

State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-13-0026-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 14, 2014

Ms. Stephanie Azar, Acting Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Attention: Stephanie Lindsay

RE: Title XIX State Plan Amendment, AL 13-0026-MM7

Dear Mrs. Azar:

Enclosed is an approved copy of Alabama's state plan amendment (SPA) 13-0026-MM7, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 23, 2013. SPA 13-0026-MM7 establishes that one or more qualified hospitals are determining presumptive eligibility, and that the state is providing coverage for individuals determined presumptively eligible, in accordance with the Affordable Care Act. The SPA was approved on March 13, 2014. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of Alabama's approved state plan.

If you have any questions, please contact Alice Hogan at 404-562-7432.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

Alabama

- **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

AL-13-002

- **Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

42 CFR 431

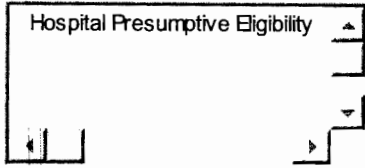
- **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

- **Subject of Amendment**

Character Count: out of 2000

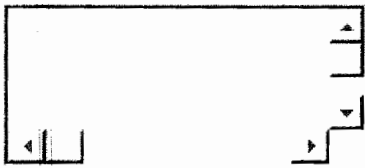
Hospital Presumptive Eligibility



• **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

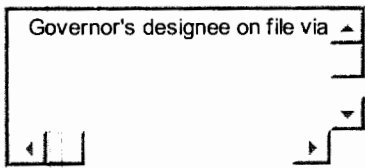


- No reply received within 45 days of submittal
- Other, as specified

Describe:

Character Count: out of 2000

Governor's designee on file via



• **Signature of State Agency Official**

Submitted By:

Sharon Weaver

Last Revision Date:

Mar 4, 2014

Submit Date: Dec 23, 2013



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of

its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance

with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement



Medicaid Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Alabama Medicaid Hospital Presumptive Eligibility Application

Instructions: To find out if the patient can get Hospital Presumptive Eligibility (HPE), please ask the patient to answer all the questions on this form. This is a voluntary program. All information is confidential. HPE gives patients temporary coverage. If the patient is pregnant, services are limited to ambulatory prenatal and pregnancy-related care only. The patient must fill out a full Alabama Medicaid application to get continued coverage.

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

Date of birth (month/date/year) Social Security Number (optional) Male Female

If homeless, check the box & tell us where we can reach you.

Home Address (number & street) City State ZIP Code

Mailing Address (if different than above) City State ZIP Code

Living in Alabama? Yes No US Citizen or Qualified Non-Citizen? Yes No

County living in? _____

Best contact phone number Other phone number Email address

What language does the patient speak best? What language does the patient read best?

1. Does the patient have an Alabama Medicaid Card? Yes No

If yes, what is the identification number on the card (if available)? _____

2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient? Yes No

3. Was the patient in Foster Care at 18 years old, and is now under 26 years old? Yes No

4. Is the patient pregnant? Yes No

If yes, when is the expected due date? _____ How many babies expected (if known) _____

Note: If the patient is pregnant, services are limited to ambulatory, prenatal and pregnancy-related coverage only.

How many family members live in the patient's household? _____

(Include parent, spouse, and any children under age 21 living in the household)

How much is the patient's household income?

\$ _____ Monthly or \$ _____ Yearly

I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that the information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/emancipated minor

Relationship to patient (if applicable)

Date

Hospital Presumptive Eligibility Determiner Training

Policy, Training, and Operational
Readiness Division

Beneficiary Services

Alabama Medicaid Agency

Agenda

- HPE as part of the Continuum of Coverage
- HPE Overview
- How Hospitals Can Participate in HPE
- Who is Eligible to Enroll in Medicaid through HPE
- How the HPE Process Works
- Contact Information

HPE as part of the Continuum of Coverage

Affordable Care Act Coverage Changes

- The Affordable Care Act (ACA) was signed into law in March 2010; it makes major changes to how people secure health coverage in the United States. Coverage changes include:
 - Medicaid and CHIP expansion and improvements
 - Health insurance marketplaces for individuals and small businesses
 - Private insurance market reforms

The New Vision for Medicaid and Child Health Insurance Program

- **Single, Streamlined Application**
 - Individuals can apply for Marketplace coverage and all insurance affordability programs (Medicaid, CHIP, premium tax credits) on one application
- **Simplified Eligibility and Enrollment Rules**
 - Modified Adjusted Gross Income (MAGI) is the new income methodology based on IRS-defined concepts of income and household to determine Medicaid and CHIP eligibility for children, pregnant women, parents and other caretaker relatives.
- **Modernized Eligibility Systems**
 - Increases use of automated rules engines to enable real-time eligibility determinations; individuals can apply for coverage online
- **Children’s Coverage Improvements**
 - All children up to age 19 with family incomes up to 141% FPL are now Medicaid-eligible
- **Hospital Presumptive Eligibility**
 - Hospitals can now determine individuals to be presumptively eligible for Medicaid

HPE Overview

What Is Hospital Presumptive Eligibility (HPE)?

