

HOSPITAL PRESUMPTIVE ELIGIBILITY FOR MEDICAID SERVICES

Provider Certification Training Program

TODAY'S OBJECTIVES

- ❖ INTRODUCE THE FEATURES & OBJECTIVES OF PRESUMPTIVE ELIGIBILITY (P.E.).
- ❖ HIGHLIGHT P.E. BENEFITS & ELIGIBILITY REQUIREMENTS.
- ❖ EDUCATE HOSPITAL OFFICES ON THE P.E. SCREENING & CONFIRMATION PROCESS.
- ❖ DEMONSTRATE THE ON-LINE PROVIDER ENTRY FORM.
- ❖ VERIFY LESSONS LEARNED.
- ❖ ANSWER QUESTIONS.

WHAT IS PRESUMPTIVE ELIGIBILITY?

A PROCESS IN KENTUCKY WHICH EXPEDITES AN INDIVIDUAL'S
ABILITY TO RECEIVE TEMPORARY COVERAGE FOR MEDICAID
SERVICES.

EXPECTED RESULTS

PATIENT AND PROVIDER

- ❖ PATIENTS RECEIVE TEMPORARY COVERAGE
- ❖ PROVIDER PAYMENT ASSURED
- ❖ AVOID HEALTH RISKS TO PATIENT
- ❖ PATIENT APPLIES FOR FULL MEDICAID BENEFITS WITHIN 60 DAYS

WHO IS AUTHORIZED TO CONDUCT A PATIENT'S P.E. DETERMINATION?

EMPLOYEES OF HOSPITALS THAT:

- ❖ CURRENTLY PARTICIPATE IN THE MEDICAID PROGRAM, AND
- ❖ HAVE ACCESS TO THE INTERNET.
- ❖ HAVE COMPLETED THIS P.E. CERTIFICATION/TRAINING PROGRAM, AND
- ❖ ABIDE BY THE STANDARDS OF THE MEDICAID AGENCY REGARDING P.E.

WHAT SERVICES ARE COVERED UNDER P.E.?*

❖ MEDICAID COVERED SERVICES INCLUDING:

- HOSPITAL
- PHARMACY
- EMERGENCY ROOM SERVICES
- PHYSICIAN
- DENTAL (Adult Coverage Limited)
- LAB
- X-RAY

*FOR ALL GROUPS EXCEPT PREGNANT WOMEN

RESTRICTIONS FOR PREGNANT WOMEN ONLY

- ❖ ONLY AMBULATORY PRENATAL CARE SERVICES DELIVERED IN AN OUTPATIENT SETTING.
- ❖ THESE INCLUDE: SERVICES FURNISHED BY A PRIMARY CARE PROVIDER, A RURAL HEALTH CLINIC, A PRIMARY CARE CENTER, OR A FEDERALLY QUALIFIED HEALTH CARE CENTER;
 - LABORATORY SERVICES ;
 - X-RAY SERVICES;
 - DENTAL SERVICES, EXCLUDES ORTHODONTICS;
 - EMERGENCY ROOM SERVICES;
 - EMERGENCY AND NONEMERGENCY TRANSPORTATION;
 - PHARMACY SERVICES.
- BIRTHING EXPENSES ARE NOT COVERED UNDER PE.

WHO CAN RECEIVE COVERAGE THROUGH P.E.?

INDIVIDUALS WHO:

- ❖ DO NOT CURRENTLY RECEIVE MEDICAID BENEFITS
- ❖ HAVE NOT BEEN APPROVED FOR P.E. BENEFITS DURING THE CURRENT CALENDAR YEAR*
- ❖ IS NOT AN INMATE OF A PUBLIC INSTITUTION
- ❖ US CITIZEN – STATUS AS A NATIONAL OR SATISFACTORY IMMIGRATION STATUS
 - EXCEPTION – PRENATAL PE DOES NOT REQUIRE CITIZENSHIP
 - NON-QUALIFIED CITIZENSHIP THAT REQUIRES A MEDICAL EMERGENCY – THE INDIVIDUAL CAN APPLY FOR EMERGENCY TIME LIMITED MEDICAL BENEFITS THROUGH THE DCBS OFFICE
- ❖ ARE RESIDENTS OF THE COMMONWEALTH OF KY
 - FACILITIES MAY USE A DRIVER'S LICENSE OR A UTILITY BILL WITH THE PATIENT'S ADDRESS AS PROOF OF VERIFICATION.

*P.E. FOR PREGNANT WOMEN IS LIMITED TO ONE P.E. DETERMINATION PER PREGNANCY.

WHO CAN RECEIVE COVERAGE THROUGH P.E.?

