

**MEMORANDUM OF UNDERSTANDING  
for Qualified Entity to Perform Hospital Presumptive Eligibility**

State of Tennessee  
Department of Finance and Administration  
Division of Health Care Finance and Administration  
310 Great Circle Road  
Nashville, TN 372243

AND

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

Hospital Address (Line 1): \_\_\_\_\_

Hospital Address (Line 2): \_\_\_\_\_

Hospital Address (Line 3): \_\_\_\_\_

This Memorandum of Understanding (“MOU”) is effective as of \_\_\_\_\_(today’s date) between the State of Tennessee Department of Finance and Administration, Division of Health Care Finance and Administration (herein referred to as “HCFA”) and \_\_\_\_\_ (hospital name; herein referred to as “the Hospital”). This MOU shall remain in effect unless terminated in accordance with the policies and procedures outlined in Sections VI and VII.

**I. Introduction and Purposes**

Under § 2202 of the Patient Protection and Affordable Care Act of 2010, as amended, and Federal regulations at 42 CFR § 435.1110, qualified hospitals may determine certain individuals presumptively eligible for Medicaid on the basis of preliminary information reported by the applicant, subject to Federal and State requirements. By conducting presumptive eligibility (“PE”) 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.

Under this MOU, the Hospital can make PE determination for patients, family members, and other community members seeking coverage. When conducting determinations, the Hospital will evaluate individuals for eligibility under the Modified Adjusted Gross Income (or “MAGI”) categories. These eligibility categories include children age 18 and under, parents and caretaker relatives of such children, pregnant women, and individuals under age 26 who were in foster care and enrolled in TennCare at age 18.

The purpose of this MOU is to set forth the role, responsibilities, and other terms for the Hospital to conduct Medicaid PE determinations and facilitate enrollment in ongoing coverage. This MOU also states HCFA’s role and responsibilities in supporting and overseeing these activities.

## II. Eligibility to Participate

Hospitals eligible to participate in the Hospital PE program must:

- Participate in the TennCare Medicaid program and maintain a network provider agreement with at least one TennCare Managed Care Organization (MCO);
- Obtain and maintain active user and password credentials for TennCare Online Services;
- Be located in Tennessee;
- Make determinations consistent with policies and procedures of the State; and Comply with all training requirements, performance standards, and other requirements of this MOU.

## III. Hospital Responsibilities

### A. General Requirements

The Hospital shall:

1. Provide application assistance to all persons regardless of sex, race, age, disability, religion, national origin, citizenship status, family status, language, or other demographic characteristics;
2. Provide all assistance in a confidential, culturally-appropriate, and respectful manner and with oral interpretation services and disability accommodations as appropriate;
3. Provide all assistance exclusively by fully-trained staff;
4. Ensure only Hospital employees make PE determinations and enter data into TennCare Online Services;
5. Approve all applicants eligible for PE and deny all applicants ineligible for PE in accordance with all applicable laws, rules, regulations, and policies for Medicaid PE determinations so as to ensure the Hospital meets or exceeds the performance standards described in Section IV;
6. Take all reasonable measures to ensure all applicants, both those approved and denied for PE, submit a **fully-completed** application for ongoing coverage so as to ensure the Hospital meets or exceeds the performance standards described in Section IV; and
7. Conduct all activities in accordance with all applicable Federal and State laws, rules, regulations, and policies, including but not limited to Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended.

In addition, the Hospital shall provide all necessary hardware and technology to support its activities hereunder, and secure and maintain a username and password from HCFA for TennCare Online Services by meeting the requirements established by HCFA to obtain and keep such credentials.

### B. Operational Procedures

The Hospital shall conduct PE determinations in strict accordance with in accordance with all applicable laws, rules, regulations, and policies for Medicaid PE determinations, and in accordance with the Hospital PE Step-by-Step Instructional Guide provided by HCFA and HCFA's policies and procedures. Accordingly, the Hospital shall:

1. Help each applicant (or his or her representative) fill out the Hospital PE Application Cover Sheet provided by HCFA and **fully complete** the single streamlined application form used by the Federally-Facilitated Marketplace;