- January 2014, hospitals can determine Medicaid eligibility for certain individuals who are likely to be eligible
- Eligibility under HPE is temporary but allows immediate access to coverage for eligible individuals; this is discussed in more detail later in the presentation

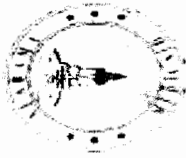
How HPE Works to Get People Connected to Coverage and Care

- HPE improves individuals' access to Medicaid and necessary services by providing another channel to apply for coverage
- It ensures the hospital will be reimbursed for services provided, just as if the individual was enrolled in standard Medicaid
- HPE is not about short-term coverage; it provides individuals with an opportunity to get connected to longer-term coverage options

How Hospitals Can Participate in HPE

How Hospitals Can Participate in HPE

- Hospital participation in HPE is optional, but states must provide a mechanism for a hospital to become qualified to conduct HPE
- To make HPE determinations, a hospital must:
 - Participate in the Medicaid program
 - Notify the state of its election to make HPE determinations by completing the HPE Provider Status and Agreement
 - Agree to make HPE determinations consistent with policies and procedures of the state and complete the HPE Determiner Agreement



Hospital Presumptive Eligibility (HPE) Application

Provider Status and Agreement

Presumptive Eligibility (PE) is short-term Medicaid coverage for children up to age 19, pregnant women, former foster care and parent/caretaker relatives. It is also the process of applying for this short-term coverage. This means covered medical services accessed during this time by the eligible individual will be paid by Medicaid. Periods of presumptive eligibility are limited to no more than one presumptive eligibility period within a calendar year.

A finalized and approved full Alabama Medicaid application form may result in 12 months of Medicaid eligibility for children; coverage for pregnant women (which includes two months of post-partum care); coverage for parent/caretaker relatives; coverage for former foster care; Breast and Cervical Cancer Program coverage; or one year of family planning Medicaid coverage for women. The Alabama Medicaid agency expects the HPE provider to make a good faith effort to refer and encourage individuals to begin the full Medicaid application process to provide patients the most comprehensive coverage period

To become a HPE Determiner, an individual must first be a member of an eligible hospital. Each determiner will also be required to complete an Alabama Medicaid sanctioned training to qualify as a Hospital Presumptive Eligibility Determiner. Each qualified hospital will be responsible for ensuring that the trained determiners follow applicable Alabama Medicaid rules

Provider Status and Agreement

I understand that presumptive eligibility provider status means that this hospital will, to the best of our ability, use Alabama Medicaid's PE forms and methodology to establish PE for individuals, entitling pregnant women to receive Medicaid coverage for ambulatory prenatal services and full coverage for children, former foster care and parent/caretaker relatives.

I understand that the hospital must keep complete and thorough records on all PE clients, and that these records are subject to review by state *and/or* federal agencies. I understand hospital staff must sign and abide by the Determiner Code of Conduct. Failure to sign the Code of Conduct or to comply with guidelines for establishing PE status may result in denial of application for determiner status or immediate termination of determiner status.

Alabama Medicaid may terminate HPE status immediately if the Code of Conduct is breached or if the HPE fails to comply with Alabama Medicaid guidelines for establishing HPE status.

Provider Name *(Please Print)* _____ Provider Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Provider's Medicaid Billing Number _____

Provider's E-mail Address _____

Authorized Signature _____ Printed Name _____ Date _____



Hospital Presumptive Eligibility (HPE) Application

Determiner Agreement & Code of Conduct

Determiner Code of Conduct Disclosure or Misuse of Confidential or Official Information and Agreement

Code of Conduct

Presumptive Eligibility Determiners (PEDs) must conduct themselves in a professional manner in all dealings with the public. It is never acceptable to convey an indifferent, hostile or careless attitude toward clients, even if clients are abusive. If a client continues to be abusive or threatening please courteously refer them to an Alabama Medicaid (Medicaid) office.

PEDs shall disqualify themselves from participating in any official action affecting clients or other persons with whom they enjoy a personal relationship that could compromise, or be reasonably perceived by the public as compromising the integrity of their official actions.

PEDs may not receive any financial benefits as a result of his/her provision of services to a client on behalf as a PED of Medicaid, other than what may be provided by Alabama Medicaid.

Disclosure or Misuse of Confidential or Official Information

PEDs may not disclose confidential or official information if the disclosure of such information is prohibited by law or regulation or would be contrary to the best interest of Medicaid or its clients.

PEDs may not disclose or misuse confidential or official information not generally available to the public, or acquired by virtue of his/her affiliation with Alabama Medicaid, for his/her own or another's private gain.

PEDs under investigations or charged with criminal activities and/or unethical practices will subject the determiner to immediate termination of their determiner status.

Agreement

Alabama Medicaid and the PED enter into the agreement to allow the PED to authorize temporary Hospital Presumptive Eligibility for Medicaid.

Alabama Medicaid agrees to train PED in all matters relating to PE determination and supply all initial forms needed for PE.

PED agrees to 1) Participate in trainings sponsored by Alabama Medicaid, 2) Transmit to Alabama Medicaid the PE approvals on the day approved, if a weekday, or on the next work day if the PE approval occurs on a weekend; 3) Maintain client confidentiality; 4) Keep complete records on all PE clients; these records are subject to review by state and/or federal agencies 5) Sign, abide by, return the PE Determiner Code of Conduct; 6) comply with Alabama Medicaid guidelines for establishing PE status.

Alabama Medicaid may terminate PED status if the Code of Conduct is breached or if the PED fails to comply with Alabama Medicaid guidelines.

