

Virginia Qualified Entity Agreement for Hospital Presumptive Eligibility

This is an agreement to become a Qualified Entity for Hospital Presumptive Eligibility (HPE) for the purposes of conducting Presumptive Eligibility determinations. You must participate as a Virginia Medicaid provider to perform Hospital Presumptive Eligibility determinations. Please complete, sign, and return this agreement to the Virginia Department of Medical Assistance Services (DMAS) at the contact below:

Email: HPE@dmass.virginia.gov
 Fax: (804) 612-0044

If you have questions about this application or the Hospital Presumptive Eligibility program, please email: HPE@dmass.virginia.gov

Name of hospital	
Other name (if any used for provider services)	National Provider Identifier number
Telephone number	FAX number
Mailing address (no P.O. Box) for Site	City, State, Zip
Primary HPE Contact Person	
Telephone number	FAX number
()	()
Email Address	

Hospital Presumptive Eligibility (HPE) Qualified Entity Responsibilities and Agreement

I understand that the responsibilities as an HPE Qualified Entity include:

1. Providing the Department of Medical Assistance Services (DMAS) HPE training to all hospital staff members who will perform HPE determinations before they begin conducting them.
2. Offering the HPE program to patients who have an immediate medical need and are without current, confirmed Medicaid or FAMIS coverage;
3. Screening interested patients for income eligibility using HPE forms and guidelines;
4. Ensuring that all individuals performing HPE determinations are direct employees of the hospital and do not work as contractors or vendors of the hospital;
5. Accurately determining HPE;
6. Submitting completed HPE enrollment forms with the required information on those patients eligible for HPE to the DMAS designee within recommended time frame of five (5) calendar days;
7. Providing in writing (and orally if appropriate), notification to the patient about the outcome of the HPE determination, including approvals or denials;
8. Informing patients at the time of the HPE determination that they must file a Medicaid application in order to obtain regular Medicaid coverage beyond the HPE period, including information regarding all ways to apply and providing to the individual a Medicaid application form;
9. Informing patients that they may file a Medicaid application regardless of eligibility for HPE;
10. Facilitating patients with the completion of an application for Medicaid;
11. Keeping current with changes affecting HPE through provider memos, manuals, bulletins, notices, and/or further training;
12. Maintaining criteria to continue participation as an HPE provider based on the expectation of meeting the following standards: (1) the proportion of individuals determined presumptively eligible by the hospital who submit a full application; and (2) the proportion of individuals who are determined eligible for Medicaid based on the full application. The state may disqualify an HPE provider if (1) less than 85% of HPE submissions result in a full Medicaid application; or (2) less than 70% of individuals are determined eligible for Medicaid based on a full application. These standards will be assessed and may be revised by DMAS based on the results.
13. Participating in additional training by DMAS or other corrective action measures if the HPE provider does not meet the established standards after the data collection period has ended.

HPE providers will not be immediately disqualified; rather, DMAS will conduct additional training as part of a 60 -day plan for improved performance. HPE providers may be disqualified for failure to meet standards if performance does not improve after implementation of a 60-day plan for improvement and retraining.

14. Not participating in any unfair, unequal, or discriminatory treatment of applicants or recipients.

15. Maintain HPE records for a minimum of three years following the determination date.

The Department may revoke, suspend, or deny a qualified provider's authorization to make HPE determinations at any time for any reason deemed sufficient (including failing to meet the above requirements); such revocation, suspension or denial is not subject to appeal.

I, (print name) _____, agree to cooperate with the Department of Medical Assistance Services in complying with the above Qualified Entity responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in §1902(a)(47)(B) of the Social Security Act and 42 C.F.R. 435.1110, I may lose status as a Qualified Entity. I agree to notify DMAS in writing of any changes in application information at least ten (10) days prior to the effective date of the change. This agreement may be terminated by either DMAS or the qualified provider within thirty (30) days of notice.

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Signature

Title of Authorized Agent

Date