



Application to Become a Qualified Entity for Hospital Presumptive Eligibility (PE)

Our hospital voluntarily seeks to become a qualified entity to determine Hospital PE.

Hospital Name: _____
Spell out full name of the hospital, and please do not include acronyms.

Hospital City and State: _____
Enter the city and state of your actual facility, not the city and state of the billing office.

Hospital Medicaid ID Number: _____
This is the 7-digit Medicaid ID number that hospital staff use to login to TennCare Online Services.

National Provider Identifier (NPI): _____

Hospital Employee User ID(s): See Addendum (next page)

I do hereby attest:

1. We have carefully read and understand the Hospital PE materials available at <https://www.tn.gov/tenncare/providers.html>;
2. We have registered all our employee users with TennCare Online Services;
3. We have completed the Hospital PE Information Contact Survey at https://stateofennessee.formstack.com/forms/hospital_pe_survey; **and**
4. We have signed and are submitting with this application the Memorandum of Understanding (MOU) to become a qualified entity for Hospital PE.

I request the Division of TennCare send all correspondence related to this Hospital PE application (including a copy of the executed MOU) to the following employee of our facility:

Employee Name: _____

Phone Number: _____

Email Address: _____

X _____
Signature of Authorized Employee Date

Email this completed application and the signed MOU to HospitalPE.TennCare@tn.gov or fax these materials to 615-734-5325.

See Next Page to complete Hospital Employee User ID Addendum



List ALL TennCare Online Services User IDs of hospital employees entering Hospital PE determinations

Hospital Employee User ID(s): _____

