

**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](mailto: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](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:

Step	Processing a PE Determination through the Presumptive Eligibility and Deemed Portal	Hyperlink to Step
1	Access the PE Portal	<a href="#">Access the PE Portal</a>
2	Submit Presumptive Request	<a href="#">Submit Presumptive Request</a>
3	Input Resident’s Information	<a href="#">Input Resident’s Information</a>
4	Determine Presumptive Eligibility	<a href="#">Determine Presumptive Eligibility</a>
5	Submit Newborn Request	<a href="#">Submit Newborn Request</a>
6	View Results	<a href="#">View Results</a>
7	Other Requests	<a href="#">Other Requests</a>

**Detailed Steps for Processing a PE Determination through the Presumptive Eligibility and Deemed Portal:**

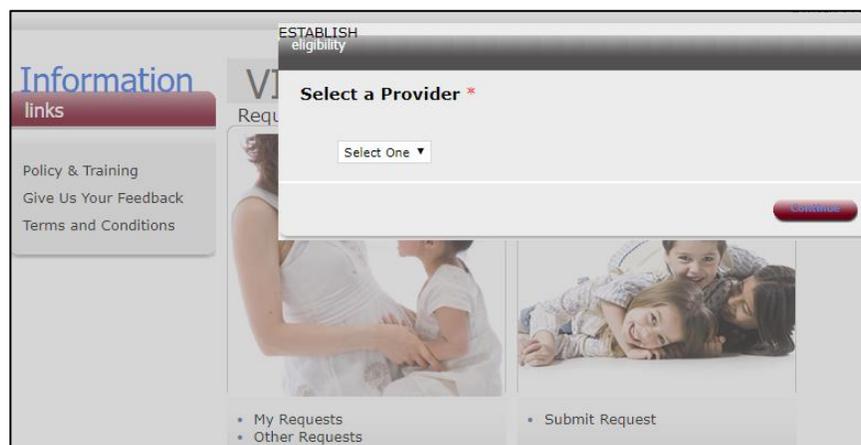
Step	Processing a PE Determination through the Presumptive Eligibility and Deemed Portal
<b>1</b>	<b>Accessing the PE Portal</b>

To access the Presumptive Eligibility and Deemed Portal, type in the URL <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 requestor. Here are some things that may be required to process the determination.*

<p>For the person seeking coverage:</p> <ul style="list-style-type: none"><li>• Confirmation of any prior Presumptive Eligibility Coverage or Existing Medicaid coverage</li><li>• First Name</li><li>• Last Name</li><li>• Gender</li><li>• Date of Birth</li><li>• State residence</li><li>• Home address</li><li>• Citizenship</li><li>• Income</li><li>• Pregnancy status</li></ul>	<p>For the family members living with this person:</p> <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Gender</li><li>• Date of Birth</li><li>• Income</li><li>• Pregnancy status</li></ul>	<p>For Deemed Newborns:</p> <ul style="list-style-type: none"><li>• First Name</li><li>• Last Name</li><li>• Gender</li><li>• Date of Birth</li><li>• Mother's first name</li><li>• Mother's last name</li><li>• Mother's Medicaid ID</li><li>• Mother's date of birth</li></ul>
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*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.



**B. Instructions**

a. Click **Continue**.

**ESTABLISH**  
eligibility

**Instructions**

The tabs above tell you what kind of questions we will be asking. You will not have to answer all the questions. It is best to answer as many questions as you can. The bar below the tabs tells how close you are to finishing the application.

Welcome Start Request People Income Other Submit

Percent Complete: 100%

\* You'll see some questions with a star ( \* ) next to them. You must answer these questions before you can go on to the next page. However, you can navigate to the "Submit Application" tab at any point to submit your application.

Check this box next to the item you want to select.

Check this button next to the item you want to select.

**Save and Continue**

The Save and Continue button takes you to the next page.

**Save and Exit**

The Save and Exit button takes you to the home page.

**Continue**

The Continue button takes you to the next page.

**Back**

The Back button takes you to the page before the one you are on now.

**Edit**

The Edit button takes you to a person's information so you can make changes.

Link Text

Text that is blue is a hyperlink. Clicking this text will direct you to another web page.

**Submit**

The submit button initiates the system to make a determination based on the information provided.

