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State/Territory Name: MO

State Plan Amendment (SPA) #: 14-0012-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

November 4, 2014

Brian Kinkade, Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

Dear Mr. Kinkade:

On March 31, 2014, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #14-0012-MM7, which describes the Modified Adjusted Gross Income (MAGI)-based hospital presumptive eligibility criteria covered under Missouri's Medicaid State Plan. The MAGI presumptive eligibility as set forth in 42 CFR § 435.1110 allows states to provide Medicaid services to children under 19 years of age, during period of presumptive eligibility, prior to formal determination.

SPA 14-0012-MM7 was approved on November 3, 2014, with an effective date of January 1, 2014, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

If you have any questions regarding this amendment, please contact Deborah Read or Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Joe Parks, M.D.
Debbie Melller
Kim O'Hara

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Missouri**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MO-14-0012

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2013	\$ 0.00
Second Year	2014	\$ 0.00

Subject of Amendment

Presumptive eligiblity determinations by qualified entities-hospitals

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

Empty text box for describing comments received.

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Empty text box for describing other specified reasons.

Signature of State Agency Official

Submitted By: **Kimberly O'Hara**
 Last Revision Date: **Oct 29, 2014**
 Submit Date: **Mar 31, 2014**



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of
 its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance
 with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

95% of PE applications must result in a regular application. (this standard will be applied 12 months from the date of the hospital's election to determine PE. Hospitals failing to meet this standard after the 12 month exemption period must submit a corrective action plan to be monitored quarterly. If still not meeting expectations established in corrective action plan after one year, the hospital will be disqualified from determining presumptive eligibility for 3 yrs)

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

90% accuracy standard. (this standard will be applied 12 months from the date of the hospital's election to determine PE. Hospitals failing to meet this standard after the 12 month exemption period must submit a corrective action plan to be monitored quarterly. If still not meeting expectations established in corrective action plan after one year, the hospital will be disqualified from determining presumptive eligibility for 3 yrs)

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

	Name of limitation	Description	
+	Limitation for Pregnancy	No more than one period per pregnancy	X
+	Limitation for all other programs	No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.	X

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes No



Medicaid Eligibility

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

- being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

State residency

Citizenship, status as a national, or satisfactory immigration status

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



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**Missouri Department of Social Services
Presumptive Eligibility (PE) Program**


Training for Qualified Entities


(v5) June 4, 2014


Contents

In this training, the following will be covered:

- ▶ Overview of the Presumptive Eligibility (PE) Program
- ▶ How Entities can participate in PE
- ▶ Who is eligible to enroll in MO HealthNet through PE?
- ▶ What are the benefits?
- ▶ Determining Eligibility
 - ▶ Terms and Definitions
 - ▶ Eligibility Requirements
 - ▶ Household Composition
 - ▶ Income Determination
- ▶ Submitting applications for PE individual(s)



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Presumptive Eligibility
Overview

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Presumptive Eligibility (PE) Overview



- ▶ Presumptive Eligibility allows individuals whose family meets certain requirements to receive MO HealthNet benefits for a period of time.
- ▶ The Affordable Care Act (ACA) expanded Presumptive Eligibility (PE).
 - ▶ Since 1990, PE has been available for pregnant women. This group is still eligible.
 - ▶ Since 1997, PE has been available for children. This group is still eligible.
 - ▶ Since 2001, PE has been available for breast and cervical cancer treatment. This group is still eligible.
 - ▶ ACA established PE criteria for parents, caretakers, and former foster children age 19-26.

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PE Overview



- ▶ Following completion of training and signing an agreement form,
 - ▶ Qualified entities may determine PE eligibility for certain individuals who are likely to be eligible for regular MO HealthNet.
 - ▶ Assist PE applicants to apply for regular MO HealthNet at mydss.mo.gov, or by completing the Missouri Single Streamlined Application (IM-ISSL)
- ▶ Eligibility under PE is temporary but allows immediate access to coverage for eligible individuals.

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PE Overview



- ▶ Ensures hospitals will be reimbursed for services provided.
- ▶ PE is not about short-term coverage; it provides an opportunity to get individuals connected to longer-term coverage options.
- ▶ Applying for regular MO HealthNet at mydss.mo.gov is the fastest path to full coverage.

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How Entities Can Participate in PE

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How Entities Can Participate in PE



- ▶ Participation in PE is optional, but states must provide a mechanism for an entity to become qualified to conduct PE
- ▶ To make PE determinations, an entity must:
 - ▶ Participate in the MO HealthNet program
 - ▶ Notify Missouri Department of Social Services, Family Support Division, IM Program and Policy Unit at COLE.MHNPolicy@dss.mo.gov or PO BOX 2320 Jefferson City, MO 65102.
 - ▶ Agree to make PE determinations consistent with policies and procedures.

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PE Qualified Entity Responsibilities and Agreement page 1



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
Presumptive Eligibility (PE) Qualified Entity Responsibilities and Agreement

I understand the responsibilities as a PE Qualified Entity include:

- Offering the PE program to patients without health coverage or MO HealthNet.
- Determining eligibility for the PE program using the Family Support Division PE forms and guidelines.
- Providing the PE determination in writing to the individual/parent/caretaker, and informing them of the PE coverage period.
- Informing patients at the time of the PE determination that they must file a MO HealthNet application in order to obtain regular MO HealthNet coverage beyond the PE period.
- Providing with the PE determination notice a written statement to applicants informing them that they must file a regular MO HealthNet application regardless of eligibility for PE.
- Notifying the Family Support Division as soon as possible but no later than five working days with the required information on those patients eligible for PE.
- Assisting patients in completing an application for MO HealthNet through myMissouri.gov or by completing the MO HealthNet Single Streamlined Application (SSA) form, if needed.
- Allowing that all individuals performing PE determinations are direct employees of the provider and do not work as contractors or vendors of the hospital/clinic.
- Allowing that all individuals performing PE have successfully completed training to make PE determinations.
- Complying with all state, federal, and Missouri Department of Social Services rules and regulations, including the Health Insurance Portability and Accountability Act (HIPAA), when conducting presumptive eligibility determinations.
- Maintaining written or electronic records of all PE applications and determinations along with the related supporting documentation for a period of four (4) years from the date of the determination or application, unless litigation or audit has been started prior to the fourth year. Once the record must be maintained until the litigation or audit is resolved. These records will be made available to the department upon request.

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PE Qualified Entity Responsibilities and Agreement page 2



- Notifying the Family Support Division as soon as possible but no later than ten days when there is a change in the PE primary contact.
- Attending PE training and keeping current with changes affecting PE through provider, webinars, notices and/or further training.
- Meeting performance standards set by the FSD and
- Cooperating in quality assurance, monitoring, or auditing activities performed by DSS or its designee.

I, _____, agree to cooperate with the Family Support Division in complying with the above Qualified Entity responsibilities. I am aware that if I do not comply with these responsibilities and the PE guidelines of the Family Support Division, I may lose status as a Qualified Entity. I agree to notify the Family Support Division in writing of any changes in application information at least 10 days prior to the effective date of the change.

