Hospital Presumptive Eligibility Medi-Cal Application

Complete this application with a Qualified Hospital Presumptive Eligibility Provider to find out in real-time if you qualify for the Hospital Presumptive Eligibility (HPE) Program. The HPE Program offers qualified individuals (such as patients and family members) immediate access to temporary Medi-Cal while applying for permanent Medi-Cal coverage or other health coverage.

Who Can Qualify For Hospital Presumptive Eligibility?

To qualify for HPE, individuals must meet the rules below.

- Have income below the monthly limit for household size.
- Be a California resident.
- Not already have Medi-Cal.
- If not pregnant, have not received Presumptive Eligibility (PE) Enrollment Period benefits from any Medi-Cal PE Program, up to the maximum limitation allowed within the past 12 months of applying. The Medi-Cal PE Programs are identified in the chart in Section 2. of the instructions.
- If pregnant, have not had a PE Enrollment Period during this pregnancy.
- And, be eligible in one of the following HPE groups below:

HPE GROUPS	Total PE Enrollment Periods Permitted within the past 12 months
➢ Individuals between the ages 18-25 who were in foster care at age 18 (no income limit)	1 PE Enrollment Period
➢ Children under 19 years old	2 PE Enrollment Periods
➢ Parents and Caretaker Relatives	1 PE Enrollment Period
➢ Adults between the ages 19-64, not pregnant, not enrolled in Medicare, and not eligible for any other group stated above.	1 PE Enrollment Period
➢ Pregnant Women	1 PE Enrollment Period, Per Pregnancy

If You Qualify For Hospital Presumptive Eligibility, What Happens Next?

- On the day you are approved for HPE, the hospital will give you a temporary paper Benefits Identification Card (BIC) to sign and use immediately to receive temporary covered Medi-Cal services such as, doctor visits, hospital care, and some prescription drugs.
- **If you are pregnant,** you can get care at outpatient clinics or other places in the community. HPE will **not** cover the cost if you are admitted to the hospital and that's why it is important to apply for Medi-Cal. Limited-scope pregnancy only Medi-Cal programs may cover your pregnancy, labor and delivery related hospitalization. Medi-Cal or other health coverage may cover additional hospital services. You may apply for the Medi-Cal Access Program by calling 1-800-433-2611 or visit the website at MCAP.
- The hospital will give you an insurance affordability application to apply for Medi-Cal or other health coverage. If you do not fill out the insurance affordability application, your PE Enrollment Period will end on the last day of the following month in which you were approved for PE.
    - ➢ **For example,** if approved for PE coverage on July 3, PE coverage ends on the last day of August.
- If you do fill out the insurance affordability application, your PE Enrollment Period for Medi-Cal

coverage will end on the day in which the eligibility determination was made (approved or denied).

- **For example,** if approved for PE coverage on July 3, and the insurance affordability application eligibility determination was made on August 25, PE coverage ends on August 25.

Individuals Can Apply For Medi-Cal And Other Health Coverage:

If you prefer to file online or by phone you may do so at:

Covered California

- **Online:** Covered California.
- **English:** (800) 300-1506 | TTY: (888) 889-4500
- **Español:** (800) 300-0213

If You Do Not Qualify For Hospital Presumptive Eligibility, What Happens Next?

If you do not qualify for the HPE Program, you cannot appeal the Presumptive Eligibility decision, BUT you can still apply for Medi-Cal or other health insurance by completing the insurance affordability application. If there are errors or corrections needed due to system issues, individuals may call the Telephone Service Center at 1-800-541-5555 Monday through Friday, between 8 a.m. and 5 p.m.

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Do Not Mail this Application
This application is used for internal purposes to assist applicants and retain for record keeping.

Section 1. Tell us about yourself. Personal and Contact Information

Last Name	First Name	Middle Name	(Jr. Sr. II. etc.)

Date of birth *(mm/dd/yyyy)*	Social Security Number (*optional)*	**Male**	**Female**

If homeless, enter the general street location here and complete the "Mailing Address."	If "Safe At Home" participant, check the box and answer the questions below. 1. What is your P.O. Box address, if known? ___________________ 2. What is your Safe At Home Participant ID, if known? _________

Home Address *(number & street)*	City	State	ZIP Code
Mailing Address *(if different)*	City	State	ZIP Code

Living in California? Yes No	County living in?

Best contact phone number	Other phone number	Email address

What language do you speak best?	What language do you read best?

Section 2. Additional Questions	**Yes**	**No**
1. Have you been enrolled in Medi-Cal through Presumptive Eligibility (PE) in the past 12 months? If yes, name the PE program(s)_____ If under age 19, how many times it was received _______		
2. Do you currently have Medicare?		
3. Do you have a State of California Benefits Identification Card (BIC), also known as a Medi-Cal Card? If yes, what is the identification number on the card, (if available)? __________		
4. Are you between the ages of 18 – 25 and had Foster Care the month of his/her 18th Birthday?		
5. Are you a parent of a child or caretaker relative of a child that lives with the patient?		
6. Are you pregnant? If <u>yes</u>, what is the expected due date (mm/dd/yyyy)? How many babies expected, if known? ***Note:*** *If the individual is pregnant, services received are limited to ambulatory prenatal services.*		

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	Yes	No
7. If you are pregnant, have you been enrolled in Medi-Cal through Presumptive Eligibility during this current pregnancy?		

