

MAC Binder Section 10 – Provider Communications

Table of Contents with Document Summary

Located online at <http://chfs.ky.gov/dms/mac.htm>

- 1 - Presumptive Eligibility (PE) Provider Letter regarding Presumptive Eligibility transitioning to the KY Health Benefits Exchange System dated May 18, 2015

This is a follow-up to the letter you received last month regarding the Presumptive Eligibility Process. Due to technology issues, all facets of the new process could not be implemented as planned. Those issues have been resolved and the Department will complete implementation of the new process on June 6, 2015

- 2 - 2015 Medicaid Forums Provider Letter dated July 8, 2015

Letter regarding the upcoming Medicaid/MCO Provider Forum dates and locations.

- 3 - EPSDT Prior authorizations for PT OT ST provider notice dated July 9, 2015

Effective immediately and until further notice, providers serving waiver members with a prior authorization approved under a new physical, occupational or speech therapy provider type number may ask to replace it with a prior authorization under their EPSDT PT-45 number.



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

May 18, 2015

TO: Certified Presumptive Eligibility (PE) Providers:

- 01 – General Hospital – Provider Letter #A-256
- 02 – Mental Hospital – Provider Letter #A-101
- 20 – Health Department – Provider Letter #A-21
- 31 – Primary Care – Provider Letter #A-384
- 35 – Rural Health Clinic – Provider Letter #A-227
- 64 – Physician Individual – Provider Letter #A-383
- 65 – Physician – Group – Provider Letter #A-39
- 78 – Certified Nurse Practitioner – Provider Letter #A-103

RE: Presumptive Eligibility transitioning to the KY Health Benefits Exchange System:

Dear Presumptive Eligibility Provider:

This is a follow-up to the letter you received last month regarding the Presumptive Eligibility Process. Due to technology issues, all facets of the new process could not be implemented as planned. Those issues have been resolved and the Department will complete implementation of the new process on June 6, 2015.

There are four distinct differences in the new process:

- Providers will no longer need to place a phone call to receive a confirmation number;
- Providers will log into a new portal to submit the PE application;
- The PE member can now choose their Managed Care Organization (MCO) during the process; and
- The help desk number for PE is changing to 855-637-6576.

When you log into the new portal, you will be able to

- Submit the PE application,
- Receive the eligibility determination,
- Choose Shop and complete the MCO selection, and
- Print the PE eligibility notice.

PE Notice

Page 2

All of the above tasks can be completed in one sitting. An added search feature will allow you the opportunity to determine if your patient already has coverage before submitting the PE application.

All current PE providers must go through a new process in order to access the portal but will not need to renew any certification or training previously completed. That "on-boarding" process is being handled electronically and is already taking place.

The Department believes the new process will enhance member access to needed services while giving providers an enhanced opportunity for payment. For your convenience, we have attached some informational material concerning the new site.

Please note the site is NOT active until June 6th and this change only impacts Pregnancy and Hospital PE. Until that time please continue accessing PE as you currently are and call the same phone number you use today.

Thank you for your service to the citizens of the commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee A. Guice". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Lee A. Guice
Director, Policy & Operations

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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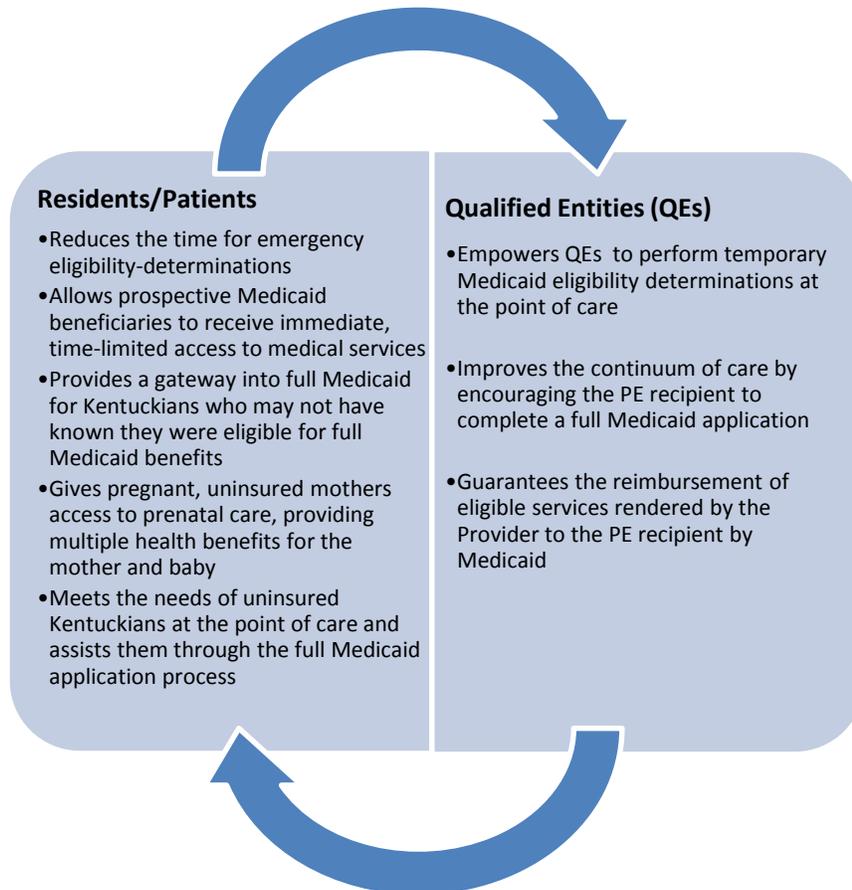
Presumptive Eligibility Quick Reference Guide

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

Presumptive Eligibility Quick Reference Guide

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)

Presumptive Eligibility Quick Reference Guide

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

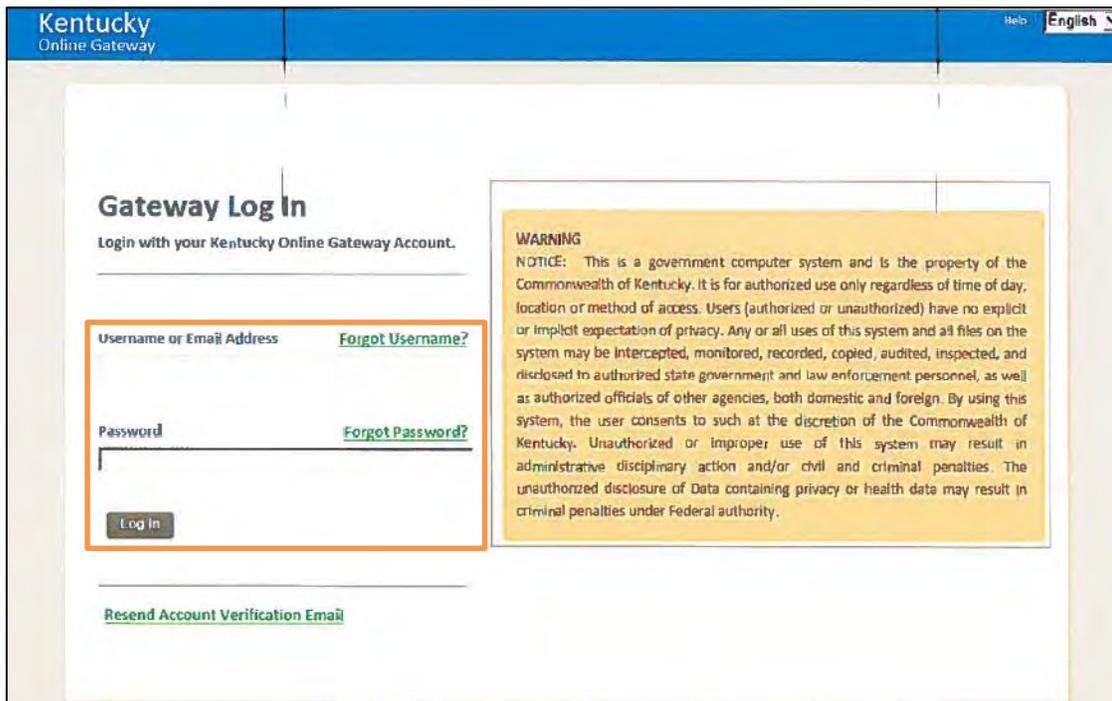
C. Duration of Coverage

- 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**

Presumptive Eligibility Quick Reference Guide

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**.



- 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.

Presumptive Eligibility Quick Reference Guide

8) Click **Continue**.

