



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Presumptive Eligibility for Medicaid - Provider Training



Self Reliance eLearning

Presumptive Eligibility for Medicaid: Provider Training



Welcome to the
Department of Health and Welfare
Self Reliance eLearning course
Presumptive Eligibility for Medicaid,
Provider Training.

Presumptive Eligibility for Medicaid: Provider Training



This course is for providers who have been selected, approved and have completed their Memorandum of Understanding Agreement with the Department of Health & Welfare for determining Presumptive Eligibility for Medicaid.

Only hospitals can be Presumptive Eligibility Providers.



Presumptive Eligibility for Medicaid: Provider Training



IMPORTANT: If you are not an approved provider and if you have not completed and signed the Memorandum of Understanding Agreement with the Department of Health & Welfare, please exit this course now.

Presumptive Eligibility for Medicaid: Provider Training



As a provider, it is your responsibility to ensure that all of your staff have completed this training on Presumptive Eligibility for Medicaid.

Presumptive Eligibility for Medicaid: Provider Training



You should also be aware that I will frequently say **DHW** instead of Department of Health & Welfare.



Presumptive Eligibility for Medicaid: Provider Training



And the person who is a **Patient** to you is a **Customer** to DHW... but we are talking about the same person.



Presumptive Eligibility for Medicaid: Provider Training

Patients may be determined presumptively eligible for Medicaid if they meet standard criteria.

Presumptive Eligibility for Medicaid: Provider Training

The patient must meet one of the following:

1. Patient is pregnant
2. Patient has related children under 19 living with them
3. Patient is a child under 19
4. Patient is between the ages of 18 and 26, and received Idaho Medicaid through the foster care program on their 18th birthday



Presumptive Eligibility for Medicaid: Provider Training

Additionally, the patient must either meet U.S. Citizenship or qualified non-citizen requirements, which will be determined by DHW during the application process.

Presumptive Eligibility for Medicaid: Provider Training

During this course, we will go over all of the resources that providers will use when a patient appears to be a candidate for the Presumptive Eligibility process. These resources are:

- Presumptive Medicaid Trial Eligibility Tool
- Presumptive Medicaid Eligibility Provider's Information Sheet
- Presumptive Medicaid Eligibility Application Form
- Multiple Income Calculator



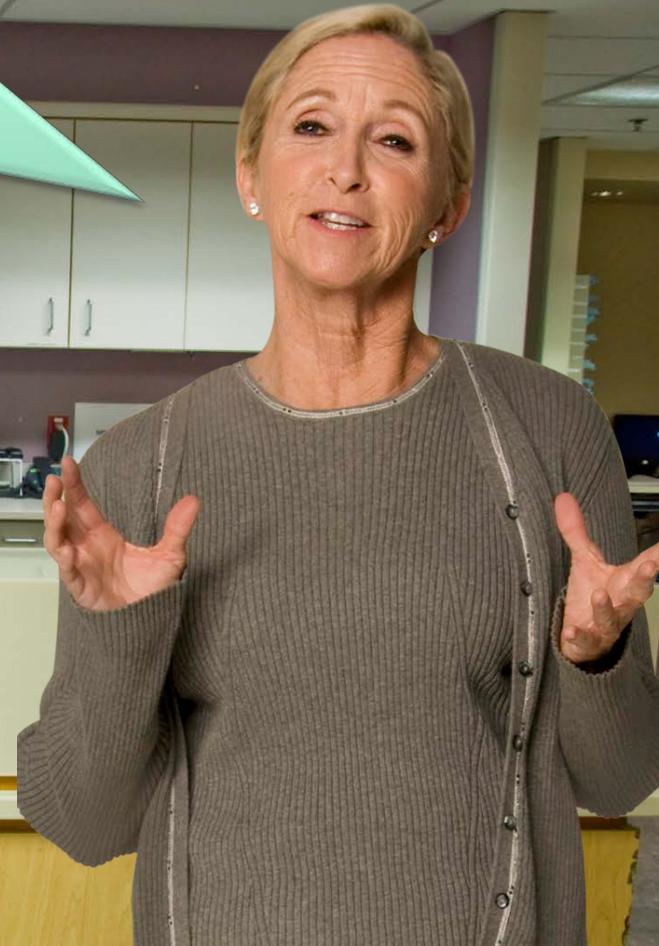
Presumptive Eligibility for Medicaid: Provider Training

We are going to discuss each of these in detail throughout the course, but first let's do a high-level overview of the process.

Presumptive Eligibility for Medicaid: Provider Training

During DHW's business hours, you will always use the **Presumptive Medicaid Eligibility Provider's Information Sheet** and call DHW to begin the application process.

NOTE: This form should never be submitted or turned in to DHW.



Presumptive Eligibility for Medicaid: Provider Training

After DHW's business hours, there are two options.

1. Complete the **Presumptive Medicaid Eligibility Provider's Information Sheet** and call DHW the next business day. Choose this option if you want a real-time eligibility decision and the Medicaid ID (MID) number, or if the household has more than four people.

OR

2. Complete the **Presumptive Medicaid Eligibility Application Form** and submit electronically using the submit button on the form. With this option, there is no need to call DHW.

These forms should never be faxed, emailed or mailed to DHW.



Presumptive Eligibility for Medicaid: Provider Training

DHW will make the customer eligible except in the following circumstances:

- If during business hours DHW determines the customer ineligible
- If eligible immigration status cannot be verified, regardless of time of service.
- If the person already had a Presumptive Eligibility determination in the past 12 months.



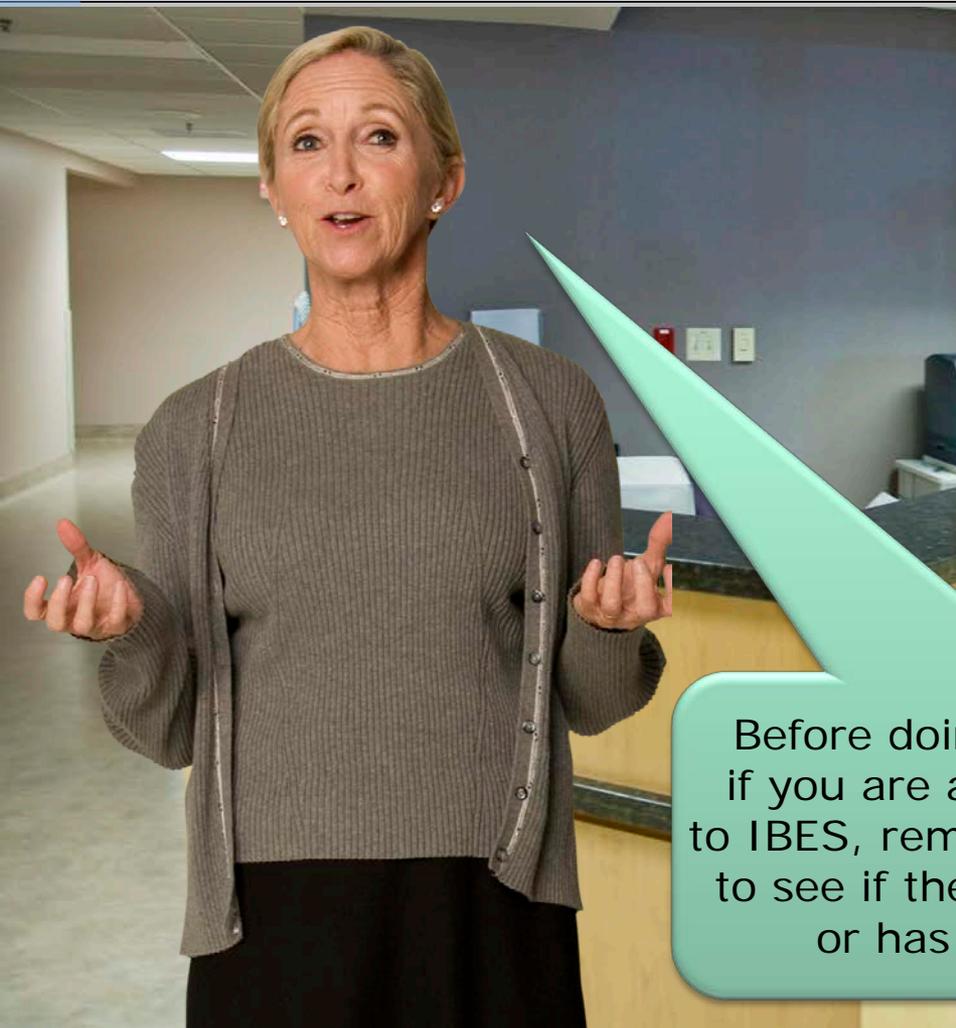
Presumptive Eligibility for Medicaid: Provider Training



Let's get into the details of the provider's process for Presumptive Eligibility for Medicaid.



Presumptive Eligibility for Medicaid: Provider Training



Before doing Presumptive Eligibility, if you are a provider who has access to IBES, remember to check the system to see if the patient is already eligible or has a pending application.



Presumptive Eligibility for Medicaid: Provider Training

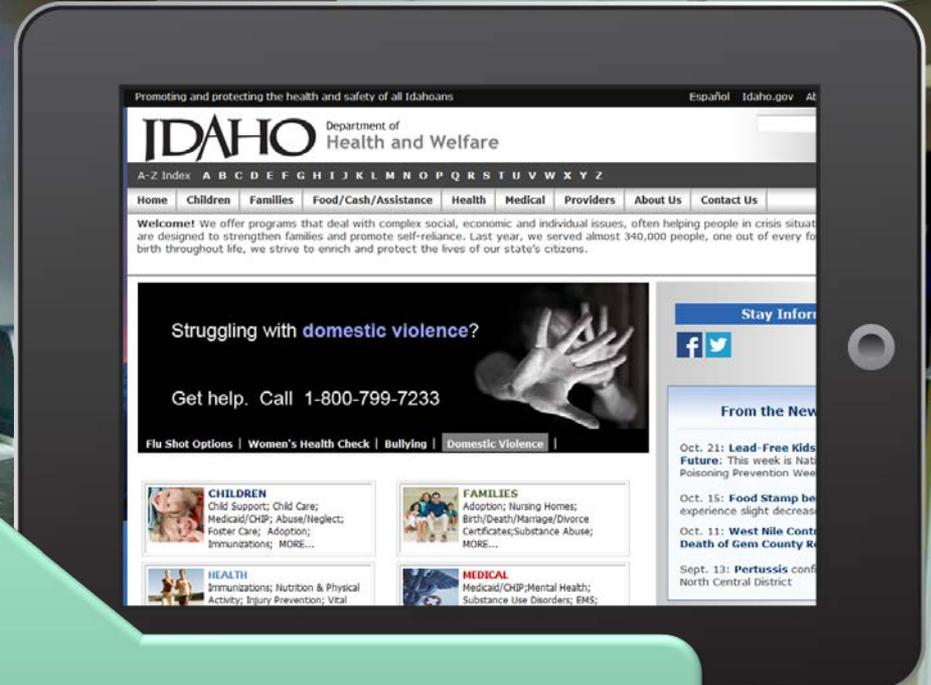
Also, the IBES Access Agreement must be followed, including contacting DHW to have a staff member's access denied when that person is no longer employed by the provider.



The screenshot shows the IBES (Idaho Business and Enterprise System) interface on a tablet. The main heading is "Person Search". The interface includes a navigation menu with tabs for "Case Info", "Eligibility", "Empl. Services", "Child Care", "Resources", "Fiscal", and "Spec. Unit". Below the navigation, there are several sub-tabs: "New Application", "Case Summary", "Worker Assignment", "Customer Schedule", and "Work Queue". A search form is displayed with the following fields: "Case Number:" with a "Go" button, "Last Name:", "Date Of Birth:" with a calendar icon, "Phone Number:", "Address Type:" with a dropdown arrow, and "Address Line 1:". On the right side, there are fields for "Social Security Num", "First Name:", and "Gender:" with a dropdown arrow.

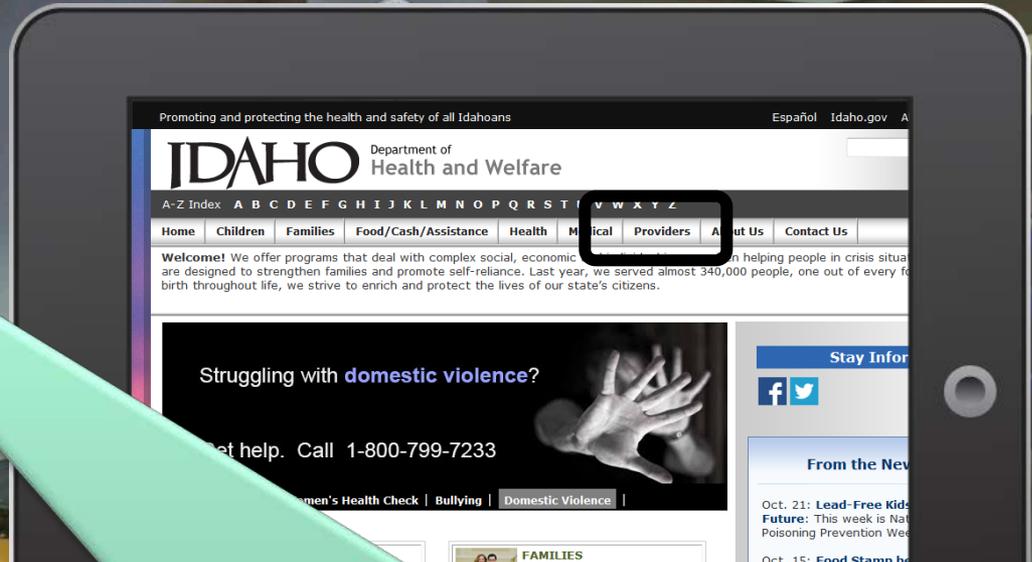


Presumptive Eligibility for Medicaid: Provider Training



I've mentioned a few different resources you will need in order to do the Presumptive Eligibility process.

Presumptive Eligibility for Medicaid: Provider Training



You can find all of these resources
on the DHW website at

<http://www.healthandwelfare.idaho.gov>

Once you're there, click the **Providers** tab.

Presumptive Eligibility for Medicaid: Provider Training

Just look for the **Presumptive Eligibility Medicaid Providers** heading.



Promoting and protecting the health and safety of all Idahoans

IDAHO Department of Health and Welfare

Home Children Families Food/Cash/Assistance Health Medical Providers About Us

You are here: Providers

PROVIDERS

Information for Providers

... website you will find information **for** the providers we work with as well
... providers

Presumptive Eligibility Medicaid Providers

- Presumptive Medicaid Eligibility Providers Information Sheet
- Presumptive Medicaid Trial Eligibility Tool
- Multiple Income Calculator Job Aid
- Presumptive Medicaid Eligibility Application Form

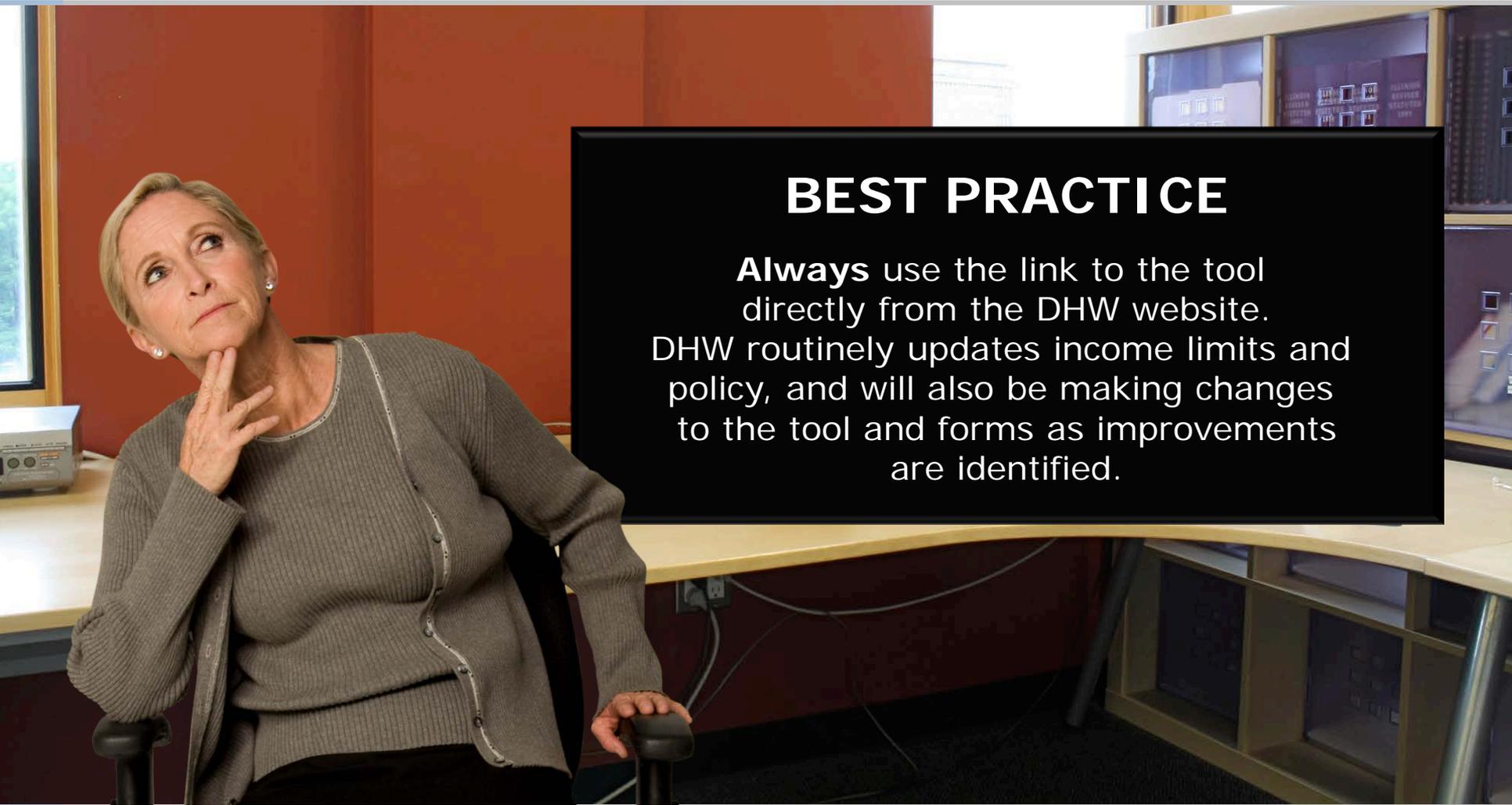
Presumptive Eligibility for Medicaid: Provider Training



The first resource we are going to look at is the **Presumptive Medicaid Trial Eligibility Tool**.



