



Presumptive Eligibility and Abortion Access: An Overview

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Introduction¹

Approximately 6.4 million people in the United States are eligible to receive Medicaid coverage but are not currently enrolled.² While applying for Medicaid can be a lengthy process, presumptive eligibility (PE) programs provide expedited pathways to providing immediate Medicaid coverage for eligible populations, including pregnant people. This is particularly important for access to time-sensitive services, like abortions. Currently, 20 states use their own funds to provide comprehensive abortion coverage to Medicaid enrollees.³ However, only half of those states have a PE program for Medicaid-eligible pregnant people.⁴ This FAQ provides an overview of presumptive eligibility, how it works, its role in facilitating access to care for Medicaid enrollees, and how it can increase abortion access for low-income pregnant people.

¹ Sincere thanks to Cheyenne Peters for her invaluable research contributions, especially during the development of the accompanying policy chart.

² See Kaiser Family Found., *A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP* (Mar. 15 2024) <https://www.kff.org/uninsured/issue-brief/a-closer-look-at-the-remaining-uninsured-population-eligible-for-medicaid-and-chip/#:~:text=However%2C%20despite%20these%20improvements%20in,not%20enrolled%20in%20these%20programs.>

³ Those twenty states are Alaska, California, Colorado*, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Nevada, Oregon, Rhode Island, Vermont, Washington. Please note that Colorado's coverage mandate takes effect January 1, 2026. See Fabiola De Liban et al., Nat'l Health Law Prog., *Abortion Coverage Under Medicaid* (2025), <https://healthlaw.org/resource/abortion-coverage-under-medicaid/>.

⁴ The ten states that both provide abortion coverage and have pregnancy PE are California, Colorado, Connecticut, Illinois, Maine, Montana, Nevada, New Jersey, New Mexico, and New York. The nine states that provide abortion coverage but do NOT have pregnancy PE are Delaware, Hawaii, Maryland, Massachusetts, Minnesota, Oregon, Rhode Island, Vermont, Washington. See the attached chart for more information.

What is presumptive eligibility?

In 1986, Congress established presumptive eligibility (PE) as a state option to improve access to timely care for pregnant individuals.⁵ Specifically, PE expedites access to care by providing an individual with immediate Medicaid coverage if that person is likely to be found eligible after a brief initial screening based on income, household size, and if applicable, pregnancy status.⁶

PE serves the dual purpose of providing faster access to care while setting potentially qualified individuals on the path of enrolling in Medicaid. Millions of people are eligible for Medicaid but never pursue coverage because they simply do not know they are eligible, lack information on how to enroll, or may perceive the enrollment process as too onerous.⁷ In some instances, PE could be lifesaving for the patient because they can receive same-day care rather than having to delay care while waiting for confirmation of Medicaid coverage or approval of a Medicaid application. There can be significant delays between the time of application and approval, as processing Medicaid applications can take up to 45 days (and up to 90 days for disabled individuals).⁸

Why is presumptive eligibility important for abortion access?

Abortion access for Medicaid enrollees is severely restricted due to a federal budget rider called the Hyde Amendment, which limits federal funding for abortions to cases of rape, incest, or life endangerment of the pregnant individual.⁹ States, however, can use their own funds to cover all abortions for Medicaid enrollees, and as of 2024, twenty states do so.

⁵ 42 U.S.C. § 1396r-1. Omnibus Budget Reconciliation Act of 1986, Pub. L. No. 99-509, 100 Stat 1874.

