

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 PE.

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 June 2022

PATIENT INFORMATION

PATIENT INFORMATION BROCHURE

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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 (2022 LEVELS*)
2	\$3,052.00
3	\$3,838.00
4	\$4,625.00
5	\$5,412.00
6	\$6,198.00
Each Additional Family Member	Add \$787 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 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:

(Print Local DCBS Office Address)

1-855-306-8959

(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. FORMS

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

- 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
*Expectant mother	*Unborn child's father if not married to the expectant mother *Unmarried partners children * Other adult members living in home
*Unborn child/children *Natural, adopted, and step-children under age 19 if living with the expectant mother	*Any children not living in the home
*Expectant mother's married spouse if living in the home	* Non-custodial parents if expectant mother is under age 19
* Parents including biological, adopted, step-parents and siblings under age 19 if expectant mother is under age 19	

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 WEEKLY X 4 = \$400

—MULTIPLYING BI-WEEKLY INCOME BY 2

—EXAMPLE: \$200 BI-WEEKLY X 2 = \$400

—MULTIPLYING SEMI-MONTHLY INCOME BY 2

—EXAMPLE: \$400 SEMI-MONTHLY X 2 = \$800

DETERMINING FINANCIAL ELIGIBILITY WHOSE INCOME TO COUNT

❖ ONLY COUNT THE INCOME OF:

—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 – $\leq 200\%$

2022* P.E. FINANCIAL CRITERIA (UNBORN CHILDREN COUNT IN FAMILY SIZE)

2015* FINANCIAL CRITERIA:	
FAMILY SIZE	MONTHLY INCOME AMOUNT (BEFORE TAXES)
2	\$3,052.00
3	\$3,838.00
4	\$4,625.00
5	\$5,412.00
6	\$6,198.00
Each Additional Family Member	Add \$787 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 (MCO).
- ❖ MEMBER ELIGIBILITY INFORMATION AND MCO ASSIGNMENT WILL BE AVAILABLE ON KY HEALTH NET THE DAY FOLLOWING THE INITIAL DAY OF ELIGIBILITY DETERMINATION.
- ❖ 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 4:30 PM.

FINAL PATIENT INSTRUCTIONS

- ❖ SUMMARIZE P.E. BENEFITS.
- ❖ 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
- ❖ 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?

