



**Moms
& Babies**

Medicaid Presumptive Eligibility Instructions for Providers

September 2015

MEDICAID PRESUMPTIVE ELIGIBILITY PROGRAM OVERVIEW

The Medicaid Presumptive Eligibility (MPE) program is one of Illinois' infant mortality reduction initiatives. Because prenatal care is important in preventing health problems during pregnancy and in promoting newborn health, the program was developed to promote early and continuous prenatal care and to remove financial barriers in obtaining such care.

The intent of the MPE program is to provide immediate, temporary, limited medical assistance (ambulatory care services only--no inpatient care) to pregnant women.

Eligibility for the program is established on the basis of the pregnant woman's statement of her pregnancy, her statement of her family's gross monthly income and her attestation of Illinois state residency. Eligibility determinations for the MPE program are made only by qualified, enrolled MPE providers certified by the Department. The Department of Healthcare and Family Services All Kids Unit and Department of Human Services local offices do NOT determine MPE eligibility.

COVERED SERVICES:

If a pregnant woman is eligible for MPE, she can receive ambulatory medical care that includes prenatal checkups, medically necessary visits to Medicaid enrolled providers, lab tests, prenatal vitamins, prescription drugs, and transportation to and from a source of medical care. She is also eligible to receive eye care, dental care, and emergency room services. Because inpatient services (including labor and delivery) are not covered under MPE, it is important that the pregnant woman complete an online application by going to www.abe.illinois.gov or apply by phone at 1-800-843-6154 or submit a paper application (2378MC or 2378KC) for ongoing medical assistance while her MPE coverage is still in effect. Once she is determined eligible for ongoing medical assistance (Medicaid) she is provided with a Medical card, which will cover the full range of Medicaid benefits including hospitalizations and long term care.

QUALIFIED MPE PROVIDERS:

In accordance with federal requirements, an MPE provider enters into and abides by the terms of the *Medicaid Presumptive Eligibility Provider Agreement* and furnishes services of the type provided by outpatient hospitals, rural health clinics or freestanding maternity clinics and meets **one** of the following:

- receives funding under the federal community or migrant health programs under sections 330 and 330A of the Public Health Service Act;
- receives funding under Title V Maternal and Child Health Block Grant;
- receives funding under Title V of the Indian Health Improvement Act;
- participates in the State's perinatal program;
- receives a grant under the Supplemental Nutrition Program for Women, Infants and Children (WIC);
- receives a grant under the Commodity Supplemental Food Program under the Agriculture and Consumer Protection Act; or
- is the Indian Health Service or a health program operated by the tribe or tribal organization under the Indian Self-Determination Act.

Many MPE providers perform outreach, educational and case management functions. The MPE provider's case management activities and educational programs that stress the importance of prenatal care and healthy lifestyle practices are beneficial to the pregnant woman and her unborn child. MPE providers also assist the pregnant woman in locating other medical care provider(s), or provide referrals to other available resources (such as WIC, day care, etc.) as needed. The MPE provider must inform the pregnant woman of her right of freedom of choice of medical providers participating in the Illinois Medical Assistance Program. Enrolled Medicaid providers who provide medical care to MPE eligible women will be reimbursed at the current

Medicaid rate. Providers may contact the Bureau of Comprehensive Health Services at **(217) 782-5565** to obtain rate information for covered services, or for billing inquiries.

DETERMINATION OF MPE ELIGIBILITY:

1.) Family Size:

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 living in her home. If the pregnant woman is under the age of 19 and lives with her parents/stepparents, then the parents/stepparents 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.

2.) Income:

In order to be considered eligible for MPE, the family income must be at or below the established standard. The woman's declaration of the family income is all that is needed for the MPE provider to complete the MPE application. Proof of income is NOT needed for completion of the MPE application, but will be necessary when the woman applies for ongoing benefits.

Count the gross monthly income of everyone who is included in the pregnant woman's family size.

Although the gross monthly income of other persons may be considered when determining eligibility for MPE, **only the pregnant woman is provided with medical coverage.**

3.) Pregnancy:

The woman's declaration of pregnancy is all that is needed for the MPE provider to complete the MPE application. The MPE provider's authorized signature on the MPE application is sufficient to establish eligibility for MPE; no other verification is necessary. An expected delivery date or the number of fetuses is not required on the MPE application; however, if available, the information is requested.

