



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

James W. Clyne, Jr.  
*Executive Deputy Commissioner*

January 20, 2010

Dear Article 28 Administrator/Prenatal Care Provider:

The purpose of this letter is to advise you of changes regarding presumptive eligibility for pregnant women as a result of the passage of Chapter 484 of the Laws of 2009. This law also eliminates the Prenatal Care Assistance Program (PCAP) designation, certification and associated enhanced global rates, and transitions to a model of prenatal care designed to ensure that all pregnant women who qualify for Medicaid receive comprehensive, high-quality, prenatal and postpartum care.

The new legislation has three major components: 1) the Commissioner of the New York State Department of Health (SDOH) is required to develop and periodically update standards for the provision of prenatal care under the Medicaid program; 2) the income eligibility standards for presumptive eligibility of pregnant women under the Medicaid program are to be updated; and 3) statutory references to PCAP are eliminated, and provisions regarding reimbursement for prenatal care have been moved from Public Health Law (PHL) to the Social Services Law (SSL).

With the enactment of Chapter 484 of the Laws of 2009, all Medicaid enrolled licensed Article 28 providers that provide prenatal care are now required to perform presumptive eligibility (PE) determinations. In addition to screening pregnant women for Medicaid presumptive eligibility, prenatal care providers must assist pregnant women who screen eligible in completing the Medicaid application (DOH-4220), including helping the pregnant woman in selecting a Medicaid managed care plan, and submitting the completed Medicaid application to the appropriate local department of social services for a full Medicaid eligibility determination. Article 28 facilities that provide prenatal care to pregnant women may apply to the SDOH Commissioner for an exemption from this requirement on the basis of undue hardship.

Presumptive eligibility is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A trained Article 28 prenatal care provider, or other trained prenatal care provider approved by the SDOH, performs a preliminary assessment of the pregnant woman's income and, if married, the spouse's income. The pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Based on the income assessment, the provider determines if the woman is presumptively eligible either for all ambulatory Medicaid services or for a limited array of medical services, following guidelines established by the SDOH. Presumptive Medicaid

eligibility begins on the date the prenatal care provider makes the presumptive eligibility determination. The completed presumptive eligibility screening checklist that the provider fills out for the pregnant woman must be sent to the local department of social services within five (5) business days; the local department of social services then authorizes the presumptive eligibility coverage. Consequently, it is necessary for prenatal care providers performing presumptive eligibility determinations to develop relationships with local departments of social services for this purpose.

For the pregnant woman to continue her coverage past the period of presumptive eligibility, she must complete the Medicaid application, submit required documentation and meet the eligibility requirements for Medicaid. The date of the presumptive eligibility determination will be considered to be the date of the Medicaid application.

Medicaid prenatal care providers must provide prenatal care services to pregnant women determined presumptively eligible for Medicaid. The law allows for the provision of the following prenatal care services for pregnant women determined Medicaid eligible, as well as presumptively eligible:

- prenatal risk assessment;
- prenatal care visits;
- laboratory services;
- health education for both parents regarding prenatal nutrition and other aspects of prenatal care, alcohol and tobacco use, substance abuse, use of medication, labor and delivery, family planning to prevent future unintended pregnancies, breast-feeding, infant care and parenting;
- referral for pediatric care;
- referral for nutrition services including screening, education, counseling, follow-up and provision of services under the Women, Infants and Children's program and the Supplemental Nutrition Assistance program;
- mental health and related social services including screening and counseling;
- transportation services for prenatal care services;
- labor and delivery services;
- postpartum services including family planning services, inpatient care, and specialty physician and clinic services which are necessary to assure a healthy delivery and recovery;
- dental services;
- emergency room services;
- home care; and
- pharmaceuticals.

### **Mandated Training for Presumptive Eligibility Providers**

As previously noted, licensed Article 28 providers of prenatal care services are mandated by the new law to make presumptive eligibility determinations for pregnant women. Designated staff must complete on-line training, available at <http://www.bsc-cdhs.org/eLearning/>, in order to make presumptive eligibility determinations. To ensure compliance with the new law, the

trainees must register for training at this e-learning portal. Upon completion of the training modules, the trainee will be given a certificate of training completion. This certificate must be retained to show proof of meeting the training requirement to screen for presumptive eligibility. To ensure compliance with the new law, the SDOH will monitor the extent to which such designated staff completes the on-line presumptive eligibility training.

Current provider organizations designated to perform presumptive eligibility determinations may continue to do so but must also designate a coordinator and notify the SDOH of their coordinator's name, address, phone number and e-mail address by February 28, 2010. Subsequent to training, newly designated Article 28 providers are to notify the SDOH of their coordinator. This information is to be sent to:

Pamela W. Page  
NYS Department of Health  
Office of Health Insurance Programs  
Division of Coverage and Enrollment  
One Commerce Plaza, Suite 826  
Albany, NY 12260

When a presumptive eligibility coordinator changes, the provider organization must notify the SDOH of the name of their new designee. The SDOH encourages prenatal care providers that have not recently preformed presumptive eligibility determinations for pregnant women to repeat the training modules.

If you have any questions, please contact Ms. Page at (518) 474-8887 or [pwp02@health.state.ny.us](mailto:pwp02@health.state.ny.us).

Sincerely,



Judith Arnold, Director  
Division of Coverage and Enrollment  
Office of Health Insurance Programs

cc: LDSS Medicaid Directors