

Presumptive Eligibility (PE) Quick Reference Guide for CHFS Staff



Kentucky Health Benefit Exchange

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).

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1. COVID-19 Emergency Changes

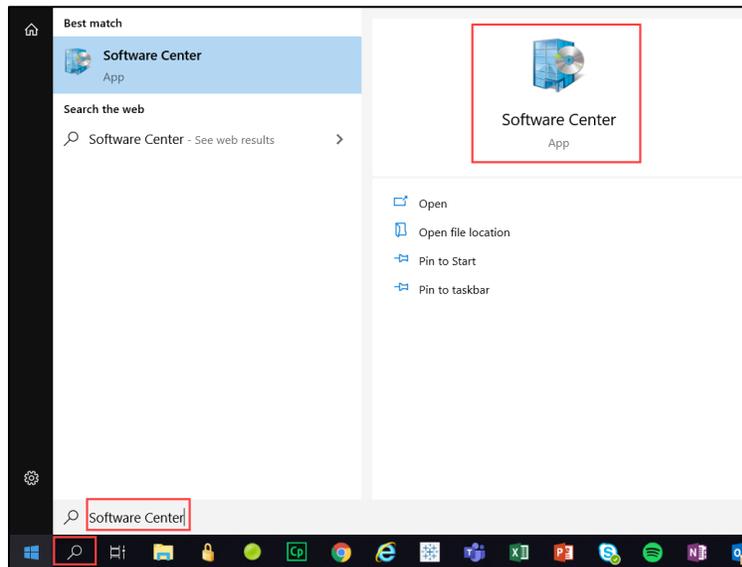
During the COVID-19 emergency, Presumptive Eligibility (PE) application access has been expanded in SSP to DCBS caseworkers and CHFS Staff. Conditions such as existing PE income, incarceration, existing insurance checks, citizenship, and calendar year checks have been relaxed. Some important changes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

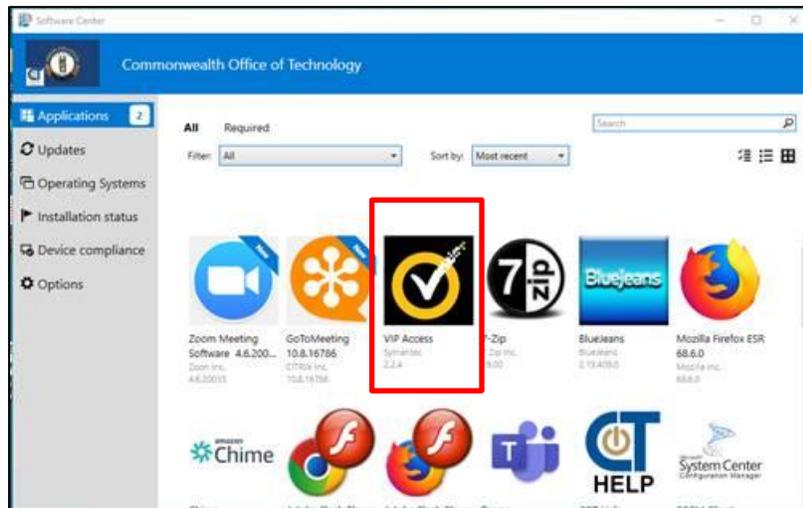
Please Note: All changes mentioned in this section are only applicable during the COVID-19 response effort.

2. Downloading MFA Credentials for CHFS Staff

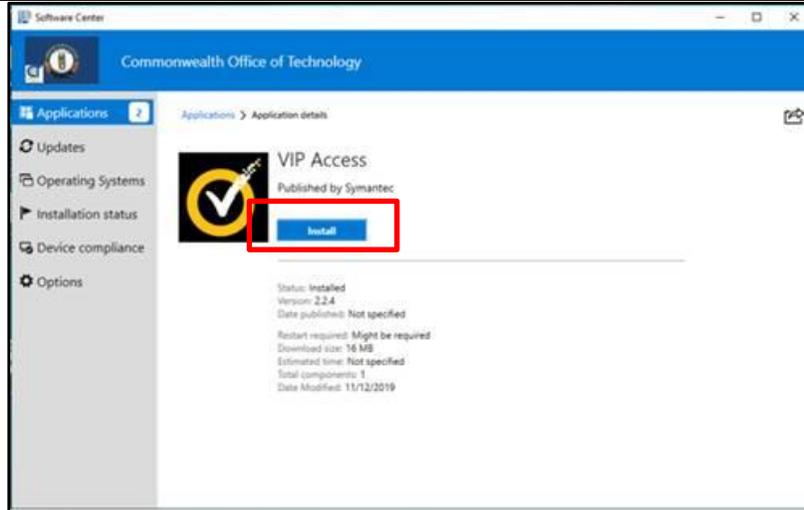
- 1) Go to your Software Center Application by going to your search icon and typing Software Center.



