Hospital-Based
Presumptive Eligibility
Welcome to the training session on Hospital-Based Presumptive Eligibility.

Presumptive Eligibility, or PE, allows qualified medical providers to determine eligibility and apply for temporary Medical Assistance coverage. PE has been available for pregnant women since 1988. The Affordable Care Act expanded PE, effective January 1, 2014 to allow qualified hospitals to determine eligibility and apply for PE. You will learn more about the MA coverage groups in the next section.
A desk guide, titled “Presumptive Eligibility for Hospital Providers Desk Guide” has been developed to accompany this training, in order to support hospital PE providers in completing PE worksheets and applications. The desk guide is available on the same website where you accessed this training presentation. The content that is included in the desk guide is noted throughout this presentation.
First, let’s review some key acronyms you will see and hear in this presentation. These acronyms can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.

- ACA is an abbreviation for the Affordable Care Act.
- BPE stands for Bureau of Program Evaluation.
- COMPASS is the Commonwealth of Pennsylvania Application for Social Services.
- DCA is an abbreviation for Division of Corrective Action.
- EPP is an Error Prevention Plan.
- FPL stands for Federal Poverty Level.
- MA is Medical Assistance.
- MAB is an abbreviation for Medical Assistance Bulletin.
- MAGI stands for Modified Adjusted Gross Income.
The remaining three acronyms are shown here.
- PE is the abbreviation for Presumptive Eligibility.
- PS stands for Provider Specialty.
- PT stands for Provider Type.
This session will teach hospitals about Presumptive Eligibility and how to complete a PE worksheet and application in COMPASS.

Upon completion of this session, you will be able to:

• Define PE as it relates to both pregnant women and other MAGI Medical Assistance (MA) eligibility groups,
• Complete a PE worksheet in COMPASS and submit it to determine an individual’s eligibility,
• Submit PE only and combined PE/MA ongoing applications in COMPASS,
• Enroll and maintain status as a qualified hospital PE provider.
In this session, we will discuss:

• An overview of Hospital-based Presumptive Eligibility,
• How to complete a PE worksheet and PE only application in COMPASS, and
• Ways to become a qualified hospital PE provider and maintain that status.

Let’s start with exploring Hospital-based Presumptive Eligibility.
Hospital-based PE is the process by which qualified providers evaluate a patient’s eligibility for MA at the time of service, determine eligibility, and apply for a presumptive MA benefit. Under ACA, hospitals use MAGI rules to evaluate PE. Self-attestation regarding whether a person meets eligibility criteria is acceptable but source documents are encouraged.
MAGI stands for Modified Adjusted Gross Income. It is the measure of income based on federal tax rules used for eligibility determination. Pennsylvania uses an applicant’s current monthly income. A five percent disregard is also used, if needed.

When we look at the upcoming section on completing the PE worksheet, you will see the income and deductions that are applicable.
Individuals who qualify for hospital PE include:

- Pregnant women,
- Children,
- Parents/caretakers,
- Individuals ages 19 to 64, and
- Former foster children between the ages of 18 to 26.

Please note there are varying percentages of the Federal Poverty Level that apply to each of these populations.

It is also important to note that pregnant women should be evaluated for eligibility under the parent/caretaker and individual ages 19 to 64 guidelines before being determined eligible due to pregnancy.
Certified inpatient acute care hospitals for PE are classified as Provider Type 01 and Provider Specialty 010. These hospital PE providers must participate in a formal opt-in program, which is described in the last section of this presentation. The opt-in program includes meeting certain performance measures and monitoring expectations. Per CMS, third parties may assist with or submit PE applications, but the hospitals are responsible for any eligibility determinations made by third parties.
It is important to note the following:

- PE is effective from the date of PE eligibility determination through the last day of the following month or until ongoing MA eligibility is determined.
- Only one PE period can be authorized per 12 month period or per pregnancy.
- The patient cannot appeal the PE eligibility decision, and
- If a PE application is taken for an individual, the provider must inform that individual of the choice to apply for PE only or for PE and ongoing MA.
In this section, we will walk through the process of completing a PE worksheet and PE only application in COMPASS.
Among the many benefits to hospitals of using COMPASS are:

