

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 18-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street - Suite 9400  
Philadelphia, Pennsylvania 19107



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

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SWIFT #062520184052

January 4, 2019

Jennifer S. Lee, M.D., Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Virginia's State Plan Amendment (SPA) 18-0010, Hospital Presumptive Eligibility. This SPA proposes that the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119 will be considered for possible hospital presumptive eligibility per Title 42 of the CFR §435.1110. Virginia will provide Medicaid coverage for individuals determined presumptively eligible.

This SPA is acceptable. Therefore, we are approving SPA 18-0010 with an effective date of January 1, 2019. Enclosed are the approved State Plan pages.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough  
Associate Regional Administrator

Enclosures

Records / Submission Packages

# VA - Submission Package - VA2018MS00070 - (VA-18-0010) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Compare Doc Change Report
- Analyst Notes
- Review Assessment Report
- Approval Notice
- RAI
- Transaction Logs
- News
- Related Actions

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	VA2018MS00070	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	VA
<b>SPA ID</b>	VA-18-0010	<b>Region</b>	Philadelphia, PA
<b>Version Number</b>	8	<b>Package Status</b>	Approved
<b>Submitted By</b>	Emily McClellan	<b>Submission Date</b>	6/22/2018
<b>Package Disposition</b>		<b>Approval Date</b>	12/17/2018 8:25 AM EST
<b>Priority Code</b>	P2		

### Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Date:** 12/17/2018  
**Head of Agency:** Jennifer Lee, M.D.  
**Title/Dept :** Director  
**Address 1:** 600 E. Broad Street  
**Address 2:**  
**City :** Richmond  
**State:** VA  
**Zip:** 23219  
**MACPro Package ID:** VA2018MS00070  
**SPA ID:** VA-18-0010

**Subject**  
Approval of VA SPA 18-0010

**Dear Jennifer Lee, M.D.**

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.  
The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Virginia SPA 18-0010

Reviewable Unit	Effective Date
Presumptive Eligibility	1/1/2019
Presumptive Eligibility by Hospitals	1/1/2019

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Virginia's State Plan Amendment (SPA) 18-0010, Hospital Presumptive Eligibility. This SPA proposes that the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119 will be considered for possible hospital presumptive eligibility per Title 42 of the CFR §435.1110. Virginia will provide Medicaid coverage for individuals determined presumptively eligible.

This SPA is acceptable. Therefore, we are approving SPA 18-0010 with an effective date of January 1, 2019. Enclosed are the approved State Plan pages.

Sincerely,

Jessica Stephens  
Jessica Stephens

### Approval Documentation

Name	Date Created
No items available	

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

#### Package Header

Package ID VA2018MS00070 SPA ID VA-18-0010  
Submission Type Official Initial Submission Date 6/22/2018

Approval Date 12/17/2018  
Superseded SPA ID N/A

Effective Date N/A

### State Information

State/Territory Name: Virginia

Medicaid Agency Name: Department of Medical Assistance Services

### Submission Component

State Plan Amendment

Medicaid

CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

### Package Header

<b>Package ID</b> VA2018MS00070	<b>SPA ID</b> VA-18-0010
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 6/22/2018
<b>Approval Date</b> 12/17/2018	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** VA-18-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2019	VA-14-0007
Presumptive Eligibility by Hospitals	1/1/2019	VA-14-0007

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

### Package Header

<b>Package ID</b>	VA2018MS00070	<b>SPA ID</b>	VA-18-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/22/2018
<b>Approval Date</b>	12/17/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The Virginia General Assembly has directed DMAS to expand Medicaid eligibility to individuals age 19 or older and under age 65, who have household income at or below 138% of the federal poverty level. In accordance with federal requirements, individuals in this covered group must be considered for possible hospital presumptive eligibility. This state plan amendment accomplishes that objective.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

Virginia is submitting an amendment on the pre-printed CMS state plan page indicating that the adult group described in 42 CFR 435.119 will be considered for possible hospital presumptive eligibility per 42 CFR 435.1110, effective January 1, 2019.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
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No items available

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

### Package Header

<b>Package ID</b>	VA2018MS00070	<b>SPA ID</b>	VA-18-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/22/2018
<b>Approval Date</b>	12/17/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other



# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | VA2018M500070 | VA-18-0010

## Package Header

<b>Package ID</b> VA2018M500070	<b>SPA ID</b> VA-18-0010
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 6/22/2018
<b>Approval Date</b> 12/17/2018	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

## Package Header

<b>Package ID</b>	VA2018MS00070	<b>SPA ID</b>	VA-18-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/22/2018
<b>Approval Date</b>	12/17/2018	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

# Medicaid State Plan Eligibility

## Eligibility and Enrollment Processes

### Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

#### Package Header

<b>Package ID</b>	VA2018MS00070	<b>SPA ID</b>	VA-18-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/22/2018
<b>Approval Date</b>	12/17/2018	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	VA-14-0007		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

#### Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS0007Q | VA-18-0010

### Package Header

<b>Package ID</b>	VA2018MS0007Q	<b>SPA ID</b>	VA-18-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/22/2018
<b>Approval Date</b>	12/17/2018	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	VA-14-0007		
	User-Entered		

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Presumptive Eligibility

### Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

#### Package Header

<b>Package ID</b>	VA2018MS00070	<b>SPA ID</b>	VA-18-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	6/22/2018
<b>Approval Date</b>	12/17/2018	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	VA-14-0007		
	System-Derived		

The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

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

#### A. Qualifications of Hospitals

A qualified hospital is a hospital that:

1. Participates as a provider under the 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.
2. 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.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes  No

# Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

## Package Header

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	System-Derived		

## B. Eligibility Groups or Populations Included

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

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes  No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

## Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

### Package Header

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	System-Derived		

### C. Standards for Participating Hospitals

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

Yes  No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

**Percentage of individuals submitting a regular application:**

85.00%

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

**Percentage of individuals found eligible for Medicaid**

70.00%

### D. Presumptive Eligibility Period

- 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:
  - a. No more than one period within a calendar year.
  - b. No more than one period within two calendar years.
  - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
  - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
  - e. Other reasonable limitation:

# Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

## Package Header

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<b>Superseded SPA ID</b>	VA-14-0007		
	System-Derived		

## E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created
HPE Update BRD v0.5 (1)_12.3.2018	12/14/2018 9:50 AM EST



## F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. 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)
2. 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.
  - a. A reasonable estimate of MAGI-based income is used to determine household income.
  - b. Gross income is used to determine household size.
  - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status



# Presumptive Eligibility by Hospitals



MEDICAID | Medicaid State Plan | Eligibility | VA2018MS00070 | VA-18-0010

## Package Header

<b>Package ID</b>	VA2018MS00070	<b>SPA ID</b>	VA-18-0010
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<b>Superseded SPA ID</b>	VA-14-0007		
	System-Derived		

## G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
S21 HPE Training with 40 quarter reference 12.11.18.Revisedpptx	12/14/2018 9:53 AM EST	
Immigration Status dropdown menus expanded_12.11.2018	12/14/2018 9:55 AM EST	

## H. Additional Information (optional)

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 0938-1188. 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.