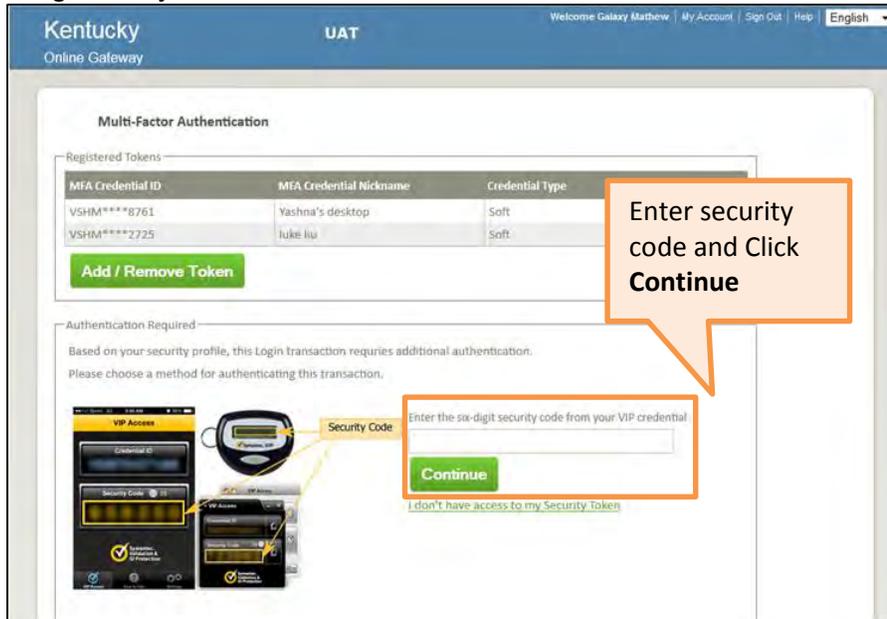
The screenshot shows the 'Multi-Factor Authentication' page on the 'Kentucky Online Gateway UAT'. The page title is 'Multi-Factor Authentication' and the sub-section is 'Security Token Registration'. It states 'This activity requires a Security Token' and provides instructions: 'To install a security token on your desktop or mobile phone, click one of the links below'. Three links are listed: 'Get Mobile Token', 'Get Desktop Token', and 'Get Hardware Token'. A link for 'Symantec VIP Access Software Installation Guide' is also present. The page is divided into three numbered steps:

- 1 Enter Token Nickname**: A text input field for 'Token Nickname' with a placeholder '(Example: John's Laptop, Mary's iPhone)'. An annotation points to the links above, stating 'To install Symantec, click one of these links'. Another annotation points to the input field, stating 'Enter your desired token nickname'.
- 2 Enter your credential ID. The credential ID has 12 alphanumeric characters.**: A text input field for 'Credential ID'. An annotation points to this field, stating 'Enter your credential ID'. Below this are three images of tokens: 'Hard Token (BACK)', 'Desktop Token', and 'Mobile Token'. Each image has an arrow pointing to the 'Credential ID' field on the device screen. A note below states: 'Note: You credential may appear differently from these samples'.
- 3 Enter the six-digit security code from your VIP credential**: A text input field for 'Security Code'. An annotation points to this field, stating 'Enter your security code'. Below this are three images of tokens: 'Hard Token (FRONT)', 'Desktop Token', and 'Mobile Token'. Each image has an arrow pointing to the 'Security Code' field on the device screen. The 'Hard Token (FRONT)' image includes the instruction 'Press and release to generate a security code'. An annotation points to the 'Continue' button at the bottom, stating 'Click Continue'.

A green 'Continue' button is located at the bottom left of the page.

Presumptive Eligibility Quick Reference Guide

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



Kentucky UAT
Online Gateway

Welcome Galaxy Matthew | 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.

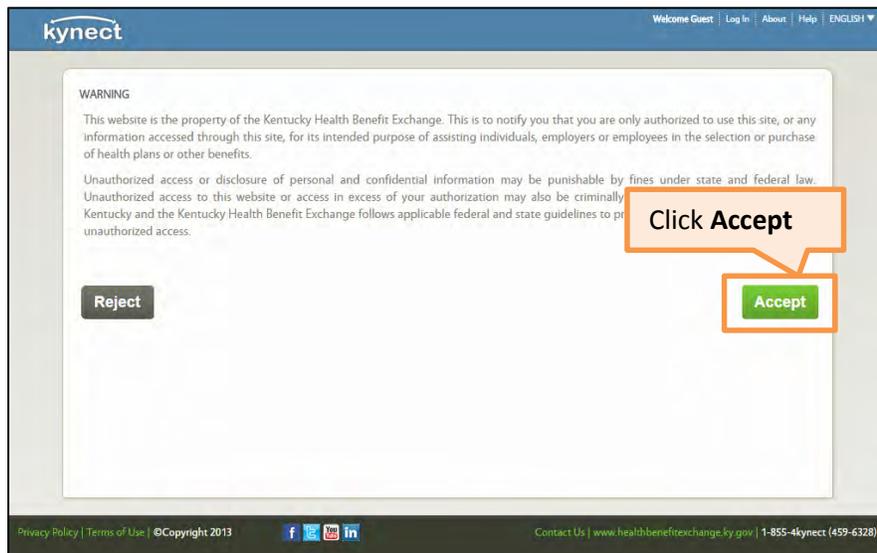
Enter the six-digit security code from your VIP credential

[Continue](#)

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

Callout: Enter security code and Click Continue

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. Kentucky and the Kentucky Health Benefit Exchange follows applicable federal and state guidelines to protect against unauthorized access.

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

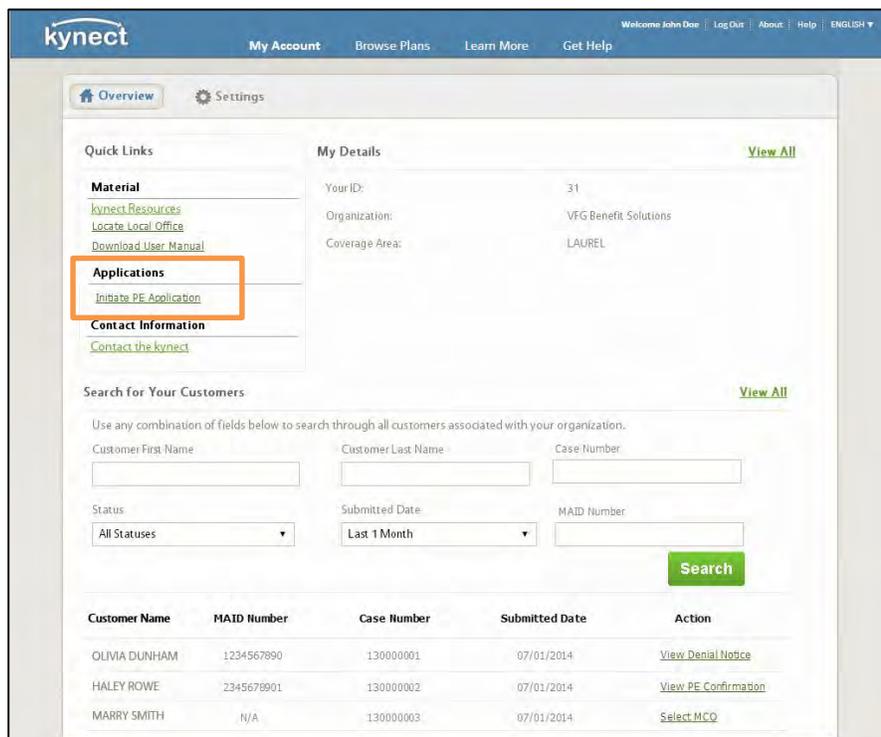
Callout: Click Accept

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Presumptive Eligibility Quick Reference Guide

