

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 14-0015-MM7**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

SWIFT #031820144085

**NOV 18 2014**

Beverly Mackereth, Secretary  
Department of Human Services  
Room 333 Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Dear Secretary Mackereth:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) Transmittal Number 14-0015-MM7 (S21) entitled, "Presumptive Eligibility by Hospitals." This SPA provides that the state has indicated in the state plan that hospitals in the state determine eligibility presumptively under the option at 42 CFR 435.1110, and that the state provides Medicaid coverage for individuals determined presumptively eligible under this provision.

This SPA was approved on November 7, 2014 with an effective date of January 1, 2014. Enclosed are:

1. The CMS Summary Page (CMS-179 form);
2. The approved State Plan pages for PA-14-0015-MM7 (S21), to be incorporated within a separate section at the end of Pennsylvania's approved State Plan;
3. Supporting Document, "MAB - Presumptive Eligibility as Determined by Hospitals," which should be incorporated into a separate section in the front of the State Plan;
4. Supporting Document, "Presumptive Eligibility Provider Training Deck," which should be incorporated into a separate section in the front of the State Plan; and
5. Supporting Document, "MAGI only COMPASS Data Elements," which should be incorporated into a separate section in the front of the State Plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. If you have any questions concerning this SPA, please contact Mary McKeon at 215-861-4181.

Sincerely,

/s/

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Francis McCaughy

Associate Regional Administrator

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Pennsylvania

Transmittal Number:

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

PA-14-0015

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

S21-42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

S21-Presumptive Eligibility by Hospitals

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Secretary of Public Welfare

Signature of State Agency Official

Submitted By: Daniel Sorge

Last Revision Date: Nov 4, 2014

Submit Date: Mar 17, 2014



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Presumptive Eligibility by Hospitals

**S21**

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

☒ Yes ☐ No

☒ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

☒ A qualified hospital is a hospital that:

☒ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

☒ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☒ Yes ☐ No

☒ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

☒ Pregnant Women

☒ Infants and Children under Age 19

☒ Parents and Other Caretaker Relatives

☒ Adult Group, if covered by the state

☒ Individuals above 133% FPL under Age 65, if covered by the state

☒ Individuals Eligible for Family Planning Services, if covered by the state

☒ Former Foster Care Children

☒ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



# Medicaid Eligibility

☒ Yes    ☐ No

Select one or both:

- ☐ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.
- ☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

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.

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ Periods of presumptive eligibility are limited as follows:

- ☐ No more than one period within a calendar year.
- ☐ No more than one period within two calendar years.
- ☒ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

☒ Yes    ☐ No

- ☒ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ☐ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**



# Medicaid Eligibility

- ☐ The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

- ☐ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

- ☒ State residency

- ☒ Citizenship, status as a national, or satisfactory immigration status

- ☒ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

**An attachment is submitted.**

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

<b>ISSUE DATE</b> December 6, 2013	<b>EFFECTIVE DATE</b> January 1, 2014	<b>NUMBER</b> 01-13-56
<b>SUBJECT</b>  Presumptive Eligibility as Determined by Hospitals		<b>BY</b>  /s/  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 1<sup>st</sup> of the month, the Addendum and verification of completed training must be received by the Department no later than the 15<sup>th</sup> of the preceding month (i.e. for a provider to begin making PE determinations starting February 1<sup>st</sup>, they must submit their Addendum and verification of completed training to the Department by January 15<sup>th</sup>).

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

## 2013 INCOME LIMITS FOR PRESUMPTIVE ELIGIBILITY GROUPS

Coverage Group	Parents/Caretakers		Children Age 6-18		Children Age 1-5		Pregnant Women and Children Under Age 1		Former Foster Child
Persons	33% of FPL		133% of FPL		157% of FPL		215% of FPL		N/A
	Monthly	5% Dis	Monthly	5% Dis	Monthly	5% Dis	Monthly	5% Dis	N/A
1	\$316	\$16	\$1,274	\$64	\$1,504	\$75	\$2,059	\$103	N/A
2	\$427	\$21	\$1,720	\$86	\$2,030	\$102	\$2,779	\$139	N/A
3	\$538	\$27	\$2,165	\$108	\$2,556	\$128	\$3,500	\$175	N/A
4	\$648	\$32	\$2,611	\$131	\$3,082	\$154	\$4,220	\$211	N/A
5	\$759	\$38	\$3,056	\$153	\$3,608	\$180	\$4,940	\$247	N/A
6	\$869	\$43	\$3,502	\$175	\$4,134	\$207	\$5,660	\$283	N/A
7	\$980	\$49	\$3,947	\$197	\$4,659	\$233	\$6,381	\$319	N/A
8	\$1,090	\$55	\$4,393	\$220	\$5,185	\$259	\$7,101	\$355	N/A
Each Additional Person	\$111	\$6	\$446	\$22	\$526	\$26	\$721	\$36	N/A

Based on 2013 FPIG effective 1/26/13  
Revised 10/2/13  
Bureau of Policy  
Division of Health Services

Hospital PE PROVIDER ADDENDUMI. PURPOSE

The purpose of this Addendum is to confirm the hospital's intent to perform MA Presumptive Eligibility (PE) determinations pursuant to the Patient Protection and Affordable Care Act (ACA) and to set forth the responsibilities of the hospital as a PE Provider.

II. RESPONSIBILITIES OF THE HOSPITAL

To qualify as a PE provider, you must:

- self-attest to follow the PE determination rules and procedures established by the Department.
- adhere to all procedures and standards outlined in Medical Assistance (MA) Bulletin 01-13-56 and successor bulletins regarding PE.
- become a Commonwealth of Pennsylvania Access to Social Services (COMPASS) Community Partner prior to submitting PE applications and accept the terms and conditions set forth in the Data Release Agreement. All PE recipient applications will be submitted through COMPASS as a Community Partner.
- limit employees using the COMPASS system to complete PE recipient applications to those employees who have completed the DPW mandated web based training.
- allow DPW to monitor and evaluate the hospital's PE applications and procedures to ensure federal and state policy is followed and eligibility determinations are made accurately.
- comply with the evaluation process set forth by the Department.

In the event that the hospital fails to comply with these standards, the Department may take corrective action, up to and including the termination of the hospital's PE provider status. The hospital also agrees to submit to corrective action if it fails to meet the accuracy standards set forth by the Department for PE determinations.

PE Addendum attestation forms may be submitted via any one of the following options:

1. ePEAP: Upload your Addendum attestation forms via the PROMISE provider portal's new upload feature. To upload documents, please select the "Upload PDF" entry in the ePEAP menu of your provider profile, browse for your .pdf file, and select document type: **ACA PE Addendum**.
2. Email: Ra-ProvApp@pa.gov (Indicate subject as "ACA PE Addendum")
3. Fax: 717-265-8284 (Indicate "ACA PE Addendum" in fax cover sheet subject line)
4. Mail: DPW/OMAP/BFFSP

Attention: Provider Enrollment Unit/ACA PE  
PO Box 8045  
Harrisburg, PA 17105-8045

11/2013



**Please print** the information requested below:

Hospital CEO: \_\_\_\_\_

Hospital Name \_\_\_\_\_

Hospital Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hospital Phone Number (Main) \_\_\_\_\_ MA Provider Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**Please sign** below:

Hospital CEO: \_\_\_\_\_

Date \_\_\_\_\_

Forms without the required signature will be returned.

