DETERMINING FINANCIAL ELIGIBILITY CHILDREN 1-5 YEARS OLD – 147%

2013* P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	$16891
2	$22800
3	$28710
4	$34619
5	$40528
6	$46438

*FINANCIAL CRITERIA CHANGES ANNUALLY

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

2013* P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	$15,856
2	$21,404
3	$26,951
4	$32,499
5	$38,047
6	$43,595

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FAMILY SIZE

WHEN CALCULATING FAMILY SIZE:

Count:

The patient

Unborn Child/Children

Dependent Children Living with Patient

Spouse

Parents and siblings under 19 including step-parents.

Don't Count:

Unborn Child's father if not married to patient

Dependent Children Not Living in home if not claimed on tax return.

DETERMINING FINANCIAL ELIGIBILITY INCOME SOURCES

WHEN CALCULATING INCOME:

- CONSIDER THE FOLLOWING INCOME SOURCES:
  - WAGES/PAYCHECKS SOCIAL SECURITY
  - ANNUITIES PENSIONS
  - ALIMONY CASH GIFTS
- CALCULATE MONTHLY INCOME BY:
  - MULTIPLYING WEEKLY INCOME BY 4.3
  - MULTIPLYING BI-WEEKLY INCOME BY 2.16
  - MULTIPLYING SEMI-MONTHLY INCOME BY 2
- ONLY COUNT THE INCOME OF:
  - ADULT PATIENT AND SPOUSE
  - PARENTS (IF PATIENT IS CHILD UNDER 19)

TO OBTAIN P.E. CONFIRMATION

- CALL THE DEPARTMENT FOR MEDICAID SERVICES HELP DESK (866) 818-0073

  (8:00 AM – 4:30 PM EASTERN)
- PROVIDE THE FOLLOWING:
  - USER ID (FOUND ON TRAINING CERTIFICATE)
  - MEDICAID PROVIDER ID
  - PATIENT'S SOCIAL SECURITY NUMBER
  - PATIENT'S LAST NAME & FIRST NAME
  - PATIENT'S DATE OF BIRTH
  - PATIENT'S CHOICE OF MCO
- RECORD 10-DIGIT CONFIRMATION NUMBER
- ISSUE A DENIAL LETTER IF HELP DESK DENIES ELIGIBILITY

ENTERING PATIENT INFORMATION

https://www.kymmis.com/kyhealthnet/DMS/DMSStaffIn.aspx

Screen shot of KyHealthnet

Presumptive Eligibility Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address https://www.kymmis.com/kyhealthnet/provider/pe/login.aspx

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | RA Viewer | Logout

Presumptive Eligibility Login

Monday 25 January 2010 10:52 am

Provider 1295952604 - 251KD0000X

Confirmation Number:

Login

Login Checklist

- Call the DMS Helpdesk at 1-866-818-0073 to obtain a confirmation number.
- Verify that you are using Internet Explorer 5.0, Netscape 6, or a higher version of either as your browser.
- Verify that you have installed Adobe Acrobat Reader version 5.0 or higher.
- Make sure you have the completed patient information brochure, it contains the information you will need for the form.
- You will need your provider number located on the PE training certificate and the confirmation number before you can login.

Internet Explorer | Netscape | Get Acrobat Reader

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Last Updated:11/24/2008

Contact Us

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Start | Inbox - Microsoft ... | MAINFRAME - EXT... | MAINFRAME 2 - EX... | KyHealth Choices ... | Presumptive Elig... | Microsoft PowerPoi... | PE Report | PE report Jan 2010... | 10:52 AM

PRINTING TEMPORARY P.E. 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)

Commonwealth of Kentucky
Cabinet for Health and Family Services
Medicaid Presumptive Eligibility Identification

Eligible Recipient Name and Address	Eligibility Period	Identification No.
	From: To:	
	Sex	Granting Provider
		Name: Address: City: State: Zip:
	Date of Birth	
	Other Insurance (If applicable)	
Recipient Signature:	Invalid without MCO number MCO_____	Health Professional Signature (must be original; stamp not allowed)

Service Provider

This certifies that the person listed here is eligible for temporary Medicaid 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 No. 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.

