

# Presumptive Eligibility

The Affordable Care Act (ACA) expanded Presumptive Eligibility (PE).



Since 1988, PE has been available for pregnant women. This group is still eligible.

ACA established PE criteria for parents, caretakers, children, and former foster care recipients.

Changes will take effect on January 1, 2014.

This session will teach hospitals about the changes to PE and prepare them to implement a PE program.

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.
- Make PE determinations for Pregnant Women and other MAGI MA eligibility groups.
- Submit applications for PE individuals.
- Enroll and maintain status as a qualified PE Provider.

# Acronyms

Term	Definition
ACA	Affordable Care Act
BPE	Bureau of Program Evaluation
COMPASS	Commonwealth of Pennsylvania Application for Social Services
DCA	Division of Corrective Action
EPP	Error Prevention Plan
EVS	Eligibility Verification System

Term	Definition
FPL	Federal Poverty Level
MA	Medical Assistance
MAB	Medical Assistance Bulletin
MAGI	Modified Adjusted Gross Income
PE	Presumptive Eligibility
PS	Provider Specialty
PT	Provider Type

# What is Presumptive Eligibility?

PE is the process by which PE Providers evaluate a patient's eligibility for MA at the time of service.



Beginning January 1, 2014, qualified PE Providers can begin to make PE determinations for patients using the MAGI MA rules identified later in this training session.

# Who Qualifies for PE?

- Pregnant Women
- New MAGI PE Groups
  - Children ages 0-18
  - Parents/Caretakers
    - If a parent/caretaker is also pregnant, they should first be evaluated for MAGI PE following the instructions in the MAB and these training materials.
  - Former Foster Care recipients who aged out of Foster Care and are under age 26



## All MA Providers of pregnancy services can determine PE for pregnant women.

- PE is effective from the date of determination through the last day of the following month or the start date of the ongoing MA, whichever is earlier.
- Only one PE period may be granted per pregnancy.
- Self-Attestation of eligibility criteria.
- PE application is taken for the individual, but other family members may apply for ongoing MA on the PA600HC application.
- Patient cannot appeal the PE decision.



- Certified Inpatient Acute Care Hospitals can determine PE.
  - Provider Type (PT) 01 *and* Provider Specialty (PS) 010
- The authority to determine PE cannot be delegated to another entity.
- Formal opt-in program (See slides 42-44).
- Performance measures and monitoring (See slides 45-48).
- PE is effective from the date of determination through the last day of the following month or the start date of the ongoing MA, whichever is earlier.
- Only one PE period may be granted per each 12 month period or per pregnancy for pregnant women.
- Self-attestation of eligibility criteria, but source documents are encouraged.
- PE Application is taken for the individual(s).
  - The COMPASS application will become the ongoing MA application for the applicant(s).
  - If the family wishes to apply for ongoing MA, a subsequent application will need to be submitted.
- Patient cannot appeal the PE decision.

# PE Application Process



Qualified PE Providers at Acute Care Inpatient Hospitals (PT-01 PS010) are required to submit PE Applications through COMPASS within 5 business days of the date of PE determination.

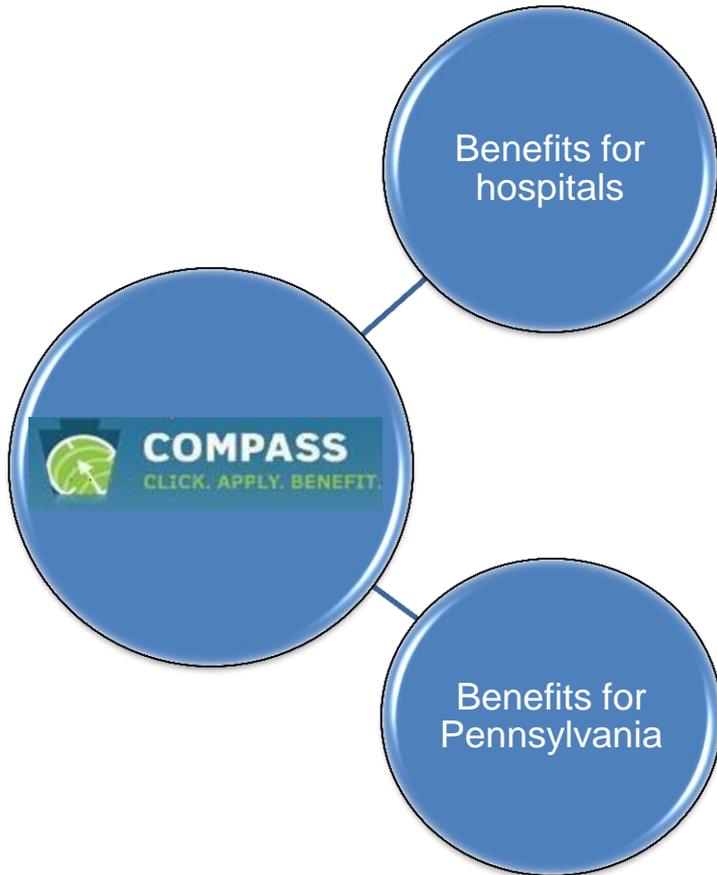


If the hospital is not already registered as a COMPASS Community Partner, registration must be completed prior to enrolling as a Qualified PE Provider.