11/2013

**PRESUMPTIVE ELIGIBILITY WORK SHEET**

1. PE Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_
  2. PE Applicant Date of Birth \_\_\_\_\_
  3. Do you have a Medical Assistance Card? Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Are you a resident of Pennsylvania? Yes \_\_\_\_\_ No \_\_\_\_\_
  5. Are you a U.S. citizen, national or in satisfactory immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_
  6. How many family members are in the tax household, including the applicant? \_\_\_\_\_  
(Include unborn child or children in household.)
  7. What is the household's monthly gross income (before taxes)? \_\_\_\_\_
  8. Does the household have the following tax deductions from their Federal Tax Form 1040?
    - Student Loan interest deduction. Monthly Amount \_\_\_\_\_
    - Self-employed health insurance deduction. Monthly Amount \_\_\_\_\_
    - Deductible part of self-employment tax. Monthly Amount \_\_\_\_\_
    - Health Savings Account deduction. Monthly Amount \_\_\_\_\_
    - Other. Monthly Amount \_\_\_\_\_
- Total Monthly Tax Deductions** \_\_\_\_\_

**Comparison of Household Income to Income Limit**  
(Use Attachment A.)

Household Size	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard	
Net Income	
Income Limit	

Is the applicant eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

PE Begin Date: \_\_\_\_\_

Estimated Date of Delivery (pregnant woman): \_\_\_\_\_

PE Provider Name (printed) \_\_\_\_\_

Staff Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

# Presumptive Eligibility

# Presumptive Eligibility & ACA



The Affordable Care Act (ACA) expanded Presumptive Eligibility (PE).



Since 1988, PE has been available for pregnant women. This group is still eligible.

ACA established PE criteria for parents, caretakers, children, and former foster care recipients.

Changes will take effect on January 1, 2014.

# Objectives



This session will teach hospitals about the changes to PE and prepare them to implement a PE program.

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.
- Make PE determinations for Pregnant Women and other MAGI MA eligibility groups.
- Submit applications for PE individuals.
- Enroll and maintain status as a qualified PE Provider.

# Acronyms



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
EVS	Eligibility Verification System

Term	Definition
FPL	Federal Poverty Level
MA	Medical Assistance
MAB	Medical Assistance Bulletin
MAGI	Modified Adjusted Gross Income
PE	Presumptive Eligibility
PS	Provider Specialty
PT	Provider Type

# What is Presumptive Eligibility?



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PE is the process by which PE Providers evaluate a patient's eligibility for MA at the time of service.



Beginning January 1, 2014, qualified PE Providers can begin to make PE determinations for patients using the MAGI MA rules identified later in this training session.

# Who Qualifies for PE?



- Pregnant Women
- New MAGI PE Groups
  - Children ages 0-18
  - Parents/Caretakers
    - Child(ren) are age 0-17
    - Child(ren) are age 18 and fulltime student in secondary or vo-tech school
    - If a parent/caretaker is also pregnant, she should first be evaluated for MAGI PE following the instructions in the MAB and these training materials.
  - Former Foster Care recipients who aged out of Foster Care and are under age 26



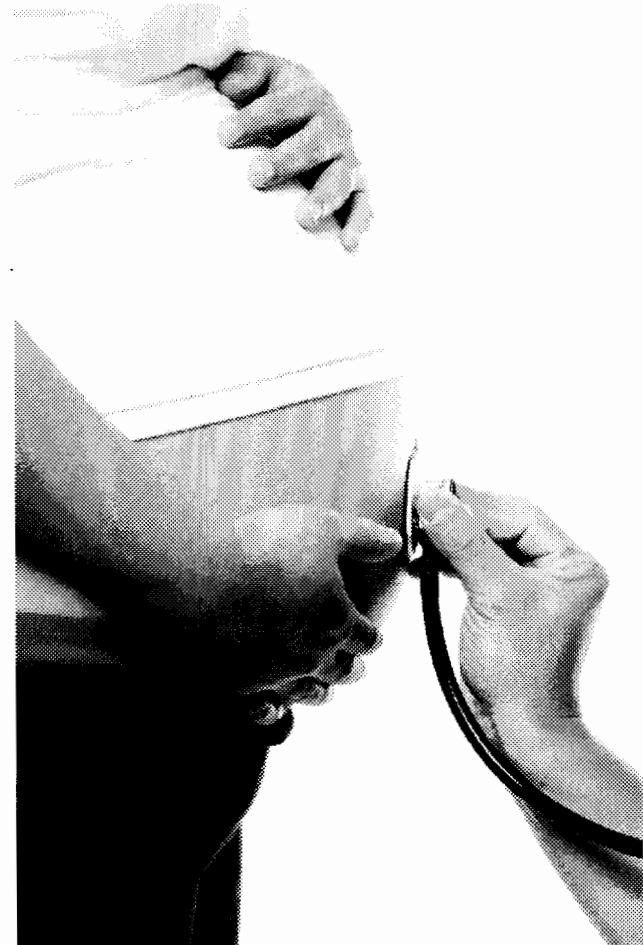


# PE for Pregnant Women



## **All MA Providers of pregnancy services can determine PE for pregnant women.**

- PE is effective from the date of determination through the last day of the following month, or the date ongoing MA eligibility is determined, whichever is earlier.
- Only one PE period may be granted per pregnancy.
- Self-Attestation of eligibility criteria.
- PE application is taken for the individual, but other family members may apply for ongoing MA on the PA600HC application.
- Patient cannot appeal the PE decision.



Presumptive Eligibility

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# Hospital Based MAGI PE



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- Certified Inpatient Acute Care Hospitals can determine PE.
  - Provider Type (PT) 01 *and* Provider Specialty (PS) 010
- The authority to determine PE cannot be delegated to another entity.
- Formal opt-in program (See slides 42-44).
- Performance measures and monitoring (See slides 45-48).
- PE is effective from the date of determination through the last day of the following month, or the date ongoing MA eligibility is determined, whichever is earlier.
- Only one PE period may be granted per each 12 month period or per pregnancy for pregnant women.
- Self-attestation of eligibility criteria, but source documents are encouraged.
- PE Application is taken for the individual(s).
  - The COMPASS application will become the ongoing MA application for the applicant(s).
  - If the family wishes to apply for ongoing MA, a subsequent application will need to be submitted.
- Patient cannot appeal the PE decision.

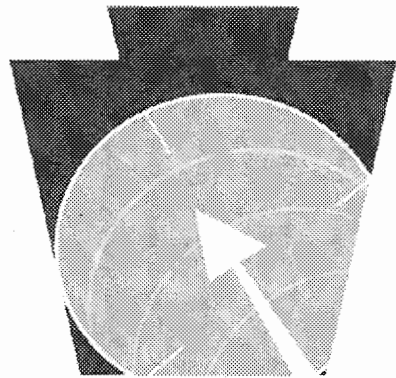
Presumptive Eligibility

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# PE Application Process



Qualified PE Providers at Acute Care Inpatient Hospitals (PT-01 PS010) are required to submit PE Applications through COMPASS within 5 business days of the date of PE determination.



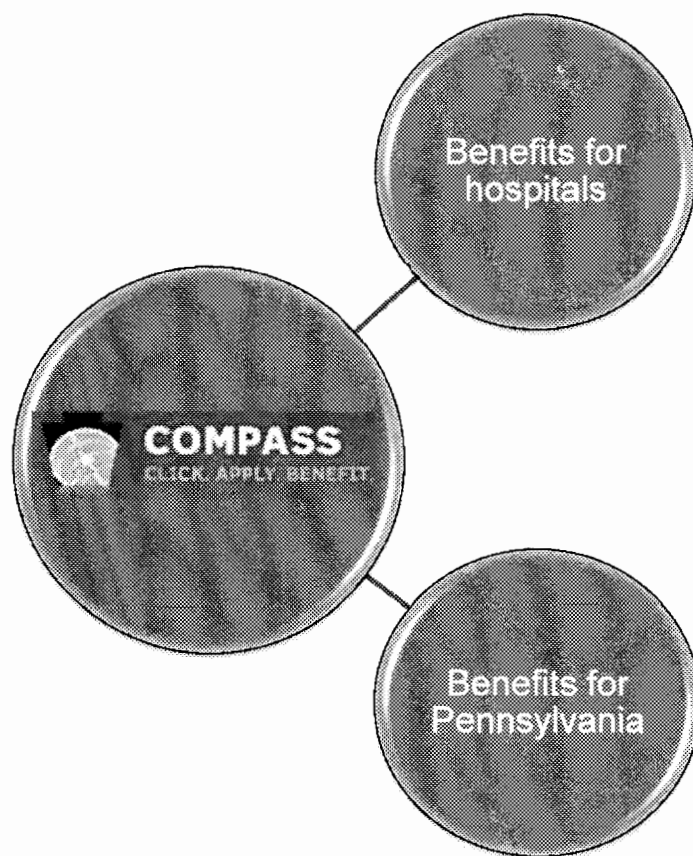
**COMPASS**  
**CLICK. APPLY. BENEFIT.**

If the hospital is not already registered as a COMPASS Community Partner, registration must be completed prior to enrolling as a Qualified PE Provider.