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

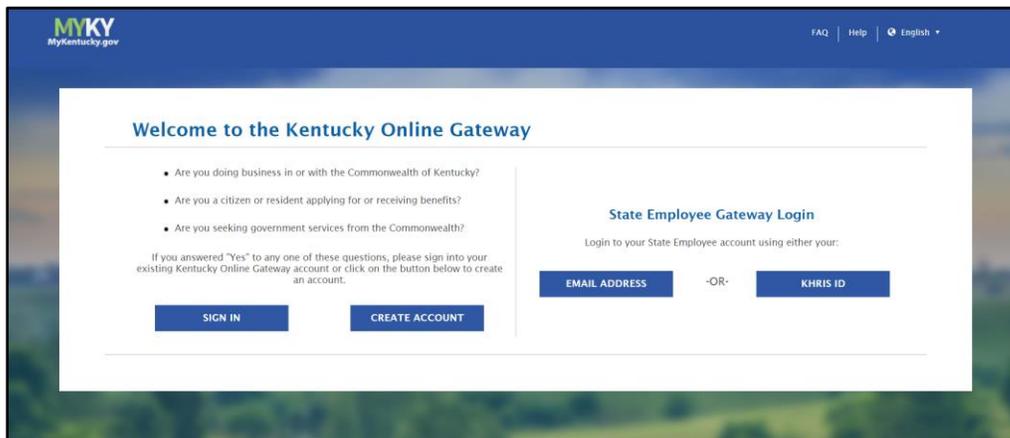


- 3) Click Install from the VIP Access Screen

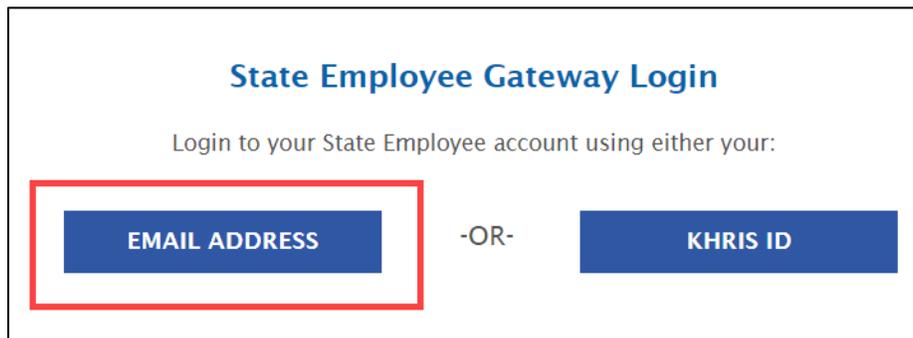


3. Logging Into Kentucky Online Gateway

