



Application to Determine Presumptive Eligibility for Medicaid
ADDENDUM

This is an addendum to the WV Bureau for Medical Services Application to Determine Presumptive Eligibility (PE) for Medicaid.

This addendum is for PE providers wishing to use any Department of Health and Human Resources (DHHR) workers or other third party contractors (TPCs) to carry out the presumptive eligibility (PE) process. For the purposes of this addendum and program, any DHHR worker or TPC will become “authorized employees” if they are making PE determinations on behalf of the PE provider. The PE provider must first agree to all terms and conditions in this addendum and all rules established by the Federal Government and the West Virginia Bureau for Medical Services.

Facility Name	DBA (if applicable)		
Street Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Presumptive Eligibility Administrator/Point of Contact	Phone	Fax	
Email address	NPI Number		

Attestation (please initial before each statement):

This facility will follow the policy and guidelines for determining presumptive eligibility for Medicaid.

All personnel assigned with determining presumptive eligibility for Medicaid (including authorized employees, DHHR workers, and TPCs) will complete PE training and receive certification from the Bureau for Medical Services prior to being granted access to the presumptive eligibility determination system in WV inROADS.

I understand that this facility is solely responsible for all PE determinations regardless of the employment status of the individual making the presumptive eligibility determination.

I affirm, under the penalties for perjury, that the forgoing and following information is true, accurate, and complete. I understand that payments submitted under this NPI number will be from Federal

funds, and that any falsification or concealment of material fact may be prosecuted under Federal and State laws. The West Virginia Bureau for Medical Services (BMS) may ask for additional information regarding any of the information submitted as part of this form and application. BMS will pursue repayment in all instances of improper or duplicate payment. By signing this form, the provider attests that he/she has read and understands the policies and procedures for Presumptive Eligibility determination.

The owner or an authorized official of the business entity, directly or ultimately responsible for operating the business, is the authorized signatory of this form.

Authorized Official Name (Please Print)

Authorized Official Title

Authorized Official Name (Signature)

Date

SUBMIT