Kentucky Presumptive Eligibility Provider Handbook

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What is Presumptive Eligibility?

Presumptive Eligibility (PE)

Presumptive Eligibility (PE) is a short-term Medicaid coverage option, lasting 60 days or less, for individuals within certain eligibility categories. This process allows qualified providers (QPs) to quickly determine eligibility for temporary health coverage based on simplified criteria.

- PE provides immediate access to healthcare for uninsured Kentuckians who do not already have another coverage.
- Determinations for coverage are made based on limited information provided by the applicant. Applicants are asked to confirm:
  - Their residence/state of residence.
  - Whether they are a United States citizen or a qualified non-citizen.
  - The members of their household.
  - The income of their household members.
- Through the application process, individuals who appear to be eligible for full Medicaid are provided temporary Medicaid coverage.

History of Presumptive Eligibility in Kentucky

- In 1986, the federal government introduced PE as an option to allow states to provide immediate temporary Medicaid coverage to uninsured pregnant women who appeared to be income-eligible, improving access to care while waiting for a full eligibility determination.
- Kentucky implemented this option in 2002, enabling certain qualified entities (providers) to make PE determinations for pregnant women.
- The Patient Protection and Affordable Care Act (Affordable Care Act) in 2014 introduced new guidelines for Medicaid, including:
  - A simplified eligibility determination method called Modified Adjusted Gross Income (MAGI) for specific Medicaid coverage groups.
  - Streamlined access to care by requiring a process for qualified hospitals to make Presumptive Eligibility determinations for individuals eligible under MAGI.

Connecting People to Coverage and Care

Although PE is temporary, it ensures immediate access to healthcare services. The short-term coverage process not only improves Kentuckians' access to Medicaid but also provides them with an opportunity to secure long-term coverage. Once approved for PE, it is important for providers to help recipients complete a full Medicaid application to ensure continued coverage.

Connecting Patients to Full Medicaid

Participating providers are required to:

1. Assist individuals in submitting their full Medicaid application.
2. Help individuals understand the full Medicaid application process, which may include:
    a. Assisting the applicant with accessing the full Medicaid application through:
        i. The kynect online Self-Service Portal: https://kynect.ky.gov/benefits/s/getstartedbenefits
        ii. Reaching out to the call center at: 1-855-306-8959
        iii. Locating their local Department for Community Based Service (DCBS) office for in-person applications.
        iv. Providing a paper application that can be completed at home and returned via mail, fax, or hand delivery to their local DCBS office (available in every Kentucky county). The application and DCBS office addresses can be found at: https://kynect.ky.gov
        v. Helping applicants find a kynector (application assistor) or Insurance Agent via the Finder tool on the kynect website.
    b. Follow-up with the family:
        i. Contact them to confirm if they have completed their application.
        ii. Answer any questions they may have.
        iii. Assist the family in understanding any requested documentation.

Difference between PE and Full Medicaid

As you support individuals with completing the full application, it is important to understand the difference between the PE application and the full Medicaid application.

PE Application	Full Medicaid Application
The PE application is a streamlined application, with all data elements self-attested by the applicant.	Self-attested information is electronically verified through the federal and state data service hub. If any information cannot be verified, the automated system will generate a Request for Information (RFI) form to the applicant, identifying what information is needed. The applicant will be asked to provide documentation for verification.

Everyone in the PE household seeking coverage must have their own application.	All household members can be included in one application.
Financial determination is based on a simplified gross family income methodology.	Financial determination is based on the MAGI methodology, which follows tax filer and non-filer rules.

Note: Full Medicaid offers more coverage options than the PE Program, so it is always important for all individuals in need of medical coverage – regardless of PE eligibility to complete a full Medicaid application to explore all available benefits.

Covered Services

Hospital PE generally provides coverage for services similar to regular Kentucky Medicaid, with providers needing to be enrolled with the Medicaid program. The table below lists common services and provider types but is not an exhaustive list.

