

DMA ADMINISTRATIVE LETTER NO: 11-13, ADDENDUM 3, HOSPITAL PROVIDER INSTRUCTIONS FOR DETERMINING PRESUMPTIVE ELIGIBILITY

DATE: March 22, 2018

SUBJECT: Hospital Provider Instructions for Determining Presumptive Eligibility

DISTRIBUTION: Enrolled Presumptive Eligibility Hospitals
County Directors of Social Services
Medicaid Eligibility Staff

I. BACKGROUND

The purpose of this letter is to provide the 2018 Federal Poverty Level (FPL) income limits for determining Presumptive Eligibility. These limits are effective April 1, 2018.

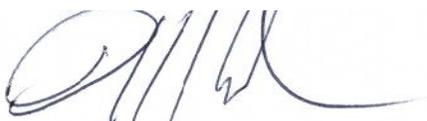
II. INSTRUCTIONS

- A. Continue to follow instructions in [Administrative Letter No: 11-13](#).
- B. Use the [Integrated Eligibility Manual \(IEM\) section 4200](#), Federal Poverty Level income limits in effect April 1, 2017 for application taken prior to April 1, 2018.
- C. Use the [Integrated Eligibility Manual \(IEM\) section 4200](#), Federal Poverty Level income limits in effect April 1, 2018 for application taken on or after April 1, 2018.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt. Administrative Letter No: 11-13, Addendum 2 is obsolete.

If you have questions regarding information in this letter, please contact your Operational Support Team Representative.



Dave Richard
Deputy Secretary for Medical Assistance