Signature	Title/Function	Date

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Hospital Staff Eligible to Make HPE Determinations



- ▶ **Once an entity has been qualified:**
 - ▶ An employee who is properly trained and certified can make PE determinations
 - Including employees in hospital-owned physician practices or clinics, and those in off-site locations
 - ▶ Participating entities may not delegate PE determinations to non-hospital staff
 - Third party vendors or contractors may not make PE determinations
 - ▶ Participating entities must meet performance standards set by the state and maintain adequate status as a qualified PE Provider

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Entity Staff Training and Certification



- ▶ **IM Training Unit of the Family Support Division (FSD) has developed training for Qualified Entity (QE) Staff**
 - ▶ The QE may request and receive training from staff at the local FSD office
- ▶ **The initial training for QE staff is provided by FSD**
 - ▶ Viewing this presentation is part of the initial training

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PE Performance Standards



- ▶ To remain a PE provider, a provider must meet performance standards
- ▶ PE provider must:
 - ▶ Check for existing MO HealthNet coverage prior to completing PE determination.
 - ▶ Note: Extended Women's Health Services (EWHs – ME code 80) and Uninsured Women's Health Services (UWHS – ME code 89) are not considered MO HealthNet programs for determining PE.
 - ▶ Expectation: Correct determination on 98% or more of applications
 - ▶ Check for receipt of PE within past 12 months, or current pregnancy (TEMP).
 - ▶ Expectation: Correct on 98% or more of applications

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PE Performance Standards



- ▶ Determine PE accurately on 95% or more of applications
- ▶ Assist applicants in completing and submitting MO HealthNet application (IM-ISSL)
 - ▶ Expectation: 90% of these application should be received prior to end date of PE period
- ▶ IM-ISSL applications received prior to end of PE period will be used to determine ongoing MO HealthNet eligibility.
 - ▶ Expectation: 95% of these applications should approved for ongoing coverage
 - ▶ Note: Ongoing application rejected because the applicant did not meet citizenship/qualified alien criteria or did not provide verification will not be used in this measurement.

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PE Performance Standards



- ▶ The state has the authority to take corrective action against Qualified Entities, including termination from the PE program, if the QE does not follow state policies or does not meet established standards
- ▶ We will talk about corrective action plans (CAP) later in this training

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Who is Eligible to Enroll in MO HealthNet through PE?
What are the Benefits?

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Populations Eligible for MO HealthNet via PE Determinations

- ▶ Pregnant Women,
- ▶ Infants and Children under age 19,
- ▶ Parents/Caretakers of children age 0-18,
- ▶ Former Missouri Foster Care Child through age 26 and;
- ▶ Breast and Cervical Cancer Treatment (BCCT)



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PE for Pregnant Women

Qualified Entities can determine PE for pregnant women.

- ▶ Limited to one PE coverage period per pregnancy
- ▶ Self-Attestation of eligibility requirements
- ▶ PE application is taken on the PE-ISSL
- ▶ Children born to PE only mother, are not eligible for Newborn coverage; unless, the mother is found eligible for retroactive regular MO HealthNet coverage.



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PE for Children – Parents – Caretakers and Former Foster Children

- ▶ Limited to one PE coverage period per year, per person
- ▶ Self-Attestation of eligibility requirements
- ▶ PE application is taken for the individual(s) on the PE-ISSL
- ▶ Only hospitals may determine PE for former foster children and parents/caretakers



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Benefits

- ▶ Pregnant women determined eligible for PE, receive ambulatory prenatal care (excludes labor and delivery).
- ▶ Children/Parents and Caretakers/Formal Foster Children/BCCT patients determined eligible under PE, receive the same coverage as those provided under the MO HealthNet group for which the individual is determined presumptively eligible.



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Benefits

- ▶ Coverage, under PE, begins the day the QP makes the PE determination.
- ▶ PE coverage ends on the earliest of either:
 - ▶ The date the eligibility determination for full MO HealthNet is made by FSD
 - ▶ Example: PE determined 2/8/2014. Eligibility period 2/8/14 – 3/31/14. FSD determines eligibility for regular MO HealthNet coverage on 2/19/14. PE ends the date of the approval or denial for MO HealthNet coverage 2/19/14.
 - ▶ The last day of the following month in which the QP made the PE determination (if a full MO HealthNet application is not filed by the individual).
- ▶ Benefits are received through fee-for-service.
- ▶ No appeal rights for PE determination.



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Determining Presumptive Eligibility

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Determining PE Eligibility Terms and Definitions

- ▶ With every program there are new terms and definitions to learn.
- ▶ Use the chart as a reference until you become familiar with the terms and definitions.
- ▶ Let's look at determining PE.



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Determining Presumptive Eligibility

- ▶ First, check eMOMED to see if the patient is already receiving MO HealthNet coverage.
- ▶ If not, begin PE determination process by completing and/or assist in completing the Application for Presumptive Eligibility (PE-ISSL)



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Determining Presumptive Eligibility Eligibility Requirements

- ▶ **Individual applicant must:**
 - ▶ Fall into one of the following MO HealthNet groups
 - ▶ Pregnant Women,
 - ▶ Infants and Children under age 19,
 - ▶ Parents/caretakers of children ages 0-18,
 - ▶ Former Missouri foster care child(ren) ages 19 through 26 or;
 - ▶ Breast and Cervical Cancer Treatment (BCCT)
 - ▶ Must not be receiving MO HealthNet under any other category (excluding UWHS or EWHS)
 - ▶ Have income below the applicable income guideline for household size.
 - ▶ Exceptions: BCCT and Foster Care PE do not have income guidelines.



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Determining Presumptive Eligibility Eligibility Requirements –Pregnant Women

- ▶ **Pregnant Women must also meet the following requirements:**
 - ▶ Resident of Missouri
 - ▶ Household income must be at or below 196% of FPL
 - ▶ Pregnancy and number of children expected
 - ▶ Citizenship or qualified immigrant – self attestation, not verified



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Determining Presumptive Eligibility Eligibility Requirements – Infants and Children

- ▶ **Infants and children under 19 must meet the following requirements:**
 - ▶ Household income must be at or below 196% of FPL for children under age 1 and 150% of FPL for children ages 1 thru 18.
 - ▶ Resident of Missouri
 - ▶ Citizenship or qualified immigrant – self attestation, not verified



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Determining Presumptive Eligibility Eligibility Requirements – Parents/Caretakers

- ▶ **Parents and caretakers of children between 0-18 must meet the following requirements:**
 - ▶ Resident of Missouri
 - ▶ Citizenship or qualified immigrant – self attestation, not verified
 - ▶ Must meet the MO HealthNet for Families (MAF) relationship criteria
 - ▶ Parent , certain specified relatives, and spouse of a relative or legal guardian
 - ▶ Must meet MO HealthNet for Families income guidelines
 - ▶ Only qualified hospitals may determine PE for parents/caretakers




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Determining Presumptive Eligibility Eligibility Requirements – Former Missouri Foster Child


- ▶ **Former Missouri Foster Children ages 19-26 must be:**
 - ▶ In Missouri foster care on or 30 days prior to their 18th birthday
- ▶ **Qualified Hospitals are the only providers who can determine eligibility for this category**
- ▶ **No income guidelines for former foster child(ren)**
- ▶ **Citizenship or qualified immigrant – self attestation, not verified**




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Determining Presumptive Eligibility Eligibility Requirements – Breast and Cervical Cancer Treatment


- ▶ **BCCT applicants must:**
 - ▶ Be uninsured
 - ▶ Be under age 65
 - ▶ Be a U.S. Citizen or qualified immigrant
 - ▶ Meet screening criteria and need treatment for breast and cervical cancer
- ▶ **No income guidelines for BCCT**
- ▶ **Determinations for BCCT made by Show ME Healthy Women (SMHW) providers who have an agreement with Department of Health and Senior Services**
- ▶ **Only hospitals who are SMHW providers may make BCCT PE determination**




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Determining Presumptive Eligibility Eligibility Requirements


- ▶ **All PE is based on information as declared by applicant (self-attestation).**
- ▶ **Physical verifications cannot be required, including proof of pregnancy, citizenship, and income.**




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Determining Presumptive Eligibility


- ▶ **We discussed the eligibility requirements an applicant/household must meet for each PE group.**
- ▶ **Eligibility requirements included the household's income is at or below the income guideline.**
 - ▶ Exceptions are BCCT and former foster child(ren)
- ▶ **Let's look at how household's are determined**



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Determining Presumptive Eligibility MAGI

- ▶ **Modified Adjusted Gross Income = "MAGI"**
 - ▶ Method of determining income used for eligibility
 - ▶ Based on federal tax rules
 - ▶ MO uses current monthly income
 - ▶ 5% income disregard of the applicable income guideline refer to the included PE-I Worksheet on slides 59-67.
 - ▶ MAGI Households are based upon federal tax filing rules




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Determining Presumptive Eligibility Identifying PE Household

- ▶ **Identifying a PE Household**
 - ▶ Trained QE staff will use applicant's declaration on the PE-ISSL to determine a patient's household size.
 - ▶ Household is determined by the relationship of the applicant to all other members of the household.



