

**ACKNOWLEDGEMENT OF TERMS AND CONDITIONS GOVERNING THE
PRESUMPTIVE ELIGIBILITY DETERMINATIONS
AUTHORITY GRANTED BY THE OHIO DEPARTMENT OF MEDICAID TO A QUALIFIED ENTITY**

The Ohio Department of Medicaid (ODM) is the single state Medicaid authority in Ohio and provides Medicaid coverage to eligible individuals under Ohio law. Ohio law authorizes qualified Entities to assist ODM in the administration of the Medicaid program by determining whether certain individuals can qualify as presumptively eligible for Medicaid at the time the individual arrives at the Qualified Entity for medical services. This process allows the Qualified Entity to grant immediate Medicaid eligibility. To do this, the Qualified Entity will enter information into the Medicaid Information Technology System (MITS) to check possible eligibility, make verifications, and access other available data on the individual. This function will eventually be transferred to the Accenture Consumer System Support Portal (ACSSP), at which time new training and new acknowledgement forms will be executed.

The Hospital or FQHC operating under a Medicaid provider agreement and executing this acknowledgement as a Qualified Entity will be authorized to determine Medicaid presumptive eligibility and grant immediate coverage to eligible individuals.

This voluntary acknowledgement outlines the terms and conditions of the presumptive eligibility process, system access requirements, and the administrative functions required as a Qualified Entity. This acknowledgement is not a Medicaid Provider agreement issued under Ohio Administrative Code and is not subject to proceedings under Chapter 119 of the Ohio Revised Code. This acknowledgement remains in effect for the term of the Qualified Entity's Ohio Medicaid Provider agreement or unless it is terminated pursuant to this acknowledgment.

TERMS AND CONDITIONS

1. The Qualified Entity agrees that it currently is, and will remain, in good standing as an Ohio Medicaid Provider and has a current Ohio Medicaid Provider Agreement with ODM.
2. The Qualified Entity will follow Federal and Ohio law when determining Medicaid presumptive eligibility.
 - a. The Qualified Entity agrees to learn, review, and understand the criteria for all Medicaid eligibility categories.
 - b. The Qualified Entity agrees that prior to presumptive eligibility enrollment of an individual it will verify, through MITS, that the individual is not enrolled in another category of Medicaid and has not been enrolled as a presumptively eligible individual in the past twelve (12) months.
 - c. The Qualified Entity agrees to accept an individual's self-declaration of information necessary to make the presumptive eligibility determination.
 - d. The Qualified Entity agrees to provide notice of the individual's presumptive eligibility as required by the applicable Ohio Administrative Code.
 - e. The Qualified Entity agrees to take all reasonable steps to assist an individual determined to be presumptively eligible to complete and submit a Medicaid Application for ongoing coverage.
3. The Qualified Entity agrees to perform all of the administrative functions associated with presumptive eligibility.
 - a. The Qualified Entity acknowledges it will not receive compensation for the performance of administrative functions associated with enrollment activity.
 - b. The Qualified Entity agrees to provide a list of all names, including titles, of employees given responsibility for enrolling individuals and provide a list of all names, including titles, of employees given access to MITS.
 - c. The Qualified Entity agrees that persons it authorizes to perform presumptive eligibility enrollment, shall not be a person with authority or responsibility to submit claims to the Medicaid program for reimbursement of Medicaid services.
 - d. The Qualified Entity agrees to retain all records related to activity under this acknowledgement, from the last date of service.

- e. The Qualified Entity agrees to provide such records to ODM or its designee or to any authorized state or federal agency upon request.
4. The Qualified Entity agrees to train employees responsible for enrolling individuals who are presumptively eligible on Medicaid on eligibility criteria, MITS, and the enrollment process.
 - a. The Qualified Entity agrees to train employees responsible for activity authorized by this acknowledgement on all security and privacy laws, regulations and standard, including the consequences for violation.
 - b. The Qualified Entity agrees that all employees acting under authority of this acknowledgement are required to sign an acknowledgement stating they received training and understand the consequences of violation of privacy and security laws, regulations, and standards.
 - c. Upon the request of the Qualified Entity, ODM will provide training material.
 - d. The Qualified Entity agrees that employees acting under authority of this acknowledgement may be required to attend training by ODM on various programmatic and systematic topics, when necessary, upon prior written notice.
5. The Qualified Entity agrees that it may be held responsible for the willful conduct of its employees who violate Federal or State law. Any employee who knowingly files a claim containing false, incomplete or misleading essential information to create eligibility for Medicaid or to receive payment from Medicaid may be punishable under Federal or State Law.
6. The Qualified Entity agrees that it or ODM may terminate authority granted under this acknowledgement with or without written notice, for any reason supported by evidence of acts or omissions adversely affecting the Medicaid program, including, but not limited to the following:
 - a. revocation or cancellation of the Qualified Entity's Ohio Medicaid Provider Agreement, or
 - b. if 15% or more of presumptively enrolled individuals fail to file a Medicaid Application for ongoing coverage within ninety (90) days after the Qualified Entity has determined the individual to be presumptively eligible, or
 - c. if 15% or more of individuals who are presumptively enrolled by the qualified entity, and who completed a Medicaid Application for ongoing coverage, are found ineligible for Medicaid by a County Job and Family Services caseworker, or
 - d. multiple occasions of unauthorized use of MITS by the Qualified Entity, or
 - e. programmatic or systematic changes related to the Medicaid eligibility or enrollment system.

By signing this acknowledgment the Qualified Entity, through its below named representative, agrees to all terms, conditions and administrative responsibilities detailed above. It further agrees to be bound by all applicable State or Federal laws not expressly outlined in this agreement pertaining to the Medicaid eligibility system, presumptive eligibility determinations, and security and privacy.

SIGNATURE PAGE

This execution of this acknowledgement is on the date of signature.

Name of Qualified Entity: _____

Medicaid Provider ID #: _____

By: _____

*Email: _____

Printed Name: _____

Title: _____

Date: _____

*Please list the most appropriate email address for receiving important updates regarding system maintenance and other news related to the *Ohio Benefits* portal.