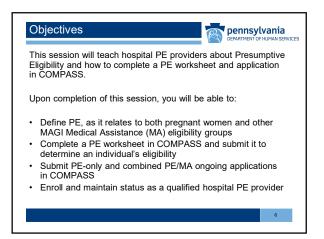
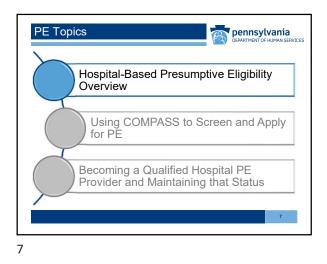


Term	Definition
ACA	Affordable Care Act
BPE	Bureau of Program Evaluation
COMPASS	Commonwealth of Pennsylvania Application for Social Services
DCA	Division of Corrective Action
EPP	Error Prevention Plan
FPL	Federal Poverty Level
MA	Medical Assistance
MAB	Medical Assistance Bulletin
MAGI	Modified Adjusted Gross Income

PE Presumptive Eligibility PS Provider Specialty		
PS Provider Specialty	Term	Definition
1 7	PE	Presumptive Eligibility
PT Provider Type	PS	Provider Specialty
	РТ	Provider Type

5







 What is Hospital-Based PE?
 Emersylvania

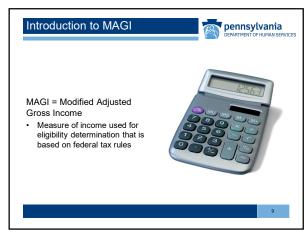
 Self-attested
 Citizenship

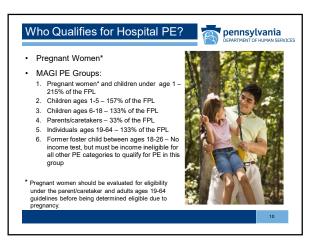
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 Income
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 PA

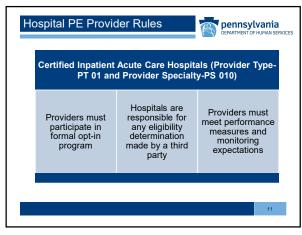
 defined PE individuals, see slide 10)
 Income
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 kdentity
 Income
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 PA

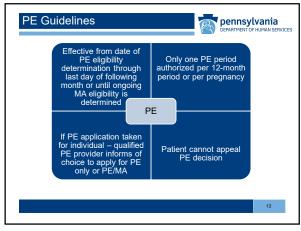


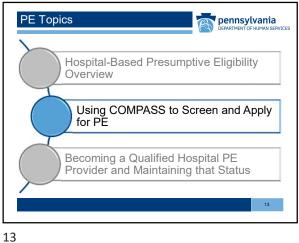




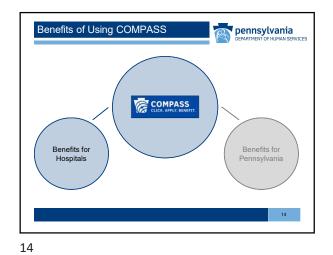


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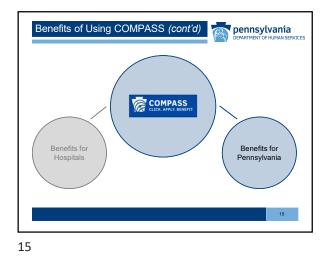










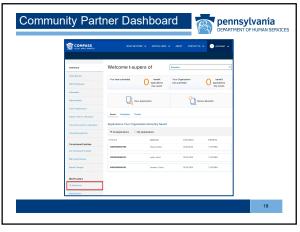












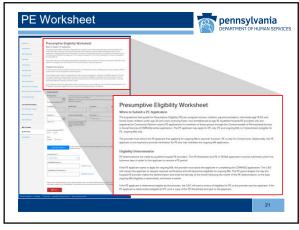
Apply for Presumptive I	Eligibility			
(MA) benefits for individuals in Modified Adjusted program women, children, parents-caretalizes, an	de care henphilis to apply for a period of temporary Med Gross Income (MKI)S categories. The spatisfied PC option with ages 15 64, and former finiter care recipients ander o	includer ger 26. Centy		
acute care frospitals who have signed an agreem completed transing, will be able to submit PE appl	et with the Department of Human Services, and whose s callons			
MA Provider Validation		Type of Medical S	ervice:	
Type of Medical Service:		-Select- Emergency In Patient		
MA Provider Humber (123456789-1234)		Out Patient Not Applicable		
		Court		



