



# *Department of Medical Assistance Services*



# Hospital Presumptive Eligibility (HPE)

## Hospital Based Provider Training

## Virginia Department of Medical Assistance Services (DMAS)

rev. 112021



# Agenda

## Hospital Based Presumptive Eligibility (HPE)

- Overview
- Hospital Guidelines
- HPE Provider Performance Standards
- HPE Covered Services
- Eligibility and Determination Process
- Accessing the HPE Portal
- Enrollment
- Notices of Action
- Contact information and FAQ



# Overview

**Effective January 1, 2014, under the Affordable Care Act (ACA), states were given the opportunity to set up and monitor a presumptive eligibility process for certain Medicaid groups.**

**Hospital participation was optional.**



# Overview of Benefits of HPE

- HPE provides eligible patients with immediate access to Medicaid.
- HPE ensures the hospital will be reimbursed for covered services, and in a timely manner.
- HPE provides additional opportunities for patients to get connected to ongoing Medicaid coverage.



# Overview

Virginia made the decision that qualified hospitals could immediately approve certain individuals for Medicaid without waiting for an eligibility determination from the local department of social services (LDSS) or Cover Virginia.

This process is referred to as Hospital Presumptive Eligibility (HPE).



# Hospital Guidelines

- Qualified hospitals must be an approved Virginia Medicaid provider;
- Qualified hospitals must complete, sign, and submit the Virginia Qualified Entity Agreement for Hospital Presumptive Eligibility; and
- Only direct hospital employees who participated (or completed the training slides) in DMAS training can make HPE determinations.
- A person from a third party entity or not an employee of the hospital can determine an HPE individual.



# HPE Qualified Entity Agreement

- Provides the identifying hospital information and the point of contact for the hospital;
- Specifies the terms, requirements, and responsibilities as a qualified hospital;
- Provides potential for corrective action measures if needed; and
- Requires the hospital authorized agent's signature for agreement with the terms of participation.



# HPE Performance Standards

## Initial performance benchmarks:

- **85% of the HPE determinations would result in the submission of a full Medicaid application for continued coverage; and**
- **At least 70% of HPE determinations would result in individuals being determined eligible for Medicaid based on submission of a full application.**





# HPE Performance Standards

- If performance standards are not met:
  - *A 60-day action plan will be implemented during which DMAS will work with the hospital to meet standards;*
  - *Additional trainings may be provided to improve performance;*
- **DMAS may terminate the hospital's authority to perform HPE determinations if performance standards are not improved; and**
- **A hospital's determination of HPE cannot be appealed.**



# HPE Performance Standards

**A hospital's participation with DMAS or any Medicaid Managed Care Organizations (MCOs) will not be impacted based on participation with HPE or HPE performance standards.**



# HPE Covered Services

**HPE provides full Medicaid benefit coverage for**

- **Children Under Age 19**
- **Adults between ages of 19 – 64**
- **Parent/caretaker-relatives of dependent children (LIFC)**
- **Former Foster Care Children Under Age 26**
- **Breast and Cervical Cancer Treatment and Prevention Act**



# HPE Limited Coverage Services

**HPE provides Limited Benefit coverage:**

- Pregnant Women - outpatient prenatal care services only
- Plan First - family planning services only
- Transportation to obtain covered services, if needed



## **HPE Eligibility Enrollment**

- Enrollment period begins on the date of determination (the date enrollment is submitted to DMAS) and ends The last day of the following month;
- Can be extended if a Medicaid application is filed prior to the end date of presumptive eligibility;
- Is limited to one HPE period per pregnancy for pregnant women and one per calendar year for all other covered groups; and
- Is not available to individuals who are already enrolled in any Medicaid or FAMIS program.



## **HPE Eligibility Enrollment**

**To be eligible for HPE, an individuals must:**

- **Meet eligibility within a HPE covered group;**
- **Have not received HPE in current calendar year or if a pregnant woman, have not received HPE in current pregnancy;**
- **Have income within the Federal Poverty Limits (FPL) of their household size;**
- **Be a Virginia resident;**
- **Not a current Medicaid or FAMIS recipient; and**
- **Meet Citizenship and Legal Alien Status.**



# HPE Covered (Eligibility) Groups

The HPE Covered Groups are:

- **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 limit varies based on locality where individual lives;*
- **Plan First** with income above 138%\* but at or below 200% FPL and between ages of 19 and 64
- **Adults age 19 – 64** with income at or below 138% FPL



# HPE Eligibility Groups

## Presumptive Eligibility Groups (Cont’):

- **Former Virginia Foster Care\*** children under age 26 who were enrolled in Medicaid and receiving foster care services at the time they turned age 18 as a resident of any of the 50 States. No Medicaid income test.
- **Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA)\*** participant- limited to hospitals that have the Every Woman’s Life program and/or operating under the Breast and Cervical Cancer Early Detection Program (BCCEDP).