[Click here to register as a COMPASS Community Partner](#)

**Note:** PE Providers of pregnancy services can still determine PE for pregnant women and should continue to submit an MA 332 with the PA 600HC if the applicant wishes to apply for ongoing MA.

# Benefits of Using COMPASS



- Requires complete, standard information in application entry
- Convenient; available at anytime
- Save application and resume capability
- Faster issuance of benefits
- Reduce fraud, waste, and abuse
- Customization of service offerings for beneficiaries to meet the demands of the changing regulations
- Provide data sharing and improve standardization
- Provide centralized, easy access to healthcare coverage and social service programs

## Determining Presumptive Eligibility



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First, check to see if the patient is already receiving MA benefits via the Eligibility Verification System (EVS).

### What information does EVS provide?

- Provides verification of MA eligibility.
- Provides Physical Health and Behavioral Health Managed Care plan information.

### How can EVS be accessed?

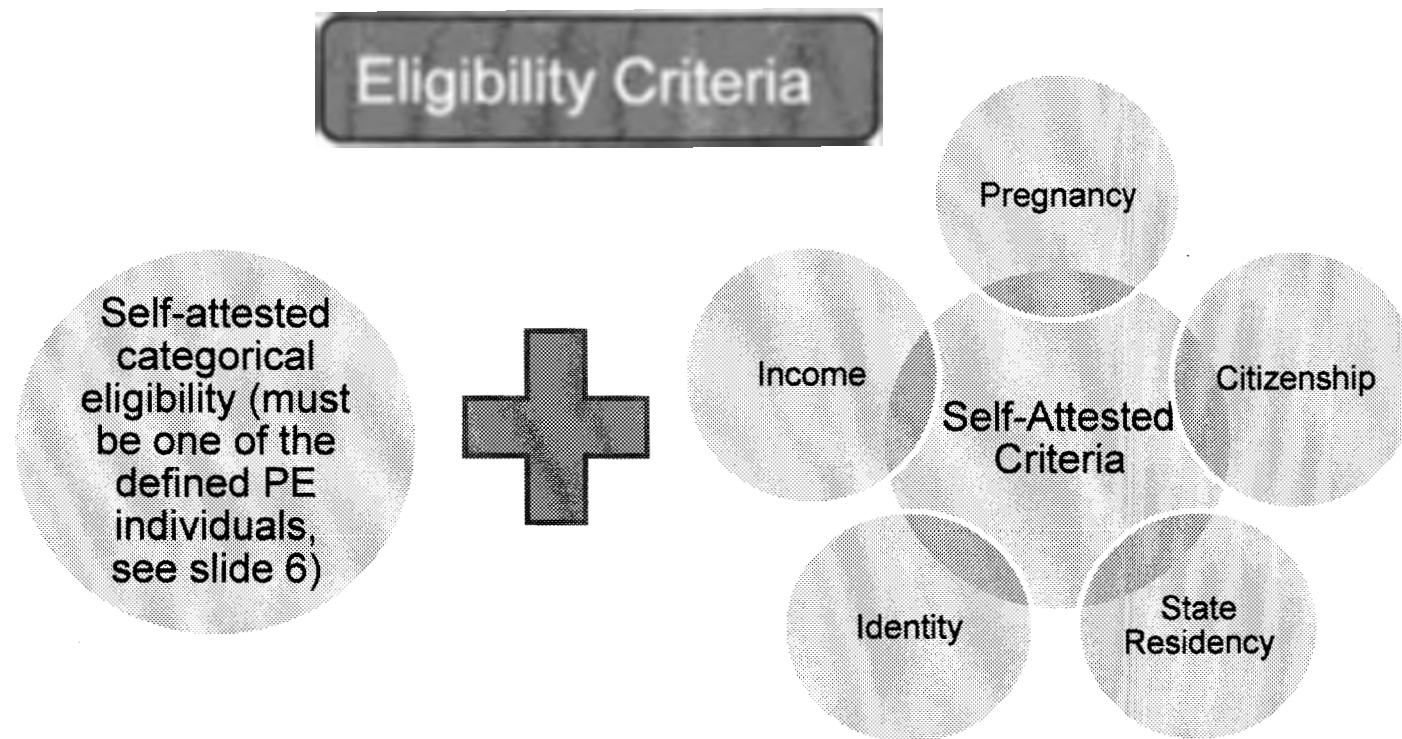
- 800.766.5387
- Available 24 hours a day, 7 days a week
- <http://promise.dpw.state.pa.us>

If not, then begin the PE determination process.

# Determining Presumptive Eligibility



Under ACA, hospitals need to use MAGI rules to evaluate PE.



Now, let's move into how to determine PE for the new ACA groups.

# Determine Income Eligibility



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1. Determine the correct tax household size.
2. Determine 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 Worksheet.

# Introduction to MAGI



- Let's take a few minutes to understand the policy introduced in ACA that affects PE Determinations.
- Modified Adjusted Gross Income = "MAGI"
  - Measure of income used for eligibility determination that is based on federal tax rules
  - PA will use current monthly income
  - Households are identified using tax filing statuses
  - 5% income disregard of the applicable FPL
  - MAGI Tax Households are based upon federal tax rules



# Identifying a Tax Household



- Identifying a MAGI Household:
  - Hospital staff will use MAGI MA rules to determine a patient's household size.
  - The household is determined by the patient's tax filing status.
  - For pregnant women, the unborn child(ren) are included in the total number of household members.
- The tax filing statuses and definitions can be found on the next slide.
- The tax household composition matrix can be found on the slide following the statuses and definitions.

# Tax Filing Statuses Defined



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## Tax Filer

An individual who expects to file a tax return for the taxable year in which an initial determination of eligibility is being made.

## Tax Dependent

An individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination of eligibility is being made.

## Non-Filer

An individual who does not expect to file a tax return and does not expect to be claimed as a tax dependent for the taxable year in which an initial determination of eligibility is being made.

## Child

Individuals between the ages of 0 and 18.

# Tax Household Composition



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## Identifying the Tax Household Members

Patient is a TAX FILER	Patient is a TAX DEPENDENT	Patient is a NON-FILER
<p><b>Household includes:</b> TAX FILER. Spouse of TAX FILER (if living with TAX FILER). All claimed TAX DEPENDENTS of TAX FILER.</p>	<p><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).</p> <p><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.</p>	<p><b>Household includes (if living in household):</b> NON-FILER. Spouse of NON-FILER. Child(ren) under age 19 (biological, adopted or step-child(ren)) of NON-FILER.</p> <p>If a CHILD is a target being determined under NON-FILER rules, household includes (if living in household):</p> <p>CHILD. Parent(s) (biological, adopted or step-parent(s)). Sibling(s) under age 19 (biological, adopted or step-sibling(s)).</p>

### Exceptions to Rules Above (Use NON-FILER Rules):

- A TAX DEPENDENT who is claimed by someone other than a spouse or parent (biological, adopted or step-parent).
- A TAX DEPENDENT (under age 19) who lives with both parents, but whose parents will not file jointly and only one parent claims child.
- A TAX DEPENDENT (under age 19) who is claimed by a non-custodial parent.
- A TAX DEPENDENT (under age 19) whose parents are married and will file jointly, but one parent does not live in the home due to a separation or pending divorce. The parent outside of the household will not be included in budget group.
- A TAX FILER who cannot provide proof of their TAX DEPENDENTS.