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

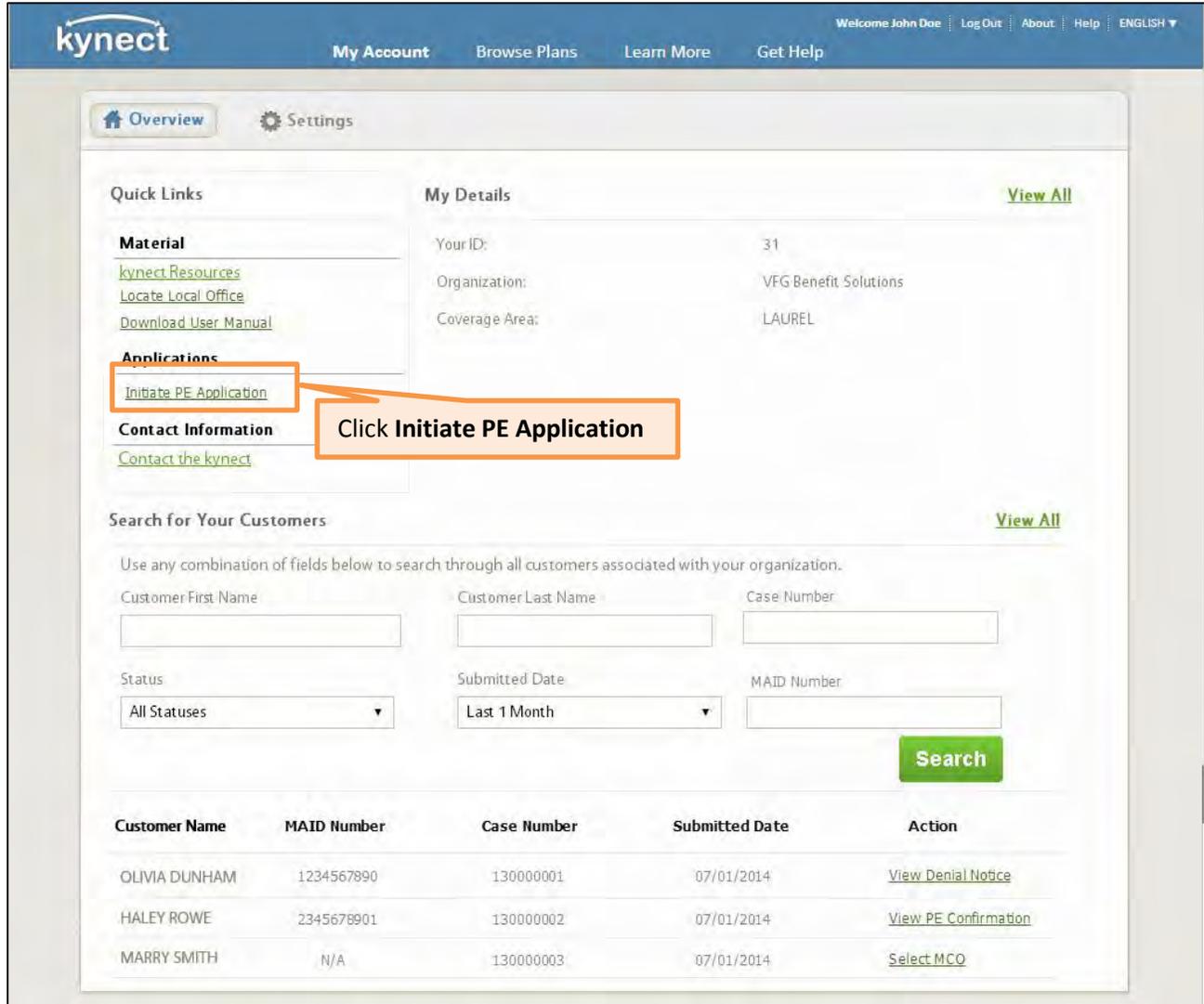


Customer Name	MAID Number	Case Number	Submitted Date	Action
OLIVIA DUNHAM	1234567890	130000001	07/01/2014	View Denial Notice
HALEY ROWE	2345678901	130000002	07/01/2014	View PE Confirmation
MARRY SMITH	N/A	130000003	07/01/2014	Select MCQ

Presumptive Eligibility Quick Reference Guide

5. Presumptive Eligibility Application Process

1) Click Initiate PE Application



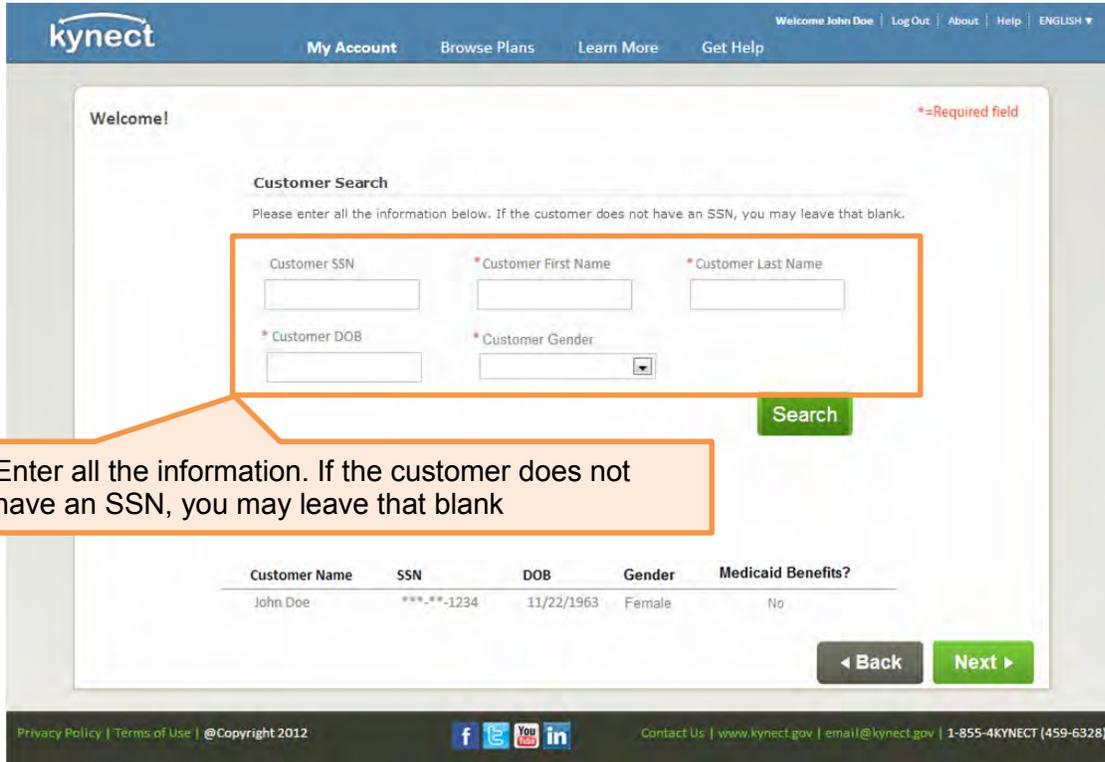
The screenshot shows the user interface of the kynect portal. At the top, there is a navigation bar with the kynect logo, user name 'John Doe', and links for 'Log Out', 'About', 'Help', and 'ENGLISH'. Below the navigation bar, there are tabs for 'Overview' and 'Settings'. The main content area is divided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

- Quick Links:** Includes links for 'kynect Resources', 'Locate Local Office', and 'Download User Manual'.
- Applications:** Contains the 'Initiate PE Application' button, which is highlighted with an orange box. A callout arrow points to this button with the text 'Click Initiate PE Application'.
- Contact Information:** Includes a link for 'Contact the kynect'.
- My Details:** Displays user information: 'Your ID: 31', 'Organization: VFG Benefit Solutions', and 'Coverage Area: LAUREL'. A 'View All' link is present.
- Search for Your Customers:** A search section with fields for 'Customer First Name', 'Customer Last Name', 'Case Number', 'Status' (dropdown menu), 'Submitted Date' (dropdown menu), and 'MAID Number'. A green 'Search' button is located below these fields.
- Customer List Table:** A table with columns for 'Customer Name', 'MAID Number', 'Case Number', 'Submitted Date', and 'Action'. It lists three customers: OLIVIA DUNHAM, HALEY ROWE, and MARRY SMITH, each with their respective details and an action link.

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

Presumptive Eligibility Quick Reference Guide

- 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.

Search

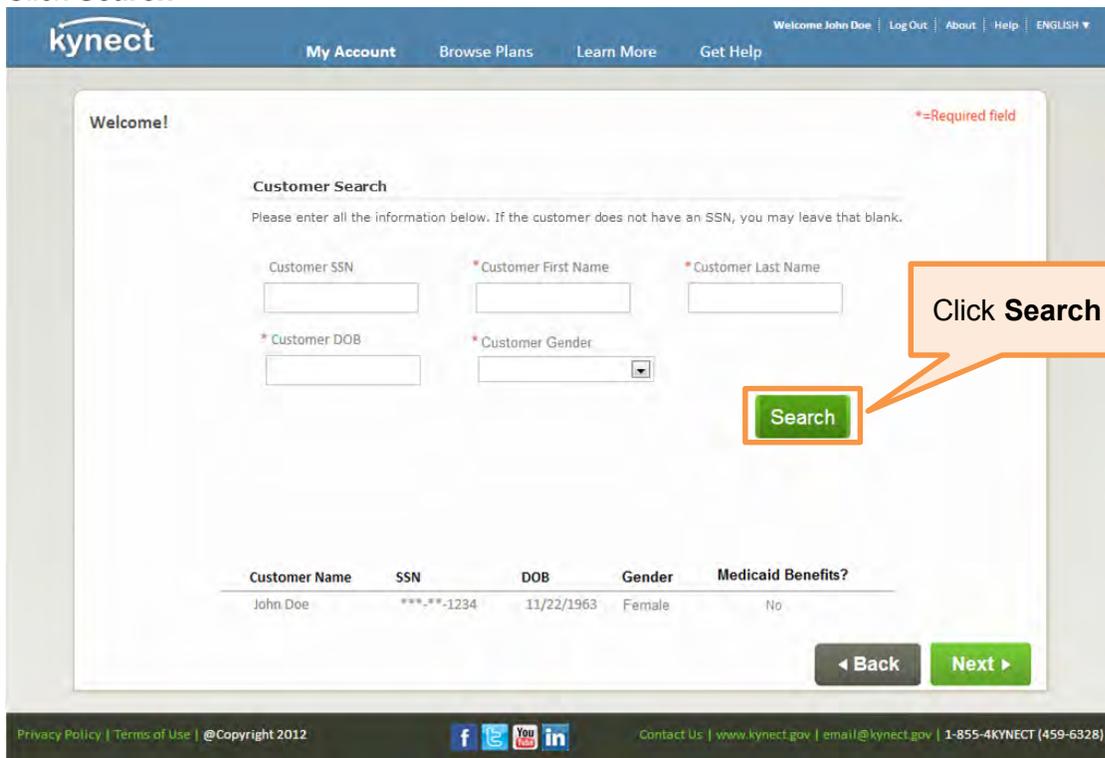
Customer Name	SSN	DOB	Gender	Medicaid Benefits?
John Doe	***-**-1234	11/22/1963	Female	No

◀ Back Next ▶

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

- 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.

