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State Name: Delaware

State Plan Amendment (SPA) #: 14-0006-MM7

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499

CENTERS FOR MEDICARE & MEDICAID SERVICES

Region III/Division of Medicaid and Children's Health Operations

SWIFT# 061820144007

JUN 26 2014

Stephen Groff, Director
Division of Medicaid & Medical Assistance
Delaware Health and Social Services
1901 N. DuPont Highway
New Castle, DE 19720-0906

Dear Mr. Groff:

Enclosed is an approved copy of Delaware state plan amendment (SPA) 14-0006-MM7, which was submitted to CMS on March 28, 2014. SPA 14-0006-MM7 allows hospitals in the state to determine eligibility presumptively under the option in 42 CFR 435.1110, and the state to provide Medicaid coverage for individuals determined presumptively eligible under this provision. The effective date of this SPA is January 1, 2014.

The CMS recognizes that no hospitals in Delaware are currently performing presumptive eligibility determinations. This approved SPA serves as record that the state is prepared, with approved state policies and materials, to assist any qualified hospital in implementing the hospital presumptive eligibility program should a hospital decide to conduct presumptive eligibility determinations. If the situation in Delaware changes, the state will work with CMS to incorporate any policy or programmatic changes in the state plan as necessary.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Michael Cleary at 215-861-4282.

Sincerely,

[redacted]

Francis McCullough
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:
Delaware
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.

DE-14-0006

Proposed Effective Date

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

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

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

Subject of Amendment

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:
  Governor's comments under separate correspondence.

Signature of State Agency Official

[redacted] 6/26/2014

Submitted By:
Sharon Summers
Last Revision Date:
Mar 28, 2014
Submit Date:
Mar 28, 2014

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

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.

DELAWARE HEALTH AND SOCIAL SERVICES (DHSS)

Application for Hospital Presumptive Eligibility for Medicaid

You can use this form to apply if you are a patient of the hospital, a patient's family member, or a community member.

Use this form to find out quickly if you qualify for presumptive eligibility for Medicaid. Presumptive eligibility is a temporary determination that gives you immediate access to health care while you wait for a regular Medicaid determination. You can apply for regular Medicaid on line at www.assist.dhss.delaware.gov, by telephone, in-person in your area, or by mail.

Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility for Medicaid if you meet all of these rules:

- Your income is below the monthly limit
- You are a U.S. citizen, U.S. national, or eligible immigrant
- You do not already have Medicaid
- You have not had presumptive eligibility for Medicaid in the past 12 months. Or, if you are pregnant, you have not had presumptive eligibility for Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for Medicaid:
  - Children under age 19
  - Parents and caretaker relatives
  - Pregnant women
  - Other adults age 19-64
  - People under age 26 who were in foster care at age 18 (no income limit)
  - Women in treatment for breast and cervical cancer

Need help with your application for regular Medicaid?

- Phone: Call our Customer Relations Unit at 1-800-372-2022.
- In person: There may be social workers/case managers in your area who can help.
- En Español: Llame a nuestro centro de ayuda gratis al 1-866-843-7212.
- In a language other than English: Call 1-866-843-7212.
- TTY users: Call 711 or 1-800-232-5460.

1 Tell us about yourself

We ask for this information so that we can contact you about this application.

Name *(first, middle, last)*

Home address *(leave blank if you don't have one)*

City | State | ZIP code

Mailing address *(if different from home address)*

Primary Phone Number *(if you have one)* | Secondary Phone Number *(if you have one)*

Preferred Methods of Contact

I want to receive information about this application and future communication by: ☐ Email Address ☐ U.S. Mail

Email Address:_____

Preferred Spoken or written Language (if not English)

2 Tell us about your family

List yourself and the members of your immediate family who live with you. Include your spouse and your children under 19 if they live with you. Do not list other relatives or friends even if they live with you.

Name *(first, middle, last)*	Date of birth (XX/XX/XXXX)	Relationship to you	Applying for presumptive eligibility for Medicaid? (Yes or No)	Already has Medicaid? (Yes or No)	U.S. Citizen, U.S. National, or eligible immigrant? (Yes or No)	Resident of Delaware? (Yes or No)
				Answer for family members who are applying. If a person is not applying, you do not have to answer these questions for that person.		
(Same as above)		(Self)				

3 Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone pregnant, even if she is **not applying for presumptive eligibility for Medicaid**? ☐ Yes ☐ No

If yes, who?_____ How many babies does she expect?_____

Is anyone who is **applying for presumptive eligibility for Medicaid** receiving Medicare? ☐ Yes ☐ No

If yes, who? _____

Is anyone who is **applying for presumptive eligibility for Medicaid** a parent or caretaker relative? ☐ Yes ☐ No
For example, a grandparent who is the main person taking care of a child.