**Accept Results**

The Accept Results button allows you to save the results.

**Notify**

The Notify button allows you to save the results for a Deemed Newborn request

OK. Let's start the request.

**Back** **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**.

**ESTABLISH**  
eligibility

**Select a Program \***

**Presumptive Eligibility**

**Deemed Newborn**

**Back** **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.

The screenshot shows the 'ESTABLISH eligibility' portal. The current step is 'Enter Personal Information', indicated by a progress bar with steps: Welcome, Start Request (active), People, Other, and Submit. A progress indicator shows 'Percent Complete: 1.0%'. A red asterisk indicates required fields. The form sections are:

- Requestor Information: Who are you seeking coverage for?**
  - First Name \* (Text field: Test)
  - Middle Initial (Text field)
  - Last Name \* (Text field: Babypig)
  - Suffix (Dropdown menu: Select One)
  - Maiden Name (Text field)
- Contact Information**
  - Home Phone Number (999)999-9999 (Text field)
  - Mobile Phone Number (999)999-9999 (Text field)
  - Personal Email Address (example@abc.com) (Text field)
- Address Information**
  - Mailing Address Line 1 \* (Text field: 50 west town street)
  - Mailing Address Line 2 (Text field)
  - Mailing City \* (Text field: columbus)
  - Mailing State \* (Dropdown menu: Ohio)
  - Mailing Zip Code (####) \* (Text field: 43215)

At the bottom, there is a question: 'Is your home address the same as your mailing address? \*' with radio buttons for 'Yes' (selected) and 'No'. At the bottom right, there are 'Back' and 'Save and Continue' buttons.

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.

## B. Select Address

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

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

- 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:
  - Is this person seeking coverage?:** Input the requestor's appropriate information.
  - Is this person male or female?:** Input the requestor's appropriate information.
  - Date of Birth (mm/dd/yyyy):** Input the requestor's appropriate information.
  - Is this person pregnant?:** Input the requestor's appropriate information.
  - 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.

The screenshot shows the 'ESTABLISH eligibility' web form. The 'Test Test' section contains the following questions and options:

- Is this person seeking coverage? \*  Yes  No
- Is this person male or female? \*  Male  Female
- Date of Birth(mm/dd/yyyy)\* 01/01/1990
- Social Security Number (ie 123-45-6789) \*\*\*\*\*
- Is this person pregnant? \*  Yes  No
- 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

Buttons at the bottom: Back, Save and Continue

**D. Background Information**

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

The screenshot shows the 'ESTABLISH eligibility' web form. The 'Background Information' section contains the following questions and options:

- Is this person a resident of Ohio?  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
  - Native Hawaiian or Other Pacific Islander
  - White
- Is this person Hispanic or Latino?  Yes  No

Buttons at the bottom: Back, Save and Continue

**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 inputted requester information before moving to the next page in the request.

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

**Information links**

- Policy & Training
- Give Us Your Feedback
- Terms and Conditions

**ESTABLISH eligibility**

**Start Request Summary**

Welcome **Start Request** People Income Other Submit

Percent Complete: 1.0%

Show All | Hide All

Tell us More

Test Test Hide Details

Is this person seeking coverage? *	Yes
Is this person male or female? *	Female
Date of Birth(mm/dd/yyyy)*	01/01/1990
Social Security Number (ie 123-45-6789)	***-**-*****
Is this person pregnant? *	No
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

Edit

Background Information

Test Test Hide Details

Is this person a resident of Ohio?	Yes
Is this person a U.S. citizen?	Yes
What is this person's race? (Optional)	White
Is this person Hispanic or Latino?	No

Edit

Save and Exit Save and Continue

**F. People Summary**

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

**Information links**

- Policy & Training
- Give Us Your Feedback
- Terms and Conditions

**ESTABLISH eligibility**

**People Summary**

Welcome Start Request **People** Income Other Submit

Percent Complete: 19.0%

Primary Requestor Test Test

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 Exit Save and Continue

**G. Information about the people living in your home**

- a. Complete all the required fields and click the **Save and Continue** button.