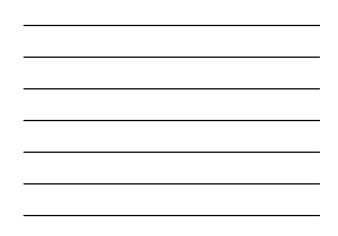


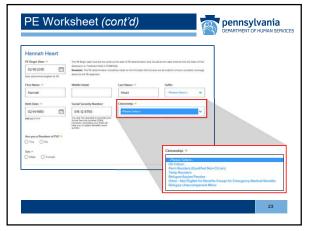


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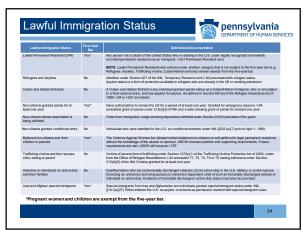
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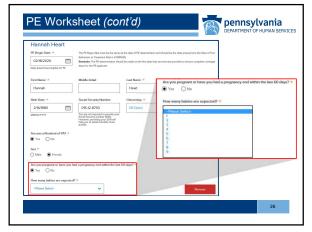


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Harold Heart					
PE Begin Date: *	The PE Bogin does must be the same Admission or Theypment field in CON Remarker: The PE determination sho	PASS.			
Date determined régiõe for FE	dates for the PC applicant.	ual be made on the trux date that se	word are provided to ensure to	outrain coverate.	
First Name +	Middle Istal	Lett Name: *	Seffec		
Harold		Heart	.a.	*	
Birth Date: .	Social Security Number	Citizenship: *			
0501/1994	123-45-6789	US Citzen		*	
MMODITY Y	You are not required to provide your Social Security number (2004) Howavan, providing your SSH will help you to obtain behefts nerve sweldy.				
Are you a Resident of PA? =					
● Yas ○ No					
Were you receiving Faster Care Ves No	and MA at the ege of 18? *				
Sex *				Party of the second second	and MA at the age of 18? *
O Malo O Farrada			O Yes O Ne	0	

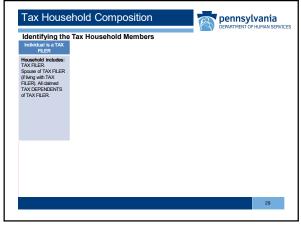




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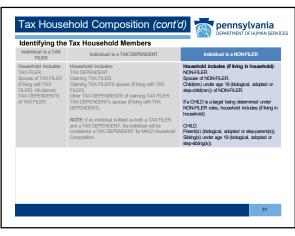
Add Antsher Applicant	Is there anyone else in the household that is apply Applicant' button	ng for PE? If so, please click the 'Add Another
Household Size: •		
Total Monthly Income:		
	Allowable Income	
Total Monthly Tax Deductions: *	Allowable Deductions	
	uracy before submitting. Once you submit the PE Work isheet. The information will be seved and transferred to	
Cancel	Control - The Anton Deposit, the are appreciated and particular	Submit
B. Calco		2 GURRE -

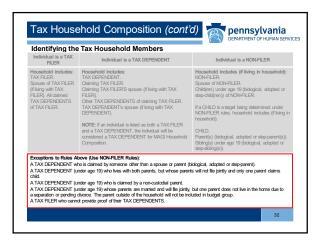
Tax Filing Stat	uses Defined pennsylvania
Tax Filer	An individual who expects to file a tax return for the taxable year in which an initial determination of eligibility is being made
Tax Dependent	An individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which 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