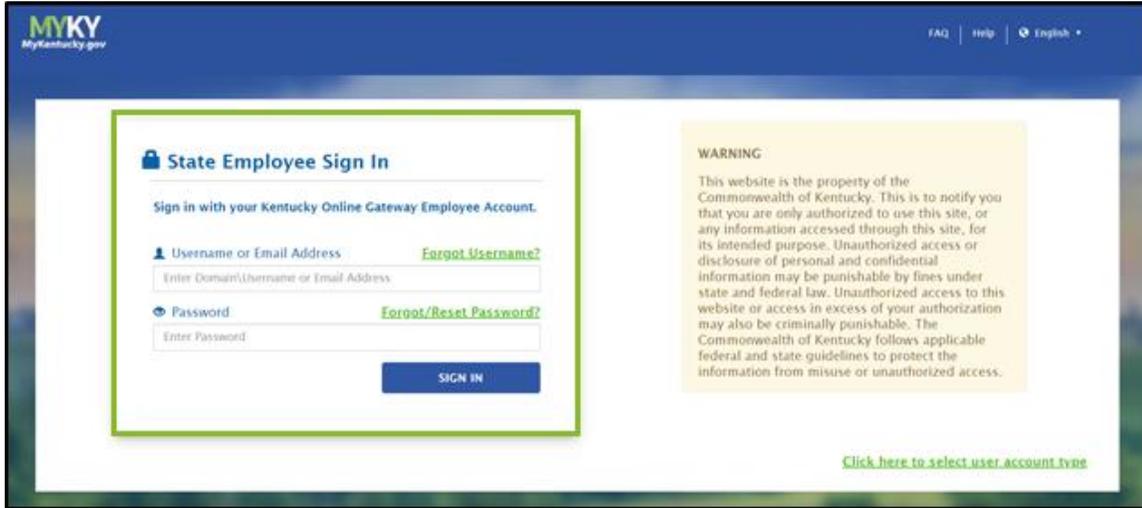
1) Go to the Kentucky Online Gateway homepage at: <https://kog.chfs.ky.gov>.



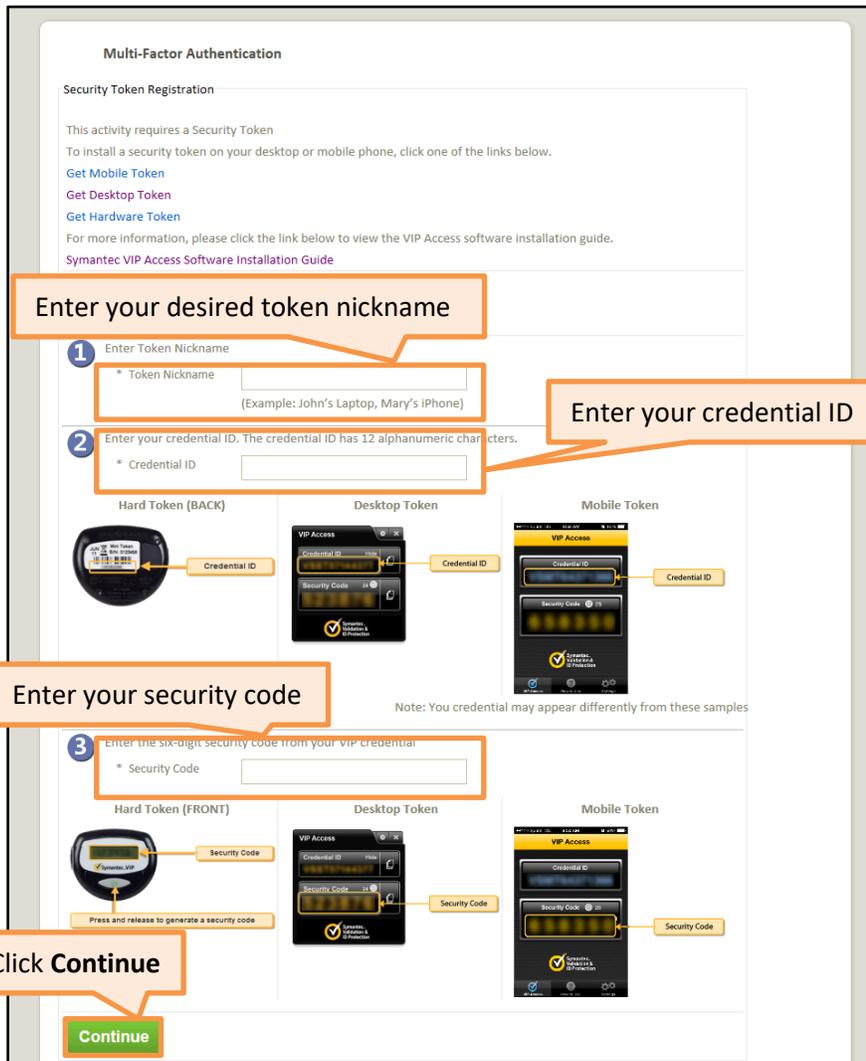
2) Click email address under State Employee Gateway Login to go to the State Employee Login Screen



