

**Presumptive Eligibility (PE)
Quick Reference Guide for
Qualified Entities**



Presumptive Eligibility Quick Reference Guide

This Presumptive Eligibility (PE) Quick Reference Guide is designed to assist employees of Qualified Entities understand PE in kynect, including the benefits and features, eligibility requirements, and how to enroll citizens for PE using kynect.

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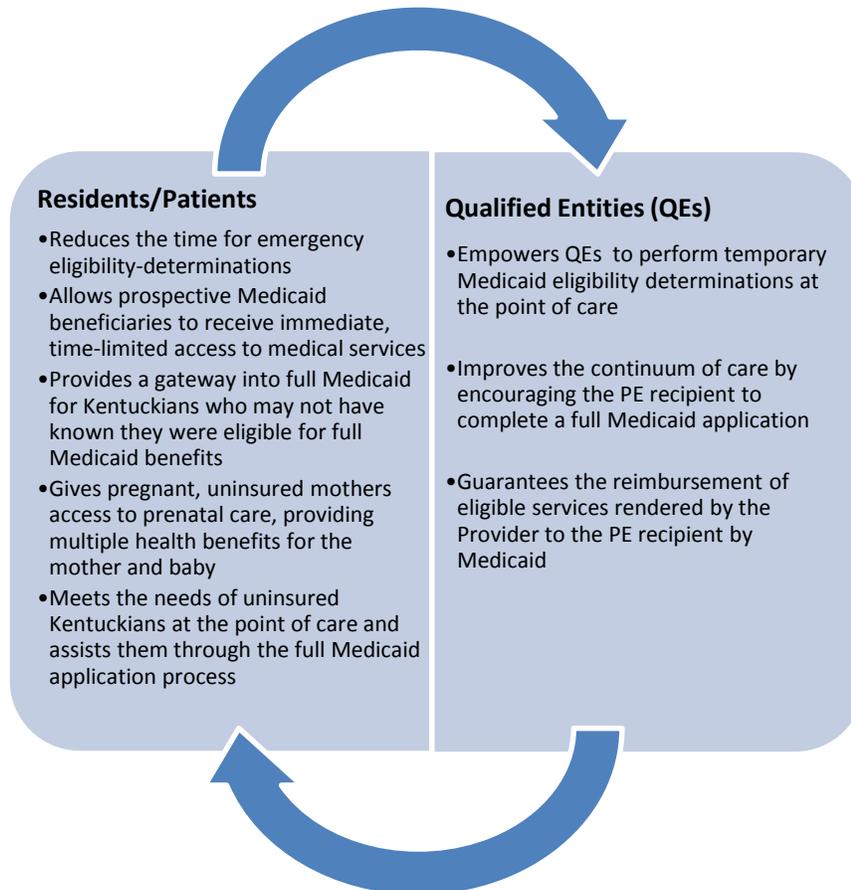
Presumptive Eligibility Quick Reference Guide

1. General Presumptive Eligibility Information

A. Purpose

- i. Presumptive Eligibility is a process in Kentucky which expedites an individual's ability to receive temporary coverage for Medicaid services
- ii. Employees of qualified entities 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

B. Benefits and Expected Results



C. Authorization to Conduct PE Evaluation

- i. To be authorized to conduct a patient 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

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D. Services and Coverage Available

i. 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

2. PE Eligibility Requirements

A. 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 1 year old
 ≤147% for children 1-5 years old



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 patient's address as proof of residency)

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B. 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

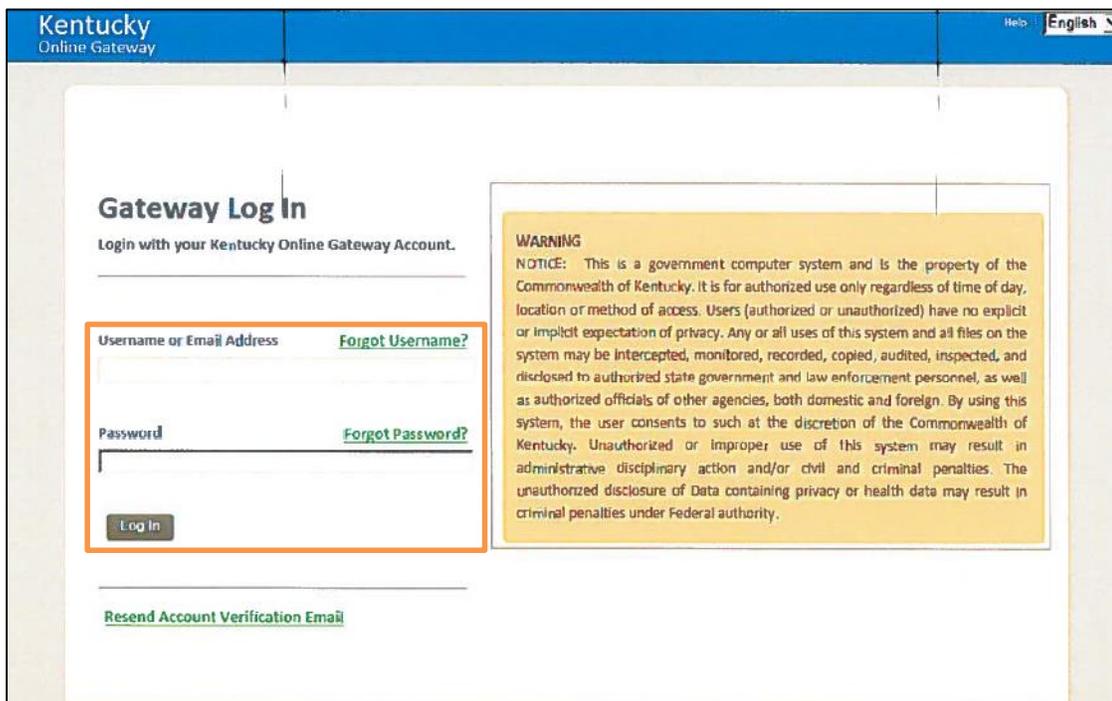
C. Duration of Coverage

- 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 the Benefits Line at **1-855-637-6576**

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3. Logging Into kynect

- 1) Go to the URL provided in your Qualified Entity on-boarding information or <https://kynect.ky.gov>.
- 2) Enter your Username or Email address and Password. Click **Log In**.



Kentucky
Online Gateway

Help English

Gateway Log In

Login with your Kentucky Online Gateway Account.

Username or Email Address [Forgot Username?](#)

Password [Forgot Password?](#)

Log In

[Resend Account Verification Email](#)

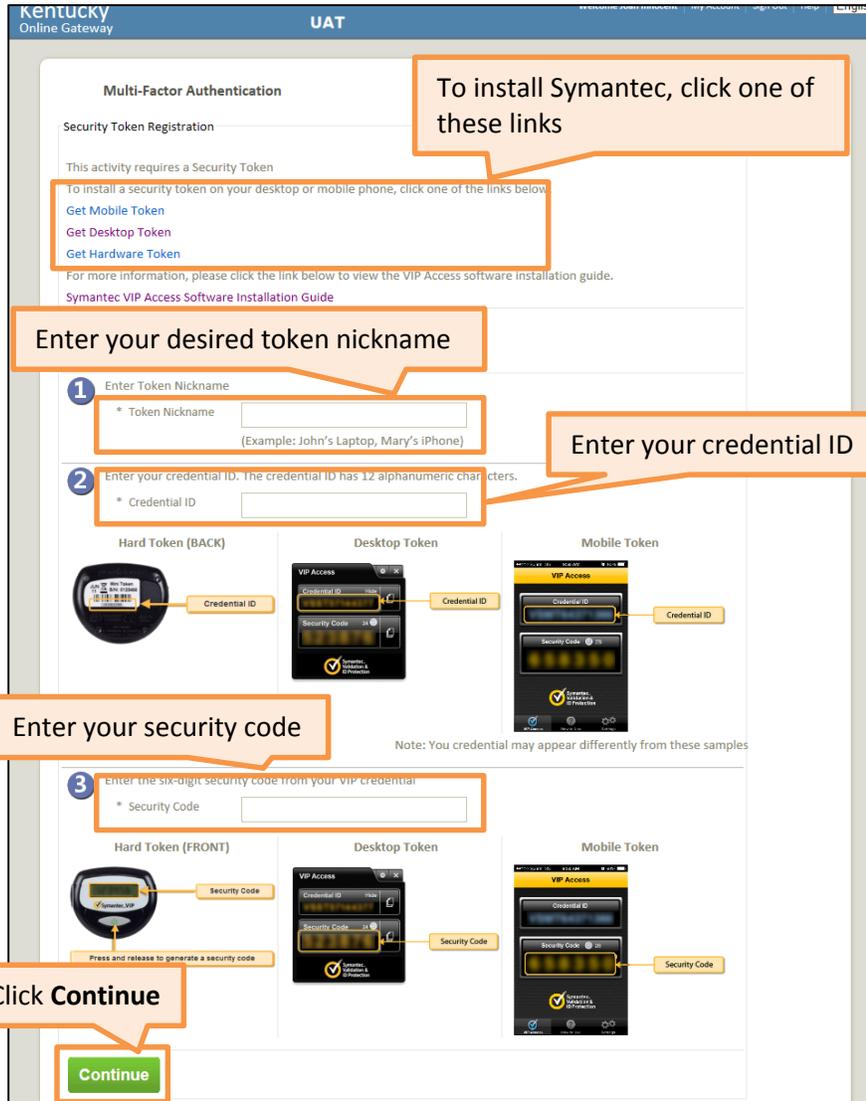
WARNING
NOTICE: This is a government computer system and is the property of the Commonwealth of Kentucky. It is for authorized use only regardless of time of day, location or method of access. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on the system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized state government and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such at the discretion of the Commonwealth of Kentucky. Unauthorized or improper use of this system may result in administrative disciplinary action and/or civil and criminal penalties. The unauthorized disclosure of Data containing privacy or health data may result in criminal penalties under Federal authority.

