



**Hospital Application to Determine Presumptive Eligibility for Medicaid
ADDENDUM**

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

This addendum is for hospitals wishing to use any Department of Health and Human Resources (DHHR) workers or other third party contractors (TPCs) to carry out the hospital-based presumptive eligibility (HBPE) process. For the purposes of this addendum and program, any DHHR worker or TPC will become “authorized hospital employees” if they are making HBPE determinations on behalf of the hospital. The hospital 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 as outlined in Chapter 510, Section 3.

All personnel assigned with determining presumptive eligibility for Medicaid (including hospital employees, DHHR workers, and TPCs) will complete HBPE 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 HBPE determinations regardless of the employment status of the individual making the presumptive eligibility determination. If this facility does not meet performance standards as stated in Chapter 510, Section 3, it may lose the ability to determine presumptive eligibility for Medicaid even if all or some of the failing performance measures were due wholly or in part to failures by non-hospital staff such as DHHR workers or TPCs and that all TPCs are considered “authorized hospital employees” and will be treated as such, in relation to this program.

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 Hospital-Based 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