



Qualified Hospital Presumptive Eligibility Presentation



Presentation to: Qualified Hospitals that complete Hospital Presumptive Eligibility (HPE) Medicaid Applications

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Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.



HOSPITAL PRESUMPTIVE ELIGIBILITY TRAINING FOR POLICIES & PROCEDURES

2016

AGENDA

- PE Defined by Law and PE Definition
- QH Requirements & Responsibilities
- General Program Procedures
- Eligibility Program Requirements
- QH Procedural Requirements
- PE Determination By Category
- GAMMIS On-Line Procedures
- QH Performance Standards
- Necessary Information
- Assessment

§435.1110 Hospital Presumptive Eligibility (PE) Defined

Per the Affordable Care Act (ACA), hospitals who meet the requirements of participation will be given the opportunity to become Qualified Hospitals (QH) by completing PE Medicaid training.

A Qualified Hospital (QH) is a hospital that:

- Participates as a Georgia Medicaid Provider;
- Notifies DCH of its election to make PE determinations;
- Agrees to make PE determinations consistent with DCH's policies and procedures;
- Assists individuals in completing and submitting the full Medicaid Healthcare Coverage application and understanding any documentation requirements; and
- Has not been disqualified by DCH.

Definition and Description of PE

- PE is an expedited process of enrolling eligible Georgia residents into the Medicaid program determined by a Qualified Hospital (QH)
- Eligibility is based on an individual's taxable income, tax filer status, household size, citizenship/immigration status, and residency.
- The PE period begins on the approved application date, and ends when RSM/DFCS determines eligibility or ineligibility for Medicaid, but no later than at the end of the month following the month of the PE approval.

Example:

- Applicant applies on 4/15/16, and is approved for PE Medicaid on that date. The PE Medicaid coverage begins on 4/15/16 and ends no later than 5/31/16.
- If RSM or DFCS determine on 4/17/16 the applicant is/is not eligible for Medicaid, her PE Medicaid ends 4/31/16.

QH Presumptive Eligibility

QH Responsibilities for PE applications

QH Requirements & Responsibilities for PE applications

- **Must notify DCH of their interest to participate in HPE process**
- **Memorandum of Understanding agreement**
- **List of authorized personnel to complete PE applications**
- **Make correct PE Medicaid determinations**
- **Complete PE Training and additional training if needed**
(The training requirement is met by attending a presumptive workshop and satisfactorily completing the training exercises. Upon completion of the training, each hospital certifies that all QH requirements have been met by completing the QH enrollment form.)



QH Requirements & Responsibilities for PE Process

Upon receipt of the enrollment form, the DCH provider enrollment unit will add the QH specialty code to the provider's file and issue an approval notice to the provider showing the effective begin date for performing QH activities.

- **Cooperate with PE monitoring and Quality Control**
- **Complete and submit PE reports**
- **Meet Performance Standards**
- **PE Corrective Action Plans**

§435.1110 Disqualified Hospital

DCH must take action, including, but not limited to, disqualification of a hospital as a qualified hospital if DCH determines that the hospital is not:

1. Making, or is not capable of making, PE determinations in accordance with applicable DCH policies and procedures; or
2. Meeting the DCH standard.
3. DCH may disqualify a hospital as a qualified hospital after it has provided the hospital with additional training or taken other reasonable corrective action measures to address the issue.

General Program Requirements

- PE Medicaid Categories
- Federal Regulations on Time Period
- GAMMIS
- Application & Forms for Enrollment
- PE Criteria on Verification

Presumptive Eligibility Medicaid Categories

- §435.110 Parent/Caretaker with Child(ren)
- §435.150 Former Foster Care Medicaid
- §435.1102 Children Under 19 years of Age
- §435.1103 Pregnant Women
- §435.213 Women's Health Medicaid
(Breast and/or Cervical Cancer)

Federal Regulations on Time Period

	Name of limitation	Description	
+	Pregnant Women/because a woman can potentially have a miscarriage and conceive again before the end of 12 months.	Pregnant women may receive presumptive eligibility, once per pregnancy.	X
+	Infants and Children under age 19, Parents and Other Caretaker Relatives, Former Foster Care Children, and Women's Health (BCC)	Infants and Children under age 19, Parents and Other Caretaker Relatives, Former Foster Care Children, and Women's Health (BCC) may receive presumptive eligibility no more than one period within two calendar years.	X

GAMMIS-

Georgia Medicaid Management Information Systems

- Screening on GAMMIS is the first step before the start of a PE Medicaid application.
- If an applicant is on Full Medicaid, **DO NOT** complete a PE Medicaid application.

