

## Qualified Provider Application and Agreement for Participation in the Presumptive Eligibility for Pregnant Women (PE4PW) Program

Thank you for your interest in participating as a provider in the Department of Health Care Services (DHCS) automated Presumptive Eligibility for Pregnant Women (PE4PW) Program. The Qualified Provider (QP) Application and Agreement for Participation in the Presumptive Eligibility for Pregnant Women (PE4PW) Program (MC 311) is for California Medi-Cal providers applying to be a QP for PE4PW.

Please carefully read all information and instructions and complete each item requested. Applicants will be contacted of their determination by phone and by written notification, within fifteen (15) business days from the application receipt date. If you have questions concerning your application, please contact the Medi-Cal Telephone Service Center at the number provided below and follow the prompts.

### PE4PW Program Mailing Address and Contact Information

#### Mail the completed PE4PW Provider Application and Agreement form to:

DHCS PE4PW Program  
Attn: DHCS Fiscal Intermediary  
P.O. Box 15508  
Sacramento, CA 95852-1508

#### Medi-Cal Telephone Service Center: 1-800-541-5555

- Select the language option (English or Spanish)
- Option 1 for provider
- Option 4 for the Technical Help Desk
- Option 2 for PE for Pregnant Women

### PE4PW Program Provider Requirements

- 1) **Must already be an enrolled Medi-Cal provider.**
- 2) **Must have a National Provider Identifier (NPI) number.**
- 3) **Must provide a Federal Employer ID Number (EIN) or Taxpayer Identification Number (TIN).**
- 4) **Must have a Medi-Cal Provider Identification Number (PIN).**
- 5) **Must have on file a Medi-Cal POS Network/Internet Agreement form.**

### Application Submission Checklist

- ✓ Ensure all requirements above are complete before submitting the QP Application and Agreement for Participation in the PE4PW Program. Ensure the QP Application and Agreement for Participation in the PE4PW Program is complete and signed.
- ✓ Mail the original signed QP Application and Agreement for Participation in the PE4PW Program to the address above.

### PE4PW Program Provider Notification Overview

#### PE4PW Program Eligibility Notification Timeline:

- Applying providers will be notified of the status of the application by phone and in writing, within fifteen (15) business days of receipt of the QP Application and Agreement for Participation in the PE4PW Program.

#### Approval Overview:

- **Step 1. Applying Provider Receives a Notice of Contingent Approval**  
Providers that meet the PE4PW Program QP requirements will receive a contingent Notice of Approval letter, indicating that the provider will be fully approved upon successful completion of the required online PE4PW Provider Computer Based Training (CBT).
- **Step 2. PE4PW Providers/Employees Complete the Required PE4PW Provider CBT**  
PE4PW Providers are required to ensure that all employees have completed the required self-guided PE4PW Provider CBT, before assisting PE4PW applicants and submitting PE4PW Application Web Portal eligibility transactions. The contingent approval letter provides detailed instructions on how to register and access the PE4PW Provider CBT.

▪ **Step 3. Access to the PE4PW Application Web Portal**

Upon successful completion of the PE4PW Provider CBT, an approval letter will be sent to the provider with detailed instructions on how to log into the PE4PW Application Web Portal and how to complete PE4PW transactions.

**Denial Overview:**

- The denial notice explains the reason denied and/or if additional information is required. Most denials are due to the *QP Provider Application and Agreement for Participation in the PE4PW Program* being incomplete, having incorrect information, and/or unsigned.

<b>IMPORTANT:</b> 1. Type or print legibly. 2. Return this completed form to: <b>DHCS PE4PW Program</b> <b>Attn: DHCS Fiscal Intermediary</b> <b>P.O. Box 15508</b> <b>Sacramento, CA 95852-1508</b>	<b>Official Use Only</b>		
	Reviewer Name:		
	Date Received:		
			Date Review Completed:
✓ Check one of the PE4PW Program Provider Application and Agreement Form types below			
<input type="checkbox"/> <b>First Time Applying to be a PE4PW Provider</b> - Complete entire <i>QP Application and Agreement for Participation in the PE4PW Program</i> .			
<input type="checkbox"/> <b>Current PE4PW Provider of the manual program</b> - Complete entire <i>QP Application and Agreement for Participation in the PE4PW Program</i> .			
<input type="checkbox"/> <b>Current PE4PW Provider Elects to Add a Clinic(s)</b> - Complete entire <i>QP Application and Agreement for Participation in the PE4PW Program</i> .			
<b>Part 1. Applying Provider Contact Information and Participation Identification Information</b>			
Legal Name			
Business Name (if different from legal name)			
Service Address (number & street)		City	State      ZIP Code
Authorized Contact Person      (first)		(middle initial)	(last)
Title/position	Telephone number (   )	Contact Fax Number (   )	Contact Email address
<b>Applying Provider - Participation Identification Information:</b>			
Federal Employer ID Number (EIN) or Taxpayer Identification Number (TIN)		Current PE Provider Number (if enrolled in manual program)	National Provider Identifier (NPI)
Is this provider currently a Medi-Cal Provider in good standing?		Yes	No