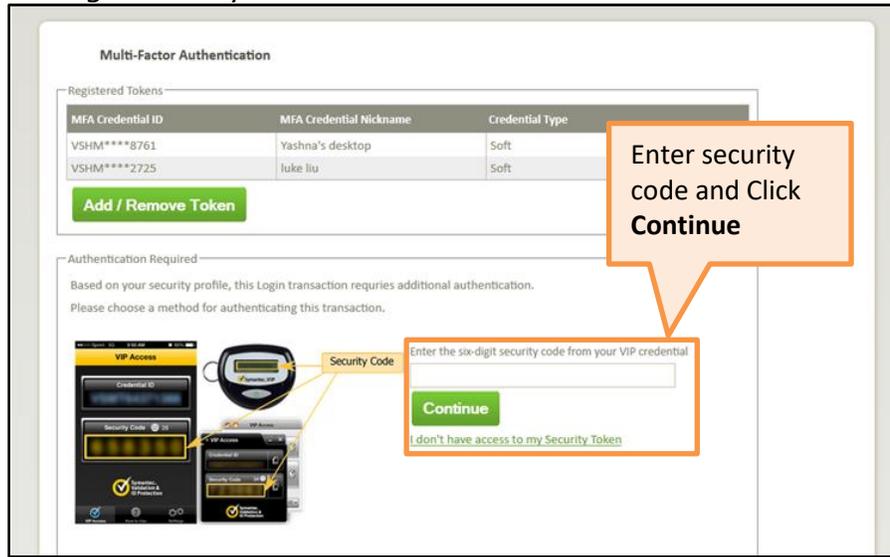
- 3) Enter your State Employee Username or Email address and Password in the State Employee Sign. Click **Sign In**.



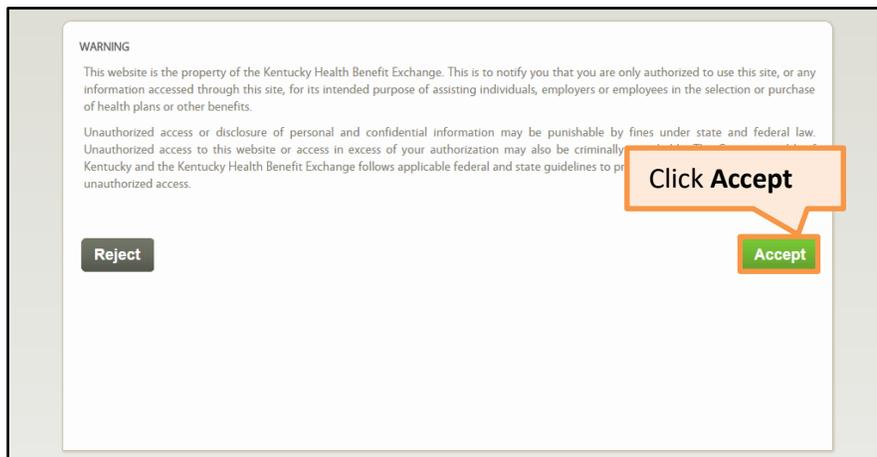
- 4) Use the Symantec Multi Factor Authentication information Software to verify you are an authorized user by entering your token's information. Click **Continue**.



5) Enter the six-digits from your VIP credential.



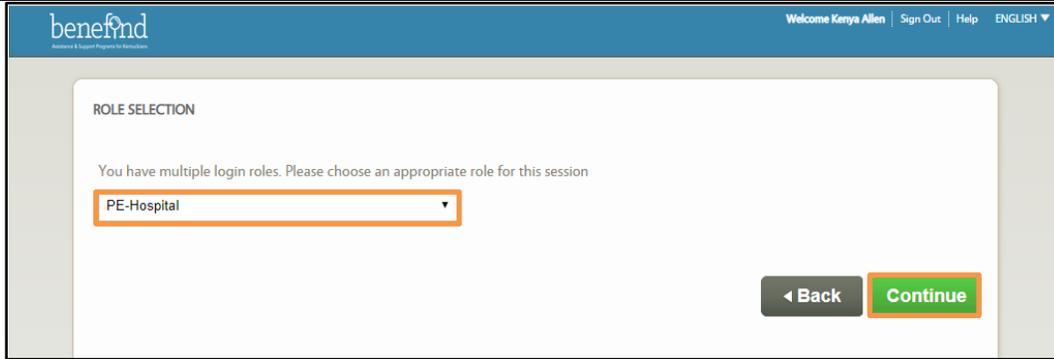
6) The Consent page displays. Click **Accept**.