- A woman does not need to be a citizen or documented immigrant to qualify for MPE
- Proof of citizenship is not required for MPE eligibility.
- Legal immigration status does not affect eligibility for MPE.
- A social security number is NOT required for MPE eligibility but is very helpful to include if available.

4.) Attestation of State Residency:

The applicant must attest to whether she is or is not an Illinois resident. Do not require verification of state residency.

INITIAL MPE COVERAGE

Medical coverage for MPE begins on the day that the MPE provider determines the pregnant woman eligible for the program. (MPE coverage cannot be backdated). Initial MPE eligibility ends on the last day of the month following the month of MPE determination if the woman fails to apply for ongoing assistance. This means that a pregnant woman who does not apply for ongoing benefits is only guaranteed a minimum eligibility period of at least one day, plus the next full calendar month. The MPE period may end earlier if a final determination of eligibility is made on an application for full coverage.

- A determination date of July 1 results in a Medicaid presumptive eligibility period of July 1 through August 31.
- A determination date of July 14 results in a Medicaid presumptive eligibility period of July 14 through August 31.
- A determination date of July 31 results in a Medicaid Presumptive eligibility period of July 31 through August 31.

A pregnant woman can only receive MPE coverage once during her pregnancy, but the period of MPE will be extended if an application for full medical coverage is received before the initial MPE period ends.

EXTENDED MPE COVERAGE:

Pregnant women who are covered by the initial MPE coverage and then apply for ongoing medical assistance by the end of the month following the month in which the determination of MPE was made will receive an extension of MPE coverage. The MPE extension lasts until a final determination of eligibility is made on the application for full coverage. The extension period begins when receipt of the ABE application is recorded on the Department's data system.

- An MPE determination date of August 15 results in an initial MPE coverage of August 15 through September 30. The application for ongoing assistance is received by the All Kids Unit on August 27 and entered into the computer system on August 29. Extended MPE coverage begins August 29 and continues until a decision is made on the application for ongoing medical assistance.
- An MPE determination date of August 2 results in an initial MPE coverage of August 2 through September 30. The pregnant woman requests cash assistance and make application in person at the local office on August 5. Extended MPE coverage begins August 5 and continues until a decision is made on the application for ongoing medical assistance.

ONGOING MEDICAL ASSISTANCE:

To qualify for MPE, an application for ongoing medical coverage is not required but highly recommended. Since MPE coverage is limited and temporary, it is vital that the pregnant woman apply for ongoing medical assistance. This application, if approved, will provide coverage for her hospitalization and the delivery. Additionally, if the pregnant woman is eligible for ongoing assistance at the time of delivery, her newborn can be added to the case and receive medical coverage for the first year of life without requiring a separate application or signed request. This application also provides the pregnant woman's family with the opportunity to apply for other children and adults living in the home.

The pregnant woman can apply for ongoing health coverage by:

- going online at abe.illinois.gov/Apply for Benefits;
- applying by phone at 1-800-843-6154 (TTY: 1-800-447-6404);
- completing an application through an All Kids Application Agent;
- completing an application on her own and mailing it to the HFS All Kids Unit or the local DHS office; or
- applying in person at the local DHS Family Community Resource Center.

APPLICATION PROCESS:

The MPE provider along with the applicant completes the following forms, if applicable:

- **MPE Income Worksheet** (Appendix A)
- **KC 3089 - Healthy Start-MPE Application** (Appendix B)
- **KC 3090K - Notice of Instructions to Pregnant Applicant** (All Kids and FamilyCare Application) (Appendix C)
- **KC 3090 - Notice of Instructions to Pregnant Applicant** (Local Office Interview) (Appendix D)
- **KC 3090D Medicaid Presumptive Eligibility (MPE) Program Denial** (Appendix E)

MPE INCOME WORKSHEET:

The MPE Income Worksheet may be used to determine financial eligibility for the MPE program. (See Appendix A).

COMPLETING THE MPE APPLICATION (KC 3089):

MPE providers are strongly encouraged to register as MPE providers at www.ABE.Illinois.gov in order to submit MPE applications online. Refer to “ABE-An Introduction for MPE Providers & All Kids Applications Agents, found at www.allkids.com/akaa/

If you submit a hard copy MPE application, complete the entire application form in ink. The form must be legible and printed. The pregnant woman will be referred to as “applicant”.