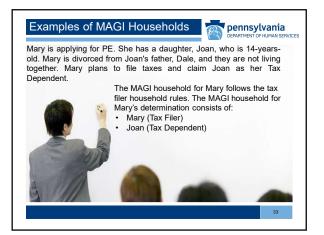
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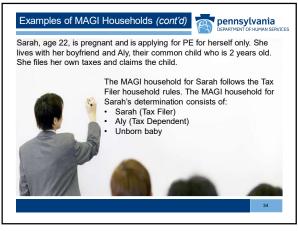




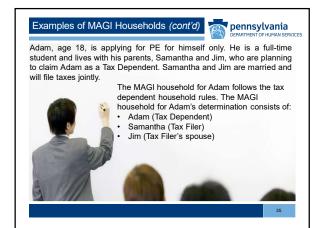


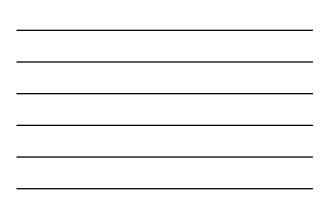






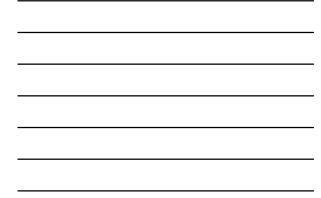


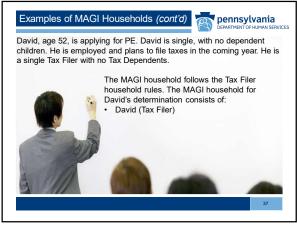




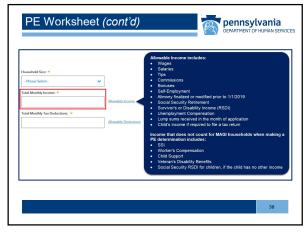
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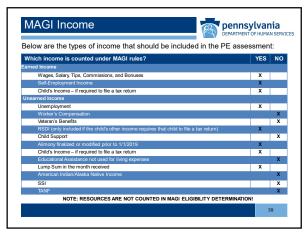




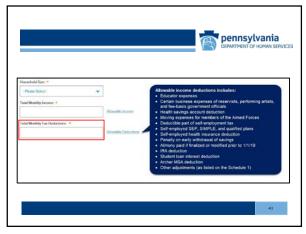




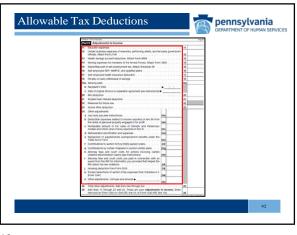
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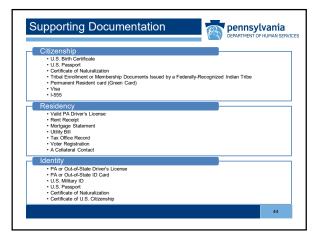
Coverage Group	Parents / Caretakers	Children Ages 6-8 / Adults 19-64	Children Ages 1-5	Pregnant Women and Children	Former Foster Child	5% In Disregari on 100%	d (Based
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	33% of FPL	103% of FPL	157% of FPL	215% of FPL	NA	1	\$62.75
Persons	Monthly	Monithly	Monthly	Monthly	NA	2	\$85.20
1	\$415	\$1,070	\$1,971	\$2,699	NA	3	\$107.60
2	\$563	\$2,266	\$2,675	\$3,063	NA	4	\$130.00
3	\$711	\$2,862	\$3,379	\$4,627	NA	5	\$152.45
4	\$858	\$3,458	\$4,082	\$5,590	NA	6	\$174.05
5	\$1,008	\$4,055	\$4,786	\$6,554	NA	1	\$197.25
6	\$1,154	\$4,651	\$5,490	\$7,518	NA		5219.70
7	\$1,302	\$5,247	\$6,194	\$8,482	NGA	Each	
8	\$1,450	\$5,844	\$6,898	\$9,446	NA	Additional Person	\$22.45
Each Additional Person	\$148	\$597	\$704	\$164	NA	Deduct 5% FPL only income after tax deductions enceeds	