Search

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

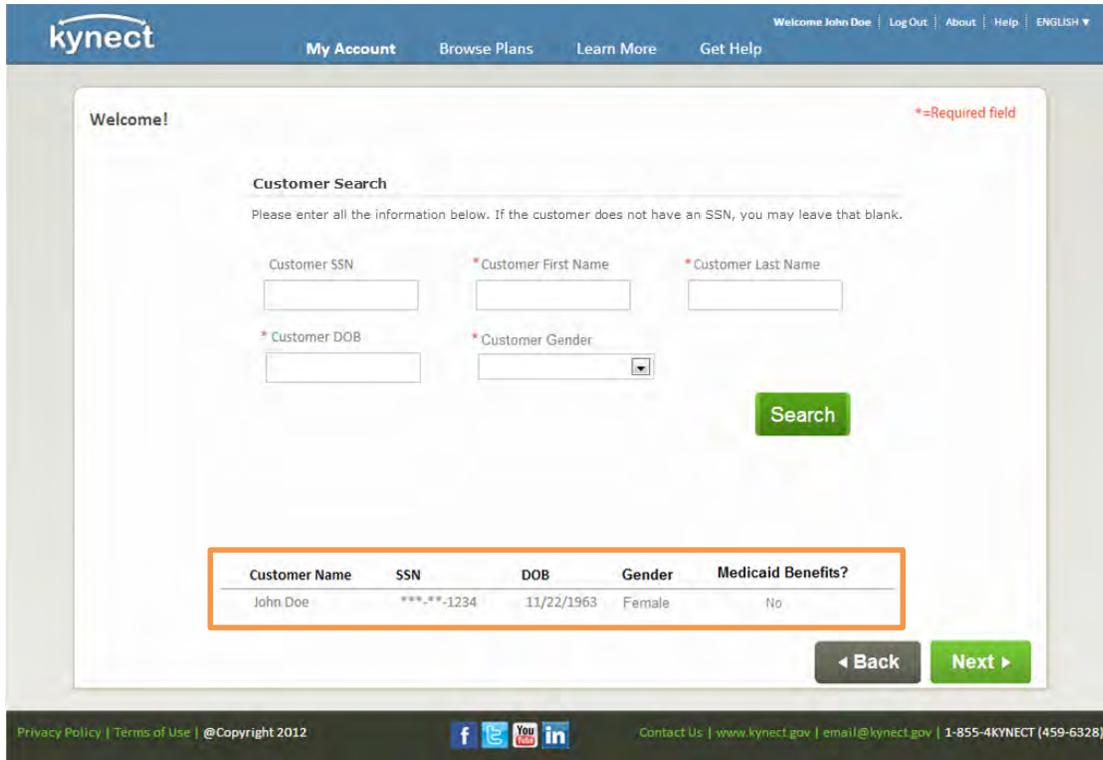
◀ Back Next ▶

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Click **Search**

Presumptive Eligibility Quick Reference Guide

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



Welcome!

My Account Browse Plans Learn More Get Help

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

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

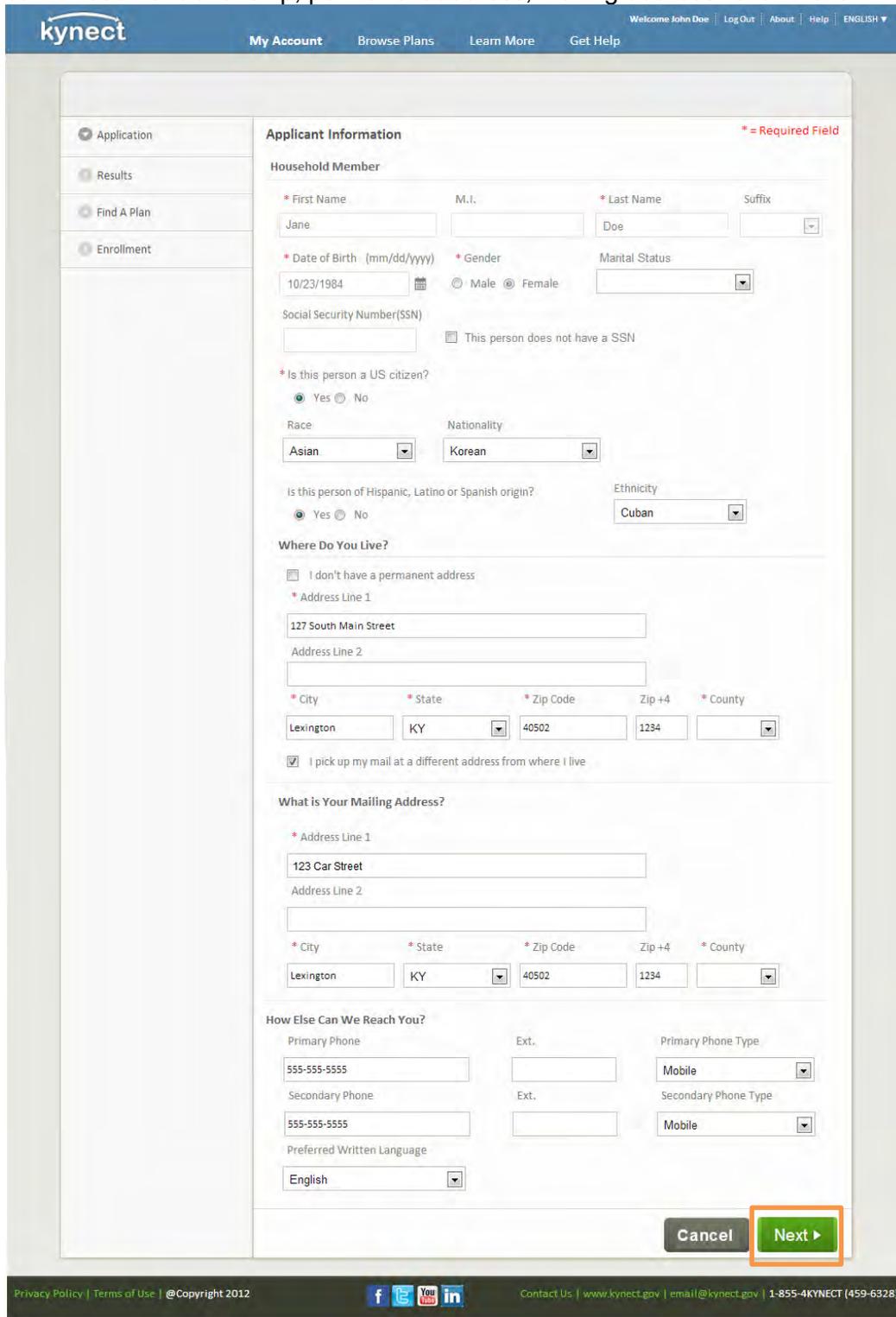
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- 5) If **Medicaid Benefits?** indicates the customer is **Active** or **Pending** the PE application process is over, as a PE application for the patient is unnecessary
- 6) If **Medicaid Benefits?** indicates **No**, you are directed to the **Applicant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

Presumptive Eligibility Quick Reference Guide

- 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.: Suffix: Doe

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

Social Security Number(SSN): [Field] 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: [Field]

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

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: [Field]

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

How Else Can We Reach You?

