


Welcome to the *Hospital-Based Presumptive Eligibility* training module.

## Introduction

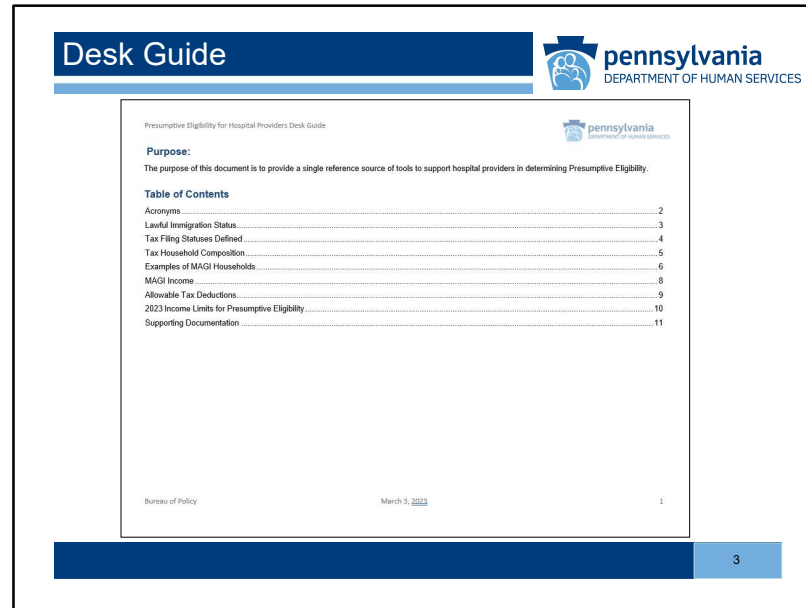


- Presumptive Eligibility (PE) allows qualified hospitals (qualified hospital providers) to determine eligibility and apply for temporary MA coverage.
- ACA expanded PE policy to allow qualified hospital providers to determine eligibility and apply for PE.
- You will learn more about the MA coverage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

2

Presumptive Eligibility, or PE, allows qualified hospitals (from here on referred to as qualified hospital providers) to determine eligibility and apply for temporary Medical Assistance coverage. PE has been available for pregnant women since 1988. The Affordable Care Act expanded PE policy, effective January 1, 2014, 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.



A desk guide, titled *Presumptive Eligibility for Hospital Providers Desk Guide* was developed to accompany this training, to support qualified hospital providers as they complete PE worksheets and applications. The desk guide is available on the same website where you accessed this training presentation. If you select the slide link, you will be taken to the Pennsylvania DHS ACA *Information for Providers* web page where the guide resides. Guide content appears throughout this presentation.

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

First, let's review some key acronyms you will see and hear in this presentation. These acronyms can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.

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


Acronyms and Terms (cont'd)	
PE	Presumptive Eligibility
PS	Provider Specialty
PT	Provider Type

5

The remaining three acronyms are shown here.

- PE is the abbreviation for Presumptive Eligibility.
- PS stands for Provider Specialty.
- PT stands for Provider Type.

## 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:

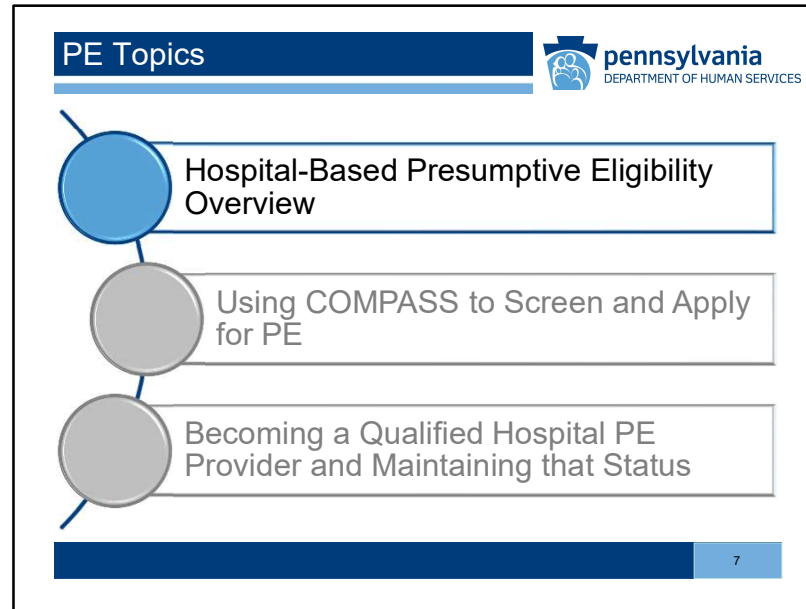
- Define PE, as it relates to both pregnant women and other MAGI Medical Assistance (MA) eligibility groups
- Complete a PE worksheet in COMPASS and submit it to determine an individual's eligibility
- Submit PE-only and combined PE/MA ongoing applications in COMPASS
- Enroll and maintain status as a qualified hospital PE provider

6

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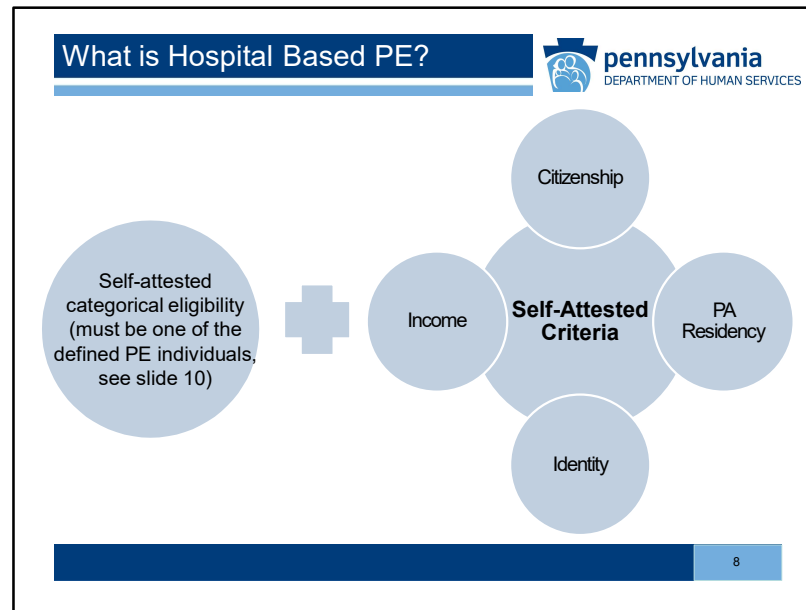
- Define PE, as it relates to both pregnant women and other MAGI Medical Assistance (MA) eligibility groups,
- Complete a PE worksheet in COMPASS and submit it to determine an individual's eligibility,
- Submit PE-only and combination PE/MA ongoing applications in COMPASS, and
- Enroll and maintain status as a qualified hospital PE provider.



In this session, we will discuss:

- An overview of Hospital-Based Presumptive Eligibility;
- How to complete a PE worksheet and PE-only application in COMPASS; and,
- How to become a qualified hospital PE provider and maintain that status.


Let's start with exploring hospital-based Presumptive Eligibility.



Hospital-Based PE is the process by which qualified hospital providers evaluate a patient's eligibility for MA at the time of service, determine eligibility, and apply for a presumptive MA benefit. Under ACA, hospitals use MAGI rules to evaluate PE. Self-attestation regarding whether a person meets eligibility criteria is acceptable but source documents are encouraged.




**Introduction to MAGI**



MAGI = Modified Adjusted Gross Income

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




9


MAGI stands for Modified Adjusted Gross Income. It is the measure of income based on federal tax rules used for eligibility determination. Pennsylvania uses an applicant's current monthly income. A five-percent disregard is also used, if needed.

When we look at the upcoming section on completing the PE worksheet, you will see the income and deductions that are applicable.

Who Qualifies for Hospital PE?



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



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

10


As seen on this slide, individuals who qualify for hospital PE include:

- Pregnant women;
- Children;
- Parents/caretakers;
- Individuals ages 19 to 64; and,
- Former foster children between the ages of 18 to 26.

Please note there are varying percentages of the Federal Poverty Level that apply to each of these populations.

It is also important to note that pregnant women should be evaluated for eligibility under the parent/caretaker and adults ages 19 to 64 guidelines before being determined eligible due to pregnancy.