Exception: Planning for Healthy Babies(P4HB) or QMB

(If the beneficiary is active on P4HB or QMB, complete the PE Medicaid application and GAMMIS will update the system.)

Note: If there is a pending Medicaid application, you can take a Presumptive application.

HPE Enrollment Forms

Form Number	Form Name
632H	PE Application
216	Declaration of Citizenship
5460	HIPPA
634H	Approval or Denial Notice of Action
94A	Single Streamlined Medicaid Application
DMA 285	Third Party Liability

* PE Corrections Cover Sheet – Use this form if changes or corrections for a member is needed.

Enrollment information for applicants

- Quick Guide on PE Medicaid
- Understanding Medicaid Booklet
- Information about P4HB
- RSM/DFCS office phone number

PE Criteria on Verification

- Individual cannot be required to provide proof/documentation of any PE eligibility criteria
(e.g., can't require medical verification of pregnancy)
- Hospital must accept self-attestation of income, citizenship/immigration status and residency

QH PE Requirements

ELIGIBILITY REQUIREMENTS

Non-Financial Eligibility Requirements

- Declaration of Citizenship/Immigration Status (applicant's statement is acceptable)*
- Georgia Resident
- The appropriate age
- A former Foster Care Child up to age 26

* If the applicant provides proof of identity and/or citizenship, make 2 copies (retain one for the record and retain one to fax with PE application. Write "viewed and copied" on each copy, stickers may be used.

* Visitors, tourists, foreign students and diplomats are not eligible.



Budget Group (Non-Financial Requirements)

- All household members will not necessarily be members of the budget group.
- To be included in the budget group, there must be a tax filer or non tax filer relationship, which is used to determine which individuals must be included in the budget group.
- The budget group is comprised of those members of the household whose needs and net taxable income are included.
- The budget group size determines the income limit used and net taxable income used, then compare to the income standard chart.
- Taxable Income only is used to determine financial eligibility. MAGI budgeting is based on IRS regulations.

Financial Eligibility Requirements

Taxable Income

Earned income is the gross income compensation received in exchange for services rendered. It may be in the form of wages, salaries, commissions, or self-employment.

(Self-employment is different. The net taxable gross income is minus business expenses, that are allowable IRS deductions.)

Only taxable net income is used in the PE Medicaid budgets. Taxable net income is taxable gross minus allowable deductions.

- There are only 3 allowable deduction types:
 - ~ Pre tax deductions
 - ~ Form 1040 deductions
 - ~ 5% FPL deductions

Financial Eligibility Requirements

Income may be received weekly, bi-weekly, semi-monthly, monthly or some other payment schedule. Income received other than monthly must be converted to a monthly amount to compare to test for PE.

CONVERSION CHART

IF PAID

HOURLY

WEEKLY

BI-WEEKLY

SEMI-MONTHLY

YEARLY

THEN

Multiply the number of hours worked per week times the hourly wage, then times 4.3333 weeks;

Multiply weekly gross income times 4.3333;

Multiply bi-weekly gross income times 2.1666;

Multiply semi-monthly gross income times 2;

Divide yearly gross income by 12.

NON-TAXABLE INCOME

Non-taxable Income: is excluded in the PE determination based on federal statute. Income received from these sources is not included in any budget calculations to determine PE Medicaid.

