

For Qualified Hospital Providers

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

4

Acronyms and Terms (cont'd)




Term	Definition
PE	Presumptive Eligibility
PS	Provider Specialty
PT	Provider Type

5

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

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

7

What is Hospital-Based PE?

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

+

Income

Self-Attested Criteria

Citizenship

PA Residency

Identity

8

8

Introduction to MAGI


MAGI = Modified Adjusted Gross Income

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


9

9

Who Qualifies for Hospital PE?



- Pregnant Women*
- MAGI PE Groups:
 - Pregnant women* and children under age 1 – 215% of the FPL
 - Children ages 1-5 – 157% of the FPL
 - Children ages 6-18 – 133% of the FPL
 - Parents/caretakers – 33% of the FPL
 - Individuals ages 19-64 – 133% of the FPL
 - 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

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
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11

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

12

12

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

13

Benefits of Using COMPASS

COMPASS
CLICK. APPLY. BENEFIT.

Benefits for Hospitals

Benefits for Pennsylvania

14

14

Benefits of Using COMPASS (cont'd)

COMPASS
CLICK. APPLY. BENEFIT.

Benefits for Hospitals

Benefits for Pennsylvania

15

15

16

17

18

Provider Validation

Apply for Presumptive Eligibility

What is Presumptive Eligibility?

The Presumptive Eligibility (PE) process allows acute care hospitals to apply for a period of temporary Medical Assistance (MA) benefits for individuals in Modified Adjusted Gross Income (MAGI) categories. The qualified PE groups include pregnant women, children, parents/caretakers, adults ages 19-64, and former foster care recipients under age 18. Only acute care hospitals who have signed an agreement with the Department of Human Services, and whose staff has completed training, will be able to submit PE applications.

MA Provider Validation

Please enter your MA provider information:

Type of Medical Service

Emergency

MA Provider Number (CDH&S/MS 0298)

123456789

Next >

Type of Medical Service:

Sellers

Emergency

In Patient

Out Patient

Not Applicable

19

19

Provider Validation (cont'd)

Apply for Presumptive Eligibility

What is Presumptive Eligibility?

The Presumptive Eligibility (PE) process allows acute care hospitals to apply for a period of temporary Medical Assistance (MA) benefits for individuals in Modified Adjusted Gross Income (MAGI) categories. The qualified PE groups include pregnant women, children, parents/caretakers, adults ages 19-64, and former foster care recipients under age 18. Only acute care hospitals who have signed an agreement with the Department of Human Services, and whose staff has completed training, will be able to submit PE applications.

MA Provider Validation

Please enter your MA provider information:

Type of Medical Service

Emergency

MA Provider Number (CDH&S/MS 0298)

123456789

Next >

The MA provider number you entered is not a valid PE Provider number. Please re-enter a valid provider number as listed in the Community Partner Database.

Select the "PE" button to close the pop-up window.

What is Presumptive Eligibility?

The Presumptive Eligibility (PE) process allows acute care hospitals to apply for a period of temporary Medical Assistance (MA) benefits for individuals in Modified Adjusted Gross Income (MAGI) categories. The qualified PE groups include pregnant women, children, parents/caretakers, adults ages 19-64, and former foster care recipients under age 18. Only acute care hospitals who have signed an agreement with the Department of Human Services, and whose staff has completed training, will be able to submit PE applications.

MA Provider Validation

Please enter your MA provider information:

Type of Medical Service

Emergency

MA Provider Number (CDH&S/MS 0298)

123456789

Next >

20

20

PE Worksheet

Presumptive Eligibility Worksheet

What is Presumptive Eligibility?

The Presumptive Eligibility (PE) process allows acute care hospitals to apply for a period of temporary Medical Assistance (MA) benefits for individuals in Modified Adjusted Gross Income (MAGI) categories. The qualified PE groups include pregnant women, children, parents/caretakers, adults ages 19-64, and former foster care recipients under age 18. Only acute care hospitals who have signed an agreement with the Department of Human Services, and whose staff has completed training, will be able to submit PE applications.

When to Submit a PE Application

The PE applicant must submit the PE application for ongoing MA to the Department of Human Services (DHS) within 30 days of the date of the PE determination. The PE applicant must submit the PE application for ongoing MA to the DHS within 30 days of the date of the PE determination. The PE applicant must submit the PE application for ongoing MA to the DHS within 30 days of the date of the PE determination.

