



## **All Kids Application Agent and Medicaid Presumptive Eligibility (MPE) Provider Alert for September 2015**

- Proof of Pregnancy
- MPE Limit per Pregnancy
- Social Security Number Requirement for MPE on [abe.illinois.gov](http://abe.illinois.gov)
- Declaration of Illinois Residency
- Countable Income for MPE
- Family Size Based on Age
- [Medicaid Presumptive Eligibility Instructions for Providers](#) has been revised and is online
- Revised Form 3089 *Medicaid Presumptive Eligibility Application*
- New Form 3090D *MPE Denial Notice*
- *Fact Sheet on Presumptive Eligibility for Children and Pregnant Women*
- Attachments: Forms 3089, 3090D, 3166

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### **Proof of Pregnancy**

The Affordable Care Act (ACA) removed the requirement for verification of pregnancy. Therefore, proof of pregnancy is not required of applicants for the Medicaid Presumptive Eligibility (MPE) program or any other Illinois Medicaid program including Moms & Babies. Accept the applicant's statement of pregnancy. Please enter the estimated date of delivery on the MPE application in ABE or paper application if it is known.

Until the online MPE application in ABE is updated to ask about declaration of pregnancy and the date the pregnancy was declared, use this Alert as guidance regarding pregnancy.

### **MPE Limit per Pregnancy**

The Affordable Care Act (ACA) limits MPE to one approval per pregnancy. However, HFS will extend the MPE until a final determination of eligibility is made if an application for full medical benefits has been submitted before the initial MPE coverage period ends.

### **Social Security Number (SSN) Requirement for MPE on [abe.illinois.gov](http://abe.illinois.gov)**

The online application for full medical benefits requires an SSN if the person has an SSN. However for MPE, the SSN is optional.

Until the online ABE MPE application is updated, applicants who choose not to provide an SSN can mark 'SSN not available'.

We ask that you encourage MPE applicants who have an SSN to provide it because it helps the Department link the MPE applications to the full Moms & Babies application if submitted, and it expedites authorization of the MPE coverage.

### **Declaration of Illinois Residency**

Applicants for MPE must state they are Illinois residents. However, there is no requirement defining how long they have been an Illinois resident.

### **Countable Income for MPE**

The MPE income eligibility determination is revised to bring it into alignment with the budgeting methodology used for children's presumptive eligibility. To determine MPE eligibility, compare the gross monthly income of everyone who is included in the pregnant woman's family size to the MPE income standard. Do not deduct any amount from the gross monthly income.

Until the online ABE MPE application is updated, do not enter an amount in the Income Deduction section. Determine countable monthly income based on this Alert.

MPE Form 3166 *MPE Income Worksheet* is updated to reflect this change and is attached.

### **Family Size Based on Age**

Family size is considered when determining whether the pregnant woman meets the income standard for MPE. Family is defined as the pregnant woman, her unborn child(ren), her husband, and children/stepchildren under the age of 19. If the pregnant woman is under the age of 19 and lives with her parents/stepparents, then the parents and any siblings under age 19 are counted in the family size in addition to her husband, unborn child(ren) and her existing children under 19.

Until the online ABE MPE application help text is updated, determine family size based on this Alert.

[Medicaid Presumptive Eligibility Instructions for Providers](#) has been revised and is online.

### **Revised Form 3089 Medicaid Presumptive Eligibility Application**

Form 3089 is revised to add the declaration of pregnancy question, add the declaration of Illinois residency question, clarify that the SSN is optional and to clarify the MPE eligibility begin date. Use the Form 3089 attached to this alert. The form included in the *Medicaid Presumptive Eligibility Instructions for Providers* has a watermark on it to prevent unauthorized use.

### **Form 3090D MPE Denial Notice**

Federal regulations require notifying the applicant when she does not qualify for presumptive eligibility. Use one of the following reasons to deny MPE coverage to an ineligible pregnant woman:

- Income exceeds the limit for MPE;
- MPE coverage limited to one time per pregnancy;
- Applicant stated she is not pregnant;
- Applicant stated she is not an Illinois resident; or
- Information needed for an eligibility determination was not provided.

When the applicant fails to provide information about household income or the number of people living with her or will not declare she is pregnant or is an Illinois resident, the applicant is not eligible for MPE.

Until the online ABE MPE application PDF Summary page is updated, use the attached form 3090D/S to notify the pregnant woman of the reason for denial.

If the applicant's income is over the limit, she may still qualify for Medicaid with a spenddown. Help the applicant complete and submit a Moms & Babies application.

### **Presumptive Eligibility for Children and Pregnant Women**

We would like to clarify the requirements for child presumptive eligibility and MPE for pregnant women.

