DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

CENTERS FOR MEDICARE & MEDICAID SERVICES

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

August 28, 2015

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed is an approved copy of Arizona State Plan Amendment (SPA) 14-0008-MM7. This SPA was submitted to my office on March 28, 2014 to allow qualified hospitals to determine individuals presumptively eligible (PE) for Medicaid based on preliminary information.

The effective date of this SPA is January 1, 2014. Enclosed are the following approved state plan pages to be incorporated within your approved state plan:

- S21, Pages 1-3
- Hospital PE Application Questions
- Hospital PE Application Process
- Hospital PE Training Materials

If you have any questions, please have your staff contact Brian Zolynas at (415) 744-3601 or at brian.zolynas@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Jessica Woodard
HeeYoung Ansell

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Arizona**

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.

14-0008

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

Presumptive Eligibility by Hospitals

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:
  The Governor's Office is aware

Signature of State Agency Official

Submitted By:	**Theresa Gonzales**
Last Revision Date:	**Aug 19, 2015**
Submit Date:	**Mar 28, 2014**

Medicaid Eligibility

State Name: Arizona

OMB Control Number: 0938-1148

Transmittal Number: AZ - 14 - 0008

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

Medicaid Eligibility

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

● Yes ○ No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:	Arizona's HPE Policy requires qualified hospitals follow up with individuals made presumptively eligible to ensure they complete and submit an application for full benefits; 90% of all individuals made presumptively eligible must complete a regular application before the end of their PE period

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:	Arizona has established that 95% of all applicants made presumptively eligible that completed a regular Medicaid application should be found eligible for full Medicaid benefits. If a hospital fails to meet standards, AHCCCS will work with them, conduct on site visits, review the hospital's written policies and procedures, and meet with staff authorized to perform HPE to determine why the hospital is not meeting the standards. Upon its review, AHCCCS will offer refresher trainings and provide a date to comply with any recommendations based on its findings. AHCCCS will not immediately disqualify hospitals that do not meet the 95% performance standard

☑ 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

Medicaid Eligibility

☑ 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.

V.20140415

Hospital Presumptive Eligibility
Application Questions

It is important to note that the application begins with the full HEAplus application. At any point past the collection of the individuals who are applying, the user can exit to the Hospital Presumptive Eligibility application.

How We Will Use Your Information Page

Describes how we use information to match with sources to prevent duplicate benefits, that information is kept confidential, etc.

You and the Applying Household Page

Are you applying for benefits for yourself?

Are you applying for benefits for any of the following persons who live with you?

- Your spouse
- Your children under age 22 (natural, adopted, or stepchildren)
- Relatives in your care who are under the age of 19
- A partner with whom you have children
- Other persons who purchase and prepare food with you

(Answer yes if you are applying for someone who normally lives with you but is temporarily away from home working or attending school.)

Main Contact for the Household Page

First Name

Middle Name

Last Name

Suffix

What language do you speak best?

What language do you read best?

Contact Home Address Page

Is this an international address? *If yes, allows for different entry of address.*

If you are homeless, living in a shelter or enrolled in Arizona's Address Confidentiality Program, we will help you enter your home address. Click here. *Allows for different entry of address.*

ZIP Code

Address 1

Address 2

City

State

Contact's Mailing Address Page

Are your home and mailing addresses the same? *If yes, pre-populates mailing address.*

ZIP Code

Address 1

Address 2

City

State

In Care Of

Contact Information Page

E-Mail

Re-Enter e-mail

Cell Phone

Home Phone

Work Phone

Message/Emergency Phone

Persons Who Live With [Name] Page

How many persons live with [Name], including persons who normally live with [name] but are temporarily away from home?

Allows for entry of additional household members' name and relationship.

Who is Applying? Page

Are you applying for Medical Assistance for everyone who lives with you?

    Who is not applying?

FROM THIS POINT FORWARD, THE QUESTIONS ARE SPECIFIC TO HOSPITAL PRESUMPTIVE ELIGIBILITY.

Household Page

Tell us more about [Name]

Does [Name] use any other names (Maiden name, nicknames, etc.)?

Date of Birth

Gender

Social Security Number (optional)

AHCCCS ID

Is [Name] a U.S. Citizen?

Is [Name] a qualified non-citizen?

Arizona Residency Page

Are you, and everyone you are applying for, a resident of Arizona?

Foster Care Page

Was anyone you are applying for in foster care with the state of Arizona (DCS) on his or her 18th birthday?

    Please select who was in foster care

Pregnancy Information Page

Is anyone you are applying for pregnant?

    Please select who is pregnant

    Number of expected babies

Medicare Information Page

Does anyone you are applying for have Medicare?

Please select who has Medicare

Household Summary Page

This page lists out the information entered and gives the individual an opportunity to make corrections.

Household Income Page

Does anyone in the household have income from work?

Please select who has income from work

Is anyone in the household self-employed?

Please select who is self-employed

Does anyone in the household receive money from another source?

Please select who has other income

Please select all income types that apply *(drop down list of income types provided)*

Household Income Details Page

This page allows the individual to enter the frequency and amount of the income identified on the previous page.

Household Income Summary Page

This page displays the information entered and gives the individual an opportunity to make corrections.

Presumptive Eligibility Screening Results Page

This page displays the screening results for each individual based on the data entered.

Presumptive Eligibility Summary and Signature Page

This page provides a summary of the data entered in the application and the ability to print and sign the HPE application. The hospital staff will fax, e-mail, or upload the signed application summary to the electronic application.

Instructions for Interim Use of Paper Applications for Hospital Presumptive Eligibility

The paper application process described in this document is to be used only during periods of time when Health-e-Arizona Plus (HEAplus) is not available due to system maintenance or system problems. This process may only be used by staff at hospitals or their clinics that are qualified to process Hospital Presumptive Eligibility (HPE) applications.

This paper application process is used only to gather the applicant's application information and signature for later input into HEAplus. HPE applications must be entered and submitted in HEAplus.

STEP 1: Complete a full paper Application for Benefits if you plan to submit a full application or both a full application and an HPE application. Complete the following sections of the paper application to gather the minimum information required to complete the HPE determination:

- Contact Information
- Authorized Representative (if applicable)
- Personal Information (for all members of the household) (last name, first name, DOB, gender, address, SSN and AHCCCS ID, if known.
    - Select Yes or No for "applying for help with health insurance costs" for each customer in the household
    - Citizenship/Residency (for each customer in the household who is applying)
- Pregnancy Information (for each customer in the household who is applying)
- Foster Care Information (for each customer in the household who is applying)
- Employment (for all members of the household)
- Other Income (for all members of the household)
- Medicare Information (Enter this information in Health Insurance section for each customer in the household who is applying*)* (Page 19)
- Sign the Application (The applicant may sign for himself/herself, spouse, his/her minor children and the other parent of his/her minor children. Any other adults who are applying must also sign.) (Page 20)

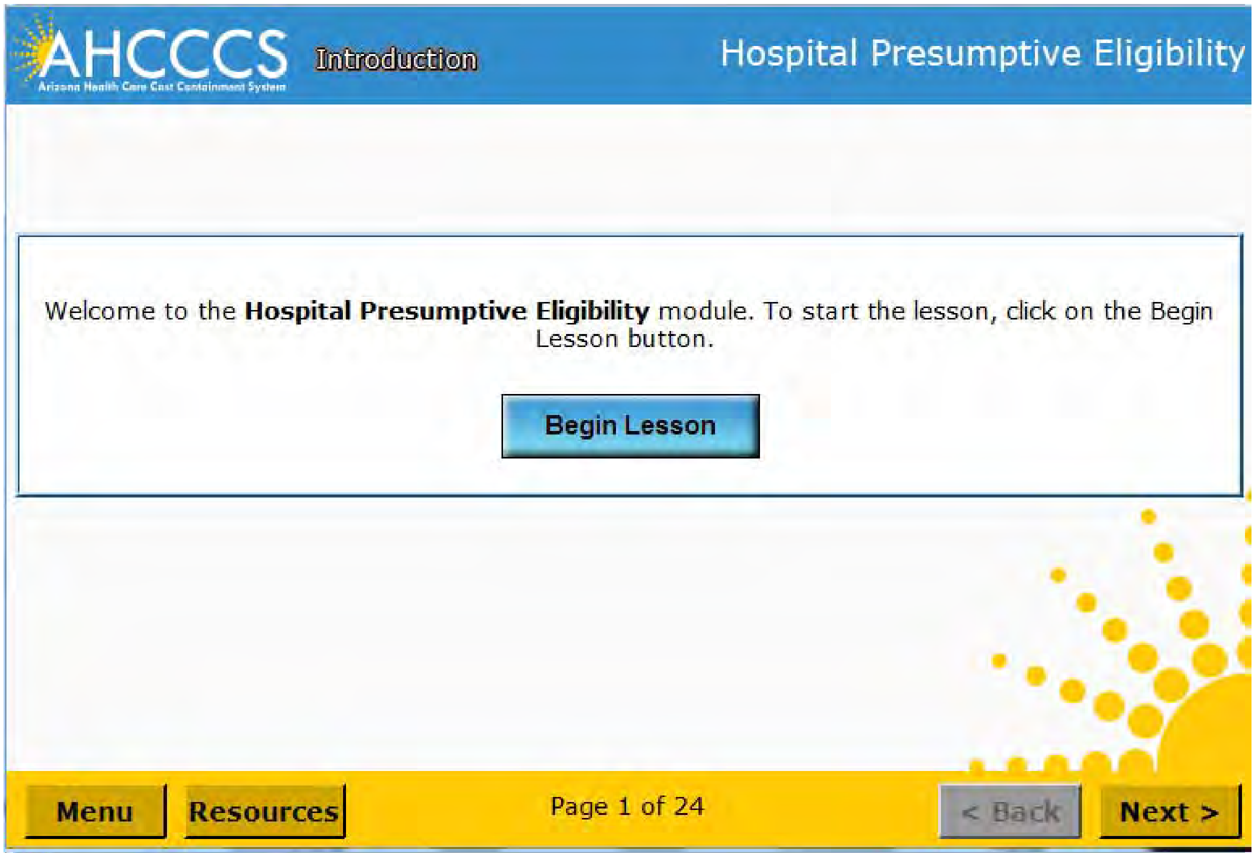
STEP 2: When the system is available, enter the information from the paper application into HEAplus to finish the HPE determination. Enter the application information in HEAplus and submit the application no later than one calendar day after the signature date on the paper application.

STEP 3: Issue an HPE decision letter to the customer once HPE eligibility is confirmed.

STEP 4: Fax, e-mail, or upload the signed signature page of the paper application and a copy of the HPE decision letter into HEAplus.

STEP 5: To ensure eligibility is retro to the date the application was signed, send an e-mail to MDMAHPE@azahcccs.gov no later than the day after the application is entered in HEAplus. Do not include PHI in the e-mail. Include the following information:

- HEAplus Application ID
- Effective date of HPE
- Your contact information.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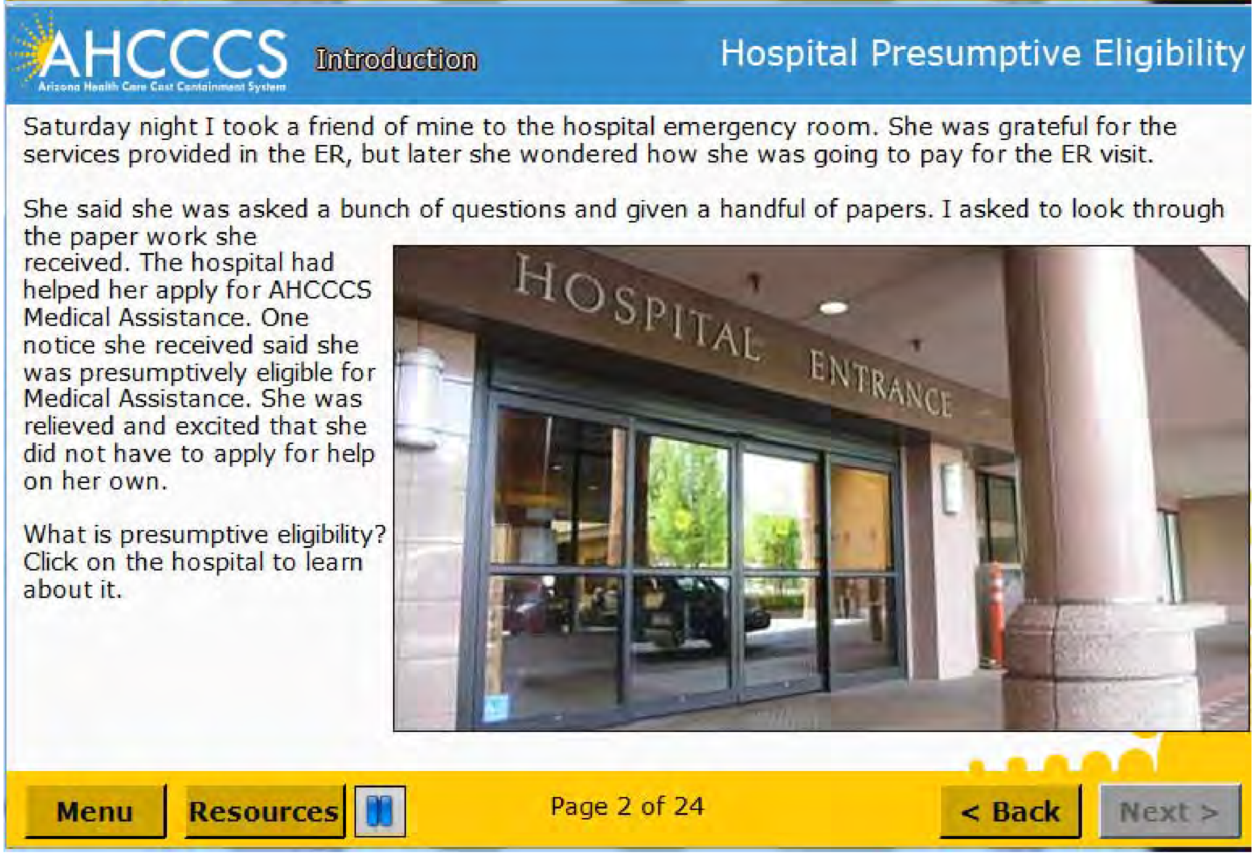
Welcome to the **Hospital Presumptive Eligibility** module. To start the lesson, click on the Begin Lesson button.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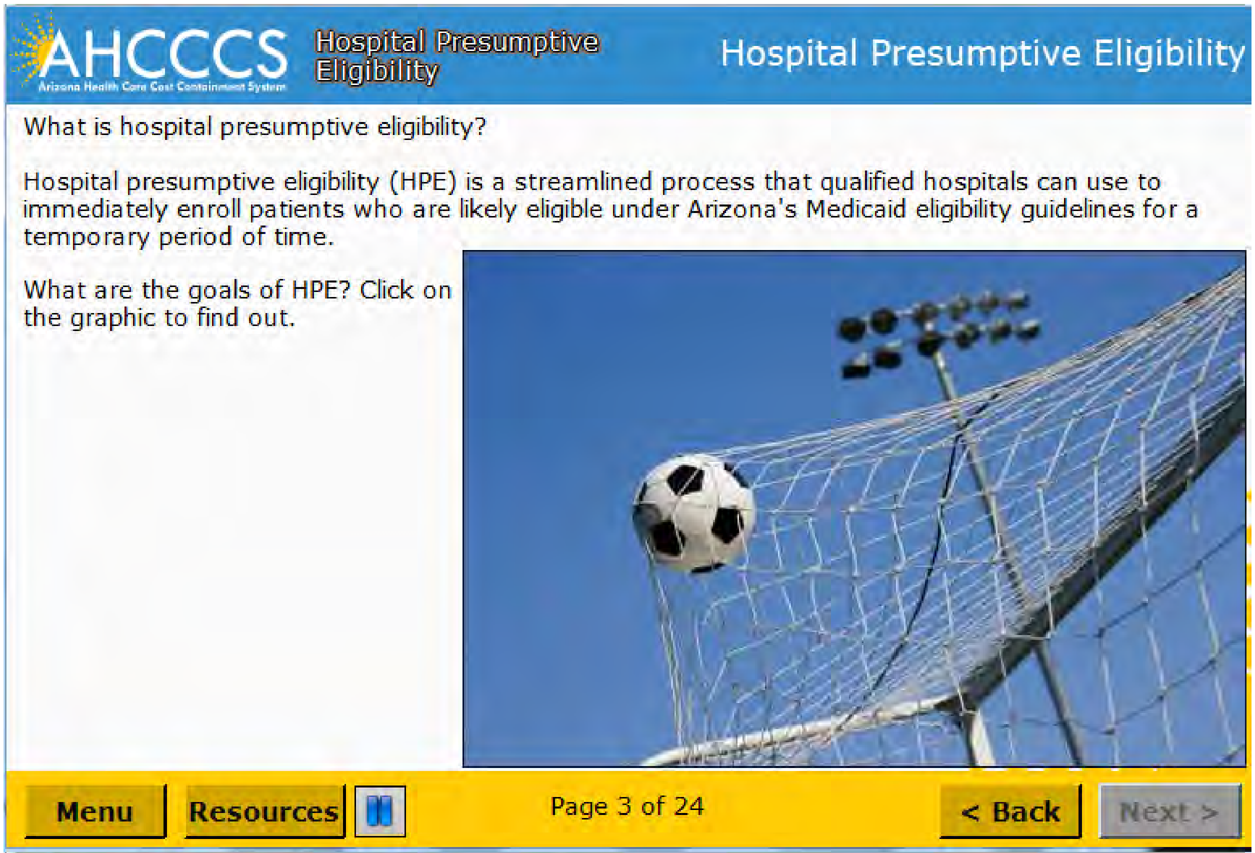
Saturday night I took a friend of mine to the hospital emergency room. She was grateful for the services provided in the ER, but later she wondered how she was going to pay for the ER visit.

She said she was asked a bunch of questions and given a handful of papers. I asked to look through the paper work she received. The hospital had helped her apply for AHCCCS Medical Assistance. One notice she received said she was presumptively eligible for Medical Assistance. She was relieved and excited that she did not have to apply for help on her own.

What is presumptive eligibility? Click on the hospital to learn about it.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Hospital Presumptive Eligibility

What is hospital presumptive eligibility?

Hospital presumptive eligibility (HPE) is a streamlined process that qualified hospitals can use to immediately enroll patients who are likely eligible under Arizona's Medicaid eligibility guidelines for a temporary period of time.

What are the goals of HPE? Click on the graphic to find out.

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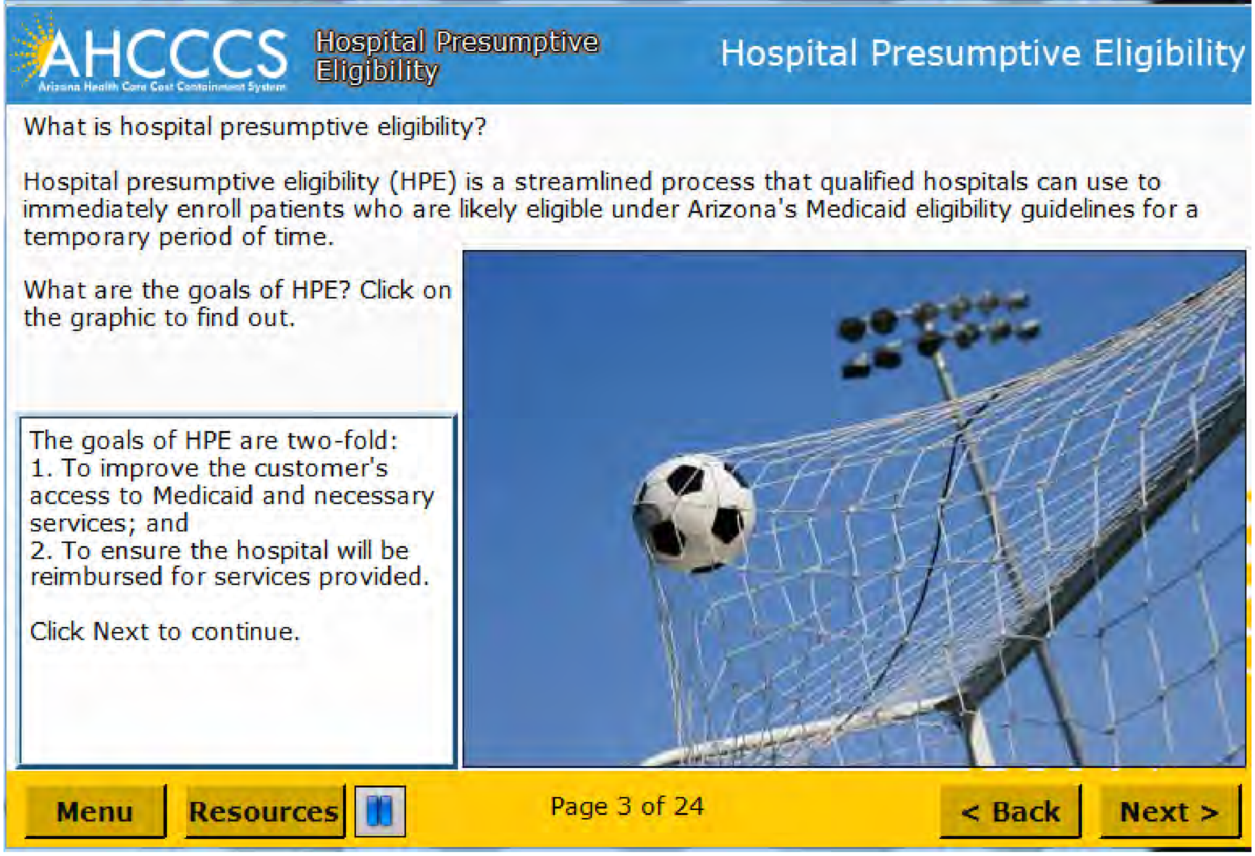
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Hospital Presumptive Eligibility

What is hospital presumptive eligibility?

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What are the goals of HPE? Click on the graphic to find out.

The goals of HPE are two-fold:
1. To improve the customer's access to Medicaid and necessary services; and
2. To ensure the hospital will be reimbursed for services provided.

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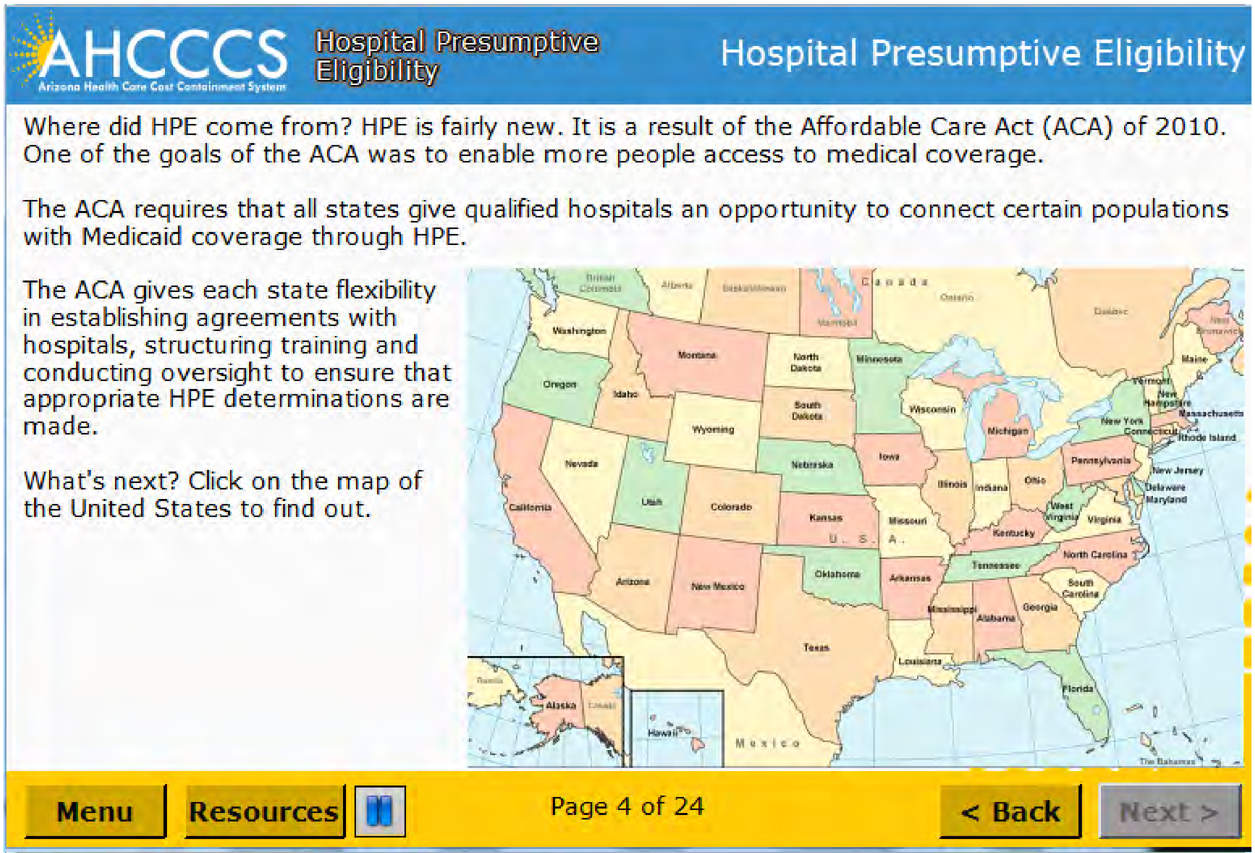
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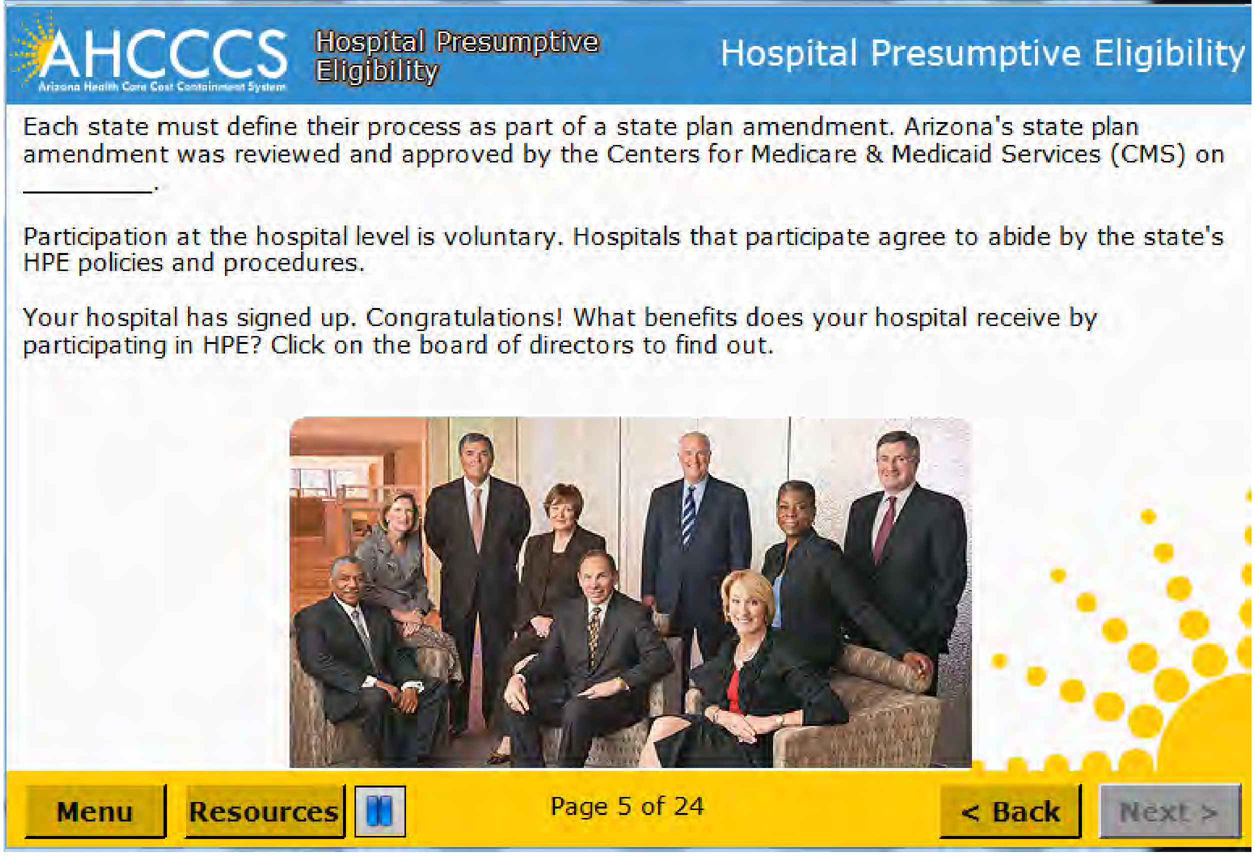
Where did HPE come from? HPE is fairly new. It is a result of the Affordable Care Act (ACA) of 2010. One of the goals of the ACA was to enable more people access to medical coverage.

The ACA requires that all states give qualified hospitals an opportunity to connect certain populations with Medicaid coverage through HPE.

The ACA gives each state flexibility in establishing agreements with hospitals, structuring training and conducting oversight to ensure that appropriate HPE determinations are made.

What's next? Click on the map of the United States to find out.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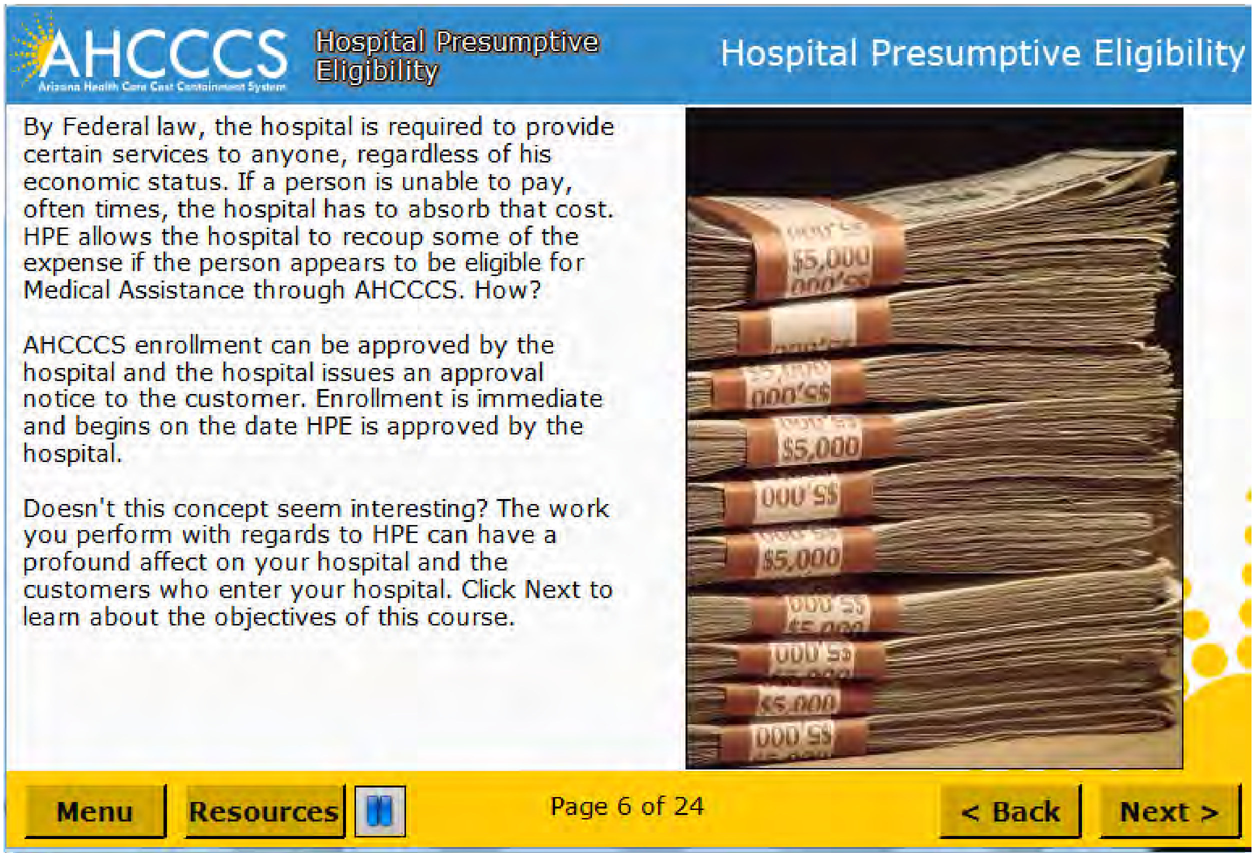
Each state must define their process as part of a state plan amendment. Arizona's state plan amendment was reviewed and approved by the Centers for Medicare & Medicaid Services (CMS) on _________.

