



ACA/FAMILY MEDICAID 105-1 Presumptive Eligibility

Supersedes: FMA 105-1 (07/01/06)

Reference: ARM 37.82.101, .701; 42 CFR 435.1101-3; .1110

Overview: Presumptive eligibility (PE) allows eligible individuals to immediately receive Medicaid coverage while a full Medicaid application is processed. PE must be determined by a qualified entity.

Pregnant women are only eligible for ambulatory prenatal care during the presumptive period while all other presumptive populations are eligible for all Medicaid services. Pregnant women are allowed only one PE period per pregnancy, while other presumptive populations are allowed one PE period in a 12-month period (from the most recent PE effective date).

PRESUMPTIVE POPULATIONS:

1. ACA HMK Plus (FMA 201-4 Healthy Montana Kids Plus)
2. ACA HMK (CMA 201-5 ACA Healthy Montana Kids (HMK))
3. ACA Former Foster Care Children (FMA 201-6 Former Foster Care)
4. ACA Parent/Caretaker Relative (FMA 201-1 ACA Parent Caretaker Relative)
5. ACA Pregnant Woman (FMA 201-2 ACA Pregnancy)
6. MBCCTP – Breast and Cervical Cancer (FMA 201-9 Breast and Cervical Cancer)
7. ACA Adult Medicaid (FMA 201-8 ACA Adult Medicaid)
8. Plan First (FMA 201-14 Plan First Coverage)

QUALIFIED ENTITIES:

Only qualified entities (QE), who have received appropriate training and certification can make presumptive eligibility determinations. QEs must be registered Medicaid providers, and include, but are not limited to:

1. Migrant Health Centers;
2. Public Health Departments;
3. Community Health Centers;
4. State Perinatal Programs;

5. WIC;
6. Indian Health Services/Tribal Health Programs; and
7. Qualified Hospitals

NOTE: Presumptive pregnancy eligibility can be determined by any of the entities listed; however, only qualified hospitals can determine PE for the other PE populations listed above.

PE FINANCIAL and NONFINANCIAL REQUIREMENTS:

Individuals may be found presumptively eligible if:

1. Countable income is within allowable limits for the appropriate program;
2. The individual meets US citizen or qualified alien status;
3. There has not been a PE period for either the current pregnancy or previous 12-month period; and/or
4. Pregnancy and due date are self-attested.

NOTE: Pregnancy information is only needed for women seeking presumptive pregnancy eligibility.

PRESUMPTIVE ELIGIBILITY PERIOD:

Eligibility begins the day a qualified entity determines the individual is eligible. The QE will provide proof of eligibility that allows the individual to receive approved services.

PE period ends the:

1. Day the individual is determined ineligible for Medicaid; or
2. Last day of the month following the month of PE (if no regular Medicaid application has been submitted); or
3. Day a pending Medicaid application is processed (if received prior to the PE period ending).

PE may overlap a month of regular Medicaid coverage if a Medicaid application is pending at the time a PE determination is made.

Effective Date: July 01, 2016