



Minnesota Department of **Human Services**

Hospital Presumptive Eligibility

Policy Guide for Qualified Hospitals

Introduction

Hospital Presumptive Eligibility (HPE) was established by the Affordable Care Act. HPE provides temporary Medical Assistance (MA) coverage to certain groups of individuals. The goal of HPE is twofold: (1) to connect people to ongoing coverage; and (2) to allow hospitals to be reimbursed by MA for services provided to individuals who meet the eligibility criteria for HPE.

Hospital personnel are responsible for determining if a person is eligible for HPE. No verifications are required to establish eligibility for HPE. Instead, the eligibility determination is based on preliminary information provided by the applicant. After a hospital approves a person for HPE, the hospital must help the individual file the Insurance Affordability Programs (IAP) application. A hospital may help an individual in a number of ways, such as by scheduling an appointment with a navigator organization for the individual approved for HPE, or by helping the approved individual complete the IAP application. The goal of HPE is to connect the individual approved for HPE to ongoing MA coverage.

Legal References:

Sec. 2202 Affordable Care Act, 42 U.S.C. §1396a(a)(47)

Minn. Stat. §256B.057, Subd. 12

42 CFR §435.1102(d)(2)

42 CFR §435.1110(b)(2)

Individuals eligible to receive HPE

HPE eligibility is available to individuals who have one of the following bases of eligibility. For a description of basis of eligibility see the [Glossary \(PDF\)](#).

Basis of Eligibility	Income limit for HPE
Infants and children (age 0 to 2)	288% FPL (federal poverty level)
Children (age 2 through 18)	280% FPL
Children (age 19 & 20)	138% FPL
Pregnant Women	283% FPL
Parents and Caretaker Relatives	138% FPL
Adults without children (age 21 through 64) who do not have Medicare	138% FPL
Former Foster Care (age 26 and younger)	No income limit

Legal References:

42 CFR §435.1102

42 CFR §435.1103

Minn. Stat. §256B.057, Subd. 12

Individuals eligible to apply for HPE

A person does not need to be a patient at a hospital (or hospital clinic) to apply for HPE. Qualified hospitals are required to process applications for individuals regardless of whether the applicant is seeking medical treatment.

HPE coverage begin and end dates

HPE Coverage Begin Date

HPE coverage begins no earlier than the date on which the hospital approves the HPE application. The date of approval should be entered as the “coverage begin date” on the HPE approval notice. Hospitals must notify DHS within five business days of the date they approve HPE.

HPE Coverage End Date

HPE coverage ends on either of the following dates, whichever is earliest:

- The date on which DHS makes an eligibility determination for MA if the person files an IAP application.
- The last day of the month following the month in which the person is approved for HPE.

Legal References:

Sec. 2202 Affordable Care Act, 42 U.S.C. §1396a(a)(47)
42 USC §1396r-1(b)(1)
42 CFR §435.1101

Covered services under HPE

A person who is approved for HPE is eligible to receive the full MA (adult or child) benefit set. This means there is no difference in covered services between HPE and regular MA.

For more information about covered services under MA refer to the [MHCP Provider Manual](#) and the [MHCP Member Evidence of Coverage](#).

Legal References:

Minnesota Medicaid State Plan
Minn. Stat. §256B.0625

Frequency of HPE Availability

Most people are able to receive HPE once in a twelve month period. A pregnant woman is able to receive HPE once per pregnancy. For information on how to check whether an applicant has received HPE within the past 12 months or during current pregnancy refer to [HPE Procedures Guide DHS-7267A \(PDF\)](#).

Legal References:

Minnesota State Medicaid Plan
42 CFR. 435.1103(b)

Hospital Participation Requirements

This section provides information about what hospitals are required to do as a condition of being “qualified” to make HPE determinations. The basic requirements for participation as a qualified HPE provider are:

1. The hospital must be an enrolled MHCP Provider.
2. The hospital must agree to follow all DHS HPE policy and procedure.

