Purpose: Provides Qualified Entities with system steps required to enroll eligible individuals presumptively into Medicaid using the Presumptive Eligibility and Deemed Portal.

Information:
Presumptive Eligibility (PE) is a program that provides immediate access to health services by giving residents temporary health coverage through Medicaid if they are presumed to be eligible. To be eligible for PE, residents must meet the following criteria:

- Ohio Resident.
- US Citizen or have satisfactory immigration status
- Not currently receiving Medicaid benefits and
- Have not received PE in the past twelve months and meets all the financial and non-financial criteria for the MAGI aid category (pregnant women are limited to one PE span per pregnancy.)

Deemed Eligibility is automatic eligibility given to a child for a period of one year starting from birth when the child’s birth mother is eligible for and receiving Medicaid on the day the child was born.

A Qualified Entity (QE) is a business or organization that is capable of conducting and authorizing PE determinations to identified groups as determined by the state agency (the Ohio Department of Medicaid.) To make PE determinations, a hospital or a Federally Qualified Health Center (FQHC) must:

- Participate in the Medicaid program
- Notify the state of its election to make PE determinations
- Complete the required training and sign the Acknowledgement of Terms and Conditions form
- Return form to pequestions@medicaid.ohio.gov
- Agree to make Presumptive Eligibility determinations consistent with policies and procedures of the state by signing the Acknowledgement of Terms and Conditions AND
- Agree to provide the consumer with 36 hours’ worth of needed medications.

Note: The Acknowledgement of Terms and Conditions form is available online: http://medicaid.ohio.gov/Portals/0/Providers/Training/PE_Acknowledgement_Form.pdf.

Note: All the pages of the Acknowledgement of Terms and Conditions form must be submitted otherwise, the form will be rejected.

At the time PE is being determined, QEs must provide the individual with a notice of the individual's presumptive eligibility. Such notice must include the individual's

- PE determination date
- Basis for presumptive eligibility
- Name, Date of Birth and Address
- Medicaid Information Technology System (MITS) billing number and
- A reminder that the individual must apply for ongoing medical assistance no later than the last day of the following month.
What is the duration of a Presumptive Eligibility Span?

The Presumptive Eligibility period begins with and includes the day on which the provider makes the Presumptive Eligibility determination.

**Note:** Services provided to a resident will only be eligible for payment starting on the day Presumptive Eligibility results are approved and accepted.

The Presumptive Eligibility period ends on:

- The day the County Department of Job and Family Services makes a determination for full Medicaid, or
- The last day of the month following the month in which the qualified entity makes the PE determination, if the individual does not file a full Medicaid application by that time.

An individual can request PE coverage multiple times. However, they are eligible for no more than one PE coverage every 12 months, or once per pregnancy for pregnant women (PE Pregnant women benefits are limited to ambulatory prenatal care. Birthing expenses are not covered.)

**Note:** The 12 month PE clock begins on the date PE determination is made, and not the day it ends. For example, if an individual is eligible for PE beginning on 09/05/2017, and ends on 10/31/2017, he or she can again be found eligible for PE on or after 09/05/2018.

Per policy, PE requests must be submitted and accepted no later than the **end of the business day** after receipt of a signed and dated application. Requests that exceed this window will expire and be deleted from the system.

Who can make Presumptive and Deemed Eligibility determinations?

Once a provider is a qualified entity, any employee who is properly trained and certified can make Presumptive Eligibility determinations.

**Note:** Third party vendors or contractors may not make Presumptive Eligibility determinations.

Are there any provider performance standards that must be met?

The Ohio Department of Medicaid staff will monitor PE enrollments monthly, quarterly and annually to determine if the following standards are being met by Individual qualified entities:

- At least 85% of all people enrolled presumptively by a qualified entity must have had an application for full Medicaid benefits submitted within 90 days
- At least 85% of all people who have applied for full benefits must be awarded Medicaid eligibility and
- The State has the authority to take corrective action against a provider, including termination from the Presumptive Eligibility program, if the provider does not follow state policies or does not meet established standards.

**Note:** This standard does not apply to Deemed newborn determinations.
Presumptive Eligibility Security Roles

The security role assigned in the Presumptive Eligibility and Deemed Portal determines what requests can be viewed and updated:

- **Qualified Entity Worker (MITS Agent):** Can submit, search for and update their own Presumptive Eligibility requests.
- **Qualified Entity Supervisor (MITS Administrator):** Can submit, search for and update their own Presumptive Eligibility requests. They can also search for and update the requests of other workers assigned to their provider.

