

# The Medicaid Hospital Based and Pregnancy Presumptive Eligibility (PE) Program

Nebraska Department of Health and Human Services  
Division of Medicaid and Long-Term Care

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# Contents

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- In this training, the following will be covered:
  - Overview of the Hospital Presumptive Program
  - Review/Changes of the existing Pregnant Women's Presumptive Eligibility program (For Current Providers)
  - Terms and Definitions
  - Eligibility Requirements
  - Filing an application
  - Household/Unit Size
  - Income
  - Process of completing a Presumptive Eligibility Determination.

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# Hospital Presumptive Overview

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- What is Hospital Based Presumptive Eligibility?
  - With the Medicaid regulations that took effect 1-1-2014, hospitals now have the option to participate in the Hospital Based Presumptive Eligibility Program. This program allows qualified hospitals to provide presumptive Medicaid eligibility to individuals based on preliminary declared information.
  - Individuals approved will be eligible for Medicaid services during a temporary presumptive time period.

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# Hospital Presumptive Overview

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- Frequency Limitations:
  - Presumptive eligibility determinations are limited to no more than one period within two calendar years per person.
  - A pregnant woman may be authorized for presumptive eligibility once per pregnancy. (A pregnant woman is eligible for ambulatory care only.)

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# Hospital Presumptive Overview

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- Qualified Entity Responsibilities:

- Notify the appropriate individual at the time a determination regarding presumptive eligibility is made, in writing or orally if appropriate, of such determination, that –
  - If a Medicaid application on behalf of the eligible individual is not filed by the last day of the following month, the individual's presumptive eligibility will end on that last day.
  - If a Medicaid application on behalf of the eligible individual is filed by the last day of the following month, the individual's presumptive eligibility will end on the day that a decision is made on the Medicaid application, and
  - If the individual is not determined presumptively eligible, the qualified entity shall notify the appropriate individual of the reason for the determination and that he or she may file an application for Medicaid with the Medicaid agency.

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# Hospital Presumptive Overview

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- Qualified Entity Responsibilities (cont.)
  - Provide the individual with an agency approved application for Nebraska Medicaid;
  - Within five working days after the date that the determination is made, notify the agency that the individual is presumptively eligible; and
  - Shall not delegate the authority to determine presumptive eligibility to another entity.

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# Hospital Presumptive Overview

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- Qualified Hospital Criteria:
  - Participate as a Medicaid Provider;
  - Notify the Department of Health and Human Services of its decision to make presumptive determinations;
  - Agree to make determinations consistent with federal and state policy and procedures;
  - Assist individuals in completing and submitting full applications;
  - Assist individuals in understanding required documentation requirements; and
  - Shall not be disqualified by the Department of Health and Human Services (DHHS).

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# Hospital Presumptive Overview

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- Performance Standard:
  - All Hospital Presumptive Eligibility determinations will be subject to review by DHHS Quality Assurance staff. The participating hospitals will be expected to maintain a level of accuracy consistent with the following performance standards:
    - **Hospitals** that determine presumptive eligibility for individuals will need to show those individuals following up with a valid Medicaid application at a rate of 95% or higher.
    - **Hospitals** that determine presumptive eligibility for individuals will need to maintain a correct determination accuracy rate of 95% or higher.
      - That is to say, of the individuals determined eligible under the presumptive eligibility program who file an application, 95% are approved for Medicaid.

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# Hospital Presumptive Overview

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- Performance Standard (cont.):
  - Hospitals not meeting this requirement will complete additional training in order to improve their accuracy. If the standards are not met after additional training, the hospital will be subject to disqualification from the presumptive eligibility program.

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# Pregnancy Presumptive Program

- What has stayed the same for the Pregnancy Presumptive Program?
  - Pregnant women will remain eligible for ambulatory prenatal care only (defined in Terms and Definitions).
  - The presumptive eligibility period has not changed.
  - Pregnant women are still allowed only one presumptive determination per pregnancy (this applies regardless of who made the determination, a hospital or pregnancy PE provider).
  - Client attestation of income and citizenship/non-citizen status is still used.
  - Pregnant women who are not lawfully present non-citizens remain ineligible for Medicaid and cannot be approved for presumptive eligibility.