Presumptive Eligibility for Medicaid: Provider Training



BEST PRACTICE

Always use the link to the tool directly from the DHW website. DHW routinely updates income limits and policy, and will also be making changes to the tool and forms as improvements are identified.



Presumptive Eligibility for Medicaid: Provider Training

The tool is a spreadsheet that will open in Excel.



1 2 3 4 5 6 7 8 9 10 11 12 13 14

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HEALTH & WELFARE

DO NOT DOWNLOAD THIS FORM!

**Presumptive Medicaid Trial Eligibility
Tool Instructions**

The following information is the instructions for completing the Presumptive Medicaid Trial Eligibility Tool.

Questions section:
Answer each question that displays as it pertains to the applicant.

Household Members and Income List:

List all household members that are related to the patient as long as they are the parent, the spouse, a related child under 19, the sibling (if patient and sibling are both under 19) or anyone that will be included in the same tax filing household as the patient. List the income received by those members excluding Child Support, Workman's Compensation, Student Financial Aid and Veterans income paid by a Veterans agency.

If anyone listed is pregnant, add the unborn(s) to the list of members, enter \$0.00 as the amount of income and "None" for the frequency.

If a household member has no income, enter \$0.00 as the income amount and "None" for the frequency.

Use the "Multiple Income Calculator Job Aid" to calculate monthly income when a member has income from multiple sources paid at different frequencies. Use the "Total Monthly Income" amount to complete the Household Member and Income List for the member. If more than one member has multiple income sources paid at different frequencies, CLEAR CALCULATIONS and complete the "Multiple Income Calculator Job Aid" for each member this applies to.

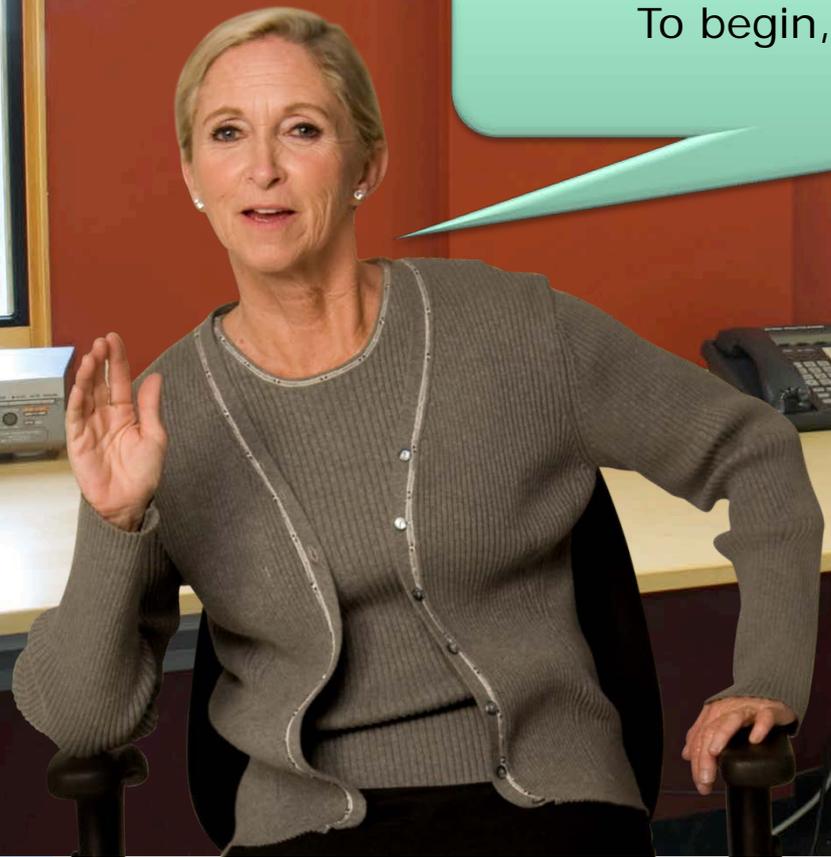
Once all household members and their income are listed below, click on CALCULATE to determine if the applicant may be eligible for Medicaid.

Click on the Presumptive Eligibility Tab to complete the Presumptive Medicaid Trial Eligibility Tool.

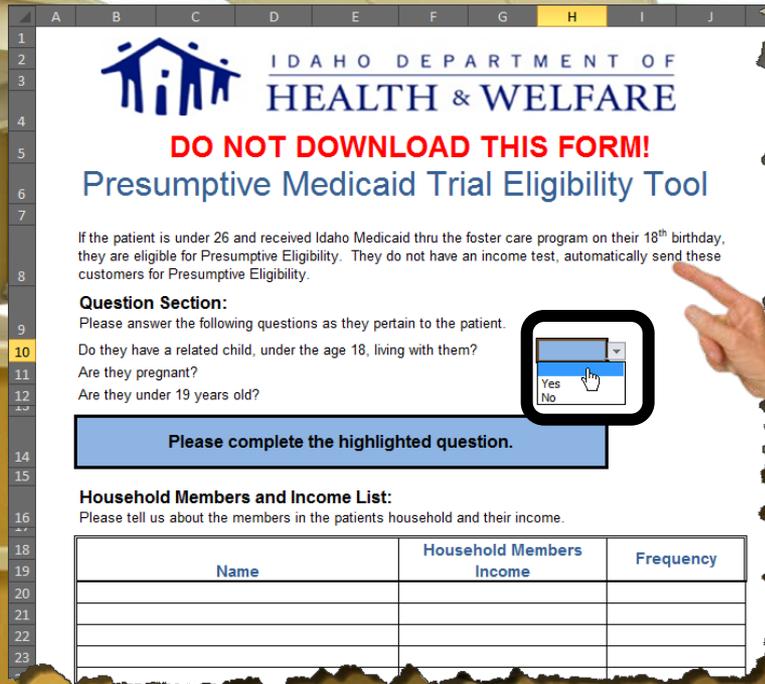
Instructions Presumptive Eligibility

Presumptive Eligibility for Medicaid: Provider Training

The first thing you will see are instructions. We will touch on the instructions as we work through using the tool. To begin, click the **Presumptive Eligibility** tab at the bottom of the form.

A screenshot of a computer screen displaying a form titled "IDAHO DEPARTMENT OF HEALTH & WELFARE DO NOT DOWNLOAD THIS FORM! Presumptive Medicaid Trial Eligibility Tool Instructions". The form contains instructions for completing the tool, including a "Questions section" and a "Household Members and Income List" section. At the bottom of the form, there are two tabs: "Instructions" and "Presumptive Eligibility". The "Presumptive Eligibility" tab is circled in red. The form is displayed on a computer monitor in an office setting.

Presumptive Eligibility for Medicaid: Provider Training



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Presumptive Medicaid Trial Eligibility Tool

If the patient is under 26 and received Idaho Medicaid thru the foster care program on their 18th birthday, they are eligible for Presumptive Eligibility. They do not have an income test, automatically send these customers for Presumptive Eligibility.

Question Section:
Please answer the following questions as they pertain to the patient.

Do they have a related child, under the age 18, living with them?

Are they pregnant?

Are they under 19 years old?

Please complete the highlighted question.

Household Members and Income List:
Please tell us about the members in the patients household and their income.

Name	Household Members Income	Frequency

You will find that some of the fields have drop-downs for you to select pre-defined responses.

Other areas will require you to type the appropriate information.

Presumptive Eligibility for Medicaid: Provider Training



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Presumptive Medicaid Trial Eligibility Tool

If the patient is under 26 and received Idaho Medicaid thru the foster care program on their 18th birthday, they are eligible for Presumptive Eligibility. They do not have an income test, automatically send these customers for Presumptive Eligibility.

Question Section:

Please answer the following questions as they pertain to the patient.

Do they have a related child, under the age 18, living with them? No

Are they pregnant? No

Are they under 19 years old?

Please complete the highlighted question.



There are three questions in the Question Section that must be answered about the patient. Use the drop-down selector for each question and select **Yes** or **No**.



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Presumptive Eligibility for Medicaid: Provider Training



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Presumptive Medicaid Trial Eligibility Tool

If the patient is under 26 and received Idaho Medicaid thru the foster care program on their 18th birthday, they are eligible for Presumptive Eligibility. They do not have an income test, automatically send these customers for Presumptive Eligibility.

Question Section:

Please answer the following questions as they pertain to the patient.

Do they have a related child, under the age 18, living with them? No

Are they pregnant? No

Are they under 19 years old?

Please complete the highlighted question.



If the patient is under 26 and received Medicaid through the foster care program on their 18th birthday, they are automatically eligible for Presumptive Eligibility and you do not need to complete the Trial Eligibility Tool.



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Presumptive Eligibility for Medicaid: Provider Training



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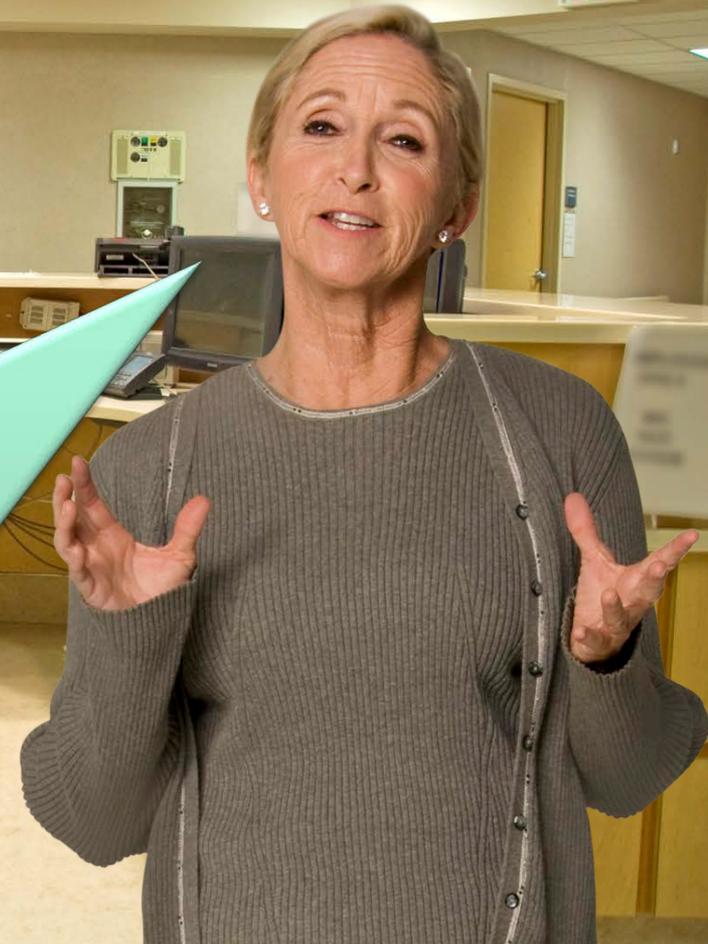
DO NOT DOWNLOAD THIS FORM!

Presumptive Medicaid Trial Eligibility Tool

Remember, the patient must meet one of the following criteria to use this process:

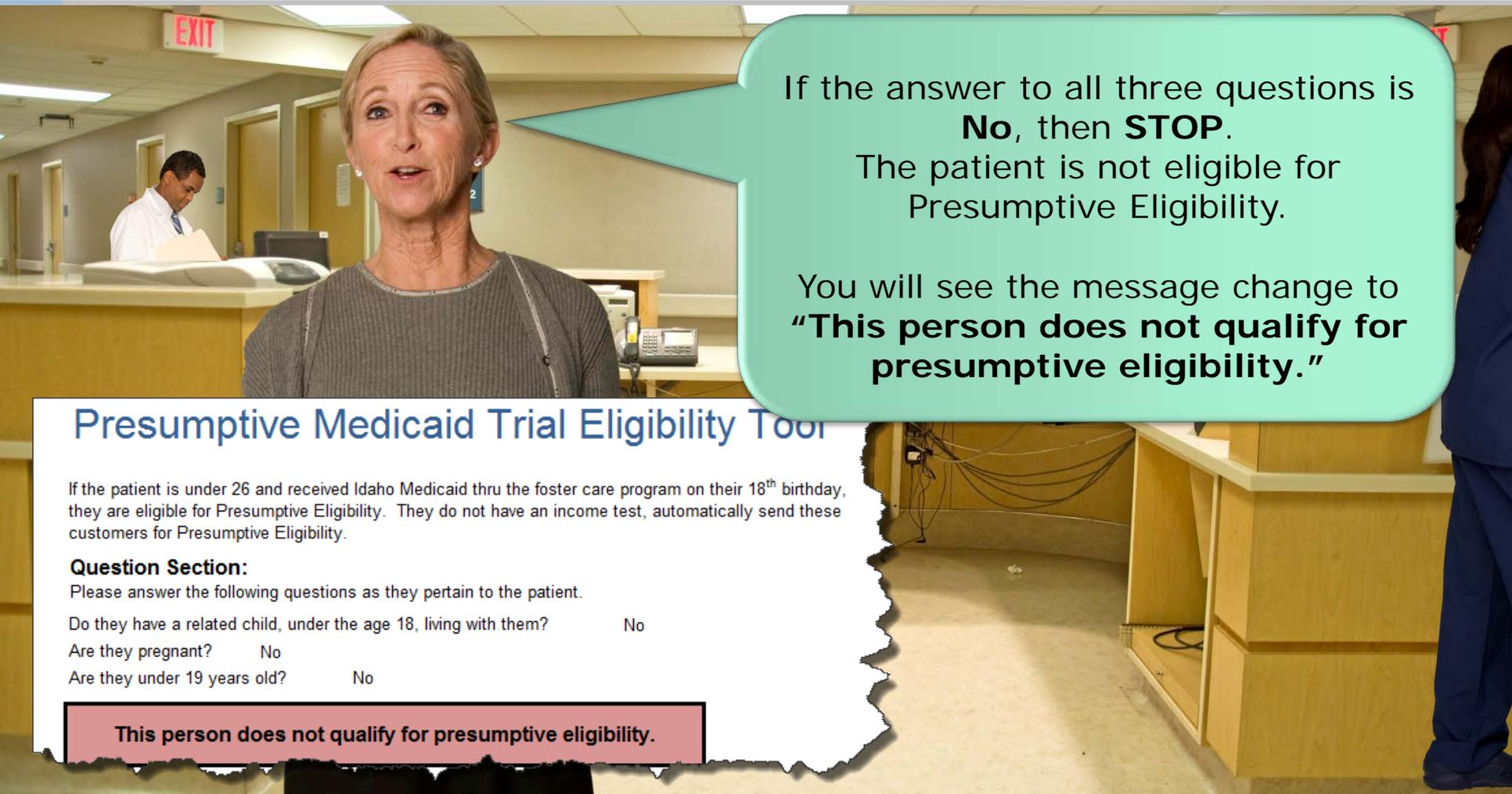
19

1. Patient is pregnant
2. Patient has related children under 19 living with them
3. Patient is a child under 19
4. Patient is between the ages of 18 and 26, and received Idaho Medicaid through the foster care program on their 18th birthday



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HEALTH & WELFARE

Presumptive Eligibility for Medicaid: Provider Training



If the answer to all three questions is **No**, then **STOP**.
The patient is not eligible for Presumptive Eligibility.

