



Presumptive Eligibility Determination

Desk Top Manual

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Introduction

Authorized Employee Role Overview

To be considered an Authorized Employee (AE), you must:

- participate in the training and pass the certification test (training can be found at <http://www.dhr.wv.gov/bms/Provider/HBPE/Pages/default.aspx>); and
- Complete the inROADS Individual User Agreement. This is done on-line after the Administrative User has set you up in WV inROADS.
- assist the Presumptively Eligible (PE) patient in submitting their full Medicaid application either immediately after their PE determination or at a later time.

You may:

- transfer all necessary patient intake information that was gathered in the registration process into the PE questionnaire;
- however, you should confirm that the information entered is correct.

While a full Medicaid application is strongly encouraged, it cannot be required to complete a presumptive eligibility (PE) determination.

Privacy and Security

All patient information gathered for PE determination and the full Medicaid application must be kept confidential by the AE and any other employee who has access to the information. This includes not providing information to your employer, unless he/she has written permission from the Bureau for Medical Services to access this information. AEs must:

- Treat all available data as confidential information.
- Keep passwords secured and confidential, i.e., passwords cannot be shared with co-workers or other individuals.
- Access the online computer system using his/her own ID and password.
- Not access or request any information that is not necessary for making PE determinations or submitting the full Medicaid application.
- Not leave WV inROADS open unless it is secured to the extent that no one else will be able to access, use, or view the data.
- Not disclose confidential information even after the termination of employment or the business relationship, unless specifically waived in writing by the Bureau.

Down For Maintenance

The WV inROADS system is down for maintenance from 5:30 to 6:30 a.m. Monday through Saturday and 5:30 to 10 a.m. on Sunday. If you need to do a PE during these times, ask the individuals the questions and enter them into the system once it is back on-line.

Who Can Be Determined Presumptive Eligible

- Individuals who are West Virginia residents
- Individuals who are US citizens or have an eligible immigration status
- Individuals who are:
 - Children under Age 19
 - Pregnant Women
 - Adults between ages 19 and 64
 - Former West Virginia Foster Care Children under age 26
 - Certain Individuals Needing Treatment for Breast or Cervical Cancer
- Individuals who make up to 138% of the Federal Poverty Level. This information can be found in the [Bureau for Children and Families Income Maintenance Manual](#). The table to focus on is the first table and the person needs to fall between the 133% and 141% income levels for their household size.

The WV inROADS system will automatically determine if the person is eligible based on income.

Completing the Full Medicaid Application

If possible, it is best to have the patient (or his/her authorized representative) to fill out the full Medicaid application at the time PE is determined. However, if the patient or authorized representative is unable or unwilling to complete the full Medicaid application at that time, the following options should be given to him/her:

- Follow up with AE at a later date or time (try to schedule a time with them).
- Follow up with the AE over the phone. **Note: if the patient indicates that they would like to complete their application via the telephone, you must fill out the paper application and send that to the applicant to sign and mail to his/her local DHHR office.**
- Use WV inROADS at www.wvinroads.org on their own.
- Offer to print out the Medicaid application for the patient to take home, which he/she can drop it off at or mail to his/her local DHHR office. Paper applications are available at <http://www.dhhr.wv.gov/bms/Members/Apply/Pages/default.aspx>.
- Go to his/her local DHHR office to apply.

Options for Applying for Medicaid Coverage

People may apply for Medicaid by:

- Going to www.wvinroads.org
- Going to his/her local Department of Health and Human Resources office
- Filling out a paper application available at <http://www.dhhr.wv.gov/bms/Members/Apply/Pages/default.aspx> and mailing to his/her local Department of Health and Human Resources office or dropping it off.
- Going to www.healthcare.gov
- Calling 1-877-716-1212

Logging into WV inROADS.org

Enter the PE portal by selecting the icon of two hands shaking, "Partners/Providers."

This message may change

Select

The inROADS website is temporarily unavailable for maintenance. inROADS should be available again shortly. Thank you for your patience while we make this update and we apologize for any inconvenience.

Welcome to inROADS!

inROADS evaluates you for possible eligibility and allows you to apply / review for benefits offered by the state of West Virginia. inROADS also provides the ability for you to check your benefits information online.

To avoid errors when using inROADS, please do not use the Forward, Back or Stop buttons on your browser. Instead, click on the inROADS pictures and links to move from page to page.

[Click here for browser compatibility and a list of commonly asked questions about the new inROADS.](#)

Am I Eligible?
Click on the picture to evaluate for possible eligibility. The self-service screening process can tell you if one or more members of the household are potentially eligible for benefits.