# Examples of MAGI Households



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Mary is applying for PE. She has a daughter Joan who is 14. 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).



Presumptive Eligibility

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# Examples of MAGI Households



Sarah, age 22, is pregnant 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



# Examples of MAGI Households



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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.

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)



# Examples of MAGI Households



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. The MAGI household for Mary's determination consists of:

- Mary (tax filer)

The MAGI household for Joan follows the child non-filer household rules. The MAGI household for Joan's determination consists of:

- Joan (child non-filer)
- Mary (child non-filer parent)



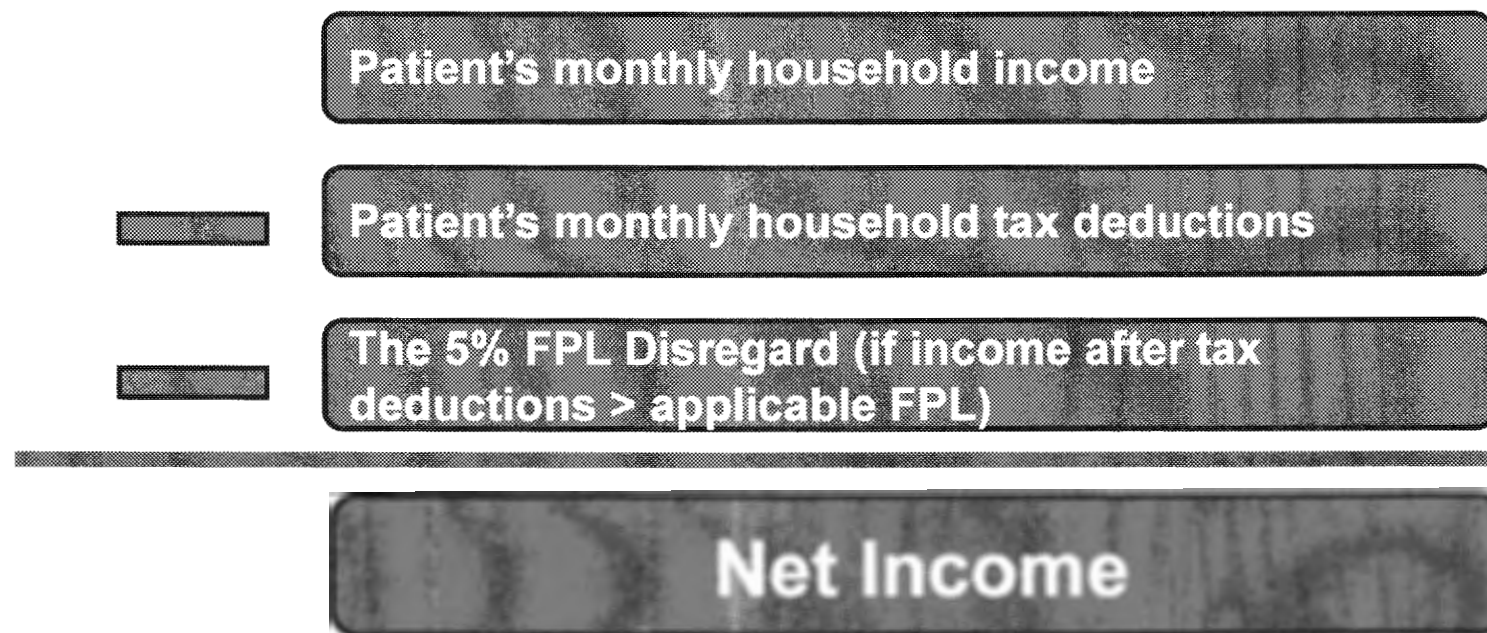


# Calculating Household Income



Now, let's look at how to calculate household income using the MAGI rules.

MAGI (Net Monthly Income) Calculation:





# MAGI Income



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Below are the types of income that should be included in the PE assessment:

Which income is counted under MAGI rules?	YES	NO
<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	X	
Child's Income – if required to file a tax return	X	
Educational Assistance not used for living expenses		X
Lump Sum in the month received	X	
American Indian/Alaska Native Income		X
SSI		X
TANF		X

**NOTE: RESOURCES ARE NOT COUNTED IN MAGI ELIGIBILITY DETERMINATION!**

10/28/2014

ACA Training Session

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# Allowable Tax Deductions



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## Adjusted Gross Income

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ► . . . . .	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .		
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> . . . . .		

These are the eligible tax deductions under MAGI income rules. They can be used to calculate the patient's household income.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2012)

# FPL Income Limits



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5% Income Disregard (Based on 100% of FPL)	
Persons	Monthly
1	\$48.65
2	\$65.55
3	\$82.50
4	\$99.40
5	\$116.30
6	\$133.25
7	\$150.15
8	\$167.05
Each Additional Person	\$16.95

Deduct 5% FPL only if  
income after tax  
deductions exceeds  
income limit for  
household size.

Coverage Group	Parents/Caretakers	Children Age 6-18	Children Age 1-5	Pregnant Women and Children Under Age 1	Former Foster Child
Persons	33% of FPL	133% of FPL	157% of FPL	215% of FPL	N/A
	Monthly	Monthly	Monthly	Monthly	N/A
1	\$321	\$1,294	\$1,527	\$2,091	N/A
2	\$433	\$1,744	\$2,058	\$2,819	N/A
3	\$545	\$2,194	\$2,590	\$3,546	N/A
4	\$656	\$2,644	\$3,121	\$4,274	N/A
5	\$768	\$3,094	\$3,652	\$5,001	N/A
6	\$880	\$3,544	\$4,183	\$5,728	N/A
7	\$991	\$3,994	\$4,714	\$6,456	N/A
8	\$1,103	\$4,444	\$5,246	\$7,183	N/A
Each Additional Person	\$112	\$450	\$532	\$728	N/A

Number of  
people in  
household

There is no income limit for Former Foster  
Care recipients to qualify.

Presumptive Eligibility

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# Presumptive Eligibility Work Sheet



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**Complete the first part of the Presumptive Eligibility Work Sheet with the patient, as seen below.**

## PRESUMPTIVE ELIGIBILITY WORK SHEET

1. PE Applicant Last Name _____	First Name _____	M.I. _____
2. PE Applicant Date of Birth _____		
3. Do you have a Medical Assistance Card?	Yes _____	No _____
4. Are you a resident of Pennsylvania?	Yes _____	No _____
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes _____	No _____
6. How many family members are in the tax household, including the applicant? _____ (Include unborn child or children in household.)		
7. What is the household's monthly gross income (before taxes)? _____		
8. Does the household have the following tax deductions from their Federal Tax Form 1040?		
• Student Loan interest deduction.	Monthly Amount _____	
• Self-employed health insurance deduction.	Monthly Amount _____	
• Deductible part of self-employment tax.	Monthly Amount _____	
• Health Savings Account deduction.	Monthly Amount _____	
• Other.	Monthly Amount _____	
Total Monthly Tax Deductions		_____

Must be resident of PA and:

- US citizen
- US national
- In satisfactory immigration status
  - Permanent US Resident
  - Temporary Resident
  - Refugee/Asylee

*Undocumented is not a satisfactory citizenship / immigration status*

If patient is a pregnant woman, include the unborn child in the number of family members in the household.

**NOTE:** While hospitals may accept self-attested data from the patient, DPW encourages hospitals to request as much documentation as possible for each PE case and keep hardcopies in the patient file. Acceptable proof of citizenship, residency, and identity are on the next slide.

# Supporting Documentation



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## Citizenship

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

## 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

Presumptive Eligibility

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# Citizenship and Immigration



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To qualify for PE and ongoing MA, the PE applicant must be a US citizen, Permanent US Resident, Temporary Resident, Refugee/Asylee, or in a Lawful Immigration status.

Certain individuals must have lawful immigration status for a minimum of five years (referred to as the five year bar.) Pregnant women and children who have lawful immigration status are not subject to the five year bar for MA eligibility.