Some examples of excluded income are:

- Adoption assistance payments
- Earnings from the Census Bureau
- Earned income tax credits
- Child support
- Veteran's Benefits
- RSDI of a tax dependent/child who has no other income and resides with a parent*
- TANF (formerly AFDC) benefits
- Disaster relief assistance
- Energy assistance payments
- Contributions
- Supplemental Security Income (SSI)

*If the child has other income that meets the IRS tax filing threshold OR the child does not reside with a parent and is not claimed as a tax dependent by his/her parent, then the RSDI for the child is included.

MAGI (Modified Adjusted Gross Income) Limits for 2016

Income limits for PE Medicaid are based on a percentage of the federal poverty level. The income limit used is determined by the number of people included in the budget group.

Modified Adjusted Gross Income Limits effective April 1, 2016

Budget Group	5% Deduction	Parent/Caretaker with Children under age 19	Plus 5%	133% Children 6-18	Plus 5%	149% Children 1-5	Plus 5%	205% Children 0-1	Plus 5%	220% Pregnant Woman	Plus 5%	247% PeachCare for Kids	Plus 5%	200% P4HB	Plus 5%
1	\$50	310	360	1317	1367	1476	1526	2030	2080	2178	2228	2446	2496	1980	2030
2	67	457	524	1776	1843	1990	2057	2737	2804	2937	3004	3298	3365	2670	2737
3	84	551	635	2235	2319	2504	2588	3444	3528	3696	3780	4150	4234	3360	3444
4	102	653	755	2694	2796	3018	3120	4152	4254	4455	4557	5002	5104	4050	4152
5	119	752	871	3153	3272	3532	3651	4859	4978	5214	5333	5854	5973	4740	4859
6	136	826	962	3611	3747	4045	4182	5566	5702	5973	6109	6707	6843	5430	5566
7	154	903	1057	4072	4226	4561	4715	6276	6430	6735	6889	7561	7715	6122	6276
8	171	970	1141	4533	4704	5078	5249	6987	7158	7498	7669	8418	8589	6816	6987
9	188	1034	1222	4995	5183	5595	5783	7698	7886	8262	8450	9275	9463	7510	7698
10	206	1113	1319	5455	5661	6111	6317	8408	8414	9023	9229	10130	10336	8202	8408
11	223	1194	1417	5916	6139	6628	6851	9119	9342	9786	10009	10987	11193	8896	9119
12	240	1244	1484	6378	6618	7145	7385	9830	10070	10550	10790	11844	12084	9590	9830

QH Presumptive Eligibility

Procedural Responsibilities of Qualified Hospitals

Procedural Responsibilities of Qualified Hospitals

The process involves several steps from the point of application with QH through the final disposition of the applicant's Medicaid application by the RSM/DFCS teams.

1. The QH shall conduct an interview with applicant:
 - Advise they may be eligible for Medicaid benefits as PE beneficiary and for full Medicaid benefits for ongoing and retroactive Medicaid coverage;
 - Obtain enough information to determine income eligibility and establish if the individual(s) is PE eligible and to complete the PE application form 632H, the Declaration of Citizenship/Immigrant status for 216, and the HIPPA form 5460;
 - Determine if the applicant meets the PE Medicaid eligibility criteria.

Procedural Responsibilities of Qualified Hospitals

2. For any applicant determined **presumptively eligible**, the QH shall:
 - After the PE determination is complete ask if the applicant would like a full Medicaid determination. If yes, assist the applicant with the single streamed lined application form 94A for ongoing and retroactive Medicaid eligibility at the applicants requests.
 - Perform on-line entry of the application or forward to HP member services, only when a QH does not have internet access to GAMMIS.
 - Provide the applicant with a temporary Medicaid certificate.
 - Inform the applicant of the PE time limit and the services covered.
 - The QH will fax the completed PE application packet to DCH for review within 5 calendar days upon completion of PE determination.

Procedural Responsibilities of Qualified Hospitals

3. The QH shall summarize benefits and answer any questions.
4. The QH shall provide the applicant with a copy of the Medicaid Guide and fact sheet “Quick Guide on Medicaid”, which explains the program.
5. The QH shall provide the applicant with a copy of the Understanding Medicaid Booklet.
6. The QH shall inform the applicant about Planning for Healthy Babies (PH4B).
7. Assist the applicant with completing the healthcare coverage application and signature. If the applicant provides proof of identity and/or citizenship, obtain a copy for the healthcare coverage application, write **“viewed and copied”** on each copy. The only part of the Medicaid healthcare coverage application that is required after the completion of

Procedural Responsibilities of Qualified Hospitals

the PE is the applicant's signature, contact information, and date. At this point of the Medicaid healthcare application the applicant can request any prior months.