HPE Assurance Statement

For a hospital to be “qualified” by DHS to make HPE determinations, the hospital must sign the [Hospital Presumptive Eligibility Applicant Assurance Statement DHS-3887 \(PDF\)](#) addendum to the MHCP Provider Agreement. The HPE Assurance Statement specifies the hospital’s responsibilities as a qualified HPE provider.

Hospitals interested in participating as a qualified HPE provider are invited to visit the DHS [Hospital Presumptive Eligibility](#) web page to review the HPE Assurance Statement. Information about where and how to submit the HPE addendum, as well as contact information for questions about the addendum will be available to hospitals on the web page.

HPE Training Requirements

To submit the addendum to become a qualified HPE hospital, a hospital is required to demonstrate that at least two members of the hospital’s staff have passed the DHS HPE online training curriculum. DHS will make online training and testing available to hospitals at no cost to the hospital. Hospitals interested in becoming qualified HPE providers must register its staff members for online training seats in the HPE Learning Center. When a member of a hospital’s staff has registered for training in the HPE Learning Center, he or she will be assigned a “Unique Key Identifier.” DHS will verify that an individual hospital staff member has successfully completed the required training by using the hospital staff member’s Unique Key Identifier.

There is no upper limit on the number of staff from a particular hospital that will be allowed to take the DHS HPE online training. Additional training and other supplemental materials on how to complete the HPE application and HPE eligibility requirements will be made available on the HPE web page.

If a hospital chooses to have staff perform both the HPE determination **and** to help people approved for HPE to complete the IAP application, hospital staff must take the HPE training course and all training required of navigators or certified application counselors. If the hospital chooses to have staff perform only the HPE determination, hospital staff is required to take only the HPE training.

Making the HPE determination

Only hospital staff members who have successfully completed the HPE training curriculum are allowed to make the HPE determination. A qualified hospital is **not** allowed to delegate eligibility determination function to a third-party contractor or volunteer.

The HPE determination is based on three components:

- (1) Does the applicant have current MA or MinnesotaCare coverage?
- (2) Does the applicant have an HPE period available?
- (3) Does the applicant meet the financial and non-financial eligibility criteria for HPE?

For information on how to perform these tasks, please see the [HPE Procedures Guide DHS-7267A \(PDF\)](#).

Completing the HPE application

The HPE application is designed to be completed by hospital staff or third party contractors, volunteers, etc. Applicants are not able to complete the application. To gather the information necessary to make an accurate HPE determination, hospital staff or other individuals designated by the hospital, must ask the applicant for the information and apply the HPE-specific rules. These HPE-specific rules apply to what income is counted, how household size is determined, etc.

For example, the HPE application asks for the applicant's household income. Hospital staff will use worksheets and other eligibility tools to determine who to include in an applicant's household, and what types of income to include when making an HPE determination. Access training on how to complete the HPE application and worksheets on the DHS [Hospital Presumptive Eligibility](#) web page.

Provide Assistance to complete and submit the IAP application

Qualified hospitals are required to help individuals for whom the hospital has approved HPE coverage complete and submit the IAP application. Hospitals have flexibility in how they provide help. In some cases, the hospital will establish an appointment for the individual approved for HPE with a Navigator or Certified Application Counselor. In other cases, hospital staff will help the individual approved for HPE complete and submit the IAP application.

Qualified hospitals are required to meet two HPE performance standards: (1) 80% of individuals approved for HPE will file a complete IAP application within 30 days from the HPE end date; and (2) 80% of these individuals must be determined eligible for MA. These performance standards are described in more detail later in this document. To meet these standards, hospitals must adopt practices that ensure that individuals the hospital approves for HPE have the help necessary to submit complete IAP applications.

Legal References:
42 C.F.R. §435.1110

Hospital Presumptive Eligibility Requirements

Eligibility for HPE is based on financial and non-financial eligibility requirements. This section explains the eligibility rules that apply to both the financial and non-financial eligibility criteria.

Basis of Eligibility

For a person to be eligible for HPE, he or she must have a basis of eligibility for MA. See the [glossary \(PDF\)](#) for a description of “basis of eligibility.” Individuals who meet one of the following bases of eligibility are eligible to receive HPE.