If yes, who? _____

Was anyone who is **applying for presumptive eligibility for Medicaid** in foster care at age 18 or older and received Delaware Medicaid? ☐ Yes ☐ No

If yes, who? _____

Is anyone who is applying for **presumptive eligibility for Medicaid** being treated for breast or cervical cancer? ☐ Yes ☐ No

If yes, who? _____

4 Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

▼ Job income *For example, wages, salaries, and self-employment income.*

Amount $_____ How often? *(check one)* ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

▼ Other income *For example, unemployment checks, alimony, or disability payments from the Social Security Administration ("SSDI"). Do **not** include Supplemental Security Income ("SSI payments") or any child support you receive.*

Amount $_____ How often? *(check one)* ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

5 Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Your signature:	Date:
Signature of Authorized Representative:	Date:

6 If you qualify for presumptive eligibility for Medicaid, what happens next?

- You will get a letter from the hospital saying you were approved.
- **You can start using your presumptive eligibility for Medicaid coverage right away** for services such as doctor visits, hospital care, and prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
  - To start using your presumptive eligibility for Medicaid the hospital will give you a letter saying you are approved. Use the letter to get services until you get a card in the mail. If you lose the letter, you can call 1-800-372-2022.
  - If the letter says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. Presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.
- If you do not fill out and send the application for medical assistance to see if you qualify for regular Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved

  ➡ For example, if you qualified for presumptive eligibility for Medicaid in January, it will end on the last day of February.
- **To see if you qualify for regular Medicaid or other health coverage**,
  - The hospital will give you an application for regular Medicaid.
  - Phone: Call our Customer Relations unit at 1-800-372-2022.
  - In person: There may be social workers/case managers in your area who can help.
  - En Español: Llame a nuestro centro de ayuda gratis al 1-866-843-7212
  - In a language other than English: Call 1-866-843-7212
  - TTY users: Call 711 or 1-800-232-5460.

7 If you do not qualify for presumptive eligibility for Medicaid, what happens next?

You will get a letter from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid or other health coverage using the application for medical assistance.

The Medicaid Hospital Based Presumptive Eligibility (PE) Program

Delaware Health and Social Services

Division of Medicaid and Medical Assistance

Contents

* In this training, the following will be covered:
  * Overview of the Hospital Presumptive Program
  * Terms and Definitions
  * Eligibility Requirements
  * Household Composition
  * Income
  * Process of completing a Presumptive Eligibility Determination.
  * Finalizing the Presumptive Eligibility Process.

Hospital Presumptive Overview

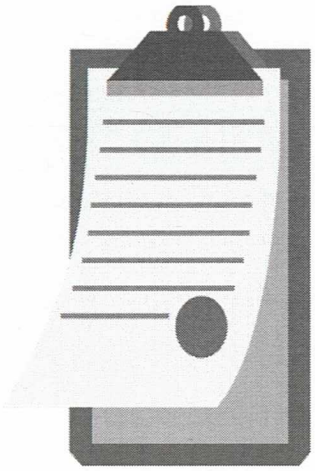
* What is Hospital Based Presumptive Eligibility?
  * With new Medicaid regulations taking effect 1-1-2014, hospitals will have the option to participate in the Hospital Based Presumptive Eligibility Program. This program allows qualified hospitals to provide presumptive Medicaid eligibility to individuals based on preliminary declared information (income, citizenship/immigration status, and residence).
  * Individuals approved will be eligible for Medicaid services during a temporary presumptive time period.

Hospital Presumptive Overview

* Frequency Limitations:
  * Presumptive eligibility determinations are limited to no more than one period within a 12-month period starting with the effective date of the initial PE period.
  * A pregnant woman may be authorized for presumptive eligibility once per pregnancy.

Hospital Presumptive Overview

* Qualified Entity Responsibilities:
  * Notify the appropriate individual at the time a determination regarding presumptive eligibility is made, in writing or orally if appropriate, of such determination, that –



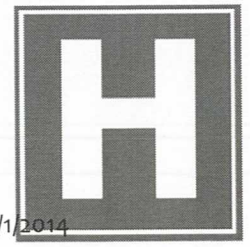
    * If a Medicaid application on behalf of the eligible individual is not filed by the last day of the following month, the individual's presumptive eligibility will end on that last day.
    * If a Medicaid application on behalf of the eligible individual is filed by the last day of the following month, the individual's presumptive eligibility will end on the day that a decision is made on the Medicaid application, and
    * If the individual is not determined presumptively eligible, the qualified entity shall notify the appropriate individual of the reason for the determination and that he or she may file an application for Medicaid with the Medicaid agency.