• Application entry requires complete, standard information.
• It is convenient and available to use at any time.
• The provider can save the application while it is in progress and resume completion at any time; and,
• Benefits are issued faster.
There are also benefits to the state of Pennsylvania when providers use COMPASS. These benefits include:

- Reduction in fraud, waste, and abuse,
- Customization of service offerings for beneficiaries to meet the demands of the changing regulations,
- Data sharing and improvement of standardization, and
- Easy access to healthcare coverage and social service programs through a centralized source.
For helpful information on how to navigate the COMPASS system, providers can click on the ‘Helpful Links’ drop-down in COMPASS to view tutorials. If additional information is needed, providers can send questions to the email address shown on the slide.
A hospital PE provider will sign into COMPASS from the Community Partner Information screen using their established b-user ID and password.

If a provider requires assistance with logging in or navigating COMPASS, the “Community Partner Quick Reference Guide” can be accessed via the helpful links tab on the slide.
There is a button on the left side of the Community Partner Dashboard under the “MA Providers” section labeled “PE Worksheet” that providers need to select in order to begin the PE worksheet.
When the provider selects the “PE Worksheet” button, a screen will display with a brief explanation of Presumptive Eligibility. This screen will collect the MA provider information, including type of medical service the individual is receiving and the MA Provider Number with four-digit service location number. In the drop-down box for “Type of Medical Service,” the provider will need to select one of the four options: Emergency, In Patient, Out Patient or Not Applicable. If an option is not selected from the drop-down box, the provider will not be able to proceed to the PE worksheet.
Additionally, if the MA provider number entered is not found in the system, the provider will not be able to move forward with a PE worksheet or PE application.
Once the provider is signed in, the PE worksheet screen displays. The top of the PE worksheet screen will provide information regarding when an application should be made as well as an explanation for the eligibility determination.
The PE worksheet data entry fields are the same as those found on the paper PE worksheet. The top of the PE worksheet screen will mimic existing COMPASS functionality to add or delete an individual.
To qualify for PE and ongoing MA, the PE applicant must be a U. S. citizen, permanent alien, temporary alien, refugee/asylee, or in a lawful immigration status.

Certain individuals must have a lawful immigration status for a minimum of five years (referred to as the five-year bar). Pregnant women and children who have a lawful immigration status are not subject to the five-year bar for MA eligibility. This is described in greater detail on the following slide.

A temporary alien refers to an individual who was lawfully admitted to the U. S. for temporary residence. Under CHIPRA 214, Pennsylvania opted to make MA coverage available to pregnant women and children who are temporary aliens.

**NOTE:** A pregnant woman or child who has a Deferred Action for Childhood Arrival status is not eligible for MA.
Lawful Immigration Status

<table>
<thead>
<tr>
<th>Lawful Immigration Status</th>
<th>Five-Year Bar</th>
<th>Definitions/Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawful Permanent Resident (LPR)</td>
<td>Yes*</td>
<td>Any person not a citizen of the United States who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. I-551 Permanent Resident card.</td>
</tr>
<tr>
<td>Refugees and Asylees</td>
<td>No</td>
<td>Admitted under Section 207 of the INA. Temporary Resident card (I-44) annotated with refugee status.</td>
</tr>
<tr>
<td>Cuban and Haitian Entrants</td>
<td>No</td>
<td>A Cuban and Haitian Entrant is any individual granted parole status as a Cuban/Haitian immigrant, who is not subject to a legal removal order, and has applied for asylum. As defined in Section 201(a) of the Refugee Assistance Act of 1980.</td>
</tr>
<tr>
<td>Non-citizens granted parole for at least one year</td>
<td>Yes*</td>
<td>Has authorization to remain in the U.S. for a period of at least one year. Granted for emergency reasons. I-94 dated without prior legal admission.</td>
</tr>
<tr>
<td>Non-citizens whose deportation is being withheld</td>
<td>No</td>
<td>Order from Immigration Judge showing deportation withheld under Section 243(h) and date of the grant.</td>
</tr>
<tr>
<td>Non-citizens granted conditional entry</td>
<td>No</td>
<td>Individuals who were admitted to the U.S. as conditional entrants under INA §203 (a)(7) prior to April 1, 1990.</td>
</tr>
<tr>
<td>Barred non-citizens and their children or parents</td>
<td>Yes*</td>
<td>The Violence Against Women Act allows certain barred non-citizens to self-petition for legal permanent residence without the knowledge of the abuser or sponsor. USCIS will issue an I-967.</td>
</tr>
<tr>
<td>Trafficking victims and their spouse, child, sibling or parent</td>
<td>No</td>
<td>Victims of severe forms of trafficking under Section 101(b)(2)(A) of the Trafficking Victims Protection Act of 2000. Letter from the Office of Refugee Resettlement. I-94 annotated T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year.</td>
</tr>
<tr>
<td>Veterans or individuals on active duty and their families</td>
<td>No</td>
<td>Qualified alien who are (a) honestly discharged veteran; (b) on active duty in the U.S. military; or (c) the spouse (including an unmarried surviving spouse) or unregistered dependent child of such an honestly discharged veteran or individual on active duty. Evidence of honorable discharge or active duty status must also be provided.</td>
</tr>
<tr>
<td>Iraqi and Afghan special immigrants</td>
<td>Yes*</td>
<td>Special immigrants from Iraq and Afghanistan are individuals granted special immigrant status under INA §1551(a)(2)(T). Either entered the U.S. as asylee, or entered as permanent resident with special immigrant visa.</td>
</tr>
</tbody>
</table>