Partners/Providers
Click on the picture to log on as a Community Partner or Presumptive Eligibility Worker.

My inROADS Account

You will need to create a My inROADS Account to:

- Apply for Benefits Online
- Review Benefits Online
- Check Your Benefits
- Manage Your Benefits

Login to your My inROADS Account

User ID:

Password:

WV DHHR Worker :
 No Yes **LOGIN**

Forgot your password? Is your account locked? Please enter your User ID and [click here](#)

Forgot your User ID? [Click here](#)

[Click here to create a My inROADS Account](#)

If you need help using inROADS, there are Community Partners who can assist you with this process. [Click here to see a list of Community Partners in your area.](#)

Next, sign in with your User ID and Password that was set up by organizations PE Administrator or Point of Contact. If you forget your password, select "Forgot your password" and follow the steps to retrieve it.

Please Log In

User ID:

Password:

Benjamin H User : No Yes

LOGIN

Forgot your password? Is your account locked? Please enter your User ID and [Click here](#)

If you have never logged into your Account before and you have forgotten your password, you will need to contact your local administrator.

[Data Release Agreement \(Signed by Agency Administrator\)](#)

[Admin User Agreement \(Signed by Agency Administrator\)](#)

The first time you log in, you need to read the PE User Agreement and agree to all the terms and conditions. You will enter your information and select “continue” in the bottom right hand corner. This is a one-time process. You will not be required to sign the User Agreement each time you log in.

Welcome to the Presumptive Eligibility Portal

This is the first time you are logging into your Presumptive Eligibility Portal Account. Before you get started, you will need to read and agree to the Presumptive Eligibility User Agreement below. You will also need to provide a secret question and answer so that you can recover your account if you ever forget your password or lock your account.

Presumptive Eligibility User Agreement

The value and sensitivity of client information is protected by law and by the strict policies of the West Virginia Department of Health and Human Resources (hereinafter “Department”). The intent of these laws and policies is to protect the client against the unauthorized disclosure of confidential information, and to ensure that the information is used solely for the purpose for which it was gathered.

For the purposes of this agreement confidential information includes, but is not limited to records, information and communications of the Department and the Organization that identify clients being assisted with the Presumptive Eligibility Screening and inROADS Application.

As a condition to receiving a system log in ID and password and being allowed access to the inROADS system, and/or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions.

1. My ID and password is equivalent to my LEGAL SIGNATURE and I will not disclose these codes to anyone, write the codes down, or allow anyone to access the system using my ID or password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my ID and password, even if such action was made by another due to my intentional or negligent act or omission.
3. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another user's password.
5. If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password and notify my site administrator.
6. I will not access or request any information that is not necessary for the performance of my job.
7. I will not access, use or disclose any CONFIDENTIAL information unless required to do so in the official capacity of my employment or contract.
8. I understand that I have no right or ownership interest in any information available to me on the Department's system.
9. I will not leave a computer application unless it is secured to the extent that no one else will be able to access, use, or view the data.
10. I will not access any on-line computer system using an ID and password other than my own.
11. I will limit disclosure of the minimum necessary CONFIDENTIAL information to only parties with a legitimate need in the performance of the Department's mission.
12. I will comply with all policies and procedures and other rules of the Department relating to CONFIDENTIALITY of information and passwords.
13. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
14. I agree that disclosure of CONFIDENTIAL information is prohibited indefinitely, even after the termination of employment or business relationship, unless specifically waived in writing by the Department.

Electronic Signature

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

(required) I have read and understand this entire nondisclosure Agreement and agree to abide by it. I understand that if I violate any of the above-mentioned terms, I may be subject to disciplinary action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to the Department. I understand that criminal prosecution will be initiated if I knowingly and intentionally disclose the information to any unauthorized individuals or use the data for fraudulent purposes.

First Name: Middle Initial: Last Name:

Using WV inROADS.org to make a PE Determination

To start the PE determination process click the button in the top right hand corner, “Start a Presumptive Eligibility Application.” Note: if your organization is also a Community Partner you will have two tabs at the top, if not you will just see one tab. If you have both tabs be sure you are in the PE Portal tab.