Basis of Eligibility	Income limit for HPE
Infants and children (age 0 to 2)	288% FPL
Children (age 2 through 18)	280% FPL
Children (age 19 & 20)	138% FPL
Pregnant Women	283% FPL
Parents and Caretaker Relatives (*note – a person can qualify under the parent or caretaker relative basis <u>and</u> receive Medicare)	138% FPL
Adults without children (age 21 through 64) who are <u>not</u> enrolled in Medicare.	138% FPL
Former Foster Care (age 26 and younger)	No income limit

Inmates in a correctional facility are not eligible for HPE

Inmates in a correctional facility in Minnesota are not eligible for HPE. Inmates residing in a correctional facility in Minnesota are only eligible for inpatient hospital services under MA. DHS has developed a dedicated application process for inmate coverage. This process has been communicated to the Minnesota Department of Corrections and county detention facilities.

Income

For an individual to be eligible for HPE, he or she must meet certain financial requirements. The HPE financial rules are a simplified version of the regular MA financial eligibility rules. HPE financial rules differ from regular MA rules in the following ways:

- Immigrant sponsor-deeming rules do not apply.
- Non-filer rules for household composition are used for all HPE applicants (regardless of the applicant's tax-filing status).
- HPE does not include deductions from gross income allowed under the tax-filing rules.
- Under the HPE income rules, the income of a child under age 19 who lives with the applicant does not count towards the household income unless the child is expected to earn more than \$6,000 in the current year.

Because of the differences between the regular MA financial rules and the HPE financial rules, it is possible that a person who meets the financial eligibility criteria for HPE will not meet the eligibility criteria for MA; however, this will be rare. Generally, if a person is eligible for HPE, he or she will also be eligible for MA.

Household Income

HPE financial eligibility is based on the applicant's household income. Household income consists of the applicant's countable income and the countable income of all members of the applicant's household. The next section explains who must be included in an applicant's household. Count only the income of a person who must be included in the applicant's household.

Countable Income

The HPE income calculation uses gross income and Social Security (RSDI, SSDI) income. It does not allow income adjustments or income disregards that are included in the MAGI-based MA methodology.

Income that counts for HPE:	Income that does not count for HPE:
Wages, salaries, tips (earned income)	Child support received
Self-employment income (self-employment income is gross revenues minus business expenses)	Gifts and inheritances
Interest & dividends	Veteran's benefits paid through the VA (for example, disability or pension benefits)
State income tax refunds	Supplemental Security Insurance (SSI)
Alimony received	Public benefits based upon need (for example, welfare or food assistance)

Income that counts for HPE:	Income that does not count for HPE:
Rental income Unemployment Compensation Social Security Benefit (SSDI, RSDI) taxable and non-taxable portion	In-kind Income (for example, money paid by another person to a third-party on behalf of the applicant) <i>Note - One-time or “Lump Sum” income (winnings, settlements, etc.) are counted only in the month received.</i>

For a printable list of all countable and non-countable income, and worksheets designed to help calculate income for HPE, go to the DHS [Hospital Presumptive Eligibility](#) web page. For a worksheet to use when determining an applicant’s household income, go to [HPE Income and Household Size Worksheet DHS-3884A \(PDF\)](#).

Household Size

Eligibility for HPE is based on an individual’s income as a percentage of the Federal Poverty Level (FPL). To determine a person’s percentage of the FPL, you must know the individual’s HPE household size.

The household size of an applicant for HPE is determined based on with whom the applicant lives and the applicant’s relationship to those people. For a [worksheet DHS-3884A \(PDF\)](#) to use to determine an applicant’s household size, and additional training materials, see the DHS [HPE](#) web page.

