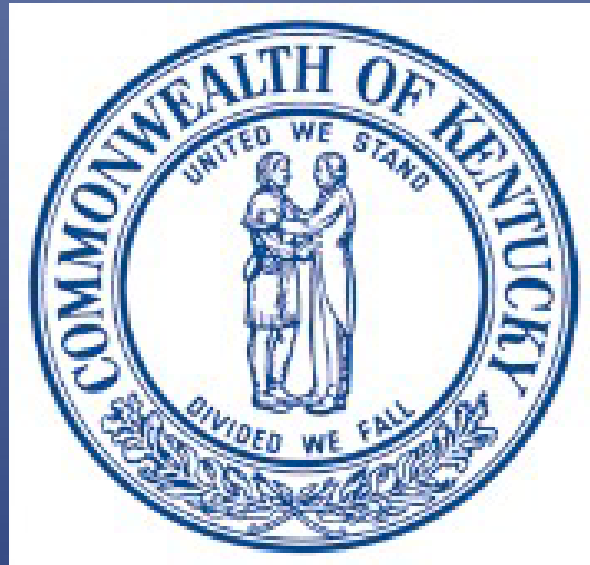


# PRENATAL SERVICES PRESUMPTIVE ELIGIBILITY



Provider Certification Training Program

# TODAY'S OBJECTIVES

- ❖ INTRODUCE THE FEATURES & OBJECTIVES OF PRESUMPTIVE ELIGIBILITY (P.E.)
- ❖ HIGHLIGHT P.E. BENEFITS & ELIGIBILITY REQUIREMENTS
- ❖ REVIEW THE P.E. SCREENING PROCESS
- ❖ VERIFY LESSONS LEARNED
- ❖ ANSWER QUESTIONS

# WHAT IS PRESUMPTIVE ELIGIBILITY?

A PROCESS FOR KENTUCKY WHICH EXPEDITES A  
PREGNANT WOMAN'S ABILITY TO RECEIVE  
TEMPORARY MEDICAID BENEFITS FOR AMBULATORY  
PRENATAL SERVICES



P.E. BEGAN NOVEMBER 1, 2001

# EXPECTED RESULTS

## PATIENT AND PROVIDER

- ❖ PREGNANT WOMEN TO RECEIVE IMMEDIATE PRENATAL SERVICES
- ❖ ESTABLISH PATIENT-PROVIDER RELATIONSHIP EARLY IN PREGNANCY
- ❖ AVOID HEALTH RISKS TO PREGNANT WOMEN & THEIR UNBORN CHILD
- ❖ PREGNANT WOMEN TO APPLY FOR FULL MEDICAID BENEFITS WITHIN 60 DAYS OF RECEIVING P.E.
- ❖ PROVIDER PAYMENT ASSURED

# WHO IS AUTHORIZED TO INITIATE A PATIENT'S P.E. DETERMINATION?

STAFF MEMBERS OF PROVIDERS WHO:

- ❖ CURRENTLY PARTICIPATE IN THE MEDICAID PROGRAM, AND
- ❖ HAVE ACCESS TO THE INTERNET.
- ❖ HAVE COMPLETED THIS P.E. CERTIFICATION/TRAINING PROGRAM, AND
- ❖ ARE CLASSIFIED AS PRIMARY CARE PROVIDERS BY DMS:
  - ❖ OB/GYNS, FAMILY GENERAL PRACTITIONERS, PEDIATRICIANS & INTERNISTS
  - ❖ NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, NURSE MIDWIVES
  - ❖ RURAL HEALTH CLINICS, PRIMARY CARE CENTERS, FEDERALLY QUALIFIED HEALTHCARE CENTER
  - ❖ HEALTH DEPARTMENTS

# WHAT SERVICES ARE COVERED UNDER P.E.

- ❖ ONLY AMBULATORY PRENATAL CARE SERVICES DELIVERED IN AN OUTPATIENT SETTING. THESE INCLUDE:
  - LABORATORY SERVICES
  - X-RAY SERVICES, INCLUDING ULTRA-SOUND DENTAL SERVICES, EXCLUDES ORTHODONTICS EMERGENCY
  - ROOM SERVICES
  - EMERGENCY AND NON-EMERGENCY TRANSPORTATION
  - PHARMACY SERVICES
  - OFFICE VISITS TO PRIMARY CARE PROVIDER AND/OR HEALTH DEPARTMENT
- BIRTHING EXPENSES ARE NOT COVERED UNDER

