



<b>ISSUE DATE</b> February 24, 2015	<b>EFFECTIVE DATE</b> January 1, 2015	<b>NUMBER</b> 01-15-08
<b>SUBJECT</b> Revised Presumptive Eligibility as Determined by Hospitals		<b>BY</b>  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this bulletin is to inform hospitals who are qualified to make Medical Assistance (MA) Presumptive Eligibility (PE) determinations per MA bulletin 01-13-56 of:

1. The addition of the population of individuals, aged 19-64, for whom inpatient acute care hospitals can make PE determinations beginning January 1, 2015.
2. Revisions to how qualified PE providers will determine MA eligibility.
3. The benefit plans available to individuals found presumptively eligible by hospitals.

This bulletin will supersede MA bulletin 01-13-56, Presumptive Eligibility as Determined by Hospitals, which was issued on December 6, 2013.

**SCOPE:**

This bulletin applies to MA participating inpatient acute care hospitals (provider type 01, specialty type 010) who qualify or wish to qualify to make MA PE determinations.

**BACKGROUND:**

On December 6, 2013, the Department of Human Services (Department) issued MA bulletin 01-13-56, Presumptive Eligibility as Determined by Hospitals, with an effective date of January 1, 2014.

Since 1988, the MA Program has included a PE process whereby certain MA providers may make PE determinations for pregnant women. Federal law has also permitted states to provide MA during a PE period for children and for certain individuals with breast or cervical cancer. MA bulletin 01-13-56 discussed the expanded population

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

of individuals who may be determined MA eligible through PE processes which included children, parent/caretakers and former foster care children under the age of 26, and described how inpatient acute care hospitals could become qualified to make PE determinations for those individuals, as well as the procedure for determining PE eligibility.

Effective January 1, 2015, the population of individuals for whom inpatient acute care hospitals can make PE determinations was expanded to include individuals ages 19-64.

In addition, the Department is updating the procedure by which PE determinations are made. Substantive updates are identified by underline. **All other provisions of MA bulletin 01-13-56 remain in effect.**

### **DISCUSSION:**

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

1. Pregnant women and children < age 1 – 215% of the Federal Poverty Level (FPL).
2. Children ages 1-5 – 157 % of the FPL.
3. Children ages 6-18 – 133% of the FPL.
4. Individuals ages 19-64 – 133% of the FPL who are eligible beginning January 1, 2015.
5. Parents/caretakers – 33% of the FPL.
6. Former foster children under age 26 who have aged out of foster care – No income test.

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

<http://www.dhs.state.pa.us/affordablecareact/providers/index.htm>

For all of the above categories, the qualified hospital will determine PE and then submit the PE application through the Commonwealth of Pennsylvania Access to Social Services (COMPASS) website (<https://www.compass.state.pa.us/>). The PE application will also function as the ongoing MA application for the PE applicant, if the applicant wishes to apply for ongoing MA.

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

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

Current PE providers that are not qualified hospitals (including private medical practices and clinics) will continue to assess PE for pregnant women only, using the MA332 PE application and the Application for Healthcare Coverage (PA600HC) MA application.

**Note:** Per the Affordable Care Act, qualified hospitals are prohibited from delegating the function of making PE determinations to a third party entity. Only staff members employed by the qualified hospital are eligible to make PE determinations. However, a third party entity may assist employed staff at qualified hospitals in making PE determinations.

## **PROCEDURE:**

### *How to Participate as a Hospital PE Provider*

The procedure for how to participate as a Hospital PE Provider has not changed and can be found in MA Bulletin 01-13-56. The most current *Hospital PE Provider Addendum* is attached to this bulletin.

See Attachment B, *Hospital PE Provider Addendum*

### *How Qualified MA PE Providers Will Determine PE Eligibility*

Any qualified hospital that has elected to become a PE provider and has been approved by the Department, may submit PE applications for individuals who meet categorical and MAGI eligibility criteria as set forth above. To determine if a PE application is appropriate, the PE provider will review the Eligibility Verification System (EVS) to determine if the PE applicant is currently receiving MA or has had a PE period in the last 12 months. The PE determination is based on the following criteria:

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

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

Citizenship/Immigration Status:

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

Residency:

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

Identity:

- PA or out-of-state driver license with individuals picture or other identifying info such as age, height, weight, eye color (Cannot be a Canadian license)
- PA or out-of-state ID card with individuals picture or other identifying info such as age, height, weight, eye color (Does not have to be current)
- U.S. Military ID
- U.S. Passport
- Certificate of Naturalization
- Certificate of U.S. Citizenship

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

The qualified PE provider must ask the individual if they filed, or plan to file a Federal Income Tax Form and if the individual was, or expects to be claimed as a dependent by another taxpayer. Household size is based on the individuals included in the tax household. The tax household size determines the income limit to be used.

With the PE applicant present, the qualified PE provider completes all questions on the Presumptive Eligibility Worksheet (Attachment C) using information provided by the applicant(s). To determine income eligibility for PE under the ACA, providers must:

1. Determine the correct tax household size.
2. Determine net monthly income:
  - a. Take the gross monthly income and subtract the tax deductions countable under the ACA. Do *not* count income from child support, Worker's Compensation, depreciation from self-employment, **SSI**, or VA disability benefits.
  - b. If the monthly income exceeds the income limit after deductions, disregard five percent of 100 percent of the FPL for the family size. This figure is available at the link above on the Department's website. This amount is the tax household's net monthly income.
3. Compare the net monthly income to the income limits for the PE applicant's household size to determine income eligibility.
4. The PE provider informs the applicant(s) of the eligibility determination and provides the applicant(s) a copy of the PE Eligibility Worksheet.

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

To complete the PE application, the provider must:

1. Select "Healthcare" as the benefit for which the individual is applying.
2. Enter their Provider ID number and service location code on the Set Up page.
3. Enter the date PE was determined (the date on the PE worksheet) in the "Date of First Admission or Treatment" field. This is when the period of presumptive eligibility will begin.
4. Select one of three options from the question "Are you applying for":
  - Hospital-based presumptive eligibility and ongoing health care coverage
  - Presumptive eligibility only
  - Ongoing health care coverage only.
5. Answer all questions for the individual applying for PE and for all members of the individual's tax household. Questions include the applicant's name, address, date of birth, social security number, and income.
6. E-sign the application.
7. Submit the PE Worksheet and any other documentation provided through the scan feature on COMPASS. Use the "Expense – other" option in the document imaging option. For more information on scanning, review the COMPASS Community Partner Quick Reference Guide, available from the

“Help” link on COMPASS. If the PE provider is not able to scan the document, the document can be faxed or sent to the County Assistance Office (CAO).

If the individual wishes to apply for ongoing MA, the PE provider will assist the individual in completing the full MA application. While the PE application will serve as the ongoing MA application, the PE applicant will be required to submit verification to the CAO in order for ongoing eligibility to be determined. The CAO will use electronic means to verify as much information as possible. Any information which the CAO is unable to verify will be requested of the applicant. Verification must be provided to the CAO within the PE period, or the applicant will be determined ineligible for ongoing MA.

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

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

#### *How CAOs Will Administer MA PE Applications*

The process by which the CAO will administer MA PE applications remains the same and can be found in MA Bulletin 01-13-56.

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

#### *Performance Standards/Monitoring for Qualified, Enrolled MA PE Providers*

The performance standards and the procedures the Department will use to monitor overall PE provider performance in the program have not changed and can be found in MA Bulletin 01-13-56.

#### **ATTACHMENTS:**

Attachment B – PE Provider Addendum Form (revised January 1, 2015)

Attachment C – PE Worksheet (revised January 1, 2015)