Participation at the hospital level is voluntary. Hospitals that participate agree to abide by the state's HPE policies and procedures.

Your hospital has signed up. Congratulations! What benefits does your hospital receive by participating in HPE? Click on the board of directors to find out.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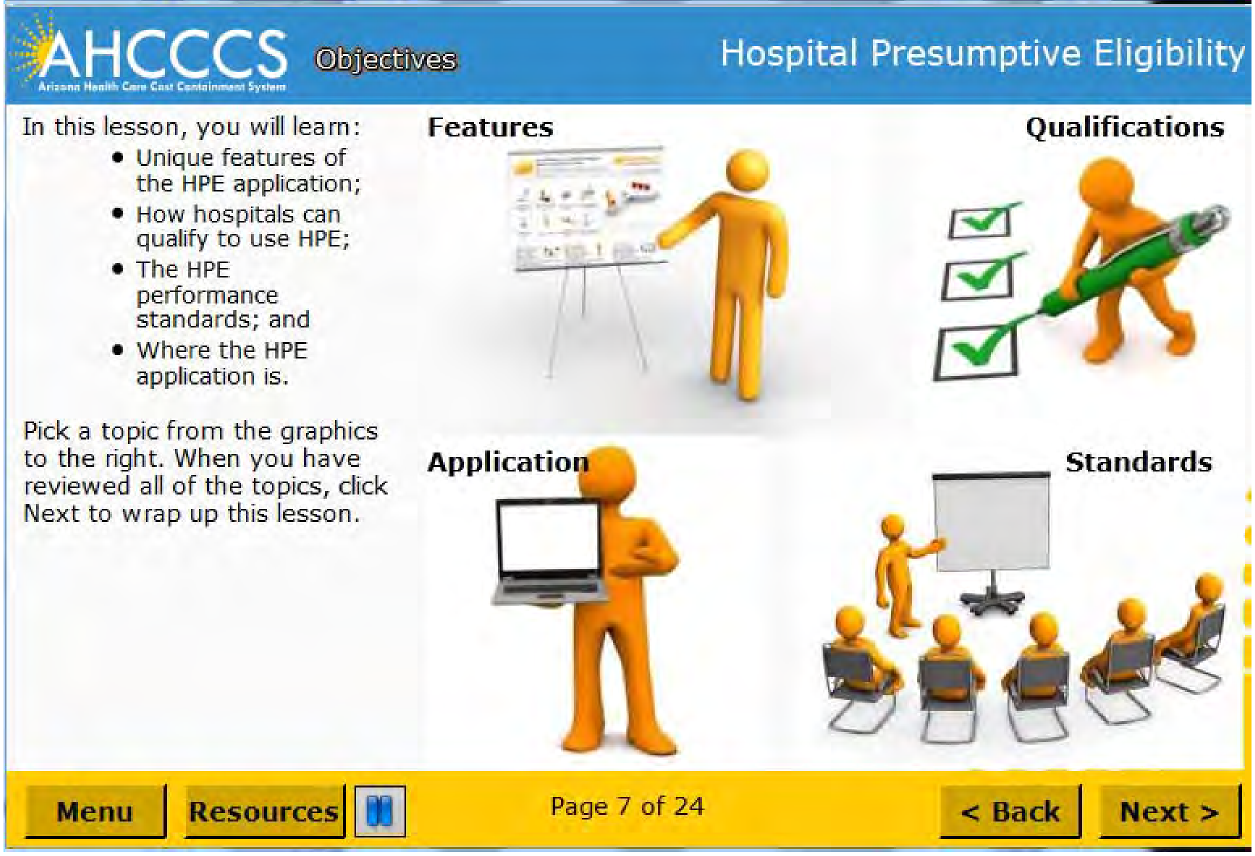
By Federal law, the hospital is required to provide certain services to anyone, regardless of his economic status. If a person is unable to pay, often times, the hospital has to absorb that cost. HPE allows the hospital to recoup some of the expense if the person appears to be eligible for Medical Assistance through AHCCCS. How?

AHCCCS enrollment can be approved by the hospital and the hospital issues an approval notice to the customer. Enrollment is immediate and begins on the date HPE is approved by the hospital.

Doesn't this concept seem interesting? The work you perform with regards to HPE can have a profound affect on your hospital and the customers who enter your hospital. Click Next to learn about the objectives of this course.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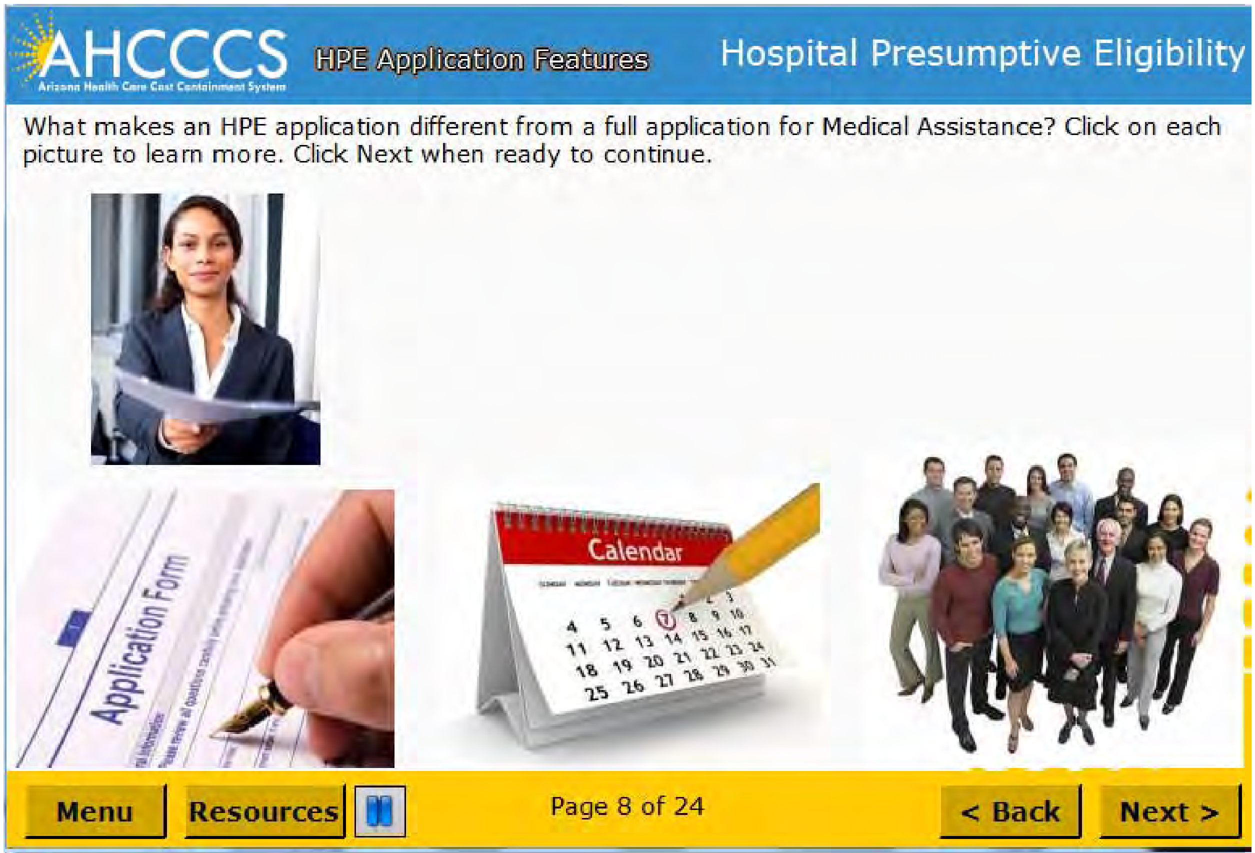
In this lesson, you will learn:

- Unique features of the HPE application;
- How hospitals can qualify to use HPE;
- The HPE performance standards; and
- Where the HPE application is.

Pick a topic from the graphics to the right. When you have reviewed all of the topics, click Next to wrap up this lesson.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What makes an HPE application different from a full application for Medical Assistance? Click on each picture to learn more. Click Next when ready to continue.

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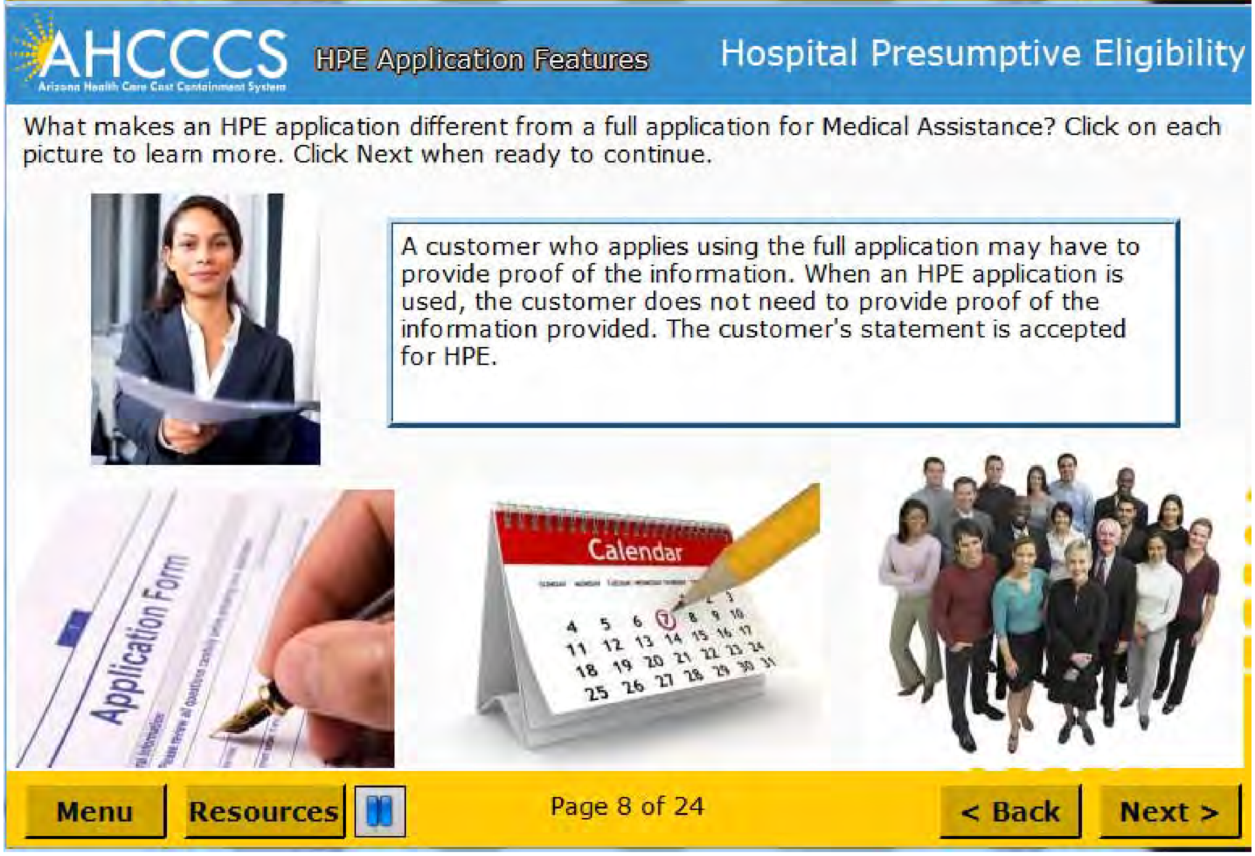
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What makes an HPE application different from a full application for Medical Assistance? Click on each picture to learn more. Click Next when ready to continue.

A customer who applies using the full application may have to provide proof of the information. When an HPE application is used, the customer does not need to provide proof of the information provided. The customer's statement is accepted for HPE.

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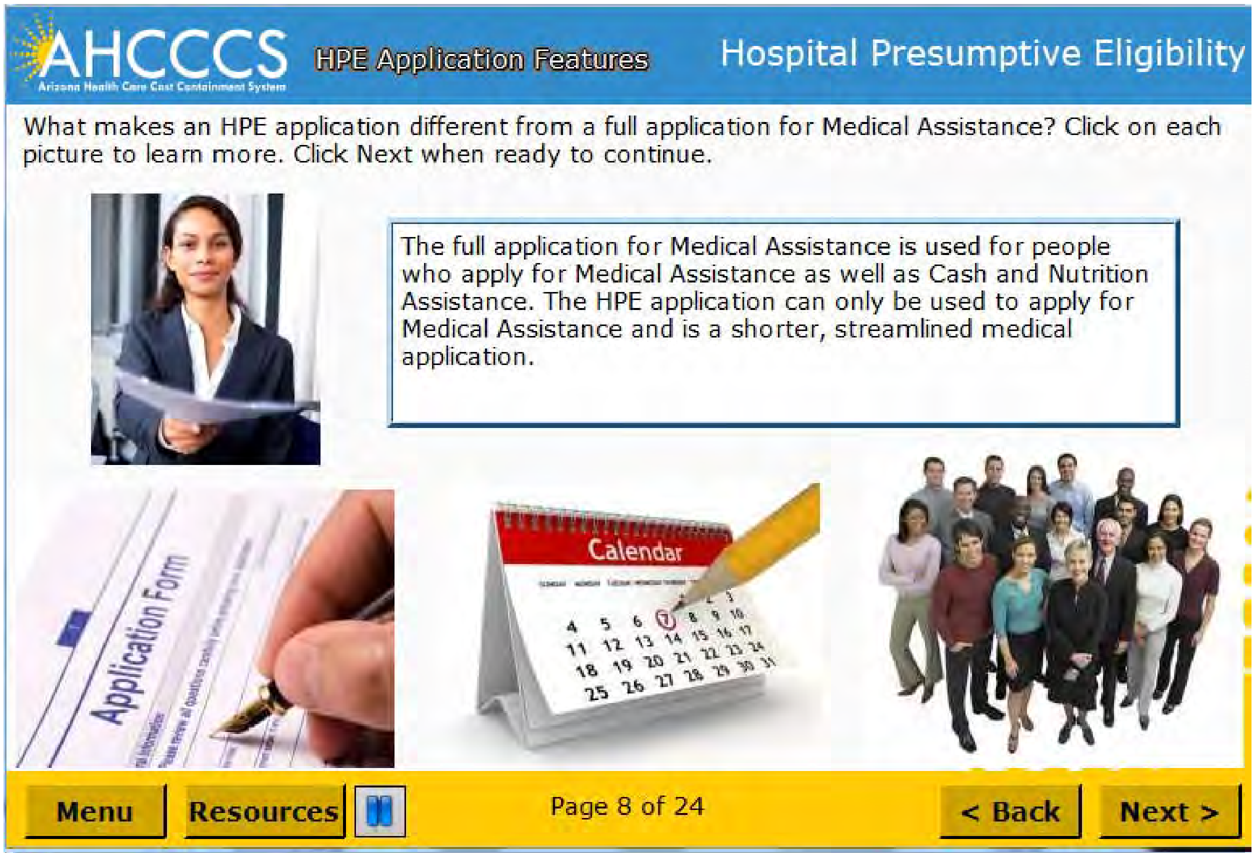
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HPE Application Features

Hospital Presumptive Eligibility

What makes an HPE application different from a full application for Medical Assistance? Click on each picture to learn more. Click Next when ready to continue.

The full application for Medical Assistance is used for people who apply for Medical Assistance as well as Cash and Nutrition Assistance. The HPE application can only be used to apply for Medical Assistance and is a shorter, streamlined medical application.

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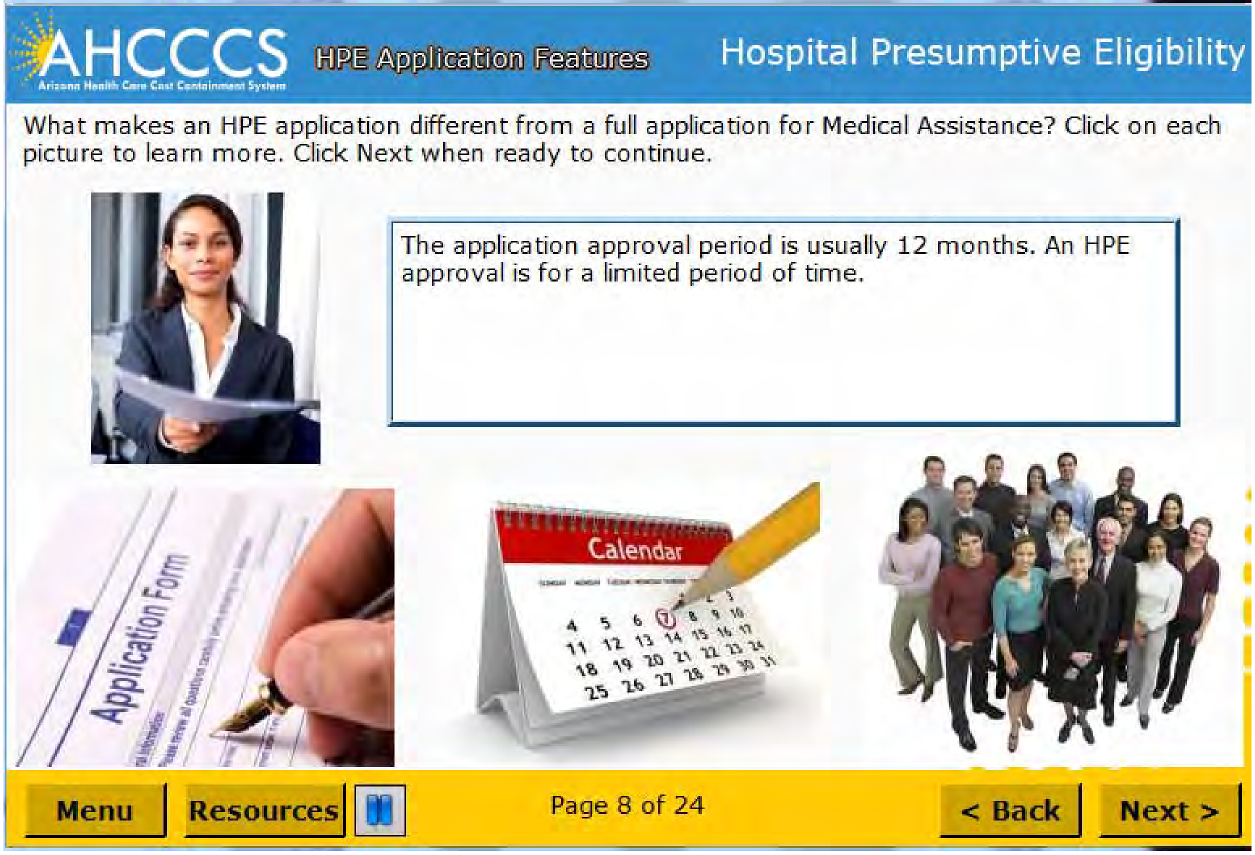
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HPE Application Features

Hospital Presumptive Eligibility

What makes an HPE application different from a full application for Medical Assistance? Click on each picture to learn more. Click Next when ready to continue.

The application approval period is usually 12 months. An HPE approval is for a limited period of time.

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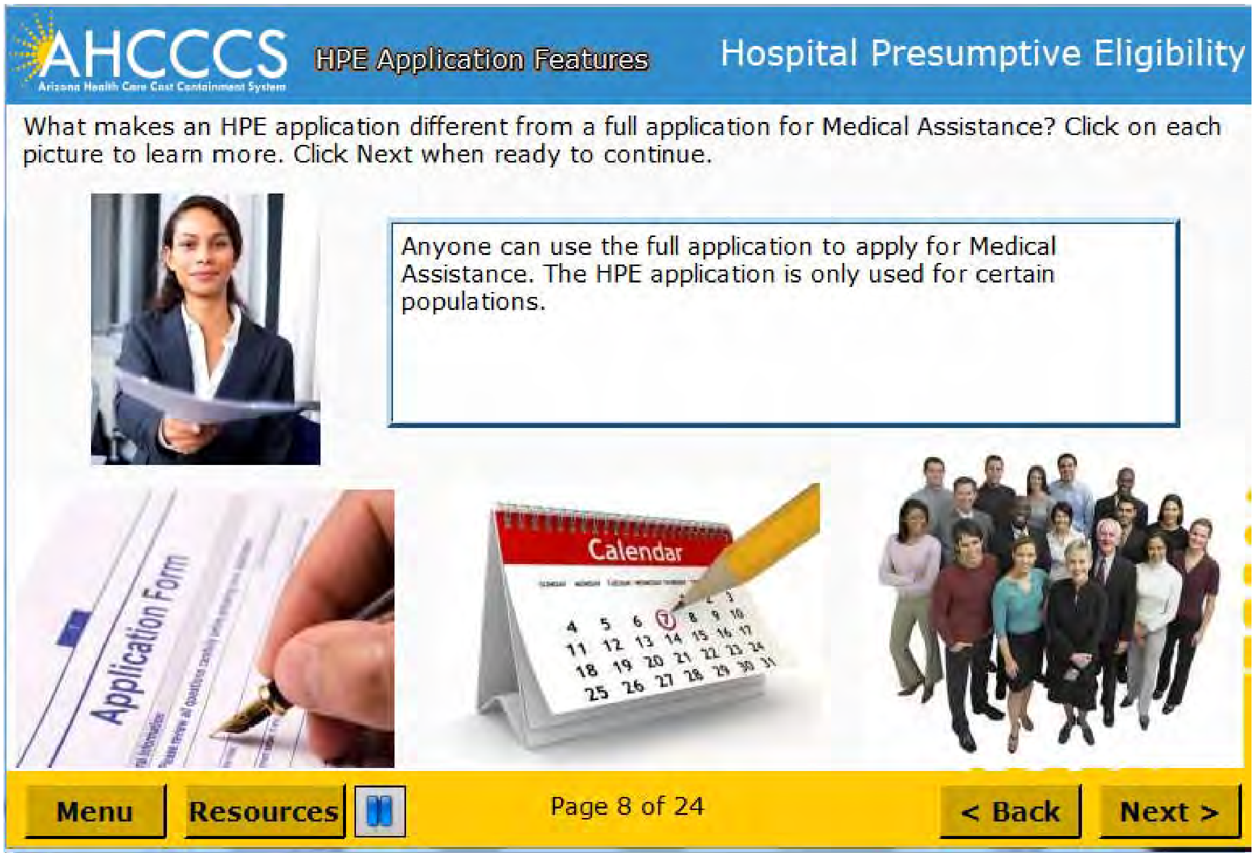
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What makes an HPE application different from a full application for Medical Assistance? Click on each picture to learn more. Click Next when ready to continue.

Anyone can use the full application to apply for Medical Assistance. The HPE application is only used for certain populations.

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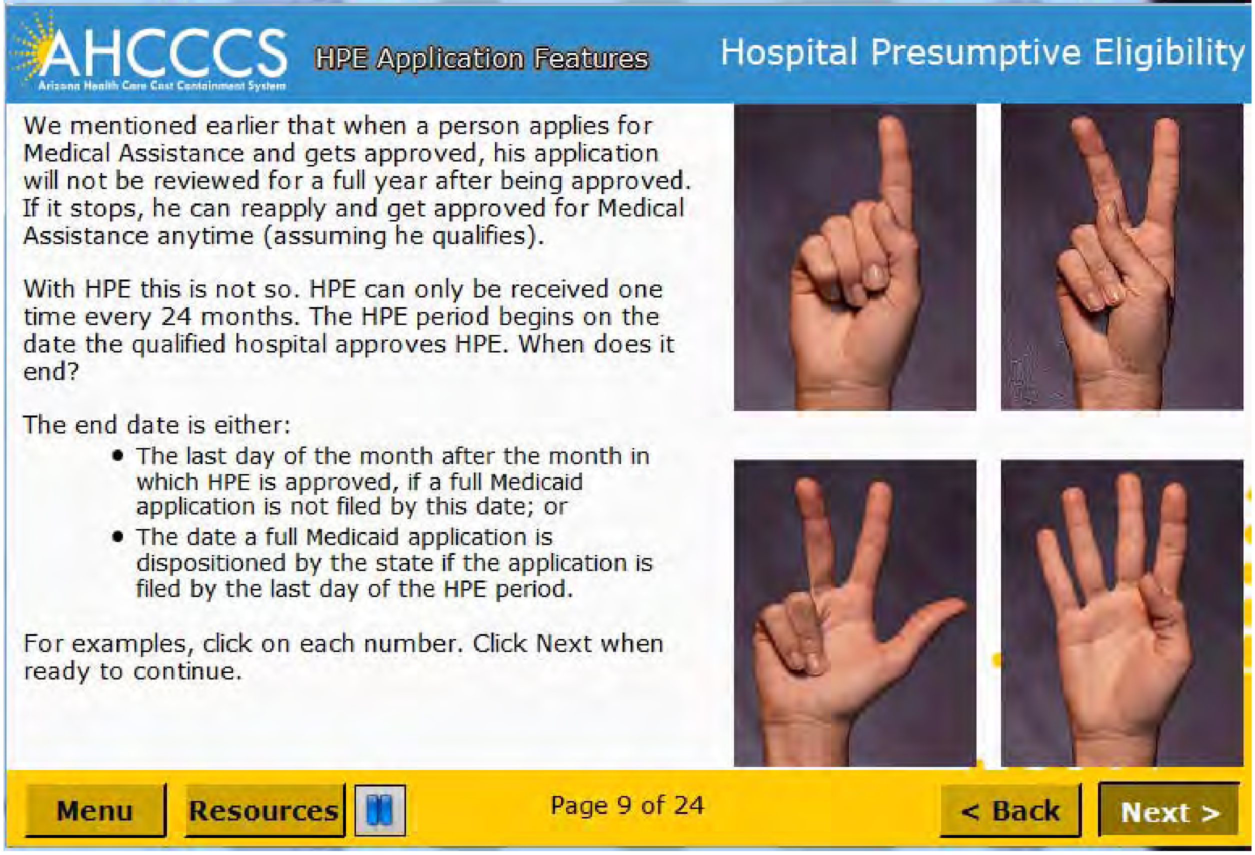
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We mentioned earlier that when a person applies for Medical Assistance and gets approved, his application will not be reviewed for a full year after being approved. If it stops, he can reapply and get approved for Medical Assistance anytime (assuming he qualifies).

With HPE this is not so. HPE can only be received one time every 24 months. The HPE period begins on the date the qualified hospital approves HPE. When does it end?

The end date is either:

- The last day of the month after the month in which HPE is approved, if a full Medicaid application is not filed by this date; or
- The date a full Medicaid application is dispositioned by the state if the application is filed by the last day of the HPE period.

For examples, click on each number. Click Next when ready to continue.

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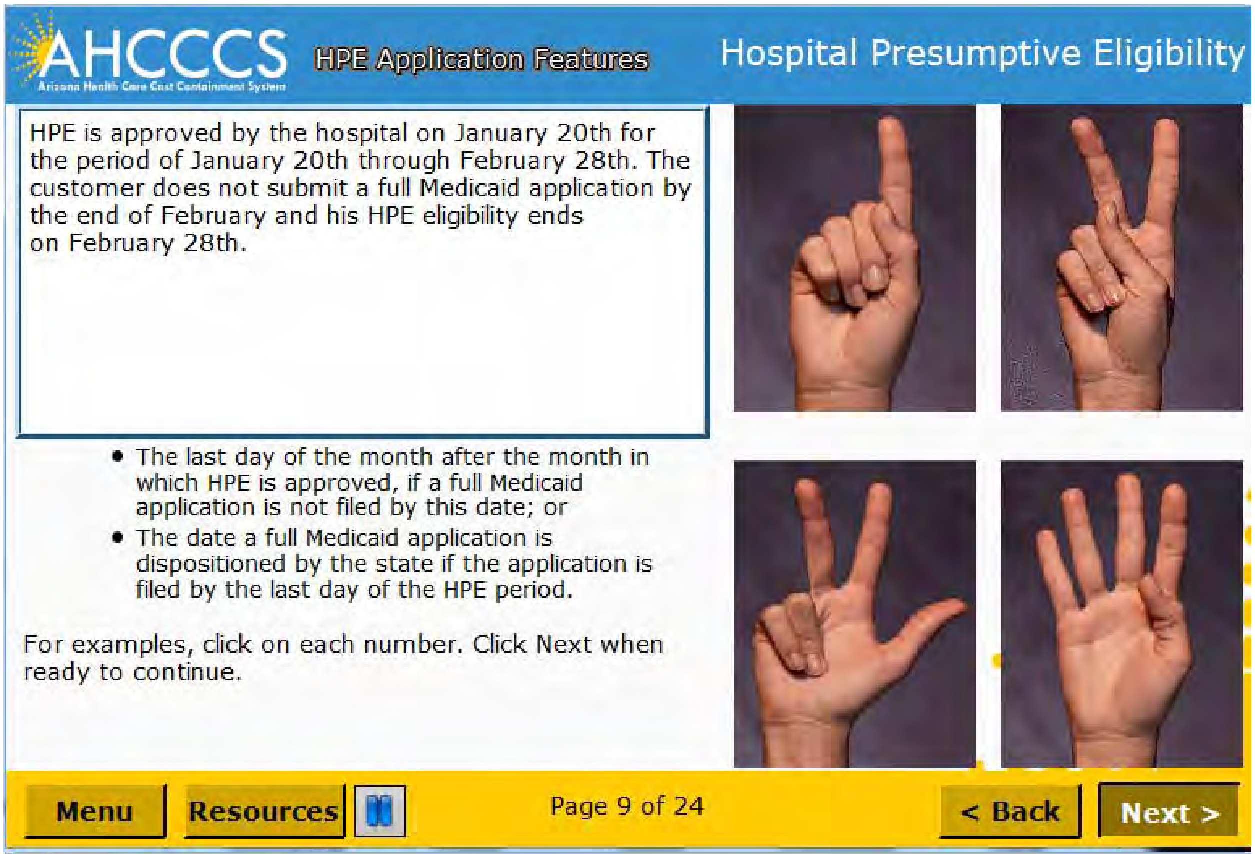
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Hospital Presumptive Eligibility

HPE is approved by the hospital on January 20th for the period of January 20th through February 28th. The customer does not submit a full Medicaid application by the end of February and his HPE eligibility ends on February 28th.

- The last day of the month after the month in which HPE is approved, if a full Medicaid application is not filed by this date; or
- The date a full Medicaid application is dispositioned by the state if the application is filed by the last day of the HPE period.

For examples, click on each number. Click Next when ready to continue.