PE Determiner Name (Please Print) _____ PE Determiner's Signature _____ Work Telephone _____ Date _____

Work E-Mail Address: _____

Hospital Staff Eligible to Make HPE Determinations

- Once a hospital is a qualified entity:
 - Any hospital employee who is properly trained and certified can make HPE determinations
 - This includes employees in hospital-owned physician practices or clinics, including those in off-site locations
 - Participating hospitals may not delegate the authority for HPE determinations to non-hospital staff
 - Third party vendors are permitted to assist with various HPE functions except for the determination

Staff Training and Certification

- The “Hospital Provider Status and Agreement” must be completed by an authorized hospital representative and submitted to the Medicaid contact in an electronic format
- The “HPE Determiner Agreement” must be completed by the hospital staff member(s) wishing to become a HPE determiner and submitted to the Medicaid contact in an electronic format
- HPE determiners must complete training provided by Medicaid prior to performing HPE determinations
- Ongoing trainings are provided for HPE determiners

http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.6.7_Hospital_Presumptive_Eligibility.aspx

Alabama HPE Policies and Procedures

- Patients found eligible for HPE must be referred to complete the full Medicaid application (Application Assistants, on line, mail, in person or phone)
- Alabama Medicaid will take corrective action against hospitals, including termination from the HPE program, if the hospital does not follow Medicaid policies

**Who is Eligible to Enroll in Medicaid
through HPE?**

What are the Benefits?

Populations Eligible for Medicaid via HPE

Determinations

- Individuals who do not currently receive Medicaid benefits and have not had a PE period in the timeframe set by the state limited to one PE determination per year (for pregnant women, limited to one PE determination per pregnancy)
- Applicant must attest to their citizenship/qualified non-citizen and state residency status
- Individuals who fall into one of the following income-based groups:
 - Parent and other Caretaker Relatives- 13% Federal Poverty Level (FPL)*
 - Pregnant Women- 141% FPL *
 - Children- 141%FPL *
 - Former Foster Care- No income limit, up to age 26

*Note: A 5% FPL disregard must be applied for individuals over the applicable income level

PARENTS AND CARETAKER RELATIVES

Income Guidelines

Effective February 1, 2014

Note: Federal Poverty Levels (FPL) change in February of each year, updated amounts will be provided as soon as the new figures are released by the federal government

FAMILY SIZE	MONTHLY GROSS INCOME LIMIT (18% FPL)* *Note: Includes 5% FPL disregard
1	\$176.00
2	\$236.00
3	\$297.00
4	\$358.00
5	\$419.00
6	\$480.00
7	\$541.00
8	\$602.00

ADDITIONAL FAMILY MEMBERS

Add	\$61	for each additional family member over 8.
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PREGNANT WOMEN/CHILDREN (AGES 0-18)

Income Guidelines

Effective February 1, 2014

Note: Federal Poverty Levels (FPL) change in February of each year. Updated amounts will be provided as soon as they are released by the federal government.

FAMILY SIZE	MONTHLY GROSS INCOME LIMIT (146% FPL)* *Note: includes 5% FPL Disregard
1	\$1,420.00
2	\$1,914.00
3	\$2,408.00
4	\$2,902.00
5	\$3,396.00
6	\$3,890.00
7	\$4,384.00
8	\$4,878.00

ADDITIONAL FAMILY MEMBERS

Add	\$494	for each additional family member over 8.
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Duration of Eligibility under HPE

- HPE period begins with, and includes, the day on which the hospital makes the HPE determination
- HPE period ends with:
 - The day on which the state makes the eligibility determination for standard Medicaid, if the individual files a full Medicaid application before the end of the month following the month in which the presumptive eligibility determination was made, or
 - The last day of the month following the month in which the hospital makes the HPE determination, if the individual does not file a full application by that time
- The HPE period is limited to one PE determination per year and once per pregnancy for pregnant women

HPE Determiner Resources

Medicaid Household and Income Calculations

- There may be instances where a patient may include information on the HPE application that makes it appear to the HPE Determiner that they are over the applicable income limit for a program
- The following resources are to assist the HPE Determiner to discuss with the patient how to calculate household size and income in instances where the patient may initially appear ineligible for HPE

Determining Households for Medicaid

- Three categories of individuals
 - Tax filers not claimed as a tax dependent
 - Tax dependents
 - Non-filers and not claimed as a tax dependent
- Based on expected tax filing status

Modified Adjusted Gross Income

household size rules

Tax filer Rule:


If the individual expects to file taxes and is not expected to be claimed as a tax dependent by anyone else:
the household consists of the taxpayer, a spouse living with the taxpayer, and all persons whom the tax payer expects to claim as a tax dependent.

Non Filer Rule:

For individuals who neither expect to file a tax return nor expect to be claimed as a tax dependent, the household consists of the individual and, the following individuals living in the household:

- The individual's spouse
- The individual's natural, adopted and step **children** under age 19, or, in the case of full-time students, under age 21
- The individual's parents (natural, adopted and step) and siblings (adopted and step) for individuals under age 19, or, in the case of full-time students, under age 21

General Rules in Determining HH Size

General Rules	Action	Exceptions	Action
<p>Tax payer who is not claimed as a dependent</p>	<p>Include taxpayer and all tax dependents claimed.</p>	<p>Always include married couples living together in the HH of the other spouse regardless of whether they expect to be claimed as a tax dependent of the other spouse or whether they file separately</p>	
<p>Tax dependents</p>	<p>HH is same as the HH of the tax payer unless one of the following exceptions applies:</p> 	<ul style="list-style-type: none"> Individual other than spouse, biological, adopted or stepchild is being claimed as tax dependent by another taxpayer Children who expect to be claimed by one parent as a tax dependent and under age 19 or, under age 21 and a full-time student who is living with both parents but whose parents don't expect to file a joint tax return Children under age 19 or, under age 21 and a full-time student who are being claimed by non-custodial parent 	<p>If one of the exceptions exists follow non-filer HH rules which are:</p> <p>Include the individual and the following if living with the individual:</p> <ul style="list-style-type: none"> Spouse Natural, adopted and step children if the individual is a child, include the child's natural, adopted and step-parent and siblings who are also children
<p>Non tax filers or individuals not claimed as tax dependent</p>	<p>Follow non-filer HH rules which are:</p> <ol style="list-style-type: none"> 1. Include the individual and the following if living with the individual: <ol style="list-style-type: none"> a. Spouse b. Natural adopted and step children c. If the individual is a child, include the child's natural, adopted and step-parent and siblings who are also children 	<p>Always include married couples living together in the HH of the other spouse regardless of whether they expect to be claimed as a tax dependent of the other spouse or whether they file separately</p>	
<p>Pregnant women</p>	<p>When determining the HH of the pregnant woman, count the pregnant woman plus the number of unborn.</p>	<p>When determining the HH size of other individuals who have a pregnant woman in their HH, count the pregnant woman and include actual number of babies she is expected to deliver.</p>	