[Click here to register as a COMPASS Community Partner](#)

**Note:** PE Providers of pregnancy services can still determine PE for pregnant women and should continue to submit an MA 332 with the PA 600HC.

# Benefits of Using COMPASS



- Requires complete, standard information in application entry
  - Convenient; available at anytime
  - Save application and resume capability
  - Faster issuance of benefits
- 
- Reduce fraud, waste, and abuse
  - Customization of service offerings for beneficiaries to meet the demands of the changing regulations
  - Provide data sharing and improve standardization
  - Provide centralized, easy access to healthcare coverage and social service programs

First, check to see if the patient is already receiving MA benefits via the Eligibility Verification System (EVS).

## What information does EVS provide?

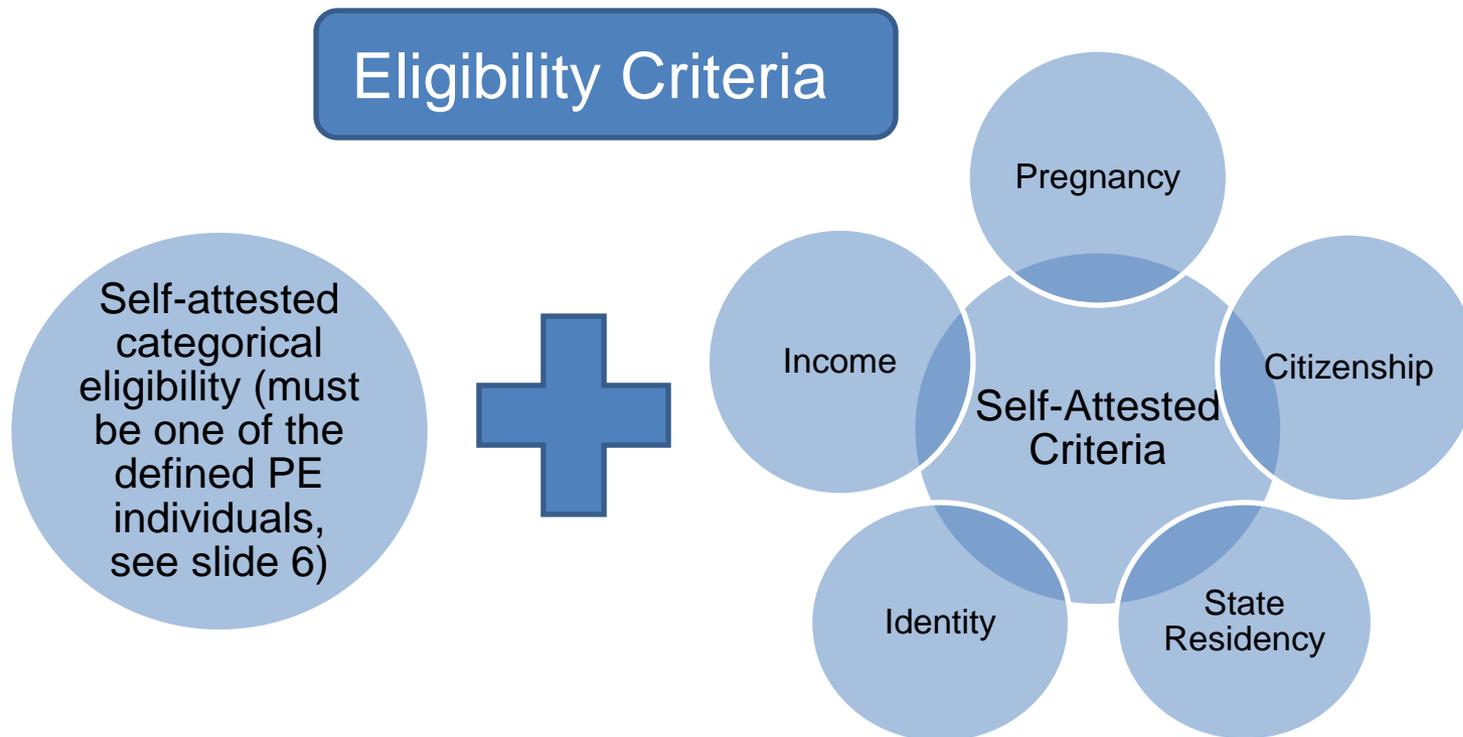
- Provides verification of MA eligibility.
- Provides Physical Health and Behavioral Health Managed Care plan information.

## How can EVS be accessed?

- 800.766.5387
- Available 24 hours a day, 7 days a week
- <http://promise.dpw.state.pa.us>

If not, then begin the PE determination process.

Under ACA, hospitals need to use MAGI rules to evaluate PE.



Now, let's move into how to determine PE for the new ACA groups.