- 3) In the next step you will need to enter Multi Factor Authentication information using Symantec software to verify 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 will automatically be regenerated every 30 seconds.

Note: If you have questions logging in to the Partner Portal call 1(800)-635-2570, for questions logging in to kynect call 1(855)-459-6328.

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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 installation guide.
[Symantec VIP Access Software Installation Guide](#)

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

3 Enter the six-digit security code from your VIP credential

* Security Code

Hard Token (FRONT) Desktop Token Mobile Token

Press and release to generate a security code

Click **Continue**

Continue

To install Symantec, click one of these links

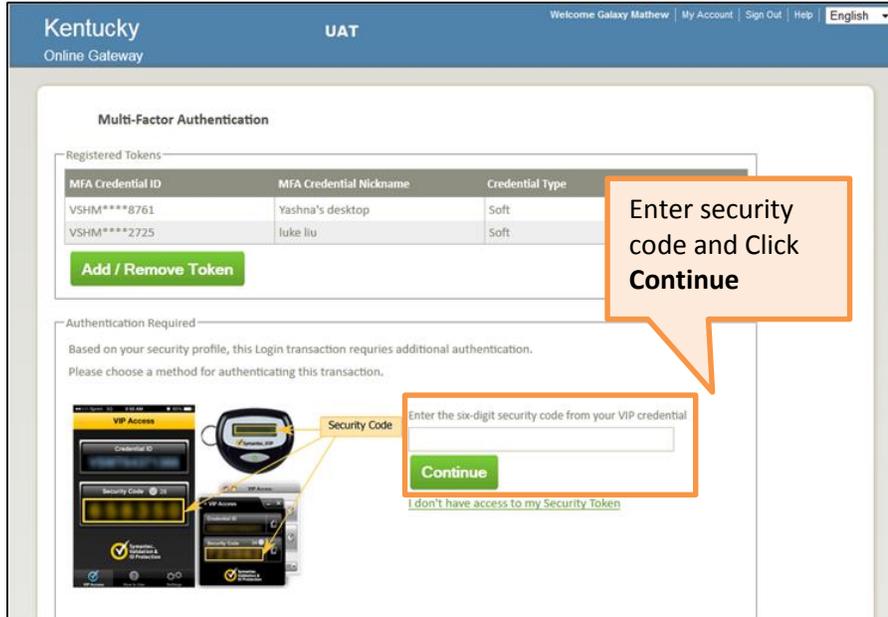
Enter your desired token nickname

Enter your credential ID

Note: You credential may appear differently from these samples

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



Kentucky UAT
Online Gateway

Welcome Galaxy Mathew | My Account | Sign Out | Help | English

Multi-Factor Authentication

Registered Tokens

MFA Credential ID	MFA Credential Nickname	Credential Type
VSHM****8761	Yashna's desktop	Soft
VSHM****2725	luke liu	Soft

[Add / Remove Token](#)

Authentication Required

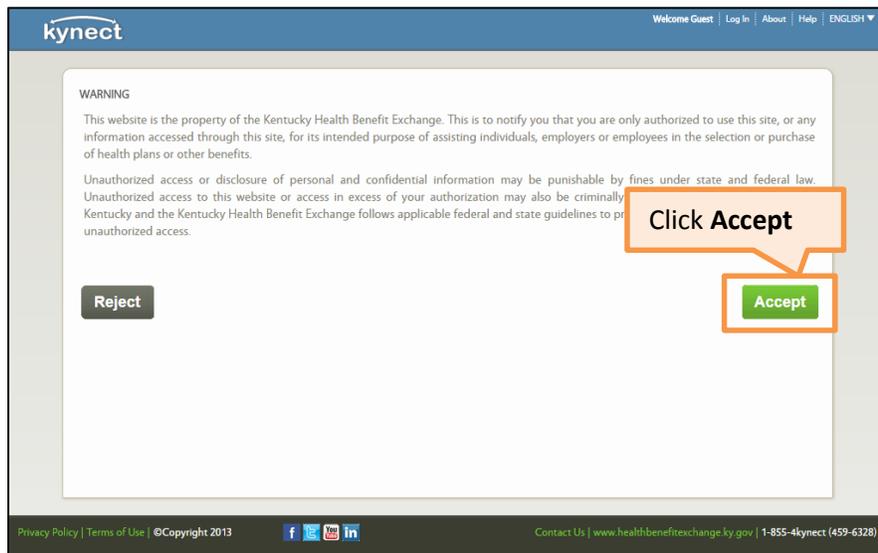
Based on your security profile, this Login transaction requires additional authentication.
Please choose a method for authenticating this transaction.

Enter the six-digit security code from your VIP credential

[Continue](#)

[I don't have access to my Security Token](#)

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



kynect Welcome Guest | Log In | About | Help | ENGLISH

WARNING

This website is the property of the Kentucky Health Benefit Exchange. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose of assisting individuals, employers or employees in the selection or purchase of health plans or other benefits.

Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable under state and federal law. The Kentucky Health Benefit Exchange follows applicable federal and state guidelines to protect against unauthorized access.

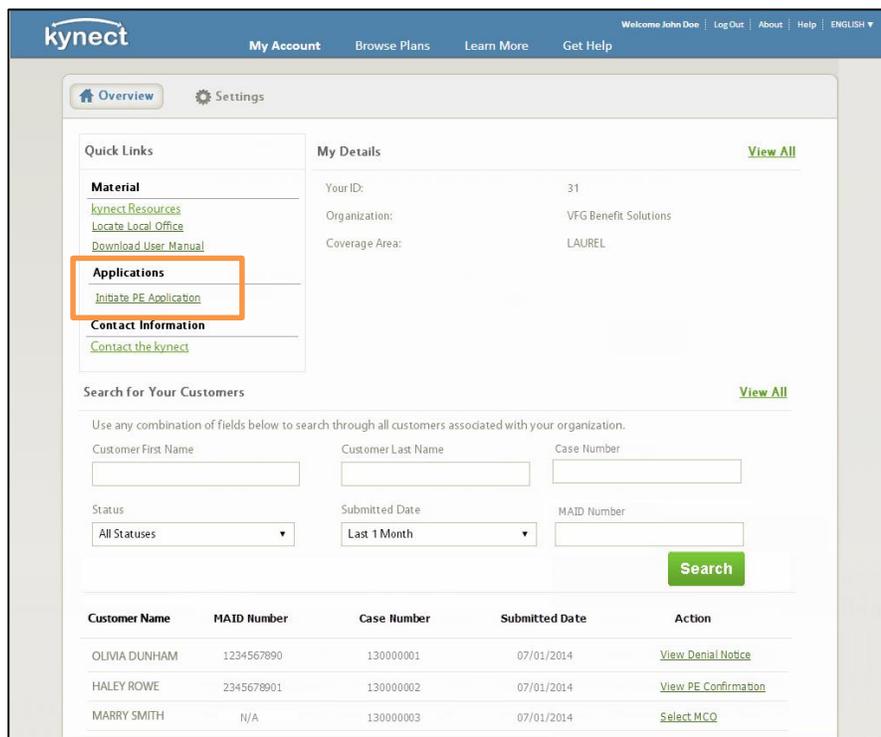
[Reject](#) [Accept](#)

Privacy Policy | Terms of Use | ©Copyright 2013 [f](#) [t](#) [v](#) [in](#) [Contact Us](#) | www.healthbenefitexchange.ky.gov | 1-855-4kynect (459-6328)

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4. Exploring the Qualified Entity Dashboard

- A. **My Details** provides a summary of the logged-in employee's personal information, including their ID, their organization, and their coverage area
- B. **Search for Customers** allows the Qualified Entity employee to search for individuals/employees who are associated to their user ID or organization, depending on how the QE has set up the access privileges for their users
 - i. 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 as a whole
- C. **Quick Links** provides access to links to other helpful content
- D. **Initiate 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 patient is eligible to apply for PE benefits



The screenshot shows the Kynect user interface. At the top, there is a navigation bar with the Kynect logo and user information: "Welcome John Doe | Log Out | About | Help | ENGLISH". Below the navigation bar, there are tabs for "Overview" and "Settings".