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

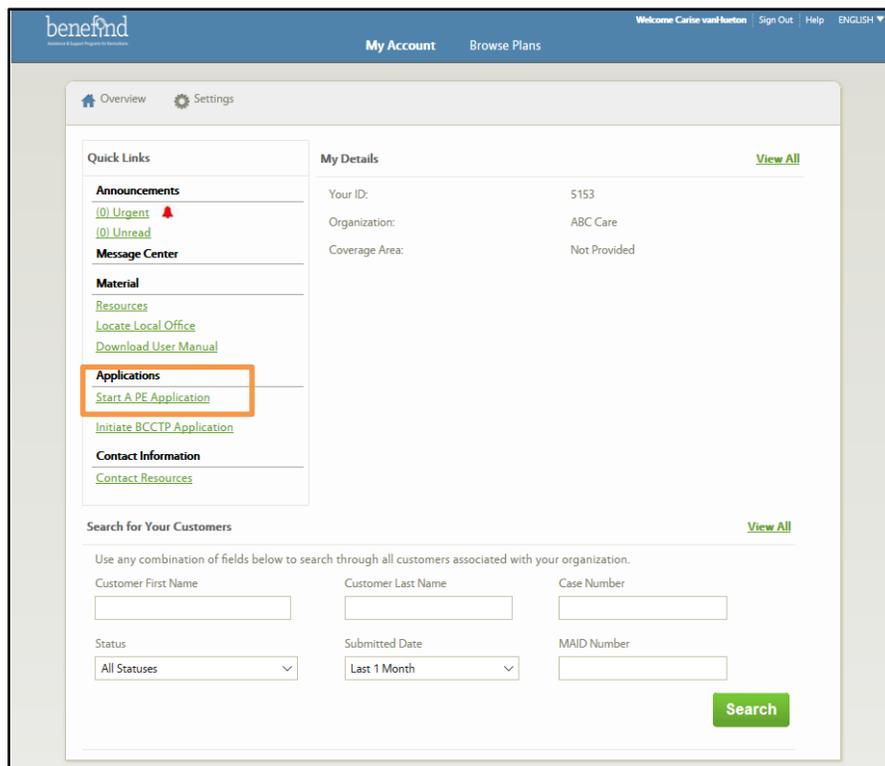
Please Note: It is likely CHFS Staff will only have one role. In that case they will not see the Role Selection screen.

8) Click **Continue**.



