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# 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 be "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 Medi-Cal Provider Portal HPE application.» 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 the submission of the individual's information through the Medi-Cal Provider Portal HPE application, 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 and Newborn Gateway Presumptive Eligibility Training Course on the [Medi-Cal Learning Portal](#) (MLP) within 60 days of completing the electronic *Hospital Presumptive Eligibility Provider Application and Agreement*, 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.

## **«Enrollment Instructions**

This section provides hospitals instructions to complete the *Hospital Presumptive Eligibility Provider Application and Agreement* in the Medi-Cal Provider Portal. 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 electronic *Hospital Presumptive Eligibility Provider Application and Agreement* located in the Presumptive Eligibility tile of the Medi-Cal Provider Portal. 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 electronic *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 years from the last date of billing.
- Providers may store scanned copies of the completed *Hospital Presumptive Eligibility Medi-Cal Application* (DHCS 7022) only 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 render HPE services.

«Any hospital that is a Medi-Cal provider that elects 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, and is qualified to determine whether an individual is eligible for Medi-Cal during a PE 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**

«The 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 electronic *Hospital Presumptive Eligibility Provider Application and Agreement.*»

## **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 and older, 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**

<b>Medi-Cal PE Programs</b>	<b>PE Enrollment Period Permitted Within Past 12 Months</b>
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
«Children's Presumptive Eligibility (CPE)»	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 Medi-Cal Application* in the Provider Portal.»

### **Acquire Application**

«A PDF version of the *Hospital Presumptive Eligibility Medi-Cal Application* is available to download within the Resources tab in the HPE area of the Provider Portal for the applicant, spouse, parent/legal guardian or authorized representative to complete with the necessary data. The PDF version is available in both English and Spanish.»

### **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 from the Provider Portal 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 Medi-Cal Application* (DHCS 7022) in the applicant's hospital record for three years from the last date of billing. Providers also must 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 in the Provider Portal.»

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.

Instructions for completing the online application are included in the [Hospital Presumptive Eligibility \(HPE\) Application User Guide](#). The user guide may be downloaded from the Medi-Cal Providers website.

## **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](http://www.coveredca.com).

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	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.