A Temporary Resident refers to an individual who was lawfully admitted to the US for temporary residence. Under CHIPRA 214, Pennsylvania opted to make MA coverage available to Pregnant Women and Children who are Temporary Residents.

**NOTE:** A Pregnant Woman or child who has a Deferred Action for Childhood Arrival (DACA) status is not eligible for MA.

The next slide is a chart detailing lawful immigration statuses and when the five year bar is applicable.



# Lawful Immigration Status



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Lawful Immigration Status	Five Year Bar	Definitions/Documentation
Lawful Permanent Resident (LPR)	Yes *	Any person not a citizen of the United States who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. I-551 Permanent Resident card.  <b>NOTE:</b> Lawful Permanent Residents who entered under another category that is not subject to the five bar (e.g. Refugees, Asylees, Trafficking victims, Cuban/Haitian entrants ) remain exempt from the five year bar.
Refugees and Asylees	No	Admitted under Section 207 of the INA. Temporary Resident card (I-94) annotated with refugee status. Asylum status is a form of protection available to refugees who are already in the US or seeking admission.
Cuban and Haitian Entrants	No	A Cuban and Haitian Entrant is any individual granted parole status as a Cuban/Haitian immigrant, who is not subject to a final removal order, and has applied for asylum. As defined in Section 501(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 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.**

Presumptive Eligibility

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# Presumptive Eligibility Work Sheet



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Use the responses to the previous questions to complete the “Comparison of Household Income to Income Limit” table.

Once completed, use this table to determine the patient’s Presumptive Eligibility.

## Comparison of Household Income to Income Limit

Use applicable annual FPL

Household Size	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard	
Net Income	
Income Limit	

Enter the response to question #6.

Enter response to question #7.

Enter the total result from question #8.

Subtract the “Tax Deductions” from the “Gross Monthly Income” and enter the result.

Enter the applicable “5% Dis” (5% Disregard) from the “FPL Income Limits” table.\*

Subtract the “5% FPL Disregard” from the “Monthly Income After Deductions,” and enter the result.\*

Enter the applicable “FPL Income Limit” table based on the number of people in household.

\*Deduct 5% FPL only if income after tax deductions exceeds income limit for household size.

Presumptive Eligibility

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# Presumptive Eligibility Work Sheet



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With the data captured in the “Comparison of Household Income to Income Limit” table, hospital staff will be able to make a PE determination.

## Comparison of Household Income to Income Limit

Use applicable annual FPL

Household Size	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard	
Net Income	
Income Limit	

To determine PE, compare the “Net Income” to the “Income Limit”:

- Net Income > Income Limit
  - Patient is **not** eligible for PE
- Net Income < Income Limit
  - Patient **is** eligible for PE
- Net Income = Income Limit
  - Patient **is** eligible for PE

# Presumptive Eligibility Work Sheet



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Lastly, fill out the final questions on the Work Sheet.  
These will dictate the next steps to take.

Is the applicant eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

PE Begin Date: \_\_\_\_\_

Estimated Date of Delivery (pregnant woman): \_\_\_\_\_

PE Provider Name (printed) \_\_\_\_\_

Staff Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

The PE Begin Date must be the same as the date of the  
PE Determination and should match Date of First  
Admission or Treatment in COMPASS.

# Presumptive Eligibility Work Sheet



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Place a copy of the PE Worksheet in the patient's hospital file.

Give the patient a copy of the PE Worksheet.

If the Patient is determined eligible for PE:

If the Patient is not determined eligible for PE:

Submit a COMPASS Application for the patient.

Scan and attach a copy of the PE worksheet to the COMPASS Application. The PE Worksheet should be attached under the "Expenses-Medical" document type. If unable to scan the documents, fax them to your local County Assistance Office.

A COMPASS application should be submitted as a regular MA provider application if the applicant wishes to apply for ongoing MA.

# Application Submission



- When a patient is presumed eligible, submit an application on COMPASS for the PE individual(s) within 5 working days of the PE determination, using the hospital's Community Partner access.
- Qualified PE Providers will see a popup box, where staff will select that the application is for PE, after entering the hospital's information.

A screenshot of a web application popup box. The box has a white background with a thin black border. Inside, there is a text area with the question "Is this application a hospital-based presumptive eligibility determination for MAGI MA?". Below the text area are two buttons: "Yes" and "No", both with black backgrounds and white text.

- If you are a qualified PE Provider, but do not see the box, contact the Provider Service Center at 800.537.8862, option 1, for assistance.

# Application Submission



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## Benefits

Please click on all of the benefits that one or more people in your household would like to apply for. If needed, we will ask you to tell us which person or people would like to apply for that benefit. [Help](#)



### Health Care Coverage

[Help](#)

Includes Medical Assistance, Children's Health Insurance Program and Health Insurance Marketplace

Please choose the person(s) who are applying for this benefit



John Doe



Jane Doe



Jill Doe

In this section of the COMPASS application, select only the individuals who were determined eligible for PE at the time of service.

Presumptive Eligibility

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# PE Worksheet Submission



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**Ways to Qualify**

**Household**

- \* Does anyone have a medical condition (including a disability), a chronic condition (such as arthritis), an ongoing special health care need, or ongoing medication prescribed by a doctor? ☐ Yes ☒ No
- \* Has anyone received Supplemental Security Income in the past? ☐ Yes ☒ No
- \* Does anyone have unpaid medical bills or ongoing medical expenses? ☒ Yes ☐ No

Who?

☐ Mary Smith ☒ Sara Smith

- \* Has anyone paid medical bills this month or within the past 3 months? ☐ Yes ☐ No
- Has anyone in the household lost their job or had their work hours reduced through no fault of their? ☐ Yes ☐ No

[Previous](#) [Next](#)

Select that the PE individual has unpaid medical expenses.

When scanning documents, select the "Expenses-Medical" option, and scan the PE Worksheet along with any unpaid medical bills being submitted.

**COMPASS**  
CLICK. APPLY. BENEFIT.

- e-Form#** [help](#)  
W91999992628
- Scanner Name** [help](#)  
[Select a Scanner](#)  
Current Scanner: None
- Select Document to Scan** [help](#)

Individual	Document	Status
Smith, Sara	Expenses-Medical	Not Scanned
- (Optional) Enter Comments for Staff** [help](#)
- Scan/Import Document** [help](#)  
[Scan](#) [Import](#)
- Click "I Am Finished" when done** [help](#)  
[I Am Finished](#)

Presumptive Eligibility

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# COMPASS Assistance



Need help with COMPASS?

Using it for the first time?

Click [Here](#) for a Web-Based Tutorial and Quick Reference Guide

For additional COMPASS information, contact:

Nikki Blythe

Telephone: 717.772.7892

Email: [nblythe@pa.gov](mailto:nblythe@pa.gov)

# Practice Exercises



Now let's review...

It is recommended that you have a copy of the "Presumptive Eligibility Work Sheet" while you follow along with these examples.





# Practice Exercise - Scenario



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## PE Worksheet Questions

3. Do you have a Medical Assistance Card?	No
4. Are you a resident of Pennsylvania?	Yes
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes
6. How many family members live in the tax household, including the applicant?	3
7. What is the household's monthly gross income (before taxes)?	\$200
8. Does the household have the following tax deductions from their Federal Tax Form 1040?	\$10

## Patient Information

Mary, mother of 2 Children  
Age 33

## Comparison of Household Income to Income Limit Table

Household Size	3
Gross Monthly Income	\$200
- Tax Deductions	\$10
Monthly Income After Deductions	\$190
-5% FPL Disregard	N/A
Net Monthly Income	\$163
Income Limit	\$545

Based on this information, would the patient be determined eligible for PE?

Presumptive Eligibility

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# Practice Exercise - Solution



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Yes, Mary is eligible for PE benefits because she is a parent/caretaker and her household income is below the \$545 FPL for a parent/caretaker in a 3 person household. The 5% income disregard was not applied because Mary's household income was already below the income limit.

