Presumptive Eligibility (PE) Quick Reference Guide for CHFS Staff

Version 1.0

Updated: 4/23/2020
This Presumptive Eligibility (PE) Quick Reference Guide is designed to assist CHFS Staff understand PE in Kentucky Online Gateway (KOG), including the benefits and features, eligibility requirements, and how to enroll citizens for PE using Self Service Portal (SSP).

Table of Contents
1. COVID-19 Emergency Changes ............................................................................................................. 3
2. Downloading MFA Credentials for CHFS Staff .................................................................................... 4
3. Logging Into Kentucky Online Gateway ............................................................................................... 5
4. Exploring the Qualified Entity Dashboard ............................................................................................ 8
5. Presumptive Eligibility Application Process ......................................................................................... 9
6. Appendix .............................................................................................................................................. 17
1. COVID-19 Emergency Changes

During the COVID-19 emergency, Presumptive Eligibility (PE) application access has been expanded in SSP to DCBS caseworkers and CHFS Staff. Conditions such as existing PE income, incarceration, existing insurance checks, citizenship, and calendar year checks have been relaxed. Some important changes are below:

- During the duration of the COVID-19 emergency, individuals **should use PE over a normal Medicaid application**, unless it is for Long-Term Care (LTC) or Waiver services.
- For all new PE applications benefits will now be approved until the end of the 2nd month after approval or until June 30, 2020, whichever is greater.
- During the duration of the COVID-19 emergency, all individuals receiving Presumptive Eligibility (PE) Medicaid benefits have their PE extended by 3 months. Examples are below:
  - Individuals with PE benefits ending on 03/31/2020 are extended through 06/30/2020.
  - Individuals with PE benefits ending on 04/30/2020 are extended through 06/30/2020.
  - Individuals with PE benefits ending on 05/31/2020 are extended through 06/30/2020.
- If an individual is currently receiving PE benefits and then applies for Medicaid and is Denied, PE benefits are not Discontinued but are still Approved for the individual. If an individual that has PE benefits applies for Medicaid and is Approved, PE benefits are Discontinued and the individual continues receiving coverage under Medicaid.
- If the individuals are adults and are over the income limit for Medicaid, they are defaulted to PE Adult. PE children who are over the income limit continue to receive PE Child Types of Assistance (TOA).
- The Presumptive Eligibility Card is updated to display Presumptive Eligibility benefits as Fee For Service (FFS) instead of assigning a MCO. Due to this change, the Shopping screens have been removed from the SSP PE flow.

**Please Note:** All changes mentioned in this section are only applicable during the COVID-19 response effort.
2. Downloading MFA Credentials for CHFS Staff

1) Go to your Software Center Application by going to your search icon and typing Software Center.

2) Click on the VIP Access Icon from the Software Center Application.

3) Click Install from the VIP Access Screen.
3. Logging Into Kentucky Online Gateway

1) Go to the Kentucky Online Gateway homepage at: https://kog.chfs.ky.gov.

2) Click email address under State Employee Gateway Login to go to the State Employee Login Screen
3) Enter your State Employee Username or Email address and Password in the State Employee Sign. Click **Sign In**.

4) Use the Symantec Multi Factor Authentication information Software to verify you are an authorized user by entering your token’s information. Click **Continue**.
5) Enter the six-digits from your VIP credential.

![Multi-Factor Authentication]

Enter security code and Click Continue

6) The Consent page displays. Click Accept.

![Consent Page]

Click Accept

7) If you have multiple roles, select the appropriate PE-Hospital role from the Role Selection dropdown.

**Please Note:** It is likely CHFS Staff will only have one role. In that case they will not see the Role Selection screen.

8) Click Continue.
4. Exploring the SSP Dashboard

A. **My Details** provides a summary of the logged-in CHFS Staff’s personal information, including their ID, their organization, and their coverage area.

B. **Search for Customers** allows the CHFS Staff to search for individuals/employees who are associated to their user ID or organization, depending on how the Organization Administrator has set up the access privileges for their users.
   i. For example, based on an organization’s settings, CHFS Staff may or may not be able to search for any client who is associated with the organization as a whole.