- Applicants must be informed of the minimum information required to start medical coverage right away. However, we also want applicants to understand that a complete application is required to determine eligibility for medical coverage following the presumptive eligibility period;
- Verification of pregnancy is no longer required for MPE eligibility;
- An applicant for a child must declare the child's U.S. citizenship or satisfactory immigration status; and
- Applicants are required to declare their Illinois residency. Declaration of Illinois residency means answering the question, "Are you an Illinois resident?"

Please share the attached Fact Sheet with all applicants.

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## Fact Sheet - Presumptive Eligibility

### What is Presumptive Eligibility?

Presumptive eligibility is a way for someone to get medical coverage right away while the full application for medical benefits is being completed or reviewed.

### Who can get Presumptive Eligibility?

#### A Child under age 19 -

- Has family income at or below the monthly income limit for All Kids Premium Level 1 (for a family of four, the monthly income is at or below \$4,224\*); and
- Tells us that they are:
  - a U.S. citizen or have ok immigration status; and
  - a resident of Illinois.
- Has not gotten presumptive eligibility in the last 12 months.

**A Pregnant woman** who requests prenatal (limited to outpatient) medical coverage on an application for Medicaid Presumptive Eligibility (MPE) through an MPE clinic (or provider) and tells us-

- She is pregnant; and
- She is an Illinois resident; and
- Her monthly family income. Family income must be within the monthly income limit for Moms & Babies (for a family of four including her unborn child, the monthly income is at or below \$4,304\*) to qualify.

### How can a child or pregnant woman get Presumptive Eligibility?

**Children under 19** living independently or a parent or caretaker relative who lives with the child may apply online at [abe.illinois.gov](http://abe.illinois.gov), visit an All Kids Application Agent, call 1-800-843-6154 to apply over the phone, or call 1-800-226-0768 and request an application be mailed. Presumptive eligibility decisions for children are made by the Department caseworkers.

**Pregnant women** can apply for MPE by visiting an MPE provider. Call 1-800-226-0768 to find an MPE provider closest to you. Almost all County Health Departments are also MPE providers, call before you go. Go to <http://www.idph.state.il.us/local/alpha.htm> for a listing of Health Departments.

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\*Monthly income limits usually increase in April every year. The income limits in this Fact Sheet are from 2015.

## **What information is needed to start presumptive eligibility?**

**Children under 19** must provide this information-

- Applicant name and address (when a parent or caretaker relative applies for a child);
- Child's name and date of birth; and
- Family income per month and family size;
- That the child is an Illinois resident; and
- That the child is a U.S. citizen or has ok immigration status.

**Pregnant women** must tell an MPE clinic or provider-

- That they are pregnant; and
- Name and address; and
- That they are an Illinois resident; and
- Their family's monthly income and family size.

## **Do I need to provide proof for any of the information required?**

**No.** Presumptive eligibility for children and pregnant women is decided based on what you report on the application. Still, it is very important that you answer the questions truthfully.

## **What do I do when Presumptive Eligibility ends?**

Presumptive eligibility will end soon if you do not give us any more information than what is listed above. We encourage all families of children and pregnant women to complete a full application for medical benefits as soon as possible. It's easy to do using one of the ways to apply listed below -

- On the internet, you can apply at [abe.illinois.gov](http://abe.illinois.gov) ;
- Call the DHS Helpline at 1-800-843-6154 (TTY: 1-800-447-6404);
- Fill out and mail a paper application; or
- Your All Kids Application Agent or your MPE clinic or provider will help you fill out an application for full medical benefits and send it to us.

## **What is 'ok' immigration status for a child?**

Ok immigration status means a child who is a non-citizen is in the U.S. legally. The child may be a legal permanent resident, a refugee, or have a visa or other immigration paper that shows the child is allowed to live in the U.S. For more information on immigration status for a child, visit [www.uscis.gov](http://www.uscis.gov) or call the USCIS National Customer Service call Center at 1-800-375-5283.



## MPE INCOME WORKSHEET

1. Enter the Family Size

Count the following people when determining family size:

- Pregnant woman and number of unborn child(ren);
- Husband and his children living in the home;
- Parents/stepparents and siblings living in the home if the pregnant woman is under age 19; and
- Children under age 19 of the pregnant woman living in the home.

2. Enter Monthly Gross Earned Income from all sources

\$ \_\_\_\_\_

3. Enter Monthly Gross Other Income from all sources

\$ \_\_\_\_\_

4. Add the Gross Earned Income to the Gross Other Income for the Total Monthly Gross Income

\$ \_\_\_\_\_

5. Compare Monthly Gross Income to Eligibility Limit

If the monthly gross income of the pregnant woman's household is at or below the amount listed for the family size in the table below, the woman qualifies for MPE.