The screenshot displays the 'Presumptive Eligibility Portal' interface. At the top, there are two tabs: 'Presumptive Eligibility Portal' (selected) and 'Community Partner Portal'. Below the tabs is a search area titled 'Search for an Application' with various filters: Application Number, PE Determination (dropdown), Applicant Last Name, Applicant First Name, Date of Birth, Applicant SSN, Start Date, Source, End Date, and Status. Search and Reset buttons are provided. Below the search area are four expandable sections: 'Applications You Recently Saved', 'Applications Your Organization Recently Saved', 'Full Applications You Recently Submitted', and 'Full Applications Your Organization Recently Submitted'. On the right side, there is a 'My Shortcuts' menu with 'Start a Presumptive Eligibility Application' highlighted. Below this are 'Manage My Account' and 'Organization Admin Options' sections. At the bottom right, there are two summary boxes: 'You Have 0 Applications that need to be submitted in the next 6 days or they will expire.' and 'Your Organization Has 0 Applications that need to be submitted in the next 6 days or they will expire.' A 'Learn More About' section is also present at the bottom right.

The required fields are indicated by the red font reading “required” in parentheses. Even though some of these fields are required and some are not, you should ask the patient all the questions on the screen. You must enter whatever the patient tells you. You cannot ask them to verify the information. If you already have this information from the admission process you may enter the information and simply verify the fields are correct with the patient.

Personal Information

Has this person been approved for presumptive eligibility in the last 12 months? **(Required)** Yes No

First Name: **(Required)** Middle Initial: Last Name: **(Required)** Suffix:

Gender: **(Required)** Male Female

Date of Birth: **(Required)** Ex: mm/dd/yyyy

Social Security Number: - -

Language English

Citizenship Information

Is this person a US citizen or does he/she have an eligible immigration status? **(Required)** Yes No

[Click here for information on Immigration status](#)

 Previous 

Next 

Residence Information

Does this person intend to reside in West Virginia? **(Required)** Yes No

In what county does this person live in? **(Required)** < click here to choose >

Remember, the patient must be a West Virginia resident in order to be determined PE.

Address

Street#: Street Direction: PO Box or Street Name:

Street Type: Apt#: City Direction:

City: State: Zip:

Is this person's mailing address different from home address? **(Required)** Yes No

Mailing Address

Street#: Street Direction: PO Box or Street Name:

Street Type: Apt#: City Direction:

City: State: Zip:

Contact Information

Primary Phone: - -

Alternative Phone: - -

Work Phone: - - Ext:

Email Address:

 Previous 

Next 

The questions which appears on the screen below depends on the information you have entered on the first two screens of the PE determination questionnaire.

Presumptive Eligibility

Pregnancy Information

Is this person pregnant? (Required) Yes No

Foster Care

Was this person in West Virginia foster care at age 18 or older? (Required) Yes No

Breast and Cervical Cancer Patients

Is this person currently being treated for breast or cervical cancer? (Required) Yes No

Parents / Caretakers Over 65

Is this person a parent/caretaker of an individual 19 years of age or younger? (Required) Yes No

Income Information

How many individuals are included in this person's tax household for this federal tax year? (Required)

What is the household's estimated income? (Required) \$ per month per year

← Previous
Save & Exit
Next →

The screen below is the review screen. It shows you whether, or according to the system, the person is eligible for PE; a place to make notes as you deem necessary regarding the case; and whether or not you think the person is presumptively eligible for Medicaid services. If you determine he/she is PE eligible than you must chose when the PE period begins: today or yesterday. Remember, it is your decision to make.

Presumptive Eligibility

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓
Citizenship	✓
Resident of West Virginia	✓
Income Level	✓
Pregnancy	✓
West Virginia Foster Care	N/A
Breast and Cervical Cancer Patient	✗
Parent/Caretaker over 65	N/A

Notes

This field is for any notes/reminders the authorized organization worker may need for future reference (incarcerated individuals, individuals who have passed away prior to the completion of the full application, etc.). This is internal information only and will not be shared with any outside entities.

Organization Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.
 No, this person is not eligible for Presumptive Eligibility.

This person's Presumptive Eligibility began (Required)

I have verified that this customer is not covered by Medicaid or WV CHIP. (Required)
 Medicaid coverage can be verified at: www.wvmmis.com

Submit Determination

← Previous
Exit

If you have decided the patient is PE eligible the screen below will appear. You must click on the Print PDF button so you can print the temporary Medicaid card. Once the Medicaid card is printed, you will have the option of going on to the full Medicaid application.