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

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

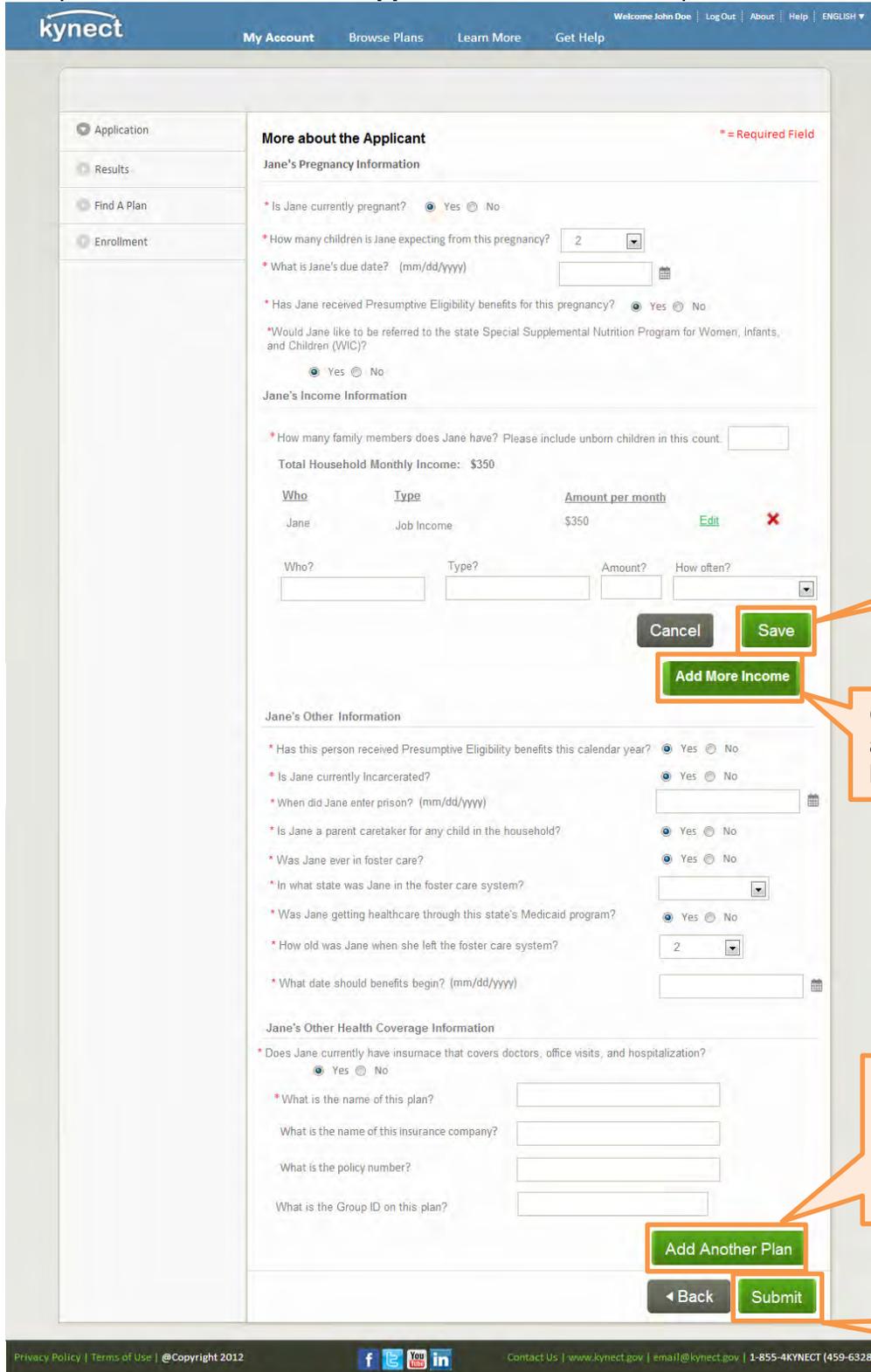
Preferred Written Language: English

Buttons: Cancel, Next ▶

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Presumptive Eligibility Quick Reference Guide

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



More about the Applicant * = Required Field

Jane's Pregnancy Information

* Is Jane currently pregnant? Yes No

* How many children is Jane expecting from this pregnancy?

* What is Jane's due date? (mm/dd/yyyy)

* Has Jane received Presumptive Eligibility benefits for this pregnancy? Yes No

* Would Jane like to be referred to the state 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

Who	Type	Amount per month	
Jane	Job Income	\$350	Edit ✖

Who? Type? Amount? How often?

[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?

[Add Another Plan](#) [Back](#) [Submit](#)

Click **Save** after entering each income

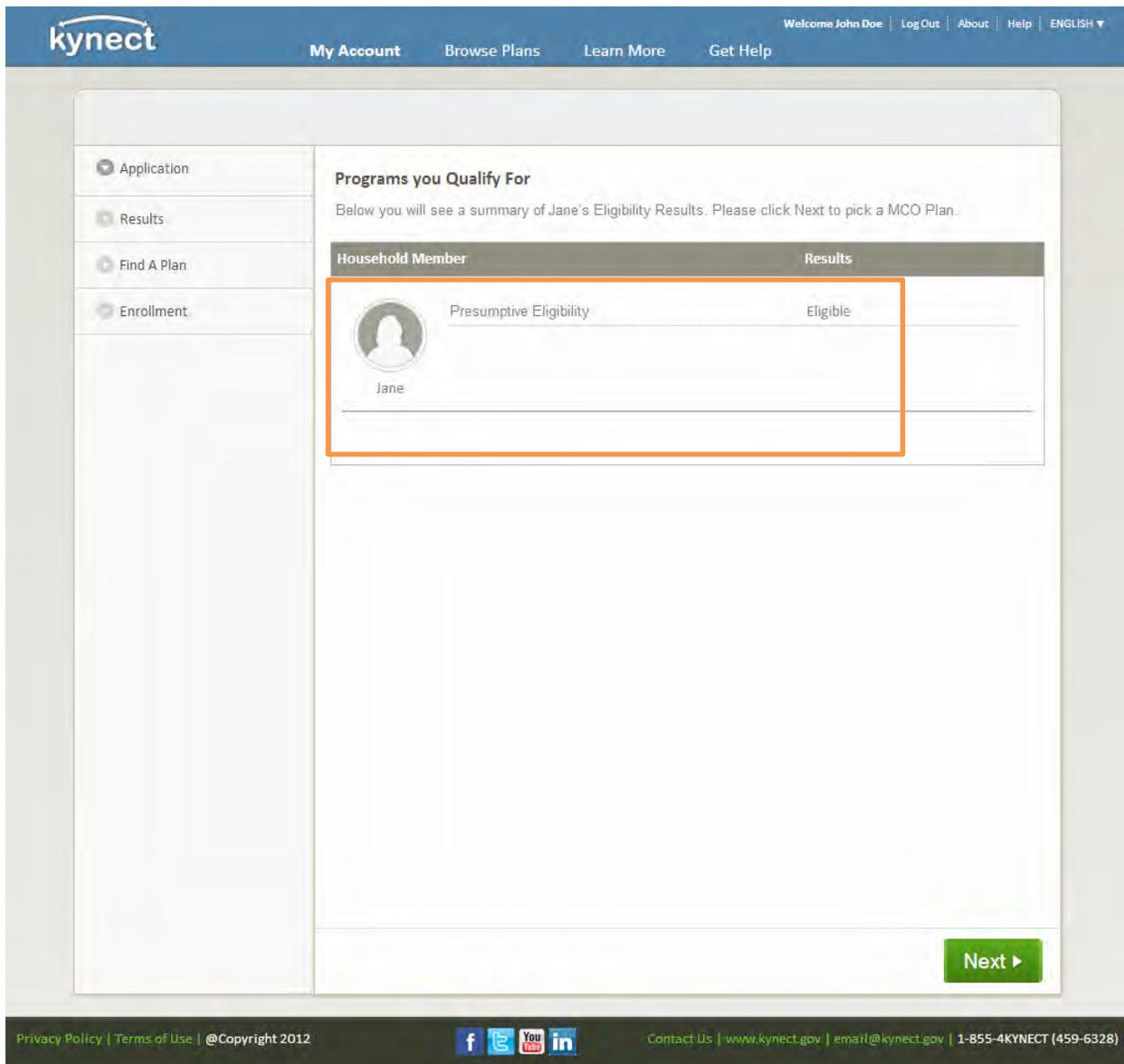
Click **Add More Income** to add the income of other household members

If patient currently has insurance coverage, including Medicare, click **Add Another Plan** to enter coverage details

Click **Submit**

Presumptive Eligibility Quick Reference Guide

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 | 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

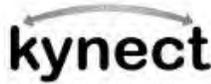
Next ▶

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Presumptive Eligibility Quick Reference Guide

