

# Presumptive Eligibility

## What is presumptive eligibility?

Presumptive eligibility (PE) determinations Fastrack the time it takes for pregnant individuals to get certain pregnancy-related Medicaid services and access the healthcare they need as early in pregnancy as possible.

## Which pregnant individuals qualify for presumptive Medicaid coverage?

A pregnant individual may qualify for presumptive Medicaid coverage if they meet the following requirements:

- Are a U.S. citizen, U.S. national, or an eligible non-citizen;
- Their income is [below the standard](#) for their group;
- They are not currently enrolled in Medicaid or the Children's Health Insurance Program (CHIP); and,
- They are currently pregnant.

## How is the presumptive Medicaid coverage determined?

PE is based on information provided by the pregnant individual to the PE provider and no verification of their information is required.

1. The provider confirms that the pregnant individual is not currently on Medicaid.
2. The provider completes the [MS-91](#) form with the pregnant individual.
  - During this time, sections one through three are filled out.
3. Information on citizenship, Nebraska residency, income, and household composition is noted on the form.
4. Once the PE provider determines that the pregnant individual is eligible for presumptive Medicaid coverage, section 4 is filled out.

5. The pregnant individual then signs the form to confirm that the information listed is correct.
6. The PE provider must submit the form within five business days to Nebraska Medicaid by emailing [DHHS.MedicaidPE@nebraska.gov](mailto:DHHS.MedicaidPE@nebraska.gov).
7. The pregnant individual must also complete an application for Medicaid coverage ([MLTC-53](#)). They can do so in the following ways:
  - Online: <https://iserve.nebraska.gov/>
  - Filling out a printed application and submitting it by:
    - i. Email: [DHHS.ANDICenter@nebraska.gov](mailto:DHHS.ANDICenter@nebraska.gov)
    - ii. Fax: (402) 742-2351
  - Over the phone by calling ACCESSNebraska at:
    - i. Omaha: (402) 595-1178
    - ii. Lincoln: (402) 473-7000
    - iii. Toll-Free: (855) 632-7633
    - iv. TDD: (402) 471-7256
  - In person: The pregnant individual can go to their local DHHS office and complete an application with a Social Service Worker.
8. Hospital providers are required to assist individuals in completing and submitting a Medicaid application ([477 NAC 19-008.08\(C\)](#)).

## Presumptive Medicaid Coverage Benefits

PE covers only ambulatory prenatal care that is provided in the outpatient setting.

PE does not cover:

- Inpatient hospital services related to pregnancy;
- Nursing home services;
- Labor and Delivery; and/or,
- The removal of an embryo/fetus from the mother, or services following such a procedure.

## Duration of Presumptive Medicaid Coverage

If the pregnant individual does not complete, and submit, an application ([MLTC-53](#)) for Nebraska Medicaid coverage, PE coverage will end on the last day of the month following the initial month in which PE coverage was first approved.

- *Example: If PE is approved on 3/22/24 and no application is received, PE coverage will end on the last day of April (4/30/24).*

**It is very important that the pregnant individual completes and submits an application for Medicaid so that they can access full Medicaid benefits if they are determined eligible.**

If you have any questions about this process, please email

[DHHS.MedicaidPE@Nebraska.gov](mailto:DHHS.MedicaidPE@Nebraska.gov) or visit Nebraska Medicaid's [Maternal Health Website](#).