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Determining Presumptive Eligibility Identifying PE Household PE-1 SSL

Application for Presumptive Eligibility

Use this form to find out if you qualify for presumptive eligibility for MO HealthNet at a qualified hospital or clinic. Presumptive Eligibility offers you and your family immediate access to health care while you apply and wait to learn if you qualify for regular MO HealthNet coverage.

To find out if you qualify for regular MO HealthNet, you must complete the Single Streamlined Application (SI-1052):

- Online at ssa.mo.gov
- By telephone at 1-800-373-3994, or
- Mail, fax, or drop off a completed SI-1052 at any Family Support Division Office.

If you need help:

- Ask your healthcare provider to assist you.
- Call our Contact Center at 1-800-373-3994.
- TDD Voice Access: 1-800-773-2466
- **En Español:** Llamé a nuestro centro de ayuda gratis al 1-800-373-3994.

You can qualify for presumptive eligibility for MO HealthNet if you meet all of these tests:

- Your income is below the monthly limit.
- You do not already have MO HealthNet.
- You have not had presumptive eligibility for MO HealthNet in the past 12 months. (If you are pregnant, you have not had presumptive eligibility for MO HealthNet during this pregnancy.)
- You are in one of the groups that qualifies for presumptive eligibility for health care:
 - Children under age 18;
 - Parents and caretaker relatives of children under age 18;
 - Pregnant women;
 - Persons under age 26 who were in foster care at age 18 (and income limit);
 - Women on treatment for breast and cervical cancer.

Who can qualify for presumptive eligibility for MO HealthNet?

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Determining Presumptive Eligibility Identifying PE Household PE-1 SSL

1 Tell us about yourself!
Give us the information so we can contact you about this application.

Name (last, first, last)

Home address (see back if you live here too)

City _____ State _____ ZIP code _____

Working address (if different from home address) _____

Phone number (if you have one) _____ Email address (if you have one) _____

2 Tell us about your family!
List all other adult members of your immediate family and the adults you include your spouse and your SI-1052 on PE-100 with you. Do not list other adults in family size if they do not live with you.

Name	Relationship to you	Age	Residence (same household as you)	Insurance	Income	Health Status	Other

Comments: Add your notes or remarks on back at a 4-800-373-3994. The card has 100 lines. 1-800-773-2466. You can get more at ssa.mo.gov.

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Determining Presumptive Eligibility MAGI Household – Tax Filer

- ▶ If individual states s/he is planning to file taxes, household consists of:
 - ▶ Individual
 - ▶ Spouse (if living with the tax filer)
 - ▶ All individuals claimed as tax dependents of the tax filer



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Determining Presumptive Eligibility MAGI Household – Tax Dependent

- ▶ If individual declares to be a tax dependent, the household consists of:
 - ▶ Individual
 - ▶ Tax Filer claiming individual
 - ▶ Tax Filer's spouse if living with the tax filer
 - ▶ All dependents claimed by tax filer
 - ▶ Tax Dependent's spouse if living with tax dependent



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Determining Presumptive Eligibility MAGI Household – Exceptions

- ▶ Exceptions to the Rules:
 - ▶ Use non-filer rules when:
 - ▶ A tax dependent is claimed by someone other than a spouse or parent
 - ▶ A tax dependent (under age 19) who lives with both parents, but whose parents will not file jointly and only one parent claims child
 - ▶ A tax dependent is claimed by a non-custodial parent



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Determining Presumptive Eligibility PE Household

- ▶ Basic Rules to PE Non-Filer Households
 - ▶ Applicant is a person over 18, household includes:
 - ▶ Applicant
 - ▶ Spouse if living with applicant
 - ▶ Applicant's child(ren) under age 19 who live in the home
 - ▶ Applicant is a person under age 18, household includes:
 - ▶ Applicant
 - ▶ Parent(s) (biological, adopted or stepparent(s)) living in the home
 - ▶ Sibling(s) (biological, adopted or stepsibling(s)) under age 19, living in the home



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Determining Presumptive Eligibility MAGI Household – Examples

- ▶ Two resources have been created to help determine MAGI households.
 - ▶ Step by Step Guide
 - ▶ Flow Chart
- ▶ Review the following household examples.
- ▶ Use the linear or flow chart to help identify the MAGI household.
- ▶ Let's look at some examples



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Determining Presumptive Eligibility PE Household – Examples

Household:
Lela – mother, age 39
David – father, age 41
Ashley – Lela's daughter, age 12
Eric – Lela and David's son, age 7

Lela is applying for PE for Ashley. Ashley is a resident of Missouri and eMOMED shows Ashley has not received PE in the past 12 months. Lela claims Ashley as a tax dependent for federal tax filing.

The PE household for Ashley's determination is:

- Ashley
- Lela
- David
- Eric



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Determining Presumptive Eligibility PE Household – Examples

Household:
Nadia – applicant, age 17, pregnant
Megan – Nadia's mother, age 41
Lester – Nadia's father, age 42
Tonya – Nadia's sister, age 14

Nadia is applying for PE for herself. Nadia states she is a resident of Missouri and eMOMED shows Nadia has not had PE coverage during the current pregnancy.

Lester and Megan, Nadia's parents, claim both Nadia and Tonya as federal tax dependents.

The PE household for Nadia's determination is:

- Nadia
- Megan
- Lester
- Tonya
- Unborn child



▶ 47

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Determining Presumptive Eligibility PE Household – Examples

Household:
Gayle – applicant, age 27
Tyler – Gayle's son, age 5

Gayle is applying for PE for herself. Gayle states she is a resident of Missouri and eMOMED shows Gayle has not had PE coverage in the past 12 months.

Gayle is not filing federal taxes for this year.

The PE household for Gayle's determination is:

- Gayle
- Tyler



▶ 48

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Determining Presumptive Eligibility PE Household – Examples

Household:

Faith – applicant, age 27 pregnant
 Randy – Faith's boyfriend and unborn child's father, age 29
 Hannah – Faith's daughter, age 3

Faith is applying for PE for herself. Faith states she is a resident of Missouri and eMOMED shows Faith has not had PE coverage during the current pregnancy.

Faith is filing federal taxes for this year and claims Hannah as a tax dependent.

The PE household for Faith's determination is:

- Faith
- Hannah
- Unborn child



▶ 49

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Determining Presumptive Eligibility PE Household – Examples

Household:

Gena – applicant, age 43
 Travis – Gena's husband, age 44
 Tara – Gena's daughter, age 17
 Gavin – Gena's son, age 14

Gena is applying for BCCT-PE for herself. She has been diagnosed with cervical cancer by a Show Me Healthy Women (SMHW) provider and is in need of treatment. Gena states she is a resident of Missouri and eMOMED shows Gena has not had PE coverage during the past 12 months.

Gena is filing joint federal taxes with Travis for this year. They claim both children as tax dependents.

The PE household for Gena's determination is:

- Gena



NOTE: Only the woman is counted in the household to determine PE - BCCT

▶ 50

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Determining Presumptive Eligibility Calculating Income

- ▶ We determined PE household composition
- ▶ Now, let's look at how to calculate household income.
- ▶ General rule is the same as tax definition:
 - If income is taxable it is counted
 - If income is non taxable it is **not** counted
- ▶ Also, if an individual is part of the PE household, his/her taxable income counts.