# Practice Exercise - Scenario



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## PE Worksheet Questions

3. Do you have a Medical Assistance Card?	No
4. Are you a resident of Pennsylvania?	Yes
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes
6. How many family members live in the tax household, including the applicant?	4
7. What is the household's monthly gross income (before taxes)?	\$3,000
8. Does the household have the following tax deductions from their Federal Tax Form 1040?	No

Based on this information, would the patients be determined eligible for PE?

## Patient Information

Joe, age 4  
Ashley, age 8

## Comparison of Household Income to Income Limit Table

	Ashley	Joe
Household Size	4	4
Gross Monthly Income	\$3,000	\$3,000
- Tax Deductions	\$0	\$0
Monthly Income After Deductions	\$3,000	\$3,000
-5% FPL Disregard	\$99.40	N/A
Net Monthly Income	\$2900.60	\$3,000
Income Limit	\$2,644	\$3,121

Presumptive Eligibility

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## Practice Exercise - Solution



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In this example, Joe would be eligible for PE benefits because his household's income is below the FPL for a 4 year old child in a 4 person household.

However, Ashley would not be eligible for PE benefits. Even after the 5% FPL income disregard is applied her household income is over the limit for an 8 year old child in a 4 person household.

# Practice Exercise - Scenario



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## PE Worksheet Questions

3. Do you have a Medical Assistance Card?	No
4. Are you a resident of Pennsylvania?	Yes
5. Are you a U.S. citizen, national or in satisfactory immigration status?	Yes
6. How many family members live in the tax household, including the applicant?	6 (including the unborn child)
7. What is the household's monthly gross income (before taxes)?	\$6,100
8. Does the household have the following tax deductions from their Federal Tax Form 1040?	\$300

## Patient Information

Elizabeth, pregnant

## Comparison of Household Income to Income Limit Table

Household Size	6
Gross Monthly Income	\$6,100
- Tax Deductions	\$300
Monthly Income After Deductions	\$5,800
-5% FPL Disregard	\$133.25
Net Monthly Income	\$5,666.75
Income Limit	\$5,728

Based on this information, would the patient be determined eligible for PE?

Presumptive Eligibility

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# Practice Exercise - Solution



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Yes, Elizabeth is eligible for PE benefits because she is a pregnant woman and her household income after applying the 5% FPL income disregard is below the FPL for a pregnant woman in a 6 person



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# How to Enroll as a Qualified PE Provider and Maintain Qualified PE Provider Status

Presumptive Eligibility

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# Enroll as a Qualified PE Provider



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Read the MA Bulletin (MAB).

Review these Training Materials.

Require all hospital staff making PE Determinations to take this Training.

Require staff to print, sign, and return a copy of the Training Certificate of Completion, which can be found at the end of this presentation, to hospital administration.

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

Presumptive Eligibility

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# Initial Enrollment



12/15/2013

Submit the PE Addendum to DPW no later than 12/15/2013.

1/1/2014

Hospitals approved to make PE determinations will be able to submit applications through COMPASS.

# Ongoing Enrollment



This process applies to hospitals who don't enroll during the initial enrollment period.

15<sup>th</sup> of the  
prior month

Submit the PE Addendum to DPW no later than the 15<sup>th</sup> of the month prior to the month the hospital wants to begin making PE determinations.

1<sup>st</sup> of the  
month

As long as all documentation is received by the 15<sup>th</sup> of the prior month, the hospital will be able to begin submitting PE applications in COMPASS.

# Performance Standards & Monitoring



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The percentage of PE recipients that go on to be authorized ongoing MA following their PE period will be:

- No less than 80% during the first six months;
- No less than 90% during the second six months; and
- No less than 95% for the second and all subsequent years.
- **Note:** Ongoing applications rejected because the applicant did not keep an interview appointment or provide verification will not be used in this measurement.

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 patient's hospital file for a period of six full years.
- Submit all PE applications through COMPASS within five business days of the PE determination.
- Attach a scanned copy of the PE Worksheet to every COMPASS application.

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.

# Monitoring & Corrective Action Process



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**Day 1** (all day measurements are from the first day of the current monitoring session): DPW selects a statistically valid random sample of Qualified PE Providers.

**By Day 40**: DPW issues written PE monitoring findings within 40 days of sample selection.

**By Day 55**: The PE provider will agree or disagree with PE monitoring findings in writing after discussions about disputed findings have been completed.

**By Day 60**: Final decisions on disputed findings for the sample month will be complete. Final decisions regarding the adjudication of findings rest with BPE.

**By Day 75**: All EPPs for the sample month are due to DCA.

Presumptive Eligibility

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# Monitoring & Corrective Action Process



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By Day 90, or within 15 days of receipt of EPP, whichever is earlier: DCA will review and notify PE provider of approval/disapproval of the EPP.

By Day 95, or within five business days of notice of disapproved EPP, whichever is earlier:  
Revised/corrected EPPs are due to DCA.

By Day 125, or within 30 days of an approved EPP, whichever is earlier: BPE will contact the provider and follow up on EPP status.

Not later than six months from EPP approval: DCA will contact the provider, review the current/new findings, and determine if EPP is still applicable or needs to be amended.

Not later than 12 months from EPP approval: DCA will determine if corrective action was effective (no repeated findings for the original error finding).



# Disqualification as a Qualified PE Provider



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Providers have 6 months to successfully resolve issues identified during the monitoring period through the implementation of an EPP.

Issues identified and not resolved by the PE provider will result in a provider's disqualification to make PE determinations.

DPW will send the hospital a notice of disqualification from performing PE determinations and information on the appeal process.

Presumptive Eligibility

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## DPW Contact Information



If you have questions related to the administration of the hospital's PE program, contact us using the following information.

Provider Enrollment questions	Provider Service Center 800.537.8862, option 1
Provider Compliance questions	Bureau of Program Evaluation <a href="mailto:c-oimqchq@pa.gov">c-oimqchq@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	Nikki Blythe 717.772.7892 or <a href="mailto:nblythe@pa.gov">nblythe@pa.gov</a>
Payment inquiries	Provider Service Center 800.537.8862, option 1

# Summary



During this session, you learned to:

- Define Presumptive Eligibility as it relates to both Pregnant Women and other MAGI Medical Assistance eligibility groups.
- Make Presumptive Eligibility determinations for Pregnant Women and other MAGI MA eligibility groups.
- Submit applications for PE individuals.
- Enroll and maintain status as a qualified PE Provider.





# Completion Certificate



Please print and sign this page to verify that you successfully completed the Presumptive Eligibility training and understand the program requirements on \_\_\_\_\_.  
(enter date)

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

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

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
1	Household Information	First Name:	✓	✓	R	M
2	Household Information	Middle Initial:	✓	✓	O	M
3	Household Information	Last Name	✓	✓	R	M
4	Household Information	Suffix:	✓	✓	O	M
5	Household Information	Birth date:	✓	✓	R	M
6	Household Information	Sex	✓	✓	R	M
7	Household Information	Street Address:	✓	✓	R	M
8	Household Information	Street Address (2):	✓	✓	O	M
9	Household Information	City:	✓	✓	R	M
10	Household Information	State:	✓	✓	R	M
11	Household Information	Zip:	✓	✓	R	M
12	Household Information	Zip Ext.:	✓	✓	O	M
13	Household Information	County:	✓	✓	R	M
14	Household Information	Is there another address that we should send mail to?	✓	✓	O	M
15	Household Information	Street Address	✓	✓	R	M
16	Household Information	City	✓	✓	R	M
17	Household Information	State	✓	✓	R	M
18	Household Information	Zip	✓	✓	R	M
23	Household	Contact Information	✓	✓	O	M
24	Household	Home or Contact Phone Number:	✓	✓	O	M
25	Household	Work Phone Number:	✓	✓	O	M
26	Household	Ext.:	✓	✓	O	M
27	Household	Mobile Phone Number:	✓	✓	O	M
28	Household	E-mail Address:	✓	✓	O	M
29	Household	When is the best time to call?	✓	✓	O	M
30	Household	What is the best way to contact you if we need to ask any extra questions?		✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
						M
42	Household	What school district does the household live in?	✓	✓	R	
						M
43	Household	If other, please be specific:	✓	✓	R	
						M
44	Household	City/Township/Borough:	✓	✓	R	
						M
45	Household	If other, please be specific:	✓	✓	R	
						M
50	Household	Is anyone currently in prison or another correctional facility? (Incarcerated)	✓	✓	R	
						M
63	General	Please provide some details about {Individual.Label}	✓	✓	O	
						M
64	General	What is {Individual.Label}'s citizenship status?	✓	✓	O	
						M
65	General	Is {Individual.Label} currently a student?	✓	✓	R	