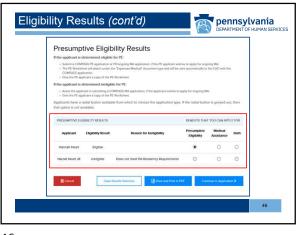
Add Another	Applicant' butto	else in the household that is applying for PE? If so, please click the 'Add Another it.
Household Size: *		
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Total Monthly Incom	ec •	
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		tting. Once you submit the PE Worksheet you will not be able to make changes to the cook will be several and transferred to the PE or PEongang MA application.



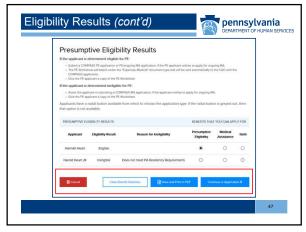


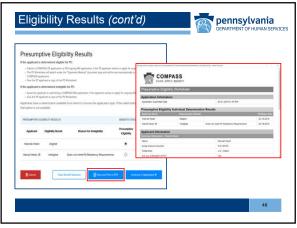
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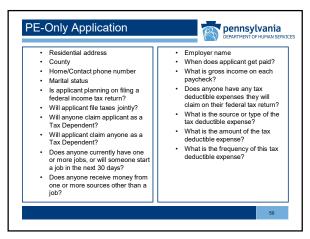






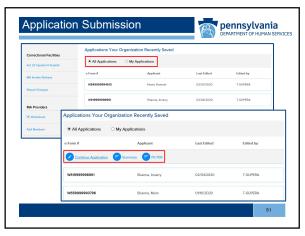
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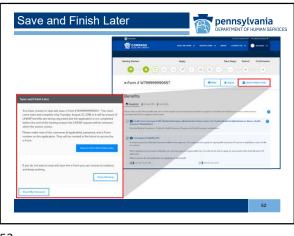




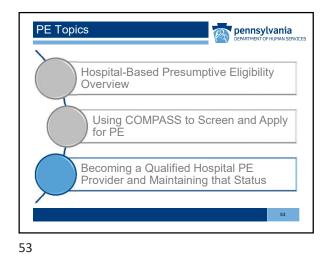


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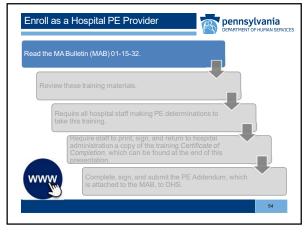












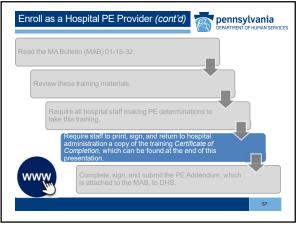




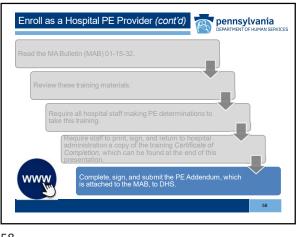
Encoll as a Hospital PE Provider (cont) Read the MA Bulletin (MAB) 01-15-32. Review these training materials. Require all hospital staff making PE determinations to tac his training. Require staft to print, sign, and return to hospital doministration a copy of the training Certificate of consection. Complete, sign, and submit the PE Addendum, which is attached to the MAB, to DHS.