▶ 51

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Determining Presumptive Eligibility Calculating MAGI –Exceptions

Exceptions:

1. If the individual is under 19 and is expected to be required to file taxes, his/her income counts. If not required to file taxes, income does not count.
2. If the individual is expected to be claimed as a tax dependent of another household member and s/he is expected to be required to file his/her own taxes, his/her income counts. If not required to file taxes, income does not count.



Note: Federal tax laws mandate persons who earn at least the threshold amount or great, must file taxes. These threshold amounts change annually. The current 2014 tax thresholds are:

- Individuals earning more than \$10,150 per year;
- Couples filing jointly earning at least \$20,300 per year;
- Individuals filing as a head of household earning at least \$13,050 per year.

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Determining Presumptive Eligibility Calculating MAGI

Countable income includes:

- ▶ Taxable Wages/Salary (before taxes are taken out)
 - ▶ Pretax contributions to dependent care accounts, health insurance premiums, flexible spending accounts, retirement accounts and commuter expenses are NOT included as income
- ▶ Self-Employment
 - ▶ Profit once expenses are paid
- ▶ Social Security Benefits
- ▶ Unemployment Benefits
- ▶ Alimony Received
- ▶ Most Retirement Benefits
- ▶ Interest – including tax-exempt interest
- ▶ Net Capital Gains
- ▶ Most investment income
- ▶ Rental or royalty income
- ▶ Other taxable income
- ▶ Lump sum is only counted in the month received
- ▶ Income of child under 19 who is required to file taxes, as his/her income equals or exceeds the federal tax filing threshold



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Determining Presumptive Eligibility Calculating MAGI

Non-Countable income includes:

- ▶ Temporary Assistance and other government cash assistance
- ▶ Supplemental Security Income (SSI)
- ▶ Child Support Received
- ▶ Veteran's Benefits
- ▶ Workers Compensation Payments
- ▶ Proceeds from life insurance, accident insurance, or health insurance
- ▶ Federal tax credits
- ▶ Scholarships, awards, or fellowship grants used for education, but not living expenses
- ▶ American Indian/Alaskan Native income derived from distribution, payments, ownership interests, and real property usage rights
- ▶ Income of a child under age 19 who is not required to file taxes, as his/her income is less than the federal tax filing threshold



▶ 54

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Determining Presumptive Eligibility MAGI – Tax Adjustments

- ▶ MAGI is determined using Federal tax rules. These rules include the use of tax adjustments or deductions.
- ▶ Most common deductions are:
 - ▶ Certain self-employment business expenses
 - ▶ Alimony paid
 - ▶ Health savings accounts
 - ▶ Student loan interest paid
- ▶ Income for PE determinations will be based on customer's attested amount.



▶ 55

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Determining Presumptive Eligibility MAGI – Tax Adjustments

Adjusted Gross Income

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid. b. Recipient's SSI	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	ADD lines 23 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income	37

These are the eligible tax deductions under MAGI rules. They can be used to calculate the applicant's household income.

If household does not have information regarding deductions, the PE determination is made without them.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (013)

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Determining Presumptive Eligibility Determining MAGI


Basic steps to determine MAGI eligibility

Determine household's monthly income

- Household's monthly tax deductions

= Net Income

Compare to maximum income guideline




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Determining Presumptive Eligibility Determining MAGI

- ▶ Presumptive Eligibility Determination form (PE-1Worksheet) is used in determining eligibility for the PE programs
 - ▶ Section A is used to determine prior PE coverage
 - ▶ Section B is used to determine residency
 - ▶ Section C is used to determine income eligibility
 - ▶ Section D is used to identify the outcome
 - ▶ Section E is used to identify eligibility/non-eligibility and reason
- ▶ Let's look at PE-1Worksheet.



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Determining Presumptive Eligibility Determining MAGI PE-1Worksheet

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
PRESUMPTIVE ELIGIBILITY DETERMINATION

NAME (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH _____ DOB _____

QUALIFIED ENTITY USE ONLY

A. HAS THE INDIVIDUAL(S) RECEIVED PRESUMPTIVE ELIGIBILITY FOR CHILDREN OR PARENTS/CARETAKERS WITHIN THE LAST TWELVE (12) MONTHS OR IF PREGNANT DURING THE CURRENT PREGNANCY? YES NO
 IF YES, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION F.

B. IS THE INDIVIDUAL(S) A RESIDENT(S) OF THE STATE OF MISSOURI? YES NO (Accept Applicant Statement)
 IF NO TO B, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION E.

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Determining Presumptive Eligibility Determining MAGI PE-1Worksheet

C. INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)

1. COMPUTE gross monthly household income	\$
<small>If paid weekly, multiply by 4.333 If paid bi-weekly, multiply by 2.166 If paid twice monthly, multiply by 2</small>	
2. Total monthly earned income (Example: Wages before deductions, etc.)	\$
3. Net Monthly self-employment income	\$
4. Total monthly unearned income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alimony, Native and American Indian payments)	\$
5. SUBTRACT monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income)	\$
6. TOTAL MONTHLY INCOME (Add 2, 3 and 4, then subtract 5 for total)	\$
7. STANDARD income limit for number of members in the tax filing household (See back for standards chart)	\$

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Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

D. Is the **STANDARD** more than **TOTAL MONTHLY INCOME?** (Is line 6 greater than line 7?) YES NO

IF YES, INDIVIDUAL(S) ARE ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

E. ELIGIBLE
 INELIGIBLE Reason ineligible: Not a Missouri Resident Active MO HealthNet
 Excess income Received TEMP during current pregnancy

OE Name	OE Number	Signature	Date
Participant Name		Signature	Date

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Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

F. Is the **STANDARD** more than **TOTAL MONTHLY INCOME?** (Is line 6 greater than line 7?) YES NO
 IF YES, INDIVIDUAL(S) ARE ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

G. ELIGIBLE INELIGIBLE

Reason ineligible:

Has active MO HealthNet	Received Presumptive Eligibility during the last 12 months
Not a Missouri Resident	Not a U.S. Citizen or qualified and eligible immigrant
Received TEMP during current pregnancy	Excessive income

OE Name	OE Number	Signature	Date
Applicant Name		Applicant Signature	Date

MO 886-4021 (03-14) PE-1 WORKSHEET (02/2014)

▶ 62 (v4) May 1, 2014

Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

INCOME STANDARDS after April 1, 2014 through March 31, 2015
(the number provided is the FPL for household with a 5% income disregard included)

CHILDREN AGES 1 THROUGH AGE 18 (until the day before their 19th birthday)

ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$1532	5	\$3663
2	\$2065	6	\$4196
3	\$2597	7	\$4729
4	\$3130	8	\$5262

▶ 63 (v4) May 1, 2014

Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

PREGNANT WOMEN AND CHILDREN UNDER AGE 1

ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$2001	5	\$4559
2	\$2698	6	\$5483
3	\$3394	7	\$6179
4	\$4090	8	\$6875

▶ 64 (v4) May 1, 2014

Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

INCOME STANDARDS FOR PARENTS OR CARETAKERS OF CHILDREN UNDER AGE 19 <small>(this number does not adjust annually)</small>			
ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$148	5	\$420
2	\$253	6	\$467
3	\$316	7	\$515
4	\$371	8	\$559

▶ 65

(v4) May 1, 2014

Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

ELIGIBLE, QUALIFIED NON-CITIZENS <small>(applicant statement is accepted)</small>	
NON-CITIZENS MUST MEET: ONE CRITERIA FROM SECTION A AND ONE CRITERIA FROM SECTION B OR ONE CRITERIA FROM SECTION C	
A. ELIGIBLE	B. QUALIFIED
<ul style="list-style-type: none"> • Lawful permanent resident • Paroled 212(d)(5) of INA • Granted conditional entry • Battered Non-citizen 	<ul style="list-style-type: none"> • Resided in the US with a qualified status for five years • Non-citizens with a U.S. Military Connection: <ul style="list-style-type: none"> ◦ Honorably discharged veteran with at least 2 years of active duty service ◦ Military personnel on active duty (not active for training only) ◦ Spouse, or dependent child of a veteran or active duty military • Non-married surviving spouse of a veteran

▶ 66

(v4) May 1, 2014

Determining Presumptive Eligibility Determining MAGI PE-1 Worksheet

C. ELIGIBLE AND QUALIFIED
<ul style="list-style-type: none"> • Refugee (207 INA) • Asylee (208 INA) • Amerasian • Trafficking Victim • Cuban/Haitian Non-citizen • Deportation withheld 243(h) of (INA) or 241(b)(3) <p>American Indian born in Canada, if s/he is at least 1/2 American Indian blood</p>

▶ 67

(v4) May 1, 2014

Determining Presumptive Eligibility Calculating MAGI - Examples

▶ Let's look at completing the PE-1 Worksheet including how MAGI is calculated. We will work with the same households we looked at earlier in the training.

