
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

Under the Hospital Presumptive Eligibility (HPE) program, hospitals assist individuals applying for temporary, no Share of Cost Medi-Cal benefits. Depending on the individual's self-reported information about his or her income, household size and state residency, if they appear to be eligible for Medi-Cal based on this information, a hospital shall determine that individual to "presumptively eligible" for Medi-Cal.

Any hospital that is a Medi-Cal provider, qualified under the state plan or hospitals with a Medicaid 1115 demonstration waiver have the option as qualified entities to make presumptive eligibility determinations.

Individuals may be granted coverage on the date determined eligible via the HPE Application Web Portal. The HPE enrollment period ends on the last day of the following month in which the individual was determined eligible for HPE if an insurance affordability application was not submitted. If an insurance affordability application was submitted, services will continue until a determination is made on the insurance affordability application.

Following completion of the individual's HPE application and submission of the individual's information through the HPE Application Web Portal, approved individuals receive a copy of the *Immediate Need Eligibility Document* and an insurance affordability application to apply for healthcare coverage beyond their HPE period.

Hospital Responsibilities

HPE providers are responsible for ensuring that all of their hospital personnel participating in the HPE program have taken the Hospital Presumptive Eligibility Program Provider Employee Training Course on the Medi-Cal Learning Portal (MLP) within 60 days of the approved *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012), and have agreed to abide by the regulatory requirements and policies. The HPE provider understands failure to comply with the requirements of the HPE program may result in disenrollment from the program.

Records Management

Requirements for HPE provider records management:

- Providers must maintain organized records of hospital employee HPE training and HPE applications for three years from the last date of billing.
- Providers may store scanned copies of the completed *Hospital Presumptive Eligibility (HPE) Medi-Cal Application* (DHCS 7022) only if the scanning system has the capability to store confidential documents securely.
- If using third party vendors, contractors or subcontractors, providers must maintain the *HPE Provider Assistor Form* on file 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 render HPE services.

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

Hospital Owned Clinics

In Part 2 of the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012), 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

In Part 3 of the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012), the applying county hospital may elect to permit their county-owned/operated clinics to assist applicants with applying for the HPE program.

Provider Identification Number (PIN)

Providers must have a Provider Identification Number (PIN) to participate in the HPE process. A PIN allows providers to submit the application using the HPE Application Web Portal. Providers may contact the Telephone Service Center (TSC) at 1-800-541-5555, seven days a week, from 6 a.m. to midnight, for instructions about obtaining a PIN.

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.

Required HPE Agreements

Providers must complete the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement (DHCS 7012)* to become a HPE provider or to request an update to their DHCS 7012. Providers may refer to the *Hospital Presumptive Eligibility (HPE): Provider Enrollment Instructions* manual section, which details instructions on filling out the form.

HPE Applicant Criteria

To qualify for HPE, applicants must:

- Have income below the monthly limit for 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 Forms and Documents."
- Be a California resident.
- Not currently receive Medi-Cal coverage.
- If not pregnant, have not received the maximum PE enrollment periods permitted from a Medi-Cal PE program within the past 12 months of applying.
- If pregnant, not had a PE enrollment period during the current pregnancy.

Additionally, individuals must be eligible in one of the HPE groups 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 19 through 64 years of age, who are not pregnant, not enrolled in Medicare and not eligible for any other group stated above
- Pregnant women

Permitted PE Enrollment Periods

The number of PE enrollment periods an individual may receive are limited. PE enrollment periods received from any PE program listed below are limited to the past 12 months prior to applying for Medi-Cal and HPE (except for PE for pregnant women). These PE enrollment periods are as indicated in the table below:

«Program Enrollment Periods»

Medi-Cal PE Programs	PE Enrollment Period Permitted Within Past 12 Months
HPE - Pregnant Women	No more than one PE period per pregnancy
HPE - Children Under 19 Years of Age	No more than two PE periods within a 12 month period, starting with the effective date of the initial PE period
HPE - Parents and Caretaker Relatives	No more than one PE period within a 12 month period, starting with the effective date of the initial PE period
HPE - Former Foster Care	No more than one PE period within a 12 month period, starting with the effective date of the initial PE period
HPE - Adults	No more than one PE period within a 12 month period, starting with the effective date of the initial PE period
Child Health and Disability Prevention (CHDP) Gateway	No more than two PE periods within a 12 month period, starting with the effective date of the initial PE period
Breast and Cervical Cancer Treatment Program (BCCTP)	No more than one PE period within a 12 month period, starting with the effective date of the initial PE period
PE for Pregnant Women	No more than one PE period per pregnancy