*This view was generated on 1/4/2019 2:14 PM EST*



# HPE Online Form Update

Enhancements to the form and  
Screening tool logic

November 08, 2018  
V0.5

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Other company trademarks are also acknowledged.

Document Version: 1.0 (November 2016).

## Preface

Conduent has been providing an online interface for submitting HPE requests since 2014. Currently, the online interface submits data to the CoverVA CHAMPS system which uses automation software to enroll these HPE applicants. A screening tool Excel document is available on the website for submitters to evaluate the potential applicants without submitting a form. A request has been made to combine the screening tool determination logic with the existing form to allow for a more efficient solution.

# Contents

- 1. **Overview** ..... 1-1
  - Functionality Changes ..... 1-1
    - Screening Tool Logic ..... 1-1
    - Interim NOA ..... 1-1
    - Reporting ..... 1-1
    - Timeline ..... 1-1
- 2. **Required Changes** ..... 2-2
  - Update Online Form with Screening Tool Logic ..... 2-2
    - Updates and changes ..... 2-2
  - Update Data Entry Form ..... 2-2
  - Update ODM Transfer ..... 2-3
  - Update Autobot Process ..... 2-3
  - Update NOAs ..... 2-3
  - Update HPE email to hospital ..... 2-3
  - Reporting ..... 2-4
- 3. **HPE Screening Tool Process** ..... 3-5
  - Standard Data Validation ..... 3-5
    - Required fields ..... 3-5
    - Non-Required Fields ..... 3-5
    - Shared Logic ..... 3-5
  - HPE Category Selection ..... 3-6
    - Person is a parent or caretaker relative of a child/children in the home under age 18, or under age 19 and still in school (expected to graduate by age 19). LIFC (Low Income Family with Child) ..... 3-6
    - Person is between 19 and 56 years of age and Pregnant ..... 3-7
    - Person is a child under age 19 ..... 3-7
    - Person is a former Foster Care child under age 26 ..... 3-8
    - Person is between 18 and 64 years of age and has been diagnosed with breast or cervical cancer under the Breast & Cervical Cancer Prevention & Treatment Act (BCCPTA) ..... 3-8
    - Person is between age 18 and 64 and applying for Plan First ..... 3-9
    - Person is applying for MAGI Adult ..... 3-10
- 4. **Appendix – A (Process flow diagram)** ..... 4-11

5. Appendix – B (Immigration Status Quick Guide Tool).....	5-12
6. Appendix – C (Sample Screen Shots) .....	6-13
Category selection Page (Home Page).....	6-13
Income Limits (when you click 'here' from Home Page) .....	6-14
Sample Data Form with Immigration Details Expanded.....	6-15
Sample LIFC Data Validation .....	6-16
Sample LIFC Screening Tool Denial Reason.....	6-17
7. Appendix - D (Attestation Language) .....	7-20
LIFC - Low Income Family with Child .....	7-20
Pregnant .....	7-20
Child under 19 .....	7-20
FFC – Former Foster Care .....	7-21
PF – Plan First.....	7-21
BCCPTA - Breast & Cervical Cancer Prevention & Treatment Act.....	7-21
MAGI ADULT .....	7-22
8. Appendix – E (Denial Reasons).....	8-23
9. Appendix – F (Interim NOA Samples).....	9-24
Interim Approval.....	9-24
Interim Denial Page 1 .....	9-25
Interim Denial Page 2 .....	9-30
10. Appendix – G (HPE Report).....	10-31
Daily HPE Report.....	10-31

# 1. Overview

## Functionality Changes

### Screening Tool Logic

The current HPE form assumes the applicant is eligible for the type of coverage being requested. This assumption requires the submitter to correctly use the Excel HPE screening tool that is available for download before submitting an HPE form. This logic needs to be included in the online form with descriptive error messages to assist the user with entering the correct data. This will allow the determination to be done systematically and allow for easy submission.

Some of the data validations should be handled in the data entry form and the remaining denial reasons should be evaluated as part of the screening tool logic. For example, the validation for age for a specific category should be handled as part of the data validation whereas the validation of the income should be handled in the screening tool comparing it against the household size and the county. The screening tool should use the validation rules for each category as given in Appendix E.

### Interim NOA

With a systematic tool determining HPE eligibility before the form is submitted to CHAMPS, there is a requirement to provide a basic NOA for the submitter to save for their records and print for the applicant. The "instant" approval will be called an "Interim Approval" because it is generated before the MMIS enrollment takes place. The approval notice that is sent after the enrollment will be the official approval NOA. The denial letter is final whether it is received instantly or as a manual letter later in the process.

### Reporting

A new report will be required to identify the inventory of HPE forms submitted to CHAMPS.

### Timeline

The project will be handled in two phases:

Phase 1: Requirements as outlined in this document with an implementation on or before 11/30/18.

Phase 2: Spanish version of the NOAs and mailing of the NOAs to the client. Mailing of the NOA needs further discussion at the contract level.



## 2. Required Changes

### Update Online Form with Screening Tool Logic

The updated Excel Screening Tool provided by DMAS was used to identify specific eligibility requirements for the multiple types of HPE submissions. The current online form only offers basic data restriction with standard red fields and asterisks to indicate an invalid entry. The newly designed form will take the Screening Tool logic to provide specific and descriptive messaging when handling data entry errors. Once the data is validated, the new form would continue with determining eligibility for the selected type of HPE. After the form is 'submitted' it will display the determination result, the specific denial reason if applicable, and a clearly identifiable button to generate a PDF with NOA and Data Entry Form. This form would be saved by the hospital worker if needed and printed for the applicant. This PDF should be generated in the same browser tab.

Income charts for each applicable category (BCCPTA and Former Foster care do not apply) need to be accessible through to the worker while filling out the form. Possibly through a help button or displayed on the page. The income limits should include the disregard.

#### Updates and changes

The current form will also need to have 'Decision Date' replaced with 'HPE Start Date'. A checkbox will be added for LIFC applicants with children in school and age 18 and for BCCPTA applicants to select if they were diagnosed by a provider operating under the BCCEDP.

The current category name for LIFC coverage will need to be updated to: Person is a parent or caretaker relative of a child/children in the home under age 18, or under age 19 and still in school (expected to graduate by age 19).

The current category name for Pregnant HPE will need to be updated to: Person is between 19 and 56 years of age and Pregnant.

The current category name for coverage related to breast or cervical cancer will need to be updated to: Person is between 18 and 64 years of age and has been diagnosed with breast or cervical cancer under the Breast & Cervical Cancer Prevention & Treatment Act (BCCPTA).

The current category name for Plan First coverage will need to be updated to: Person is between age 18 and 64 and applying for Plan First

A new category will be added: Person is between age 18 and 64 and applying for MAGI Adult.

Attestation language will be updated with language specific for each category – Refer to Appendix – D.

### Update Data Entry Form

The current process will generate a simple Data Entry Form into ODM for CoverVA staff to validate and process in the case of a system error or rejection. The form will be updated to include the Application Status, and all new data elements being added to the online form. .