INDIVIDUALS WHO:

- ❖ HAVE MONTHLY FAMILY INCOMES BELOW:
 - ❖ $\leq 138\%$ FOR ADULTS 19-64 YEARS OLD without Medicare
 - ❖ $\leq 200\%$ FOR PREGNANT WOMEN
 - ❖ $\leq 200\%$ FOR CHILDREN UNDER 1 YEAR OLD
 - ❖ $\leq 147\%$ FOR CHILDREN 1-5 YEARS OLD
 - ❖ $\leq 138\%$ FOR CHILDREN 6-18 YEARS OLD
 - ❖ $\leq 29\%$ FOR ADULTS WITH MEDICARE
 - ❖ NO INCOME LIMIT FOR FORMER FOSTER CARE CHILDREN AGE 19 AND UNDER 26.

CATEGORIES OF ASSISTANCE

- ❖ ADULTS: ANY AGE WHO ARE AGED, BLIND OR DISABLED AND RECEIVE MEDICARE WITH INCOME $\leq 29\%$
- ❖ PREGNANT WOMEN: THE NUMBER OF UNBORN COUNT IN THE HOUSEHOLD SIZE FOR INCOME ELIGIBILITY.
- ❖ CHILDREN: UNDER THE AGE OF 19. THE AGE OF THE CHILD WILL DETERMINE WHAT THE INCOME LIMITS ARE.
- ❖ FORMER FOSTER CARE: INDIVIDUALS 19 THROUGH 25 WHO RECEIVED MEDICAID DUE TO FOSTER CARE STATUS UNTIL THEY AGED OUT OF THE PROGRAM AT 18 OR 19 (DEPENDING ON STATE). NO INCOME LIMIT.

DURATION OF COVERAGE

- ❖ EFFECTIVE IMMEDIATELY UPON RECEIPT OF P.E. IDENTIFICATION CARD.
- ❖ COVERAGE CONTINUES UNTIL:
 - ❖ A MEDICAID APPLICATION IS FILED AND EITHER APPROVED OR DENIED OR
 - ❖ ON THE LAST DAY OF THE SECOND MONTH AFTER DETERMINATION OF P.E., IF NO MEDICAID APPLICATION IS FILED.
- ❖ THE INDIVIDUAL CAN APPLY FOR FULL MEDICAID COVERAGE:
 - ❖ ONLINE AT <https://Benefind.ky.gov>.
 - ❖ IN PERSON AT DEPARTMENT FOR COMMUNITY BASED SERVICES
 - ❖ BY MAIL OR FAX USING PAPER APPLICATION
 - ❖ BY PHONE CALLING CONTACT CENTER AT 1-855-459-6328

THE PRESUMPTIVE ELIGIBILITY PROCESS

AT PATIENT'S INITIAL VISIT:

- PATIENT APPEARS TO NEED FINANCIAL ASSISTANCE
- PATIENT MEETS FINANCIAL CRITERIA
- COLLECT INFORMATION EITHER ON THE WORKSHEET OR ENTER DIRECTLY INTO benefind.ky.gov
- OFFICE ENTERS PATIENT DATA ON SELF SERVICE PORTAL –<https://kynect.ky.gov>
- OFFICE PRINTS P.E. CARD.

DETERMINING PATIENT ELIGIBILITY

- ❖ ASSIST THE PATIENT IN COMPLETING THE PATIENT INFORMATION FORM (IF USED).
- ❖ ASSIST IN DETERMINING THE NUMBER OF PEOPLE IN THEIR FAMILY AND
- ❖ ASSIST IN CALCULATING MONTHLY FAMILY INCOME TO DETERMINE FINANCIAL ELIGIBILITY.

PATIENT INFORMATION FORM

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

Gender: Female Male American Indian Other

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

IF THE PATIENT IS DEEMED INCOHERENT, A LEGAL REPRESENTATIVE MAY FILL OUT THE PATIENT INFORMATION SHEET. THIS PERSON MUST HAVE AUTHORITY TO SIGN FOR TREATMENT AND KNOW THE PATIENT'S INCOME.