QUESTION ON MPE APPLICATION:

Application follow up

Name (Last, First)

Declaration of pregnancy

Declaration of IL residency

Street Address

City, Zip, County

Home Phone, Work Phone

Previous Address

Date of Birth

INSTRUCTIONS FOR COMPLETION:

Mark the appropriate check box indicating the type of follow up, including if a full application is or will be submitted.

Fill in applicant’s name.

Answer yes or no.

Answer yes or no.

Fill in applicant’s address.

Fill in the applicant’s city, zip code, and county of residence.

Fill in applicant’s home phone and work phone, when applicable.

Fill in applicant’s previous address.

Fill in applicant’s date of birth.

Social Security Number	This entry is optional but HFS strongly encourages applicants to include it if available. Fill in applicant's social security number. If the applicant has a social security number but does not know the number, write "unknown". If the applicant does not have a social security number or chooses not to provide it, write "none".
Language Preference	Check language preference of applicant. Write in language if it is not English or Spanish.
Previous RIN or Case #	Fill in applicant's previous recipient number or case number, when applicable.
Are you employed?	Fill in the applicant's answer. If the answer is "yes", ask the follow-up question.
If yes, what is your monthly pay (including tips) before taxes?	Fill in the monthly gross dollar amount before taxes.
Do you receive any money other than what you earn from your job?	Fill in the applicant's answer. If the answer is "yes", ask the follow-up question.
If yes, what is the monthly amount?	Fill in the monthly dollar amount.
From where?	Fill in the source (e.g. social security, unemployment, child support).
How many people do you live with?	Fill in the applicant's answer. If the applicant is 19 or older, include only spouse, children and stepchildren. If applicant is under 19, include parents/stepparents and brothers and sisters under 19 in addition to her spouse, unborn child(ren) and existing child(ren).
List their names and relationship to you.	Fill in name and relationship of the people counted above.
Does anyone included above receive money from work or any other source?	Enter the applicant's answer. If yes, ask the follow-up question.
If yes, complete the following:	List the names of the persons, monthly amount and sources of income. If the applicant is under age 19 and living with her parents/stepparents, also include information about the parents' income (e.g. employment) and siblings' under the age of 19 unearned income (e.g. Social Security or other income).
Applicant's Expected Delivery Date	Fill in the expected delivery date, if known.
# of unborn babies	Fill in the number of expected babies, if known.
Application Date (Beginning Eligibility Date)	The application date is the date the MPE determination is made. The MPE coverage may <u>not</u> be backdated.

Household Size	If the pregnant woman is age <u>19 or over</u> , count her, the unborn child, children/stepchildren under age 19 living with her, and her husband if living in the home. If the pregnant woman is under 19 and is living with her parents/stepparents, also count them and any siblings 19 or younger.
Total Monthly Income	Fill in the total monthly income from the MPE Income Worksheet.
MPE eligibility check boxes	<p>Mark the first box if the applicant is presumptively eligible for MPE and indicate the follow up status for cash, SNAP and ongoing medical benefits.</p> <p>Mark the second box if the applicant is not presumptively eligible and indicate the reason.</p>
Provider Name and Number	Your “Provider Information Sheet” will indicate your Provider Number. This information is located on the left hand side of the sheet, under “Provider Key”. Under “Eligibility/Category of Service”, it will state, “MPE Certification”.
Provider Address	Fill in your provider address including city and zip code.
Provider Contact Person	Fill in the name of the person to be contacted if there are any questions, and their complete telephone number, including the area code.
Provider Authorized Signature and Date	Sign and date the form.

At this point in the MPE application process, determine if the pregnant woman wants medical assistance only, or is interested in applying for cash and SNAP.

Regardless of whether you are an MPE provider registered in ABE, if an applicant is interested in applying for medical only, or medical, cash and/or SNAP, you should help them complete an application in www.ABE.Illinois.gov. You do not have to sign-in to the provider portal to help someone complete an ABE application. If you have submitted an MPE application, please note that fact in the comments section of the application.

- ABE allows you to upload supporting documentation at the end of the application. This helps the Department process the application more quickly.
- ABE provides a summary page with the application Tracking Number and a “What’s Next” document at the end of the application. Be sure to print out at least the summary page with the tracking number, to give to the applicant before she leaves.