Covered Medical	Provider Types
Physician Services	Family or General Practitioners
Hospital Services	Pediatricians
Emergency services	Internist
Prescription drug	Obstetricians or Gynecologist
Dental	Physician Assistant
Transportation	Advance practice registered nurse

Pregnant Individuals: Pregnant individuals are covered for ambulatory prenatal care under the PE Program. Labor and delivery services are **not** covered. It is important for pregnant individuals to complete a full Medicaid application to ensure continued coverage.

Qualified Entities

Becoming a Qualified Provider

To be able to make PE determinations, providers must first become qualified by meeting the following requirements:

- Be enrolled and participating in Kentucky Medicaid.
- Complete a Presumptive Eligibility Provider Agreement.

- Agree to make determinations consistent with the Department of Medicaid Services' (DMS) policies and procedures.
- Complete appropriate training

Types of Qualified Entities

Kentucky currently offers three PE Programs:

1. Hospital Based PE Program
2. Pregnancy PE Program
3. Breast and Cervical Cancer Treatment (BCCTP) PE Program

Hospital Based PE Program

Eligible hospitals must be certified by the state to participate in the Hospital-Based PE Program. This program allows providers to connect specific populations to temporary Medicaid coverage, including:

- Pregnant women
- Infants and children under the age of 19
- Parents and other caretaker relatives
- Adults aged 19-65 without Medicare
- Former foster care children

Participating hospitals must agree that their representatives (called Determiners) can assist individuals with completing and submitting a full Medicaid application.

Pregnancy PE Program

The Pregnancy PE Program allows qualified providers who are likely to engage with pregnant patients to connect them to temporary Medicaid coverage. Providers eligible for this program include:

- Family and General Practitioners
- Pediatricians
- Internists
- Obstetricians and/or Gynecologists
- Physician Assistants
- Certified Nurse Midwives
- Advanced practice registered nurses
- Federally Qualified Health Care Centers
- Primary Care Centers
- Rural Health Clinics
- Local Health Departments

Participating providers must agree to help patients complete and submit their full Medicaid applications.

Breast and Cervical Cancer Treatment PE Program

The Breast and Cervical Cancer Treatment (BCCTP) PE Program allows providers designated by the Kentucky Women's Cancer Screening Program (KWCSP) to connect women who have been screened and need treatment for breast or cervical cancer to temporary Medicaid coverage.

Determiners

Qualified Determiners

To be a Determiner (the person who can make PE eligibility determinations) on behalf of a provider, the representative must:

- Be employed by a qualified provider or be a vendor/contractor of the qualified provider.
- Complete training provided by DMS.
- Agree to be consistent with DMS policies and procedures in making eligibility determinations.

Every PE Determiner must complete online training and pass a knowledge test prior to making any eligibility determinations.

Role of Determiners

Determiners directly engage with patients to explain the PE Program and submit applications on their behalf. Note that the PE Program cannot be accessed independently by Kentucky residents; they must have the application submitted by a representative from a Qualified Entity (QE).

Determiners should:

- Be knowledgeable about PE Medicaid eligibility components to ensure applicants understand the questions they are being asked.
- Discuss the coverage requirements and any limitations with applicants.

Kentucky's Expectation for PE Determiners

- Applicants found eligible or ineligible for PE must be referred to complete the full Medicaid application (see the "Connecting Patients to Full Medicaid" section in this document for method of application).
- Determiners must assist applicants in understanding the full Medicaid application process.
- When appropriate, Determiners should assist the applicant in their application process.

Note: As the Determiner, you are responsible for interacting with the applicant and explaining the importance of filing a full application to ensure continued coverage. You can assist them in a multitude of ways, including but not limited to:

- Selecting the application method that best meets their needs:
    - kynect Self-service portal
    - Personal assistance options:
        - kynector
        - DCBS
        - Call Center
    - Assisting the applicant in understanding what information they need to gather for their application
        - Helping the applicant understand any RFI they may receive.