DETERMINING FAMILY SIZE

WHEN CALCULATING FAMILY SIZE:

<u>COUNT</u>	<u>DON'T COUNT</u>
❖ THE PATIENT	❖ UNBORN CHILD'S FATHER IF NOT MARRIED TO PATIENT
❖ UNBORN CHILD/CHILDREN	❖ DEPENDENT CHILDREN NOT LIVING IN HOME AND NOT CLAIMED ON TAX RETURN
❖ DEPENDENT CHILDREN LIVING WITH PATIENT UNDER AGE 19	
❖ SPOUSE	
❖ PARENTS AND SIBLINGS UNDER 19 INCLUDING STEP-PARENTS IF PATIENT IS UNDER 19	

DETERMINING FINANCIAL ELIGIBILITY INCOME SOURCES

WHEN CALCULATING INCOME:

- ❖ CONSIDER THE FOLLOWING INCOME SOURCES:
 - WAGES/PAYCHECKS
 - SOCIAL SECURITY
 - PENSIONS
 - ALIMONY
 - CASH GIFTS
 - ANNUITIES
 - UNEMPLOYMENT BENEFITS

- ❖ DO NOT COUNT THE FOLLOWING INCOME SOURCES
 - DO NOT COUNT CHILD SUPPORT OR SSI (SUPPLEMENTAL SECURITY INCOME)

DETERMINING FINANCIAL ELIGIBILITY

CALCULATING MONTHLY INCOME

❖ CALCULATE MONTHLY INCOME BY:

— MULTIPLYING WEEKLY INCOME BY 4.33

— EXAMPLE: \$100 WEEKLY X 4.33 = \$433

— MULTIPLYING BI-WEEKLY INCOME BY 2.16

— EXAMPLE: \$200 BI-WEEKLY X 2.16 = \$432

— MULTIPLYING SEMI-MONTHLY INCOME BY 2

— EXAMPLE: \$400 SEMI-MONTHLY X 2 = \$800

DETERMINING FINANCIAL ELIGIBILITY WHOSE INCOME TO COUNT

❖ ONLY COUNT THE INCOME OF:

—ADULT PATIENT AND SPOUSE

—PARENTS (IF PATIENT IS CHILD UNDER 19)

DETERMINING FINANCIAL ELIGIBILITY

ADULTS 19-64 YEARS OLD – ≤138%

2019* P.E. FINANCIAL ELIGIBILITY

FAMILY SIZE	ANNUAL INCOME
1	\$17,236
2	\$23,336
3	\$29,435
4	\$35,535
5	\$41,635
6	\$47,734

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY

PREGNANT WOMEN – $\leq 200\%$

2019* P.E. FINANCIAL CRITERIA
(UNBORN CHILDREN COUNT IN FAMILY SIZE)

FAMILY SIZE	ANNUAL INCOME
2 (MOM AND SINGLE PREGNANCY)	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY

CHILDREN UNDER 1 – ≤200%

2019* P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY

CHILDREN 1-5 YEARS OLD – ≤147%

2019* P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	\$18,360
2	\$24,852
3	\$31,356
4	\$37,848
5	\$44,340
6	\$50,856

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY CHILDREN 6-18 YEARS OLD – ≤138%

* 2019 P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	\$17,236
2	\$23,336
3	\$29,435
4	\$35,535
5	\$41,635
6	\$47,734

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY

ADULTS WITH MEDICARE $\leq 29\%$

*2019 P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	\$3,622
2	\$4,903
3	\$6,185
4	\$7,467
5	\$8,749
6	\$10,031

* FINANCIAL CRITERIA CHANGES ANNUALLY

* ADD ADDITIONAL \$66 FOR EACH ADDITIONAL MEMBER

DETERMINING FINANCIAL ELIGIBILITY FORMER FOSTER CHILDREN

THERE IS NO INCOME LIMIT
FOR FORMER FOSTER CHILDREN

HOW TO OBTAIN A P.E. CONFIRMATION

TO OBTAIN P.E. CONFIRMATION

- Go to the URL provided in your Qualified Entity on-boarding information or <https://benefind.ky.gov>
- Review the benefind Presumptive Eligibility Quick Reference Guide for Qualified Entities
- Questions regarding the online application process contact benefind at 1-855-459-6328
- **THE PATIENT IS TO RECEIVE A COPY OF THEIR DENIAL LETTER OR PRESUMPTIVE ELIGIBILITY CARD UPON LEAVING THE OFFICE.**

PRINTING P.E. CONFIRMATION ID CARD

- ❖ ONCE INFORMATION HAS BEEN ACCEPTED – SYSTEM WILL PROMPT YOU TO PRINT THE TEMPORARY P.E. CARD.
- ❖ OBTAIN SIGNATURE OF HOSPITAL STAFF DETERMINING ELIGIBILITY.
- ❖ OBTAIN PATIENT SIGNATURE (PARENT OR GUARDIAN IF CHILD IS PATIENT).

