



Hospital-Based Presumptive Eligibility


2/05/2021 1

Introduction 



- Allows qualified hospitals (qualified hospital providers) to determine eligibility and apply for temporary MA coverage
- ACA expanded PE policy to allow qualified hospital providers to determine eligibility and apply for PE.
- You will learn more about the MA coverage groups in the next section.

2


Desk Guide 

Presumptive Eligibility for Hospital Providers Desk Guide

Purpose:
The purpose of this document is to provide a single reference source of tools to support hospital providers in determining Presumptive Eligibility.


Table of Contents

Acronyms	2
Legal Immigration Status	3
Tax Filing Statuses Defined	4
Tax Household Composition	5
Exemption of MAID households	6
MAID Income	8
Allowable Tax Deductions	8
2020 Income Levels for Presumptive Eligibility Groups	10
Supporting Documentation	11




Presumptive Eligibility March 14, 2020 Page 1 of 81

3

Acronyms and Terms 


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
FPL	Federal Poverty Level
MA	Medical Assistance
MAB	Medical Assistance Bulletin
MAGI	Modified Adjusted Gross Income

4

Acronyms and Terms (cont'd) 

Term	Definition
PE	Presumptive Eligibility
PS	Provider Specialty
PT	Provider Type

5


Objectives 

This session will teach hospital PE providers 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

6

PE Topics 

- Hospital-Based Presumptive Eligibility Overview
- Using COMPASS to Screen and Apply for PE
- Becoming a Qualified Hospital PE Provider and Maintaining that Status

7


What is Hospital-Based PE? 

Self-attested categorical eligibility (must be one of the defined PE individuals, see slide 10)

Self-Attested Criteria


- Citizenship
- Income
- PA Residency
- Identity

8


Introduction to MAGI 

MAGI = Modified Adjusted Gross Income


- Measure of income used for eligibility determination that is based on federal tax rules



9


Who Qualifies for Hospital PE? 

- Pregnant Women*
- MAGI PE Groups:
 1. Pregnant women* and children under age 1 – 215% of the FPL
 2. Children ages 1-5 – 157% of the FPL
 3. Children ages 6-18 – 133% of the FPL
 4. Parents/caretakers – 33% of the FPL
 5. Individuals ages 19-64 – 133% of the FPL
 6. Former foster child between ages 18-26 – No income test, but must be income ineligible for all other PE categories to qualify for PE in this group



* Pregnant women should be evaluated for eligibility under the parent/caretaker and adults ages 19-64 guidelines before being determined eligible due to pregnancy.


10

Hospital PE Provider Rules 

Certified Inpatient Acute Care Hospitals (Provider Type-PT 01 and Provider Specialty-PS 010)


Providers must participate in formal opt-in program	Hospitals are responsible for any eligibility determination made by a third party	Providers must meet performance measures and monitoring expectations
-----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------

11

PE Guidelines 


Effective from date of PE eligibility determination through last day of following month or until ongoing MA eligibility is determined	Only one PE period authorized per 12-month period or per pregnancy
If PE application taken for individual – qualified PE provider informs of choice to apply for PE only or PE/MA	Patient cannot appeal PE decision

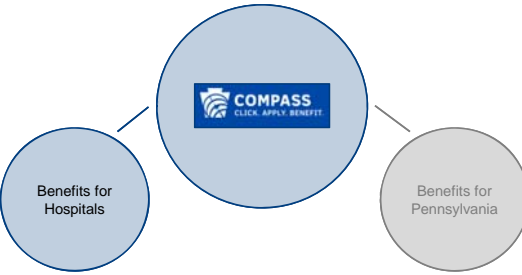
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PE Topics 


- Hospital-Based Presumptive Eligibility Overview
- Using COMPASS to Screen and Apply for PE**
- Becoming a Qualified Hospital PE Provider and Maintaining that Status

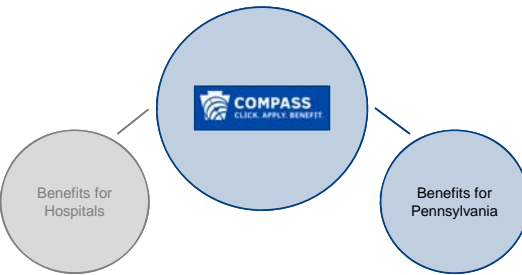
13

Benefits of Using COMPASS 




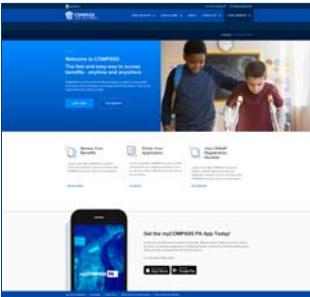
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Benefits of Using COMPASS 