# WHAT SERVICES ARE NOT COVERED UNDER P.E.

- ❖ INPATIENT HOSPITALIZATIONS, INCLUDING DELIVERY
- ❖ OUTPATIENT SURGERY OR TREATMENTS
- ❖ SPECIALIST VISITS
- ❖ MENTAL HEALTH/SUBSTANCE ABUSE SERVICES
- ❖ OTHER SERVICES NOT MENTIONED IN PREVIOUS SLIDE



# WHO CAN RECEIVE COVERAGE THROUGH P.E.?

PREGNANT WOMEN WHO:

- ❖ DO NOT CURRENTLY RECEIVE MEDICAID BENEFITS
- ❖ HAVE NOT BEEN APPROVED FOR P.E. BENEFITS DURING THEIR CURRENT PREGNANCY (ONE P.E. DETERMINATION PER PREGNANCY)
- ❖ IS NOT AN INMATE OF A PUBLIC INSTITUTION
- ❖ ARE RESIDENTS OF THE COMMONWEALTH OF KY
  - ❖ FACILITIES MAY USE A DRIVER'S LICENSE OR A UTILITY BILL WITH THE PATIENT'S ADDRESS AS PROOF OF VERIFICATION
- ❖ HAVE MONTHLY FAMILY INCOMES BELOW  $\leq 200\%$  OF THE FEDERAL POVERTY LEVEL



# DURATION OF COVERAGE

- ❖ EFFECTIVE IMMEDIATELY UPON RECEIPT OF P.E. IDENTIFICATION CARD
- ❖ COVERAGE CONTINUES UNTIL:
  - ❖ A MEDICAID APPLICATION IS FILED AND EITHER APPROVED OR DENIED OR
  - ❖ ON THE LAST DAY OF THE SECOND MONTH AFTER DETERMINATION OF P.E., IF NO MEDICAID APPLICATION IS FILED
- ❖ THE INDIVIDUAL CAN APPLY FOR FULL MEDICAID COVERAGE:
  - ❖ ONLINE AT [HTTPS://KYENROLL.KY.GOV.](https://kyenroll.ky.gov)
  - ❖ IN PERSON AT DEPARTMENT FOR COMMUNITY BASED SERVICES
  - ❖ BY MAIL USING PAPER APPLICATION
  - ❖ BY FAX USING PAPER APPLICATION
  - ❖ BY PHONE CALLING CONTACT CENTER AT 1-855-4KYNECT (459-6328)

# THE PRESUMPTIVE ELIGIBILITY PROCESS

1. PREGNANCY CONFIRMED
2. PATIENT APPEARS TO NEED FINANCIAL ASSISTANCE
3. PATIENT MEETS FINANCIAL CRITERIA
4. COLLECT INFORMATION EITHER ON THE WORKSHEET OR ENTER DIRECTLY INTO KYNECT
5. OFFICE ENTERS PATIENT DATA ON INTERNET –  
<https://kynect.ky.gov>
6. OFFICE PRINTS P.E. CARD

# DETERMINING PATIENT ELIGIBILITY

- ❖ IF PATIENT SEEMS TO MEET CRITERIA, PROVIDE HER WITH A COPY OF PATIENT INFORMATION BROCHURE
- ❖ ASSIST THE PATIENT IN COMPLETING THE P.E. INCOME WORKSHEET IF USED
  - ❖ DETERMINING THE NUMBER OF PEOPLE IN THEIR FAMILY AND
  - ❖ CALCULATING MONTHLY FAMILY INCOME TO DETERMINE FINANCIAL ELIGIBILITY

IF THE PATIENT IS DEEMED INCOHERENT, A LEGAL REPRESENTATIVE MAY FILL OUT THE PATIENT INFORMATION SHEET. THIS PERSON MUST HAVE AUTHORITY TO SIGN FOR TREATMENT AND KNOW THE PATIENT'S INCOME.

