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Presumptive Eligibility Medicaid Qualified Hospital Election Packet

Use this packet to notify the District of Columbia of your decision to become a Qualified Hospital for hospital based presumptive eligibility purposes. Qualified Hospitals may elect to make presumptive eligibility determinations for certain qualified populations provided that the hospital comports with DHCF established policies and procedures for hospital based presumptive eligibility.

A Qualified Hospital is a hospital that must be currently enrolled in DC Medicaid, notifies the District Medicaid agency or its designee of its decision to make determinations on presumptive eligibility, agrees to make determinations in compliance with established District Medicaid policies, will assist individuals with the completion of full Medicaid applications, and must not be disqualified by the District Medicaid agency.

To elect to become a Qualified Hospital, the hospital must complete the following actions.

ACTION ONE	<p>Complete and Submit the Qualified Hospital Election Form & Memorandum of Agreement (MOA) for Presumptive Eligibility Medicaid. These forms are included in this Qualified Hospital Election Packet. Submit the documents to the District’s Division of Eligibility Policy.</p> <p>Department of Health Care Finance Attn: Division of Eligibility Policy One Judiciary Square 441 4th Street NW, Suite 900S Washington, DC 20001</p>
ACTION TWO	<p>Hospitals seeking qualified status must complete a “Certified Application Counselor Program Designated Organization Application” and “Certified Application Counselor Program Designated Organization Agreement” and submit it to the DC Health Benefit Exchange Authority (HBX). These documents can be found on the HBX webpage. The contact information for the HBX can be found below.</p>
ACTION THREE	<p>Qualified Hospitals are required to designate staff, including those contracted under a third party, to conduct presumptive eligibility determinations and must require designated staff to be certified application counselors (CAC). Certification for the CAC program is offered by the DC Health Benefit Exchange Authority (HBX).</p> <p><i>Please contact the HBX in order to begin Actions Two and Three.</i></p> <p>DC Health Benefit Exchange Authority (HBX) 1100 15th Street NW, 8th Floor Washington, DC 20005 CAC@dc.gov http://hbx.dc.gov/page/certified-application-counselors-program</p>

Qualified Hospital Election Form

This is a form signaling election to become a Qualified Hospital for the purposes of offering Hospital Based Presumptive Eligibility Medicaid to your patients.



The hospital signing this form must be a District of Columbia Medicaid provider to qualify for Hospital Based Presumptive Eligibility participation.

Please complete, sign, and return this form to the Department of Health Care Finance Division of Public and Private Provider Services.

PART I

Hospital Medicaid Provider Number

When electing you must include your hospital provider number here

Hospital National Provider Identifier (NPI)

Number: When electing you must include your NPI number here

NOTE: The Medicaid provider number must match the site electing to perform Hospital Based Presumptive Eligibility determinations. The provider at this site must be a provider in good standing. If the hospital has multiple sites, please complete separate election forms for each site.

PART II

Name of Hospital

Other name (if any used for provider services)

Telephone number

()

FAX number

()

3. Mailing address (no P.O. Box) for Site

City

ZIP Code

4. Contact person

Telephone number

()

FAX number

()

Email Address

Certify this Election Form Here

I hereby certify that all the above information is true and accurate to the best of my knowledge.

Signature:

Date:

Printed Name of Authorized Agent

Title of Authorized Agent

**MEMORANDUM OF AGREEMENT
BETWEEN
DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH CARE FINANCE
441 4TH STREET NW, 900S
WASHINGTON, DC 20001**

AND

HOSPITAL NAME:

HOSPITAL ADDRESS:

For Fiscal/Calendar Year

I. INTRODUCTION

This Memorandum of Agreement (“MOA”), by and between the District of Columbia (“District”) Department of Health Care Finance (herein referred to as “the Department”) and [Hospital name] (herein referred to as “the Hospital”), collectively referred to as the “Parties”.

II. LEGAL AUTHORITY for MOA

Section 2202 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. §§ 1396a(a)(47)(a) and 1396b(u)(1)(D)(v) and 42 C.F.R. § 435.1110 D.C. Official Code § 7-771.01 *et seq.*

III. OVERVIEW OF PROGRAM GOALS AND OBJECTIVES

Under Section 2202 of the Patient Protection and Affordable Care Act of 2010 (42 U.S.C. §§ 1396a(a)(47)(a) and 1396b(u)(1)(D)(v) and 42 C.F.R. § 435.1110, qualified hospitals may determine certain individuals presumptively eligible for Medicaid on the basis of preliminary information, subject to federal and state requirements. By conducting presumptive eligibility determinations in accordance with this provision, the Hospital can assist individuals in securing temporary coverage on a timely basis and provide them with a pathway to ongoing health coverage.

