# Confirmation of Successful Training

For Nebraska Medicaid Presumptive Eligibility

_____, as a Medicaid provider (hereinafter "Provider") for a Nebraska Department of Health and Human Services (hereinafter "DHHS") qualified Medicaid hospital or entity (hereinafter "Hospital or Entity"), or a Medicaid provider intending to make presumptive eligibility determinations for pregnant women, 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.

Provider's signature serves as confirmation of successful completion of PE training.

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

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

## Responsibilities for PE Providers

1. Determine PE according to DHHS regulations.
    a. Hospital PE providers must make PE determinations 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 provider 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, and 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 Medicaid hospital PE provider, **95%** of PE patients must be determined eligible for Medicaid as a result of their submission of a 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. Refrain from training other staff and refrain from receiving training from other staff.
12. If a staff member of a hospital or entity fails to meet performance standards, he or she must successfully complete retraining using materials in a DHHS approved format. If, after that, the individual provider continues to perform poorly, the hospital or entity may be terminated as a PE provider altogether.
13. If an individual provider is disqualified as a Nebraska hospital PE provider, he or she must discontinue making PE determinations immediately.
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.

_____ _____
Provider's Signature Date

_____
Printed Name

_____
Title