

Hospital Presumptive Eligibility Worksheet

To be completed by a hospital employee for each individual applicant when TennCare Access can't be accessed. Once the worksheet is complete, fax it to TennCare Connect. Always use TennCare Access to complete the Hospital Presumptive Application when possible.

If there is more than one person applying and TennCare Access can't be used, complete this worksheet for each individual and write the name and date of birth for the individual on each page. You can staple the pages together for your records.

For guidance on completing this form, refer to the Hospital Presumptive Eligibility Reference Guide.

Applicant Information		
First Name:	Last Name:	DOB:
		Gender:
Application Date:	SSN (optional):	Phone Number:
Monthly Income:	Eligibility Category (see page 4):	Household Size:
Hospital Information		
Employee First Name	Employee Last Name:	Hospital Facility Name:
Hospital Employee Telephone Number:	TennCare Access Username:	

Questions in TennCare Access:

Complete the questions below as they are answered on the TennCare Application. Only use this form when TennCare Access can't be accessed.

1 What is this person's Living Arrangement? (Select one: At Home, NF/ICF, hospice care, correctional facility, homeless/homeless shelter, medical facility, HCBS) Living Arrangement: _____		
2 Is this person a TN resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If yes, are they temporarily living out of state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, do they plan to return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If yes, when? _____		

<p>3 Is this person a United States Citizen or a national?</p> <ul style="list-style-type: none"> If yes, Is this person a naturalized or derived US citizen? This usually means you were born outside the U.S. If yes, tell us their alien number and naturalization certificate number. A _____ Naturalization certificate: _____ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4 Race: _____</p>		
<p>5 Ethnicity: _____</p>		
<p>6 Does the applicant have an assisting person?</p> <ul style="list-style-type: none"> If yes tell us about their assisting person. Name: _____ Organization name: _____ ID number: _____ Relationship to Applicant: _____ Address: _____ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>7 Is the applicant homeless or living in a shelter?</p> <ul style="list-style-type: none"> If yes, tell us the applicant's mailing address. Mailing address: _____ - _____ If no, tell us the applicant's residential address. Residential Address: _____ Is their mailing address the same as the residential address? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>8 Is this person pregnant?</p> <ul style="list-style-type: none"> If yes, tell us about the pregnancy. Due Date: _____ Number of Babies Expected: _____ 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9 Is this person planning to file a federal income tax return the next time taxes are due?</p> <ul style="list-style-type: none"> If no, is this person being claimed as a dependent by someone outside of the home? 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<p>10 Has the person aged out of Tennessee DCS custody (Former Foster Care)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11 What is the applicant's preferred language for letters?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish
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Income and Deductions

If you have access to the information below, include it on this worksheet. Refer to the [TennCare Income Limits \(2021\)](#) section to verify income and household guidelines.

Earned Income		
Person Name:	Frequency:	Gross Amount:
Self-Employment Income		
Person Name:	Frequency:	Gross Amount:
Other Income		
Person Name:	Frequency:	Gross Amount:
Deductions		
Person Name:	Type:	Amount:

Additional Questions

These questions may help you make a determination while TennCare Access is down. However, they will not populate in the TennCare Access application flow.

1 Is this the applicant's first hospital presumptive eligibility period in the past two calendar years? 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.)	___ Yes	___ No
2 Is the applicant's household income each month less than the limit below for her respective eligibility category (see below)?	___ Yes	___ No

Hospital Employee Determination

- I approved the HPE application because I answered "yes" to each of the eleven questions above.
- I denied the HPE application because I answered "no" to one or more of the questions above.

Hospital Employee Signature

Date

Hospital Employee Title

TennCare Income Limits (2021)

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 (Income Standard + 5% FPL)
1	No limit	n/a	\$ 2,147	\$ 1,579	\$ 1,482	\$ 1,072
2	No limit	\$ 2,904	\$ 2,904	\$ 2,135	\$ 2,004	\$ 1,402
3	No limit	\$ 3,661	\$ 3,661	\$ 2,691	\$ 2,526	\$ 1,703
4	No limit	\$ 4,418	\$ 4,418	\$ 3,247	\$ 3,049	\$ 1,978
5	No limit	\$ 5,174	\$ 5,174	\$ 3,804	\$ 3,571	\$ 2,232
6	No limit	\$ 5,931	\$ 5,931	\$ 4,360	\$ 4,093	\$ 2,469
7	No limit	\$ 6,688	\$ 6,688	\$ 4,916	\$ 4,615	\$ 2,692
8	No limit	\$ 7,445	\$ 7,445	\$ 5,472	\$ 5,137	\$ 2,905

Definitions

Eligibility Category: Former Foster Care, Pregnant Woman, Child < 1 year, Child 1-5, Child 6-18, or Parent/Caretaker Relative.

Former Foster Care: An individual under age 26 who was in foster care in Tennessee and enrolled in TennCare Medicaid at age 18.

Parent/Caretaker Relative: 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).

Household Size: 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.

Monthly Income: The family's monthly income before taxes. Include wages, salaries, self-employed income, unemployment, alimony received, Social Security retirement and SSDI. Do not include SSI or child support. See the Step-By-Step Instructional Guide for Hospital PE for more information.

U.S. Citizen: Individual born in the U.S., became a naturalized U.S. citizen, or derived U.S. citizenship from parents.

Eligible Immigrant: 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.