## Update ODM Transfer

The Data Entry Form transferred to ODM will be updated to match the Data Entry Form that is generated as part of the combined NOA PDF. The operational procedure would be updated to route denied forms to COMPLETE queue in ODM.

## Update Autobot Process

The current process uses the Autobot automation software to automatically enroll applicants for the HPE coverage that was requested. The new solution will allow for the submission of 'Denied' forms that will need to be processed through CHAMPS for reporting purposes but should be excluded from the automated Autobot processes.

## Update NOAs

The requirement is to generate two NOAs: Interim NOA and a Final NOA.

**Interim NOA:** Once the data entry is completed and submitted for processing, an immediate decision called the "Interim NOA" needs to be displayed on the screen with the outcome of whether it is Approved or Denied. There will need to be an option to print the Interim NOA (which will contain the data that was entered and the decision). When the Denial is generated, a page two will be included that consists of the "Applicant Details" section of the PDF that is generated for ODM.

**Final NOA:** there is no change to the current process. A final notice of action (either manual or systematic) will be generated after the autobot processing is complete. The current email that is being sent to the hospital needs to be updated with the coverage dates.

Depending upon the program selected, the approval NOA (both Interim and Final) should display the corresponding details in page 2 of the NOA. For Pregnant Woman and Plan First cases, corresponding benefits page should be displayed and for all other programs, the HPE Full Benefits page should be displayed. Sample of these 3 pages are given in Appendix F.

There is also a requirement to physically mail the final NOA to the client which will be taken in phase 2 implementation.

## Update HPE email to hospital

The current process includes 2 emails: Systematic Unencrypted internal emails and systematic encrypted email to the hospital worker when the HPE enrollment is complete with the applicant's name, Medicaid member number and Patient Account included in the body along with the NOA as an attachment.

The request is to add to the email body the "HPE Start Date" (currently decision date) and "End Date" to both emails.

## Reporting

A daily inventory report will be created similar to the existing ARC 'Daily e213 Report' for forms submitted the prior day. See Appendix G for the sample report details.

### 3. HPE Screening Tool Process

#### Standard Data Validation

##### Required fields

The following fields are required for all HPE categories.

- HPE Start Date – previously 'Decision Date'
- DOB – The specific DOB is dependent on the HPE category
- Applicant's Name
- Sex – Defaulted to 'Female' for Pregnant coverage
- City/County Residence
- Household Size
- Monthly Income
- Virginia Residency
- Citizenship and Immigration Status. – Refer to document HPE Immigration Status Quick Guide Tool in Appendix B
- Has the applicant received HPE in the current calendar year? – For applicants indicated as pregnant, this question changes to 'Has the applicant received HPE in the current pregnancy?'
- Preferred Language (Options: English, Spanish, Other)
- Physical Address: Street, City, State, Zip, Locality
- Attestation from Hospital Employee (Yes/No) that they are authorized to submit form for the applicant, that they have checked for prior HPE coverage and will deliver a copy of the Interim NOA to the applicant. Refer to the "Attestation changes" in Appendix D.
- Hospital Submission Details (Hospital Worker Name, Title, Telephone, and Email Address)

##### Non-Required Fields

- SSN
- Race
- Telephone Number of the patient

##### Shared Logic

The following rules need to be handled as data validations:

- The applicant cannot be indicated as having received HPE in the current calendar year (For pregnant women, it is whether or not it has been used for current pregnancy)
- The HPE Start Date cannot be a future date.
- The DOB cannot be a future date.

The HPE Screening Tool will validate high-level eligibility rules that apply to all categories of applicants.

- Applicant must be indicated as a U.S. Citizen or Legal alien by checking one of the categories on the C&I chart.

- Denial Reason: Individual does not meet citizenship or immigration status requirements
- The applicant must be a resident of Virginia.
  - Denial Reason: Failure to meet Virginia residency requirement
- The hierarchy for determinations should in the following order:
  - VA residency
  - Citizenship status
  - Non-financial rules (like age determination)
  - Income limit
- After the hierarchy is applied, if there are multiple denial reasons, it is enough to display one denial reason.

## HPE Category Selection

Person is a parent or caretaker relative of a child/children in the home under age 18, or under age 19 and still in school (expected to graduate by age 19). LIFC (Low Income Family with Child)

If the applicant is indicated as a parent or caretaker relative of a child/children in home under 18 (or under 19 if child remains in school), the HPE Screening Tool will perform the following data validation before proceeding to screening tool logic:

- Age of applicant's child must be less than 19 years old. Add validation to make sure applicant is older than 18. Otherwise they should be redirected to Children under 19 covered group.

The HPE Screening Tool will proceed with validation for LIFC.

- Child(ren) must be under 18 if new checkbox "Child is 18 years-old, remains in school, and is expected to graduate at age 19." is not checked. If the child(ren) are 18 then the box must be checked to meet the child age rule for LIFC.
  - Denial Reason: Applicant's child is over 17 years-old. If the child is 18 years-old, he/she must be in full-time school and expected to graduate prior to the age of 19
- Income must be within LIFC limit for house hold size and locality group (See chart below for Group 1, 2, or 3). The 5% disregard is built into the chart below.
  - Denial Reason: The household income exceeds the LIFC income limit

LIFC Income Limits 07/01/2018

Family Size	100% Group 1
1	\$250.00
2	381.00
3	484.00
4	587.00
5	692.00
6	780.00
7	880.00
8	985.00

Family Size	100% Group 2
1	\$327.00
2	469.00
3	589.00
4	704.00
5	828.00
6	933.00
7	1,045.00
8	1,166.00

Family Size	100% Group 3
1	493.00
2	659.00
3	807.00
4	947.00
5	1117.00
6	1245.00
7	1386.00
8	1532.00

9	1,089.00	9	1,283.00	9	1,674.00
10	1,193.00	10	1,400.00	10	1,816.00
11	1,297.00	11	1,517.00	11	1,958.00
12	1,401.00	12	1,634.00	12	2,100.00
Addition	104.00	Addition	117.00	Addition	142.00

Figure 1 - LIFC income limits

### Person is between 19 and 56 years of age and Pregnant

If the applicant is indicated as pregnant the HPE Screening Tool will require additional data to evaluate the applicant.

- Estimated Delivery Date – Cannot be prior to HPE Start Date
- Number of Unborn – Restricted to 1-8

The following data validations will be completed upon "Submit" before proceeding to screening tool logic:

- The HPE Start Date cannot be after the Estimated Delivery Date (EDD). HPE for a Pregnant Woman is only for prenatal services. If user puts an EDD date prior to the HPE Start Date, the message should say: "The Estimated Deliver Date cannot be prior to the HPE Start Date."
- Person cannot be indicated as having already received HPE for the current pregnancy. If they do, refer individual to file a Medicaid application.
- Pregnant woman's age must be greater than or equal to 19 and less than 57. If the applicant is under 19, then the validation response should direct the hospital worker to use the Children Under 19 selection for this applicant as it is a higher level of coverage. If the age is 57 or greater the validation response should be that the applicant must be less than 57

The tool takes this data and evaluates the applicant for HPE coverage based on the eligibility rules below.