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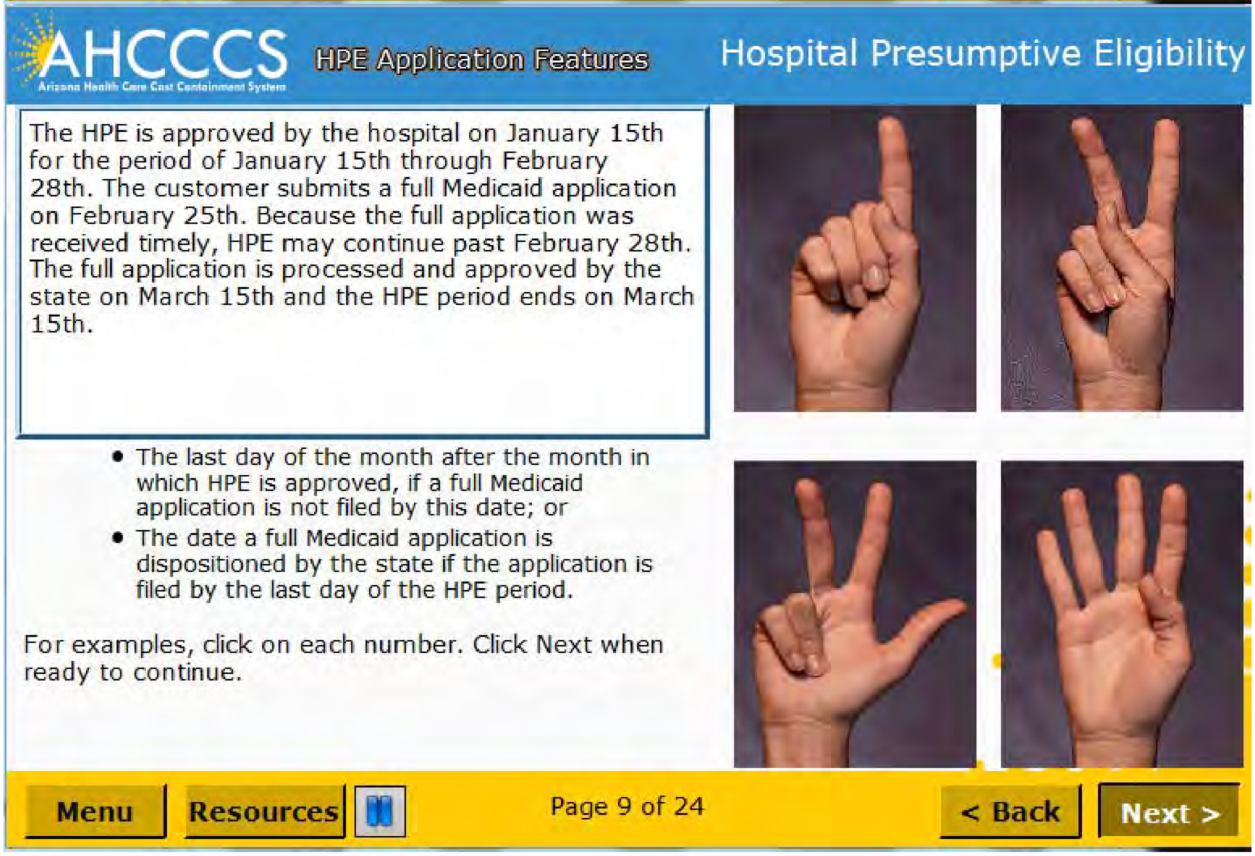
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The HPE is approved by the hospital on January 15th for the period of January 15th through February 28th. The customer submits a full Medicaid application on February 25th. Because the full application was received timely, HPE may continue past February 28th. The full application is processed and approved by the state on March 15th and the HPE period ends on March 15th.

- The last day of the month after the month in which HPE is approved, if a full Medicaid application is not filed by this date; or
- The date a full Medicaid application is dispositioned by the state if the application is filed by the last day of the HPE period.

For examples, click on each number. Click Next when ready to continue.

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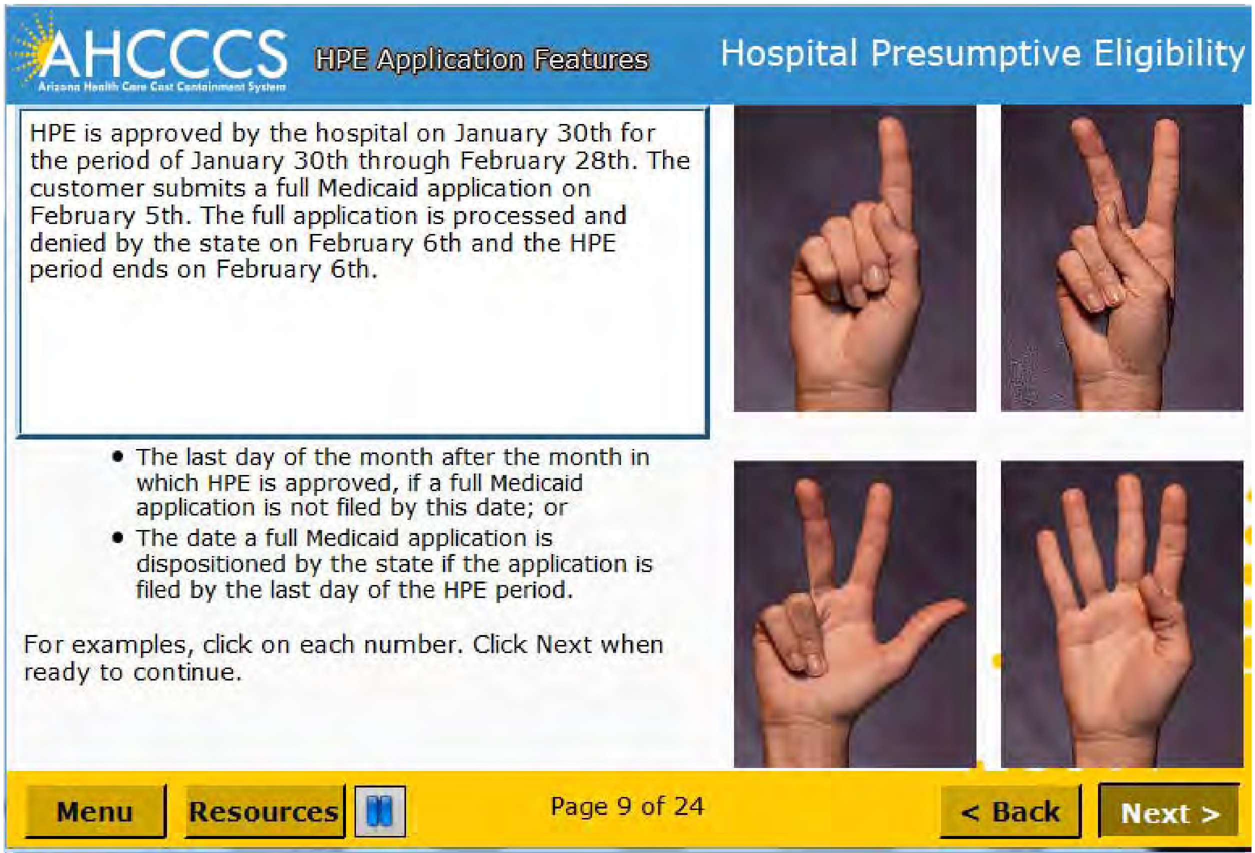
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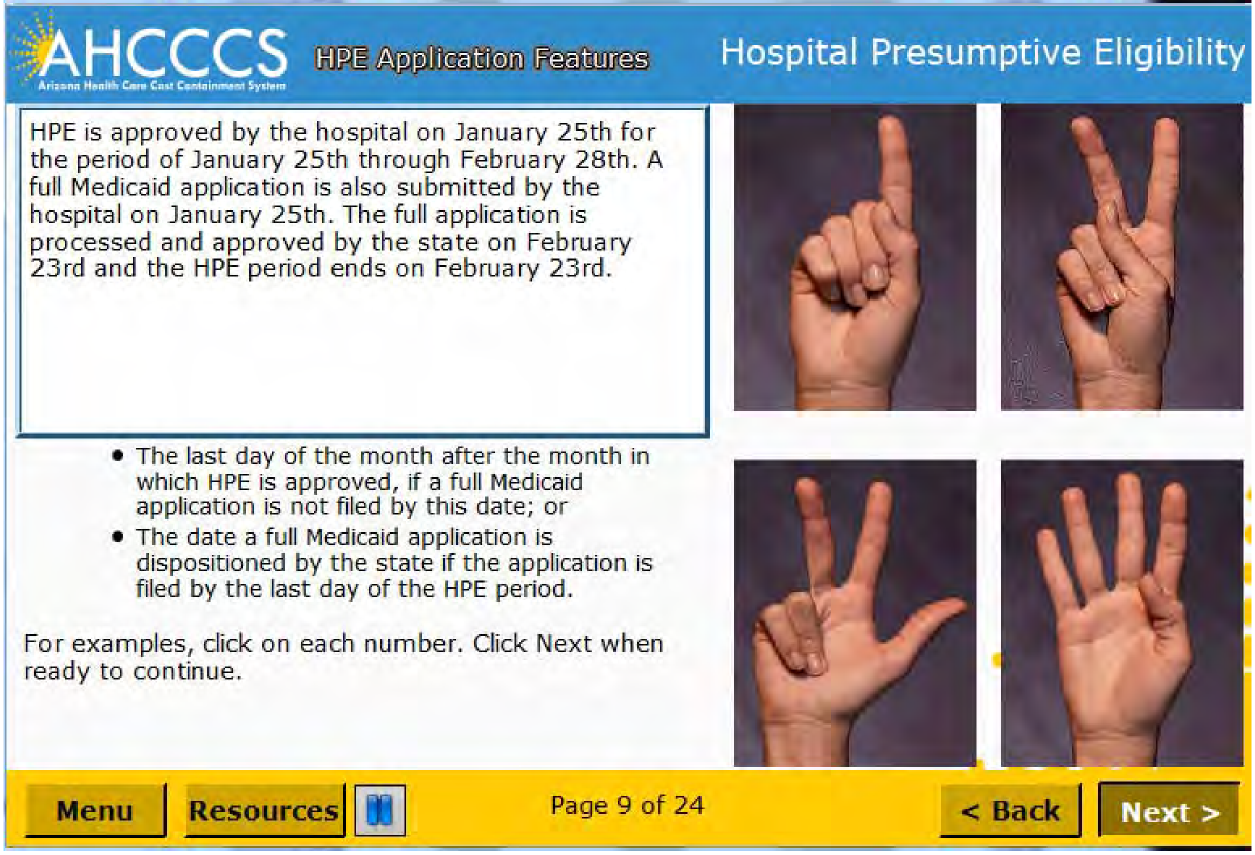
HPE Application Features

Hospital Presumptive Eligibility

HPE is approved by the hospital on January 30th for the period of January 30th through February 28th. The customer submits a full Medicaid application on February 5th. The full application is processed and denied by the state on February 6th and the HPE period ends on February 6th.

- The last day of the month after the month in which HPE is approved, if a full Medicaid application is not filed by this date; or
- The date a full Medicaid application is dispositioned by the state if the application is filed by the last day of the HPE period.

For examples, click on each number. Click Next when ready to continue.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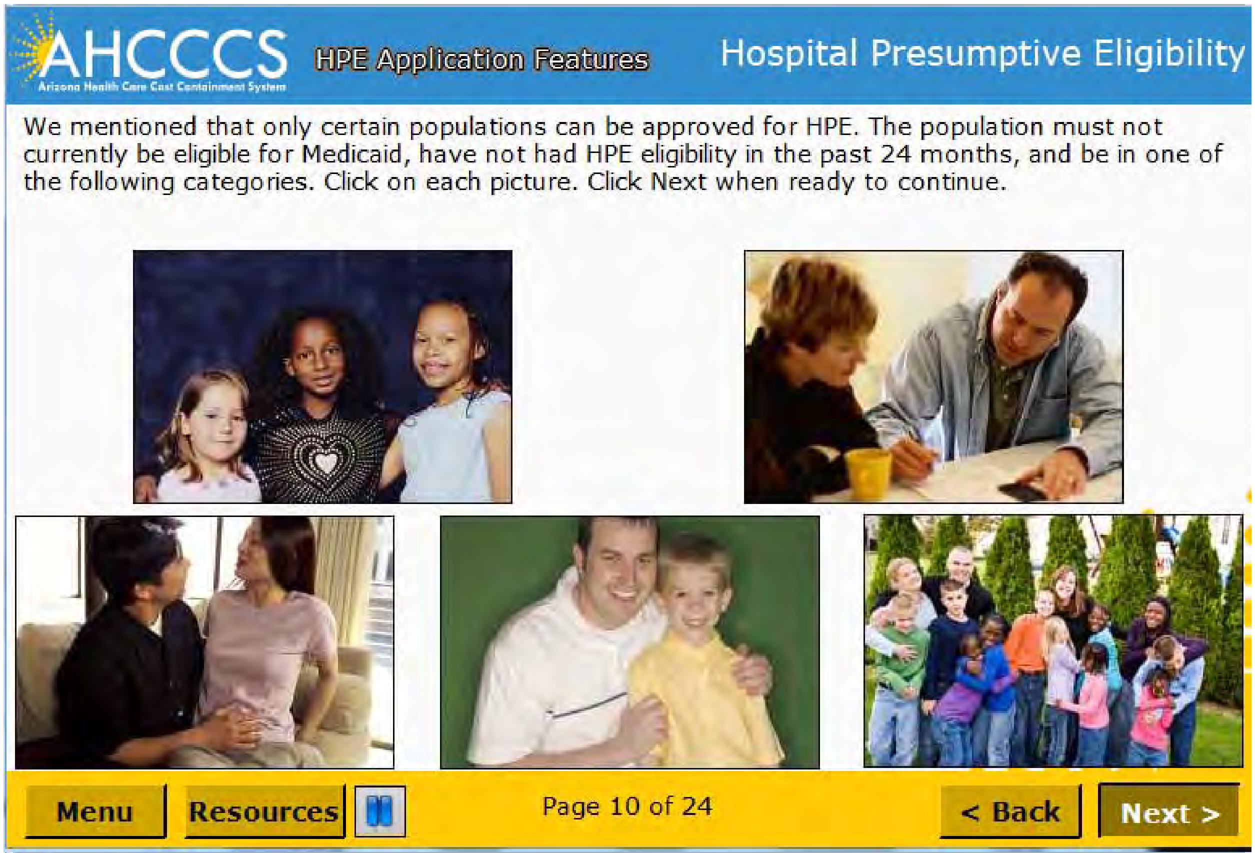
HPE Application Features

Hospital Presumptive Eligibility

HPE is approved by the hospital on January 25th for the period of January 25th through February 28th. A full Medicaid application is also submitted by the hospital on January 25th. The full application is processed and approved by the state on February 23rd and the HPE period ends on February 23rd.

- The last day of the month after the month in which HPE is approved, if a full Medicaid application is not filed by this date; or
- The date a full Medicaid application is dispositioned by the state if the application is filed by the last day of the HPE period.

For examples, click on each number. Click Next when ready to continue.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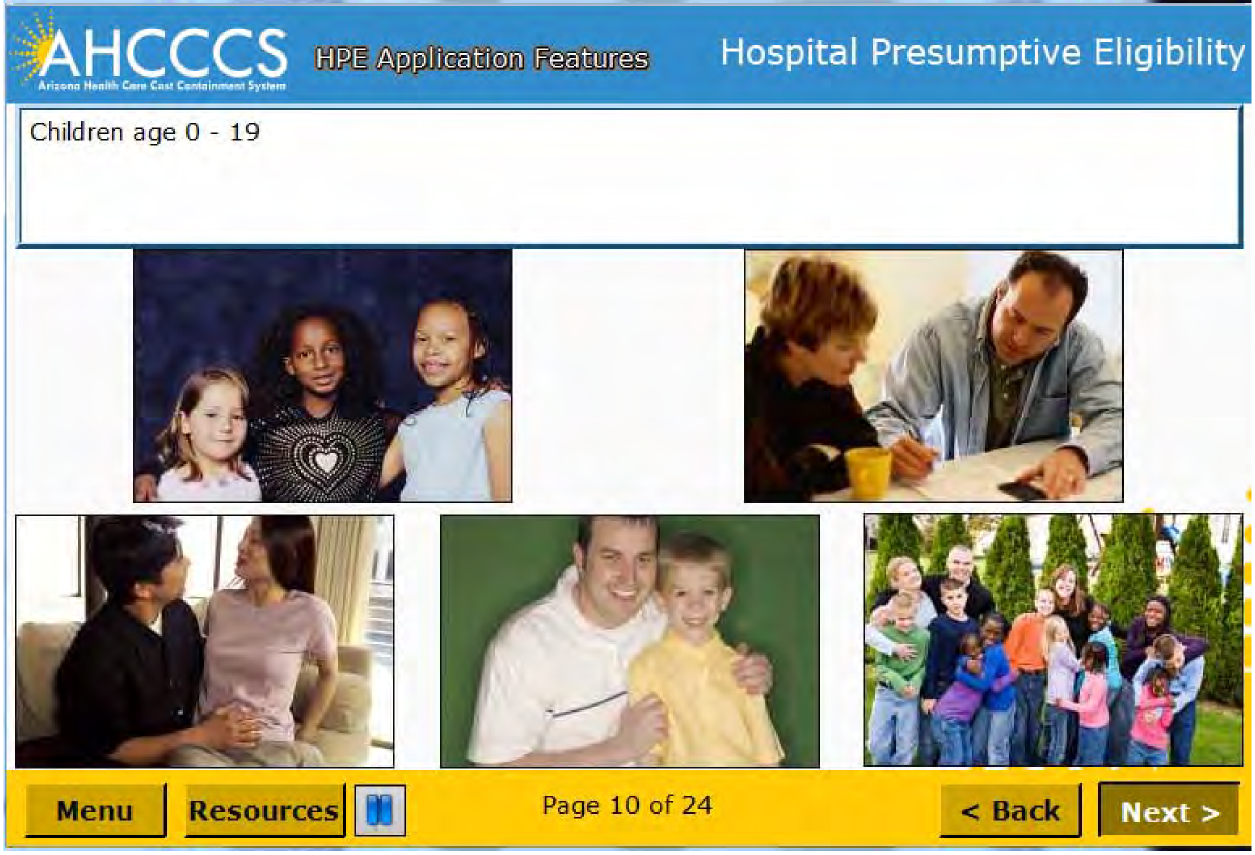
We mentioned that only certain populations can be approved for HPE. The population must not currently be eligible for Medicaid, have not had HPE eligibility in the past 24 months, and be in one of the following categories. Click on each picture. Click Next when ready to continue.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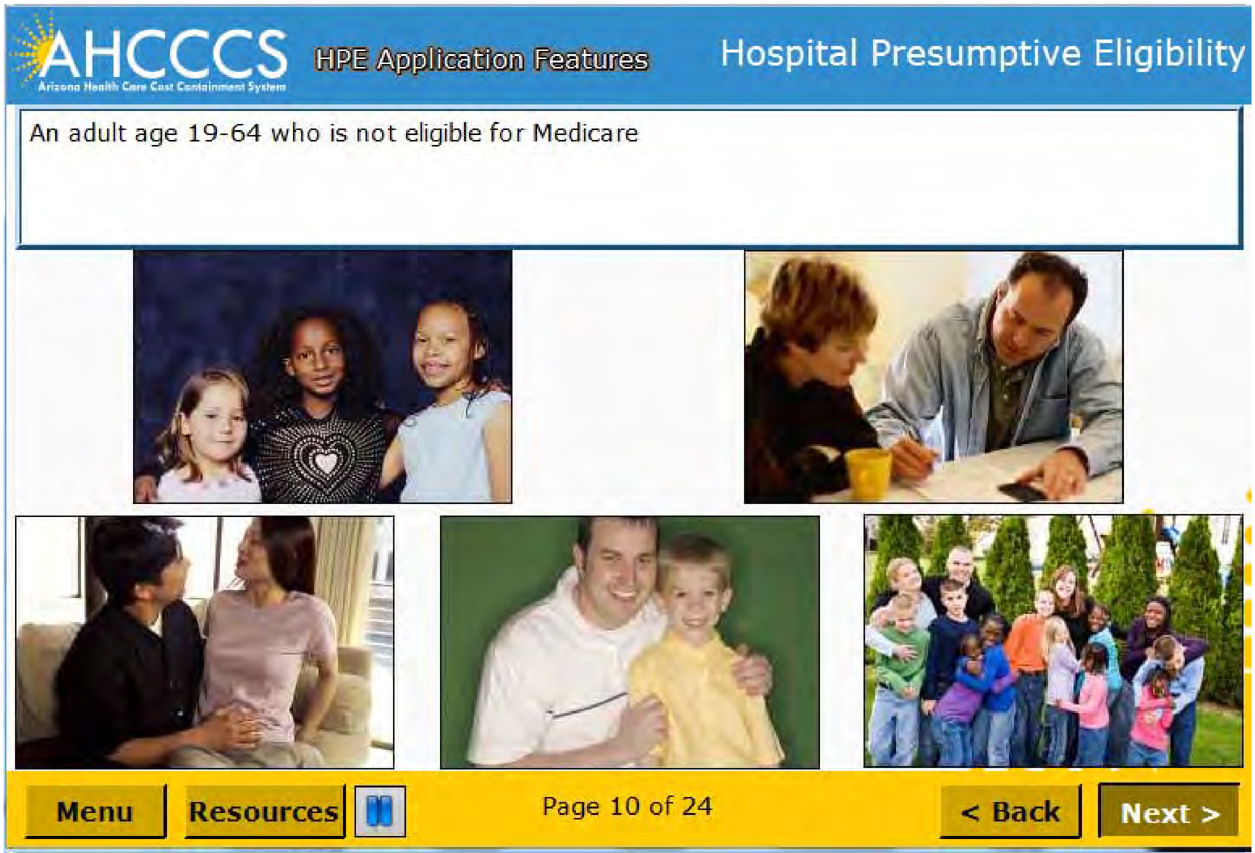
Children age 0 - 19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An adult age 19-64 who is not eligible for Medicare

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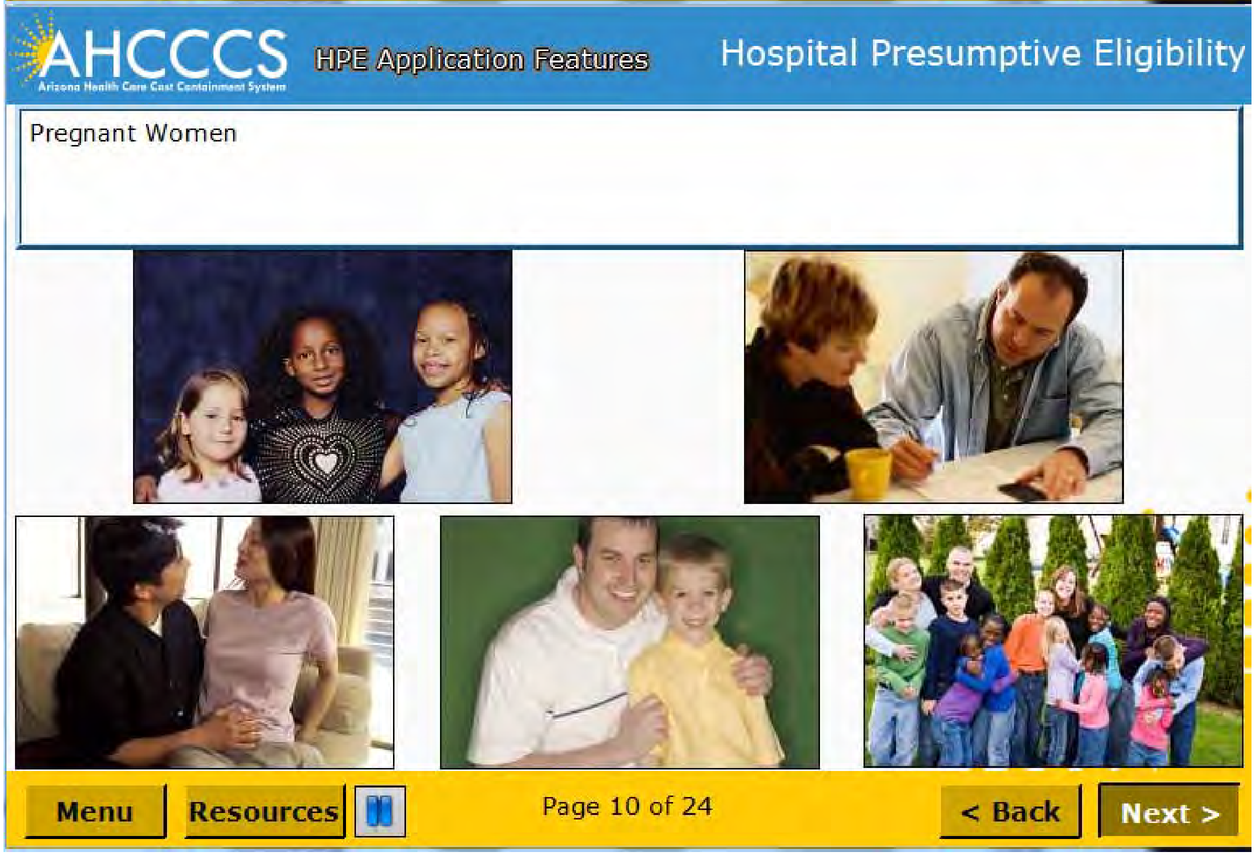
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Pregnant Women

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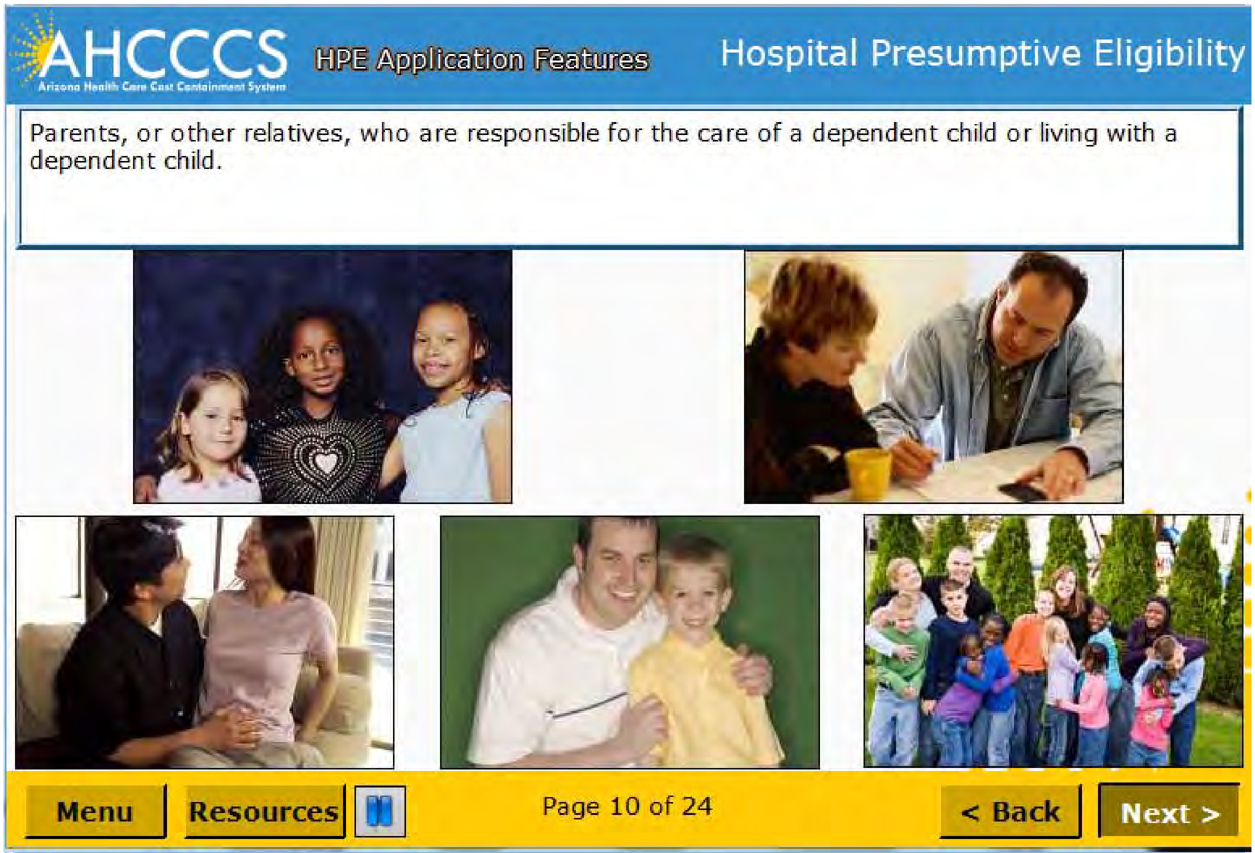
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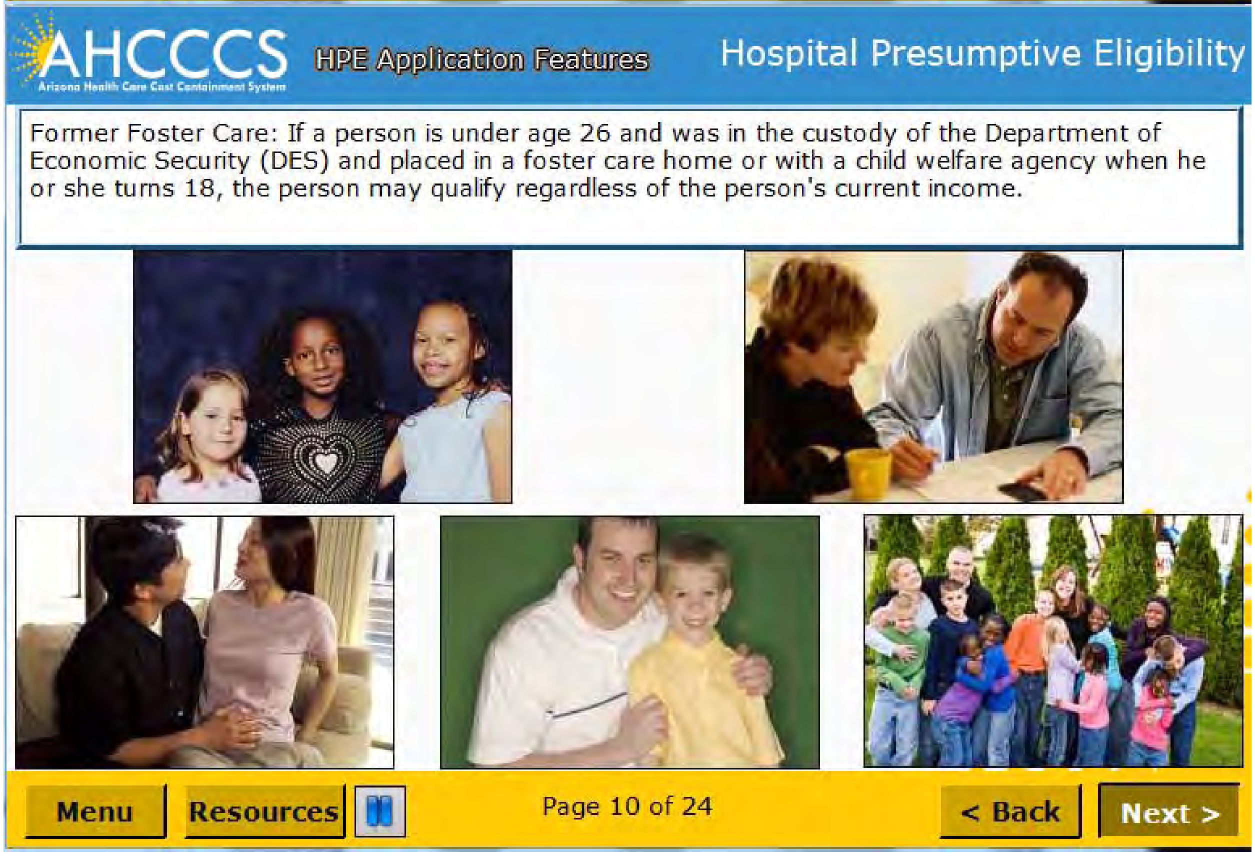
Parents, or other relatives, who are responsible for the care of a dependent child or living with a dependent child.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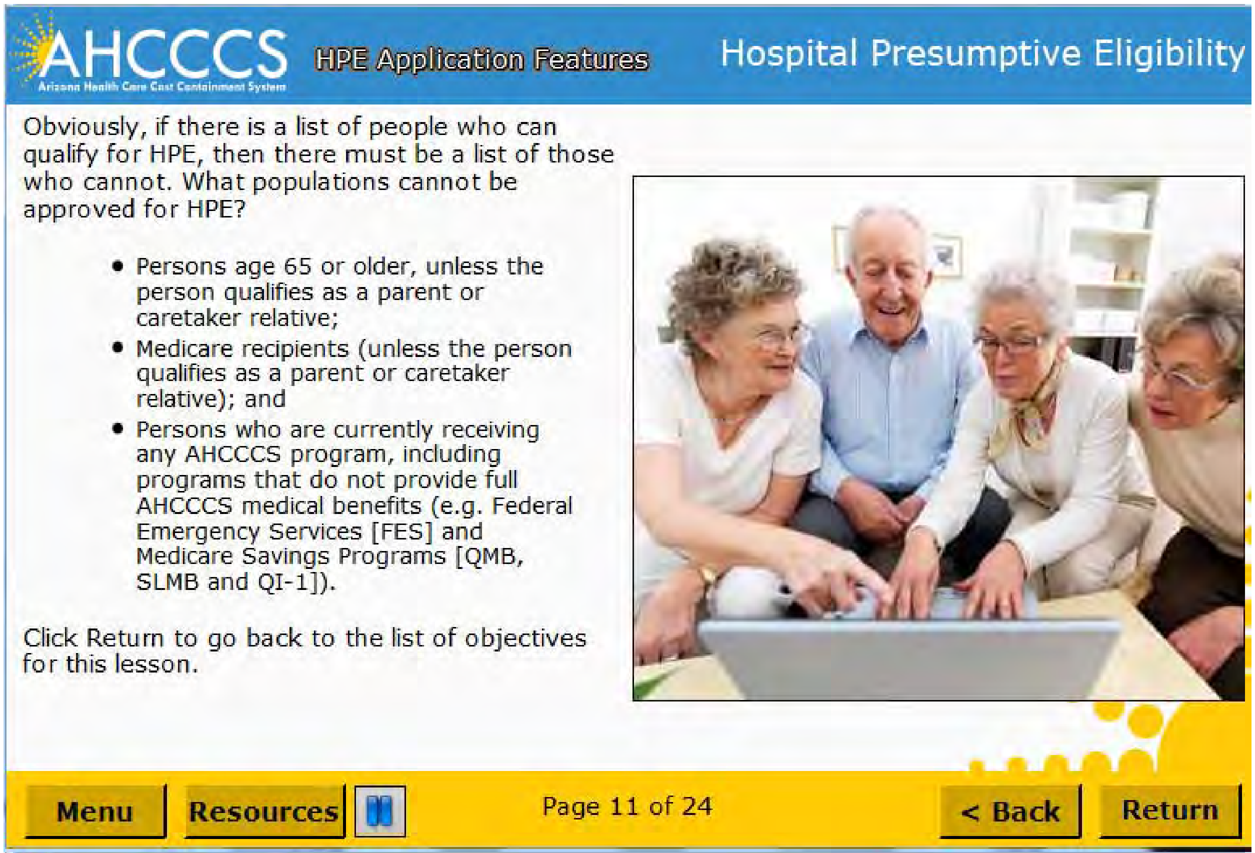
Former Foster Care: If a person is under age 26 and was in the custody of the Department of Economic Security (DES) and placed in a foster care home or with a child welfare agency when he or she turns 18, the person may qualify regardless of the person's current income.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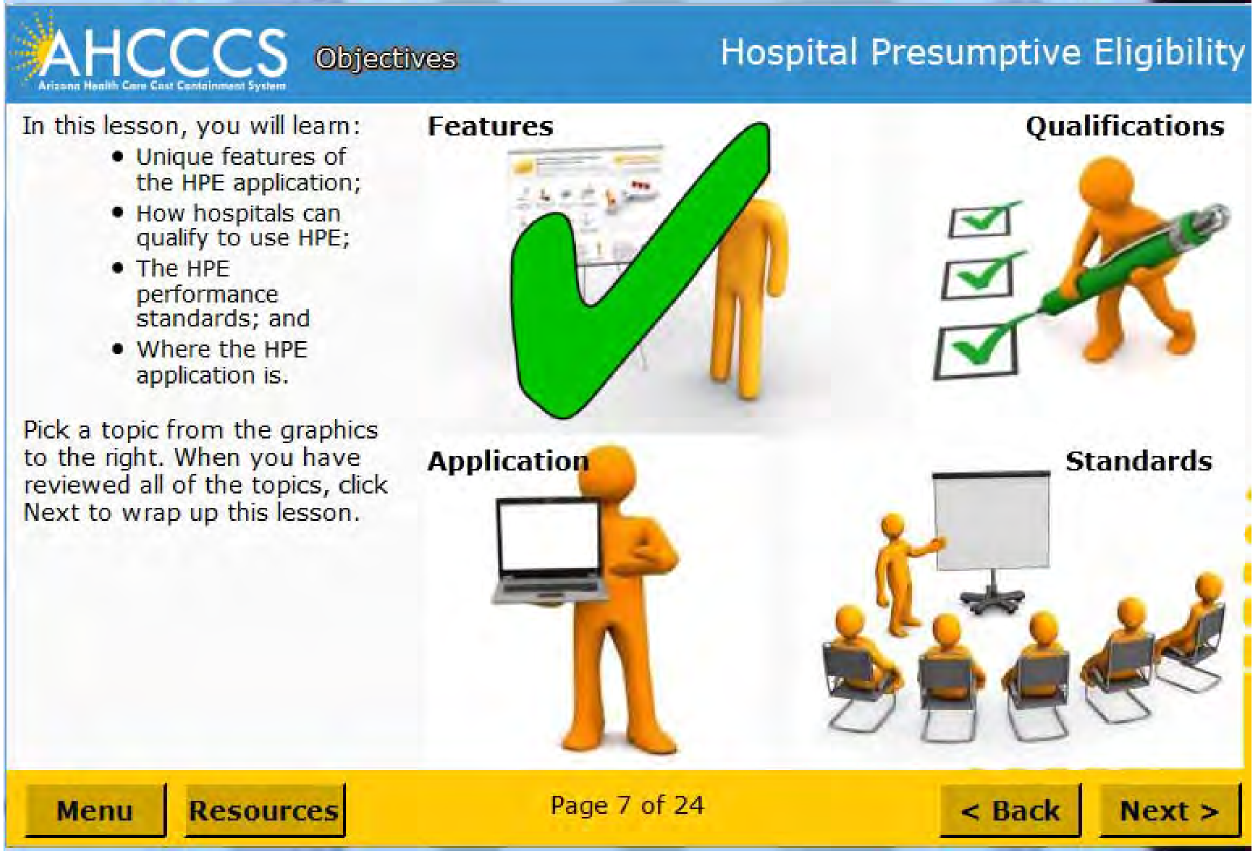
HPE Application Features