**Note:** Services provided to a resident will only be eligible for payment starting on the day Presumptive Eligibility results are approved and accepted.

Presumptive Eligibility and Deemed Portal – Processing a PE Determination:

<table>
<thead>
<tr>
<th>Step</th>
<th>Processing a PE Determination through the Presumptive Eligibility and Deemed Portal</th>
<th>Hyperlink to Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access the PE Portal</td>
<td>Access the PE Portal</td>
</tr>
<tr>
<td>2</td>
<td>Submit Presumptive Request</td>
<td>Submit Presumptive Request</td>
</tr>
<tr>
<td>3</td>
<td>Input Resident’s Information</td>
<td>Input Resident’s Information</td>
</tr>
<tr>
<td>4</td>
<td>Determine Presumptive Eligibility</td>
<td>Determine Presumptive Eligibility</td>
</tr>
<tr>
<td>5</td>
<td>Submit Newborn Request</td>
<td>Submit Newborn Request</td>
</tr>
<tr>
<td>6</td>
<td>View Results</td>
<td>View Results</td>
</tr>
<tr>
<td>7</td>
<td>Other Requests</td>
<td>Other Requests</td>
</tr>
</tbody>
</table>
Detailed Steps for Processing a PE Determination through the Presumptive Eligibility and Deemed Portal:

**Step 1**   **Accessing the PE Portal**

To access the Presumptive Eligibility and Deemed Portal, type in the URL [https://pe.benefits.ohio.gov](https://pe.benefits.ohio.gov). The landing page is the Login page.

A. **Presumptive Eligibility and Deemed Portal**
   a. Complete the following fields and click the **Log In** button.
      i. **User Name**: Enter your MITS user name.
      ii. **Password**: Enter your MITS password.

B. **Select a Provider**
   a. Select the desired provider and click **Continue**.

The user is logged into the Presumptive Eligibility and Deemed Portal Home page.
Note: The Select a Provider page requires the selection of the qualified provider a user is authorized to represent prior to submitting PE requests.

2 Submit Presumptive Request

Once logged into the portal, users can manage requests. To submit a new request, users can click the Submit Request link on the portal home page.

A. Let’s get started
   a. This page introduces the request for a potential Presumptive Eligibility recipient and identifies some of the things that may be required to process the determination. Review the information and click the confirmation checkbox.
   b. Click Continue.
**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 requester. 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>Gender</td>
<td>Gender</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of Birth</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Home address</td>
<td>Home address</td>
<td>Home address</td>
</tr>
<tr>
<td>Citizenship</td>
<td>Citizenship</td>
<td>Citizenship</td>
</tr>
<tr>
<td>Income</td>
<td>Income</td>
<td>Income</td>
</tr>
<tr>
<td>Pregnancy status</td>
<td>Pregnancy status</td>
<td>Pregnancy status</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 requester or for the requester. 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 requesters.

**B. Instructions**

- **Click Continue.**
C. Select a Program
   a. Select the appropriate radio button depending on whether beside Presumptive Eligibility or Deemed Newborn Eligibility is being explore and click Save and Continue.
Note: The Deemed Newborn radio button should be selected when eligibility is being requested for a baby who was born to a Medicaid eligible mother. The Presumptive Eligibility button should be selected when requesting eligibility for someone who is not currently receiving Medicaid.

3 Input Residents’ Information

A. Enter Personal Information
   a. Complete all the required fields (fields designated by a red asterisk (*)) and click the Save and Continue button:
      i. **First Name**: Input the requestor’s first name.
      ii. **Last Name**: Input the requestor’s last name.
      iii. **Contact Information**: Enter the requestor’s contact information
         Note: Individuals cannot be required to provide proof/documentation of any PE eligibility criteria. QE staff must accept self-attestation of all eligibility factors.
      iv. **Mailing Address Line 1**: Input the requestor’s appropriate information.
      v. **Mailing City**: Input the requestor’s appropriate information.
      vi. **Mailing State**: Input the requestor’s appropriate information.
      vii. **Mailing Zip Code**: Input the requestor’s appropriate information.
      viii. **Is your home address the same as your mailing address**: Input the requestor’s appropriate information.
Note: If the individual selects yes in the **Is your home address the same as your mailing address** field, a new page **Address Information** appears. Otherwise, the user is navigated to the **Select Address** page.

### Select Address

a. The **Select Address** page displays the address from the requestor, checks it against the United States Postal Service (USPS) database and then puts the address in their standard format.

b. Select the appropriate address(es) and click the **Save and Continue** button.

