Presumptive Eligibility and Deemed Portal
This learning video has sound

Be sure to turn on your speakers or use a headset before you continue.
Watch This Video

This video defines Presumptive Eligibility (PE) while also showing you how to navigate the portal.

It takes about 15 minutes to watch. Let’s begin!
Presumptive Eligibility Defined

What is Presumptive Eligibility?

A program that provides immediate access to health services by giving residents temporary health coverage through Medicaid if they are presumed to be eligible.
Presumptive Eligibility Requestors must Meet the Following Criteria to Receive PE:

- Not currently receiving Medicaid benefits and have not had a PE span in the past twelve months (pregnant women are limited to one PE span per pregnancy)
- A resident of Ohio
- US citizen or has satisfactory immigration status
Population Eligible for Presumptive Eligibility

Approved Residents are Categorized into One of the Following Four Presumptive Eligibility Program Types:

- Presumptive Eligibility Child
- Presumptive Eligibility Parent/Caretaker
- Presumptive Eligibility Pregnant Women
- Presumptive Eligibility Adult
What is a Qualified Entity (QE)?

An entity that is capable of conducting and authorizing presumptive eligibility determinations to identified groups as determined by the state agency.
In order to make PE determinations, a hospital or FQHC must:

- Participate in the Medicaid program
- Notify the state of its election to make PE determinations, complete required training and execute an acknowledgement form then return that form to Pequestions@medicaid.ohio.gov.
- Agree to make PE determinations consistent with policies and procedures of the state by signing the Acknowledgement of Terms and Conditions
- Agree to provide the consumer with 36 hours’ worth of needed medications

PE acknowledgement form can be found at the link below:

http://medicaid.ohio.gov/Portals/0/Providers/Training/PE_Acknowledgement_Form.pdf
The Presumptive Eligibility period begins with, and includes, the day on which the Provider makes the PE determination.

Presumptive Eligibility period ends with:
- The day on which the state makes the eligibility determination for full Medicaid, or
- The last day of the month following the month in which the provider makes the PE determination, if the individual does not file a full application by that time.

The PE period is limited to one request every 12 months or once per pregnancy for pregnant women. (Pregnant women benefits are limited to ambulatory prenatal care, birthing expenses are not covered).

Presumptive Eligibility requests must be submitted and accepted within 25 hours of initiation. Requests that exceed the 25 hour window will expire.
Staff Eligible to Make PE Determinations

Once a Provider is a Qualified Entity:

• Any employee who is properly trained and certified can make PE determinations
• This includes employees in hospital-owned physician practices or clinics, including those in off-site locations
• Third party vendors and contractors may assist in the PE process, but are prohibited from:
  o Making PE determinations and/or submitting a request through the portal
Ohio Department of Medicaid (ODM) Staff will Monitor PE Enrollments Monthly, Quarterly and Annually to Determine if the Following Standards are Being Met by Any Single QE:

- For all persons enrolled presumptively by a QE, at least 85% must have had an application for full Medicaid benefits submitted.
- For all persons who had an application for full benefits filed, at least 85% of those must result in an awarding of Medicaid eligibility.
- The state has the authority to take corrective action against providers, including termination from the PE program, if the provider does not follow state policies or does not meet established standards.
Security Roles

The security role that you are assigned in the Presumptive Eligibility and Deemed Portal determines the requests that a worker can view and update.

Qualified Entity Worker (MITS Agent)

Qualified Entity Workers can submit, search for and update their own Presumptive Eligibility requests.

Qualified Entity Supervisor (MITS Administrator)

Qualified Entity Supervisors can submit, search for and update their own Presumptive Eligibility requests. Additionally, they can search for and update the requests of the workers assigned to their provider.
Navigating to the Portal

To access the Presumptive Entity and Deemed Portal type the following URL into your web browser: https://pe.benefits.ohio.gov
Select a Provider

Select a Provider *

Provider

Select One

Continue
Home Page

Ohio Benefits
Presumptive Eligibility and Deemed Portal

Information links
- Policy & Training

VIEW requests
- My Requests
- Other Requests

ESTABLISH eligibility
- Submit Request
Introducing a Request

ESTABLISH

eligibility

Let's get started

As a Qualified Entity, you have been authorized to process a Presumptive Eligibility determination.

You will answer the following questions based on the information provided by the requestor. Here are some things that may be required to process the determination.

<table>
<thead>
<tr>
<th>For the person seeking coverage:</th>
<th>For the family members living with this person:</th>
<th>For Deemed Newborns:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmation of any prior Presumptive Eligibility Coverage or Existing Medicaid coverage</td>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>Gender</td>
<td>Date of Birth</td>
<td>Gender</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Income</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>State residence</td>
<td>Pregnancy status</td>
<td>Mother’s first name</td>
</tr>
<tr>
<td>Home address</td>
<td></td>
<td>Mother’s last name</td>
</tr>
<tr>
<td>Citizenship</td>
<td></td>
<td>Mother’s Medicaid ID</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy status</td>
<td></td>
<td>Mother’s date of birth</td>
</tr>
</tbody>
</table>

Upon completion of the required fields, a Presumptive Eligibility determination will be completed, or a child’s Deemed Newborn eligibility will be processed.

By submitting this presumptive determination, I acknowledge that I am responsible for taking all reasonable steps necessary to ensure that an application for full Medicaid benefits is filed by the requestor or for the requestor. If less than 85% of presumptive enrollments by this qualified entity are followed by applications for full benefits, the system will shut off the ability of the QE to presumptively enroll requestors.

