

ISSUE DATE December 6, 2013	EFFECTIVE DATE January 1, 2014	NUMBER 01-13-56
SUBJECT Presumptive Eligibility as Determined by Hospitals		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to establish the following for hospitals wishing to provide Medical Assistance (MA) Presumptive Eligibility (PE) determinations beginning January 1, 2014, as authorized by the Affordable Care Act (ACA) (Pub. L. 111-148):

1. The hospital qualification process;
2. The policies and procedures to be followed by qualified hospitals in making PE determinations, and;
3. The standards qualified hospitals must meet to continue to make PE determinations.

SCOPE:

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

BACKGROUND:

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. The ACA expands the population of individuals who may be determined MA eligible through PE processes, to include parent/caretakers and former foster care children under the age of 26, and allows qualified inpatient acute care hospitals to make PE determinations for those individuals. Pennsylvania will continue to permit certain MA providers to make PE determinations for pregnant women, but will not expand to include other groups, with the following exception, which is the subject of this bulletin. Qualified hospitals may make PE determinations that comport with the Department of Public Welfare's (Department) policies and procedures for the groups set

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>

forth in the discussion below.

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. Parents/caretakers – 33% of the FPL.
5. Former foster children under age 26 who have aged out of foster care – No income test.

See [Attachment A](#) for complete income tables.

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.

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 ACA, qualified hospitals are prohibited from delegating the function of making PE determinations to a third party entity. Only staff employed by the qualified hospital are eligible to make PE determinations.

PROCEDURE:

How to Participate as a Hospital PE Provider

Inpatient, acute care facilities licensed as hospitals by the Department of Health that are interested in participating as PE providers are required to complete an online training course available on the Department's website at: <http://www.dpw.state.pa.us/> Each staff person in a hospital that will be making PE determinations must complete this training. The qualified hospital must retain copies of the training completion certificate page. Additionally, providers must maintain a list of trained employees. These records are subject to monitoring by the Department, and the provider must be prepared to provide both this list and the training certificate/record to the Department upon request.

Eligible hospitals that elect to make PE determinations must complete, sign and submit the Hospital PE Provider Addendum to the Department's Provider Enrollment Unit.

See [Attachment B](#), *Hospital PE Provider Addendum*

To begin making PE determinations starting January 1, 2014, hospitals must submit the addendum no later than December 15, 2013. The Office of Medical Assistance Program's (OMAP) Provider Enrollment Unit will evaluate all addendums to ensure that the submitters are qualified hospitals and have completed all necessary training. If approved, qualified hospitals may begin making PE determinations effective January 1, 2014.

After January 1, 2014, any hospital that qualifies as an inpatient acute care hospital that wishes to participate as a qualified PE provider may complete the training and submit the Addendum to the Provider Enrollment Unit. The Department's central database of qualified PE providers will be updated monthly. In order to begin making PE determinations by the 1st of the month, the Addendum and verification of completed training must be received by the Department no later than the 15th of the preceding month (i.e. for a provider to begin making PE determinations starting February 1st, they must submit their Addendum and verification of completed training to the Department by January 15th).

To determine if a PE application is appropriate, the PE provider will review the Eligibility Verification System to ascertain if the PE applicant is currently receiving MA or has had a PE period in the last 12 months.

How Qualified MA PE Providers Will Determine PE Eligibility

Beginning January 1, 2014, any qualified hospital that has elected to become a PE provider and has been approved by the Department, may begin submitting PE applications for individuals who meet categorical and MAGI eligibility criteria as set forth above. The determination is based on the following criteria:

1. Categorical eligibility (must be one of the defined PE individuals)
2. Citizenship
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, residency, and identity include:

Citizenship:

- U.S. birth certificate

- U.S. Passport
- Certificate of Naturalization
- Tribal enrollment or membership documents issued by a Federally recognized Indian Tribe

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 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, or VA disability benefits.

- b. From the monthly income after deductions, disregard five percent of the applicable FPL for the family size. 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. Answer the yes or no question "Is this a Presumptive Eligibility application".
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).

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.

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

How CAOs Will Administer MA PE Applications

The CAO will import the application from COMPASS and identify it as a PE application.

