

# **Presumptive Eligibility (PE) Quick Reference Guide for Application Assisters**



**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 2<sup>nd</sup> 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.

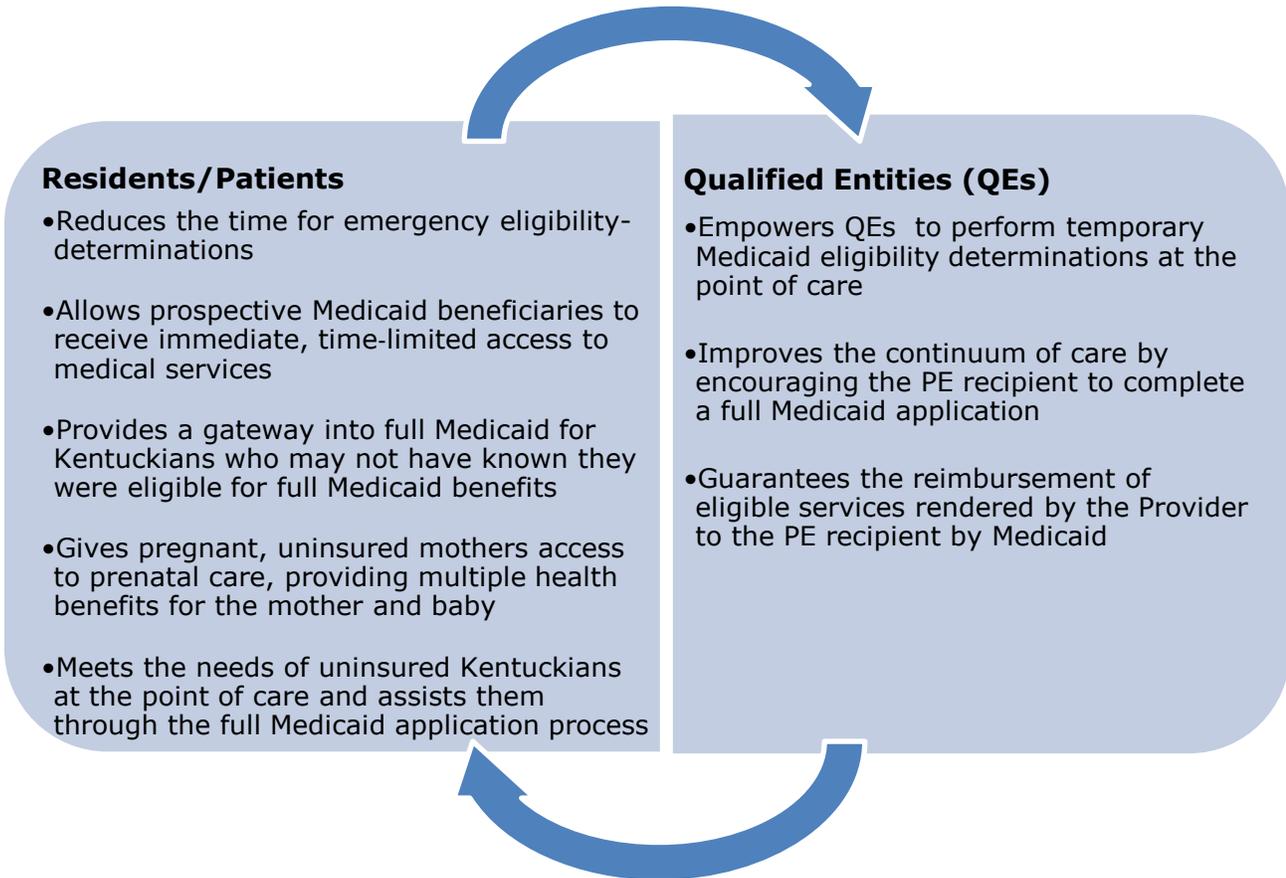
## 2. General Presumptive Eligibility Information