# Determine Income Eligibility



1. Determine the correct tax household size.
2. Determine net monthly income.
3. Compare the net monthly income to the income limits for the PE applicant's household size to determine income eligibility.
4. The PE provider informs the applicant(s) of the eligibility determination and provides the applicant(s) a copy of the PE Worksheet.

- Let's take a few minutes to understand the policy introduced in ACA that affects PE Determinations.
- Modified Adjusted Gross Income = “MAGI”
  - Measure of income used for eligibility determination that is based on federal tax rules
  - PA will use current monthly income
  - Households are identified using tax filing statuses
  - 5% income disregard of the applicable FPL
  - MAGI Tax Households are based upon federal tax rules

- Identifying a MAGI Household:
  - Hospital staff will use MAGI MA rules to determine a patient's household size.
  - The household is determined by the patient's tax filing status.
  - For pregnant women, the unborn child(ren) are included in the total number of household members.
- The tax filing statuses and definitions can be found on the next slide.
- The tax household composition matrix can be found on the slide following the statuses and definitions.

# Tax Filing Statuses Defined



## Tax Filer

An individual who expects to file a tax return for the taxable year in which an initial determination of eligibility is being made.

## Tax Dependent

An individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination of eligibility is being made.

## Non-Filer

An individual who does not expect to file a tax return and does not expect to be claimed as a tax dependent for the taxable year in which an initial determination of eligibility is being made.

## Child

Individuals between the ages of 0 and 18.

# Tax Household Composition



## Identifying the Tax Household Members

Patient is a TAX FILER	Patient is a TAX DEPENDENT	Patient is a NON-FILER
<p><b>Household includes:</b>                      TAX FILER.                      Spouse of TAX FILER (if living with TAX FILER).                      All claimed TAX DEPENDENTS of TAX FILER.</p>	<p><b>Household includes:</b>                      TAX DEPENDENT.                      Claiming TAX FILER.                      Claiming TAX FILER’S spouse (if living with TAX FILER).                      Other TAX DEPENDENTS of claiming TAX FILER.                      TAX DEPENDENT’s spouse (if living with TAX DEPENDENT).</p> <p><b>NOTE:</b> 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.</p>	<p><b>Household includes (if living in household):</b>                      NON-FILER.                      Spouse of NON-FILER.                      Child(ren) under age 19 (biological, adopted or step-child(ren)) of NON-FILER.</p> <p>If a CHILD is a target being determined under NON-FILER rules, household includes (if living in household):</p> <p>CHILD.                      Parent(s) (biological, adopted or step-parent(s)).                      Sibling(s) under age 19 (biological, adopted or step-sibling(s)).</p>

### Exceptions to Rules Above (Use NON-FILER Rules):

- A TAX DEPENDENT who is claimed by someone other than a spouse or parent (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. The parent outside of the household will not be included in budget group.
- A TAX FILER who cannot provide proof of their TAX DEPENDENTS.

Mary is applying for PE. She has a daughter Joan who is 14. 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 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

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.

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)

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. The MAGI household for Mary's determination consists of:

- Mary (tax filer)

The MAGI household for Joan follows the child non-filer household rules. The MAGI household for Joan's determination consists of:

- Joan (child non-filer)
- Mary (child non-filer parent)



# Calculating Household Income



Now, let's look at how to calculate household income using the MAGI rules.

MAGI (Net Monthly Income) Calculation:

Patient's monthly household income

— Patient's monthly household tax deductions

— The applicable 5% FPL Disregard

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**Net Income**

# Qualified Income for MAGI



Below are the types of income that should be included in the PE assessment:

Which income is counted under MAGI rules?	YES	NO
<b>Earned Income</b>		
Wages, Salary, Tips, Commissions, and Bonuses	X	
Self-employment Income	X	
Child's Income – if required to file a tax return (Exception: See RSDI Rules below)	X	
<b>Unearned Income</b>		
Unemployment	X	
Worker's Compensation		X
Veteran's Benefits		X
RSDI (always include, regardless of whether tax return is required to be filed.)	X	
Child Support		X
Alimony	X	
Child's Income – if required to file a tax return	X	
Educational Assistance not used for living expenses		X
Lump Sum in the month received	X	
American Indian/Alaska Native Income		X
SSI		X
TANF		X

**NOTE: RESOURCES ARE NOT COUNTED IN MAGI ELIGIBILITY DETERMINATION!**

# Allowable Tax Deductions

<b>Adjusted Gross Income</b>	23	Educator expenses . . . . .	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889 .	25	
	26	Moving expenses. Attach Form 3903 . . . . .	26	
	27	Deductible part of self-employment tax. Attach Schedule SE .	27	
	28	Self-employed SEP, SIMPLE, and qualified plans . . .	28	
	29	Self-employed health insurance deduction . . . . .	29	
	30	Penalty on early withdrawal of savings . . . . .	30	
	31a	Alimony paid <b>b</b> Recipient's SSN ► <input type="text"/>	31a	
	32	IRA deduction . . . . .	32	
	33	Student loan interest deduction . . . . .	33	
	34	Tuition and fees. Attach Form 8917 . . . . .	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 35 . . . . .		
37	Subtract line 36 from line 22. This is your adjusted gross income . . .			