Conflict of Interest

- All Determiners must avoid conflicts of interest or the appearance of impropriety.
- Determiners may not make PE applications for applicants who are:
    - Relatives
    - Roommates
    - Friends
    - Co-workers
- If a Determiner is unsure about a potential conflict of interest, they should consult with their QE or DMS.
- If a conflict of interest exists, the Determiner should help the patient access other options for applying.

Confidential Treatment of Information

All Determiners must safeguard all confidential information and prevent unauthorized disclosure and use. Failure to do so may result in both civil and criminal penalties.

Providers must implement and maintain administrative, technical, and physical safeguards necessary to protect the confidentiality of data and prevent any unauthorized use or access.

Confidential Information Includes:

- Identifying information, such as names, addresses, Social Security Numbers, date of birth, etc.
- Information used to determine eligibility, such as income.
- Information about benefits and medical services provided.

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that sets national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. As covered entities, QEs and Determiners must:

- Ensure the confidentiality and integrity of all Protected Health Information (PHI) and electronic Protected Health Information (ePHI).
- Complete HIPAA training annually.
- Ensure that any electronic communications containing applicant information are encrypted.
- Make sure devices displaying applicant information are not visible to others.

Document Retention

How Long: State and federal regulations, and DMS policy, require all QEs to keep all PE documentation for a minimum of 3 years from date of last billing.

Where: Documentation can include any pre-screening forms or approval notices and is typically stored in the PE applicant's medical file.

Who to Ask: Determiners should coordinate with their Organization Leadership (Organization Manager) regarding the provider's document retention plan.

Why: This information is subject to review or audit by the DMS or any federally sanctioned audit.

Conducting the Interview

Gathering Information

During the interview, Determiners will be asking applicants (or their responsible representative) to attest to their household circumstances. The Determiner will then record the applicant's information using either the Patient Information Worksheet or directly into the kynect Self-Service Portal. The components of eligibility applicants will be attesting to include the following:

PE Determiners may not request documentation to verify any information provided by an applicant. Eligibility for PE is based solely on the applicant's (or their representative's) attestation.

- State Residency
- Citizenship
- Immigration Status
- Pregnancy

- Household size
- Income

The kynect system will evaluate the submitted information and determine eligibility in real time based on criteria set by the Department.

Interviewing Individuals with Limited English Proficiencies

As a Determiner you may encounter individuals with limited English proficiency (LEP), individuals whose primary language is not English. Federal laws prohibit discrimination against LEP individuals and require providers to offer language services to ensure meaningful access to the program, services, and information they provide. This includes the ability to apply for PE. Determiners should coordinate with the Qualified Entity they represent to ensure they are prepared to assist LEP individuals complete the PE application.

In addition, the kynect system captures any LEP communication assistance needed, ensuring that other providers or eligibility workers are aware of any needed assistance in advance. The kynect system offers the following options:

- American Sign Language Interpreter
- Braille
- Cued Speech Interpreter
- Foreign Language Interpreter
- Large Print
- Oral Interpreter
- Tactile Interpreter
- Telecommunications Relay Service
- Video Relay Interpreter

Who Can Apply

Any individual seeking immediate medical coverage may apply for PE. However, a person does not need to be seeking medical service to qualify for PE coverage, they can simply ask a Determiner to complete a PE application. For example, family members of a hospital patient can request to apply for PE coverage.

Applicants must meet certain general requirements to gain eligibility for PE.

Who Can Apply on Behalf of Another

For a Minor:

- Their legal guardian or custodian
- Their conservator

- Their Social Security Representative Payee
- Any adult who qualifies as a Caretaker Relative
- Any tax filer that claims the minor as a dependent

For an Incapacitated Person:

- Non-Legally Incapacitated Adult:
    - Their medical representative
    - Their spouse
    - Their durable power of attorney
    - Their Social Security Payee
    - Any tax filer who claims the individual as a dependent
- Legally Incapacitated Person:
    - Their guardian
    - Their conservator
    - Their representative payee
    - Any tax filer who claims the individual as a dependent

Presumptive Eligibility Frequency Rule

Presumptive Eligibility is defined by frequency rules:

- An individual is only allowed one PE coverage in any calendar year.
- Exception: Pregnant women are eligible for one PE period during each pregnancy, regardless of the calendar year.

