Wyoming Department of Health

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Presumptive Eligibility for Pregnant Women

Presumptive Eligibility for Pregnant Women Qualified Providers' Manual

Effective July 1, 2008

Provided by the
Wyoming Department of Health
Wyoming Medicaid
Eligibility Unit

Medicaid
Eligibility Unit
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Becoming a Qualified Provider for the Presumptive Eligibility Program

In order to become a Qualified Provider for the Presumptive Eligibility (PE) program, you will need to complete an Qualified Provider Application/Agreement. If you have not already submitted your Application/Agreement, this form can be found on the Medicaid website at: http://www.health.wyo.gov/healthcarefin/medicaideligibility/PEmaterials.html obtained by email at: theresa.manzanares@.wyo.gov, or by calling: 307-777-3423.

Please list every everyone in your office who will be determining PE. If you have QPs that work at more than one location, list all locations where they work next to their names. Once completed, fax both pages of the signed agreement to the Medicaid Eligibility Unit at 307-777-6964, Attn: Theresa Manzanares.

Logon Procedure

To access the PE Online Application site, enter the following address into your browser: https://equalitycareapplications.health.wyo.gov. After you have applied with Medicaid to become a Qualified Provider, the Eligibility Unit will send you a user name and initial password to log on to this site. The first time you log in, you will be prompted to change your password. Your new password must:

- Be at least nine characters long
- Include at least 1 upper case and 1 lower case character
- Include at least 1 punctuation character

If you work in more than one location, a box will appear asking you to select the location from which you are submitting the application.

Navigating the Site

This site contains several features that make navigation easy. The first screen that you will be directed to is the **Drafts** screen. There are three tabs at the top of this screen that are labeled, **New Applications**, **Drafts**, and **Notices**. From this screen you can complete an application that you started at an earlier date or navigate to either of the other two locations by clicking on the tab of the area you desire.

If you click on the **New Applications** tab, it will take you to a blank application. You will notice that there are **Previous** and **Next** buttons at the bottom of the pages making it easier for you to go back and forth within an application. Simply click on the button indicating the direction in which you would like to go. **Note:** If required fields on a page are left blank or filled in incorrectly, you will receive an error message indicating what needs to be fixed, and you will not be permitted to move forward until the correction is made.

On the final page of the application, there is a **Review and Submit** button. Clicking here indicates that the application is as complete as it can be and ready for one last review before submitting. If you find an error on the screen, click the **Edit Application** button. If all of the information on the review screen is correct, click on the **View Rights and Responsibilities** button and print the notice off for the applicant to sign and date, then click the **Submit Application** button. Once the **Submit Application** button is clicked, the program makes the calculations for you, and the application is sent electronically to the Medicaid Fiscal Agent (Xerox) at 6:00 p.m.

The **Notices** tab allows you to view a screen with a list of Approval and Denial notices that the system has generated. You can retrieve or print an old notice by clicking on the Print link in the row with the applicant's name. Notices will be saved here for 60 days.

Draft Applications Screen

The first thing that you will notice on the Draft Applications screen is that the location where the application was originally started will appear. This helps to remind those who work in more than one office where the PE application process began.

This screen also contains a **Draft Applications** table. This is where all of the applications that you have not yet completed are stored. The fields contained are the **Application Date**, so you can monitor how long you have had an application in the processing phase; **Applicant**; **DOB**, for differentiating two applicants with the same name; and **Actions**. In the **Actions** field, simply click on the Edit link of the application you would like to complete. You will be directed to the first page of the application and will need to find where you left off to complete the application.

Completing an Online Application

Please be sure to read all of the instructions carefully and sit with the applicant while filling in the application data fields. The first page of the application looks like this:

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Equality Care Online Applications

New Application | Drafts | Notices

Presumptive Eligibility Application

Save As Draft

Last Name

First Name

Middle Initial

Is The Applicant A US Citizen Y

Is The Applicant A Wyoming Resident Y

DOB (M/D/YYYY)

SSN (111-11-1111)

Next

Step 1: Fill in the applicant's last name.
Step 2: Fill in the applicant's first name.
Step 3: Fill in the applicant's middle initial.
Step 4: Ask the applicant if she is a U.S. citizen and choose yes or no for this question.
Step 5: Ask the applicant if she is a Wyoming resident and choose yes or no.