The main content area is divided into several sections:

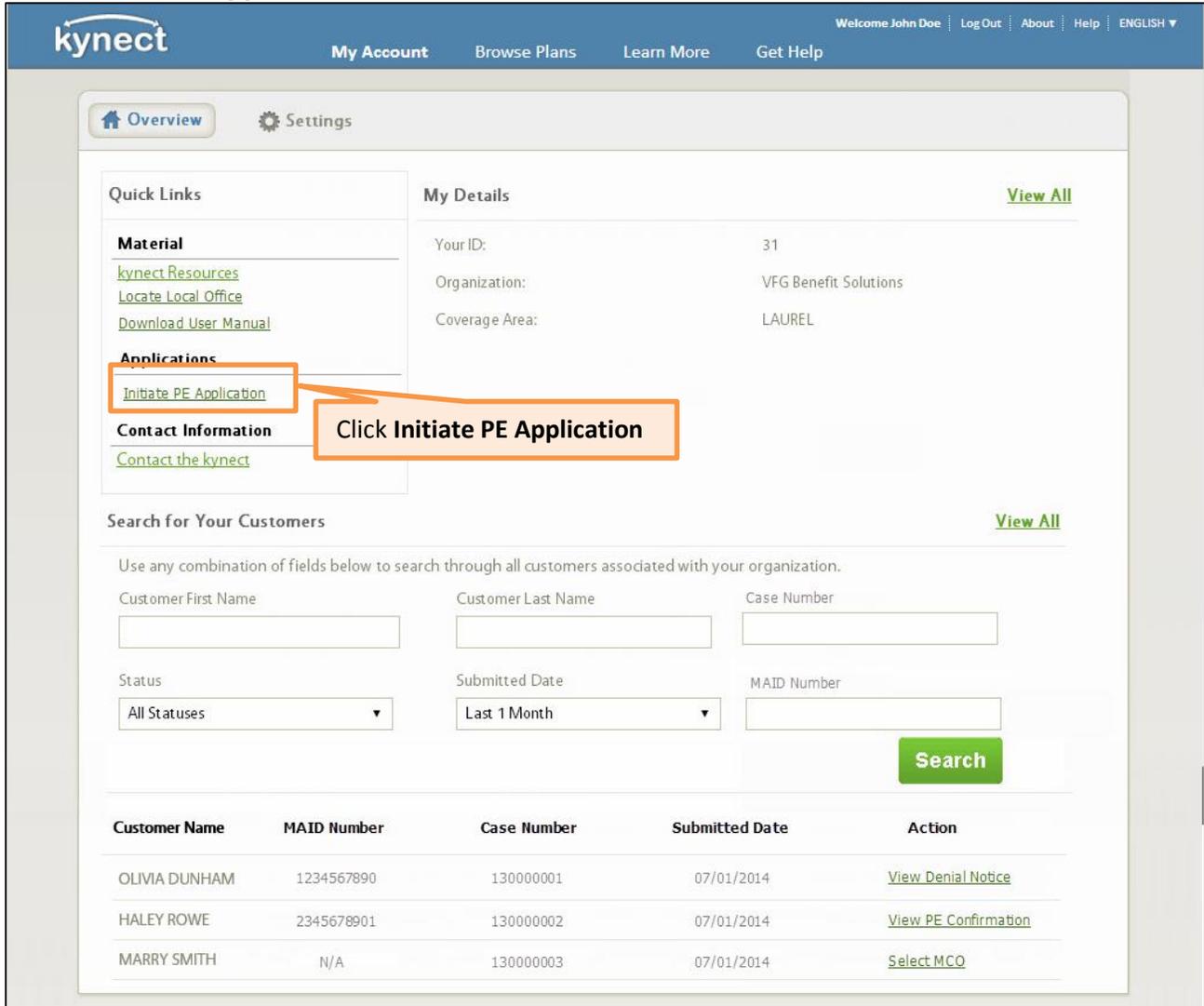
- Quick Links:** Contains links for "Material" (Kynect Resources, Locate Local Office, Download User Manual), "Applications" (Initiate PE Application - highlighted with an orange box), and "Contact Information" (Contact the Kynect).
- My Details:** Displays user information: Your ID: 31, Organization: VFG Benefit Solutions, Coverage Area: LAUREL. A "View All" link is present.
- Search for Your Customers:** Includes a search form with fields for Customer First Name, Customer Last Name, Case Number, Status (All Statuses), Submitted Date (Last 1 Month), and MAID Number. A green "Search" button is at the bottom right. A "View All" link is also present.
- Customer Table:** A table with columns: Customer Name, MAID Number, Case Number, Submitted Date, and Action.

Customer Name	MAID Number	Case Number	Submitted Date	Action
OLIVIA DUNHAM	1234567890	130000001	07/01/2014	View Denial Notice
HALEY ROWE	2345678901	130000002	07/01/2014	View PE Confirmation
MARRY SMITH	N/A	130000003	07/01/2014	Select MCQ

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5. Presumptive Eligibility Application Process

1) Click Initiate PE Application



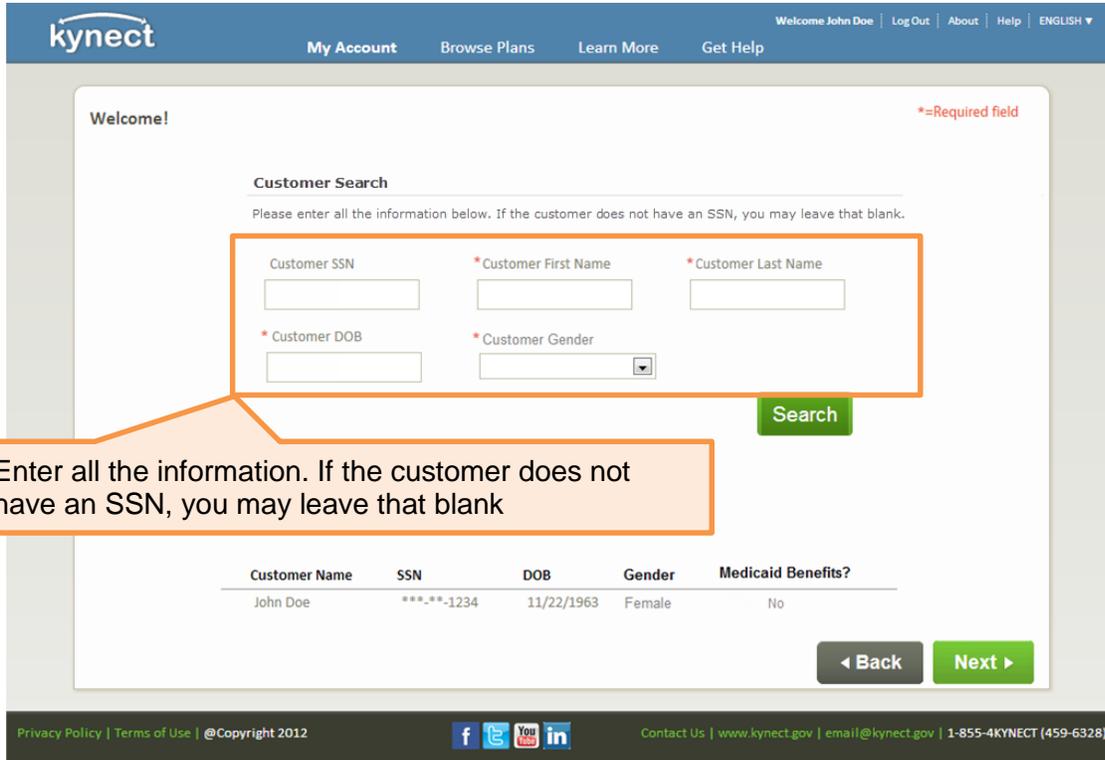
The screenshot shows the user interface of the kynect portal. At the top, there is a navigation bar with the kynect logo, user name 'Welcome John Doe', and links for 'Log Out', 'About', 'Help', and 'ENGLISH'. Below the navigation bar, there are tabs for 'Overview' and 'Settings'. The main content area is divided into several sections:

- Quick Links:** Contains links for 'Material' (kynect Resources, Locate Local Office, Download User Manual) and 'Applications' (Initiate PE Application, which is highlighted with an orange box and a callout).
- My Details:** Displays user information: Your ID: 31, Organization: VFG Benefit Solutions, Coverage Area: LAUREL. A 'View All' link is present.
- Contact Information:** Contains a link for 'Contact the kynect'.
- Search for Your Customers:** A search form with fields for Customer First Name, Customer Last Name, Case Number, Status (dropdown), Submitted Date (dropdown), and MAID Number. A green 'Search' button is located below the form.
- Customer List:** A table with columns: Customer Name, MAID Number, Case Number, Submitted Date, and Action.