- The income must be within income limit for Household size (HH size is being determined by # of unborn and the mother) – See Figure 2 for Income limits
  - Denial Reason: The household income exceeds the income limit for the Pregnant Woman covered group

### Person is a child under age 19

If the Applicant is indicated as a child under age 19 the following data validations will be completed upon "Submit" before proceeding to screening tool logic:

- Applicant must be under age 19

The HPE Screening Tool will evaluate the following criteria.

- The income must be within income limit for Household size – See Figure 2 for Income limits.
  - Denial Reason: The household income exceeds the income limit for the Child Under 19 covered group

Children Under Age 19 and Pregnant Women	
Family Size	Monthly \$
1	1498
2	2031
3	2564
4	3097
5	3629
6	4162
7	4695
8	5228
additional:	\$ 533

Figure 2 - Pregnant Women and Children under age 19 Income Limits

**Person is a former Foster Care child under age 26**

If the applicant is indicated as a former Foster Care child the HPE Screening Tool will require additional data to evaluate the applicant.

- Child had active Foster Care Medicaid when he/she turned 18 – Yes/No

The following data validations will be completed upon "Submit" before proceeding to screening tool logic:

- Applicant must be over age 18 – Child should be evaluated for covered group: "Child under 19"
- Applicant must be under age 26

The HPE Screening Tool will evaluate the following criteria.

- "Child had active Foster Care Medicaid when he/she turned 18" must be marked 'Yes'.
  - Denial Reason: Individual was not a former foster care child with active Medicaid when he/she turned 18.

**Person is between 18 and 64 years of age and has been diagnosed with breast or cervical cancer under the Breast & Cervical Cancer Prevention & Treatment Act (BCCPTA)**

If the applicant is indicated as having been diagnosed with breast or cervical cancer through the BCCPTA the HPE screening Tool will require additional data to evaluate the applicant.

- Diagnosed by provider operating under the BCCEDP - Checkbox

The following data validations will be completed upon "Submit" before proceeding to screening tool logic:

- Applicant must be under age 65
- Applicant must be over age 17

The HPE Screening Tool will evaluate the following criteria

- Diagnosed by provider operating under the BCCEDP – Must be checked
  - Denial Reason: Individuals diagnosed with cancer by a provider who is not operating under the BCCEDP are not eligible in this covered group.

**Person is between age 18 and 64 and applying for Plan First**

If the applicant is indicated as applying for Plan First, the following data validation will be performed:

- Applicant must be under age 65
- Applicant must be over age 18

The HPE Screening Tool will evaluate the following criteria.

- The applicant must be within income limit for Household size – See Figure 3 for Income Limits.
  - Denial Reason: The household income exceeds the income limit for Plan First covered group.

Plan First - Family Planning	
Family Size	Monthly \$
1	2075
2	2813
3	3551
4	4289
5	5027
6	5765
7	6503
8	7241



additional: \$ 738
--------------------

Figure 3 – Plan First Income Limits

**Person is applying for MAGI Adult**

A new category will be added for MAGI Adult which will not be selectable until 1/1/2019 when the program goes into effect.

If the applicant is indicated as an MAGI Adult, the following data validation will be performed:

- Applicant must be under age 65
- Applicant must be over age 18

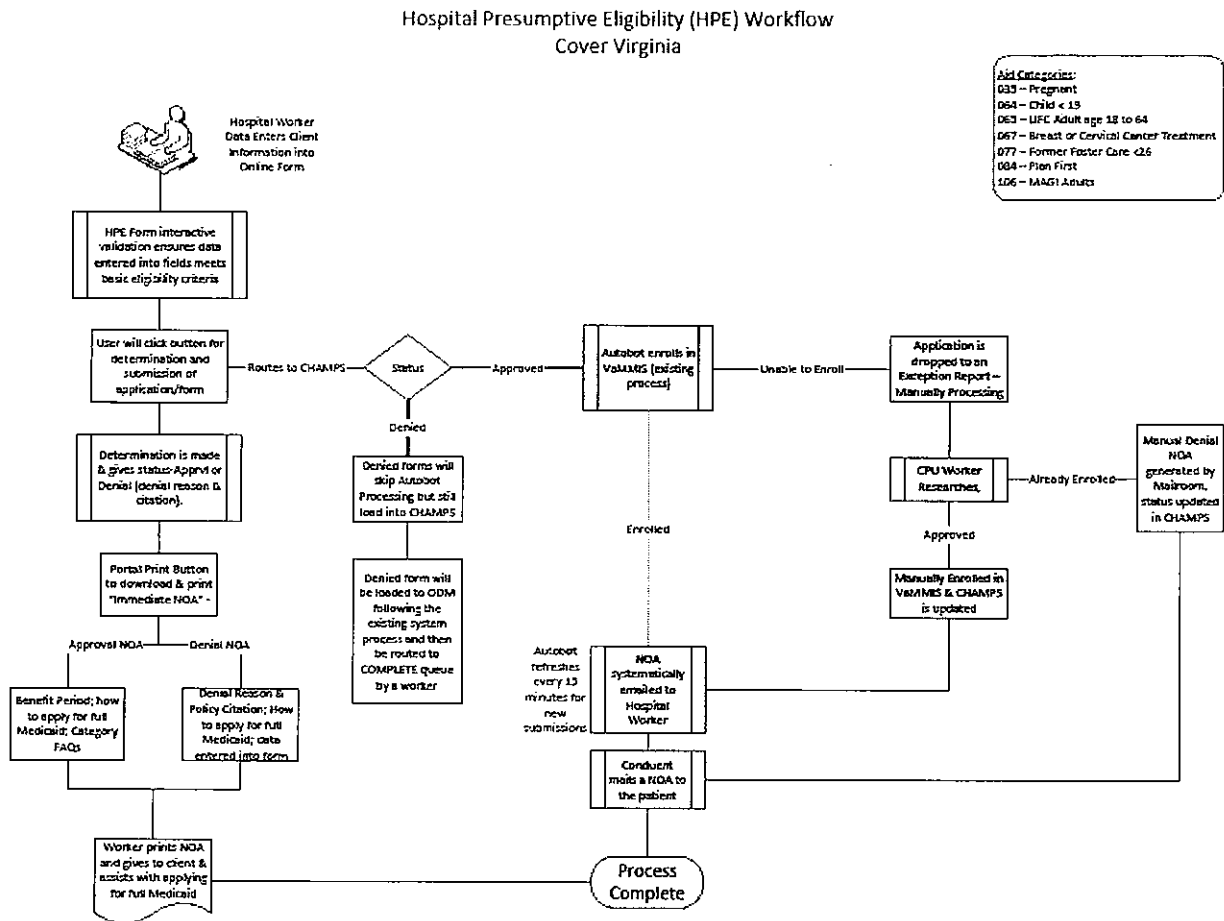
The HPE Screening Tool will evaluate the following criteria

- The applicant must be must be within income limit for Household size – See Figure 4
  - Denial Reason: The household income exceeds the income limit for MAGI Adults

Figure 4 – MAGI Adults Income Limits

HH size	138% FPL
1	\$1,397.00
2	\$1,894.00
3	\$2,391.00
4	\$2,887.00
5	\$3,384.00
6	\$3,881.00
7	\$4,378.00
8	\$4,875.00
additional	\$497.00