Continue
Select a Program

Select a Program *

- Presumptive Eligibility
- Deemed Newborn
Enter Personal Information

Requestor Information: Who are you seeking coverage for?

- First Name *
- Middle Initial
- Last Name *
- Suffix: Select One
- Maiden Name

Contact Information

- Home Phone Number (999)999-9999
- Mobile Phone Number (999)999-9999
- Personal Email Address (example@abc.com)
Enter Personal Information

<table>
<thead>
<tr>
<th>Address Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this person have a home address? *</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address Line 1 *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing City *</th>
<th>Mailing State *</th>
<th>Mailing County *</th>
<th>Mailing Zip Code *</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ohio</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Save and Continue
Select Address

Please choose one option for Home address and one option for mailing address.

Your Home address as you entered is:

- 50 WEST TOWN STREET
  Columbus, OH Franklin 43287
Tell Us More

ESTABLISH eligibility

Tell us More

Please give us additional information about this person

John Doe

- Is this person seeking coverage? * Yes No
- Is this person male or female? * Male Female
- Date of Birth (mm/dd/yyyy): * 03/13/1985
- Social Security Number (ie 123-45-6789):
- Is this person currently receiving Medicaid Coverage? * Yes No
- Does this person have a Medicaid ID? * Yes No
- Has this person received Presumptive Eligibility in the last 12 months? * Yes No
Background Information

Please give us additional information about this person.

Jane Doe

- Is this person a resident of Ohio? Yes  No
- Was this person ever in foster care? Yes  No
- Does this person have a parent living outside the home? Yes  No
- Is this person a U.S. citizen? Yes  No
- What is this person’s race? (Optional)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
  - White
  - Unknown

Percent Complete: 17.0%
Start Request Summary

ESTABLISH
eligibility

Start Request Summary

Welcome | Start Request | People | Income | Other | Submit
Percent Complete: 1.0%

Tell us More

Is this person seeking coverage? * Yes
Is this person male or female? * Male
Date of Birth (mm/dd/yyyy): * 03/13/1985
Social Security Number (ie 123-45-6789): 
Is this person currently receiving Medicaid Coverage? * No
Does this person have a Medicaid ID? No
Has this person received Presumptive Eligibility in the last 12 months? * No

Save and Continue
People Summary

ESTABLISH

eligibility

People Summary

Percent Complete: 17.0%

Primary Requestor  John Doe

Does anyone else live in your home? Please include yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family members who live with you.

Add Another Person

Save and Continue

Save and Exit
Next we will ask if the people in your home have earned or unearned income.

John Doe

Does anyone have income?  

☐ Yes  ☐ No
Income Detail

You told us there are people in your home who have income. Please tell us more.

Select a person *

Monthly Gross Income (before taxes):
Listed below are all members of your household entered on the application. If any household member is missing, please return to the People Tab and add them. When all household members have been listed, please tell us each person’s relationship to one another. This information is required to process your application.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Relationship*</th>
<th>Related Household Member</th>
<th>Start Date</th>
<th>Parental Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>john doe</td>
<td>is the Select One of</td>
<td>Jane Doe</td>
<td>as of</td>
<td></td>
</tr>
</tbody>
</table>

There is no other household member identified to have a relationship with. Please go to People category to add if you have missed anyone.
Determine Eligibility

Click the submit button below.
Eligibility Results

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Result</th>
<th>Reason</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>john</td>
<td>doe</td>
<td>Approved</td>
<td></td>
<td>PE ADULT</td>
</tr>
<tr>
<td>Jane</td>
<td>Doe</td>
<td>Approved</td>
<td></td>
<td>PE ADULT</td>
</tr>
</tbody>
</table>
**Confirmation Page**

**ESTABLISH eligibility**

**Confirmation**

Thank you.
The following PE Determination results have been approved:
The PE and Medicaid request confirmation is 0-i0z1y

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Result</th>
<th>Reason</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>john</td>
<td>doe</td>
<td>Approved</td>
<td></td>
<td>PE ADULT</td>
</tr>
<tr>
<td>Jane</td>
<td>Doe</td>
<td>Approved</td>
<td></td>
<td>PE ADULT</td>
</tr>
</tbody>
</table>

Notice Language

[Print Request]  [Print Notice]

[Exit]
View Requests

Information links

Policy & Training

VIEW requests

- My Requests
- Other Requests

ESTABLISH eligibility

- Submit Request
View Results/My Requests

VIEW
My Requests

Search by Request Date

From Date *
02/24/2014

To Date *
03/10/2014

Status
Select One

Type
Select One

Last Name

First Name

Confirmation Number

Search
Close
Other Requests

Search by Request Date

From Date * 02/24/2014
To Date * 03/10/2014
Status Select One
Type Select One

Last Name
First Name
Confirmation Number
QE Worker Name

Search Close
Connecting to Full Medicaid Coverage

Individuals can Apply for Full Medicaid Coverage:

- In-person at the local County Department of Job and Family Services (CDJFS)
- By mailing or faxing the paper application to the local CDJFS
- By calling the Ohio Medicaid Consumer Hotline at (800) 324-8680

Individuals can find help completing the single streamlined application by contacting the hotline listed above or by using the Online Help tool provided on the Ohio Benefits portal.
Thank you!

If you have further questions, please contact pequestions@medicaid.ohio.gov.