**Hospital PE Provider Rules**

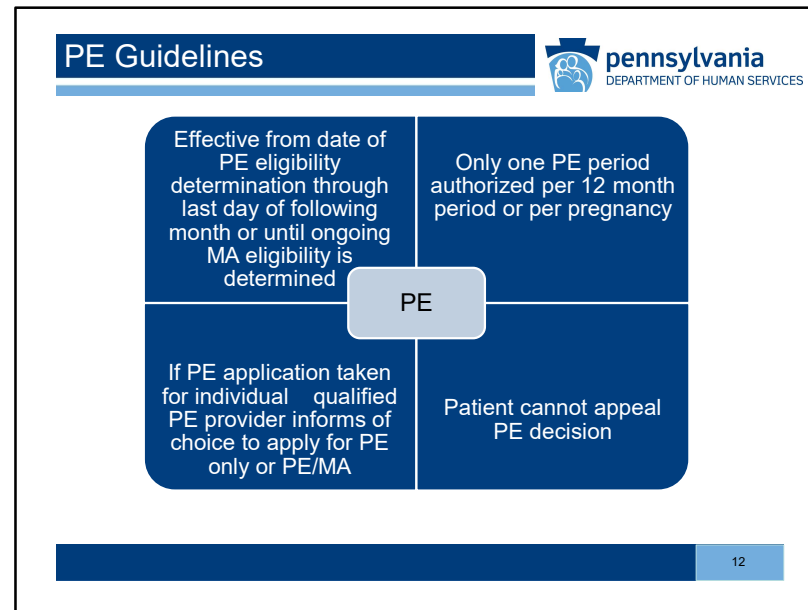


**Certified Inpatient Acute Care Hospitals (Provider Type PT 01 and Provider Specialty PS 010)**

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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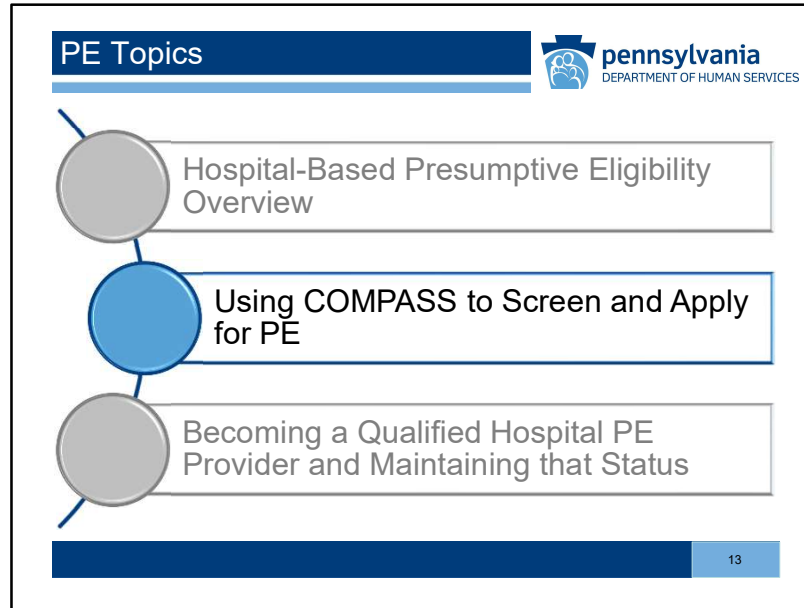
11

Certified inpatient acute care hospitals for PE are classified as Provider Type 01 and Provider Specialty 010. These hospital PE providers must participate in a formal opt-in program, which is described in the last section of this presentation. The opt-in program includes meeting certain performance measures and monitoring expectations. Per CMS, third parties may assist with or submit PE applications, but the hospitals are responsible for any eligibility determinations made by third parties.

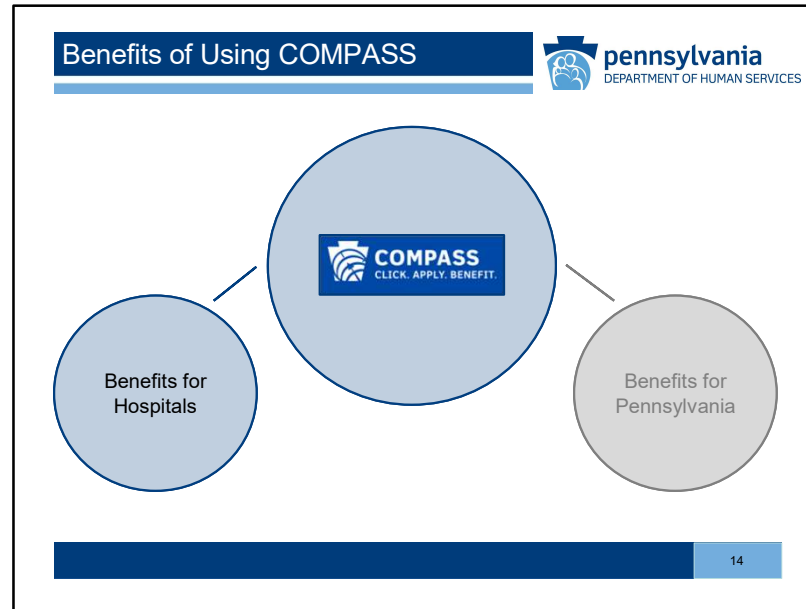


It is important to note the following:

- PE is effective from the date of PE eligibility determination through the last day of the following month or until ongoing MA eligibility is determined;
- Only one PE period can be authorized per 12-month period or per pregnancy;
- The patient cannot appeal the PE eligibility decision; and,
- If a PE application is taken for an individual, the qualified PE provider must inform that individual of the choice to apply for PE only or for PE and ongoing MA.

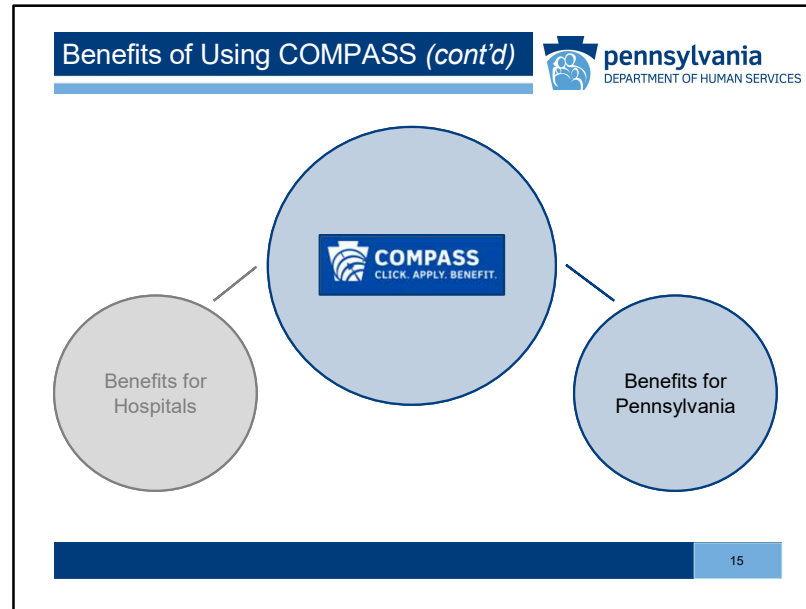


In this section, we will walk through the process of completing a PE worksheet and a PE-only application in COMPASS.



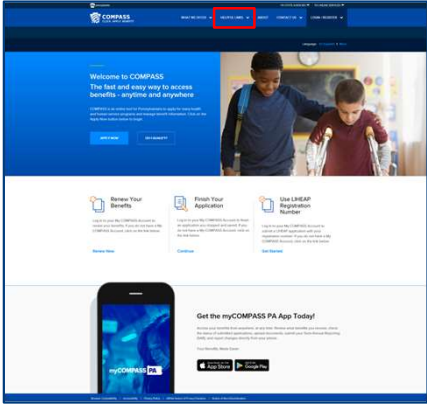
Among the many benefits to hospitals of using COMPASS are:

- Application entry requires complete, standard information.
- It is convenient and available to use at any time.
- The qualified PE provider can save the application while it is in progress and resume completion at any time; and,
- Benefits are issued faster.



There are also benefits to the state of Pennsylvania when providers use COMPASS. These benefits include:

- Reduction in fraud, waste, and abuse;
- Customization of service offerings for beneficiaries to meet the demands of the changing regulations;
- Data sharing and improvement of standardization; and,
- Easy access to healthcare coverage and social service programs through a centralized source.