Count the following people as part of the applicant’s household:

Applicant’s Basis of Eligibility	Applicant’s household includes:
Infants and children (age 0 through 18)	<ul style="list-style-type: none"> • Parents (biological, adoptive, or step-parents) • Siblings under age 19 (biological, adoptive, and step-siblings) • If any woman in the household is pregnant, the number of babies the woman expects to deliver • The applicant’s spouse • The applicant’s children under age 19
Parents and caretaker relatives Pregnant women Children (age 19 & 20) Adults without children (age 19 through 64)	<ul style="list-style-type: none"> • The applicant’s spouse • The applicant’s and the spouse’s children (biological, adopted, or step-children under age 19) • If any woman in the household is pregnant, the number of babies the woman expects to deliver
Former Foster Children (under age 26)	Self only

State Residency

An individual (or a person who has attested that he or she has reasonable knowledge of the applicant's status) must attest that he or she is a resident of Minnesota to qualify for HPE. There is no amount of time that a person must have resided in Minnesota before he or she can be considered a state resident. An adult (age 21 or older) or child (age 21 or younger) is a Minnesota resident if he or she is living in Minnesota and plans to live in Minnesota, with or without a fixed address. A child is also a resident of Minnesota if he or she lives with his or her parent in Minnesota and the parent is a resident of Minnesota. An adult or child who is visiting Minnesota for medical treatment or some other purpose is not a state resident.

Citizenship/Immigration Status

The immigration eligibility requirements for HPE are different for adults age 21 through 64, pregnant women, and children age 0 to 21. An adult (or a person who has attested that he or she has reasonable knowledge of the applicant's status) must attest that the adult applicant is a U.S. citizen, a U.S. national, or has a "qualified" immigration status for HPE. Children age 0 to 21 must have a lawful immigration status to be eligible for HPE. The category of lawful immigration statuses for children is broader than the category of adults with a "qualified" immigration status. All pregnant women, even if they do not have a lawful immigration status, **are eligible** for HPE. Hospitals must gather immigration status information for non-citizen pregnant women for funding purposes only.

Qualified Immigration Statuses for Adults, Parents & Caretaker Relatives

Adults, parents and caretaker relatives who say that he or she has one of the following immigration statuses is eligible for HPE if they meet all other HPE eligibility requirements:

- Asylee
- Amerasians
- Battered Immigrant
- Conditional Entrant
- Cuban/Haitian entrants
- Entered the U.S. before August 22, 1996 (with permission by U.S. Citizenship and Immigration Services)
- Immigrant who is a veteran of the U.S. military, or immigrants who are active duty military, their spouses, children, and surviving spouses who have not remarried
- Iraqi or Afghan Special Immigrant Status
- Lawful Permanent Resident (LPR/Green Card holder who has resided in the U.S. for five years or more)
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Paroled for at least one year
- Refugee
- Withholding of Removal (formerly Withholding of Deportation)
- Victims of Trafficking

*Note - Most lawfully present adults, parents and caretaker relatives who are otherwise eligible for MA except for their immigration status, are eligible for MinnesotaCare. Advise individuals who are not eligible for MA solely because of their immigration status to file the Insurance Affordability Programs (IAP) application immediately to access coverage through MinnesotaCare.

Lawfully Present Immigration Statuses for Children (age 0 - 21) and Pregnant Women

If a child (or someone with knowledge of the child's immigration status) says that the child has one of the following immigration statuses, the child is eligible for HPE. Write the child's immigration status in the box provided for Question 6 in Section 2 of the HPE application and mark "yes" to Question 7 in Section 2 of the HPE application.

All pregnant women who otherwise meet the HPE eligibility requirements are eligible for HPE regardless of immigration status. However, there is a separate funding source for pregnant women who do not have a lawful immigration status. For this reason, it is important for hospitals to record the pregnant woman's immigration status on the HPE application. If a pregnant woman indicates that she has one of the following immigration statuses, write the woman's immigration status in the box provided for Question 6 in Section 2 of the HPE application. If the pregnant woman indicates that she does not have one of the listed immigration statuses, write "none" in the box provided for Question 6 in Section 2 of the HPE application. Regardless of the pregnant woman's immigration status, mark "yes" to Question 7 in Section 2 of the HPE application.