Presumptive Eligibility

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓
Citizenship	✓
Resident of West Virginia	✓
Income Level	✓
Pregnancy	✗
West Virginia Foster Care	N/A
Breast and Cervical Cancer Patient	✗
Parent/Caretaker over 65	N/A

Notes

This field is for any notes/reminders the authorized organization worker may need for future reference (incarcerated individuals, individuals who have passed away prior to the completion of the full application, etc.). This is internal information only and will not be shared with any outside entities.

Organization Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility. No, this person is not eligible for Presumptive Eligibility.

This person's Presumptive Eligibility began **Today**

I have verified that this customer is not covered by Medicaid or WV CHIP. www.wvmms.com

Medicaid coverage can be verified at: www.wvmms.com

Print Information

Please click the button below to print this person's Presumptive Eligibility information.

Print PDF

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:

The Presumptive Eligibility process is complete.
Click 'Full Application' to continue to the full InROADS application.

Full Application

Save & Exit

This is what the Temporary Medical Card will look like. You must print this temporary Medicaid card and give it to the patient to use as verification of coverage. The patient will be able to use this card for medical goods and services from approved Medicaid providers; however, there can be a 2-3 day delay at pharmacies, because it does take some time to log their eligibility into the system.

You should inform the patient that the temporary Medicaid coverage is valid from the date they are determined PE eligible, but no later than the end of the following month. If the patient does not complete a full Medicaid application by the expiration date, their coverage will end. Once this has been explained to the patient, ask if the patient, or an authorized representative, is able to complete the full Medicaid application at this time

UNAUTHORIZED USE IS A FRAUDULENT PRACTICE

Temporary Medical Card

Client Name: MARY DOE Temporary MAID#: 00109174189

Address : 23565 Main street
CHARLESTON WV 25301

Date of Birth: 07/01/1988 Issued By: PECP Hospital

This card is valid from 07/06/2015 until a full application for Medicaid is approved or denied, but no later than 08/31/2016

West Virginia Department of Health & Human Resources

WARNING-THE USE OF TEMPORARY MEDICAL CARD HEREIN ENCLOSED BY ANY PERSON OTHER THAN INDIVIDUALS DESIGNATED ON THE CARD WILL CONSTITUTE AN OFFENSE WHICH WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

If you decide the patient is not PE eligible the screen below will appear. You must choose one of the options given for determining them not eligible. The next screen requires you to print a PDF to give to the patient showing why he/she is not eligible. You need to inform him/her that although he/she has been determined not PE eligible that does not mean he/she is not eligible for Medicaid. Refer him/her to the resources listed on page 3 of how to apply for Medicaid.

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓
Citizenship	✓
Resident of West Virginia	✓
Income Level	✓
Pregnancy	✗
West Virginia Foster Care	N/A
Breast and Cervical Cancer Patient	✗
Parent/Caretaker over 65	N/A

Notes

This field is for any notes/reminders the authorized organization worker may need for future reference (incarcerated individuals, individuals who have passed away prior to the completion of the full application, etc.). This is internal information only and will not be shared with any outside entities.

Organization Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility. No, this person is not eligible for Presumptive Eligibility.

Please select a reason:

This individual has had a PE period previously in the past 12 months

This individual is not a United States citizen

This individual is not a West Virginia resident

This individual's income exceeds the applicable income standard

This individual is not a member of one of the following groups:

- Children Under Age 19
- Pregnant Women
- Individuals under 133% FPL Ages 19-64
- Former West Virginia Foster Care Children Under 26
- Certain Individuals Needing Treatment for Breast or Cervical Cancer

Other Administrative Reason:

Submit Determination

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓
Citizenship	✓
Resident of West Virginia	✓
Income Level	✓
Pregnancy	✗
West Virginia Foster Care	N/A
Breast and Cervical Cancer Patient	✗
Parent/Caretaker over 65	N/A

Notes

This field is for any notes/reminders the authorized organization worker may need for future reference (incarcerated individuals, individuals who have passed away prior to the completion of the full application, etc.). This is internal information only and will not be shared with any outside entities.

Organization Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility. No, this person is not eligible for Presumptive Eligibility.

Please select a reason:

This individual has had a PE period previously in the past 12 months

This individual is not a United States citizen

This individual is not a West Virginia resident

This individual's income exceeds the applicable income standard

This individual is not a member of one of the following groups:

- Children Under Age 19
- Pregnant Women
- Individuals under 133% FPL Ages 19-64
- Former West Virginia Foster Care Children Under 26
- Certain Individuals Needing Treatment for Breast or Cervical Cancer

Other Administrative Reason:

Submit Determination

Print Information

Please click the button below to print this person's Presumptive Eligibility information.