# PATIENT INFORMATION BROCHURE

## PAGE 1 OF 2

### SUMMARY OF PRENATAL SERVICES COVERED UNDER “PE”

- ◆ Office visits to the healthcare providers listed below
- ◆ Medicine prescribed by your healthcare providers during your pregnancy
- ◆ Lab work or X-rays (including ultrasounds) ordered by your healthcare providers
- ◆ Transportation (non-emergency if you qualify)
- ◆ Emergency Room visits (if necessary)
- ◆ Local Health Department Services
- ◆ Visits to your dentist

### WHICH HEALTHCARE PROVIDERS CAN PROVIDE CARE UNDER “PE”?

- ◆ Healthcare providers who practice the specialties of: internal medicine, general practice, family practice, OB/GYN, and pediatrics
- ◆ Nurse practitioners and nurse midwives
- ◆ Providers practicing at primary care or rural health centers
- ◆ Healthcare providers and nurses at the health department
- ◆ Labs
- ◆ X-ray Centers
- ◆ Dentists
- ◆ Hospital Emergency Rooms
- ◆ Ambulances and Other Transportation Providers

In order to provide PE services, providers must be enrolled with Kentucky Medicaid.



### Pregnant?

#### \* No Medical Coverage?



### PRESUMPTIVE ELIGIBILITY (PE) FOR PRENATAL SERVICES MAY BE THE SOLUTION

\*You may qualify for up to 60 days of  
Outpatient Prenatal Services

The Cabinet for Health and Family Services  
Department for Medicaid Services  
Updated May 2023

# PATIENT INFORMATION BROCHURE

## PAGE 2 OF 2

### CONGRATULATIONS!

Learning that you are about to be a mother is exciting and a bit scary. We know you want to do everything you can to be sure your baby enters the world healthy. The Commonwealth of Kentucky believes one of the most important things you can do for yourself and your unborn baby is to be sure to get early and regular check-ups with your healthcare provider during your pregnancy.

A process called "Presumptive Eligibility" (or "PE") allows pregnant women who have not yet applied for a medical card to receive *temporary (less than 60 days from the day you receive your PE card)* coverage for prenatal care. Your healthcare provider can arrange for PE coverage while you are in the office.

This brochure will help answer many of your questions about PE. Fill out the form on the back of this brochure and return it to your healthcare provider's office staff. If you qualify, they will issue you a PE card. This will allow you to obtain prenatal services from healthcare providers who accept Medicaid.

### How do I know if I qualify for PE?

You will qualify for PE if:

- ◆ You do not have a medical card for yourself or have not applied for one; and
- ◆ The amount of money you earn or receive each month is less than or equal to the amounts listed below. Ask your healthcare provider's office staff to help you if you are not sure how to figure these amounts:

NUMBER OF PEOPLE IN FAMILY	MONTHLY INCOME AMOUNT (2023 LEVELS*)
2	\$3,287.00
3	\$4,143.00
4	\$5,000.00
5	\$5,857.00
6	\$6,713.00
Each Additional Family Member	Add \$856 to the previous monthly income amount

\* Income limits are based on the Federal Poverty Level (FPL).

If you have already applied for PE benefits at another physician's office for this same pregnancy, you are not eligible to apply again.

### What Prenatal Services Are Paid for Through the PE Program?

- ◆ Office visits
- ◆ Lab tests
- ◆ X-rays (including ultrasounds)
- ◆ Medicine
- ◆ Dental
- ◆ Transportation to and from your healthcare provider's office (if you qualify)
- ◆ Emergency Room (when necessary)

### The PE program will not pay for:

- ◆ Trips to specialists,
- ◆ Surgical or other procedures, or
- ◆ If you have to be admitted to the hospital.