These are the eligible tax deductions under MAGI income rules. They can be used to calculate the patient's household income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2012)

# FPL Income Limits

Coverage Group	Parents/Caretakers		Children Age 6-18		Children Age 1-5		Pregnant Women and Children Under Age 1		Former Foster Child
<b>Persons</b>	33% of FPL		133% of FPL		157% of FPL		215% of FPL		N/A
	<b>Monthly</b>	<b>5% Dis</b>	<b>Monthly</b>	<b>5% Dis</b>	<b>Monthly</b>	<b>5% Dis</b>	<b>Monthly</b>	<b>5% Dis</b>	N/A
<b>1</b>	\$316	\$16	\$1,274	\$64	\$1,504	\$75	\$2,059	\$103	N/A
<b>2</b>	\$427	\$21	\$1,720	\$86	\$2,030	\$102	\$2,779	\$139	N/A
<b>3</b>	\$538	\$27	\$2,165	\$108	\$2,556	\$128	\$3,500	\$175	N/A
<b>4</b>	\$648	\$32	\$2,611	\$131	\$3,082	\$154	\$4,220	\$211	N/A
<b>5</b>	\$759	\$38	\$3,056	\$153	\$3,608	\$180	\$4,940	\$247	N/A
<b>6</b>	\$869	\$43	\$3,502	\$175	\$4,134	\$207	\$5,660	\$283	N/A
<b>7</b>	\$980	\$49	\$3,947	\$197	\$4,659	\$233	\$6,381	\$319	N/A
<b>8</b>	\$1,090	\$55	\$4,393	\$220	\$5,185	\$259	\$7,101	\$355	N/A
<b>Each Additional Person</b>	\$111	\$6	\$446	\$22	\$526	\$26	\$721	\$36	N/A

The number of people in the household.

5% FPL Disregard

There is no income limit for former foster care recipients to qualify.

# Presumptive Eligibility Work Sheet



Complete the first part of the Presumptive Eligibility Work Sheet with the patient, as seen below.

## PRESUMPTIVE ELIGIBILITY WORK SHEET

1. PE Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

2. PE Applicant Date of Birth \_\_\_\_\_

3. Do you have a Medical Assistance Card? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you a resident of Pennsylvania? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you a U.S. citizen, national or in satisfactory immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

6. How many family members are in the tax household, including the applicant? \_\_\_\_\_  
(Include unborn child or children in household.)

7. What is the household's monthly gross income (before taxes)? \_\_\_\_\_

8. Does the household have the following tax deductions from their Federal Tax Form 1040?

- Student Loan interest deduction. Monthly Amount \_\_\_\_\_
- Self-employed health insurance deduction. Monthly Amount \_\_\_\_\_
- Deductible part of self-employment tax. Monthly Amount \_\_\_\_\_
- Health Savings Account deduction. Monthly Amount \_\_\_\_\_
- Other. Monthly Amount \_\_\_\_\_

Total Monthly Tax Deductions \_\_\_\_\_

Must be a resident of PA and a US citizen, national or in satisfactory immigration status.

If patient is a pregnant woman, include the unborn child in the number of family members in the household.

**NOTE:** While hospitals may accept self-attested data from the patient, DPW encourages hospitals to request as much documentation as possible for each PE case and keep hardcopies in the patient file. Acceptable proof of citizenship, residency, and identity are on the next slide.

# Supporting Documentation



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## Citizenship

- U.S. birth certificate
- U.S. Passport
- Certificate of Naturalization
- Tribal enrollment or membership documents issues by a Federally recognized Indian Tribe

## Residency

- Valid PA Driver's License
- Rent receipt
- Mortgage statement
- Utility bill
- Tax Office Record
- Voter registration
- A collateral contact

## Identity

- PA or Out of State Driver's License
- PA or out of state ID card
- U.S. Military ID
- U.S. Passport
- Certificate of Naturalization
- Certificate of U.S. Citizenship

# Presumptive Eligibility Work Sheet



Use the responses to the previous questions to complete the “Comparison of Household Income to Income Limit” table.

Once completed, use this table to determine the patient’s Presumptive Eligibility.

**Comparison of Household Income to Income Limit**  
(Use Attachment A.)

Household Size	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard	
Net Income	
Income Limit	

- Enter the response to question #6.
- Enter response to question #7.
- Enter the total result from question #8.
- Subtract the “Tax Deductions” from the “Gross Monthly Income” and enter the result.
- Enter the applicable “5% Dis” (5% Disregard) from the “FPL Income Limits” table.
- Subtract the “5% FPL Disregard” from the “Monthly Income After Deductions,” and enter the result.
- Enter the applicable “FPL Income Limit” table based on the number of people in household.

# Presumptive Eligibility Work Sheet



With the data captured in the “Comparison of Household Income to Income Limit” table, hospital staff will be able to make a PE determination.