- Administrative order staying removal issued by the Department of Homeland Security
- Applicant for asylum, withholding of removal under 241.(b)(3) or under the Convention against Torture.
- Applicant for Cancellation of Removal or Suspension of Deportation
- Applicant for Legalization under IRCA
- Applicants for Special Immigrant Juvenile status under 101(a)(27)(J).
- Asylee
- Battered Spouse, Child and Parent
- Conditional Entrant Granted before 1980
- Cuban/Haitian Entrant
- Deferred Enforced Departure (DED)
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Lawful Permanent Resident (LPR/Green Card holder)
- Lawful Temporary Resident
- Legalization under the LIFE Act
- Member of a federally recognized Indian tribe or American Indian Born in Canada
- Nonimmigrant status with no violation of the terms of the status
- Paroled into the U.S.
- Pending application for Adjustment to LPR Status

- Order of Supervision
- Refugee
- Registry Applicants
- Resident of American Samoa
- Special Immigrant Juvenile Status
- Temporary Protected Status (TPS)
- Victim of Trafficking and his/her Spouse, Child, Sibling or Parent
- Victim of Trafficking Visa

For more information on immigration eligibility requirements for HPE, refer to the [HPE Immigration Eligibility Tip Sheet DHS-7267B \(PDF\)](#).

Social Security Number

An individual is not required to provide his or her Social Security number (SSN) as a condition of eligibility for HPE. However, an individual is required to provide his or her SSN (or verify that he or she has applied for an SSN) to submit the regular MA application. Hospital staff (or hospital designee) may request, but not require the applicant's SSN. Carefully explain to the applicant that all data provided as part of the HPE application is **private** and confidential. The SSN will be used only to find the person's record in the DHS computer records. An HPE applicant's SSN will **not** be used for verification of immigration status, or for any other purpose.

Signature

An applicant, or a person designated by the applicant, must sign the HPE application under penalty of perjury. This means that the signor has indicated that the information provided is correct to the best of the signor's knowledge. A parents or relative caretakers may complete and sign an HPE application on behalf of his or her minor children. It is not necessary to obtain a written designation or Authorized Representative form for a person to complete the HPE application on behalf of someone else. It is necessary for the applicant to confirm in some manner that he or she consents to have the other person complete the HPE application on the applicant's behalf. In addition, the person completing the application on behalf of someone else must have a reasonable basis for attesting to the applicant's state residency, household size, income, and citizenship or immigration status.

Verification

There are no verification requirements for HPE. Hospital staff (or hospital designee) are not permitted to request verification of any eligibility factor for HPE. Eligibility for HPE is based solely on the applicant's (or applicant's designee's) attestation.

Legal References:

- 42 C.F.R. §435.1102
- 42 C.F.R. §435.1103
- 42 C.F.R. §435.1110

HPE Processing Requirements

Hospital staff members responsible for making HPE determinations must carry out two steps before approving or denying HPE. The order in which these steps occur does not matter. What is

important is that the hospital staff person completes each of these steps before making the HPE determination.

Confirmation of current coverage

Before a hospital can approve HPE for an individual, the hospital staff person must confirm that the applicant does not have current MA or MinnesotaCare coverage. Hospital staff members are able to confirm current coverage using different methods. Hospital staff members can check EVS or MN–ITS using their usual process for the applicant’s current coverage. They may also call DHS during business hours to confirm current coverage.

For more information about how to confirm current coverage, please see the [HPE Procedures Guide DHS-7267A \(PDF\)](#).

Confirmation of HPE “availability”

Before a hospital can approve HPE for an individual, the hospital staff person must confirm that the applicant has not received HPE within the past 12 months, or during current pregnancy. A person is considered to have HPE “available” if he or she has not received HPE within the past 12 months or during current pregnancy.

Hospital staff members are able to confirm HPE availability using different methods, depending on the time they request the information. During DHS business hours, hospital staff members may call DHS to confirm HPE availability. Outside of DHS business hours, hospital staff members will be able to confirm HPE availability using a data base that is accessible through MN–ITS.

For more information about how to confirm HPE availability, see the [HPE Procedures Guide DHS-7267A \(PDF\)](#).