Print PDF

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:



This screen may appear if the patient gives you their social security number. If so, remember that a person can only be determined PE once in a 12 month period unless:

- The patient is currently pregnant or
- The patient was pregnant during their previous PE period.

Before you go to the next page:

Warning: An individual with this SSN has been approved for Presumptive Eligibility in the last 12 months. Please evaluate accordingly.

Presumptive Eligibility Criteria Summary

Eligibility Criteria	Results
NOT approved for PE in last 12 months	✓ OR ✗
Citizenship	✓ OR ✗
Resident of West Virginia	✓ OR ✗
Income Level	✓ OR ✗ OR N/A
Pregnancy	✓ OR ✗ OR N/A
West Virginia Foster Care	✓ OR ✗ OR N/A
Breast and Cervical Cancer Patient	✓ OR ✗ OR N/A
Parent / Caretaker Over 65	✓ OR ✗ OR N/A

Hospital Determined Presumptive Eligibility Status

Based on your state's policies, please select if this person is eligible for Presumptive Eligibility.

Yes, this person is eligible for Presumptive Eligibility.

No, this person is not eligible for Presumptive Eligibility.

Submit Determination



Authorized Employee Dashboard

From the AE dashboard (below) you can search for a PE applicant; tell how many full Medicaid applications you need to complete in the next five days; how many full Medicaid applications your organization has to complete in the next five days; how many PE applications your organization recently saved, but did not complete; the number of full Medicaid applications you and your organization recently submitted; and a “Learn More About” box where you will find a variety of helpful links such as a link to the breast and cervical cancer screening centers and a link for PE patients to find a conveniently located community partner.

The dashboard is divided into two main sections: **Presumptive Eligibility Portal** and **Community Partner Portal**. The **Search for an Application** section includes the following fields:

- Application Number:
- PE Determination:
- Applicant Last Name:
- Applicant First Name:
- Date of Birth: Ex: mm/dd/yyyy
- Applicant SSN: - -
- Start Date: Ex: mm/dd/yyyy
- Source:
- End Date: Ex: mm/dd/yyyy
- Status:

Buttons: **Search** and **Reset**

Applications You Recently Saved
Expand to view applications you recently saved. Please note stopped and saved applications will be deactivated at the end of the individual's Presumptive Eligibility period. Any applications that have not had Presumptive Eligibility determined will be deactivated after 7 days.

Applications Your Organization Recently Saved
Expand to view applications your organization recently saved. Please note stopped and saved applications will be deactivated at the end of the individual's Presumptive Eligibility period. Any applications that have not had Presumptive Eligibility determined will be deactivated after 7 days.

Full Applications You Recently Submitted
Expand to view full applications you recently submitted.

Full Applications Your Organization Recently Submitted
Expand to view full applications your organization recently submitted.

My Shortcuts
[Start a Presumptive Eligibility Application](#)

Manage My Account
[Expand to view account management options.](#)

Organization Admin Options
[Expand to view administrative functions.](#)

You Have 0
Applications that need to be submitted in the next 6 days or they will expire. [Click here to view your saved applications.](#)

Your Organization Has 0
Applications that need to be submitted in the next 6 days or they will expire. [Click here to view your organization's saved applications.](#)

Learn More About
[Expand to learn more about programs.](#)

PE Administrator/Point of Contact Dashboard

The PE Administrator/Point of Contact is responsible for managing access of AE's to the WV inROADS PE portal. This includes ensuring AE's have completed and passed the training course; creating user ID's and passwords; and deactivating AE's access to the system. The screen shots below show how this process works.

Presumptive Eligibility Portal | Community Partner Portal

Search for an Application

Application Number: PE Determination:

Applicant Last Name: Applicant First Name:

Date of Birth: Ex: mm/dd/yyyy Applicant SSN: - -

Start Date: Ex: mm/dd/yyyy Source:

End Date: Ex: mm/dd/yyyy Status:

Applications You Recently Saved

Expand to view applications you recently saved. Please note stopped and saved applications will be deactivated at the end of the individual's Presumptive Eligibility period. Any applications that have not had Presumptive Eligibility determined will be deactivated after 7 days.

Applications Your Organization Recently Saved

Expand to view applications your organization recently saved. Please note stopped and saved applications will be deactivated at the end of the individual's Presumptive Eligibility period. Any applications that have not had Presumptive Eligibility determined will be deactivated after 7 days.

Full Applications You Recently Submitted

Expand to view full applications you recently submitted.

