

## Hospital Presumptive Eligibility Worksheet

(to be completed by a hospital employee for each individual applicant)

Applicant First Name:	Applicant Last Name:	Applicant DOB:
Applicant SSN (optional):	Eligibility Category (see below):	Applicant Household Size:
Applicant Monthly Income:	Hospital Employee First Name:	Hospital Employee Last Name:
Hospital Employee Telephone Number:	Hospital National Provider Identifier (NPI):	Hospital Facility Name:

### Based on the Marketplace Form:

1. Does the applicant live in Tennessee?.....  Yes  No
  2. Is the applicant a U.S. citizen or an eligible immigrant?.....  Yes  No
  3. Is the applicant is a former foster child now under age 26, pregnant woman, child under age 19, or parent caretaker relative?.....  Yes  No
  4. Is the applicant's household income each month less than the limit below for his or her respective eligibility category (see below)?.....  Yes  No
  5. Is this the applicant's first hospital presumptive eligibility period in the past two calendar years?.....  Yes  No
- (Note: A pregnant woman is eligible for one presumptive eligibility period per pregnancy, even if she has received hospital presumptive eligibility during the past two years.)*

### Hospital Employee Determination

- I **approved** the HPE application because I answered "yes" to **each** of the five questions above.
- I **denied** the HPE application because I answered "no" to **any** of the questions above.

**X** \_\_\_\_\_  
Hospital Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital Employee Title

### TennCare Income Limits (2016)

Household Size	Former Foster Care <26	Pregnant Woman (195% + 5% FPL)	Child < 1 (195% + 5% FPL)	Child 1-5 (142% + 5% FPL)	Child 6-18 (133% + 5% FPL)	Parent Caretaker Relative (103% + 5% FPL)
1	No limit	n/a	\$ 1,980	\$ 1,456	\$ 1,367	\$ 1,070
2	No limit	\$ 2,670	\$ 2,670	\$ 1,963	\$ 1,843	\$ 1,442
3	No limit	\$ 3,360	\$ 3,360	\$ 2,470	\$ 2,319	\$ 1,815
4	No limit	\$ 4,050	\$ 4,050	\$ 2,977	\$ 2,795	\$ 2,187
5	No limit	\$ 4,740	\$ 4,740	\$ 3,484	\$ 3,271	\$ 2,560
6	No limit	\$ 5,430	\$ 5,430	\$ 3,992	\$ 3,747	\$ 2,933
7	No limit	\$ 6,122	\$ 6,122	\$ 4,500	\$ 4,224	\$ 3,306
8	No limit	\$ 6,815	\$ 6,815	\$ 5,010	\$ 4,703	\$ 3,681

### Definitions

<b>Eligibility Category</b>	Former Foster Care, Pregnant Woman, Child < 1 year, Child 1-5, Child 6-18, or Parent/Caretaker Relative.
<b>Former Foster Care</b>	An individual under age 26 who was in foster care in Tennessee and enrolled in TennCare Medicaid at age 18.
<b>Parent/Caretaker Relative</b>	Individual related to a child (by blood, adoption, or marriage) who lives with the child and has primary responsibility for the child's care. The child must be under 18 (or is 18 if a full-time student).
<b>Household Size</b>	The total number of people in the family who live with the applicant. Count a spouse, siblings, and any other children or stepchildren. Count unborn babies only for the household size of a pregnant applicant. See the Step-By-Step Instructional Guide for Hospital PE for more information.
<b>Monthly Income</b>	The family's monthly income before taxes. Include wages, salaries, self-employed income, unemployment, alimony received, Social Security retirement and SSDI. Do <b>not</b> include SSI or child support. See the Step-By-Step Instructional Guide for Hospital PE for more information.
<b>U.S. Citizen</b>	Individual born in the U.S., became a naturalized U.S. citizen, or derived U.S. citizenship from parents.
<b>Eligible Immigrant</b>	Non-citizen who is eligible for Medicaid because he or she has a particular type of immigration status. See the Step-By-Step Instructional Guide for Hospital PE for more information.