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DEPARTMENT OF HUMAN SERVICES

Hospital-Based Presumptive Eligibility


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Introduction



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- Presumptive Eligibility (PE) 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.

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Desk Guide



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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.

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Bureau of Policy


March 3, 2023

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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

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Acronyms and Terms (cont'd)




Term	Definition
PE	Presumptive Eligibility
PS	Provider Specialty
PT	Provider Type

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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

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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

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What is Hospital-Based PE?

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

+

Citizenship

Income

Self-Attested Criteria

PA Residency

Identity


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Introduction to MAGI

MAGI = Modified Adjusted Gross Income

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



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Who Qualifies for Hospital PE?

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- 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.



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Hospital PE Provider Rules

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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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PE Guidelines

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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

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Benefits of Using COMPASS

COMPASS

CLICK. APPLY. BENEFIT.

Benefits for Hospitals

Benefits for Pennsylvania

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Benefits of Using COMPASS (cont'd)

COMPASS

CLICK. APPLY. BENEFIT.

Benefits for Hospitals

Benefits for Pennsylvania

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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 (20104/99-0216)

123456789

Next >

Type of Medical Service:

Sellers

Emergency

In Patient

Out Patient

Not Applicable

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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 (20104/99-0216)

123456789

Next >

What is Presumptive Eligibility?

The MA provider number you entered is not a valid PE Provider number. Please enter a valid PE provider number or select the Community Partner Dashboard.

Click the "OK" button to close the pop-up window.

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PE Worksheet

Presumptive Eligibility Worksheet

What is Presumptive Eligibility?

The 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.

Presumptive Eligibility Worksheet


When to Submit a PE Application

The 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.

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PE Worksheet (cont'd)



Individual

PE Begin Date:

This PE Begin date must be the same as the date of PE administration and should be the date entered into the Date of First Admission or Treatment field on COBIMHS.

Remember: The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date:

Gender:

Social Security Number:

Citizenship:

Are you a Resident of PA? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female


Are you a Resident of PA? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

PE Worksheet (cont'd) - 22

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PE Worksheet (cont'd)



Individual

PE Begin Date:

This PE Begin date must be the same as the date of PE administration and should be the date entered into the Date of First Admission or Treatment field on COBIMHS.

Remember: The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date:

Gender:

Social Security Number:


Citizenship:

Are you a Resident of PA? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

PE Worksheet (cont'd) - 22

PE Worksheet (cont'd)



Individual

PE Begin Date:

This PE Begin date must be the same as the date of PE administration and should be the date entered into the Date of First Admission or Treatment field on COBIMHS.

Remember: The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date:

Gender:

Social Security Number:

Citizenship:


Are you a Resident of PA? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

PE Worksheet (cont'd) - 23

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PE Worksheet (cont'd)



Individual

PE Begin Date:

This PE Begin date must be the same as the date of PE administration and should be the date entered into the Date of First Admission or Treatment field on COBIMHS.

Remember: The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

First Name:

Middle Initial:

Last Name:

Suffix:

Birth Date:

Gender:

Social Security Number:


Citizenship:

