

ISSUE DATE June 18, 2020	EFFECTIVE DATE June 18, 2020	NUMBER 01-20-04
SUBJECT Updates to the Procedures for Presumptive Eligibility as Determined by Hospitals		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to expand the scope of hospitals that are able to provide Medical Assistance (MA) Presumptive Eligibility (PE) determinations, to include inpatient private psychiatric hospitals.

This bulletin supersedes MA bulletin 01-13-56, Presumptive Eligibility as Determined by Hospitals, issued on December 6, 2013, and 01-15-08, Revised Presumptive Eligibility as Determined by Hospitals, issued February 24, 2015; and 01-15-32, Revised Procedures for Presumptive Eligibility as Determined by Hospitals, issued November 30, 2015.

SCOPE:

This bulletin applies to inpatient acute care hospitals (provider type 01, specialty type 010) and inpatient private psychiatric hospitals (provider type 01, specialty type 011) enrolled in the MA Program that qualify or wish to qualify to make PE determinations.

BACKGROUND:

Since 1988, the MA Program has included a PE process whereby certain MA providers may make PE determinations for pregnant women. Federal law has also permitted states to provide MA during a PE period for children and for certain individuals with breast or cervical cancer. The Affordable Care Act (ACA) (Pub. L. 111-148) expanded the population of individuals who may be determined MA eligible through the PE process to include parent/caretakers and former foster care children under the age of 26 and allowed qualified

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

inpatient acute care hospitals to make PE determinations for those individuals.

In 2013, hospitals wishing to provide MA PE determinations were informed that the Department of Human Services (Department) established a hospital qualification process, policies and procedures to be followed by qualified hospitals, and the standards qualified hospitals must meet to continue to make PE determinations.

In 2015, hospitals qualified to make MA PE determinations were informed that the Department added individuals, aged 19-64, for whom inpatient acute care hospitals could make PE determinations. Hospitals qualified to make PE determinations were also informed of revisions to how qualified PE providers will determine MA eligibility and of the benefit plans available to individuals found presumptively eligible by hospitals.

In response to requests from providers and stakeholders, the Department will now allow inpatient private psychiatric hospitals to make PE determinations.

DISCUSSION:

Hospital-based PE determinations are limited to individuals who meet categorical and applicable Modified Adjusted Gross Income (MAGI) eligibility criteria. The income limits are based on household size. The categorical groups and MAGI income limits are:

1. Pregnant women and children < age 1 – 215% of the Federal Poverty Level (FPL).
2. Children ages 1-5 – 157% of the FPL.
3. Children ages 6-18 – 133% of the FPL.
4. Individuals ages 19-64 – 133% of the FPL.
5. Parents/caretakers – 33% of the FPL.
6. Former foster children under age 26 who have aged out of foster care – No income test.

The Federal government adjusts the FPL annually. The current FPL guidelines for PE, along with the applicable five percent disregard amounts discussed below, are available on the Department's website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/ACAforproviders.aspx>

For all of the above categories, the qualified hospital PE provider will determine PE by first completing the PE Worksheet and must then submit the PE application through the Commonwealth of Pennsylvania Access to Social Services (COMPASS) website (<https://www.compass.state.pa.us/>).

Individuals applying for PE through a qualified hospital PE provider will be given the option of applying for PE and ongoing MA, or PE only. The qualified hospital PE provider should encourage and assist the PE applicant in applying for ongoing MA. It is required that qualified hospital PE providers inform PE applicants of their option to apply for ongoing MA. Qualified hospital PE providers must advise PE applicants that they will receive only the PE

period if they choose not to apply for ongoing MA and complete the ongoing MA application process.

Current PE providers that are not qualified hospitals (including private medical practices and clinics) will continue to assess PE for pregnant women only, using the MA 332 PE application and if the applicant also chooses to apply for ongoing MA, the Application for Health Care Coverage (PA 600HC).

Note: The ACA prohibits qualified hospitals from delegating the function of making PE determinations to a third-party entity. Only staff members employed by the qualified hospital PE provider are eligible to make PE determinations. However, a third-party entity may assist employed staff at qualified hospitals in making PE determinations and submitting PE applications. It is important to note that qualified hospital PE providers are responsible for all PE determinations made by third parties.