*\*The Former Foster Care and BCCPTA groups do not require a Medicaid income test.*





# Determination Process

- Collect the information necessary to complete the HPE online form.

*Let's learn about Citizenship and Lawful Presence*



# Citizenship and Lawful Presence

- The individual must be a U.S. Citizen or have a qualified non-citizen status.
- Non-citizens are individuals who are not U.S. citizens, but have a satisfactory immigration status, may qualify for Medicaid, if otherwise eligible.
- Documentation or proof of citizenship status is not required for a HPE determination. The person will attest to their status.



# Citizenship and Lawful Presence

## **General immigration categories who are eligible**

### **Children under Age 19 and Pregnant Women**

A child under age 19 or a pregnant woman may be eligible if in they are in a non-citizen status and considered to be lawfully present.

### **Qualified non-Citizen**

Status as a qualified non-citizen include lawful permanent residence, refugees, granted asylees, Cuban or Haitian entrant, Amerasian immigrant, a victim of trafficking, Afghan or Iraqi with special immigrant Visa (SIV), and battered non-citizen, their children, or parents.



# Lawful Permanent Resident

- Effective April 1, 2021 a qualified Lawful Permanent Resident (LPR) is someone who entered the United States on or after 8/22/96 and needs to have lived in the United States for at least five (5) years.
- The previous policy was an LPR had to also meet a requirement of a total of 40 working quarters. This requirement was removed effective 4/1/2021.
- Federal legislation has extended qualified immigration status for Afghan immigrants paroled in U.S. between July 31, 2021 and September 30, 2022.
  - Approved HPE enrollments under this status during February 2023 will not extend beyond February 28, 2023.
  - Criteria:
    - Were paroled into the United States between July 31, 2021, and September 30, 2022.
    - Are a qualifying relative of someone who received parole in that period (see CR section 2502(a)(1)(B)), even if they receive parole after Sept 30, 2022.



# Citizenship and Lawful Presence

## **General immigration individuals who are not eligible**

Individual with no immigration documentation (undocumented)

DACA individual (Deferred Action Childhood Arrival)

Person whose immigration status has expired and meets no other immigration status. Includes those with expired visas.

To determine if an individual has a qualified status, refer to the HPE Immigration Status guide located at:

<https://www.dmas.virginia.gov/for-providers/general-information/hospital-presumptive-eligibility-information/>



## Determination Process (cont')

Once you find the individual:

- ✓ Meets an HPE eligibility covered group; and
- ✓ States they are a resident of Virginia; and
- ✓ Has attested to being either a U.S. or Naturalized Citizen or meets an immigration status; and
- ✓ Not currently enrolled with Medicaid or FAMIS Coverage; and
- ✓ Has not had HPE coverage within the guidelines

**You can proceed to make a determination!**



# Determination Process (cont')

## Determining Household Size

- Include all individuals living in the home among whom legal responsibility for financial support exists.
  - Spouse's income
  - 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



# Determination Process (cont')

## Determining Household Size (cont')

- Unmarried parents living together: do not count for each other, but both do count for their child (under age 21)
- **Do not include:**
  - Boy/girl friends, roommates, grandparents, uncles, aunts, cousins, friends, and the like'
  - Parents of individuals age 21 and older; or
  - A legal guardian or power of attorney (POA).





## Determination Process (cont')

### **Determining Household Monthly Income**

This is income that is based on what the individual reports as the total monthly income.\*

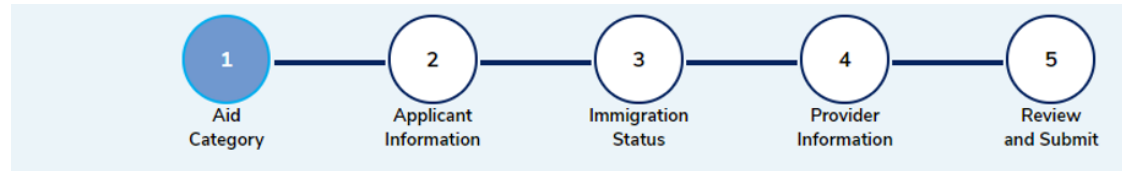
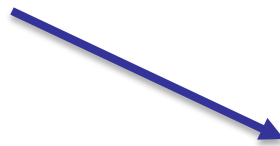
- Request and total the gross income of members included in the household.
- Compare total gross income to the income limit on the Income Charts for the household size for the applicable HPE covered group.

\*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 are not subject to an income test.