15


COMPASS Assistance 


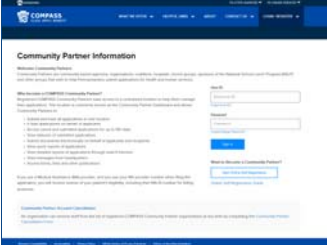


Need help with COMPASS?
Using it for the first time?
Click on *Helpful Links* to view COMPASS tutorials

For additional COMPASS information, email:
RA-PWCOMPASSCP@pa.gov


16

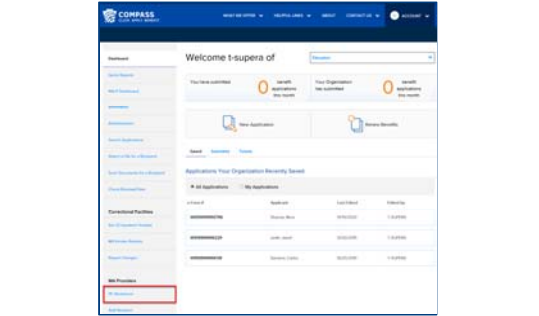
Community Partner Sign In 




Click [HERE](#) to access the COMPASS Community Partner Quick Reference Guide

17

Community Partner Dashboard 



18

PE Worksheet (cont'd) 

Harold Heart

PE Begin Date: 02/18/2018
Note: The PE Begin Date must be the same as the date of PE administration and should be the date entered into the Date of PE Administration in Treatment Unit in COMPSIS.
Reminder: The PE administrator should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

First Name: Harold Middle Initial: Last Name: Heart Suffix: J

Birth Date: 02/01/1964 Social Security Number: 02-485-8790 Citizenship: US Citizen


Are you a Resident of PA? Yes No

Were you receiving Foster Care and MA at the age of 18? Yes No

Sex: Male Female

Were you receiving Foster Care and MA at the age of 18? Yes No

25

PE Worksheet (cont'd) 

Hannah Heart

PE Begin Date: 02/18/2020
Note: The PE Begin Date must be the same as the date of PE administration and should be the date entered into the Date of PE Administration in Treatment Unit in COMPSIS.
Reminder: The PE administrator should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

First Name: Hannah Middle Initial: Last Name: Heart Suffix:

Birth Date: 2/14/1980 Social Security Number: 095-02-8750 Citizenship: US Citizen

Are you a Resident of PA? Yes No

Sex: Male Female


Are you pregnant or have you had a pregnancy and within the last 60 days? Yes No

How many babies are expected? Please Select

Are you pregnant or have you had a pregnancy and within the last 60 days? Yes No

How many babies are expected? Please Select

26

PE Worksheet (cont'd) 

Add Another Applicant If there anyone else in the household that is applying for PE? If so, please click the "Add Another Applicant" button.


Household Size: Please Select

Total Monthly Income: Monthly Income

Total Monthly Tax Deductions: Monthly Deductions


Please review the Worksheet for accuracy before submitting. Once you submit the PE Worksheet you will not be able to make changes to the information contained in the PE Worksheet. The information will be saved and transferred to the PE or PE/beging MA application.

27

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

28


Tax Household Composition 

Identifying the Tax Household Members

Individual is a TAX FILER

Household Includes:
TAX FILER
Spouse of TAX FILER (if living with TAX FILER). All claimed TAX DEPENDENTS of TAX FILER.

29

Tax Household Composition 

Identifying the Tax Household Members


Individual is a TAX FILER	Individual is a TAX DEPENDENT
---------------------------	-------------------------------

Household Includes:
TAX FILER
Spouse of TAX FILER (if living with TAX FILER). All claimed TAX DEPENDENTS of TAX FILER.

Household Includes:
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).

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.