You will see the message change to **“This person does not qualify for presumptive eligibility.”**

Presumptive Medicaid Trial Eligibility Tool

If the patient is under 26 and received Idaho Medicaid thru the foster care program on their 18th birthday, they are eligible for Presumptive Eligibility. They do not have an income test, automatically send these customers for Presumptive Eligibility.

Question Section:

Please answer the following questions as they pertain to the patient.

Do they have a related child, under the age 18, living with them? No

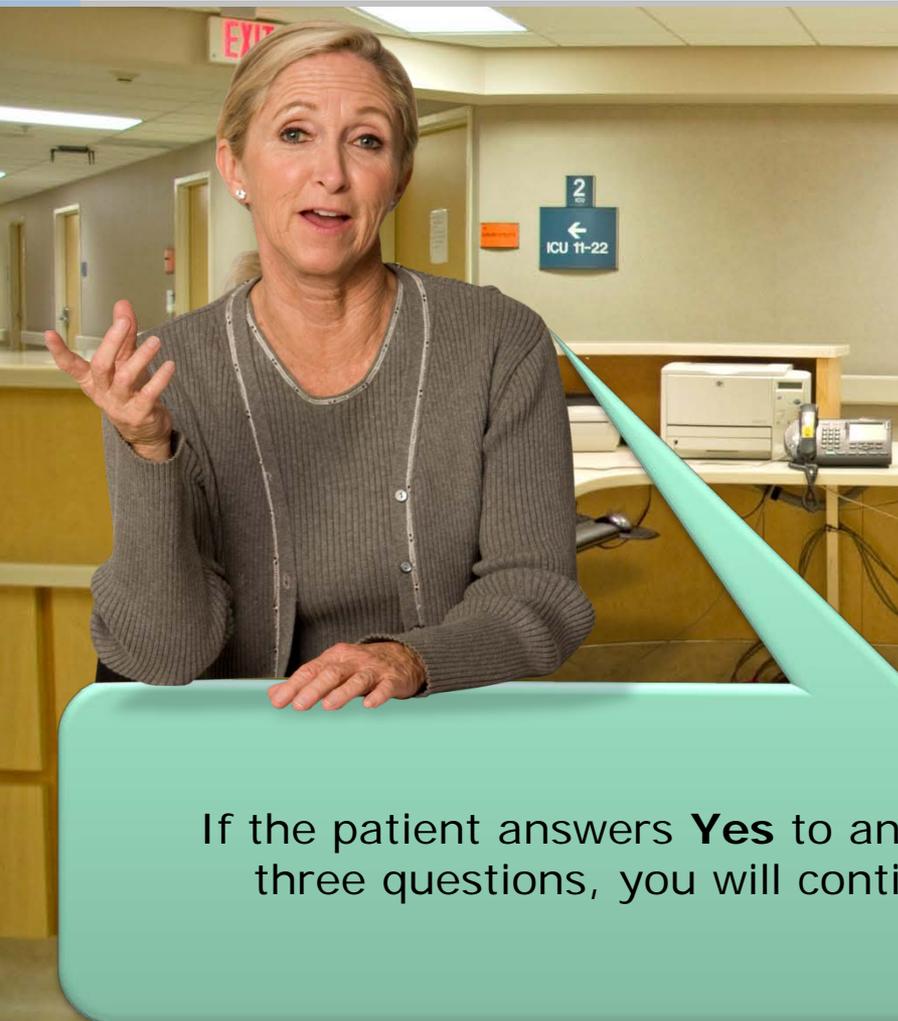
Are they pregnant? No

Are they under 19 years old? No

This person does not qualify for presumptive eligibility.



Presumptive Eligibility for Medicaid: Provider Training



DO NOT DOWNLOAD THIS FORM!

Presumptive Medicaid Trial Eligibility Tool

If the patient is under 26 and received Idaho Medicaid thru the foster care program on their 18th birthday, they are eligible for Presumptive Eligibility. They do not have an income test, automatically send these customers for Presumptive Eligibility.

Question Section:
Please answer the following questions as they pertain to the patient.

Do they have a related child, under the age 18, living with them? Yes
Are they pregnant?
Are they under 19 years old?

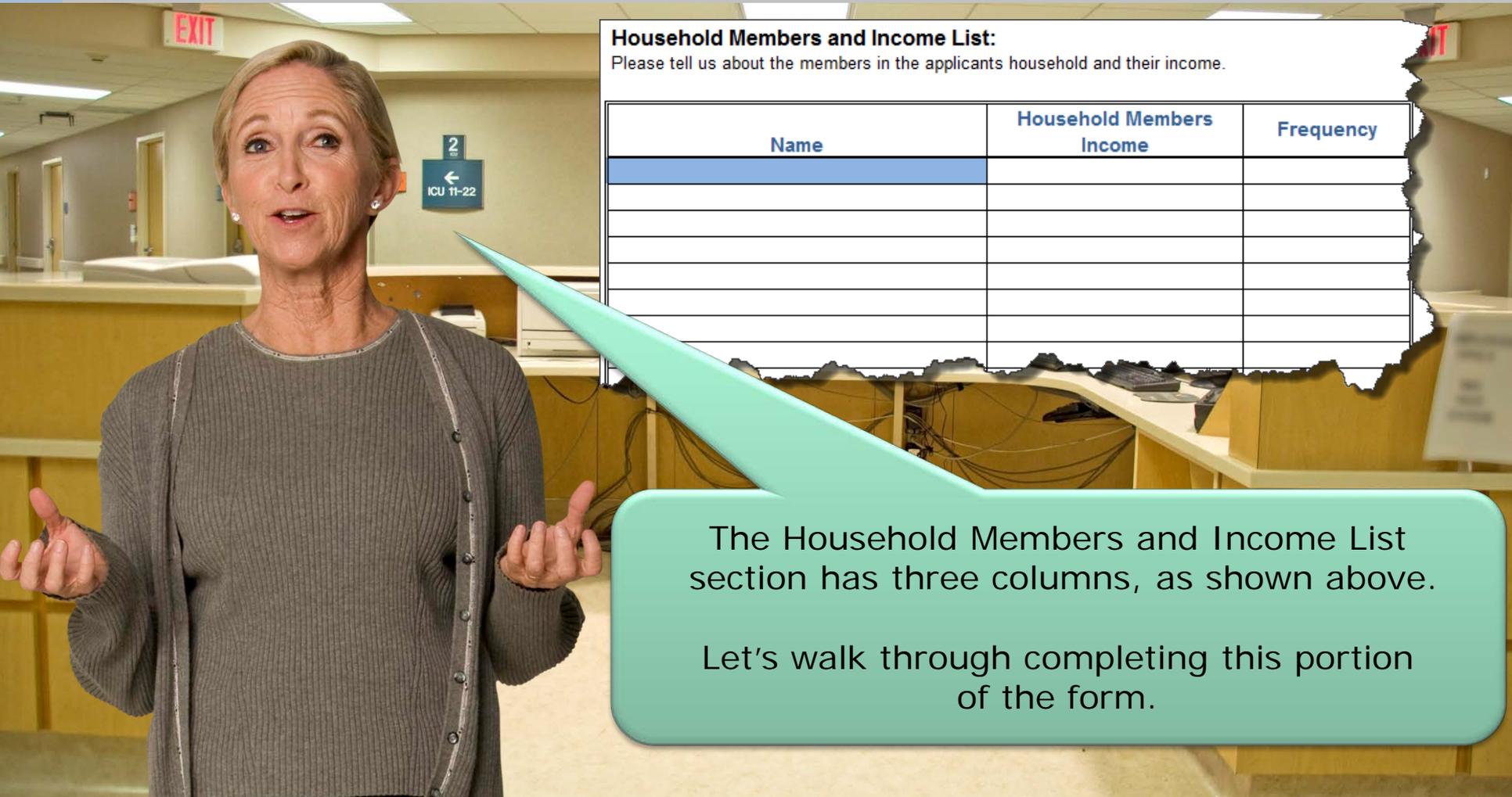
Please tell us about each household member and their income.

Household Members and Income List:
Please tell us about the members in the patients household and their income.

Household Members	Income
-------------------	--------

If the patient answers **Yes** to any of the three questions, you will continue.

Presumptive Eligibility for Medicaid: Provider Training



Household Members and Income List:

Please tell us about the members in the applicants household and their income.

Name	Household Members Income	Frequency

The Household Members and Income List section has three columns, as shown above.

Let's walk through completing this portion of the form.



Presumptive Eligibility for Medicaid: Provider Training



7
8
9
10
11
12
13

Presumptive Medicaid Trial Eligibility Tool Instructions

The following information is the instructions for completing the Presumptive Medicaid Trial Eligibility Tool.

Questions section:
Answer each question that displays as it pertains to the applicant.

Household Members and Income List:
List all household members that are related to the patient as long as they are the parent, the spouse, a related child under 19, the sibling (if patient and sibling are both under 19) or anyone that will be included in the same tax filing household as the patient. List the income received by those members excluding Child Support, Workman's Compensation, Student Financial Aid and Veterans benefits from the Veterans agency.

If anyone lists a newborn(s) to the list of members, enter \$0.00 as the amount of

Before entering data on the form, let's take a look at the information provided in the Instructions tab of the Presumptive Medicaid Eligibility Screening Tool.

Presumptive Eligibility for Medicaid: Provider Training

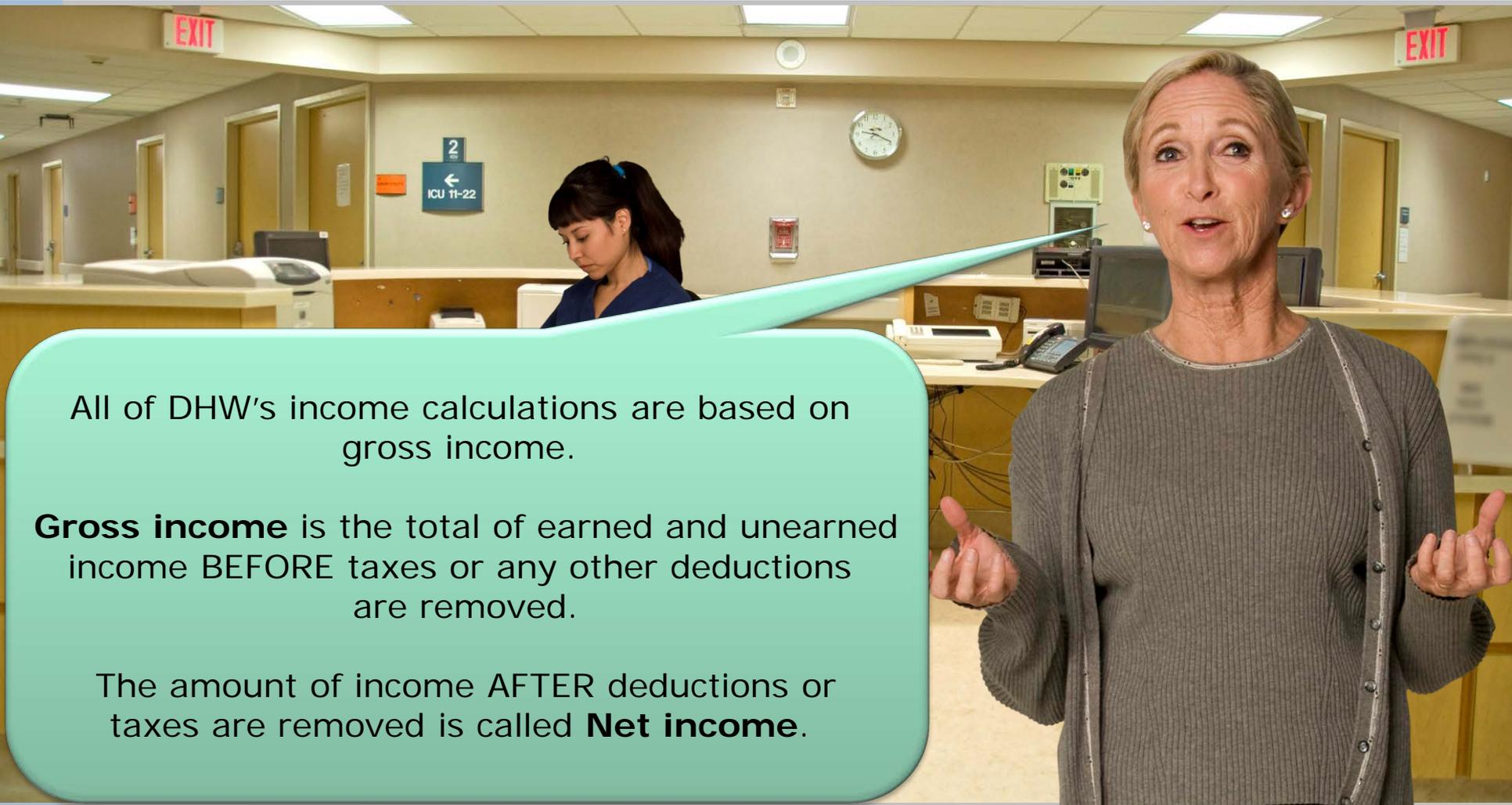
12
13

Household Members and Income List:

List all household members that are related to the patient as long as they are the parent, the spouse, a related child under 19, the sibling (if patient and sibling are both under 19) or anyone that will be included in the same tax filing household as the patient. List the income received by those members excluding Child Support, Workman's Compensation, Student Financial Aid and Veterans income paid by a Veterans agency.

As you can see there is information about what types of income to count or not count.

Presumptive Eligibility for Medicaid: Provider Training



All of DHW's income calculations are based on gross income.

Gross income is the total of earned and unearned income BEFORE taxes or any other deductions are removed.

The amount of income AFTER deductions or taxes are removed is called **Net income**.



Presumptive Eligibility for Medicaid: Provider Training

Let's look at an example.

On this paystub, you see a TOTAL PAY of \$772.87. This is the gross income because it's the amount prior to any deductions.

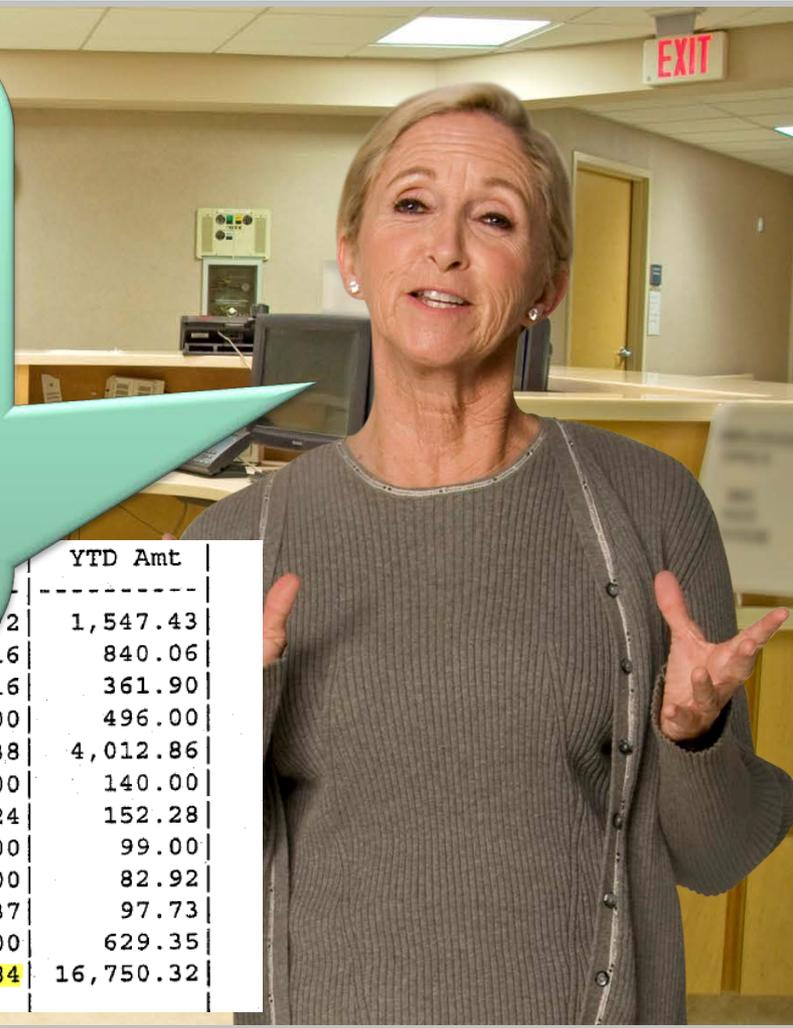
You can also see NET PAY of \$614.84, which is the amount of income after deductions.