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# Pregnancy Presumptive Program

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- What has changed for the Pregnancy Presumptive Program since 2014?
  - Verification of pregnancy is no longer required unless information is not reasonably compatible with the client's attestation.
  - The Presumptive Eligibility Form no longer serves as the client's Medicaid application. A full Medicaid application must be completed in addition to the form.
  - Presumptive determinations are made using new income calculation methods (explained in later slides).
  - A pregnant woman's household is now based on the family's tax filing status.

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# How to Become a Provider

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1. All PE providers must be qualified Medicaid providers.
2. The provider will notify DHHS of its decision to make presumptive determinations by emailing [DHHS.MedicaidPE@nebraska.gov](mailto:DHHS.MedicaidPE@nebraska.gov)
3. All staff members employed by the provider who intend to make PE determinations must successfully complete PE training and sign the Confirmation of Training form. All PE training materials must be in a DHHS approved format.
4. The provider must agree to make PE determinations consistent with Nebraska policy and procedure.
5. In order for a **hospital** to be accepted as a PE provider, the provider's CEO or executive director must acknowledge all staff members accepted as PE providers have successfully completed training by signing an Acknowledgement of Participation form.

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# Terms and Definitions

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- **Absent Parent:** A parent who is not in the home where his or her child is living.
- **Affordable Care Act (ACA):** The Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010, as amended by the Three Percent Withholding Repeal and Job Creation Act.
- **Ambulatory Prenatal Care:** services related to pregnancy excluding inpatient hospital services, nursing home services, labor and delivery services, and services furnished to deliver or remove an embryo/fetus from the mother or services following such a procedure.
- **A-Number:** Alien registration number. An alien registration number is assigned to a non-citizen when he or she enters the United States.
- **Applicant:** An individual who is seeking an eligibility determination for himself or herself through an application submission or a transfer from another agency or insurance affordability program.
- **Application:** The single streamlined application submitted by or on behalf of an individual via an agency approved format.

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# Terms and Definitions

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- **Application Date:** For new and reopened cases, the date a properly signed application is received. When adding a program to a properly signed application, this is the date that the new program is requested.
- **Application Signature:** Applications may be signed in writing, telephonic signature, or by electronic signature.
- **Application Submission:** Applications may be submitted in person, by mail, by telephone, by fax, or by electronic submission.
- **Approval/Rejection Date:** The date that the new or reopened case is determined eligible or rejected by the Nebraska Department of Health and Human Services.
- **Child Support:** Money that is:
  - Ordered by a court of competent jurisdiction on behalf of a minor child; or
  - Paid by the noncustodial parent without a court order.
- **Client:** An individual who has been determined eligible for and is currently receiving Medicaid.
- **Department:** The Nebraska Department of Health and Human Services.

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# Terms and Definitions

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- **Dependent Child:** A child from birth to age 17 or who is age 18 and a full-time student in secondary school (or equivalent vocational or technical training, if before attaining age 19 the child may be reasonably expected to complete such school or training).
- **Eligibility Determination:** An approval or denial of eligibility as well as a renewal or termination of eligibility.
- **Family Size Using Modified Adjusted Gross Income (MAGI) Methodology:** Means the number of persons counted as members of an individual's household. When determining the family size of individuals who have a pregnant woman in their household, the family size is counted as the pregnant woman plus the number of children she is expected to deliver.
- **Federal Poverty Level (FPL):** The federal poverty level updated periodically by the Federal Government as in effect for the applicable budget period used to determine an individual's eligibility.
- **Former Foster Care:** An individual, until their 26<sup>th</sup> birthday, who was in foster care in Nebraska and was receiving Medicaid when they either turned age 18 or aged out.
  - Former Foster Care includes individuals who, on or after January 1, 2023, were in foster care and receiving Medicaid in any state upon turning 18.