30

Tax Household Composition 

Identifying the Tax Household Members

Individual is a TAX FILER	Individual is a TAX DEPENDENT	Individual is a NON-FILER
Household includes: TAX FILER Spouse of TAX FILER (if living with TAX FILER). All claimed TAX DEPENDENTS of TAX FILER.	Household includes: 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). 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.	Household includes (if living in household): NON-FILER. Spouse of NON-FILER. Child(ren) under age 19 (biological, adopted or step-child(ren)) of NON-FILER. If a CHILD is a target being determined under NON-FILER rules, household includes (if living in household): CHILD. Parent(s) (biological, adopted or step-parent(s)). Sibling(s) under age 19 (biological, adopted or step-sibling(s)).

31


Tax Household Composition 

Identifying the Tax Household Members


Individual is a TAX FILER	Individual is a TAX DEPENDENT	Individual is a NON-FILER
Household includes: TAX FILER Spouse of TAX FILER (if living with TAX FILER). All claimed TAX DEPENDENTS of TAX FILER.	Household includes: 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). 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.	Household includes (if living in household): NON-FILER. Spouse of NON-FILER. Child(ren) under age 19 (biological, adopted or step-child(ren)) of NON-FILER. If a CHILD is a target being determined under NON-FILER rules, household includes (if living in household): CHILD. Parent(s) (biological, adopted or step-parent(s)). Sibling(s) under age 19 (biological, adopted or step-sibling(s)).

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.

32

Examples of MAGI Households 


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)


33

Examples of MAGI Households 


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




34

Examples of MAGI Households 


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)



35

Examples of MAGI Households 

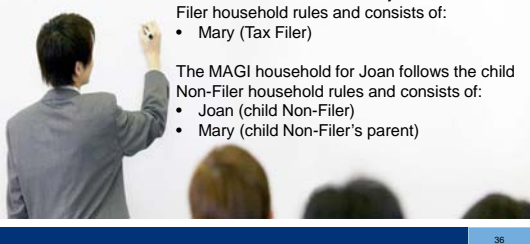
Mary and her 14-year-old daughter, Joan, are applying for PE. Mary is divorced from Joan's father, Dale, and they are not living together. Dale plans to file taxes and claim Joan as his Tax Dependent. Mary will file her own taxes.

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)



36

Examples of MAGI Households 


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)

37

PE Worksheet (cont'd) 

Household Size:

Total Monthly Income:

Total Monthly Tax Deductions:


Allowable Income includes:

- Wages
- Salaries
- Tips
- Commissions
- Bonuses
- Self-Employment
- Alimony finalized or modified prior to 1/1/2019
- Social Security Retirement
- Survivor's or Disability Income (RSDI)
- Unemployment Compensation
- Lump sums received in the month of application
- Child's income if required to file a tax return

Income that does not count for MAGI households when making a PE determination includes:

- SSI
- Worker's Compensation
- Child Support
- Veteran's Disability Benefits
- Social Security RSDI for children, if the child has no other income

38

MAGI Income 


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

Which Income is counted under MAGI rules?	YES	NO
Earned Income		
Wages, Salary, Tips, Commissions, and Bonuses	X	
Self-Employment Income	X	
Child's Income – if required to file a tax return	X	
Unearned Income		
Unemployment	X	
Worker's Compensation		X
Veteran's Benefits		X
RSDI (only included if the child's other income requires that child to file a tax return)	X	
Child Support		X
Alimony finalized or modified prior to 1/1/2019	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!

39

FPL Income Limits (2021)




Coverage Group	Parents / Caretakers	Children Ages 6-8 Adults 19-64	Children Ages 1-5	Pregnant Women and Children Under Age 1	Former Foster Child	5% income Dregard (Based on 100% of FPL)		
						Persons	Monthly	
Persons	33% of FPL	133% of FPL	157% of FPL	215% of FPL	N/A	1	\$53.70	
	Monthly	Monthly	Monthly	Monthly	N/A	2	\$72.60	
	1	\$355	\$1,428	\$1,686	\$2,308	N/A	3	\$91.50
	2	\$480	\$1,931	\$2,280	\$3,122	N/A	4	\$110.45
	3	\$604	\$2,434	\$2,874	\$3,935	N/A	5	\$129.35
	4	\$729	\$2,938	\$3,468	\$4,748	N/A	6	\$148.25
	5	\$854	\$3,441	\$4,062	\$5,562	N/A	7	\$167.20
	6	\$979	\$3,944	\$4,656	\$6,375	N/A	8	\$186.10
	7	\$1,104	\$4,447	\$5,250	\$7,189	N/A	Each Additional Person	\$18.95
8	\$1,229	\$4,950	\$5,844	\$8,002	N/A			
Each Additional Person	\$125	\$504	\$594	\$814	N/A			

Note: When evaluating a former foster child, FPL limits do not matter.

