

Hospital PE PROVIDER ADDENDUM

I. 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

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.