### 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**



**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:

All groups (Except pregnant women)	Pregnant women Pregnant women are only eligible for ambulatory prenatal care services delivered in an outpatient setting; birthing expenses are not covered under PE
Hospital	Services furnished by a primary care provider, a rural health clinic, a primary care center, or a federally qualified health care center
Pharmacy	Laboratory services
Emergency room services	X-ray services
Physician	Dental services, excludes orthodontics
Dental	Emergency room services
Lab	Emergency and nonemergency transportation
X-ray services	Pharmacy services

**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>



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***

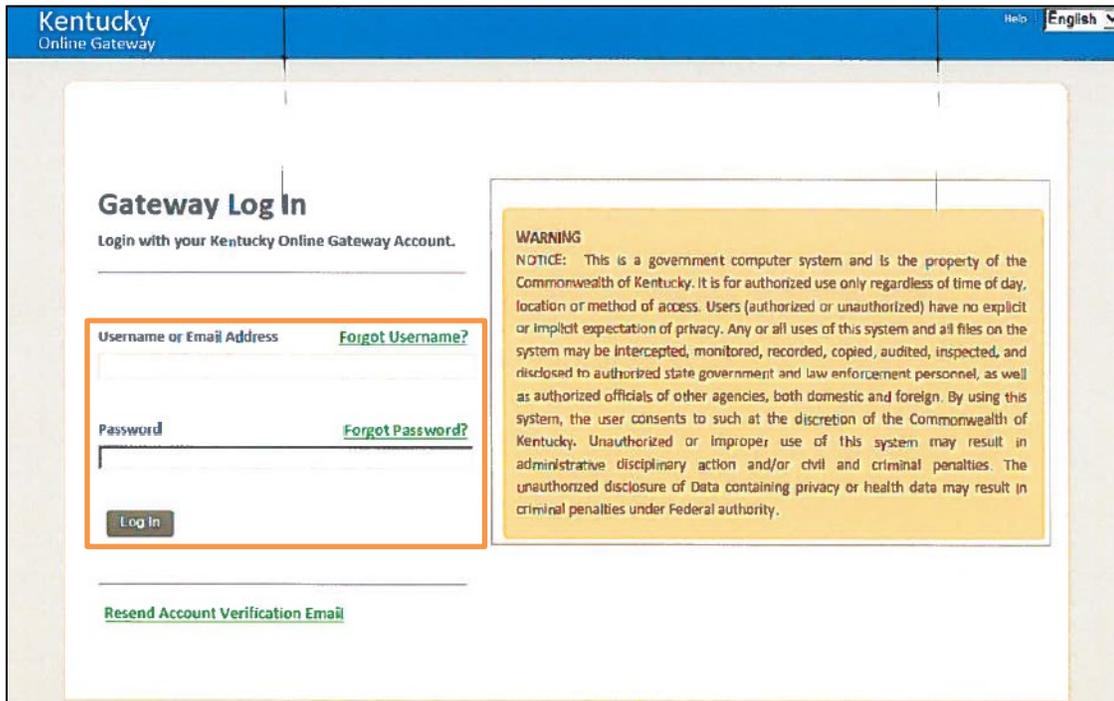
- i. Coverage is effective immediately upon receipt of a PE ID card and continues until:
  - a. A Medicaid application is filed and either approved or denied; or
  - b. The last day of the second month after PE determination, if no Medicaid application is filed
- ii. Individuals can apply for full Medicaid coverage:
  - a. Online at <https://kyenroll.ky.gov>
  - 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.

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8) Click **Continue**.

**Multi-Factor Authentication**  
Security Token Registration

This activity requires a Security Token  
To install a security token on your desktop or mobile phone, click one of the links below:  
[Get Mobile Token](#)  
[Get Desktop Token](#)  
[Get Hardware Token](#)

For more information, please click the link below to view the VIP Access software  
[Symantec VIP Access Software Installation Guide](#)