Determine Modified Adjusted Gross Income for each member of the individual's household

- ✓ Household income equals the sum of the Modified Adjusted Gross Income of every member of the individual's household whose income is counted.
- ✓ Do not count the income of a child, or a person who is expected to be a tax dependent of another household member ... **unless that person is required to file a tax return.**
- ✓ Use special rules for lump sum income, educational scholarships and awards and special Alaska native/American Indian income
- ✓ If needed apply 5% of FPL to determine if individual is eligible for applicable program

Income

- Self-employment and farm income (after depreciation and deduction of capital losses) is counted
- Social Security Payments are counted, both taxable and non-taxable
- Lump sum payment is counted in the month it is received
- Child support income is not counted
- Veterans income is not counted
- Workers' compensation is not counted
- Gifts and inheritance is not counted

Income (cont'd)

- Scholarships, fellowship grants and awards used for educational purposes are not counted
- Salary deferrals [flexible spending, cafeteria and 401(k) plans] are not counted
- Temporary Assistance for Needy Families (TANF) is not counted
- Supplemental Security Income (SSI) is not counted
- American Indian and Alaska Native income derived from distributions, payments, ownership interests, and real property usage rights are not counted
- Alimony paid is deducted from income
- Student Loan interest paid is deducted from income

Farm Income

- Farm income is based on the “Schedule F” tax deductions

– Line 34

SCHEDULE F (Form 1040) Profit or Loss From Farming

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service (IRS)

Attachment: Sequence No. 14

Name of proprietor: _____ Social security number (SSN): _____

2012

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ Information about Schedule F and its separate instructions is at www.irs.gov/form1040.

A Principal crop or activity: _____

B Enter code from Part IV: _____

C Accounting method: Cash Accrual

D Employer ID number (EIN) (see info): _____

E Did you “materially participate” in the operation of this business during 2012? If “No,” see instructions for limit on passive losses. Yes No

F Did you make any payments in 2012 that would require you to file Form(s) 1099 (see instructions)? Yes No

G If “Yes,” did you or will you file required Form(s) 1099? Yes No

Part I Farm Income—Cash Method. Complete Parts I and III (Accrual method. Complete Parts II and III, and Part I, line 9).

1a	Sales of livestock and other resale items (see instructions):	1a	1c
b	Cost or other basis of livestock or other items reported on line 1a:	1b	2
c	Subtract line 1b from line 1a:		3a
2	Sales of livestock, produce, grains, and other products you raised:	3b	4b
3a	Cooperative distributions (Form(s) 1099-PATR):	4a	5a
4a	Agricultural program payments (see instructions):	5b	5c
5a	Commodity Credit Corporation (CCC) loans reported under election:	6a	6b
b	CCC loans forgiven:	6c	6d
6	Crop insurance proceeds and federal crop disaster payments (see instructions):		7
a	Amount received in 2012:		8
c	If election to defer to 2013 is attached, check here: <input type="checkbox"/>		9
7	Custom hire (machine work) income:		
8	Other income (see instructions):		
9	Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part II, line 50 (see instructions):		

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses (see instructions).

10	Car and truck expenses (see instructions). Also attach Form 4562:	23	Pension and profit-sharing plans:
11	Chemicals:	24	Rent or lease (see instructions):
12	Conservator expenses (see instructions):	a	Vehicles, machinery, equipment:
13	Custom hire (machine work):	b	Other (land, animals, etc.):
14	Depreciation and section 179 expense (see instructions):	25	Repairs and maintenance:
15	Employee benefit programs other than on line 23:	26	Seeds and plants:
16	Feed:	27	Storage and warehousing:
17	Fertilizers and lime:	28	Supplies:
18	Freight and trucking:	29	Taxes:
19	Gasoline, fuel, and oil:	30	Utilities:
20	Insurance (other than health):	31	Veterinary, breeding, and medicine:
21	Interest:	a	Other expenses (specify):
a	Mortgage (paid to banks, etc.):	b	
b	Other:	c	
22	Labor (net less employment credits):	d	
		e	
		f	

33 Total expenses. Add lines 10 through 32. If line 32 is negative, see instructions.

34 Net farm profit or (loss). Subtract line 33 from line 9. **34**

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

35 Did you receive an applicable subsidy in 2012? (see instructions):

36 Check the box that describes your investment in this activity and see instructions for where to report your loss.

All investment is at risk Some investment is not at risk Yes No

Self Employment

Income

- Self-employment income is based on the "Schedule C" tax deductions

— Line 31

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0047
2012
Attachment
SSS Form No. 00

Department of the Treasury
Internal Revenue Service (IRS)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: _____ Social security number (SSN): _____

A Principal business or profession, including product or service (see instructions) **B** Enter code from instructions

C Business name, if no separate business name, leave blank. **D** Employer ID number (EIN), (see instructions)

