

Hospital Presumptive Eligibility Qualified Entity (HPEQE) Application

This is an application to become a Qualified Entity (QE) for Hospital Presumptive Eligibility (HPE).
You must participate as a Louisiana Medicaid provider to perform Hospital Presumptive Eligibility (HPE) determinations.

In order to be considered an HPEQE, all Representatives for the applying entity must receive training and instruction for determining Hospital Presumptive Eligibility and receive a certificate indicating proficiency.

Please complete, sign, and return this application to Louisiana Medicaid at HPE@LA.gov, by fax to 225/389-2741 or by toll free fax to 877/747-0985.

Submit questions and inquiries to Louisiana Medicaid at HPE@LA.gov.

Name of hospital	Medicaid Provider ID
Other name (if any used for provider services)	Parish
Telephone number ()	FAX number ()
Email Address	
Mailing address (no P.O. Box) for Site	City
Contact person	
Telephone number ()	FAX number ()
Email Address	

Please estimate the number of patients your hospital sees each month that are not covered by health insurance or Medicaid at the time of their visit.

**Please list all representatives for your facility on page 2.
If additional space is needed, please duplicate page 2.**

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Name of hospital / Medicaid Provider ID: _____

Name and Title of Facility Representative Responsible for HPE Assessment

Telephone number ()	FAX number ()
Email Address	

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Name and Title of Facility Representative Responsible for HPE Assessment

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Email Address	

I, _____, hereby certify that all the above information is true and accurate to the best of my knowledge.

Signature	Title of Authorized Agent	Date
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