**IT IS VERY IMPORTANT THAT YOU FILE AN APPLICATION FOR THE FULL MEDICAID PACKAGE. YOU CAN EITHER APPLY WITH A VISIT TO YOUR LOCAL DCBS) OFFICE OR GO TO [www.kynect.ky.gov](http://www.kynect.ky.gov) AS SOON AS POSSIBLE.**

### What Will Regular Medicaid Cover?

In addition to the prenatal services offered through the PE program, Medicaid WILL pay for trips to specialists, hospital stays (including your hospital stay when you have your baby), and other procedures. The closest office in your county is:

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(Print Local DCBS Office Address)

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**1-855-306-8959**

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(DCBS Statewide Call Services Number)

Be sure to take the following items with you when you visit the DCBS office:

- ◆ The PE Card that your healthcare provider's office will print for you.
- ◆ You and your family's social security numbers.
- ◆ A letter from your healthcare provider saying you are pregnant and the date your baby is due.
- ◆ Proof of your income.

### What if I have problems or need more information?

You may call 855-637-6576

For persons with TTY/TDD equipment only: 711

# P.E. INCOME WORKSHEET

## PRESUMPTIVE ELIGIBILITY PREGNANCY Patient Information Form

Social Security Number \_\_\_\_\_  This person does not have a social security number

Name: \_\_\_\_\_

                        Last Name                          First Name                          Middle Initial

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  Female

Marital Status (check one):  Single-Never Married  Divorced  Separated  Legally Separated

Widowed  Living Together Partner  Married Living Together  Married Living Apart

- Has this person received Presumptive Eligibility benefits for this pregnancy?  Yes  No
- Is this person a resident of Kentucky?  Yes  No
- Is this person a US citizen?  Yes  No
- Race: \_\_\_\_\_ Nationality: \_\_\_\_\_

- Is this person of Hispanic, Latino, or Spanish origin?  Yes  No
- Ethnicity: \_\_\_\_\_
- Preferred Written Language  English  Spanish
- Would this person like to be referred for WIC?  Yes  No
- Is this person currently incarcerated?  Yes  No
- If yes, when did this person enter prison? (mm/dd/yyyy) \_\_\_\_\_
- What date should benefits begin? \_\_\_\_\_

Address:

Street Address \_\_\_\_\_ Apt/Building Number \_\_\_\_\_

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

County \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Home/Cell Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ other \_\_\_\_\_

How many family members does this person have? \_\_\_\_\_

When calculating family size, include the expectant mother, any unborn child/children, dependent children living in the home, and spouse. If the expectant mother is living with parents and under age 19, count the parents, step-parent, and siblings under 19 in the household size.

Expected due date (mm/dd/yyyy) \_\_\_\_\_

## FAMILY INCOME

	Family Member's Name	Income Type*	How Much? **	How Often
1				
2				
3				
4				
TOTAL MONTHLY INCOME:				

Count the income of the expectant mother, spouse, and parents' income (if the expectant mother is living with parents and claimed as a tax dependent). Include gross wages (before taxes) and other sources of income such as social security, pensions, alimony, and annuities.

Do not count child support or SSI (Supplemental Security Income).

Do not count income of dependent children (whether or not they live in the home with the expectant mother).

## OTHER INSURANCE

Does this person currently have insurance that covers doctors, office visits, and hospitalization?

Yes  No

If "Yes" what is the name of this plan \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

## Preferred MCO:

Anthem Blue Cross/Blue Shield  Aetna  Humana CareSource |

Passport Health Plan  WellCare  United Health Care

Primary Care Physician \_\_\_\_\_

*I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. I understand that anyone who gives false information in order to receive benefits or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law, or both or may be liable for repaying in cash the value of the benefits received.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date Signed

# P.E. FORMS

PATIENT INFORMATION BROCHURE AND WORKSHEET CAN BE FOUND BY GOING TO:

- [WWW.CHFS.KY.GOV/DMS](http://WWW.CHFS.KY.GOV/DMS)
- PROGRAMS AND SERVICES (ON LEFT IN SUBJECTS)
- PRESUMPTIVE ELIGIBILITY (IN CENTER UNDER MEDICAID PROGRAMS)
- REGULATIONS AND PUBLICATIONS (ON THE RIGHT)