Monthly Gross Income Eligibility Limit							
Family Size	2	3	4	5	6	7	8
Income Limit	\$2,828	\$3,566	\$4,304	\$5,043	\$5,781	\$6,520	\$7,258

Note: Income guidelines are revised every year to reflect changes in the federal poverty level. The income amounts listed above are from 2015.



**MEDICAID PRESUMPTIVE ELIGIBILITY APPLICATION**

(Pregnant Women Only)

- [Abe.illinois.gov](http://Abe.illinois.gov) application sent
- All Kids Application to follow
- Cash/SNAP appointment \_\_\_\_\_
- No application for on-going medical benefits

Name (Last, First) \_\_\_\_\_

STATE USE ONLY	
Case #:	_____
RIN#:	_____
MPE Eligibility Begin Date	_____

Are you pregnant?  Yes  No      Do you live in Illinois?  Yes  No

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

County \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Language Preference:  English  Spanish  Other (Specify) \_\_\_\_\_ Previous RIN or Case # \_\_\_\_\_

Add previous address: \_\_\_\_\_

**Are you employed?**  Yes  No **If yes**, what is your monthly pay (including tips) before taxes? \$ \_\_\_\_\_

**Do you receive any money other than what you earn from your job?**  Yes  No  
**If yes**, what is the monthly amount \$ \_\_\_\_\_ from where? \_\_\_\_\_

**How many people do you live with?** \_\_\_\_\_ If you are 19 or older, include only your spouse, children and stepchildren.  
If you are under 19, also include your parents and brothers and sisters under age 19.

**List their names and relationship to you.**

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

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

**Does anyone listed above receive money from work or any other source?**  Yes  No **If yes**, complete the following:

Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

I understand that this application is for medical assistance for a short time period and limited services. I understand that if I am interested in ongoing medical benefits only, I must complete an application for full medical benefits. I understand that my eligibility will not be considered for any other program such as cash or SNAP unless I file an application for those benefits. I can apply for all of these benefits online at [abe.illinois.gov](http://abe.illinois.gov)

By signing, I swear or affirm that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR PROVIDER USE ONLY**

**CERTIFICATION OF PRESUMPTIVE ELIGIBILITY**

<u>Applicant's Expected Delivery Date</u>	<u># of unborn babies</u>	<u>Eligibility Determination Date</u> (Coverage Begin Date)	<u>Household Size</u>	<u>\$ Total Monthly Income</u>
According to the information provided, the above named applicant:				
<input type="checkbox"/> <b>IS</b> presumptively eligible for medical coverage for outpatient medical care based on her pregnancy. I have informed her of the reason to apply for ongoing medical benefits.				
<input type="checkbox"/> <b>IS NOT</b> presumptively eligible for medical coverage for outpatient medical care for the following reason. A Notice of Denial was issued to applicant.				
<input type="checkbox"/> Income exceeds MPE income standard				
<input type="checkbox"/> Not an Illinois resident				
<input type="checkbox"/> Not pregnant				
<input type="checkbox"/> MPE limited to once per pregnancy				
<input type="checkbox"/> Non-cooperation with eligibility process				
_____ Provider Name				
_____ Provider Number				
_____ Provider Address				
_____ City		_____ State		_____ Zip
_____ Provider Contact Person				
_____ Provider Telephone Number			_____ Provider Fax Number	
<b>X</b> _____				_____
Provider Signature				Date



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## Medicaid Presumptive Eligibility (MPE) Program Denial

### Application Summary

Here is a summary of what you told us in your application. Your application tracking number is \_\_\_\_\_.

### Summary of Information

Name	Date of Birth	SSN (optional)	Number of people in your household

### Summary of Pregnancy Information

Declaration of Pregnancy	Number of unborn babies	Expected delivery date
Yes                      No		

### Summary of Contact Information

Home Address	Previous Address
County	
Contact Information	
Phone number	
Email address	
Best way to get in touch with you	
Best way to contact	

### Summary of Household Information

Total monthly gross earned income	Total monthly gross other income	Total monthly gross income
\$	\$	\$

### Summary of Enrollment

You do not qualify for the MPE program (temporary medical coverage) for pregnant women for the reason listed below.

- Your income is over the limit
- You told us you are not an Illinois resident
- You told us you are not pregnant
- MPE coverage is limited to once per pregnancy
- You did not tell us the information we need to make a decision on your request for MPE

### Provider Authorization

I, \_\_\_\_\_, certify that the information entered in this Medicaid Presumptive Eligibility application is based on the information given to me by the applicant, whom I have informed of the rights and responsibilities under the Medicaid Presumptive Eligibility program.

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date signed

KC 3090D (N-7-15)