- If the answer to either of these questions is no, the application will stop here and you will be prompted to help the applicant fill out the Healthcare Coverage Application even if she is a non-citizen. Non-residents will not qualify for Wyoming Medicaid, but non-citizens may be eligible for the Emergency Services option.

Step 6: Type in the applicant's Date of Birth using the MM/DD/YYYY format.
Step 7: Fill in the applicant's Social Security Number using the 111-11-1111 format.

- You will notice that there is a **Save As Draft** button that you can click any time you are in the application. An inactive application will time out after 20 minutes. Clicking here will save the portion of the application that you have completed and store it in the **Drafts** location for completion at a later time.

Completing an Online Application

Screen 2 Online Application

Wyoming Department of Health

Equality Care Online Applications | New Application | Drafts | Notices

Presumptive Eligibility Application - Mocha Latte

Save As Draft

Applicants Home Address
Address 1
Address 2
City State WY Zip

Mailing Address Same As Home Address
Address 1
Address 2
City State WY Zip

Applicant's Phone Home

Alternate Phone Home

Email Address

Is The Applicant Married ? Y

Does The Applicant Have Health Insurance ? Y **Name Of Insurance Provider**

Has The Applicant Seen A Doctor For This Pregnancy ? Y **Name Of Doctor**

Is This The Applicant's First Pregnancy ? Y

Does The Father Of The Baby Live With The Applicant ? Y

How Many Children Under The Age Of 18 Live In The Home ? 0

When Is The Baby Due ?

How Many Babies Are Due ? 1

Previous Next

Step 1: Fill in the Applicant's address(es) and mailing address(es). Check the **Same As Home Address** box if the applicant lives at the same address where they receive mail.

Step 2: Ask applicant for a phone number and an alternate phone number, and fill in those two fields.

Step 3: Fill in the applicant's email address, if they have one.

Step 4: Ask the applicant if she is married (this is used to determine the income deduction).

Step 5: Ask the applicant for other health insurance information.

Step 6: Complete information regarding whether or not applicant has seen a doctor for her pregnancy. This is used to determine how urgently she needs care.

Step 7: Ask the applicant if this is her first pregnancy. This is used to determine what health and nutrition programs she should be referred to.

Step 8: Ask if the father of the baby lives with the applicant. This is used to determine income deductions and household composition for income eligibility.

Step 9: Enter how many children under age 18 live at home. This is used to determine household composition for income eligibility.

Step 10: Use the calendar to fill in the baby's due date based on the applicant's answer.

Step 11: Use the drop down menu to answer how many babies are due based on the applicant's answer.

Screen 3 Online Application

RESETPASSWORD

Wyoming Department of Health

Equality Care Online Applications

New Application | Drafts | Notices

Presumptive Eligibility Application - Mocha Latte

Save As Draft

What Is The Applicant's Gross Income ?

0

- (•) Monthly
- ( ) Weekly
- ( ) Bi-Weekly (Every 2 Weeks)
- ( ) Bi-Monthly (2x Per Month)

What Is The Father's Gross Income ?

0

- (•) Monthly
- ( ) Weekly
- ( ) Bi-Weekly (Every 2 Weeks)
- ( ) Bi-Monthly (2x Per Month)

Is Anyone In The Family Receiving Child Support ? N Monthly Child Support

Previous | Review And Submit

Step 1: Enter the applicant's gross income and click on the radio button to indicate whether she is paid monthly, weekly, bi-weekly, or bi-monthly.

Step 2: Enter the father's gross income and click on the radio button which indicates whether he is paid monthly, weekly, bi-weekly, or bi-monthly. This question will only be enabled if the applicant answered yes on the second screen of the application when asked if the father of the baby lives with her.

- You must enter a number into the income field even if the number is "0" for no income.

Step 3: Select yes or no to indicate whether or not anyone in the family is receiving child Support.

Step 4: Enter the amount received in monthly child support.

Step 5: Here you can either navigate back to previous screens if you have left blanks that you can now fill in, or you can click on the **Review and Submit** button if you feel the application is complete and ready for a final review. **Note:** If the applicant is a minor, questions regarding how many parents the applicant lives with and parent income is will appear on this screen.

