

PROVIDER INSTRUCTIONS

DETACH THIS INSTRUCTION SHEET. THESE INSTRUCTIONS WILL GUIDE YOU THROUGH THE PRESUMPTIVE ELIGIBILITY (PE) PROCESS:

FORMS and materials needed to determine PE:

1. MA 332 - PE Application
2. Provider Instructions
3. *Desk Guide to Tax Household Size*, of the Presumptive Eligibility for Pregnant Women Medical Assistance (MA) Bulletin
4. *2014 Income Limit for Pregnant Women* of the Presumptive Eligibility for Pregnant Women MA Bulletin or subsequent Federal Poverty Level (FPL) updates.
5. PA 600HC - Application for Health Care Coverage - if applicant wants to apply for ongoing MA.

WHEN APPLICATION SHOULD BE MADE

Applications for PE must be filed at the office of a designated qualified provider. The application is completed and signed when a patient with a self-attested pregnancy requests assistance in paying the medical expenses associated with her pregnancy. The provider must encourage and assist the PE applicant in completing the Application for Health Care Coverage (PA 600HC) if the applicant wants to apply for ongoing MA. The provider must inform the PE applicant that applying for ongoing MA is not required; however, PE is only for a limited time. Additionally, the PE applicant is not required to provide verification and may withdraw the ongoing MA application. **PLEASE NOTE: Only one period of PE is permitted per individual per pregnancy.**

ELIGIBILITY DETERMINATION

PE is determined by a qualified provider. If the applicant wants to apply for PE only, the provider should submit the MA 332 to the county assistance office (CAO) within five business days. If the PE applicant wants to apply for ongoing MA, the provider must assist the applicant in completing the designated sections of the PA 600HC. The CAO will contact the applicant to request required verifications and will determine eligibility for ongoing MA. The MA 332 and the PA 600HC (if applicable) must be properly completed and submitted by the qualified provider to the appropriate CAO. The MA 332 and PA 600HC (if applicable) must be received by the CAO within five business days. The CAO can then authorize PE for a temporary period to end the last day of the month following the month the PE determination is made, or the date ongoing eligibility is determined, whichever is earlier. The CAO will send a notice of eligibility to the provider and the applicant for PE.

INSTRUCTIONS FOR COMPLETING THE MA 332

Please follow the instructions for completing the PE Application. The CAO will not be able to process the PE Application if the application is not completed accurately and received by the CAO within five business days from the signature date.

PART A - TO BE COMPLETED BY THE APPLICANT AND REVIEWED BY THE QUALIFIED PROVIDER. The provider may assist the applicant in completing this section if necessary.

- PE APPLICANT NAME:** Applicant's full name (last, first, middle initial)
- ADDRESS:** Applicant's home address
- DATE OF BIRTH:** Applicant's date of birth
- COUNTY OF RESIDENCE:** County where the applicant resides
- SOCIAL SECURITY NUMBER:** Applicant's Social Security number is optional for PE
- PHONE NUMBER:** Number where the applicant can be contacted (including area code)
- INCOME:** Applicant's income source, type, frequency and gross amount before deductions.
- HOUSEHOLD:** List all of applicant's tax household members, their date of birth, sex and income. See *Desk Guide to Tax Household Size*, of the Presumptive Eligibility for Pregnant Women MA Bulletin.

INSTRUCTIONS FOR COMPLETING THE MA 332 (continued)

QUESTION 1: If the applicant answers **yes** to this question, check the appropriate block in Part B, #4 and refer to instructions **“FOR THE INELIGIBLE APPLICANT.”** Ask to see the applicant’s MA ACCESS card. Check the Eligibility Verification System (EVS) to determine if MA benefits are currently active. If currently active, the provider may bill for covered services.

QUESTION 2: If the applicant answers **no** to this question, check the appropriate block in Part B, #4 and refer to instructions **“FOR THE INELIGIBLE APPLICANT.”** Refer the applicant to the CAO in her county of residence for assistance.

QUESTION 3: Examples of citizenship/satisfactory immigration statuses include U.S. Citizen, permanent resident, temporary resident, refugee/asylee. If the applicant answers **no** to this question, check the appropriate block in Part B, #4 and refer to instructions **“FOR THE INELIGIBLE APPLICANT.”** Refer the applicant to the CAO in her county of residence for assistance.

QUESTION 4: If the PE applicant plans to file income taxes for next year, answer yes.
a. If yes, list the total monthly tax deductions.

SIGNATURE: Applicant or applicant’s representative must sign the application form.

DATE: Date the application was completed.

PART B - TO BE COMPLETED BY THE QUALIFIED PROVIDER.

QUESTION 1: If **no**, check #4 and the appropriate reason line and follow instructions in the section **“FOR THE INELIGIBLE APPLICANT.”**

QUESTION 2: Indicate the expected delivery date.

INCOME ELIGIBILITY

To determine if the applicant is income eligible, complete the “Comparison of Household Income to Income Limit” chart. Take the applicant’s gross monthly income indicated in Part A, #5, and subtract the tax deductions indicated in Part A, #6. From the monthly income after deductions, disregard five percent of 100 percent of the federal poverty limit (FPL) for the family size, only if the applicant’s income still exceeds the income limits. This amount is the tax household’s net monthly income. For the five percent disregard and FPL monthly income limit, see *2014 Income Limits for Pregnant Women*, of the Presumptive Eligibility for Pregnant Women MA Bulletin or subsequent FPL updates.