# DETERMINING FAMILY SIZE

COUNT	DON'T COUNT
<ul style="list-style-type: none"> <li>* Expectant mother</li> <li>* Unborn child/children</li> </ul>	<ul style="list-style-type: none"> <li>* Unborn child's father if not married to the expectant mother</li> <li>* Unmarried partners children</li> </ul>
<ul style="list-style-type: none"> <li>* Natural, adopted, and step-children under age 19 if living with the expectant mother</li> </ul>	<ul style="list-style-type: none"> <li>* Other adult members living in home</li> <li>* Any children not living in the home</li> </ul>
<ul style="list-style-type: none"> <li>* Expectant mother's married spouse if living in the home</li> </ul>	<ul style="list-style-type: none"> <li>* Non-custodial parents if expectant mother is under age 19</li> </ul>
<ul style="list-style-type: none"> <li>* Parents including biological, adopted, step- parents, and siblings under age 19 if expectant mother is under age 19</li> </ul>	



# DETERMINING FINANCIAL ELIGIBILITY INCOME SOURCES

WHEN CALCULATING INCOME:

## ❖ CONSIDER THE FOLLOWING INCOME SOURCES:

- WAGES/PAYCHECKS
- SOCIAL SECURITY
- PENSIONS
- ALIMONY
- ANNUITIES
- UNEMPLOYMENT BENEFITS



- ## ❖ DO NOT COUNT THE FOLLOWING INCOME SOURCES
- DO NOT COUNT CHILD SUPPORT OR SSI (SUPPLEMENTAL SECURITY INCOME)

# DETERMINING FINANCIAL ELIGIBILITY

## CALCULATING MONTHLY INCOME

### ❖ CALCULATE MONTHLY INCOME BY:

- MULTIPLYING WEEKLY INCOME BY 4

- EXAMPLE:  $\$100 \text{ WEEKLY} \times 4 = \$400$

- MULTIPLYING BI-WEEKLY INCOME BY 2

- EXAMPLE:  $\$200 \text{ BI-WEEKLY} \times 2 = \$400$

- MULTIPLYING SEMI-MONTHLY INCOME BY 2

- EXAMPLE:  $\$400 \text{ SEMI-MONTHLY} \times 2 = \$800$

# DETERMINING FINANCIAL ELIGIBILITY WHOSE INCOME TO COUNT

## ❖ ONLY COUNT THE INCOME

- ADULT PATIENT

- PATIENT'S SPOUSE

- PARENTS (IF PATIENT IS CHILD UNDER 19 LIVING AT HOME OR CLAIMED AS A TAX DEPENDENT)

# DETERMINING FINANCIAL ELIGIBILITY PREGNANT WOMEN – ≤200%

## 2023\* P.E. FINANCIAL CRITERIA (UNBORN CHILDREN COUNT IN FAMILY SIZE)

2023* FINANCIAL CRITERIA	
FAMILY SIZE	MONTHLY INCOME AMOUNT (BEFORE TAXES)
2	\$3,287.00
3	\$4,143.00
4	\$5,000.00
5	\$5,857.00
6	\$6,713.00
Each Additional Family Member	Add \$856 to the previous monthly income amount

# HOW TO OBTAIN A P.E. CONFIRMATION

# TO OBTAIN P.E. APPLICATION

- ❖ Go to the URL provided in your Qualified Entity on-boarding information or <https://kynect.ky.gov>
- ❖ Review the kynect Presumptive Eligibility Quick Reference Guide for Qualified Entities
- ❖ Questions regarding the online application process contact kynect at 1-855-459-6328
- ❖ THE PATIENT IS TO RECEIVE A COPY OF THEIR DENIAL LETTER OR PRESUMPTIVE ELIGIBILITY CARD UPON LEAVING THE OFFICE

# PRINTING P.E. CONFIRMATION ID CARD

- ❖ ONCE INFORMATION HAS BEEN ACCEPTED – SYSTEM WILL PROMPT YOU TO PRINT THE TEMPORARY P.E. CARD
- ❖ OBTAIN SIGNATURE OF PROVIDER STAFF THAT DETERMINED ELIGIBILITY
- ❖ OBTAIN SIGNATURE OF PATIENT