Hospital Presumptive Overview

* Qualified Entity Responsibilities (cont.)
  * Provide the individual with the Delaware Health and Social Services Application for Presumptive Eligibility for Medicaid;
  * Within five working days after the date that the determination is made, notify the agency that the individual is presumptively eligible; and
  * Shall not delegate the authority to determine presumptive eligibility to another entity.

Hospital Presumptive Overview

* Qualified Hospital Criteria:
  * Participate as a Medicaid Provider;
  * Notify Delaware Health and Social Services of its decision to make presumptive determinations;
  * Agree to make determinations consistent with federal and state policy and procedures; and
  * Shall not be disqualified by Delaware Health and Social Services (DHSS).



Hospital Presumptive Overview

* Performance Standard:
  * All Hospital Presumptive Eligibility determinations will be subject to review by DHSS Quality Assurance staff. The participating hospitals will be expected to maintain a level of accuracy.
  * Hospitals not meeting this requirement will complete additional training in order to improve their accuracy. If the standards are not met after additional training, the hospital will be subject to disqualification from the presumptive eligibility program.

How to Become a Provider

1. All PE providers must be qualified Medicaid providers.
2. The provider will notify DHSS of its decision to make presumptive determinations.
3. All staff members employed by the provider who intend to make PE determinations must successfully complete PE training and sign the Confirmation of Training form. All PE training materials must be in a DHSS approved format.
4. The provider must agree to make PE determinations consistent with Delaware policy and procedure.
5. In order for a **hospital** to be accepted as a PE provider, the provider's CEO or executive director must acknowledge all staff members accepted as PE providers have successfully completed training by signing a Confirmation of Participation form.

Terms and Definitions

* **Application Signature:** The application must be signed by an adult household member (age 18 or over) or by an emancipated minor (under age 18). An application may also be signed by an authorized representative.
* **Application Submission:** Applications for regular Medicaid may be submitted in person, by mail, or by fax.

Terms and Definitions

* **Dependent Child:** A child from birth to age 17 or who is age 18 and a full-time student in secondary school (or equivalent vocational or technical training), if before attaining age 19 the child may be reasonably expected to complete such school or training.
* **Eligibility Determination**: An approval or denial of eligibility.
* **Family Size Using Modified Adjusted Gross Income (MAGI) Methodology**: Means the number of persons counted as members of an individual's household. When determining the family size of individuals who have a pregnant woman in their household, the family size is counted as the pregnant woman plus the number of children she is expected to deliver.

Terms and Definitions

* **Modified Adjusted Gross Income (MAGI):** The methodology used to determine financial eligibility.
* **Non-Applicant:** An individual who is not seeking an eligibility determination for himself or herself and is included in an applicant's or client's household to determine eligibility for such applicant or client.
* **Non-Filer:** Individuals who do not intend either to file taxes or to be claimed as a tax dependent.

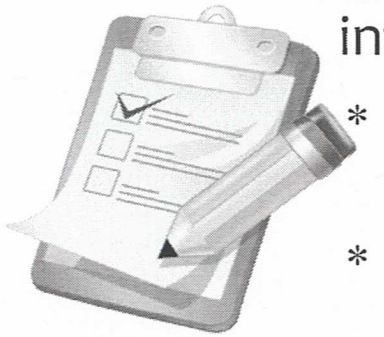
Terms and Definitions

* **Parent/Caretaker Relative:** A relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care, and who is one of the following:
  * The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
  * The spouse of such parent or relative including same sex marriage, even after the marriage is terminated by death or divorce.
  * Another relative of the child based on blood, adoption, or marriage; the domestic partner of the parent or caretaker relative; or an adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

Terms and Definitions

* **Tax Dependent:** An individual for whom another individual claims a deduction for a personal exemption for a taxable year.
* **Tax Filer:** Individuals who intend to file a federal tax return for the coverage year and who do not intend to be claimed as a tax dependent by another taxpayer.