- ▶ Lela
- ▶ Nadia
- ▶ Gayle
- ▶ Faith
- ▶ Gena



▶ 68

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Determining Presumptive Eligibility Calculating MAGI - Examples

Household:
Lela – mother, age 39
David – father, age 41
Ashley – Lela's daughter, age 12
Eric – Lela and David's son, age 7

Lela is applying for PE for Ashley. We determined Ashley's household is Ashley, Lela, David, and Eric.

Ashley is a resident of Missouri and has not received PE in the past 12 months.

Lela and David claim both Ashley and Eric as a tax dependents for this year's federal tax filing.

Household income:

Lela earns \$1,000.00 monthly
David earns \$500.00 weekly
Ashley receives child support - \$150.00 monthly



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Determining Presumptive Eligibility Calculating MAGI - Examples

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION PRESUMPTIVE ELIGIBILITY DETERMINATION		
DATE OF BIRTH/PE Ashley Taylor	DATE OF BIRTH 03/14/2002	DOB 00147896
QUALIFIED ENTITY USE ONLY		
A. HAS THE INDIVIDUAL(S) RECEIVED PRESUMPTIVE ELIGIBILITY FOR CHILDREN OR PARENT/CARE TAKERS WITHIN THE LAST TWELVE (12) MONTHS OR IF PREGNANT DURING THE CURRENT PREGNANCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. SKIP TO SECTION F.		
B. IS THE INDIVIDUAL(S) A RESIDENT(S) OF THE STATE OF MISSOURI? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (check Applicable State(s))		
IF NO TO B, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. SKIP TO SECTION E.		

- Ashley has not received PE in the last 12 months
- Ashley is a resident of Missouri
- Ashley qualifies for PE at this point
- Let's look at her income eligibility



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Determining Presumptive Eligibility Calculating MAGI - Examples

C. INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)	
1. COMPUTE gross monthly household income if paid weekly, multiply by 4.333 if paid bi-weekly, multiply by 2.166 if paid monthly, multiply by 2	
2. Total monthly earned income (Example: Wages before deductions, etc.)	\$3166.50
3. Net Monthly self-employment income	\$
4. Total monthly unearned income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Divorce, Alimony and Criminal Justice Payments)	\$
5. SUBTRACT monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	\$
6. TOTAL MONTHLY INCOME (Add 2, 3 and 4, then subtract 5 for total)	\$3166.50
7. STANDARD income limit for number of members in the tax filing household (See back for standards chart)	\$2982.00

- Lela earns \$1,000.00 monthly
- David earns \$500.00 weekly x 4.333 = \$2166.50
- Ashley receives child support which is excluded
- No tax deductions claimed
- Total monthly income is \$3166.50 (\$1,000.00+\$2166.50)
- Maximum income for 4 person household is \$2982.00
- Ashley does not meet the income guidelines
- Add 5% (149.10) to the maximum income \$2982.00 + \$149.10= \$3131.00 – Ashley continues to be ineligible



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Determining Presumptive Eligibility Calculating MAGI - Examples

D. Is the STANDARD more than TOTAL MONTHLY INCOME? (is line 6 greater than line 7?) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF YES, INDIVIDUAL(S) ARE ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.			
E. <input type="checkbox"/> ELIGIBLE			
<input checked="" type="checkbox"/> INELIGIBLE Reason ineligible: <input type="checkbox"/> Not a Missouri Resident <input type="checkbox"/> Active MO HealthNet			
<input checked="" type="checkbox"/> Excess income <input type="checkbox"/> Received TEMP during current pregnancy			
PE NAME	PE NUMBER	SIGNATURE	DATE
Missouri Clinic	45622100	Melanie Clark	Today
APPLICANT		SIGNATURE	DATE
Ashley Taylor		Ashley Taylor	Today

- Ashley's household income is in excess of the maximum
- Ashley is not eligible for PE
- Ineligibility is notated at the bottom of the PE-1 Worksheet
- The PE-1 Worksheet is signed by the QE and Applicant



▶ 72

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Determining Presumptive Eligibility Calculating MAGI - Examples

Household:
 Nadia – applicant, age 17, pregnant, full time student and works part time.
 Megan – Nadia's mother, age 41
 Lester – Nadia's father, age 42
 Tonya – Nadia's sister, age 14

Nadia is applying for PE for herself. We determined Nadia's PE household is: Nadia, Megan, Lester, Tonya and unborn child.

Megan and Lester claim Nadia and Tonya as tax dependents for federal tax filing.



Nadia is a resident of Missouri and has not received PE during this pregnancy.

Household income:
 Nadia earns \$281 monthly
 Megan earns \$1800 monthly
 Lester earns \$2600 monthly

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Determining Presumptive Eligibility Calculating MAGI - Examples

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION PRESUMPTIVE ELIGIBILITY DETERMINATION		
NAME OF APPLICANT Nadia Wheeler	DOB/PIN# 06/18/1996	DOB 00487896
QUALIFIED ENTITY USE ONLY		
A. HAS THE INDIVIDUAL(S) RECEIVED PRESUMPTIVE ELIGIBILITY FOR CHILDREN OR PARENTS/CARETAKERS WITHIN THE LAST TWELVE (12) MONTHS OR IF PREGNANT DURING THE CURRENT PREGNANCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. SKIP TO SECTION F.		
B. IS THE INDIVIDUAL(S) A RESIDENT(S) OF THE STATE OF MISSOURI? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Attach Affidavit Statement)		
IF NO TO B, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. SKIP TO SECTION E.		



- Nadia has not received PE during this pregnancy
- Nadia is a resident of Missouri
- Nadia qualifies for PE at this point
- Let's look at her income eligibility

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Determining Presumptive Eligibility Calculating MAGI - Examples

C. INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)	
1. COMPUTE gross monthly household income	
# paid weekly, multiply by 4.333	
# paid bi-weekly, multiply by 2.166	
# paid twice monthly, multiply by 2	
2. Total monthly earned income (Example: Wages before deductions, etc.)	\$4400.00
3. Net Monthly self-employment income	\$
4. Total monthly unearned income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or pension, Veterans and Veterans benefits)	\$
5. SUBTRACT monthly deductions (Example: Attorney paid, education interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	\$
6. TOTAL MONTHLY INCOME (Add 2, 3 and 4, then subtract 5 for total)	\$4400.00
7. STANDARD income limit for number of members in the tax filing household (See back for standards chart)	\$4559.00



- Megan earns \$1,800.00 monthly
- Lester earns \$2600.00 monthly
- Nadia earns \$281.00 monthly
- No tax deductions claimed
- Total monthly income is \$4400.00 (\$1800+\$2600=\$4400.00)
- Nadia's income is excluded as she is not required to file taxes
- Maximum income for 5 person MPW household is \$4559.00
- Nadia is eligible for PE coverage

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Determining Presumptive Eligibility Calculating MAGI - Examples

