Hospital Presumptive Eligibility (HPE) Program Process

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This section details the Hospital Presumptive Eligibility (HPE) program process and includes information about HPE program eligibility criteria.

HPE Program Overview

The HPE program enables certain health care providers to grant temporary, no Share of Cost (SOC) Medi-Cal to eligible applicants using an electronic application.

If an uninsured individual appears “presumptively eligible” to Medi-Cal based on self-reported details about their income, household size and state residency, trained staff can evaluate them for temporary coverage under the HPE program. HPE determinations are based on the applicant's self-attestation of key information and no additional forms of proof are required.

Since HPE only offers temporary coverage, applicants must submit the Single Streamlined Application (CCFRM 604) to be evaluated for ongoing coverage.

Important: The Single Streamlined Application allows individuals to apply and be evaluated for Medi-Cal and premium assistance through Covered California on one application. The Single Streamlined Application is sometimes referred to as an “insurance affordability application.”

Participation in HPE

Any Medi-Cal provider hospital that is qualified under the state plan or hospitals with a Medicaid 1115 demonstration waiver have the option as qualified entities to make presumptive eligibility determinations. Entities qualified to participate in HPE are referred to as “Qualified Providers.

Hospital Responsibilities

Hospitals interested in participating in the HPE program must complete the Provider Portal *Hospital Presumptive Eligibility Provider Application and Agreement* and will receive contingent approval. Contingently approved hospitals are responsible for ensuring that all of their hospital personnel who will participate in the HPE program have taken the required certification trainings and agree to abide by the regulatory requirements and policies. Required certification trainings are located in the Medi-Cal Learning Portal (MLP) as follows:

- The Hospital Presumptive Eligibility Program Provider Employee Training Course *and*
- Newborn Gateway Presumptive Eligibility Training Course

Once hospital personnel have completed the certification trainings, the hospital obtains Qualified Provider status. Failure to comply with the requirements of the HPE program may result in program disenrollment.

Hospital Enrollment Instructions

This section provides hospitals instructions to complete the Provider Portal *Hospital Presumptive Eligibility Provider Application and Agreement*. In order for Medi-Cal hospitals to enroll as a "qualified hospital," the Medi-Cal hospital must complete and sign the application/agreement and agree to comply with all applicable HPE Program requirements and policies.

Hospital providers should review the following list to ensure completion of all steps necessary for HPE enrollment:

1. Completed the Provider Portal *Hospital Presumptive Eligibility Provider Application and Agreement*. This must be completed and signed before taking training. Individuals authorized to sign the application/agreement form must be as follows:
   - Assistant administrator
   - Chief administrator
   - Chief Executive Officer (CEO)
   - Chief Financial Officer (CFO)
   - Chief Medical Officer (CMO)
   - Controller
   - Director
   - Director of central business office
   - Division manager of patient business services
   - Owner
   - Patient financial services director
   - President/vice president
   - Treasurer
   - Vice president of financial operations

   Note: Authorized individuals must be assigned as Administrators in the Medi-Cal Provider Portal.
2. Obtained a MLP user ID and password and completed the appropriate HPE training.
3. If using a vendor, contractor or sub-contractor, completed the *Hospital Presumptive Eligibility (HPE) Provider Intake Advisor Verification Form* (DHCS 7011).

Refer to the Hospital Presumptive Eligibility (HPE) Application User Guide for instructions about how to complete the Provider Portal *Hospital Presumptive Eligibility Provider Application and Agreement*.

Records Management

Requirements for HPE provider records management:

- Providers must maintain organized records of hospital employee HPE training and HPE applications for three (3) years from the last date of billing.
- Providers may store scanned copies of the completed HPE Application Summary if the scanning system has the capability to store confidential documents securely.
- HPE providers who use third party vendors, contractors or subcontractors to assist HPE applicants, must complete − and maintain on file − the *Hospital Presumptive Eligibility (HPE) Provider Intake Advisor Verification Form (DHCS 7011)* with current information for three years.
- HPE records must be available to the Department of Health Care Services (DHCS) for review within 30 days of DHCS' request for records dated within the three-year period.