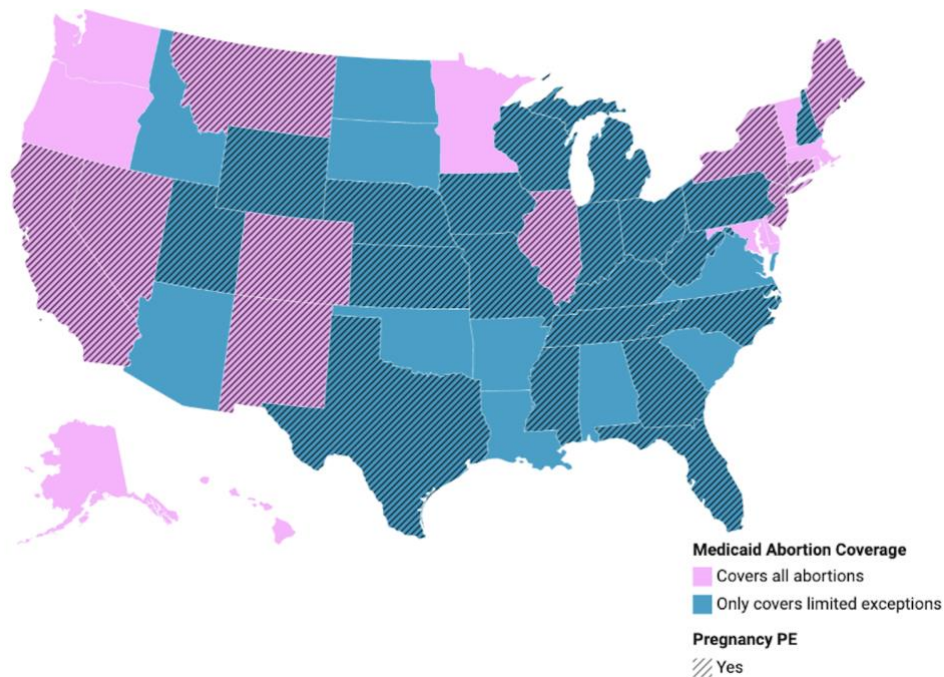
⁶ See CMS, *Medicaid and CHIP FAQs: Implementing Hospital Presumptive Eligibility Programs* (Jan. 2014) <https://www.medicaid.gov/state-resource-center/faq-medicaid-and-chip-affordable-care-act-implementation/downloads/faqs-by-topic-hospital-pe-01-23-14.pdf>.

⁷ See Jennifer M. Haley & Erik Wengle, Urban Inst., *Many Uninsured Adults Have Not Tried to Enroll in Medicaid or Marketplace Coverage* (Jan. 2021), https://www.urban.org/sites/default/files/publication/103558/many-uninsured-adults-have-not-tried-to-enroll-in-medicaid-or-marketplace-coverage_0.pdf; Ellelan Degife, Howard Forman, & Sara Rosenbaum, *Expanding Presumptive Eligibility as a Key Part of Medicaid Reform*, 2 JAMA HEALTH FORUM (2021), <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2776306/>.

⁸ 42 C.F.R. § 435.912(3).

⁹ Consolidated Appropriations Act of 2016, Pub. L. No. 114-113, §§ 506-507, 129 Stat. 2242, 2649, <https://www.congress.gov/114/plaws/publ113/PLAW-114publ113.pdf>.

Landscape of Medicaid Abortion Coverage & Pregnancy Presumptive Eligibility



Although presumptive eligibility is helpful for all patients, it is particularly useful for those who need time-sensitive services like abortions. Timely access to abortion care is essential because, while abortion is extremely safe at any point during pregnancy, it becomes more expensive and more complicated as a patient gets further into their pregnancy.¹⁰ Furthermore, when people lack abortion coverage, many have no option but to pay out-of-pocket for abortion care – costs that can be financially catastrophic, particularly for low-income Medicaid-eligible populations.¹¹ In some instances, patients may be forced to forgo abortion services entirely, which can negatively impact long-term health outcomes and financial stability.¹²

¹⁰ Ushma Upadhyay et al., *Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20*, 41 HEALTH AFFAIRS 4 (April 2022), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01528>.

¹¹ See Ortal Wasser et al., *Catastrophic Health Expenditures for In-State and Out-of-State Abortion Care*, 11 JAMA NETWORK OPEN 7, (2024), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826000>; Carmela Zuniga et al., *Abortion as a Catastrophic Health Expenditure in the United States*, 30 WOMEN'S HEALTH ISSUES 6, (2020), <https://www.sciencedirect.com/science/article/abs/pii/S1049386720300669>.