## Determination Process

- **Current (FPL) income charts for all HPE groups are posted in the HPE web form portal. Click the “View” link at the bottom of the page.**



### Aid Category

Choose one of the following categories

- Person is a parent or caretaker relative of a child/children in the home under age 18, or under age 19 still in school (expected to graduate by age 19) LIFC (Low Income Family with Child)
- Person is between 19 and 56 years of age and pregnant
- Person is a child under age 19
- Person is a former Foster Care child under age 26
- Person is between 18 and 64 years of age and has been diagnosed with breast cancer or cervical cancer under the Breast & Cervical Cancer Prevention & Treatment Act (BCCPTA)
- Person is between age 18 and 64 and is applying Plan First
- Person is applying for MAGI Adult

\$ | [View](#) the income limits for each group

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Cancel

Continue



# Determination Process (cont')

## Determining Household Monthly Income (cont')

- Posted income limit charts include the 5% FPL disregard.
- The Modified Adjusted Gross Income (MAGI) has an income disregard equal to 5% of the federal poverty level (FPL) for the individual's household size. The disregard is **only given** if the individual is not eligible for coverage due to excess income.
  - It is applicable to individuals in both full-benefit and limited-benefit covered groups.

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

*Locality Group 1 includes the counties and cities of:*

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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, Franklin County, Frederick, Galax, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hanover, Henry, Highland, Isle of Wight, James City County, King & Queen, King George, King William, Lancaster, Lee, Louisa, Lunenburg, Madison, Mathews, Mecklenburg, Middlesex, Nelson, New Kent, Northampton, Northumberland, Norton, Nottoway, Orange, Page, Patrick, Pittsylvania, 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.

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

*Locality Group 2 includes the counties and cities of:*

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

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

*Locality Group 3 includes the counties and cities of:*

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

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**Former Foster Care Individual (under age 26)  
or BCCPTA participant - Income Limits**

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An individual who is a Former Foster Care individual and is under age 26 or person currently participating in the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) are not required to attest to income.

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## Accessing the HPE Online Form

- After gathering the needed information, go to the Medicaid web portal and log into using your hospital provider NPI.
- Next: the following “Quick Links” menu will appear.
- Click on the link shown in the next slide:

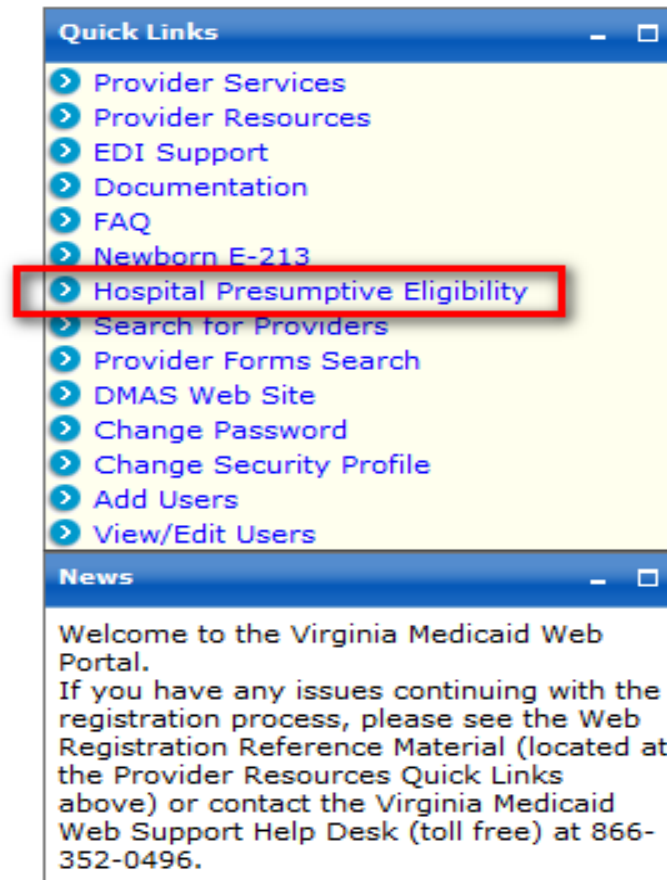


[www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov)

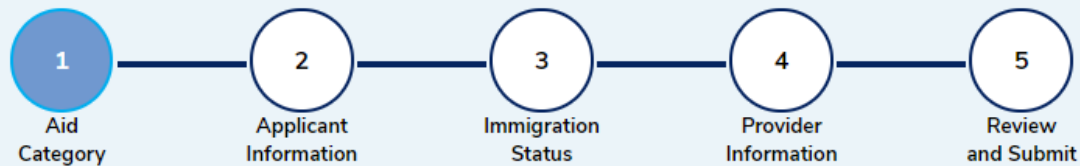


Select the portal link:

***Hospital Presumptive Eligibility***



# Aid categories



## Aid Category

Choose one of the following categories

- Person is a parent or caretaker relative of a child/children in the home under age 18, or under age 19 still in school (expected to graduate by age 19) LIFC (Low Income Family with Child)
- Person is between 19 and 56 years of age and pregnant
- Person is a child under age 19
- Person is a former Foster Care child under age 26
- Person is between 18 and 64 years of age and has been diagnosed with breast cancer or cervical cancer under the Breast & Cervical Cancer Prevention & Treatment Act (BCCPTA)
- Person is between age 18 and 64 and is applying Plan First
- Person is applying for MAGI Adult

\$ | [View](#) the income limits for each group

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Cancel

Continue

# Adult with a Child under 19 in the household

The following question is used when an adult being determined and approved as a LIFC (low income family with children) and is a parent or a caretaker for the child.