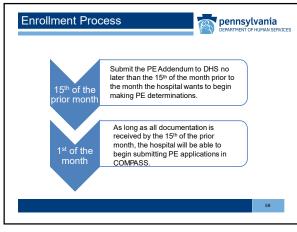
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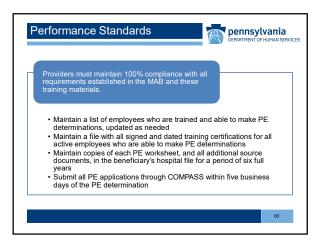




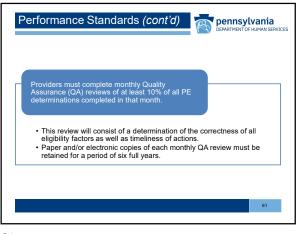




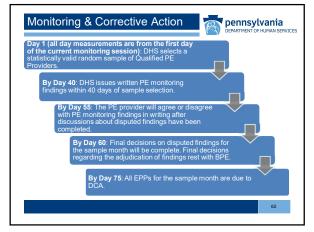
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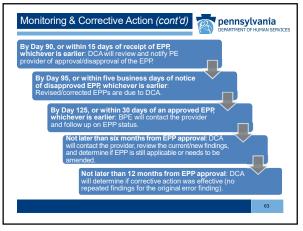


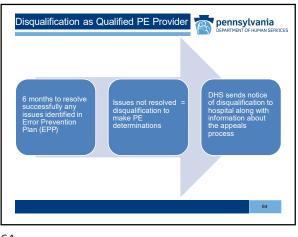




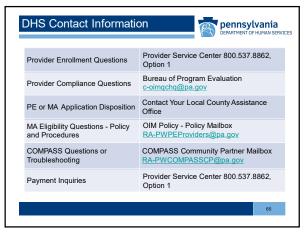


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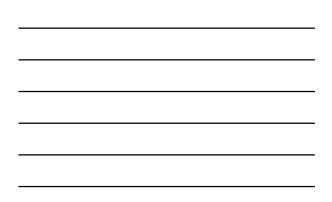




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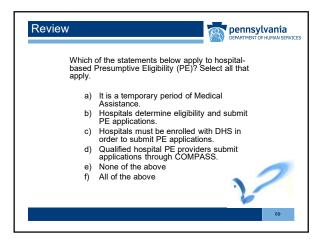


Review	DEPARTMENT OF HUMAN SERVICES
All qualified hospital PE provider to their Community Partner Da submit hospital-based PE app	shboard to
True or False?	
	67

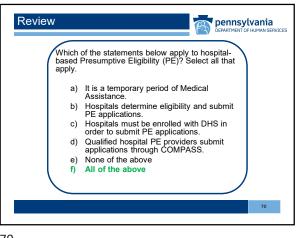


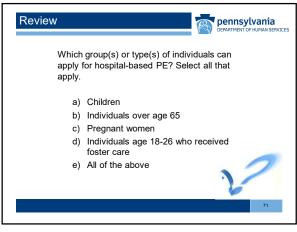




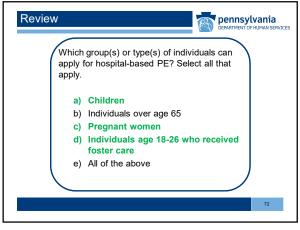


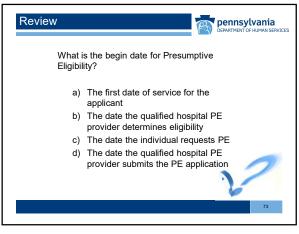


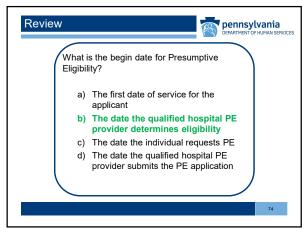




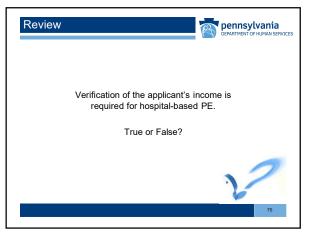
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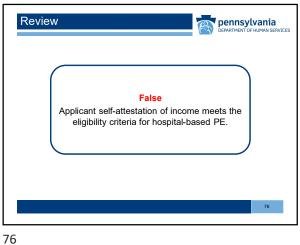