PROCEDURE:

How to Participate as a Hospital PE Provider

Inpatient acute care facilities licensed as hospitals by the Department of Health and inpatient private psychiatric hospitals licensed by the Office of Mental Health and Substance Abuse Services that are interested in participating as PE providers are required to complete an online training course available on the Department's website at: <https://www.dhs.pa.gov/providers/Providers/Pages/ACAforproviders.aspx>. Each staff person in a hospital that will be making PE determinations must complete this training. The qualified hospital PE provider must retain copies of the training completion certificate page. Additionally, qualified hospital PE providers must maintain a list of trained employees. These records are subject to monitoring by the Department, and the qualified hospital PE provider must be prepared to provide both this list and the training certificate/record to the Department upon request.

Eligible hospitals that elect to make PE determinations must complete, sign and submit the Hospital PE Provider Addendum to the Department's Provider Enrollment Unit. The most current *Hospital PE Provider Addendum* is attached to this bulletin (Attachment A).

Any hospital that qualifies as an inpatient acute care hospital or an inpatient private psychiatric hospital that wishes to participate as a qualified hospital PE provider may complete the training and submit the Addendum to the Provider Enrollment Unit. The Provider Enrollment Unit within the Office of Medical Assistance Programs will evaluate all addendums to ensure that the submitters are qualified hospital PE providers and have completed all necessary training. The Department's central database of qualified hospital PE providers will be updated monthly. In order to begin making PE determinations by the 1st of the month, the Addendum and verification of completed training must be received by the Department no later than the 15th of the preceding month (i.e. for a provider to begin making PE determinations starting February 1st, they must submit their Addendum and verification of completed training to the Department by January 15th).

How Qualified MA PE Providers Will Determine PE Eligibility

Any qualified hospital that elected to become a qualified hospital PE provider and was approved by the Department, may submit PE applications for individuals who meet categorical and MAGI eligibility criteria as set forth above. The COMPASS PE application process verifies if a prior PE period occurred in the past 12 months and checks to see if the PE applicant is currently receiving MA. The PE determination is based on the following criteria.

1. Categorical eligibility (must be one of the defined PE individuals)
2. Citizenship/Immigration status – Examples: U.S. Citizen, Permanent Resident, Temporary Resident, Refugee/Asylee, Undocumented Alien
3. State residency
4. Identity
5. Income based on tax household size

The criteria used to determine PE may be based on self-attestation by the applicant, but verification, such as paystubs for income, is encouraged. Forms of verification of citizenship/immigration status, residency, and identify include:

Citizenship/Immigration Status:

- U.S. birth certificate
- U.S. Passport
- Certificate of Naturalization
- Tribal enrollment or membership documents issued by a Federally recognized Indian Tribe
- I – 555
- Permanent Resident (Green) Card
- Visa

Residency:

- Valid PA driver license
- Rent receipt
- Mortgage statement
- Utility bill
- Tax office record
- Voter registration card
- A collateral contact

Identity:

- PA or out-of-state driver license with individual's picture or other identifying information such as age, height, weight, eye color (Cannot be a Canadian license)

- PA or out-of-state ID card with the individual's picture or other identifying information such as age, height, weight, eye color (Does not have to be current)
- U.S. Military ID
- U.S. Passport
- Certificate of Naturalization
- Certificate of U.S. Citizenship

For pregnant women, the qualified hospital PE provider must evaluate eligibility for all other presumptive eligibility categories before evaluating for eligibility based on pregnancy. For example, a woman who is pregnant and also a parent/caretaker should be evaluated based on the parent/caretaker income criteria first. If she falls under the income limit for the parent/caretaker, she would be eligible as a parent/caretaker. If her net income exceeds the parent/caretaker limit of 33% of the FPL but is under 133% of the FPL, she should be evaluated as an individual aged 19-64. If she is above that limit but under the limit for pregnant women, she would be eligible as a pregnant woman.

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. Household size is based on the individuals included in the tax household. The tax household size determines the income limit to be used.

