



Minnesota Health Care Programs (MHCP)

Hospital Presumptive Eligibility Applicant Assurance Statement

This Applicant Assurance Statement is an Addendum to the hospital's Minnesota Health Care Programs (MHCP) Provider Agreement. To become a Qualified Hospital in the Minnesota Hospital Presumptive Eligibility (HPE) program administered by the Minnesota Department of Human Services (DHS), the Qualified Hospital agrees to:

1. Comply with all HPE requirements established under 42 U.S.C. §1396a(a)(47) and 42 CFR §§435.1101, 435.1102, 435.1103 and 435.1110.
2. Comply with all HPE policies and procedures established by DHS as authorized under Minn. Stat. §256B.057, Subd. 12.
3. Determine temporary Medical Assistance (MA) eligibility for any individual who is categorically eligible for MA under Minn. Stat. §256B.055, subd. 3a, 6, 9, 10, 15, 16 and 17.
4. Obtain the following information before making an HPE determination:
 - a. The applicant's current MHCP coverage status from DHS through either the Electronic Verification System (EVS), MN-ITS or the MHCP Provider Call Center
 - b. The applicant's most recent HPE coverage period
 - c. The applicant's attestation regarding Minnesota residency
 - d. The applicant's attestation regarding U.S. citizenship, U.S. national status, or U.S. immigration status
 - e. The applicant's household composition using the HPE simplified rules
 - f. The applicant's household income using the HPE simplified income rules
5. Not request or require verification from the applicant of any HPE eligibility factor.
6. Provide the applicant with either:
 - a. HPE approval notice with the begin and end date of eligibility; or
 - b. HPE denial notice with the reason for denial indicated.
7. Submit approved HPE applications with all required data to DHS via secure FAX within five business days from the date of approval.
8. Ensure that all individuals approved for HPE by the hospital receive help in completing and submitting the Insurance Affordability Programs (IAP) application.
9. Meet the HPE performance metrics (specified below) as a condition of certification as a Qualified Hospital:
 - a. 80% of all individuals approved for HPE will submit a complete IAP within 30 days following the end of the HPE period.
 - b. 80% of those individuals who submit a complete IAP application will be determined eligible for Medical Assistance.
10. Submit a corrective action plan to DHS within 90 days of receipt of corrective action notice. The corrective action plan must include:
 - a. A clear description of what procedures were in place at the time the hospital failed to meet the HPE performance standards, or the violation of HPE policy or procedure occurred, and a description of what changes the hospital has made to ensure that the hospital meets the HPE performance standards or that the error does not recur.
 - b. A description of what additional training or other support from DHS is required for the Qualified Hospital to achieve compliance with HPE policies and procedures.
 - c. A schedule for implementation of corrective action to be taken by the hospital.

Following the implementation of the hospital's corrective action plan, if the hospital does not achieve full compliance with the DHS HPE policies and procedures, DHS will take further action up to, but not limited to, disqualification as a Qualified Hospital. Disqualification from Minnesota's HPE program will not have any bearing on whether the hospital can continue as an MHCP-enrolled provider or on any agreements other than this one between the hospital and DHS.

11. Maintain records of all HPE applications for a period of three years, and make these records available to DHS within 30 days of receiving a written request.
12. Provide written notice if you intend to terminate this Applicant Assurance Statement.
13. Ensure that all hospital staff responsible for making presumptive eligibility determinations have completed and passed HPE training established by DHS, including all updated training and materials published by DHS in the future.

This applicant assurance statement must be signed by an officer with authority to bind the entity (e.g., CEO, President). Retain a copy of this form for your files.			
NAME OF AGENCY			NPI
NAME OF PERSON SIGNING (please print)		TITLE OF PERSON SIGNING	
SIGNATURE	DATE	PHONE NUMBER - -	

Fax this signed Applicant Assurance Statement with required MHCP Provider Enrollment application packet and other required documents to 651-431-7462.

HPE Contact Information

Identify a staff member who will serve as the facility's HPE contact person.

HPE CONTACT NAME		EMAIL ADDRESS	
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER - -

If you would like someone other than your hospital's HPE contact person to receive and distribute the security paper for HPE Approval Notices, please complete the section below.

STAFF PERSON NAME		EMAIL ADDRESS	
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER - -