Responsibilities and Agreement

We understand that our responsibilities as a Qualified Hospital include:

- The hospital will conduct presumptive eligibility determinations for patients, family members, and members of the community seeking coverage.

- The hospital will use a simplified measure of an individual's household size and income level to make presumptive eligibility determinations as described in the Presumptive Eligibility training module. The hospital will require applicants to attest to their citizenship or immigration status and residency when completing the PE application.

- When conducting presumptive eligibility determinations, the hospital will rely on information provided by the applicant(s) or the person acting on their behalf. It will not require or request any documentation or verification of the information, nor will it require any information that is not needed for a presumptive eligibility determination to be made.

- Informing the individuals that they must complete a Medicaid Application in order to receive full Medicaid services and assisting the individual in completing the Medicaid Application or applying for full benefits on line at www.wesystem.wyo.gov.

- Ensure applicant or the person acting on their behalf reviews the application summary and signs the Rights and Responsibilities form.

- Provide the applicant with a copy of the approval or denial notice.

- Email or fax the PE application and calculation sheet for all PE applicants to the WDH at: eceligibilityunit@wyo.gov or 307-777-7085 within 1 business day of approval/denial.

- Maintaining organized records for PE applicants for three years, making these records available to the Wyoming Department of Health on request, and permitting periodic WDH review of the records with adequate notice from the Department.

- Attending PE training and keeping current with changes affecting PE through provider bulletins, notices and/or further training.

- If data indicates that the hospital is not meeting the specified standards, the Department will notify the hospital and initiate a process to assist the hospital in meeting the standards. The Department will 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. 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.

Print Name: ______________________________________________________________
Signature: _______________________ Title: ____________________ Date: ________
Facility Name: _____________________________________________________________