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# Terms and Definitions

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- **Home:** Any shelter which the individual owns and uses as a principal place of residence. The home includes any land on which the house is located and any related outbuildings necessary to the operation of the home.
- **Household Size Using MAGI Methodology:** The group of individuals that will be used to determine family size for a particular applicant and whose income may be counted toward the applicant's total household income for purposes of determining his or her eligibility for Medicaid and CHIP. See 477 NAC 14-001.
- **Household Income Using MAGI Methodology:** The sum of an individual's MAGI plus the MAGI of tax dependents in the family if required to file a tax return. See 477 NAC 15-001.
- **Lawfully Residing:** Qualified non-citizen pregnant women and children who are lawfully present in the United States and who are residents of the state in which they are applying under Nebraska's residency rules.
- **Legal Guardian:** An individual appointed by a court of competent jurisdiction to be in charge of the affairs of a person who cannot effectively manage his/her own affairs because of his/her age or incapacity.

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# Terms and Definitions

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- **Minor Parent:** An individual age 18 or younger, with a child.
- **Modified Adjusted Gross Income (MAGI):** The methodology used to determine financial eligibility.
- **Non-Applicant:** An individual who is not seeking an eligibility determination for himself or herself and is included in an applicant's or client's household to determine eligibility for such applicant or client.
- **Non-Filer:** Individuals who do not intend either to file taxes or to be claimed as a tax dependent.
- **Parent/Caretaker Relative:** A relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care, and who is one of the following:
  - The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
  - The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
  - Another relative of the child based on blood, adoption, or marriage recognized by the State of Nebraska, or an adult with whom the child is living and who has a court-ordered guardianship/conservatorship of the child.

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# Terms and Definitions

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- **Pregnant Woman:** A woman during pregnancy and the post-partum period.
- **Rejected Case:** A case in which an application was completed and signed, but the applicant did not meet the categorical, procedural, or financial requirements of the program.
- **Sponsor:** A sponsor is an individual who:
  - Is a citizen or national of the United States or a non-citizen who is lawfully admitted to the United States for permanent residence;
  - Is 18 years of age or older;
  - Lives in any of the 50 states or the District of Columbia; and
  - Is the person petitioning for the admission of the non-citizen under Section 204 of the Immigration and Nationality Act.
  - \*An organization is not considered a sponsor.
  - Pregnant women and children are not subject to sponsor income deeming.
- **Tax Dependent:** An individual for whom another individual claims a deduction for a personal exemption for a taxable year.
- **Tax Filer:** Individuals who intend to file a federal tax return for the coverage year and who do not intend to be claimed as a tax dependent by another taxpayer.
- **Unit:** Eligible individuals considered in determining Medicaid.

# Eligibility Requirements for Presumptive Eligibility Determinations

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- Qualified providers will make eligibility determinations for Presumptive Eligibility based on the following preliminary information as declared by the client:
  - The individual has gross income at or below the income standard established for the applicable group and household size;
  - The individual has attested to being a citizen or national of the United States or is in satisfactory non-citizen status; and
  - The individual is a resident of Nebraska.
- Physical verifications cannot be required to complete a presumptive eligibility determination.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Citizenship/Qualified Non-Citizen Status:
  - In order to be found presumptively eligible for Medicaid, an individual must declare to be one of the following:
    - A citizen or national of the United States.
    - A qualified non-citizen.
- The most common categories for qualified non-citizens include Lawful Permanent Residents and refugees. See the Citizenship and Eligible Non-Citizens Attachment for a complete listing.
- Pregnant women without legal non-citizen status may have their eligibility determined for the 599 CHIP program, however they **cannot** be approved for presumptive eligibility.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Nebraska Residency:
  - In order to be determined presumptively eligible for Medicaid, an individual must declare that they are a resident of Nebraska.
    - A resident is an individual living in the state voluntarily with the intent of making Nebraska his/her home.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Age

- In order to be determined presumptively eligible for Medicaid, an individual must declare that they meet the age requirements for their eligibility group:
  - Children: Birth until the child turns 19 years old.
  - Former Foster Care: Until the month of the individual's 26<sup>th</sup> birthday.
  - Heritage Health Adult: Age 19 through age 64.
  - The other eligibility groups do not have an age requirement.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Relative Responsibility:
  - A spouse is financially responsible for a spouse.
  - A parent (biological, adoptive, or step) is financially responsible for children ages 18 or younger and still considered part of the household.
    - If the child is living in the same household with parent, the parent's income must be included.
    - If the child is temporarily absent from the home (generally 90 days or less) but is still considered part of the household, the parent's income must be included.
    - If the child is permanently out of the home and no longer considered part of the household, the parent's income is not included.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Financial Responsibility:

- Unmarried Parents: When unmarried parents are living together as a family, attestation is accepted for paternity. The attested father is financially responsible for the child.
  - Paternity cannot be established for an unborn child.
- Children of a Marriage: A woman's spouse is considered the father of any children conceived or born during a marriage even if the couple is separated or has filed for divorce or annulment unless there is a court order that states otherwise.
- Military Service: If a parent is absent due to active duty in the uniformed services of the United States, that parent is still considered part of the assistance unit and his or her income is used.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Financial Responsibility (cont.):
  - Minor Parents:
    - If a minor parent has a legal guardian, according to Nebraska law, the guardian has no financial responsibility for the minor.
    - If a minor parent is living with his or her parent who is receiving Medicaid for another child, the minor parent must be in his or her parent's unit.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Income:

- In order to be determined presumptively eligible for Medicaid, an individual must declare monthly gross income at or below the income standard for their eligibility group and household size (See the attached Program Chart).
- This calculation is made using the income included when calculating MAGI-based income.
- Income will be covered in greater detail later in this training.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- **Eligibility Categories:** An Individual must fall into one of the following eligibility categories in order to be found presumptively eligible for Medicaid.
  - **Children:** Children from birth through the month of their 19<sup>th</sup> birthday may qualify for presumptive eligibility. Income must be below the income level for the child's age group (See attached program chart).
  - **Pregnant Women (194% of the FPL):** Declaration is accepted for pregnancy. Pregnant women are eligible for ambulatory care only while receiving presumptive Medicaid.
    - Pregnant minors could be eligible in either the child or pregnant woman category.
  - **Parent/Caretaker Relative (58% of the FPL):** In order to be eligible under this category, there must be a dependent child in the home.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Eligibility Categories (cont.):
  - **Former Foster Care:** This category applies to individuals who were in Foster Care in Nebraska and were receiving Medicaid when they either turned age 18 or aged out of Foster Care. Individuals eligible in another category should be approved in that category as opposed to Former Foster Care. There is no income limit in this category.
    - Effective January 1, 2023 the Former Foster Care category will include youth who were in Foster care and receiving Medicaid in any state upon turning 18 on or after January 1, 2023. Individuals may be eligible for but *not enrolled* in another Medicaid category to be eligible for Former Foster Care. There continues to be no income limit in this category.
      - Individuals who were in foster care in another state and turned 18 prior to January 1, 2023 will not be eligible for Former Foster Care, but could be reviewed in another category.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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## ▶ Eligibility Categories (cont.):

- **Heritage Health Adult (133% of the FPL):** Individuals not eligible in the above categories may be eligible in Heritage Health Adult (see next slide).
- **Breast and Cervical Cancer:** Breast and cervical cancer patients may be approved for presumptive eligibility as long as the hospital provider has been accepted by the Centers for Disease Control and Prevention as a participant for the National Breast and Cervical Cancer Early Detection Program and the individual meets all other applicable eligibility criteria.

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# Eligibility Requirements for Presumptive Eligibility Determinations

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- Heritage Health Adult Eligibility Requirements:
  - In order to be eligible under this program, an individual must:
    - Have income at or below 133% of the FPL,
    - Be age 19 or older and under age 65,
    - Not be pregnant,
    - Not be entitled to or enrolled in Medicare part A or B, and
    - Not be eligible for or enrolled in coverage in the child, pregnant woman, parents and caretaker relative, or former foster care groups.
  - Parents and caretaker relatives are not eligible unless all dependent children in the home are enrolled in Medicaid, CHIP, or other minimum essential coverage.

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# Filing an Application

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- One responsibility of all qualified providers is to assist the client with completing a full Medicaid application. This can be done in a variety of ways.
  - Online via [healthcare.gov](https://healthcare.gov) or at [ACCESSNebraska.ne.gov](https://ACCESSNebraska.ne.gov).
  - Via a paper single streamlined application (MILTC-53). This application is also available in a fillable PDF at [ACCESSNebraska.ne.gov](https://ACCESSNebraska.ne.gov). This can be printed and mailed or faxed to DHHS.
  - Over the phone by contacting your ACCESS Nebraska phone number (Find phone numbers on the attached program chart).
  - In person by completing an application at a local office or with a Social Services Worker.