D. Is the STANDARD more than TOTAL MONTHLY INCOME? (Is line 6 greater than line 7?) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, INDIVIDUAL(S) ARE ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.			
E. <input checked="" type="checkbox"/> ELIGIBLE			
<input type="checkbox"/> INELIGIBLE Reason ineligible: <input type="checkbox"/> Not a Missouri Resident <input type="checkbox"/> Active MO HealthNet			
<input type="checkbox"/> Excess income <input type="checkbox"/> Received TEMP during current pregnancy			
QF Name Missouri Clinic	QF Number 45632100	Signature Marianne Clinic	Date Today
Applicant Name Nadia Wheeler	Signature Nadia Wheeler	Date Today	Form 00000000000000000000



- Nadia is eligible for PE
- The PE-1 Worksheet is signed by the QE and Applicant
- PE-2 and QP-2 are completed for Nadia's eligibility

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Determining Presumptive Eligibility Determining Eligibility - Exercise

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
MO HEALTHNET PRESUMPTIVE ELIGIBILITY AUTHORIZATION

MO HealthNet Member: **Nada Wheeler**

Dear Nada Wheeler:

The following individual(s) are presumptively eligible for MO HealthNet coverage based upon information provided. Their coverage will continue until a decision is made on eligibility for ongoing MO HealthNet benefits. MO HealthNet coverage is not for covered medical services only when the medical provider covers records, MO HealthNet will not be responsible for the services.

The MO HealthNet application you completed has been forwarded to the local Family Support Division for evaluation. You will receive a decision for each individual's eligibility for ongoing coverage.

You will receive a MO HealthNet card approximately five days after your application is approved for each eligible individual. While you wait for the MO HealthNet card, you may continue to use your health plan or other medical service provider. If you have questions about MO HealthNet, please call our toll-free number at 1-800-392-2161.

If you have questions regarding continuing MO HealthNet eligibility, please contact the call center's toll-free number at 1-855-377-4636.

QUALIFIED ENTITY	DATE	TODAY'S DATE
Hospital A		
INDIVIDUAL'S NAME	MO HEALTHNET NUMBER	MO HEALTHNET DATE OF BIRTH
Nada Wheeler	00487947	Today's date

MO HealthNet Provider: If more than 30 days have lapsed since coverage, call the MO HealthNet Participant Services toll-free number at 1-855-377-4636.



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Determining Presumptive Eligibility Determining Eligibility - Exercise

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
TEMPORARY MO HEALTHNET DURING PREGNANCY I.D. NO. P 0560000

MEMBER NAME (LAST, FIRST, MIDDLE): **Nada Walker**

TEMPORARY MO HEALTHNET I.D. CARD

LAND INDEBT DATES: FROM **Today** THROUGH **Last of month, next month** DATE OF BIRTH: **06/18/1996**

RESTRICTED SERVICES

FOR MONTHS OF: **XXXXXX**

FOR MONTHS OF: **XXXXXX**

QUALIFIED PROVIDER NAME: **Hospital A**

AUTHORIZED BY: **Cindy Giles**



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Determining Presumptive Eligibility Calculating MAGI - Examples

Household:
Gayle – applicant, age 27
Tyler – Gayle's son, age 5

Gayle is applying for PE for herself. We determined Gayle's PE household is Gayle and Tyler.

Gayle is a resident of Missouri and has not received PE in the past 12 months.

Gayle is not planning to file federal taxes for this year.



Household income:
Tyler receives \$750 monthly child support

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Determining Presumptive Eligibility Calculating MAGI - Examples

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
PRESUMPTIVE ELIGIBILITY DETERMINATION

MEMBER NAME: **Gayle Walker** BIRTHDATE: **02/02/1987** ID: **00199874**

QUALIFIED ENTITY USE ONLY

A. HAS THE INDIVIDUAL(S) RECEIVED PRESUMPTIVE ELIGIBILITY FOR CHILDREN OR PARENTS/CARETAKERS WITHIN THE LAST TWELVE (12) MONTHS OR IF PREGNANT DURING THE CURRENT PREGNANCY? YES NO

IF YES, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. SKIP TO SECTION F.

B. IS THE INDIVIDUAL(S) A RESIDENT(S) OF THE STATE OF MISSOURY? YES NO (Unadopt Applicant)

IF NO TO B, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. SKIP TO SECTION F.



- Gayle has not received PE in the past 12 months
- Gayle is a resident of Missouri
- Gayle qualifies for PE at this point
- Only hospitals may determine PE eligibility for parents/caretakers
- Let's look at her income eligibility

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Determining Presumptive Eligibility Calculating MAGI - Examples

C. INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)

1. COMPUTE gross monthly household income If paid weekly, multiply by 4.333 If paid bi-weekly, multiply by 2.166 If paid twice monthly, multiply by 2	
2. Total monthly earned income (Example: Wages before deductions, etc.)	\$0.00
3. Net monthly self employment income	\$
4. Total monthly unearned income (Example: Social Security, Unemployment Compensation, etc. Do not report SSI, Child Support or Alimony, Native and American Indian payments)	\$
5. SUBTRACT monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to increase adjusted gross income)	\$
6. TOTAL MONTHLY INCOME (Add 2, 3, and 4, then subtract 5 for total)	\$00.00
7. STANDARD income (limit for number of members in the tax filing household) (See back for standard chart)	\$241.00



- Tyler's child support income is excluded
- Gayle is eligible for PE based on income

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Determining Presumptive Eligibility Calculating MAGI - Examples

E. <input checked="" type="checkbox"/> ELIGIBLE			
<input type="checkbox"/> INELIGIBLE Reason ineligible: <input type="checkbox"/> Not a Missouri Resident <input type="checkbox"/> Active MO HealthNet			
<input type="checkbox"/> Excess income <input type="checkbox"/> Received TEMP during current pregnancy			
Applicant Name Hospital A	MO Number 45632100	Signature Hospital A	DATE Today
Applicant Name Gayle Walker		Signature Gayle Walker	DATE Today



- The PE-1 Worksheet is signed by the QE and Applicant
- PE-2 is completed for Gayle's eligibility

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Determining Presumptive Eligibility Determining Eligibility - Exercise

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
MO HEALTHNET PRESUMPTIVE ELIGIBILITY AUTHORIZATION

Applicant Name: _____ Address: _____
Phone Number: _____ Address: _____

Dear Gayle Walker:

The following individual(s) are presumptively eligible for MO HealthNet coverage based upon review of completion provided. This coverage will not be used as a source of income or eligible for pregnancy MO HealthNet benefits. MO HealthNet coverage can pay for covered medical services only when the medical provider you use accepts HealthNet participation as one of their contracts.

The MO HealthNet application you completed has been forwarded to the local Family Support Division for evaluation. You will be notified of the decision for each individual if eligible for coverage.

You will receive a written MO HealthNet approval letter approximately two days after your application is approved for each eligible individual listed below. Until you receive the written approval letter, you should not pay for your child's MO HealthNet medical services. If you have questions about the HealthNet application, please call the MO HealthNet Participant Services Unit toll free number at 1-800-902-0765.

If you have questions pertaining to continuing MO HealthNet eligibility, please contact the call center toll free number at 417-733-4636.

Applicant Name	MO Number	Signature	DATE
Hospital A			Today's date
Gayle Walker	00188714		Today's date

MO HealthNet ID# _____ Expires 90 days from beginning date of coverage, see the MO HealthNet Participant Services Unit website for more information on rules.



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Determining Presumptive Eligibility Calculating MAGI - Examples

- Household:
 Faith – applicant, age 27 pregnant
 Randy – Faith's boyfriend and unborn child's father, age 29
 Hannah – Faith's daughter, age 3

Faith is applying for PE for herself.

The PE household for Faith's determination is Faith, Hannah, and unborn child.

Faith is a resident of Missouri and has not received PE for the current pregnancy.