**Part 2. Does the Applying Provider Choose to Permit Multiple Clinic(s) to Participate Under the Provide NPI?**

Yes No

By checking **Yes** above, the applying provider agrees to take full responsibility for permitting clinic(s) to participate in the PE4PW Program and will ensure the rules below and in this agreement are implemented.

- ✓ The applying provider is responsible for PE4PW determinations made at participating clinics.
- ✓ All PE4PW determinations are made by approved clinic employees that are PE4PW trained and adhere to all PE4PW rules and guidelines.
- ✓ The applying provider maintains a current list of clinics permitted to make PE4PW determinations.
- ✓ The applying provider maintains a current list of clinic employees conducting PE4PW at those locations.
- ✓ List the clinic locations to be enrolled using the same NPI as primary applicant.
- ✓ If the applying provider's clinic has a different NPI than the primary applicant, the clinic must apply separately.

**NOTE: Complete ONLY if the clinic has the same NPI Number as the applying Provider**

Clinic(s) Legal Name	Clinic(s) Business Name	Clinic(s) EIN, TIN, or SSN	Business Address (Address, City, State, ZIP)

**Part 3. PE4W Provider Agreement Requirements**

By signing this participation agreement, [*insert the name of the applying provider*] \_\_\_\_\_ elects to participate as a qualified entity in the Medi-Cal PE4PW Program and agrees to comply with all applicable requirements and policies of the PE4PW Program. The PE4PW Program provides temporary ambulatory Medi-Cal coverage to low-income pregnant women.

**PE4PW Program Provider Requirements**

- Applying provider must already be an enrolled Medi-Cal Provider.
- Applying provider must have an NPI number.
- Applying provider must provide a Federal EIN or TIN.
- Applying provider must have a Medi-Cal PIN.
- Applying provider must have on file a Medi-Cal POS Network/Internet Agreement.

**PE4PW Provider Training Requirements**

- Approved PE4PW Providers are required to ensure that all employees conducting PE4PW determinations have completed the required PE4PW Computer Based Training (CBT) and have a certificate of completion on file, before assisting PE4PW applicants and submitting PE4PW Application Web Portal eligibility transactions.
- In order to receive final approval to become a qualified PE4PW Provider to access the PE4PW Application Portal, PE4PW Providers/employees must complete the PE4PW Provider Training within 60 days of the approved PE4PW Provider contract agreement.
- Each provider employee authorized to conduct PE4PW transactions must stay current with any changes to the PE4PW Program. PE4PW Program changes will be sent out through provider bulletins, notices and/or additional training programs.