Customer Name	MAID Number	Case Number	Submitted Date	Action
OLIVIA DUNHAM	1234567890	130000001	07/01/2014	View Denial Notice
HALEY ROWE	2345678901	130000002	07/01/2014	View PE Confirmation
MARRY SMITH	N/A	130000003	07/01/2014	Select MCO

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- 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 kynect system. This tells you if they are actively receiving Medicaid Benefits or have pending for Medicaid Benefits



Welcome! *==Required field

Customer Search

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

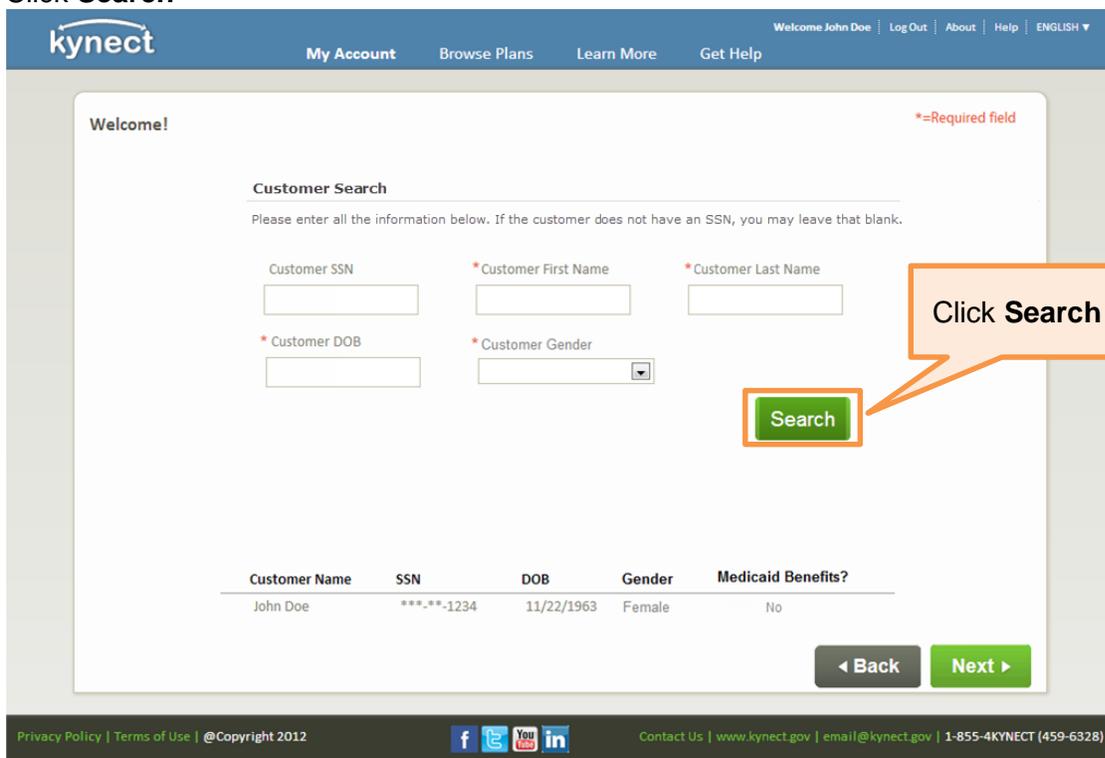
Customer SSN *Customer First Name *Customer Last Name

*Customer DOB *Customer Gender

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

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- Click **Search**



Welcome! *==Required field

Customer Search

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

Customer SSN *Customer First Name *Customer Last Name

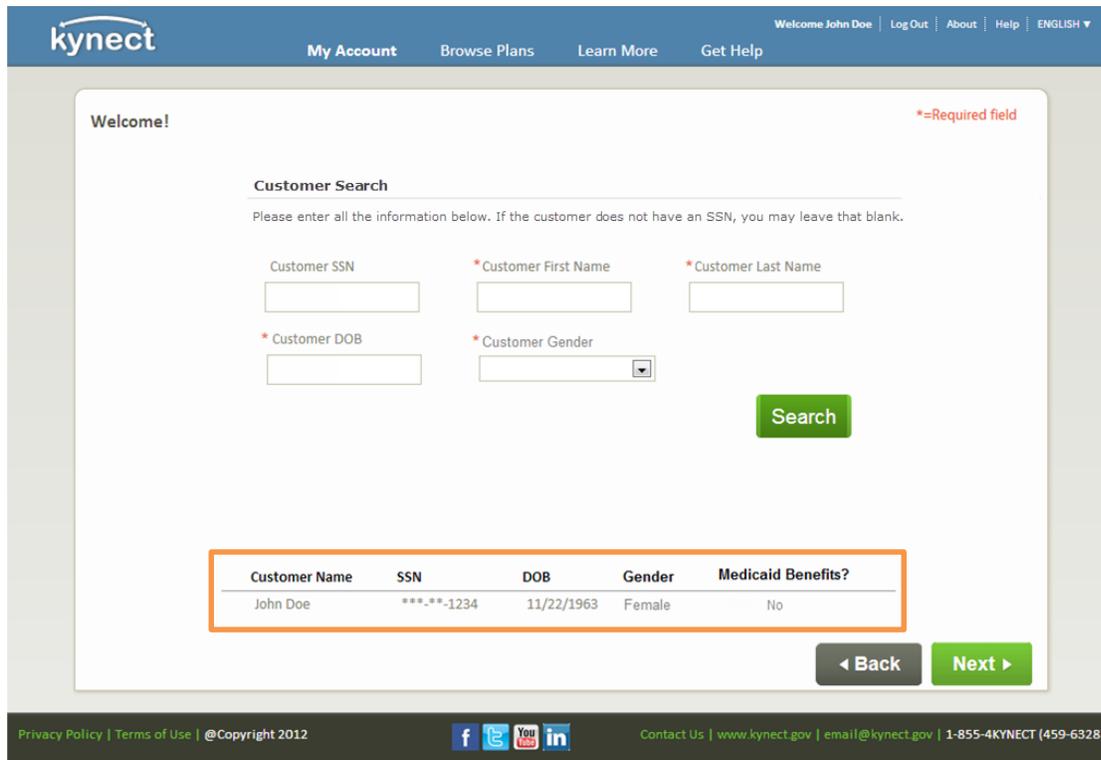
*Customer DOB *Customer Gender

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

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



Welcome! *-=Required field

Customer Search

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

Customer SSN

* Customer First Name

* Customer Last Name

* Customer DOB

* Customer Gender

Search

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

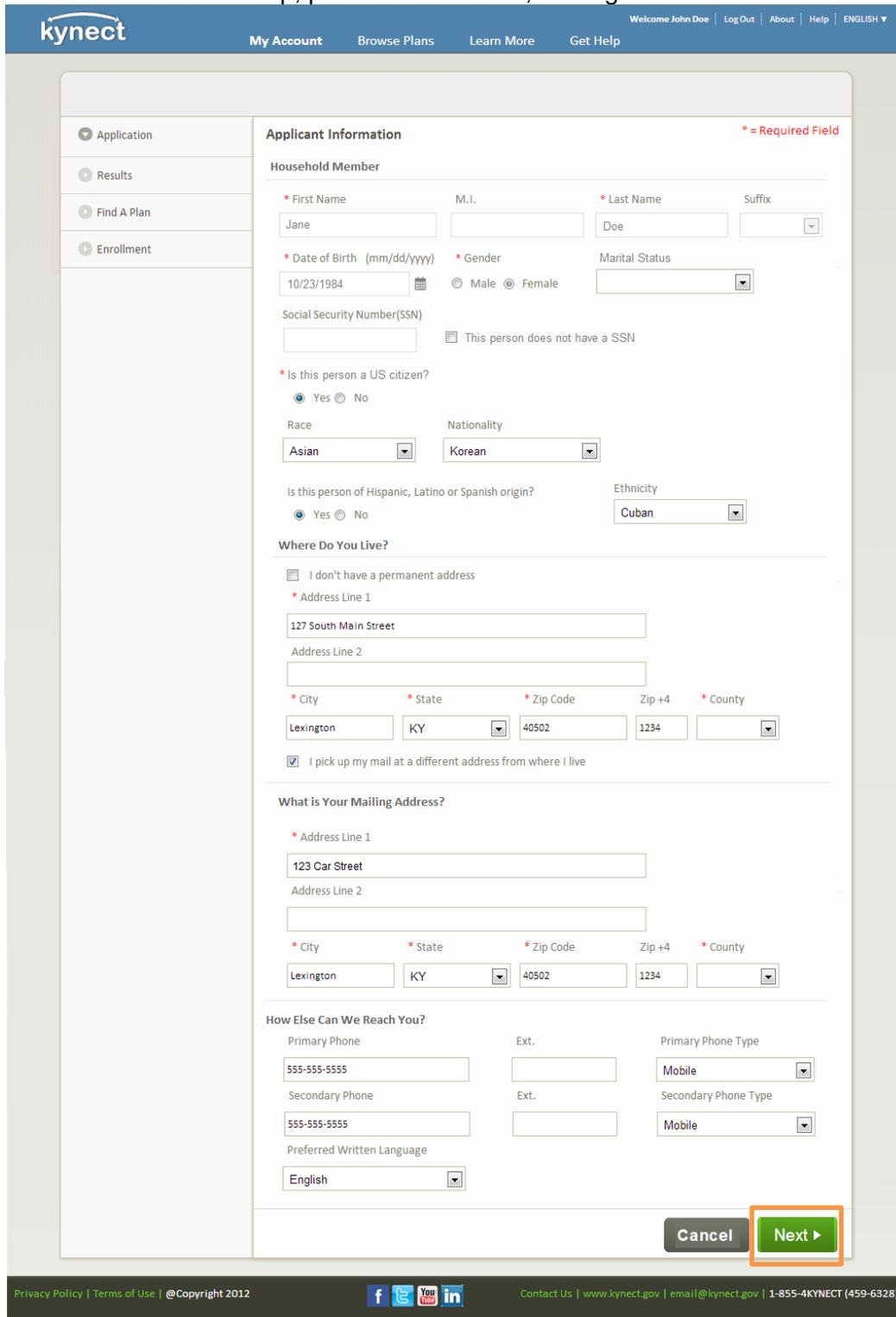
Back **Next**

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- 5) If **Medicaid Benefits?** indicates the customer is **Active** or **Pending** the PE application process is over, as a PE application for the patient is unnecessary
- 6) If **Medicaid Benefits?** indicates **No**, you are directed to the **Applicant Information** screen

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



Applicant Information * = Required Field

Household Member

* First Name: Jane M.I.: [] * Last Name: Doe Suffix: []

* Date of Birth (mm/dd/yyyy): 10/23/1984 * Gender: Male Female Marital Status: []

Social Security Number(SSN): [] This person does not have a SSN

* Is this person a US citizen?
 Yes No

Race: Asian Nationality: Korean

Is this person of Hispanic, Latino or Spanish origin?
 Yes No Ethnicity: Cuban

Where Do You Live?