This is to ensure the adult is determined in the correct aid category.

Is the child 18 years-old, remaining in school, and expected to graduate at 19?

Yes  No

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Cancel

Continue

# Applicant Information



[Aid Category](#)



Applicant Information



Immigration Status



Provider Information



Review and Submit

## Applicant Information

Please provide the following information about the HPE applicant.

HPE Start Date

First Name \*

Middle Initial (Optional)

Last Name \*

Social Security Number (Optional)

Sex \*

Race \*

Preferred Language \*

City / County Residence \*

Locality \*

Telephone # (Optional)

Adult's DOB

Household Size \*

Monthly Income \*

# Choose Date

A pop up calendar is displayed for ease of data entry

The image shows a multi-step web form with a progress indicator at the top. The steps are: 1. Aid Category (checked), 2. Applicant Information (active), 3. Immigration Status, 4. Provider Information, and 5. Review and Submit. The 'Applicant Information' section is active and contains several input fields. A calendar pop-up is displayed over the 'HPE Start Date' field, showing the year 1980 and the date 'Tue, Jan 1' selected. The calendar grid shows the days of the week and the dates from 1 to 31. The background form fields include: 'HPE Start Date' (03/08/2021), 'First Name \*' (Test First), 'Last Name \*' (Test Last), 'Sex \*' (Male), 'City / County Residence \*' (Accomack County), 'Adult's DOB' (01/01/1980), 'Middle Initial (Optional)' (T), 'Social Security Number (Optional)' (999-22-3232), 'Preferred Language \*' (English), 'Telephone # (Optional)' (555-858-9999), 'Household Size \*' (Household Size), and 'Monthly Income \*' (Enter a Monthly Income). Required fields are marked with an asterisk and 'Required' text below the field.

**Applicant Information**  
Please provide the following information about the

HPE Start Date  
03/08/2021

First Name \*  
Test First

Last Name \*  
Test Last

Sex \*  
Male

City / County Residence \*  
Accomack County

Adult's DOB  
01/01/1980

Middle Initial (Optional)  
T

Social Security Number (Optional)  
999-22-3232

Preferred Language \*  
English

Telephone # (Optional)  
555-858-9999

Household Size \*  
Household Size

Monthly Income \*  
Enter a Monthly Income

Required

Required

1980  
Tue, Jan 1

< January 1980 >

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

CANCEL OK

# Applicant Information

- All fields designated \* are required.
- A social security number is not required but should be entered if available .

**Applicant Information**  
Please provide the following information about the HPE applicant.

HPE Start Date

First Name * <input type="text" value="Joe"/>	Middle Initial (Optional) <input type="text" value="T"/>
Last Name * <input type="text" value="Doe"/>	Social Security Number (Optional) <input type="text" value="999-22-3232"/>
Sex * <input type="text" value="Male"/>	Race * <input type="text" value="White"/>
Preferred Language * <input type="text" value="English"/>	City / County Residence * <input type="text" value="Accomack County"/>
Locality * <input type="text" value="Accomack County"/>	Telephone # (Optional) <input type="text" value="555-858-9999"/>
Adult's DOB <input type="text" value="01/01/1980"/>	Household Size * <input type="text" value="2"/>
Monthly Income * <input type="text" value="400"/>	

# Address Information

The person's physical address is entered.

- If the individual indicates as not being a U.S. Citizen or Legal Alien they will provide their immigration status in next screens.
- HPE Medicaid coverage is available to a resident of Virginia only.  
The qualifying question that is asked: "Do you plan to remain in Virginia?"

Physical Address:

Street Address* 12 Street	Apt (Optional) AB	
City* Hereville	State* VA	Zip Code* 23232

U.S. Citizen or Legal Alien?  
 Yes  No

Is the applicant a Virginia Resident?  
 Yes  No

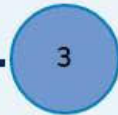
# Immigration Status



[Aid Category](#)



[Applicant Information](#)



What is the applicant's immigration status?



