

(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 (Temporary) Eligibility (HPE) Application ID number: _____

<insert name of hospital/clinic> has made decision on your Hospital Presumptive (Temporary) Eligibility application for medical coverage.

The following persons have been APPROVED for Hospital Presumptive (Temporary) Eligibility:

Name	Date of Birth	HPE Person ID Number	Eligibility Start Date	Eligibility End Date
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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 a full AHCCCS application is not received by DATE, your eligibility will stop on the end date above. If you submit a full AHCCCS application and you are NOT found AHCCCS eligible for ongoing coverage, your Presumptive (Temporary) Eligibility will end on the date that an AHCCCS eligibility decision is made. We will help you complete a full AHCCCS application.

We will help you complete and submit a full 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 a full AHCCCS application on <date>. You will receive an eligibility decision for this application from the State of Arizona.

The persons who are APPROVED for Hospital Presumptive Eligibility will not receive AHCCCS ID cards. They must show this Notice to health care providers when they need services. If another copy of this letter is needed, contact us at XXXXXXXX.

The following persons ARE DENIED for Hospital Presumptive Eligibility:

Name	Date of Birth	Person ID Number	Reason
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<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

Hospital Presumptive (Temporary) Eligibility decisions are final. There is no right to appeal this Hospital Presumptive (Temporary) Eligibility decision. They can still apply for regular Medicaid to see if they are eligible for an AHCCCS program. .

Authorized Signature _____ Date _____

Printed Hospital/Clinic Representative Name and Title _____

Hospital/Clinic Representative Contact Information (Phone number and/or email address) _____

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 1-855-4312-7587 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.healthearizonaplus.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 PIN to Access Existing Application” in the left column.
 4. Enter the information requested on the “Request a PIN to Access an Application Created by an Assistor” page, then click on the “Request PIN” 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 a Personal Identification Number (PIN).
 6. Write down the PIN, 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 PIN to Access Existing Application” in the left column.
 8. On the Enter PIN to Access Existing Application page, enter the Application ID number of your Hospital Presumptive Eligibility application that was provided at the beginning of this letter, the PIN and the CAPTCHA characters, and then click Next.
 9. A pop-up box will display to 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 through the HEAplus Customer Support Center (1-855-432-7587).
- You can apply at any DES/FAA office. Visit 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 (<http://www.azahcccs.gov/applicants/application/AcuteCare.aspx>) 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>