**Information**  
links

Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

Information about the people living in your home

Welcome Start Request **People** Income Other Submit

Percent Complete: 19.0%

\* Red asterisk indicates required

First Name\* Test  
Middle Name  
Last Name\* PersonTwo  
Suffix Select One

Back Save and Continue

**H. Tell us More**

- a. Complete all the required fields and click the **Save and Continue** button.

**Information**  
links

Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

Tell us More

Welcome Start Request **People** Income Other Submit

Percent Complete: 19.0%

Please give us additional information about this person

**Test PersonTwo**

Is this person male or female?\*  Male  Female  
Date of Birth(mm/dd/yyyy)\* 01/01/1985  
Social Security Number (ie 123-45-6789):  
Does this person have a Medicaid ID?  Yes  No  
Is this person seeking coverage? \*  Yes  No  
Has this person received Presumptive Eligibility in the last 12 months?\*  Yes  No

Back Save and Continue

**I. Background Information**

- a. Complete all the required fields and click the **Save and Continue** button.

**Information**  
links

Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

Background Information

Welcome Start Request **People** Income Other Submit

Percent Complete: 19.0%

Please give us additional information about this person.

**Test PersonTwo**

Is this person a resident of Ohio?  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  
 Native Hawaiian or Other Pacific Islander  
 White  
Is this person Hispanic or Latino?  Yes  No

Back Save and Continue

**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 inputted 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.

### ESTABLISH eligibility

**People Summary**

Welcome
Start Request
People
Income
Other
Submit

Primary Requestor    Test yo

Household Members    Test PersonTwo

Percent Complete: 19.0%

[Show All](#) | [Hide All](#)

**Test PersonTwo**

Information about the people living in your home Hide Details

First Name*	Test
Middle Name	
Last Name*	PersonTwo
Suffix	

[Edit](#)

Background Information Hide Details

Is this person a resident of Ohio?	Yes
Is this person a U.S. citizen?	Yes
What is this person's race? <b>(Optional)</b>	White
Is this person Hispanic or Latino?	No

[Edit](#)

Tell us More Hide Details

Is this person male or female?*	Male
Date of Birth(mm/dd/yyyy)*	01/01/1985
Social Security Number (ie 123-45-6789):	
Does this person have a Medicaid ID?	No
Is this person seeking coverage? *	No
Has this person received Presumptive Eligibility in the last 12 months?*	No

[Edit](#)

[Delete Person](#)

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 Exit](#)

[Save and Continue](#)

**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.

The screenshot shows the 'ESTABLISH eligibility' portal. The 'Income Information' step is active, indicated by a red arrow in the progress bar. The progress bar shows 'Percent Complete: 42.0%'. Below the progress bar, the text reads: 'Next we will ask if the people in your home have earned or unearned income.' The user's name 'John Doe' is displayed. A question asks 'Does anyone have income?' with radio buttons for 'Yes' and 'No'. At the bottom right, there are 'Back' and 'Save and Continue' buttons.

#### L. Income Detail

- The **Income Detail** page is used to document the current monthly gross income for everyone who resides in the home.
- 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.
- Click the **Save and Continue** button.

The screenshot shows the 'ESTABLISH eligibility' portal. The 'Income Detail' step is active, indicated by a red arrow in the progress bar. The progress bar shows 'Percent Complete: 42.0%'. Below the progress bar, the text reads: 'You told us there are people in your home who have income. Please tell us more.' There is a 'Select a person' dropdown menu with 'John Doe' selected. Below it is a text input field for 'Monthly Gross Income (before taxes)'. At the bottom right, there are 'Back' and 'Save and Continue' buttons.

#### M. Income Detail Summary

- The **Income Detail Summary** page displays income information for the identified person with income.
- 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.
- After verifying that all information is listed correctly, click the **Continue** button.

**ESTABLISH eligibility**

**Income Detail Summary**

Welcome | Start Request | People | **Income** | Other | Submit

Percent Complete: 42.0%

Show All | Hide All

Income Detail	Monthly Gross Income (before taxes):
John Doe	100

Buttons: Delete, Edit, Add Another Entry, Back, Continue

**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.

**ESTABLISH eligibility**

**Household Relationships**

Welcome | Start Request | People | Income | **Other** | Submit

Percent Complete: 60.0%

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.