* Pregnant women and children are exempt from the five-year bar.

This slide shows details of lawful immigration statuses and when the five-year bar is applicable.

This information can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.
Depending on the individual’s answers to the initial questions, additional questions may display. If the applicant is between the ages of 18 and 26, the additional question that will display is:

• Were you receiving Foster Care and MA at the age of 18?
If the applicant is female age 10 – 59, the additional questions are:

- Are you pregnant or have you had a pregnancy end within the last 60 days?; and
- How many babies are expected?
Household size is determined by the applicant’s tax filing status and the individuals included in the tax household. The tax household size is important because it determines the income limit to be used in determining eligibility. The qualified hospital PE provider must ask the individual if they filed, or plan to file, a federal income tax form and if the individual was, or expects to be, claimed as a dependent by another taxpayer.
As just described, household composition is determined by the applicant’s tax filing status. The individual can fall into one of four tax filing statuses, as described on this slide. They include:

- Tax Filer,
- Tax Dependent,
- Non-Filer, and
- Child.

This information can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.
Now we will look at the household members for each of the tax filing statuses we just reviewed. Let’s look at each one separately.

We’ll begin with the applicant as a Tax Filer. This household includes:

- The Tax Filer (who is the applicant),
- The spouse of the Tax Filer (if living with the Tax Filer), and
- All claimed Tax Dependents of the Tax Filer.
The second possible role is the applicant as a Tax Dependent. This household includes:

- The Tax Dependent (who is the applicant),
- The claiming Tax Filer,
- The claiming Tax Filer’s spouse (if living with the Tax Filer),
- Other Tax Dependents of the claiming Tax Filer, and
- The Tax Dependent’s spouse (if living with Tax Dependent).

It is important to note, if an individual is listed as both a Tax Filer and a Tax Dependent, the individual will be considered a Tax Dependent for MAGI household composition.
### Tax Household Composition

#### Identifying the Tax Household Members

<table>
<thead>
<tr>
<th>Individual is a TAX DEPENDENT</th>
<th>Individual is a NON FILER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household includes:</td>
<td>Household includes:</td>
</tr>
<tr>
<td>TAX FILER.</td>
<td>NON-FILER.</td>
</tr>
<tr>
<td>Spouse of TAX FILER (if living with TAX FILER).</td>
<td>Spouse of NON-FILER.</td>
</tr>
<tr>
<td>All claimed TAX DEPENDENTS of TAX FILER.</td>
<td>Child(ren) under age 19 (whether biological, adopted or step-child(ren)) of NON-FILER.</td>
</tr>
<tr>
<td>NOTE: If an individual is listed as both a TAX FILER and a TAX DEPENDENT, the individual will be considered a TAX DEPENDENT for MAGI Household Composition.</td>
<td>If a CHILD is a target being determined under NON-FILER rules, household includes (if living in household):</td>
</tr>
<tr>
<td></td>
<td>CHILD.</td>
</tr>
<tr>
<td></td>
<td>Parent(s) (whether biological, adopted or step-parent(s)).</td>
</tr>
<tr>
<td></td>
<td>Sibling(s) under age 19 (whether biological, adopted or step-sibling(s)).</td>
</tr>
</tbody>
</table>

The third possible role is the applicant as a Non-Filer. This household includes:

- The Non-Filer (who is the applicant),
- The spouse of the Non-Filer, and
- Child(ren) under age 19 (whether biological, adopted or step-child(ren)) of the Non-Filer.

