



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

Andy Beshear
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
www.chfs.ky.gov

Eric C. Friedlander
Acting Secretary

Lisa D. Lee
Commissioner

April 13, 2020

TO: All Medicaid Providers
Provider Letter A-107

RE: Presumptive Eligibility

Dear Medicaid Provider,

Thank you for your service during these unprecedented times. Due to the current state of emergency related to COVID-19, the number of individuals enrolled in Medicaid continues to grow. In order to accommodate the increase in Medicaid enrollment, the Department expanded the Presumptive Eligibility (PE) enrollment process.

PE allows Kentuckians to get access to Medicaid services without having to wait for their application to be fully processed. The on-line process results in the generation of a PE determination and supporting document for individuals to present to providers. A sample of the PE documentation supporting an individual's eligibility is enclosed for your review.

The PE application is located on this website:

<https://medicaidpeform.chfs.ky.gov/GenLogEX/Detail.aspx?TK=103>

Providers can bill Medicaid for services provided to individuals who present documentation supporting their PE determination. Please have your office staff familiarize themselves with the documentation. Billing rules mirror those for traditional Medicaid and will not include reimbursement through an MCO.

Again, thank you for your service to the Medicaid population. We appreciate you and your staff for your continued dedication to serving the Commonwealth. Should you have any questions related to the PE process, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lisa D. Lee".

Lisa D. Lee, Commissioner
Department for Medicaid Services



SSP-006
07/18

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

Date: 04/06/2020

Case Number:

Medicaid Presumptive Eligibility Identification

Eligible Recipient Name and Address	Eligibility Period	Medicaid Identification No.
	From: April 01, 2020	
	To: June 30, 2020	
	Sex	Granting Provider Name
	Female	
	Date of Birth	
	Other Insurance (If Applicable)	
Recipient Signature:		

Service Provider

This certifies that the person listed here is eligible for 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 Medical Program. Use the Medicaid Identification No. listed above for billing purposes.

Recipient

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 provides 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.