



## **Application to Determine Medicaid Presumptive Eligibility (PE) and Participation Agreement**

By signing this participation agreement, .....elects

Provider Name

to participate in the West Virginia Bureau for Medical Services Presumptive Eligibility (PE) program. The PE program provides temporary Medicaid coverage to low-income individuals without health coverage pending completion of a full application and determination for insurance affordability programs in West Virginia.

### **Provider Participation Criteria**

- Must be a qualified PE provider entity as identified in the West Virginia Medicaid State Plan.
- Must be an enrolled West Virginia Medicaid provider with a National Provider Identifier (NPI) number and Provider Identification Number (PIN).
- Must adhere to the BMS policies and procedures that govern the PE program found in Chapter 400 of the BMS Provider Manual.
- Must assist PE applicant in completing the PE application without any reimbursement of costs from the Bureau.
- Must provide applicant with PE eligibility outcome and explain the presumptive eligibility period (potentially up to 60 days).
- Must provide the applicant with a written confirmation:
  - If eligible, confirmation will allow patient to temporary access of West Virginia Medicaid covered services.
  - If denied, the reason for the denial and the option to submit a regular Medicaid application.
- Must provide assistance to the PE beneficiary in completing the West Virginia Single Streamlined Application (full Medicaid application) before the end of the PE period. All full applications submitted by the provider will be tracked for regular Medicaid eligibility to ensure program integrity.

### **Records Management Requirements**

- Maintain organized records of the PE applications for three years from the last date of billing.
- Make records available to the Department of Health and Human Resources upon request, and permit periodic review of the records with adequate notice from the Department.

## Training Requirements

- Each authorized employee that will submit PE applications must complete the BMS PE training program.
- Each authorized employee that will submit PE applications must stay current with any changes to the program. The PE changes will **be sent out through provider bulletins, notices, and/or additional training programs.**

Provider Name

DBA (if applicable)

Street Address

City

State

ZIP

Mailing Address (if different)

City

State

ZIP

Presumptive Eligibility Administrator/Point of Contact

Phone

FAX

E-mail Address

NPI Number

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 (Print)

Authorized Official Title

Authorized Official Signature

Date