Note: The kynect system checks for previous PE coverage when you input an application to ensure the applicant has not already received PE in the current calendar year. For pregnant applicants, the system determines eligibility based on information you have input, such as the expected delivery date.

Coverage Periods of Presumptive Eligibility

PE Start Date

The PE begin date, or start date, is the date a PE determination is made.

- If you interview an applicant on May 7th and input their information into the kynect Self-Service Portal during the interview, their PE start date will be May 7th if approved.
- If you interview the applicant on May 7th, gather their information using the Patient Information Form, and are unable to transfer their information into the kynect Self-Service Portal until the following day, May 8th, you can select the appropriate Benefit Start Date as May 7th.

Backdating is allowed for up to three (3) days to ensure applicants receive the correct start date if a Determiner cannot load their information into the kynect system on the same day due to holidays, weekends, or other unforeseen circumstances.

kynect Note: The online application includes a question "*What date should benefits begin?*" The system allows backdating only up to three (3) days.

If Determiners need to backdate coverage more than three (3) days, they can request that backdate by:

- Sending an email request to pe.program@ky.gov,
  - Include in your request the reason for your need to backdate and the date you are seeking coverage for.
  - As your email will contain case details, ensure that you send encrypted.

PE End Date

Periods of coverage for PE are generally from the date of application until the end of the following month.

End dates may vary if the individual submits a full Medicaid application by the last day of the month following the month the PE determination:

- **Pending application**: If the full Medicaid application is still pending beyond the last day of the second month, PE coverage continues until the application is either approved or denied.
- **Approved Application**: If the full Medicaid application is approved before the last day of the second month, the PE period is terminated the day before the approval, to allow coverage to convert to full Medicaid.
- **Denied Application**: If the full Medicaid application is denied, PE coverage ends on the date of denial.

Note: PE denials cannot be appealed. However, when a PE period is terminated because of a full Medicaid application denial, the applicant can appeal the Medicaid denial.

Components of Eligibility/General Requirements

Eligibility for PE is based on several requirements that are both non-financial and financial. The kynect system will determine eligibility based on the information entered by the Determiner. It is important that the PE Determiner accurately collects and inputs the applicant's information to ensure a correct eligibility determination.

Identifying Information

The Primary Applicant Information screen in kynect collects the applicant's identifying information. It is important to enter the individual's "legal given name," which is the name a person is legally known by - typically the name recorded on their birth certificate and Social Security card.

During your interview with the applicant, be sure to ask for the individual's full legal name, including any middle names, and confirm the correct spelling.

In the PE application, if the individual has no middle name, leave the Middle Name field blank and check the box labeled "Individual has no middle name."

Accurately entering the individual's name and date of birth is important to ensure system checks for existing eligibility are completed correctly.

Demographic Information

The kynect system requires demographic information for all applicants, including details about race and ethnicity. This information is collected in each state and used nationally to help address health disparities, making accuracy important.

Race options on the application include:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

Ethnicity is captured by answering the question "Is this individual Hispanic or Latino? Y/N."

Non-Financial Requirements

General

PE applicants cannot:

- Be currently enrolled in Kentucky Medicaid.
- Have a pending full Medicaid application.
- Have received PE coverage:
    - In the current calendar year, or
    - For the current pregnancy.

Note: The kynect system will review these factors during the application process. If the kynect system detects that the applicant is currently enrolled in Medicaid, has a pending full Medicaid application, or has already received PE within the current calendar year or for their current pregnancy, the application will be denied.

