DHS Clarifies Use of Electronic Signatures for Minnesota Health Care Programs Eligibility Forms

TOPIC
Clarification on the use of electronic signatures for Minnesota Health Care Programs (MHCP) eligibility applications, renewals and other eligibility forms.

PURPOSE
This bulletin provides information about electronic signatures that can be used for MHCP eligibility applications, renewals and other eligibility forms.

CONTACT
Counties, tribal agencies, and HCEO should submit policy questions via HealthQuest.

All others should direct questions to the following:

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SIGNED
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TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
I. Background

All MHCP applications require a signature by the applicant or application filer, a guardian or an authorized representative attesting to the accuracy of the information provided and acknowledging review of the Notice of Privacy Practices and the Notice of Rights and Responsibilities. In addition, renewals and other forms used to determine MHCP eligibility require a signature.

Generally, MHCP applications, renewals and other eligibility forms require a handwritten signature. Exceptions have been limited to special circumstances when a person is unable to sign the application due to physical limitations. The Minnesota Eligibility Technology System (METS) online application, available through the MNsure website, currently provides for an electronic signature.

This bulletin clarifies MHCP policy on electronic signatures that can be accepted for MHCP paper applications, renewals and other eligibility forms. This policy provides an alternative to the traditional handwritten signature on these paper forms, which can be a barrier to MHCP eligibility and enrollment in circumstances when a handwritten signature is not feasible, is impractical or cannot be obtained timely.

MHCP paper applications, renewals and other eligibility forms must be submitted to a county or tribal agency or to the Department of Human Services (DHS) by mail, fax or in person. This bulletin does not change how paper applications, renewals or other eligibility forms are submitted, and does not mandate that agencies acquire electronic signature software or other technology products to enable receipt of electronic signatures.

II. MHCP Electronic Signature Policy

Effective immediately, an MHCP applicant or enrollee, application filer, guardian or authorized representative may use an electronic signature, as described in this bulletin, to sign MHCP applications, renewals and other eligibility forms. See Appendix A for the list of forms.

The following are acceptable electronic signature methods for MHCP applications, renewals and other eligibility forms, when submitted according to the criteria in section III:

- An image of a handwritten signature transmitted electronically, such as by fax, secure email or text message.
- An electronic signature captured by a software product that complies with the requirements of the Electronic Signatures in Global and National Commerce Act (ESIGN), submitted with a completion certificate, audit record or similar audit trail document. DHS permits the use of technology products that meet these requirements and does not endorse any specific product.

III. Criteria for Acceptance of Electronic Signatures

DHS and county and tribal agencies must review certain criteria to determine if an electronic signature meets the MHCP signature policy and can be accepted. The following four criteria must be met:
- **The signor’s intent to sign a specific form is clear.** If the electronic signature is on the specific form or submitted with the form, this criteria is met. For a signature submitted apart from a form, the signor must include a short statement with the date of the signature, such as “I understand that I am signing the DHS-[form number] and I agree to all the terms and conditions of the form,” or “I understand that I am signing [title of specific MHCP application or form] and I agree to all the terms and conditions of the form.”

- **The electronic signature must be logically associated with or attached to the form.** The agency must receive the signature in such a way that it is clear that the signature is connected to a specific form. An electronic signature that is physically received by the agency on a form or submitted with the form meets this criteria. If a signature is not received on a form or submitted with the form, a written statement of intent, described in the first bullet, is needed to logically associate a signature with a form.

- **The electronic signature must provide a way to identify the signor.** The agency must be able to identify who actually electronically signed the form. A legible handwritten signature transmitted electronically meets this criteria. A typed or handwritten name with a signature (legible or not) also satisfies this requirement.

- **The electronic signature must not be modifiable.** The agency must receive the signature in a form that is tamper-proof so the signature cannot be modified.

An electronic signature gathered via software that complies with the Electronic Signatures in Global and National Commerce Act (ESIGN), submitted with a certificate of completion, audit record or similar audit trail document meets these criteria, and therefore fulfills the signature requirement on MHCP applications, renewals and other eligibility forms.

The following types of signatures do not meet the electronic signature criteria and are not acceptable:

- An image of a handwritten signature that is placed on a form by digitally copying and pasting it into the document.
- A typed name created by selecting a script or calligraphy font that has not been authenticated through electronic signature software.
- A signature gathered via electronic software that is not accompanied by a certificate of completion, audit record or audit trail.

