

Hospital Presumptive Eligibility Application Cover Sheet

Fill out this page and the Marketplace Application if you do NOT have TennCare.

You are applying for **temporary** TennCare. This will allow you to get health care right away.

You can qualify for temporary TennCare if:

- You live in Tennessee AND
- Your income is below the monthly limit AND
- You are a U.S. citizen, or eligible immigrant AND
- You do not already have Medicaid AND
- You are in one of the groups that qualifies for presumptive eligibility for TennCare AND
- You have not had presumptive eligibility for TennCare in the past two calendar years. Or, if you are pregnant, you have not had presumptive eligibility for TennCare during this pregnancy.

To apply, you must sign this page. And you must fill out and sign the Marketplace Application.* The hospital will help you with this. The hospital will also help you mail the application to keep TennCare. For temporary TennCare, these questions are optional:

Step 1: #16 and 17 optional

Step 2: #6, 7, 9, 10, 12, part of 13 (you must answer first question), 14, 17, 19-22, 25, 26, 29, 32, and 33 optional

Step 3-5: optional

Appendices A-D: all optional

BUT, answering these questions may help you keep TennCare. Please answer these if you can.

APPLICANT: I want to apply for temporary TennCare based on TennCare's rules. I understand that TennCare is using the facts on this page and from my Marketplace Application to decide if I can get TennCare. I know that if I lie on purpose to get TennCare, I could be fined or go to jail. I know I must also mail in my Marketplace Application or apply for TennCare at www.healthcare.gov by the end of next month or I will lose coverage. If I am not eligible, I know I can still apply for TennCare and other programs at www.healthcare.gov. By signing below, I agree that this information is true and correct based on my knowledge. **Remember: You must also sign the Marketplace Application to apply for ongoing TennCare Medicaid.**

Applicant Signature

Date

HOSPITAL: By signing, you attest that you have accurately recorded the information provided by the applicant and made a determination based on that information. You have also told the applicant of your determination. You have offered to mail the Marketplace Application or to help the applicant apply online for ongoing TennCare. You have told the applicant to do this by the end of next month; if the applicant does not apply for ongoing TennCare by this time, you have told the applicant that he or she may lose eligibility. If denied, you have explained that the applicant can still send in the Marketplace Application or apply again at www.healthcare.gov for TennCare and other programs.

Employee Signature

Name of Hospital

Date

* The Marketplace Application is also at <https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf>.
More information about applying for ongoing TennCare is at <https://www.healthcare.gov/apply-and-enroll/how-to-apply/>.

REQUIRED ATTACHMENT: Marketplace Application