Presumptive Eligibility (PE) Quick Reference Guide for Application Assisters

Kentucky Health Benefit Exchange
This Presumptive Eligibility (PE) Quick Reference Guide is designed to assist employees of Qualified Entities 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 Application Assisters. Conditions such as existing PE income, incarceration, existing insurance checks, citizenship, and calendar year checks have been relaxed. Some important changes are below:

- 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).
- Individuals over the age of 65 may now receive Presumptive Eligibility
- 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. The rest of the guide explains normal eligibility rules prior to COVID-19.

2. General Presumptive Eligibility Information

Purpose

i. Presumptive Eligibility (PE) is a process in Kentucky which expedites an individual’s ability to receive temporary coverage for Medicaid services

ii. Employees of qualified entities (QE) are able to run a simplified eligibility review for Kentuckians, which will grant immediate medical assistance to residents at the time that they require medical coverage (or CHIP, if applicable)
a. Residents must provide: name, household size, and estimated monthly income

iii. Residents who are approved for Presumptive Eligibility are encouraged to complete the full Medicaid application process before their presumptive eligibility coverage ends

### A. Benefits and Expected Results

#### Residents/Patients
- Reduces the time for emergency eligibility determinations
- Allows prospective Medicaid beneficiaries to receive immediate, time-limited access to medical services
- Provides a gateway into full Medicaid for Kentuckians who may not have known they were eligible for full Medicaid benefits
- Gives pregnant, uninsured mothers access to prenatal care, providing multiple health benefits for the mother and baby
- Meets the needs of uninsured Kentuckians at the point of care and assists them through the full Medicaid application process

#### Qualified Entities (QEs)
- Empowers QEs to perform temporary Medicaid eligibility determinations at the point of care
- Improves the continuum of care by encouraging the PE recipient to complete a full Medicaid application
- Guarantees the reimbursement of eligible services rendered by the Provider to the PE recipient by Medicaid

### Authorization to Conduct PE Evaluation

i. To be authorized to conduct an applicant PE evaluation, employees must work at qualified entities that:

- ✔ Currently, participate in the Medicaid program
- ✔ Have access to the internet
- ✔ Have completed the PE certification/training program
- ✔ Abide by the standards of the Department of Medicaid Services
Services and Coverage Available

ii. PE covers Medicaid services, including:

<table>
<thead>
<tr>
<th>All groups (Except pregnant women)</th>
<th>Pregnant women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Services furnished by a primary care provider, a rural health clinic, a primary care center, or a federally qualified health care center</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Laboratory services</td>
</tr>
<tr>
<td>Emergency room services</td>
<td>X-ray services</td>
</tr>
<tr>
<td>Physician</td>
<td>Dental services, excludes orthodontics</td>
</tr>
<tr>
<td>Dental</td>
<td>Emergency room services</td>
</tr>
<tr>
<td>Lab</td>
<td>Emergency and nonemergency transportation</td>
</tr>
<tr>
<td>X-ray services</td>
<td>Pharmacy services</td>
</tr>
</tbody>
</table>

3. PE Eligibility Requirements

Who Is Eligible

- Individuals who are not currently receiving Medicaid benefits
- Pregnant women (eligible once per pregnancy)
- Individuals who are in a family with the gross family income meeting the following criteria:
  - ≤138% for children and adults 6 through 64 years old
  - ≤200% for pregnant women
  - ≤200% for children under one-year-old
  - ≤147% for children 1-5 years old

**Please Note:** For the most recent gross family income levels, navigate to [https://healthbenefitexchange.ky.gov/About/Pages/Facts-and-Resource-Sheet.aspx](https://healthbenefitexchange.ky.gov/About/Pages/Facts-and-Resource-Sheet.aspx)

- Cannot be an inmate of a public institution
- Must be a U.S. citizen or qualified alien
- Individuals who have not been approved for PE benefits during the current calendar year (unless a pregnant woman)
- Residents of the Commonwealth of Kentucky
  (Facilities may use a driver’s license or a utility bill with the applicant’s address as proof of residency)
Categories of Assistance

i. Adults: Individuals age 18 through 64
ii. Pregnant women: The number of expected children count in the household size for income eligibility
iii. Children: Under the age of 19. Income limits are determined by the age of the child
iv. Former foster care: Individuals 19 through 26 who received Medicaid due to foster care status until they aged out of the program. There is no income limit for this group