Full Applications Your Organization Recently Submitted

Expand to view full applications your organization recently submitted.

My Shortcuts

Start a Presumptive Eligibility Application

Manage My Account

Expand to view account management options.

Organization Admin Options

Expand to view administrative functions.

You Have **0**

Applications that need to be submitted in the next 6 days or they will expire. [Click here to view your saved applications.](#)

Your Organization Has **0**

Applications that need to be submitted in the next 6 days or they will expire. [Click here to view your organization's saved applications.](#)

Learn More About

Expand to learn more about programs.

User Administration

Click on the "Add" button to create a new user, or search for an existing user below. Please note, you will only be able to search for or add users to your own organization.

User Search Criteria

First Name: Last Name: User ID:

Active:

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User Information

First Name: (Required) Middle Initial:
 Last Name: (Required) Phone Number: (Required)
 Address Line 1: Address Line 2:
 City: State:
 Zip Code: Email Address: (Required)
 Portal Access: (Required) Community Partner Presumptive Eligibility

Account Information

Please enter the account details in the fields below. Please note that you will need to provide the User ID and password to the user. The first time the new user logs in to the system, they will be required to agree to the User Agreement, create secret questions and answers for account recovery, and create a new password. Accounts will automatically be deactivated after 45 days of inactivity.

User ID: (Required) This must be 5 to 20 letters and/or numbers
 Password: (Required) This must be 7 to 20 characters long. To create a secure password, you must use letters and at least one number.
 Retype Password: (Required) This must be 7 to 20 characters long. To create a secure password, you must use letters and at least one number.



Below is the confirmation screen which shows that the User was set up successfully. Also on this screen, you can search for employees who have access to the PE portal.

Before you go to the next page:

Message: User was created successfully.

User Administration

Click on the "Add" button to create a new user, or search for an existing user below. Please note, you will only be able to search for or add users to your own organization.

Add

User Search Criteria

First Name: Last Name: User ID:
 Active:

Search **Reset**

User Search Results

User ID	First Name	Last Name	Active	Last Login Date	Update
JBrown	Jane	Brown	Yes		Edit



Below is the screen which you will use to deactivate a AE. Under Account Information, click on the down arrow and choose No.

User Information

First Name: <small>(Required)</small>	<input type="text" value="Jane"/>	Middle Initial:	<input type="text"/>
Last Name: <small>(Required)</small>	<input type="text" value="Brown"/>	Phone Number: <small>(Required)</small>	<input type="text" value="3045551234"/>
Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>
City:	<input type="text"/>	State:	< click here to choose > ▾
Zip Code:	<input type="text"/>	Email Address: <small>(Required)</small>	<input type="text" value="jane.brown@wv.gov"/>
Portal Access: <small>(Required)</small>	<input checked="" type="checkbox"/> Community Partner <input checked="" type="checkbox"/> Presumptive Eligibility		

Account Information

User ID JBrown

Active ▾

 **Previous**

 **Update**

The Full Medicaid Application

It is encouraged that at the time you do the PE you go ahead and do the full Medicaid application, if the patient and/or his/her legal representative is willing. If you enter the Full Application from the PE portal the Healthcare Benefits will always be pre-selected and protected. Below is what the screen looks like. There is one very important element on this screen which is highlighted in the red box; asking the patient if they need assistance in paying medical bills in the last three months. If they do, click on the down arrow and select a time frame.

Which Benefits Would You Like to Apply For?

The first step is to tell us which benefits you would like to get. Please check the box for each benefit you would like to apply for. Then click the "Next" button at the bottom of the page.

Healthcare Benefits (Medicaid, CHIP) or a Qualified Health Plan (QHP)
Do you want help paying for medical bills from the last three months? (Required) Select A Value ▾

Medicare Premium Assistance Programs - In order to be eligible for this type of coverage, an individual must be a recipient of Medicare. **If you or anyone in your household is not receiving the card shown in the sample below, please do not select to apply for this program.**



School Clothing Allowance (SCA)- Your SCA application must be submitted by July 31, 2013.

Low Income Energy Assistance Program (LIEAP)- Applications for LIEAP are accepted during the published LIEAP program dates during the fall/winter season. For more information please contact your local WV DHHR office.

Child Care Services - The Child Care Services program is designed to help low income families afford safe and quality child care. **Please do not apply for Child Care unless there is a child under age 18, in need of care, in your household.**

Previous Save & Exit Next

The next screen must either be read to the patient, allow the patient to read the information from your screen, or printed out and handed to them to read. This screen is the privacy practice which informs them that any information they provide to you is confidential and will not be shared with other individuals. It is recommended even if you read it to them or let them read it from your screen you print out a copy and give it to them.