E Business address (including suite or room no.), city, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses

H If you started or acquired this business during 2012, check here Yes No

I Did you make any payments in 2012 that would require you to file Form(s) 1067? (See instructions)

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶	<input type="checkbox"/>	1
2	Returns and allowances (see instructions)			2
3	Subtract line 2 from line 1			3
4	Cost of goods sold (from line 47)			4
5	Gross profit. Subtract line 4 from line 3			5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)			6
7	Gross income. Add lines 5 and 6			7

Part III Expenses

8	Advertising	18	Office expense (see instructions)	18
9	Car and truck expenses (see instructions)	19	Pension and profit-sharing plans	19
10	Commissions and fees	20	Rent or lease (see instructions)	20a
11	Contract labor (see instructions)		▪ Vehicles, machinery, and equipment	20b
12	Depreciation	21	▪ Other business property	21
13	Expropriator and section 179 expense deduction (not included in Part III) (see instructions)	22	Repairs and maintenance	22
14	Employee benefit programs (other than on line 18)	23	Supplies (not included in Part III)	23
15	Insurance (other than health)	24	Taxes and licenses	24a
16	Interest		▪ Travel meals, and entertainment	24b
16a	▪ Mortgage (paid to banks, etc.)	25	▪ Travel	25
16b	▪ Other	26	▪ Deductible meals and entertainment (see instructions)	26
17	Legal and professional services	27a	▪ Utilities	27a
		27b	▪ Wages (less employment credits)	27b
			▪ Other expenses (from line 48)	27c
			▪ Reserved for future use	27d
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	▶	28	28
29	tentative profit or (loss). Subtract line 28 from line 7		29	29
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere		30	30
31	Net profit or (loss). Subtract line 30 from line 29		31	31

- If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, just must go to line 32.
- If you have a loss, check the box that describes your investment in this activity (see instructions).
- If you checked the "yes" box on line 1, both Form 1040, line 47 (or Form 1040NR, line 12) and

Countable Income

- Earned income (e.g., wages, salary, or any compensation for work)
- Self-employment income from a business or hobby
- Social Security income, including Social Security Disability Insurance (SSDI) and retirement benefits
- Unemployment benefits
- Investment income, including interest, dividends, and capital gains
- Alimony received
- Pensions and annuities
- Rents and royalties received

Calculated on IRS Form 1040 on lines 7 to 22

(Some gross earnings for employees may already be reduced by "Pre-tax deductions" such as health or life insurance

Department of the Treasury - Internal Revenue Service
1040 U.S. Individual Income Tax Return 2012
 OMB No. 1545-0047 (REV. 04-11-12) Do not write or make marks in this space.

For the year 2012, or other tax year beginning on 1/1/2012
 Your first name and initial: [redacted]
 Your last name and initial: [redacted]
 Your social security number: [redacted]

Home address (number and street), if you have a P.O. box, see instructions: [redacted]
 Apt. No.: [redacted]
 City, town or post office, state, and ZIP code: [redacted]
 Foreign country name: [redacted]

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately; Enter spouse's SSN above and full name here: [redacted]
 4 Head of household (with qualifying person). (See instructions.)
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself; if someone can claim you as a dependent, do not check box 6a
 b Spouse
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child, year age 7 qualifying for credit for child tax credit (see instructions)
 (5) If child, year age 17 qualifying for credit for child tax credit (see instructions)
 (6) If child, year age 17 qualifying for credit for child tax credit (see instructions)
 (7) If child, year age 17 qualifying for credit for child tax credit (see instructions)
 (8) If child, year age 17 qualifying for credit for child tax credit (see instructions)
 (9) If child, year age 17 qualifying for credit for child tax credit (see instructions)
 (10) If child, year age 17 qualifying for credit for child tax credit (see instructions)
 (11) If child, year age 17 qualifying for credit for child tax credit (see instructions)

Income
 7 Total number of exemptions claimed: [redacted]
 8a Wages, salaries, tips, etc. (Attach Form(s) W-2)
 8b Taxable interest. Attach Schedule B if required.
 9a Tax-exempt interest. Do not include on line 8a.
 9b Ordinary dividends. Attach Schedule B if required.
 9c Qualified dividends.
 10 Taxable refunds, credits, or offsets of state and local income taxes.
 11 Alimony received.
 12 Business income or (loss). Attach Schedule C or C-EZ.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here:
 14 Other gains or (losses). Attach Form 4797.
 15a IRA distributions [redacted] b Taxable amount [redacted]
 15b Pensions and annuities [redacted] b Taxable amount [redacted]
 16a Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.
 16b Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.
 17 Farm income or (loss). Attach Schedule F.
 18 Unemployment compensation.
 19 Social security benefits. [redacted] b Taxable amount [redacted]
 20a Other income. List type and amount [redacted] b Taxable amount [redacted]
 20b Other income. List type and amount [redacted] b Taxable amount [redacted]
 21 Combine the amounts in the far right column for lines 7 through 21. This is your total income. [redacted]
 22 Educator expenses [redacted]
 23 Certain business expenses of reserves, performing artists, and fee basis government officials. Attach Form 2106 or 2106-EZ [redacted]
 24 Health savings account deduction. Attach Form 8889 [redacted]
 25 Moving expenses. Attach Form 3903 [redacted]
 26 Deductible part of self-employment tax. Attach Schedule SE [redacted]
 27 Self-employed SEP, SIMPLE, and qualified plans [redacted]
 28 Self-employed health insurance deduction [redacted]
 29 Penalty on early withdrawal of savings [redacted]
 30 Alimony paid b Recipient's SSN [redacted]
 31a IRA deduction [redacted]
 31b Student loan interest deduction [redacted]
 32 Tuition and fees. Attach Form 9877 [redacted]
 33 Domestic production activities deduction. Attach Form 8885 [redacted]
 34 Add lines 22 through 33 [redacted]
 35 Subtract line 35 from line 22. This is your adjusted gross income [redacted]
 36 Add lines 22 through 35 [redacted]
 37 Subtract line 36 from line 22. This is your total income [redacted]

For Disclosure, Privacy Act, and Paperwork Reduction Act Notices, see separate instructions. Call No. 1-800-829-1040. Form 1040 2012

Adjusted Gross Income (AGI)

Gross income minus adjustments = AGI (also know as adjustments above the line). Listed on IRS Form 1040 on line 37.