**Register New Security Token**

1 Enter Token Nickname  
\* Token Nickname   
(Example: John's Laptop, Mary's iPhone)

2 Enter your credential ID. The credential ID has 12 alphanumeric characters.  
\* Credential ID

Hard Token (BACK) Desktop Token Mobile Token

Enter your security code

Note: Your credential may appear differently from these samples

3 Enter the six-digit security code from your VIP credential  
\* Security Code

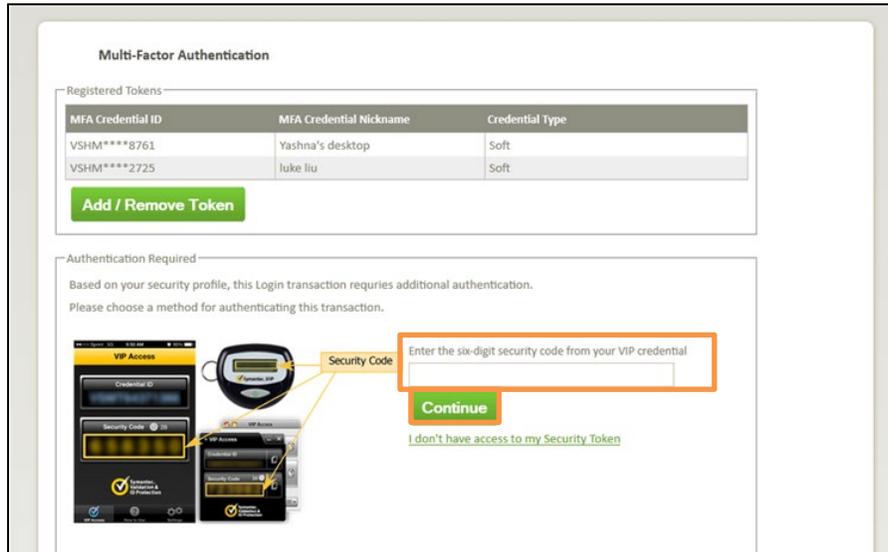
Hard Token (FRONT) Desktop Token Mobile Token

Click **Continue**

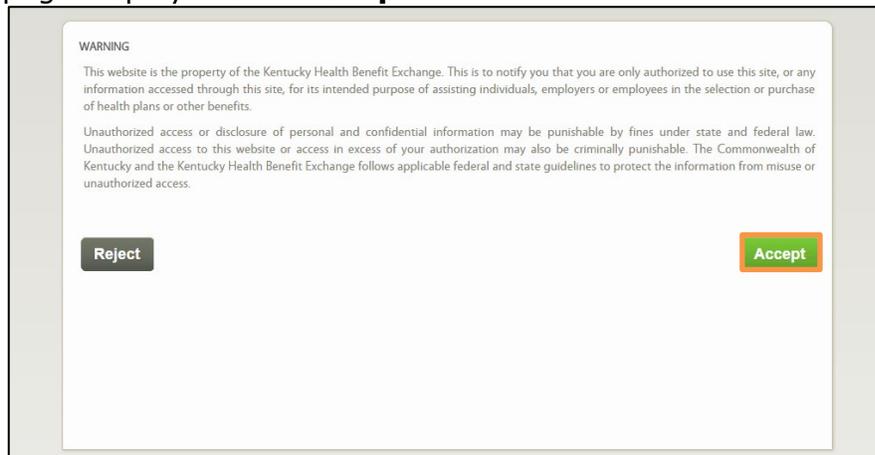
**Continue**

**Callouts:**  
- To install Symantec, click one of these links (points to the links section)  
- Enter your desired token nickname (points to the Nickname field)  
- Enter your credential ID (points to the Credential ID field)  
- Enter your security code (points to the Security Code field)  
- Click Continue (points to the Continue button)

