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# Hospital Presumptive Eligibility (HPE): Provider Enrollment Instructions

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This section provides hospitals instructions to complete the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012). In order for Medi-Cal hospitals to enroll as a “qualified hospital”, the Medi-Cal hospital must complete and sign the participation agreement and agree to comply with all applicable Hospital Presumptive Eligibility (HPE) Program requirements and policies.

## **HPE Providers**

“Qualified hospitals” are “HPE providers,” meaning that they are approved by the Department of Health Care Services (DHCS) to provide HPE services.

## **Hospital Owned Clinics**

In Part 2 of the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012), the applying hospital may elect to permit their hospital owned clinic(s) to participate under their hospital license. The following clinics may participate under the hospital license:

- Rural Health Clinic/Federally Qualified Health Center
- Clinical Laboratory
- Clinic Exempt from Licensure
- Community Clinic

## **County-Owned/ Operated Hospitals**

In Part 3 of the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012), the applying county hospital may elect to permit their county-owned/operated clinics to assist applicants with applying for the HPE program.

## **Telephone Service Center (TSC) Information**

For questions regarding the Hospital Presumptive Eligibility (HPE) Program, hospitals may call the Medi-Cal Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday, except holidays. Hospitals may navigate through the menu prompts by selecting the appropriate option for language (English or Spanish), option 1 for provider, option 4 for the Technical Help Desk and option 2 for Hospital Presumptive Eligibility. Hospitals are encouraged to print the TSC Main Menu prompt options and keep it near their phones for faster access to TSC resources.

## **HPE Program Provider Election Form and Agreement (DHCS 7012)**

For simplicity, the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012) is referred to in this manual section as the “Provider Agreement.”

Medi-Cal hospital providers must follow the instructions in this manual section when completing the Provider Agreement. Providers must read all provisions of the Provider Agreement carefully prior to signing. Information that is incorrect provider information will be denied and returned.

### **Important:**

1. Type or print legibly.
2. Return this completed form to:  
DHCS HPE Program  
Attn: California MMIS Fiscal Intermediary  
P.O. Box 15508  
Sacramento, CA 95852-1508
3. If you have any questions regarding the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012), call 1-800-541-5555.

Providers should check the box to indicate if they are either applying for the first time to be a HPE provider or are a current HPE provider applying to add a clinic(s) to their current DHCS 7012.

### **Part 1 – Hospital Contact Information and Participation Identification Information**

- **Legal Name of Provider:** Enter the legal name and information of the hospital provider, as listed with the IRS.
- **Business Name of Provider If Different From Legal Name:** Enter the business name of the hospital provider, if different from the legal name.
- **Service Address, City, State and ZIP Code:** Enter the address where the hospital provider renders services as listed in the DHCS Provider Master File (PMF).

**Note:** All forms that contain incorrect addresses will be returned.

- Authorized Contact Person: Enter the first name, middle initial and last name of the person to be contacted for questions regarding the *Hospital Presumptive Eligibility (HPE) Program Provider Election Form and Agreement* (DHCS 7012).
- Contact Person Title/Position: Enter the title or position of the contact person.
- Contact Telephone Number: Enter the current phone number, including the area code, where the contact person may be reached from 8 a.m. to 5 p.m., Monday through Friday.
- Contact Fax Number: Enter the current fax number, including area code, where the contact person may receive a fax.
- Contact Email Address: Enter the current email where a contact person may receive email correspondence.
- Federal Employer ID Number or Taxpayer Identification Number: Enter the hospital provider Federal Employer ID Number or Taxpayer Identification Number.
- Hospital License Number: Enter the hospital provider license number.
- National Provider Identifier: Enter the hospital provider identification number.
- Current Medi-Cal Provider: Check yes or not to indicate whether or not the hospital is currently a Medi-Cal provider.

## **Part 2 – List Hospital-Owned Clinics Providing Services with Your Hospital License**

- Does the applying hospital choose to permit hospital-owned clinic(s) to participate under the hospital's license: Select yes or no.
- Hospital-Owned Clinic Business Name: Enter the name of the hospital-owned clinic that is providing services with your hospital license.
- Clinic NPI: Enter the National Provider Identifier (NPI) of the clinic if it differs from the applying hospital's NPI.
- Clinic EIN/TIN/SSN: Enter the Employer Identification Number, the Tax Identification Number or the Social Security number under which the clinic is registered.
- Business Address: Enter the address of the entity that is providing services with your hospital license.

## **Part 3 – County-Owned/ Operated Hospital Permit County Owned/ Operated Clinic(s) to Assist HPE Applicants**

Does the applying county-owned/operated hospital choose to permit county-owned/operated clinic(s) not listed on your hospital's license to assist HPE Applicants: Select yes or no and read the agreement and rules in their entirety.

## Part 4 – HPE Program Provider Agreement Requirements

Name of Applying Hospital Provider: Print the name of the applying hospital provider.

## Part 5 – HPE Program Provider Election Form and Agreement - Certification and Signature

- Printed Name of Provider Applicant: Print the full name of the person authorized to sign the agreement.
- Printed Name and Title of Authorized Hospital Provider Applicant: Print the first name, middle initial and title of the person authorized to sign the agreement.
- Authorized Hospital Provider Phone Number: Enter the current phone number, including the area code, where the authorized hospital provider may be reached from 8 a.m. to 5 p.m., Monday through Friday.
- Authorized Hospital Provider Email Address: Enter the current email address where the authorized hospital provider may receive email correspondence.
- Provider Applicant Signature: The person authorized to sign the agreement must enter his or her full name in blue ink only. The signature must be legible and original (no stamps or copies). Individuals authorized to sign the election/agreement form are as follows:
  - 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

**Note:** The HPE Program provider election form and agreement signed by business consultants will not be accepted.

- Date: Enter the date the application was completed and signed.
- Hospital Name: Enter the name of the hospital.
- Address: Enter the hospital address.

**<<Legend>>**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.