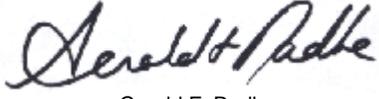


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Increase in Eligibility Guidelines	BY  Gerald F. Radke Deputy Secretary for Medical Assistance Programs
NUMBER:	99-90-06	
ISSUE DATE:	August 15, 1990	
EFFECTIVE DATE:	April 1, 1990	

PURPOSE:

The purpose of this bulletin is to notify providers of increased eligibility limitations for infants, children up to age six, and pregnant women.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program.

BACKGROUND:

On April 1, 1988, the Department implemented a new program designed to help reduce the Commonwealth's infant mortality and morbidity rates. The new program, called Healthy Beginnings, expanded Medical Assistance Program coverage for pregnant women and children up to age two. Coverage was expanded even further, effective October 1, 1988, to cover children up to age 3, and effective October 1, 1989, to cover children up to age 4. Healthy Beginnings was made possible by passage of the Sixth Omnibus Budget Reconciliation Act of 1986 (SOBRA), which broadened the states' ability to provide medical assistance coverage to pregnant women and young children.

Income limitations for pregnant women and children meeting the age requirement were set at 100 percent of the Federal Poverty Level. In comparison, normal medical assistance eligibility limits varied at that time from approximately 54 percent to 79 percent of the Federal Poverty Level, depending on case category.

DISCUSSION:

The Omnibus Budget Reconciliation Act of 1989 (OBRA) requires medical assistance coverage of infants, children up to age six, and pregnant women up to 133 percent of the Federal Poverty Level, effective April 1, 1990. The provisions of OBRA expand the number of low income individuals who may qualify for services under the Medical Assistance Program.

The Department encourages providers to refer patients with a verified pregnancy, or families with children under age six, to their local County Assistance Office to apply for medical assistance benefits if: 1) they do not have medical insurance coverage, or 2) they indicate they do not have sufficient resources to pay for medical care. The provider's initiative in identifying patients who may qualify the medical assistance benefits, and in suggesting that these patients apply for benefits, will help to decrease the number of women, infants, and children who receive inadequate medical care.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>Division of Outpatient Programs P.O. Box 8046 Harrisburg, Pennsylvania 17105</p> <p>1-800-537-8862</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.</p>