Comparison of Household Income to Income Limit  
(Use [Attachment A.](#))

Household Size	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard	
Net Income	
Income Limit	

To determine PE, compare the “Net Income” to the “Income Limit”:

- Net Income > Income Limit
  - Patient is **not** eligible for PE
- Net Income < Income Limit
  - Patient **is** eligible for PE
- Net Income = Income Limit
  - Patient **is** eligible for PE

# Presumptive Eligibility Work Sheet



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Lastly, fill out the final questions on the Work Sheet. These will dictate the next steps to take.

Is the applicant eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

PE Begin Date: \_\_\_\_\_

Estimated Date of Delivery (pregnant woman): \_\_\_\_\_

PE Provider Name (printed) \_\_\_\_\_

Staff Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

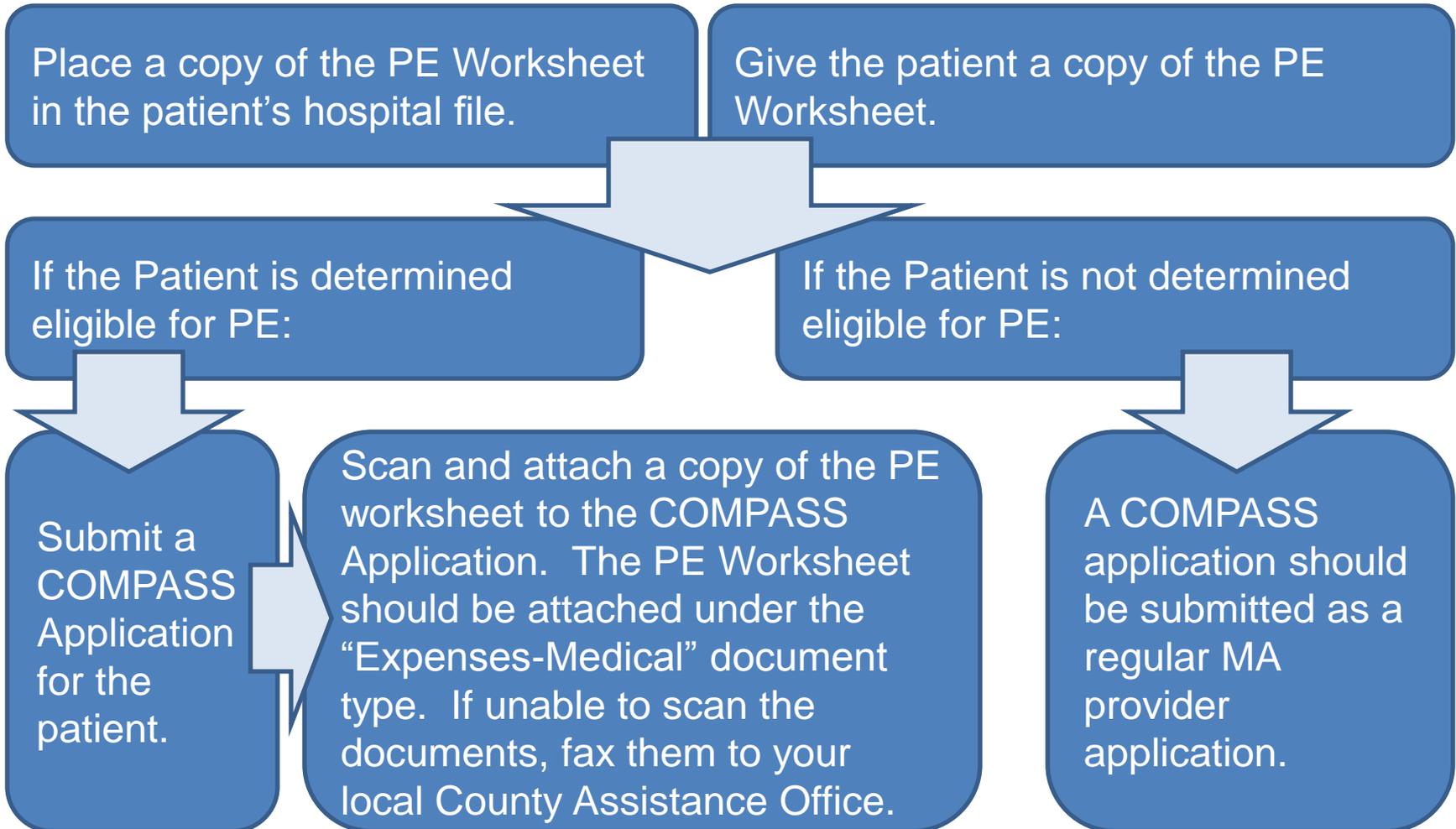
Date \_\_\_\_\_

The PE Begin Date must be equal to the date of the PE Determination.