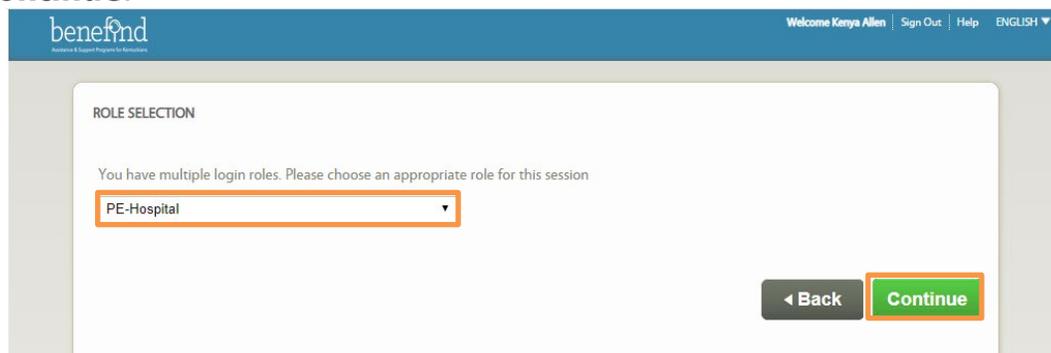
- 9) Enter the six-digit form your VIP credential.
- 10) Click **Continue**.



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

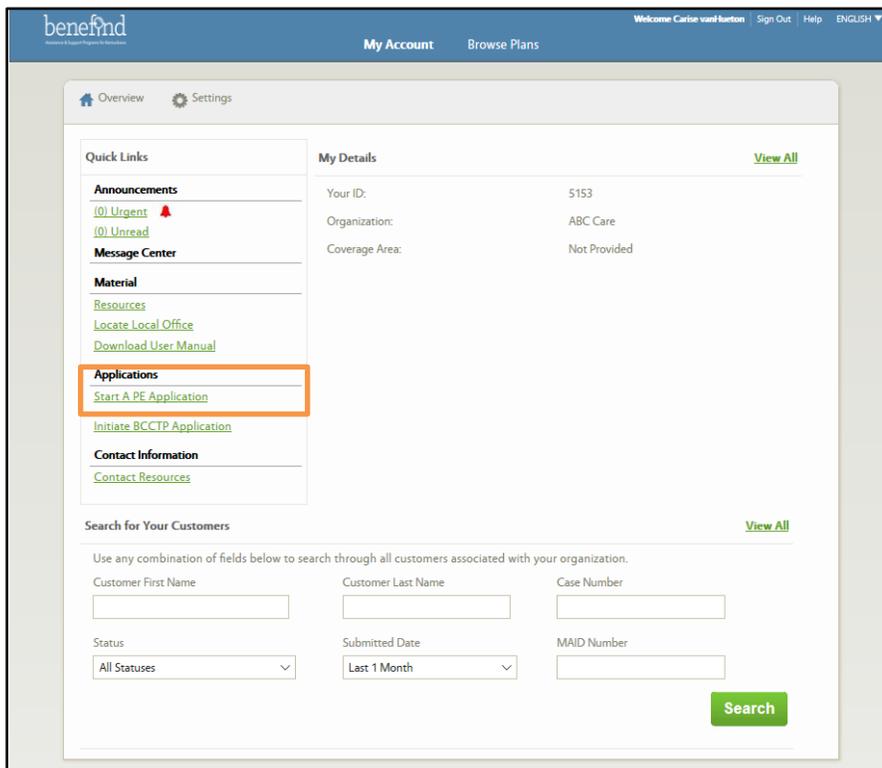


- 12) If you have multiple roles, select the appropriate **PE-Hospital** role from the Role Selection dropdown.
- 13) Click **Continue**.