**COMPASS Assistance**

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Welcome to COMPASS  
The fast and easy way to access benefits - anytime and anywhere!

Review Your Benefits | Finish Your Application | Use LINCAP Registration Number

Get the myCOMPASS PA App Today!

16

Need help with COMPASS?

Using it for the first time?

Click on *Helpful Links* to view COMPASS tutorials.

For additional COMPASS information, email:  
[RA-PWCOMPASSCP@pa.gov](mailto:RA-PWCOMPASSCP@pa.gov)

For helpful information on how to navigate the COMPASS system, qualified hospital PE providers can click on the *Helpful Links* drop-down in COMPASS to view tutorials. If additional information is needed, providers can send questions to the email address shown on the slide.



**Community Partner Sign-In**

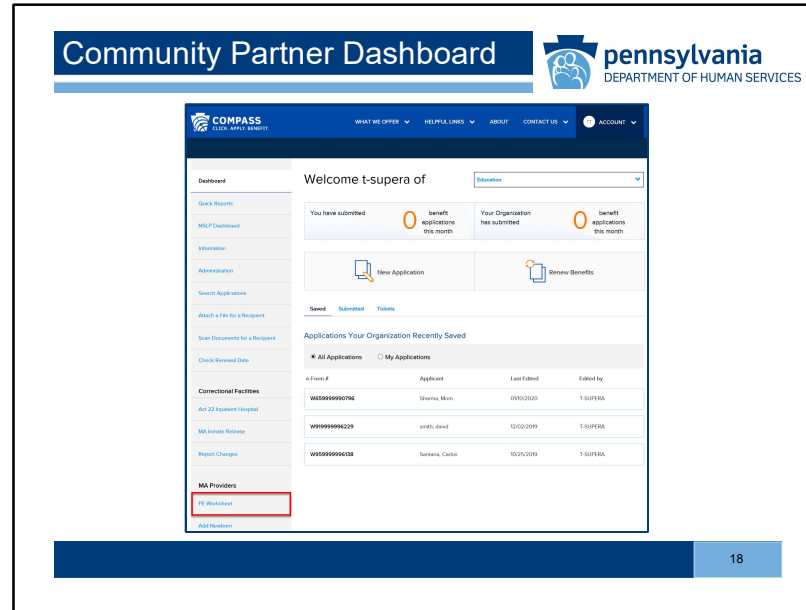
COMPASS  
Community Partner  
Quick Reference Guide

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

17

A qualified hospital PE provider will sign into COMPASS from the *Community Partner Information* screen using their established b-user ID and password.

If a provider requires assistance with logging in or navigating COMPASS, the *Community Partner Quick Reference Guide* can be accessed via the helpful links tab on the slide.



There is a button on the left side of the Community Partner Dashboard under the *MA Providers* section labeled *PE Worksheet* that qualified PE providers need to select in order to begin the PE worksheet.

**Provider Validation**

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### 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 26. 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

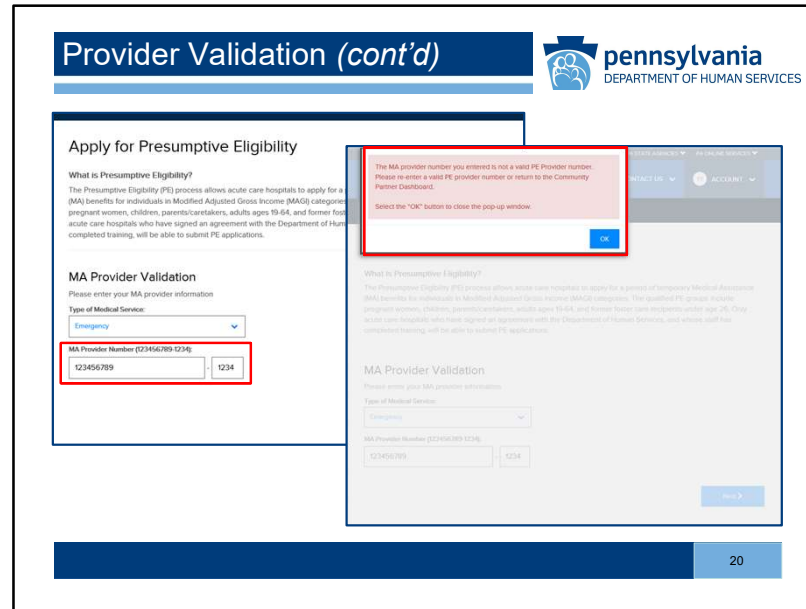
**Type of Medical Service:**  
Select--  
Emergency  
In Patient  
Out Patient  
Not Applicable

**MA Provider Number (E23456789 1234)**  
[Input field]

**Next >**

19

When the provider selects the *PE Worksheet* button, a screen will display with a brief explanation of Presumptive Eligibility. This screen will collect the MA provider information, including type of medical service the individual is receiving and the *MA Provider Number* with four-digit service location number. In the *Type of Medical Service* drop-down box, the provider will need to select one of the four options: *Emergency*, *In Patient*, *Out Patient*, or *Not Applicable*. If an option is not selected from the drop-down box, the provider will not be able to proceed to the PE worksheet.



Additionally, if the MA provider number entered is not found in the system, the provider will not be able to move forward with a PE worksheet or PE application.

Once the provider is signed in, the PE worksheet screen displays. The top of the PE worksheet screen will provide information regarding when an application should be made as well as an explanation for the eligibility determination.

**PE Worksheet (cont'd)**

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**Individual**

PE Range Dates:  -

This information applies to PE:

First Name:  Middle Initial:  Last Name:  Suffix:

Birth Date:

Social Security Number:

Citizenship:

Any you a Resident of PA?  Yes  No

Sex:  Male  Female

**Add Applicant/Member**

If there are more than one person in the household that is applying for PE, please click the "Add Another Applicant" button.

Household Size:

Total Monthly Income:

Total Monthly Tax Deductions:

**Submit**

**Cancel**

22

The PE worksheet data entry fields are the same as those found on the paper PE worksheet. The top of the PE worksheet screen will mimic existing COMPASS functionality to add or delete an individual.

**PE Worksheet (cont'd)** pennsylvania  
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**Hannah Heart**

PE Begin Date: \*  The PE Begin date must be the same as the date of PE determination and should be the date entered into the Date of First Admission or Treatment field in COMPASS. **Reminder:** The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

Date determined eligible for PE

First Name: \*  Middle Initial:  Last Name: \*  Suffix:

Birth Date: \*  MM/DD/YYYY Social Security Number:  You are not required to provide your Social Security number (SSN). However, providing your SSN will help you to obtain benefits more quickly. Citizenship: \*

Are you a Resident of PA? \*  Yes  No

Sex \*  Male  Female

Citizenship: \*  
  
 US Citizen  
 Perm Resident (Qualified Non-Citizen)  
 Temp Resident  
 Refugee/Asylee/Parolee  
 Other - Not Eligible for Benefits Except for Emergency Medical Benefits  
 Refugee Unaccompanied Minor


23

To qualify for PE and ongoing MA, the PE applicant must be a U. S. citizen, permanent alien, temporary alien, refugee/asylee, or in a lawful immigration status.

Certain individuals must have a lawful immigration status for a minimum of five years (referred to as the five-year bar). Pregnant women and children who have a lawful immigration status are not subject to the five-year bar for MA eligibility. This is described in greater detail on the following slide.

A temporary alien refers to an individual who was lawfully admitted to the U. S. for temporary residence. Under CHIPRA 214, Pennsylvania opted to make MA coverage available to pregnant women and children who are temporary aliens.

**NOTE:** A pregnant woman or child who has a Deferred Action for Childhood Arrival status is not eligible for MA.


Lawful Immigration Status			
Lawful Immigration Status	Five Year Bar	Definitions Documented on	
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 as an immigrant. I-551 Permanent Resident card.	
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. <b>NOTE:</b> 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.	
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(e) 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 spouse, 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 212(d)(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 Afghani 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.

This slide shows details of lawful immigration statuses and when the five-year bar is applicable.

This information can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.



**PE Worksheet (cont'd)** 

**Harold Heart**

PE Begin Date:  The PE Begin date must be the same as the date of PE determination and should be the date entered into the Date of First Admission or Treatment field in COMPASS. **Reminder:** The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.