¹² See: Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 AM. J. PUB. HEALTH 407 (2018),

Presumptive eligibility allows patients to receive same-day covered services, which means eligible pregnant people could see an abortion provider that is a qualified entity, fill out a PE application, and receive immediate care at no cost to them. Patients who are presumptively eligible do not need to delay care in order to wait for full review of their Medicaid application – a delay of up to 45 days which could push patients up against gestational age limits and other barriers – facilitating faster access to needed care and reducing potential out-of-pocket costs.

What are the key types of presumptive eligibility for pregnant individuals?

Presumptive eligibility is available for a range of patients and services, as new iterations have been added over time.¹³ This FAQ will focus on the two types of presumptive eligibility that are most germane to pregnant people: pregnancy presumptive eligibility (PPE) and hospital presumptive eligibility (HPE).

Pregnancy Presumptive Eligibility

Since its introduction in 1986, 31 states and the District of Columbia have implemented pregnancy presumptive eligibility programs.¹⁴ Patients can be screened for pregnancy presumptive eligibility by any qualified provider in a variety of clinical settings, as opposed to HPE which can only be determined in a hospital facility.¹⁵

Pregnancy PE only covers “ambulatory prenatal care,” while most other PE programs provide coverage for the full scope of Medicaid covered services.¹⁶ While PPE coverage is restricted to

<https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304247>; Caitlin Gerdtts et al., *Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy*, 26 WOMEN’S HEALTH ISSUES 55 (2016),

<https://www.sciencedirect.com/science/article/pii/S1049386715001589>.

¹³ PE programs exist for children, some breast or cervical cancer patients, and for patients seeking family planning services. States can also offer presumptive eligibility to parents and caretakers, former foster children, and other adults covered by the state’s Medicaid program. See 42 U.S.C. § 1396r-1a(b)(2) (children), 1396r-1b(b)(1) (certain breast or cervical cancer patients), 1396r-1c(b)(1) (family planning services). See also 42 C.F.R § 435.1103.

¹⁴ The states are Alabama, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Utah, West Virginia, Wisconsin, Wyoming, and Washington DC.

¹⁵ See 42 U.S. Code § 1396r-1(b)(2) (PPE qualified providers), 42 C.F.R § 435.1110(b) (HPE qualified hospitals).

¹⁶ See 42 C.F.R § 435.1103(a) (pregnant individuals), 42 U.S.C. §§ 1396r-1a(a) (children), 1396r-1b(a) (certain breast or cervical cancer patients), 1396r-1c(a) (family planning).

this narrower category of services, states have latitude to determine which services qualify as “ambulatory prenatal care” in their Medicaid State Plans.¹⁷ The exact scope of services varies depending on the state, but it can include abortions, prenatal checkups, lab tests, prescription drugs, counseling, and other services.

Another distinguishing feature for PPE is that while other PE programs only allow a person to apply for presumptive eligibility once per calendar year, pregnant individuals can apply for PE once per pregnancy.¹⁸

Hospital Presumptive Eligibility

The Affordable Care Act created hospital presumptive eligibility, which requires that states allow hospitals to provide PE so long as hospitals comply with state-specific eligibility policies and procedures.¹⁹ As a result, HPE is available in all 50 states and the District of Columbia and any hospital participating in Medicaid can make PE determinations as long as they are qualified and they seek permission from their state.²⁰

Eligible hospitals are able to make PE determinations for all Medicaid-eligible people, even if they are not a hospital patient.²¹ These groups include pregnant individuals, but also children, parents and caretaker relatives, former foster care children, individuals seeking specific services like family planning services, adults above 133% of the Federal Poverty Level (if covered by the state), and certain individuals seeking treatment for breast or cervical cancer.²² As HPE is not limited to hospital patients, it allows hospitals to assist with PE determinations for family members and may also enroll eligible individuals from the broader community.²³

In states that do not have a PPE program, pregnant individuals can still qualify for hospital presumptive eligibility (HPE) if they apply at a qualified hospital and are eligible based on income and household size.²⁴ However, according to federal regulations, pregnant individuals

¹⁷ 42 U.S.C. § 1396r-1(d)(2). “[A]mbulatory prenatal care...is included in the care and services covered by a State plan.” No other federal law or statute defines the standard “ambulatory prenatal care.”