Are you a Resident of PA? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

PE Worksheet (cont'd) - 23

Lawful Immigration Status




Lawful Immigration Status	Five-Year Bar	Definitions/Documentation
Lawful Permanent Resident (LPR)	Yes*	Any person not a citizen of the United States who is residing in the U.S. under legally recognized and lawfully recorded permanent residence or as an immigrant. I-551 Permanent Resident card. NOTE: Lawful Permanent Residents who entered under another category that is not subject to the five-year bar (e.g., Refugees, Asylees, Trafficking victims, Cuban/Haitian entrants) remain exempt from the five-year bar.
Refugees and Asylees	No	Admitted under Section 207 of the INA. Temporary Resident card (I-94) annotated with refugee status. Asylum status is a form of protection available to refugees who are already in the US or seeking admission.
Cuban and Haitian Entrants	No	A Cuban and Haitian Entrant is any individual granted parole status as a Cuban/Haitian immigrant, who is not subject to a final removal order, and has applied for asylum. As defined in Section 501(a) of the Refugee Assistance Act of 1980, I-94 or I-551 annotated.
Non-citizens granted parole for at least one year	Yes*	Have authorization to remain in the US for a period of at least one year. Granted for emergency reasons. I-94 annotated grant of parole under 212(d)(5) of INA and a date showing grant of parole for at least one year.
Non-citizens whose deportation is being withheld	No	Order from Immigration Judge showing deportation withheld under Section 243(h) and date of the grant.
Non-citizens granted conditional entry	No	Individuals who were admitted to the U.S. as conditional entrants under INA §203 (a)(7) prior to April 1, 1980.
Battered non-citizens and their children or parents	Yes*	The Violence Against Women Act allowed certain battered non-citizens to self-petition for legal permanent residence without the knowledge of the abuser or sponsor. USCIS reviews a petition and supporting requirements. If basic requirements are met, USCIS will issue an I-797.
Trafficking victims and their spouses, child, sibling or parent	No	Victims of severe form of trafficking under Section 107(b)(1) of the Trafficking Victims Protection Act of 2000. Letter from the Office of Refugee Resettlement. I-94 annotated T1, T2, T3, T4 or T5 stating admission under Section 216(b)(5) of the INA. If status granted for at least one year.
Veterans or individuals on active duty and their families	No	Qualified aliens who are (a) honorably discharged veterans; (b) on active duty in the U.S. military; or (c) the spouse (including an unmarried surviving spouse) or unmarried dependent child of such an honorably discharged veteran or individual on active duty. Evidence of honorable discharge or active duty status must also be provided.
Iraqi and Afghan special immigrants	Yes*	Special immigrants from Iraq and Afghanistan are individuals granted special immigrant status under INA §101(a)(27). Either entered the U.S. as asylee, or entered as permanent resident with special immigrant visas.

*Pregnant women and children are exempt from the five-year bar.

Lawful Immigration Status - 24

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Lawful Immigration Status



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Lawful Immigration Status - 24

For Qualified Hospital Providers

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PE Worksheet (cont'd)



Harold Heart

PE Begin Date: 02/18/2018

First Name: Harold

Middle Initial:

Last Name: Heart

Suffix:

Birth Date: 01/01/1994

Social Security Number: 012-45-6789

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)



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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: 012-34-5678

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)



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PE Worksheet (cont'd)



Add Another Applicant

Household Size: 1


Total Monthly Income: \$0.00

Total Monthly Tax Deductions: \$0.00

Cancel

Submit

PE Worksheet (cont'd)




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For Qualified Hospital Providers

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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

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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.

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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.

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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)).

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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.

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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)




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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

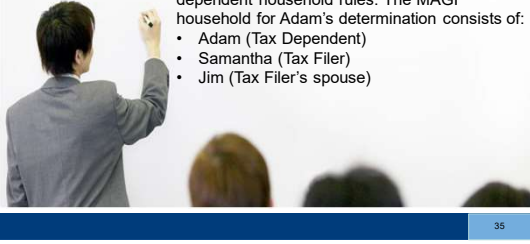
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Examples of MAGI Households (cont'd)



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)


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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)

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Examples of MAGI Households (cont'd)



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)



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PE Worksheet (cont'd)



Household Size: +

Please Select

Total Monthly Income: +

Allowable Income

Total Monthly Tax Deductions: +

Allowable 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

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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!