Provider Participation

"Qualified hospitals" are "HPE providers," meaning they are approved by DHCS to make HPE determinations.

Any hospital that is a Medi-Cal provider that elects to make HPE determinations, agrees to make HPE determinations in accordance with state policies and procedures, and has not been disqualified by DHCS from making HPE determinations, and is qualified to determine whether an individual is eligible for Medi-Cal during a HPE period.

Hospital Owned Clinics

In the *Hospital Presumptive Eligibility (HPE) Provider Application and Agreement*, the applying hospital may elect to permit their hospital-owned clinic(s) to participate under their hospital license. The following clinics may participate under the hospital license:

- Rural Health Clinic/Federally Qualified Health Center
- Clinical Laboratory
- Clinic Exempt from Licensure
- Community Clinic

County-Owned/Operated Hospitals

County-owned/operated clinics may assist county hospital applicants with applying for the HPE program in the Medi-Cal Provider Portal.

The following clinics will be authorized to participate under their hospital license:

- Rural Health Clinic/Federally Qualified Health Center
- Clinical Laboratory
- Clinic Exempt from Licensure
- Community Clinic

Telephone Service Center (TSC) Information

For assistance with registration in the Medi-Cal Provider Portal or completing the application, contact the Medi-Cal Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday, except holidays. Hospitals may navigate through the menu prompts by selecting option 1 for provider, option 9 for all other calls, the appropriate option for language (English or Spanish), option 4 for the Technical Help Desk and option 2 for Hospital Presumptive Eligibility.

Refer to the Provider Portal User Guide: Provider Organization for instructions about how to register in the Medi-Cal Provider Portal.

Refer to the Hospital Presumptive Eligibility (HPE) Application User Guide for instructions about how to complete the Provider Portal *Hospital Presumptive Eligibility Provider Application and Agreement*.

HPE Applicant Criteria

To qualify for HPE, this must be true about the applicant:

- They have low monthly income based on their household size.
  - The HPE Program Monthly Income Levels chart is available on the Hospital Presumptive Eligibility (HPE) Program page of the Medi-Cal website, under "HPE Program Provider Resources."
- They are a California resident.
- They do not currently have Medi-Cal.
- They have not received Presumptive Eligibility more than the maximum number of times allowed within the past 12 months.
  - If pregnant, they have not received Presumptive Eligibility during their current pregnancy.

HPE groups are listed below:

- Individuals 18 through 25 years of age who were in foster care at 18 years of age (no income limit)
- Children 19 years of age or younger
- Parents and caretaker relatives
- Adults aged 19 to 64, who are not pregnant, not enrolled in Medicare Part A or B and not eligible for any other group stated above
- Pregnant people.

Permitted Presumptive Eligibility Enrollment Periods

Individuals may apply for PE at any time, but are only eligible to receive Presumptive Eligibility (PE) enrollment as follows:

Group	Frequency
Children under 19	Twice (2) every 12 months
Adults	Twice (2) every 12 months
Pregnant individuals	Once (1) per pregnancy

PE frequency is per twelve (12) months, not per calendar year.

Duration of PE Enrollment Period

The PE enrollment period and coverage begin the day the HPE Application Summary is signed by the applicant and approved electronically by the provider.

PE enrollment periods start on approval and cannot be backdated for any reason; however, the end date can change.

Important: Submission of a Single Streamlined Application during the HPE enrollment period impacts its end date. This means the HPE period can be shortened or extended depending on when a determination is made (for example, approved or denied).

Without a Single Streamlined Application

When an individual is approved for HPE but doesn't submit a Single Streamlined Application, the PE enrollment period ends on the last day of the following month. Examples:

- HPE is approved July 3 and will end August 31.
- HPE is approved July 31 and will end August 31.

