

Hospital Presumptive Eligibility (HPE) Qualified Entity Responsibilities

I understand that the responsibilities as an HPE Qualified Entity include:

1. Providing the Department of Medical Assistance Services (DMAS) HPE training to all hospital staff members who will perform HPE determinations before they begin conducting them.
2. Offering the HPE program to patients who have an immediate medical need and are without current, confirmed Medicaid or FAMIS coverage;
3. Screening interested patients for income eligibility using HPE forms and guidelines;
4. Ensuring that all individuals performing HPE determinations are **direct employees** of the hospital and do not work as contractors or vendors of the hospital;
5. Accurately determining HPE;
6. Submitting completed HPE enrollment forms with the required information on those patients eligible for HPE to the DMAS designee within five (5) calendar days;
7. Providing in writing (and orally if appropriate), notification to the patient about the outcome of the HPE determination;
8. Informing patients at the time of the HPE determination that they must file a Medicaid application in order to obtain regular Medicaid coverage beyond the HPE period, including information regarding all ways to apply and providing to the individual a Medicaid application form;
9. Informing patients that they may file a Medicaid application regardless of eligibility for HPE;
10. Facilitating patients with the completion of an application for Medicaid;
11. Keeping current with changes affecting HPE through provider memos, manuals, bulletins, notices, and/or further training;
12. Maintaining criteria to continue participation as an HPE provider based on the expectation of meeting the following standards: (1) the proportion of individuals determined presumptively eligible by the hospital who submit a full application; and (2) the proportion of individuals who are determined eligible for Medicaid based on the full application. The state may disqualify an HPE provider if (1) less than 85% of PE submissions result in a full Medicaid application; or (2) less than 70% of individuals are determined eligible for Medicaid based on a full application. For the initial six (6) month period of HPE (January 2014-June 2014), DMAS will collect and analyze performance standard data from all HPE providers. These standards will be assessed and may be revised by DMAS based on the results.

13. Participating in additional training by DMAS or other corrective action measures if the HPE provider does not meet the established standards after the data collection period has ended. HPE providers will not be immediately disqualified; rather, DMAS will conduct additional training as part of a 60-day plan for improved performance. HPE providers may be disqualified for failure to meet standards if performance does not improve after implementation of a 60-day plan for improvement and retraining.
14. Not participating in any unfair, unequal, or discriminatory treatment of applicants or recipients.