- Examples of adjustments* made to gross income to determine adjusted gross income include:
 - Certain salary deferrals
 - Cafeteria/flexible spending plans,
 - Contributions to "401(k)" plans
 - Contributions to a health savings account
 - Job-related moving expenses
 - Student loan interest
 - Tuition and fees **
 - Alimony paid

*Note that many adjustments are capped or may be limited based on a taxpayer's income
 **For many families, the education tax credit is more beneficial

1040 U.S. Individual Income Tax Return 2012

OMB No. 1545-0047 PG. Use Only - Do not enter or attach in the spaces for the taxpayer's name, Social Security number, or other tax preparation information. See separate instructions for the taxpayer's name and Social Security number. Your social security number. Spouse's social security number.

Department of the Treasury Internal Revenue Service

1. Filing Status: Single Married filing jointly (even if only one had income) Married filing separately. Enter spouse's SSN above and full name here. Qualifying widow(er) with dependent child

2. Exemptions: Yourself, if someone can claim you as a dependent, do not check box (a) Spouse Dependent: (1) First name, last name, and full name here. (2) Dependent's social security number (3) Dependent's relationship to you (4) Child over age 17 qualifying for tax credit (see instructions)

3. Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
 8a Taxable interest. Attach Schedule B if required 8a
 9a Ordinary dividends. Attach Schedule B if required 9a
 10 Qualified dividends 10
 11 Taxable refunds, credits, or offsets of state and local income taxes 11
 12 Alimony received 12
 13 Business income or loss. Attach Schedule C or C-EZ 13
 14 Capital gain or loss. Attach Schedule D if required. If not required, check here 14
 15 Other gains or losses. Attach Form 4797 15
 15a IRA distributions 15a
 15b Pension and annuities 15b
 16 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 16
 17 Farm income or loss. Attach Schedule F 17
 18 Unemployment compensation 18
 19 Social security benefits 19a
 20a Other income, list type and amount 20a
 21 Combine the amounts in the far right column for lines 7 through 21. This is your total income 21
 22 Educator expenses 22
 23 Charitable contributions of reserves, performing artists, and other basic government artists. Attach Form 108 or 212b-EZ 23
 24 Health savings account deduction. Attach Form 8889 24
 25 Moving expenses. Attach Form 8803 25
 26 Deductible part of self-employment tax. Attach Schedule SE 26
 27 Self-employed SEP, SIMPLE, and qualified plans 27
 28 Self-employed health insurance deduction 28
 29 Penalty or early withdrawal of savings 29
 30 Alimony paid b Recipient's SSN 30
 31a IRA deduction 31a
 32 Student loan interest deduction 32
 33 Tuition and fees. Attach Form 8879 33
 34 Domestic production activities deduction. Attach Form 8805 34
 35 Add lines 23 through 35 35
 36 Subtract line 35 from line 21. This is your adjusted gross income 36
 37 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 2012

How The HPE Process Works

Covered Services Under Hospital Presumptive Eligibility (HPE)

- Benefits are the same as those provided under the Medicaid group for which the individual is determined presumptively eligible
- Exceptions
 - Pregnant women - benefits limited to ambulatory prenatal care (birthing expenses are not covered)

The HPE Determination Process

At individual's initial visit, HPE determiner should take the following steps:

1. Assist individual with completing HPE application
 - Assist individual in completing required questions for; name, DOB, sex, residency, citizenship, parent/caretaker
 - Assist individual with calculating monthly family income and household size
 - Ask if previously enrolled in Medicaid (obtain number if possible)
2. Determine if individual meets HPE criteria; if so, confirm eligibility
3. Send individual's information to Alabama Medicaid HPE contact
4. Print/provide eligibility notice to individual
5. Summarize benefits and answer any questions
6. Encourage application for standard Medicaid; Refer to Application Assister if the hospital has Assisters, apply on line at www.insurealabama.org, direct to local Medicaid office or apply by phone



Alabama Medicaid Hospital Presumptive Eligibility Application

Instructions: To find out if the patient can get Hospital Presumptive Eligibility (HPE), please ask the patient to answer all the questions on this form. This is a voluntary program. All information is confidential. HPE gives patients temporary coverage. If the patient is pregnant, services are limited to ambulatory prenatal and pregnancy-related care only. The patient must fill out a full Alabama Medicaid application to get continued coverage.

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

Date of birth (month/date/year) _____ Social Security Number (optional) _____ Male _____ Female _____

If homeless, check the box & tell us where we can reach you.