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
68	General	Does {Individual.Label} have a representative, power of attorney, or additional contact person?	✓	✓	O	M
69	General	Has {Individual.Label} applied for any benefits that they have not received yet?	✓	✓	O	M
70	General	What is {Individual.Label}'s marital status?	✓	✓	R	M
71	General	{Individual.Label} is ("wife of", etc.)	✓	✓	R	M
72	General	Is {Individual.Label} taking care of someone in the home who is ill or disabled?	✓	✓	R	M
73	General	Is {Individual.Label} pregnant?	✓	✓	R	M
74	General	When is {Individual.Label} due?	✓	✓	R	M
75	General	How many babies are expected?	✓	✓	R	M
76	General	What is {Individual.Label}'s Social Security Number?	✓	✓	O	M
77	General	State or Territory:	✓	✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
						M
78	General	Driver's License or State ID Number:	✓	✓	O	
79	General	Is {Individual.Label} planning on filing a federal income tax return?	✓	✓	R	M
80	General	Will {Individual.Label} file tax jointly with {Individual.spouse Name}?	✓	✓	R	M
81	General	Will anyone claim {Individual.Label} as a tax dependent?	✓	✓	R	M
82	General	Will {Individual.Label} claim anyone as a tax dependent?	✓	✓	R	M
83	General	What is {Individual.Label}'s Race?	✓	✓	O	M
84	General	Is {Individual.Label} a member of a federally recognized tribe?	✓	✓	O	M
85	General	Is {Individual.Label} of Hispanic origin?	✓	✓	O	M
88	General	Was {Individual.Label} in foster care at age 18 or older?	✓	✓	R	M
90	General	At what age did {Individual.Label}'s foster care end?	✓	✓	R	M
91	General	In what state did {Individual.Label} receive foster care?	✓	✓	R	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
92	General	Did {Individual.Label}'s foster care end because of his/her age?	✓	✓	R	M
93	General	Please confirm the parent/guardian of {Individual.Label}:		✓	R	M
94	General	Please confirm the second parent/guardian of {Individual.Label}		✓	O	M
95	Voter Registration	Is {Individual.Label} interested in registering to vote?	✓	✓	O	M
96	Citizenship	When did {Individual.Label} enter the country?	✓	✓	O	M
97	Citizenship	What country did {Individual.Label} come from?	✓	✓	O	M
98	Citizenship	If Other, please be specific:	✓	✓	O	M
99	Citizenship	What is {Individual.Label}'s Alien Registration Number?	✓	✓	O	M
100	Citizenship	Document Type	✓	✓	O	M
101	Citizenship	Document ID#	✓	✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
						M
104	Citizenship	First Name:	✓	✓	O	
105	Citizenship	Middle Initial:	✓	✓	O	M
106	Citizenship	Last Name:	✓	✓	O	M
107	Citizenship	Organization Name:	✓	✓	O	M
108	Citizenship	Street Address:	✓	✓	O	M
109	Citizenship	Street Address (2):	✓	✓	O	M
110	Citizenship	City:	✓	✓	O	M
111	Citizenship	State:	✓	✓	O	M
112	Citizenship	Zip:	✓	✓	O	M
113	Education	Name of School	✓	✓	R	M
114	Education	Type of School	✓	✓	R	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
115	Education	Does {Individual.Label} attend school full- time or part-time?	✓	✓	R	M
126	Additional Contact	You have told us {Individual. Label} has an additional contact person. Please tell us about this person.	✓	✓	O	M
127	Additional Contact	What is the contact's name?	✓	✓	R	M
128	Additional Contact	First Name:	✓	✓	R	M
129	Additional Contact	Middle Initial:	✓	✓	O	M
130	Additional Contact	Last Name:	✓	✓	R	M
131	Additional Contact	What is this person's role?☐ (Check all that apply)	✓	✓	R	M
132	Additional Contact	Street Address:	✓	✓	R	M
133	Additional Contact	Street Address (2):	✓	✓	O	M
134	Additional Contact	City:	✓	✓	R	M
135	Additional Contact	State:	✓	✓	R	M
136	Additional Contact	Zip:	✓	✓	R	M
137	Additional Contact	Home or Contact Phone Number:	✓	✓	O	M
138	Additional Contact	Work Phone Number:	✓	✓	O	M
139	Additional Contact	Other Phone Number:	✓	✓	O	M
140	Benefits Not Received	You said that {Individual. Label} applied for benefits that have not been received yet.	✓	✓	O	M
141	Benefits Not Received	Which benefit is {Individual. Label} still waiting to receive? If more than one, you will have to enter one at a time.	✓	✓	R	M



Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
142	Benefits Not Received	When did {Individual. Label} apply for this benefit?	✓	✓	R	M
143	Benefits Not Received	How much did {Individual. Label} apply for or expect to receive?	✓	✓	O	M
144	Benefits Not Received	When does {Individual. Label} expect to receive the money?	✓	✓	O	M
145	American Indian/Alaska Native	Name of Tribe:	✓	✓	O	M
146	American Indian/Alaska Native	State:	✓	✓	O	M
147	American Indian/Alaska Native	Has this person ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	✓	✓	O	M
148	American Indian/Alaska Native	Is this person eligible to receive services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?	✓	✓	O	M
149	American Indian/Alaska Native	Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties	✓	✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
150	American Indian/Alaska Native	Amount:	✓	✓	O	M
151	American Indian/Alaska Native	How often:	✓	✓	O	M
152	American Indian/Alaska Native	Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior. (Including reservations and former reservations)	✓	✓	O	M
153	American Indian/Alaska Native	Amount:	✓	✓	O	M
154	American Indian/Alaska Native	How often:	✓	✓	O	M
155	American Indian/Alaska Native	Money from selling things that have cultural significance	✓	✓	O	M
156	American Indian/Alaska Native	Amount:	✓	✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
						M
157	American Indian/Alaska Native	How often:	✓	✓	O	
158	Incarceration	County of Placement:	✓	✓	R	M
159	Incarceration	Admission Date:	✓	✓	R	M
160	Incarceration	Discharge Date	✓	✓	O	M
						M
161	Household - Income	Does anyone currently have one or more jobs, or will someone start a job in the next 30 days?	✓	✓	R	
						M
162	Household - Income	Does anyone receive money from one or more sources other than a job?	✓	✓	R	
163	Current Income	Employer Name:	✓	✓	R	M
						M
171	Current Income	How many hours does {Individual. Label} work at this job each week?	✓	✓	R	
172	Current Income	When does {Individual. Label} get paid?	✓	✓	R	M
						M
173	Current Income	What is {Individual. Label}'s gross income on each paycheck? This is the money {Individual. Label} gets before paying for taxes and other deductions.	✓	✓	R	
						M
175	Current Income	When did {Individual. Label} last receive a paycheck for this job?	✓	✓	R	
						M
176	Other Income	What is the source or type of the other income?	✓	✓	R	