Eligibility Determination

The PE determination is made by qualified hospital PE providers. The PE Worksheet and PE or PE-MA application must be submitted within five business days in order for the applicant to receive a PE period.

Presumptive Eligibility Worksheet

When to Submit a PE Application

The PE applicant must submit the PE application for ongoing MA to the Department of Human Services (DHS) within 30 days of the date of the PE determination. The PE applicant must submit the PE application for ongoing MA to the DHS within 30 days of the date of the PE determination. The PE applicant must submit the PE application for ongoing MA to the DHS within 30 days of the date of the PE determination.

21

21

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7

22

23

24

PE Worksheet (cont'd)



Harold Heart

PE Begin Date: 02/18/2018

First Name: Harold

Middle Initial:

Last Name: Heart

Suffix:

Birth Date: 02/01/1994

Social Security Number: 02-45-4789

Citizenship: US Citizen

Are you a Resident of PA?: Yes


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

How many babies are expected?:

Are you receiving Foster Care and MA at the age of 18?: No

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


PE Worksheet (cont'd)



25

25

PE Worksheet (cont'd)



Hannah Heart

PE Begin Date: 02/18/2020

First Name: Hannah

Middle Initial:

Last Name: Heart

Suffix:

Birth Date: 2/14/1980

Social Security Number: 016-52-8750

Citizenship: US Citizen

Are you a Resident of PA?: Yes


Are you pregnant or have you had a pregnancy and within the last 60 days?: Yes

How many babies are expected?: 1

Are you pregnant or have you had a pregnancy and within the last 60 days?: Yes

How many babies are expected?: 1


PE Worksheet (cont'd)



26

26

PE Worksheet (cont'd)



Add Another Applicant

Household Size: 1


Total Monthly Income: \$0

Total Monthly Tax Deductions: \$0

Cancel

Submit

PE Worksheet (cont'd)




27

27

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9

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

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

29

Tax Household Composition (cont'd)



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.

Individual is a TAX DEPENDENT


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

30

Tax Household Composition (cont'd)

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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

31

Tax Household Composition (cont'd)

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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

32


Examples of MAGI Households

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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

33

Examples of MAGI Households (cont'd)



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

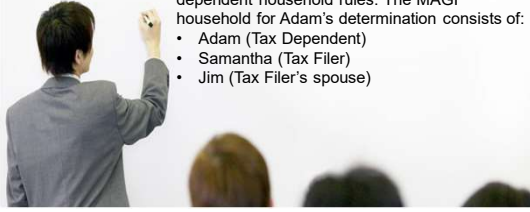
34

34

Examples of MAGI Households (cont'd)



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

35

Examples of MAGI Households (cont'd)



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

36

Examples of MAGI Households (cont'd)

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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

37

PE Worksheet (cont'd)

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Household Size:
Please Select:
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

38

MAGI Income

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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


39

40

41

42

PE Worksheet (cont'd)



Add Another Applicant

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

Household Size: 2

Total Monthly Income: 450 [Allowable Income](#)

Total Monthly Tax Deductions: 100 [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/ongoing MA application.


Cancel

Submit

43

43

Supporting Documentation



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

44

Eligibility Results



Presumptive Eligibility Results

If the applicant is determined eligible for PE:

- Submit a COMPASS PE application or PE/ongoing 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 CAC 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 radial button available from which to choose the application type. If the radial 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
Harold Heart	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harold Heart, JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancel

Clear Benefit Selection

Save and Print as PDF

Continue to Application


45

45

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15

Eligibility Results (cont'd)



Presumptive Eligibility Results

If the applicant is determined eligible for PE:

- Submit a COMPASS PE application or PE/ongoing MA application, if the PE applicant wishes to apply for ongoing MA.
- The PE Worksheet will attach under the "Expenses-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 radial button available from which to choose the application type. If the radial 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
Hannah Heart	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harold Heart JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancel

Clear Benefit Selection


View and Print as PDF

Continue to Application

46

46

Eligibility Results (cont'd)



Presumptive Eligibility Results

If the applicant is determined eligible for PE:

- Submit a COMPASS PE application or PE/ongoing MA application, if the PE applicant wishes to apply for ongoing MA.
- The PE Worksheet will attach under the "Expenses-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 radial button available from which to choose the application type. If the radial 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
Hannah Heart	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harold Heart JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancel

Clear Benefit Selection


View and Print as PDF

Continue to Application

47

47

Eligibility Results (cont'd)



Presumptive Eligibility Results

If the applicant is determined eligible for PE:

- Submit a COMPASS PE application or PE/ongoing MA application, if the PE applicant wishes to apply for ongoing MA.
- The PE Worksheet will attach under the "Expenses-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 radial button available from which to choose the application type. If the radial 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
Hannah Heart	Eligible		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harold Heart JR	Ineligible	Does not meet PA Residency Requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancel

Clear Benefit Selection

View and Print as PDF

Continue to Application

COMPASS
CLICK APPLY NOW!