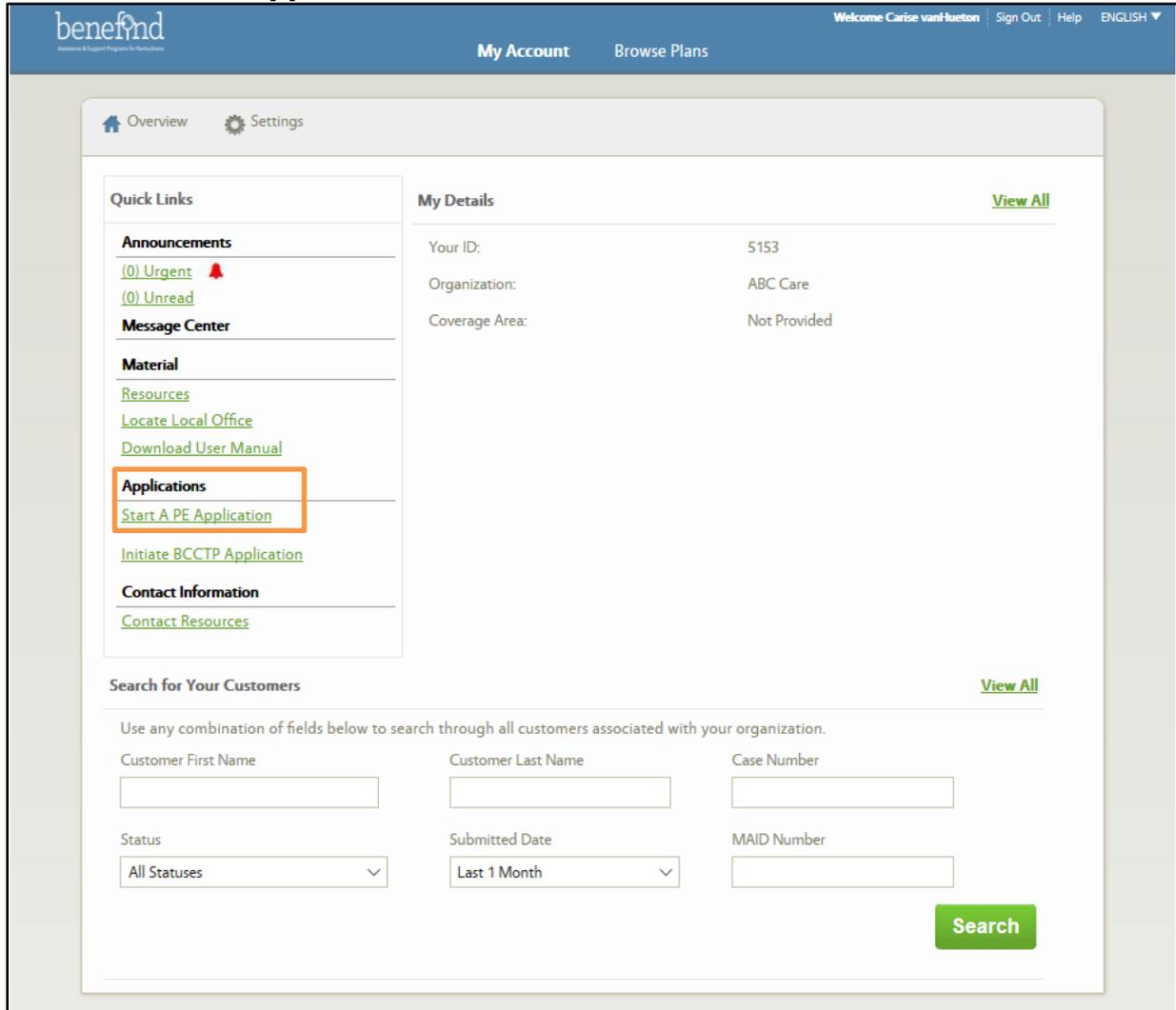
## 5. Exploring the Qualified Entity Dashboard

- 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.

The screenshot shows the 'Customer Search' form on the 'benefind' website. The form includes fields for Customer SSN, Customer First Name, Customer Last Name, Customer DOB, and Customer Gender (Male/Female). A green 'Search' button is located below the fields. A callout box with an orange border points to the SSN field, containing the text: 'Enter all the information. If the customer does not have an SSN, this field can be left blank'. The form also features 'Back' and 'Next' navigation buttons at the bottom.

3) Click **Search**.

This screenshot shows the same 'Customer Search' form as above, but with the 'Search' button highlighted by an orange box. Below the form, a table header is visible with columns for 'Customer Name', 'SSN', 'DOB', 'Gender', and 'Medicaid Benefits?'. The 'Search' button is now highlighted in green, indicating it has been clicked.

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

Customer Name	SSN	DOB	Gender	Medicaid Benefits?
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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.