Submission of the approved HPE application to DHS

Federal law requires that qualified HPE providers notify DHS within five business days from the date they approve HPE. Services provided to an individual **before** the date of approval will not be covered.

Considerations for Qualified Hospitals

It is always best for hospitals to submit approved HPE applications to DHS as soon after the approval as possible. After the hospital submits the approved HPE application to DHS, the agency has two business days to enter the HPE coverage span into the system. The individual’s coverage information will then be available in MN–ITS and EVS. Other providers will be able to access that information and know that the individual has coverage.

Legal References:

42 C.F.R. §435.1110

Proof of HPE Coverage

HPE presents unique “proof of coverage” issues. For the first time, hospitals, not county human service agencies, are responsible for determining eligibility for MHCP. After a hospital has determined that an applicant is eligible for HPE, DHS is required to honor that determination and

enter the HPE coverage span into MMIS. In other words, neither DHS, nor county human service agencies are allowed to second guess the hospital's HPE determination. While this policy ensures that qualified hospitals (and other providers) will receive MA reimbursement for services provided to individuals as of the date of HPE approval, it creates a technical problem in terms of establishing coverage for the approved individual in the DHS claims payment system.

Typically, when a county human service agency approves MA, the individual's coverage appears in the claims payment system. This will not be the case for HPE. Instead, a person is guaranteed coverage as of the date of HPE approval (as indicated on the HPE approval notice). However, coverage will not appear in the system until DHS staff manually enters the HPE approval. DHS is required to enter the HPE approval within two business days of receipt of the approved HPE application.

After DHS staff enter the individual's eligibility, DHS will automatically mail an MHCP Identification card (with the individual's PMI#) to the individual within seven days. As soon as the individual's HPE approval is entered, providers will be able to access HPE coverage through EVS or MN-ITS. This means that providers are able to obtain an individual's PMI# and submit claims even if the individual has not received his or her MHCP ID card.

There is no way to avoid some lag time between the hospital's approval of HPE and the DHS entry of the HPE into the claims payment system. It is necessary for hospitals to understand the requirements attached to issuance of HPE approval and denial notices. An individual approved for HPE will be able to present his or her HPE approval notice to another MA provider and obtain services. MA providers are able to rely on the HPE approval notice as proof of coverage and to submit claims for the approved individual.

DHS will honor the HPE approval notice and pay claims for individuals who have an HPE approval notice. In the case of error on the part of the qualified hospital or DHS that results in failure to open the HPE coverage for an approved individual, DHS will request a copy of the approval notice, ascertain information necessary to open the HPE coverage, and pay the associated claim. If a qualified hospital fails to submit the approved HPE application, it will be subject to corrective action. The corrective action steps are described in detail later in this document.

Issuance of HPE approval and denial notices

Qualified hospitals are required to provide all individuals who apply for HPE with either an HPE approval or denial notice at the time they make an HPE determination. The HPE approval notice can be used by individuals who have been approved for HPE as proof of coverage to obtain MA covered medical services or medications. The HPE denial notice explains to the applicant why they were denied HPE and advises them how they can apply for regular MA and other insurance affordability programs.

The HPE approval and denial notice templates are accessible through MN-ITS only to hospital staff members who have passed the DHS HPE online training. A hospital staff person will need to have the appropriate security role to access the approval and denial templates. Hospital staff must complete the approval and denial forms in MN-ITS. Hospital staff are not permitted to save the HPE approval or denial template to their desktops or other files. To maintain the integrity of

HPE approval notices, DHS will require that qualified hospitals print approval notices on special security paper. DHS will supply qualified hospitals with security paper and instruct qualified hospitals how to track approval notices.

For more information on how to complete and print the HPE approval or denial notice, and all procedures for issuing these notices, please see the [HPE Procedures Guide DHS-7267A \(PDF\)](#).

Approval Notices

Hospitals must print approval notices on security paper that DHS provides to the hospital. Members of the hospital staff making HPE determinations are responsible for HPE record keeping (record keeping requirements are described in detail later in this document).