### PE4PW Application Eligibility Process Requirements

- PE4PW Provider employees assist individuals seeking services by conducting PE4PW Application Web Portal transactions.
- PE4PW Provider employees log into the PE4PW Application Web Portal with the NPI and PIN to electronically submit the PE4PW application on behalf of the applicant.
- PE4PW Program benefits are limited to one (1) PE Enrollment Period per pregnancy.
- The PE eligibility determination is made in real-time. PE coverage begins on the day in which the determination is made via submission of the PE4PW Application Web Portal transaction. PE eligibility cannot be backdated regardless of the reason. Individuals needing coverage before the PE4PW application date must apply for full scope Medi-Cal and mark the box, which indicates the individual had medical expenses in the last 3 months and needs help to pay.
- If determined eligible for PE4PW, individuals will receive immediate access to temporary Medi-Cal. Qualified Providers supply the individual with their temporary paper Immediate Needs card to access services, and also provide a verbal explanation if appropriate that:
  - 1) The PE Enrollment Period begins on the day approved for PE.
  - 2) The PE Enrollment Period ends, either:
    - a. On the last day of the following month in which an individual is determined eligible for PE, if the individual does not file an insurance affordability application prior to the PE Enrollment Period end date, OR
    - b. On the day the eligibility determination is made on the insurance affordability application if the insurance affordability application was filed prior to the PE Enrollment Period end date; regardless of how soon or how long it takes for an insurance affordability application determination.
  - 3) The applicant must submit a completed insurance affordability application before their PE Enrollment Period terminates in order to become eligible for continued coverage beyond the PE Enrollment period and to be eligible for retroactive coverage three months from the date the insurance affordability application is approved.
- If the PE4PW applicant is not determined presumptively eligible, print out their eligibility determination document, and explain the reason of the denial and that they may file an insurance affordability application for medical coverage under an insurance affordability program.
- PE4PW Providers/employees must provide all PE4PW applicants/beneficiaries a paper copy of the insurance affordability application.
- PE4PW Providers/employees must provide assistance to the PE4PW applicant, if requested, in completing the insurance affordability application.
- PE4PW Providers/employees are not permitted to delegate PE4PW determinations or use of the PE4PW Application Portal to non-staff. Third party vendors, contractors, subcontractors, or clinic employees who have not completed CBT are not permitted to make PE4PW determinations or use the PE4PW Application Web Portal.
- PE4PW Providers may use third party vendors, contractors or subcontractors, to staff their PE operations, by staffing welcome desks, meeting with applicants and helping them complete the paper version of the PE4PW Application. However, they are not permitted to make the PE determinations or use the PE4PW Application Portal.
- PE4PW Providers must adhere to all PE4PW Qualified Provider instructions and federal regulations.

### **PE4PW Records Management Requirements**

- PE4PW Provider participants shall maintain organized records of employee PE4PW training and applications for three years from the last date of billing. Providers are allowed to store scanned copies of the completed PE4PW applications only if the scanning system has the capability to store confidential documents securely.
- PE4PW Provider participants shall make PE4PW records available to DHCS for periodic review within 30 days of a departmental request within the three-year period.

### **Corrective Action Process**

- In the event that performance standards are not met, the PE4PW Provider must submit to DHCS a corrective action plan:
  - 1) The plan shall describe how additional staff training will be conducted.
  - 2) The plan shall describe an estimated time to achieve improved performance standards (no greater than three months).
  - 3) The plan shall describe how outcomes will be measured.
- DHCS will review the corrective action plan within 30 days of receipt.

### **PE4PW Disqualification**

- PE4PW Providers will be disqualified from participating in the PE4PW Program if the provider fails to meet the conditions specified in the corrective action plan.

## **Part 4. PE4PW Program Provider Application and Agreement Form- Certification and Signature**

### **Authorized Signature Requirements**

- 1) The signature must be legible and original (no stamps, electronic signatures or copies).
- 2) Authorized titles accepted to sign on behalf of the applying provider:
  - Assistant Administrator
  - Chief Administrator
  - Chief Executive Officer (CEO)
  - Chief Financial Officer (CFO)
  - Chief Medical Officer (CMO)
  - Controller
  - Director
  - Director of Central Business Office
  - Division Manager of Patient Business Services
  - Owner
  - Patient Financial Services Director
  - President/Vice President
  - Treasurer
  - Vice president of financial operations

When conducting presumptive eligibility determinations, the PE4PW Provider Enrollee will comply with all State, Federal, and Department rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

I, (print name) \_\_\_\_\_, agree to cooperate with DHCS in complying with the PE4PW Provider responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines as outlined in PE4PW provider instructions and PE4PW regulations, I may lose status as a Qualified PE4PW Provider. I agree to notify the DHCS in writing of any changes in application information at least 20 days prior to the effective date of the change.

The PE4PW Provider Enrollee agrees to be bound by all governing Federal and State laws and regulations. Any provision of this election which is in conflict with current or future applicable Federal or State law or regulation will be amended to conform to the provisions of those laws and regulations. Due to the scope and complexity of this program, the PE4PW Provider Enrollee further acknowledges that the terms and conditions of this election are subject to change by DHCS. Any amendment of this election shall be effective as of the effective date of the applicable statute, regulation, term, or condition and shall be binding on the enrollee even though such amendment may not have been reduced to writing and formally agreed upon and executed by the Enrollee. The PE4PW Provider Enrollee hereby agrees to execute such documents, amendments, or agreements as necessary to effect its continued election, if so required by law or regulatory authority or requested by DHCS.

<b>Printed Name and Title of Authorized Provider Applicant</b> (first) (middle initial) (last) (title)	
<b>Authorized Provider Phone Number</b>	<b>Authorized Provider Email Address</b>
<b>Authorized Provider Applicant Signature</b>	<b>Date</b>
<b>Provider Clinic Legal Name</b>	<b>Address</b>