Home Address (number & street) City State ZIP Code _____

Mailing Address (if different than above) City State ZIP Code _____

Living in Alabama? Yes No US Citizen or Qualified Non-Citizen? Yes No

County living in? _____

Best contact phone number _____ Other phone number _____ Email address _____

What language does the patient speak best? _____ What language does the patient read best? _____

1. Does the patient have an Alabama Medicaid Card? Yes No

If yes, what is the identification number on the card (if available)? _____

2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient? Yes No

Best contact phone number _____ Other phone number _____ Email address _____

What language does the patient speak best? _____ What language does the patient read best? _____

1. Does the patient have an Alabama Medicaid Card? Yes No
If yes, what is the identification number on the card (if available)? _____
2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient? Yes No
3. Was the patient in Foster Care at 18 years old, and is now under 26 years old? Yes No
4. Is the patient pregnant? Yes No
If yes, when is the expected due date? _____ How many babies expected (if known) _____

Note: *If the patient is pregnant, services are limited to ambulatory, prenatal and pregnancy-related coverage only.*

How many family members live in the patient's household? _____
(Include parent, spouse, and any children under age 21 living in the household)

How much is the patient's household income?

\$ _____ Monthly or \$ _____ Yearly

I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that the information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/emancipated minor Relationship to patient (if applicable) Date

HPE Application Questions



Alabama Medicaid Hospital Presumptive Eligibility Application

Instructions: To find out if the patient can get Hospital Presumptive Eligibility (HPE), please ask the patient to answer all the questions on this form. This is a voluntary program. All information is confidential. HPE gives patients temporary coverage. If the patient is pregnant, services are limited to ambulatory prenatal and pregnancy-related care only. The patient must fill out a full Alabama Medicaid application to get continued coverage.

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

Date of birth (month/date/year) _____ Social Security Number (optional) _____ Male _____ Female _____

If homeless, check the box & tell us where we can reach you.

Home Address (number & street), City, State, ZIP Code _____

Mailing Address (if different than above), City, State, ZIP Code _____

Living in Alabama? Yes No US Citizen or Qualified Non-Citizen? Yes No

County living in? _____

Best contact phone number _____ Other phone number _____ Email address _____

What language does the patient speak best? _____ What language does the patient read best? _____

1. Does the patient have an Alabama Medicaid Card? Yes No

If yes, what is the identification number on the card (if available)? _____

2. Is this patient a parent of a child or caretaker/relative of a child that lives with the patient? Yes No

- Name, beginning with last name

Ex. Doe Jane Anne

- DOB Ex. 11/22/73

- SSN Ex. 111-22-3333

If patient does not have a SSN, write "None"

If patient does not know SSN, write "Unknown"

- Sex Ex. Check Male or Female
- Homeless Ex. Check if no home address
- Home Address

Ex. 123 Main ST Anytown, AL 12345

- Mailing Address, if not home address

Ex. PO Box 1 Anytown, AL 12345

Also used if homelessness is indicated

- Living in Alabama

Ex. Check yes or no

Accept attestation of residency

HPE Application Questions (cont'd)

Residing Address (if different than above): City, State, ZIP Code _____
 Living in Alabama? Yes No US Citizen or Qualified Non-Citizen? Yes No
 County living in? _____

Best contact phone number _____ Other phone number _____
 Email address _____

What language does the patient speak best? _____ What language does the patient read best? _____

1. Does the patient have an Alabama Medicaid Card? Yes No
 If yes, what is the identification number on the card (if available)? _____
 2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient? Yes No
 3. Was the patient in Foster Care at 18 years old, and is now under 26 years old? Yes No
 4. Is the patient pregnant? Yes No
 If yes, when is the expected due date? _____ How many babies expected (if known) _____
- Note: If the patient is pregnant, services are limited to ambulatory, prenatal and pregnancy-related coverage only.

How many family members live in the patient's household? _____
 (Include parent, spouse, and any children under age 21 living in the household)

How much is the patient's household income?
 \$ _____ Monthly or \$ _____ Yearly

I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that the information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/unaccompanied minor _____ Relationship to patient (if applicable) _____ Date _____

- US citizen or Qualified Non-Citizen
 Check yes or no (Accept Attestation)
 A list of eligible immigration statuses can be found at the link below:
<https://www.healthcare.gov/immigration-status-and-the-marketplace/>
- County living in
 Example (Ex.): Montgomery
- Best phone number
 Ex. (123) 456-7891
- Other phone number
 Ex. (456) 789-1011
- Email
 Ex. janedoe@yahoo.com
- What language spoken best
 Ex. English
- What language read best
 Ex. Spanish

HPE Application Questions (cont'd)

- Does patient have a AL Medicaid card?
Check yes or no
- If yes, what is the number on the card?
- Is the patient a parent of a child or a caretaker relative that lives with the child?
Check yes or no (a child is under 19)
- Was the patient in Foster Care at 18 years old, and is now under 26 years old?
Check yes or no
- Is the patient pregnant?
Check yes or no, list the number of babies
- How many family members live in the patient's household?
Patient enters an amount- assist if needed
- How much is the family's income before taxes?
Patient enters an amount- assist if needed
- Signature of patient

What language does the patient speak best? _____ What language does the patient read best? _____

1. Does the patient have an Alabama Medicaid Card? Yes No
- If yes, what is the identification number on the card (if available)? _____
2. Is the patient a parent of a child or caretaker relative of a child that lives with the patient? Yes No
3. Was the patient in Foster Care at 18 years old, and is now under 26 years old? Yes No
4. Is the patient pregnant? Yes No

How many babies expected (if known) _____
 Note: if the patient is pregnant, services are limited to antenatal, prenatal and pregnancy-related coverage only

How many family members live in the patient's household? _____
 (include patient, spouse, and any children under age 21 living in the household)

How much is the patient's household income?
 \$ _____ Monthly or \$ _____ Yearly

I certify that I have read and understand this Alabama Medicaid pre-enrollment application. I understand that I must complete the Alabama Medicaid application before the last day of the following month my Alabama Medicaid pre-enrollment application is approved to continue my coverage. I declare that the information I provided is true, correct, and complete.