Social Security Number

The kynect online application will ask if the individual has a Social Security Number (SSN). While an SSN is not required for all types of Medicaid assistance, there are allowable reasons for not having or providing one. If your applicant does not have an SSN or chooses not to provide one, the kynect system will provide the following options:

- Not eligible to receive an SSN
- Applied for an SSN
- Newborn without an SSN
- Does not have an SSN and may only be issued one for a valid non-work reason
- Refuses to provide an SSN
- Refuses to obtain an SSN due to well-established religious objections
- Does not have an SSN or is unable to locate their SSN Card

Residency Requirements

To be eligible for Kentucky Medicaid, including PE, applicants must live in Kentucky and intend to remain in Kentucky.

- Households are not required to have a permanent dwelling or fixed residence.
- If the applicant does not have a fixed residence, the Determiner should record a mailing address where the individual can receive mail, such as:
    - Local shelter
    - Church
    - Minister
    - Neighbor
    - Family
    - Friend

Note: Individuals who are currently incarcerated are not eligible for Presumptive Eligibility (PE).

Citizenship/Immigration Requirements

Applicants must be a U.S. citizen, a qualified non-citizen, or a qualified immigrant to be eligible for PE.

Determiners should accept applicant statements to determine immigration status for PE.

- Never request documents or immigration information from household members who are not applying for benefits.
- Immigration information is never shared with any other entity and is only used to determine eligibility.

Qualified non-citizens are in a satisfactory immigration status if they are:

- Individuals lawfully residing in the U.S. for at least five years (e.g., Green Card holders).
- Refugees lawfully residing in the U.S.
- Individuals lawfully residing in the U.S. under another eligible immigration status.

Non-qualifying immigration status includes individuals who are:

- Undocumented: Foreign-born persons without immigration documentation.
- DACA (Deferred Action Childhood Arrivals): Undocumented persons who came to the U.S. when they were children.
- Expired Status: Persons whose immigration status has expired and who do not meet any other immigration qualifying status, including those with expired visas.

For a more extensive list of qualifying immigration statuses, refer to the "Immigration Fact Sheet" job aid.

Note: Emergency Medical Assistance for Non-Citizens

Patients with serious health conditions who do not qualify for PE due to their immigration status should be referred to the Department of Community Based Service (DCBS) to file an application for Emergency Medical Assistance for Non-Citizens. Emergency Medicaid provides coverage for life-threatening medical emergencies, childbirth, and urgent care for individual excluded from full Medicaid due to immigration status, including undocumented immigrants.

For more detailed information on the Emergency Medical Program please see the Emergency Time-Limited Medicaid Fact Sheet linked below:

Emergency Time-Limited Medicaid

Note: Pregnant women are not required to meet these eligibility criteria. They do not need to attest to being a citizen or qualified non-citizen to receive PE coverage.

Coverage Group

For eligibility to exist, the individual must fall into a PE coverage group. Individuals in the following coverage groups may be eligible for PE if they meet the category criteria.

Coverage Group	Definition
Parents and Caretaker Relatives	• Individuals living with and caring for a related child under the age of 18. • Relations can be blood, adoption, or marriage. • Parents and caretaker relatives can be 65 or older.
Children	• Infants under age 1 who were not born to a mother receiving Kentucky Medicaid on their date of birth. • Children between the ages of 1-18 years old (up to and including the month of their 19th birthday).
Pregnant Individuals	• Individuals who are pregnant or are within their postpartum period. • Pregnant women are **not** required to attest to citizenship or qualified non-citizenship status. • Household size for a pregnant woman includes the number of expected births.
Adults	• Individuals aged 19-64 (up to and including the month of their 65th birthday) who are not eligible for Medicare and do not fall into any other coverage group.
Former Foster Children	• Individuals aged 19-26 (up to and including the month of their 26th birthday) who were in foster care at age 18 and received Medicaid in their state of residency until they aged out of foster care.
Women in Treatment for Breast or Cervical Cancer	• Individuals who are under the age of 65 and who are in treatment for breast or cervical cancer. • Do not have creditable health coverage. • They were screened by a Provider (or provider representative) certified by the KY Women's Cancer Screening Program.

In instances where individuals fall into more than one coverage category, the kynect system will make the appropriate determination based on information available in the application.

