



## **Qualified Hospital Participation Agreement Hospital Based Presumptive Eligibility (HBPE)**

By signing this participation agreement, (name of Hospital) elects to participate in the West Virginia Bureau for Medical Services Hospital Based Presumptive Eligibility (HBPE) program. The HBPE 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.

### **Hospital Participation Criteria**

- Must be an enrolled West Virginia Medicaid provider with a National Provider Identifier (NPI) number and Provider Identification Number (PIN).
- Assist HBPE applicant in completing the HPE application without any reimbursement of costs from the Bureau.
- Provide applicant with eligibility outcome and explain the presumptive eligibility period (potentially up to 60 days).
- Provide the applicant with a written confirmation:
  - If eligible, confirmation will allow patient to access temporary 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 HBPE beneficiary in completing the West Virginia Single Streamlined Application (full Medicaid application).

### **Records Management Requirements**

- Maintain organized records of the HBPE 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 hospital employee that will submit HBPE applications must complete the HPE training program.
- Each hospital employee that will submit HBPE applications must stay current with any changes to the program. The HBPE changes will **be sent out through provider bulletins, notices, and/or additional training programs.**

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

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 (Print)

Authorized Official Title

Authorized Official Signature

Date