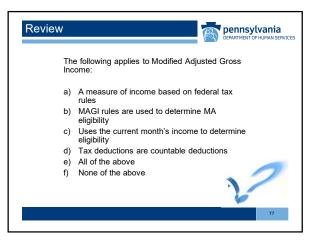


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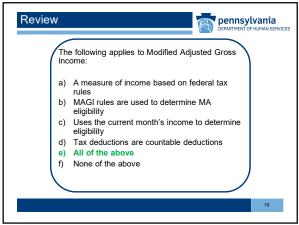


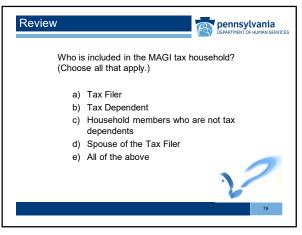


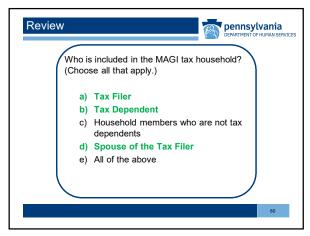




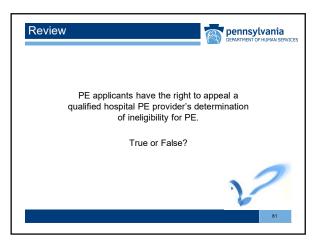
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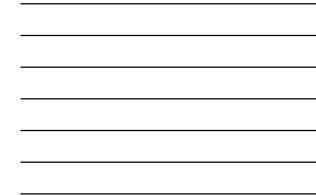


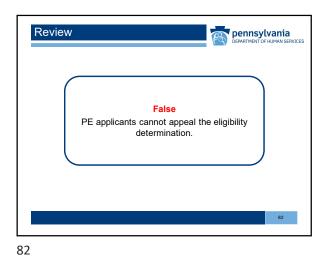




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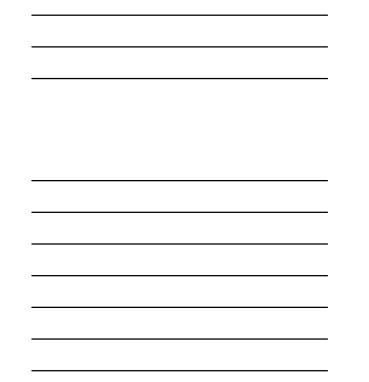




If an applicant does not plan to file federal taxes, their eligibility is based on non-filer tax household rules.

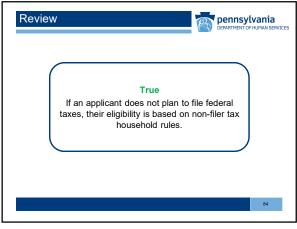
True or False?

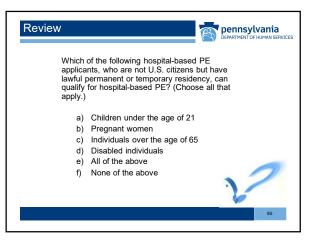
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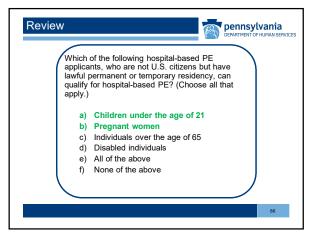


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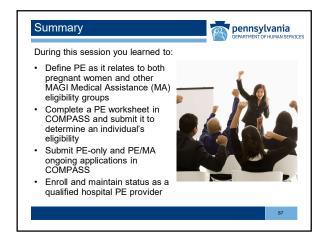
Review







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Please print	and sign this page to ve	erify that you succe	essfully completed	
the Hospital	Based Presumptive Eli	<i>gibility</i> training and	I understand the	
program req	irements on			
Provide this signed page to your PE administrator to retain for DHS				
inspection.				
	elow, I certify that I have Eligibility training conta		ospital-Based	
Print name:				
Signature: _				
Hospital Na	ne/MA Provider #:			
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