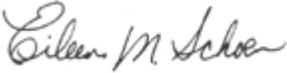


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Healthy Beginnings - Presumptive Eligibility Program	BY  Eileen M. Schoen Deputy Secretary for Medical Assistance Programs
NUMBER:	99-88-04	
ISSUE DATE:	April 1, 1988	
EFFECTIVE DATE:	April 1, 1988	

PURPOSE:

The purpose of this bulletin is to announce to providers a new program called "Healthy Beginnings".

SCOPE:

This bulletin is applicable to all enrolled providers.

BACKGROUND/DISCUSSION:

On April 1, 1988, the Department of Public Welfare will inaugurate a new program designed to help reduce the State's infant mortality and morbidity rates. Under this new program called "Healthy Beginnings," medical assistance coverage will be expanded to include a new categorically needy group comprised of pregnant women. Coverage will be up to 60 days after delivery and include children under age two whose family incomes are above the State income level for Aid to Families with Dependent Children (AFDC) but do not exceed the Federal Poverty Guidelines. To encourage early prenatal care, the program will include a presumptive eligibility provision to allow pregnant women, if they qualify, to receive medical assistance coverage for ambulatory prenatal care before they have been formally determined eligible by the County Assistance Office. Inpatient services are not covered during the presumptive eligibility period. Certain types of providers will be authorized to make presumptive eligibility determinations.

The Sixth Omnibus Budget Reconciliation Act of 1986 (SOBRA), which authorizes this program expansion, requires that only those providers who meet specific qualifications may determine presumptive eligibility. A qualified provider is defined by SOBRA as one who is:

- (a) eligible for payments under a state plan approved under Title XIX (Medicaid);
- (b) a provider of the types of services rendered by outpatient hospitals, independent clinics, and rural health clinics;
- (c) receiving funds under the Migrant Health Centers or Community Health Centers section of the Public Health Services Act or the Maternal and Child Health Services Block Grant programs, or participating in the Special Supplemental Food Program for Women, Infants and Children, the Community Supplemental Food Program, or a state perinatal program; and
- (d) determined by the state agency to be capable of making a determination of presumptive eligibility.

This means that, in virtually all instances, presumptive eligibility will be determined by providers of clinic services.

SOBRA provides for a maximum of 45 days of eligibility from the date of the presumptive eligibility determination. The woman's presumptive eligibility will end on the date the County Assistance Office makes a formal eligibility determination or 45 days from the date of the presumptive eligibility determination, whichever comes first.

PROCEDURE:

A woman who has been determined presumptively eligible will be issued a blue Medical Services Eligibility (MSE) card with a category code PS and a program status code 17. The status code will appear in the **PGM STATUS** field immediately below the case record information on the MSE Card. This card will cover the same services as those covered for the categorically needy with the exception of inpatient hospital care. These cards will have expiration dates that vary from recipient to recipient. **Providers are cautioned to check the expiration date on these cards. Payment will not be made for services provided after the expiration date on the card.**

When a woman is formally determined eligible for ongoing medical assistance under the expanded coverage portion of the program previously mentioned, she will be issued a new blue MSE card with a category code PS and a program status code 16. This card will entitle her to the same services as those covered for the categorically needy, including inpatient hospital care.

If a practitioner who has not been designated by the Department to determine presumptive eligibility is providing services to a pregnant woman who indicates that she does not have medical assistance coverage and will have trouble paying for prenatal

care, the practitioner should refer the woman to the County Assistance Office for a formal eligibility determination. A schedule of the new eligibility income levels is attached to aid practitioners in determining whether a woman may qualify. **It is important to remember that a woman who may have been previously determined ineligible for medical assistance may now qualify under the new program standards.**

It is also important to be aware that, if a presumptively eligible woman must be hospitalized during her presumptive eligibility period, the hospital may bill for inpatient care once the woman has been formally determined eligible by the County Assistance Office for ongoing medical assistance coverage since the formal determination will be retroactive to the date the woman was determined presumptively eligible. Providers should not bill for inpatient care until the woman has been issued an MSE card with a program category code PS and a program status code 16.

HEALTHY BEGINNINGS PROGRAM

February 19, 1988

FEDERAL POVERTY GUIDELINES

BASED ON MONTHLY INCOME – NO RESOURCE LIMITATION

	<u>100% FEDERAL POVERTY LEVEL</u>
1 PERSON	\$481
2 PERSONS	\$644
3 PERSONS	\$808
4 PERSONS	\$971
5 PERSONS	\$1134
6 PERSONS	\$1298
7 PERSONS	\$1461
8 PERSONS	\$1624
EACH ADDITIONAL PERSON	\$163

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Outpatient Programs
P.O. Box 8024
Harrisburg, Pennsylvania 17105

or call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.