Deduct 5% FPL only if income after tax deductions exceeds income limit for household size.

PE Worksheet (cont'd)



Household Size

Phase Select

Total Monthly Income

Allowable Income


Total Monthly Tax Deductions

Allowable Deductions

Allowable income deductions includes:

- Student Loan Interest
- Self-Employment Health Insurance
- Self-Employed SEP
- SIMPLE and Qualified Plans
- Deductible part of self-employment tax
- Health Savings Account Deduction
- Penalty on early withdrawal of savings
- Educator Expenses
- Alimony paid if finalized or modified prior to 1/1/19
- Moving expenses for members of the Armed Forces
- IRA Deduction
- Certain business expenses of reservists, performing artists, and fee-basis government officials

Allowable Tax Deductions



ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME

Part	Description	Line
Part 1	Additional Income	1
	1. Taxable interest, credits, or offsets of state and local income taxes	1
	2. Dividend received	2
	3. State of original divorce or separation agreement (see instructions)	3
	4. Business income or loss, Attach Schedule C	4
	5. Other gains or losses, Attach Form 6781	5
	6. Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6
	7. Unemployment compensation	7
	8. Other income (see Form 1041-SS)	8
Part 2	Adjustments to Income	20
	1. Educator expenses	20
	2. Certain business expenses of reservists, performing artists, and fee-basis government officials, Attach Form 2130	21
	3. Health savings account deduction, Attach Form 8889	22
	4. Moving expenses for members of the Armed Forces, Attach Form 3903	23
	5. Deductible part of self-employment tax, Attach Schedule SE	24
	6. Self-employed SEP, SIMPLE, and qualified plans	25
	7. Self-employed health insurance deduction	26
	8. Penalty on early withdrawal of savings	27
	9. Alimony paid	28
	10. Reginatory relief	29
	11. State of original divorce or separation agreement (see instructions)	30
	12. IRA deduction	31
13. Student loan interest deduction	32	

PE Worksheet (cont'd)

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Add Another Applicant Is there anyone else in the household that is applying for PEF? If so, please click the "Add Another Applicant" button.

Household Size:

Total Monthly Income: Allowable Income

Total Monthly Tax Deductions: Allowable Deductions

Please review the Worksheet for accuracy before submitting. Once you submit the PE Worksheet you will not be able to make changes to the information contained in the PE Worksheet. The information will be used and transferred to the PE or PE/Longing MA application.

43

Supporting Documentation

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Citizenship

- U.S. Birth Certificate
- U.S. Passport
- Certificate of Naturalization
- Tribal Enrollment or Membership Documents Issued by a Federally-Recognized Indian Tribe
- Permanent Resident card (Green Card)
- Visa
- I-555

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

44

Eligibility Results

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Presumptive Eligibility Results

If the applicant is determined eligible for PE:
 - Submit a COMPASS PE application or PE/Longing MA application, if the PE applicant wishes to apply for ongoing MA.
 - The PE Worksheet will attach under the "Supporting Medical" document type and will be sent automatically to the CAG with the COMPASS application.
 - Give the PE applicant a copy of the PE Worksheet.

If the applicant is determined ineligible for PE:
 - Assist the applicant in submitting a COMPASS MA application, if the applicant wishes to apply for ongoing MA.
 - Give the PE applicant a copy of the PE Worksheet.

Applicants have several buttons available from which to choose their application type. If the red button is greyed-out, then that option is not available.

PRESUMPTIVE ELIGIBILITY RESULTS		BENEFITS THAT YOU CAN APPLY FOR			
Applicant	Eligibility Result	Reason for Ineligibility	Presumptive Eligibility	Medical Assistance	Both
Harriet Heart	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harriet Heart JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45

Eligibility Results (cont'd)
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DEPARTMENT OF HUMAN SERVICES

Presumptive Eligibility Results

If the applicant is determined eligible for PE:
 - Submit a COMPASS PE application in PE/ongoing MA application, if the PE applicant wishes to apply for ongoing MA.
 - The PE Worksheet will attach under the "Express Medical" document type and will be sent automatically to the CAO with the COMPASS application.
 - Give the PE applicant a copy of the PE Worksheet.