The qualified hospital PE provider must submit an application for PE through the COMPASS Community Partner Dashboard. To apply for PE, select the PE Worksheet button located on the left side navigation panel. Once the PE Worksheet button is selected, the qualified hospital PE provider will be asked to enter their MA provider number. If the MA provider number entered is a registered qualified hospital PE provider, the qualified hospital PE provider will be routed to the online PE Worksheet. The online PE Worksheet assists the qualified hospital PE provider with the determination process. With the PE applicant present, the qualified hospital PE provider completes all questions on the PE Worksheet, using information provided by the applicant(s). The PE begin date is the date the applicant was determined eligible. This is when the period of presumptive eligibility will begin. To determine income eligibility for PE under the ACA, qualified hospital PE providers must:

1. Determine the correct tax household size.
2. Determine the net monthly income:
 - a. Take the gross monthly income and subtract the tax deductions countable under the ACA. The Total Monthly Tax Deductions field will have a hyperlink next to it, displaying the text "Allowable Deductions." When the qualified hospital PE provider selects the hyperlink, a box with a list of allowable tax deductions will be displayed. Do *not* count income from child support, Worker's Compensation, depreciation from self-employment, SSI, or VA disability benefits.
 - b. If the monthly income exceeds the income limit after deductions, disregard five percent of 100 percent of the FPL for the family size. This figure is available at the link above on the Department's website. This amount is the tax household's net monthly income.

3. Compare the net monthly income to the income limits for the PE applicant's household size to determine income eligibility. To assist in determining the tax household's net monthly income, select the "Allowable Income" hyperlink. When the hyperlink is selected, a box with a list of allowable income will be displayed.
4. Submit the completed PE Worksheet to receive an eligibility determination or cancel the PE Worksheet. If the PE Worksheet is cancelled, complete the PE Worksheet again in order to complete a PE application. In order to submit a PE application, the qualified hospital PE provider must submit the PE Worksheet. Once the PE Worksheet is submitted, the system will send an immediate request to the Client Information System to determine whether the applicant is currently receiving MA or received PE within the past 12 months. The system will give an eligibility result based on categorical and income information entered by the qualified hospital PE provider. COMPASS displays the eligibility results to the qualified hospital PE provider. The qualified hospital PE provider informs the applicant(s) of the eligibility determination and provides a copy of the PE Eligibility Worksheet to the applicant(s). To print a PDF of the PE Worksheet, the provider selects "View and Print in PDF" at the bottom of the Eligibility Results screen.
5. If the applicant(s) is determined eligible for PE, the qualified hospital PE provider will submit a COMPASS PE application or PE/ongoing MA application if the PE applicant(s) wishes to apply for ongoing MA. The PE Worksheet will attach under the "Expenses-Medical" document type and will be sent automatically to the County Assistance Office (CAO) with the COMPASS PE or PE/ongoing MA application. If the applicant(s) is determined to be ineligible for PE, the qualified hospital PE provider will assist the applicant(s) in submitting a COMPASS Application for Health Care Coverage if the applicant(s) wishes to apply for ongoing MA.

The qualified hospital PE provider must submit an application for PE through COMPASS as an MA Provider. In order to complete a COMPASS application, the provider must register as a Community Partner through the COMPASS website by following directions on that site to complete registration. The qualified hospital PE provider must submit the COMPASS application no later than five business days following the date of PE determination (the date on the PE worksheet). The qualified hospital PE provider must maintain copies (paper or electronic) of all source documents for their records for a period of six full years and make all documents available for the Department's review as part of the monitoring process.

To complete the PE application, the qualified hospital provider must:

1. Submit the PE Worksheet so that the eligibility determination is displayed next to the name of each PE applicant. Next to the results, the qualified hospital PE provider selects the benefit(s) for which the applicant(s) is applying: PE, MA or Both.
2. Select "Continue to Application" at the bottom of the eligibility results screen. The qualified hospital PE provider is routed to a simplified PE only application if PE was selected, or to the application for healthcare coverage if applying for PE and/or ongoing MA. The data entered into the PE worksheet pre-populates the screens in the PE or PE/ongoing MA application.
3. Complete the application with information provided by the applicant.

