

Louisiana Medicaid

Hospital Presumptive Eligibility Qualified Entity (HPEQE) Representative

Responsibilities and Agreement

In accordance with the requirements of the Affordable Care Act of 2010 (ACA), a hospital that participates under the Louisiana state plan, or demonstration under section 1115 of the ACA, may be certified by Louisiana Medicaid as an entity qualified to determine presumptive eligibility for benefits based on preliminary information obtained from individuals seeking medical assistance

I understand the responsibilities as a Hospital Presumptive Eligibility Qualified Entity (HPEQE) include:

- Offering the Hospital Presumptive Eligibility (HPE) program to individuals without health coverage or Medicaid;
- Screening interested individuals for income eligibility via the prescribed HPE forms and guidelines;
- Informing individuals at the time of the HPE determination that they must file a Medicaid application in order to obtain regular Medicaid coverage beyond the HPE period;
- Attesting that all individuals performing HPE are direct employees of the HPEQE and do not work as contractors or vendors of the hospital;
- Assisting individuals in completing an application for Medicaid or subsidized insurance;
- Providing with the HPE determination notice, a written statement to individuals informing them that they may file a regular Medicaid application regardless of eligibility for HPE;
- Forwarding the BHSF Form 1-HPE to Louisiana Medicaid within five working days with the required information on those individuals eligible for HPE;
- Attending HPE training and remaining informed of changes affecting HPE through provider bulletins, notices and/or further training.

I, (print name) _____, agree to cooperate with Louisiana Medicaid by complying with the above HPEQE responsibilities. I am aware that if I do not comply with these responsibilities and the HPE guidelines as outlined in the Louisiana Medicaid HPE manual/regulations, I may lose status as an HPEQE Representative.

Signature of HPEQE Representative	Title of HPEQE Representative	Date
Name of Facility		