- The CAO will review the applicant(s) history to determine if prior PE periods were authorized for the applicant(s). If the applicant is not eligible due to a previous PE period during a pregnancy or within the previous 12 months for other applicants, the CAO will send a notice of ineligibility for PE.
- The PE authorization will be completed within five (5) business days of receipt in the CAO.
- The PE begin date is the PE determination date (the date the PE Worksheet was signed) as indicated in the "Date of First Admission or Treatment" field on the application
- PE continues until the last day of the month following the month the PE determination was made, or the date ongoing eligibility is determined, whichever is earlier.
- The CAO will pend ongoing MA during the processing of PE.
- The CAO will send a notice of eligibility for PE to the applicant(s) and the PE provider.
- The CAO will inform the presumptively eligible individual(s) of any required verification needed to determine ongoing MA eligibility.
- Once verification is received, the CAO must determine ongoing eligibility for PE recipients within five work days of receipt.
- The CAO will send a notice of eligibility or ineligibility for ongoing MA to the individual(s).

Pregnant women who are eligible for PE will still receive services under Healthcare Benefits Package (HCBP) 06. The services for pregnant women are limited to ambulatory care. Parent/caretakers and former foster care individuals will receive services under HCBP 02. Children under age 21 will receive services under HCBP 01. 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 Department will use the following performance measures to monitor overall PE provider performance in the program:

- The percentage of PE recipients that go on to be authorized ongoing MA benefits following their PE period will be no less than 80 percent during the first six months, increase to no less than 90 percent in the second six months, and no less than 95 percent for the second and subsequent years. Ongoing applications rejected, because the applicant did not keep an interview appointment or provide verification, will not be included in this measurement.
- Compliance with all requirements established in this MA bulletin and in the online training.
- The provider must complete a monthly Quality Assurance (QA) review of at least 10 percent 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. The provider must retain paper or electronic records of the QA reviews for a period of six years. QA reviews are subject to monitoring by the Department and must be made available to the Department upon request.

The Department will maintain a list of all approved MA PE providers that will be updated monthly. The Department will monitor overall PE performance on an ongoing basis through monthly statistically valid random samples of PE applications and associated documents submitted to the Department. The Department will notify the PE provider of any error findings in writing and extend an opportunity to refute the findings in writing and through discussion via conference calls with Department staff. Final decisions regarding the adjudication of the findings will rest with the Department. All final findings will require the PE provider to develop and implement an Error Prevention Plan (EPP) within 15 days of the final adjudication on the finding. The EPP must be reviewed and concurrence with the EPP given by the Department within 10 days. The EPP will be monitored on an ongoing basis for effectiveness in resolving identified issues. The Department will follow up with the PE provider to discuss the EPP no less than 30 days after issuance. A timeline of the monitoring, reconciliation, and error prevention activities follows below. Issues identified and not resolved by the PE provider within six months will cause the PE provider to be subject to disqualification from performing PE determinations. The Department will send the hospital a notice of disqualification from performing PE determinations and information on the appeal process.

- Day 1: The Department selects sample.
- By Day 40: The Department issues written PE monitoring findings within 40 days after sample selection. If day 40 is a weekend or holiday, the PE monitoring findings will be issued on the next business day.
- By Day 55: The PE provider will agree or disagree with PE monitoring findings in writing after discussions about disputed findings have been completed. EPPs are due to the Department, Office of Income Maintenance, Bureau of Program

Evaluation (BPE), Division of Corrective Action (DCA), within 15 days of adjudication of findings. If day 15 is a weekend or holiday, the EPP is due the next business day. For example, if the PE provider agrees with the finding on day 45, the EPP is due by day 60. For decisions on disputed findings on day 55, the EPP is due on day 70.

- 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. EPPs for decisions made on day 60 are due by day 75.
- By Day 75: All EPPs for the sample month are due to DCA.
- 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. If the EPP is disapproved, the PE provider must provide a revised/corrected EPP within five business days.
- 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 PE 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: DCA will determine if corrective action was effective (no repeated findings for same finding).

ATTACHMENTS:

Attachment A – [ACA Income Limits for PE Groups](#)

Attachment B – [PE Provider Addendum Form](#)

Attachment C – [PE Worksheet](#)