Presumptive Eligibility Worksheet

Application Information

Application Submission Date

02-27-2019 01:44 PM

Application Status

Submitted

Application Type

PE Single Step

Presumptive Eligibility Individual Determination Results

Applicant Name

Hannah Heart

Eligibility Result

Eligible

Reason for Ineligibility

Application Information

Applicant Name

Harold Heart

Social Security Number

111-111111

City/County

U.S. Census

Applicant Residency Status

Yes

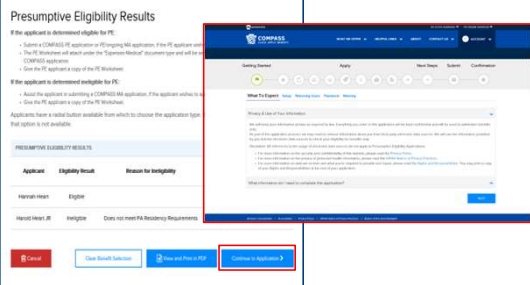
48

48

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16

Eligibility Results (cont'd)



Presumptive Eligibility Results

If the applicant is determined eligible for PE:

- Submit a COMBISD PE application or eFiling MA application. If the PE application is submitted, the PE application will be processed under the "Temporary Health" document type and will be for COMBISD applications.
- Give the PE applicant a copy of the PE Worksheet.

If the applicant is determined ineligible for PE:

- Submit the application as a standard MA application. If the applicant is ineligible for PE, the PE application will be processed under the "Standard Health" document type and will be for COMBISD applications.
- Give the PE applicant a copy of the PE Worksheet.

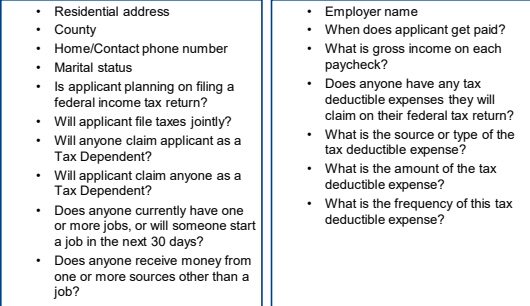
Applicants have a initial button available from which to choose the application type that applies to not available.

Applicant	Eligibility Result	Reason for Ineligibility
Harriet Hest	Eligible	
Harriet Hest, JR	Ineligible	Does not meet PE Recidency Requirements

[Cancel](#) [View Search Results](#) [View and Print a PDF](#) [Continue to Application](#)

49

PE-Only Application

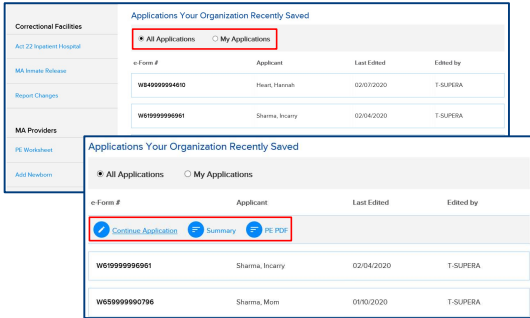


- Residential address
- County
- Home/Contact phone number
- Marital status
- Is applicant planning on filing a federal income tax return?
- Will applicant file taxes jointly?
- Will anyone claim applicant as a Tax Dependent?
- Will applicant claim anyone as a Tax Dependent?
- Does anyone currently have 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?