2. Ensure the applicant (or his or her representative) signs and dates both the Hospital PE Application Cover Sheet and the single streamlined application form;
3. Sign and date the “Hospital” section of the Hospital PE Application Cover Sheet;
4. Check whether each PE applicant may already be enrolled in TennCare using TennCare Online Services or derivative electronic data source provided by Emdeon, Passport, or similar vendor;
5. Complete, sign, and accurately date a PE Worksheet provided by HCFA for each PE determination;
6. Base PE determinations solely on information reported by applicants and without requesting verifications of any such information;
7. Notify applicants orally and in writing of the PE determination using the Hospital PE Eligibility Notice template provided by HCFA (which the Hospital employee shall complete, sign, and accurately date);
8. Explain orally to each applicant approved for PE that his or her TennCare is temporary and will only continue if the applicant submits a fully-completed application to the Federally-Facilitated Marketplace;
9. Explain orally to each applicant denied for PE that he or she should still submit the full application to the Federally-Facilitated Marketplace in order to receive a determination for other health coverage programs;
10. Obtain from any individual approved for Hospital PE but who declines to submit a full application for ongoing benefits a signed Hospital PE Affidavit for Failure to Submit Form, which the Hospital employee shall also date and sign;
11. Transmit within five (5) business days of the PE determination the data for individuals approved for PE by entering such data in the designated electronic interface at TennCare Online Services; and
12. Transmit any corrections of demographic data previously entered by the Hospital on TennCare Online Services by faxing to HCFA Provider Services the Hospital PE Errata Sheet provided by HCFA.

***C. Affirmative Obligation to Facilitate Submission of Full Application***

If individuals approved for Hospital PE do not **fully** complete and submit the single streamlined application form to Federally-Facilitated Marketplace, they will lose their temporary period of Hospital PE coverage. In all circumstances the Hospital, therefore, shall either:

1. Offer to mail the fully-completed single streamlined application form to Federally-Facilitated Marketplace at no cost to the applicant; or
2. Help the applicant complete the full application process online at [www.healthcare.gov](http://www.healthcare.gov).

The Hospital shall provide such assistance to all individuals without regard to whether an individual completed the PE process or whether the Hospital approved or denied the applicant’s PE application.

***D. Affirmative Obligation to Confirm Enrollment***

The Hospital shall check TennCare Online Services and proactively validate all information for individuals approved for PE. The Hospital shall conduct this check no earlier than one (1) business day after the transmission of PE eligibility data and no later than three (3) business days after the transmission. The Hospital shall transmit any corrections of demographic data by faxing to HCFA Provider Services the Hospital PE Errata Sheet provided by HCFA.

*Note:* If an enrollee wishes to change health plans, the Hospital shall refer the individual to the TennCare Solutions Unit at 1-800-878-3192. The Hospital shall not request such changes using the

Hospital PE Errata Sheet.

### ***E. Policy Questions***

The Hospital shall email all PE-related policy questions to [HospitalPE.TennCare@tn.gov](mailto:HospitalPE.TennCare@tn.gov).

### ***F. Records***

With respect to record-keeping, the Hospital shall:

1. Maintain in a HIPAA-compliant manner for seven (7) years a complete record including each of the following documents for each PE application:
  - a) Single streamlined application form used by Federally-Facilitated Marketplace;
  - b) Hospital PE Application Cover Sheet;
  - c) Hospital PE Eligibility Notice;
  - d) Hospital PE Worksheet;
  - e) Hospital PE Affidavit for Failure to Submit Form (if applicable); and
  - f) Hospital PE Errata Sheet (if applicable)
2. Maintain adequate documentation that each individual providing assistance to applicants completed initial and ongoing training approved by HCFA;
3. Promptly make available to HCFA or its representatives all records described above.

### ***G. Prohibitions***

The Hospital shall **not** under any circumstances:

1. Allow anyone other than fully-trained staff individual to provide assistance to applicants;
2. Allow anyone other than fully-trained Hospital employees make PE determinations and enter approval data into TennCare Online Services; or
3. Allow a Hospital employee to record an incorrect signature date on a PE Eligibility Notice or PE Worksheet.

### ***H. Semi-Annual Re-registration***

The Hospital shall complete the re-registration survey HCFA distributes twice per year. The Hospital shall provide updated contacts and contact information on the re-registration survey.

## **IV. Performance Standards**

The Hospital shall ensure that no less than ninety-nine percent (99%) of individuals that the Hospital approved for PE actually fill out, sign, and submit a fully-completed application for ongoing TennCare eligibility. Additionally, the Hospital shall maintain in the record described in Section III.F a Hospital PE Affidavit for Failure to Submit Form for one hundred percent (100%) of individuals the Hospital approved for PE who did not submit a fully-completed application for ongoing coverage.

