

**QE Policy Template**

Subject Line should state: **Ohio Benefits Policy Issue**

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Your Phone Number:</b>	
<b>Your Email Address:</b>	
<b>Name of the Qualified Entity you represent:</b>	
<b>Is this urgent because it is preventing eligibility determination in the Deemed/PE Portal? (Y/N)</b>	
<b>Policy Question:</b> <i>Please be as descriptive as possible</i>	

**Instruction: Type your information in column "B" and upon completion, save this document and attach it to an email to the below email address:**

[pequestions@medicaid.ohio.gov](mailto:pequestions@medicaid.ohio.gov)

*<Do not use e-mail to transmit Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers or any other sensitive data unless it is encrypted. If e-mail must be used to transmit sensitive information that information must be encrypted prior to sending>*