Duration of Coverage

i. Coverage is effective immediately upon receipt of a PE ID card and continues until:
   a. A Medicaid application is filed and either approved or denied; or
   b. The last day of the second month after PE determination, if no Medicaid application is filed

ii. Individuals can apply for full Medicaid coverage:
   b. In-person at a Department for Community Based Services county office
   c. By mail or fax using a paper application
   d. By phone calling contact center at 1-855-4kynect (459-6328)

Minimum Information for Medicaid PE

iii. Below is the minimum information required to process a Medicaid PE application:
   a. Today’s Date
   b. Last Name
   c. First Name
   d. Birthdate
   e. SSN
   f. Address, City, State, ZIP
   g. Telephone Number, Email Address
   h. Marital Status
   i. Number of People in Your Family (Count Unborn if anyone is pregnant)
   j. Family Member’s Name, Income Amount, How Often- For each member
   k. Total Family Income
4. Logging Into Kentucky Online Gateway

1) Go to the URL provided https://kynect.ky.gov.

2) Enter your Username or Email address and Password. Click Log In.

3) In the next step, Multi-Factor Authentication is needed. Symantec software is used to verify that you are an authorized user.
   a. If you do not have the Symantec software on your computer, follow steps 4 through 8.
   b. If you already have the software, jump to step 9 and enter the nickname, credential ID and Security code provided on your Symantec soft token.

4) To download the Symantec software on your computer, click on one of the links provided.
5) Enter your token nickname (for example, Joe’s computer).
6) From your desktop, open Symantec VIP access and enter the credential ID.
7) Enter the security code. Please note that this code is automatically regenerated every 30 seconds.
8) Click **Continue**.

To install Symantec, click one of these links

Enter your desired token nickname

Enter your credential ID

Enter your security code

Click **Continue**
9) Enter the six-digit form your VIP credential.

10) Click **Continue**.

![Multi-Factor Authentication](image1)

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

![Consent page](image2)

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

13) Click **Continue**.

![Role Selection](image3)
5. Exploring the Qualified Entity Dashboard

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

2) **Search for Customers** allows the Qualified Entity (QE) employee to search for individuals/employees who are associated with their user ID or organization, depending on how the QE has set up the access privileges for their users.

3) For example, based on a QE’s settings, QE employees may or may not be able to search for any client who is associated with the QE.

4) **Quick Links** provide access to links to other helpful content.

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

1) Click Start A PE Application

Please Note: Users do not have to search for the person on the home page before starting the PE Application. There is a search specific for PE applications once you start the PE Application. See the next page for details.
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. The results display if the applicant is receiving or has received Medicaid Benefits or are pending for Medicaid Benefits.

3) Click **Search**.
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 applicant is **Active** or **Pending** the PE application process is over, as the individual already has a PE Application.

6) If **Medicaid Benefits?** indicates **No**, you are directed to the **Applicant Information** screen.
7) Complete all required applicant 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

Click **Submit**
9) After submitting all applicant information, the user is directed to the **Eligibility Results** screen.

![Eligibility Results screen]

10) If the applicant is **Not Eligible** for Presumptive Eligibility, the **Print** button displays to provide **Denial Notice**. **Print** the Denial Notice and provide it to the applicant.

![Denial Notice]

**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 $55555. Eligibility is denied.

If you have any questions, go to kyhealthierky.gov or call us at 1-855-4kyhealth (459-6328). 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) If deemed **Eligible**, click **Next** to be redirected to **Shopping** for a health insurance plan through a Managed Care Organization. a preferred MCO or PCP on behalf of the applicant.

*Please Note:* The **Next** button **must** be clicked in order to complete the application. *If Next button is not clicked, the application remains pending.*
7. Appendix

Form: Presumptive Eligibility Patient Information Form Page 1 of 2

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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
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)

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