Section 3. Tell us about your household and income Information.	
How many family members live in your household? ______________________________ (*Include parent, spouse, and any children under age 21 living in the household)*	**How much is your household income before taxes?** $_____________Monthly or $__________Yearly

Section 4. Signature and Declaration

By signing, I declare that what I say below is true and correct.

- I have read and understand this Hospital Presumptive Eligibility Medi-Cal Application.
- The information I provided is true, correct, and complete.
- I understand that I must complete and submit the insurance affordability application by the end of my Presumptive Eligibility period in order to be eligible for continued coverage.
- I have received the insurance affordability application.

Signature of applicant or parent/spouse/guardian/emancipated minor	**Relationship to the applicant** *(if applicable)*	**Date** *(mm/dd/yyyy)*

An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services and Covered California. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Hospital Presumptive Eligibility Provider and Covered California.

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Instructions:

Section 1: Tell us about yourself. Personal and Contact Information

Personal Information

- Enter your Last Name, First Name, Middle Name and Jr., Sr., II, if indicated, otherwise leave blank.
- Enter your date of birth (month/date/full year). (Example: 07/07/2014)
- Enter your Social Security Number, if available.
- Enter a check mark to indicate your gender.

Homeless Question

- Check the box if you are homeless. All applicants should complete the home address or mailing address field.

Safe At Home Questions

- Check the box if you are a "Safe At Home" participant.
  1. Enter your P.O. Box, if available. Otherwise, select "Unknown".
  2. Enter the Safe At Home Participant ID, if available.

Important - Safe At Home program is California's confidential address program, which helps victims of violence by providing a free post office box mail service. HPE applicants, who are Safe At Home participants, are allowed to provide their Safe at Home P.O. Box address instead of providing their residence address. Safe At Home participants have a participant ID card.

Address and Contact Information

- Enter your home address. (If homeless, enter an alternative address or location).
- Enter your mailing address if different from the home address.
- Check Yes or No you are living in California.
- Enter the name of the County where you are living. (If homeless, your designated County general area).
- Enter your phone numbers with area code, if available.
- Enter your email address, if available.

Section 2: Additional Questions

1. Check Yes or No if you have been enrolled in Medi-Cal through PE in the past 12 months. If yes, name the PE program(s) and if under age 19 how many times it was received? The Medi-Cal PE Programs are listed in the chart below.
   Note: PE Enrollment benefits received from any PE program are limited to the past 12 months prior to applying for HPE as indicated below.

	Medi-Cal PE Programs	Total PE Enrollment Periods Permitted
1	HPE - Individuals between the ages 18-25 who were in foster care at age 18	1 PE Enrollment Period
2	HPE - Children under 19 years old	2 PE Enrollment Periods
3	HPE - Parents and Caretaker Relatives	1 PE Enrollment Period
4	HPE - Adults between the ages 19-64	1 PE Enrollment Period
5	HPE - Pregnant Women	1 PE Enrollment Period, Per Pregnancy

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6	Children's Presumptive Eligibility	2 PE Enrollment Periods
7	Breast and Cervical Cancer Treatment Program (BCCTP)	1 PE Enrollment Period
8	PE for Pregnant Women	1 PE Enrollment Period, Per Pregnancy

2. Check Yes or No if you currently have Medicare. Note: Individuals eligible for the Adult group and currently have Medicare are not permitted to receive PE.
3. Check Yes or No if you have a BIC. If yes, enter the card number, if available.
4. Check Yes or No if you are between the ages of 18 – 25 and had Foster Care the month of your 18th Birthday.
5. Check Yes or No if you are a parent of a child (under the age 18) or 18 and a full-time student, or caretaker relative of a child that lives with the individual.
6. Check Yes or No if you are pregnant.
   - If pregnant, enter the expected due date, if available.
   - Enter the number of babies expected, if available.
7. Check Yes or No if you are pregnant and you have been enrolled in Medi-Cal through PE during this current pregnancy.
   Note: PE Enrollment Periods for pregnant women are limited to (1) PE Enrollment Period, per pregnancy.
8. Check Yes or No if you are a parent of a child (under the age 18) or 18 and a full-time student, or caretaker relative of a child that lives with the individual.
9. Check Yes or No if you are pregnant.
   - If pregnant, enter the expected due date, if available.
   - Enter the number of babies expected, if available.
10. Check Yes or No if you are pregnant and you have been enrolled in Medi-Cal through PE during this current pregnancy.
    Note: PE Enrollment Periods for pregnant women are limited to (1) PE Enrollment Period, per pregnancy.

Section 3: Tell us about your household and income Information.

- Enter the total number of family members living in your household. Family members include you, your parents if you are under 21 living in the home, your spouse, and any children under age 21 living in the household.

- Enter your total income received in your household before taxes, either monthly income or yearly income.

Section 4: Signature and Declaration

- State and federal laws require the individual's signature. The signature indicates that the declarations and answers are truthful and correct. If you cannot sign the application, a family member may sign the application on your behalf.