Hospital Presumptive Eligibility

Obviously, if there is a list of people who can qualify for HPE, then there must be a list of those who cannot. What populations cannot be approved for HPE?

- Persons age 65 or older, unless the person qualifies as a parent or caretaker relative;
- Medicare recipients (unless the person qualifies as a parent or caretaker relative); and
- Persons who are currently receiving any AHCCCS program, including programs that do not provide full AHCCCS medical benefits (e.g. Federal Emergency Services [FES] and Medicare Savings Programs [QMB, SLMB and QI-1]).

Click Return to go back to the list of objectives for this lesson.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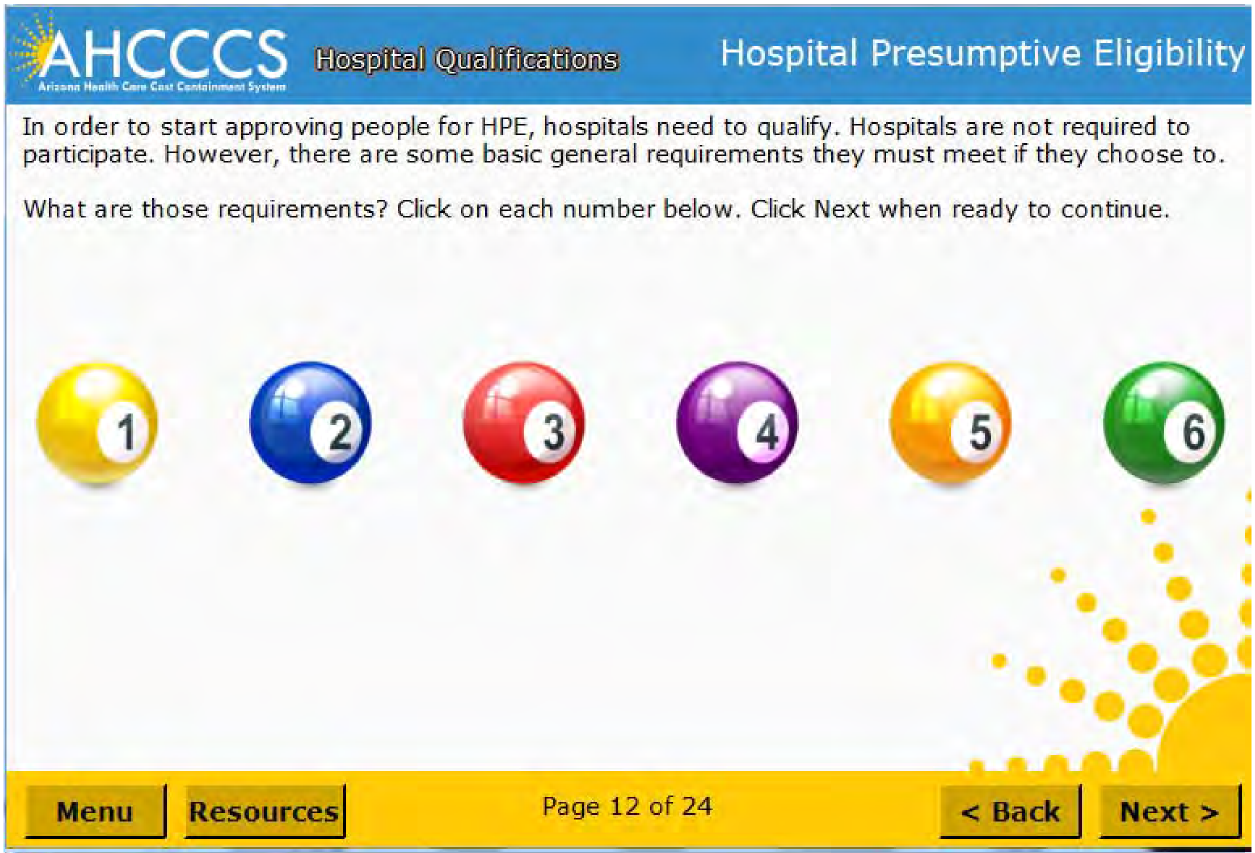
Objectives

Hospital Presumptive Eligibility

In this lesson, you will learn:

- Unique features of the HPE application;
- How hospitals can qualify to use HPE;
- The HPE performance standards; and
- Where the HPE application is.

Pick a topic from the graphics to the right. When you have reviewed all of the topics, click Next to wrap up this lesson.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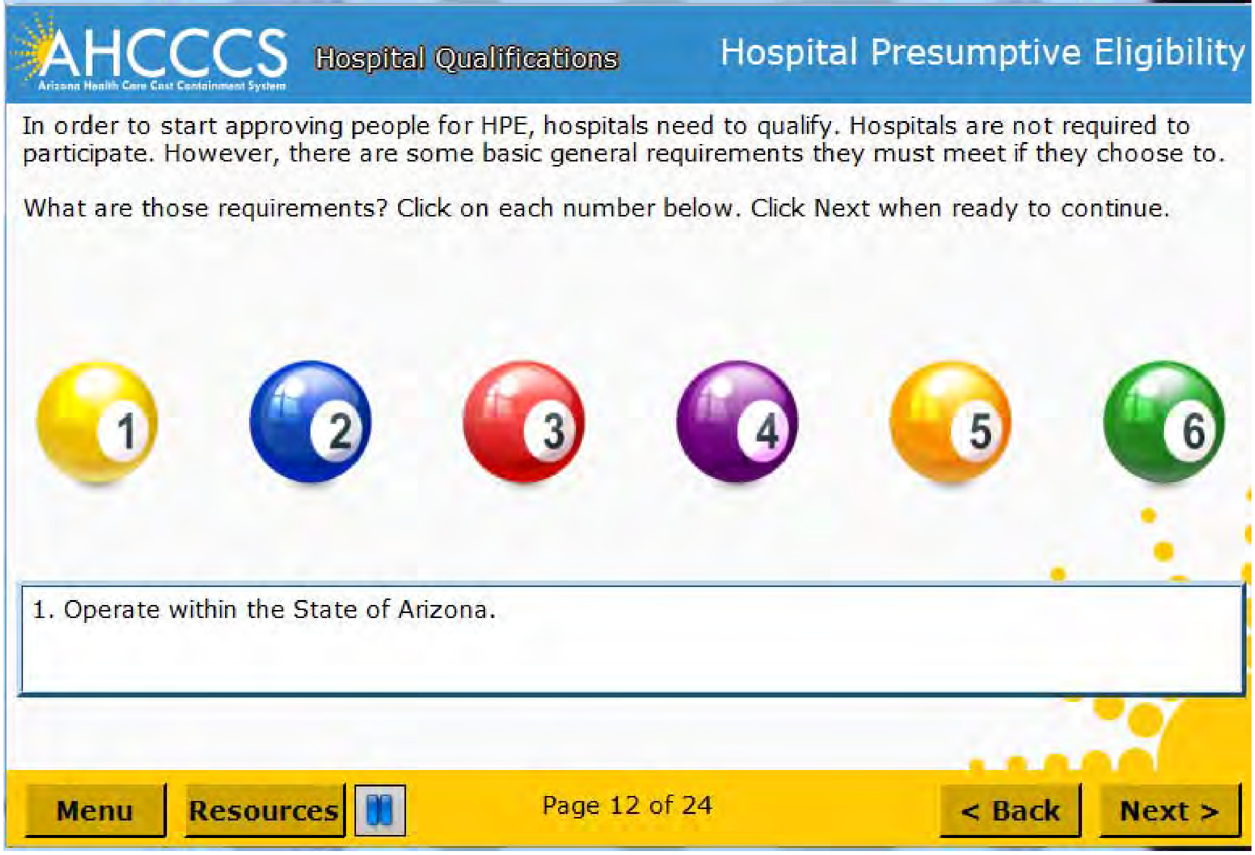
Hospital Qualifications

Hospital Presumptive Eligibility

In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.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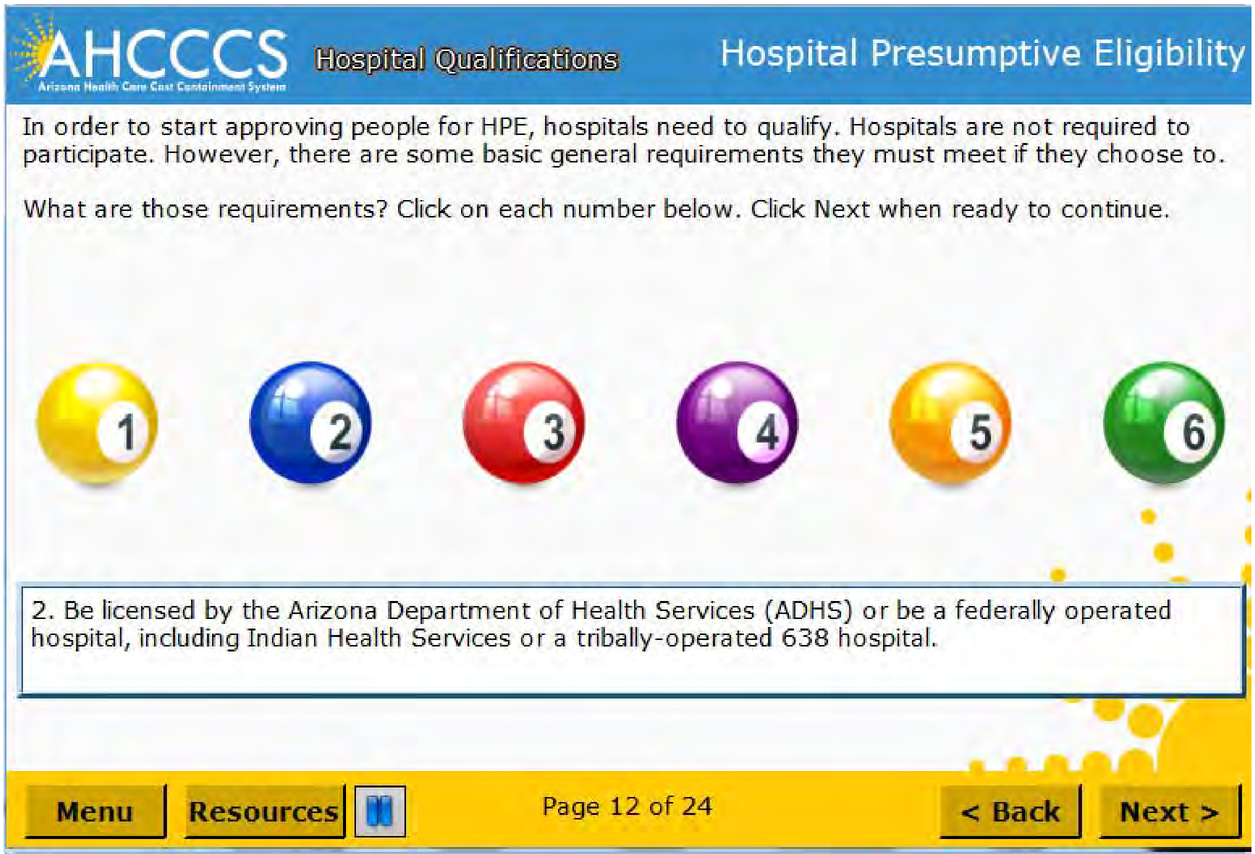
Hospital Qualifications

Hospital Presumptive Eligibility

In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.

1. Operate within the State of Arizona.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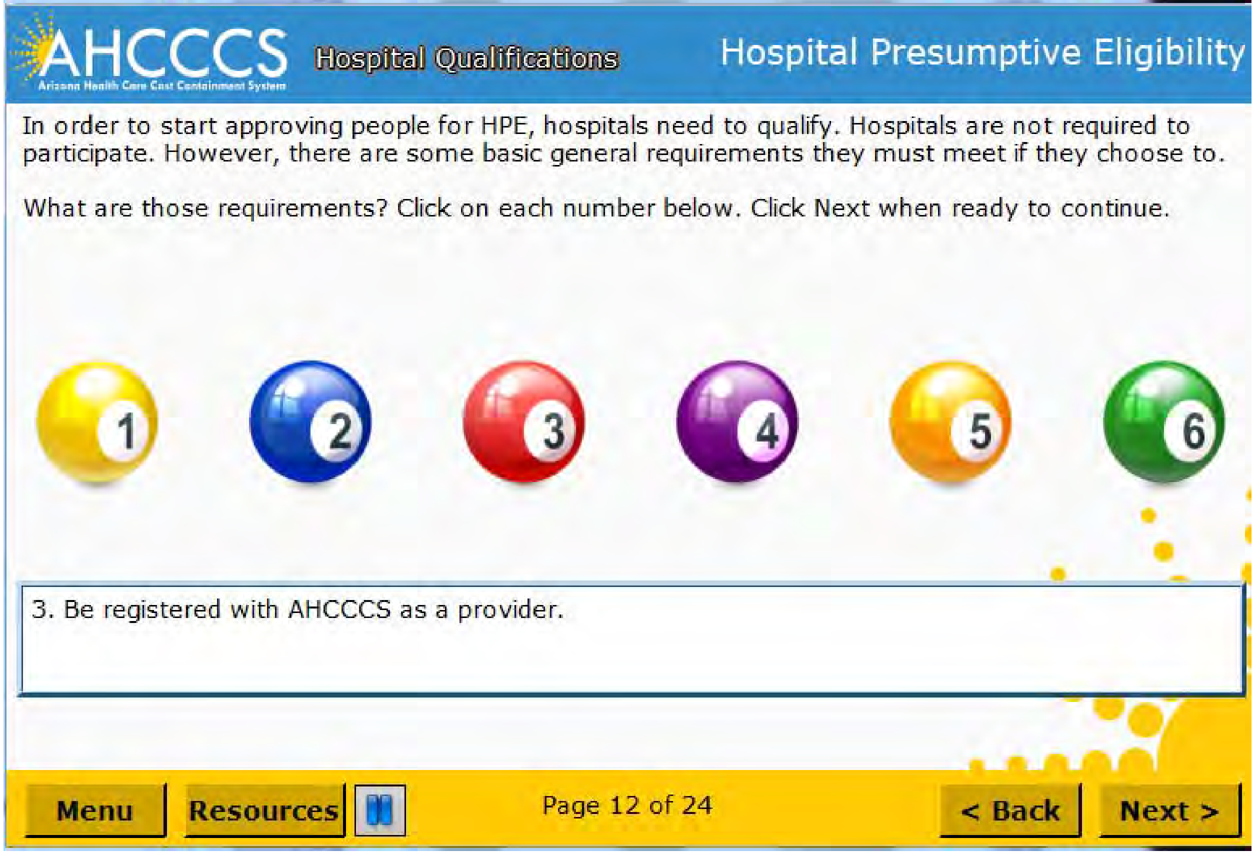
In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.

2. Be licensed by the Arizona Department of Health Services (ADHS) or be a federally operated hospital, including Indian Health Services or a tribally-operated 638 hospital.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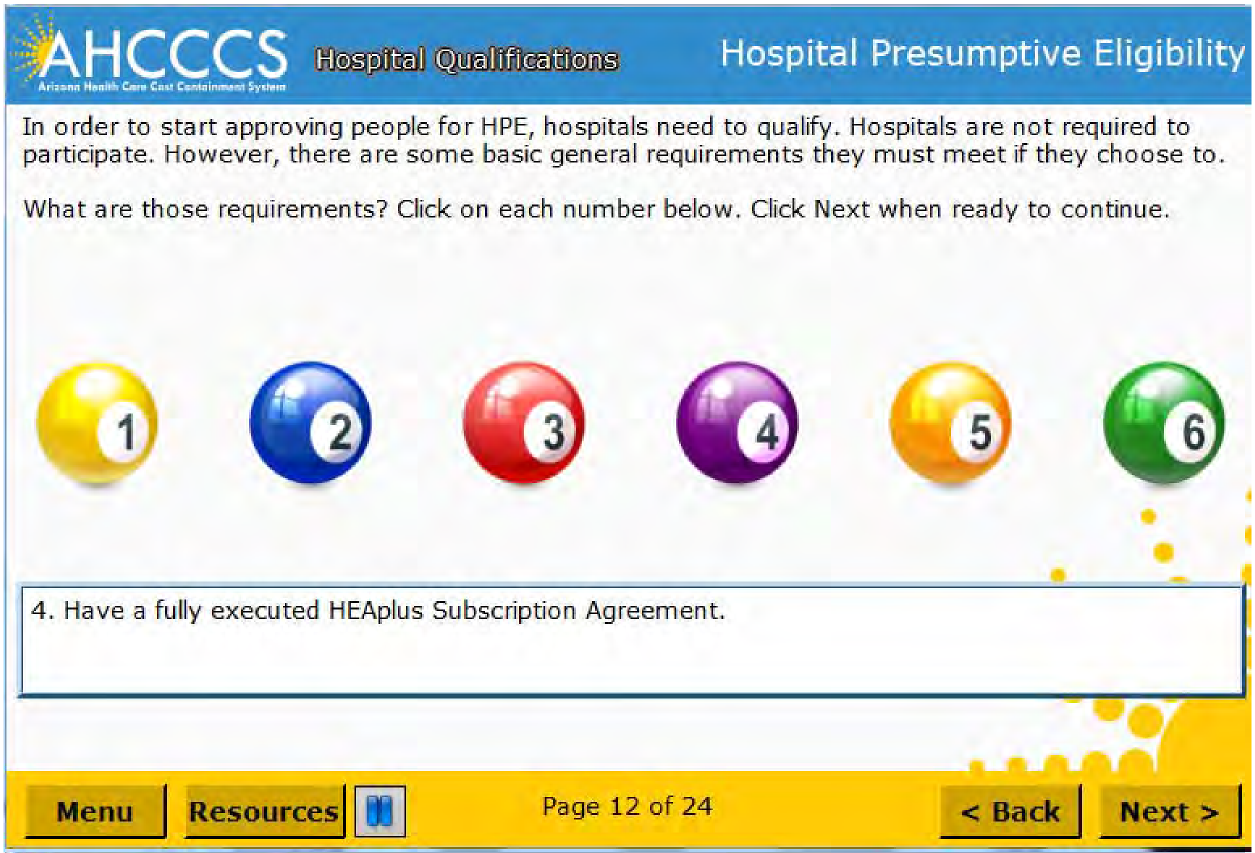
In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.

3. Be registered with AHCCCS as a provider.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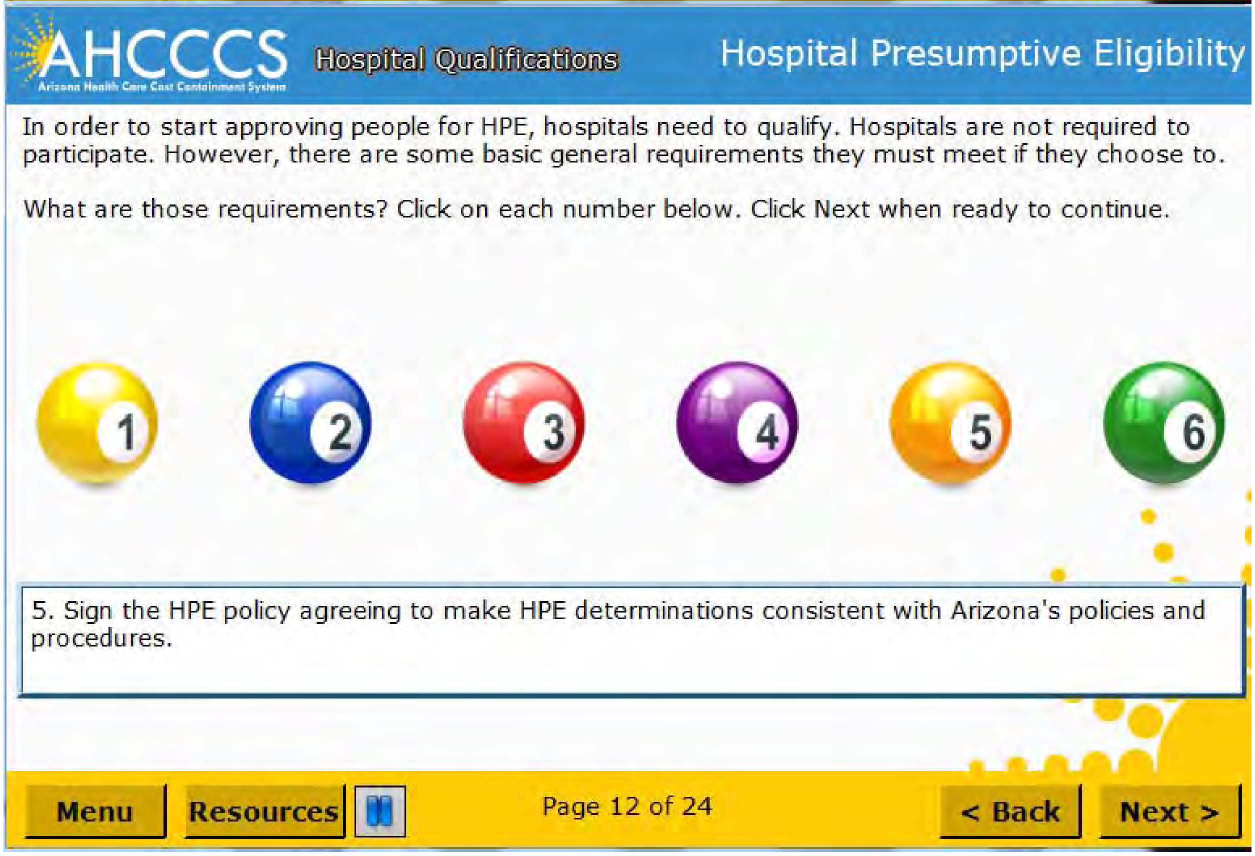
In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.

4. Have a fully executed HEAplus Subscription Agreement.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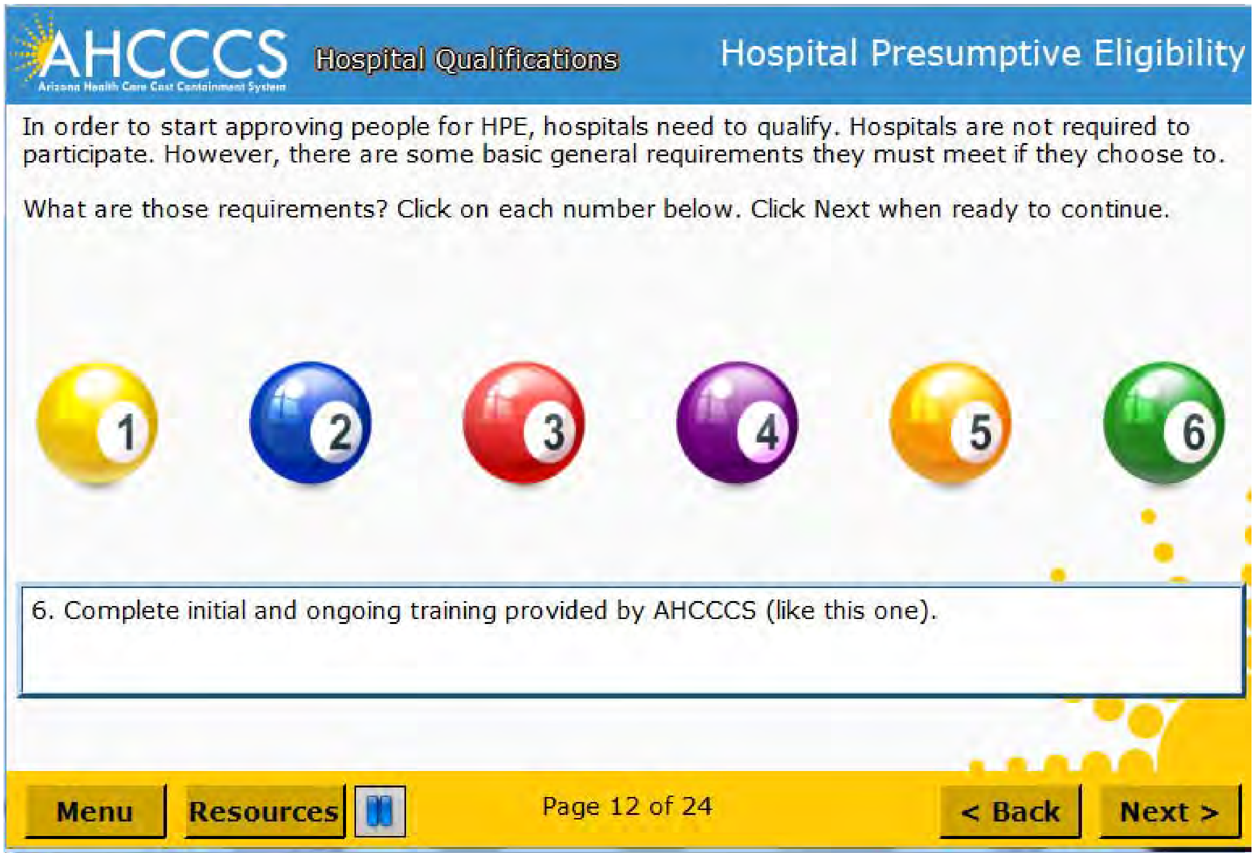
In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.

5. Sign the HPE policy agreeing to make HPE determinations consistent with Arizona's policies and procedures.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Hospital Presumptive Eligibility

In order to start approving people for HPE, hospitals need to qualify. Hospitals are not required to participate. However, there are some basic general requirements they must meet if they choose to.

What are those requirements? Click on each number below. Click Next when ready to continue.