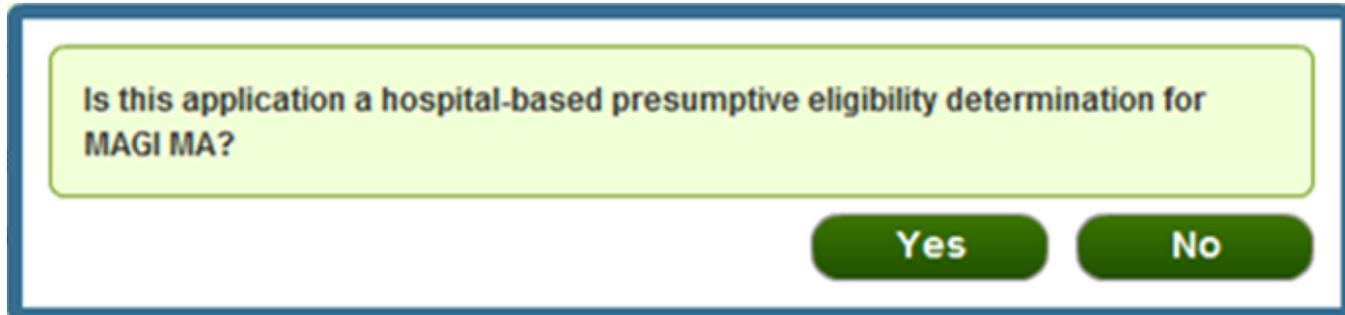
# Presumptive Eligibility Work Sheet



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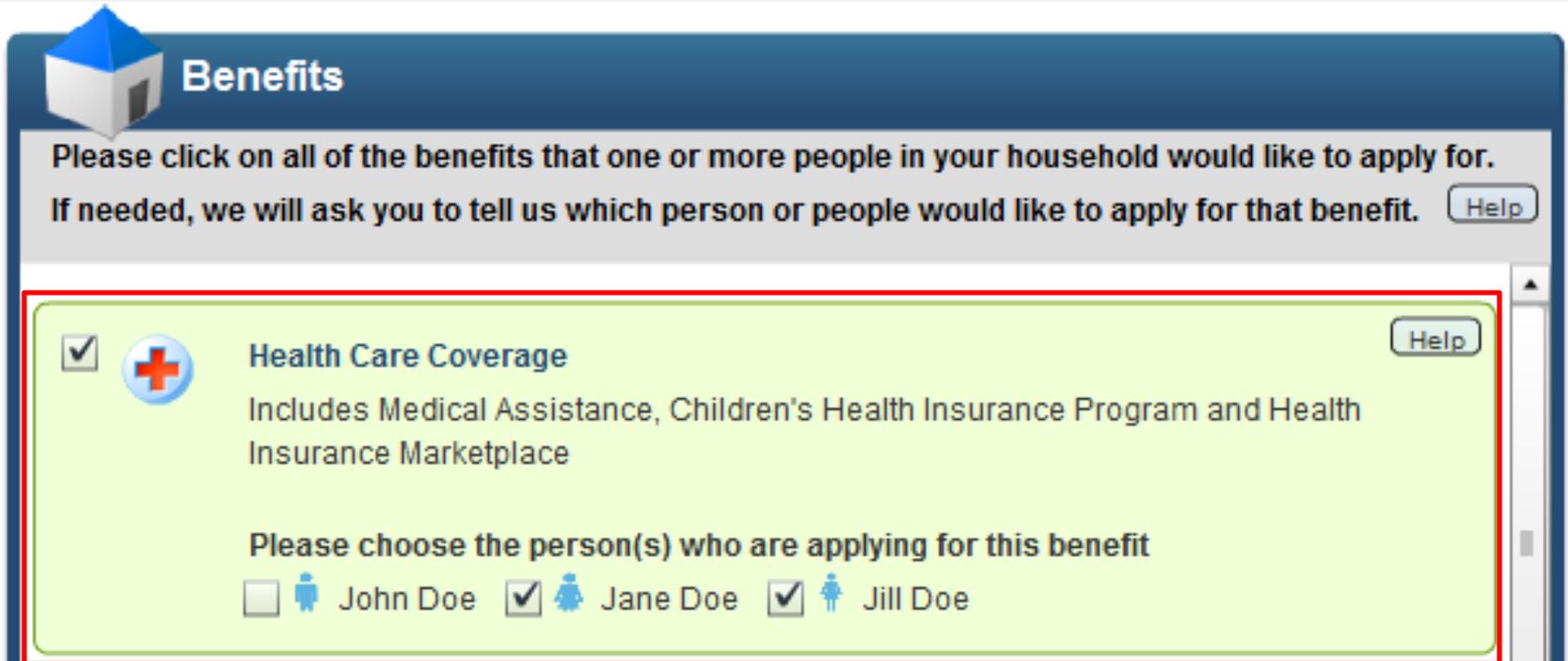
- When a patient is presumed eligible, submit an application on COMPASS for the PE individual(s) within 5 working days of the PE determination, using the hospital's Community Partner access.
- Qualified PE Providers will see a popup box, where staff will select that the application is for PE, after entering the hospital's information.



Is this application a hospital-based presumptive eligibility determination for MAGI MA?