Eligibility Requirements for Presumptive Eligibility Determinations



* Qualified providers will make eligibility determinations for Presumptive Eligibility based on the following preliminary information as declared by the client:
  * The individual has gross income at or below the income standard established for the applicable group;
  * The individual has attested to being a citizen or national of the United States or is in satisfactory immigration status; and
  * The individual is a resident of Delaware.
* No verifications are required.

Eligibility Requirements for Presumptive Eligibility Determinations

* Income:
  * In order to be determined presumptively eligible for Medicaid, an individual must declare monthly gross income at or below the income standard for their eligibility group and household size (See the attached Income Chart).
  * This calculation is made using the income included when calculating MAGI-based income.

Eligibility Requirements for Presumptive Eligibility Determinations

* Eligibility Groups: An Individual must fall into one of the following eligibility groups in order to be found presumptively eligible for Medicaid.
  * **Pregnant Women**
  * **Infants and Children under age 19**
  * **Parent and Other Caretaker Relatives**
  * **Adults ages 19-64 who do not have Medicare**
  * **Former Foster Care Children – under age 26 and in Delaware Foster Care upon aging out of care**
  * **Individuals needing treatment for Breast or Cervical Cancer – screened under Centers for Disease Control Early Detection Program**

Three Step Process for Determining Income Eligibility

Apply these three steps to determine an applicant's MAGI-based income eligibility for Medicaid or CHIP:

* Identify members of the individual's family who are considered part of his/her household and determine family size.
* Add the income of all the relevant members of the individual's household.
* Compare total household income to the federal poverty level for the individual's family size.

Household Composition

The household composition rules under ACA are based on the tax filing unit. Delaware has taken the State option to use non-filer rules.

Adult Non-Filer Household Rules

For adults, the household must include:

* The adult applying for coverage: **AND**
* The adult's married spouse if living with the individual; **AND**
* The adult's natural, adopted, and step-children under age 19 if living with the adult.

Child(ren) Non-Filer Household Rules

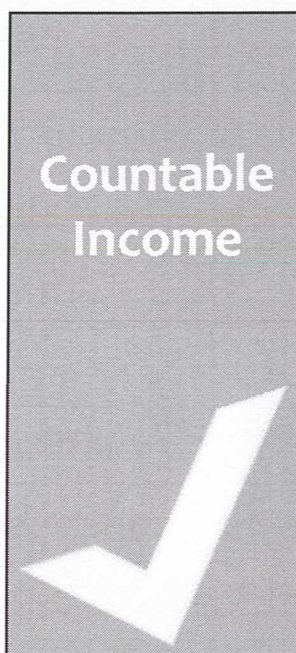
Household for children under age 19 must include:

* The child applying for coverage: **AND**
* The child's parents (including biological, adopted, and step-parents) if living with the child; **AND**
* Any of the child's siblings (including biological, adopted and step-siblings) who are under age 19.
* If the child is married, the spouse (if the spouse is living with the child); and if the child has their own child, the children and step-children (if living with the married child).

Adjusting Family Size for Pregnant Women

Once the household is determined, if the individual is a pregnant woman the family size must be adjusted based on the number of children she expects to deliver.	
Example	Analysis
Pregnant woman expecting a single child	Family size increased by 1 
Pregnant woman expecting twins	Family size increased by 2 

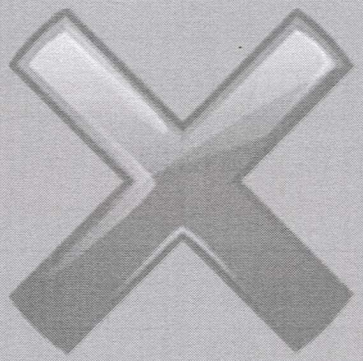
Countable Income



- Taxable wages/salary (before taxes are taken out)
- Self-employment (profit once business expenses are paid)
- Social Security benefits
- Unemployment benefits
- Alimony received
- Most retirement benefits
- Interest (including tax-exempt interest)
- Net capital gains (profit after subtracting capital losses)
- Most investment income, such as interest and dividends
- Rental or royalty income (profit after subtracting costs)
- Other taxable income, such as canceled debts, court awards, jury duty pay not given to an employer, cash support, and gambling, prizes, or awards
- Foreign earned income

Note: Pre-tax contributions to dependent care accounts, health insurance premiums, flexible spending accounts, retirement accounts and commuter expenses are NOT included as income

Non-Countable Income

Non-Countable Income	
	Temporary Assistance to Needy Families (TANF) and other government cash assistance
	Supplemental Security Income (SSI)
	Child support received
	Veterans benefits
	Worker's compensation payments
	Proceeds from life insurance, accident insurance, or health insurance
	Federal tax credits and Federal income tax refunds
	Gifts and Loans
	Inheritances