THE MEDICAL CARD

The Medical Card will be mailed to the pregnant woman when the MPE enrollment is received and registered by the All Kids Unit. The card provides her name, date of birth and recipient identification number. The Medicaid enrolled provider must verify her eligibility before providing outpatient services. Medicaid providers can verify eligibility using one of the established methods: MEDI at www.myhfs.com, the EDI vendor or the automated Voice Response System (AVRS). However, the participant must contact the provider to confirm they are accepting new patients. The card will be in the form of the Medical Card, Form HFS 469.

NOTICE OF DECISION

APPROVAL

Give Form 3090 or 3090K Notice of Instructions to Pregnant Applicant. See Appendices C and D.

DENIAL

Federal regulations require notifying the applicant when she does not qualify for presumptive eligibility. See Appendix E for the denial form. Use one of the following reasons to deny MPE coverage to an ineligible applicant:

- 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 self-attest to being pregnant or being an Illinois resident, the applicant is not eligible for MPE.

Give Form 3090D/S Notice of Decision to the pregnant applicant. 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 Medicaid application.

ORDERING FORMS:

If you would like to have some paper MPE forms on hand, MPE providers may order them by completing a **"Provider Forms Request"**, Form HFS 1517. The HFS 1517 may be obtained by calling the Provider Participation Unit at (217) 782-0538.

All MPE forms must be obtained by submitting a HFS 1517 to the appropriate warehouse. Local DHS offices do not maintain a supply. The MPE provider should submit the HFS 1517 at least three weeks in advance of exhausting their supply. The Department will not mail forms (except Form HFS 1517) via telephone request.

Provider Name, Number, and Type:

Enter the provider name and provider number exactly as they appear on the Provider Information Sheet. If you are not sure of your MPE provider number, call the Provider Participation Unit at the number listed above. (NOTE: Your MPE provider number may be different than a number you use for other programs.) Enter the Provider Type as listed on the Provider Information Sheet.

HFS Form Number:

Enter the form number being requested. Enter the quantity of the form requested. The quantity should be in hundreds, i.e. 100, 200, 500, etc. Please request a sufficient quantity to last three (3) months. Forms available for order are:

Form KC 3089	MPE Application
Form KC 3089S	MPE Application - Spanish Version
Form KC 3090K	Notice of Instructions to Pregnant Applicant – All Kids Application
Form KC 3090KS	Notice of Instructions to Pregnant Applicant – All Kids Application Spanish Version
Form KC 3090	Notice of Instructions to Pregnant Applicant - Local Office Interview
Form KC 3090S	Notice of Instructions to Pregnant Applicant - Local Office Interview Spanish Version
Form KC 3090	Medicaid Presumptive Eligibility (MPE) Program Denial
Form KC 3090DS	Medicaid Presumptive Eligibility (MPE) Program Denial-Spanish Version

Mailing Label:

Enter the name and address to which the forms should be sent. Inclusion of the zip code is essential. Deliveries cannot be made to a Post Office box.

A copy of Form HFS 1517 should be retained in your files. Submit the original as follows:

Illinois Department of HealthCare and Family Services
2946 Old Rochester Road
Springfield, Illinois 62703-5659
E-Mail Address: HFS.Forms@illinois.gov
FAX Number: (217) 557-6800

Frequently Used Telephone/Fax Numbers

Provider Hotline	1-800-842-1461
All Kids Hotline (8:00a.m. – 5:00p.m., Monday – Friday).....	1-866-468-7543
TTY.....	1-877-204-1012
DHS Helpline (for phone applications).....	1-800-843-6154
MPE liaison (All Kids Unit – Springfield).....	1-877-805-5312
MPE fax.....	1-217-557-5046
Provider Participation Unit.....	1-217-782-0538
Bureau of Comprehensive Health Services (billing inquiries).....	1-217-782-5565
Questions regarding the agreement or technical questions about the MPE program.....	1-217-557-8636 1-217-557-5801 (fax)



APPENDIX A

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 application sent
- ☐ All Kids Application to follow
- ☐ Cash/SNAP appointment _____
- ☐ No application for on-going medical benefits

Name (Last, First) _____

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

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

Applicant's Expected # of unborn babies
Delivery Date

Eligibility
Determination Date
(Coverage Begin Date)

Household Size

\$ _____
Total Monthly Income

According to the information provided, the above named applicant:

☐ **IS** 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.

☐ **IS NOT** presumptively eligible for medical coverage for outpatient medical care for the following reason. A Notice of Denial was issued to applicant.

