). Then circle the associated income limit (in the same row) under the Medicaid category you circled in #1. The gross monthly household income calculated in #2 must be below the amount circled in the chart. All members of the Medicaid household will have the same countable income.

Household Size	Expansion Group	Parents and Other Caretakers	Pregnant Women	Children under age 19 with insurance	Children under age 19 without insurance	BCCM*
1	\$1,670	\$1,487	N/A	\$2,222	\$2,548	\$3,138
2	\$2,249	\$2,370	\$3,382	\$2,993	\$3,433	\$4,228
3	\$2,829	\$2,904	\$4,254	\$3,765	\$4,318	\$5,317
4	\$3,409	\$3,437	\$5,125	\$4,536	\$5,202	\$6,407
5	\$3,988	\$3,972	\$5,997	\$5,308	\$6,087	\$7,496
6	\$4,568	\$4,505	\$6,869	\$6,079	\$6,972	\$8,586
7	\$5,148	\$5,038	\$7,740	\$6,850	\$7,857	\$9,675
Each Additional	+\$580	+\$534	+\$872	+\$772	+\$885	+\$1,090

*Breast & Cervical Cancer Medicaid requires that the applicant have an award letter from the Division of Public Health (DPH).

Please check a category of eligibility:

- Pregnant Women
- Child Under Age 19 with insurance
- Child Under Age 19 without insurance
- Parent or Other Primary Caretaker
- Expansion Group (Low Income Adult age 19-64)
- Former Alaska Foster Care Child
- Breast and Cervical Cancer Medicaid

I attest that this individual has been found presumptively eligible for Medicaid benefits and that I am authorized to make this determination by both this hospital and the Division of Public Assistance.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Hospital: _____