

## Application to Become a Qualified Entity for Hospital Presumptive Eligibility (PE)

Our hospital voluntarily seeks to become a qualified entity to determine Hospital PE.

**Hospital Name:** \_\_\_\_\_

*Spell out full name of the hospital, and please do not include acronyms.*

**Hospital City and State:** \_\_\_\_\_

*Enter the city and state of your actual facility, not the city and state of the billing office.*

**Hospital Medicaid ID Number:** \_\_\_\_\_

*This is the 7-digit Medicaid ID number that hospital staff use to login to TennCare Online Services.*

**National Provider Identifier (NPI):** \_\_\_\_\_

**Hospital Employee User ID(s):** See Addendum (next page)

I do hereby attest:

1. We have carefully read and understand the Hospital PE materials available at <http://tn.gov/tenncare/section/providers>;
2. We have registered all our employee users with TennCare Online Services;
3. We have completed the Hospital PE Information Contact Survey at [https://stateofennessee.formstack.com/forms/hospital\\_pe\\_survey](https://stateofennessee.formstack.com/forms/hospital_pe_survey); **and**
4. We have signed and are submitting with this application the Memorandum of Understanding (MOU) to become a qualified entity for Hospital PE.

I request HCFA send all correspondence related to this Hospital PE application (including a copy of the executed MOU) to the following employee of our facility:

**Employee Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Authorized Employee

\_\_\_\_\_ Date

Email this completed application and the signed MOU to  
[HospitalPE.TennCare@tn.gov](mailto:HospitalPE.TennCare@tn.gov) or fax these materials to 615-734-5325.

**See Next Page to complete Hospital Employee User ID Addendum**

**List ALL TennCare Online Services User IDs of hospital employees entering Hospital PE determinations**

Hospital Employee User ID(s):

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