¹⁸ 42 C.F.R. § 435.1103(a), *see also* CMS, *Medicaid and CHIP FAQs*, *supra* note 5.

¹⁹ 42 C.F.R. § 435.1110. Even if a state is not using PE in other settings, hospitals that accept Medicaid patients have the unique authority to make presumptive Medicaid eligibility determinations for all the populations that are MAGI-eligible. *See* CMS, *Medicaid and CHIP FAQs*, *supra* note 5.

²⁰ 42 U.S.C. § 1396a(a)(47)(B).

²¹ *See* CMS, *Medicaid and CHIP FAQs*, *supra* note 5.

²² 42 U.S.C. § 1396r-1a. *See also*, CMS, *Medicaid and CHIP FAQs*, *supra* note 5.

²³ *See* CMS, *Medicaid and CHIP FAQs*, *supra* note 5.

²⁴ *Id.*

who qualify for HPE can only receive the same services as those available in a PPE program – services that fall under the state’s definition of “ambulatory prenatal care.”²⁵

Distinguishing PE from Other Medicaid Eligibility Policies

Emergency Medicaid: Presumptive eligibility should not be confused with “Emergency Medicaid,” which is usually offered during emergency situations, including labor and delivery, to individuals who would generally not qualify for Medicaid.²⁶ While they both can provide expedited access to care, the eligibility requirements and the scope of covered services are different for each pathway.

Retroactive Eligibility: Presumptive eligibility is also distinct from retroactive eligibility, which provides Medicaid enrollees with coverage for health services furnished for a specified period of time prior to application, if they would have been eligible during this time.²⁷ The so-called “One Big Beautiful Bill Act” (OBBBA) cuts the retroactive eligibility period starting in 2027, reducing the period from 3 months to 1 month in Medicaid expansion states and 2 months in non-expansion states. Notably, OBBBA makes no direct changes to presumptive eligibility.

How does presumptive eligibility work?

In general, a pregnant person goes to an entity qualified to enroll people in PE (known as a qualified entity (QE) or qualified provider (QP) as explained below), where they are screened for eligibility by answering questions pertaining to pregnancy status, income, household size, and possibly residency, citizenship, and/or immigration status. Questions about citizenship, immigration status, or state residency are optional for states, and CMS has clarified that presumptive eligibility determinations cannot be delayed due to pending verification of such

²⁵ 42 C.F.R. § 435.1110(a) (States “must provide Medicaid during a presumptive eligibility period to individuals who are determined by a qualified hospital, on the basis of preliminary information, to be presumptively eligible subject to the same requirements as apply to the State options under ... 42 C.F.R. § 435.1103 [limiting pregnancy PE coverage to ambulatory prenatal care].”). Pregnant individuals seeking HPE are only subject to ambulatory prenatal care.

²⁶ 42 U.S.C. § 1396b(v).

²⁷ 42 U.S.C. § 1396a(a)(34).

status.²⁸ Based on the individual's responses, the QE calculates whether the patient will likely be eligible for coverage and immediately informs the patient orally and in writing of its decision, and alerts the state Medicaid agency of its P.E. determination. If the patient is presumptively eligible, the individual can receive care for covered services immediately.²⁹

The Pregnancy Presumptive Eligibility Screening Process

1. A pregnant person sees a qualified provider or entity.
2. The qualified entity (QE) screens the patient based on self-attested data about their pregnancy status, income level, household size, and potentially residency, citizenship and/or immigration status.
3. The QE makes a real-time eligibility determination and immediately informs the patient whether or not they are presumptively eligible for Medicaid coverage.
4. If presumptively eligible, the patient receives immediate temporary coverage for ambulatory prenatal care and can receive same-day services.

