

(Insert on hospital/clinic letterhead)

**DECISION NOTICE FOR HOSPITAL PRESUMPTIVE (TEMPORARY) ELIGIBILITY**

Date

<Name of Main Contact>

<Street Address 1>

<Street Address 2>

<City, State, ZIP Code>

Ms./Mr. <Name of Main Contact>:

Hospital Presumptive Eligibility (HPE) Application ID number: \_\_\_\_\_

Your Hospital Presumptive Eligibility application for AHCCCS has been processed by <insert name of hospital/clinic>

The following persons have been approved for AHCCCS through Hospital Presumptive Eligibility:

Name	Date of Birth	HPE Person ID Number	Eligibility Start Date	Eligibility End Date
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These persons will not receive AHCCCS ID cards for the Hospital Presumptive Eligibility period. Show this letter to medical providers when you ask for services. If you need another copy of this letter, contact the location that made this eligibility decision.

Hospital Presumptive Eligibility will cover health care services only through the dates above. Hospital Presumptive Eligibility coverage is temporary and will stop on the end date above unless a full AHCCCS application is submitted.

If you submit a full AHCCCS application and you are not found AHCCCS eligible, Hospital Presumptive (Temporary) Eligibility will end on the date that an AHCCCS eligibility decision is made.

We will help you complete and submit an AHCCCS application. We have scheduled an appointment for you to return to this location on <day>, <date> at <time> to complete your application.

We already helped you submit an AHCCCS application on <date>. You will receive an eligibility decision for this application from the State of Arizona.

The following persons did not qualify for Hospital Presumptive Eligibility:

Name	Date of Birth	Person ID Number	Reason
			<insert drop down list of reasons>



**REASON DROP DOWN LIST**

Not in a qualified immigration status  
Not a resident of Arizona  
Income is over the limit  
Age 65 or over and not a caretaker of a minor child  
Receiving Medicare and not a caretaker of a minor child  
Disabled and not a caretaker of a minor child  
Received Hospital Presumptive Eligibility in the past 24 months

You cannot appeal the hospital's decision, but you can still apply for regular Medicaid for these persons. They might be eligible for an AHCCCS program. You can submit an application to find out if they are eligible.

You have the following additional options for submitting an AHCCCS application:

- You may ask a HEAplus Application Assistor at another Community Partner organization to help you. Call the HEAplus Customer Support Center at 1-855-432-7587 to find a location near you.
- You can apply using your own personal HEAplus account. You will need to follow the instructions below to link your application to the Hospital Presumptive Eligibility application the hospital or clinic created:
  1. Go to [www.healtharizonaplus.gov](http://www.healtharizonaplus.gov)
  2. If you already have a HEAplus account, click on "Returning User Log In" at the top of the page and log in to your account. If you have never created a HEAplus account, click on "Create Account" at the top of the page. You will need to enter information on a series of screens to create your account.
  3. After you log in or finish creating your account, go to your HEAplus home page and click on the "Request Application Access Code to Access Existing Application" in the left column.
  4. Enter the information requested on the "Request an Access Code to Access an Application" page, then click on the "Request Application Access Code" button at the bottom of the page.
  5. When the information you entered matches the information on your Hospital Presumptive Eligibility application, a pop-up box will display giving you an Application Access Code.
  6. Write down the Application Access Code, which may be a combination of letters and numbers, then click the OK button to close the pop-up and return to your home page.
  7. Click on the "Enter Application Access Code to Access Existing Application" in the left column.
  8. On the Enter Application Access Code to Access Existing Application page, enter the Application Access Code and the characters shown in the box, and then click Next.
  9. A pop-up box will display and will confirm when a match is found. Click the OK button to close the pop-up and return to your home page.
  10. You will now be able to see the Hospital Presumptive application number listed on your home page.
  11. Click on the "Report a Change" link to start your AHCCCS application.
  12. On the "Report a Change" page, select "Apply for another program"
  13. Continue through all of the pages of the application. When you get to the "Your Next Steps" page you will know that your application is complete and has been submitted for processing.
- You can apply by phone by calling the HEAplus Customer Support Center (1-855-432-7587).
- You can apply at any DES/FAA office. Visit [www.azdes.gov/faa](http://www.azdes.gov/faa) to find the office closest to you or call 1-855-432-7587.
- You can download a paper application from the AHCCCS website (<https://www.azahcccs.gov/Members/GetCovered/apply.html>) then mail it to the address shown on the application form.

Signature of assistor

<printed name of hospital/clinic assistor>

<contact information for assistor – phone number and/or email address>

Revised 01/31/2018