



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.





Population Eligible for Presumptive Eligibility

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





Qualified Entity

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.





How Providers Can Participate in PE



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



PE Duration of Eligibility



- 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 expires.



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:
 - *Making PE determinations and/or submitting a request through the portal*





Provider Performance Standards



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



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

ESTABLISH eligibility

Select a Provider *

Provider



Select One

Continue



Home Page

Switch Provider

Tom Supervisor | Log Out

Version : 1.1.0.1 Build : 23

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.*

For the person seeking coverage:

- Confirmation of any prior Presumptive Eligibility Coverage or Existing Medicaid coverage
- First Name
- Last Name
- Gender
- Date of Birth
- State residence
- Home address
- Citizenship
- Income
- Pregnancy status

For the family members living with this person:

- First Name
- Last Name
- Gender
- Date of Birth
- Income
- Pregnancy status

For Deemed Newborns:

- First Name
- Last Name
- Gender
- Date of Birth
- Mother's first name
- Mother's last name
- Mother's Medicaid ID
- Mother's date of birth

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

ESTABLISH

eligibility

Select a Program *

- Presumptive Eligibility**
- Deemed Newborn**

Back

Save and Continue



Enter Personal Information

ESTABLISH eligibility

Enter Personal Information

Welcome

Start
Request

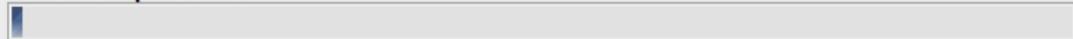
People

Income

Other

Submit

Percent Complete: 1.0%



* Red asterisk indicates required

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

Address Information

Does this person have a home address? *

Yes No

Mailing Address Line 1 *

Mailing Address Line 2

Mailing City *

Mailing State *

Mailing County *

Mailing Zip Code *

Back

Save and Continue



Select Address

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eligibility

Select Address

Welcome

Start
Request

People

Income

Other

Submit

Percent Complete: 1.0%

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

Please choose one of the option for Home address.

Your Home address as you entered is:

- 50 WEST TOWN STREET
Columbus, OH Franklin 43287

Back

Save and Continue



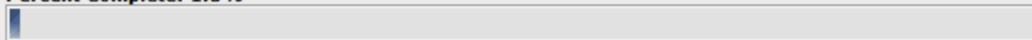
Tell Us More

ESTABLISH eligibility

Tell us More



Percent Complete: 1.0%



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): *

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

Back

Save and Continue



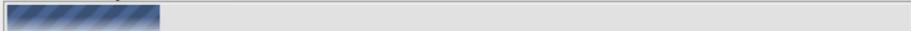
Background Information

ESTABLISH eligibility

Background Information



Percent Complete: 17.0%



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

Back

Save and Continue



Start Request Summary

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eligibility

Start Request Summary

[Welcome](#)**[Start Request](#)**[People](#)[Income](#)[Other](#)[Submit](#)

Percent Complete: 1.0%

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

Tell us More

John Doe

[Hide Details](#)

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

[Edit](#)[Save and Exit](#)[Save and Continue](#)



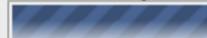
People Summary

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 Exit

Save and Continue



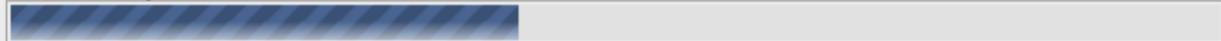
Income Information

ESTABLISH eligibility

Income Information



Percent Complete: 42.0%



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

John Doe

Does anyone have income? Yes No

Back

Save and Continue



Income Detail

ESTABLISH eligibility

Income Detail



Percent Complete: 42.0%



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

Select a person *

John Doe ▾

Monthly Gross Income (before taxes):

Back

Save and Continue



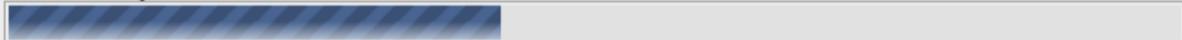
Income Summary

ESTABLISH eligibility

Income Detail Summary



Percent Complete: 42.0%



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

Income Detail

John Doe

[Hide Details](#)

Monthly Gross Income (before taxes): 100

Delete

Edit

Does anyone have income?

Add Another Entry

Back

Continue



Household Relationships

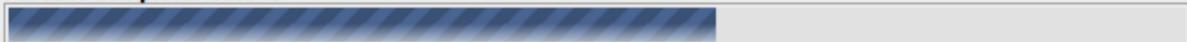
ESTABLISH

eligibility

Household Relationships



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 <input type="text" value="Select One"/>	of Jane Doe	as of <input type="text"/>	<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.

Back

Save and Continue



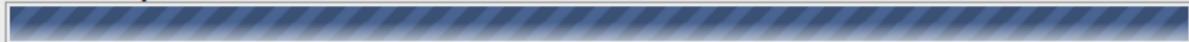
Determine Eligibility

ESTABLISH eligibility

Determine Eligibility



Percent Complete: 100%



Click the submit button below.

Back

Submit



Eligibility Results

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Eligibility Results

Welcome

Start
Request

People

Income

Other

Submit

Percent Complete: 100%

First Name	Last Name	Result	Reason	Type
john	doe	Approved		PE ADULT
Jane	Doe	Approved		PE ADULT

Back

Accept Results



Confirmation Page

ESTABLISH eligibility

Confirmation

Thank you.

The following PE Determination results have been accepted.

The PE and Medicaid request confirmation is 0-i0z1yh

First Name	Last Name	Result	Reason	Type
john	doe	Approved		PE ADULT
Jane	Doe	Approved		PE ADULT

Notice Language

English ▾

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

VIEW

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:

- Online at www.Benefits.Ohio.gov
- 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.

