The Commonwealth of Kentucky
Presumptive Eligibility Program

Presumptive Eligibility Determiner Training Guide

Document Control Information

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1. Introduction

This training module provides a comprehensive overview of the Kentucky Presumptive Eligibility (PE) program, outlining the eligibility criteria, responsibilities of PE Determiners, compliance guidelines, and application processes to ensure proper Medicaid coverage for qualifying individuals.

2. Overview of Presumptive Eligibility (PE)

2.1 What is Presumptive Eligibility?

Presumptive Eligibility (PE) is a Medicaid program that facilitates immediate access to healthcare for uninsured Kentuckians who do not already have other coverage.

To avoid delaying coverage, Eligibility Determinations for PE are made on limited information provided by an individual about their income, household size, citizenship, and residency status.

The PE program provides temporary coverage for individuals who are LIKELY to be eligible for Medicaid. This helps to ensure timely access to care and gives the recipient opportunity, and time, to apply for FULL Medicaid coverage and receive a final eligibility determination.

2.2 Purpose of the PE Program

- Provides temporary coverage for individuals likely to qualify for Medicaid.
- Ensures timely access to care while applicants complete the full Medicaid application process.
- Helps prevent delays in necessary medical treatment.

3. History of the Presumptive Eligibility Program

- 1986: Federal Medicaid law authorized states to use Presumptive Eligibility to enable some residents to immediately secure short-term coverage if they are determined to be likely eligible
- 2002: Kentucky implemented this option in 2002, allowing certain qualified entities, or providers, to make Presumptive Eligibility Determinations for pregnant women.
- 2014: In 2014, with the passage of the Affordable Care Act, states were required to establish a process for qualified hospitals to participate in the Presumptive Eligibility Program.

4. Connecting People to Coverage

4.1 Temporary Coverage

- Eligibility under PE is temporary, but granting short-term eligibility ensures immediate access to coverage and care for those who need it.

- This improves Kentuckian's access to Medicaid and necessary services by providing an easy path to short-term coverage.
- However, PE is not just about short-term coverage. It also provides Kentuckians with an opportunity to get connected to long-term coverage.
- Once an individual has been approved for PE it is important that the PE Determiner assist the recipient with completing a full Medicaid application to help ensure ongoing coverage.

4.2 Temporary Coverage and Transition to Full Medicaid

Qualified Entities are required to assist individuals with getting a full Medicaid application submitted.
There are several methods by which an individual can apply.

Applications for full Medicaid can be made:

- From the kynect health coverage Self-Service Portal
- By phone or in-person with a licensed Insurance Agent or a kynector. (Agents and kynectors who are certified with kynect can be found using the kynector and Agent Search tool.)
- By phone or in-person with the Department for Community Based Services (DCBS) (Local DCBS offices can be found in every county in the Commonwealth)

Qualified Entities should assist individuals in understanding the full Medicaid application process.
Fact sheets and other helpful information is available on the PE Website linked below.
https://khbe.ky.gov/PE/Pages/default.aspx

Assistance may include any of the following:

- Assisting the applicant with accessing the kynect Self Service Portal including creation of a KOG account.
- Follow-up contact with the family to determine if they need help.
- Assistance in understanding any documentation requests (RFIs) or how to obtain and submit documentation.

5. Differences Between PE and Full Medicaid

PE data is all self-attested, while full Medicaid applications must confirm eligibility components electronically via the Federal Data Service Hub.PE provides immediate but temporary coverage, while full Medicaid offers ongoing coverage upon verification of eligibility.

In other words, for PE we accept the applicant's statement, but for full Medicaid, verification is needed to determine the eligibility of the recipient.

- **Documentation Requirements:** In full Medicaid applications, applicants will be asked to provide documentation for required data that fails electronic verification. This does not mean the information provided was false, but simply that it could not be electronically verified, therefore the applicant must provide supporting documentation.
- **Coverage Groups:** Full Medicaid has coverage groups beyond those included in PE, therefore, even if a PE applicant does not appear to be PE eligible, it is beneficial for individuals to submit a full Medicaid application.
- **Asset Tests:** Some Medicaid coverage groups have an asset test, in those instances that applicant may be asked about their resources. Types of resources can include checking or savings accounts, life insurance policies, and other liquid resources.
- **Child Support Enforcement:** Cooperation with Child Support Enforcement is a requirement for adult household members receiving Medicaid when there is a minor child in the home deprived of Parental Support.

6. Coverage and Services Under PE

The type of coverage a person will receive under PE is dependent on the type of access the PE Determiner has been granted, and the needs of the recipient.

Please Note: Kentucky offers two PE programs, Hospital Based and Pregnancy; each program is unique and has specific access.

In most instances, PE Determiners should only have access to one of the below:

- Hospital PE
- Pregnancy PE

6.1 Hospital PE

Hospital PE will cover most medical services, including:

- Services furnished by a primary care provider, such as;
    - Family or general practitioners
    - Pediatricians
    - Internists
    - Obstetricians or gynecologists
    - Physician assistants
    - Certified Nurse Midwives
    - Advanced practice registered nurses

Hospital PE will also cover:

- Laboratory services
- Radiological services
- Dental services
- Emergency room
- Emergency and nonemergency transportation
- Pharmacy services

- Services delivered by rural health clinics
- Services delivered by primary care centers, federally-qualified health centers and look-alikes
- Primary care services delivered by local health departments
- Inpatient or outpatient hospital services provided by a hospital

6.2 Pregnancy PE

PE coverage for Pregnancy is a more limited coverage than Hospital PE.

While Pregnant women can receive the same types of services and receive services from the same types of providers, the coverage is limited to ambulatory prenatal care services delivered in an outpatient setting only.