Presumptive Determination Step by Step

1. Individual arrives for care at a qualified hospital stating they have no medical insurance.
2. Provider verifies that the individual is not currently active in Delaware Medicaid.
3. A Presumptive Eligibility Certified staff person completes the Application for Hospital Presumptive Eligibility with the individual.
4. The individual signs the presumptive form, attesting to the included citizenship, pregnancy, and income information.
5. Qualified staff person determines the household size for the individual.
6. Qualified staff person compares the household income with the FPL for the individual's Medicaid category and household size in order to determine if the individual is presumptively eligible for Medicaid (See attached income chart).

Finalizing the Presumptive Eligibility Process

1. Notify the applicant of the presumptive eligibility determination, give a copy of the application to the individual, and if the applicant is found eligible, provide the Proof of Temporary Coverage Letter. Explain to the applicant that a Notice of Decision confirming presumptive eligibility will be provided within approximately 10 days.
2. Explain to the individual that a regular application must be completed and provide the following contact information:

   Phone: Call our Customer Relations Unit 1-800-372-2022

   In person: There may be social workers/case managers in your area who can help.

   En Español: Llame a nuestro centro de ayuda gratis al 1-866-843-7212.

   In a language other than English: Call 1-866-843-7212.

   TTY users: Call 711 or 1-800-232-5460.
3. Within 5 working days of the presumptive eligibility determination, submit the Application for Hospital Presumptive Eligibility for Medicaid to the Delaware Health and Social Services (DHSS) via fax 1-866-843-7212. Keep the fax verification sheet as proof in case DHSS does not receive it.
4. A copy of the agency's Notice of Decision to the applicant will be provided to the hospital within approximately 10 days.

2014 Income Chart Based on Federal Poverty Level

Family Size	Annual Income 100% FPL	Monthly Income 92% FPL Parents/Caretaker Relatives	Monthly Income 138% FPL Age 6 through 18 Adults	Monthly Income 147% FPL Age 1 through 5	Monthly Income 217% FPL Pregnant Women Infants
1	11,670	896	1,392	1,479	2,160
2	15,730	1,207	1,875	1,993	2,911
3	19,790	1,518	2,359	2,508	3,662
4	23,850	1,830	2,843	3,022	4,413
5	27,910	2,141	3,327	3,536	5,165
6	31,970	2,452	3,811	4,051	5,916
7	36,030	2,764	4,295	4,565	6,667
8	40,090	3,075	4,779	5,080	7,418
9	44,150	3,385	5,262	5,593	8,168
10	48,210	3,697	5,746	6,107	8,919

* Note: There is no income test for Former Foster Care Children and Breast and Cervical Cancer Groups. A 5% FPL disregard has been added.

DELAWARE HEALTH
AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE

Proof of Temporary Coverage for Presumptive Eligibility

Dear Provider:

The person(s) listed below has temporary health coverage through Presumptive Eligibility (PE). Temporary coverage may last between 30 and 60 days depending on the effective date of coverage shown (below). To ensure payment, providers must verify eligibility prior to providing services and submitting claims. If you have questions concerning Presumptive Eligibility, please call the DHSS Customer Relations Unit at 1-800-372-2022.

Verify Presumptive eligibility via:

- Delaware Medical Assistance Program Website www.dmap.state.de.us
  Click on the Interactive Services tab and enter your web user ID and password. If a provider has not registered to use the interactive services tab, they can register at https://www.dmap.state.de.us/secure/emailIntro.do
- Provider Relations 1-800-999-3371 Option 0, then # 2

Services included under temporary coverage are the same as those available under regular program coverage.
NOTE: Social Security Numbers are requested **but are not required**.

Name (First - Middle Initial - Last)	Social Security Number AND Date of Birth mm/dd/yyyy	Effective Date of Coverage mm/dd/yyyy	Check the appropriate coverage group				
			Parent/ Caretaker Relative	Pregnant Women	Infants and Children under age 19	Adults	Former Foster Children

_____ _____
Name of Qualified Entity Determining Presumptive Eligibility (Please Print) Date

_____
Signature of Qualified Entity

Qualified Entity: Within 5 days of Determination FAX PE Application and Proof of Temporary Coverage form to: DHSS at 1-866-843-7212.

Delaware Health and Social Services (DHSS), PO BOX 906, New Castle, DE 19720