Date determined eligible for PE

First Name:  Middle Initial:  Last Name:  Suffix:

Birth Date:  Social Security Number:  Citizenship:

MM/DD/YYYY You are not required to provide your Social Security number (SSN). However, providing your SSN will help you to obtain benefits more quickly.

Are you a Resident of PA?  Yes  No

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


Sex:  Male  Female

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

25

Depending on the individual's answers to the initial questions, additional questions may display. If the applicant is between the ages of 18 and 26, the additional question that will display is:

- *Were you receiving Foster Care and MA at the age of 18?*

**PE Worksheet (cont'd)** 

**Hannah Heart**

PE Begin Date: \*  
02/18/2020  
The PE Begin date must be the same as the date of PE determination and should be the date entered into the Date of First Admission or Treatment field in COMPASS.  
Reminder: The PE determination should be made on the first date that services are provided to ensure complete coverage dates for the PE applicant.  
Date determined eligible for PE

First Name: \*  
Hannah  
Middle Initial:  
Last Name: \*  
Heart

Birth Date: \*  
2/14/1980  
MM/DD/YYYY  
Social Security Number: \*  
015-12-8750  
You are not required to provide your Social Security number (SSN). However, providing your SSN will help you to obtain benefits more quickly.  
Citizenship: \*  
US Citizen

Are you a Resident of PA? \*  
 Yes  No

Sex \*  
 Male  Female

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


How many babies are expected? \*  
--Please Select--  
1  
2  
3  
4  
5  
6  
7  
8  
9

Remove

26

If the applicant is female age 10 – 59, the additional questions are:

- *Are you pregnant or have you had a pregnancy end within the last 60 days?; and,*
- *How many babies are expected?*

**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: \*  
-Please Select- ▼

Total Monthly Income: \*  
 [Allowable Income](#)

Total Monthly Tax Deductions: \*  
 [Allowable Deductions](#)

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

[Cancel](#) [Submit](#)

27

Household size is determined by the applicant's tax filing status and the individuals included in the tax household. The tax household size is important because it determines the income limit to be used in determining eligibility. The qualified hospital PE provider must ask the individual if they filed, or plan to file, a federal income tax form and if the individual was, or expects to be, claimed as a dependent by another taxpayer.

**Tax Filing Statuses Defined**

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<b>Tax Filer</b>	An individual who expects to file a tax return for the taxable year in which an initial determination of eligibility is being made
<b>Tax Dependent</b>	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
<b>Non Filer</b>	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
<b>Child</b>	Individuals between the ages of 0 and 18

28

As just described, household composition is determined by the applicant's tax filing status. The individual can fall into one of four tax filing statuses, as described on this slide. They include:

- Tax Filer;
- Tax Dependent;
- Non-Filer; and,
- Child.

This information can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.

**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

Now we will look at the household members for each of the tax filing statuses we just reviewed. Let's look at each one separately.

We'll begin with the applicant as a Tax Filer. This household includes:

- The Tax Filer (who is the applicant);
- The spouse of the Tax Filer (if living with the Tax Filer); and,
- All claimed Tax Dependents of the Tax Filer.

Tax Household Composition (cont'd)



### Identifying the Tax Household Members

Individual is a TAX FILER	Individual is a TAX DEPENDENT
<b>Household includes:</b> TAX FILER. Spouse of TAX FILER (if living with TAX FILER). All claimed TAX DEPENDENTS of TAX FILER.	<b>Household includes:</b> 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).  <b>NOTE:</b> 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

The second possible role is the applicant as a Tax Dependent. This household includes:

- The Tax Dependent (who is the applicant);
- The claiming Tax Filer;
- The claiming Tax Filer's spouse (if living with the Tax Filer);
- Other Tax Dependents of the claiming Tax Filer; and,
- The Tax Dependent's spouse (if living with Tax Dependent).

It is important to 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.

Tax Household Composition (cont'd)		
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

The third possible role is the applicant as a Non-Filer. This household includes:

- The Non-Filer (who is the applicant);
- The spouse of the Non-Filer; and,
- Child(ren) under age 19 (whether biological, adopted or step-child(ren)) of the Non-Filer.

If a child is a target being determined under Non-Filer rules, the household includes (if living in the same home):

- The child;
- Parent(s) (whether biological, adopted or step-parent(s)); and,
- Sibling(s) under age 19 (whether biological, adopted or step-sibling(s)).

Tax Household Composition (cont'd)		
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)).
<b>Exceptions to Rules Above (Use NON-FILER Rules):</b> 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


There are some exceptions to the rules just described. When these exceptions apply, Non-Filer rules should be used:

- A Tax Dependent who is claimed by someone other than a spouse or parent (whether 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 -- note that the parent outside of the household will not be included in the budget group; and,
- A Tax Filer who cannot provide proof of their Tax Dependents.

This information can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.




**Examples of MAGI Households**



Mary is applying for PE. She has a daughter, Joan, who is 14-years-old. Mary is divorced from Joan's father, Dale, and they are not living together. Mary plans to file taxes and claim Joan as her Tax Dependent.

The MAGI household for Mary follows the tax filer household rules. The MAGI household for Mary's determination consists of:

- Mary (Tax Filer)
- Joan (Tax Dependent)




33

Now we will review some examples of MAGI households. All of the examples included in this presentation can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.

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.

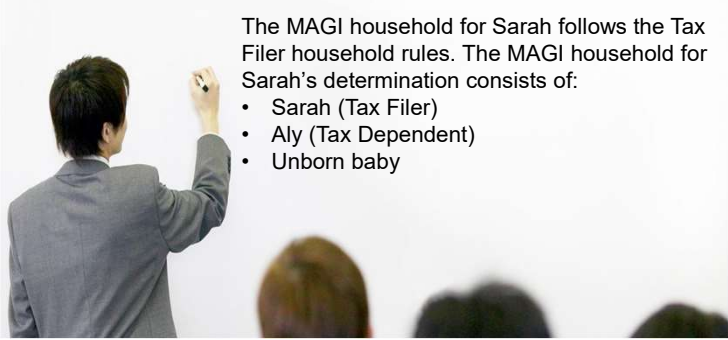
The MAGI household for Mary follows the Tax Filer household rules. The MAGI household for Mary's determination consists of Mary, the Tax Filer, and Joan, the Tax Dependent.

**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

Sarah, age 22, is pregnant and 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.

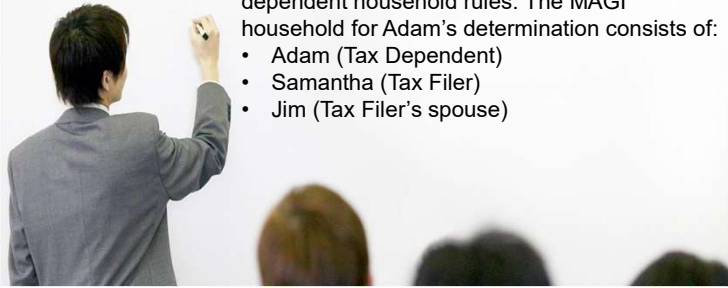
The MAGI household for Sarah follows the Tax Filer household rules. The MAGI household for Sarah's determination consists of: Sarah, the Tax Filer, Aly, the Tax Dependent, and the unborn baby.

**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

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, the Tax Dependent, Samantha, the Tax Filer, and Jim, the Tax Filer's spouse.

**Examples of MAGI Households (cont'd)** 

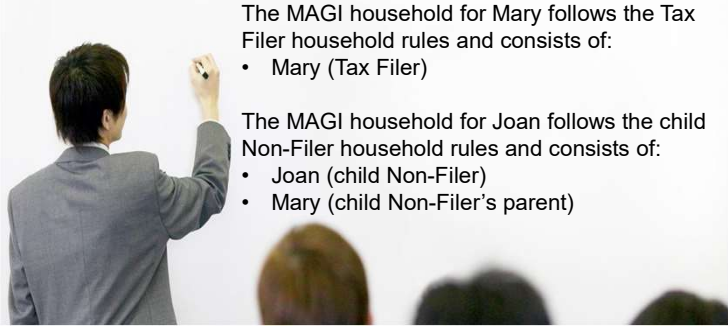
Mary and her 14-year-old daughter, Joan, are applying for PE. Mary is divorced from Joan's father, Dale, and they are not living together. Dale plans to file taxes and claim Joan as his Tax Dependent. Mary will file her own taxes.