8. The QH shall provide the applicant with the address and telephone number of the local RSM/DFCS office.

<https://dch.georgia.gov/rsm-contact-information>

<http://dfcs.dhs.georgia.gov/>

The Hospital Presumptive Eligibility Application - 632H

- How to complete the HPE Application 632H
- Questions to address for a complete 632H
- Complete FPL Income Requirements
- Determine if eligible/ineligible and for which PE Medicaid category
- Qualified Hospital information must be completed
- Must have signature and current date of applicant and hospital personnel



632H - APPLICATION UPDATED 8/13/2015

EFFECTIVE FOR SERVICES

HP PROVIDER CONTACT CENTER
PHONE: 1-800-766-4456 FAX: 1-866-483-1044

MEDICAID IDENTIFICATION NUMBER _____

BEGINNING _____
MONTH DAY YEAR

QUALIFIED HOSPITAL PRESUMPTIVE ELIGIBILITY DETERMINATION

APPLICANT'S NAME: _____ MAIDEN NAME: _____ DO YOU HAVE HEALTH INSURANCE? YES NO

APPLICANT'S ADDRESS: _____ TELEPHONE NUMBER: _____ FORMER FOSTER CARE CHILD: YES NO

APARTMENT/LOT NUMBER: _____ SOCIAL SECURITY NUMBER: _____
OPTIONAL
WHAT AGE DID YOU LEAVE FOSTER CARE _____
IN WHAT STATE DID YOU RECEIVE FOSTER CARE? _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY OF RESIDENCE: _____

ID	TAX FILER HOUSEHOLD				DATE OF BIRTH MM/DD/YYYY	+ RACE	GENDER	RELATION TO APPLICANT	MONTHLY GROSS TAXABLE INCOME				MONTHLY DEDUCTIONS		MONTHLY NET TAXABLE INCOME
	YES	NO	YES	NO					TYPE	AMOUNT	FREQ	MONTHLY AMOUNT	PRE-TAX DEDUCTION	1040 DEDUCTION	
	FIRST NAME	MI	LAST NAME	SUFFIX				SELF							
01															
02	UNBORN CHILD N/A		PREGNANT WITH _____ FETUS (US)		EDD _____	APPLICANT'S STATEMENT/NAME OF PREGNANT WOMAN _____									
03															
04															
05															

SWORN STATEMENT OF APPLICANT:

I UNDERSTAND THAT THIS IS A TEMPORARY DETERMINATION OF MY ELIGIBILITY FOR MEDICAID AND THAT THE RIGHT FROM THE START MEDICAID (RSM) PROJECT OR COUNTY DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS) WILL DETERMINE MY CONTINUING ELIGIBILITY WHEN I SUBMIT A HEALTHCARE COVERAGE APPLICATION.

I DECLARE UNDER PENALTY OF PERJURY THAT I AM A U.S. CITIZEN OR LAWFULLY PRESENT IMMIGRANT IN THE UNITED STATES. I CERTIFY UNDER PENALTY OF PERJURY I HAVE PROVIDED TRUE AND ACCURATE INFORMATION ABOUT MYSELF, MY FAMILY, PREGNANCY, RESIDENCY, TAX STATUS, PRE-TAX DEDUCTIONS, 1040 DEDUCTIONS, FOSTER CARE STATUS AND INCOME.

I AGREE TO ASSIGN TO THE STATE ALL RIGHTS TO MEDICAL SUPPORT AND THIRD PARTY SUPPORT PAYMENTS (HOSPITAL AND MEDICAL BENEFITS).

