

Maryland's Hospital Presumptive Eligibility Program Participation Agreement



STATE OF
MARYLAND

DHMH

PART I - Hospital Contact Information

This is an application to become a Qualified Entity for Hospital Presumptive Eligibility (HPE) Program for the purposes of offering Temporary Health Coverage to your patients. A Qualified Entity for HPE Program is authorized to perform HPE determinations. **To be approved as a Qualified Entity, the hospital must be a participating Medicaid provider in Maryland that is in good standing with the Department of Health and Mental Hygiene (DHMH).**

Please complete, sign and return this application to DHMH.

If you have questions about this application or the Hospital Presumptive Eligibility program, email dhmh.HPE@maryland.gov.

1. Name of Hospital:

Other name (if any other name used for providing services):

2. HPE Primary Contact Name and Title:

3. Mailing address (no P.O. Box) for Site:

City/State/Zip:

4. Contact Telephone number:

Fax number:

Email:

5. Hospital Medical Assistance Provider Number (9-digits):

Hospital National Provider Identification (NPI) Number (10-digits):

6. Estimate the number of patients seen each month that are uninsured at the time of their visit:

PART II - To be completed by an authorized Hospital representative

This Agreement must be completed and signed by an authorized Hospital representative. For the purposes of this Agreement, an authorized Hospital representative must be the: (1) Hospital Chief Executive Officer; (2) Director of Patient Accountability; (3) Director of Finance; or (4) any other individual provided with express authority to sign this application by the hospital's governing board.

DHMH's regulations for hospital compliance with the HPE program are found at COMAR 10.09.91. DHMH will provide training and oversight to protect the integrity of the Hospital Presumptive Eligibility program. DHMH may revoke a hospital's status as a Qualified Entity for failure to comply with DHMH policy or state or federal law.

certifies that it is a participating Medicaid provider in Maryland and hereby declares its intent to perform Hospital Presumptive Eligibility determinations in accordance with the Maryland Department of Health and Mental Hygiene (DHMH) guidelines, rules and policies.

assures that only approved hospital employees will make Hospital Presumptive Eligibility determinations.

understands that approved hospital employees must perform all duties and activities associated with the Presumptive Eligibility process, as specified by the Department's guidelines and provided within COMAR 10.09.91.

agrees:

- I. To perform individual presumptive eligibility determinations consistent with DHMH, regulations, policies and procedures and as specified in program manual;
- II. To determine presumptive eligibility in accordance with Maryland's DHMH Medicaid regulations and guidelines as promulgated by the Department;
- III. To maintain with DHMH an up-to-date list of all the names of individuals in the hospital that are certified to make HPE determinations;
- IV. To limit the hospital employees that make presumptive eligibility determinations to those who are certified and on the list provided to DHMH;
- V. To provide applicants with an Approval or Denial Notice;
- VI. To report the results of each determination to DHMH in a timely manner, as specified in program manual;
- VII. If applicant is approved, to inform the applicant that a full Medical Assistance application must be completed by the last day of the month following the month in which the hospital makes the HPE determinations in order to assess the applicant's eligibility for continuing Medical Assistance;
- VIII. To provide assistance with the application process, unless the applicant declines such assistance; and
- IX. To participate in random quality assurance reviews conducted by the Department and to take any corrective action necessary as a result of the review.

further understands that the hospital must abide by all DHMH rules and guidelines and meet specified goals applicable to the Hospital Presumptive Eligibility program as set forth by the DHMH.

Failure to meet any of the above conditions may be cause for termination of this agreement and may result in the hospital's disqualification from the Hospital Presumptive Eligibility program.

Authorized Signature

Date

Hospital Representative Name and Title:

Please return completed form to dhmh.HPE@maryland.gov