As is typical with Medicaid, the specifics of the PE screening process vary widely by state. Some states still require paper applications to be filled out in person and submitted by the qualified entity. Research has shown that states that implemented online forms or portals for the PE screening processes (and Medicaid applications generally) greatly improves accessibility and efficiency.³⁰ Notably, CMS clarified that there is no requirement for a written application and states may use "verbal screening questions, a written application, or an online portal" so long as the screening process is standardized for determining PE.³¹

²⁸ See CMS, *Medicaid and CHIP FAQs*, *supra* note 5. Note that verification of citizenship and immigration status is, however, required before a final eligibility determination can be made for full-scope Medicaid coverage.

²⁹ *Id.* Individuals do not need to verify their exact income when applying for P.E. coverage since the determination is made based on the applicant's description of family circumstances.

³⁰ See Katharine Bradley et al., Cal. Health Care Found., *Presumptive Eligibility: Creating a Pathway to Ongoing Medi-Cal Coverage* (2022), <https://www.chcf.org/wp-content/uploads/2022/10/PresumptiveEligibility.pdf>.

³¹ CMS, *Implementation Guide: Presumptive Eligibility for Pregnant Women*, <https://www.medicaid.gov/resources-for-states/downloads/macpro-ig-presumptive-eligibility-for-pregnant-women.pdf> (last visited Apr. 24, 2025).

Some states have implemented a streamlined or abbreviated PE application, but this varies depending on the state and the qualified entity.³² The PE applications are typically shorter and easier to complete, which reduces administrative barriers and allows faster access to care.³³ Patients who are presumptively eligible are not required to submit an application for full pregnancy-related coverage, but if they do, they must do so before the PE period ends.³⁴ In states with streamlined PE applications, QEs can play an important role in connecting patients with resources and information on how to fill out a full Medicaid application during the PE period.

What are qualified entities (or qualified providers)?

Qualified entities (QE), also called qualified providers (QP), are designated by the state as capable of making presumptive eligibility determinations.³⁵ While the exact definition of a QE may differ slightly between states, they are generally Medicaid providers and may include trained community and rural health centers, physicians, hospitals, local health departments, and family planning agencies.³⁶ By including familiar health care facilities in their list of qualified entities, states can utilize presumptive eligibility programs not only to expand access to immediate Medicaid coverage, but also to enable trusted community institutions to identify, enroll, and support Medicaid-eligible individuals.³⁷ In order to aid patients in finding a qualified entity, some states have created comprehensive databases so that individuals can easily

³² Some examples of states with abbreviated presumptive eligibility applications include California, Connecticut, and New York.

³³ See Katharine Bradley et al., Cal. Health Care Found., *Presumptive Eligibility: Creating a Pathway to Ongoing Medi-Cal Coverage* (2022), <https://www.chcf.org/wp-content/uploads/2022/10/PresumptiveEligibility.pdf>; Joyce Piper, Edward Mitchel, and Wayne Ray, Presumptive Eligibility for Pregnant Medicaid Enrollees: Its Effects on Prenatal Care and Perinatal Outcomes, 84 AM. J. OF PUB. HEALTH (1994), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615092/pdf/amjph00461-0076.pdf>.

³⁴ See 42 U.S.C. § 1396r-1(c)(3). The presumptive eligibility period ends either when the individual is enrolled in Medicaid or on the last day of the month following the month during which the initial PE determination was made.

³⁵ This FAQ uses the term “qualified entity” throughout (instead of both qualified provider/qualified entity) for ease of reading. Federal law provides definitions of “qualified provider” and “qualified entity” but notes that “the term ‘qualified provider’ also includes a qualified entity as defined in section 1396-1a(b)(3)”, see 42 U.S.C. §§ 1396r-1(b)(2), 1396a-1(b)(3). Terminology varies between states, see the attached chart for more information on how each state defines qualified entity/qualified provider.

