



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 Maryland Department of Health (MDH).

Please complete, sign and return this application to MDH.

If you have questions about this application or the Hospital Presumptive Eligibility program, email: mdh.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.



MDH's regulations for hospital compliance with the HPE program are found at COMAR 10.09.91. MDH will provide training and oversight to protect the integrity of the Hospital Presumptive Eligibility program. MDH may revoke a hospital's status as a Qualified Entity for failure to comply with MDH 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 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 MDH regulations, policies and procedures, and as specified in program manual;
- II. To determine presumptive eligibility in accordance with MDH Medicaid regulations and guidelines as promulgated by the Department;
- III. To maintain with MDH 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 MDH;
- V. To provide applicants with an Approval or Denial Notice;
- VI. To report the results of each determination to MDH 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 MDH rules and guidelines and meet specified goals applicable to the Hospital Presumptive Eligibility program as set forth by the MDH.

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 mdh.HPE@maryland.gov