Financial Requirements

Household size

PE eligibility is based on the individual's income as a percentage of the Federal Poverty Level. Household size is an important factor in determining PE because the amount of income a person can have and be eligible for Medicaid is increased by the number of people in the household.

When building a person's household and determining their household size, you should consider every person living in the home. There are specific family relationships that make individuals financially responsible for each other.

If living together, spouses should always be included in each other's household. The chart below shows how to build a household. Former Foster Care individuals are always a household size of 1, which includes only the individual.

If the applicant is under age 19, their household includes (if living together):	If the applicant is age 19 or older, their household includes (if living together):
✓ The individual ✓ The individual's children ✓ The individual's spouse ✓ Parent(s) or stepparent(s) ✓ Any siblings under the age of 19 ✓ If anyone in the household is pregnant, the number of unborn children	✓ The individual ✓ The individual's spouse ✓ Children or stepchildren under the age of 19 ✓ If anyone in the household is pregnant, the number of unborn children

Examples

As seen in the above chart, if the household consists of members who do not have financial responsibility for each other, they are not included in the household.

The following examples are included to assist in determining household size for PE applications:

Example 1: Robert (56) and Janie (55) are married. They have two adult children who live outside of the home.

Individual	Household Size
Robert	2 (himself and his spouse)
Janie	2 (herself and her spouse)

Example 2: Marjan (26) lives with her boyfriend Ben (28). She is three months pregnant with one child.

Individual	Household Size
Marjan	2 (herself and her unborn child)
Ben	1 (himself)

Marjan is not in Ben's household, therefore the unborn child is not counted in Ben's household.

Example 3: Bryan (39) is married and lives with his spouse Aimee (33) and his child Alex (8) from a previous relationship.

Individual	Household Size
Bryan	3 (himself, his spouse, his children)
Aimee	3 (herself, her spouse, her stepchild)
Alex	3 (himself, his father, his stepmother)

Example 4: Joe (40) lives with his girlfriend, Rohan (40). They have a mutual child together, Annie (8 months). Rohan also has a daughter, Jai (20) from a previous relationship.

Individual	Household Size
Joe	2 (himself, his child Annie)
Rohan	2 (herself, her child Annie)
Annie	3 (herself, her mother, her father)
Jai	1 (herself)

Example 5: Christine (24) is married to Bill (26). They have one mutual child together, Allie (3). Christine is a Former Foster Care Child and is the only one seeking coverage.

Individual	Household Size
Christine	1 (herself). Former Foster Care individuals are always a household of one.

Income

The applicant must meet financial requirements.

Coverage Group	**FPL**
Parent/Caretaker Relative	Category not based on FPL
Pregnant Women	200%
Children up to age 1	200%

Child age 1-5	147%
Child age 6-18	109%
Adult 19-64	138%
BCCTP	250%
Former Foster Care	No income limit

Each coverage group is subject to different income standards. For example, an infant is eligible for Hospital PE if his or her household income is at or below 200% of the Federal Poverty Level (FPL) guideline. An eight (8) year old child is eligible for Hospital PE if his or her income is at or below 109% of the FPL. This means that, depending on each family member's coverage group, some members of a family may be eligible while others are not eligible, even though the family members have the same household income and household size.

Each PE determination is based on current monthly household income and family size. Determiners do not have to convert income to a monthly amount, the kynect system will do that calculation. Below is the formula used by the kynect system to calculate monthly income:

If the individual is paid…	Then…
Weekly	Multiply gross pay by 4.33
Bi-weekly	Multiply gross pay by 2.66
Twice a month	Multiply gross pay by 2
Monthly	No calculation needed
Annually	Divide gross pay by 12