## 4. Appendix – A (Process flow diagram)



## 5. Appendix – B (Immigration Status Quick Guide Tool)

Tool received on 11/08/18: HPE Immigration Status Quick Guide Tool - 11.08.18.xlsm

Status	What is your immigration status?	Revision Date 11.8.18	Eligible for HPE?
U.S. Citizen	U.S. Citizen, U.S. National, or Naturalized Citizen		Yes
<b>Qualified Non-Citizen</b>			
Arrived in U.S. before 8/22/1996	Exempt from 5 year wait	Lawful Permanent Resident (LPR/Green Card Holder) <sup>2</sup>	Yes
		Refugees <sup>7</sup>	Yes
		Granted Asylees <sup>7</sup>	Yes
		Deportees <sup>7</sup> whose deportation is being withheld	Yes
		Cuban or Haitian Entrants <sup>7</sup>	Yes
		Amerasian immigrant <sup>7</sup>	Yes
		Victim of Trafficking <sup>7</sup> (has a Refugee Resettlement Letter)	Yes
		Afghan or Iraqi Special Immigrant Visa Holder <sup>7</sup>	Yes
		Conditionals entrants (status granted prior to 4/1/80) <sup>7</sup>	Yes
		Arrived in U.S. after 8/22/1996	Has met a 5 year waiting period
Battered non-citizen and their children or parents <sup>3</sup>	Yes		
Paroled into the U.S. for at least one year <sup>3</sup>	Yes		
Has been in the U.S. 7 years or less; (5 year period not required)	Refugees <sup>4</sup> (eligible for 7 years calculated from the date of entry)		Yes
	Granted Asylees <sup>4</sup> (7 years calculated from date status was granted)		Yes
	Deportees <sup>4</sup> whose deportation is being withheld (eligible for 7 years calculated from date status was granted)		Yes
	Cuban or Haitian Entrants <sup>4</sup> (eligible for 7 years calculated from date status was granted)		Yes
	Amerasian immigrant <sup>4</sup> (eligible for 7 years calculated from the date of entry)		Yes
	Victim of Trafficking <sup>4,6</sup> (eligible for 7 years as calculated from status granted date and has a Refugee Resettlement Letter)		Yes
	Afghan or Iraqi Special Immigrant Visa Holder <sup>4</sup> (eligible for 7 years from date special immigrant status granted)		Yes
<b>Lawfully Present</b>			
<i>The following eligible statuses only apply to Pregnant women and Children under age 19</i>			
	Lawfully residing Child under Age 19 <sup>2,9</sup>		Yes
	Lawfully residing Pregnant Women <sup>2,9</sup>		Yes
<i>A child or pregnant woman shall be considered lawfully present if he or she is:</i>			
All qualified non-citizen (listed above), regardless of date of entry, even if they are subject to the 5 year waiting period, have not met the 40 work quarters, or have exceeded the 7 year limit for eligibility.			
No arrival or status date required	No wait period required	Person who is under the Convention Against Torture	Yes
		Person granted withholding of removal under Convention Against Torture	Yes
		is an individual with a pending application for asylum, or for withholding of removal under the Convention Against Torture who:	Yes
		Has been granted employment authorization; or	Yes

# 6. Appendix – C (Sample Screen Shots)

These are sample pages that are still under development. The final screens and messages may look different upon completion.

## Category selection Page (Home Page)

Department of Medical Assistance Services

Presumptive Eligibility Form

AUTHORIZED USE ONLY

Welcome Test Hospital

Please make a selection

- Person is a parent or caretaker relative of a child/children in the home under age 18 or 19 if the child remains in school (expected to graduate by age 19). LIFC (Low Income Family with Child)
- Person is pregnant (Age 19-57)
- Person is a child under age 19
- Person is a former Virginia Foster Care child under age 25
- Person is between age 18 and 64 and applying for Plan First
- Person is between 18 and 64 years of age and has been diagnosed with breast or cervical cancer under the Breast & Cervical Cancer Prevention & Treatment Act (BCCPTA)
- Person is applying for MAGI Adult (Age 19-64)

For income limits for each group, click [here](#)

## Income Limits (when you click 'here' from Home Page)

### Income Limits by Group

#### Children

Family Size	Income
1	\$1,498.00
2	\$2,031.00
3	\$2,564.00
4	\$3,097.00
5	\$3,629.00
6	\$4,162.00
7	\$4,695.00
8	\$5,228.00
9	\$5,761.00

#### Pregnant Women

Family Size	Income
1	\$1,498.00
2	\$2,031.00
3	\$2,564.00
4	\$3,097.00
5	\$3,629.00
6	\$4,162.00
7	\$4,695.00
8	\$5,228.00
9	\$5,761.00

#### MAGI

Family Size	Income
1	\$1,397.00
2	\$1,934.00
3	\$2,471.00
4	\$3,007.00
5	\$3,544.00
6	\$4,081.00
7	\$4,618.00
8	\$5,155.00
9	\$5,692.00

#### Plan First

Family Size	Income
1	\$2,075.00
2	\$2,813.00
3	\$3,551.00
4	\$4,289.00
5	\$5,027.00
6	\$5,765.00
7	\$6,503.00
8	\$7,241.00
9	\$7,979.00

#### LIFC Group I

Family Size	Income
1	\$ 250.00
2	\$ 351.00
3	\$ 454.00
4	\$ 557.00
5	\$ 662.00
6	\$ 769.00
7	\$ 880.00
8	\$ 995.00
9	\$1,069.00

#### LIFC Group II

Family Size	Income
1	\$ 327.00
2	\$ 469.00
3	\$ 609.00
4	\$ 744.00
5	\$ 888.00
6	\$ 933.00
7	\$1,045.00
8	\$1,166.00
9	\$1,283.00

#### LIFC Group III

Family Size	Income
1	\$ 493.00
2	\$ 659.00
3	\$ 807.00
4	\$ 947.00
5	\$1,117.00
6	\$1,245.00
7	\$1,386.00
8	\$1,532.00
9	\$1,674.00

#### Counties in Group I

Accomack  
 Alleghany  
 Amelia  
 Amherst  
 Appomattox  
 Bath  
 Bedford City  
 Bedford County  
 Bland  
 Botetourt  
 Bristol  
 Brunswick  
 Buchanan  
 Buckingham  
 Buena Vista  
 Campbell  
 Caroline  
 Carroll  
 Charles City  
 Charlotte  
 Clarke  
 Craig  
 Culpeper  
 Cumberland

#### Counties in Group II

Albemarle  
 Augusta  
 Chesapeake  
 Chesterfield  
 Covington  
 Harrisonburg  
 Henrico  
 Hopewell  
 Loudoun  
 Lynchburg  
 Martinsville  
 Newport News  
 Norfolk  
 Petersburg  
 Portsmouth  
 Radford  
 Richmond City  
 Roanoke City  
 Roanoke County  
 Rockingham  
 Salem  
 Staunton  
 Warren