- ☐ Income exceeds MPE income standard
- ☐ Not an Illinois resident
- ☐ Not pregnant
- ☐ MPE limited to once per pregnancy
- ☐ Non-cooperation with eligibility process

Provider Name _____

Provider Number _____

Provider Address _____

City _____ State _____ Zip _____

Provider Contact Person _____

Provider Telephone Number _____ Provider Fax Number _____

X _____

Provider Signature

Date

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SAMPLE



Medicaid Presumptive Eligibility (MPE) Program

NOTICE OF INSTRUCTIONS TO PREGNANT APPLICANT

(All Kids Application)

Applicant Name			MPE Application Date	
Provider Name			All Kids Unit	
Provider Address			P.O. Box 19122	
			Springfield, IL 62794-9122	
			1-877-805-5312	
City	State	Zip Code	TTY: 1-877-204-1012	
Contact Person	Telephone Number			

MPE Coverage Begin Date _____ **MPE Coverage Ends _____ or when a decision is made on your Medicaid application**

You are eligible for temporary Medicaid for the period listed above. This is called Medicaid Presumptive Eligibility or MPE for short. MPE covers outpatient medical services. Delivery costs and inpatient care will not be covered unless you apply and are found eligible for ongoing medical coverage through the Moms & Babies program.

Per your request, a Medicaid application has been completed. Verification (proof) of certain information you provided on the application may be needed to approve continuing eligibility. Examples of the type of information that must be verified are listed on the back of this form. All requested verifications must be brought to this office by _____ (date) in order for your application to be processed timely. If you do not have all the information, return to this office with what you do have within 30 days.

If your application for full benefits is approved, you will receive medical coverage throughout your pregnancy and for at least 60 days after you deliver. Delivery and other inpatient services will be covered.

APPLICANT'S SIGNATURE_____
Authorized Provider Signature

IMPORTANT INFORMATION ON BACK

Distribution: Original to pregnant woman (applicant), second and third copies to provider file.

CHECKLIST FOR THE APPLICANT

To make a decision about your application, proof of some of the information on the application will be needed. If the Department of Healthcare and Family Services is unable to verify the information you gave on your application, you will be asked for proof of the information listed below. The decision on your application may be completed faster if you submit the items listed as part of your ABE application.

SEND PROOF OF INCOME RECEIVED IN THE LAST 30 DAYS: Copy of pay stubs from each job, tips, self-employment records, copies of checks or award letters for Unemployment Benefits, Social Security, copies of checks for spousal support received, trusts, pensions, rental property, etc for the past 30 days. Send proof of income for the past 30 days for each source of income listed.

SEND PROOF OF PAYMENTS MADE WITHIN THE LAST 30 DAYS: For spousal support paid.

NON-CITIZENS WHO ARE PREGNANT ARE NOT REQUIRED TO PROVIDE PROOF OF IMMIGRATION STATUS FOR THEMSELVES: If proof is not provided their coverage may be affected 60 days after pregnancy. If you are applying for anyone else who is not a citizen, the State of Illinois will contact the Bureau of Citizenship and Immigration Services (BCIS) to verify their legal status.

SEND PROOF OF MEDICAL SUPPORT OR HEALTH INSURANCE: Medical/health insurance card or policies, court documents or statements from persons or agencies/organizations.

SEND PROOF OF APPLICATION FOR A SOCIAL SECURITY NUMBER (only required for non-pregnant applicants): If anyone you are applying for does not have a Social Security Number and qualifies to get a Social Security Number, you must provide a signed statement from the Social Security Administration that application has been made.

GENERAL INFORMATION FOR THE APPLICANT

What Will Happen If I Do Not Apply for *Medical Assistance*?

Your coverage will stop at the end of the month following your coverage Begin Date identified on the front of this notice if your application is not received by the Department by that date.

What Kind of Help Can *Medicaid* Give Me?

Medicaid provides help paying your medical bills.

How Will I Find Out If I Am Eligible Or Not?

You will get a written notice of approval or denial in the mail. If your application is denied, you will get a notice explaining why you are not eligible.