Signature of patient or parent/spouse/guardian/ emancipated minor _____ Relationship to patient (if applicable) _____ Date _____

Verification of Eligibility Criteria for HPE

- Individual cannot be required to provide proof/documentation of any PE eligibility criteria
 - (e.g., medical verification of pregnancy is not required)
- Hospital/state must accept self-attestation of income, citizenship/immigration status and residency

How to Make a Determination

- HPE determiner will complete the determination and provide notice to the patient upon completion of the HPE application when possible
- Medicaid contact will provide Medicaid number to the HPE determiner for billing purposes

How to Submit Data

- HPE determinations will be submitted electronically to the Medicaid HPE contact
- The HPE application completed by the patient and the Approval/Denial notice completed by the determiner will be scanned and emailed to Medicaid HPE contact until further notice

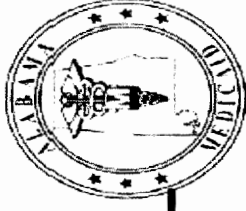
Approval and Denial Notices

- Hospitals must provide individuals with a written notice after the HPE determination is made, which includes:
 - Whether HPE was approved or denied
 - If approved, beginning and ending dates of the HPE period
 - If denied, the reason for the denial and the option to submit a regular Medicaid application
- Hospitals must notify Alabama Medicaid of HPE approvals (and date range for the HPE period) on the day approved, if on a workday, or on the next work day if the HPE approval occurs on the weekend

Connecting to Full Medicaid Coverage Outside the Hospital

- Individuals can apply for full Medicaid coverage:
 - Application Assistants (primary referral if available)
 - Online at www.Insurealabama.org
 - In-person at their local Medicaid office
 - By mailing the single streamline application to
PO Box 304839
Montgomery, AL 36130-4839
 - By telephone at 1-800-373-5437
- Individuals can find help completing the single streamlined application at 1-800-362-1504

Alabama Medicaid Agency



Application Date _____

Dear _____

You submitted an application for Alabama Medicaid Hospital Presumptive Eligibility and are:

- Approved** Begins _____ Ends _____
 - Child Pregnant Woman
 - Parent/Caretaker Relative Former Foster Care

- Denied**
 - Too much income Doesn't fit into an eligibility group
 - No child in home of Parent/Caretaker No eligible immigration status
 - Not an Alabama resident Other: specify _____

- No child in home of Parent/Caretaker No eligible immigration status
- Not an Alabama resident Other: specify _____

If Approved:

- Hospital Presumptive Eligibility (HPE) is short term Medicaid coverage. Coverage begins the date that an eligibility determination is made by the hospital, and ends on either the date of a full eligibility determination, if the individual files a full Medicaid application by the last day of the month following the month in which the HPE determination was made; or, if the individual does not file a full Medicaid application, HPE ends on the last day of the month following the month in which the HPE determination was made. If you are approved as pregnancy only, services are limited to ambulatory prenatal and pregnancy-related care only. If you are approved as a Parent/Caretaker you have full coverage. You must complete a full Medicaid application for possible coverage beyond the short term coverage.

If Denied:

- Information will be provided to you for how and where you can apply for Medicaid including the new streamlined application online at <https://insurealabama.org>

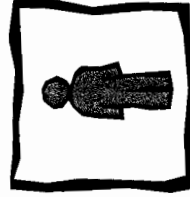
HPE Determiner Signature _____

Printed Name

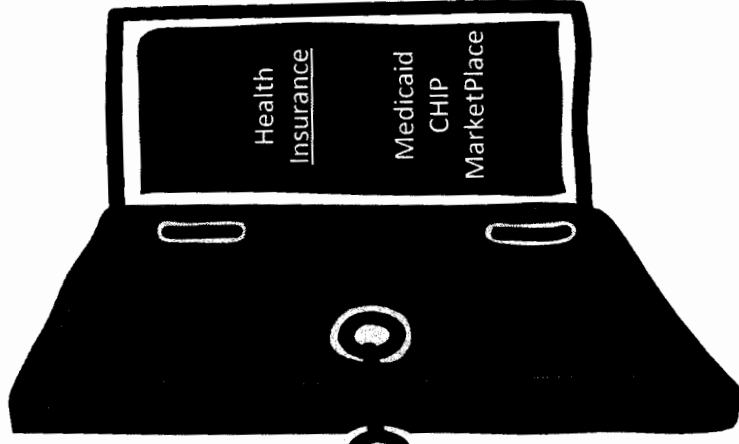
Date

Streamlined Enrollment

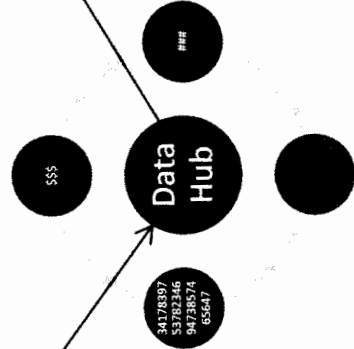
Multiple Ways to Enroll



Single Application for Multiple Programs



Use of Electronic Data to Verify Eligibility



Real-Time Eligibility Determinations



Contact Information

Alabama Medicaid Hospital Presumptive Eligibility Contact and Additional Resources

- For questions or more information on Alabama Hospital Presumptive Eligibility please contact:

Paul.McWhorter@medicaid.alabama.gov

334-242-5660

www.medicicaid.alabama.gov

http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.6.7_Hospital_Presumptive_Eligibility.aspx