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

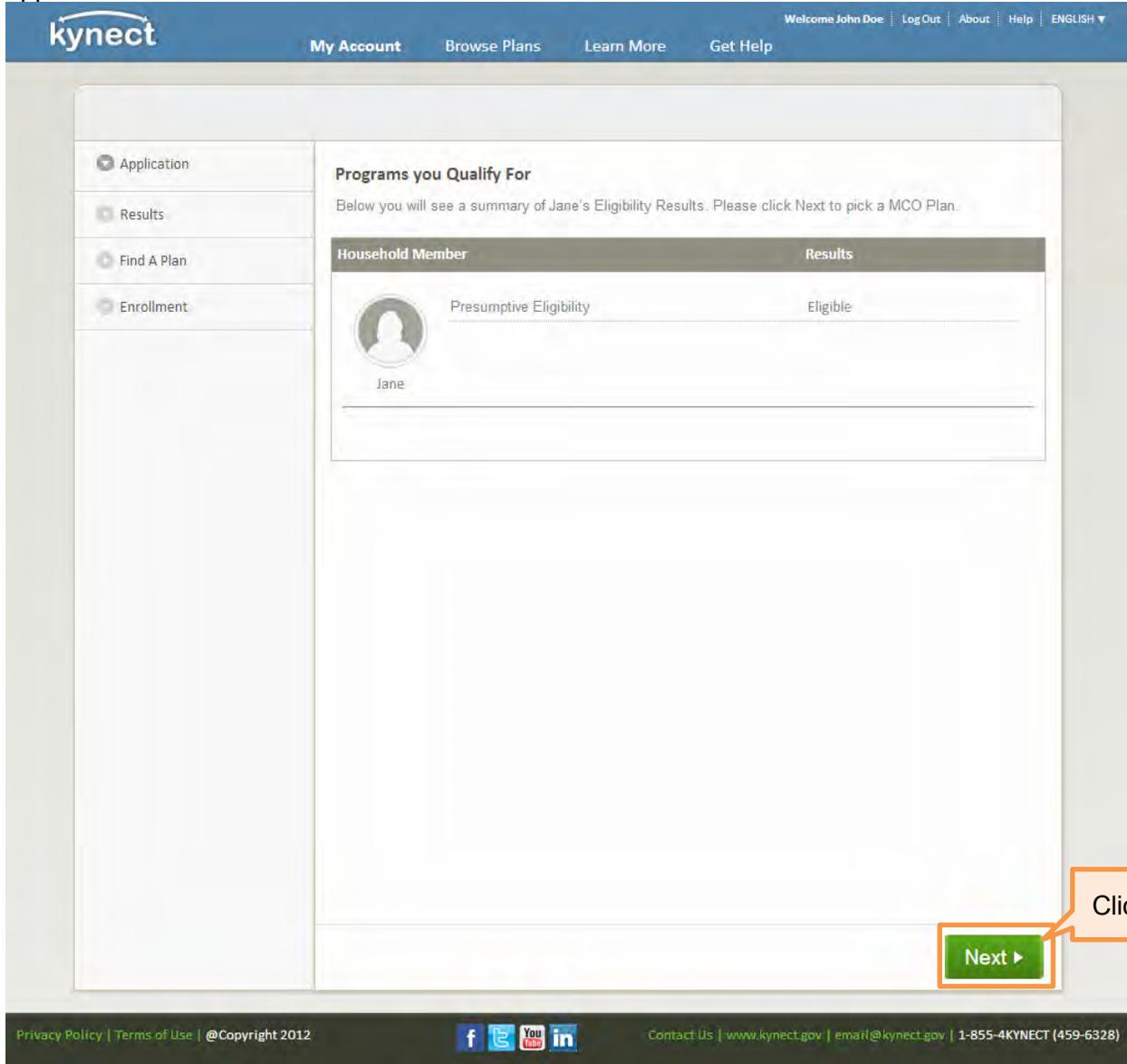
Name	Program	Application Date
JUDY SMITH	Presumptive Eligibility	04/02/2015
Reason: Income Exceeds Limit; Your monthly income is more than \$\$\$\$\$\$. Eligibility is denied.		

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.

Presumptive Eligibility Quick Reference Guide

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

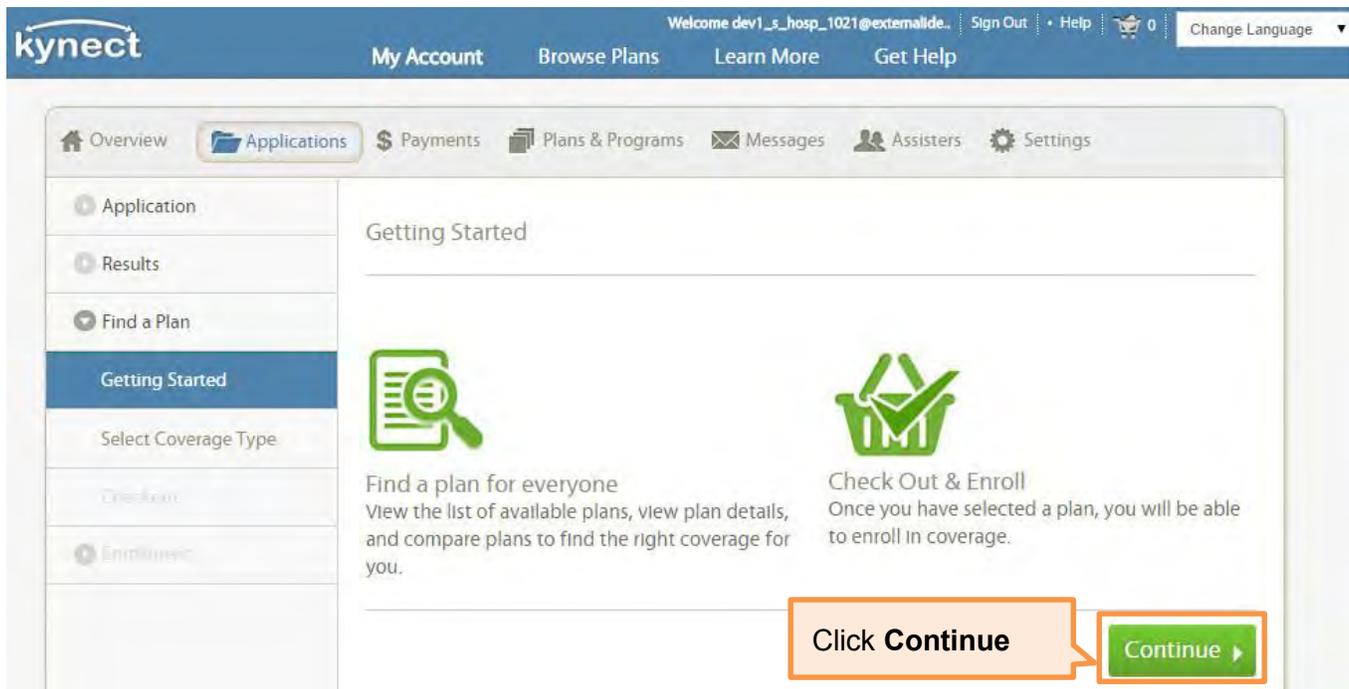


The screenshot shows the 'kynect' website interface. At the top, there is a navigation bar with the logo and links for 'My Account', 'Browse Plans', 'Learn More', and 'Get Help'. A user is logged in as 'John Doe'. The main content area is titled 'Programs you Qualify For' and includes a sub-header 'Household Member' and 'Results'. A table shows a household member named 'Jane' with a 'Presumptive Eligibility' status of 'Eligible'. A green 'Next >' button is located at the bottom right of the main content area, highlighted with an orange callout box that says 'Click Next'. The footer contains links for 'Privacy Policy', 'Terms of Use', and 'Copyright 2012', along with social media icons and contact information.

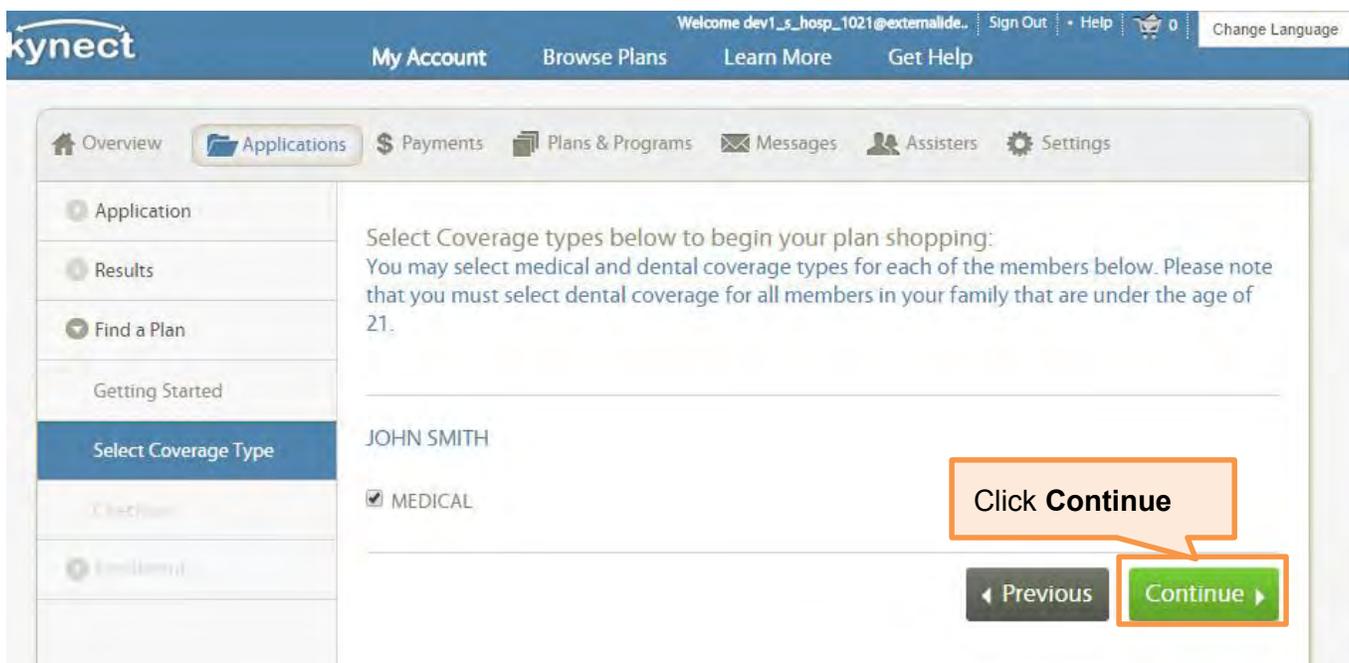
Household Member	Results
 Jane	Presumptive Eligibility Eligible