Please Note: PE Determiners who have the access to perform Hospital PE determinations can also approve Pregnancy PE Eligibility. However, the same type of coverage restrictions above would apply to the recipient.

- Provides limited coverage for ambulatory prenatal care.
- Services must be delivered in an outpatient setting.

7. Other Coverage Options

It is important to remember that there may be coverage options an individual may qualify for if they do not qualify for Presumptive Eligibility.

Individuals may be eligible for other categories of coverage including assistance for the Aged, Blind, and Disabled, Emergency Medicaid for applicants in a non-qualifying Immigration Status, or even assistance with purchasing a Qualified Health Plan through the state-based exchange.

Please Note: Determiners should always encourage or assist applicants with making a full Medicaid application whether they are approved or denied for PE.

8. Qualified Entities

Qualified Entities are providers that have elected to participate in the Kentucky Presumptive Eligibility (PE) Program by:

- Participating as a Kentucky Medicaid Provider
- Notifying Kentucky Medicaid of their election to make PE determinations
- Agreeing that PE determinations made on their behalf will be consistent with state policies and procedures

- Ensuring that their determiners will be available to assist individuals in completing and submitting a regular Medicaid application
- Maintaining eligibility to participate in the PE program by making determinations in accordance with applicable state policies and standards

8.1 Types of Qualified Entities

Hospital-Based PE Program

The State must certify any eligible hospital that elects to participate in the Hospital-Based PE Program. This program allows providers to connect specific populations to temporary Medicaid coverage. Those populations include:

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

Pregnancy PE Program

This program allows qualified providers who are likely to engage with pregnant patients to connect them to temporary Medicaid coverage. This coverage is only for ambulatory prenatal care. Providers Eligible for the Pregnancy PE Program:

- 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

9. Who is a Determiner?

Please note: The PE Program is not available for Kentucky residents to apply for independently. Residents must have the application submitted on their behalf by a representative of a Qualified Entity.

This representative of the Qualified Entity is the Determiner.

Determiners directly engage with patients to explain the PE Program and submit an application on their behalf.

Determiners should:

- Be knowledgeable of PE Medicaid eligibility components to ensure applicants understand the questions.
- Discuss the requirements and any limitations of coverage with applicants.

9.1 Expectations of PE Determiners

- Individuals found eligible or ineligible for Presumptive Eligibility are to be referred to complete the full Medicaid application.
    - Applications can be made with kynectors, insurance agents, DCBS, online through kynect SSP, or by telephone
- PE Determiners are to assist the patient in understanding the full Medicaid process.
- Kentucky Medicaid will take corrective action if providers or their Determiners are not following Medicaid policies and eligibility rules.

9.2 Conflicts of Interest

All Determiners must avoid conflict of interests and the appearance of impropriety.

Determiners may not make presumptive eligibility determinations for any applicant who is a:

- Relative (including natural, step, or adopted relatives).
- Personal friend.
- Roommate.
- Co-worker.

In cases where staff are unsure of a potential conflict of interest, they should consult with their Organization's leadership or with DMS.

When there is a conflict of interest, the Determiner should assist the patient with accessing other options for applying.

10. Confidential Treatment of Information

Determiners may not disclose confidential or official information, if the disclosure:

Is prohibited by law, regulations, or would be contrary to the best interest of Medicaid clients or applicants.

Determiners may not disclose or misuse confidential or official information, not generally available to the public, or acquired by virtue of their affiliation with Kentucky Medicaid, for their or another's private gain.

11. Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is the Federal Law that requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

As a Covered Entity, Determiners Must:

- Ensure the confidentiality and integrity of all Protected Health Information (PHI) and Electronic Health Information (EHI).
- Complete HIPAA Training Annually.
- Ensure any electronic communications that contain applicant information are encrypted.
- Ensure any devices with applicant information displayed are not visible to others.

12. Document Retention

12.1 Retention Requirements

- State and Federal regulations and policies require Qualified Entities to maintain all PE documentation for a period of no less than three years from the last date of billing.
- Documentation can include pre-screening forms or approval notices. Documentation is generally stored in the PE applicant's medical file.
- PE Determiners should coordinate with their Organization's leadership regarding the provider's retention plan.
- This information is subject to review or audit by the Department for Medicaid Services (DMS) or any federally sanctioned audit.

13. Assessment

1. Which of the following is NOT true about the Presumptive Eligibility program in Kentucky?

A. PE facilitates immediate Medicaid access to those who do not already have coverage.
B. PE determinations are made with limited information
C. PE requires the determiner to verify information regarding income
D. PE coverage is short-term temporary coverage

2. How can residents apply for full Medicaid coverage?

A. By contacting a registered Insurance Agent or a kynector
B. By submitting an application through the kynect health coverage Self Service Portal
C. By contacting their local DCBS office
D. All of the above

3. There is no reason for a person to apply for full Medicaid coverage if they are not eligible for PE.

A. True
B. False

4. How long must documentation typically be retained by a Qualified Entity?

A. 1 month
B. 7 years
C. Forever
D. 3 years

5. Which Federal Law created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge?

A. Patriot Act
B. Brown vs. Board of Education
C. Health Insurance Portability and Accountability Act (HIPAA)
D. Affordable Care Act (ACA)

6. Kentucky residents can apply for Presumptive Eligibility coverage for themselves through kynect.

A. True
B. False

7. Conclusion

The Kentucky Presumptive Eligibility (PE) program ensures that uninsured individuals have immediate access to healthcare services. PE Determiners play an essential role in guiding applicants through the eligibility process, assisting with applications, and ensuring compliance with Medicaid policies.