Understanding Presumptive Eligibility: Short-term Medicaid Coverage for Pregnant Women

Presumptive Eligibility (PE) was established by the federal government in the 1980's to ensure early access to prenatal care for low-income women while they are in the process of obtaining Medicaid coverage during pregnancy. PE provides short-term coverage for a limited set of services, including prenatal care, labs, ultrasound and medications, to reduce barriers to timely care in pregnancy. The process to obtain PE coverage is simple and is completed by facilities that have signed on with Division of Health Benefits (DHB) to serve as a "presumptive provider."

Key Points

- A patient receives a "PE determination" from a "qualified provider" (health departments, federally qualified health centers, rural health centers, critical access hospital clinics, hospitals), also known as the "presumptive provider;" PE cannot be determined by county DSS. Qualified providers must be approved and trained by DHB.
- To obtain PE, the patient must attest to pregnancy, income level, and NC residency. The patient cannot be an inmate of a public institution. The patient does not have to attest to U.S. citizenship.
- The patient does not need to be receiving prenatal care from the presumptive provider for that provider to make a PE determination.
- PE coverage begins on the date the qualified provider determines presumptive eligibility (i.e., completes the PE Determination Form with the patient).
- The presumptive provider sends the PE Determination Form to the local DSS, where it is logged and processed in the first 5 days of the next month.
- The presumptive provider gives the patient a letter reflecting that she is currently covered by PE. It is the patient's responsibility to show the provider her Medicaid card once she receives it.
- A patient can only have one period of presumptive eligibility per pregnancy.
- PE coverage continues until a determination of Medicaid eligibility is made by her local DSS, if the patient submits a Medicaid application.
    - If the patient is found to be ineligible for Medicaid, her PE coverage will terminate on the day that determination is made. However, the PE coverage up until that day will not be revoked.
- PE coverage automatically terminates on the last day of the month following the month in which the PE application was signed, if the patient has not submitted a Medicaid application.
    - PE coverage continues indefinitely while the patient's Medicaid application is being processed; it only ends on the last day of the 2nd month of PE coverage if the patient does not submit an application.
- PE covers ambulatory prenatal and "pregnancy-related" care, including prescriptions. PE does not cover labor and delivery or postpartum care.

Reimbursement:

- Any provider who accepts Medicaid can bill for care provided to patients with PE.
- No special codes or modifiers are needed when billing for services rendered during a period of presumptive eligibility.
- PE coverage appears in NC Tracks one month at a time, retrospectively (e.g., April's coverage will show in NC Tracks after May 5).
    - Claim submission needs to be delayed until the month following the date of service to allow the prior month's coverage to appear in NC Tracks.