Presumptive Eligibility Quick Reference Guide

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

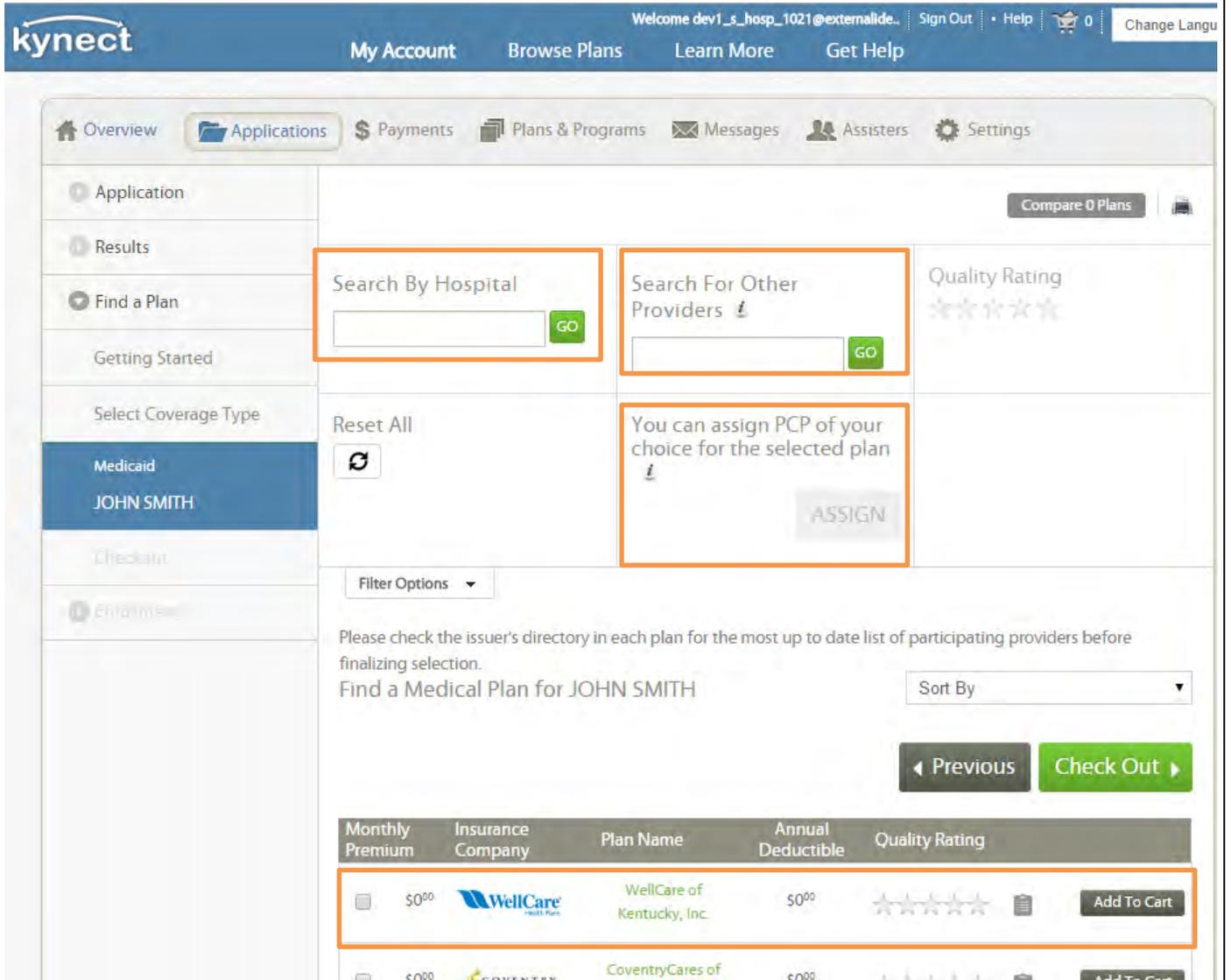


13) On the Select Coverage screen, leave the checkbox for "Medical" selected and click **Continue**



Presumptive Eligibility Quick Reference Guide

- 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.



[Overview](#) | [Applications](#) | [Payments](#) | [Plans & Programs](#) | [Messages](#) | [Assisters](#) | [Settings](#)

Welcome dev1_s_hosp_1021@externalide... | [Sign Out](#) | [Help](#) | [0](#) | [Change Language](#)

[My Account](#) | [Browse Plans](#) | [Learn More](#) | [Get Help](#)

[Application](#) | [Results](#) | [Find a Plan](#) | [Getting Started](#) | [Select Coverage Type](#) | **Medicaid** | **JOHN SMITH** | [Checklist](#) | [Enrollment](#)

Search By Hospital [GO](#)

Search For Other Providers [GO](#)

Quality Rating
 ★★★★★

Reset All
 [↻](#)

You can assign PCP of your choice for the selected plan
 [ASSIGN](#)

Filter Options [▼](#)

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 [▼](#)

[◀ Previous](#) [Check Out ▶](#)

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

Presumptive Eligibility Quick Reference Guide

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

Then, click **Check Out**

◀ Previous

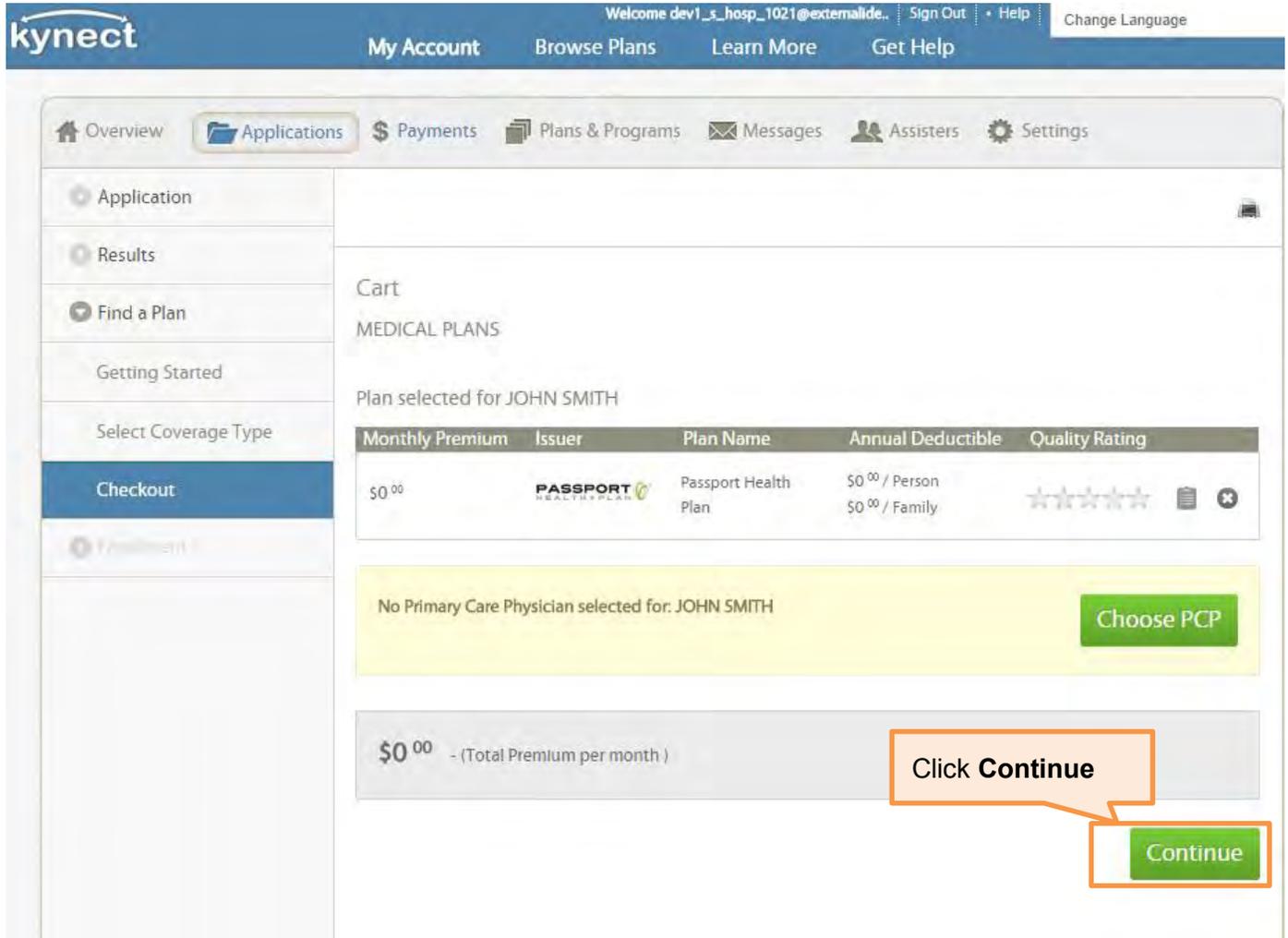
Check Out ▶

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	★★★	 Add To Cart
<input type="checkbox"/> \$0 ⁰⁰		Passport Health Plan	\$0 ⁰⁰	★★★★★	 Add To Cart