6. Complete initial and ongoing training provided by AHCCCS (like this one).

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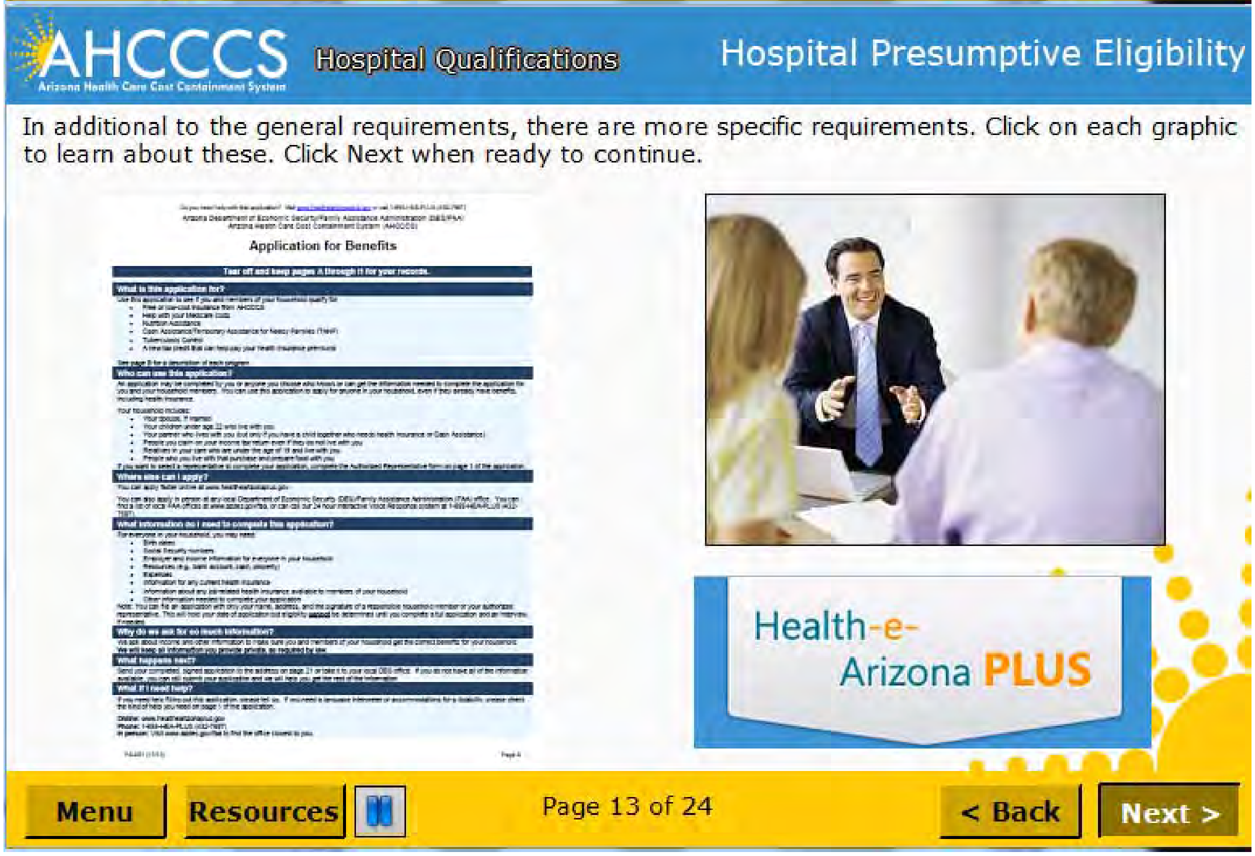
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Hospital Presumptive Eligibility

In additional to the general requirements, there are more specific requirements. Click on each graphic to learn about these. Click Next when ready to continue.

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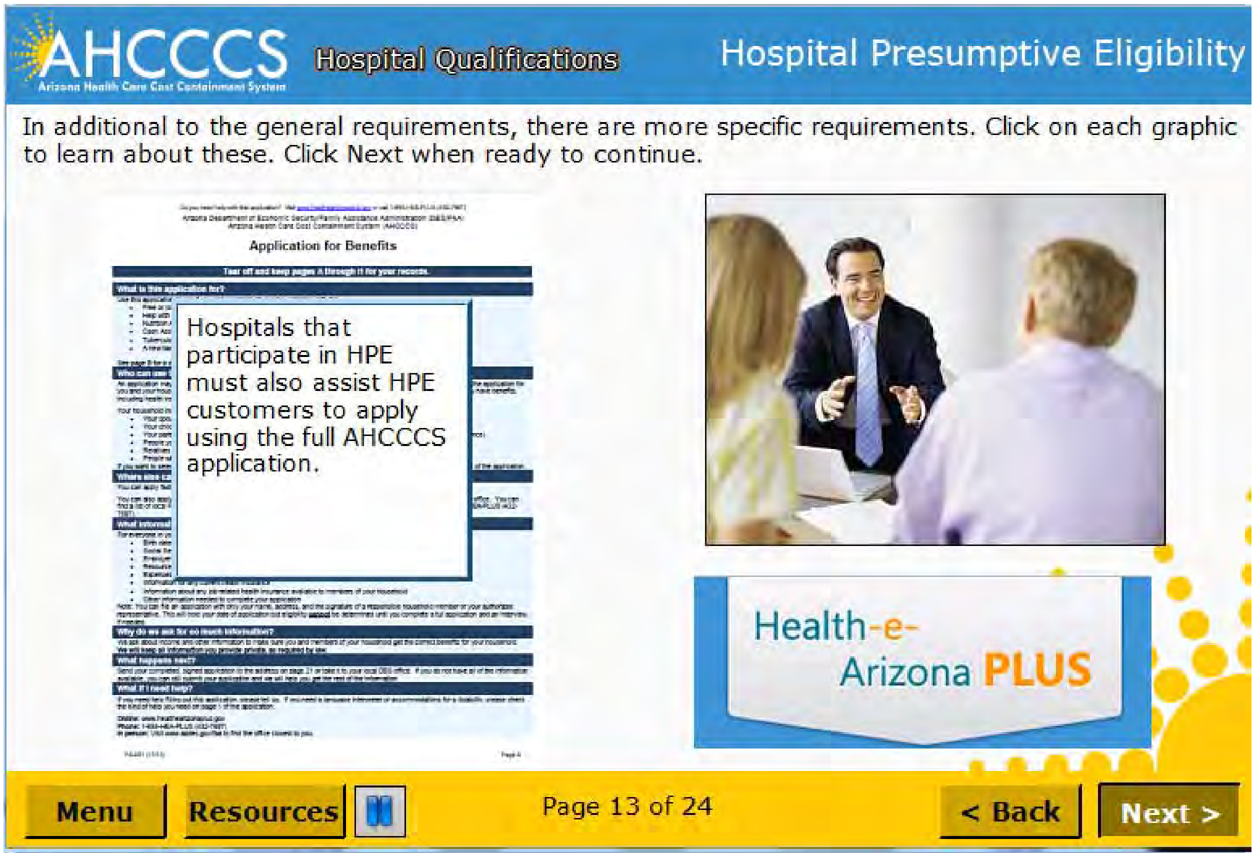
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In additional to the general requirements, there are more specific requirements. Click on each graphic to learn about these. Click Next when ready to continue.

Application for Benefits

Hospitals that participate in HPE must also assist HPE customers to apply using the full AHCCCS application.

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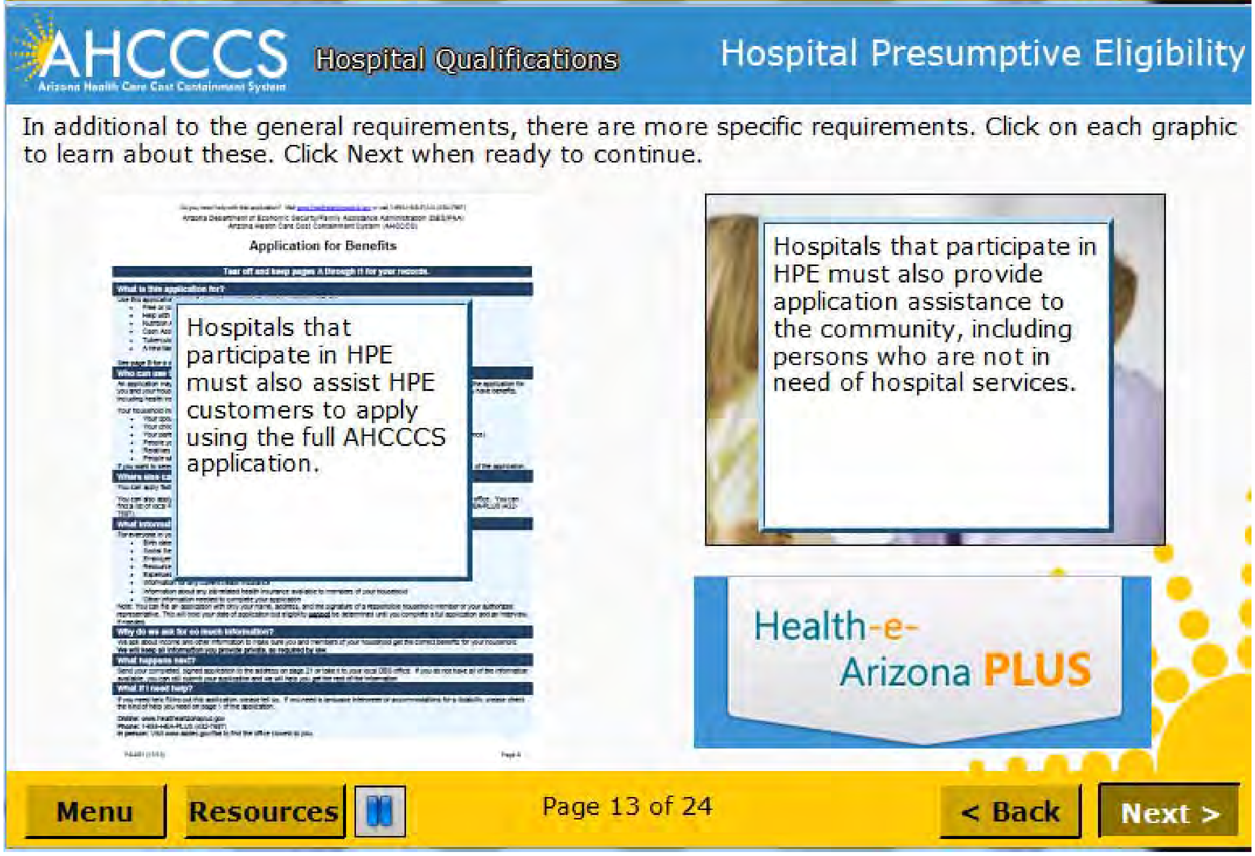
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In additional to the general requirements, there are more specific requirements. Click on each graphic to learn about these. Click Next when ready to continue.

Application for Benefits

Hospitals that participate in HPE must also assist HPE customers to apply using the full AHCCCS application.

Hospitals that participate in HPE must also provide application assistance to the community, including persons who are not in need of hospital services.

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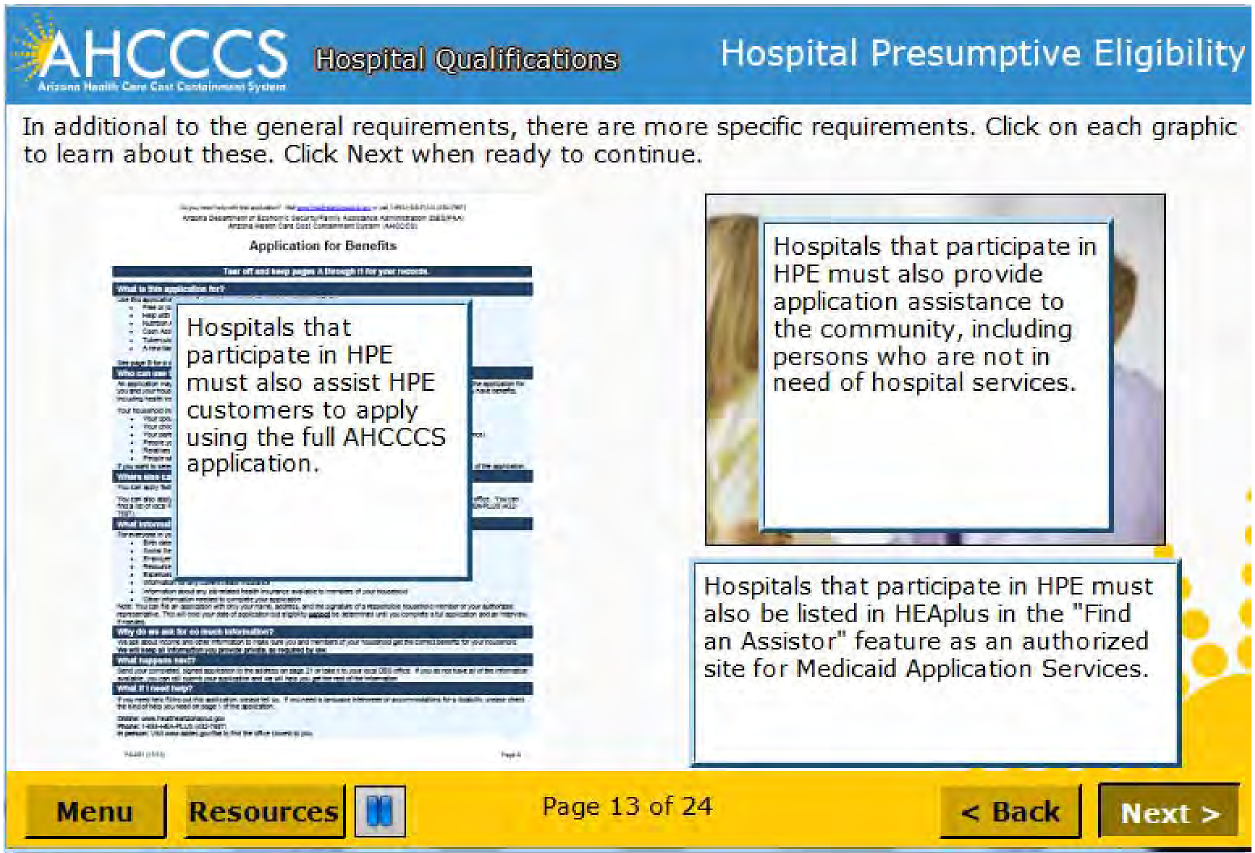
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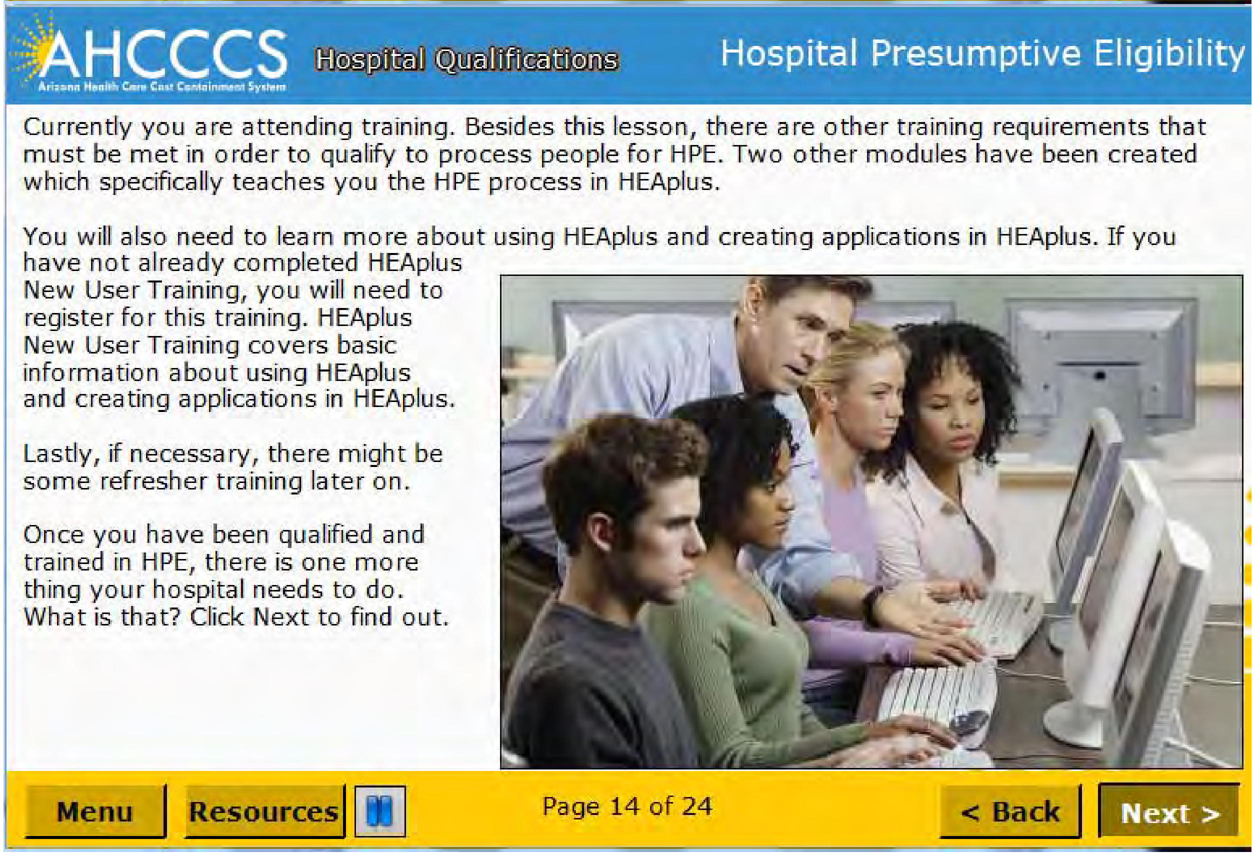
In additional to the general requirements, there are more specific requirements. Click on each graphic to learn about these. Click Next when ready to continue.

Hospitals that participate in HPE must also assist HPE customers to apply using the full AHCCCS application.

Hospitals that participate in HPE must also provide application assistance to the community, including persons who are not in need of hospital services.

Hospitals that participate in HPE must also be listed in HEAplus in the "Find an Assistor" feature as an authorized site for Medicaid Application Services.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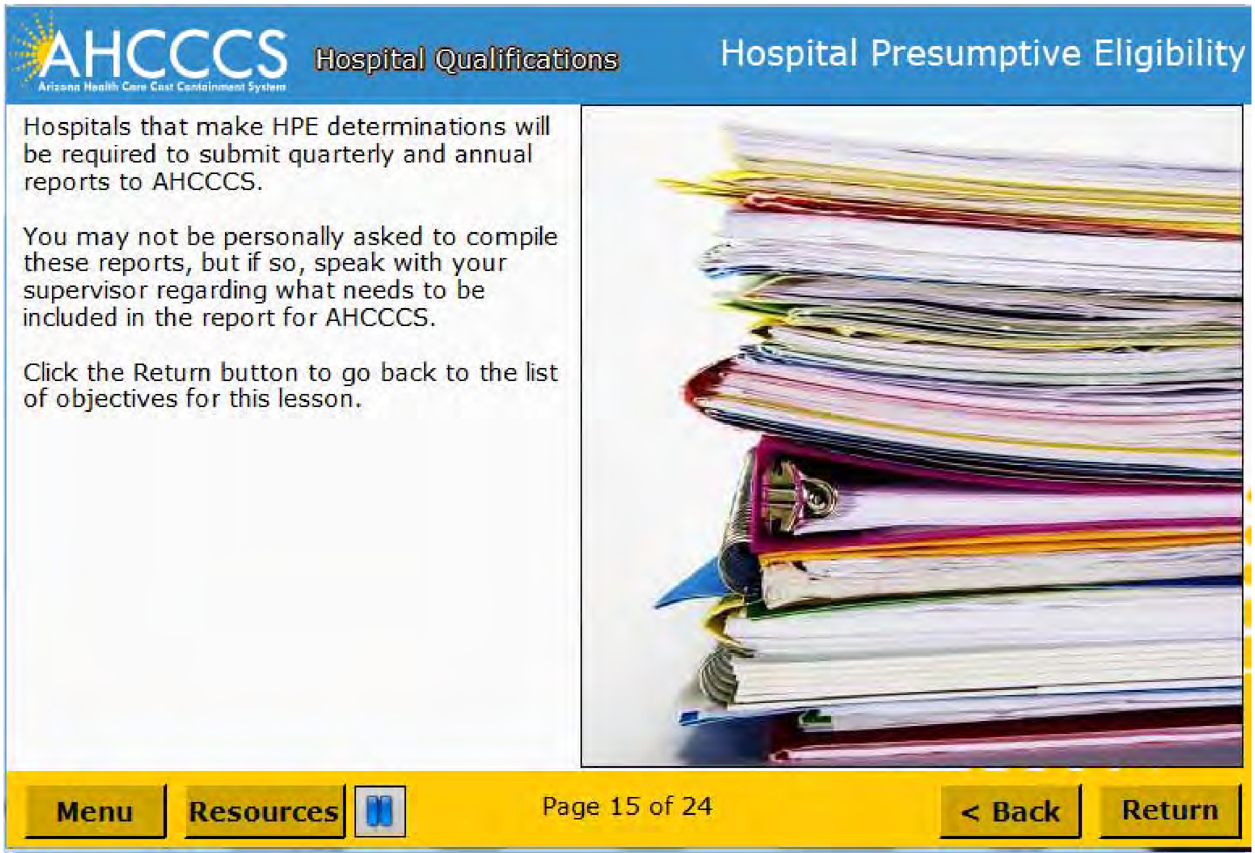
Currently you are attending training. Besides this lesson, there are other training requirements that must be met in order to qualify to process people for HPE. Two other modules have been created which specifically teaches you the HPE process in HEAplus.

You will also need to learn more about using HEAplus and creating applications in HEAplus. If you have not already completed HEAplus New User Training, you will need to register for this training. HEAplus New User Training covers basic information about using HEAplus and creating applications in HEAplus.

Lastly, if necessary, there might be some refresher training later on.

Once you have been qualified and trained in HPE, there is one more thing your hospital needs to do. What is that? Click Next to find out.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Hospital Qualifications

Hospital Presumptive Eligibility

Hospitals that make HPE determinations will be required to submit quarterly and annual reports to AHCCCS.

You may not be personally asked to compile these reports, but if so, speak with your supervisor regarding what needs to be included in the report for AHCCCS.

Click the Return button to go back to the list of objectives for this lesson.

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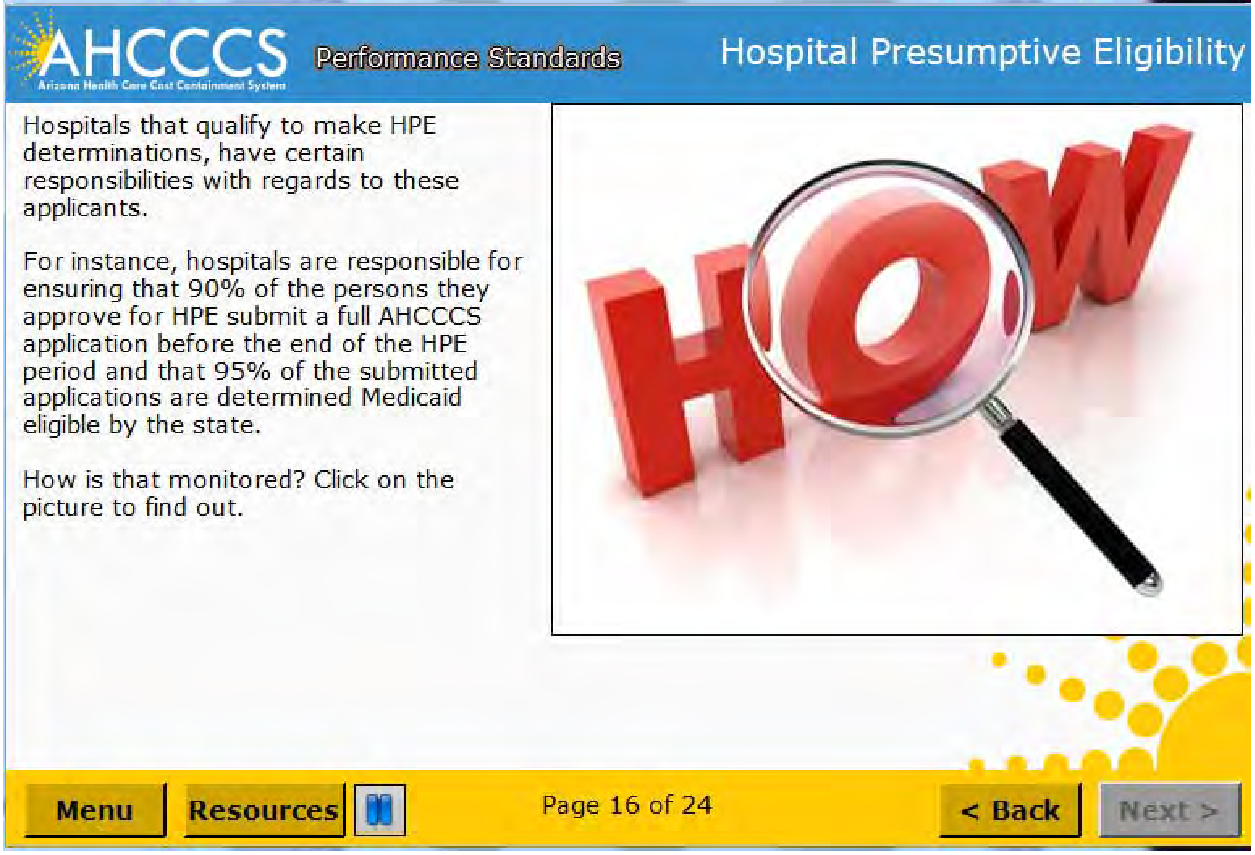
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Performance Standards

Hospital Presumptive Eligibility

Hospitals that qualify to make HPE determinations, have certain responsibilities with regards to these applicants.

For instance, hospitals are responsible for ensuring that 90% of the persons they approve for HPE submit a full AHCCCS application before the end of the HPE period and that 95% of the submitted applications are determined Medicaid eligible by the state.

How is that monitored? Click on the picture to find out.

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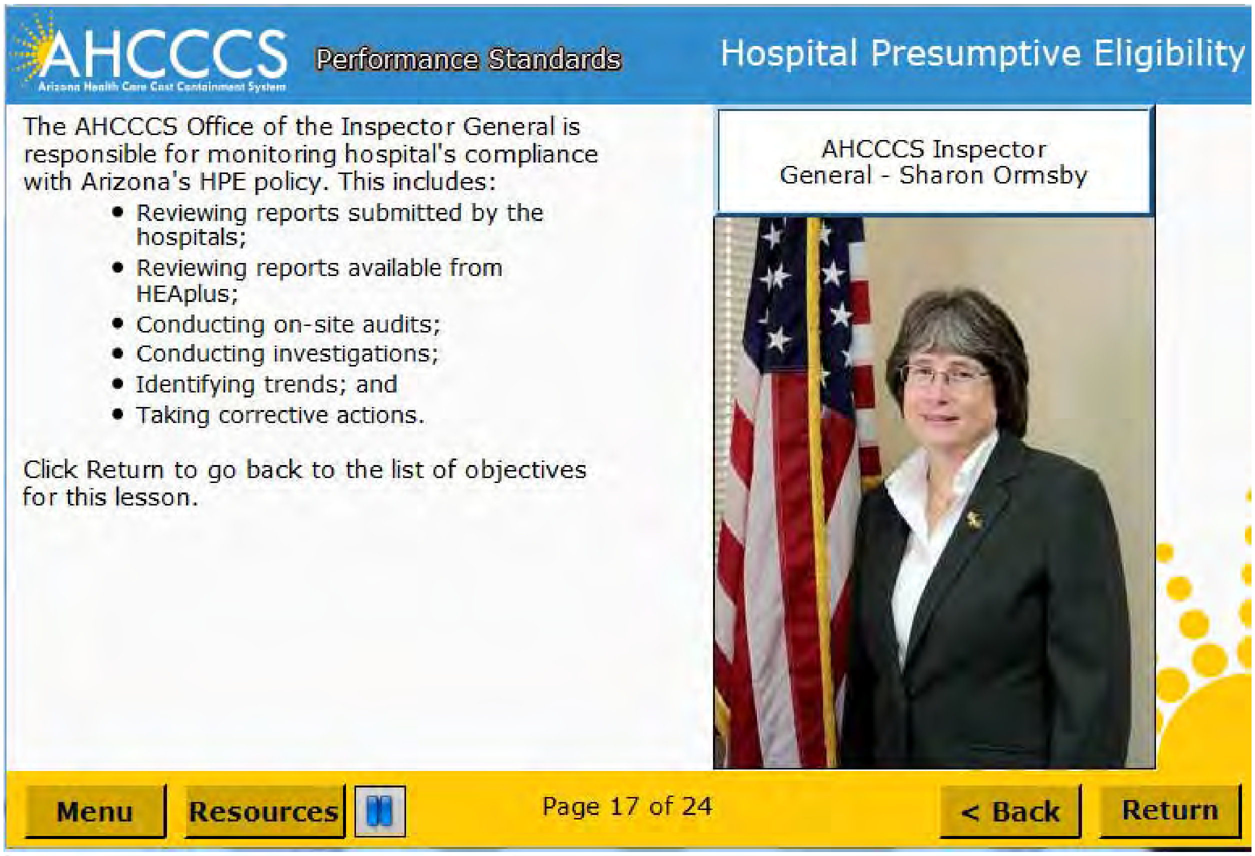
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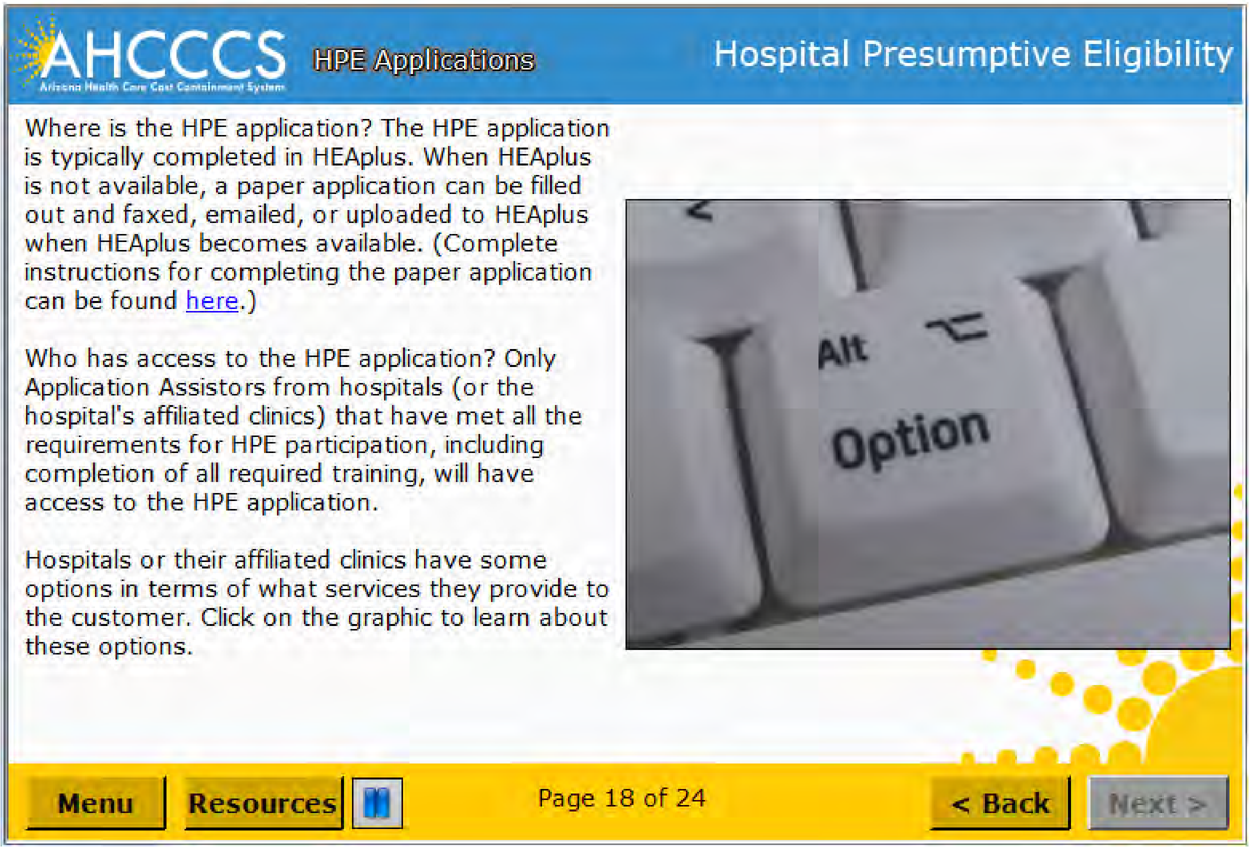
The AHCCCS Office of the Inspector General is responsible for monitoring hospital's compliance with Arizona's HPE policy. This includes:

- Reviewing reports submitted by the hospitals;
- Reviewing reports available from HEAplus;
- Conducting on-site audits;
- Conducting investigations;
- Identifying trends; and
- Taking corrective actions.

