



DATE: December 16, 2013

OPERATIONS MEMORANDUM 13-12-01

SUBJECT: Presumptive Eligibility (PE) Requirements under the Patient Protection and Affordability Care Act (ACA)

TO: Executive Directors

FROM: Tom Strickler
Director
Bureau of Operations

PURPOSE

To inform County Assistance Offices (CAOs) of the policy changes and expansion to the PE program under the ACA. The changes to PE will be effective January 1, 2014.

BACKGROUND

The ACA, signed into law on March 23, 2010, made several changes to the PE program. Currently, Healthy Beginnings provides outpatient services to pregnant women who are considered eligible by a qualified provider. The ACA allows for the expansion of the program to include other individuals who may receive services under PE in qualified Medical Assistance (MA) hospitals.

DISCUSSION

In addition to pregnant women, the new populations that can qualify for PE are Modified Adjusted Gross Income (MAGI) children, parents and caretakers, and former foster children under age 26 who have aged out of foster care. Currently, the PE provider submits an MA332 form with an MA application to the CAO. Current PE providers that are not acute care hospitals will continue to submit the MA332. Under the ACA, the qualified hospital provider will submit the PE application for the individual through Commonwealth of Pennsylvania Access to Social Services (COMPASS). The PE application will function as the ongoing MA application.

Note: Current PE providers (including private medical practices, clinics and hospitals) will continue to assess PE for pregnant women only, while qualified hospital PE providers can determine PE for all other ACA-identified groups, to include pregnant women.

Under the ACA, all PE groups must meet MAGI eligibility criteria. The income limits are based on household size. The MAGI income limits are:

1. Pregnant women and children under 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 child under age 26 – No income test for this category, but must be determined income ineligible for all other MA categories to qualify for this category.

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

Under the ACA, the PE applicant does not have the right to appeal.

The PE Provider

Beginning January 1, 2014, any acute care hospital that participates in MA can be a PE provider, but qualified MA acute care hospitals must enroll with the Department of Public Welfare (DPW) to be PE providers. The enrolled PE provider under ACA rules will make the determination of eligibility for PE for all the PE groups. The determination of PE is based on the following MAGI criteria:

1. Categorical eligibility (must be one of the defined PE groups).
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.

According to MAGI rules, the individual or household must self-attest to filing a Federal Income Tax Form. Household size is based on the individuals included in the tax household. The tax household size determines the income limit to be used.

To determine income eligibility for PE under the ACA, providers must:

1. Determine the correct tax household size.
2. Use the income limits for the age of the individual and the tax household size.

3. Determine net monthly income:
 - a. Take the gross monthly income and subtract the tax deductions countable under the ACA.
 - b. From the monthly income after deductions, subtract the applicable 5% FPL income disregard. This amount is the tax household's net monthly income.
4. Compare the net monthly income to the income limits for the PE applicant's household size to determine income eligibility. Use the Presumptive Eligibility Worksheet ([Attachment B](#)) to assist in determining income eligibility for PE. For detailed information on tax households and income determination using MAGI criteria, see [OPS130904](#) (MA Eligibility Rule Changes Under the ACA).
5. Provide a copy of the completed PE Worksheet to the applicant.

The hospital-based PE provider must submit an application for PE through COMPASS as an MA Provider. The hospital must submit the COMPASS application within five business days of the PE determination. To complete the PE application, the provider must:

1. Select "Log in as a Community Partner."
2. Select "New Application."
3. On the Set Up page, select "I am enrolled with DPW as an MA or non-MA provider and I am applying on behalf of a client ..."
4. Enter the date PE was determined (the date on the PE Worksheet) in the "Date of First Admission or Treatment" field.
5. After entering the MA provider information, select "Next." If the provider information is recognized as a PE provider, the following message will be received: "Is this application a hospital-based presumptive eligibility application for MAGI MA?" Select "Yes" and continue.
6. After entering the household information on the Benefits page, select "Health Care Coverage" and check the boxes for the individuals applying for PE.

7. Answer all required questions for all individuals applying and for all members of the individual(s)' tax household. Required questions in COMPASS have an asterisk (*) beside them. Questions include the applicant's name, address, date of birth, social security number and income.
8. E-sign the application.
9. 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 CAO.

The PE provider will assist the individual in completing the application. If there is more than one individual in the family requiring PE services, the provider may apply for PE for all the individuals in the tax household who require PE services, if they belong to one of the PE MAGI categories. The PE application will serve as the ongoing application for the PE applicant(s) only.

