NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Acknowledgement of Participation Standards

For Nebraska Medicaid Hospital Presumptive Eligibility

_____, as a Nebraska Department of Health and Human Services (hereinafter "DHHS") qualified Medicaid hospital or entity (hereinafter "Hospital or Entity"), hereby agrees to make presumptive eligibility (hereinafter "PE") determinations for Nebraska Medicaid consistent with DHHS policies and procedures, in accordance with 42 CFR § 435.1110.

Hospital or Entity's CEO or Executive Director's signature serves as confirmation that all staff members accepted as PE providers have successfully completed PE training.

Hospital or Entity shall receive a copy of this agreement, with the original to remain on file with DHHS.

Hospital or Entity acknowledges receipt of Nebraska Medicaid policies and procedures necessary for making PE determinations, including but not limited to the following responsibilities:

PE Responsibilities for Qualified Hospitals and Entities

1. Determine PE according to DHHS regulations at an accuracy rate of **95%**.
2. Make PE determinations on the basis of a patient's preliminary attestation, indicating:
    a. The patient has gross income at or below the income standard established for the applicable group,
    b. The patient is a citizen or national of the United States or is in satisfactory immigration status, and
    c. The patient is a resident of Nebraska.
3. Limit PE determinations to:
    a. Children,
    b. Pregnant women,
    c. Parents and caretaker relatives,
    d. Former foster care children, and
    e. Breast and cervical cancer patients, so long as the hospital or entity has been accepted by the Centers for Disease Control and Prevention as a participant for the National Breast and Cervical Cancer Early Detection Program.
4. Limit PE determinations to no more than one period within two calendar years per person.

5. Authorize PE for pregnant women for ambulatory care only. Limit PE determinations for pregnant women to one period per pregnancy.
6. Notify the patient at the time of the PE determination:
    a. Of such determination. If the patient is not determined PE, he or she must be notified of the reason and informed that he or she may file an application for Medicaid with DHHS,
    b. For patients determined PE, that if a Medicaid application is not completed by or on behalf of the patient and filed with DHHS by the last day of the following month, the patient's PE period will end on that day, and
    c. For patients determined PE, that if a Medicaid application completed by or on behalf of the patient is filed with DHHS by the last day of the following month, the patient's PE period will end on the day DHHS makes a decision as to regular Medicaid eligibility.
7. Provide a PE patient with a DHHS approved application for Nebraska Medicaid, assist the patient in completing and submitting the application, and assist the patient in understanding the documentation requirements.
8. In order to retain qualification as a Nebraska hospital PE provider, **95%** of PE patients must be determined eligible for Medicaid as a result of their submission of an application.
9. Provide DHHS with the completed PE form within five business days by emailing the form to DHHS.MedicaidPE@nebraska.gov.
10. Refrain from delegating the authority to determine PE to another entity.
11. Prohibit staff from training other staff.
12. If the hospital or entity fails to meet performance standards, the facility must successfully complete retraining using materials in a DHHS approved format. If, after that, the hospital or entity continues to perform poorly, the hospital or entity may be terminated as a PE provider.
13. If an individual person is disqualified as a PE provider, he or she must discontinue making PE determinations. An individual's disqualification subjects the entire hospital or entity to disqualification, depending on the circumstances.
14. If a hospital or entity is disqualified by DHHS as a PE provider, no member of the hospital or entity's staff may continue to make PE determinations.

Failure to continue to meet any of the above conditions shall be cause for termination of this agreement.

_____ _____

Hospital Official's Signature Date

_____

Printed Name

_____

Title