[Provider Information](#)



[Review and Submit](#)

## What is the applicant's immigration status?

Please select the one (1) category that applies:

### U.S. CITIZEN

- U.S. Citizen or U.S. National

### NATURALIZED CITIZEN

- Naturalized Citizen

### QUALIFIED NON-CITIZEN

Arrived in the U.S. before 8/22/1996 - exempt from 5 year wait

- Lawful Permanent Resident (LPR)
- Refugees<sup>5</sup>
- Granted Asylees<sup>5</sup>
- Deportees whose deportation is being withheld<sup>5</sup>
- Cuban or Haitian Entrants<sup>5</sup>
- Amerasian immigrant<sup>5</sup>
- Victim of Trafficking (has a Refugee Resettlement Letter)<sup>5</sup>



# Immigration Status, Con't.

Afghan or Iraqi Special Immigrant Visa Holder<sup>5</sup>

Conditional entrants (status granted prior to 4/1/80)<sup>5</sup>

Arrived in the U.S. before 8/22/1996 - has met a 5 year waiting period

Lawful Permanent Resident<sup>1,6</sup>

Battered non-citizen and their children or parents<sup>1</sup>

Paroled into the U.S. for at least one year<sup>1</sup>

Arrived in the U.S. before 8/22/1996 - has been in the U.S. 7 years or less (5 year period not required)

Refugees (eligible for 7 years calculated from the date of entry)<sup>3</sup>

Granted Asylees (eligible for 7 years calculated from date status was granted)<sup>2</sup>

Deportees whose deportation is being withheld (eligible for 7 years calculated from date status was granted)<sup>2</sup>

Cuban or Haitian Entrants (eligible for 7 years calculated from date status was granted)<sup>2</sup>

Amerasian immigrant (eligible for 7 years calculated from date status was granted)<sup>3</sup>

Victim of Trafficking (eligible for 7 years calculated from status granted date and has a Refugee Resettlement Letter)<sup>2,4</sup>

Afghan or Iraqi Special Immigrant Visa Holder (eligible for 7 years calculated from date special immigrant status was granted)<sup>2</sup>

Afghan Immigrants Paroled in U.S. Between 7/31/2021 and 9/30/2022. Eligible until 2/1/2023.

Were paroled into the United States between July 31, 2021 and September 30, 2022 or are a qualifying relative of someone who received parole in that period (see CR section 2502(a)(1)(B)), even if they receive parole after Sept 30, 2022.<sup>7</sup>

## LAWFULLY PRESENT

The following eligible statuses only apply to Child under Age 19 and Pregnant Women

Lawfully residing Child under Age 19

Lawfully residing Pregnant Women

# Immigration Status, Con't.

## QUALIFIED NON-CITIZEN PERSONS

All qualified non-citizen individuals (see below), regardless of date of entry, even if subject to the 5 year waiting period or not, or have exceeded the 7 year limit for eligibility. In addition, a child under Age 19 and Pregnant women are still lawfully present if he or she is:

No arrival or status date required - No wait period required

- Temporary Resident Status
- Temporary Protected Status
- Person who is under the Convention Against Torture
- Person granted withholding of removal under Convention Against Torture

No arrival or status date required - No wait period required

- Person is an individual with a pending application for asylum, or for withholding or removal under the Convention Against Torture and who:

- Child with a pending application for status as a Special Immigrant Juvenile
- Visitor (exchange visitors or those visiting U.S. for business or pleasure)
- Visa Holders (e.g. student visa, worker visa, etc.)
- Approved visa petition with a pending application for adjustment of status
- Paroled in the U.S. < 1 year. Exception is for a non-citizen paroled for persecution, deferred inspection or pending removal proceedings
- Granted employment authorization
- Granted employment authorization and is a pending applicant for a Temporary Protected Status

## Immigration Status, Con't.

- Deferred Enforced Departure (DED)
- Administrative Stay of Removal has been granted
- Person lawfully present in America Samoa under immigration laws of American Samoa
- Deferred action status but not those listed as a Deferred Action Childhood Arrival (DACA)

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Cancel

Continue



## General Attestation Details

After completing the form, the hospital employee will attest that he/she is:

- An employee of the hospital listed in the determination for the individual;
- Authorized by the hospital to submit and receive presumptive eligibility enrollment information on behalf of the applicant; and
- Using a valid hospital provider email address in the attestation portion of the form.



## General Attestation Details

(cont'):

- Asked if the individual is currently enrolled in the FAMIS program or any Medicaid program.
- Authorization has been received from the individual, responsible relative, or authorized representative to complete the HPE determination.

# Provider (Hospital) Information

The Provide Information fields must all be completed.



[Aid  
Category](#)



[Applicant  
Information](#)



[Immigration  
Status](#)



**Provider  
Information**



**Review  
and Submit**

## Provider Information

Please complete the following information about the Provider.

Hospital Name \*

My Hospital

Hospital Name required

Hospital NPI # \*

123456789

Name \*

Worker Name

Title \*

My Title

Telephone \*

888-555-5555

Email Address \*

myemail@myhospital.com

Confirm Email Address \*

myemail@myhospital.com

# Sample Attestation

***Note: The attestation will vary depending upon the HPE aid category the individual is being approved for.  
It includes the attestation by the hospital worker.***

The Applicant above has attested that s/he has a child in the home under age 18 or under age 19 and still in school and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

Attestation

Agree  Disagree

I attest that I have received authorization from the Applicant above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the Applicant above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year; and I have determined that the Applicant 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 HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the Applicant. I also attest that the email address listed below is a valid hospital provider email address.