Faith is filing federal taxes this year and claims Hannah as her tax dependent.



- Household income:
 Faith - \$450.00 weekly income
 Randy - \$900.00 every two weeks
 Hannah - \$350.00 monthly child support

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Determining Presumptive Eligibility Calculating MAGI - Examples

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION PRESUMPTIVE ELIGIBILITY DETERMINATION		
NAME OF APPLICANT: Faith Dalton	DOB: 03/10/1987	ID: 00457899
QUALIFIED ENTITY USE ONLY A. HAS THE INDIVIDUAL(S) RECEIVED PRESUMPTIVE ELIGIBILITY FOR CHILDREN OR PARENTS/CARETAKERS WITHIN THE LAST TWELVE (12) MONTHS OR IF PREGNANT DURING THE CURRENT PREGNANCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION F. B. IS THE INDIVIDUAL(S) A RESIDENT(S) OF THE STATE OF MISSOURI? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Attach Applicant Statement). IF NO TO B, INDIVIDUAL(S) ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION E.		



- *Faith has not received PE during this current pregnancy
- *Faith is a resident of Missouri
- *Faith qualifies for PE at this point
- *Let's look at her income eligibility

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Determining Presumptive Eligibility Calculating MAGI - Examples

C. INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings)	
1. COMPUTE gross monthly household income	
If paid weekly, multiply by 4.333 If paid bi-weekly, multiply by 2.166 If paid twice monthly, multiply by 2	
2. Total monthly earned income (Example: wages before deductions, etc.)	\$1949.85
3. Net Monthly self-employment income	\$
4. Total monthly unearned income (Example: Social Security, Unemployment Compensation, etc. Do not count IRS Child Support or Alimony (Taxes and credit shelter payments))	\$
5. SUBTRACT monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to reduce a taxpayer's income)	\$
6. TOTAL MONTHLY INCOME (Add 2, 3, 4, 5 then subtract 6 for total)	\$60.00
7. STANDARD Income limit for number of members in the tax filing household (See back for standard chart)	\$3233.00



- *Household monthly income is \$1949.85 ($\$450 \times 4.333 = \1949.85)
- *Hannah's child support income is excluded
- *Randy is not part of the PE household and therefore, his income is excluded.
- *Maximum income limit for 3 persons (Faith, Hannah and unborn child) for PE for Pregnant Women is \$3233.00

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Determining Presumptive Eligibility Calculating MAGI - Examples

D. Is the STANDARD more than TOTAL MONTHLY INCOME? (Is line 6 greater than line 7?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, INDIVIDUAL(S) ARE ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.		
E. ELIGIBLE		
<input type="checkbox"/> INELIGIBLE Reason ineligible: <input type="checkbox"/> Not a Missouri Resident <input type="checkbox"/> Active MO HealthNet <input type="checkbox"/> Excess income <input type="checkbox"/> Received TEMP during current pregnancy		
OR NAME HOSPITAL A	PHONE 42632100	DATE Signed: A Today
APPLICANT NAME Faith Dalton	SIGNATURE Faith Dalton	DATE Today



- *The PE-1 Worksheet is signed by the QE and Applicant
- *PE-2 and the QP-2 is completed for Faith's eligibility

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Determining Presumptive Eligibility Determining Eligibility - Exercise

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION MO HEALTHNET PRESUMPTIVE ELIGIBILITY AUTHORIZATION		
NAME OF APPLICANT: Faith Dalton	DOB: 03/10/1987	ID: 00457899
Dear Faith Dalton: Our Family Support Division will process the rights for MO HealthNet coverage based upon income information provided. Your coverage will continue until a decision is made on eligibility for ongoing MO HealthNet benefits. MO HealthNet coverage will not be provided until you receive a decision from the medical provider you use to receive MO HealthNet services for your child(ren). The MO HealthNet application you completed has been forwarded to the local Family Support Division for evaluation. You will be notified of the decision for each individual's eligibility for ongoing coverage. You will receive a written MO HealthNet card appropriate for the date when your application is approved for each eligible individual listed below. Until you receive the written card(s), use this number when you go to your doctor, dentist or other medical service provider. If you have questions about MO HealthNet coverage or benefits, get 1-800-362-2181. If you have any questions regarding continuing MO HealthNet eligibility, please contact the call center toll free number at 1-800-362-2181.		
QUALIFIED ENTITY HOSPITAL A	PHONE 00457899	DATE Today's date
APPLICANT NAME Faith Dalton	SIGNATURE Faith Dalton	DATE Today's date




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Determining Presumptive Eligibility Determining Eligibility

- ▶ **We have:**
 - ▶ Reviewed the PE-ISSL
 - ▶ Determined household composition
 - ▶ Determined household income
 - ▶ Reviewed and completed the PE-I Worksheet
 - ▶ Reviewed the approval notice PE-2 MO HealthNet Presumptive Eligibility Authorization





- ▶ **It's time for you complete the process of determining eligibility for PE.**

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Determining Presumptive Eligibility Determining Eligibility - Exercise


- ▶ **Case Scenarios for practice**
 - ▶ Paulette Allen
 - ▶ Mary Latner
 - ▶ George Andrews
 - ▶ Joan Calvert
 - ▶ Amy Wright




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Determining Presumptive Eligibility Determining Eligibility


- ▶ **You have had a chance to determine PE eligibility on your own, what happens after eligibility is determined?**
 - ▶ If individual meets all requirements:
 - ▶ Provide the individual/family a completed Presumptive Eligibility Authorization (PE-2).
 - ▶ The PE-2 is used to obtain covered medical services for the identified individual(s) from an enrolled MO HealthNet fee-for-service provider.
 - ▶ Notify the individual/family's PE coverage period
 - ▶ Assist the individual/parent/caretaker in completing the IM-ISSL and advise him/her that the application is sent to the local FSD office for a formal determination of on-going eligibility for MO HealthNet coverage.
 - ▶ If eligible for on-going coverage, a white, plastic "MO HealthNet" card is sent to individual(s).




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Determining Presumptive Eligibility Determining Eligibility

- ▶ **What happens after eligibility is determined?**
 - ▶ If individual does not meet all requirements:
 - ▶ Provide the individual/family a copy of the PE-I Worksheet, including the reason the individual(s) is ineligible for presumptive MO HealthNet.
 - ▶ Assist the individual/parent/caretaker in completing the IM-ISSL and advise him/her that the application is sent to the local FSD office for a formal determination of on-going eligibility for MO HealthNet coverage.
- ▶ **Next Step – submit application for PE individual(s)**



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Submit Applications for PE Individual(s)

- ▶ **Once a determination has been made:**
 - ▶ If eligible
 - ▶ Send the following forms to local FSD office within 5 working days of the PE determination
 - Presumptive Eligibility Application form (PE-ISSL) – For identification purposes, note on the application form the name of the Qualified Entity submitting the form.
 - Copy of Presumptive Eligibility Determination (PE-I Worksheet)
 - Copy of the MO HealthNet Presumptive Eligibility Authorization form (PE-2)
 - MO HealthNet Application form (IM-ISSL)
 - Maintain copies of all forms used in determination process
 - ▶ If ineligible
 - ▶ Send the IM-ISSL and PE-I Worksheet to the same or next day so it is received by FSD within five (5) working days of the determination
 - ▶ Maintain copies of all forms used in determination process



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Submit Applications for PE Individual(s) Performance Standards

- ▶ **We discussed earlier in this training QE expectations and performance standards**
 - ▶ 98% or more correctness of checking existing MO HealthNet coverage
 - ▶ 98% or more correctness of receipt of PE within past 12 months and current pregnancy for TEMP
 - ▶ 95% or more accurate PE determinations
 - ▶ 90% or more IM-ISSL applications received by end of PE period
 - ▶ 95% or more ongoing MO HealthNet applications are approved
- ▶ **What happens if performance standard not met?**