If a child is a target being determined under Non-Filer rules, the household includes (if living in the same home):

- The child,
- Parent(s) (whether biological, adopted or step-parent(s)), and
- Sibling(s) under age 19 (whether biological, adopted or step-sibling(s)).
There are some exceptions to the rules just described. When these exceptions apply, Non-Filer rules should be used:

- **A Tax Dependent who is claimed by someone other than a spouse or parent (whether biological, adopted or step-parent),**
- **A Tax Dependent (under age 19) who lives with both parents, but whose parents will not file jointly and only one parent claims child,**
- **A Tax Dependent (under age 19) who is claimed by a non-custodial parent,**
- **A Tax Dependent (under age 19) whose parents are married and will file jointly, but one parent does not live in the home due to a separation or pending divorce -- note that the parent outside of the household will not be included in the budget group; and**
- **A Tax Filer who cannot provide proof of their Tax Dependents.**

This information can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.
Now we will review some examples of MAGI households. All of the examples included in this presentation can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.

Mary is applying for PE. She has a daughter, Joan, who is 14-years-old. Mary is divorced from Joan’s father, Dale, and they are not living together. Mary plans to file taxes and claim Joan as her Tax Dependent.

The MAGI household for Mary follows the Tax Filer household rules. The MAGI household for Mary’s determination consists of:

- Mary (Tax Filer)
- Joan (Tax Dependent)
Sarah, age 22, is pregnant and is applying for PE for herself only. She lives with her boyfriend and Aly, their common child who is 2 years old. She files her own taxes and claims the child.

The MAGI household for Sarah follows the Tax Filer household rules. The MAGI household for Sarah’s determination consists of:

- Sarah (Tax Filer)
- Aly (Tax Dependent)
- Unborn baby

Sarah, age 22, is pregnant and applying for PE for herself only. She lives with her boyfriend and Aly, their common child who is 2 years old. She files her own taxes and claims the child.

The MAGI household for Sarah follows the Tax Filer household rules. The MAGI household for Sarah’s determination consists of: Sarah, the Tax Filer, Aly, the Tax Dependent, and the unborn baby.
Adam, age 18, is applying for PE for himself only. He is a full-time student and lives with his parents, Samantha and Jim, who are planning to claim Adam as a Tax Dependent. Samantha and Jim are married and will file taxes jointly.

The MAGI household for Adam follows the tax dependent household rules. The MAGI household for Adam’s determination consists of:
- Adam (Tax Dependent)
- Samantha (Tax Filer)
- Jim (Tax Filer’s spouse)

Adam, age 18, is applying for PE for himself only. He is a full-time student and lives with his parents, Samantha and Jim, who are planning to claim Adam as a Tax Dependent. Samantha and Jim are married and will file taxes jointly.

The MAGI household for Adam follows the Tax Dependent household rules. The MAGI household for Adam’s determination consists of: Adam, the Tax Dependent, Samantha, the Tax Filer, and Jim, the Tax Filer’s spouse.
Mary and her 14-year-old daughter, Joan, are applying for PE. Mary is divorced from Joan’s father, Dale, and they are not living together. Dale plans to file taxes and claim Joan as his Tax Dependent. Mary will file her own taxes.

The MAGI household for Mary follows the Tax Filer household rules and consists of:
- Mary (Tax Filer)

The MAGI household for Joan follows the child Non-Filer household rules and consists of:
- Joan (child Non-Filer)
- Mary (child Non-Filer’s parent)

Mary and her 14-year-old daughter, Joan, are applying for PE. Mary is divorced from Joan’s father, Dale, and they are not living together. Dale plans to file taxes and claim Joan as his Tax Dependent. Mary will file her own taxes.