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

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7) Complete all required applicant 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 on the 'benefind' website. The form is titled 'Applicant Information' and includes a legend for required fields: '\* = Required Field'. The form is divided into several sections:

- Household Member:** Fields for First Name (Jane), M.I., Last Name (Doe), and Suffix. Date of Birth (10/23/1984), Gender (Male), and Marital Status.
- Social Security Number (SSN):** A text field 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?:** A checkbox for 'I don't have a permanent address'. Below are 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?:** A checkbox for 'I pick up my mail at a different address from where I live'. Below are 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?:** 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
-----	------	------------------

[Add More Income](#)

**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**

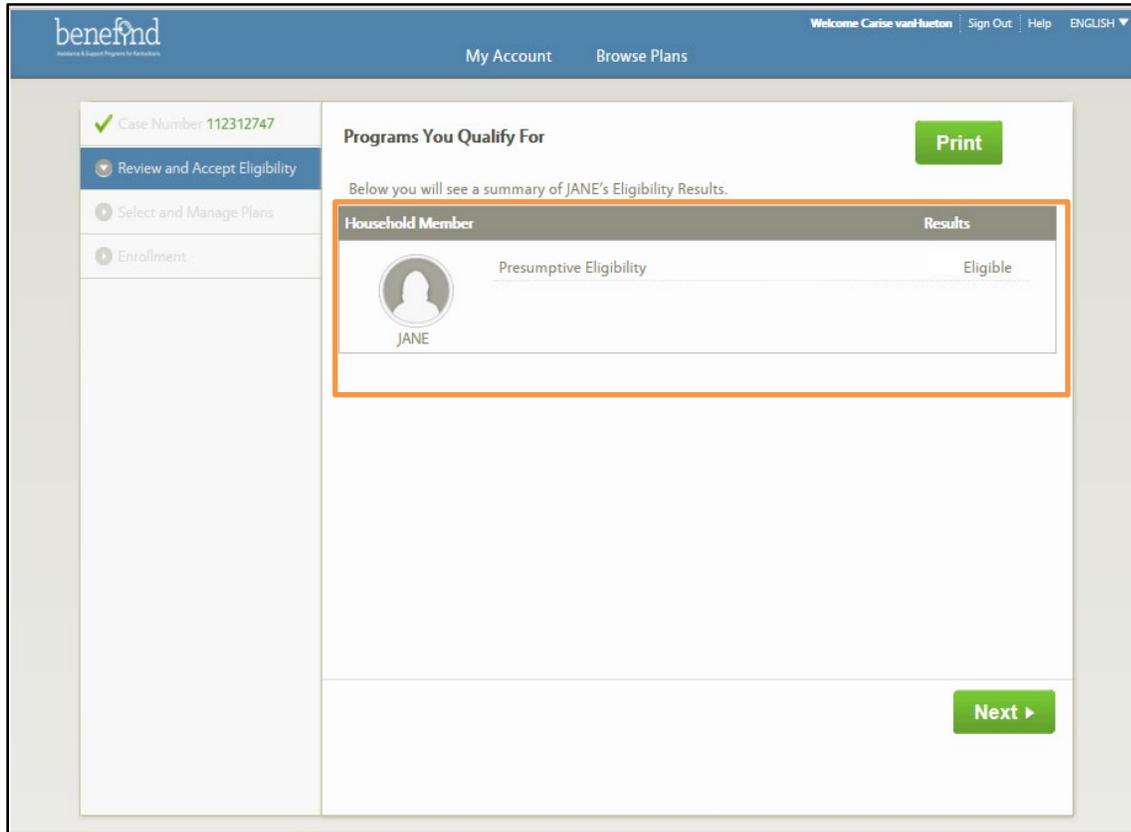
- \* Does JANE currently have insurance that covers doctors, office visits, and hospitalization?  
 YES  NO
- \* What is the name of this plan
- What is the name of this insurance company?
- What is the Policy ID on this plan?
- What is the Group ID on this plan?

[< Back](#) [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.



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.