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Submit Applications for PE Individual(s) Performance Standards

- ▶ **If performance standards are not met**
 - ▶ QE receives notification from the Division
 - ▶ QE submits a corrective action plan (CAP) for review by Division
 - ▶ Upon approval of CAP, QE must implement and satisfactorily complete the CAP within time frames
 - ▶ If QE does not submit a CAP accepted by Division or again fails to meet performance standard, QE may be disqualified as a PE qualified entity for the period of 1 year
 - ▶ If QE is disqualified, QE receives notice 30 days prior to disqualification
 - ▶ QE has 10 calendar days to submit a request for reconsideration to the department director
 - ▶ Reconsideration is within the discretion of the department director



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PE Determination Checklist

- 1. Verify applicant is not currently enrolled in MO HealthNet by checking eMOMED
- 2. Verify through eMOMED that applicant has not received PE in previous year or during current pregnancy
- 3. Identify the coverage group (pregnant women, child under 19, parents/caretaker relative, former foster care children) the applicant may be PE for
- 4. Determine MAGI household
- 5. Calculate the applicant's household income
- 6. Provide applicant with written notice of eligibility
- 7. Explain PE benefits and coverage span for those eligible
- 8. Assist applicant with completing and submitting the full MO HealthNet application
- 9. Send appropriate forms to local office within five days




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Review/Conclusion


In this training, the following was covered:

- ▶ Overview of the Presumptive Eligibility Program
- ▶ How Qualified Entities can participate in PE
- ▶ Who is Eligible to Enroll in MO HealthNet through PE?
What are the Benefits
- ▶ Determining Eligibility
 - ▶ Terms and Definitions
 - ▶ Eligibility Requirements
 - ▶ Household Composition
 - ▶ Income Determination
- ▶ Submitting applications for PE individual(s)



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Questions/Comments

What questions/comments do you have?



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Application for Presumptive Eligibility

Use this form to find out if you qualify for presumptive eligibility for MO HealthNet at a qualified hospital or clinic. Presumptive Eligibility offers you and your family immediate access to health care while you apply and wait to learn if you qualify for regular MO HealthNet coverage.

To find out if you qualify for regular MO HealthNet, you must complete the Single Streamlined application (IM-1SSL):

- Online at mydss.mo.gov;
- By telephone at **1-855-373-9994**; or
- Mail, fax, or drop off a completed IM-1SSL at any Family Support Division Office.

If you need help:

- Ask your healthcare provider to assist you;
- Call our Contact Center at **1-855-373-9994**.
- TDD Voice Access: 1-800-735-2466
- **En Español:** Llame a nuestro centro de ayuda gratis al **1-855-373-9994**.

You can qualify for presumptive eligibility for MO HealthNet if you meet all of these rules:

- Your income is below the monthly limit;
- You do not already have MO HealthNet, except for Uninsured Women's Health Services or Extended Women's Health Services;
- You have not had presumptive eligibility for MO HealthNet in the past 12 months. **Or**, if you are pregnant, you have not had Temporary (TEMP) MO HealthNet during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility for MO HealthNet:
 - Children under age 19;
 - Parents and caretaker relatives of children under age 19;
 - Pregnant women;
 - People under age 26 who were in foster care at age 18;
 - Women in treatment for breast and cervical cancer.

Who can qualify for presumptive eligibility for MO HealthNet?

Provider Name: _____ Provider Number: _____ Phone number: _____

1

Tell us about yourself

We ask for this information so we can contact you about this application.

Name (first, middle, last)

Home address (leave blank if you don't have one)

City State ZIP code County

Mailing address (if different from home address)

Phone number (if you have one) Email address (if you have one)

2

Tell us about your family

List yourself and the members of your immediate family who live with you. Include your spouse and your children under 19 if they live with you. Do not list other relatives or friends even if they live with you.

Name (first, middle, last)	Date of birth (XX/XX/ XXXX)	Relationship to you	Applying for presumptive eligibility for MO HealthNet? (Yes or No)	Already has MO HealthNet? (Yes or No)	Resident of Missouri? (Yes or No)	Race (optional)	Social Security Number (optional)
(Same as above)		(Self)					

Questions? Ask your hospital representative or call us at **1-855-373-9994**. The call is free.
TDD Voice: 1-800-735-2466. You can call Monday through Friday 8 a.m.- 5 p.m.

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Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.

Is anyone pregnant? Yes No If yes, who? _____

How many babies does she expect? _____ What is the pregnancy start date? _____ What is the estimated due date? _____

Is everyone who is applying for MO HealthNet Presumptive Eligibility a U.S. citizen? (If applicant is pregnant, no response is required for this question.) Yes No

If no, list the following information for applicants who are not U.S. Citizens: Name, Immigration status, and date of entry: _____

Is anyone who is applying for MO HealthNet Presumptive Eligibility a parent, or caretaker relative? Yes No
For example, a grandparent who is the main person taking care of a child.

If yes, who? _____

Was anyone who is applying for MO HealthNet Presumptive Eligibility in foster care 30 days prior to their 18 birthday? Yes No

If yes, who? _____

Is anyone who is applying for MO HealthNet presumptive eligibility being treated for breast or cervical cancer? Yes No

If yes, who? _____

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Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

▼ Job income For example, wages, salaries, and self-employment income.

Amount \$ _____ How often? (check one) Weekly Biweekly Monthly Yearly

▼ Other income For example, unemployment checks, alimony, or disability payments from the Social Security Administration ("SSDI"). Do **not** include Supplemental Security Income ("SSI payments") or any child support you receive.

Amount \$ _____ How often? (check one) Weekly Biweekly Monthly Yearly

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Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Your signature:

Date:

Questions? Ask your hospital representative or call us at **1-855-373-9994**. The call is free.
TDD Voice: 1-800-735-2466. You can call Monday through Friday 8 a.m. – 5 p.m.

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If you qualify for presumptive eligibility for MO HealthNet, what happens next?

- You will get a letter from the hospital or clinic saying you were approved.
- **You can start using your MO HealthNet Presumptive Eligibility coverage right away** for services such as doctor visits, hospital care, and prescription drugs. You can go to any health care provider who accepts MO HealthNet, starting the day you are approved.
 - Use the letter provided by the hospital or clinic until your MO HealthNet card arrives. The card should arrive within five business (5) days. If you lose the letter, call us at **1-855-373-9994** for a replacement.
 - If the letter says you qualify for presumptive eligibility for MO HealthNet because you are pregnant, you can get care at outpatient clinics or other places in the community. MO HealthNet Presumptive Eligibility will not cover the cost if you are admitted to a hospital.

If you do not fill out and send the MO HealthNet Single Streamlined application (IM-1SSL) to see if you qualify for regular MO HealthNet, your presumptive eligibility for MO HealthNet coverage will end on the last day of the month after the month you are approved.

→ For example, if you qualified for presumptive eligibility for MO HealthNet in January, it will end on the last day of February.

To see if you qualify for regular MO HealthNet, visit us online at mydss.mo.gov and submit an application, call 1-855-373-9994 to apply, or mail, fax, or drop off a completed IM-1SSL at any Family Support Division Office. The hospital representative can also give you an application.

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If you do not qualify for presumptive eligibility for MO HealthNet, what happens next?

- You will get a notice from the hospital or clinic saying you were not approved. You cannot appeal the hospital or clinic's decision. BUT, you can still apply for regular MO HealthNet coverage using the MO HealthNet Single Streamlined application (IM-1SSL):
 - Online at mydss.mo.gov;
 - By telephone at 1-855-373-9994; or
 - Mail, fax, or drop off a completed IM-1SSL at any Family Support Division Office.

Questions? Ask your hospital representative or call us at **1-855-373-9994**. The call is free.
TDD Voice: 1-800-735-2466. You can call Monday through Friday 8 a.m. – 5 p.m.