Click Return to go back to the list of objectives for this lesson.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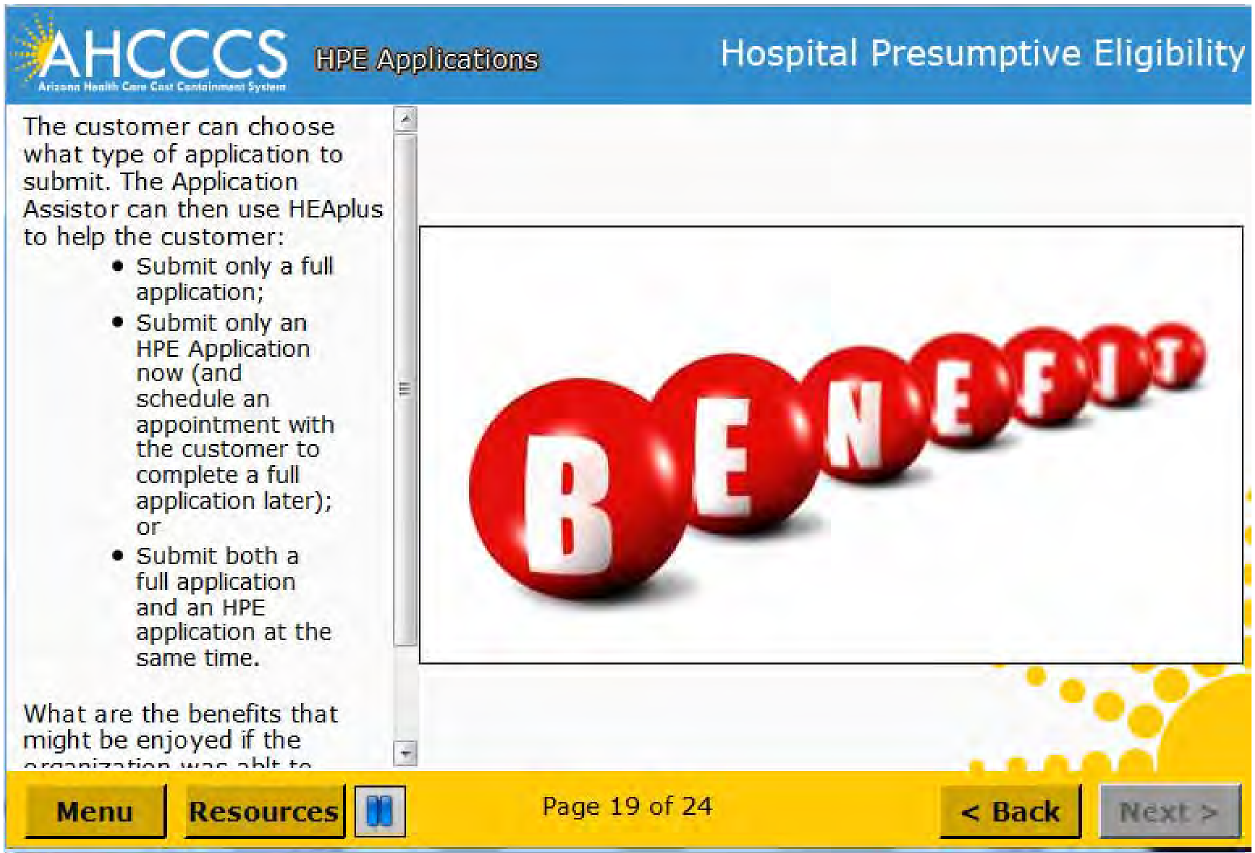
Where is the HPE application? The HPE application is typically completed in HEAplus. When HEAplus is not available, a paper application can be filled out and faxed, emailed, or uploaded to HEAplus when HEAplus becomes available. (Complete instructions for completing the paper application can be found here.)

Who has access to the HPE application? Only Application Assistors from hospitals (or the hospital's affiliated clinics) that have met all the requirements for HPE participation, including completion of all required training, will have access to the HPE application.

Hospitals or their affiliated clinics have some options in terms of what services they provide to the customer. Click on the graphic to learn about these options.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The customer can choose what type of application to submit. The Application Assistor can then use HEAplus to help the customer:

- Submit only a full application;
- Submit only an HPE Application now (and schedule an appointment with the customer to complete a full application later); or
- Submit both a full application and an HPE application at the same time.

What are the benefits that might be enjoyed if the

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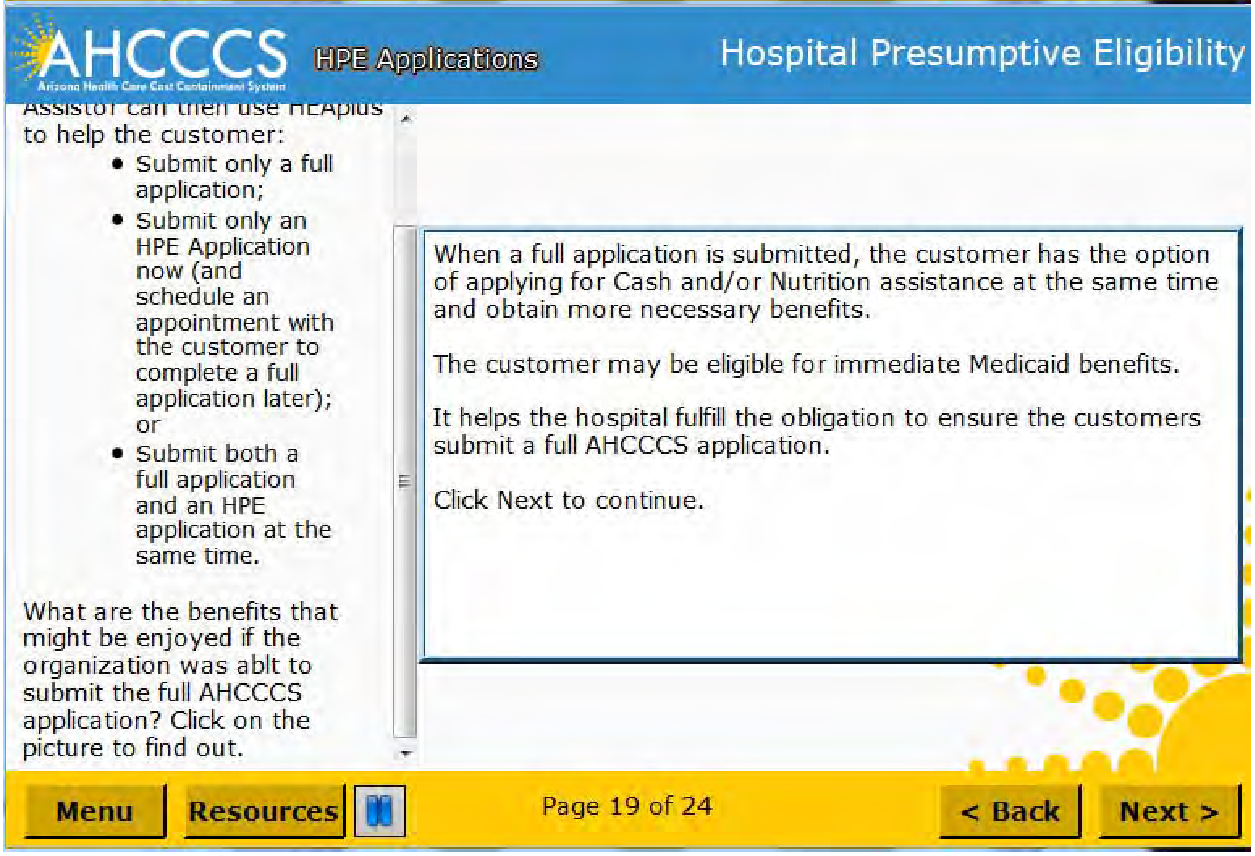
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to help the customer:

- Submit only a full application;
- Submit only an HPE Application now (and schedule an appointment with the customer to complete a full application later); or
- Submit both a full application and an HPE application at the same time.

What are the benefits that might be enjoyed if the organization was ablt to submit the full AHCCCS application? Click on the picture to find out.

When a full application is submitted, the customer has the option of applying for Cash and/or Nutrition assistance at the same time and obtain more necessary benefits.

The customer may be eligible for immediate Medicaid benefits.

It helps the hospital fulfill the obligation to ensure the customers submit a full AHCCCS application.

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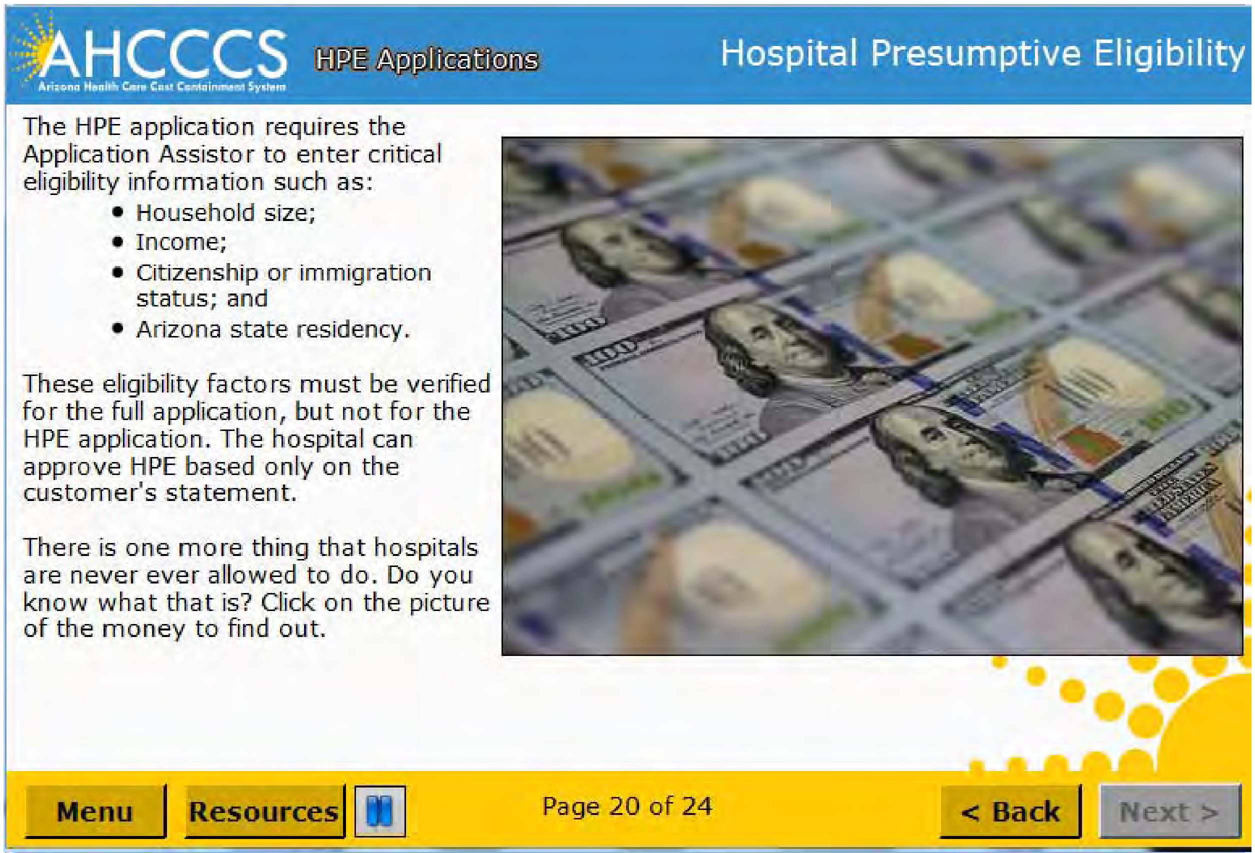
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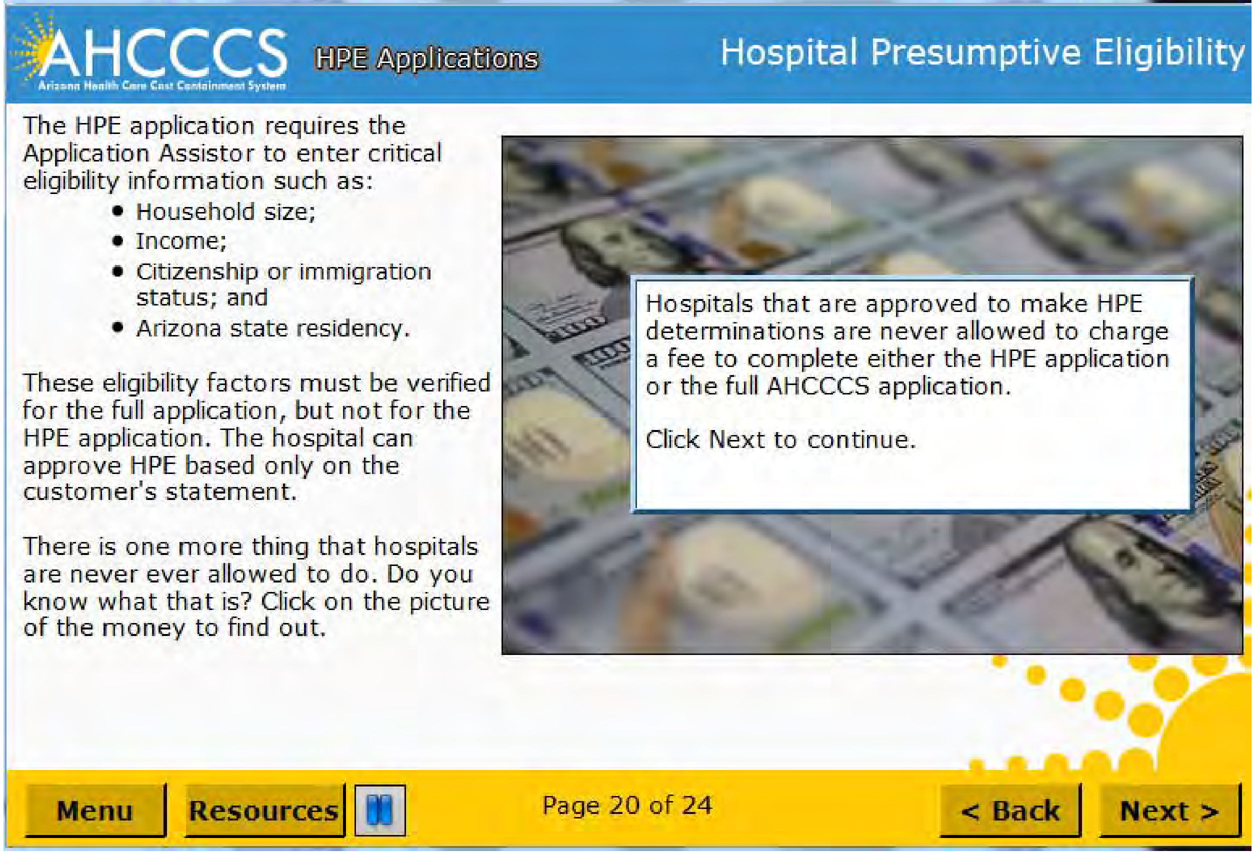
The HPE application requires the Application Assistor to enter critical eligibility information such as:

- Household size;
- Income;
- Citizenship or immigration status; and
- Arizona state residency.

These eligibility factors must be verified for the full application, but not for the HPE application. The hospital can approve HPE based only on the customer's statement.

There is one more thing that hospitals are never ever allowed to do. Do you know what that is? Click on the picture of the money to find out.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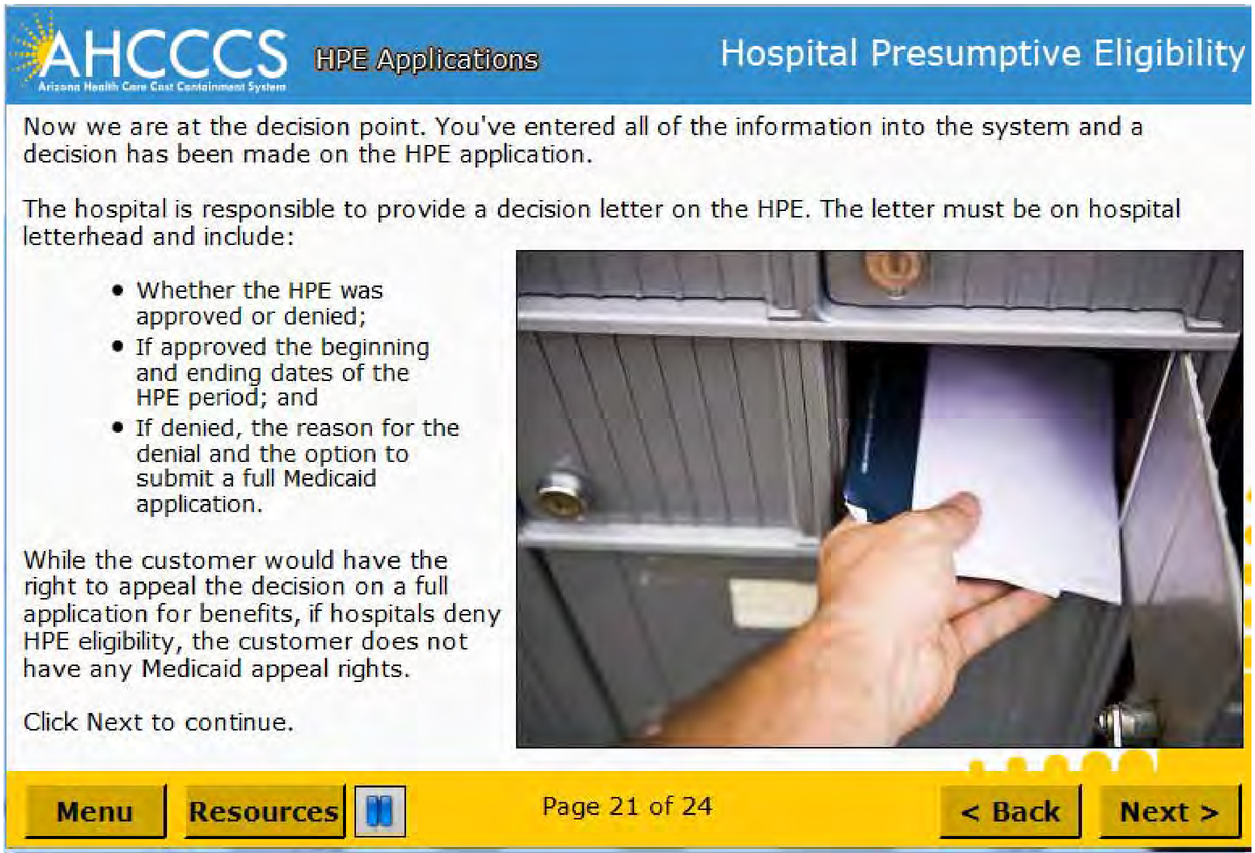
- Household size;
- Income;
- Citizenship or immigration status; and
- Arizona state residency.

These eligibility factors must be verified for the full application, but not for the HPE application. The hospital can approve HPE based only on the customer's statement.

There is one more thing that hospitals are never ever allowed to do. Do you know what that is? Click on the picture of the money to find out.

Hospitals that are approved to make HPE determinations are never allowed to charge a fee to complete either the HPE application or the full AHCCCS application.

Click Next to continue.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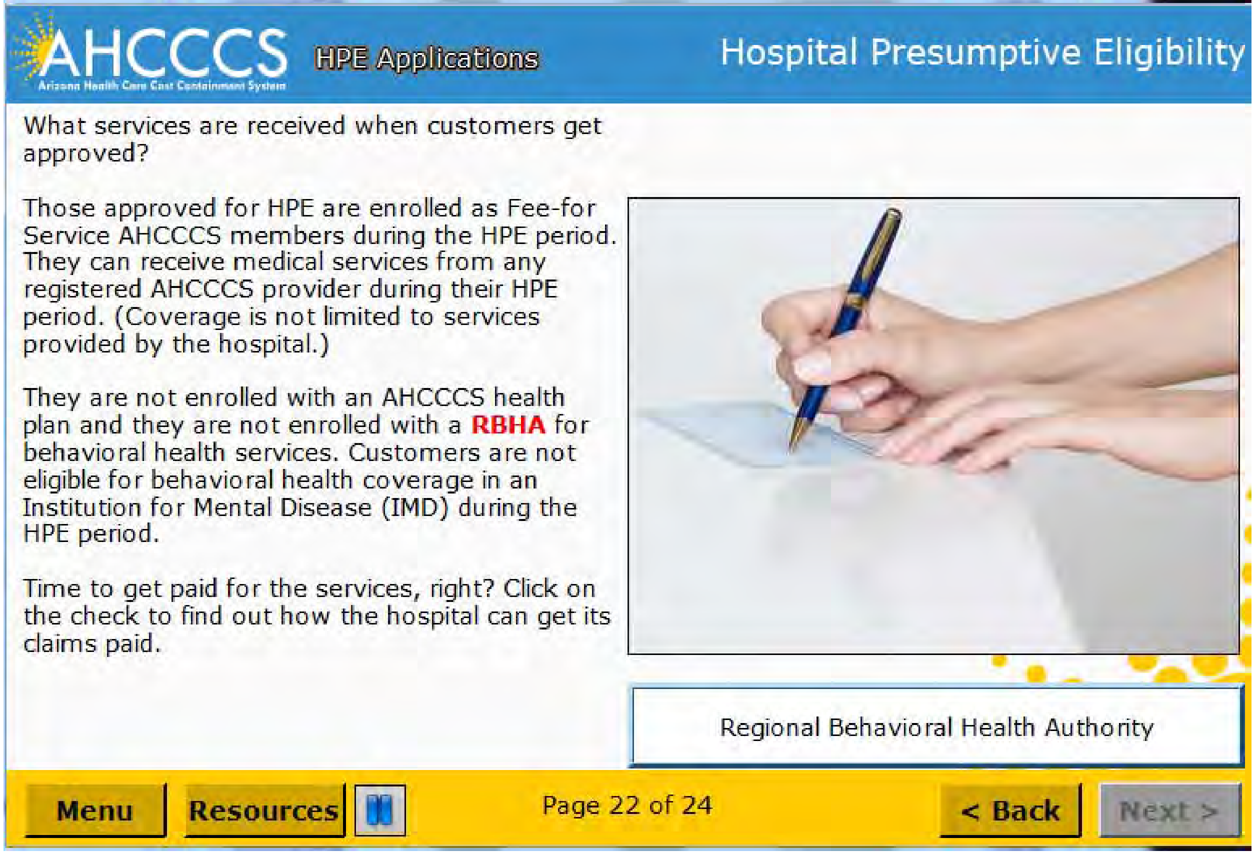
Now we are at the decision point. You've entered all of the information into the system and a decision has been made on the HPE application.

The hospital is responsible to provide a decision letter on the HPE. The letter must be on hospital letterhead and include:

- Whether the HPE was approved or denied;
- If approved the beginning and ending dates of the HPE period; and
- If denied, the reason for the denial and the option to submit a full Medicaid application.

While the customer would have the right to appeal the decision on a full application for benefits, if hospitals deny HPE eligibility, the customer does not have any Medicaid appeal rights.

Click Next to continue.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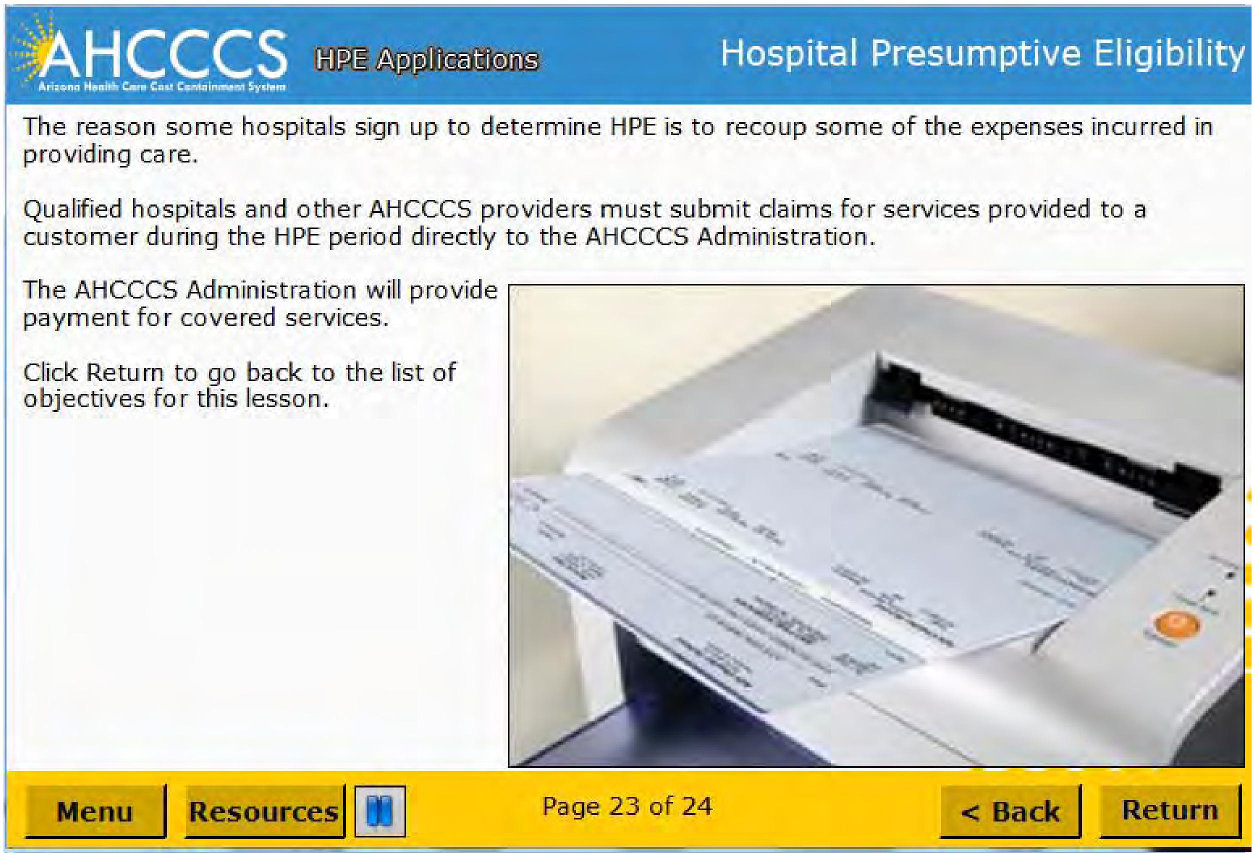
What services are received when customers get approved?

Those approved for HPE are enrolled as Fee-for Service AHCCCS members during the HPE period. They can receive medical services from any registered AHCCCS provider during their HPE period. (Coverage is not limited to services provided by the hospital.)

They are not enrolled with an AHCCCS health plan and they are not enrolled with a **RBHA** for behavioral health services. Customers are not eligible for behavioral health coverage in an Institution for Mental Disease (IMD) during the HPE period.

Time to get paid for the services, right? Click on the check to find out how the hospital can get its claims paid.

Regional Behavioral Health Authority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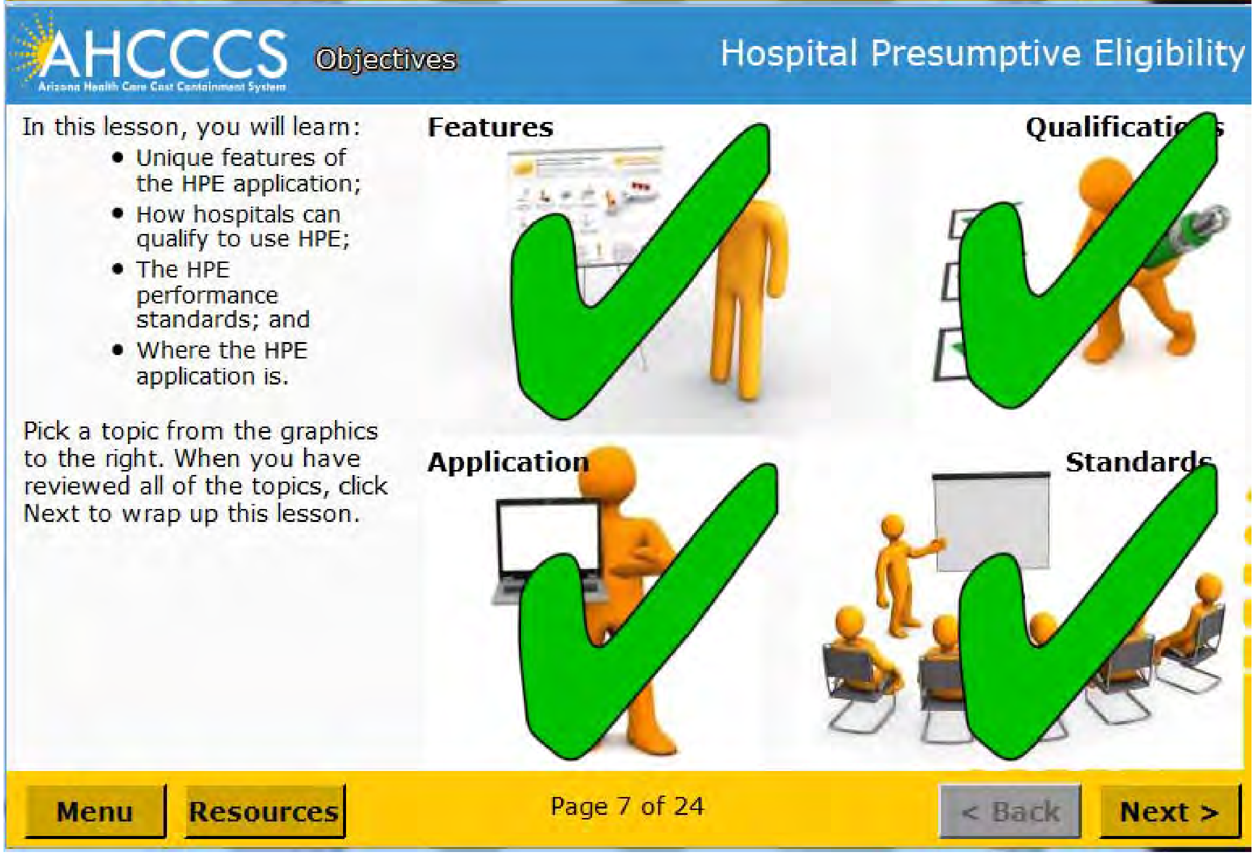
The reason some hospitals sign up to determine HPE is to recoup some of the expenses incurred in providing care.

Qualified hospitals and other AHCCCS providers must submit claims for services provided to a customer during the HPE period directly to the AHCCCS Administration.

The AHCCCS Administration will provide payment for covered services.