If the applicant is determined ineligible for PE:
 - Assist the applicant in submitting a COMPASS MA application, if the applicant wishes to apply for ongoing MA.
 - Give the PE applicant a copy of the PE Worksheet.

Applicants have a modal button available from which to choose the application type. If the modal button is greyed-out, then that option is not available.

PRESUMPTIVE ELIGIBILITY RESULTS			BENEFITS THAT YOU CAN APPLY FOR		
Applicant	Eligibility Result	Reason for Ineligibility	Presumptive Eligibility	Medical Assistance	Both
Harriet Harst	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harriet Harst, JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Buttons: Cancel, Clear Search Selection, Print and Print as PDF, Continue to Application

46

Eligibility Results (cont'd)
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DEPARTMENT OF HUMAN SERVICES

Presumptive Eligibility Results

If the applicant is determined eligible for PE:
 - Submit a COMPASS PE application in PE/ongoing MA application, if the PE applicant wishes to apply for ongoing MA.
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 - Give the PE applicant a copy of the PE Worksheet.

If the applicant is determined ineligible for PE:
 - Assist the applicant in submitting a COMPASS MA application, if the applicant wishes to apply for ongoing MA.
 - Give the PE applicant a copy of the PE Worksheet.

Applicants have a modal button available from which to choose the application type. If the modal button is greyed-out, then that option is not available.

PRESUMPTIVE ELIGIBILITY RESULTS			BENEFITS THAT YOU CAN APPLY FOR		
Applicant	Eligibility Result	Reason for Ineligibility	Presumptive Eligibility	Medical Assistance	Both
Harriet Harst	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harriet Harst, JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Buttons: Cancel, Clear Search Selection, Print and Print as PDF, Continue to Application

47

Eligibility Results (cont'd)
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Presumptive Eligibility Results

If the applicant is determined eligible for PE:
 - Submit a COMPASS PE application in PE/ongoing MA application, if the PE applicant wishes to apply for ongoing MA.
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 - Give the PE applicant a copy of the PE Worksheet.

If the applicant is determined ineligible for PE:
 - Assist the applicant in submitting a COMPASS MA application, if the applicant wishes to apply for ongoing MA.
 - Give the PE applicant a copy of the PE Worksheet.

Applicants have a modal button available from which to choose the application type. If the modal button is greyed-out, then that option is not available.

PRESUMPTIVE ELIGIBILITY RESULTS			BENEFITS THAT YOU CAN APPLY FOR		
Applicant	Eligibility Result	Reason for Ineligibility	Presumptive Eligibility	Medical Assistance	Both
Harriet Harst	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harriet Harst, JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMPASS
CLASSIFIED SYSTEM

Presumptive Eligibility Worksheet

Application Information
 Applicant System Date: 02/01/2021 02:50 PM
 Applicant Name: Harriet Harst
 DOB: 01/01/1970
 Sex: F
 Ethnicity: U.S. Other
 Agency Reference Number: [redacted]

Applicant Information
 Name: Harriet Harst
 Social Security Number: 431124750
 Pennsylvania Driver License Number: [redacted]
 Pennsylvania Residency Requirements: [redacted]

Buttons: Cancel, Clear Search Selection, Print and Print as PDF, Continue to Application

48

Eligibility Results (cont'd)

The screenshot displays the 'Presumptive Eligibility Results' page. It includes instructions on how to apply for presumptive eligibility for PE, a table of results, and navigation buttons. A red box highlights the 'Check My Application' button.

Application #	Eligibility Result	Reason for Ineligibility
10000000000000000000	Eligible	
10000000000000000000	Ineligible	Does not meet PE Residency Requirements

PE Only Application

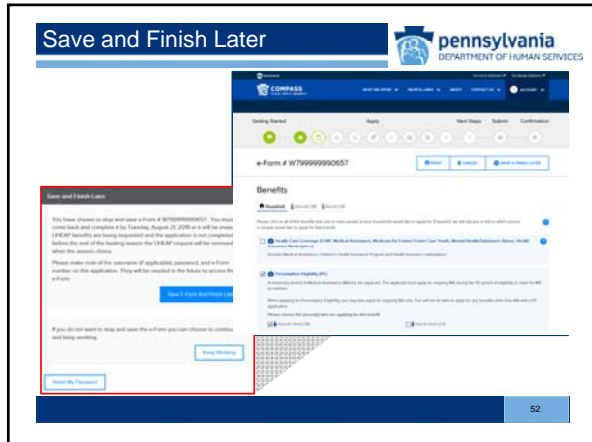
- Residential address
- County
- Home/Contact phone number
- Marital status
- Is applicant planning on filing a federal income tax return?
- Will applicant file taxes jointly?
- Will anyone claim applicant as a Tax Dependent?
- Will applicant claim anyone as a Tax Dependent?
- Does anyone currently have one or more jobs, or will someone start a job in the next 30 days?
- Does anyone receive money from one or more sources other than a job?