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Cancel

Continue



## Determination Process

- ✓ After you've completed the HPE form
- ✓ Agreed to the attestation
- ✓ Completed your worker and hospital information

Click the "Submit" button and look for the "HPE Enrollment Complete" message pop-up message.





## Determination Process

**Remember to provide the individual with the Hospital Immediate Notice of Action**



Your submission was approved

You should receive confirmation within two business days that your HPE eligibility determination for the **Person is applying for MAGI Adult** covered group has been entered into the eligibility system and a permanent Medicaid 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, the applicant will continue with his/her current medical benefit program and a denial letter for Presumptive Eligibility will be mailed.

Please provide immediate notification to the applicant and provide assistance with completing a full Medicaid application.

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

PRINT NOA

CLOSE



## Determination Process

- The online form data will be used to make a final eligibility determination.
- After the confirmation pop-up message appears, a Notice of Action button will appear to allow you to download and print an "Interim" notice of action.
- An interim notice of action is created whether the determination is an approval or a denial.
- The applicant is to be given a copy of the notice.



## Approval of HPE Coverage

If the Applicant is approved for HPE, the worker will:

- Explain the length of the HPE period in order for the person to understand when the period of coverage will end;
- Summarize HPE benefits with the individual;
- Explain the need to submit a full application and;
- Assist in submitting a Medicaid application.



# Interim Approval

## Approval Interim Notice of Action

- The interim approval letter is built into the online form.
- This letter will be pre-filled with the information input into the form.
- The letter must immediately be printed and given to the applicant.



# Interim Approval



## Interim Approval Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, VA Zip Code \_\_\_\_\_

Dear [Name]:

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

Name	Begin Date	End Date

- Coverage may be extended if an Application for Health Coverage & Help Paving 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.

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

- Online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
- Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
- 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
- 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.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).

## 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 Xrays 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 nonemergency 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.



## Required Supplements

### Nondiscrimination Supplement

### The Language Tagline Pages

**English: Get help in your language**

This Notice has important information about your benefits or application for health coverage from Virginia Medicaid. Look for important dates. You might need to take action by certain dates to keep your benefits. You have the right to get this letter for free in your language, in large print, or in another way that is best for you. Call us at 1-855-242-8282 (TTY: 1-888-221-1590).

**Spanish: Obtenga ayuda en su idioma**

Este aviso tiene información importante de Virginia Medicaid sobre sus beneficios o solicitud de cobertura de salud. Busque fechas importantes. Puede que necesite hacer algo antes de ciertas fechas para conservar sus beneficios. Tiene derecho a obtener esta carta en su idioma, con letra grande, o de cualquier otra manera que sea mejor para usted, de manera gratuita. Llámenos al 1-855-242-8282 (telefonía de texto [TTY]: 1-888-221-1590).

**Korean: 본인의 언어로 도움을 받으세요.**  
이 통지서에는 버지니아 메디케어의 의료

**Arabic:** احصل على المساعدة بلغتك  
يتضمن هذا الإخطار معلومات مهمة عن المزايا التي سوف تحصل عليها أو عند التقدم للحصول عليها من التأمين الصحي المقدم من فيرجينيا ميديكيد Virginia Medicaid. ابحث عن التواريخ المهمة. قد يتعين عليك القيام بإجراءات بحلول تواريخ محددة للحفاظ على مزاياك. بحق لك الحصول على هذا الخطاب مجاناً بلغتك، مطبوعاً طباعة كبيرة، أو بالحصل بطريقة توأها. اتصل بنا على رقم (TTY: 1-888-221-1590) 1-855-242-8282

**Urdu:** اپنی زبان میں مدد حاصل کریں  
اس نوٹس میں آپ کے بینیش یا Virginia Medicaid سے صحت کے کوریج کے لیے درخواست کے بارے میں اہم معلومات ہیں۔ اہم تاریخوں پر نظر رکھیں۔ آپ کو اپنے بینیش برقرار رکھنے کے لیے مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو یہ خط انگریزی، ہندی، بڈے، حروف ہندی، یا کسی دوسرے

**It is important we treat you fairly.**

We will keep your information secure and private.

This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at (804) 786-7933 (TTY: 1-800-343-0634). This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at 1-855-242-8282 (TTY: 1-888-221-1590).

If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: (804) 786-7933 (TTY: 1-800-343-0634).

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY 800-537-7697). Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.



## Email generated to the Provider

- After the enrollment an email will be generated and sent to the hospital worker. The email will include:
  - HPE member name
  - Member's Medicaid ID
  - HPE enrollment dates
  - Attach copy of the notice of approval
- A copy of the notice of approval should be printed and shared with the individual.