#### Counties in Group III

Alexandria  
 Arlington  
 Charlottesville  
 Colonial Heights  
 Fairfax City  
 Fairfax County  
 Falls Church  
 Fredericksburg  
 Hampton  
 Manassas  
 Manassas Park  
 Montgomery  
 Prince William  
 Waynesboro

# Sample Data Form with Immigration Details Expanded

Department of Medical Assistance Services  
 Presumptive Eligibility Form for LIFC Parent/Caretaker Relative (AC 065)  
 Test Hospital

AUTHORIZED USE ONLY

## Applicant Details

\* Indicates Required Fields

To see the income limits for this group, click here

HPE Start Date*	<input type="text" value="MM/DD/YYYY"/>	Date of Birth*	<input type="text" value="MM/DD/YYYY"/>
Child is 18 years-old, remains in school, and is expected to graduate at age 19			
Applicant Name*	Last Name <input type="text"/>	First Name <input type="text"/>	Sex* <input type="radio"/> Male <input type="radio"/> Female
SSN	<input type="text" value="###-##-####"/>	Race*	<input type="text"/>
Preferred Language*	<input type="text"/>		
Physical Address*	<input type="text"/>		
City/County of Residence*	<input type="text"/>		
Telephone #	<input type="text" value="###-###-####"/>	Household Size*	<input type="text" value="##"/>
Monthly Income	<input type="text" value="### ##"/>		
U.S. Citizen?*	Yes <input type="radio"/> No <input type="radio"/>		

<b>Lawfully Present or qualified non-citizens</b>	2
Lawfully present Child(ren) under Age 19 <sup>2</sup>	<input type="checkbox"/>
Lawfully present Pregnant Women <sup>2</sup>	<input type="checkbox"/>
LPR Active Duty Military or Qualified Non-Citizens Veteran <sup>2</sup>	<input type="checkbox"/>
Dependent (unmarried) child of LPR Active Duty Military or a Qualified Non-Citizens Veteran <sup>2</sup>	<input type="checkbox"/>
Spouse of LPR Active Duty Military or a Qualified Non-Citizens Veteran <sup>2</sup>	<input type="checkbox"/>
Surviving spouse of a deceased LPR Active Duty Military or a Qualified Non-Citizens Veteran and who is not remarried and:	<input type="checkbox"/>
Was married for at least one year -or-	<input type="checkbox"/>
Was married (for any period of time) and a child was born prior to or out of that marriage -or-	<input type="checkbox"/>
Was married prior to a 15 year period of time following the spouse's military service when injury or disease occurred.	<input type="checkbox"/>
American Indian born in Canada (ref. § U.S.C. 1359)	<input type="checkbox"/>
Member of a federally recognized Indian tribe including Alaska Native (ref. 25 USC 450B(e))	<input type="checkbox"/>
Non-Citizen receiving Social Security Income (SSI)	<input type="checkbox"/>
<b>Qualified Non-Citizen - Arrived in U.S. before 8/22/1996 - Exempt from 5 year wait</b>	3
<b>Qualified Non-Citizen - Arrived in U.S. after 8/22/1996 - Has met a 5 year waiting period</b>	3
<b>Qualified Non-Citizen - Arrived in U.S. after 8/22/1996 - Has been in the U.S. 7 years or less; (5 year period not required)</b>	3
<b>Lawfully Present Non-Citizen Status</b>	3
<b>Non-Citizen Status</b>	3

<sup>1</sup> Work History	Number of quarters of work history under Social Security guidelines
<sup>2</sup> Exempt from work history	Exempt from 40 qtrs of work history
<sup>3</sup> 5 year waiting period	Based on date the individual received a qualified status
<sup>4</sup> 7 year period status	Limit to 7 year period as calculated from granted status date, not years in the U.S.
<sup>5</sup> 7 year period date of entry	Limit to 7 year period as calculated from date of entry in the U.S.
<sup>6</sup> Refugee letter	Certification or eligibility letter from Office of Refugee Resettlement
<sup>7</sup> No 7 year limit	Requirement to allow for the first 7 years of U.S. entry does not apply
LPR	Lawful Permanent Resident

## Attestation Details

## Sample LIFC Data Validation

All data validation with error messages will be displayed at the top of the screen and the error fields will be highlighted in red.

The below screen shot is not the final version. The two fields: "Race" and "Telephone #" will be changed to optional and not required.

Department of Medical Assistance Services  
Presumptive Eligibility Form for Child Under Age 19 (AC 064)  
Test Hospital

AUTHORIZED USE ONLY

**Please correct the following errors...**

Please indicate if applicant has received HPE this year

Please enter a First Name

Please enter the HPE Start Date

Please enter a valid email address

Please enter a valid Zip Code

Please enter a valid Household Size

Please enter a valid email address

Please enter a City

Please make a selection for Preferred Language

Please enter a valid income amount

Please enter a Telephone Number

Please enter a Street Address

Please select the applicant's Sex

Please enter a Last Name

Please enter Submitted By Title

Please select the City/County of Residence

Please enter a State

Please make a selection for Race

Please enter Submitted By Telephone

Please enter Submitted By Name

Please enter a valid Date of Birth

**Applicant Details**

\* Indicates Required Fields

To see the income limits for this group, [click here](#)

HPE Start Date*	<input type="text" value="MM/DD/YYYY"/>	Date of Birth*	<input type="text" value="MM/DD/YYYY"/>
Has the applicant received HPE in the current calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant Name*	<input type="text" value="Last Name"/>	<input type="text" value="First Name"/>	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN	<input type="text" value="XXXXXXXX-XX"/>	Race*	<input type="text" value=""/>
Preferred Language*	<input type="text" value=""/>		
Physical Address*	<input type="text" value="Street"/>		
	<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="Zip"/>
City/County of Residence*	<input type="text" value=""/>		
Telephone #*	<input type="text" value="(999) 999-9999"/>	Household Size*	<input type="text" value=""/>
Monthly Income*	<input type="text" value=""/>		
U.S. Citizen?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Attestation Details

**Attestation:** The parent/caretaker relative of the individual above has attested that the child is under age 19 and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf. I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year, and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

Agree  Disagree

Submission Details

Hospital Name	Test Hospital	Hospital NPI #	0015209906
Patient Acct #	<input type="text"/>		
Submitted By	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/> <small>*Required: address@domain.org</small>	Email Address (re-enter)	<input type="text"/> <small>*Required: address@domain.org</small>

## Sample Screening Tool Messages

After the data entry validations are complete and the hospital worker hits "Submit", the screening logic will be applied and appropriate decision will be displayed on the screen. In case of any denial, corresponding denial reason will be displayed.

### Approval Message:

You should receive confirmation within two business days that your HPE eligibility determination for the <"group name"> covered group has been entered into the eligibility system and a permanent Medicaid member ID card is being issued.

If the applicant is currently enrolled in either FAMIS or a Medicaid benefit program that is equal or greater to the HPE benefit being determined, the applicant will continue with his/her current medical benefit program and a denial letter for Presumptive Eligibility will be mailed.

Please provide immediate notification to the applicant and provide assistance with completing a full Medicaid application.

