

HOSPITAL PRESUMPTIVE ELIGIBILITY NOTICE OF APPROVAL

Patient name: [REDACTED]
Medical Assistance ID #: [REDACTED]

YOUR TEMPORARY HEALTH COVERAGE PERIOD BEGINS: XXXXXXXX
YOUR TEMPORARY HEALTH COVERAGE PERIOD ENDS: XXXXXXXX

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for Hospital Presumptive Eligibility (HPE) through the Maryland Medical Assistance (MA) Program. HPE provides temporary health coverage. HPE offers full access to all benefits under Maryland Medicaid Fee-for-Service *for a limited time only*. **Present this notice as *proof of coverage* during this temporary coverage period.**

HOSPITAL PRESUMPTIVE ELIGIBILITY IS NOT A FINAL DETERMINATION FROM THE MEDICAID AGENCY

To determine your eligibility beyond **END DATE**, you must take action.

- For consideration to receive full MA coverage beyond the end date above, you must complete the MA application.
- The hospital can help you complete the full MA application. You can apply any time online at <https://marylandsail.org> or by visiting a local connector entity, health department or department of social services. You can also apply by calling Maryland Health Connection Consumer Support Center at 1-855-642-8572 (TTY 1-855-642-8573).
- If we do not receive your full MA application by [REDACTED], you will have a gap in coverage.
- Completing the full MA application does not extend this temporary coverage, but may qualify you for full coverage.
- If you submit a full MA application before [REDACTED] and you are not found eligible, your temporary coverage will end on **XXXX**.

Issued by: HOSPITAL NAME
Authorized HPE Representative: XXXXXX
HPE Representative Email: XXXXX

Notice to providers: Please use the Medical Assistance Eligibility Verification System (EVS) to check the MA ID number above prior to delivering services. Health care providers with questions may email dhmh.HPE@maryland.gov.