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# Household and Unit Size

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- Household Size for a Tax Filer:
  - The first step in determining MAGI-based eligibility is to determine the household size for each individual. The method for counting individuals depends on whether the person is a tax filer, a non-tax filer, or a tax dependent.
  - A **Tax Filer** is the individual who files a tax return and is not expected to be claimed as a tax dependent.
  - When determining household size for MAGI-based eligibility, it is important to know who intends to file a tax return. This information is asked of each individual in the application.
  - Household size for a Tax Filer: The individual expected to file a tax return PLUS all persons whom the individual expects to claim as tax dependents.

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# Household and Unit Size

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- Tax Dependents

- A **Tax Dependent** is an individual for whom another individual claims a deduction for a personal exemption for a taxable year.
- For eligibility determination, a tax dependent is part of the household of the tax filer claiming the individual as a tax dependent, except when:
  - The individual expects to be claimed as a tax dependent of someone other than a spouse or parent (biological, adopted, or step).
  - The individual is under the age 19 and expects to be claimed by one parent as a tax dependent and is living with both parents, but the parents are not expected to file a joint return.
  - The individual is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
    - To be considered a non-custodial parent, a court order, binding separation, divorce or custody agreement establishing custody must exist.
    - In no such order exists, or in the event of a shared custody agreement the custodial parent is the parent with whom the child spends most nights.

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# Household and Unit Size

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- Tax Dependents (cont.)
  - If the tax payer cannot reasonably establish that another individual is a tax dependent of the taxpayer for the tax year in which Medicaid is sought, non-filer rules are applied.
  - For married couples living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

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# Household and Unit Size

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- Household Size of a Non-Tax-Filer:
  - A **Non-filer** is an individual who does not file an income tax return or is not claimed as a tax dependent.
  - A Non-Tax Filer's household would include the individual, and if living with the individual:
    - The individual's spouse,
    - The individual's children (natural, adopted, and step)
    - If the applicant is under age 19, the individual's parents and siblings under age 19 (natural, adopted, and step).

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# Household and Unit Size

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- Family Size Using MAGI Methodology:
  - Family size is the number of persons counted as members of an individual's household.
  - Household size must be determined for each Medicaid applicant according to specific counting rules (described below), and is not simply the number of people living together.
  - When determining the family size, a pregnant woman is counted as herself plus the number of children she is expected to deliver.

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# Household and Unit Size

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- Example:
  - Tara is a 35-year-old working mother who has two children, Monica (age 5) and Reynaldo (age 3). Tara is a tax filer and claims Monica as a dependent child. Reynaldo's father, who does not live in the home, claims Reynaldo. Tara is pregnant and is expecting twins.
    - Tara's household consists of herself, Monica, and the twins. Tara's household size is 4.
    - Monica's household is the same as Tara's household. Tara's household size is 4.
    - Reynaldo's household consists of himself, Monica, Tara, and the twins. Reynaldo's household size is 5.