I don't have a permanent address

* Address Line 1: 127 South Main Street
 Address Line 2: []

* City: Lexington * State: KY * Zip Code: 40502 Zip +4: 1234 * County: []

I pick up my mail at a different address from where I live

What is Your Mailing Address?

* Address Line 1: 123 Car Street
 Address Line 2: []

* City: Lexington * State: KY * Zip Code: 40502 Zip +4: 1234 * County: []

How Else Can We Reach You?

Primary Phone: 555-555-5555 Ext.: [] Primary Phone Type: Mobile
 Secondary Phone: 555-555-5555 Ext.: [] Secondary Phone Type: Mobile

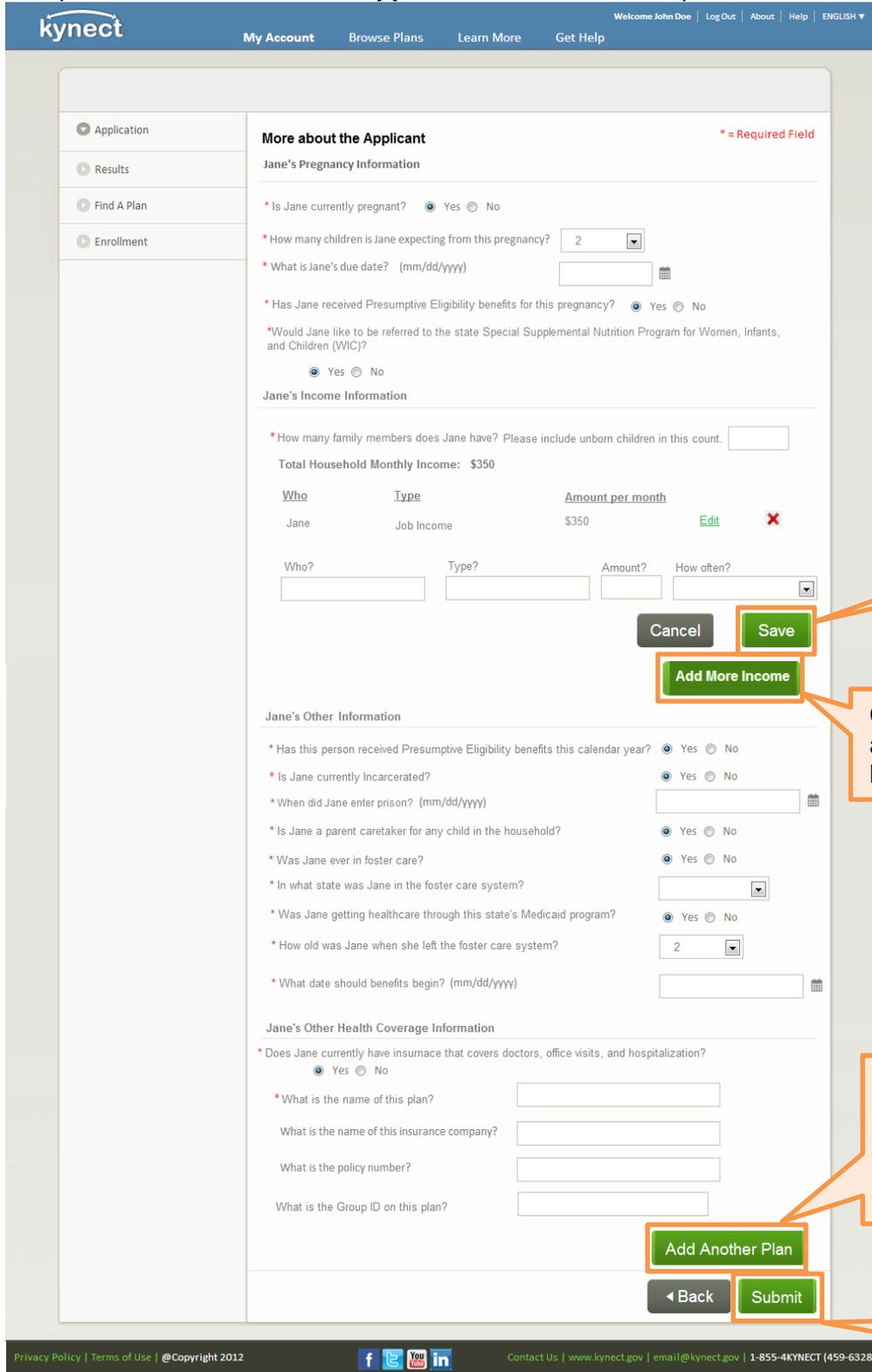
Preferred Written Language: English

Cancel **Next**

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



The screenshot shows the 'More About the Applicant' form with the following sections and callouts:

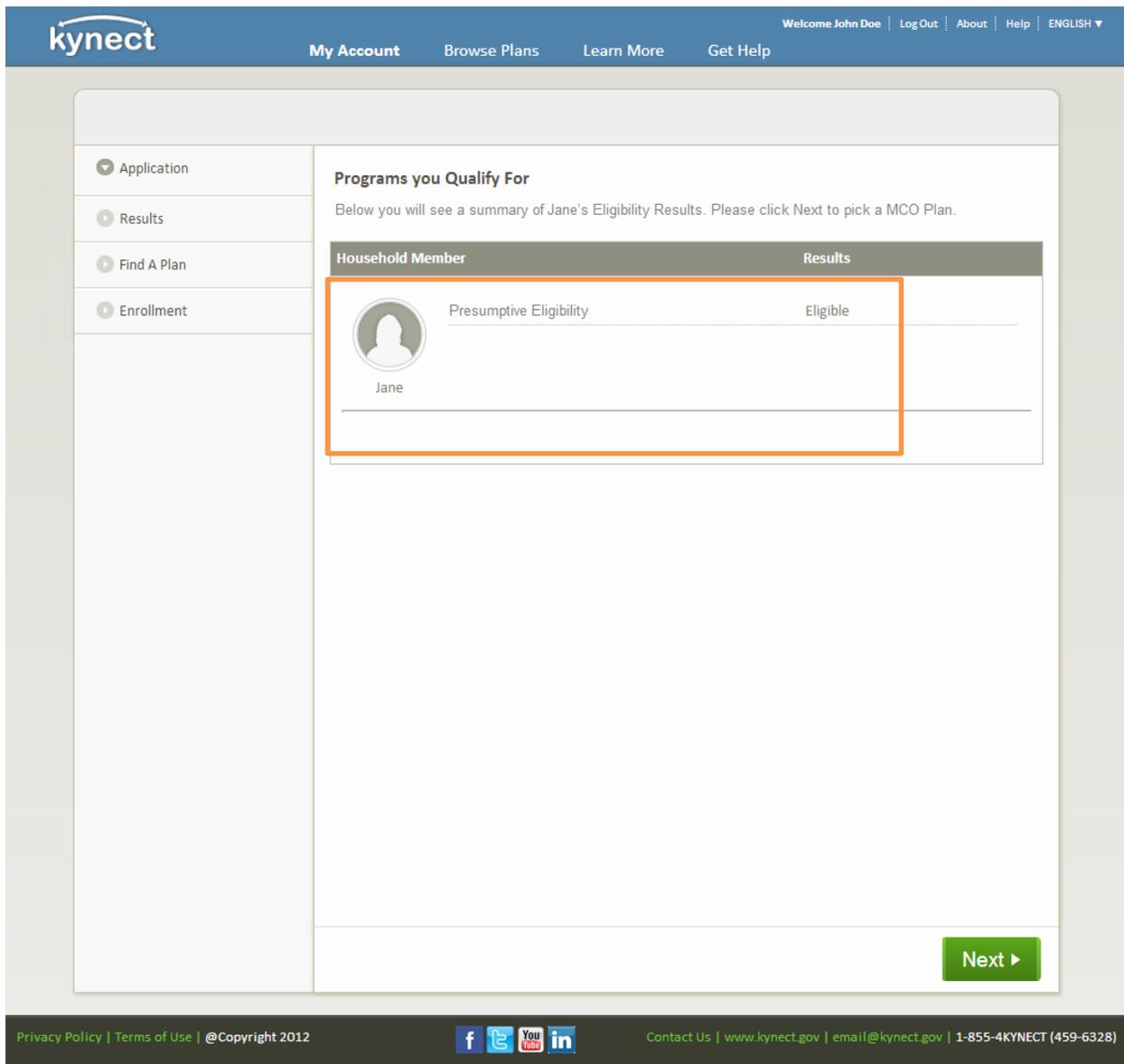
- More about the Applicant** (Header with a red asterisk indicating required fields)
- Jane's Pregnancy Information**
 - * Is Jane currently pregnant? Yes No
 - * How many children is Jane expecting from this pregnancy?
 - * What is Jane's due date? (mm/dd/yyyy)
 - * Has Jane received Presumptive Eligibility benefits for this pregnancy? Yes No
 - * Would Jane like to be referred to the state Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)? Yes No
- Jane's Income Information**
 - * How many family members does Jane have? Please include unborn children in this count.
 - Total Household Monthly Income: \$350
 - Table with columns: Who, Type, Amount per month, Edit, and a red X.
 - Row 1: Jane, Job Income, \$350, Edit, X
 - Form fields: Who?, Type?, Amount?, How often?
 - Buttons: Cancel, Save, 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? (mm/dd/yyyy)
- 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 number?
 - What is the Group ID on this plan?
 - Buttons: Add Another Plan, Back, Submit