## Enrollment into HPE & VaMMIS

When the hospital worker submits the information:

- Data is electronically transferred to the Cover Virginia central processing unit.
- Enrollment data is uploaded into MMIS (enrollment system)
- If an error is discovered (*i.e. person has active coverage*) staff will promptly correct the issue & they will notify the hospital of existing Medicaid coverage.
- A Commonwealth of Virginia blue & white Medicaid card is generated and mailed to the enrollee. Normal delivery is between 7 – 10 business days.





## Denial Notice of Action

If the submission is denied, the screen will display this notice for the worker:

[Aid Category](#) [Applicant Information](#) [Immigration Status](#) [Provider Information](#) 5 [Review and Submit](#)

Your submission was denied

We're sorry, but based on the information provided this individual does not meet the requirements for the **Person is applying for MAGI Adult** covered group selected. Presumptive eligibility was denied for the following reason:

The household income exceeds the income limit for MAGI Adults.

Please provide immediate notification to the patient and provide assistance with completing a full Medicaid application.

[PRINT NOA](#) [CLOSE](#)

# Denial Interim Notice of Action

- This denial letter is built into the online portal.
- It will be pre-filled with the information input into the form.
- The letter must immediately be printed and given to the applicant.



## Denial Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City, VA Zip Code \_\_\_\_\_

Dear [Name]:

An application for presumptive Medicaid Eligibility was recently submitted by a hospital for you. Upon further review this request for coverage was denied for the following reason.

Name	Reason
NAME	Denial Reason

Presumptive Eligibility is not a full review for Medicaid eligibility and you are encouraged to apply for a complete review of medical assistance. There is no right to appeal a hospital presumptive eligibility decision.

### There are four easy ways to apply.

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.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  
M-F 8:00am-7:00pm, Saturday 9:00am-12:00pm

# Denial Interim Notice of Action

## Interim Denial Page 2

- The Interim Denial Notice will include a second page that gives the applicant the data information that was typed into the HPE form.
- This will allow the worker and the applicant to ensure accurate information was entered into the online form.

### Applicant Details

**HBE Begin Date:** 10/20/2018 |

**Date of Birth:** 04/28/1985

**Applicant Name:** Jane Doe

**Sex:** female

**Physical Address:**

123 Main St.

Richmond, VA 23225

**Locality:** 191

**Citizen / Immigration Status:** U.S Citizen

**Household Size:** 2

**Monthly Income:** \$2,080.00

**EDD:** 12/15/2018

**No. of Fetuses:** 1



## Denied HPE

If the Applicant is denied HPE:

- An individual denied HPE coverage does not have the right to appeal the decision.
- Even if the person is denied for HPE they can still apply for Medicaid coverage.
- The worker should provide the assistance for the individual to submit a full Medicaid application.



# Applying for Full Medicaid Coverage

## The HPE enrollee has full HPE Coverage:

If the individual submits a Medical Assistance (Medicaid) application in the same month HPE coverage began (for full coverage HPE) and HPE began on any day other than the first day of the month, the DSS 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.



# Applying for Full Medicaid Coverage

## The HPE enrollee has limited HPE Coverage:

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.



# Applying for Full Medicaid Coverage

Individuals can apply for full-benefit Medicaid coverage four (4) ways:

- Online at: [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov)
- Phone the Cover Virginia Call Center at:  
1-855-242-8282 (TDD 1-888-221-1590)
- Mail or fax a paper application to their local DSS office. (An application can be obtained from the Cover Virginia website - [www.coverva.org](http://www.coverva.org))
- In-person at the individual's LDSS



## FAQs

### Can a third party contractor's staff assist in determining eligibility for HPE?

No. A hospital cannot allow or delegate the authority to determine presumptive eligibility to another entity.





## FAQs

### Can hospitals rely on third party contractors to provide support in administering HPE?

Yes. Third party contractors can promote HPE through welcome desks, meeting with individuals, as well as helping an individual to complete a full Medicaid application.



## FAQs

Can an individual have multiple periods of HPE coverage in a year in order to cover their hospital visits?

An individual is limited to one (1) HPE period of coverage per calendar year.

Pregnant women are limited to one (1) HPE period per pregnancy.



## Cover Virginia Webpage

Change text size | Language: English ▾

COVID-19 Partners ▾ Marketplace ▾ Learn More ▾ Contact us



### WELCOME TO COVER VIRGINIA

Helps you choose health plans and providers for family members in Medicaid or the Children's Health Insurance Program (CHIP).