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FPL Income Limits (2025)



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 Disregard (Based on 100% of FPL)	
						Persons	Monthly
	33% of FPL	133% of FPL	157% of FPL	215% of FPL	N/A	1	\$45.25
Persons	Monthly	Monthly	Monthly	Monthly	N/A	2	\$88.15
1	\$431	\$1,735	\$2,048	\$2,804	N/A	3	\$111.05
2	\$582	\$2,345	\$2,768	\$3,790	N/A	4	\$134.00
3	\$733	\$2,954	\$3,487	\$4,775	N/A	5	\$156.90
4	\$885	\$3,564	\$4,207	\$5,761	N/A	6	\$179.80
5	\$1,036	\$4,173	\$4,926	\$6,746	N/A	7	\$202.75
6	\$1,187	\$4,783	\$5,646	\$7,732	N/A	8	\$222.65
7	\$1,338	\$5,393	\$6,366	\$8,717	N/A	Each Additional Person	\$22.95
8	\$1,490	\$6,002	\$7,085	\$9,702	N/A		
Each Additional Person	\$152	\$610	\$720	\$986	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.

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PE Worksheet (cont'd)



Household Size:

Please Select

Total Monthly Income:

Allowable Income

Total Monthly Tax Deductions:

Allowable Deductions


Allowable income deductions includes:

- Educator expenses
- Certain business expenses of reservists, performing artists, and fee-basis government officials
- Health savings account deduction
- Moving expenses for members of the Armed Forces
- Deductible part of self-employment tax
- Self-employed SEP, SIMPLE, and qualified plans
- Self-employed health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid if finalized or modified prior to 1/1/19
- IRA deduction
- Student loan interest deduction
- Archer MSA deduction
- Other adjustments (as listed on the Schedule 1)

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Allowable Tax Deductions



Part 1 Allowable Tax Deductions

1. Educator expenses

2. Certain business expenses of reservists, performing artists, and fee-basis government officials

3. Health savings account deduction

4. Moving expenses for members of the Armed Forces

5. Deductible part of self-employment tax

6. Self-employed SEP, SIMPLE, and qualified plans

7. Self-employed health insurance deduction

8. Penalty on early withdrawal of savings

9. Alimony paid

10. IRA deduction

11. Student loan interest deduction

12. Archer MSA deduction

13. Other adjustments

14. Total other adjustments

15. Total allowable tax deductions

16. Total allowable tax deductions

17. Total allowable tax deductions

18. Total allowable tax deductions

19. Total allowable tax deductions

20. Total allowable tax deductions

21. Total allowable tax deductions

22. Total allowable tax deductions

23. Total allowable tax deductions

24. Total allowable tax deductions

25. Total allowable tax deductions

26. Total allowable tax deductions

27. Total allowable tax deductions

28. Total allowable tax deductions

29. Total allowable tax deductions

30. Total allowable tax deductions

31. Total allowable tax deductions

32. Total allowable tax deductions

33. Total allowable tax deductions

34. Total allowable tax deductions

35. Total allowable tax deductions

36. Total allowable tax deductions

37. Total allowable tax deductions

38. Total allowable tax deductions

39. Total allowable tax deductions

40. Total allowable tax deductions

41. Total allowable tax deductions

42. Total allowable tax deductions

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99. Total allowable tax deductions

100. Total allowable tax deductions

42

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

For Qualified Hospital Providers

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

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

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

PE Single-Pass: ☒

Presumptive Eligibility Individual Determination Results

Applicant Name	Determination Result	PE Single-Pass
Hannah Heart	Eligible	02-16-2019
Harold Heart JR	Ineligible	02-16-2019

Applicant Information

Name:	Hannah Heart
State/County Number:	010-00750
Citizenship:	U.S. Citizen
Are you a resident of PA?	Yes

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For Qualified Hospital Providers

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Eligibility Results (cont'd)

Presumptive Eligibility Results

If the applicant is determined eligible for PE:

- Submit a COMBES PE application or (if ongoing PE) application. If the PE application is submitted, the PE application will be submitted to the Department of Human Services (DHS) for review.
- The PE application will be reviewed by the Department of Human Services (DHS) and will be submitted to the Department of Human Services (DHS) for review.
- Give the PE applicant a copy of the PE Worksheet.

If the applicant is determined ineligible for PE:

- Submit the application to the Department of Human Services (DHS) for review.
- 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 Heston	Eligible	
Harriet Heston, JR	Ineligible	Does not meet PE Recidency Requirements

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

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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?