Household Member	Relationship	Related Household Member	Start Date	Parental Control
john doe	is the Select One of	Jane Doe	as of	<input type="checkbox"/>

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

Buttons: Back, Save and Continue

**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.

First Name	Last Name	Result	Reason	Type
Test	Test	Approved		PE ADULT

## 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.

The screenshot shows the 'ESTABLISH eligibility' form. On the left is a sidebar with 'Information links' and 'Policy & Training'. The main content area has a progress bar with 'Welcome', 'Start Request' (highlighted), 'People', 'Other', and 'Submit'. Below the progress bar is a 'Percent Complete: 1.0%' indicator. A red asterisk indicates required fields. The 'Requestor Information' section asks 'Who are you seeking coverage for?' and includes fields for First Name (\*), Middle Initial, Last Name (\*), Suffix (dropdown), and Maiden Name. The 'Contact Information' section includes Home Phone Number, Mobile Phone Number, and Personal Email Address. The 'Address Information' section includes Mailing Address Line 1 (\*), Mailing Address Line 2, Mailing City (\*), Mailing State (\*), and Mailing Zip Code (#####) (\*). A question asks 'Is your home address the same as your mailing address?' with radio buttons for Yes and No. 'Back' and 'Save and Continue' buttons are at the bottom right.

C. Select Address

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

The screenshot shows the 'ESTABLISH eligibility' form at the 'Select Address' step. The progress bar shows 'Start Request' as the active step. A message states: 'The Home and Mailing addresses you entered have been corrected. Choose one of the possible matches for each type of address in the list below. If you do not see your address in the list of possible matches, you can select the address as you entered it.' Below this are two columns: 'Home Address' and 'Mailing Address'. Each column has a radio button selected for '50 W TOWN ST COLUMBUS, OH FRANKLIN 43215'. Below each column is an 'Or:' section with radio buttons for 'Your Home address as you entered is:' and 'Your mailing address as you entered is:', both with the address '50 WEST TOWN STREET COLUMBUS, OH 43215'. 'Back' and 'Save and Continue' buttons are at the bottom right.

**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.

**Information**  
links  
Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

**Tell us More**

Welcome **Start Request** People Other Submit

Percent Complete: 1.0%

Please provide additional information about this newborn.

**Test Babypig**

Are you seeking coverage for this person \*  Yes  No

Is this person male or female? \*  Male  Female

Date of Birth \* 10/25/2017

Date of Death

Does this person have a Social Security Number?  Yes  No

Social Security Number (ie 123-45-6789): 362-73-8452 x

Back Save and Continue

**E. Background Information**

- a. Input newborn's race information and click the **Save and Continue** button.

**Information**  
links  
Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

**Background Information**

Welcome **Start Request** People Other Submit

Percent Complete: 1.0%

Please give additional information about this newborn.

**Test Babypig**

What is this person's race? (Optional)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Is this person Hispanic or Latino?  Yes  No

Back Save and Continue

**F. Start Request Summary**

- a. Review the information on the page and click the **Save and Continue** button.

**Information**  
links  
Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

**Start Request Summary**

Welcome **Start Request** People Other Submit

Percent Complete: 1.0%

Show All | Hide All

**Tell us More**

Test Babypig Hide Details

Are you seeking coverage for this person \* Yes

Is this person male or female? \* Female

Date of Birth \* 10/25/2017

Date of Death

Does this person have a Social Security Number? Yes

Social Security Number (ie 123-45-6789): \*\*\*.\*\*-\*\*\*\* Edit

**Background Information**

Test Babypig Hide Details

What is this person's race? (Optional) White

Is this person Hispanic or Latino? No Edit

Save and Exit Save and Continue

**G. People Summary**

- a. Click the **Add Another Person** button to add information about the deemed newborn’s mother.

**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.

**I. Tell us More**

- a. Complete all the required fields with birth mother’s information and click the **Save and Continue** button.

**J. Background Information**

- a. Complete all the required fields with birth mother’s information and click the **Save and Continue** button.

**Information**  
links

Policy & Training  
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**ESTABLISH**  
eligibility

**Background Information**

Welcome Start Request **People** Other Submit

Percent Complete: 25.0%

Please tell us more about the newborn's mother.