Responsible Person Filling Out the Application

On the screen below in the red box you should check that you are a staff person at an agency who is helping the patient to fill out the application. You need to read the information from this screen and ensure the person understands the information they are providing you to is correct and it is criminal violation to give incorrect or misleading information.

The screenshot displays the inROADS application interface. On the left is a vertical navigation menu with icons and labels for: Start, People, Tax Filing, Insurance, Liquid Assets, Other Assets, Job Income, Other Income, Housing Bills, Other Bills, Finish, and Submit. The main content area is divided into several sections:

- Confirmation (Required)**: A checkbox is checked, indicating the user understands that providing false information is a criminal violation.
- Using inROADS**: Two radio button options are shown. The second option, "I am using inROADS to apply for another person. Or, I am using inROADS to apply on my own, but I wish to name a person to act on my behalf," is selected.
- Responsible Persons**: This section is highlighted with a red border. It contains a question: "If you are using inROADS to apply for another person, how are you associated to the person you are applying for? Or, if you are using inROADS to apply on your own and want someone to act on your behalf, please indicate below whether that person is an authorized representative or a power of attorney." Three radio button options are listed: "A friend or family member", "A staff person or volunteer at an agency that helps people use inROADS" (which is selected), and "Other".
- Additional Questions**: Two questions with Yes/No radio button options. The first question is "Do you have a friend or relative who can be contacted by phone if needed?" with "No" selected. The second question is "If we have to contact the applicant or if an interview is required, does the household have any special needs?" with "No" selected.

At the bottom of the screen are navigation buttons: "Previous" (with a left arrow), "Save & Exit" (with a computer icon), and "Next" (with a right arrow).

The rest of the application should be easy to follow, the screens that appear will depend on how certain questions are answered. There is also a review after each section which you need to go over with the patient to ensure the information is correct, if it is not correct you can go back and edit the information.

Recording the Presumptive Eligibility Number in Full Application

It is important to note that on the screen below you will be asked if the applicant has been determined PE in the last 12 months; In the red box. You must answer yes; a box will appear asking for their Temporary MAID Number. This number can be found on the card or on your dashboard.

People In Your Home

You have already told us about the following person :



Mary

Please provide more information about Mary.

Personal Information

First Name (required) : Middle Initial : Last Name (required) : Suffix :

Gender (required) : Male Female

Date of Birth (required) : Ex: mm/dd/yyyy

Social Security Number : - -

Failure to provide Social Security Numbers could result in denial of benefits. Social Security Numbers can be provided now or at a later date before your benefits are approved.

Note: Social Security Numbers are not required for non-applicants.

If this person doesn't have a Social Security Number (SSN), but has applied for one, when did he or she apply? Ex: mm/dd/yyyy

What is this person's marital status?

Language

Program Selection

Please check the box for each program this person would like to apply for. (required)

Healthcare Benefits

Have you had a Presumptive Eligibility Period at a hospital emergency room in the last 12 months? (required) Yes No

If yes, what is your Temporary MAID Number (can be found on your card)? (required)

None

Submitting the Application

Below is the final screen. This page includes:

- The Rights and Responsibilities of the applicant. These need to be read to the applicant, you should also print these out and give to the applicant.
- Gives the applicant the option to have their eligibility automatically renewed for up to five years by using income data from the Federal Marketplace, including information from tax returns. They can opt out of this at any time.
- Electronically sign the application. You must read this statement to the applicant and get their permission to check the box or you can turn the computer over to them and they can check the box themselves.

By clicking the Submit button you are submitting the application to the West Virginia Department of Health and Human Resources for review and a determination of eligibility or ineligibility.

Signing Your Application

You're just a few minutes away from submitting your application. To do so, you'll need to:

- Read the Rights and Responsibilities we've listed below. [Click here](#) to print Rights and Responsibilities.
- Check the box to sign your application.

Renewal of Coverage in Future Years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information for tax returns. The Marketplace will send me a notice, let me make any changes and I can opt out at any time.