FINAL PATIENT INSTRUCTIONS

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

AVAILABLE METHODS TO APPLY

- ONLINE
- IN PERSON AT DCBS
  - OFFICE LOCATIONS:
    - https://apps.chfs.ky.gov/Office_Phone/index.aspx
- BY MAIL USING PAPER APPLICATION
- BY FAX USING PAPER APPLICATION
- BY PHONE BY CALLING CONTACT CENTER.

BOOKKEEPING & BILLING

- RETAIN ORIGINAL/SIGNED PATEINT INFORMAITON FORM IN PATEINT'S MEDICAL RECORD
- UPDATE YOUR PRACTICE MANAGEMENT PATIENT DATABASE
- 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.

PRESUMPTIVE ELIGIBILITY & MANAGED CARE

- INDIVIDUALS WHO RECEIVE PRESUMPTIVE ELIGIBILITY WILL BE PLACED WITH A MANAGED CARE ORGANIZATON (MCO)
- THE MEMBER MAY SELECT AN MCO AT THE TIME OF APPROVAL. AN AUTO ASSIGNMENT WILL BE MADE IF NO MCO IS SELECTED AND WILL BECOME EFFECTIVE IMMEDIATELY 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 1-855-446-1245, 8 AM TO 5 PM.
- MEMBER ELIGIBILITY INFORMATION AND MCO ASSIGNMENT WILL BE AVAILABLE ON KY HEALTH NET THE DAY FOLLOWING THE INITIAL DAY OF 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

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   A. PHYSICAL ENDURANCE
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   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. RECITE THE NUMBER FOR THE P.E. HELP DESK

866-818-0073

5. WHICH OF THE FOLLOWING FIELDS ARE REQUIRED WHEN ENTERING PATEINT 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

5. WHICH OF THE FOLLOWING FIELDS ARE REQUIRED WHEN ENTERING PATEINT 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

CONGRATULATIONS!

QUESTIONS?

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)

Provider Home | Member | Claims | PA | Provider References | Trade Files | RA Viewer | ADO | Logout

Kentucky Presumptive Eligibility Application

Friday 13 September 2013 1:41 pm

Application Information

Application Date:	9/13/2013
Provider Number:	[redacted]
DMS Confirmation #:	CBBE889996

Patient Information

* Required Fields

Patient SSN:	[redacted]
Last Name:	
First Name:	
Date of Birth:	8/17/1992
* Street Address:	
* City:	
* State:	KY
* Zip Code:	
* County:	
* Home Phone:	(999)999-9999
Work Phone:	(999)999-9999
Marital Status:	None
* Race:	

Mailing Address (if different)

Street Address:	
City:	
State:	
Zip Code:	

Remove All →

Replace with Below

Family Income

of Family Members:

Total Monthly Family Income: $ .00

Make these two fields required.

Additional Information

* Proof of Pregnancy ○ Yes ◉ No * Due Date (mm/dd/yyyy)

Multiple Pregnancy? ○ Yes ◉ No If so, how many?

Referred to WIC? ○ Yes ◉ No

Does the Applicant have insurance that covers doctor's office visits and/or hospitalizations?

Primary

Name of Plan

Name of Insurance Co.

Policy Number

Group Number

Secondary

Name of Plan

Name of Insurance Co.

Policy Number

Group Number

Submit Information | Cancel

Last Updated:9/13/2013

Contact Us

Privacy | Disclaimer | Individuals with Disabilities

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1) Is patient under 65? Yes No
   a. If yes, continue with app.
   b. If no, stop.
2) Is patient under 19? Yes No
   a. If yes, cover under Children category
   b. If no, continue with application
3) Is patient pregnant? Yes No
   a. If yes, cover under pregnant category and determine number of unborn children and add to family size and due date
   b. If no, continue
4) Is patient a former foster care child between the ages of 19 and 26? Yes No
   a. If yes, cover under former foster care
   b. If no, continue.
5) Does patient have any children under the age of 19? Yes No
   a. If yes, cover under parent/caretaker category

b. If no, cover under Adult category.