### Learn ▾

Learn about health care coverage and premium assistance programs for children, pregnant women, and adults

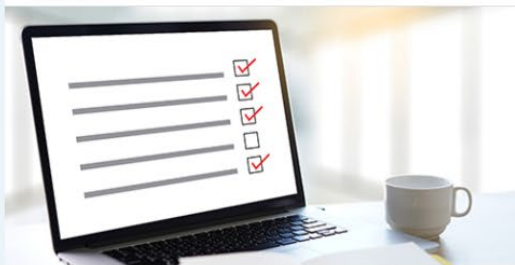
### Apply Now ▾

Apply for health care coverage, find help in your area and learn more about health plans

### Members ▾

Learn more about health care programs, renew your coverage, report a change and enroll your newborn

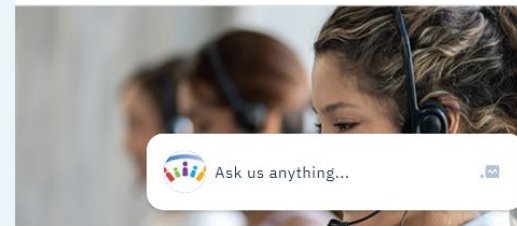
### Am I eligible?



### COVID-19



### Marketplace Special Enrollment Period





# Cover Virginia Webpage

## Hospital Presumptive Eligibility

### What is Hospital Presumptive Eligibility (HPE)?

Certain hospitals are able to enroll eligible individuals in a limited short-term Medicaid coverage through HPE. This is a temporary coverage program.

### Who qualifies for HPE?

This temporary coverage is based on financial and other factors for the following coverage groups:

- An individual aged 19-64 who is not on Medicare and meets income limits
  - Note: Individuals with Medicare may still qualify for Medicaid through other options.
- A parent or caretaker relative of a child or children in the home under age 18, or 19 if the child is still in school
- A pregnant person
- A child under age 19
- A former foster care individual under 26 who was in foster care at the time of their 18th birthday
- A person diagnosed with breast or cervical cancer
- A person eligible for limited Medicaid benefit for family planning coverage only

Pregnant individuals can only get HPE coverage one time during their pregnancy. All other individuals can only get HPE coverage one time per year.

### What are the income limits?

Qualifying for HPE depends on household income and family size. For your family size, count the number of people included on your federal taxes. If you don't file taxes, count how many children and stepchildren under age 19 live in your home.

If you are pregnant, include the number of unborn children in your family size. Household income is based on what the individual reports as monthly income. Monthly income is based on the gross income (before taxes and deductions) of all members included in the family size. Income limits depend on the covered group you qualify for.

### Where to learn more

To learn more about HPE:

- [PDF: Pregnant women](#) (English)
- [PDF: Pregnant women](#) (Spanish)
- [PDF: Other individuals](#) (English)
- [PDF: Other individuals](#) (Spanish)
- [PDF: Plan First](#) (English)
- [PDF: Plan First](#) (Spanish).

Read a list of [HPE Approved Hospitals](#).

### LEARN

[Our programs](#)

[Am I eligible?](#)

[Insurance for children](#)

- FAMIS
- FAMIS plus

[Insurance for Adults](#)

- Adults 19-64 years old
- Medicaid for aged, blind, or disabled (ABD) individuals
- Plan first

[Insurance for Pregnant Women](#)

- Medicaid for pregnant women

[Premium Assistance](#)

- FAMIS Select
- Health Insurance Premium Payment (HIPP) programs

[Help for veterans](#)

[New coverage for non-citizens](#)

[Hospital Presumptive Eligibility](#)



# HPE Provider Manual

A copy of the Virginia Medicaid Hospital Presumptive Eligibility Manual is provided to hospital workers. *(This is emailed to all training registrants.)*

Additional copies are available from DMAS. To request an E-copy, send a request to the DMAS HPE mailbox.

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

Virginia Medicaid  
Hospital Presumptive  
Eligibility (HPE) Provider  
Manual

Updated 10.2021

The  
Department  
of Medical  
Assistance  
Services  
(DMAS)



# Additional Information

**For up to date information on services covered by HPE go to:**

**<https://www.dmas.virginia.gov/for-providers/general-information/hospital-presumptive-eligibility-information/>**

## Hospital Presumptive Eligibility Information

### ➔ Hospital Presumptive Eligibility (HPE) Information

- ➔ Medicaid Bulletin Update to the Enrollment of Afghan Immigrants October 13, 2021
- ➔ Cover Memo Hospital Presumptive Eligibility
- ➔ Hospital Presumptive Eligibility Fact Sheet
- ➔ Hospital Presumptive Eligibility Provider Manual
- ➔ HPE Income Chart all groups and location with 5% disregard
- ➔ HPE Provider Training 2021
- ➔ HPE Immigration Status 2021
- ➔ Virginia Qualified Entity Agreement For Hospital Presumptive Eligibility Fillable
- ➔ HPE Plan First FAQ
- ➔ HPE Limited Coverage For Pregnant Women FAQ
- ➔ HPE Full Coverage Group FAQ



## Contact Us

For questions or more information on Virginia's HPE program,  
send an email to:

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

For accessing Medicaid Web Portal:

[Virginia Medicaid Web Support Helpdesk](#)  
(8am-5pm, Mon-Fri) Phone - 866-352-0496  
(A valid NPI number is required)



# Questions?