Callout boxes provide instructions for the highlighted buttons:

- Click Save after entering each income** (points to the Save button)
- Click Add More Income to add the income of other household members** (points to the Add More Income button)
- If patient currently has insurance coverage, including Medicare, click Add Another Plan to enter coverage details** (points to the Add Another Plan button)
- Click Submit** (points to the Submit button)

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



Welcome John Doe | Log Out | About | Help | ENGLISH ▼

My Account | Browse Plans | Learn More | Get Help

Application (selected) | Results | Find A Plan | Enrollment

Programs you Qualify For

Below you will see a summary of Jane's Eligibility Results. Please click Next to pick a MCO Plan.

Household Member	Results
 Jane	Presumptive Eligibility Eligible

Next ▶

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10) If patient is **Not Eligible** for Presumptive Eligibility, the **Print** button will display to provide **Denial Notice**. **Print** the Denial Notice and provide to the patient

HBE-052 02/14



Kentucky's Healthcare Connection

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

Steven L. Beshear
Governor

Carrie Banahan
Executive Director

Audrey Tayse Haynes
Secretary

DATE: April 02, 2015
CASE NUMBER: 100015519

JUDY SMITH
123 FRANKLIN AVE
FRANKFORT, KY 40601

Notice About Your Coverage

Who was denied coverage

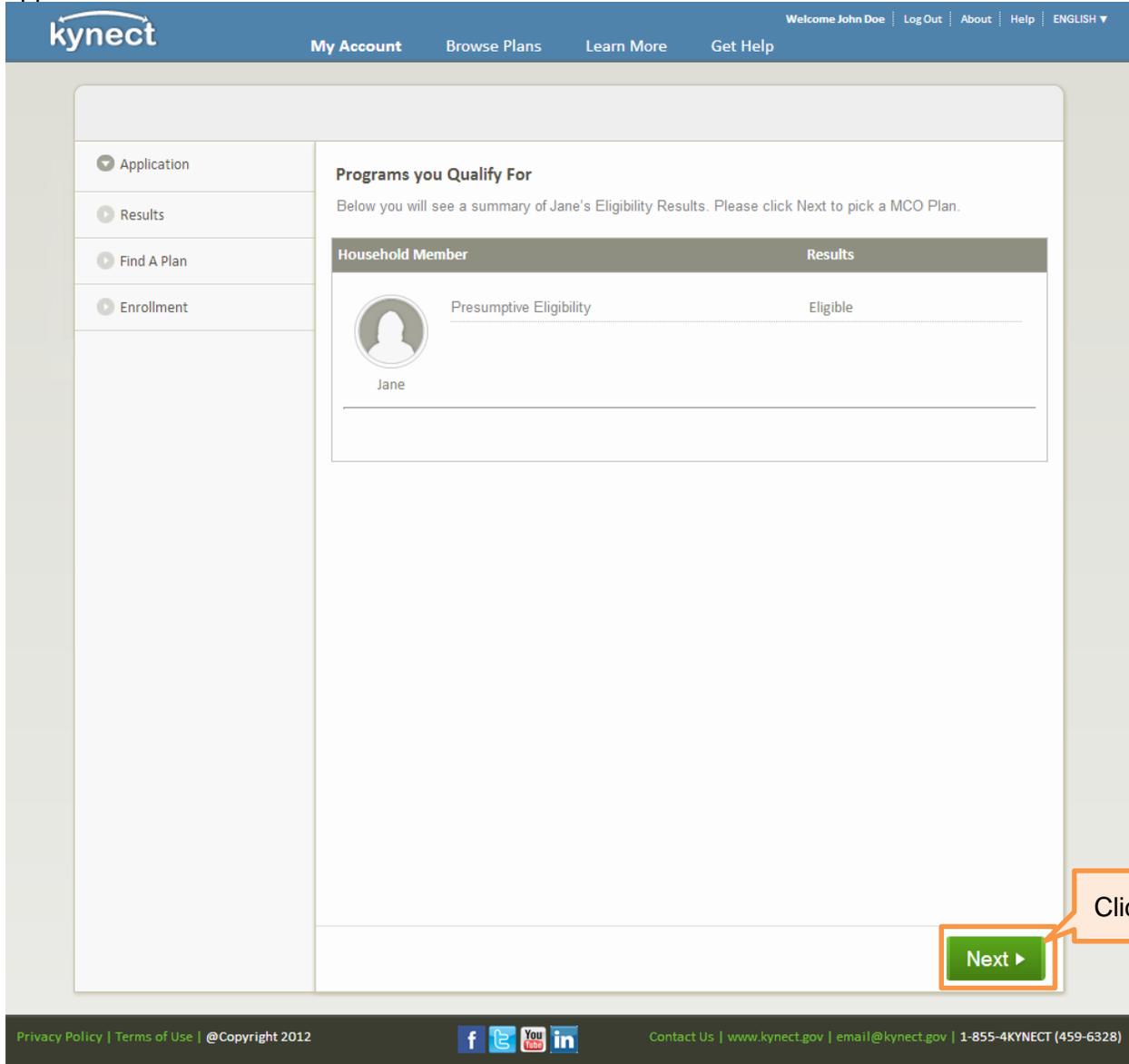
Name	Program	Application Date
JUDY SMITH	Presumptive Eligibility	04/02/2015
Reason: Income Exceeds Limit; Your monthly income is more than \$\$\$\$\$\$. Eligibility is denied.		

If you have any questions, go to kynect.ky.gov 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.

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11) If deemed **Eligible**, click **Next** to be redirected to **Shopping** for a health insurance plan through a Managed Care Organization. You are able to pick a preferred MCO or PCP on behalf of the applicant



Welcome John Doe | Log Out | About | Help | ENGLISH ▾

My Account | Browse Plans | Learn More | Get Help

Application
Results
Find A Plan
Enrollment

Programs you Qualify For

Below you will see a summary of Jane's Eligibility Results. Please click Next to pick a MCO Plan.

Household Member	Results
 Jane Presumptive Eligibility	Eligible

[Next >](#)

Click Next

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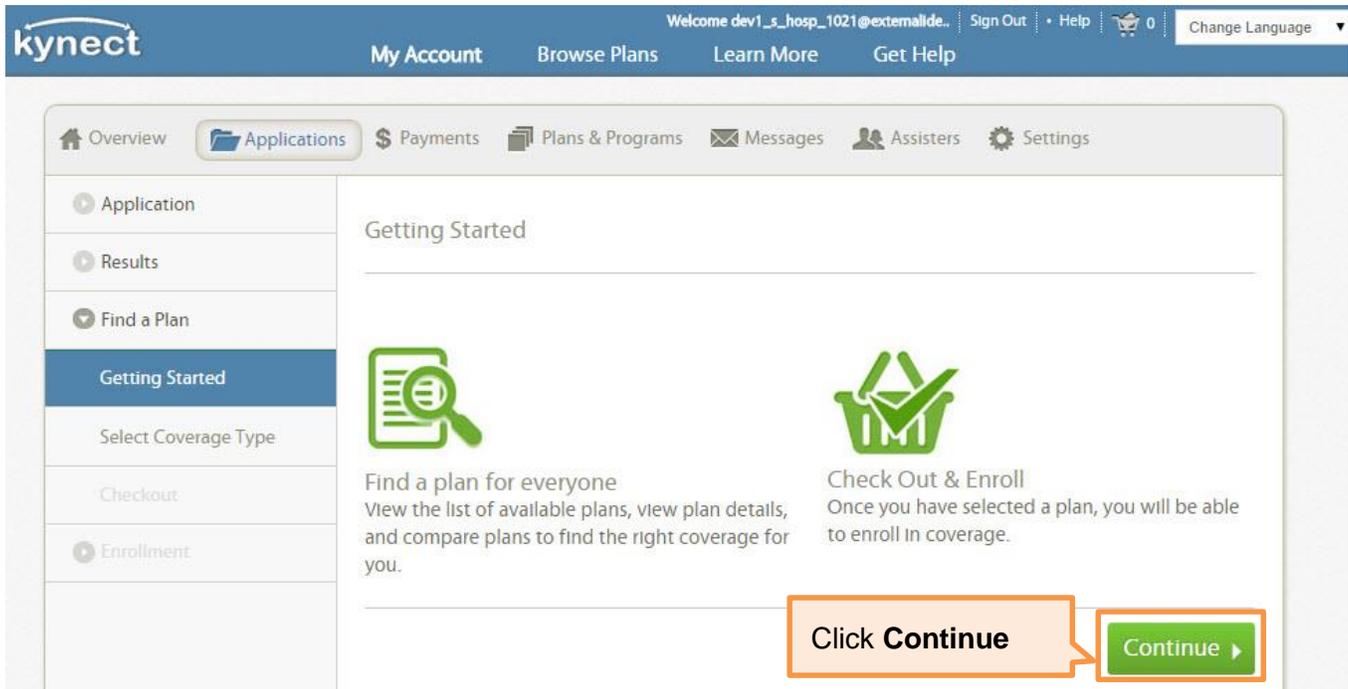