Completing an Online Application

Screen 4 Online Application

Wyoming Department of Health
EqualityCare Presumptive Eligibility

RESET PASSWORD | New Application | Drafts | Notices

Applicant Name	Flinstone, Wilma F
DOB	8/05/1973
SSN	555-55-5555
Home Address	112 Bedrock Lane Cheyenne, WY 82007
Mailing Address	112 Bedrock Lane Cheyenne, WY 82007
Phone	316.549.8765 (Home)
Alternate Phone	546-876-3541 (Cell)
Email	
Is The Applicant Married ?	Y
Does The Applicant Have Health Insurance ?	N
Name Of Insurance Provider	
Has The Applicant Seen A Doctor For This Pregnancy ?	N

Name Of Insurance Provider	
Has The Applicant Seen A Doctor For This Pregnancy ?	N
Name Of Doctor	
Is This The Applicant's First Pregnancy ?	Y
Does The Father Of The Baby Live With The Applicant ?	Y
Number Of Parents Living In The Applicant's Home ?	0
How Many Children Under The Age Of 18 Live In The Home ?	0
When Is The Baby Due ?	7/16/2008
How Many Babies Are Due ?	1
Applicant's Gross Monthly Income	$0
Father's Gross Monthly Income	$0
Parent's Gross Monthly Income	$0
Is Anyone In The Family Receiving Child Support ?	N
Monthly Child Support	$0

Edit Application | View Rights And Responsibilities
Cancel/Delete Application | Submit Application

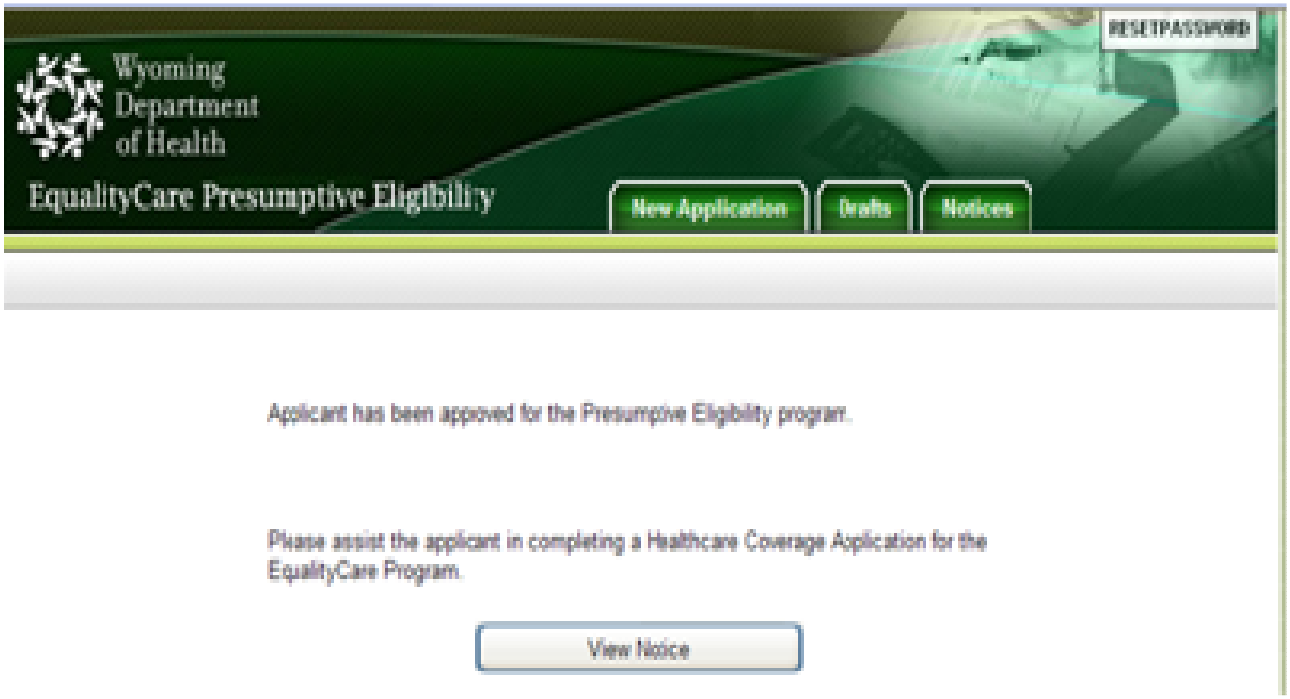
Step 1: Read all of the information entered back to the applicant to verify its accuracy.
Step 2: If you find that some of the information entered is incorrect, click the **Edit Application** button and go back into the application to make corrections.
Step 3: Once you are certain the information is correct, click on the **View Rights and Responsibilities** button, and print out the page to have the applicant sign and date before clicking the **Submit Application** button.