³⁶ 42 U.S.C. § 1396r-1(c)(1); 42 C.F.R. § 435.1101.

³⁷ Katharine Bradley et al., Cal. Health Care Found., *Presumptive Eligibility: Creating a Pathway to Ongoing Medi-Cal Coverage* (2022), <https://www.chcf.org/wp-content/uploads/2022/10/PresumptiveEligibility.pdf>.

search for qualified entities near them.³⁸

Empowering providers and clinics to become qualified entities can facilitate faster access to care, as providers can screen the patient during their initial visit and immediately provide covered services if the patient is presumptively eligible. This is particularly important in the instance of patients seeking abortions, as research shows presumptive eligibility is a crucial tool for expanding access and reducing the number of Medicaid-eligible patients that pay out-of-pocket for their care.³⁹

What services can a pregnant individual receive during the presumptive eligibility coverage period?

Pregnant individuals may only access “ambulatory prenatal care” as covered services under presumptive eligibility, regardless of whether the services are provided through PPE or HPE.⁴⁰ Federal law and regulations do not define what services fall into ambulatory prenatal care, thus states have flexibility in determining which services fall into this category in their state Medicaid Plans.⁴¹

Since states have latitude in determining the services included under the category of “ambulatory prenatal care,” we examined the presumptive eligibility policies in all the states that use their own funding to provide abortion coverage to Medicaid enrollees. How states choose to define (or not define) this category may impact whether or not abortion services could be considered as a covered service under PE.

³⁸ See, e.g., Cal. Dep’t of Health & Hum. Serv., *Find a Qualified Provider to Enroll*, <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Find-a-Qualified-Provider-to-Enroll.aspx> (last visited Oct. 2, 2025); Col. Dep’t of Health Care Pol. & Financing, *Application Assistance Mapping Tool*, <https://apps.colorado.gov/apps/maps/hcpf.map> (last visited Oct. 2, 2025).

³⁹ See Lee Hasselbacher et al., *Lessons learned: Illinois providers’ perspectives on implementation of Medicaid coverage for abortion*, 103 CONTRACEPTION 414-419 (2021), [https://www.contraceptionjournal.org/article/S0010-7824\(21\)00049-4/abstract](https://www.contraceptionjournal.org/article/S0010-7824(21)00049-4/abstract); Madeline Quasebarth et al., *Patient experiences using public and private insurance coverage for abortion in Illinois: Implementation successes and remaining gaps*, 56 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 269-281 (2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11606005/#psrh12259-bib-0007>; Danielle Bessett et al., *Out of Time and Out of Pocket: Experiences of Women Seeking State-Subsidized Insurance for Abortion Care in Massachusetts*, 21 WOMEN’S HEALTH ISSUES S21-S25 (2011); [https://www.whijournal.com/article/S1049-3867\(11\)00031-4/abstract](https://www.whijournal.com/article/S1049-3867(11)00031-4/abstract).

⁴⁰ 42 U.S.C. § 1396r-1(a).

⁴¹ 42 U.S.C. § 1396r-1(d)(2). “[A]mbulatory prenatal care...is included in the care and services covered by a State plan.” No other federal law or statute defines the standard “ambulatory prenatal care.”