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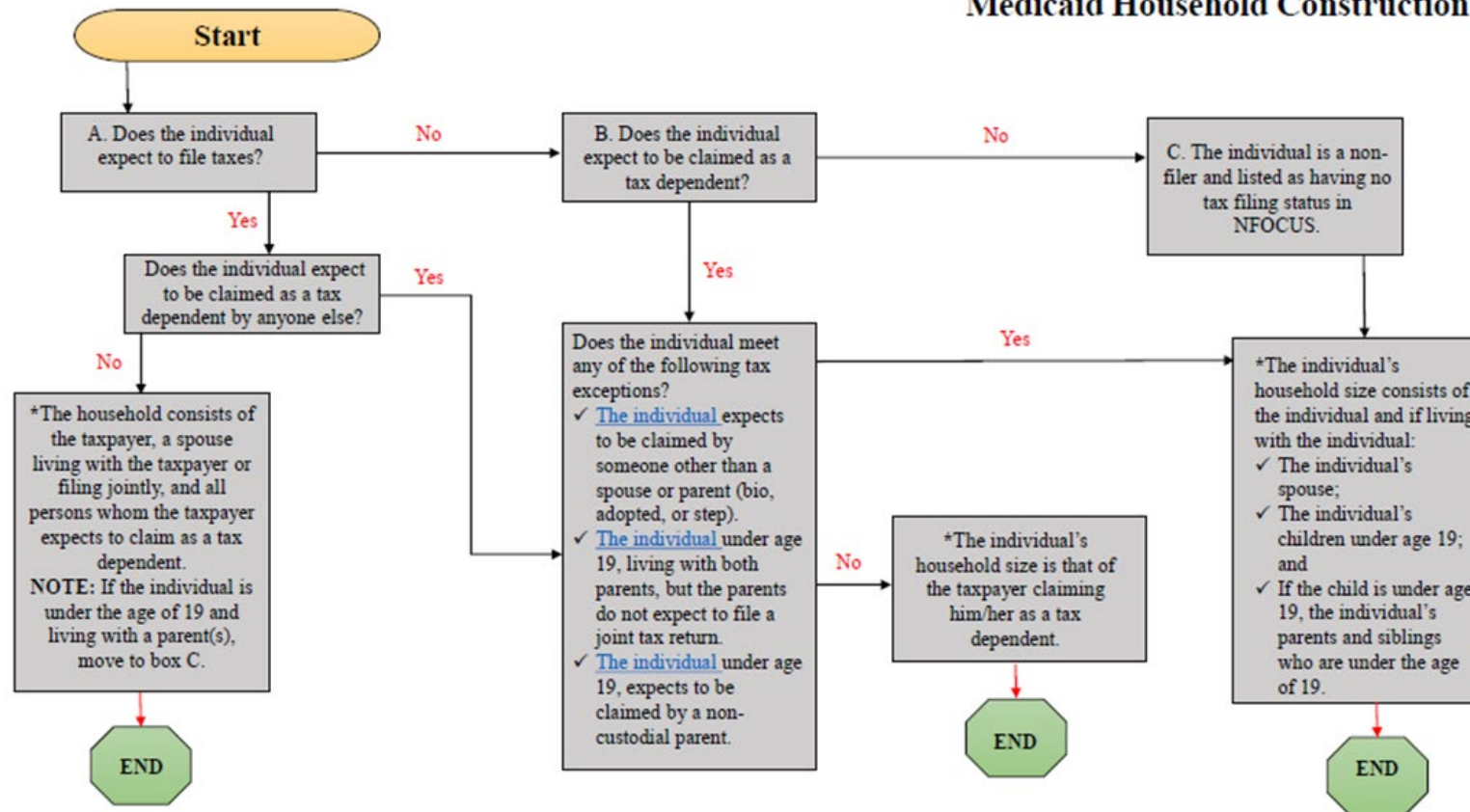
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# Household and Unit Size

This flow chart illustrates how a Medicaid household is constructed for each situation.

Medicaid Household Construction Chart



\*Note: A pregnant woman is counted as herself, plus the number of babies she is expected to deliver. Married couples who live together are ALWAYS included in each other's household regardless of filing status.

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# Modified Adjusted Gross Income (MAGI)

- MAGI income is the sum of MAGI-based income for each member of the individual's household with the following exceptions:
  - Income of an individual included in the household of his or her parent and not required to file a tax return is not included in household income (whether or not the individual files a tax return).
  - Income of a tax dependent, other than a spouse or child, who expects to be claimed as a tax dependent by another taxpayer included in the household and is not expected to file a tax return, is not included.
  - Cash support provided by a tax filer, to a claimed tax dependent other than a spouse or biological, adopted, or step child, is not included. For example, an aunt is a tax filer and her nephew is her dependent. She gives him \$100 a month for an allowance. This is excluded income for the nephew.

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# Modified Adjusted Gross Income (MAGI)

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- Some individuals choose to file an income tax return even if they are not required to do so.
  - For example, some high school students hold part-time jobs. They may not earn enough to meet the IRS's filing requirement, but they can still choose to file if they would like to receive a return of any withheld income tax they overpaid. When counting income for a MAGI-based budget, the student's income will be excluded unless their earnings require them to file a tax return.