The MAGI household for Mary follows the Tax Filer household rules and consists of Mary, the Tax Filer.

The MAGI household for Joan follows the child Non-Filer household rules and consists of: Joan, the child Non-Filer and Mary, the child Non-Filer’s parent.
David, age 52, is applying for PE. David is single, with no dependent children. He is employed and plans to file taxes in the coming year. He is a single Tax Filer with no Tax Dependents.

The MAGI household follows the Tax Filer household rules. The MAGI household for David’s determination consists of:

- David (Tax Filer)

David, age 52, is applying for PE. David is single, with no dependent children. He is employed and plans to file taxes in the coming year. He is a single Tax Filer with no Tax Dependents.

The MAGI household follows the Tax Filer household rules. The MAGI household for David’s determination consists of David, the Tax Filer.
After identifying the household size, the next question on the PE worksheet is about Total Monthly Income. To help the provider and applicant determine the amount of gross monthly income to enter, a hyperlink will display what types of income are allowable for this category.
This chart is another illustration of the types of allowable income under MAGI income rules. Please note, resources are not counted in MAGI eligibility determination.

This information can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.
This slide shows the Federal Poverty Level, or FPL, income limits that are used to help determine an individual’s eligibility for PE and MA. These limits are updated every calendar year.

This table can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.
After entering the Total Monthly Income, Total Monthly Tax Deductions must be entered. To help the provider and applicant determine the amount to enter for Total Monthly Tax Deductions, a hyperlink will display what types of deductions are allowable for this category.
The red box highlights another illustration of the allowable tax deductions under MAGI income rules.

This information can also be found in the Presumptive Eligibility for Hospital Providers Desk Guide.
After entering Total Monthly Tax Deductions, the provider can choose to Cancel or Submit the PE worksheet. Selecting Cancel will return the provider to the Community Partner Dashboard. Selecting Submit will generate the eligibility determination.

Please note it is recommended to review the PE worksheet before submitting it. Once the PE worksheet is submitted, no changes can be made. The information in the PE worksheet will be saved and transferred to the PE only application or the combined PE/ongoing MA application.
While eligibility for PE is based on self-attestation and supporting documentation is not required, the applicant and provider are encouraged to submit supporting documentation along with the application. This slide shows some examples of the types of supporting documentation that are acceptable.
Once the provider submits the PE worksheet, the top of the PE Eligibility Results screen will include instructions on how to proceed if an individual is determined eligible for PE. This screen will also include instructions on how to proceed if an individual is determined ineligible for PE.
The eligibility results will appear in two tables. The table on the left displays each applicant and their PE eligibility result. If the individual is determined ineligible, the reason for ineligibility will be displayed. The table on the right will display radial buttons that the provider will use to select the benefit for which each individual is applying. If the radial button is greyed-out, that option is not available to be selected.
At the bottom of the Eligibility Results screen, the provider has the option to select the following buttons: “Cancel,” “Clear Benefit Selection,” “View and Print in PDF,” and “Continue to Application.”
A PDF of the worksheet will automatically generate when the eligibility results appear. The provider MUST print the PDF to give the applicant a copy and to retain a copy for their records. If the provider closes the window that contains the eligibility results PDF, he or she can select the “View and Print in PDF” button at the bottom of the screen to regenerate the PDF.

If a PDF fails to generate, the provider should select the “Cancel” button and complete the PE worksheet again.
When selecting Continue to Application, the provider will be directed to the streamlined PE only application or the MA application, depending on which benefits were selected. If the applicant chooses to apply for PE only, no other PE applicants can be added to the application once the application is launched. However, all household members must be included on the PE only application. If the applicant chooses to apply for both PE and MA, other MA applicants can be added when the application is launched.
### PE Only Application