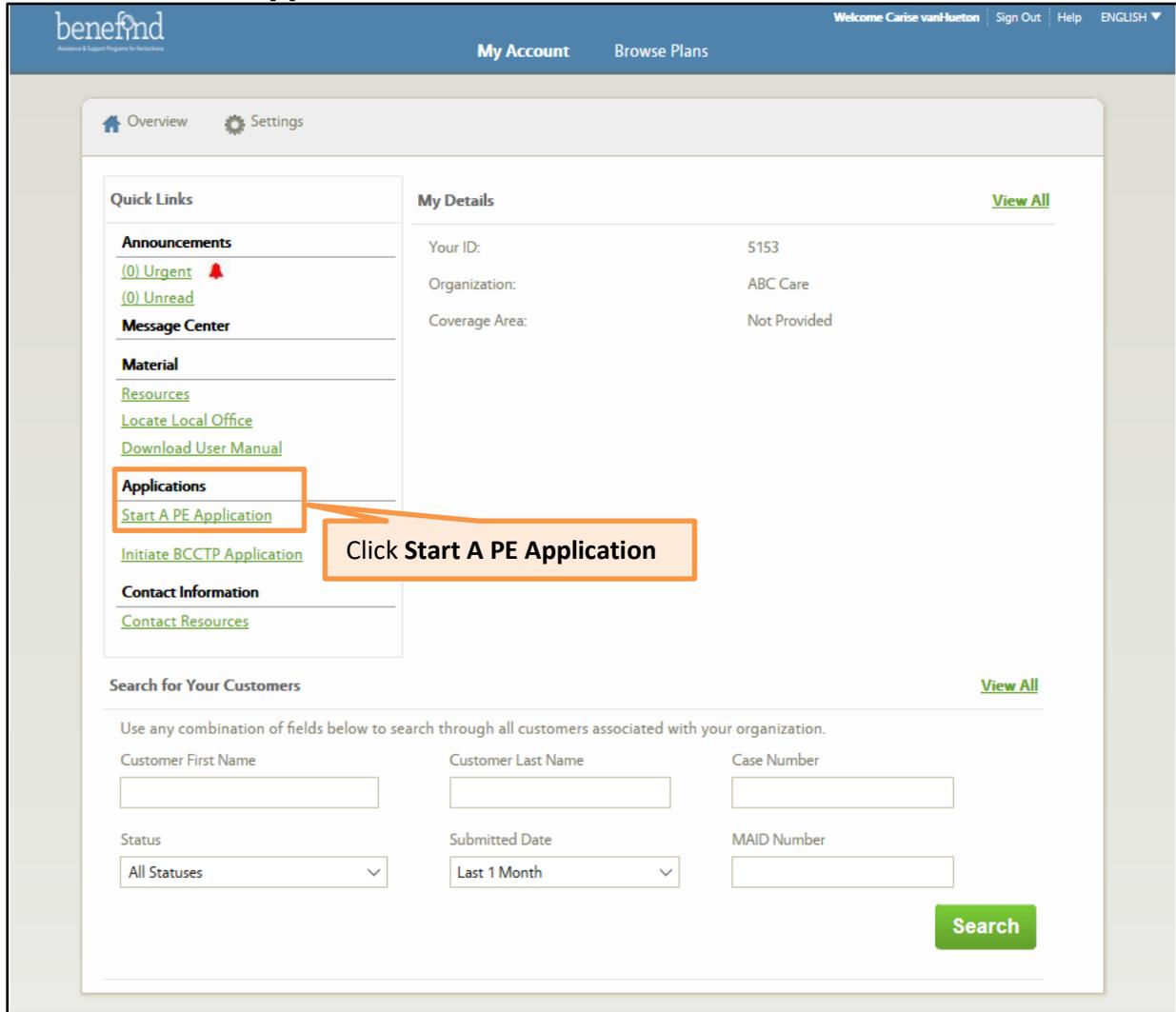
4. Exploring the SSP Dashboard

- 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**.



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- 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.

Welcome! Welcome Carise vanHueton | Sign Out | Help | ENGLISH ▼

My Account Browse Plans

Welcome! *Required field

Customer Search

Please enter all information below. If the user does not have a SSN, you may leave that blank.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>

Search

Medicaid Benefits?

Back **Next**

- 3) Click **Search**.

Welcome! Welcome Carise vanHueton | Sign Out | Help | ENGLISH ▼

My Account Browse Plans

Welcome! *Required field

Customer Search

Please enter all information below. If the user does not have a SSN, you may leave that blank.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>

Search

Customer Name	SSN	DOB	Gender	Medicaid Benefits?
---------------	-----	-----	--------	--------------------

Back **Next**

- 4) The **Customer Name**, **SSN**, **DOB**, **Gender**, and **Medicaid Benefits?** columns appear if there is a match to the search terms.

Customer Search

Please enter all information below. If the user does not have a SSN, you may leave that blank.

Customer SSN * Customer First Name * Customer Last Name

* Customer DOB * Customer Gender Male Female

Search

Customer Name	SSN	DOB	Gender	Medicaid Benefits?
---------------	-----	-----	--------	--------------------

◀ Back Next ▶

- 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.

Customer Search

Please enter all information below. If the user does not have a SSN, you may leave that blank.