The household's gross income must be used for the presumptive eligibility determination to be correct.

				YTD Amt		
BONUS PAY	.00	.00	747.00	FICA-HI	11.16	361.90
ROUTE COMM.	.00	772.87	13,492.22	STATE ID S-09	5.00	496.00
SICK PAY	.00	.00	156.80	GARN CHILD SUPP	85.38	4,012.86
VACATION	.00	.00	670.02	UN DUES TEAMSTR	.00	140.00
HOLIDAY HOUR	.00	.00	340.80	MED STANDRD PRE	3.24	152.28
TOTAL PAY	68.75	772.87	25,209.85	DENTAL PRE-TAX	.00	99.00
				MED UTID TEAMST	.00	82.92
				TRSTMRK VOL LIF	3.37	97.73
				401K - BASIC	.00	629.35
				NET PAY	614.84	16,750.32

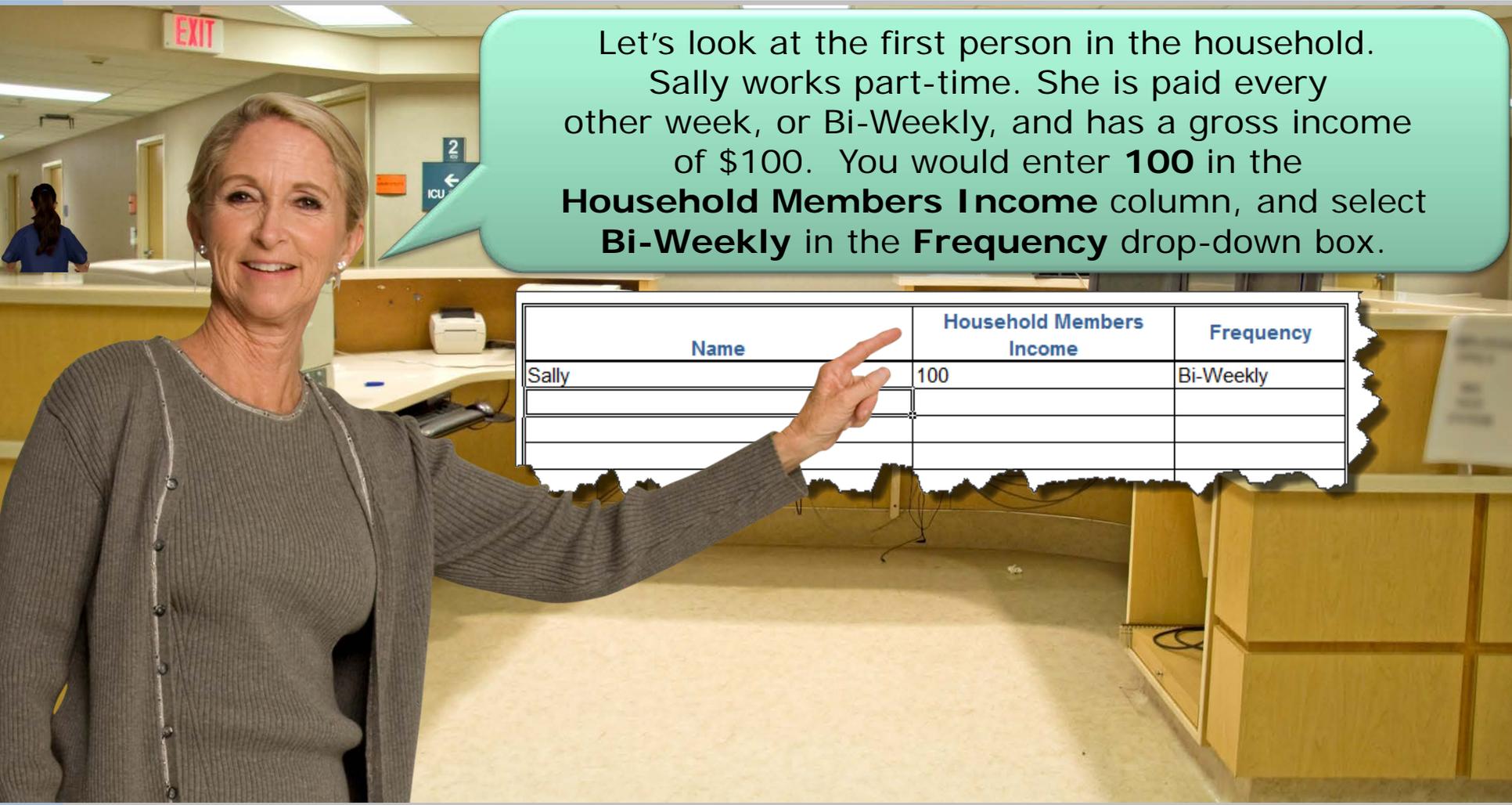
Gross Pay →

Net Pay →



Presumptive Eligibility for Medicaid: Provider Training

Let's look at the first person in the household. Sally works part-time. She is paid every other week, or Bi-Weekly, and has a gross income of \$100. You would enter **100** in the **Household Members Income** column, and select **Bi-Weekly** in the **Frequency** drop-down box.



The background image shows a woman with short blonde hair, wearing a grey ribbed cardigan, standing in a hospital hallway. She is pointing her right index finger towards a table. In the background, there is a reception desk, a printer, and signs for 'EXIT', '2', and 'ICU'.

Name	Household Members Income	Frequency
Sally	100	Bi-Weekly



Presumptive Eligibility for Medicaid: Provider Training

Name	Household Members Income	Frequency
Sally	100	Bi-Weekly
Sally		

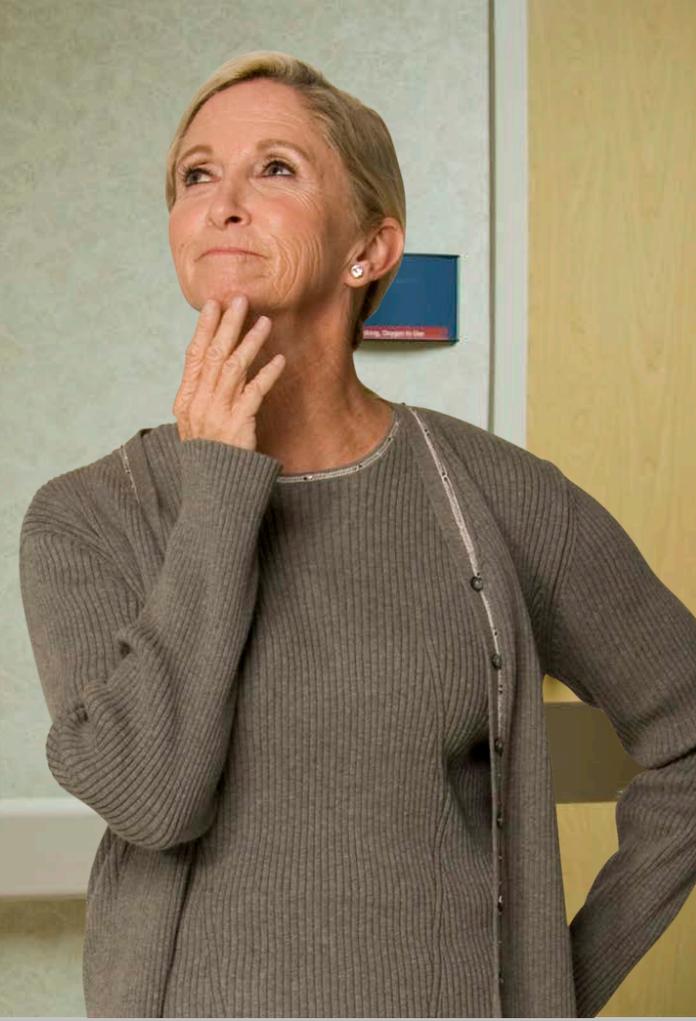
Duplicates

 Please enter each members' income on one line, if the members' income sources frequency are different use the "Monthly Instruction page or if this person has a suffix please add it to their name.



IMPORTANT

You can only enter each household member name one time.
If you enter a name more than once,
a warning message will alert you that there is a duplicate.



Presumptive Eligibility for Medicaid: Provider Training

Sometimes a household member will have more than one source of income. When this happens, there is an additional tool you will need to use. It's called the **Multiple Income Calculator Job Aid.**

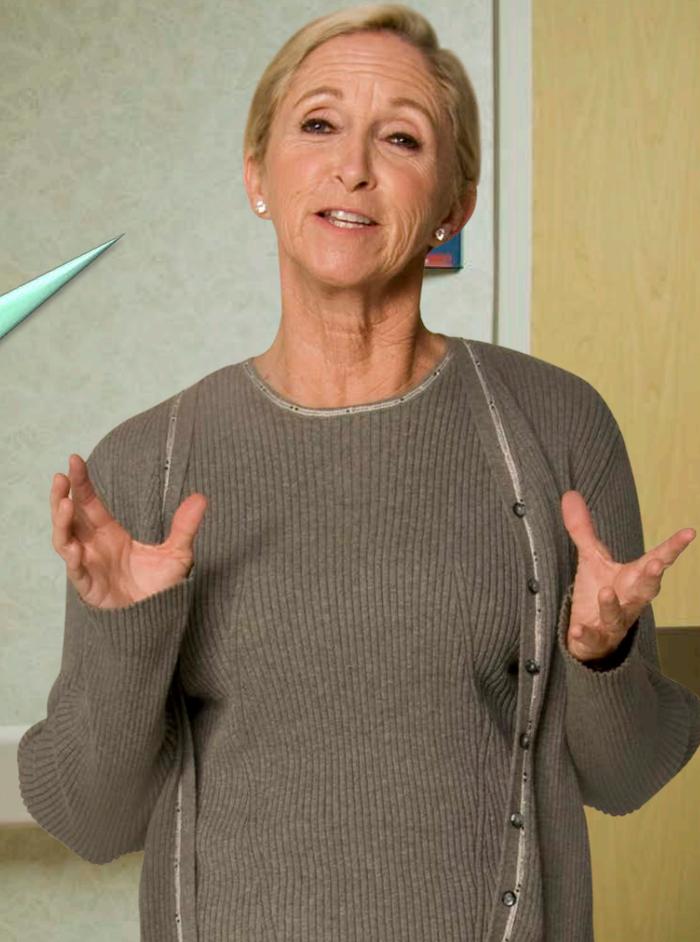


Presumptive Eligibility for Medicaid: Provider Training



The job aid is also located on the DHW website in the Provider section.

Let's take a look at how it works.



Presumptive Eligibility for Medicaid: Provider Training



Multiple Income Calculator:

Income	Frequency
100	Bi-Weekly
50	Weekly
Total Monthly Income: \$ 430.00	

Household Members and Income List:

Please tell us about the members in the applicants household and their income.

Name	Household Members Income	Frequency
Sally	430	Monthly

Finally, on the Presumptive Medicaid Trial Eligibility Tool, enter the total income calculated from the Multiple Income Calculator for that household member and use a frequency of **Monthly**.



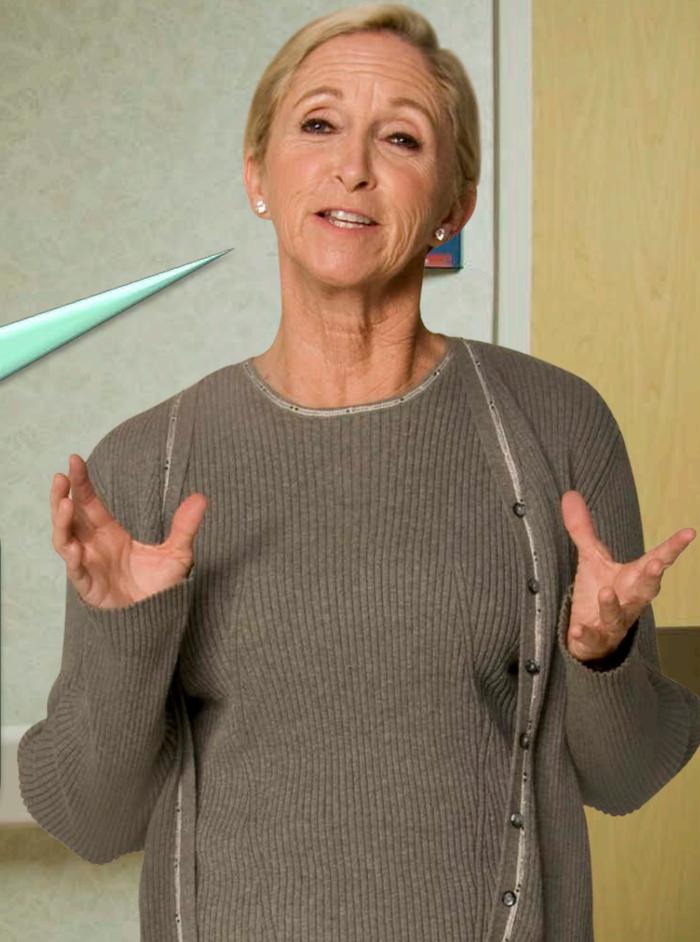
Presumptive Eligibility for Medicaid: Provider Training

Multiple Income Calculator:

Income	Frequency
100	Bi-Weekly
50	Weekly
Total Monthly Income: \$	430.00

Clear Contents

If more than one person in the household has multiple income sources, you can click **Clear Contents** to start fresh with another person's income information.



Presumptive Eligibility for Medicaid: Provider Training



Let's look at some best practices for completing the Presumptive Medicaid Eligibility Screening Tool.



Presumptive Eligibility for Medicaid: Provider Training



When completing this tool, start at the top and move from left to right.



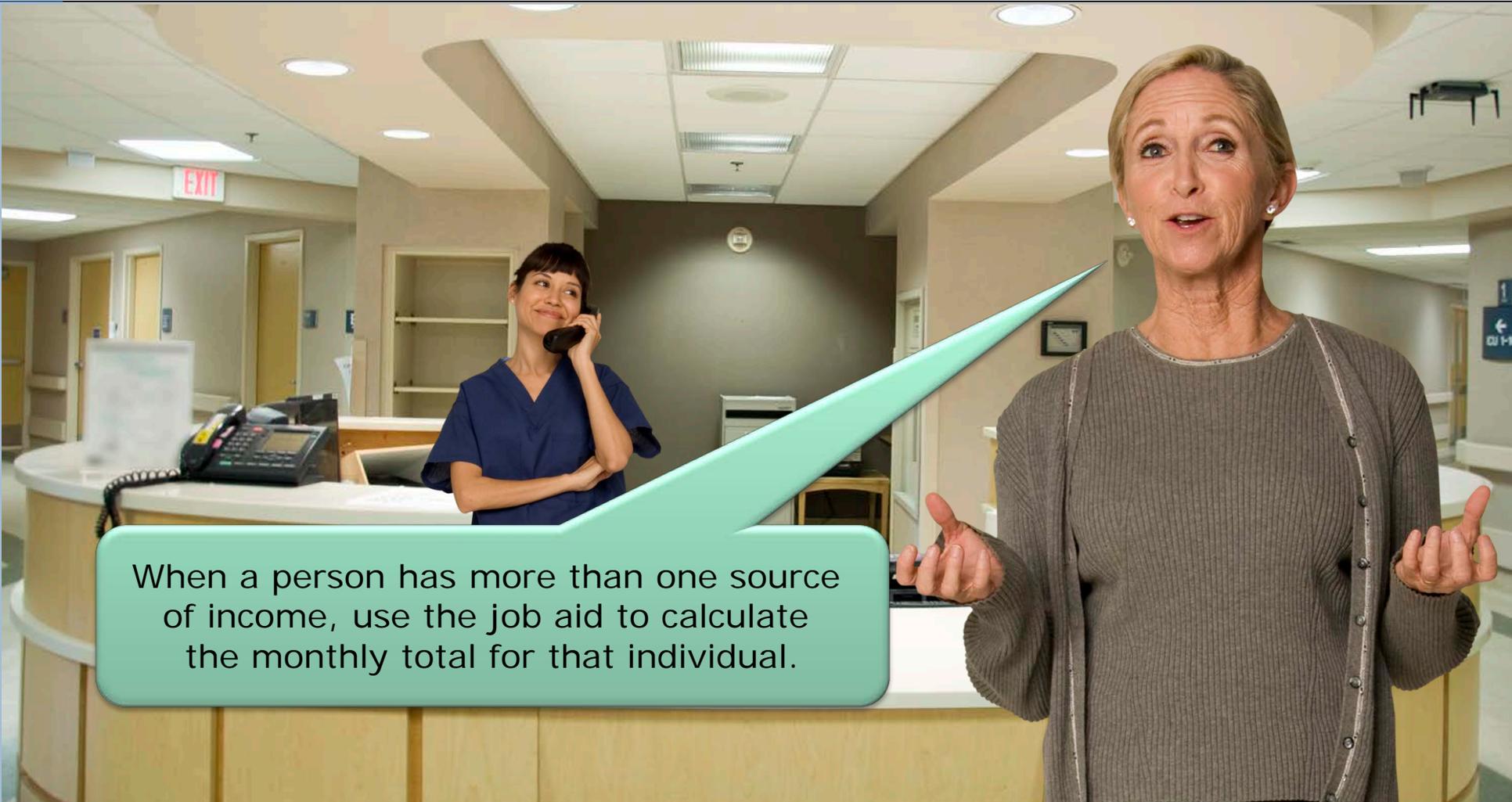
Presumptive Eligibility for Medicaid: Provider Training



Enter one person's information at a time.