For questions or concerns please email [HPE@dmas.virginia.gov](mailto:HPE@dmas.virginia.gov).

### Sample Approval Message Screen:



Department of Medical Assistance Services  
Presumptive Eligibility Submission

**Hospital Presumptive Eligibility Enrollment Complete**

You should receive confirmation within two business days that your HPE eligibility determination for the **Child Under Age 19 Covered Group** covered group has been entered into the eligibility system and a permanent Medicaid member ID card is being issued.

If the applicant is currently enrolled in either FAMIS or a Medicaid benefit program that is equal or greater to the HPE benefit being determined, the applicant will continue with his/her current medical benefit program and a denial letter for Presumptive Eligibility will be mailed.

For questions or concerns please email [HPE@dmas.virginia.gov](mailto:HPE@dmas.virginia.gov).

[Print NOA](#)

[Main Menu](#)

[Close](#)



**Denial Message:**

We're sorry, but based on the information provided this individual does not meet the requirements for the <"group name"> covered group selected. Presumptive eligibility was denied for the following reason:

<denial reason>

Please provide immediate notification to the patient and provide assistance with completing a full Medicaid application.

**Sample Denial Message Screen:**

**Department of Medical Assistance Services  
Presumptive Eligibility Submission**

**Enrollment Issue**

We're sorry, but based on the information provided this individual does not meet the requirements for the **Former Foster Care Child under the age of 26 Covered Group** covered group. Presumptive eligibility was denied for the following reason.

- Individual was not a Former Foster Care child with active Medicaid when he/she turned 18.

Please provide immediate notification to the patient and provide assistance with completing a full Medicaid application.

Print NOA

Main Menu

Close



## 7. Appendix - D (Attestation Language)

### LIFC - Low Income Family with Child

Attestation: The individual above has attested that s/he has a child in the home under age 18 or under age 19 and still in school and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

### Pregnant

Attestation: The individual above has attested that she is pregnant and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year or for the current pregnancy; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

### Child under 19

Attestation: The parent/caretaker relative of the individual above has attested that the child is under age 19 and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will

provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

## FFC – Former Foster Care

Attestation: The individual above has attested that s/he was a child who was in foster care and receiving Medicaid in any state at the time s/he turned age 18 and meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

## PF – Plan First

Attestation: The individual above has attested that s/he meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I also attest that I have explained to the individual that Plan First services are limited to family planning coverage only.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

## BCCPTA - Breast & Cervical Cancer Prevention & Treatment Act

Attestation: The individual above has attested to meet all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that the individual above has been screened and diagnosed with breast or cervical cancer or pre-cancerous conditions and meets requirements for the Breast and Cervical Cancer Early Detection Program (BCCEDP) of the Virginia Department of Health.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and

has not already received HPE coverage during the current calendar year; and I have determined that the individual above is eligible for this HPE eligibility group.

I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

## MAGI ADULT

Attestation: The individual above has attested that s/he meets all of the Hospital Presumptive Eligibility (HPE) requirements of this eligibility group.

I attest that I have received authorization from the person above or their responsible relative/authorized representative to complete this HPE determination on their behalf; I have confirmed that the person above is not currently enrolled in the Medicaid or FAMIS program and has not already received HPE coverage during the current calendar year; and I have determined that the individual above is eligible for this HPE eligibility group.

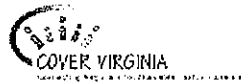
I am an employee of the hospital listed above and I am authorized by the hospital to submit and receive HPE enrollment information on behalf of this applicant. Once this form is submitted, I will provide a copy of the notice of action to the applicant. I also attest that the email address listed below is a valid hospital provider email address.

## 8. Appendix – E (Denial Reasons)

<b>HPE Category</b>	<b>Reason for Denial</b>	<b>Denial Reason - Text</b>
All	Applicant's address is not in Virginia	Failure to meet Virginia residency requirement.
LIFC	Applicant's child is 19 years old or older, or child is 18 years old and not in school full-time	Applicant's child is over 17 years-old. If the child is 18 years-old, he/she must be in full-time school and expected to graduate prior to the age of 19
LIFC	Income is not within LIFC limit for household size and locality group.	The household income exceeds the LIFC income limit
Pregnant	Income is not within income limit for household size.	The household income exceeds the income limit for the Pregnant Woman covered group
Child under 19	Income is not within income limit for household size.	The household income exceeds the income limit for the Child Under 19 covered group
FFC	"Child had active Foster Care Medicaid when he/she turned 18" marked 'No'.	Individual was not a former foster care child with active Medicaid when he/she turned 18.
BCCPTA	Checkbox for "Diagnosed by provider operating under the BCCEDP" not checked.	Individuals diagnosed with cancer by a provider who is not operating under the BCCEDP are not eligible in this covered group.
PF	Income is not within income limit for household size.	The household income exceeds the income limit for Plan First covered group.
MAGI Adult	Income is not within income limit for household size.	The household income exceeds the income limit for MAGI Adults

## 9. Appendix – F (Interim NOA Samples)

### Interim Approval



#### Interim Approval Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City, VA Zip Code \_\_\_\_\_

Dear [Name]:

The following person has been approved for presumptive Medicaid eligibility and enrolled for a limited time period indicated below:

Name	Begin Date	End Date	Program

1. Coverage may be extended if an Application for Health Coverage & Help Paying Costs is filed prior to the end date of coverage above and additional time is needed for the eligibility determination. If you file a Medicaid application and you are determined to be ineligible for Medicaid coverage, your presumptive eligibility will end the date the eligibility determination is made.
2. If you do not file a Medicaid application, you will no longer have presumptive eligibility Medicaid coverage after end date above.

#### There are four easy ways to apply for Medicaid.

1. Online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
2. Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
3. Print out and complete a paper application from [www.coverva.org](http://www.coverva.org) and mail it to your local Department of Social Services or
4. Visit your local Department of Social Services in the city or county in which you live

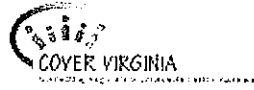
**You should have the following information ready when you apply, for you and anyone else in your household who needs health insurance:**

- Full legal name, date of birth, Social Security number, and Citizenship or Immigration Status; Most recent federal tax filing information (if available);
- Job and income information for members of your household for the prior or the current month such as pay stubs or a letter from your employer
- Information about other taxable income for members of your household such as unemployment benefits, Social Security payments, pensions, retirement income, rental income, alimony received, etc.
- Current health insurance information

Visit [www.cover.va.org](http://www.cover.va.org) for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

Cover Virginia  
PO Box 1820 - Richmond, VA 23219  
[www.coverva.org](http://www.coverva.org) - 1-855-242-8282  
M-F 8:00am-7:00pm, Saturday 9:00am-12:00pm

# Final Approval



## Approval Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City, VA Zip Code \_\_\_\_\_

Dear [Name]:

The following person has been approved for presumptive Medicaid eligibility and enrolled for a limited time period indicated below:

Name	Medicaid ID	Begin Date	End Date	Program

1. Coverage may be extended if an Application for Health Coverage & Help Paying Costs is filed prior to the end date of coverage above and additional time is needed for the eligibility determination. If you file a Medicaid application and you are determined to be ineligible for Medicaid coverage, your presumptive eligibility will end the date the eligibility determination is made.
2. If you do not file a Medicaid application, you will no longer have presumptive eligibility Medicaid coverage after end date above.