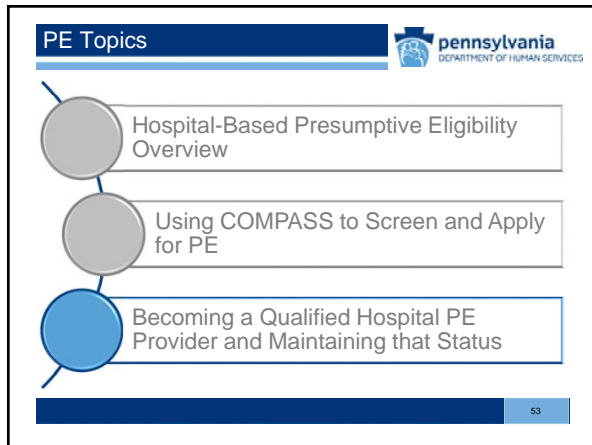
- Employer name
- When does applicant get paid?
- What is gross income on each paycheck?
- Does anyone have any tax deductible expenses they will claim on their federal tax return?
- What is the source or type of the tax deductible expense?
- What is the amount of the tax deductible expense?
- What is the frequency of this tax deductible expense?

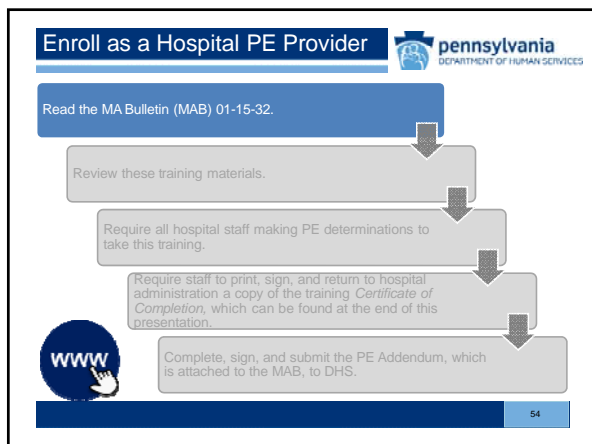
Application Submission


The screenshot shows the 'Application Submission' page with a table of 'Applications Your Organization Recently Saved'. A red box highlights the 'Continue Application' button for the first application.

Form #	Applicant	Last Edited	Edited by
WS0000000410	Pharm, Hannah	02/07/2020	T-SUPERIA
WS0000000001	Sharma, Sonny	02/04/2020	T-SUPERIA







Enroll as a Hospital PE Provider 


Read the MA Bulletin (MAB) 01-15-32.


Review these training materials.

Require all hospital staff making PE determinations to take this training.

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

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

 55

Enroll as a Hospital PE Provider 


Read the MA Bulletin (MAB) 01-15-32.


Review these training materials.

Require all hospital staff making PE determinations to take this training.

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 56

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Review these training materials.

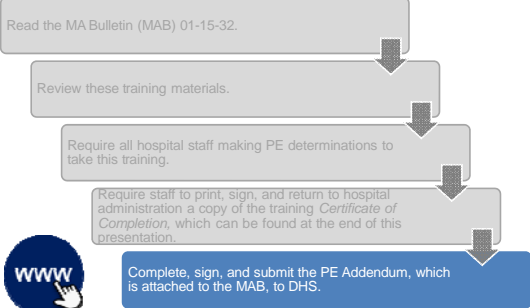
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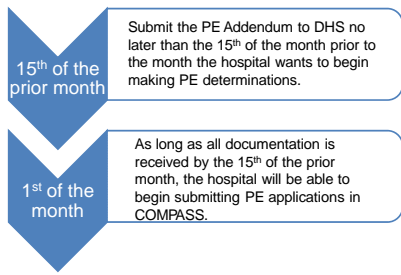
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 58

Enrollment Process 




15th of the prior month

Submit the PE Addendum to DHS no later than the 15th of the month prior to the month the hospital wants to begin making PE determinations.

