NEW YORK STATE DEPARTMENT OF HEALTH
Office of Health Insurance Programs

Medicaid Presumptive Eligibility for Pregnant Women Screening

SECTION 1 APPLICANT INFORMATION

Name _____ Phone Number (____) _____
First Middle Initial Last Name

Home Address _____
Street Apt. No. City State Zip Code County of Residence

Confidential Address _____
Street Apt. No. City State Zip Code

Date of Birth _____ Presumptive Eligibility Determination Date _____
MM DD YYYY MM DD YYYY

Social Security Number _____ EDC _____
(Optional - Please provide if available) MM DD YYYY

SECTION 2 HEALTH INSURANCE

Check if applicant has or has recently (within the last 3 months) applied for ☐ Medicaid ☐ Cash Assistance

If they have applied for either; When? _____ Where? _____ Case Name _____

Does the applicant have any coverage through the NY State of Health? ☐ Yes ☐ No

****The following question about private health insurance can be answered at the option of the pregnant woman.****

Does the applicant have other private health insurance? ☐ Yes ☐ No ☐ I Don't Know

If Yes: _____ _____
Name of Policy Holder/Subscriber Relationship to Policy Holder

_____ _____
Insurance Company Name Group/Policy Number

Does the applicant need to claim good cause not to bill the above private insurance? ☐ Yes ☐ No

SECTION 3 FAMILY SIZE

Pregnant Woman 2

Enter 1 if spouse of applicant is living in household + _____

# of applicant's children (under 21) living in household + _____

= _____ Total Family Size

SECTION 4 INCOME

If applicant is age 21 or older, please enter the gross monthly income for the household. $ _____
(Include wages, Social Security*, unemployment benefits, alimony, etc.)
Gross income is the amount received before taxes or any other deductions are taken.
*Do not include Social Security income received by a dependent child
Do not count: grants, or loans of students, any Temporary Cash Assistance, SSI payments, or child support payments.

SECTION 5 PRESUMPTIVE ELIGIBILITY DETERMINATION

Compare the gross monthly income amount in Section 4 to 223% of the FPL for the applicable family size in Section 3.
If the Gross Monthly Income is:
☐ Less than or equal to 223% of the FPL – Eligible for all Ambulatory Prenatal Medicaid Services
☐ More than 223% of the FPL – Refer to the New York State of Health

If eligible, Health Plan Choice: _____ Doctor: _____

SECTION 6 PROVIDER / SCREENER INFORMATION

Screener Name _____ Screener Signature _____

Qualified Provider Agency Name _____

Address _____ Phone Number (____) _____

INSTRUCTIONS FOR COMPLETING SCREENING FORM -- PLEASE TYPE OR PRINT LEGIBLY

SECTION 1 APPLICANT INFORMATION

Name – List woman's full legal name.

Phone Number – List phone number where woman may receive messages.

Address – List address where woman resides, including zip code.

County of Residence – List county in which woman resides.

Date of Birth – List month, day, and year of woman's birth.

Presumptive Eligibility Determination Date – List date this form is completed and signed. This element is required to begin reimbursement for presumptive coverage.

Social Security Number – SSN of woman (optional).

EDC – Expected date of confinement or delivery. **This element is required.**

SECTION 2 HEALTH INSURANCE

Ask the pregnant woman if she has recently applied for Medicaid or Temporary Assistance/Cash Assistance. If she applied for Medicaid through the New York State of Health, please check eligibility using the Medicaid verification system available in your office. If she applied through a Local Department of Social Services/Human Resources Administration, you may follow up with the appropriate office.

Ask the woman if she has coverage through the New York State of Health (NYSOH). This could include coverage through Medicaid or qualified health plan (with or without financial assistance like tax credits or cost sharing reductions). If she has coverage through the NYSOH, completion of this form is not necessary, advise her to update her NYSOH account with her pregnancy information.

The questions about private/employer sponsored health insurance are optional for presumptive eligibility but will be required upon full application. If the woman would like to provide information regarding other health insurance; ask if her coverage is through a private or employer sponsored health insurance plan. If yes, please complete as much information as possible. If the pregnant woman does want Third Party health insurance used, please check the box indicating that the applicant needs to claim good cause not to bill the private insurance. The applicant can claim good cause if the use of the private health insurance could cause harm to her emotional or physical health or safety or the health and safety of someone for whom the applicant is legally responsible.

SECTION 3 FAMILY SIZE

Pregnant woman – count is '2' (woman + unborn)

Spouse – count if legal spouse is living with woman

Children – count woman's children under 21 who live with her

Note: Do not count persons who receive Temporary Cash Assistance or SSI payments

SECTION 4 INCOME

If the pregnant woman is age of 21 or older, enter the gross monthly income for the household. If the pregnant woman is under the age of 21, her income, if any, does not need to be entered.

This is the total gross monthly income for all persons counted in Family Size (Section 3).

Do not include
Income from any person not counted in Family Size (Section 3).
Grants and loans received by students, as well as Temporary Cash Assistance or SSI payments.
Wages may be converted from weekly to monthly by multiplying by 4.333333 or from bi-weekly to monthly by multiplying by 2.166666.

SECTION 5 PRESUMPTIVE ELIGIBILITY DETERMINATION

Compare gross monthly income from Section 4 to the monthly income amount for 223% FPL for the applicable Family Size (Section 3).

If eligible, please indicate the pregnant woman's HMO choice and PCP name if known.

SECTION 6 PROVIDER / SCREENER INFORMATION

Enter screener's name, screener's signature, name of Qualified Provider, address and phone number.

Provider's signature is required to authorize Presumptive Eligibility.