Yes No

- If you are a qualified PE Provider, but do not see the box, contact the Provider Service Center at 800.537.8862, option 1, for assistance.



 **Benefits**

Please click on all of the benefits that one or more people in your household would like to apply for. If needed, we will ask you to tell us which person or people would like to apply for that benefit. [Help](#)

 **Health Care Coverage** [Help](#)  
Includes Medical Assistance, Children's Health Insurance Program and Health Insurance Marketplace

Please choose the person(s) who are applying for this benefit

 John Doe   Jane Doe   Jill Doe

In this section of the COMPASS application, select only the individuals who were determined eligible for PE at the time of service.

# PE Worksheet Submission

### Ways to Qualify

**Household**

\* Does anyone have a medical condition (including a disability), a chronic condition (such as arthritis), an ongoing special health care need, or ongoing medication prescribed by a doctor?  Yes  No

\* Has anyone received Supplemental Security Income in the past?  Yes  No [Help](#)

\* Does anyone have unpaid medical bills or ongoing medical expenses?  Yes  No [Help](#)

Who?

Mary Smith  Sara Smith

\* Has anyone paid medical bills this month or within the past 3 months?  Yes  No [Help](#)

Has anyone in the household lost their job or had their work hours reduced through no fault of their own?  Yes  No [Help](#)

[Previous](#) [Next](#)

### COMPASS

CLICK. APPLY. BENEFIT.

- e-Form#** [help](#)  
W91999992528
- Scanner Name** [help](#)  
[Select a Scanner](#)  
Current Scanner: None
- Select Document to Scan** [help](#)

Individual	Document	Status
Smith, Sara	Expenses - Medical	Not Scanned
- (Optional) Enter Comments for Staff** [help](#)
- Scan/Import Document** [help](#)  
[Scan Feeder](#) [Scan Flat](#) [Import](#)
- Click 'I Am Finished' when done** [help](#)  
[I Am Finished](#)

Select that the PE individual has unpaid medical expenses.

When scanning documents, select the "Expenses-Medical" option, and scan the PE Worksheet along with any unpaid medical bills being submitted.



Need help with COMPASS?

Using it for the first time?

Click [Here](#) for a Web-Based Tutorial and Quick Reference Guide

For additional COMPASS information, contact:

Nikki Blythe

Telephone: 717.772.7892

Email: [nblythe@pa.gov](mailto:nblythe@pa.gov)

Now let's review...

It is recommended that you have a copy of the “Presumptive Eligibility Work Sheet” while you follow along with these examples.



# Practice Exercise - Scenario



## PE Worksheet Questions

3. Do you have a Medical Assistance Card?	No
4. Are you a resident of Pennsylvania?	Yes
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes
6. How many family members live in the tax household, including the applicant?	3
7. What is the household's monthly gross income (before taxes)?	\$200
8. Does the household have the following tax deductions from their Federal Tax Form 1040?	\$10

## Patient Information

Mary, mother of 2 Children  
Age 33

## Comparison of Household Income to Income Limit Table

Household Size	3
Gross Monthly Income	\$200
- Tax Deductions	\$10
Monthly Income After Deductions	\$190
-5% FPL Disregard	\$27
Net Monthly Income	\$163
Income Limit	\$538

Based on this information, would the patient be determined eligible for PE?

Yes, Mary is eligible for PE benefits because she is a parent/caretaker and her household income is below the \$538 FPL for a parent/caretaker in a 3 person household.

# Practice Exercise - Scenario



## PE Worksheet Questions

3. Do you have a Medical Assistance Card?	No
4. Are you a resident of Pennsylvania?	Yes
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes
6. How many family members live in the tax household, including the applicant?	4
7. What is the household's monthly gross income (before taxes)?	\$3,000
8. Does the household have the following tax deductions from their Federal Tax Form 1040?	No

## Patient Information

Joe, age 4  
Ashley, age 8

## Comparison of Household Income to Income Limit Table

	Ashley	Joe
Household Size	4	4
Gross Monthly Income	\$3,000	\$3,000
- Tax Deductions	\$0	\$0
Monthly Income After Deductions	\$3,000	\$3,000
-5% FPL Disregard	\$131	\$154
Net Monthly Income	\$2,869	\$2,846
Income Limit	\$2,611	\$3,082

Based on this information, would the patients be determined eligible for PE?

In this example, Joe would be eligible for PE benefits because his household's income is below the FPL for a 4 year old child in a 4 person household.

However, Ashley would not be eligible for PE benefits. Her household income is over the limit for an 8 year old child in a 4 person household.

# Practice Exercise - Scenario



## PE Worksheet Questions

3. Do you have a Medical Assistance Card?	No
4. Are you a resident of Pennsylvania?	Yes
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes
6. How many family members live in the tax household, including the applicant?	6 (including the unborn child)
7. What is the household's monthly gross income (before taxes)?	\$6,000
8. Does the household have the following tax deductions from their Federal Tax Form 1040?	\$300

## Patient Information

Elizabeth, pregnant

## Comparison of Household Income to Income Limit Table

Household Size	6
Gross Monthly Income	\$6,000
- Tax Deductions	\$300
Monthly Income After Deductions	\$5,700
-5% FPL Disregard	\$283
Net Monthly Income	\$5,417
Income Limit	\$5,660

Based on this information, would the patient be determined eligible for PE?