Click **Add to Cart**

Presumptive Eligibility Quick Reference Guide

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**

Cart
MEDICAL PLANS

Plan selected for JOHN SMITH

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

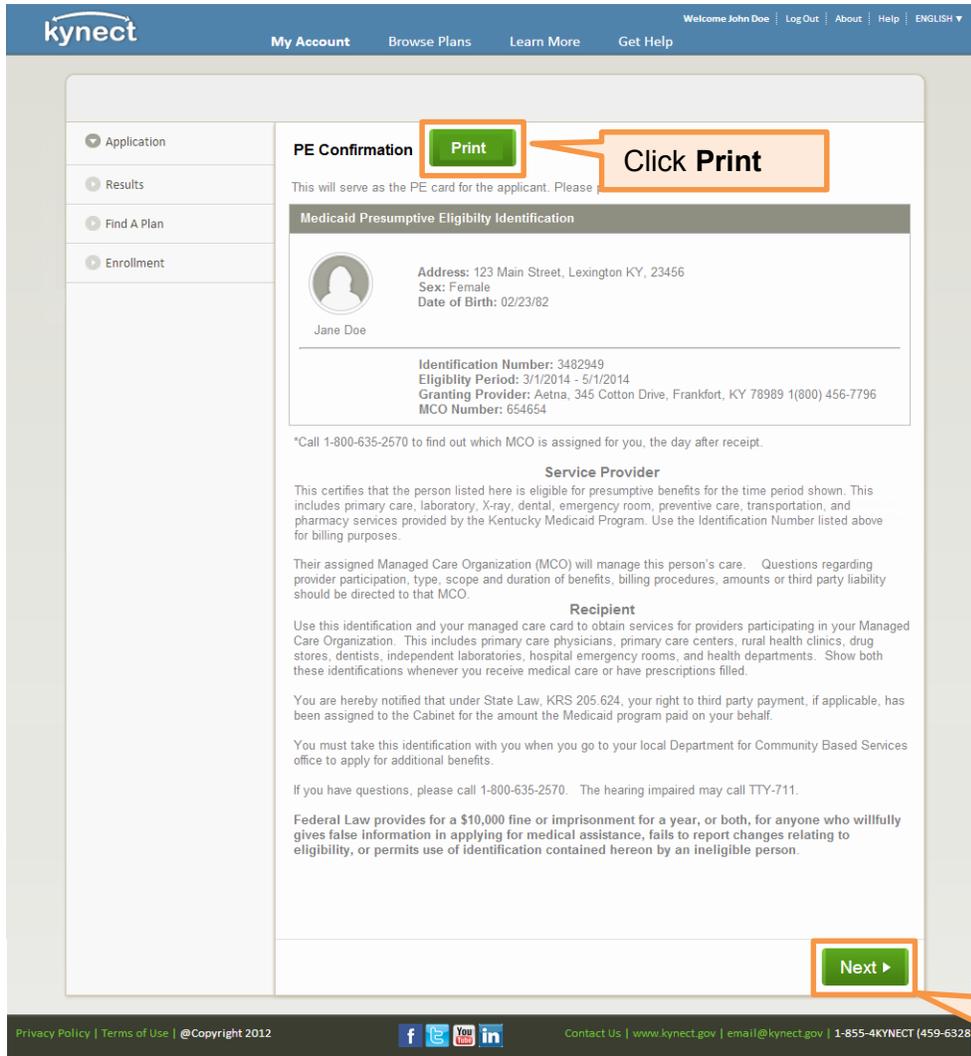
No Primary Care Physician selected for: JOHN SMITH [Choose PCP](#)

\$0⁰⁰ - (Total Premium per month) [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



Application
Results
Find A Plan
Enrollment

PE Confirmation **Print**

This will serve as the PE card for the applicant. Please

Medicaid Presumptive Eligibility Identification

Jane Doe
Address: 123 Main Street, Lexington KY, 23456
Sex: Female
Date of Birth: 02/23/82

Identification Number: 3482949
Eligibility Period: 3/1/2014 - 5/1/2014
Granting Provider: Aetna, 345 Cotton Drive, Frankfort, KY 78989 1(800) 456-7796
MCO Number: 654654

*Call 1-800-635-2570 to find out which MCO is assigned for you, the day after receipt.

Service Provider
This certifies that the person listed here is eligible for presumptive benefits for the time period shown. This includes primary care, laboratory, X-ray, dental, emergency room, preventive care, transportation, and pharmacy services provided by the Kentucky Medicaid Program. Use the Identification Number listed above for billing purposes.
Their assigned Managed Care Organization (MCO) will manage this person's care. Questions regarding provider participation, type, scope and duration of benefits, billing procedures, amounts or third party liability should be directed to that MCO.

Recipient
Use this identification and your managed care card to obtain services for providers participating in your Managed Care Organization. This includes primary care physicians, primary care centers, rural health clinics, drug stores, dentists, independent laboratories, hospital emergency rooms, and health departments. Show both these identifications whenever you receive medical care or have prescriptions filled.
You are hereby notified that under State Law, KRS 205.624, your right to third party payment, if applicable, has been assigned to the Cabinet for the amount the Medicaid program paid on your behalf.
You must take this identification with you when you go to your local Department for Community Based Services office to apply for additional benefits.
If you have questions, please call 1-800-635-2570. The hearing impaired may call TTY-711.
Federal Law provides for a \$10,000 fine or imprisonment for a year, or both, for anyone who willfully gives false information in applying for medical assistance, fails to report changes relating to eligibility, or permits use of identification contained hereon by an ineligible person.

Next >

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



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

275 E Main St, 6W-A
Frankfort, KY 40621
www.chfs.ky.gov

Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

July 8, 2015

TO: ALL MEDICAID PROVIDERS
FROM: LISA LEE, COMMISSIONER
RE: KENTUCKY MEDICAID MANAGED CARE FORUMS

The Cabinet for Health and Family Services in partnership with the Managed Care Companies is once again sponsoring forums across Kentucky in August and September. These forums are designed to allow any and all health care providers (including behavioral health and substance use providers) who have contracts with MCOs and serve Medicaid consumers to meet face-to-face and discuss concerns about proper billing, prior authorizations, prompt pay, appeals processes or any other specific issues related to the continued implementation of Managed Care. In attendance will be senior level staff from each Managed Care Organization, senior staff from the Department for Medicaid Services and Department for Behavioral Health, Developmental and Intellectual Disabilities.

We encourage pre-registration 5 days in advance of the forum of your choice. You may also register on-site the day of the forum.

Registration may be completed online at the following address: <http://chfs.ky.gov/forumreg>

We encourage you and appropriate staff to participate in these educational forums. More detailed information about location information, parking, and the schedule will be sent to you upon registration.

The forums will be held at the dates and locations listed below. You may attend at the location most convenient for you. Please see next page for the abbreviated agenda. For the detailed agenda, please visit the registration website.

DATE	LOCATION
August 7 th	Morehead State University – Adron Doran University Center - Morehead
August 12 th	Galt House Hotel - Louisville
August 5 th	Center for Rural Development - Somerset
August 26 th	James E Bruce Convention Center - Hopkinsville
September 2 nd	Northern Kentucky University METS Center – Erlanger



Kentucky Medicaid Managed Care Forums

Hosted by the Cabinet for Health and Family Services

8:00 AM	Medicaid Update
9:30 AM	Break
9:45 AM	Behavioral Health and Department for Public Health Updates
11:00 AM	Question & Answer Session
11:30 AM	Lunch (on your own)
1:00 PM – 4:00 PM	Breakout Sessions with Medicaid, Behavioral Health and MCOs



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

Lisa D. Lee
Commissioner

TO: EPSDT Provider Serving Waiver Members
FROM: Veronica Cecil, Chief of Staff
DATE: July, 9, 2015
RE: Prior Authorizations for
Physical, Occupational and Speech Therapies

Providers serving Waiver members may request prior authorizations under their EPSDT PT-45 Provider Number for physical, occupational and speech therapies.

Effective immediately and until further notice, providers serving Waiver members with a prior authorization approved under a new physical, occupational or speech therapy provider type number may request to replace it with a prior authorization under their EPSDT PT-45 number. Providers serving Waiver members may also continue to submit new prior authorizations under their EPSDT PT-45 number until further notice.

Each prior authorization request must be submitted under the current EPSDT PT-45 number and include an updated Map 650 (pg 1) with the applicable EPSDT Special Services codes (S codes), requested units for each code, and start and end dates.

Please contact HP at 1-800-807-1232 for assistance with questions about submitting prior authorizations under the EPSDT PT-45 number to replace prior authorizations approved under the new provider type. For questions about the EPSDT Therapy Services procedure codes and rates or other questions about EPSDT Special Services, contact Catherann Terry at 502-564-9444, ext 2120.