The hospital staff person who has approved the HPE application must enter the following information into the HPE approval notice:

- Name of hospital staff who approved HPE
- Phone number of the hospital staff person who made the HPE approval
- The hospital's NPI #
- The signature of the hospital staff person who approved HPE
- The date that HPE was approved
- The applicant's PMI# (if known)
- The first and last name and date of birth of the individual approved
- The HPE begin and end date

Denial Notices

If the hospital staff person determines that an applicant is not eligible for HPE, the hospital staff person must provide the applicant with a completed denial notice. The denial notice must contain the following information:

- The reason why the hospital denied the HPE application
- Information about how to apply for regular MA

Minnesota Health Care Programs Identification Cards

DHS will mail an MHCP ID card to all individuals approved for HPE to the address provided by the individual in the HPE application. If the individual indicates that he or she is homeless and does not provide a mailing address, DHS will mail the MHCP card to "General Delivery" in the individual's city of residence. DHS will mail the MHCP cards within seven business days from the date the hospital submitted the approved HPE application to DHS. The MHCP ID card provides HPE approved individuals with another form of proof of coverage. In addition, the card will contain the individual's PMI# which providers and pharmacies use to verify coverage.

Legal References:

42 C.F.R. §435.1110

Corrective Action

Federal law requires that states take corrective action up to and including disqualification of participating hospitals that are not making (or found to be incapable of making) HPE determinations according to state policy and procedure. The corrective action process is an interactive process that allows qualified hospitals to identify what additional training or supports they need to ensure compliance with HPE policy and procedures. HPE data is considered “public data” under the Minnesota Data Practices Act. This means that an individual or organization can submit a request to review HPE data, such as: corrective action notices, corrective action plans, numbers of HPE approvals (scrubbed of any personally identifying data), etc.

Minnesota HPE policy and procedures

Minnesota’s HPE policy and procedures guides are available on the DHS [HPE](#) web page. A qualified hospital must make HPE determinations that comply with all of the HPE requirements and follow all HPE procedures. The following are examples of HPE policy and procedures:

- Rules for making HPE determinations
- Rules for completing the HPE application
- Rules for submitting the approved HPE application to DHS
- Rules for issuing HPE approval and denial notices
- Performance measures

It is important to recognize that a qualified hospital is responsible for meeting all HPE policy and procedural requirements, not just meeting the two specified performance measures. As a result, a qualified hospital can be subject to corrective action even if it meets the HPE performance standards. For example, if a hospital fails to submit an approved HPE application to DHS, that hospital would be subject to corrective action, even if the hospital had met the performance standards in the same month.

DHS Reports to Qualified Hospitals

DHS will provide regular reports to qualified hospitals so that hospitals can monitor their compliance with HPE policy and procedure and make any necessary adjustments to the hospital’s HPE processes.

DHS will provide qualified hospitals with regular reports containing information related to the performance standards:

- Number of individuals approved for HPE by hospital in given month
- Number of individuals approved for HPE by hospital that filed an IAP application
- Number of individuals approved for HPE by hospital that have been approved for MA

DHS will also provide qualified hospitals with monthly reports containing information related to errors in HPE policy or procedure, such as:

- Basis of eligibility
- Immigration status

- Applicant received HPE within the past 12 months or during current pregnancy
- Person had current MA or MinnesotaCare
- Failure to notify DHS of HPE approval within 5-days from the date of approval

HPE Performance Standards

The performance standards for HPE are designed to measure how well qualified hospitals are meeting the main objective of HPE – connecting individuals to ongoing health care coverage. Minnesota will require that qualified hospitals meet two performance standards as a condition of participating in HPE. Qualified hospitals are expected to meet these performance standards within six months of HPE implementation (or by January 2015). Hospitals that do not meet the performance standards will be subject to corrective action.

The performance standards are:

- 80% of the individuals approved for HPE by the hospital will submit a complete IAP application within 30 days of the end of the HPE coverage period.
- 80% of the individuals approved for HPE by the hospital who submitted a complete IAP application are determined eligible for MA.