Explicitly including abortion care in the state definition of “ambulatory prenatal care” is the most straightforward way to ensure that pregnant people know that they will have access to abortion care through PE. This eliminates any guesswork for the patient and the provider, which is important given the misinformation (and disinformation) that often pervades the abortion information ecosystem.⁴² Four states – California, Illinois, Nevada, and New Mexico – have clearly indicated that they cover abortion services for presumptively eligible pregnant people. California, Illinois, and New Mexico provide lists of included services in their definitions of ambulatory prenatal care that include abortion services. While Nevada provides no definition of ambulatory prenatal care, it does provide a table of procedure codes for covered services for the PE period that includes codes for abortion services.⁴³

Colorado, Connecticut, and New Jersey allow presumptively eligible pregnant people that meet state-specific income thresholds to receive all Medicaid covered services during the presumptive eligibility period.⁴⁴ In New York, presumptively eligible pregnant people with an income equal to or less than 100% of the federal poverty line (FPL) are eligible for all covered services under NY Medicaid, while presumptively eligible individuals with an income between 100 and 200% FPL are only eligible for ambulatory prenatal services.⁴⁵ While these policies may include some categories of excluded services, such as inpatient care, labor and delivery services, and forms of long-term care, presumptively eligible individuals in those states should be able to receive covered outpatient abortion care.

Montana and Maine provided minimal information on the range of covered services. Montana gave no information on covered ambulatory prenatal services outside of it being restricted to

⁴² See Sherry Pagoto, Lindsay Palmer, & Nate Horwitz-Willis, *The Next Infodemic: Abortion Misinformation*, 4 J. MED. INTERNET RES. (2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10196890/>.

⁴³ Nev. Health Auth., *Pregnancy Presumptive Eligibility Participation Guidelines and Billing Instructions*, (2023), https://www.medicaid.nv.gov/Downloads/provider/Pregnancy_Presumptive_Eligibility_Instructions.pdf.

⁴⁴ See Col. Dep’t of Health Care Pol. & Financing, *General Provider Information Manual* (2024), <https://hcpf.colorado.gov/gen-info-manual#revlog>; Conn. Dep’t of Soc. Serv., Provider Bulletin 2012-06, (Feb. 2012), https://www.huskyhealthct.org/providers/provider_postings/Presumptive_Eligibility_Cert-Guarantee_Payment.pdf; N.J.A.C. 10:49-2.8; N.Y. Comp. Codes R. & Regs. tit. 18, § 360-3.7(d)(9).

⁴⁵ N.Y. Dep’t of Health, *Medicaid Reference Guide* (2010), https://www.health.ny.gov/health_care/medicaid/reference/mrg/other-eligibility-requirements.pdf.

“services prior to delivery.”⁴⁶ Maine provides no definition outside of clarifying that labor and delivery services are not covered during the PE period.⁴⁷

How long does presumptive eligibility coverage last?

Presumptive eligibility coverage begins on the day a qualified entity makes the preliminary determination that a person is eligible.⁴⁸ It ends the day the individual is enrolled in Medicaid or on the last day of the month following the month in which the presumptive determination was made, whichever comes first.⁴⁹ For example, if a person applies and is deemed presumptively eligible by a QE on June 1st, their temporary coverage begins on June 1st and ends on July 31st, unless a person enrolls in Medicaid before July 31st. Thus, a person can receive up to two months of Medicaid coverage through PE.

Can presumptively eligible patients receive covered care from Medicaid providers other than the qualified entity that performed the PE screening?

Yes, federal law indicates that any participating Medicaid provider can render services to a presumptively eligible individual.⁵⁰ The patient is not restricted to only seeing the qualified entity that performed the PE screening. Presumptive eligibility is designed to expedite patients' access to care – PE empowers qualified providers to screen eligible patients and allow them to provide same-day care to individuals found to be presumptively eligible. While it is certainly easier and faster for patients to receive care from the qualified entity, there is no legal restriction preventing presumptively eligible individuals from seeking care from other Medicaid providers. This means if there are states with no abortion providers that are also credentialed as qualified entities, patients could still be screened by any qualified entity and then receive services at a Medicaid-enrolled abortion provider.

⁴⁶ Mont. Dep't of Pub. Health & Human Serv., *Presumptive Eligibility Guide* (2017), <https://medicaidprovider.mt.gov/manuals/presumptiveeligibilitymanual>.

⁴⁷ Maine Dep't of Health & Human Serv., *Presumptive Eligibility Provider Handbook* (2024), <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PE%20Provider%20Handbook%20Feb%202024.pdf>.