### Tell us More:

Complete all the required fields (fields designated by a red asterisk (*)) with the relevant requestor information and click the **Save and Continue** button:

a. **Is this person seeking coverage?**: Input the requestor’s appropriate information.

b. **Is this person male or female?**: Input the requestor’s appropriate information.

c. **Date of Birth (mm/dd/yyyy)**: Input the requestor’s appropriate information.

d. **Is this person pregnant?**: Input the requestor’s appropriate information.

e. **Is this person currently receiving Medicaid Coverage?**: Input the requestor’s appropriate information.
f. **Does this person have a Medicaid ID?:** Input the requestor’s appropriate information.

g. **Has this person received Presumptive Eligibility in the last 12 months?:** Input the requestor’s appropriate information.

**Note:** Although adding a Social Security Number is not required, failure to include one could result in the creation of a duplicate billing number and this could make eligibility for PE (and full Medicaid coverage) very difficult in the future.

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**D. Background Information**

a. Input the requestor’s residential, citizenship and race information. Click the **Save and Continue** button.

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**E. Start Request Summary**

a. The **Start Request Summary** page summarizes and displays the basic and background information about the primary requestor. It presents a user with an opportunity to
review all the inputed requester information before moving to the next page in the request.

b. Review the page and click the **Save and Continue** button.

F. **People Summary**
   a. If there are additional people living in the home, click the **Add Another Person** button.

G. **Information about the people living in your home**
   a. Complete all the required fields and click the **Save and Continue** button.
H. **Tell us More**
   a. Complete all the required fields and click the **Save and Continue** button.

I. **Background Information**
   a. Complete all the required fields and click the **Save and Continue** button.

J. **People Summary**
   a. The **Start People Summary** page summarizes and displays the basic and background information about the additional people living with the requestor. It presents a user with an opportunity to review all the inputed information before moving to the next page in the request.
b. Review the displayed information and click the **Save and Continue** button. Otherwise, click the **Add Another Person** button and repeat steps F through J.

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**K. Income Information**

a. The **Income Information** page asks about individuals in the home who have income. This includes wages from employment or income from any other sources.

b. Make the appropriate selection then click the **Save and Continue** button.

c. If **Yes** is selected, the **Income Detail** page appears.
L. Income Detail
   a. The **Income Detail** page is used to document the current monthly gross income for
everyone who resides in the home.
   b. In the **Select a person** drop-down menu, select the appropriate individual and enter
that individual’s income in the **Monthly Gross Income (before taxes)** field.
   c. Click the **Save and Continue** button.

M. Income Detail Summary
   a. The **Income Detail Summary** page displays income information for the identified
person with income.
   b. If any additional individuals from the household currently have income, click the **Add
Another Entry** button to add their income information. You can also edit and remove
entries on this page as needed.
   c. After verifying that all information is listed correctly, click the **Continue** button.
N. Household Relationships
   a. Complete the following fields and click the **Save and Continue**:  
      i. **Relationships**: Select the appropriate relationship between the household member to the related household member.
      ii. **Start Date**: Enter the date the relationship commenced (make sure the date is prior to the date Presumptive Eligibility determination is being made.)
      iii. **Parental Control**: Check the Parental Control box to indicate household member has parental control over related household member.

   **Note**: Caretakers/Relatives may also have Parental Control of a child.

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### Household Relationships

<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</td>
<td>Jane Doe</td>
<td>as of</td>
<td></td>
</tr>
</tbody>
</table>

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.

4 Determine Presumptive Eligibility

Once the Household Relationships page is saved, the user is navigated to the **Determine Eligibility** page.

   **A. Determine Eligibility.**
a. Click the Submit button.

B. Eligibility Results
a. The Eligibility Results page provides an eligibility determination for all individuals requesting PE. It lists the names of the individuals who have requested PE, whether the request was approved or denied, and the type of PE they have been granted:
   i. Presumptive Eligibility Child.
   ii. Presumptive Eligibility Parent/Caretaker.
   iii. Presumptive Eligibility Pregnant Women.
   iv. Presumptive Eligibility Adult.
   v. Presumptive Eligibility Ribicoff Child.
   vi. Presumptive Eligibility for Former Foster Children.
b. PE will be approved if:
   i. The requestor(s) meet the eligibility requirements based on eligibility rules and
   ii. The results are accepted.
c. Click the Accept Results button to transfer the PE results to the Ohio Benefits Worker Portal

C. Confirmation
The Confirmation page appears with the approved requestor(s)’ name, eligibility determination results, program type, and reason (if denied) for each Presumptive Eligibility request. A confirmation number is listed if the request is approved.
The Presumptive Eligibility and Deemed Portal generates the following documents:
   a. A PDF of the request and
   b. Notice
The Notice informs the requestor of the following:
   a. Eligibility Determination Status (Approved or Denied)
   b. Denial Reason (if denied) and
   c. Medicaid Billing Number

**Note:** A copy of the request and Notice should be printed and provided to the requestor.

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**5 Submit Newborn Request**

Haven logged into the PE portal and navigated to the Select a Program page, users will need to select the option of Deemed Newborn to request eligibility for a deemed newborn.