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

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, the Tax Filer.


The MAGI household for Joan follows the child Non-Filer household rules and consists of: Joan, the child Non-Filer and Mary, the child Non-Filer's parent.

**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)




37

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, the Tax Filer.

**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


38

After identifying the household size, the next question on the PE worksheet is about total monthly income. To help the qualified hospital PE provider and applicant determine the amount of gross monthly income to enter, when clicked, the *Allowable Income* hyperlink will display the types of allowable income for this category.

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	
<b>Earned Income</b>			
Wages, Salary, Tips, Commissions, and Bonuses	X		
Self Employment Income	X		
Child's Income – if required to file a tax return	X		
<b>Unearned Income</b>			
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	
<b>NOTE: RESOURCES ARE NOT COUNTED IN MAGI ELIGIBILITY DETERMINATION!</b>			
			39

This chart is another illustration of the types of allowable income under MAGI income rules. Please note, resources are not counted in MAGI eligibility determination.

This information can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.

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	\$65.25
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.


40

This slide shows the Federal Poverty Level, or FPL, income limits that are used to help determine an individual’s eligibility for PE and MA. These limits are updated every calendar year.

This table can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.



**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)

41

After entering the total monthly income, total monthly tax deductions must be entered. To help the qualified hospital PE provider and applicant determine the amount to enter in the *Total Monthly Tax Deductions* field, when clicked, the *Allowable Deductions* hyperlink will display the types of allowable deductions for this category

Allowable Tax Deductions



Part I Adjustments to Income	Line
11 Educator expenses	11
12 Certain business expenses of researchers, performing artists, and fee-basis government officials. Attach Form 2106	12
13 Health savings account deduction. Attach Form 8889	13
14 Moving expenses for members of the Armed Forces. Attach Form 3903	14
15 Deductible part of self-employment tax. Attach Schedule SE	15
16 Self-employed SEP, SIMPLE, and qualified plans	16
17 Self-employed health insurance deduction	17
18 Penalty on early withdrawal of savings	18
19a Alimony paid	19a
19b Recipient's 50%	19b
19c Date of original divorce or separation agreement (see instructions)	19c
20 IRA deduction	20
21 Student loan interest deduction	21
22 Reserved for future use	22
23 Archer MSA deduction	23
24 Other adjustments:	
a Jury duty pay (see instructions)	24a
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b
c Non-taxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8i	24c
d Reforestation amortization and expenses	24d
e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e
f Contributions to section 501(c)(18)(D) pension plans	24f
g Contributions by certain chaplains to section 402(b) plans	24g
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS collect tax liabilities	24i
j Housing deduction from Form 2555	24j
k Excess deductions of section 67(a) expenses from Schedule K-1 (Form 1041)	24k
z Other adjustments. List type and amount	24z
25 Total other adjustments. Add lines 24a through 24z	25
26 Add lines 11 through 25 and 25. These are your adjustments to income. Enter here and on Form 1040 or 1040-SB, line 10, or Form 1040-MD, line 10a	26

42

The red box highlights another illustration of the allowable tax deductions under MAGI income rules.

This information can also be found in the *Presumptive Eligibility for Hospital Providers Desk Guide*.

For Qualified Hospital Providers

42

**PE Worksheet (cont'd)** pennsylvania  
DEPARTMENT OF HUMAN SERVICES

[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](#)

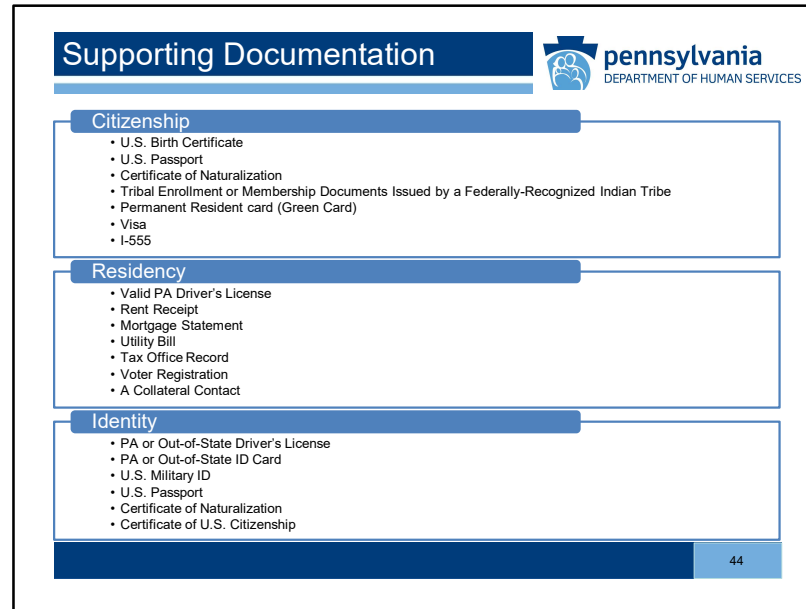
Please review the Worksheet for accuracy before submitting. Once you submit the PE Worksheet you will not be able to make changes to the information contained in the PE Worksheet. The information will be saved and transferred to the PE or PE/ongoing MA application.

[Cancel](#) [Submit](#)

43

After entering total monthly tax deductions, the qualified hospital PE provider can choose to cancel or submit the PE worksheet. Selecting *Cancel* will return the provider to the Community Partner Dashboard. Selecting *Submit* will generate the eligibility determination.

Please note it is recommended to review the PE worksheet before submitting it. Once the PE worksheet is submitted, no changes can be made. The information in the PE worksheet will be saved and transferred to the PE-only application or the combined PE/ongoing MA application.



**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

While eligibility for PE is based on self-attestation and supporting documentation is not required, the applicant and qualified hospital PE provider are encouraged to submit supporting documentation along with the application. This slide shows some examples of the types of supporting documentation that are acceptable.

**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 "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"/>

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

45

Once the qualified hospital PE provider submits the PE worksheet, the top of the *Presumptive Eligibility Results* screen will include instructions on how to proceed if an individual is determined eligible for PE. This screen will also include instructions on how to proceed if an individual is determined ineligible for PE.

**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"/>

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

46

The eligibility results will appear directly below the instructions. Under the *Presumptive Eligibility Results* area, the table displays the applicant name, their eligibility result and, where applicable, their reason for ineligibility. Radio buttons will appear under the *Benefits That You Can Apply For* area. The qualified hospital PE provider will be able to use these buttons to select the benefit for which each individual is applying. If the radio button is greyed-out, that option is not available to be selected.

**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"/>

Navigation buttons: [Cancel](#), [Clear Benefit Selection](#), [View and Print in PDF](#), [Continue to Application](#)

47

At the bottom of the eligibility results screen, the qualified hospital provider has the option to select the following buttons: *Cancel*, *Clear Benefit Selection*, *View and Print in PDF*, and *Continue to Application*.

**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 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 that option is not available.

Applicant	Eligibility Result	Reason for Ineligibility	Presumptive Eligibility
Hannah Heart	Eligible		<input checked="" type="radio"/>
Harold Heart, JR	Inteligible	Does not meet PA Residency Requirements	<input type="radio"/>

Buttons: [Cancel](#) [Clear Results Selection](#) [View and Print in PDF](#) [Continue to Application >](#)

48

A PDF of the worksheet will automatically generate when the eligibility results appear. The qualified hospital PE provider **MUST** print the PDF to give the applicant a copy and to retain a copy for their records. If the provider closes the window that contains the eligibility results PDF, he or she can select the *View and Print in PDF* button at the bottom of the screen to regenerate the PDF.

If a PDF fails to generate, the provider should select the *Cancel* button and complete the PE worksheet again.




The screenshot displays the 'Eligibility Results (cont'd)' page in the COMPASS system. The page header includes the Pennsylvania Department of Human Services logo. The main content area is titled 'Presumptive Eligibility Results' and contains instructions for applicants. Below the instructions is a table with the following data:

Applicant	Eligibility Result	Reason for Ineligibility
Hannah Heart	Eligible	
Harold Heart JR	Ineligible	Does not meet PA Residency Requirements

At the bottom of the page, there are four buttons: 'Cancel', 'Clear Results Selection', 'View and Print as PDF', and 'Continue to Application'. The 'Continue to Application' button is highlighted with a red box. An inset window shows a modal dialog with a progress bar and a 'Continue to Application' button, also highlighted with a red box.

