

2067 – PRESUMPTIVE ELIGIBILITY (FAMILY MEDICAID)

POLICY STATEMENT	<p>Presumptive Eligibility (PE) Medicaid allows Qualified Providers (QP) and Public Health Departments (PH) authorized by the Department of Community Health (DCH), to make temporary determinations of Medicaid eligibility for pregnant women whose statement of gross BG income is equal to or less than 200% of the Federal Poverty Level (FPL). PE continues while a formal determination of eligibility for Medicaid is pending with DFCS.</p>
BASIC CONSIDERATIONS	<p>PE Medicaid provides outpatient prenatal care to pregnant women during the period that a formal Medicaid application pends with DFCS. All Medicaid services given by any participating Medicaid provider are covered during the presumptive period with exceptions of inpatient hospital and delivery services.</p> <p>NOTE: Emergency Medical Assistance (EMA) cannot be completed in the Presumptive Eligibility process.</p> <p>The PE Medicaid eligibility period begins the first day of the month in which the QP or PH determines the applicant is eligible and ends when the county DFCS determines eligibility or ineligibility, but no later than at the end of the month following the month of the PE approval.</p> <p>The QP or PH issues temporary Medicaid certifications to the applicant until the plastic card is received. The A/R should receive this within 7 to 10 business days. If the recipient loses her temporary certification forms, the QP or PH is responsible for issuance of a replacement certification. If the plastic card is not received, lost or stolen, the A/R must contact the Member Inquiry Unit at 1-866-211-0950 or (770)570-3373.</p> <p>DFCS staff cannot process applications for PE or issue eligibility forms for PE.</p> <p>Potential Qualified Providers include federally funded health centers, primary care centers receiving migrant funding and/or homeless funding, hospital outpatient clinics and hospital-based special prenatal clinics. Public Health Departments are also authorized to complete PE Medicaid.</p>

PROCEDURES**Responsibilities of a Qualified Provider**

The QP or PH determines eligibility for PE Medicaid based on a medically verified pregnancy and the countable income of the budget group (BG). The QP or PH conducts a face-to-face (FTF) interview with the applicant and performs the following functions:

- advises the applicant that she may be eligible for Medicaid benefits as a presumptively eligible pregnant woman and as a RSM pregnant woman for ongoing and retroactive Medicaid coverage

NOTE: The QP or PH will complete PE applications on women that bring in acceptable pregnancy verification, per Medicaid policy, during the PE application process.

- screens the A/R in MHN to see if she is already active on Medicaid. If so, she will be given proof of pregnancy and sent to DFCS so her pregnancy status can be updated in SUCCESS.

NOTE: A PE application cannot be completed on an already active Medicaid member, and Qualified Providers or PH are unable to update pregnancy information in MHN on active Medicaid members.

- accepts the applicant's statement of income and obtains adequate information from her to complete the following forms:
 - Form DMA-632, Presumptive Eligibility Determination for Pregnancy-Related Care
 - [Form 216](#), Citizenship Affidavit
 - Right from the Start Medicaid application. Refer to [Section 2065](#) for acceptable applications.
 - Form DMA-285, Third Party Liability Health Insurance Information Questionnaire
- determines if the applicant meets eligibility criteria for PE Medicaid.
- provides the applicant with a copy of the Notice of Privacy Practices ([Form 5460](#))

If the QP or PH determines that the applicant is eligible for PE Medicaid, the QP or PH completes the determination process as follows:

- provides the applicant with a copy of the signed and completed PE Medicaid application or printout from the web portal with the Medicaid ID number.

PROCEDURES

**Responsibilities of
a Qualified Provider
(cont.)**

NOTE: The application or printout will serve as proof of eligibility until the plastic Medicaid card is received.

- obtains adequate information to complete the RSM application form and the Form DMA-285

NOTE: Qualified Providers or PH do not verify citizenship and identity for PE applications. This must be done by the DFCS or RSM Project worker when completing the regular Medicaid application.

- provides the applicant with the “Quick Guide on Medicaid for Pregnant Women” The applicant will be provided with the form, “DMA Notice of Action” if the application is denied.
- forwards the following forms to the RSM Project within five working days of the application date:
 - Form DMA-632
 - a signed and completed RSM application
 - Declaration of Citizenship, [Form 216](#)
 - HIPAA [Form 5460](#)
 - a signed and completed Form DMA-285 (not required if the A/R has no TPR and the DMA 632 has revision date of 4/1/10 or later)

- informs the applicant of the PE Medicaid time limit and covered services

- provides the applicant with the address and telephone number of the local RSM Project worker or county DFCS office where the application will be sent.

NOTE: To ensure that RSM applications for pregnant women are processed within the 10 day standard of promptness, each county DFCS should negotiate a process with the local QP(s) or PH to forward applications to the RSM Project worker or DFCS daily.

If the QP or PH determines that the applicant is ineligible for PE Medicaid, the QP or PH completes the determination process as follows:

- informs the applicant that she is not eligible and provides her with the form “DMA Notice of Action”, explaining the action taken and the role of the local RSM Project worker or county DFCS
- advises the applicant that if her circumstances change, she may have another determination of PE Medicaid completed by a QP or PH

PROCEDURES**Responsibilities of
a Qualified Provider
(cont.)**

- informs the applicant that her application for Medicaid will be forwarded to the local RSM Project worker or county DFCS for a formal determination of eligibility
- forwards the following forms to the RSM Project worker:
 - the PE Medicaid Form (DMA 632)
 - a signed and completed RSM application form
 - Declaration of Citizenship ([Form 216](#))
 - HIPAA [Form 5460](#)
 - a signed and completed Form DMA-285(not required if the A/R has no TPR and the DMA 632 has revision date of 4/1/10 or later)
- provides the applicant with the address and telephone number of the local RSM Project worker or county DFCS office.

**Responsibilities of
DFCS**

Upon receipt of the PE Medicaid packet, complete a formal determination for Medicaid eligibility for the applicant and any other individuals for whom Medicaid is requested.

NOTE: The application date is the date the applicant applies for benefits with the QP or PH and signs the RSM application form.

Process the PE as LIM or RSM Pregnant Woman. Refer to Sections [2162](#), LIM and [2184](#), RSM Pregnant Woman.