4. Review the applicant's Rights and Responsibilities with the applicant.
5. E-sign the application by entering your initials on the Community Partner Signature Page.
6. Submit the application.

If the individual wishes to apply for ongoing MA, the qualified hospital PE provider assists the individual in completing the full MA application. While the PE application will serve as the ongoing MA application, the PE applicant will be required to submit verification to the County Assistance Office (CAO) in order for ongoing MA eligibility to be determined. The CAO will use electronic data sources as a means to verify as much information as possible. Any information that the CAO is unable to verify will be requested from the applicant. Verification must be provided to the CAO within the PE period, or the applicant will be determined ineligible for ongoing MA.

For pregnant women, only one PE period is authorized per pregnancy. All other PE groups may receive PE once in a twelve-month period. The PE period will begin on the date the PE provider determines eligibility and will end on the last day of the month following the month of PE application or the date ongoing MA eligibility is determined, whichever is earlier.

The CAO will send notice of PE eligibility to the applicant and the qualified hospital PE provider.

How CAOs Will Administer MA PE Applications

- The CAO will import the application from COMPASS and identify it as a PE application.
- The CAO will review the applicant(s) history to determine if prior PE periods were authorized for the applicant(s). If the applicant is not eligible due to a previous PE period during a pregnancy or within the previous 12 months for other applicants, the CAO will send a notice of ineligibility for PE.
- The PE authorization will be completed within five (5) business days of receipt in the CAO.
- The PE begin date is the PE determination date (the date the PE Worksheet was signed) as indicated in the "Date of First Admission or Treatment" field on the application.
- PE continues until the last day of the month following the month the PE determination was made, or the date ongoing MA eligibility is determined, whichever is earlier.
- If the PE applicant is also applying for ongoing MA, the CAO will pend ongoing MA during the processing of PE.
- The CAO will send a notice of eligibility for PE to the applicant(s) and the qualified hospital PE provider.
- The CAO will inform the presumptively eligible individual(s) of any required verification needed to determine ongoing MA eligibility if the PE applicant(s) has applied for ongoing MA.
- Once verification is received, the CAO must determine ongoing eligibility for PE beneficiaries within five workdays of receipt.

- The CAO will send a notice of eligibility or ineligibility for ongoing MA to the individual(s).

Pregnant women, who are eligible for PE under the PE for Pregnant Women benefit plan, will be limited to ambulatory services. If the pregnant woman applies, and is approved for ongoing MA, she will receive the full scope of MA benefits. Children under the age of 21 will receive services under the Children's benefit plan. Parent/caretakers, individuals age 19-64, and former foster care individuals will receive services under the appropriate adult benefit plan. All PE beneficiaries will receive services through the Fee-for-Service delivery system during their PE coverage period.

Performance Standards/Monitoring for Qualified, Enrolled MA PE Providers

The Department will use the following performance measures to monitor overall qualified hospital PE provider performance in the program:

- The percentage of PE beneficiaries that go on to be authorized for ongoing MA benefits following their PE period will be no less than 80 percent during the first six months, increases to no less than 90 percent in the second six months, and no less than 95 percent for the second and subsequent years. Ongoing applications rejected, because the applicant did not keep an interview appointment or provide verification, will not be included in this measurement.
- Compliance with all requirements established in this MA bulletin and in the online training.
- The qualified hospital PE provider must complete a monthly Quality Assurance (QA) review of at least 10 percent 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. The qualified hospital PE provider must retain paper or electronic records of the QA reviews for a period of six years. QA reviews are subject to monitoring by the Department and must be made available to the Department upon request.