Presumptive Eligibility for Medicaid: Provider Training



When a person has more than one source of income, use the job aid to calculate the monthly total for that individual.



Presumptive Eligibility for Medicaid: Provider Training

Presumptive Medicaid Trial Eligibility Tool Instructions

The following information is the instructions for completing the Presumptive Medicaid Trial Eligibility Tool.

Questions section:

Answer each question that displays as it pertains to the applicant.

Household Members and Income List:

List all household members that are related to the patient as long as they are the parent, the spouse, a related child under 19, the sibling (if patient and sibling are both under 19) or anyone that will be included in the same tax filing household as the patient. List the income received by those members excluding Child Support, Workman's Compensation, Student Financial Aid and Veterans income paid by a Veterans agency.

In order for the Presumptive Eligibility decision to be correct, all household members must be entered, even if they have no income, including unborn children. Refer to the instruction sheet for who should be entered on the tool.



Presumptive Eligibility for Medicaid: Provider Training

Name
Mother
Unborn 1
Unborn 2

If a person is pregnant with more than one unborn, in addition to adding the mother, enter "Unborn 1" and "Unborn 2" in the **Name** column so that each baby is counted in the household.



Presumptive Eligibility for Medicaid: Provider Training

Name	Household Members Income	Frequency
Sally	\$430.00	Monthly
Mark	\$280.00	Semi-Monthly
Johnny	\$0.00	None
Unborn	\$0.00	None

Every member of the household must have an **Income** and a **Frequency**. If a household member has no income, enter **0** in the **Household Members Income** column, and set the **Frequency** to **None**.

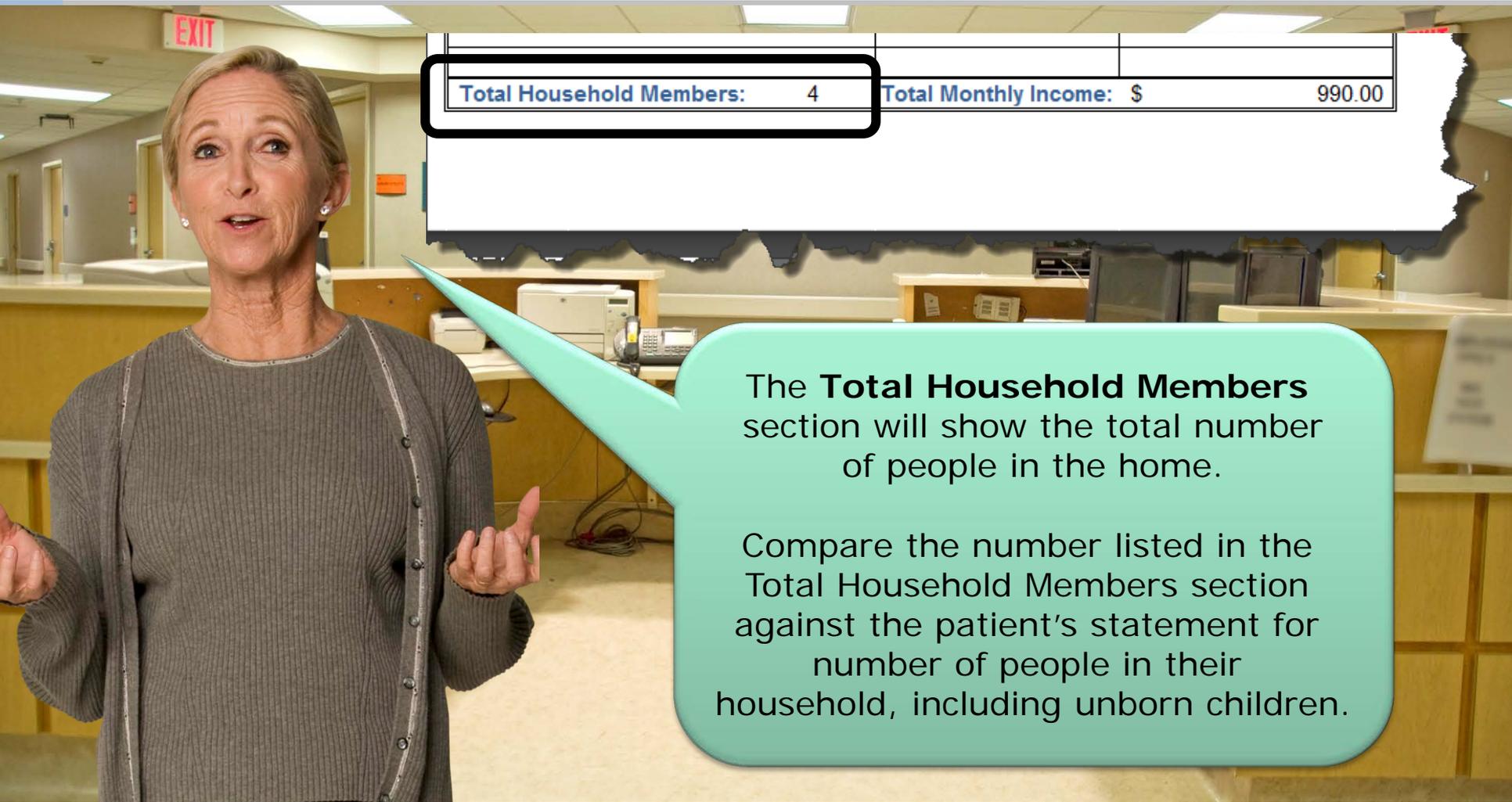
Presumptive Eligibility for Medicaid: Provider Training



Next, you will review the
Total Household Members section.



Presumptive Eligibility for Medicaid: Provider Training



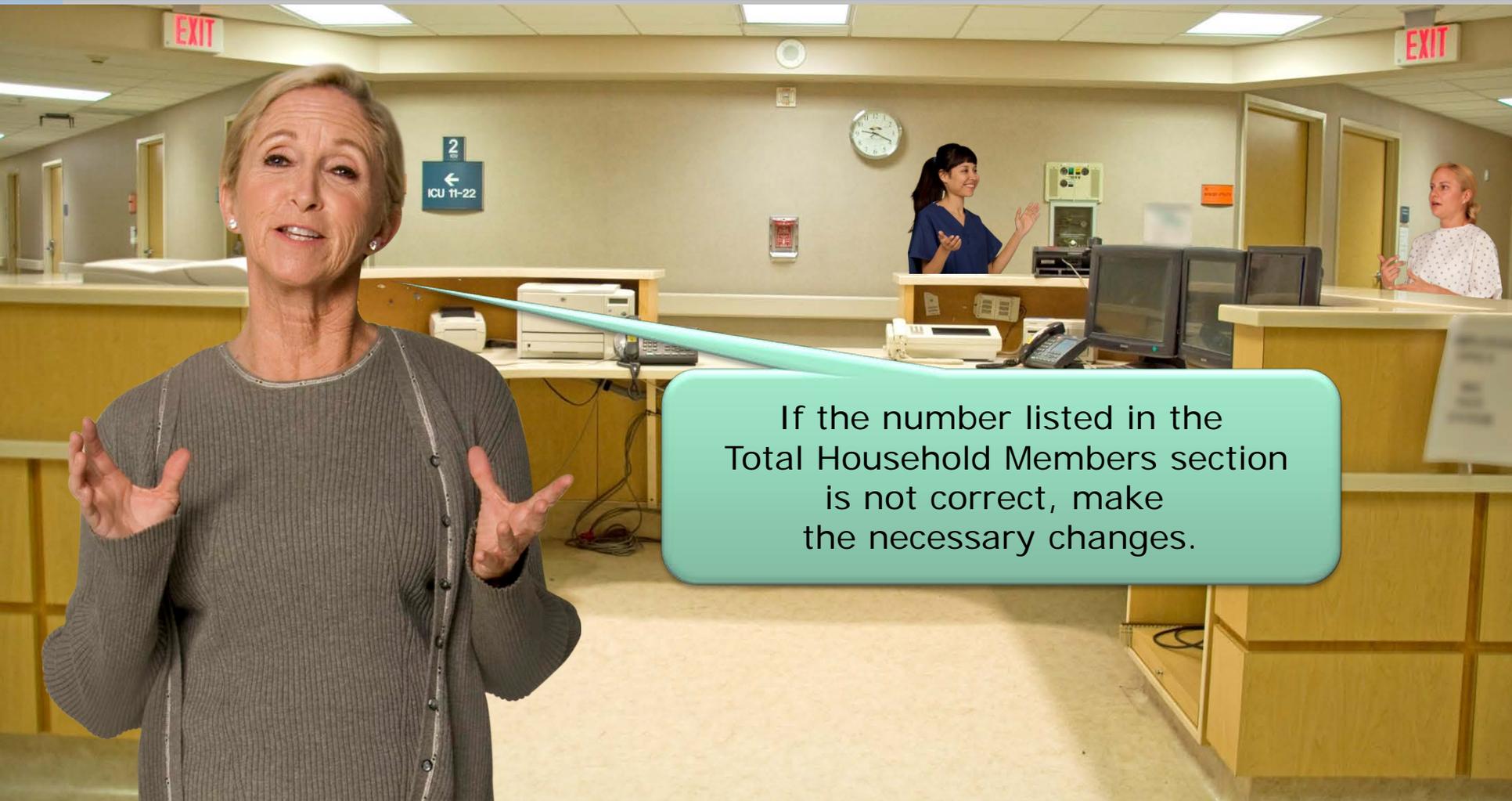
Total Household Members:	4	Total Monthly Income:	\$ 990.00
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The **Total Household Members** section will show the total number of people in the home.

Compare the number listed in the Total Household Members section against the patient's statement for number of people in their household, including unborn children.



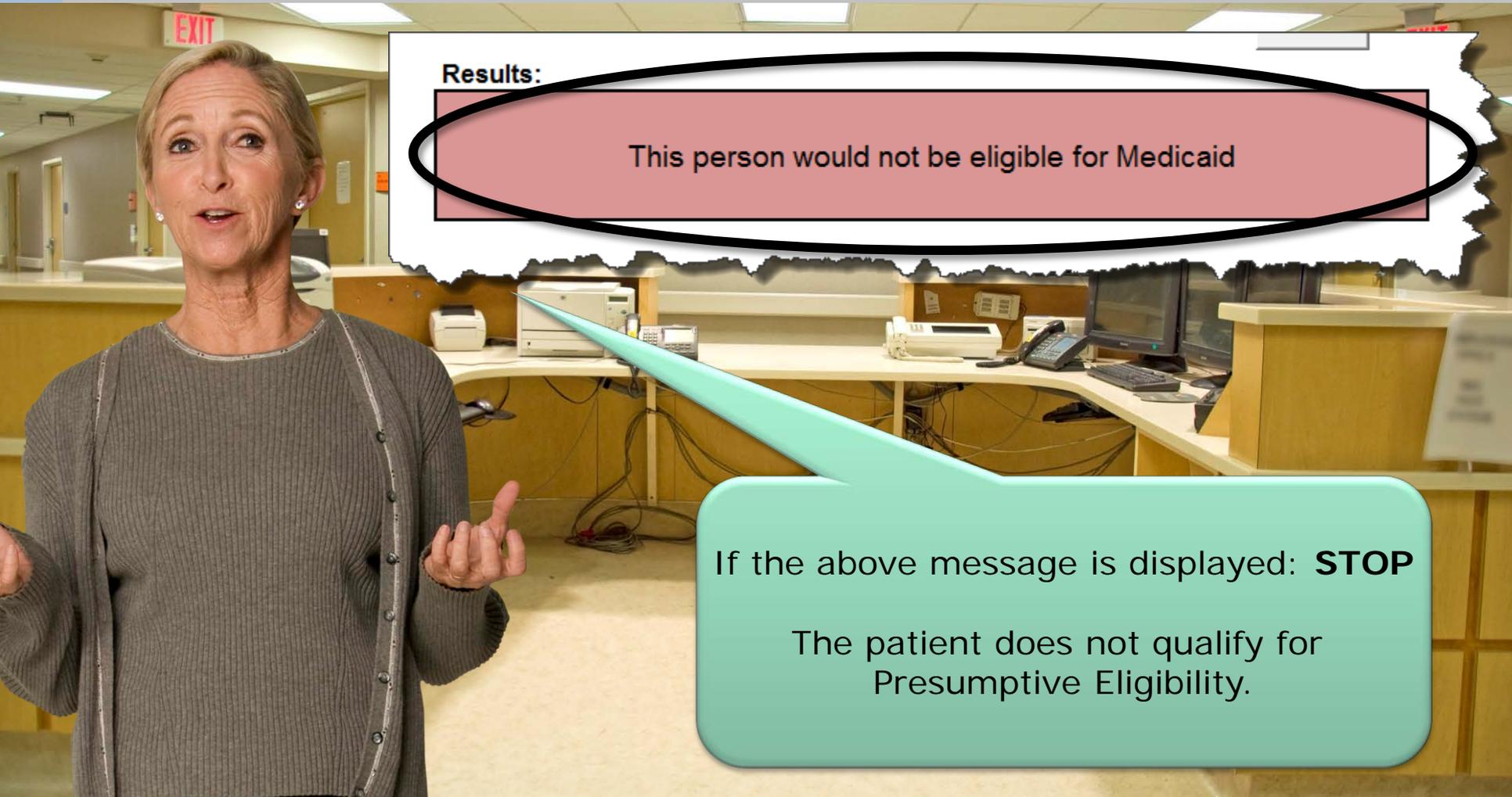
Presumptive Eligibility for Medicaid: Provider Training



If the number listed in the Total Household Members section is not correct, make the necessary changes.