<table>
<thead>
<tr>
<th>Residential address</th>
<th>Employer name</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>When does applicant get paid?</td>
</tr>
<tr>
<td>Home/Contact phone number</td>
<td>What is gross income on each paycheck?</td>
</tr>
<tr>
<td>Marital status</td>
<td>Does anyone have any tax deductible expenses they will claim on their federal tax return?</td>
</tr>
<tr>
<td>Is applicant planning on filing a federal income tax return?</td>
<td>What is the source or type of the tax deductible expense?</td>
</tr>
<tr>
<td>Will applicant file taxes jointly?</td>
<td>What is the amount of the tax deductible expense?</td>
</tr>
<tr>
<td>Will anyone claim applicant as a Tax Dependent?</td>
<td>What is the frequency of this tax deductible expense?</td>
</tr>
<tr>
<td>Will applicant claim anyone as a Tax Dependent?</td>
<td></td>
</tr>
<tr>
<td>Does anyone currently have one or more jobs, or will someone start a job in the next 30 days?</td>
<td></td>
</tr>
<tr>
<td>Does anyone receive money from one or more sources other than a job?</td>
<td></td>
</tr>
</tbody>
</table>

Data collected for the PE worksheet will pre-populate both the PE only application and the ongoing MA application. In addition to the pre-populated data, the other fields shown on this slide will require data to be entered to complete the PE only application.

Take a moment to read through the bulleted lists.
After the PE application is submitted, the provider can return to the Community Partner Dashboard and review the PDF worksheet by hovering over the e-form number or applicant’s name. The provider can view the PDF worksheet under “All Applications” or “My Applications” by toggling between the two radial buttons.
During the application process, the provider has the option to click the “Save and Finish Later” button. When this button is clicked, a screen will appear with informational text explaining what it means to “Save and Finish Later.” The provider will be informed that PE applications must be submitted within five days of the date they determine eligibility.
This section will present information on how to enroll as a qualified hospital PE provider and the requirements for maintaining the qualified hospital PE provider status.
A provider who wants to enroll as a qualified hospital PE provider must complete five steps. The first step is to read the MA Bulletin, Presumptive Eligibility as Determined by Hospitals, Number 01-15-32.
The second step is to review these training materials.
The third step is that all hospital staff who will make PE eligibility determinations are required to take this training.
Fourth, all staff who completed the training must print, sign, and return to their hospital administration a copy of the training Certificate of Completion, which can be found at the end of this presentation.
Finally, the PE Addendum attached to the MA Bulletin must be completed, signed, and submitted to DHS.
The final enrollment step of submitting the PE Addendum to DHS must be completed by the 15th of the month. As long as all documentation is received by the 15th of the month, the hospital can begin submitting PE applications on the first day of the following month.
Qualified hospital PE providers must maintain 100% compliance with all requirements in the MA Bulletin and in these training materials. Take a minute to read the requirements outlined on this slide.
Hospital providers must complete monthly Quality Assurance reviews of at least 10% of all PE determinations completed in that month. Take a moment to read the requirements for the QA reviews as shown on this slide.
Monitoring & Corrective Action

Day 1 (all day measurements are from the first day of the current monitoring session): DHS selects a statistically valid random sample of Qualified PE Providers.

By Day 40: DHS issues written PE monitoring findings within 40 days of sample selection.

By Day 55: The PE provider will agree or disagree with PE monitoring findings in writing after discussions about disputed findings have been completed.

By Day 60: Final decisions on disputed findings for the sample month will be complete. Final decisions regarding the adjudication of findings rest with BPE.

By Day 75: All EPPs for the sample month are due to DCA.

The monitoring and corrective action process taken by DHS maintains specific timeframes. The steps that occur within the first 75 days are described on this slide. Take a minute to read the different steps.
Please review the monitoring and corrective action plan steps that occur from 90 days to 12 months that are shown on this slide.
Providers have six months to successfully resolve issues identified during the monitoring period through the implementation of an Error Prevention Plan. Issues identified and not resolved by the hospital PE provider will result in a provider’s disqualification to make PE determinations. DHS will send the hospital a notice of disqualification from performing PE determinations along with information on the appeal process.
If you have questions related to the administration of the hospital’s PE program, use the information presented on this slide to contact the appropriate representative.
Now let’s review…

Now let’s review.
All hospital PE providers must login to their Community Partner Dashboard to submit hospital-based PE applications. True or False?