# PRESUMPTIVE ELIGIBILITY & MANAGED CARE

- ❖ INDIVIDUALS WHO RECEIVE PRESUMPTIVE ELIGIBILITY WILL BE PLACED WITH A MANAGED CARE ORGANIZATION
- ❖ MEMBER ELIGIBILITY INFORMATION AND MCO ASSIGNMENT WILL BE AVAILABLE ON KY HEALTH NET THE DAY FOLLOWING THE INITIAL DAY OF ELIGIBILITY
- ❖ ANY MCO CHANGE REQUESTED AFTER THE DAY OF ISSUANCE WILL BE EFFECTIVE THE NEXT FEASIBLE MONTH.
- ❖ CHANGES TO MCO CAN BE MADE BY CALLING MEDICAID MEMBER SERVICES 1-800-635-2570, 8 AM TO 5 PM EST.



# FINAL PATIENT INSTRUCTIONS

- ❖ SUMMARIZE P.E.
- ❖ ANSWER ANY PATIENT QUESTIONS
- ❖ ENCOURAGE IMMEDIATE APPLICATION FOR FULL MEDICAID
  - ❖ ALLOWS FOR FULL MEDICAID BENEFIT PACKAGE
  - ❖ ALLOWS COVERAGE BEYOND THE TEMPORARY P.E. PERIOD
  - ❖ LINKAGE TO OTHER SERVICES
  - ❖ PATIENT EDUCATION



# AVAILABLE METHODS TO APPLY FOR FULL MEDICAID BENEFITS

- ❖ ONLINE at <https://kyenroll.ky.gov>
- ❖ IN PERSON AT A DEPARTMENT FOR COMMUNITY BASED SERVICES COUNTY OFFICE OR CALL 855-306-8959 OFFICE; LOCATIONS CAN BE FOUND ON WEBSITE:
  - ❖ [https://prd.chfs.ky.gov/Office\\_Phone/index.aspx](https://prd.chfs.ky.gov/Office_Phone/index.aspx)
- ❖ BY MAIL OR FAX USING PAPER APPLICATION
- ❖ BY PHONE CALLING CONTACT CENTER 1-855-4kynect (459- 6328)

# BOOKKEEPING & BILLING

- ❖ MUST RETAIN ORIGINAL SIGNED PE WORKSHEET IF USED AND A COPY OF THE SIGNED P.E. ID CONFIRMATION CARD IN PATIENT'S MEDICAL RECORD.
- ❖ BILLING PROCESS FOR P.E. IS THE SAME AS MEDICAID.
- ❖ REIMBURSEMENT FOR P.E. SERVICES – P.E. CAN BE BILLED THE NEXT BUSINESS DAY FOLLOWING ELIGIBILITY DETERMINATION.

LET'S CHECK WHAT  
YOU'VE LEARNED!



# 1. P.E. STANDS FOR:

- A. PHYSICAL ENDURANCE
- B. PRESUMPTIVE ELIGIBILITY
- C. PRENATAL ELIGIBILITY
- D. PHYSICIAN EXTENDER

# 1. P.E. STANDS FOR:

A. PHYSICAL ENDURANCE

PRESUMPTIVE ELIGIBILITY

C. PRENATAL ELIGIBILITY

D. PHYSICIAN EXTENDER

## 2. TRUE OR FALSE

HOSPITALIZATION WILL BE COVERED BY P.E. IF SHE DELIVERS HER BABY WHILE SHE IS COVERED UNDER PRENATAL P.E. BENEFITS.

## 2. TRUE OR FALSE

**FALSE!**

BIRTHING EXPENSES AND INPATIENT HOSPITAL IS  
NOT COVERED BY P.E.



3. THE EXPECTANT MOTHER IS NOT MARRIED AND IS PREGNANT WITH TWINS. HOW MANY IS COUNTED AS THE FAMILY SIZE?

A. 1

B. 2

C. 3

3. THE EXPECTANT MOTHER IS NOT MARRIED AND IS PREGNANT WITH TWINS. HOW MANY IS COUNTED AS THE FAMILY SIZE?

A. 1

B. 2

C. 3

# CONGRATULATIONS!



# QUESTIONS?