Presumptive Eligibility for Medicaid: Provider Training



Results:

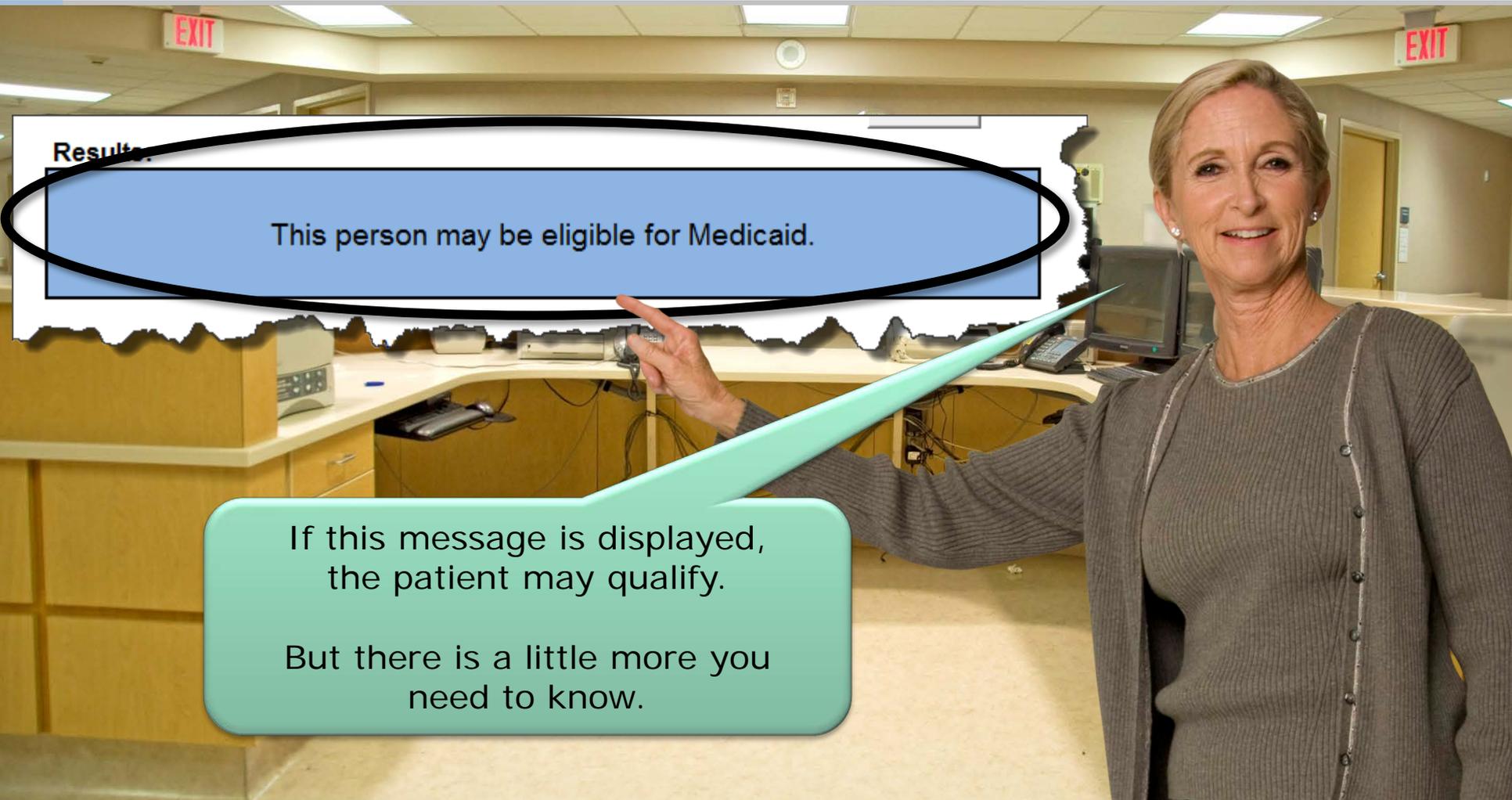
This person would not be eligible for Medicaid

If the above message is displayed: **STOP**

The patient does not qualify for
Presumptive Eligibility.



Presumptive Eligibility for Medicaid: Provider Training



This person may be eligible for Medicaid.

If this message is displayed,
the patient may qualify.

But there is a little more you
need to know.



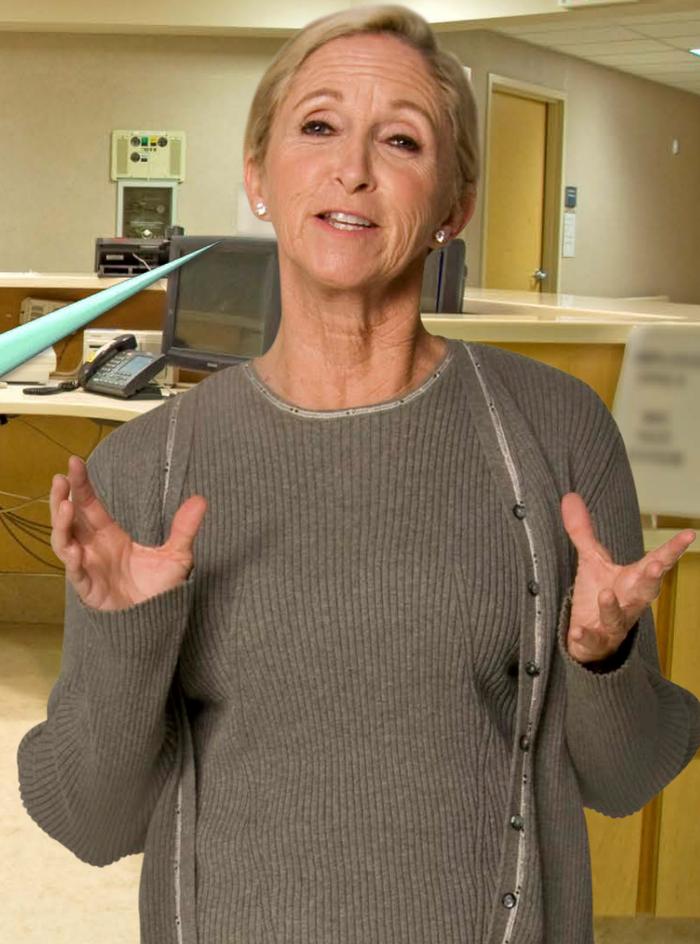
Presumptive Eligibility for Medicaid: Provider Training

Results:

This person may be eligible for Medicaid.

Household Size	Maximum Adult Income Limit	Pregnant Woman Income Limit	Maximum Child Income Limit
1	\$205.00	\$1,273.00	\$1,771.00
2	\$251.00	\$1,719.00	\$2,391.00
3	\$317.00	\$2,165.00	\$3,011.00
4	\$382.00	\$2,610.00	\$3,631.00

Compare the amount listed in the **Total Monthly Income** section against the income charts listed in the tool.



Presumptive Eligibility for Medicaid: Provider Training

Household Size	Maximum Adult Income Limit	Pregnant Woman Income Limit	Maximum Child Income Limit
1	\$205.00	\$1,273.00	\$1,771.00
2	\$251.00	\$1,719.00	\$2,391.00
3	\$317.00	\$2,165.00	\$3,011.00
4	\$382.00	\$2,610.00	\$3,631.00

From our example, if Sally is the patient and pregnant, you would compare the Household's Total Monthly Income to the "Pregnant Woman Income Limit".

If Mark is the patient, compare to the "Maximum Adult Income Limit"

If a child is the patient, compare to the "Maximum Child Income Limit"



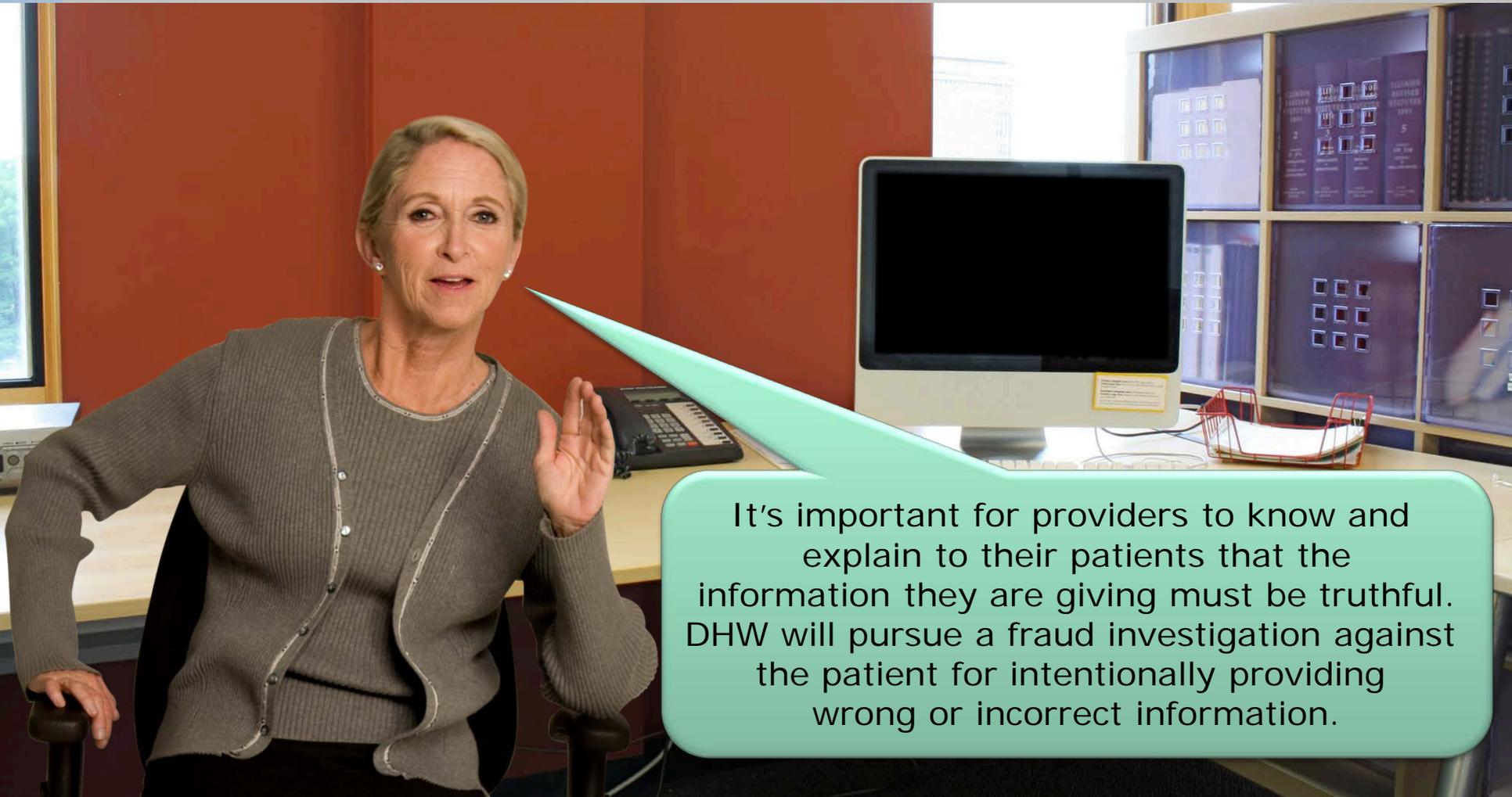
Presumptive Eligibility for Medicaid: Provider Training

Let's look specifically at Sally as the patient. Sally's Total Household size is 4 and the Total Monthly Income is \$990.00. Therefore, Sally may be presumptively eligible because her total household income is less than the amount listed in the **Pregnant Woman Income Limit** column.

Name	Household Members Income	Frequency
Sally	\$430.00	Monthly
Mark	\$280.00	Semi-Monthly
Johnny	\$0.00	None
Unborn	\$0.00	None
Total Household Members:	4	Total Monthly Income: \$ 990.00

Household Size	Maximum Adult Income Limit	Pregnant Woman Income Limit	Maximum Child Income Limit
1	\$205.00	\$1,273.00	\$1,771.00
2	\$251.00	\$1,719.00	\$2,391.00
3	\$317.00	\$2,165.00	\$3,011.00
4	\$382.00	\$2,610.00	\$3,631.00

Presumptive Eligibility for Medicaid: Provider Training



It's important for providers to know and explain to their patients that the information they are giving must be truthful. DHW will pursue a fraud investigation against the patient for intentionally providing wrong or incorrect information.

Presumptive Eligibility for Medicaid: Provider Training



If the decision has been made that your patient may qualify for Presumptive Eligibility **during** DHW's regular business hours, access the DHW website and print a copy of the **Presumptive Medicaid Eligibility Provider's Information Sheet**.



Presumptive Eligibility for Medicaid: Provider Training

Presumptive Medicaid Eligibility Provider's Information Sheet

Complete this form if the person needing Medicaid meets one of the following criteria:

- Pregnant woman
- Child under 19 years old
- Adult who has a related child (under 19) living with them

To enroll this customer in Medicaid, call the Department of Health and Welfare directly. Keep a copy of this form for your records.

- Phone: 1-855-289-1427

County	
Mailing Address	
Phone	
Fax	
Social Security Number	
Date of Birth	

Work with the patient to answer every question on the Information Sheet.

Presumptive Eligibility for Medicaid: Provider Training



Presumptive Medicaid Eligibility Provider's Information Sheet

Complete this form if the person needing Medicaid meets one of the following criteria:

- Pregnant woman
- Child under 19 years old
- Adult who has a related child (under 19 living with them)

To enroll this customer in Medicaid, call the Department of Health and Welfare directly. Keep a copy of this form for your records.

Phone: 1-855-289-1427

Note: All fields on this form are mandatory. Type NA (Not Applicable) in the field if it does not apply to you.

Primary Person's Information

First Name	Middle Name	Last Name	Suffix	Date of birth	Former Names, if any
Physical Address		City	State	Zip Code	County
Mailing Address (if different)		City	State	Zip code	County
Daytime Phone	Phone type (choose one) <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell	If none, where can we leave a message? Phone:		Email	
Preferred language spoken:			Preferred language written/read:		
Social Security Number	Sex <input type="radio"/> M <input type="radio"/> F	Marital Status <input type="radio"/> Married <input type="radio"/> Not Married	Pregnant? <input type="radio"/> No <input type="radio"/> Yes	If yes, due date	How many due?
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Island		U.S. citizen or national? <input type="radio"/> No <input type="radio"/> Yes			
U.S. citizen or national, does this person have eligible immigration status? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A		b. Document ID number:			

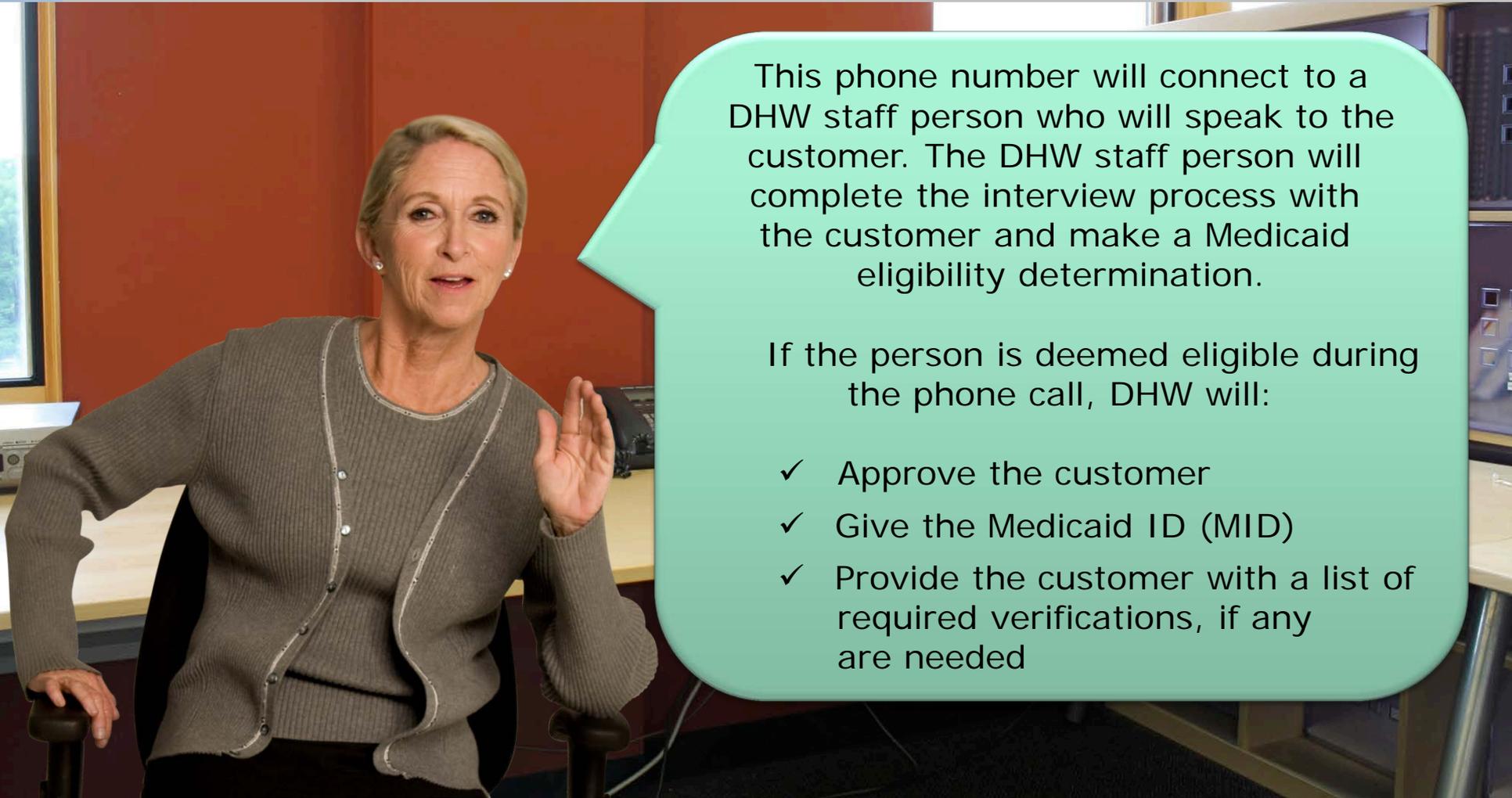
The **Presumptive Eligibility Provider's Information Sheet** is used to collect data from the patient and is intended for provider use only. This form should not be submitted to DHW.

