

The Medicaid Presumptive Eligibility (PE) Program

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

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PE coverage for pregnant patients

- Eligibility is based on information declared by the patient to the provider and no verification of the information is required.
 - Providers collect information on citizenship, Nebraska residency, income, household composition, etc.
 - The information is documented on the “Nebraska Presumptive Eligibility Determination Form (MS-91).”

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PE coverage for pregnant patients

- The form is then submitted to MLTC.
- PE coverage is available to pregnant patients who are citizens or who have eligible non-citizen status.
- The patient must also submit a standard application for Medicaid to MLTC.
 - Many providers choose to assist the patient with this at the same time the PE form is filled out.

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PE coverage for eligible non-citizens

- This information is available at: <https://dhhs.ne.gov/Documents/S1-Citizenship-and-Eligible-Non-Citizens.pdf>.
- PE coverage is not available for other non-citizens, for example, patients with DACA status. However, such patients can submit a standard application for Medicaid to MLTC.

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Duration of PE coverage

- Pregnant patients can be eligible for PE coverage once during each pregnancy.
- Duration of PE coverage:
 - If the patient files a Medicaid application, PE coverage will last until the Medicaid application is either approved or denied.
 - If the patient does not file a Medicaid application, PE coverage will end on the last day of the month following the month in which PE coverage was approved.
 - In order to become eligible for full Medicaid benefits, the pregnant woman must complete an application and be approved for Medicaid.

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PE coverage and ambulatory prenatal care

- PE coverage is available for ambulatory prenatal care only.
- The definition of ambulatory prenatal care, per 471 NAC 28-001 is:
 - 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.

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How to become a PE provider

1. All PE providers must be Medicaid providers.
2. All staff members employed by the provider who will 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.
3. To obtain PE training materials, refer to <https://dhhs.ne.gov/Pages/Medicaid-Provider-Presumptive-Eligibility.aspx>.
4. The provider must notify DHHS (MLTC) of its decision to make PE determinations by emailing DHHS.MedicaidPE@nebraska.gov.
5. The provider must agree to make PE determinations consistent with Nebraska policy and procedure.
6. Providers must assist patients with completing and submitting the standard application for Medicaid.

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PE determination process

1. The pregnant patient arrives for care to a provider who can make PE determinations.
2. The provider verifies that the patient is currently not receiving NE Medicaid.
3. A PE certified staff member completes sections 1 to 3 on the “Nebraska Presumptive Eligibility Determination Form (MS-91)” with the patient and checks the NE DHHS system called NFOCUS for any previous PE determinations.
4. Section 4 needs to be filled out only when the patient is determined to be eligible for PE.
5. The patient signs the MS-91 form, attesting to the information provided on it.

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PE determination process

6. The PE certified staff member submits the MS-91 form within 5 business days to DHHS (MLTC) by email: DHHS.MedicaidPE@nebraska.gov.
7. The provider makes available to the patient a standard Medicaid application and assists the patient with completing it. This applies to all patients whether they meet or don't meet the PE determination. This is important because the patient may still be eligible for full Medicaid benefits.

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Submitting a standard Medicaid application

- This can be done in a variety of ways.
 - Online at healthcare.gov or at iServe.nebraska.gov.
 - A paper or fillable PDF application called MLTC 53 that can be printed, mailed or faxed to DHHS (MLTC). This form is available at ACCESSNebraska.ne.gov
 - Over the phone with an ACCESS Nebraska customer service representative.
 - Omaha: 402-595-1178
 - Lincoln: 402-473-7000
 - Statewide: 1-855-632-7633
 - In-person at a local DHHS office or with a DHHS Social Services Worker.

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For assistance contact

Presumptive Eligibility Mailbox

DHHS.MedicaidPE@Nebraska.gov



@NEDHHS



NebraskaDHHS



@NEDHHS

dhhs.ne.gov

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