### There are four easy ways to apply for Medicaid.

1. Online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
2. Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
3. Print out and complete a paper application from [www.coverva.org](http://www.coverva.org) and mail it to your local Department of Social Services or
4. Visit your local Department of Social Services in the city or county in which you live

**You should have the following information ready when you apply, for you and anyone else in your household who needs health insurance:**

- Full legal name, date of birth, Social Security number, and Citizenship or Immigration Status; Most recent federal tax filing information (if available);
- Job and income information for members of your household for the prior or the current month such as pay stubs or a letter from your employer
- Information about other taxable income for members of your household such as unemployment benefits, Social Security payments, pensions, retirement income, rental income, alimony received, etc.
- Current health insurance information

Visit [www.cover.va.org](http://www.cover.va.org) for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

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## Approvals Page 2 for all programs except Pregnant Woman and Plan First

### **Hospital Presumptive Eligibility (HPE) Full Benefit Coverage**

The following describes the medical services available to patients (other than pregnant women) who have been determined to be presumptively eligible for Medicaid. The coverage period for presumptive eligibility begins with the day your HPE is determined by the hospital and ends the last day of the following month.

#### **Covered services include:**

- Hospital Care – both inpatient and outpatient hospital services
- Pharmacy – prescription drugs ordered by a physician or other licensed medical professional
- Emergency Services – for serious, immediate health problems that require emergency care
- Physician Services – services provided by physicians or other health professionals licensed to practice medicine, osteopathy, and psychiatry
- Dental Care Services – routine dental services for individuals under age 21. Medically necessary oral surgery and the services used to determine the medical problem such as Xrays and surgical extractions for individuals 21 and older.
- Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) limited to individuals under age 21 to detect and diagnose health problems early so needed treatment can be provided
- Eyeglasses for individuals under age 21
- Laboratory Services
- X-ray Services
- Family planning services: Birth control – services that delay or prevent pregnancy
- Transportation for medical treatment – emergency transportation and nonemergency transportation through LogistiCare (1-866-386-8331)

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

## Approvals Page 2 for Pregnant Woman Program

### Hospital Presumptive Eligibility (HPE) Limited Coverage for Pregnant Women

The following describes the medical services available to pregnant women who have been determined to be presumptively eligible for Medicaid. The coverage period for presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

Presumptive eligibility medical services for pregnant women include:

- Hospital Care – outpatient hospital services related to prenatal care
- Pharmacy – prescription drugs (ordered by a physician or other licensed health professional) related to prenatal care
- Emergency Services – for serious, immediate health problems that require emergency care related to prenatal care
- Physician Services – services related to prenatal care provided by doctors or other health professionals licensed to practice medicine, osteopathy, and psychiatry
- Laboratory Services for prenatal care
- X-ray Services - for prenatal care
- Transportation for prenatal care services – emergency transportation and non-emergency transportation through LogistiCare (1-866-386-8331)

Pregnant women who apply for regular, full-benefit Medicaid and are found eligible, may receive additional benefits including inpatient hospital care, labor and delivery and services for conditions/illness other than pregnancy.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local department of social services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.

DMAS 06042015

## Approvals Page 2 for Plan First Program

### Hospital Presumptive Eligibility (HPE) Limited Coverage for Plan First

The following describes the medical services available to patients who have been determined to be presumptively eligible for Plan First, a limited Medicaid benefit for family planning coverage only. The coverage period for Plan First presumptive eligibility begins with the day your HPE is determined and ends the last day of the following month.

Presumptive eligibility medical services for Plan First include:

- Annual family planning exams
- Pap smears for women to screen for cervical cancer
- Sexually transmitted infection (STI) testing
- Laboratory services for family planning and STI testing
- Family planning education, counseling, and preconception health
- Sterilization procedures (Tubal Ligation or Essure implant for women and vasectomies for men)\*\*
- Non-Emergency transportation (866-386-8331) to a family planning service
- Most Food and Drug Administration (FDA) approved prescription and over-the-counter contraceptives\*\*\*

\*Services must be for preventing a pregnancy. Specific service and supply billing codes are posted online at [www.planfirst.org](http://www.planfirst.org).

\*\*Sterilization Consent Form (DMAS-3004-English and DMAS-3004S-Spanish) for sterilization procedures must be signed at least 30 days prior to the surgery being performed.

\*\*\*Over-the-counter contraceptives require a prescription in order to be covered.

If you file a Medicaid application before the end date of your presumptive eligibility coverage, your eligibility can continue while your full Medicaid application is being processed. If you have questions about this coverage, please contact your local Department of Social Services.

Failure to file a regular, full-benefit Medicaid application may result in missed coverage and/or out of pocket expenses for non-covered services received during a period of presumptive eligibility.



### Denial Notice of Hospital Presumptive Eligibility for Temporary Medicaid Coverage in Virginia

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City, VA Zip Code \_\_\_\_\_

Dear [Name]:

An application for presumptive Medicaid Eligibility was recently submitted by a hospital for you. Upon further review this request for coverage was denied for the following reason.

Name	Program	Reason
NAME	Program Name	Denial Reason

Presumptive Eligibility is not a full review for Medicaid eligibility and you are encouraged to apply for a complete review of medical assistance. There is no right to appeal a hospital presumptive eligibility decision.

**There are four easy ways to apply.**

1. Online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov) or
2. Call the Cover VA Call Center at 1-855-242-8282 to apply by phone or
3. Print out and complete a paper application from [www.coverva.org](http://www.coverva.org) and mail it to your local Department of Social Services or
4. Visit your local Department of Social Services in the city or county in which you live

**You should have the following information ready when you apply, for you and anyone else in your household who needs health insurance:**

- Full legal name, date of birth, Social Security number, and Citizenship or Immigration Status; Most recent federal tax filing information (if available);
- Job and income information for members of your household for the prior or the current month such as pay stubs or a letter from your employer
- Information about other taxable income for members of your household such as unemployment benefits, Social Security payments, pensions, retirement income, rental income, alimony received, etc.
- Current health insurance information

Visit [www.cover.va.org](http://www.cover.va.org) for more information about the Medicaid and FAMIS programs or call us toll free at 1-855-242-8282; M-F 8am to 7pm and Saturdays 9am to 12 (noon).

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## Interim Denial Page 2

All the fields in the Application Details section of the online form should be included in Page 2 of the Denial NOA along with the Application Status field.

## 10. Appendix – G (HPE Report)

### Daily HPE Report

The report should contain the below fields. The report will be generated daily with all the applications that were received the prior date. Monday report will have data from Friday till Sunday.

PEDATA\_ID  
PROGRAM NAME  
APPLICATION STATUS  
HPE START DATE  
HPE END DATE  
LAST NAME  
FIRST NAME  
HOSPITAL NAME  
NPI  
SUBMITTED BY NAME  
SUBMITTED BY EMAIL  
SUBMITTED DATE