Presumptive Eligibility for Medicaid: Provider Training

Once the Information Sheet is complete,
the provider will call
1-855-289-1427
to begin the application process.

Select the option for
Presumptive Eligibility Providers.

Presumptive Eligibility for Medicaid: Provider Training



This phone number will connect to a DHW staff person who will speak to the customer. The DHW staff person will complete the interview process with the customer and make a Medicaid eligibility determination.

If the person is deemed eligible during the phone call, DHW will:

- ✓ Approve the customer
- ✓ Give the Medicaid ID (MID)
- ✓ Provide the customer with a list of required verifications, if any are needed



Presumptive Eligibility for Medicaid: Provider Training



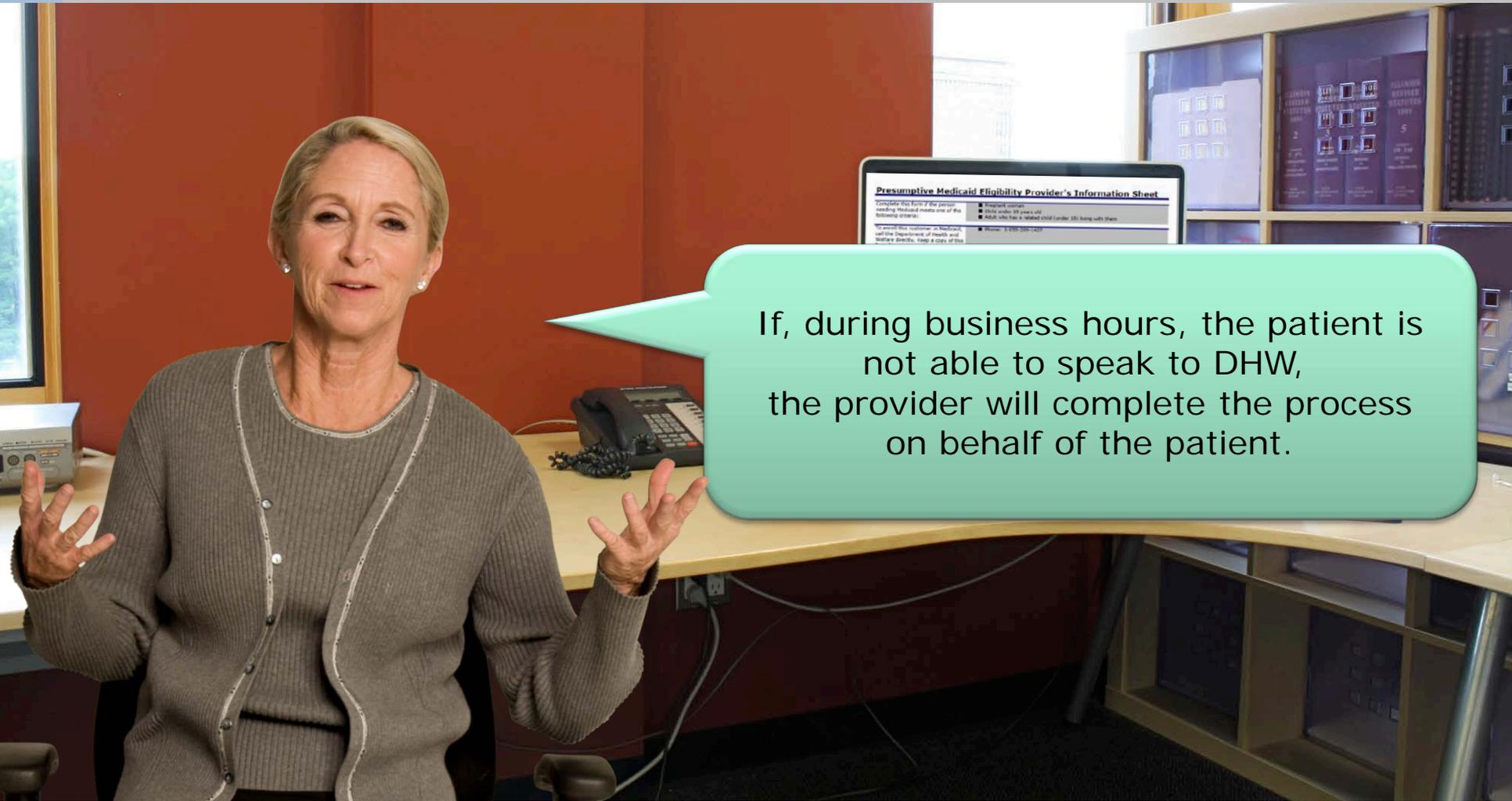
If DHW needs verifications, the customer will be approved before DHW gets the verifications.

The Provider does NOT need to collect verifications in advance.

However, if the Provider has verifications, they should let DHW know.



Presumptive Eligibility for Medicaid: Provider Training



If, during business hours, the patient is not able to speak to DHW, the provider will complete the process on behalf of the patient.



Presumptive Eligibility for Medicaid: Provider Training



Please be aware that during peak times you may need to leave a message and wait for a call back from DHW.



Presumptive Eligibility for Medicaid: Provider Training



If it is **outside of DHW's normal business hours** and a decision has been made that a patient may qualify for Presumptive Eligibility, the provider will follow a slightly different process.

There are two options to use outside of DHW's business hours, and we will look at each option.



Presumptive Eligibility for Medicaid: Provider Training

Presumptive Medicaid Eligibility Provider's Information Sheet

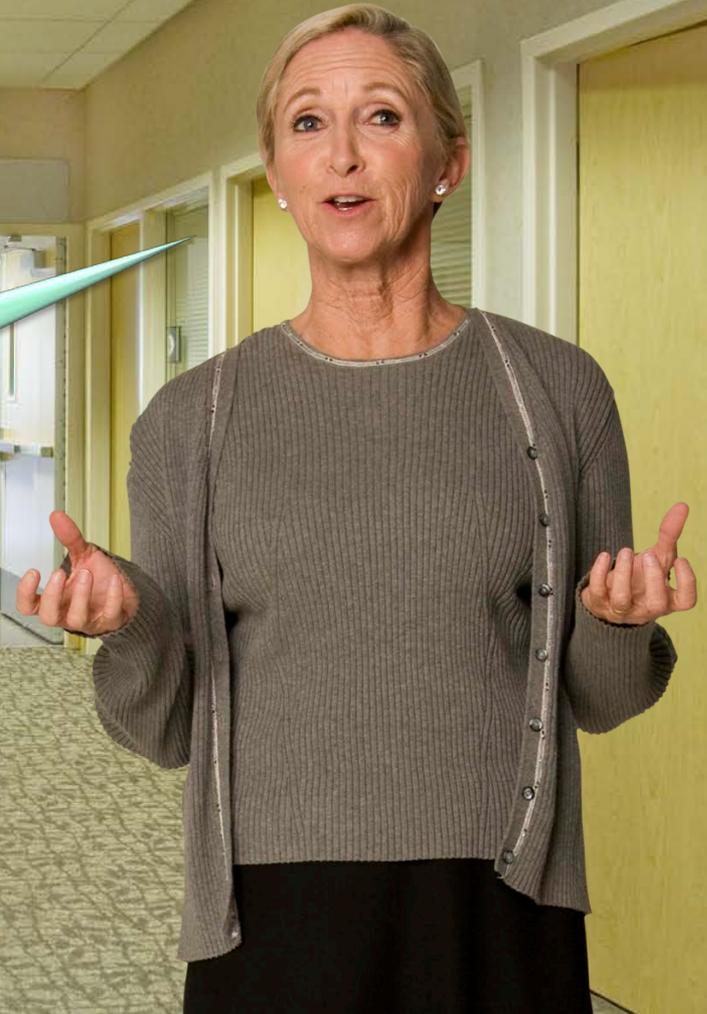
Complete this form if the person needing Medicaid meets one of the following criteria:

- Pregnant woman
- Child under 19 years old
- Adult who has a related child (under 19) living with them

To enroll this customer in Medicaid, call the Department of Health and Welfare directly. Keep a copy of this form for your records.

■ Phone: 1-855-289-1427

Providers can work with the patient to complete the **Presumptive Medicaid Eligibility Provider's Information Sheet**. The provider then phones DHW the next business day at **1-855-289-1427**.
Select the option for Presumptive Eligibility Providers.



Presumptive Eligibility for Medicaid: Provider Training

Presumptive Medicaid Eligibility Provider's Information Sheet

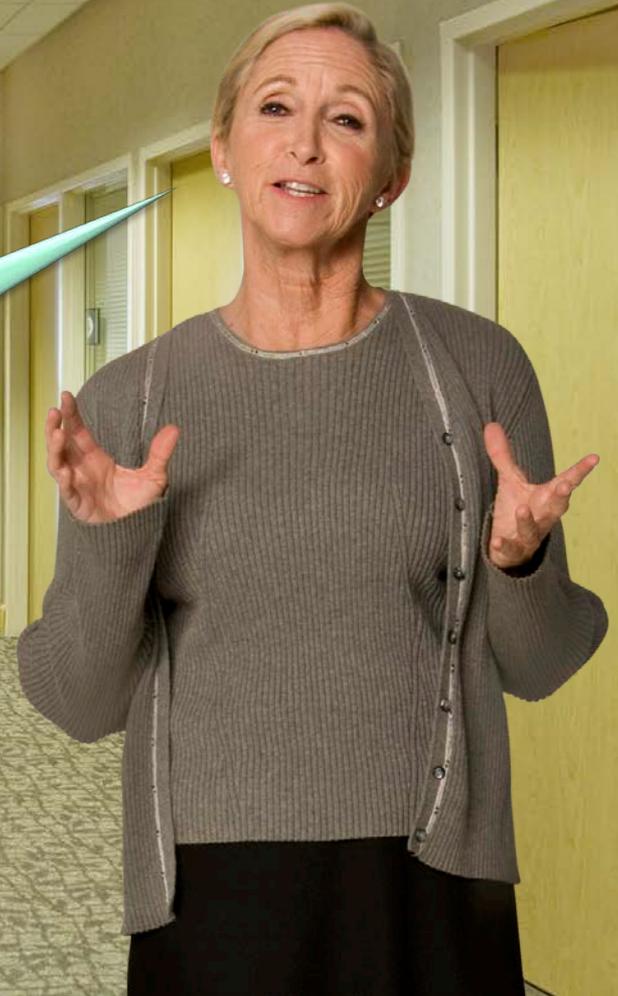
Complete this form if the person needing Medicaid meets one of the following criteria:

- Pregnant woman
- Child under 19 years old
- Adult who has a related child (under 19) living with them

To enroll this customer in Medicaid, call the Department of Health and Welfare directly. Keep a copy of this form for your records.

■ Phone: 1-855-289-1427

If you want a real-time eligibility decision and the MID, or if the household size is greater than four, you must complete the **Presumptive Medicaid Eligibility Provider's Information Sheet** and phone DHW the next business day.



Presumptive Eligibility for Medicaid: Provider Training

The second option is to complete the **Presumptive Medicaid Eligibility Application Form**, as shown here.

You can only use the Application Form for households of four or less people.

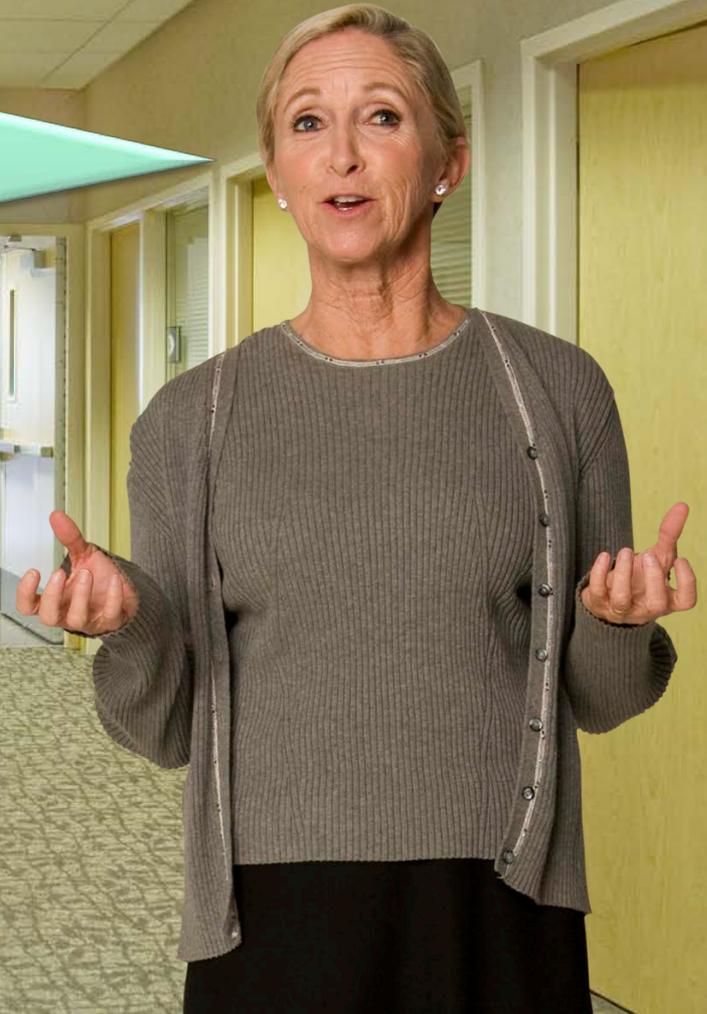
Presumptive Medicaid Eligibility Application Form

Complete this form if the person needing Medicaid meets one of the following criteria:

- Pregnant woman
- Child under 19 years old
- Adult who has a related child (under 19) living with them

Once you have completed this form, select the "Submit" button on page three. You will not be able to submit this form unless all fields are completed.

Note: All fields on this form are mandatory. Type NA (Not Applicable) in the field if it does not apply.



Presumptive Eligibility for Medicaid: Provider Training

Signature (must be completed)

Under penalty of perjury, I swear or affirm the information I have provided is true and complete. My typed signature confirms that I have read and understand the Rights and Responsibilities listed on this page.

Signature of applicant/authorized representative _____

Date _____

Signature of applicant/authorized representative _____

Date _____

Hospital Personnel (must be completed)

Employee name _____

Date _____

Facility Name _____

Phone number _____

Submit

Page 4 of 4

The **Presumptive Medicaid Eligibility Application Form** will collect the patient information necessary to complete the Medicaid application process.

It has a **"SUBMIT"** button and will electronically transmit to DHW.



Presumptive Eligibility for Medicaid: Provider Training

When using the Application Form, do not call DHW to initiate the application process.

If you have access to IBES, you can check the status of the application in 5 days.



Presumptive Medicaid Eligibility Application Form

Complete this form if the person needing Medicaid meets one of the following criteria:

- Pregnant woman
- Child under 19 years old
- Adult who has a related child (under 19, living with them)

Once you have completed this form, select the "Submit" button on page three. You will not be able to submit this form unless all fields are completed.

Note: All fields on this form are mandatory. Type NA (Not Applicable) in the field if it does not apply.