With a Single Streamlined Application

When an individual is approved for HPE and submits a Single Streamlined Applicatio*n*, the PE enrollment period ends the day a decision is made on the application (for example, approved or denied). Examples:

- HPE coverage is approved July 3. A Single Streamlined Application is submitted August 4th, and a determination is made August 25, HPE coverage ends August 25.
- HPE coverage is approved July 3. A Single Streamlined Application is submitted August 30, and a determination is made on September 3; HPE coverage ends September 3.

The PE enrollment period can't be backdated regardless of the reason. However, individuals can request Retroactive Medi-Cal coverage on the Single Streamlined Application. To request Retroactive Medi-Cal coverage, check the box which indicates the individual had medical expenses in the last three months and needs help to pay.

Other Considerations

Starting **January 1, 2027**, Retroactive Medi-Cal will pay for fewer months of past medical bills from before applicant applies for Medi-Cal. New rule:

- Adults (age 19 through 64): Retroactive Medi-Cal will only pay for **one month** of past bills
- All others: Retroactive Medi-Cal will pay for **two months** of past bills

Application Submission

Background

The HPE application is submitted electronically in the Medi-Cal Provider Portal. Once the Provider Portal application is submitted a determination occurs in real-time.

Instructions for completing the online application are included in the Hospital Presumptive Eligibility (HPE) Application User Guide.

Application Submission Process

To initiate the HPE application process, applicants may complete the *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022) or verbally provide their information to the HPE provider staff. In either case, the provider staff will enter responses into the Provider Portal HPE application.

The DHCS 7022 PDF may be downloaded, completed and used by the provider as reference when completing the Provider Portal application. Use of the DHCS 7022 PDF is not required, and the applicant may verbally answer the questions.

Applicant responses are summarized on the "Application Summary," which must be reviewed and signed by the applicant or representative prior to submission. The Application Summary stands as the only valid form of the application and must be reviewed and signed by the applicant, spouse, parent/legal guardian or authorized representative prior to submission. This gives the applicant an opportunity to review data entries for accuracy.

Review Application

Providers are not responsible for verifying information given by applicants but must ensure. the applicant understands the questions and that the Application Summary is reviewed and signed. If changes are needed on the Application Summary, providers must make the correction(s) on the Provider Portal application and print an updated copy of the Application Summary for review.

Application Summary Signed Copies

Providers retain a signed copy of the Application Summary the applicant's hospital record for three (3) years from the last date of billing. Providers also must give a signed copy to the applicant, spouse, parent/legal guardian or authorized representative for their records.

Safeguard Patient Confidentiality

Providers must take steps to protect patient privacy during the application process. All documents related to the application and its outcome must be stored securely.

Applicant Take-Home Information

Providers must give HPE applicants the following:

- A paper copy of the *Single Streamlined Application* (CCFRM 604). This will facilitate the application process for ongoing health care coverage beyond the PE enrollment period.
- A signed copy of their Application Summary.
- A paper copy of their HPE determination
  - Approved individuals will receive an *Immediate Need Eligibility Document*. It must be signed by the applicant.
  - Denied individuals will receive a Response Message. This includes the reason for the denial and does not need to be signed by the applicant.

Continuation of Benefits

HPE is temporary. To continue coverage beyond the PE period, individuals should submit the *Single Streamlined Application* and complete the application process (for example, provide necessary verification).

There are several ways to submit the application. This includes:

- Online on Covered California or BenefitsCal.
- By phone with Covered California at (800) 300-1506
- By phone with a county social service agency. Refer to the County Offices webpage for more information.
- In Person – contact Covered California at (800) 300-1506 for a list of offices.
- In Person – find a county social service agency on the County Offices webpage.
- Download and print a Single Streamlined Application:
  - Fax to: (888) 329-3700
  - Mail to: Covered California
    P.O. Box 989725
    West Sacramento, CA 95798

Legend

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Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.