**Pepperpig Test (35)**

What is this person's race? (Optional)

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Is this person Hispanic or Latino?  
 Yes  No

Back Save and Continue

**K. People Summary**

- a. Review birth mother's information on the **People Summary** page for accuracy and click the **Save and Continue** button.

**Information**  
links

Policy & Training  
Give Us Your Feedback  
Terms and Conditions

**ESTABLISH**  
eligibility

**People Summary**

Welcome Start Request **People** Other Submit

Percent Complete: 25.0%

Primary Requestor: Test Babypig  
Household Members: Pepperpig Test

Show All | Hide All

Pepperpig Test

Information about the newborn's mother Hide Details

First Name: \* Pepperpig  
Middle Name:  
Last Name: \* Test  
Suffix

Edit

Tell us more Hide Details

Is this person seeking coverage? \* No  
Is this person male or female \* Female  
Date of Birth: \* 01/01/1982  
Social Security Number (ie 123-45-6789): \*\*\*-\*\*-\*\*\*\*  
What is their Medicaid ID? \* 910000945851  
Did this person have Medicaid on the newborn's date of birth? Yes

Edit

Background Information Hide Details

What is this person's race? (Optional)  
Is this person Hispanic or Latino?

Edit

Delete Person

To process a Deemed Newborn request, information about the newborn's mother and her Medicaid eligibility status is required. Select Add Another Person to add the additional required information.

Add Another Person

Save and Exit Save and Continue

**L. Household Relationships**

- a. Review the relationship between the birth mother and the deemed newborn for accuracy and click the **Save and Continue** button.



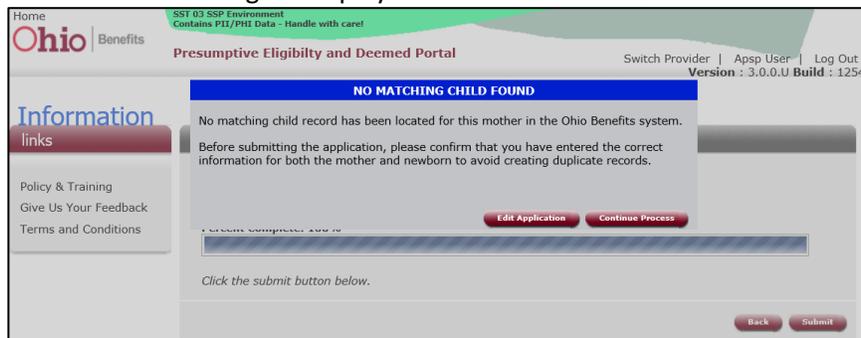
**M. Submit**

- a. Click the **Submit** button.



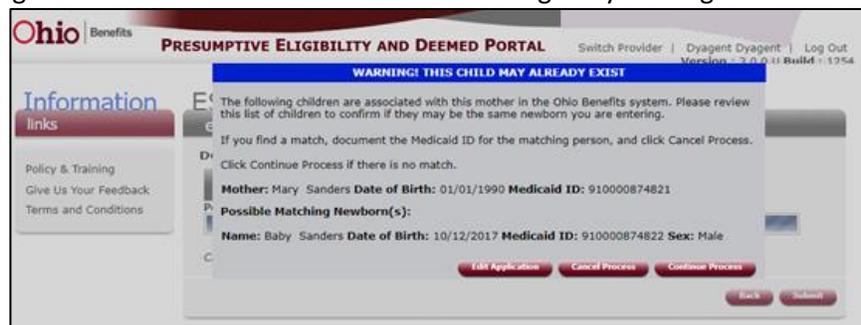
**N. Validation Message**

- 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.



## 6 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

The screenshot shows a web interface titled 'Information VIEW'. On the left is a sidebar with 'links' and items like 'Policy & Training', 'Give Us Your Feedback', and 'Terms and Conditions'. The main area is titled 'Other Requests' and contains a search form. The form has a red asterisk note: '\* Red asterisk indicates required'. Fields include 'From Date\*' (10/11/2017), 'To Date\*' (10/25/2017), 'Status' (Select One), 'Type' (Select One), 'Last Name', 'First Name', 'Confirmation Number', and 'QE Worker Name'. 'Search' and 'Close' buttons are at the bottom right.

## Appendix A: Version History

Version	Details	Date
V1	Original	10.31.17