When selecting *Continue to Application*, the qualified hospital PE provider will be directed to the streamlined PE-only application or the MA application, depending on which benefits were selected. If the applicant chooses to apply for PE only, no other PE applicants can be added to the application once the application is launched. However, all household members must be included on the PE-only application. If the applicant chooses to apply for both PE and MA, other MA applicants can be added when the application is launched.

### 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

Data collected for the PE worksheet will pre-populate both the PE-only application and the ongoing MA application. In addition to the pre-populated data, the other fields shown on this slide will require data to be entered to complete the PE-only application.

Take a moment to read through the bulleted lists.

**Application Submission**

Applications Your Organization Recently Saved

All Applications  My Applications

e-Form #	Applicant	Last Edited	Edited by
W849999994610	Heart, Hannah	02/07/2020	T-SUPERA
W619999996961	Sharma, Incarry	02/04/2020	T-SUPERA

Applications Your Organization Recently Saved

All Applications  My Applications

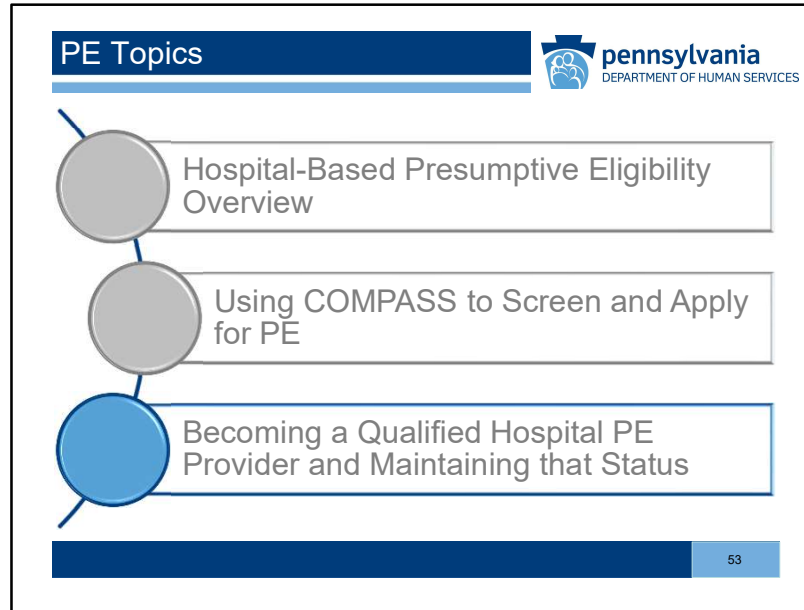
e-Form #	Applicant	Last Edited	Edited by
W619999996961	Sharma, Incarry	02/04/2020	T-SUPERA
W659999990796	Sharma, Mom	01/10/2020	T-SUPERA

51

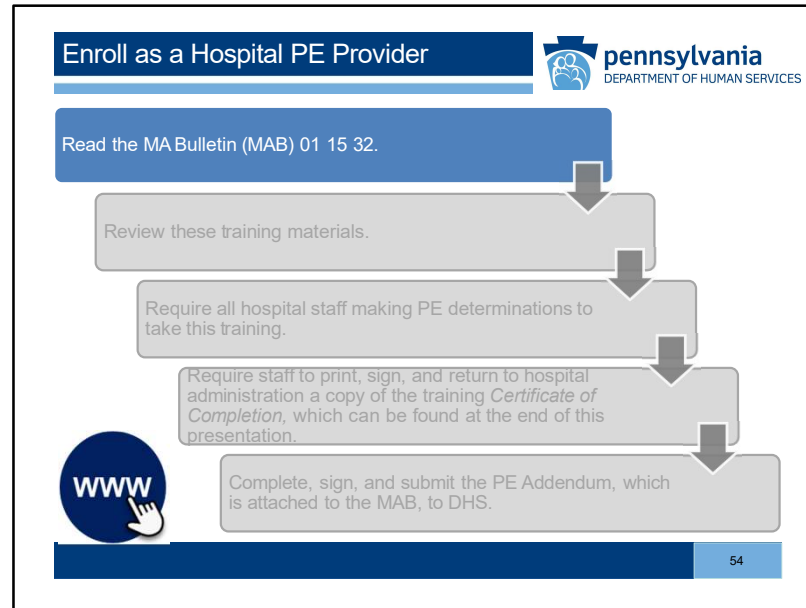
After the PE application is submitted, the qualified hospital provider can return to the Community Partner Dashboard and review the PDF worksheet by hovering over the e-form number or applicant’s name. The provider can view the PDF worksheet under *All Applications* or *My Applications* by toggling between the two radio buttons.

The screenshot displays the Pennsylvania COMPASS (Child, Adult, Parent Support) e-Form application interface. At the top, a blue banner reads "Save and Finish Later" next to the Pennsylvania Department of Human Services logo. Below this, the COMPASS logo and navigation menu are visible. The main content area shows a progress bar with steps: "Getting Started", "Apply", "Next Steps", "Submit", and "Confirmation". The "Apply" step is currently active. Below the progress bar, the e-Form number "W799999990657" is displayed, along with "PRINT", "CANCEL", and "SAVE & FINISH LATER" buttons. A modal window titled "Save and Finish Later" is open, providing instructions: "You have chosen to stop and save e-Form # W799999990657. You must come back and complete it by Tuesday, August 21, 2023 or it will be erased. If LINEAP benefits are being requested and the application is not completed before the end of the hearing season the LINEAP request will be removed when the season closes. Please make note of the username (if applicable), password, and e-Form number on this application. They will be needed in the future to access the e-Form." The modal includes a "Save E-Form And Finish Later" button, a "Keep Working" button, and a "Reset My Password" button. The background application shows a "Benefits" section with checkboxes for "Health Care Coverage (CHIP, Medical Assistance, Medicaid for Families, Foster Care, Youth, Mental Health/Substance Abuse, Health Insurance Marketplace)", "Presumptive Eligibility (PE)", "Medical Assistance", "Children's Health Insurance Program and Health Insurance Marketplace", and "Medicaid (MS)", with "Presumptive Eligibility (PE)" selected. A footer bar at the bottom right shows the number "52".

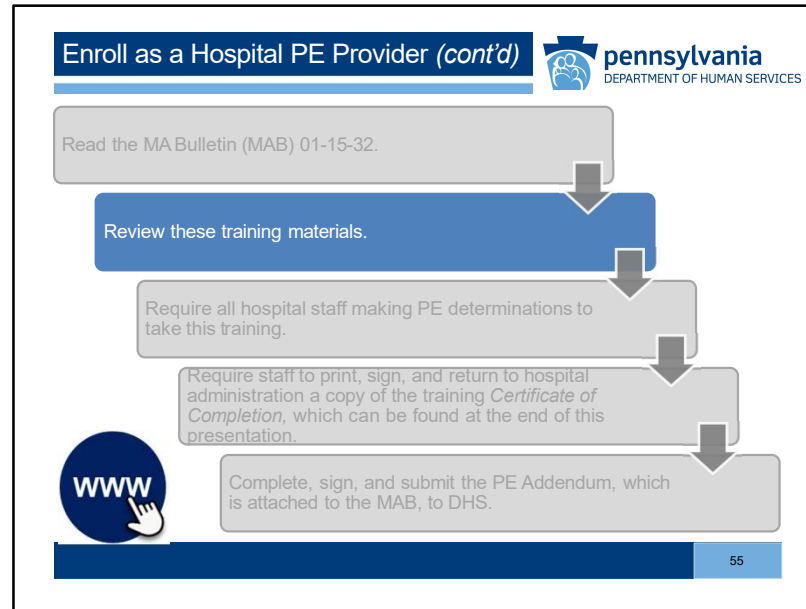
During the application process, the qualified hospital provider has the option to click the *Save and Finish Later* button. When this button is clicked, a screen will appear with informational text explaining what it means to save and finish Later. The provider will be informed that PE applications must be submitted within five days of the date they determine eligibility.



