THE SECRETARY FOR HEALTH SERVICES
COMMONWEALTH OF KENTUCKY
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PAUL E. PATTON
GOVERNOR

MARCIA R. MORGAN
SECRETARY

October 24, 2001

Dear Medicaid Provider:

The Department for Medicaid Services is excited to announce the implementation of a new program called Presumptive Eligibility for Pregnant Women, or PE. PE is an eligibility tool designed to expedite a pregnant woman's access to outpatient prenatal services. By providing earlier prenatal care, we expect to improve maternal and newborn health outcomes and reduce the costs associated with low birthweight and neonatal morbidity. Presumptive eligibility for pregnant women will be implemented November 1, 2001.

When qualified pregnant women present for prenatal care to a specially trained Medicaid provider, they may be determined presumptively eligible by this provider. Once determined presumptively eligible, recipients will be issued a PE identification form to be used to access designated benefits for up to 90 days.

A copy of the PE identification form is attached to this letter for your review. The PE identification will be a printed form with the original signatures of the recipient and the health professional who determined presumptive eligibility and will specify the exact coverage period for the recipient. Passport Health Plan will be noted on the identification form for recipients who live in the Passport Region. Only one identification form will be issued for the entire PE coverage period—recipients will not receive a new form each month as they do for regular Medicaid.

The PE benefit package includes:

- Primary care services provided by family practitioners, general practitioners, pediatricians, obstetricians/gynecologists, advanced registered nurse practitioners, nurse midwives, and physician assistants.
- Services provided by primary care centers and rural health clinics
- Services provided by local health departments
- Laboratory Services, including the professional component
- X-ray services including ultrasounds, including the professional component
- Dental Services (excluding orthodontia)
- Emergency Room Services, including the professional component
- Prescription Drugs
- Transportation (both emergency and non-emergency)

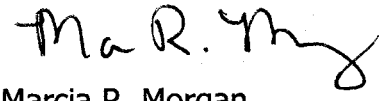
Inpatient hospital, mental health, services rendered by a specialist and any other Medicaid covered services not listed above are not covered under the PE program.

Any enrolled Medicaid or Passport Health Plan provider who delivers covered services in the categories listed on the first page of this letter may be reimbursed for delivering these services to PE recipients. A provider does not have to attend training to treat presumptively eligible pregnant women; specialized training is only required for establishing presumptive eligibility for the recipient. All the same billing procedures and coverage and reimbursement rules, including reimbursement amounts, apply to PE recipients as apply to regular Medicaid recipients. Simply complete your electronic or paper Medicaid claim form in the usual manner, using the recipient's number from the PE identification form, and submit to Unisys or Passport Health Plan as you usually do.

It should be noted that, once presumptive eligibility is implemented, the KCHIP mail in application which was temporarily used also for ***pregnant women*** *will no longer be accepted as a means of obtaining eligibility for those over 19 years of age.*

If you have questions regarding benefits or other aspects of presumptive eligibility, please call Unisys Provider Relations at 800-807-1232 or Medicaid Services Provider Relations at 502-564-2687. Passport Health Plan providers should contact their provider representative at 502-585-7943 with questions.

Sincerely,



Marcia R. Morgan
Secretary

Attachment

COMMONWEALTH OF KENTUCKY
MEDICAID PRESUMPTIVE ELIGIBILITY IDENTIFICATION
CABINET FOR HEALTH SERVICES

Eligible Recipient Name and Address	Eligibility Period	Identification No.
	From: To:	
	Sex	Granting Provider
		Name: Address:
	Date of Birth	City: State: Zip:
	Other Insurance (If applicable)	
Recipient Signature:		Health Professional Signature (must be original; no stamp allowed):

SAMPLE

PROVIDER OF SERVICES

This certifies that the person listed hereon is eligible for ambulatory prenatal care benefits including primary care, laboratory, X-ray, dental, emergency room, preventive, transportation and pharmacy services provided by the Kentucky Medicaid Program during the period indicated. The Identification No. listed above must be precisely entered on each billing statement in order for payment to be made.

Questions regarding provider participation, type, scope, and duration of benefits, billing procedures, amounts, or third party liability should be directed to Unisys, P.O. Box 2016, Frankfort, KY 40602.
Telephone: 1-800-807-1232

RECIPIENT OF SERVICES

This identification may be used to obtain services from participating primary care physicians, primary care centers, rural health clinics, drug stores, dentists, independent laboratories, hospital emergency rooms, and health departments. Show this identification whenever you receive medical care or have prescriptions filled.

You are hereby notified that under State Law, KRS 205.624, your right to third party payment, if applicable, has been assigned to the Cabinet for the amount the Medicaid program paid on your behalf.

You must take this identification with you when you go to your local Department for Community Based Services Office to apply for additional benefits.

If you have questions, please call 1-800-635-2570. The hearing impaired may call TTY 1-800-775-0296.

Federal Law provides for a $10,000 fine or imprisonment for a year, or both, for anyone who willfully gives false information in applying for medical assistance, fails to report changes relating to eligibility, or permits use of identification contained hereon by an ineligible person.