While the PE application will serve as the ongoing MA application, the PE applicant may 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.

If the applicant is determined to be ineligible for PE, the PE provider should give the applicant a copy of the PE Worksheet. The PE provider may submit an ongoing MA application for the individual or household as a regular MA provider application. If the PE provider chooses to submit a regular MA application for a PE-ineligible individual, the provider should not select "Yes" to the PE question on the Set Up screen. Instead, the provider should indicate that the applicant was determined ineligible for PE in the Comments section. The PE Worksheet must be submitted to the CAO.

For pregnant women, only one PE period can be authorized per pregnancy. All other PE groups may receive PE once in a 12-month period. The PE period will begin on the date the PE provider determines eligibility and will end on the final day of the month following the opening.

Pregnant women who are eligible for PE will still receive Health care Benefits Package (HCBP) 06. The benefits for pregnant women are limited to ambulatory care.

Parents/Caretakers and former foster care individuals will receive HCBP02. Children under age 21 will receive HCBP01. All PE recipients are enrolled in fee-for-service.

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

The CAO

The CAO will authorize PE as a Non-Continuous Eligibility (NCE) Special Program Request. The PE begin date is the date the provider made the PE determination (the date indicated on the PE Worksheet). The PE period end date is the last day of the month following the month of the PE begin date or the date ongoing eligibility is determined, whichever is earlier. All PE applications must be processed within five business days of receipt at the CAO.

The current PE program status code of PS17 will be used for pregnant women. The PE category and program status code for all other PE groups will be MG17. MG17 has been added to the drop-down menu on the Program Request Questions screen. If it is found that a pregnant woman meets the criteria for another PE group, the pregnant woman must be authorized in the MG17 category/program status code. For example, a pregnant woman applying for PE who is also a parent/caretaker with income less than 33% of the FPL must be authorized in the MG17 category/program status code.

Clerical staff will be able to identify the application as a PE application on the AP screen CAPINF. The "Application Type" field will prepopulate from COMPASS with the PE Provider designation. The PE application must be assigned for expedited processing.

For PE applications for pregnant women, the process will not change. If the CAO receives an MA332 with a PA 600 or a COMPASS application for a pregnant woman, the caseworker will check the PE box on the Pregnancy screen. The system will authorize PS17. The CAO must scan and attach the MA332 to the case record.

To process a PE application for the other groups, the caseworker will:

1. Verify the application is for PE. An indicator will show on the COMPASS Summary.
2. Review eCIS 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 pregnancy or within the previous 12 months for other applicants, the CAO will send a notice of ineligibility for PE. The PS17 ineligible notice code/option is 981/E and MG17 is notice code/option 966/J. The CAO must review and

- determine eligibility for ongoing MA for PE applications that are rejected for a previous period.
3. Enter the begin date and close date on the Program Request screen. The PE begin date is in the "Date of First Admission or Treatment" field.
 4. Pend ongoing MA on the Program Request screen.
 5. Select the MG17 category/program status code on the Program Request Questions screen for parent/caretaker, children and former foster care groups.
 6. Process with the information provided on the PE application. The information on the PE application is considered verified upon receipt for PE only.
 7. Use "S" (Client Statement) as the verification code for all fields. If a source document is available, enter the correct verification code.
 8. Scan and attach the PE Worksheet completed by the provider into the electronic record.
 9. Send a notice of eligibility for PE to the individual and the provider.
 10. Inform the presumptively-eligible individual of any required verification needed to determine ongoing MA eligibility. Verification must be received by the due date on the PA253. If the verification required to process ongoing MA is not received, reject ongoing MA with an 042 notice code.
 11. Determine ongoing MA eligibility within five work days of receiving verification, no later than the end of the PE period. If a PE recipient is determined to be ineligible for ongoing MA, no overpayment will be processed.
 12. Issue a notice of eligibility/ineligibility for ongoing MA to the individual.

Note: The PE period can be extended if verification is provided close to the final day of the PE period, but the CAO is not able to process immediately. In that instance, the CAO may process a second NCE period to extend the PE period up to a maximum of 60 days for the entire PE period.

NEXT STEPS

1. Share and review this information with appropriate staff members.
2. Please contact your area manager if you have questions regarding this Operations Memorandum.
3. This Operations Memorandum becomes obsolete upon release of the revised *Handbook*.

Attachments