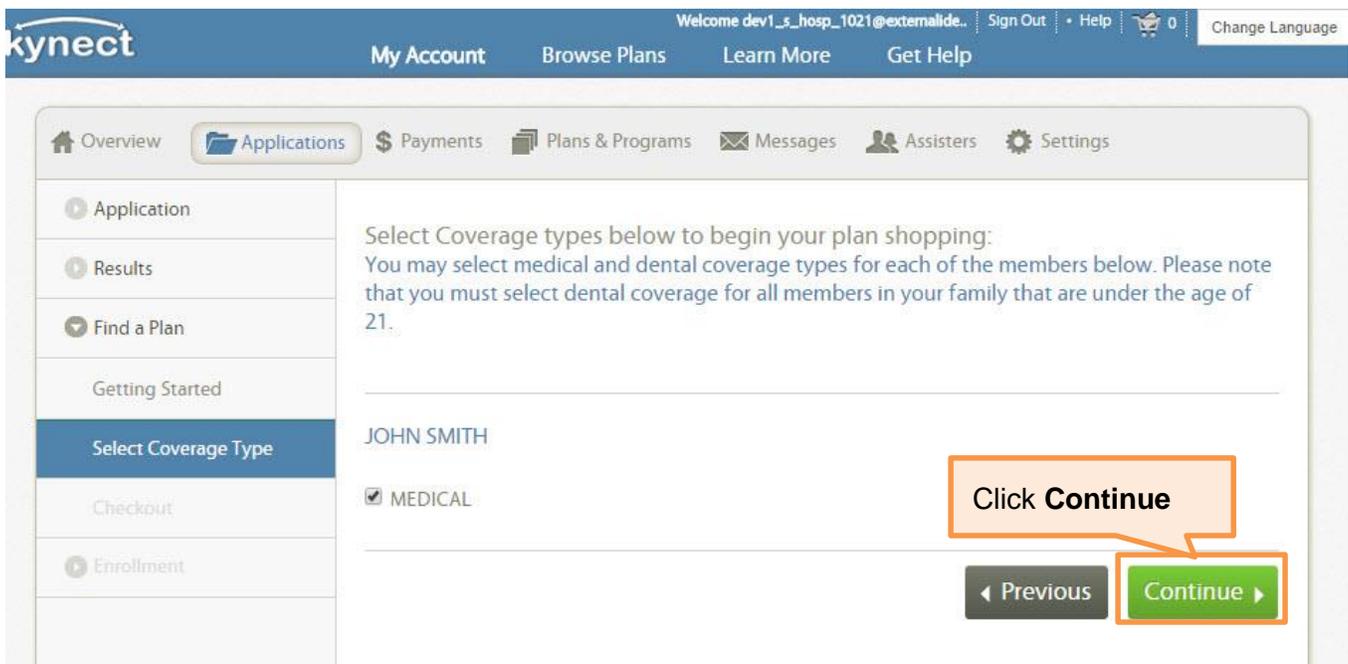

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Presumptive Eligibility Quick Reference Guide

12) On the Getting Started screen for Shopping, click Continue to view the list of available plans and providers

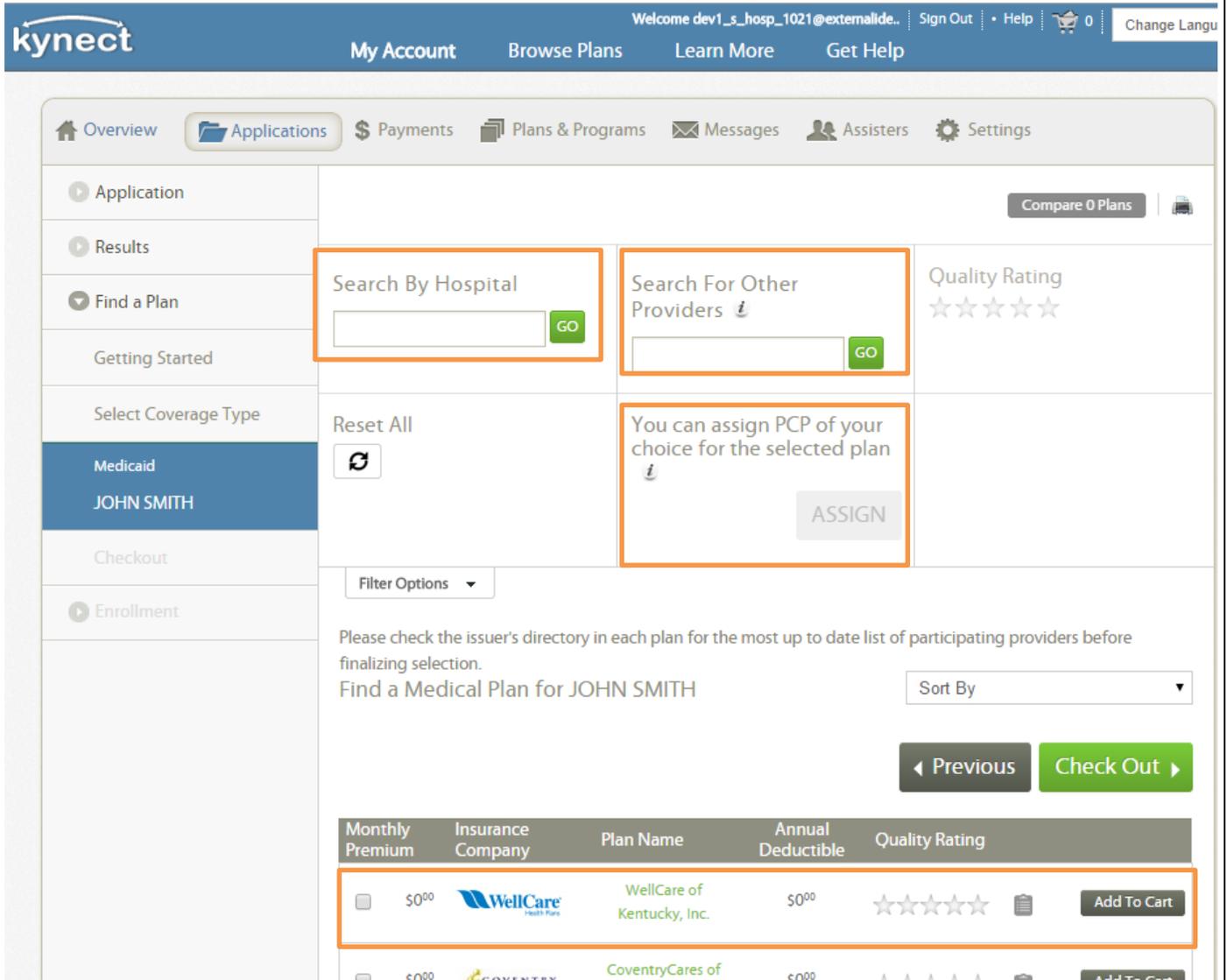


13) On the Select Coverage screen, leave the checkbox for "Medical" selected and click Continue



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14) On the next screen a list of available plans populate in the bottom table. You can also search for coverage by hospital or by other providers. On this page, you also have the option to select a PCP for the applicant.



The screenshot shows the 'Find a Plan' section of the kynect website. The user is logged in as 'JOHN SMITH' under the 'Medicaid' category. The interface includes search filters for hospital and other providers, a PCP assignment section, and a table of available medical plans.

Search Filters:

- Search By Hospital:** [Input Field] **GO**
- Search For Other Providers:** [Input Field] **GO**
- Quality Rating:** ★★★★★

PCP Assignment:

Reset All [Refresh Icon]

You can assign PCP of your choice for the selected plan [Info Icon]

ASSIGN

Filter Options [Dropdown]

Please check the issuer's directory in each plan for the most up to date list of participating providers before finalizing selection.