Customer SSN * Customer First Name * Customer Last Name

* Customer DOB * Customer Gender Male Female

Search

Customer Name	SSN	DOB	Gender	Medicaid Benefits?
John Doe	***-**-1234	11/22/1963	Female	No

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- 7) Complete all required individual information fields, indicated with a red asterisk: Name, DOB, confirmation of citizenship, permanent address, mailing address. Click **Next**.

The screenshot shows the 'Applicant Information' form in the 'benefnd' system. The form is titled 'Applicant Information' and includes a red asterisk indicating required fields. The form is divided into several sections:

- Household Member:** Includes fields for First Name (Jane), M.I., Last Name (Doe), Suffix, Date of Birth (10/23/1984), Gender (Male), Marital Status, Social Security Number (SSN), and a checkbox for 'This person does not have a SSN'.
- Is this person a US citizen?:** Radio buttons for Yes (selected) and No.
- Race:** Dropdown menu with 'Asian' selected.
- Nationality:** Dropdown menu with 'Korean' selected.
- Is this person of Hispanic, Latino or Spanish origin?:** Radio buttons for Yes (selected) and No.
- Ethnicity:** Dropdown menu with 'Cuban' selected.
- Where Do You Live?:** Includes a checkbox for 'I don't have a permanent address' and fields for Address Line 1 (127 South Main Street), Address Line 2, City (Lexington), State (KY), Zip Code (40502), Zip +4 (1234), and County.
- What is Your Mailing Address?:** Includes fields for Address Line 1 (123 Car Street), Address Line 2, City (Lexington), State (KY), Zip Code (40502), Zip +4 (1234), and County.
- How Else Can We Reach You?:** Includes fields for Primary Phone (555-555-5555), Ext., Primary Phone Type (Mobile), Secondary Phone (555-555-5555), Ext., Secondary Phone Type (Mobile), and Preferred Written Language (English).

At the bottom right of the form, there are 'Cancel' and 'Next' buttons.

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.

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8) Complete the **More About the Applicant** screen with all required fields. Click **Submit**.

More about the applicant * = Required field

JANE's Pregnancy Information

- * Is JANE currently pregnant? YES NO
- * How many children is JANE expecting from this pregnancy?
- * What is JANE's due date? (mm/dd/yyyy)
- * Has JANE received Presumptive Eligibility benefits for this pregnancy? YES NO
- * Would JANE like to be referred to the State Supplemental Program for Women, Infants and Children (WIC)? YES NO

JANE's Income Information

- * How many family members does JANE have? Please include JANE and any unborn children in this count.

Total Household Monthly Income: \$0.00

Who	Type	Amount per month
-----	------	------------------

JANE's Other Information

- * Has this person received Presumptive Eligibility benefits this calendar year? YES NO
- * Is JANE currently incarcerated? YES NO
- * When did JANE enter prison? (mm/dd/yyyy)
- * Is JANE a parent caretaker for any child in the household? YES NO
- * Was JANE ever in foster care? YES NO
- * In what state was JANE in the foster care system?
- * Was JANE getting healthcare through this state's Medicaid program? YES NO
- * How old was JANE when she left the foster care system?
- * What date should benefits begin?