50

Application Submission



Applications Your Organization Recently Saved

☒ All Applications ☐ My Applications

e-Form #	Applicant	Last Edited	Edited by
WS04000004010	Harriet, Harriet	02/07/2020	T-SUPERIA
WS09999906001	Sharma, Incarny	02/04/2020	T-SUPERIA

Applications Your Organization Recently Saved

☒ All Applications ☐ My Applications

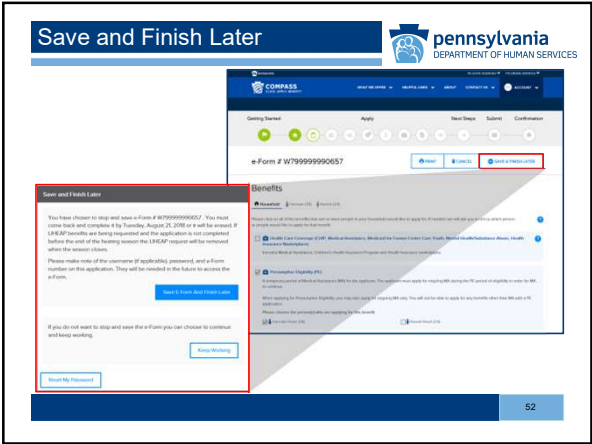
[Continue Application](#) [Summary](#) [PE PDF](#)

e-Form #	Applicant	Last Edited	Edited by
WS09999906001	Sharma, Incarny	02/04/2020	T-SUPERIA
WS0999990706	Sharma, Mom	01/10/2020	T-SUPERIA

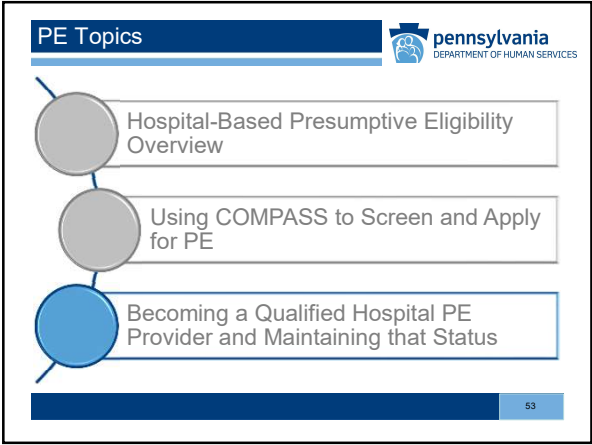
51

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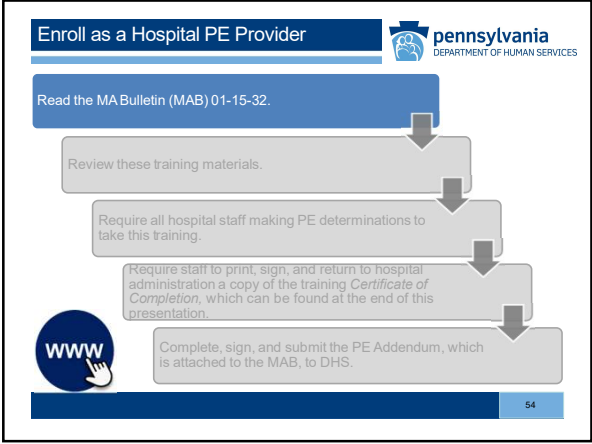
17



52




53



54

Enroll as a Hospital PE Provider (cont'd)




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

55

Enroll as a Hospital PE Provider (cont'd)




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.

56

56

Enroll as a Hospital PE Provider (cont'd)




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.

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57

57

Enroll as a Hospital PE Provider (cont'd)




Read the MABulletin (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.

58

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

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

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

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

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

63

Disqualification as Qualified PE Provider



6 months to resolve successfully any issues identified in Error Prevention Plan (EPP)


Issues not resolved = disqualification to make PE determinations

DHS sends notice of disqualification to hospital along with information about the appeals process

64

64

DHS Contact Information




Provider Enrollment Questions	Provider Service Center 800.537.8862, Option 1
Provider Compliance Questions	Bureau of Program Evaluation c-olmqchq@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

65

Review




Now let's review...



66


66

Review



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


True or False?



67

67

Review




True

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

68


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

69

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

70

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

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

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

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

74

Review




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

True or False?

75

75

Review




False

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

76

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

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


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


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


80

Review



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


True or False?



81

81

Review




False

PE applicants cannot appeal the eligibility determination.

82


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

83

Review




True

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

84


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

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


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

87

Completion Certificate



Please print and sign this page to verify that you successfully completed the *Hospital-Based Presumptive Eligibility* training and understand the program requirements on _____.

(enter date)

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

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

Print name: _____

Signature: _____

Hospital Name/MA Provider #: _____

Date: _____

88