PRESUMPTIVE ELIGIBILITY & MANAGED CARE

- ❖ INDIVIDUALS WHO RECEIVE PRESUMPTIVE ELIGIBILITY WILL BE PLACED WITH A MANAGED CARE ORGANIZATION (MCO).
- ❖ MEMBER ELIGIBILITY INFORMATION AND MCO ASSIGNMENT WILL BE AVAILABLE ON KY HEALTH NET THE DAY FOLLOWING THE INITIAL DAY OF ELIGIBILITY DETERMINATION.
- ❖ ANY MCO CHANGE REQUESTED AFTER THE DAY OF ISSUANCE WILL BE EFFECTIVE THE NEXT FEASIBLE MONTH.
- ❖ CHANGES TO MCO CAN BE MADE BY CALLING MEDICAID MEMBER SERVICES 1-800-635-2570, 8 AM TO 4:30 PM EST.

FINAL PATIENT INSTRUCTIONS

- ❖ SUMMARIZE P.E. BENEFITS.
- ❖ ANSWER ANY PATIENT QUESTIONS.
- ❖ ENCOURAGE IMMEDIATE APPLICATION FOR FULL MEDICAID.
 - ❖ ALLOWS FOR FULL MEDICAID BENEFIT PACKAGE.
 - ❖ ALLOWS COVERAGE BEYOND THE TEMPORARY P.E. PERIOD.
 - ❖ LINKAGE TO OTHER SERVICES.
 - ❖ PATIENT EDUCATION.

AVAILABLE METHODS TO APPLY FOR FULL MEDICAID BENEFITS

- ❖ ONLINE at <https://benefind.ky.gov>
- ❖ IN PERSON AT A DEPARTMENT FOR COMMUNITY BASED SERVICES COUNTY OFFICE OR CALL 855-306-8959 OFFICE. LOCATIONS CAN BE FOUND ON WEBSITE:
https://prd.chfs.ky.gov/Office_Phone/index.aspx
- ❖ BY MAIL OR FAX USING PAPER APPLICATION
- ❖ BY PHONE CALLING CONTACT CENTER 1-855-459-6328

BOOKKEEPING & BILLING

- ❖ HOSPITALS MUST RETAIN ORIGINAL SIGNED PE WORKSHEET IF USED AND A COPY OF THE SIGNED P.E. ID CONFIRMATION CARD IN PATIENT'S MEDICAL RECORD.
- ❖ BILLING PROCESS FOR P.E. IS THE SAME AS MEDICAID.
- ❖ REIMBURSEMENT FOR P.E. SERVICES – P.E. CAN BE BILLED THE NEXT BUSINESS DAY FOLLOWING ELIGIBILITY DETERMINATION.

LET'S CHECK WHAT
YOU'VE LEARNED!

1. P.E. STANDS FOR:

- A. PHYSICAL ENDURANCE
- B. PRESUMPTIVE ELIGIBILITY
- C. PRENATAL ELIGIBILITY
- D. PHYSICIAN EXTENDER

1. P.E. STANDS FOR:

A. PHYSICAL ENDURANCE

PRESUMPTIVE ELIGIBILITY

C. PRENATAL ELIGIBILITY

D. PHYSICIAN EXTENDER

2. TRUE OR FALSE

ONLY CHILDREN CAN RECEIVE P.E.
BENEFITS.

2. TRUE OR FALSE

ONLY CHILDREN CAN RECEIVE P.E.
BENEFITS.

FALSE!

3. WHICH OF THE FOLLOWING SHOULD BE INCLUDED WHEN CALCULATING FAMILY INCOME?

A. CHILD SUPPORT PAYMENTS

B. PARENT'S WAGES FROM A JOB SHE QUIT TWO MONTHS AGO

C. SOCIAL SECURITY

3. WHICH OF THE FOLLOWING SHOULD BE INCLUDED WHEN CALCULATING FAMILY INCOME?

A. CHILD SUPPORT PAYMENTS

B. PARENT'S WAGES FROM A JOB SHE QUIT TWO MONTHS AGO



SOCIAL SECURITY

4. WHICH OF THE FOLLOWING FIELDS ARE REQUIRED WHEN ENTERING PATIENT INFORMATION IN THE ON-LINE SYSTEM?

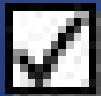
- A. PATIENT'S HOME ADDRESS
- B. PATIENT'S DUE DATE (IF PREGNANT)
- C. PATIENT'S DATE OF BIRTH
- D. ALL OF THE ABOVE

4. WHICH OF THE FOLLOWING FIELDS ARE REQUIRED WHEN ENTERING PATIENT INFORMATION IN THE ON-LINE SYSTEM?

A. PATIENT'S HOME ADDRESS

B. PATIENT'S DUE DATE (IF PREGNANT)

C. PATIENT'S DATE OF BIRTH



ALL OF THE ABOVE

CONGRATULATIONS!

QUESTIONS?