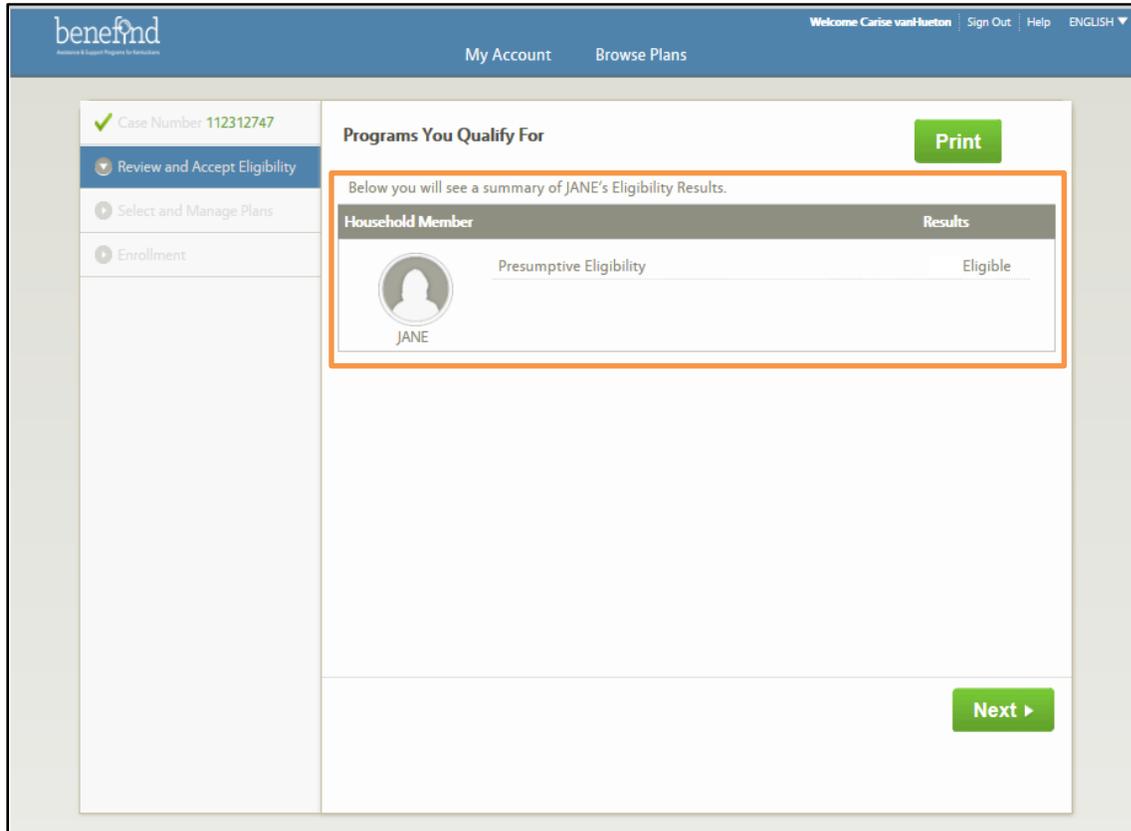
JANE's Other Health Coverage Information

- * Does JANE currently have insurance that covers doctors, office visits, and hospitalization? YES NO
- * What is the name of this plan
- What is the name of this insurance company?
- What is the Policy ID on this plan?
- What is the Group ID on this plan?

Click **Add More Income** to add the income of other

Click **Submit**

9) After submitting all applicant information, you are directed to the **Eligibility Results** screen.



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- 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.

Cabinet for Health and Family Services Office of the Kentucky Health Benefit Exchange	DATE: April 02, 2015 CASE NUMBER: 100015519	
JUDY SMITH 123 FRANKLIN AVE FRANKFORT, KY 40601		
<u>Notice About Your Coverage</u>		
Who was denied coverage		
Name	Program	Application Date
JUDY SMITH	Presumptive Eligibility	04/02/2015
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.		

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- 11) Results will appear as **Eligible** or **Not Eligible** on the **Programs You Qualify For** screen. Click **Next** to complete the PE application.

The screenshot displays the 'Programs You Qualify For' page in the benefind system. The page header includes the benefind logo, 'My Account', and 'Browse Plans'. A navigation sidebar on the left contains options: 'Review and Accept Eligibility' (selected), 'Select and Manage Plans', and 'Enrollment'. The main content area shows a table with the following data:

Household Member	Results
 JANE	Presumptive Eligibility Eligible

A 'Print' button is located in the top right corner of the main content area. At the bottom right, a 'Next >' button is highlighted with an orange callout box containing the text 'Click Next'.

6. Appendix

Form: Presumptive Eligibility Patient Information Form Page 1 of 2

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

Race:

White Asian Black
 American Indian Other

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Form: Presumptive Eligibility Patient Information Form Page 2 of 2

Number of People in My Family: ____*

*Count number of unborn if anyone in family pregnant.

FAMILY INCOME (use separate sheet if necessary)

	Family Member's Name	Income Type	How Much? **	How Often?
1				
2				
3				
4				
5				

Total Income: _____

**Income counted is before taxes are taken out.

Employer Information – complete only if income is from wages.

Line #	Employer Name	Employer Address

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