Once you click on the **Submit Application** button, the information that you entered will be electronically shared with the Medicaid Fiscal Agent. If the application is submitted before 6:00 p.m., eligibility will show up in Xerox's system the following business day. If the application is submitted after 6:00 p.m., eligibility will not appear in the system until the second business day. **Note:** It may take some time to complete the interface between the PE system and the Fiscal Agent's eligibility system. During this time, it will take two business days for eligibility to show in Xerox's system.

How Eligibility Is Determined

After the application is submitted, a screen will immediately appear that states whether the applicant is approved or denied for PE. This screen will also contain a reminder that you should help the pregnant woman fill out the Healthcare Coverage Application.

This screen has a **View Notice** button so you can print out a letter stating the applicant's approval or denial status. If denied, the notice will state the reason for denial.



What To Do if the Online Application Is Unavailable

Two documents, the PE Intake form and the Calculations sheet, have been created for your use in case the Online Application system is unavailable. If the system is experiencing problems, please contact the Eligibility Unit (307-777-3423) so we know there is an issue in your office and then complete these two documents by hand and fax them to the Medicaid Eligibility Unit at: 307-777-6964, Attn: Theresa Manzanares. Please, only use these forms if the system is down as it will take longer to process hardcopies.

There will also be hardcopies of the Approval and Denial notices that can be given to applicants once you have determined the applicant's eligibility for the PE program by completing the PE Intake form and the Calculations sheet. Once eligibility is determined, please have the applicant sign the Rights and Responsibilities notice that was sent to your office, and if the applicant is eligible, fill in her eligibility dates on the approval letter.

Please destroy all old forms that your office has been using to determine PE (i.e. the DFS 400 and the PE-1), and use the online application or hardcopy forms that are discussed in this section if the online application is unavailable. Any of the old forms completed after June 30th will be sent back to your office. Feel free to make as many copies as needed of the PE Intake form, Calculations sheet, Rights and Responsibilities form, and Approval and Denial notices. If you would like an electronic version of any of these forms, please send an email request to: theresa.manzanares@wyo.gov or call 307-777-3423.

Completing the Healthcare Coverage Application

As of July 1st, the Department of Family Services (DFS) will no longer be accepting the DFS 400 Application or the PE-1 forms completed after June 30th. It is important that your office destroy all unused DFS 400s and PE-1s on or before July 1st.

A new responsibility of Qualified Providers is to help the pregnant woman applicant, citizen or non-citizen, complete the Healthcare Coverage Application. This application is processed by (DFS) to determine eligibility for the Pregnant Women and the Emergency Services programs.

This application contains many of the same questions that are on the PE Online Application, but goes into greater detail. Remind applicants that the information they supply you for the Healthcare Coverage Application must match the information they gave you for the PE Online Application or the PE Intake form.

A tip sheet for completing the Healthcare Coverage Application will be forthcoming. Please feel free to make as many copies of this sheet as you need. If you would like an electronic version of the tip sheet or the Healthcare Coverage Application, please send an email request to: theresa.manzanares@wyo.gov or call 307-777-3423.

Submitting the Healthcare Coverage Application

Once you have helped the pregnant woman complete the Healthcare Coverage Application, it must be either mailed or delivered to the local Department of Family Services office. Please help the applicant by having a system in place to forward these forms to DFS.

DFS can take up to 45 days to process an application for the Pregnant Woman or the Emergency Services program. This is why it is so important to complete the PE Online Application prior to completing the Healthcare Coverage Application.

Referring the Pregnant Woman to Other Health and Nutrition Programs

Whether a woman qualifies for PE or not, or is a non-citizen or not, please refer her to other health and nutrition programs in your area. Examples of these programs include WIC, Best Beginnings, the Healthy Additions Program, the Nurse Family Partnership, or other local organizations that you may know of. It is important that we all work together to make sure that mothers get the prenatal care they need so children get a healthy start.

Other EqualityCare PE Contacts

If you are unable to reach Theresa Manzanares to answer PE questions or order PE electronic forms, please contact:

Penny Davis, Benefit Coordination Manager at penny.davis@wyo.gov