C. **Quick Links** provides access to links to other helpful content.

D. **Start A PE Application** begins the process for a PE application by taking CHFS staff to the screen to perform the client search and determine if the client is eligible to apply for PE benefits.
5. Presumptive Eligibility Application Process

1) Click **Start A PE Application**.
2) The **Client Search** screen appears. Before starting a PE application, search for the applicant’s information to see if the individual is known to the KOG system. This tells you if they are actively receiving Medicaid Benefits or are pending for Medicaid Benefits.

3) Click **Search**.

Enter all the information. If the individual does not have an SSN, you may leave that blank.
4) The **Customer Name, SSN, DOB, Gender, and Medicaid Benefits?** columns appear if there is a match to the search terms.

5) If **Medicaid Benefits?** indicates the customer is **Active** or **Pending** the PE application does not need to put on the system. This status indicates that the individual already has an application in the system.

6) If **Medicaid Benefits?** indicates **No**, you are directed to the **Applicant Information** screen.
7) Complete all required individual information fields, indicated with a red asterisk: Name, DOB, confirmation of citizenship, permanent address, mailing address. Click **Next**.

**Please Note:** The fields in this section adjust based on what is selected and may not look the same imaged here as it does on your screen.
8) Complete the **More About the Applicant** screen with all required fields. Click **Submit**.

Click **Add More Income** to add the income of other household members. Then, click **Submit**.
9) After submitting all applicant information, you are directed to the **Eligibility Results** screen.
10) If an individual is **Not Eligible** for Presumptive Eligibility, the **Print** button will display to provide **Denial Notice**. **Print** the Denial Notice and provide to the individual. During COVID-19 social distancing orders, CHFS Staff completing PE via phone may read and explain this Denial Notice to the individual in order to accommodate CHFS Staff working remotely who may not have printing capabilities. However, the SSP system will automatically send the individual a Presumptive Eligibility Card each night.

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**Notice About Your Coverage**

<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUDY SMITH</td>
<td>Presumptive Eligibility</td>
<td>04/02/2015</td>
</tr>
</tbody>
</table>

Reason: Income Exceeds Limit: Your monthly income is more than $$$$$$$$. Eligibility is denied.

If you have any questions, go to __________ or call us at __________.

If you want legal help, call a lawyer. You may be able to get free legal help from your local legal aid office at (111) 111-1111.
11) Results will appear as **Eligible** or **Not Eligible** on the **Programs You Qualify For** screen. Click **Next** to complete the PE application.
PRESUMPTIVE ELIGIBILITY
PATIENT INFORMATION FORM

PLEASE COMPLETE & RETURN TO YOUR HOSPITAL’S OFFICE STAFF

Your Social Security Number ____________________________ Today’s Date __/__/____

Date of Birth: __/__/____ Age: __ __ Your Name: ________________________________

Last Name ____________________________ First Name ____________________________ M.I. _____

Do you Receive Medicaid? ○ Yes ○ No

Your Address:

______________________________ ____________________________
Street Address Apt./Building Number

______________________________ ____________________________
City State Zip Code

County
Telephone Numbers:

(____) ____-______ (____) ____-______
Home Work

Marital Status (check one): ○ Married ○ Single ○ White ○ Asian ○ Black

○ American Indian ○ Other

Updated: 4/23/2020
Number of People in My Family: ___*
*Count number of unborn if anyone in family pregnant.

FAMILY INCOME (use separate sheet if necessary)

<table>
<thead>
<tr>
<th>Family Member’s Name</th>
<th>Income Type</th>
<th>How Much?**</th>
<th>How Often?</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>5</td>
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</tbody>
</table>

Total Income: __________________
**Income counted is before taxes are taken out.

Employer Information – complete only if income is from wages.

<table>
<thead>
<tr>
<th>Line #</th>
<th>Employer Name</th>
<th>Employer Address</th>
</tr>
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<tbody>
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</table>

Other Insurance:
Do you have other insurance that covers healthcare provider visits or hospital services?  ○ Yes  ○ No

If yes:
Name of Insurance Co.     Policy No.     Group No.
__________________________  ______________  __________

I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. I understand that anyone who gives false information in order to receive benefits, or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law or both or may be liable for repaying in cash the value of the benefits received.

__________________________  ______________
Signature                  Date Signed