Find a Medical Plan for JOHN SMITH [Sort By Dropdown]

Previous **Check Out**

Monthly Premium	Insurance Company	Plan Name	Annual Deductible	Quality Rating	
\$0 ⁰⁰	 WellCare Health Plans	WellCare of Kentucky, Inc.	\$0 ⁰⁰	★★★★★	
\$0 ⁰⁰	 COVENTRY	CoventryCares of	\$0 ⁰⁰	★★★★★	

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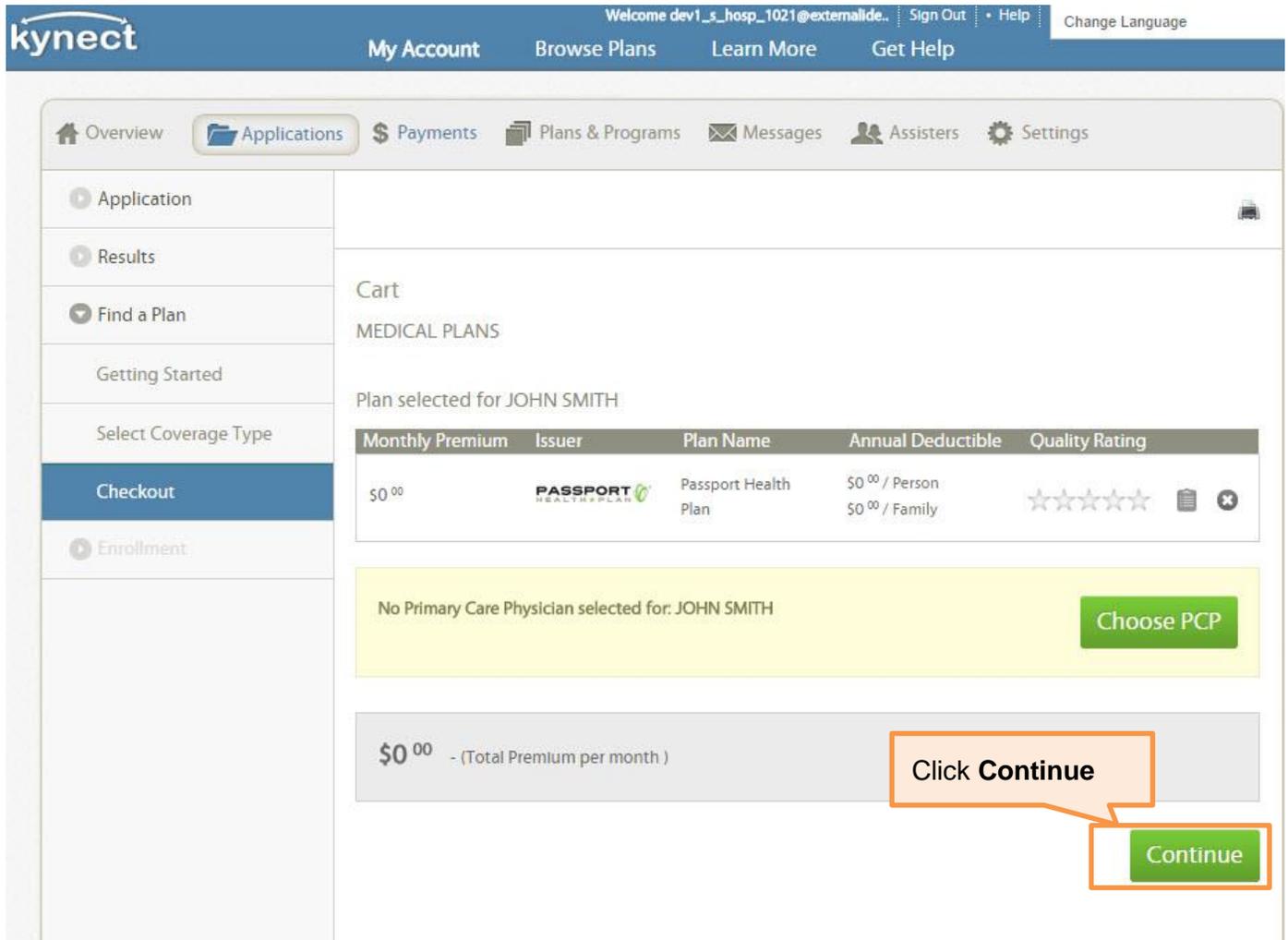
15) Check the box for the desired plan and click **Add to Cart**. Then click **Check Out**

Then, click **Check Out** ◀ Previous Check Out ▶

Monthly Premium	Insurance Company	Plan Name	Annual Deductible	Quality Rating	
<input type="checkbox"/> \$0 ⁰⁰		WellCare of Kentucky, Inc.	\$0 ⁰⁰	★★★★★	Add To Cart
<input type="checkbox"/> \$0 ⁰⁰		CoventryCares of Kentucky	\$0 ⁰⁰	★★★★★	Add To Cart
<input type="checkbox"/> \$0 ⁰⁰		Humana - CareSource	\$0 ⁰⁰	★★	Click Add to Cart Add To Cart
<input type="checkbox"/> \$0 ⁰⁰		Passport Health Plan	\$0 ⁰⁰	★★★★★	Add To Cart

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16) You are directed to the Check Out screen to review the applicant's selections, then click **Continue**



Overview Applications Payments Plans & Programs Messages Assisters Settings

Application Results Find a Plan Getting Started Select Coverage Type **Checkout** Enrollment

Cart
MEDICAL PLANS

Plan selected for JOHN SMITH

Monthly Premium	Issuer	Plan Name	Annual Deductible	Quality Rating
\$0 ⁰⁰		Passport Health Plan	\$0 ⁰⁰ / Person \$0 ⁰⁰ / Family	☆☆☆☆☆

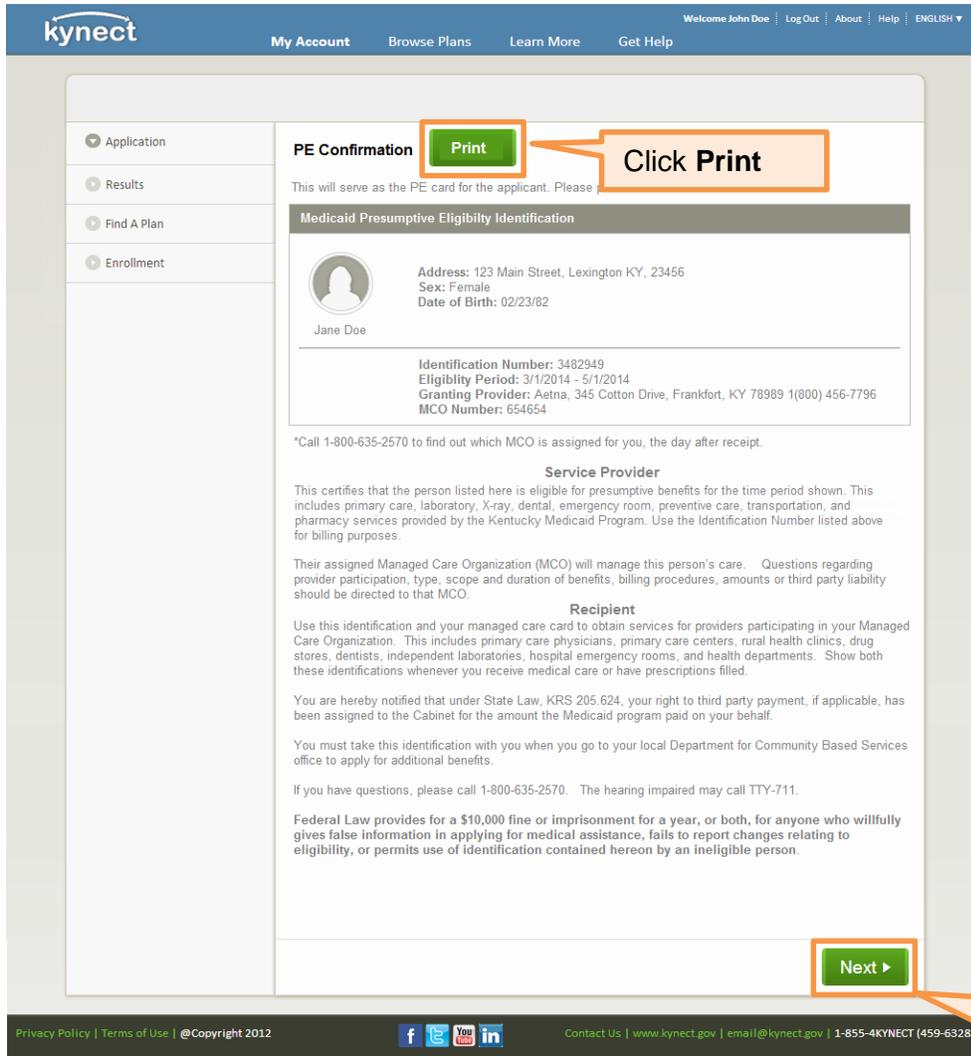
No Primary Care Physician selected for: JOHN SMITH [Choose PCP](#)

\$0⁰⁰ - (Total Premium per month) [Click Continue](#) [Continue](#)

17) Once the plan is selected, you are redirected back to the **PE Confirmation** screen to complete the application process

Presumptive Eligibility Quick Reference Guide

18) **Print** the PE Confirmation for the applicant's records. The printed page serves as the PE ID card for the applicant. Click **Next** when finished to return to **Client Search** screen



The screenshot shows the 'PE Confirmation' page on the kynect website. The page includes a navigation menu with 'My Account', 'Browse Plans', 'Learn More', and 'Get Help'. A sidebar on the left contains 'Application', 'Results', 'Find A Plan', and 'Enrollment'. The main content area is titled 'PE Confirmation' and contains a 'Print' button. A callout box points to this button with the text 'Click Print'. Below the 'Print' button, there is a section for 'Medicaid Presumptive Eligibility Identification' for Jane Doe, including her address, sex, date of birth, and identification details. At the bottom right of the page, there is a 'Next >' button. A callout box points to this button with the text 'Click Next to return to Client Search screen'. The footer contains links for 'Privacy Policy', 'Terms of Use', and 'Copyright 2012', along with social media icons and contact information.



For additional assistance with Presumptive Eligibility please contact the Benefits Line at **1-855-637-6576**.