Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3889-ENG 10-17

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Hospital Staff Who Passed DHS Hospital Presumptive Eligibility Online Training Course

APPLICANT NAME	PROVIDER NPI

Hospitals seeking permission to make Hospital Presumptive Eligibility determinations must complete and submit this form to DHS in conjunction with the Hospital Presumptive Eligibility Applicant Assurance Statement (DHS-3887).

Complete the information below and fax the completed form to DHS Provider Enrollment at 651-431-7462.

Staff Name	Staff HPE Learning Center ID	Date Training Completed	Training Module(s) HPE or HPE+ Navigator/CAC