The purpose of this MOA is to set forth the role, responsibilities, and other terms for the Hospital to conduct Medicaid presumptive eligibility determinations and to facilitate the submission of full Medicaid applications, as well as the Department’s role and responsibilities in supporting and overseeing these activities.

Under this MOA, the Hospital may make presumptive eligibility determinations for patients, family members, and other community members seeking coverage. When conducting determinations, the Hospital will evaluate individuals for eligibility under Modified Adjusted Gross Income (or “MAGI”) categories, including:

- Children under age 21,
- Parents and caretaker relatives,

- Pregnant women,
- Individuals under age 26 who were in foster care at age 18 or older,
- Adults age 21-64, and
- Individuals in need of treatment for breast and cervical cancer treatment.

IV. SCOPE OF SERVICES

Pursuant to the applicable authorities and in furtherance of the shared goals of the Parties to carry out the purposes of this moa expeditiously and economically, the Parties hereby agree as follows:

A. RESPONSIBILITIES OF THE DEPARTMENT: The Department shall:

1. Support the Hospital in conducting presumptive eligibility determinations by providing training, oversight, and other Department services required for such determinations.
2. Provide Medicaid coverage to individuals based on the Hospital's determination of eligibility as long as it was conducted in accordance with Department policies and procedures set forth in Appendix A.
3. Not hold the Hospital financially responsible if an individual is found ineligible for Medicaid following a full eligibility determination.

B. RESPONSIBILITIES OF THE HOSPITAL: The Hospital shall:

1. Conduct presumptive eligibility determinations for Medicaid to the best of its abilities, in good faith and with proper diligence and care, consistent with the authorizing law, regulations and policies of the Department and the laws of the District of Columbia.
2. Agree to designate staff, including those contracted under a third party, to conduct presumptive eligibility determinations and to ensure their completion of the certified application counselors (CAC) program operated by the District of Columbia's Health Benefit Exchange Authority (HBX).
3. Ensure that staff designated to conduct presumptive eligibility determinations on behalf of the Hospital are certified application counselors (CAC).
4. Notify the Department of any CAC staff that conducts Presumptive Eligibility determinations that have been terminated, resigned, or no longer work for the Hospital within twenty-four (24) hours of the separation.
5. Assist individuals with the presumptive eligibility application; make presumptive eligibility determinations; and provide applicants with their Presumptive Eligibility determination results.
6. Assist individuals determined to be eligible for Presumptive Eligibility Medicaid by the Hospital with completing and submitting the full Medicaid application, including assisting the applicant with gathering verification documentation.
7. Submit full Medicaid applications to the Economic Security Administration (ESA) through mail, telephone, fax, online, within five (5) business days of the date of determination or date of discharge from the Hospital whichever is later.
8. Comply with all state, federal, and Department rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

V. DURATION OF THIS MOA

A. PERIOD

The period of this MOA shall be from the date the Party signed this MOA until ___/___/___ unless terminated in writing by the Parties pursuant to Section XI of this MOA.

VI. AMENDMENTS AND MODIFICATIONS

This MOA may be amended or modified only upon prior written agreement of the Parties. Amendments or modifications shall be dated and signed by the authorized representatives of the Parties

VII. CONSISTENT WITH LAW

The Parties shall comply with all applicable laws, rules and regulations whether now in effect of hereafter enacted or promulgated.

VII. COMPLIANCE AND MONITORING

Seller Agency will be subject to scheduled and unscheduled monitoring reviews to ensure compliance with all applicable requirements.

A. Assignments

In accordance with federal laws, regulations prohibit delegation of the Hospital's responsibilities to make Presumptive Eligibility determinations to a third party, including contractors and vendors. The Hospital agrees to not assign the rights or responsibilities under this MOA to a third party.

B. Performance Standards And Oversight

The Department has developed performance standards, set forth in Appendix B. The Department shall gather data from the Hospital on the performance measures periodically, evaluate the data provided by the Hospital, and provide the Hospital with timely feedback on its performance. The Department may, in consultation with the Hospital and other qualified hospitals, develop or amend reasonable and appropriate performance standards. In doing so, it will rely on data provided by this and other hospitals.

If the Hospital fails to meet the Department's performance standards, the Department will notify the Hospital; provide the Hospital additional training; assist the Hospital in developing and implementing a corrective action plan; and in collaboration with the Hospital, identify a timeline within which to achieve improved results that meet the Department's performance standards. If the Hospital is unable to meet performance standards after being given a reasonable timeline to do so, the Department may terminate this agreement, as described in Section X.

XI. RECORDS AND REPORTS

The Hospital shall maintain organized records of Presumptive Eligibility applications for ten (10) years from the date of determination, and cooperate with the Department and any other duly authorized agent of a governmental agency seeking to audit compliance with requirements. The Hospital's cooperation shall include, but is not limited to, the following:

- Making these records available to DHCF upon request, and permitting periodic Department review of the records.

- Making available to DHCF, or its designee, upon request, all necessary and complete records and other documentation for audit purposes as specified in the request;
- Permitting DHCF, or its designee, to access its premises to inspect and monitor its compliance with program requirements.

A. Developing And Complying With Performance Standards

1. RESPONSIBILITIES OF THE DEPARTMENT: The Department shall:

- Use the data from the Hospital and other hospitals throughout the District to develop and amend the performance standards set forth in Appendix B.
- Notify the Hospital and initiate a process to assist the Hospital in meeting the performance standards if the data indicates that the Hospital is not meeting the specified standards.
- Provide the Hospital with additional training, assist the Hospital in developing and implementing a corrective action plan, and provide the Hospital with a reasonable period of time to come into compliance with the performance standards.

2. RESPONSIBILITIES OF THE HOSPITAL: The Hospital shall:

- Adhere to the performance standards set forth in Appendix B.
- Submit the data needed by the Department to monitor its compliance with these performance standards set forth in Appendix B in a monthly report.
- Provide the data as requested by the Department to the Department on performance indicators to assist the Department in developing reasonable and appropriate standards for hospital-based presumptive.
- Submit the data needed by the Department to monitor its compliance with these performance standards set forth in Appendix B in a monthly report accordance with Department directions and timeframes.

If the Hospital remains unable to meet the performance standards after being given a reasonable and appropriate opportunity to do so, the Department may terminate this agreement, as described in Section X.

X. TERMINATION

The Hospital may withdraw from conducting presumptive eligibility determinations and terminate this MOA upon 30 days written notice to the Department.

The Department may terminate this agreement with 30 days written notice if the Department disqualifies the Hospital from conducting presumptive eligibility determinations in accordance with Section IV.

The Department may disqualify the Hospital from conducting presumptive eligibility determinations if the Department determines:

- 1) That the Hospital is not making, or is not capable of making, presumptive eligibility determinations in accordance with federal and state law and regulations;
- 2) If the Hospital is unable to meet the performance standards established by the Department after following the process described above in Section III;
- 3) The Hospital no longer participates in Medicaid; or
- 4) The Hospital is submitting claims for services that are considered unnecessary, inappropriate,

contrary to customary standards of practice, or violate Medicaid regulations.

If the Hospital is disqualified from making presumptive eligibility determinations, it may have bearing on whether the Hospital can participate in Medicaid or on any agreements other than this one between the Hospital and the Department.

The Department shall initiate disqualification proceedings pursuant to 42 CFR 435.1110(d)(2).

XI. NOTICES

The following individuals are the contact points for each Party:

Hospital Contact Point

Agency Contact Point

Department of Health Care Finance
Attn: Division of Eligibility Policy
One Judiciary Square
441 4th Street NW, Suite 900S
Washington, DC 20001

XII. PROCUREMENT PRACTICES ACT

If a District of Columbia agency or instrumentality plans to utilize the goods and/or services of an agent, contractor, consultant or other third party to provide any of the goods and/or services under this MOA, then the agency or instrumentality shall abide by the provisions of the District of Columbia Procurement Practices Act of 1985 (D.C. Official Code § 2-301.01, *et seq.*) to procure the goods or services.

XIII. RESOLUTION OF DISPUTES

1. The Hospital has the right to request a formal review if it disagrees with a decision made by the Department. The Hospital agrees that the rules governing appeals filed by Hospitals are cited in the Provisions for Fair Hearings, DC Code Title 4-210.1 - 4-210.18.

The areas that may be appealed include, but are not limited to, the following:

- Appeals regarding denial of payment for unauthorized services
- Appeals regarding termination of a provider agreement
- Appeals regarding denial of enrollment as a provider in the DC Medicaid or Waiver Programs

XIV. CONFIDENTIAL INFORMATION

The Parties to this MOA will use, restrict, safeguard and dispose of all information related to services provided by this MOA in accordance with all relevant federal and local statutes, regulations, and policies.

Information received by either Party in the performance of responsibilities associated with the performance of this MOA shall remain the property of the Department.

IN WITNESS WHEREOF, the Parties hereto have executed this MOA as follows:

THE DC DEPARTMENT OF HEALTH CARE FINANCE

Name of Director
Director

Date

HOSPITAL NAME:

Name of Director
Director

Date

Please mail 2 signed original documents to the following address and we will return one of the documents to you after we sign it:

Contact Person: Makenzie McIntosh
Management Analyst, Division of Eligibility Policy

Department of Health Care Finance
Attn: Division of Eligibility Policy
One Judiciary Square
441 4th Street NW, Suite 900S
Washington, DC 20001

If you have questions about this Memorandum of Agreement, please contact Makenzie McIntosh at (202)478-9175 or Makenzie.McIntosh@dc.gov.