Compare the household’s net monthly income to the applicable FPL monthly income limit.

QUESTION 3: **The applicant is presumptively eligible.** Check here if the household’s total monthly income is **equal to or less than** the FPL monthly income limit figure for the appropriate family size. Check **“a”** to indicate that a completed PA 600HC is attached.

QUESTION 4: **The applicant is not presumptively eligible.** Check here if the household’s total monthly income is **greater than** the monthly income limit figure for the appropriate family size and **CHECK THE APPROPRIATE REASON LINE.**

Type or print the provider name, address, telephone number and MA ID number.

Enter PE begin date. The date should be the same as the date PE eligibility is determined.

Sign and date Part B of the application. The application may be signed by the attending physician, clinic director, or designee.

FOR THE ELIGIBLE APPLICANT

1. If the applicant is applying for ongoing MA, have the applicant complete all sections of the PA 600HC.

- Pages 11 - 13: Have applicant read and review the Rights and Responsibilities.
- Page 13: Have applicant sign and date the application.

Note: Please review the PA 600HC to ensure that applicant has completed all required fields.

INSTRUCTIONS FOR COMPLETING THE MA 332 (continued)

2. **Distribute the MA 332 as follows:** Give the applicant a copy, retain a copy for your file, and send a copy to the CAO in the applicant's **county of residence**. If applying for ongoing MA, staple the MA 332 to the PA 600HC and mail both to the applicant's CAO. The CAO must receive the PE application within five business days. See page 5 of the Presumptive Eligibility for Pregnant Women MA Bulletin for a link to the appropriate CAO address.

FOR THE INELIGIBLE APPLICANT

1. **Distribute the MA 332 as follows:** Give the applicant a copy and retain a copy for your file. Mail a copy to the CAO where the applicant resides.
2. Inform the applicant she has the right to file a formal application for medical assistance at her local CAO.

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PART A - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

TELL US ABOUT THE PE APPLICANT AND THE APPLICANT'S TAX HOUSEHOLD MEMBERS

PE APPLICANT LAST NAME		FIRST NAME	M.I.
ADDRESS			DATE OF BIRTH
COUNTY OF RESIDENCE	SOCIAL SECURITY NUMBER (OPTIONAL)		TELEPHONE NUMBER
PE APPLICANT'S TYPE AND SOURCE OF INCOME*	HOW OFTEN IS INCOME RECEIVED? (WEEKLY, BIWEEKLY, MONTHLY)	GROSS AMOUNT OF INCOME (AMOUNT BEFORE TAXES AND DEDUCTIONS)	

LIST PE APPLICANT'S TAX HOUSEHOLD MEMBERS

NAME (First, middle initial, last)	Date of Birth/Sex	Does this person have income? Y/N	Type of income and source*	How often is the income received (Weekly, biweekly, monthly)?	Gross amount of income (Amount before deductions and taxes)	How is this person related to the PE applicant?
Person 2						
Person 3						
Person 4						
Person 5						
Person 6						

* Income includes wages, salaries, tips, commissions, bonuses, self-employment, alimony, Social Security* other than SSI, Unemployment Compensation, lump sums received in the month of application and child's income if required to file a tax return. Do not count Social Security RSDI for a tax dependent/child if the individual has no other income.

If you have additional household members, please list them on a separate sheet of paper and attach to the MA 332.

QUESTIONS FOR THE PE APPLICANT:

- Do you have a current Medical Assistance (MA) ACCESS Card? Yes No
- Are you a resident of Pennsylvania? Yes No
- Are you a U.S. citizen, national or in satisfactory immigration status? Yes No
- Are you a tax filer? Yes No

a. If yes, does the tax household have any of the following tax deductions on their Federal Tax Form 1040?

- | | | |
|---|--|---|
| • Student loan interest deduction | • Educator expenses | • Job-related moving expenses |
| • Health savings account deduction | • Alimony paid | • IRA deduction |
| • Penalty on early withdrawal of savings | • Tuition and fees | • Certain business expenses of reservists, performing artists and free-basis government officials |
| • Self-employed SEP, SIMPLE and qualified plans | • Deductible part of self-employment tax | |
| • Self-employed health insurance deduction | | |

Type: _____ Amount: _____ Type: _____ Amount: _____

Type: _____ Amount: _____ Type: _____ Amount: _____

To the best of my knowledge, the above information is correct.	
SIGNATURE - APPLICANT OR REPRESENTATIVE	DATE

PART B - TO BE COMPLETED BY QUALIFIED PROVIDER

1. Is applicant pregnant? Yes No
2. Expected date of delivery: _____

COMPARISON OF HOUSEHOLD INCOME TO INCOME LIMIT (Use applicable annual FPL.)

Household Size (include unborn child(ren))	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard*	
Net Income	
FPL Income Limit	

*5% FPL Disregard given only if income after tax deductions exceeds income limit for household size.

3. Applicant **is** presumptively eligible and has been advised that she will be contacted by the CAO.
 - a. A completed PA 600HC is attached.
4. Applicant **is not** presumptively eligible for the following reason:

<input type="checkbox"/> Current MA recipient	<input type="checkbox"/> Not a PA resident	<input type="checkbox"/> Not a U.S. citizen or legal alien
<input type="checkbox"/> Excess income	<input type="checkbox"/> Not pregnant	

PROVIDER NAME		
ADDRESS		
PROVIDER MA ID NUMBER	TELEPHONE NUMBER	PE BEGIN DATE

AUTHORIZED SIGNATURE	DATE
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