A. **Select a Program**
   a. Select the radio button beside **Deemed Newborn** and click **Continue**.

B. **Enter Personal Information**
   a. Complete all the required fields (fields designated by a red asterisk (*)) and click the **Save and Continue** button.
C. **Select Address**
   a. Select the appropriate address(es) and click the **Save and Continue** button.

   ![Select Address Image]

**NOTE:** QE should check MITS to see if the individual already exists before proceeding with the rest of the steps.

D. **Tell us More:** Complete all the required fields (fields designated by a red asterisk (*)) with the baby's information and click the **Save and Continue** button.
E. **Background Information**
   a. Input newborn’s race information and click the **Save and Continue** button.

F. **Start Request Summary**
   a. Review the information on the page and click the **Save and Continue** button.
G. People Summary
   a. Click the **Add Another Person** button to add information about the deemed newborn’s mother.

   ![Image of People Summary](image)

H. Information about the newborn’s mother
   a. Complete all the required fields with birth mother’s information and click the **Save and Continue** button.

   ![Image of Information about the newborn’s mother](image)

I. Tell us More
   a. Complete all the required fields with birth mother’s information and click the **Save and Continue** button.

   ![Image of Tell us More](image)

J. Background Information
   a. Complete all the required fields with birth mother’s information and click the **Save and Continue** button.
K. People Summary
   a. Review birth mother’s information on the People Summary page for accuracy and click the Save and Continue button.

L. Household Relationships
   a. Review the relationship between the birth mother and the deemed newborn for accuracy and click the Save and Continue button.
M. Submit
   a. Click the Submit button.

N. Validation Message
   a. A validation message is displayed. Click the Continue Process button.
Note: When a Deemed Newborn application is submitted on the Presumptive Eligibility and Deemed Portal, the system checks to see if the child (deemed newborn) already exists in the Ohio Benefits Worker Portal. If the child already exists, a message is displayed indicating that the child may already exist in the system. When this happens, the qualified entities will click the:

- **Edit Application** button to review the entire application. Confirm that both the deemed newborn and birth mother’s information is accurate.
- **Cancel Process** button if after reviewing the application information, the child listed on the warning is the same child for whom deemed eligibility is being determined.
- **Continue Process** button if after reviewing the application information, the child listed on the warning is not the same child for whom deemed eligibility is being determined.

If the child does not already exist in the PE Portal, a message will be displayed indicating that the child’s information does not already exist in Ohio Benefits Worker Portal. When this happens, the worker should continue with the application submission.

### View Results

Users of the Presumptive Eligibility and Deemed Portal can search for results of submitted PE requests using the My Requests link.

A. **Presumptive Eligibility and Deemed Portal Home page**
   a. Click **My Request** link
B. My Request
   
   a. Complete the following fields and click the Search button.
      
      i. From Date: Select the begin date of search range
      ii. To Date: Select the end date of search range
      iii. Status: Select the desired status
      iv. Type: Select the desired request type
      v. Last Name: Input the requestor’s last name
      vi. First Name: Input the requestor’s first name
      vii. Confirmation Number: Input the desired confirmation number if that information is available

   Note: Services provided to a resident will only be eligible for payment starting on the day Presumptive Eligibility results are approved and accepted.

7 Other Requests

Note: The Other Requests link gives Qualified Entity Supervisors the ability to search for their own Presumptive Eligibility requests or those belonging to members in their group that match the search criteria.

Note: A user must have a Qualified Entity Supervisor role to use this feature.

   A. My Request
      a. Complete the following fields and click the Search button.
i. **From Date**: Select the begin date of search range
ii. **To Date**: Select the end date of search range
iii. **Status**: Select the desired status
iv. **Type**: Select the desired request type
v. **Last Name**: Input the requestor’s last name
vi. **First Name**: Input the requestor’s first name
vii. **Confirmation Number**: Input the desired confirmation number if that information is available

### Appendix A: Version History

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<thead>
<tr>
<th>Version</th>
<th>Details</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>Original</td>
<td>10.31.17</td>
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