The Hospital shall ensure no less than the required minimum proportion of individuals the Hospital approved for PE are subsequently determined to be eligible for ongoing TennCare coverage with an effective date for ongoing coverage on or before the end of the PE period. The required minimum proportion is ninety-three percent (93%) for each calendar quarter during the period July 1, 2016 to June 30, 2017; ninety-five percent (95%) for each calendar quarter during the period July 1, 2017 to June 30, 2018; and ninety-seven percent (97%) for every calendar quarter thereafter.

## **V. HCFA Responsibilities**

HCFA will support the Hospital in conducting PE determinations by providing training, oversight, and other HCFA services required for such determinations. HCFA will provide Medicaid coverage to individuals based on the Hospital's PE determination, provided the Hospital made the determination and transmitted the eligibility information to HCFA in accordance with HCFA's policies and procedures.

### ***A. Training and Assistance***

HCFA will provide initial and ongoing training and technical assistance to the Hospital, including responding to the Hospital's emailed questions regarding HCFA's policies and procedures.

### ***B. Performance Standards and Oversight***

HCFA will gather data and evaluate performance by the Hospital. HCFA will also provide feedback to the Hospital on its performance.

If the Hospital fails to meet HCFA's performance standards, HCFA will notify the Hospital in writing and request a corrective action plan with an implementation timeline. HCFA will also provide the Hospital with additional training and other assistance as necessary and practicable. If the Hospital is unable to meet the performance standards after being given the opportunity, time, and assistance it needs to do so, HCFA may terminate this MOU in the manner described in Section VI.

### ***C. HCFA Services and Support***

HCFA will provide the Hospital with the electronic versions of the materials required to conduct PE determinations. These include:

- Single streamlined application form used by Federally-Facilitated Marketplace
- Hospital PE Application Cover Sheet
- Hospital PE Eligibility Notice
- Hospital PE Worksheet
- Hospital PE Step-by-Step Instructional Guide
- Hospital PE Interface Guide
- Hospital PE FAQs
- Hospital PE Errata Sheet
- Hospital PE Affidavit for Failure to Submit Form

HCFA will also provide the Hospital with access to the electronic interface on TennCare Online Services. The Hospital may use this interface to check current Medicaid enrollment of potential PE applicants and to check for enrollment of individuals approved for PE. As noted above, the Hospital shall use this interface to transmit to HCFA all data for individuals approved for PE.

## **VI. Potential for Disqualification**

HCFA may disqualify the Hospital from conducting PE determinations if HCFA finds:

1. The Hospital, its employee, or its contractors fails to comply with any provision of this agreement, which may include but is not limited to:
  - a) Failing to provide application assistance in a manner that comports with the requirements of Section III.A;
  - b) Failing to maintain all records as required by Section III.F above;

- c) Engaging in the prohibitions described in Section III.G above; or
- d) Failing to meet the performance standards established by HCFA and described in Section IV above;
- 2. The Hospital is not making, or in HCFA’s judgment is not capable of making, accurate PE determinations in accordance with all applicable Federal and State laws, rules, regulations, and policies; or
- 3. The Hospital no longer participates as a network provider in any TennCare Managed Care Organization (MCO).

If HCFA disqualifies the Hospital from making PE determinations, HCFA’s action shall not have any bearing on whether the Hospital can participate in Medicaid. Likewise, HCFA’s action will have no effect on any other agreements the Hospital may have with HCFA or an MCO.

Consistent with federal rules, HCFA shall disqualify the Hospital only after HCFA has provided the Hospital with additional training or taken other reasonable corrective action measures to address the issue.

**VII. Termination of this MOU**

The Hospital may withdraw from conducting PE determinations and terminate this MOU upon thirty (30) days written notice to HCFA.

HCFA may terminate this MOU within thirty (30) days written notice if HCFA disqualifies the Hospital pursuant to Section VI above.

**VIII. Miscellaneous**

The terms of this MOU are not intended to alter, amend, or rescind any provision of Federal or State law. Any provision of this MOU that conflicts with Federal or State law shall be null and void. Failure by HCFA to require, in any one or more cases, the strict performance of any of the terms, covenants, conditions, or provisions of this MOU shall not be construed as a waiver or relinquishment of any term, covenant, condition, or provision.

Agreed to on behalf of (name of hospital):

\_\_\_\_\_

Hospital Employee Name: \_\_\_\_\_

Hospital Employee Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Care Finance and Administration**

Name: Wendy Long  
Title: Deputy Commissioner

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: 310 Great Circle Road  
Nashville, TN 37243