The Department will maintain a list of all approved MA qualified hospital PE providers that will be updated monthly. The Department will monitor overall PE performance on an ongoing basis through monthly statistically valid random samples of PE applications and associated documents submitted to the Department. The Department will notify the qualified hospital PE provider of any error findings in writing and extend an opportunity to refute the findings in writing and through discussion via conference calls with the Department. Final decisions regarding the adjudication of the findings will rest with the Department. All final findings will require the qualified hospital PE provider to develop and implement an Error Prevention Plan (EPP) within 15 days of the final adjudication of the finding. The EPP must be reviewed and concurrence with the EPP given by the Department within 10 days. The EPP will be monitored on an ongoing basis for effectiveness in resolving identified issues. The Department will follow up with the qualified hospital PE provider to discuss the EPP no less than 30 days after issuance. A timeline of the monitoring, reconciliation, and error prevention activities follows below. Issues identified and not resolved by the qualified hospital PE provider within six months will cause the qualified hospital PE provider to be subject to disqualification

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

- Day 1: The Department selects sample.
- By Day 40: The Department issues written PE monitoring findings with 40 days after sample selection. If day 40 is a weekend or holiday, the PE monitoring findings will be issued on the next business day.
- By Day 55: The qualified hospital PE provider will agree or disagree with PE monitoring findings in writing after discussions about disputed findings have been completed. EPPs are due to the Department, Office of Income Maintenance, Bureau of Program Evaluation (BPE), Division of Corrective Action (DCA), within 15 days of adjudication of findings. If day 15 is a weekend or holiday, the EPP is due the next business day. For example, if the qualified hospital PE provider agrees with the finding on day 45, the EPP is due by day 60. For decisions on disputed findings on day 55, the EPP is due on day 70.
- 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. EPPs for decisions made on day 60 are due by day 75.
- By Day 75: All EPPs for the sample month are due to DCA.
- By Day 90 or within 15 days of receipt of EPP, whichever is earlier: DCA will review and notify qualified hospital PE provider of approval/disapproval of the EPP. If the EPP is disapproved, the qualified hospital PE provider must provide a revised/corrected EPP within five business days.
- 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 qualified hospital PE 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: DCA will determine if corrective action was effective (no repeated findings for same finding).

ATTACHMENTS:

Attachment A – PE Provider Addendum Form (revised June 2020)

HOSPITAL PE PROVIDER ADDENDUM

I. PURPOSE

The purpose of this Addendum is to confirm the hospital's intent to perform MA Presumptive Eligibility (PE) determinations pursuant to the Patient Protection and Affordable Care Act (ACA) and to set forth the responsibilities of the hospital as a PE Provider.

II. RESPONSIBILITIES OF THE HOSPITAL

To qualify as a PE provider, you must:

- self-attest to follow the PE determination rules and procedures established by the Department of Human Services (Department).
- adhere to all procedures and standards outlined in Medical Assistance (MA) Bulletin 01-20-04 and successor bulletins regarding PE.
- become a Commonwealth of Pennsylvania Access to Social Services (COMPASS) Community Partner prior to submitting PE applications and accept the terms and conditions set forth in the Data Release Agreement. All PE applications will be submitted through COMPASS as a Community Partner.
- limit employees using the COMPASS system to complete PE applications to those employees who have completed the Department mandated training.
- allow the Department to monitor and evaluate the hospital's PE applications and procedures to ensure federal and state policy is followed and eligibility determinations are made accurately.
- comply with the evaluation process set forth by the Department.

In the event that the hospital fails to comply with these standards, the Department may take corrective action, up to and including the termination of the hospital's PE provider status. The hospital also agrees to submit to corrective action if it fails to meet the accuracy standards set forth by the Department for PE determinations.

PE Addendum attestation forms may be submitted via any one of the following options:

1. ePEAP: Upload your Addendum attestation forms via the PROMISe provider portal's new upload feature. To upload documents, please select the "Upload PDF" entry in the ePEAP menu of your provider profile, browse for your .pdf file, and select document type: **ACA PE Addendum**.
2. Email: Ra-ProvApp@pa.gov (Indicate subject as "ACA PE Addendum")
3. Fax: 717-265-8284 (Indicate "ACA PE Addendum" in fax cover sheet subject line)
4. Mail: DHS/OMAP/BFFSP

Attention: Provider Enrollment Unit/ACA PE
PO Box 8045
Harrisburg, PA 17105-8045

Please print the information requested below:

Hospital CEO: _____

Hospital Name: _____

Hospital Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Phone Number (Main): _____ MA Provider Number: _____

Contact Name: _____ Contact Phone Number: _____

Please sign below:

Hospital CEO: _____

Date: _____

Forms without the required signature will be returned.