Yes, renew my eligibility automatically for the next:

- 5 Years
- 4 Years
- 3 Years
- 2 Years
- 1 Year
- Don't use information from tax returns to renew my coverage

Electronic Signature

By electronically signing, this means that you (the applicant) are agreeing that:

- I certify that all statements on this form have been read by me or to me and that I understand them and accept these responsibilities. I swear or affirm under penalty of perjury that all the information I gave is true, correct, and complete to the best of my ability, belief, and knowledge. I certify under penalty of perjury, that by signing my name below, all persons for whom I am applying are U.S. citizens or lawfully admitted immigrants.

By checking this box, I am: (Required)

- Indicating that I have read, understood, and am agreeing to the Rights and Responsibilities listed above
- Electronically signing my inROADS application

Signature of person applying for the applicant:

Signature of applicant: **Mary Doe**

Clicking the Submit button will submit your inROADS application.

Rights and Responsibilities

HEALTH COVERAGE PROGRAMS

Federal law prohibits discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity or disability. A complaint of discrimination may be filed by visiting www.hhs.gov/ocr/office/file or by writing HHS Director, Office of civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, DC 20201, or call 202-619-0403 (voice) or 202-619-3257 (TDD). HHS is an equal opportunity provider and employer.

- I understand that as a recipient of Medicaid, I may volunteer for the Bureau for Child Support Enforcement (BCSE) services, including obtaining medical support. These services are provided by BCSE at no charge to me.
- I understand I may receive medical assistance for my child(ren), including Early Periodic Screening, Diagnosis and Treatment (EPSDT).
- I understand that if my income is above the Medicaid limits, I may be eligible to receive a medical card if I have excess medical bills. I further understand that my Worker will advise me of the amount of medical bills I have to show and that I have 30 days from the date I apply to provide the bills. The bills can be paid or unpaid and can be bills for me, my spouse, or dependent minor children who live with me. My Worker will explain which bills cannot be used and why.
- I understand that a period of ineligibility for Medicaid long term care may result if resources were transferred within the sixty (60) month period prior to the date of application by the applicant or applicant's spouse. This includes transfers into certain trusts.
- I understand that I am required to disclose to the State any interest my spouse or I have in an annuity. I understand the State must be named as the remainder beneficiary or as the second remainder beneficiary after a spouse or a minor or disabled child, for an amount at least equal to the amount of Medicaid benefits provided. Failure to comply with these requirements may be considered a transfer of resources for less than fair market value and result in ineligibility for Medicaid long term care services.

Save & Exit

Submit

Once you have submitted the application the screen below will appear. You need to print this out and give it to the applicant. If they have any questions or changes to any of the information they need to change after they have left they will need to use the tracking number for the application and call the DHHR Customer Service Center which is listed at the top of the application.

Thank You!

Thank you! Your online application has been submitted.

If you have questions regarding your online application please contact the Customer Service Center at 1-877-716-1212.

[If you would like to see a listing of local agencies in your area, click here.](#)

A WV DHHR worker will be in touch with you regarding verifications you will need to provide.

Keep track of your application

Your tracking number for this application is **0000022681**.

Be sure to write this number down or print this page for your records.

If you have a question about the status of your application, contact the Customer Service Center number listed above. If you give the Customer Service Center your tracking number, it can help you get an answer more quickly. If you haven't heard back about an application you've submitted, please be sure to contact the Customer Service Center before submitting another online application.

Optional Survey

Click the Survey button to take a short survey about your online application process. It should take just a few minutes to complete the survey. Your answers will not be shared with your local agency or used to make a decision about your benefits.

Survey 

Print Your Application

If you would like to print or save a copy of your application for your files, please click the Print My Application button. If you decide to print or save, please keep in mind that your application has your private, personal information in it.

Print My Application

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:



For Hospital Based Presumptive Eligibility Workers Only

Performance Measures

BMS will be tracking each hospital's performance as dictated by the following measurements:

1. 75% of patients who have been approved for HBPE have followed up and filled out the full Medicaid application prior to their designated case expiration date.
 2. 50% of patients found eligible for Hospital Based Presumptive Eligibility and who have completed the full Medicaid application were found eligible for full Medicaid benefits.
- Reports will be delivered quarterly to each hospital
 - These reports will provide data at the hospital level and at the individual AHE level.
 - These reports will allow the Bureau and the hospital to evaluate whether performance issues are hospital-wide or specific to an individual authorized worker.

Corrective Action

If a hospital has missed their performance standards:

- They will have the opportunity to re-train and make a good faith effort to improve their performance.
- They will have one full quarter to recover their performance.

If a hospital missed a performance goal in Quarter 1, the corrective action plan would proceed according to the following process:



Hospital Based Presumptive Eligibility Corrective Action Process