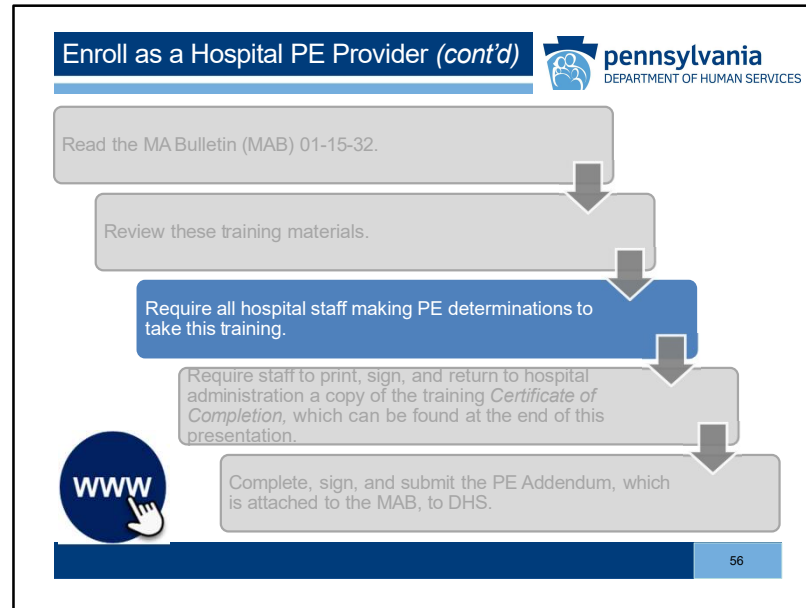
This section will present information on how to enroll as a qualified hospital PE provider and the requirements for maintaining qualified hospital PE provider status.



A provider who wants to enroll as a qualified hospital PE provider must complete five steps. The first step is to read the MA Bulletin, *Presumptive Eligibility as Determined by Hospitals*, Number 01-15-32. This bulletin is available on the Pennsylvania DHS *ACA Information for Providers* web page. You can access the page by selecting the graphic on this slide.

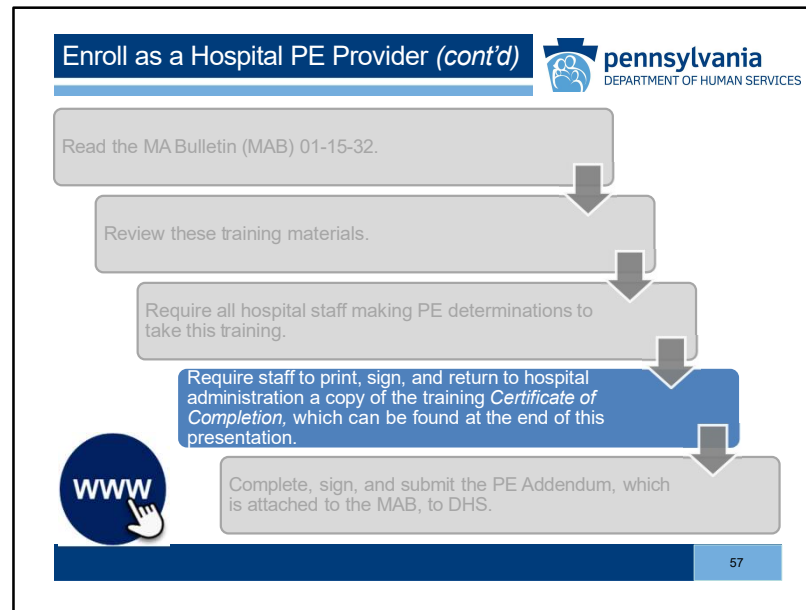


The second step is to review these training materials.

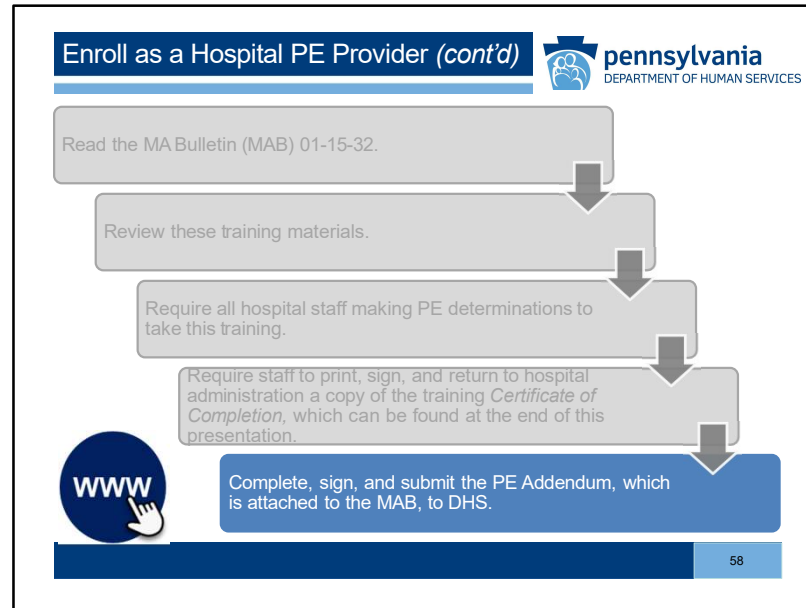


The third step is that all hospital staff who will make PE eligibility determinations are required to take this training.

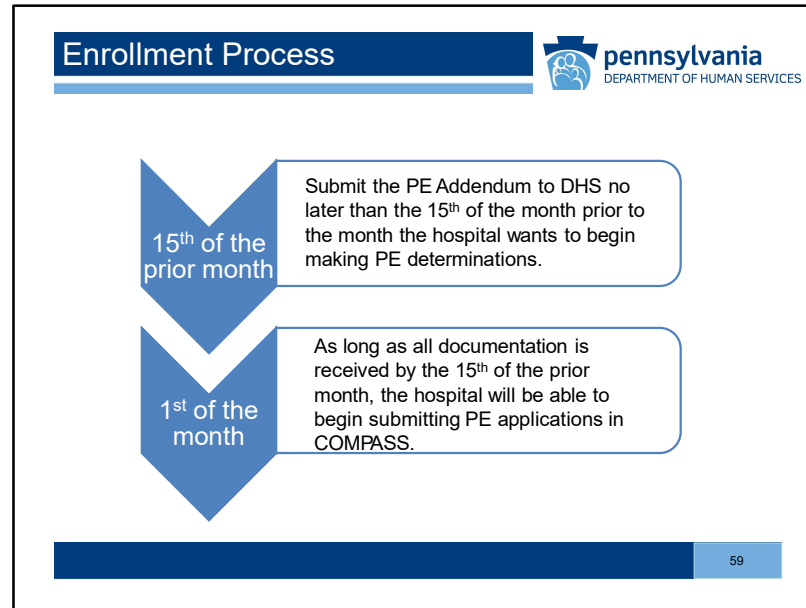




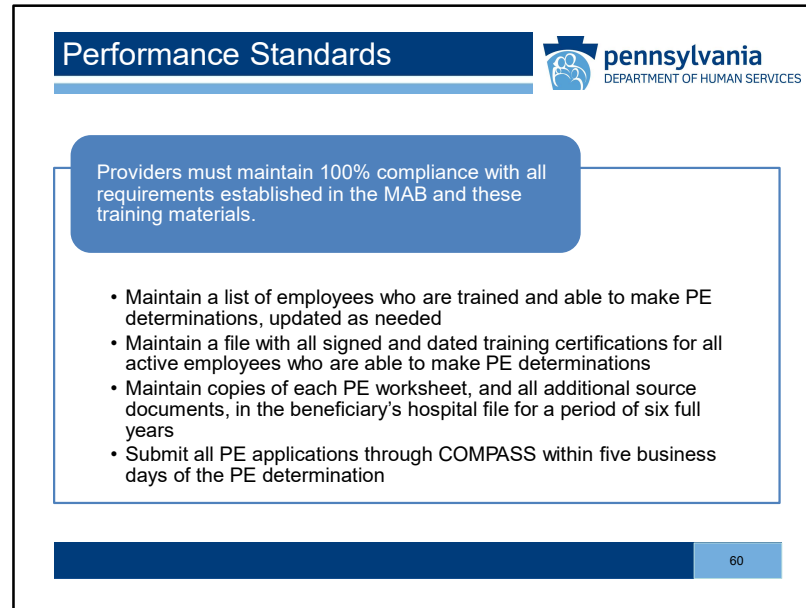
Fourth, as part of taking and completing this training, all staff must print, sign, and return to their hospital administration a copy of the training *Certificate of Completion*, which can be found at the end of this presentation.