Corrective Action Notice

DHS will issue a corrective action notice to a qualified hospital in the event that the hospital violates HPE policy or procedure. DHS will issue corrective action notices to qualified hospitals that do not meet the HPE performance standards beginning in January 2015.

The corrective action notice must provide the qualified hospital with:

- A clear description the action (or omission) taken by the qualified hospital that violated HPE policy or procedure.
- A clear description of which performance standard was not met.
- The deadline for submission of the qualified hospital’s corrective action plan to DHS.
- Contact information for a DHS staff person who can help the hospital develop a corrective action plan, including identifying existing training or developing specialized training or materials.

Corrective Action Plan

Hospitals are responsible for reviewing internal processes and procedures to identify what type of support is necessary to ensure compliance with HPE policy and procedure. Generally, qualified hospitals that receive a corrective action notice must submit a corrective action plan to DHS within 90-days from receipt of the correction action notice. However, DHS reserves the right to shorten the amount of time given to a hospital for producing a corrective action plan depending on the severity of the error committed. For example, if DHS discovers that a hospital failed to submit the approved HPE application to DHS within five business days of approval, DHS can demand an immediate corrective action plan to remediate that significant problem.

A qualified hospital’s corrective action plan must contain:

- A clear description of what procedures were in place at the time the error occurred and what changes have been made in terms of procedures, staffing, training, etc. to ensure that the error is not repeated.
- A list of existing training or other support materials to be provided to hospital staff to ensure compliance with HPE policy and procedure.
- A clear description of any additional training that the hospital believes to be necessary to address error or failure to meet performance standards.
- A schedule for implementation of corrective action to be taken by the hospital.

Sanctions

DHS is required to take action, up to and including disqualification of a qualified hospital, if the agency believes that a qualified hospital is not making (or is not capable of making) HPE determinations according to DHS policy and procedure. DHS may take a range of sanctions depending on the specific situation. Sanctions will be tailored based on the severity of the error, the number of times the same error has been made by a hospital, or the length of time a hospital has failed to meet the performance standards. Disqualification as a qualified HPE provider means that the hospital is not able to make HPE determinations; disqualification does not affect the hospital's status as an MHCP provider.

Sanctions *may* include any of the following actions:

- Requirement that specific hospital staff submit all worksheets used to complete the HPE application to DHS at the time the hospital submits the approved HPE application
- Requirement that specific staff be required to retake training
- Requirement that specific staff be supervised by lead staff for a period of time before allowing an unsupervised HPE determination
- Requirement that specific staff be disallowed from making HPE determinations (permanently or for a defined period of time)
- Requirement that hospital submit all HPE applications to DHS for review before approval for a defined period of time
- Temporary disqualification of the hospital from making HPE determinations
- Permanent disqualification of the hospital from making HPE determinations

Legal References:

42 C.F.R. §435.1110

Payment of claims for MA covered services during the HPE period

A person who has been approved for HPE is eligible to receive all MA covered services on a fee for service basis (child or adult) for the duration of his or her HPE coverage period. Any MHCP provider, not just a qualified hospital, is able to bill for services provided during the HPE coverage period. The billing procedures for HPE are exactly the same as for MA. For

information on how to submit a claim for services provided to an individual approved for HPE refer to the [MHCP Provider Manual](#).

Record Keeping Requirements for Qualified HPE hospital providers

A qualified hospital is required to retain all HPE records for three years. HPE records include the following:

- Approved HPE applications
- All worksheets used to complete HPE application
- Copy of all approval and denial notices

Qualified hospitals must make all HPE records available to DHS within 30 days of receiving a written request.

HPE Resources

All HPE resources are available online at the DHS [HPE](#) website.

If you have a question about HPE policy or procedure, please call Health Care Eligibility Operations (HCEO) at 651-431-3480 or 888-702-9968 (select option “1”)

FAX number for HPE is 651-431-7780

Glossary of Health Care Reform Terms - [DHS Health Care Reform Training Glossary \(PDF\)](#)