Individuals are not eligible for HPE if they:

- Are not a resident of California.
- Exceed income limits for their coverage group.
- Currently have Medi-Cal.
- Are an adult that currently has Medicare.
- Have already received PE benefits in the past 12 months or current pregnancy.

Duration of PE Enrollment Period

The presumptive eligibility (PE) enrollment period begins on the day an individual is approved for PE.

The PE enrollment period ends either:

- If the individual does not file an insurance affordability application prior to the last day of the following month in which the individual was determined eligible for PE, and the PE enrollment period will end on that date.
- If the individual did file an insurance affordability application prior to the last day of the following month in which the individual was determined eligible for PE, and PE will continue until the day a determination is made on the insurance affordability application, regardless of the length of time necessary for that determination.

The PE effective date can't be backdated regardless of the reason. However, individuals may submit a completed insurance affordability application before the PE enrollment period terminates to apply for full scope Medi-Cal and mark the box which indicates the individual had medical expenses in the last three months and needs help to pay.

Application Submission

The following are important steps for providers in preparing to submit the *Hospital Presumptive Eligibility (HPE) Medi-Cal Application* (DHCS 7022) online only.

Acquire Application

The application is available on the Medi-Cal website at www.medi-cal.ca.gov via the Transactions tab. The printable PDF version is available in both English and Spanish for the applicant, spouse, parent/legal guardian or authorized representative to complete with the necessary data.

Review Application

Providers are not responsible for verifying information given by applicants. Providers are only responsible for assuring that the applicant understands the questions and that the application is completed and signed.

Print Summary for Applicant's Signature

Providers print the summary of the completed HPE application for the applicant, spouse, parent/legal guardian or authorized representative to sign prior to online submission. The HPE application is not complete without a valid signature.

Safeguard Patient Confidentiality

Providers must render safeguards when completing the application process to ensure patient confidentiality of the information provided on the application.

Application Summary Signed Copies

Providers retain a signed *Hospital Presumptive Eligibility (HPE) Medi-Cal Application* (DHCS 7022) in the applicant's hospital record for three years from the last date of billing. Providers also give a signed DHCS 7022 to the applicant, spouse, parent/legal guardian or authorized representative for their records.

HPE providers are required to supply individuals with an eligibility response confirmation from their DHCS 7022 application, along with a copy of the insurance affordability application.

Completing the HPE Application Online

To initiate the HPE application process, applicants may provide their information verbally and the HPE provider enters the information provided by the applicant for processing online.

Once the online application is submitted, the applicant's information is transmitted to the Medi-Cal Eligibility Data System (MEDS) for data matching to determine if the applicant is currently known or has established eligibility. The HPE determination is conducted in real-time and providers receive a timely eligibility response of approval or denial.

Complete instructions for completing the online application are included in the *Hospital Presumptive Eligibility (HPE) Program User Guide*. The user guide may be downloaded from the Medi-Cal Web site at www.medi-cal.ca.gov.

Applicant Take-Home Information

Providers must give approved HPE applicants a copy of the *Immediate Need Eligibility Document*, after the provider has the applicant sign it, and an insurance affordability application is provided. This will facilitate the application process for ongoing health care coverage beyond the period.

Continuation of Benefits

An individual's PE enrollment period may continue if an insurance affordability application is submitted prior to the PE end date and the insurance affordability application is approved. HPE benefits continue until a determination is made on the insurance affordability application.

Individuals may complete the insurance affordability application in paper format, online, over the phone or in person at their local county welfare office. Individuals must complete and submit the insurance affordability application before the PE enrollment period end date to be eligible to receive continuing health care coverage.

If individuals have questions about the application process, providers may refer them to Covered California at 1-800-300-1506 or the Covered California website at www.coveredca.com.

<<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.