⁴⁸ See 42 U.S.C. § 1396r-1(b)(1) (pregnant women), 1396r-1a(b)(2) (children), 1396r-1b(b)(1) (certain breast or cervical cancer patients), 1396r-1c(b)(1) (family planning services). Generally, the qualified provider or entity makes a preliminary determination that the applicant falls within the eligibility group and meets the financial eligibility requirements.

⁴⁹ *Id.*

⁵⁰ *Id.* §§ 1396r-1(d), 1396r-1a(d), 1396r-1b(d), 1396r-1c(d).

How are providers reimbursed for services delivered to presumptively eligible patients?

Medicaid providers that render services to presumptively eligible patients are legally entitled to reimbursement for those services provided during the PE period, even if the individual is later found not eligible.⁵¹ This includes qualified entities that perform the PE screening and subsequently provide care, as well as any other Medicaid-enrolled provider that furnishes covered services to a presumptively eligible patient during the PE period. CMS guidance notes that payment for covered services during a PE period is guaranteed, because “without such a guarantee, providers could not rely on the PE determination.”⁵² Providers should be able to submit claims services furnished to presumptively eligible Medicaid patients in the same manner as they would other patients (although we recommend checking your state’s relevant billing guidance and/or PE policies).

It is important to note that Medicaid is generally the payer of last resort, which means that Medicaid only pays for covered care and services if there are no other sources of payment available or only to the extent that Medicaid payments exceed the amount for which a third party, such as a private insurer, would be liable.⁵³ If the state Medicaid agency determines that another insurance program is likely liable for a prenatal claim, it may return the claim to the provider noting that another insurer could be legally responsible for payment.⁵⁴

What information is collected during the PE screening?

States possess significant latitude in determining the parameters of their pregnancy presumptive eligibility screening and what categories of information that must be collected to determine eligibility. The only eligibility information that must be included in state PE screening processes are questions to determine 1) if the applicant is pregnant or postpartum (as defined by 42 C.F.R. § 435.4) and, 2) if they have a household income that is equal to or less than the state’s income eligibility standard as defined by the State Plan.⁵⁵ While many states choose to

⁵¹ See CMS, *Medicaid and CHIP FAQs*, *supra* note 5.

⁵² *Id.*

⁵³ 42 U.S.C. § 1396a(a)(25).

⁵⁴ See CMCS, *Medicaid Provisions in Recently Passed Federal Budget Legislation Bipartisan Budget Act of 2018 – Third Party Liability in Medicaid and CHIP* (June 1, 2018), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib060118.pdf>.

⁵⁵ 42 C.F.R. § 435.1103; CMS, *Implementation Guide*, *supra* note 30.

include other optional eligibility criteria in their PE screenings, these are the only two requirements under federal regulations.⁵⁶

States may incorporate other factors when designing the eligibility standards for their pregnancy presumptive eligibility programs, including questions about state residency, citizenship and/or immigration status. However, presumptive eligibility determinations cannot be delayed until the provided information has been verified.⁵⁷ Additionally, states must opt into these optional categories in their Medicaid State Plans, otherwise they are prohibited from collecting information about residency, citizenship, or immigration status during the PE screening process.⁵⁸

Lastly, qualified entities must make PE determinations based on a pregnant person's self-attested information. Determinations cannot be delayed in order to verify a presumptively eligible person's information. While no additional proof is needed for PE determinations, qualified entities can and should help presumptively eligible individuals gather the necessary documentation they need to complete a full Medicaid application.⁵⁹

⁵⁶ 42 C.F.R. § 435.1103.

⁵⁷ See generally, CMS, *Implementation Guide*, *supra* note 30; See, e.g., Cal. Dep't of Health & Hum. Serv., *Presumptive Eligibility: Best Practices* (2025), <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/33368>.

⁵⁸ CMS, *Implementation Guide*, *supra* note 30.

⁵⁹ *Id.*