**IV. Action Required**

County, tribal and DHS workers must accept electronic signatures received, as described in this bulletin for MHCP applications, renewals and other eligibility forms. Workers must retain all electronic signature documents in the applicant or enrollee’s case file and enter a case note that an acceptable electronic signature was received. Standard record retention policies apply to electronic signature documentation. See [EPM 1.3.1.4 MHCP Data Privacy](#) for more information about record retention.
V. Legal Authority

Code of Federal Regulations, title 42, sections 435.907, 435.923 and 600.310
Minnesota Statutes, Chapter 325L

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-297-3862 or toll free at 800-657-3672, or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.
Appendix A. Minnesota Health Care Programs Applications, Renewals and Eligibility Forms

These forms require a signature, which can be submitted electronically, as described in Bulletin 20-21-09

Note: These forms are available in a variety of languages. An electronic signature is acceptable on all language versions.

Applications or Application Supplements
DHS-3417B Minnesota Health Care Programs Request to Apply for Minnesota Health Care Programs
DHS-3443 Minnesota Health Care Programs Individual Discharge Information Sheet
DHS-3525 Minnesota Health Care Programs (MHCP) Application and Renewal Form for Medical Assistance for Women with Breast or Cervical Cancer (MA-BC)
DHS-3531 Minnesota Health Care Programs (MHCP) Application for Medical Assistance for Long-Term-Care Services (MA-LTC)
DHS-3543 Minnesota Health Care Programs (MHCP) Request for Payment of Long-Term Care Services
DHS-3543A Payment of Long-Term Care Services (Families with Children and Adults)
DHS-3727 Combined Annual Renewal for Certain Populations
DHS-3876 Minnesota Health Care Programs (MHCP) Application for Certain Populations
DHS-3881 Minnesota Health Care Programs Hospital Presumptive Eligibility (HPE) Application
DHS-4740 Minnesota Family Planning Program Application
DHS-5038 Minnesota Health Care Programs Request to Reopen Medical Assistance (MA) (for individuals incarcerated less than 12 months)
DHS-6696 MNsure Application for Health Coverage and Help Paying Costs
DHS-6696A Supplement to MNsure Application for Health Coverage and Help Paying Costs
DHS-6696B Supplement to the Minnesota Health Care Programs Application for Certain Populations
DHS-6696C MNsure Signature Page
DHS-6696G Minnesota Health Care Programs Medical Assistance (MA) Payment for Inpatient Hospital Care for Incarcerated People
DHS-7310 Medical Assistance (MA) Coverage for COVID-19 Testing

Renewals
Renewal Form (Minnesota Eligibility Technology (METS) Need-to-Renew and Modified Need-to-Renew)
DHS-2128 Minnesota Health Care Programs (MHCP) Renewal for People Receiving Long-Term Care Services
DHS-3418 Minnesota Health Care Programs Renewal
DHS-3525A Minnesota Health Care Programs Certification of Further Treatment Required
DHS-5440 Minnesota Family Planning Program Renewal
DHS-5576 Combined Six-Month Report

Proofs or Other Forms Required for Eligibility
DHS-1922B Minnesota Health Care Programs Health Insurance Information Form (HIIF)
DHS-4843A Minnesota Health Care Programs Proof of U.S. Citizenship Statement by Applicant/Enrollee
DHS-4843B Minnesota Health Care Programs Proof of U.S. Citizenship Statement by Friend or Family Member
DHS-6035 Minnesota Health Care Programs Request for Proof of Residence
Authorizations for Release of Information
DHS-3437 Minnesota Health Care Programs Giving Permission for Someone to Act on My Behalf
DHS-3437A The Minnesota Family Planning Program Giving Permission for Someone to Act on My Behalf
DHS-7823 Authorization to Obtain Financial Information from the Account Validation Service (AVS)
DHS-6112 Minnesota Health Care Programs Medical Need
DHS-3348 Minnesota Health Care Programs Employer Insurance Information Form
DHS-4279 Minnesota Health Care Programs Employer Statement

Long Term Care
DHS-3050 Minnesota Health Care Programs Long-Term Care/County Communication Form
DHS-3340 Minnesota Health Care Programs Asset Assessment for Medical Assistance for Long-Term Care Services (MA-LTC)
DHS-5143 Minnesota Health Care Programs Required Annuity Information
DHS-5426A Permission to Share Long-Term Care Insurance Information
DHS-5426C Long-Term Care Partnership Protected Assets
DHS-5426D Long-Term Care Partnership Protected Assets Review
DHS-5426E Long-Term Care Partnership Updated Insurance Information

SMRT Forms
DHS-6124 State Medical Review Team Authorization to Release Protected Health Information
DHS-6125 State Medical Review Team Adult Disability Worksheet
DHS-6126 State Medical Review Team Children’s Disability Worksheet

Other Forms
DHS-2975 Minnesota Health Care Programs Transition Year Medical Assistance Quarterly Report
DHS-3081 Minnesota Health Care Programs Agreement to Prepay Medical Assistance (MA) Spenddown
DHS-3161 Minnesota Health Care Programs Agreement to Use Designated Provider
DHS-3261 Minnesota Health Care Programs Expense Reimbursement Form
DHS-4796 Minnesota Health Care Programs Change Request Form