Yes, Elizabeth is eligible for PE benefits because she is a pregnant woman and her household income is below the FPL for a pregnant woman in a 6 person household.

# How to Enroll as a Qualified PE Provider and Maintain Qualified PE Provider Status

# Enroll as a Qualified PE Provider



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Read the MA Bulletin (MAB).

Review these Training Materials.

Require all hospital staff making PE Determinations to take this Training.

Require staff to print, sign, and return a copy of the Training Certificate of Completion, which can be found at the end of this presentation, to hospital administration.

Complete, sign, and submit the PE Addendum, which is attached to the MAB, to DPW.

# Initial Enrollment

12/15/2013

Submit the PE Addendum to DPW no later than 12/15/2013.

1/1/2014

Hospitals approved to make PE determinations will be able to submit applications through COMPASS.

# Ongoing Enrollment



This process applies to hospitals who don't enroll during the initial enrollment period.

15<sup>th</sup> of the prior month

Submit the PE Addendum to DPW no later than the 15<sup>th</sup> of the month prior to the month the hospital wants to begin making PE determinations.

1<sup>st</sup> of the month

As long as all documentation is received by the 15<sup>th</sup> of the prior month, the hospital will be able to begin submitting PE applications in COMPASS.



The percentage of PE recipients that go on to be authorized ongoing MA following their PE period will be:

- No less than 80% during the first six months;
  - No less than 90% during the second six months; and
  - No less than 95% for the second and all subsequent years.
- **Note:** Ongoing applications rejected because the applicant did not keep an interview appointment or provide verification will not be used in this measurement.

Providers must maintain 100% compliance with all requirements established in the MAB and these training materials.

- Maintain a list of employees who are trained and able to make PE determinations, updated as needed.
- Maintain a file with all signed and dated training certifications for all active employees who are able to make PE determinations.
- Maintain copies of each PE Worksheet, and all additional source documents, in the patient's hospital file for a period of six full years.
- Submit all PE applications through COMPASS within five business days of the PE determination.
- Attach a scanned copy of the PE Worksheet to every COMPASS application.

Providers must complete monthly Quality Assurance (QA) reviews of at least 10% of all PE determinations completed in that month.

- This review will consist of a determination of the correctness of all eligibility factors as well as timeliness of actions.
- Paper and/or electronic copies of each monthly QA review must be retained for a period of six full years.

# Monitoring & Corrective Action Process



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

**By Day 40**: DPW 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.

# Monitoring & Corrective Action Process



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**By Day 90, or within 15 days of receipt of EPP, whichever is earlier:** DCA will review and notify PE provider of approval/disapproval of the EPP.

**By Day 95, or within five business days of notice of disapproved EPP, whichever is earlier:**  
Revised/corrected EPPs are due to DCA.

**By Day 125, or within 30 days of an approved EPP, whichever is earlier:** BPE will contact the provider and follow up on EPP status.

**Not later than six months from EPP approval:** DCA will contact the provider, review the current/new findings, and determine if EPP is still applicable or needs to be amended.

**Not later than 12 months from EPP approval:** DCA will determine if corrective action was effective (no repeated findings for the original error finding).

# Disqualification as a Qualified PE Provider

Providers have 6 months to successfully resolve issues identified during the monitoring period through the implementation of an EPP.

Issues identified and not resolved by the PE provider will result in a provider's disqualification to make PE determinations.

DPW will send the hospital a notice of disqualification from performing PE determinations and information on the appeal process.

# DPW Contact Information



If you have questions related to the administration of the hospital's PE program, contact us using the following information.

Provider Enrollment questions	Provider Service Center 800.537.8862, option 1
Provider Compliance questions	Bureau of Program Evaluation <a href="mailto:c-oimqchq@pa.gov">c-oimqchq@pa.gov</a>
PE or MA Application Disposition	Contact your local County Assistance Office
MA Eligibility questions - Policy and Procedures	OIM Policy - Policy "mailbox"
COMPASS questions or troubleshooting	Nikki Blythe 717.772.7892 or <a href="mailto:nblythe@pa.gov">nblythe@pa.gov</a>
Payment inquiries	Provider Service Center 800.537.8862, option 1

During this session, you learned to:

- Define Presumptive Eligibility as it relates to both Pregnant Women and other MAGI Medical Assistance eligibility groups.
- Make Presumptive Eligibility determinations for Pregnant Women and other MAGI MA eligibility groups.
- Submit applications for PE individuals.
- Enroll and maintain status as a qualified PE Provider.



# Completion Certificate



Please print and sign this page to verify that you successfully completed the Presumptive Eligibility training and understand the program requirements on \_\_\_\_\_.

(enter date)

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

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

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_