

HOSPITAL PRESUMPTIVE ELIGIBILITY NOTICE OF DENIAL

Patient name:
Date: XXXXX

WHY YOU ARE RECEIVING THIS NOTICE

The hospital has determined that you do NOT qualify for temporary health coverage through the Maryland Medical Assistance (MA) Program. The reason for denial is XXXXXXXX

There are no appeal rights for Hospital Presumptive Eligibility (HPE). HPE decisions are final decisions made by hospitals.

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

If you think you should qualify for MA coverage, please complete a full MA application. The hospital will provide you with a full MA application. The hospital can assist you with the application or provide you with information on completing the full application.

You can apply at 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).

Issued by: Hospital Name
Authorized HPE Representative: XXXXXXX
HPE Representative Email: XXXXX