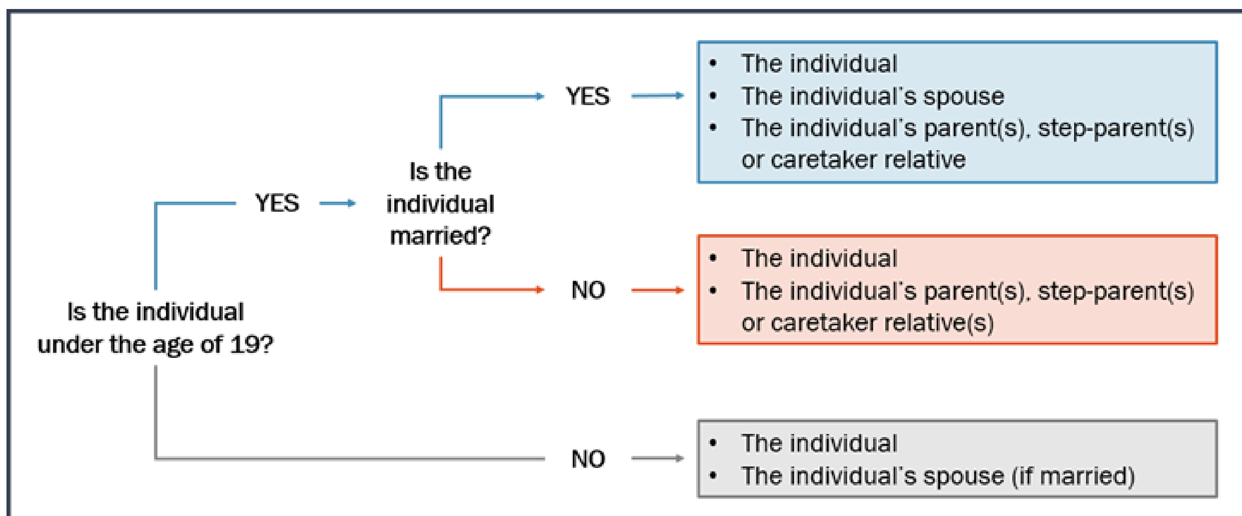
Household Income

Household income is the combined pre-tax income (not take-home pay) of all family members whose income counts. To determine the applicant's household income, the Determiner must:

- Determine who must be included in the applicant's household.
- Determine which household members income must be included
- Determine those members' countable income.

Whose Income Counts

The chart below helps determine whose income counts towards the total household.



What Income Counts

Some types of income are not counted when determining eligibility. The chart below shows the more common types of income:

Countable Income	Non-Countable Income
✓ Wages and tips ✓ Unemployment ✓ Pensions and annuities ✓ Income from a business ✓ Self-employment ✓ Military retirement/pensions ✓ Social Security benefits (excluding SSI) ✓ Interest ✓ Alimony payments	▪ Child Support ▪ Supplemental Security Income (SSI) ▪ Workers' compensation ▪ American Indian or Alaska Native Tribal Income ▪ Scholarships, awards, or fellowship grants used for education (except any portion that is for room and board)

Note: this is not an exhaustive list of income types. Please see job aid. Countable vs Non-Countable Income.

Post Determination

When completing an eligibility determination in real-time on kynect with the applicant present, the Determiner must provide the individual with immediate written notice of the decision. If approved, the Determiner must also give the applicant a copy of their PE eligibility card.

- The kynect system will generate and mail a copy of the PE card.
- Individuals can use their PE card to access their coverage.

Oversight Activities

Federal regulation requires State Medicaid agencies to oversee their PE programs and measure how well qualified providers and Determiners are meeting the Presumptive Eligibility Program's main objectives - connecting individuals to ongoing healthcare coverage.

To support this, DMS has collaborated with its vendor to develop oversight reports. These reports track:

- The number of PE application processed by each provider and Determiner.
- The number of full Medicaid applications submitted within three months following their PE eligibility period.

DMS staff will review these reports for both quality and quantity, specifically measuring:

- The percentage of PE recipients who complete a full Medicaid application in a reasonable time to prevent gaps in coverage.
- The percentage of those full Medicaid applications that are approved and/or denied.

Currently, no goal percentages have been identified.