(BACK)



Medicaid Presumptive Eligibility (MPE) Program
NOTICE OF INSTRUCTIONS TO PREGNANT APPLICANT
(Local Office Interview)

_____ Applicant Name			_____ MPE Application Date		
_____ Provider Name			_____ Department of Human Services Local Office		
_____ Provider Address			_____ DHS Office Address		
_____ City	_____ State	_____ Zip Code	_____ City	_____ State	_____ Zip Code
_____ Contact Person		_____ Telephone Number	_____ Telephone Number		

MPE Coverage Begin Date _____ **MPE Coverage End Date** _____

You are eligible for the Medicaid Presumptive Eligibility (MPE) Program for the time period listed above. Outpatient medical services are covered by this program. Delivery costs and inpatient care will not be covered by MPE. You must apply for and be eligible for Moms & Babies to get coverage for your delivery and hospital stay.

Per your request, we have scheduled an interview for you to apply for cash or SNAP (food stamps) on _____ (date) at _____ (am/pm) at the DHS Office named above..

Applying for full medical coverage before your MPE Coverage End Date will continue your MPE coverage until a decision is made on your full application.

If you do not apply for full medical coverage by your MPE Coverage End Date, your coverage will end on that date.

If your application for full medical coverage is approved, you will receive medical coverage throughout your pregnancy and for at least 60 days after you deliver. Delivery and other inpatient services will be covered.

Information that may be needed to approve continuing eligibility is listed on the back of this form. If you do not have all the information, submit what you have.

APPLICANT SIGNATURE Authorized Provider Signature

For persons using a Teletypewriter (TTY), call _____.

IMPORTANT INFORMATION ON BACK

Distribution: Original to pregnant woman (applicant), second copy to provider file, third copy to DHS Local Office

CHECKLIST FOR THE APPLICANT

To make a decision about your application, proof of some of the information on the application will be needed. If the Department of Human Services is unable to verify the information you gave on your application, you will be asked for proof of the information listed below. The decision on your application may be completed faster if you upload the documents as part of your to your application in ABE.Illinois.gov or take or mail copies to your local Family and Community Resource Center.

PROOF OF IDENTITY: Driver's license or other photo I.D. cards.

PROOF OF INCOME RECEIVED IN THE LAST 30 DAYS: Copy of pay stubs from each job, tips, self-employment records, copies of checks or award letters for Unemployment Benefits, Social Security, SSI, copies of checks for spousal support received, trusts, pensions, rental property, etc. received in the past 30 days. Send proof of one payment for each benefit received.

PROOF OF PAYMENTS MADE IN THE LAST MONTH: For spousal support paid.

PROOF OF RELATIONSHIP TO DEPENDENT CHILDREN (only necessary if applying for cash assistance): Birth certificates, adoption records, social security and court records, baptismal certificates, death certificates, bible entries, etc.

NON-CITIZENS WHO ARE PREGNANT ARE NOT REQUIRED TO PROVIDE PROOF OF IMMIGRATION STATUS FOR THEMSELVES UNLESS THEY ARE ALSO APPLYING FOR CASH OR FOOD STAMPS:

If proof is not provided, their medical coverage may be affected 60 days after pregnancy. If you are applying for anyone else who is not a citizen, the State of Illinois will contact the Bureau of Citizenship and Immigration Services (BCIS) to verify their legal immigration status.

PROOF OF MEDICAL SUPPORT OR HEALTH INSURANCE: Medical/health insurance card or policies, court documents or statements from persons or agencies/organizations.

PROOF OF SOCIAL SECURITY NUMBER (only necessary if applying for cash or food stamps): Social Security cards.

GENERAL INFORMATION FOR THE APPLICANT

What Will Happen If I Do Not Keep My Appointment?

If we made an appointment for you to apply for medical coverage in person, you must complete and submit a full application some other way or your MPE coverage will end on the MPE Coverage End Date identified on the front of this notice. If you cannot keep your appointment, let the DHS Office know before the appointment and they will give you another appointment date.

What Kind Of Help Can DHS Give Me?

DHS has programs which provide money, medical assistance and SNAP. If you are eligible for cash, you will also get medical assistance. If you are not eligible for cash, you may still be eligible for medical assistance.

What Will Happen If I Apply But I Do Not Give The Proof By The Date Requested By DHS?

You must provide the information by the date requested or contact the DHS worker to ask for help in getting the information or to ask for more time. If you do not, your application will be denied and your MPE coverage will end.

How Will I Find Out If I Am Eligible for Full Benefits or Not?

You will get a written notice of approval or denial in the mail. If your application is denied, you will get a notice explaining why you are not eligible.

(BACK)



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