Click Return to go back to the list of objectives for this lesson.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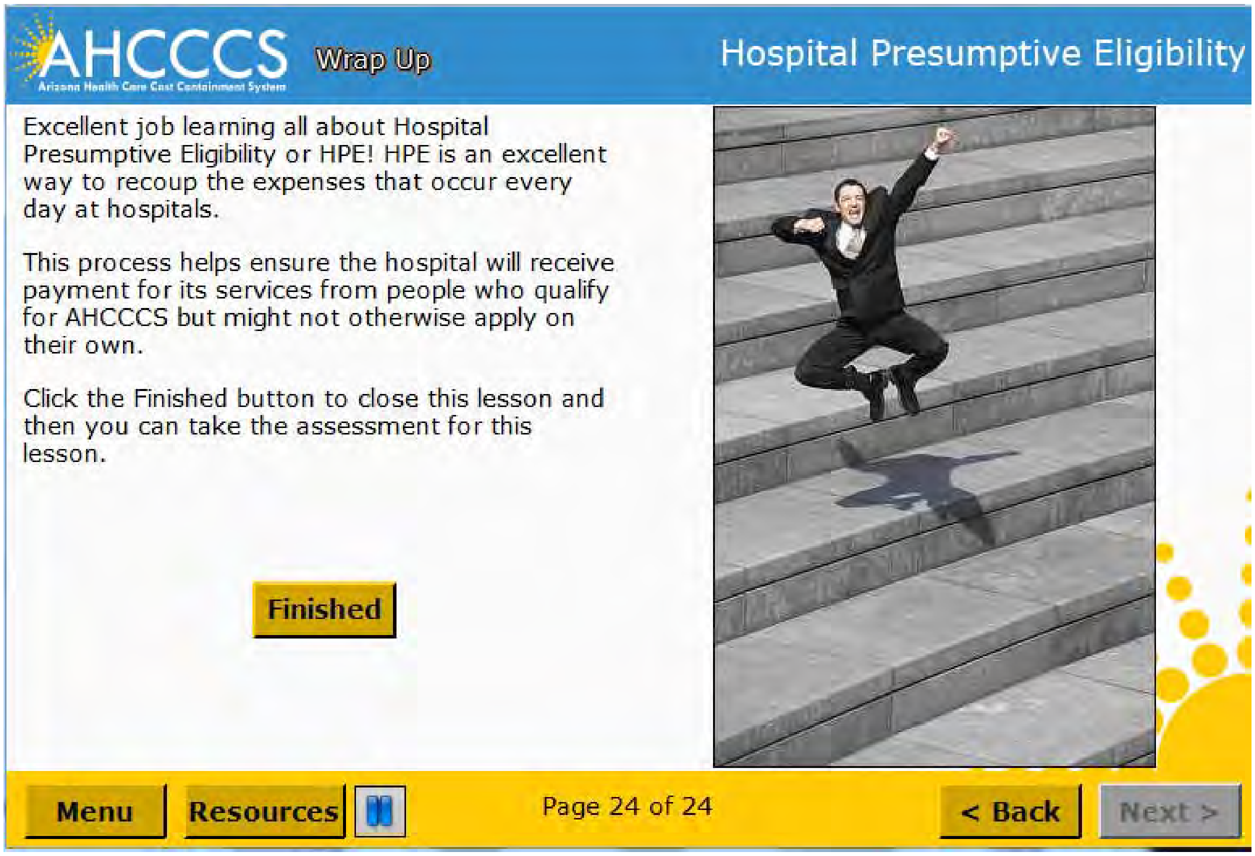
In this lesson, you will learn:

- Unique features of the HPE application;
- How hospitals can qualify to use HPE;
- The HPE performance standards; and
- Where the HPE application is.

Pick a topic from the graphics to the right. When you have reviewed all of the topics, click Next to wrap up this lesson.


AHCCCS
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Wrap Up
Hospital Presumptive Eligibility

Excellent job learning all about Hospital Presumptive Eligibility or HPE! HPE is an excellent way to recoup the expenses that occur every day at hospitals.

This process helps ensure the hospital will receive payment for its services from people who qualify for AHCCCS but might not otherwise apply on their own.

Click the Finished button to close this lesson and then you can take the assessment for this lesson.

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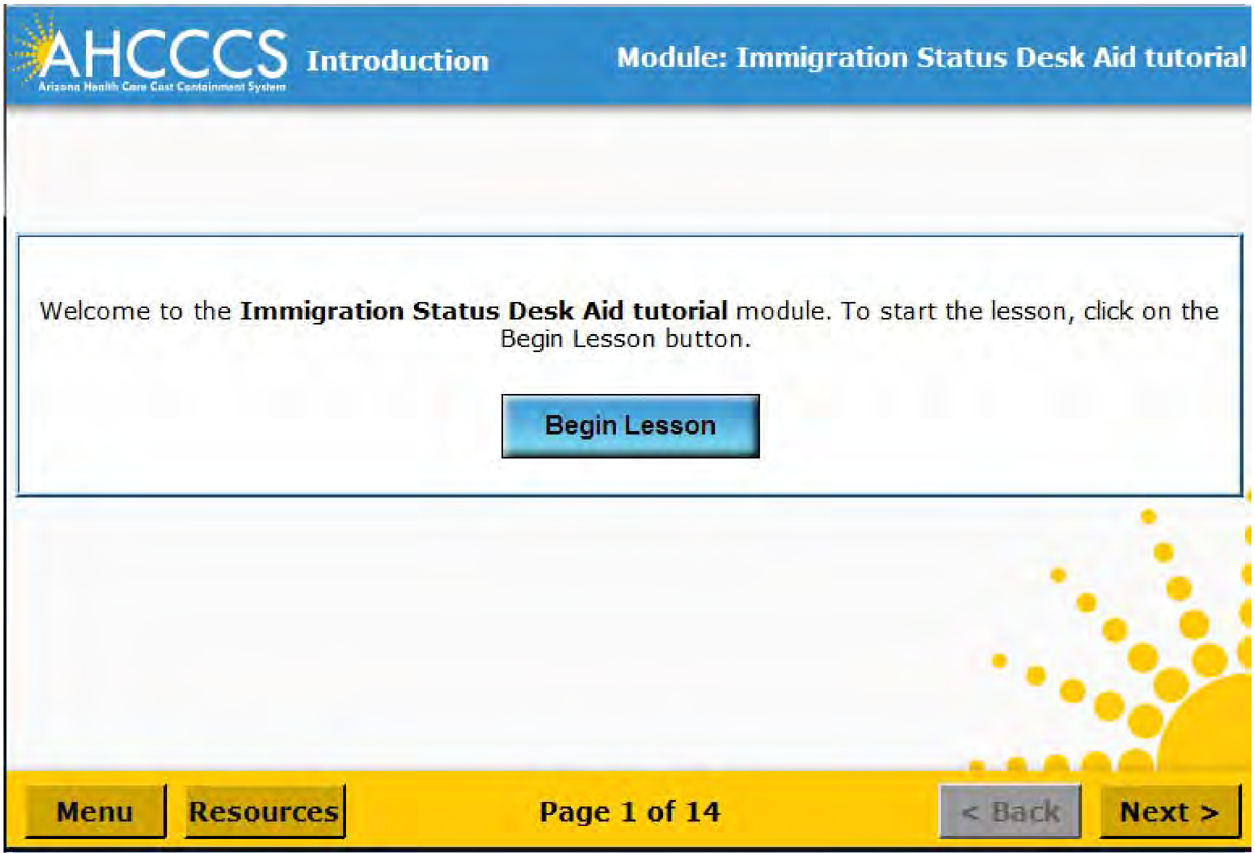
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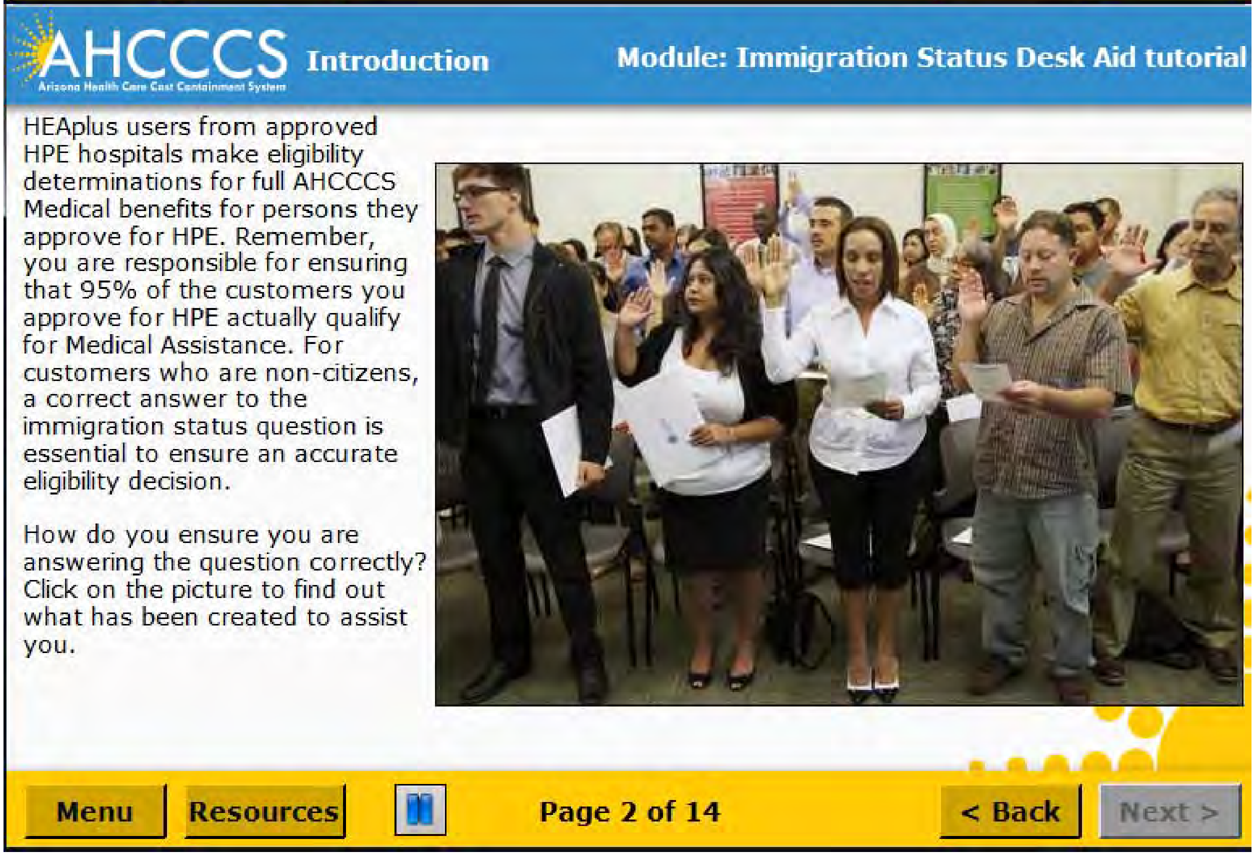
Welcome to the **Immigration Status Desk Aid tutorial** module. To start the lesson, click on the Begin Lesson button.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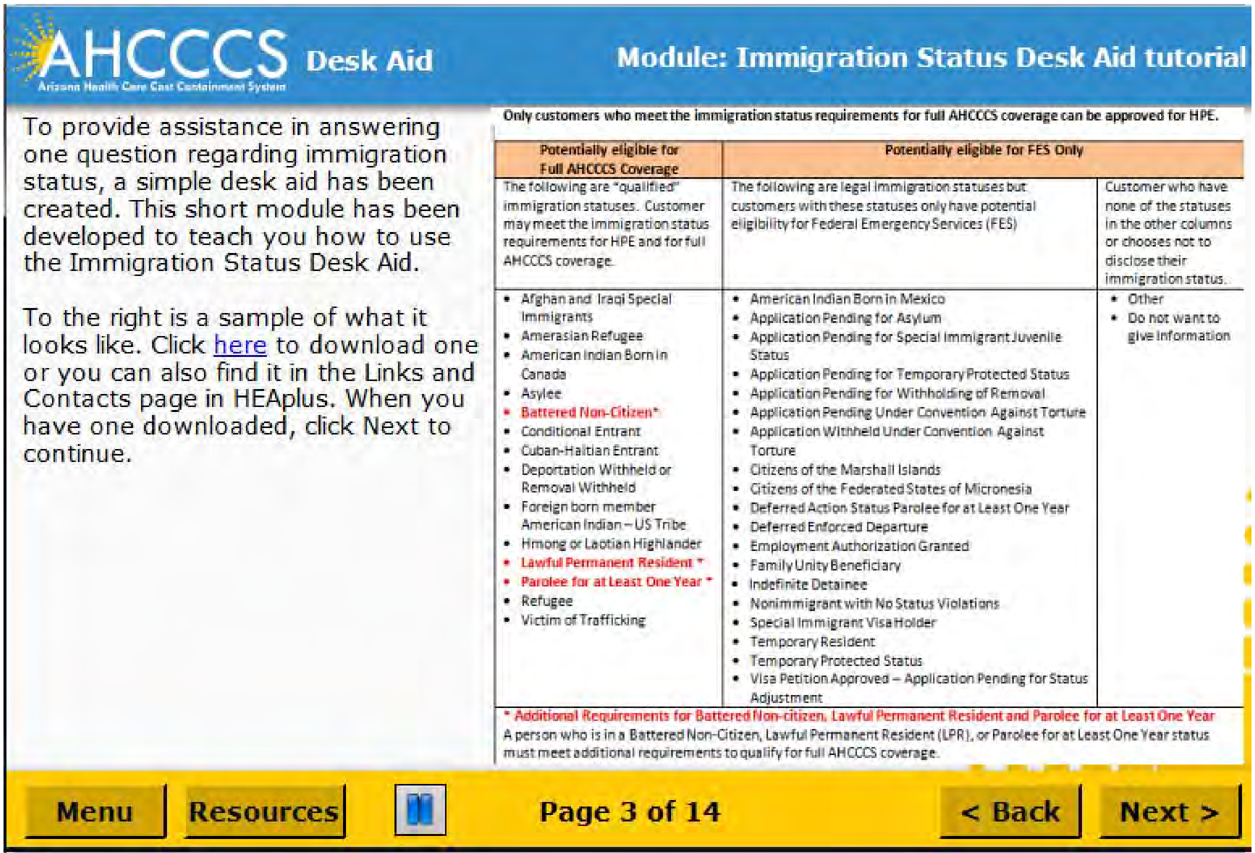
HEAplus users from approved HPE hospitals make eligibility determinations for full AHCCCS Medical benefits for persons they approve for HPE. Remember, you are responsible for ensuring that 95% of the customers you approve for HPE actually qualify for Medical Assistance. For customers who are non-citizens, a correct answer to the immigration status question is essential to ensure an accurate eligibility decision.

How do you ensure you are answering the question correctly? Click on the picture to find out what has been created to assist you.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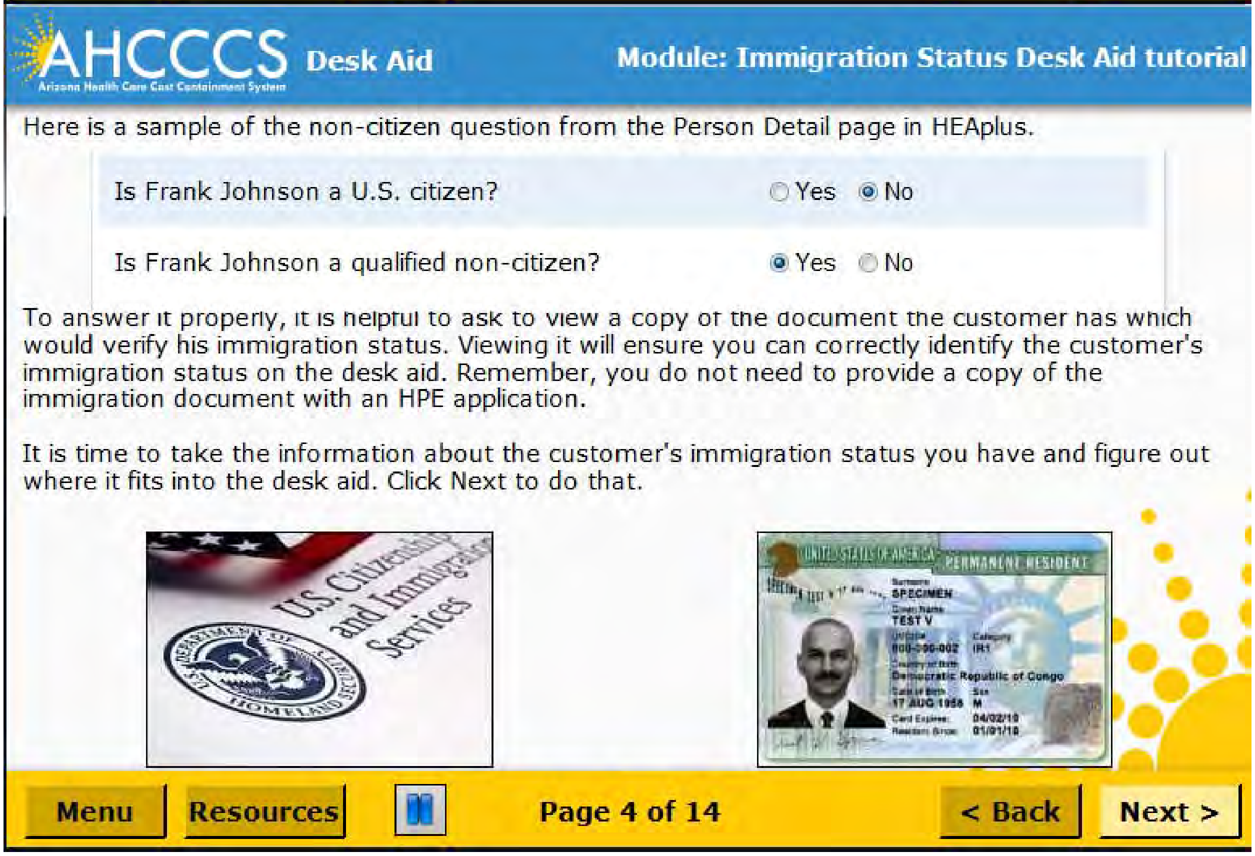
To provide assistance in answering one question regarding immigration status, a simple desk aid has been created. This short module has been developed to teach you how to use the Immigration Status Desk Aid.

To the right is a sample of what it looks like. Click here to download one or you can also find it in the Links and Contacts page in HEAplus. When you have one downloaded, click Next to continue.

Only customers who meet the immigration status requirements for full AHCCCS coverage can be approved for HPE.

Potentially eligible for Full AHCCCS Coverage	Potentially eligible for FES Only	
The following are "qualified" immigration statuses. Customer may meet the immigration status requirements for HPE and for full AHCCCS coverage.	The following are legal immigration statuses but customers with these statuses only have potential eligibility for Federal Emergency Services (FES)	Customer who have none of the statuses in the other columns or chooses not to disclose their immigration status.
• Afghan and Iraqi Special Immigrants • Amerasian Refugee • American Indian Born in Canada • Asylee • Battered Non-Citizen* • Conditional Entrant • Cuban-Haitian Entrant • Deportation Withheld or Removal Withheld • Foreign born member American Indian – US Tribe • Hmong or Laotian Highlander • Lawful Permanent Resident * • Parolee for at Least One Year * • Refugee • Victim of Trafficking	• American Indian Born in Mexico • Application Pending for Asylum • Application Pending for Special Immigrant Juvenile Status • Application Pending for Temporary Protected Status • Application Pending for Withholding of Removal • Application Pending Under Convention Against Torture • Application Withheld Under Convention Against Torture • Citizens of the Marshall Islands • Citizens of the Federated States of Micronesia • Deferred Action Status Parolee for at Least One Year • Deferred Enforced Departure • Employment Authorization Granted • Family Unity Beneficiary • Indefinite Detainee • Nonimmigrant with No Status Violations • Special Immigrant Visa Holder • Temporary Resident • Temporary Protected Status • Visa Petition Approved – Application Pending for Status Adjustment	• Other • Do not want to give information
* Additional Requirements for Battered Non-citizen, Lawful Permanent Resident and Parolee for at Least One Year A person who is in a Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee for at Least One Year status must meet additional requirements to qualify for full AHCCCS coverage.		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U.S. Citizenship and Immigration Services
UNITED STATES OF AMERICA
PERMANENT RESIDENT
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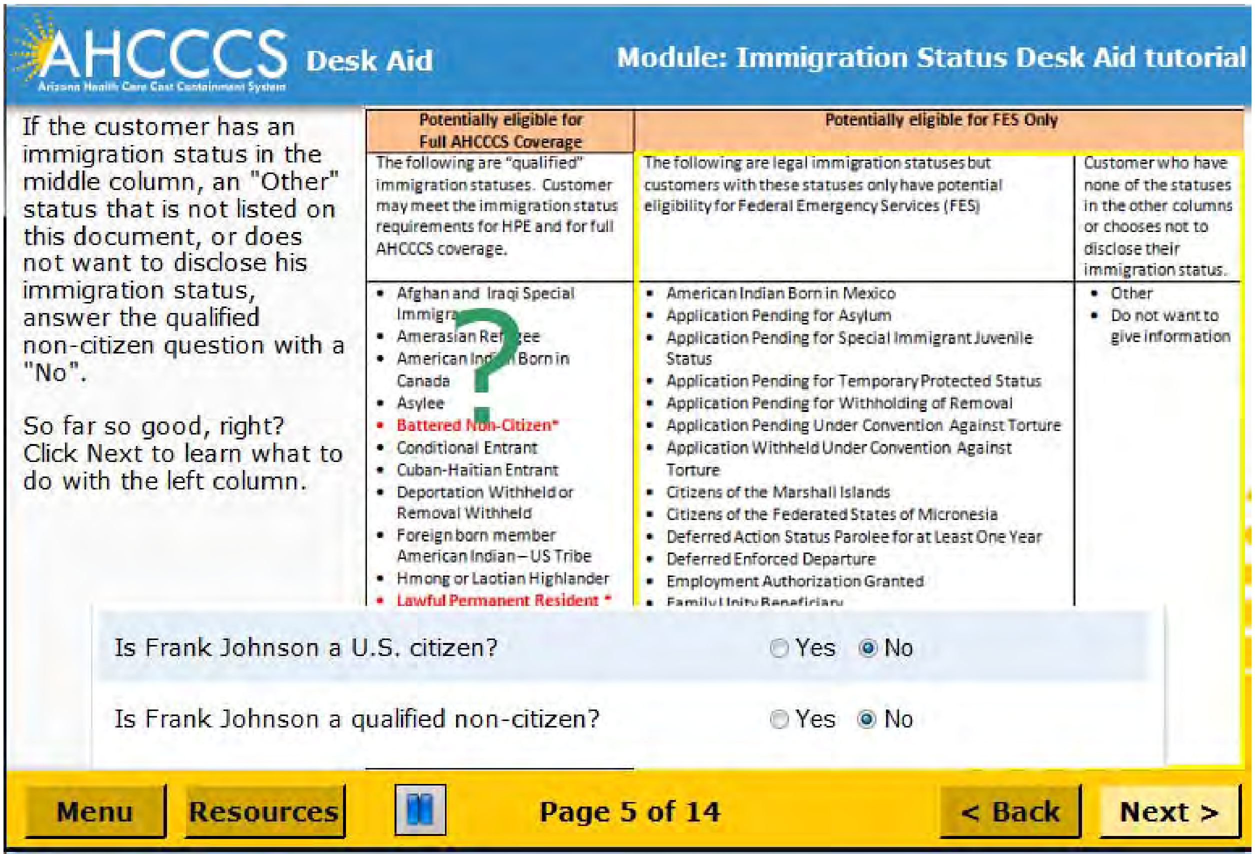
Here is a sample of the non-citizen question from the Person Detail page in HEAplus.

Is Frank Johnson a U.S. citizen? ○ Yes ● No

Is Frank Johnson a qualified non-citizen? ● Yes ○ No

To answer it properly, it is helpful to ask to view a copy of the document the customer has which would verify his immigration status. Viewing it will ensure you can correctly identify the customer's immigration status on the desk aid. Remember, you do not need to provide a copy of the immigration document with an HPE application.

It is time to take the information about the customer's immigration status you have and figure out where it fits into the desk aid. Click Next to do that.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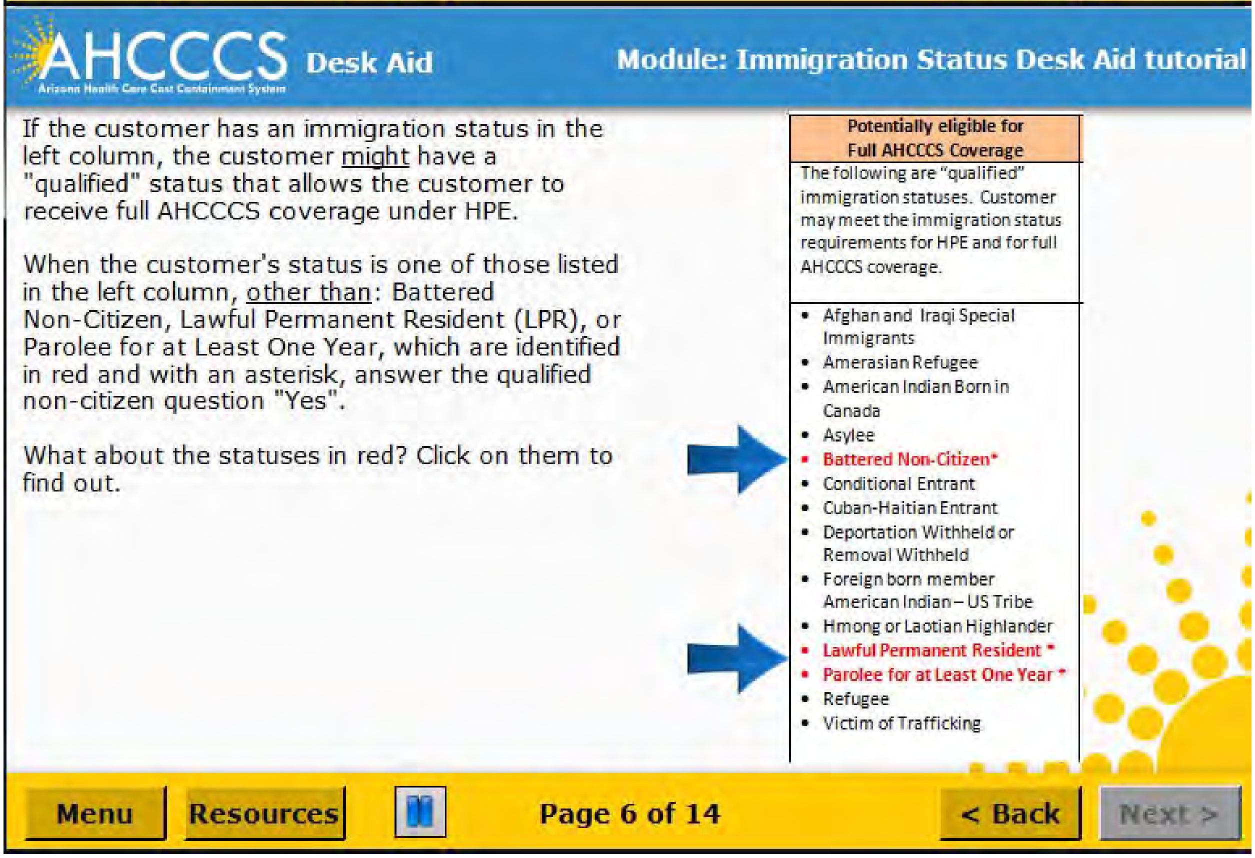
If the customer has an immigration status in the middle column, an "Other" status that is not listed on this document, or does not want to disclose his immigration status, answer the qualified non-citizen question with a "No".

So far so good, right? Click Next to learn what to do with the left column.

Potentially eligible for Full AHCCCS Coverage	Potentially eligible for FES Only	
The following are "qualified" immigration statuses. Customer may meet the immigration status requirements for HPE and for full AHCCCS coverage.	The following are legal immigration statuses but customers with these statuses only have potential eligibility for Federal Emergency Services (FES)	Customer who have none of the statuses in the other columns or chooses not to disclose their immigration status.
• Afghan and Iraqi Special Immigra • Amerasian Ref ee • American Ind n Born in Canada • Asylee • Battered Non-Citizen* • Conditional Entrant • Cuban-Haitian Entrant • Deportation Withheld or Removal Withheld • Foreign born member American Indian – US Tribe • Hmong or Laotian Highlander • Lawful Permanent Resident *	• American Indian Born in Mexico • Application Pending for Asylum • Application Pending for Special Immigrant Juvenile Status • Application Pending for Temporary Protected Status • Application Pending for Withholding of Removal • Application Pending Under Convention Against Torture • Application Withheld Under Convention Against Torture • Citizens of the Marshall Islands • Citizens of the Federated States of Micronesia • Deferred Action Status Parolee for at Least One Year • Deferred Enforced Departure • Employment Authorization Granted • Family Unity Beneficiary	• Other • Do not want to give information

Is Frank Johnson a U.S. citizen? ○ Yes ● No

Is Frank Johnson a qualified non-citizen? ○ Yes ● No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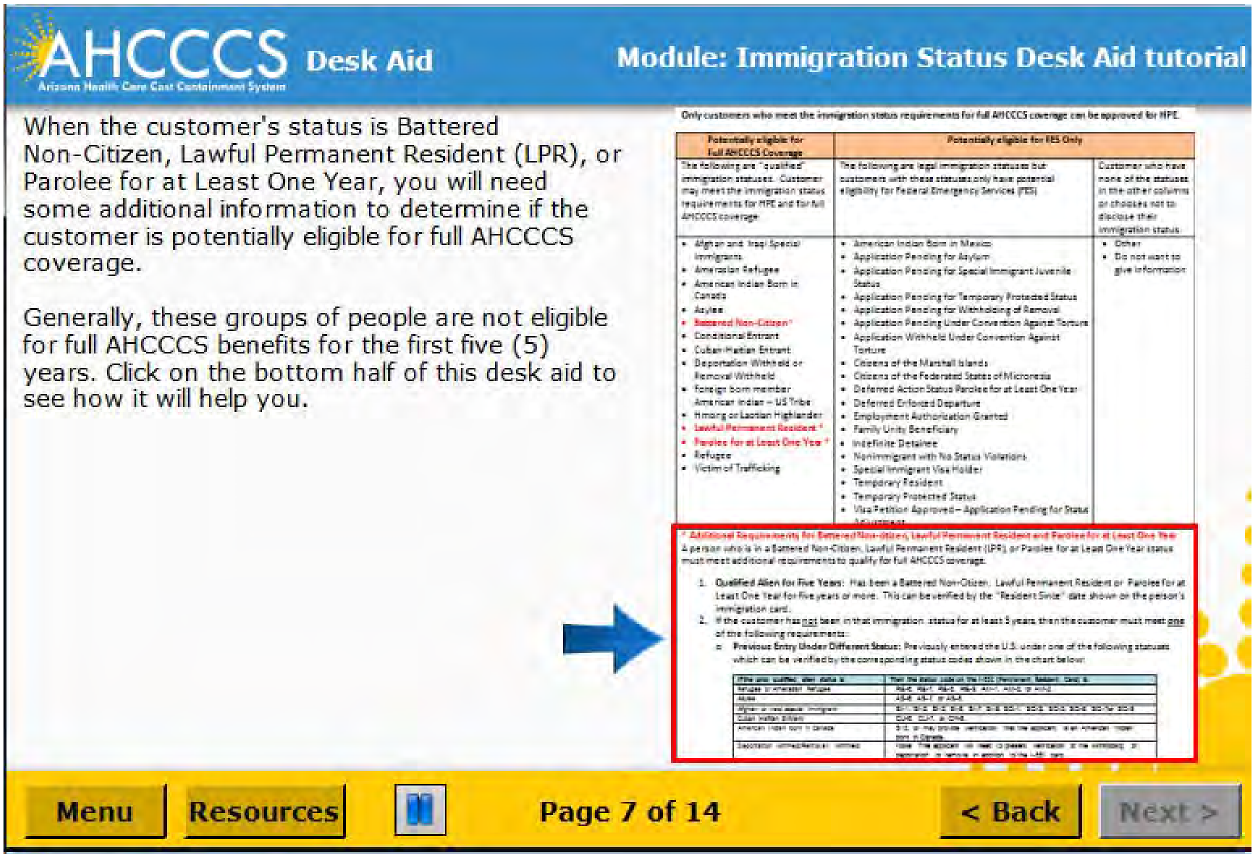
If the customer has an immigration status in the left column, the customer might have a "qualified" status that allows the customer to receive full AHCCCS coverage under HPE.

When the customer's status is one of those listed in the left column, other than: Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee for at Least One Year, which are identified in red and with an asterisk, answer the qualified non-citizen question "Yes".

What about the statuses in red? Click on them to find out.