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
177	Other Income	How often does {Individual. Label} receive this income?	✓	✓	R	M
178	Other Income	Amount of income before taxes and deductions:	✓	✓	R	M
179	Other Income	When did {Individual. Label} last receive this income?	✓	✓	R	M
180	Other Income	If Other, please be specific:	✓	✓	R	M
186	Household - Expenses	Does anyone pay for child care or care for an adult with a disability so that they can go to work?	✓	✓	R	N
187	Household - Expenses	Does anyone have any tax deductible expenses they will claim on their federal tax return? Click the "Help" button for examples.	✓	✓	R	M
194	Child Care and Adult Care Expenses	For which employer does {Individual. Label} have to pay for child care so that they can get to work?	✓	✓	R	N
195	Child Care and Adult Care Expenses	What is the name of the person who receives care?	✓	✓	R	N

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
						N
196	Child Care and Adult Care Expenses	How much is spent each month on care expenses?	✓	✓	R	
197	Child Care and Adult Care Expenses	How many months per year (1-12) is this amount paid?	✓	✓	R	N
198	Tax Deductible Expense	What is the source or type of the tax deductible expense?	✓	✓	R	M
199	Tax Deductible Expense	What is the amount of this tax deductible expense?	✓	✓	R	M
200	Tax Deductible Expense	What is the frequency of this tax deductible expense?	✓	✓	R	M
201	Tax Deductible Expense	Tax deductible expense begin date:	✓	✓	R	M
202	Tax Deductible Expense	Tax deductible expense end date:	✓	✓	O	M
203	Household - Insurance	Does anyone have health (or medical) insurance (including Medicare or Long Term Care Insurance)	✓	✓	R	M
204	Household - Insurance	Has anyone lost health insurance in the last 90 days?	✓	✓	R	M
206	Current Insurance	Who is the policy holder?	✓	✓	R	M
207	Current Insurance	What is the name of the policy holder?	✓	✓	R	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
209	Current Insurance	Who in the house is covered by this policy?	✓	✓	R	M
210	Current Insurance	Insurance Name	✓	✓	R	M
211	Current Insurance	What is covered by this policy?	✓	✓	R	M
212	Current Insurance	What is the name of the insurance company?	✓	✓	R	M
224	Current Insurance	What kind of policy is it?	✓	✓	O	M
225	Current Insurance	What is the policy number? This number can probably be found on a piece of mail from the company.	✓	✓	R	M
226	Current Insurance	What is the Group Number / Name? Again, this can be found on most mail from the company.	✓	✓	O	M
227	Current Insurance	When did the policy start?	✓	✓	O	M
228	Current Insurance	When will the policy end? (if known)	✓	✓	O	M
229	Current Insurance	Why is the policy holder losing insurance or choosing to end coverage?	✓	✓	R	M
230	Current Insurance	Will this health insurance end because the policy holder lost employment (laid off, terminated, quit) or changed jobs?		✓	O	M
231	Current Insurance	Did/Will you employer stop offering coverage causing your children to lose health insurance?		✓	O	M
232	Previous Insurance	Who was the policy holder?	✓	✓	R	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
233	Previous Insurance	What was the name of the policy holder?	✓	✓	R	M
235	Previous Insurance	Why did the policy holder lose insurance or choose to end coverage?	✓	✓	R	M
236	Previous Insurance	Who in the house was covered by this policy?	✓	✓	R	M
237	Previous Insurance	What was the name of the insurance company? If applicable, enter 'Medicare'.	✓	✓	O	M
250	Previous Insurance	What kind of policy was it?	✓	✓	O	M
251	Previous Insurance	What was covered by the policy?	✓	✓	R	M
252	Previous Insurance	What was the policy number? This number can probably be found on a piece of mail from the company.	✓	✓	O	M
253	Previous Insurance	What was the Group Number / Name? Again, this can be found on most mail from the company.	✓	✓	O	M
254	Previous Insurance	When did the policy start?	✓	✓	O	M
255	Previous Insurance	When was coverage lost or when did the policy end?	✓	✓	R	M
256	Previous Insurance	Did you employer stop offering coverage causing your children to lose health insurance?		✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
257	Employer Insurance	Is anyone who is applying offered health insurance from a job? Select yes even if is from someone else's job, such as a parent or spouse.	✓	✓	R	M
258	Employer Insurance	Could anyone get health insurance for their child(ren) through their job?		✓	R	M
259	Employer Insurance Details	Who would have to pay for the health insurance offered through their job?	✓	✓	O	M
260	Employer Insurance Details	Who would have to pay for this insurance for their child(ren)?		✓	O	M
261	Employer Insurance Details	If you are offered health coverage from your job, what is the cost to the employee for family coverage?		✓	O	M
262	Employer Insurance Details	What is the frequency of this cost?		✓	O	M



Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
263	Employer Offered Health Insurance	You said that someone is offered health insurance from a job. Please answer the following questions. If you would like to check with the employer to answer these questions, you have the option to print the "Employer Coverage tool". You can still submit your application by answering these questions as best you can.	✓	✓	O	M
264	Employer Offered Health Insurance	Who is the employee at the job that offers health insurance	✓	✓	O	M
265	Employer Offered Health Insurance	First Name:	✓	✓	O	M
266	Employer Offered Health Insurance	Last Name:	✓	✓	O	M
267	Employer Offered Health Insurance	Social Security Number:	✓	✓	O	M
268	Employer Offered Health Insurance	Employer Name:	✓	✓	O	M
269	Employer Offered Health Insurance	Employer Identification Number (EIN)	✓	✓	O	M
270	Employer Offered Health Insurance	Employer Street Address:	✓	✓	O	M
271	Employer Offered Health Insurance	Street Address (2):	✓	✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
272	Employer Offered Health Insurance	City:	✓	✓	O	M
273	Employer Offered Health Insurance	State	✓	✓	O	M
274	Employer Offered Health Insurance	Zip:	✓	✓	O	M
275	Employer Offered Health Insurance	Employer Phone Number:	✓	✓	O	M
276	Employer Offered Health Insurance	Are any of these types of coverage offered?	✓	✓	O	M
277	Employer Offered Health Insurance	Who can be contacted about this employer's health coverage?	✓	✓	O	M
278	Employer Offered Health Insurance	Contact Name:	✓	✓	O	M
279	Employer Offered Health Insurance	Phone number:	✓	✓	O	M
280	Employer Offered Health Insurance	Email:	✓	✓	O	M
281	Employer Offered Health Insurance	Who is (or could) be covered by this employer's health insurance?	✓	✓	O	M
282	Employer Offered Health Insurance	Does this employer's insurance meet the minimum value standard?	✓	✓	O	M
283	Employer Offered Health Insurance	How much does (or would) the employee have to pay in premiums for this insurance?	✓	✓	O	M
284	Employer Offered Health Insurance	How often does (or would) the employee pay the premium?	✓	✓	O	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
285	Employer Offered Health Insurance	Will employer's health plan change soon?	✓	✓	O	M
286	Employer Offered Health Insurance	When will the employer's health plan change?	✓	✓	O	M
287	Employer Offered Health Insurance	What will change in the employer's health plan?	✓	✓	O	M
288	Employer Offered Health Insurance	Will the employer's health plan meet the minimum value standard?	✓	✓	O	M
289	Employer Offered Health Insurance	How much would the employee have to pay in premiums for this insurance?	✓	✓	O	M
290	Employer Offered Health Insurance	How often would the employee pay the premium?	✓	✓	O	M
291	Household - Additional Details	Does anyone have a medical condition (including a disability), a chronic condition (such as arthritis), or an ongoing special health care need?	✓	✓	R	M
293	Household - Additional Details	Has anyone received Supplemental Security Income in the past?	✓	✓	R	M
294	Household - Additional Details	Does anyone have any paid or unpaid medical bills that have a date of service that occurred this month or within the past 3 months?	✓	✓	R	M

Question Order in COMPASS	Question Group Label	Question(EN)	HA	HC	Required/Op tional	MAGI/ Non MAGI
295	Household - Additional Details	Has anyone in the household lost their job or had their work hours reduced through no fault of their own within the past year?	✓	✓	0	M