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Application Submission

Correctional Facilities

[Add 22 Support Hospital](#)

[MA Inmate Release](#)

[Report Changes](#)

[MA Providers](#)

[PE Worksheet](#)

[Add Newborn](#)

Applications Your Organization Recently Saved

☒ All Applications
 ☐ My Applications

e-Form #	Applicant	Last Edited	Edited by
WS04000004010	Heston, Harriet	02/07/2020	T-SUPERIA
WS09000006061	Sharma, Incary	02/04/2020	T-SUPERIA

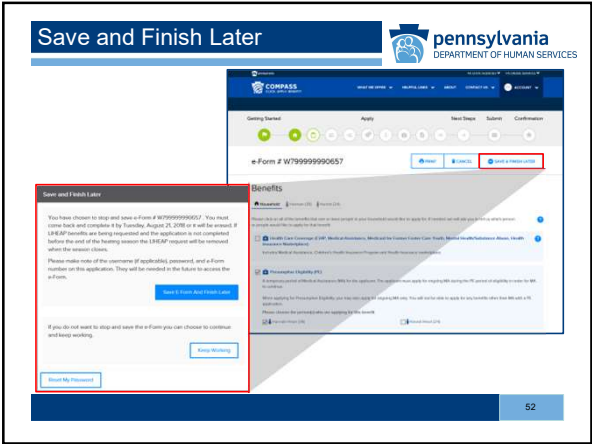
Applications Your Organization Recently Saved

☒ All Applications
 ☐ My Applications

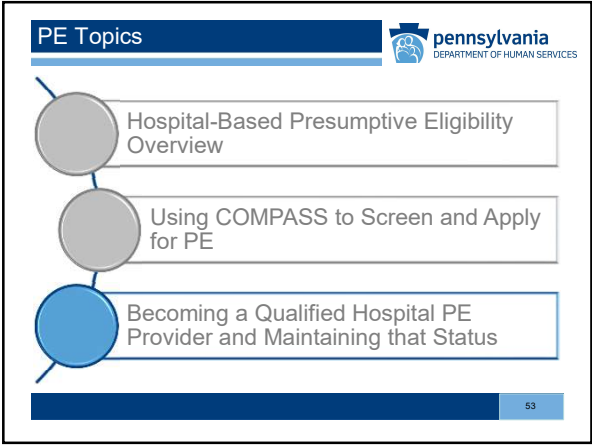
e-Form #	Applicant	Last Edited	Edited by
WS09000006061	Sharma, Incary	02/04/2020	T-SUPERIA
WS09000007066	Sharma, Mom	01/10/2020	T-SUPERIA

51

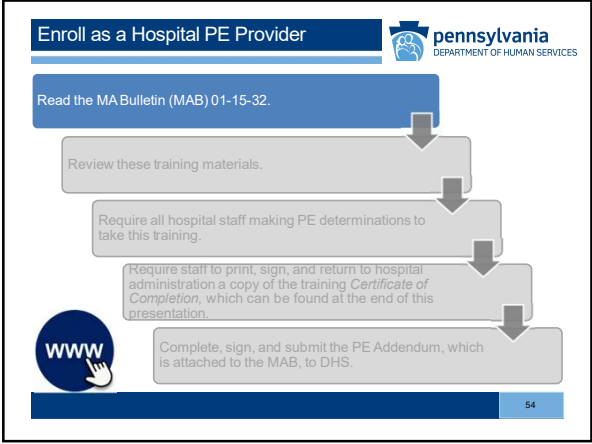
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54

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.

www

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Enroll as a Hospital PE Provider (cont'd)



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

Review these training materials.

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www

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Enroll as a Hospital PE Provider (cont'd)



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Review these training materials.

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www

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57

Enroll as a Hospital PE Provider (cont'd)




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Review these training materials.

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

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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.

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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

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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.

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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.

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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).

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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

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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

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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

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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

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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

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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

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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

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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

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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


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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


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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



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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: _____

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