1st of the month

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


59

Performance Standards 

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 beneficiary's hospital file for a period of six full years
- Submit all PE applications through COMPASS within five business days of the PE determination


60

Performance Standards (cont'd) 

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.

61

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.

62

Monitoring & Corrective Action (cont'd) 

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.

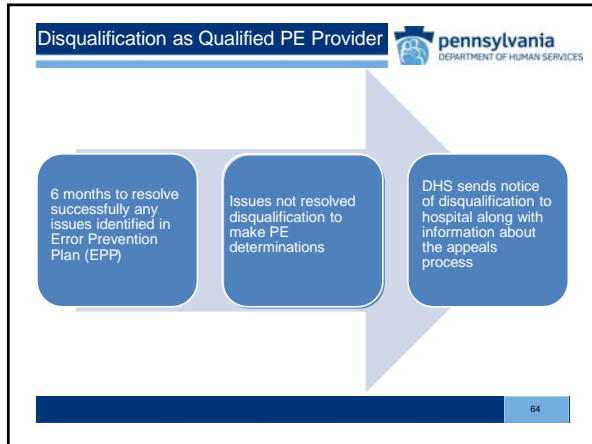
By Day 95, or within five business days of notice of disapproved EPP, whichever is earlier: Revised/corrected EPPs are due to DCA.


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).


63




DHS Contact Information 

Provider Enrollment Questions	Provider Service Center 800.537.8862, Option 1
Provider Compliance Questions	Bureau of Program Evaluation c-oimqchq@pa.gov
PE or MA Application Disposition	Contact Your Local County Assistance Office
MA Eligibility Questions - Policy and Procedures	OIM Policy - Policy Mailbox RA-PWPEProviders@pa.gov
COMPASS Questions or Troubleshooting	COMPASS Community Partner Mailbox RA-PWCOMPASSCP@pa.gov
Payment Inquiries	Provider Service Center 800.537.8862, Option 1

65




Now let's review...




66

Review




All qualified hospital PE providers must login to their Community Partner Dashboard to submit hospital-based PE applications.

True or False?



67

Review




True

All qualified hospital PE providers must login to their Community Partner Dashboard to submit hospital-based PE applications.


68

Review




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) Qualified hospital PE providers submit applications through COMPASS.
- e) None of the above
- f) All of the above




69

Review 

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


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- b) Hospitals determine eligibility and submit PE applications.
- c) Hospitals must be enrolled with DHS in order to submit PE applications.
- d) Qualified hospital PE providers submit applications through COMPASS.
- e) None of the above
- f) **All of the above**

70


Review 

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



71


Review 

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


72

Review




What is the begin date for Presumptive Eligibility?

- a) The first date of service for the applicant
- b) The date the qualified hospital PE provider determines eligibility
- c) The date the individual requests PE
- d) The date the qualified hospital PE provider submits the PE application



73

Review




What is the begin date for Presumptive Eligibility?

- a) The first date of service for the applicant
- b) The date the qualified hospital PE provider determines eligibility**
- c) The date the individual requests PE
- d) The date the qualified hospital PE provider submits the PE application


74

Review




Verification of the applicant's income is required for hospital-based PE.

True or False?



75


Review



False
Applicant self-attestation of income meets the eligibility criteria for hospital-based PE.


76

Review




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



77

Review




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


78

Review




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



79

Review




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


80

Review




PE applicants have the right to appeal a qualified hospital PE provider's determination of ineligibility for PE.

True or False?




81

Review 

False


PE applicants cannot appeal the eligibility determination.

82


Review 

If an applicant does not plan to file federal taxes, their eligibility is based on non-filer tax household rules.

True or False?



83


Review 

True

If an applicant does not plan to file federal taxes, their eligibility is based on non-filer tax household rules.


84

Review




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



85

Review




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


86

Summary




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



87

<p>Completion Certificate</p>  <p>Please print and sign this page to verify that you successfully completed the <i>Hospital-Based Presumptive Eligibility</i> training and understand the program requirements on _____. <small>(enter date)</small></p> <p>Provide this signed page to your PE administrator to retain for DHS inspection.</p> <p>By signing below, I certify that I have completed the <i>Hospital-Based Presumptive Eligibility</i> training contained herein.</p> <p>Print name: _____</p> <p>Signature: _____</p> <p>Hospital Name/MA Provider #: _____</p> <p>Date: _____</p> <p>88</p>