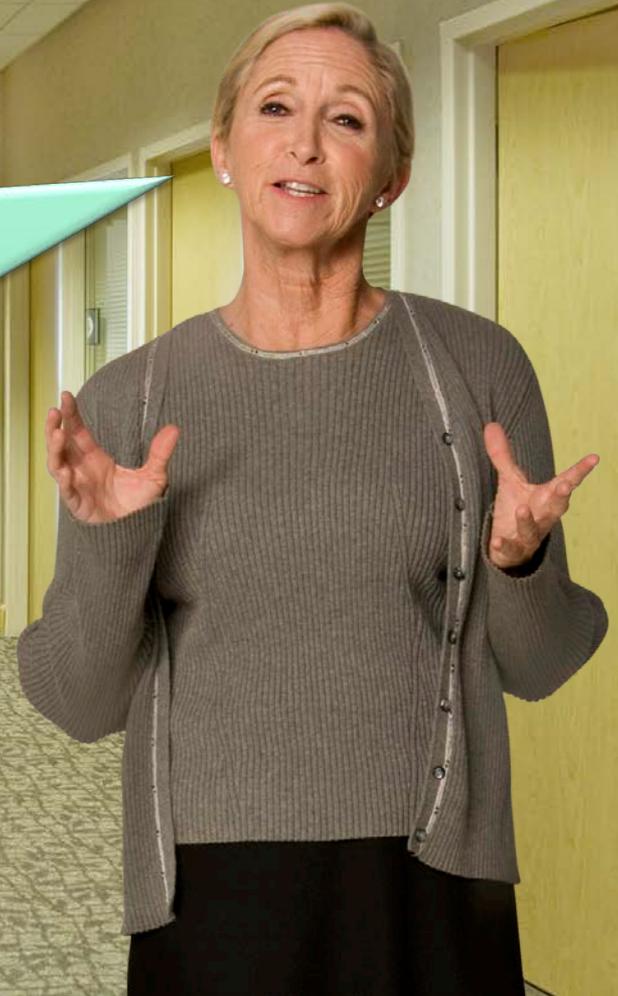
Presumptive Eligibility for Medicaid: Provider Training

You will only use one of the two forms for a patient.

If you use the Information Sheet for a patient, do not use the Application Form.

And if you choose to submit the Application Form for a patient, do not use the Information Sheet.

Never fax, email or mail either form to DHW.



Presumptive Eligibility for Medicaid: Provider Training



Regardless of the form used, there are a few things to keep in mind.

Due to the way that eligibility is determined for Medicaid, it is critical that the tax filing information is accurately obtained and recorded.

Therefore, it is the Provider's responsibility to ensure their staff ask these questions.

Does the person plan to file a federal tax return for the CURRENT YEAR? No Yes

a. Primary tax filer? No Yes

b. Filing jointly with a spouse? No Yes If yes, name of spouse: _____

c. Claiming dependents? No Yes If yes, names of dependents: _____

d. Claimed as a dependent by a: household member non-household member Who will be the primary filer? _____



Presumptive Eligibility for Medicaid: Provider Training

Rights and Responsibilities I understand that...

My signature certifies that the information on this form is true and accurate. I could be sanctioned and required to return any benefit I receive if my information is not accurate. Sanctions may include administrative, civil or criminal actions against me, including prosecution.

I consent to the gathering, use and disclosure of my information by the Idaho Department of Health and Welfare or its designees. I understand the information is for Medicaid eligibility purposes only.

Providers will ensure that their staff thoroughly review the entire DHW Rights & Responsibilities with the patient whenever information is obtained without the patient speaking to a DHW staff member.

Presumptive Eligibility for Medicaid: Provider Training

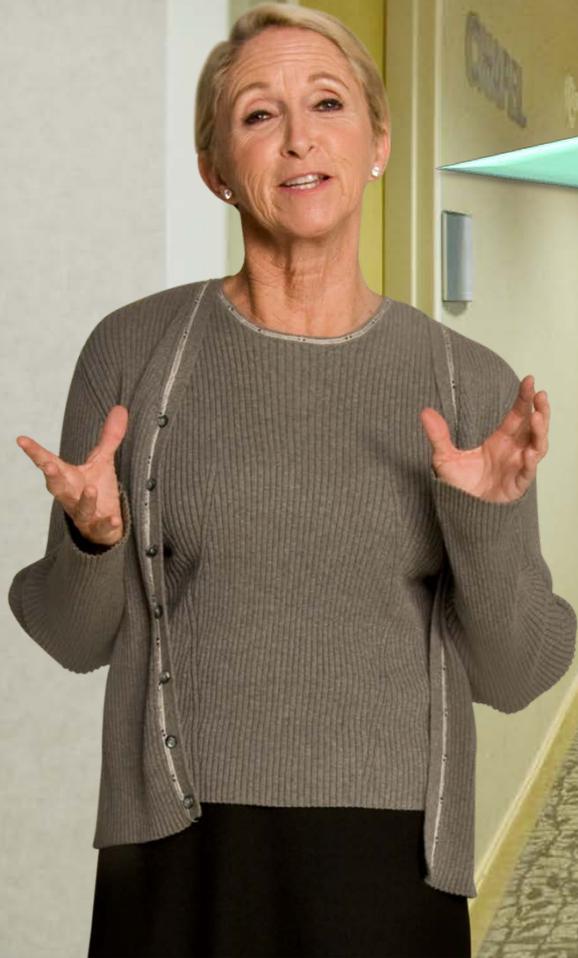
Presumptive Medicaid Eligibility Application Form

Page 4

The Rights & Responsibilities can be found on Page 4 of the Application Form.

DHW will cover the Rights & Responsibilities if they complete the application process with the customer during business hours. Any other time you do Presumptive Eligibility with the customer, you must talk through each point with them.

Presumptive Eligibility for Medicaid: Provider Training



When working with a patient after DHW hours, provide the patient with a copy of the Information Sheet and the Rights & Responsibilities, or a copy of the Application Form.

It is important that the patient has a copy of the information they give to the provider.



Presumptive Eligibility for Medicaid: Provider Training



Also, if a Provider determines that a patient meets eligibility outside of DHW's business hours, DHW will make the person eligible from the date the Provider made the determination.



Presumptive Eligibility for Medicaid: Provider Training



Additionally, providers will convey to their staff that when completing Presumptive Eligibility, they must maintain a 90% or higher accuracy rate.

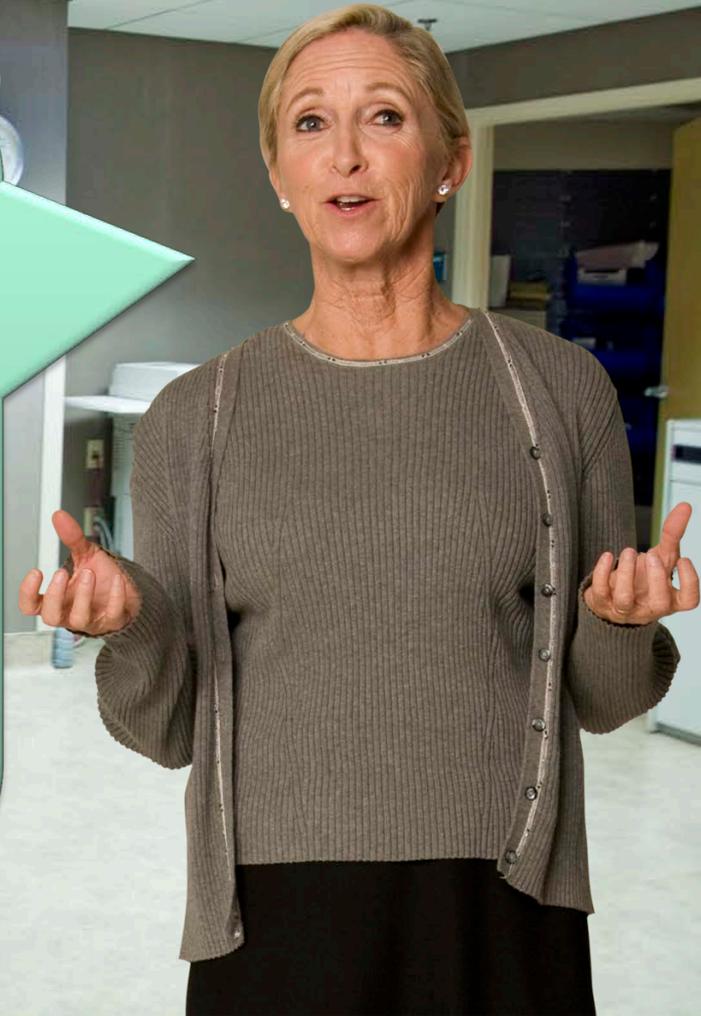


Presumptive Eligibility for Medicaid: Provider Training

This means that the following must be completed correctly:

- All questions asked of the customer
- Capturing all information, including but not limited to:
 - Household members
 - Gross Income
 - Frequency of Income
- Comparison of household information to the income charts

In order for Providers to keep their Presumptive Eligibility status, nine out of ten cases must be determined correctly.



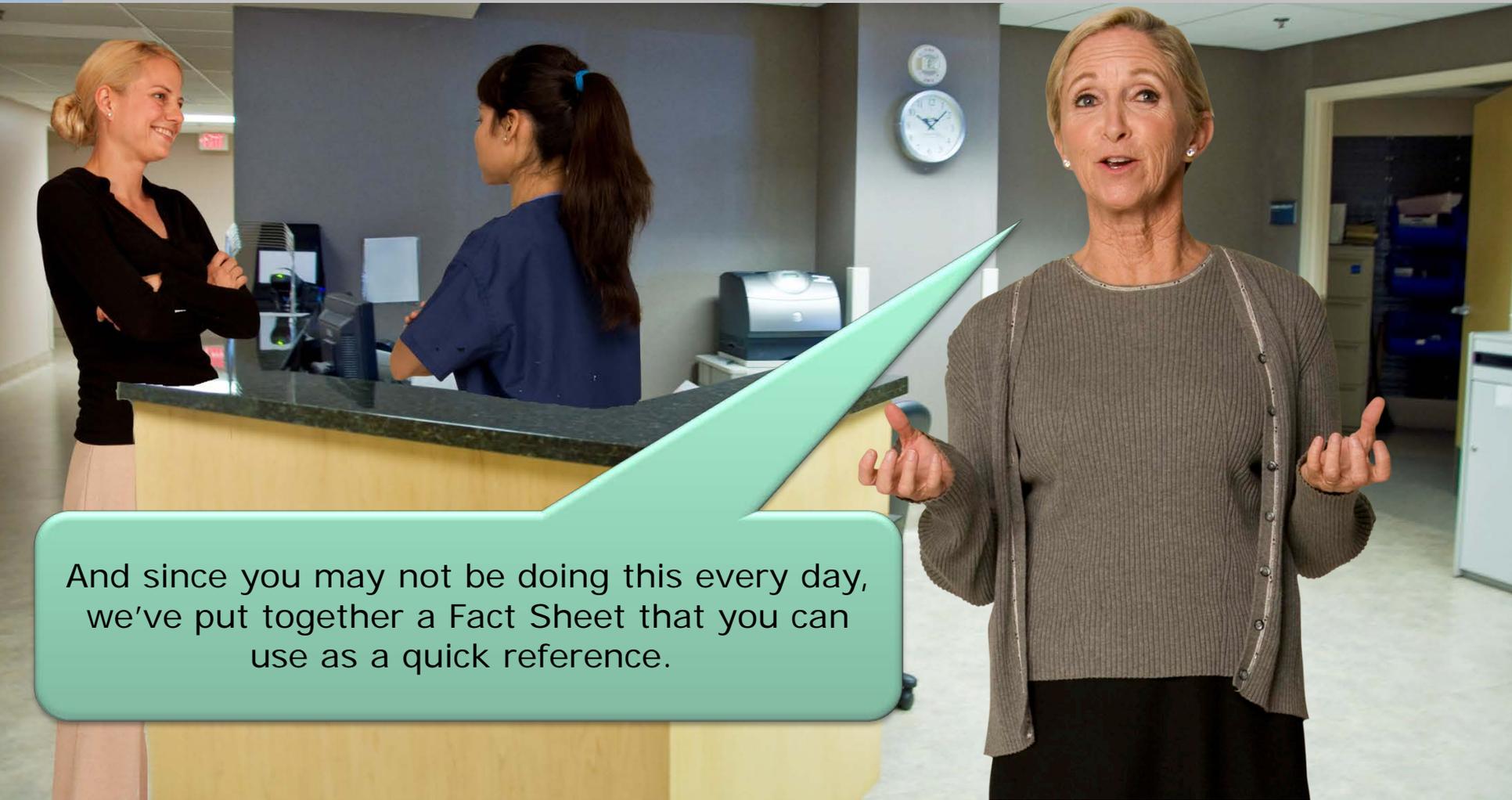
Presumptive Eligibility for Medicaid: Provider Training



At this point, we have walked through the resources that a provider would need to determine Presumptive Eligibility for Medicaid.



Presumptive Eligibility for Medicaid: Provider Training



And since you may not be doing this every day, we've put together a Fact Sheet that you can use as a quick reference.



Presumptive Eligibility for Medicaid: Provider Training



Thank you for completing this training.
The Fact Sheet can be found on the
following pages. Please take a
moment to review it.





IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

Russell S. Barron - Administrator
STATEWIDE SELF RELIANCE PROGRAMS
450 West State Street, 2nd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5815
FAX 208-334-5817

Presumptive Eligibility for Medicaid – Fact Sheet

Presumptive Medicaid Trial Eligibility Tool

- The Presumptive Medicaid Trial Eligibility Tool is built in Excel and has two tabs:
 - Instructions
 - Presumptive Eligibility
- The Instructions should be referenced before every use for updates and to ensure that the provider has the necessary information for completing the form.
- The Presumptive Eligibility tab has two sections:
 - Question Section
 - Household Members and Income List Section
- Here are some Best Practices for using this tool:
 1. When completing this tool, start at the top and move from left to right.
 2. Enter one person's information at a time.
 3. When a person has more than one source of income, calculate the monthly total for that individual using the Multiple Income Calculator Job Aid and enter the total on the Presumptive Medicaid Trial Eligibility Tool.
 4. In order for the Presumptive Eligibility decision to be correct, all household members must be entered, even if they have no income – including an unborn child.
 5. Enter zero in the Household Members Income column if they have no income.
- If this tool indicates that the patient may be eligible, the provider will take the next action based on the following:
 - During the Department of Health & Welfare (DHW) business hours, complete the Presumptive Medicaid Eligibility Provider's Information Sheet.
 - Outside of DHW business hours complete the Presumptive Medicaid Eligibility Application Form.
 - If the family size is larger than four individuals, the provider will use the Presumptive Medicaid Eligibility Provider's Information Sheet and contact DHW during business hours.



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Presumptive Eligibility for Medicaid – Fact Sheet

Multiple Income Calculator Job Aid

- The Multiple Income Calculator Job Aid is used when a member of the household has more than one source of income and is used to combine a household member's income into a single monthly total.
- The Total Monthly Income amount is then entered on the Presumptive Medicaid Trial Eligibility Tool under the Household Members Income column and monthly is entered under the Frequency column.

Presumptive Medicaid Eligibility Provider's Information Sheet

- The Presumptive Medicaid Eligibility Provider's Information Sheet should be completed if it has been determined that the patient is potentially eligible. There are two times that this form will be used:
 - The first is when the provider contacts DHW during normal business hours to complete the process.
 - The second is if the Presumptive Medicaid Eligibility Application Form cannot be used because the household size is larger than four people. In this instance the provider will contact DHW the next business day.
- DHW cannot determine eligibility without complete data. Therefore, all questions within each section must be answered and completed for the entire household.
- The Presumptive Medicaid Eligibility Provider's Information Sheet is intended for provider use and should not be submitted to DHW.

Presumptive Medicaid Eligibility Application Form

- The Presumptive Medicaid Eligibility Application Form is used by the provider when the patient is determined to be potentially eligible after DHW business hours.
 - This form cannot be used outside of DHW business hours if the household size is larger than four people. In this instance the provider will use the Presumptive Medicaid Eligibility Provider's Information Sheet as noted above.
- DHW cannot determine eligibility without complete data. Therefore, all questions within each section must be answered and completed for the entire household.



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Presumptive Eligibility for Medicaid – Fact Sheet

Actions when the patient may be eligible for Medicaid

During DHW normal business hours

- Call 1-855-289-1427 and select the option for Presumptive Eligibility Providers. A DHW staff person will speak to the patient or their representative and begin the application process.
- During peak times, providers may need to leave a message and wait for a call back from DHW.

Outside of DHW business hours (phone line is closed)

- If the household size is four or less, complete the Presumptive Medicaid Eligibility Providers Application Form and submit electronically using the submit button on the form.
- If the household size is greater than four, complete the Presumptive Medicaid Eligibility Provider's Information Sheet and phone DHW the next business day at 1-855-289-1427, and select the option for Presumptive Eligibility Providers.

Accessing the Presumptive Eligibility Documents

- All resources needed to complete the Presumptive Eligibility determination can be accessed on the Department of Health & Welfare's website, by selecting the Provider tab and scrolling down to the Presumptive Eligibility Medicaid Provider header.