Potentially eligible for Full AHCCCS Coverage
The following are "qualified" immigration statuses. Customer may meet the immigration status requirements for HPE and for full AHCCCS coverage.
• Afghan and Iraqi Special Immigrants • Amerasian Refugee • American Indian Born in Canada • Asylee • Battered Non-Citizen* • Conditional Entrant • Cuban-Haitian Entrant • Deportation Withheld or Removal Withheld • Foreign born member American Indian – US Tribe • Hmong or Laotian Highlander • Lawful Permanent Resident * • Parolee for at Least One Year * • Refugee • Victim of Trafficking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When the customer's status is Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee for at Least One Year, you will need some additional information to determine if the customer is potentially eligible for full AHCCCS coverage.

Generally, these groups of people are not eligible for full AHCCCS benefits for the first five (5) years. Click on the bottom half of this desk aid to see how it will help you.

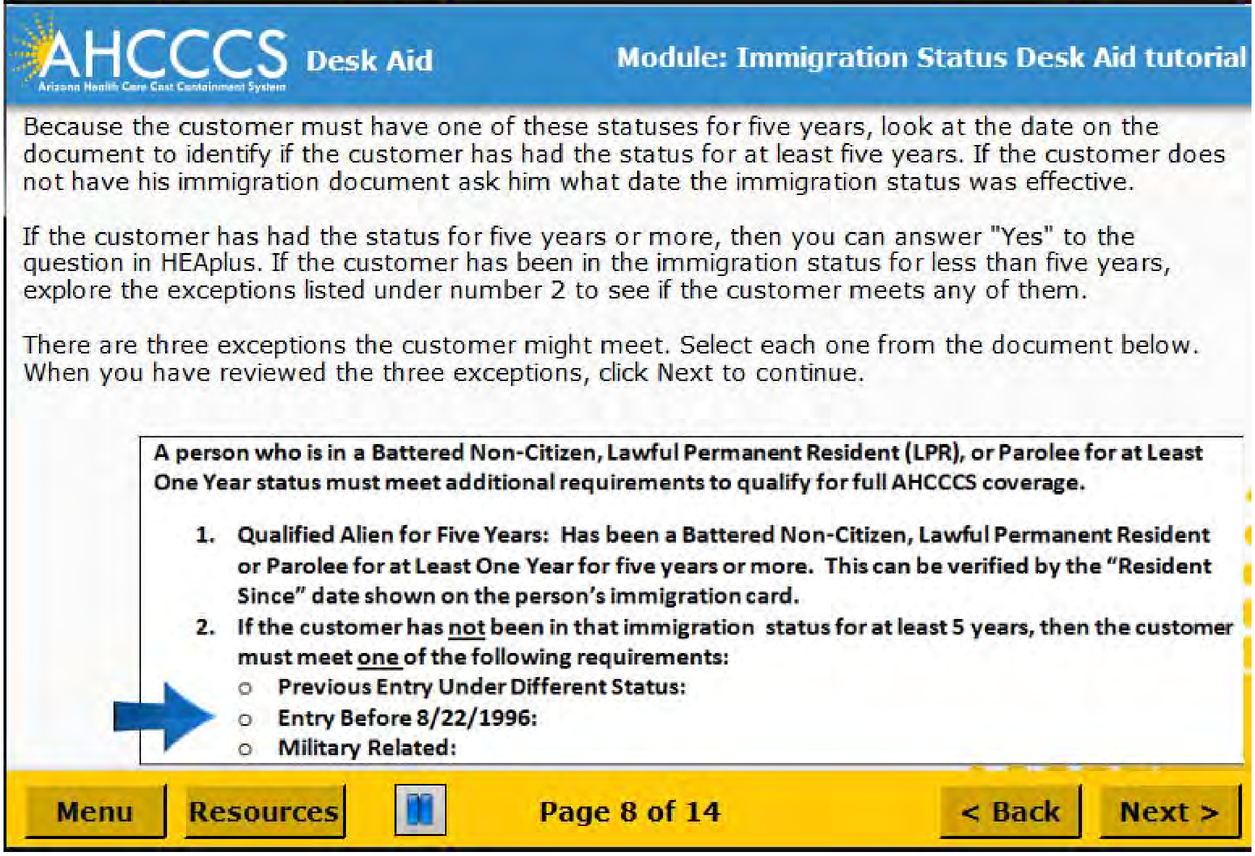
Only customers who meet the immigration status requirements for full AHCCCS coverage can be approved for HPE.

Potentially eligible for Full AHCCCS Coverage	Potentially eligible for FES Only	
The following are "qualified" immigration statuses. Customer may meet the immigration status requirements for HPE and for full AHCCCS coverage.	The following are legal immigration statuses but customers with these statuses only have potential eligibility for Federal Emergency Services (FES)	Customer who have none of the statuses in the other columns or chooses not to disclose their immigration status.
• Afghan and Iraqi Special Immigrants • Amerasian Refugee • American Indian Born in Canada • Asylee • Battered Non-Citizen * • Conditional Entrant • Cuban-Haitian Entrant • Deportation Withheld or Removal Withheld • Foreign born member American Indian – US Tribe • Hmong or Laotian Highlander • Lawful Permanent Resident * • Parolee for at Least One Year * • Refugee • Victim of Trafficking	• American Indian Born in Mexico • Application Pending for Asylum • Application Pending for Special Immigrant Juvenile Status • Application Pending for Temporary Protected Status • Application Pending for Withholding of Removal • Application Pending Under Convention Against Torture • Application Withheld Under Convention Against Torture • Citizens of the Marshall Islands • Citizens of the Federated States of Micronesia • Deferred Action Status Parolee for at Least One Year • Deferred Enforced Departure • Employment Authorization Granted • Family Unity Beneficiary • Indefinite Detainee • Nonimmigrant with No Status Violations • Special Immigrant Visa Holder • Temporary Resident • Temporary Protected Status • Visa Petition Approved – Application Pending for Status Adjustment	• Other • Do not want to give information

* Additional Requirements for Battered Non-citizen, Lawful Permanent Resident and Parolee for at Least One Year

A person who is in a Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee for at Least One Year status must meet additional requirements to qualify for full AHCCCS coverage.

1. **Qualified Alien for Five Years:** Has been a Battered Non-Citizen, Lawful Permanent Resident or Parolee for at Least One Year for five years or more. This can be verified by the "Resident Since" date shown on the person's immigration card.
2. If the customer has not been in that immigration status for at least 5 years, then the customer must meet one of the following requirements:
   - **Previous Entry Under Different Status:** Previously entered the U.S. under one of the following statuses which can be verified by the corresponding status codes shown in the chart below: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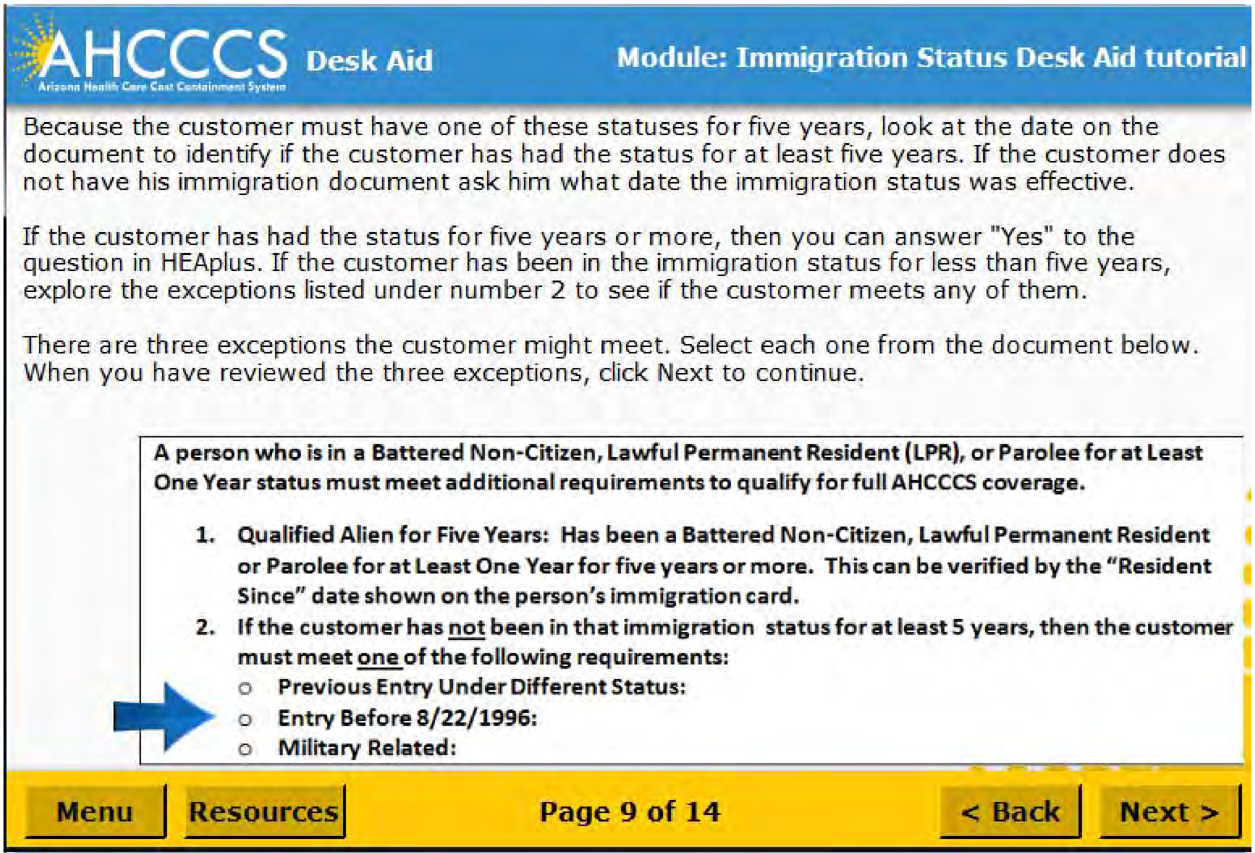
Because the customer must have one of these statuses for five years, look at the date on the document to identify if the customer has had the status for at least five years. If the customer does not have his immigration document ask him what date the immigration status was effective.

If the customer has had the status for five years or more, then you can answer "Yes" to the question in HEAplus. If the customer has been in the immigration status for less than five years, explore the exceptions listed under number 2 to see if the customer meets any of them.

There are three exceptions the customer might meet. Select each one from the document below. When you have reviewed the three exceptions, click Next to continue.

A person who is in a Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee for at Least One Year status must meet additional requirements to qualify for full AHCCCS coverage.

1. **Qualified Alien for Five Years: Has been a Battered Non-Citizen, Lawful Permanent Resident or Parolee for at Least One Year for five years or more. This can be verified by the "Resident Since" date shown on the person's immigration card.**
2. **If the customer has not been in that immigration status for at least 5 years, then the customer must meet one of the following requirements:**
   - **Previous Entry Under Different Status:**
   - **Entry Before 8/22/1996:**
   - **Military Related:**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Because the customer must have one of these statuses for five years, look at the date on the document to identify if the customer has had the status for at least five years. If the customer does not have his immigration document ask him what date the immigration status was effective.

If the customer has had the status for five years or more, then you can answer "Yes" to the question in HEAplus. If the customer has been in the immigration status for less than five years, explore the exceptions listed under number 2 to see if the customer meets any of them.

There are three exceptions the customer might meet. Select each one from the document below. When you have reviewed the three exceptions, click Next to continue.

A person who is in a Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee for at Least One Year status must meet additional requirements to qualify for full AHCCCS coverage.

1. **Qualified Alien for Five Years: Has been a Battered Non-Citizen, Lawful Permanent Resident or Parolee for at Least One Year for five years or more. This can be verified by the "Resident Since" date shown on the person's immigration card.**
2. **If the customer has not been in that immigration status for at least 5 years, then the customer must meet one of the following requirements:**
   - **Previous Entry Under Different Status:**
   - **Entry Before 8/22/1996:**
   - **Military Related:**

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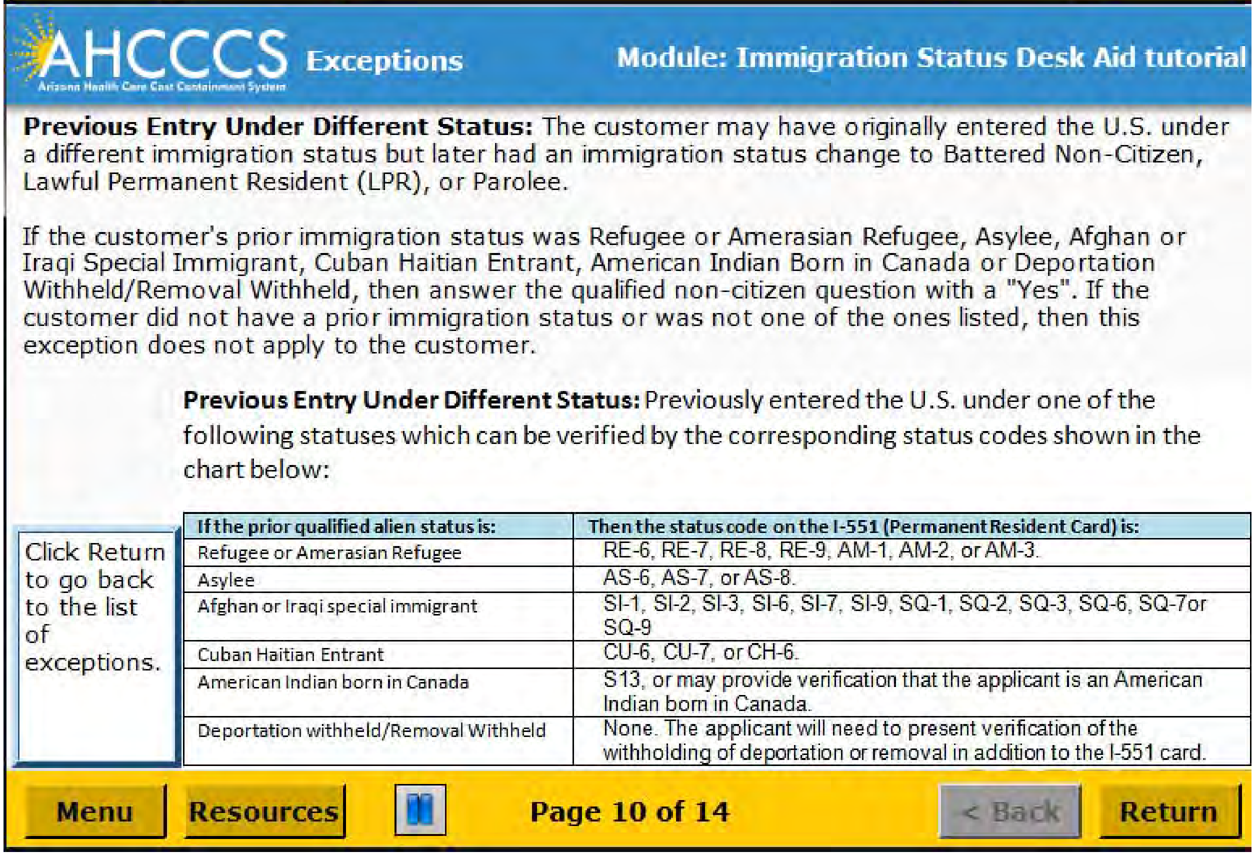
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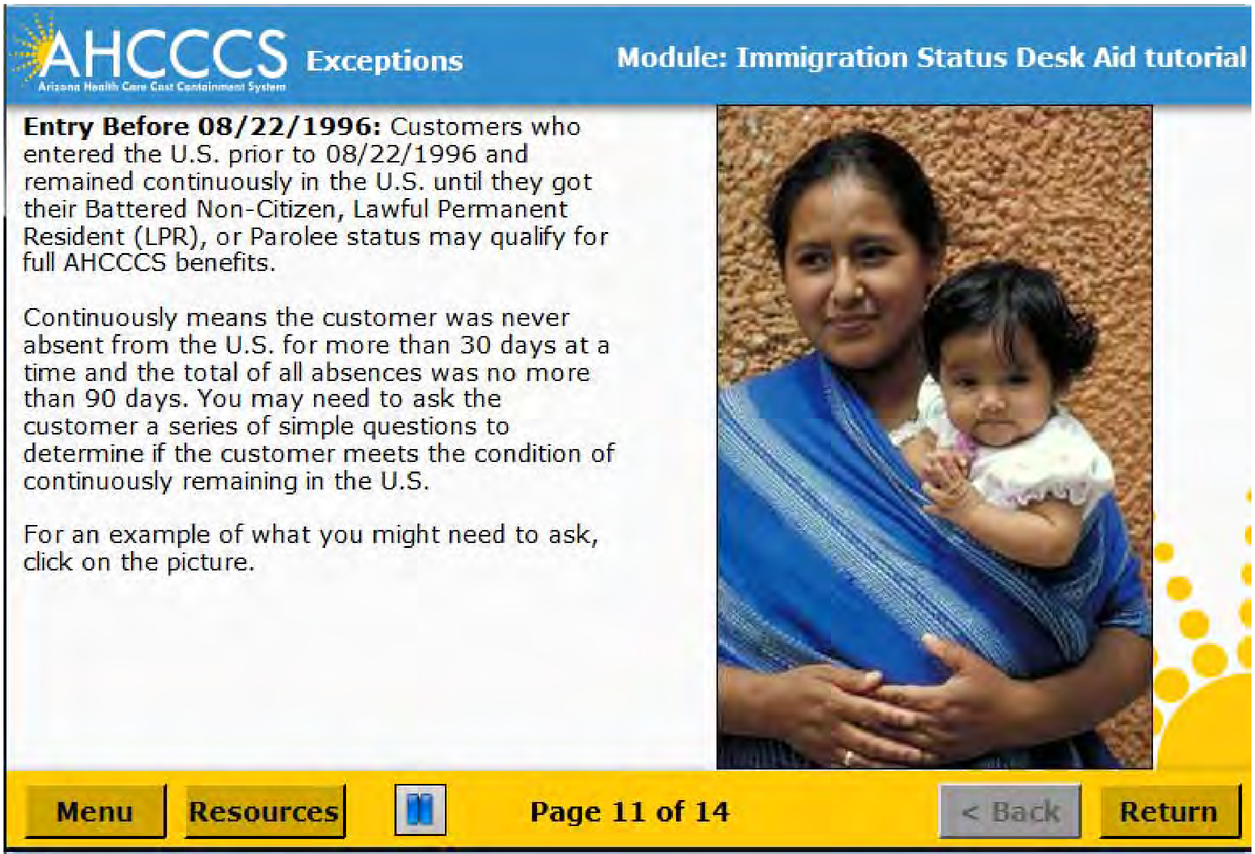
Previous Entry Under Different Status: The customer may have originally entered the U.S. under a different immigration status but later had an immigration status change to Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee.

If the customer's prior immigration status was Refugee or Amerasian Refugee, Asylee, Afghan or Iraqi Special Immigrant, Cuban Haitian Entrant, American Indian Born in Canada or Deportation Withheld/Removal Withheld, then answer the qualified non-citizen question with a "Yes". If the customer did not have a prior immigration status or was not one of the ones listed, then this exception does not apply to the customer.

Previous Entry Under Different Status: Previously entered the U.S. under one of the following statuses which can be verified by the corresponding status codes shown in the chart below:

Click Return to go back to the list of exceptions.

If the prior qualified alien status is:	Then the status code on the I-551 (Permanent Resident Card) is:
Refugee or Amerasian Refugee	RE-6, RE-7, RE-8, RE-9, AM-1, AM-2, or AM-3.
Asylee	AS-6, AS-7, or AS-8.
Afghan or Iraqi special immigrant	SI-1, SI-2, SI-3, SI-6, SI-7, SI-9, SQ-1, SQ-2, SQ-3, SQ-6, SQ-7or SQ-9
Cuban Haitian Entrant	CU-6, CU-7, or CH-6.
American Indian born in Canada	S13, or may provide verification that the applicant is an American Indian born in Canada.
Deportation withheld/Removal Withheld	None. The applicant will need to present verification of the withholding of deportation or removal in addition to the I-551 card.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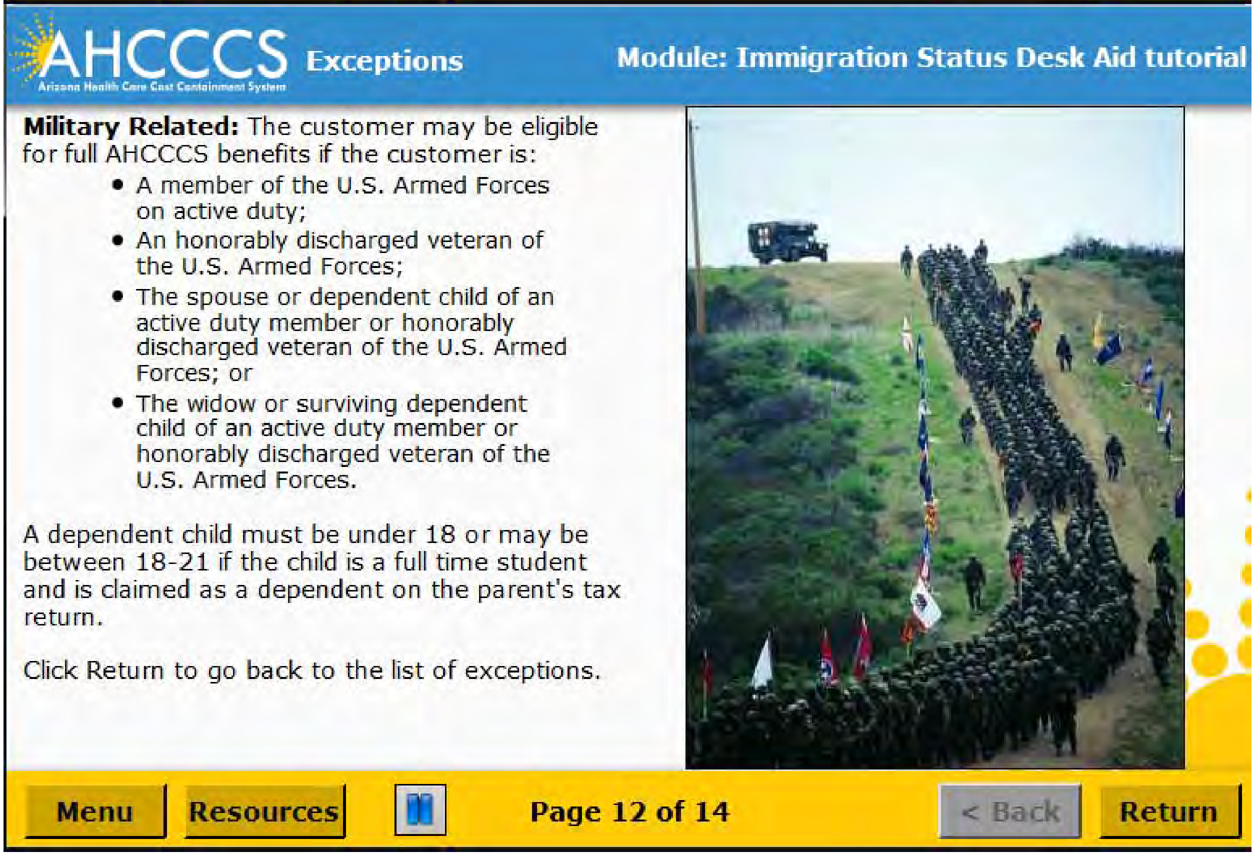
Entry Before 08/22/1996: Customers who entered the U.S. prior to 08/22/1996 and remained continuously in the U.S. until they got their Battered Non-Citizen, Lawful Permanent Resident (LPR), or Parolee status may qualify for full AHCCCS benefits.

Continuously means the customer was never absent from the U.S. for more than 30 days at a time and the total of all absences was no more than 90 days. You may need to ask the customer a series of simple questions to determine if the customer meets the condition of continuously remaining in the U.S.

For an example of what you might need to ask, click on the picture.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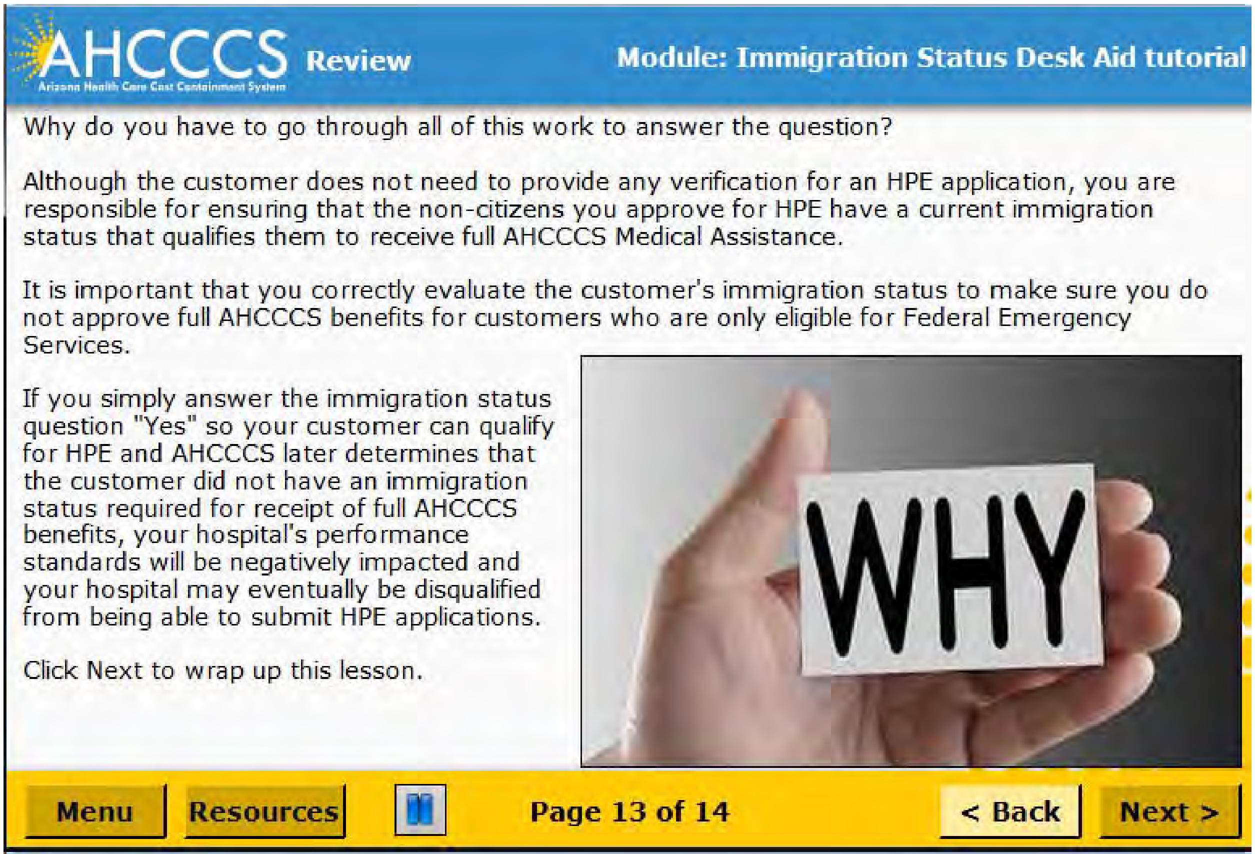
Military Related: The customer may be eligible for full AHCCCS benefits if the customer is:

- A member of the U.S. Armed Forces on active duty;
- An honorably discharged veteran of the U.S. Armed Forces;
- The spouse or dependent child of an active duty member or honorably discharged veteran of the U.S. Armed Forces; or
- The widow or surviving dependent child of an active duty member or honorably discharged veteran of the U.S. Armed Forces.

A dependent child must be under 18 or may be between 18-21 if the child is a full time student and is claimed as a dependent on the parent's tax return.

Click Return to go back to the list of exceptions.



Review

Module: Immigration Status Desk Aid tutorial

Why do you have to go through all of this work to answer the question?

Although the customer does not need to provide any verification for an HPE application, you are responsible for ensuring that the non-citizens you approve for HPE have a current immigration status that qualifies them to receive full AHCCCS Medical Assistance.

It is important that you correctly evaluate the customer's immigration status to make sure you do not approve full AHCCCS benefits for customers who are only eligible for Federal Emergency Services.

If you simply answer the immigration status question "Yes" so your customer can qualify for HPE and AHCCCS later determines that the customer did not have an immigration status required for receipt of full AHCCCS benefits, your hospital's performance standards will be negatively impacted and your hospital may eventually be disqualified from being able to submit HPE applications.

Click Next to wrap up this lesson.

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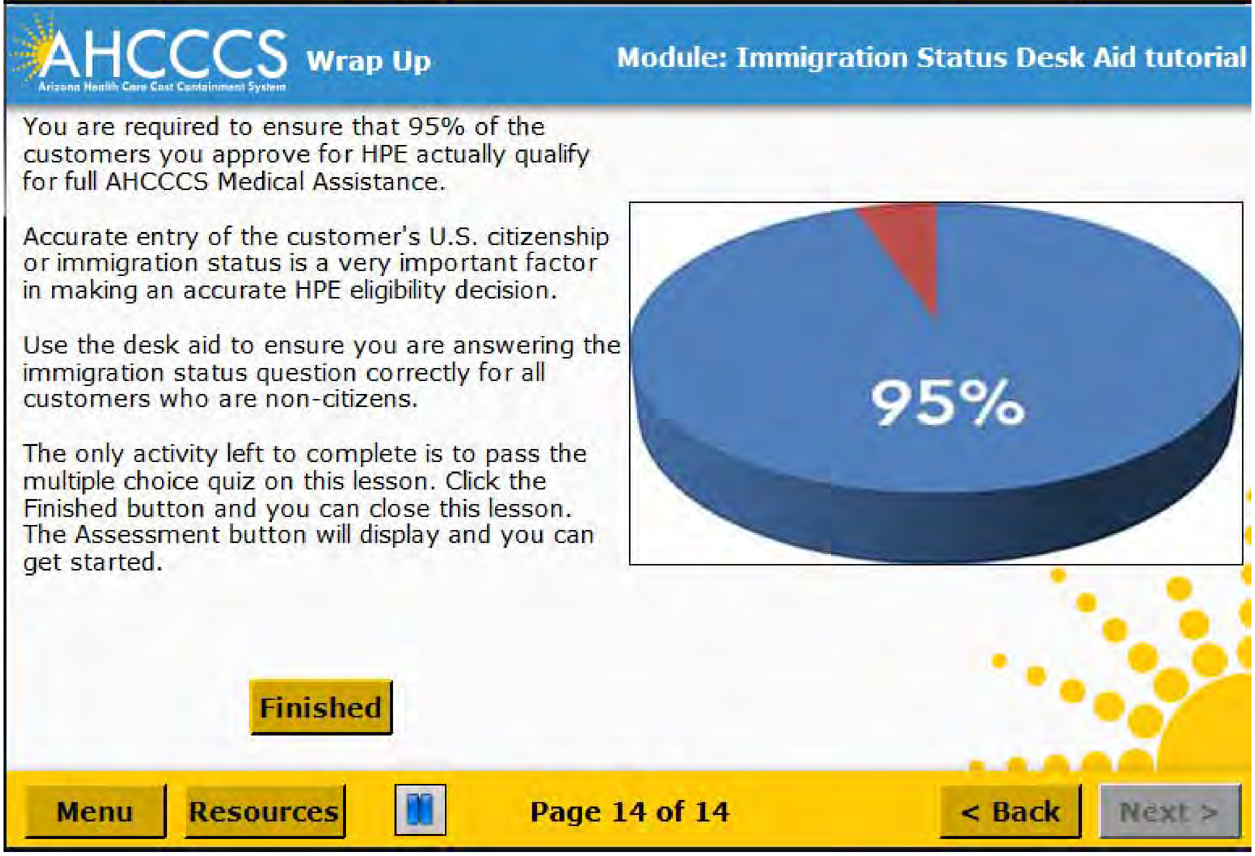

Wrap Up

Module: Immigration Status Desk Aid tutorial

You are required to ensure that 95% of the customers you approve for HPE actually qualify for full AHCCCS Medical Assistance.

Accurate entry of the customer's U.S. citizenship or immigration status is a very important factor in making an accurate HPE eligibility decision.

Use the desk aid to ensure you are answering the immigration status question correctly for all customers who are non-citizens.

The only activity left to complete is to pass the multiple choice quiz on this lesson. Click the Finished button and you can close this lesson. The Assessment button will display and you can get started.

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