Appendix A

PROCEDURES FOR CONDUCTING PRESUMPTIVE ELIGIBILITY DETERMINATIONS

- The Hospital shall conduct presumptive eligibility determinations for patients, family members, and members of the community seeking coverage.
- When conducting presumptive eligibility determinations, the Hospital shall screen patients interested in Presumptive Eligibility Medicaid coverage for financial and non-financial eligibility factors consistent with the prescribed Department Presumptive Eligibility Medicaid forms and guidelines.
- The Hospital shall use an online application available through the DC Health Link CAC web portal.
- If access to the DC Health Link CAC portal is unavailable, the Hospital shall notify and submit paper copies of the Presumptive Eligibility application to the DC Department of Human Services, Economic Security Administration (ESA) within 5 business days of the Presumptive eligibility determination.
- When conducting presumptive eligibility determinations, the Hospital shall only enroll the populations specified in Department policies and procedures on Presumptive Eligibility Medicaid.
- The Hospital shall use a simplified measure of an individual's household and income to make presumptive eligibility determinations as described in the Department training module and policies.
- The Hospital shall require applicants to attest to their citizenship or immigration status and residency when completing the Presumptive Eligibility application.
- When conducting presumptive eligibility determinations, the Hospital shall rely on information attested to by applicants. It shall not require or request any documentation or verification of the information, nor shall it require any information that is not needed for a presumptive eligibility determination.
- The Hospital shall provide applicants who are determined eligible for Presumptive Eligibility Medicaid coverage with a Medicaid number. This Medicaid number shall be provided through the DC Health Link system once a determination for Presumptive Eligibility Medicaid has been made by the Hospital CAC.
- The Hospital shall notify individuals in writing and orally if appropriate, of the outcome of the presumptive eligibility determination. At the time the determination, the Hospital shall provide the applicant with either the Presumptive Eligibility approval or denial notice as appropriate. The Department shall provide the Hospital with templates for both the approval and denial notice.
 - If the individual is found eligible for Medicaid, the approval notice shall explain the duration of their presumptive eligibility; the services available to them and how to access them; and information on how to submit an application for ongoing coverage and the importance of doing so.
 - If they are not found presumptively eligible, the notice shall inform them of the decision; provide a reason for the determination; and advise them how to submit the single streamlined application.
- The Hospital shall provide individuals who have applied for presumptive eligibility with information on how to complete the single streamlined application and shall provide assistance in doing so.

Appendix B

PERFORMANCE STANDARDS FOR PRESUMPTIVE ELIGIBILITY DETERMINATIONS BY HOSPITALS IN THE DISTRICT OF COLUMBIA

1. Ninety percent (90%) of presumptively eligible determinations must result in the submission of a full Medicaid application no later than five (5) days from the date of the visit or prior to discharge, whichever is latest.
2. Eighty-five percent (85%) of presumptive eligibility Medicaid beneficiaries must be determined eligible for full Medicaid coverage.

Source: 42 C.F.R. § 435.1110(d)

Appendix C

DATA HOSPITALS WILL PROVIDE TO SUPPORT DEVELOPMENT AND AMEND DISTRICT PERFORMANCE STANDARDS

Qualified Hospital Election Approval Form

For DC Department of Health Care Finance Use ONLY



Hospital Name:

HOSPITAL IS A LICENSED MEDICAID PROVIDER YES

HOSPITAL HAS SIGNED THE QUALIFIED HOSPITAL RESPONSIBILITIES AGREEMENT YES

Qualified Hospital Certification

By signing below I am certifying that the Hospital listed above is a Qualified Hospital for the purpose of making presumptive eligibility Medicaid determinations for the District of Columbia as of _____ (date).

DHCF Signature	Title	Date
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NAME(S) OF CERTIFIED APPLICATION COUNSELOR(S) (CAC) AT THIS SITE

*Please attach the Health Benefit Exchange Training Confirmation document(s) for each CAC listed to this Approval form

Name of CAC		Name of CAC	
Date Certified	Date Removed	Date Certified	Date Removed
Name of CAC		Name of CAC	
Date Certified	Date Removed	Date Certified	Date Removed
Name of CAC		Name of CAC	
Date Certified	Date Removed	Date Certified	Date Removed
Name of CAC		Name of CAC	
Date Certified	Date Removed	Date Certified	Date Removed
Name of CAC		Name of CAC	
Date Certified	Date Removed	Date Certified	Date Removed
Name of CAC		Name of CAC	
Date Certified	Date Removed	Date Certified	Date Removed