If DMS staff identify concerns during their review, they may contact the provider and/or Determiners directly to develop a corrective action plan.

Appendix A

Terms and Definitions

Affordable Care Act (ACA): A comprehensive health care reform law passed in 2010

Agents: individual licensed by the state to sell insurance, many of whom are certified to operate on the Kentucky State Based Marketplace also known as kynect.

Ambulatory Prenatal Care: Services related to pregnancy excluding labor and delivery.

Applicant: An individual who is seeking eligibility determination for him/herself through an application submission.

Breast and Cervical Cancer Treatment Program (BCCTP): A program that provides cancer treatment benefits to eligible low-income Kentucky residents diagnosed with breast and/or cervical cancer.

Child Support: Money that is ordered by a court on behalf of a minor child or paid by the non-custodial parent without a court order.

Department for Community Based Services (DCBS): The organization responsible for determining individuals' eligibility for Kentucky Medicaid, and other programs that are designed to give temporary support to Kentuckians in financial need.

Department for Medicaid Services (DMS) or Department: The single state agency with responsibility for Kentucky Medicaid.

Dependent Child: A child who is under the age of 18 or is age 18 and a full-time student in secondary school (or equivalent vocational or technical training). If, before attaining age 19, the child may reasonably be expected to complete such school or training.

Determiner: Staff or vendor/contractor who engage with potential PE applicants and facilitate their application.

ePHI: Electronic protected health information, refers to any individually identifiable health information that is created, stored, transmitted, or received electronically.

Federal Poverty Level (FPL): The FPL is the minimum amount of income a person or family needs for necessities. These limits may change every year.

Federal and state data service hub: A collection of trusted data sources that will be matched against client stated information in order to verify certain eligibility factors. Some of the trusted data sources include but are not limited to: Social Security Administration (SSA), DHS, and the Internal Revenue Service (IRS).

HIPAA: Health Insurance Portability and Accountability Act of 1996 established federal standards protecting sensitive health information.

Household size: All persons living in the home who must be included as financially responsible members.

Incarcerated: Individuals housed in a prison, county jail, or detention center fulltime.

Kentucky Women's Cervical Cancer Screening Program (KWCSP): This program allows certain providers to connect women who have been screened and in need of treatment for breast or cervical cancer to PE coverage.

kynect benefits Self Service Portal (SSP): The online application system used by Determiners and Kentuckians to submit Medicaid applications.

kynector: individuals state-certified and trained to assist Kentucky residents in applying for Qualified Health Plans (QHPs), Medicaid, Integrated Health Insurance Premium Payment (KI-HIPP) program, food assistance (SNAP), and the Child Care Assistance program (CCAP).

Legally incapacitated person: a person the court has determined who is unable to make sound decisions about their life, health, or finances**.** This often leads to someone else being appointed to make those decisions on their behalf, such as a guardian or power of attorney.

Legal Guardian: An individual appointed through the State district courts to oversee the affairs and finances of an individual.

Non-legally Incapacitated Person: Someone who is not capable of making medical decision due to sudden onset or temporary medical condition such as stroke. coma, who had not had a legal determination of incapacitate.

Medicaid: Joint Federal and State program that provides health coverage to individuals with limited income and resources.

Modified Adjusted Gross Income (MAGI): The methodology used to determine financial eligibility for full Medicaid applications for those who are not aged, blind, or disabled.

Parent: The natural, adoptive, or stepparent of a child.

PHI: Protected Health Information

Presumptive Eligibility: A process which expedites an individual’s ability to receive temporary coverage. The Department for Medicaid Services is responsible for the administration of presumptive eligibility.

Pre-tax/Gross Income: The income received before any taxes are taken out.

Qualified Entities (QE): Providers that have elected to participate in the Kentucky PE program by agreeing to certain criteria.

Self-attested: The applicant statement. No documentation is required.

RFI: Request for Information generated by the kynect system or manually by a DCBS worker.

Qualified Provider (QP): A provider who has been certified to participate in the Kentucky PE Program.