All hospital PE providers must login to their Community Partner Dashboard to submit hospital-based PE applications. True or False?
Review

The correct answer is True.
Which of the statements below apply to hospital-based Presumptive Eligibility (PE)? Select all that apply.

a) It is a temporary period of Medical Assistance.
b) Hospitals determine eligibility and submit PE applications.
c) Hospitals must be enrolled with DHS in order to submit PE applications.
d) Hospital PE providers submit applications through COMPASS.
e) None of the above
f) All of the above

Which of the statements below apply to hospital-based Presumptive Eligibility (PE)? Select all that apply.

a) It is a temporary period of Medical Assistance.
b) Hospitals determine eligibility and submit PE applications.
c) Hospitals must be enrolled with DHS in order to submit PE applications.
d) Hospital PE providers submit applications through COMPASS.
e) None of the above
f) All of the above
The correct answer is F. All of the statements apply to hospital-based PE.
Which group(s) or type(s) of individuals can apply for hospital-based PE? Select all that apply.

a) Children  
b) Individuals over age 65  
c) Pregnant women  
d) Individuals age 18-26 who received foster care  
e) All of the above
The correct answers are: A, children; C, pregnant women; and D, individuals age 18-26 who received foster care.
What is the begin date for Presumptive Eligibility?

a) The first date of service for the applicant
b) The date the PE provider determines eligibility
c) The date the individual requests PE
d) The date the PE provider submits the PE application
If you answered, B, “The date the PE provider determines eligibility,” you are correct.
Verification of the applicant's income is required for hospital-based PE. True or False?

Verification of the applicant’s income is required for hospital-based PE. True or False?
If you answered, False, you are correct. Eligibility criteria for hospital-based PE are by applicant self-attestation.
The following applies to Modified Adjusted Gross Income:

a) A measure of income based on federal tax rules
b) MAGI rules are used to determine MA eligibility
c) Uses the current month’s income to determine eligibility
d) Tax deductions are countable deductions
e) All of the above
f) None of the above
The correct answer is E, all of the above.
Who is included in the MAGI tax household? (Choose all that apply)

a) Tax Filer
b) Tax Dependent
c) Household members who are not tax dependents
d) Spouse of the Tax Filer
e) All of the above
The correct answers are: A, Tax Filer; B, Tax Dependent; and D, Spouse of the Tax Filer.
PE applicants have the right to appeal a PE hospital provider’s determination of ineligibility for PE. True or False?
The correct answer is False. PE applicants cannot appeal the eligibility determination.
If an applicant does not plan to file federal taxes, their eligibility is based on non-filer tax household rules.

True or False?
If you answered, True, you are correct.
Which of the following hospital-based PE applicants, who are not U.S. citizens but have lawful permanent or temporary residency, can qualify for hospital-based PE? (Choose all that apply)

a) Children under the age of 21  
b) Pregnant women  
c) Individuals over the age of 65  
d) Disabled individuals  
e) All of the above  
f) None of the above

Which of the following hospital-based PE applicants, who are not U.S. citizens but have lawful permanent or temporary residency, can qualify for hospital-based PE? (Choose all that apply)

a) Children under the age of 21  
b) Pregnant women  
c) Individuals over the age of 65  
d) Disabled individuals  
e) All of the above  
f) None of the above
If you answered, A, children under the age of 21 and B, pregnant women, you are correct.
During this session, you learned to:

• Define PE as it relates to both pregnant women and other MAGI Medical Assistance (MA) eligibility groups
• Complete a PE worksheet in COMPASS and submit it to determine an individual’s eligibility
• Submit PE only and PE/MA ongoing applications in COMPASS
• Enroll and maintain status as a qualified hospital PE Provider
Please print and sign this page to verify that you successfully completed the Hospital-Based Presumptive Eligibility training and understand the program requirements on 

(enter date)

Provide this signed page to your PE administrator to retain for DHS inspection.

By signing below, I certify that I have completed the Hospital-Based Presumptive Eligibility training contained herein.

Print name: __________________________

Signature: ____________________________

Hospital Name/MA Provider #: __________

Date: ________________________________

Please print and sign this page to verify that you successfully completed the Hospital-Based Presumptive Eligibility training and understand the program requirements. Please be sure to write in your hospital name and MA Provider number. Provide the signed page to your PE administrator to retain for DHS inspection.