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# Excluded Income for MAGI

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- The following income exclusions apply to MAGI households:
  - Income exclusions that are allowed under the Internal Revenue Code;
  - An amount received as a lump sum is counted only in the month received;
  - Scholarships, awards, or fellowship grants used for education, but not living expenses;
  - Child support;
  - Veterans benefits (this does not include military retirement);
  - Worker's Compensation;
  - Supplemental Security Income (SSI)
  - Temporary Assistance to Needy Families (TANF)
  - Gifts (contributions) and inheritance; and
  - Other excluded income. (Found at 477-000-007)

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# Types of Income

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- **Earned Income** is money received from wages, tips, salary, commissions, and profit from activities in which an individual is engaged as a self-employed person or employee.
  - Wages, tips, salary, and commissions are reported as gross amounts.
  - Self-employment is reported as net with operating expenses deducted from payments received.
- **Unearned Income** is any cash benefit that is not the direct result of labor or services performed by the individual as an employee or a self-employed person.
  - Some examples of unearned income include:
    - Unemployment Compensation
    - Interest
    - Gambling winnings

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# Income Deductions

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Deductions allowed by the IRS are allowed in MAGI-based budgeting, for example:

- Health savings accounts
  - Interest on education loans
  - Retirement savings
  - See 477-000-008 for more examples
- 
- Be sure to list the deduction types when completing the Presumptive Eligibility form with the client.

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# Income Calculation

Section 3			
Declaration of Income (Please note what deductions were used in the computation.)			
1.Total Monthly Gross Income	\$ _____	4.Total Countable Income	\$ _____
2.Total Net Self-Employment Income	\$ _____	5.Total Deductions	\$ _____
3.Total Monthly Unearned Income	\$ _____	6.Line 4 minus Line 5	\$ _____
*Compare line 6 to the FPL for the individual's Medicaid category and household size to determine eligibility.*			

1. Total Monthly Gross Income: This is all countable income for members of the tax household.
2. Total Net Self-Employment Income: Total receipts from self-employment minus business expenses.
3. Total Monthly Unearned Income: Any countable unearned income received for the month.
4. Total Countable Income: Sum of lines 1-3.
5. Total Deductions: Sum of any deductions applicable to the household.
6. Line 4 minus Line 5: This is the household's MAGI income. This number will be compared to the program chart using the household size and eligibility category to determine if the individual is presumptively eligible.

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# Presumptive Determination Step by Step

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1. Individual arrives for care at a qualified hospital or Pregnancy PE provider.
2. Provider verifies that the individual is not currently active in Nebraska Medicaid.
3. A Presumptive Eligibility Certified staff person completes sections 1-3 of the presumptive form with the individual and checks the NFOCUS eligibility inquiry to verify any previous PE determination.
4. The individual signs the presumptive form, attesting to the included citizenship, pregnancy, and income information.
5. Qualified staff person determines the household size for the individual.
6. Qualified staff person compares Line 6 of the calculation box with the FPL for the individual's Medicaid category and household size in order to determine if the individual is presumptively eligible for Medicaid (See attached program chart).

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# Presumptive Determination Step by Step

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7. If the individual is determined to be presumptively eligible, the qualified staff person completes section 4 of the form ONLY for persons determined to be presumptively eligible for Medicaid.
8. The qualified staff person submits the PE Form to DHHS via the email address [DHHS.MedicaidPE@nebraska.gov](mailto:DHHS.MedicaidPE@nebraska.gov) within 5 working days.
9. Provider will provide a Medicaid application to the individual and assist them in completing the application process in order to obtain a full eligibility determination.
10. If the individual is not determined to be presumptively eligible, the staff person will explain to the individual that they are not presumptively eligible and that they may follow up with a regular Medicaid application.

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# Next Step

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- You have completed the Presumptive Eligibility Training slide show.
- You must now complete the training quiz and print the completion certificate.

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# Training Attachments

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- A to Z Presumptive Determinations
- Citizenship and Eligible Non-Citizens
- Presumptive Medicaid Program Chart
- Household Construction Chart
- Presumptive Eligibility Training Quiz
- Presumptive Eligibility Determination Form

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# For assistance contact

## Presumptive Eligibility Mailbox

DHHS.MedicaidPE@Nebraska.gov



@NEDHHS



NebraskaDHHS



@NEDHHS

[dhhs.ne.gov](http://dhhs.ne.gov)

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