**Cabinet for Health and Family Services**  
**Office of the Kentucky Health Benefit Exchange**  
12 Mill Creek Park, Frankfort, KY 40601-9230  
 1-855-4kynect (459-6328)  
 kynect.ky.gov

**DATE:** April 02, 2015  
**CASE NUMBER:** 100015519

**JUDY SMITH**  
 123 FRANKLIN AVE  
 FRANKFORT, KY 40601

Notice About Your Coverage

**Who was denied coverage**

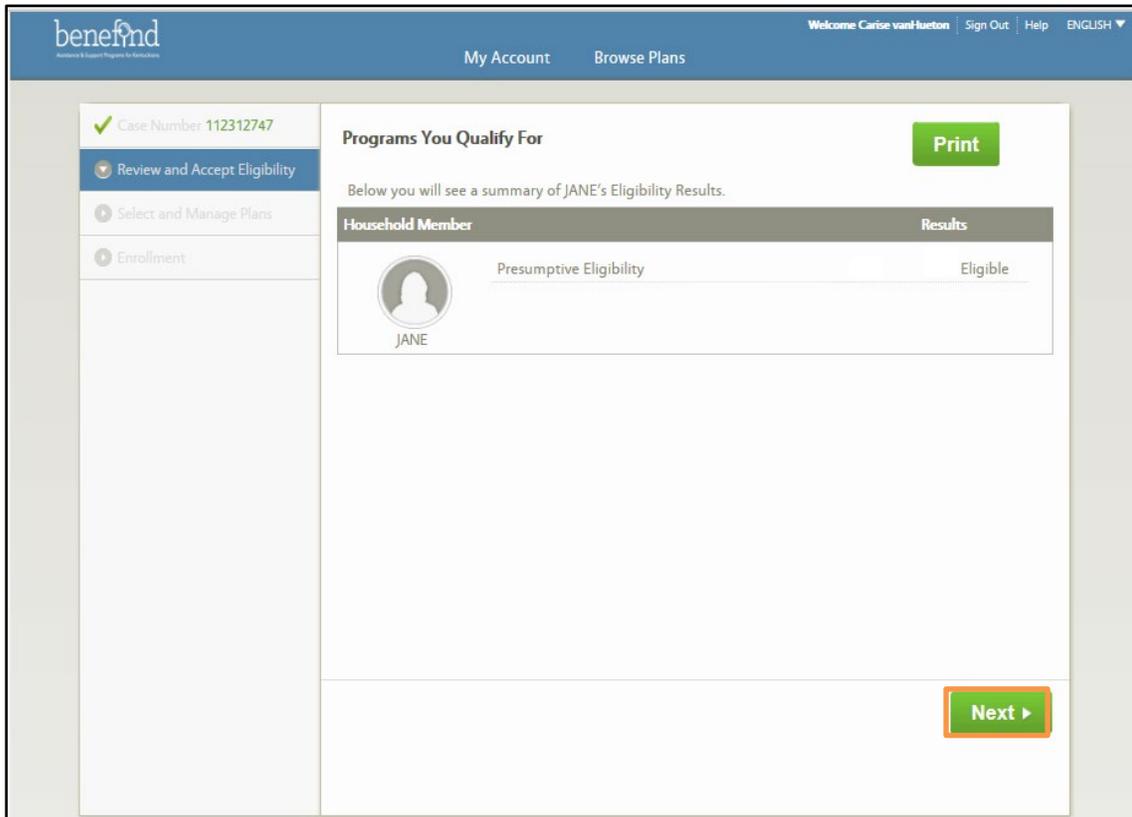
Name	Program	Application Date
JUDY SMITH	Presumptive Eligibility	04/02/2015

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

If you have any questions, go to [kynect.ky.gov](http://kynect.ky.gov) or call us at 1-855-4kynect (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**

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:

\_\_\_\_\_ M.I.  
 Last Name First Name

Do you Receive Medicaid?  Yes  No

Your Address:

\_\_\_\_\_ Apt./Building Number  
 Street Address

\_\_\_\_\_ State \_\_\_\_\_ Zip Code  
 City

\_\_\_\_\_ 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