Finally, the PE Addendum attached to the MA Bulletin must be completed, signed, and submitted to DHS.



The final enrollment step of submitting the PE Addendum to DHS must be completed by the 15<sup>th</sup> of the month. As long as all documentation is received by the 15<sup>th</sup> of the month, the hospital can begin submitting PE applications on the first day of the following month.



**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

Qualified hospital PE providers must maintain 100% compliance with all requirements in the MA Bulletin and in these training materials. Take a moment to read the requirements outlined on this slide.

**Performance Standards (cont'd)**

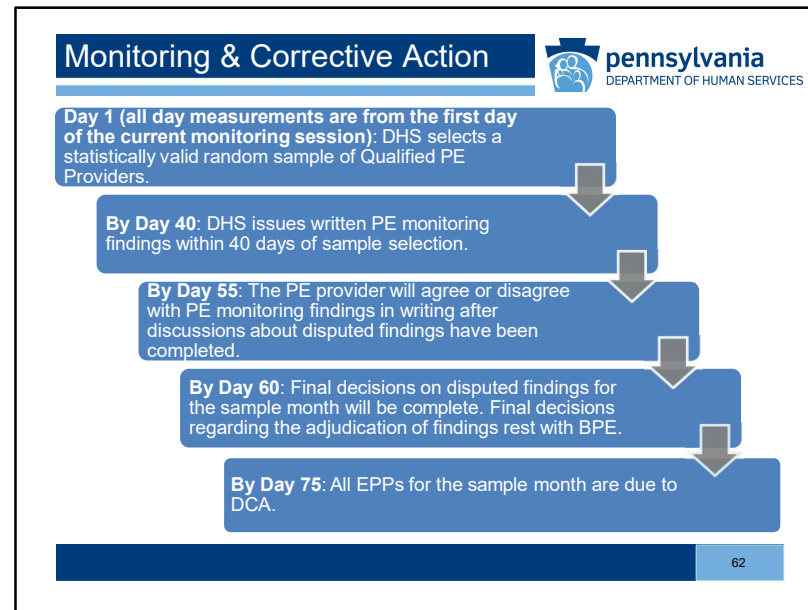
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Providers must complete monthly Quality Assurance (QA) reviews of at least 10% of all PE determinations completed in that month.

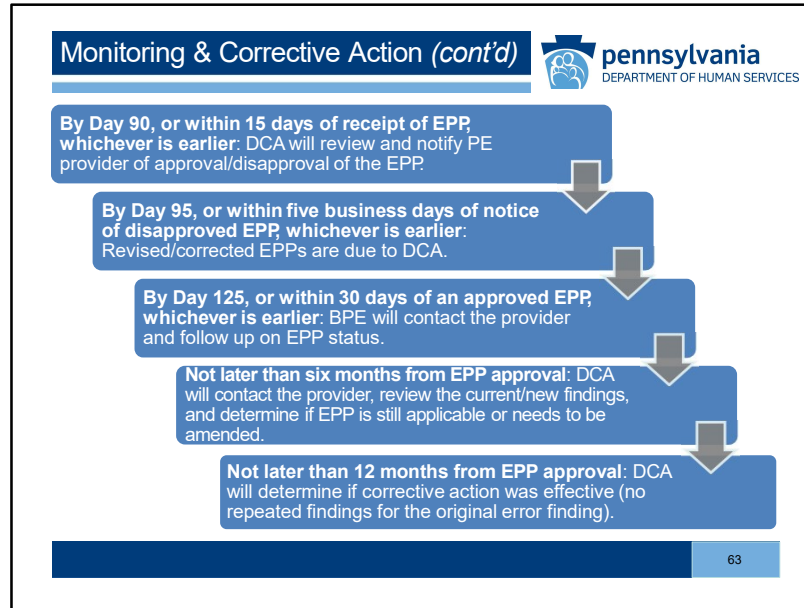
- This review will consist of a determination of the correctness of all eligibility factors as well as timeliness of actions.
- Paper and/or electronic copies of each monthly QA review must be retained for a period of six full years.

61

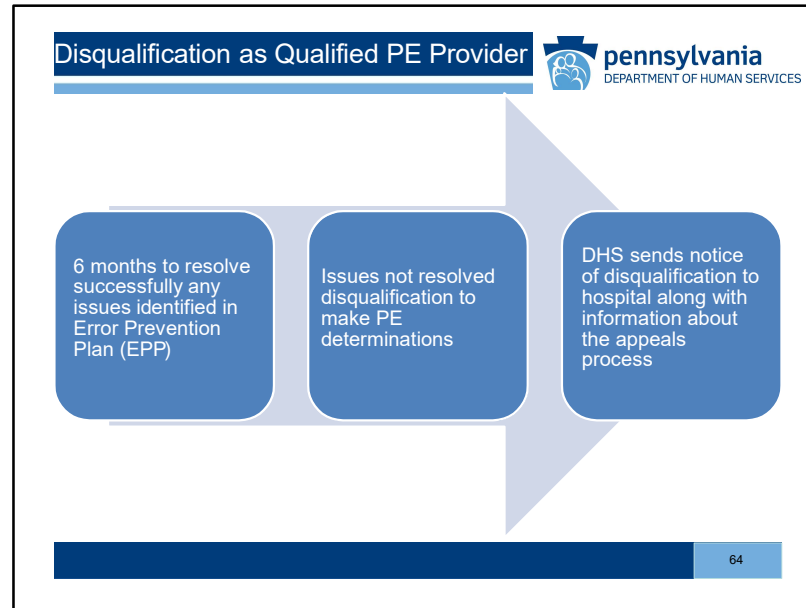
Qualified hospital PE providers must complete monthly Quality Assurance (or QA) reviews of at least 10% of all PE determinations completed in that month. Take a moment to read the requirements for the QA reviews as shown on this slide.



The monitoring and corrective action process taken by DHS maintains specific timeframes. The steps that occur within the first 75 days are described on this slide. Take a moment to read the different steps.




Please review the monitoring and corrective action plan steps that occur from 90 days to 12 months that are shown on this slide.



Providers have six months to resolve successfully any issues identified during the monitoring period through the implementation of an Error Prevention Plan (or EPP). Issues identified and not resolved by the hospital PE provider will result in a provider's disqualification to make PE determinations. DHS will send the hospital a notice of disqualification along with information about the appeals process.



DHS Contact Information



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

65

If you have questions related to the administration of the hospital’s PE program, use the information shown here to contact the appropriate representative.

Review




Now let's review...



66


Now let's review.

**Review**



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


True or False?



67

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

Review

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**True**

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

68


The statement is **True**. All qualified hospital PE providers must login to their Community Partner Dashboard to submit hospital-based PE applications.

**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

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; or,
- f) All of the above.

**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


The correct answer is **F, All of the above**. All statements apply to hospital-based PE.

**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

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.

**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

The correct answers are: **A, children; C, pregnant women; and D, individuals age 18-26 who received foster care.**




**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

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; or,
- d) The date the qualified hospital PE provider submits the PE application?

**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


If you answered, **B, The date the qualified hospital PE provider determines eligibility**, you are correct.

Review



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

True or False?




75

Verification of the applicant's income is required for hospital-based PE. True or False?

The slide is titled "Review" and features the Pennsylvania Department of Human Services logo. A central rounded rectangle contains the text: "False" in red, followed by "Applicant self-attestation of income meets the eligibility criteria for hospital-based PE." in black. A blue footer bar at the bottom right contains the number "76".


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

**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

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; or,
- f) None of the above?

**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


The correct answer is **E, All of the above.**

**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

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.

**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

The correct answers are: **A, Tax Filer; B, Tax Dependent; and D, Spouse of the Tax Filer.**




**Review**



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


True or False?



81

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

Review


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**False**  
PE applicants cannot appeal the eligibility determination.

82


The statement is **False**. PE applicants cannot appeal the eligibility determination.

**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

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

Review

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**True**

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

84


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

**Review**

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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

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.

**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


If you answered, **A, children under the age of 21** and **B, pregnant women**, you are correct.

## 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

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; and,
- Enroll and maintain status as a qualified hospital PE provider.

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

Please print and sign this page to verify that you successfully completed the *Hospital-Based Presumptive Eligibility* training and understand the program requirements. Please be sure to write in your hospital name and MA Provider number. Provide the signed page to your PE administrator to retain for DHS inspection.