I UNDERSTAND THAT MY ELIGIBILITY FOR THIS TEMPORARY ELIGIBILITY ENDS THE MONTH IN WHICH THE RSM OR DFCS OFFICE MAKES THE DECISION ABOUT MY CONTINUING ELIGIBILITY, OR NO LATER THAN THE LAST DAY OF THE FOLLOWING MONTH.

I WILL REPORT ALL CHANGES IN MY HOUSEHOLD WITHIN 10 DAYS THROUGH WWW.COMPASS.GA.GOV OR CALL 1-877-423-4746 (TDD/TTY 1-800-255-0135); FAX 1-888-740-9355.

DATE OF APPLICATION _____ APPLICANT'S SIGNATURE _____

*By providing Race information, you will assist us in administering our programs in a non-discriminatory manner. You are not required to give us this information and it will not affect your eligibility or benefit level.

DMA 632H (08/13/2015)

TOTAL GROSS TAXABLE INCOME =

NUMBER IN BUDGET GROUP =

POVERTY INCOME LEVEL =

APPLICANT IS ELIGIBLE OR INELIGIBLE FOR THE FOLLOWING PRESUMPTIVE ELIGIBILITY CLASS OF ASSISTANCE:

- PARENT/CARETAKER WITH CHILD(REN) PREGNANT WOMAN
 CHILD(REN UNDER 19) FORMER FOSTER CARE (Up to age 26)

I HAVE OBTAINED A HEALTHCARE COVERAGE APPLICATION (94A) FROM THE APPLICANT AND HAVE FAXED IT TO DCH AT 404 469-2538. YES (Included in PE Packet) NO

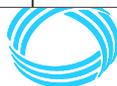
APPLICANT'S INITIALS _____

DATE OF COMPLETION _____ COMPLETED BY (PLEASE PRINT) _____ TITLE QH _____

DIRECT PHONE NUMBER _____ SIGNATURE OF QUALIFIED HOSPITAL PERSONNEL _____

QUALIFIED HOSPITAL NAME AND ADDRESS _____ QH PROVIDER ID _____

REIMBURSEMENT FOR MEDICAID SERVICES THROUGH THE PREGNANCY PRESUMPTIVE ELIGIBILITY PERIOD DOES NOT INCLUDE INPATIENT HOSPITAL SERVICES OR DELIVERY



QUESTIONS TO ASK FOR A COMPLETE APPLICATION (632H)

- **Effective Date of Services** - this is the date you complete the application.
- **Medicaid ID Number** - this is the number of the qualifying member.
- **Basic Demographics** - person making the Medicaid application (Parent/Caretaker)
- **Health Insurance TPL** - if they have other insurance, DMA 285 is required
- **Former Foster Child (FC)** - If **YES** - did they age out at 18yrs old or older.
If **NO** - not eligible for **FC**
- **Tax filing status** - person making application (this determines the budget group)
- **Dependents you claim** - if you can claim them on your taxes, you can claim in the budget group
- **Income & deductions** - Gross income (-) deduction = Net Income
- **All household members** - if claimed as tax dependent (children under 19yrs old) must be included in the budget group, and include their countable income.

PE DETERMINATION PROCESS BY CATEGORY

- §435.150 Former Foster Care Medicaid
- §435.110 Parent/Caretaker with Child(ren)
- §435.1102 Children Under 19 Years of Age
- §435.1103 Pregnant Women

How to Determine Eligibility for §435.150 Former Foster Care Medicaid Child

Provides Medicaid coverage for individuals that have aged out of Foster Care at 18 years of age or older.

- ❖ Foster Care is not limited to only Georgia.
- ❖ The individual must be under 26 years of age.
- ❖ No income or asset test required.
- ❖ They will be the only one included in their budget group. Tax filer/Non-Tax Filer status is not considered. If they have other family members, such as a child, these individuals are considered for another type of Medicaid.

Example of Former Foster Care Child

Lisa Leigh (24 years old) received Foster Care in Washington until she aged out of the program at 18. She now lives in Georgia with her 3 year old child. She will not file a tax return this year. Lisa is applying for herself only? Who is included in the budget group?

For this household we have one budget group:

PE Former Foster Care Medicaid will have a budget group of one, Lisa.

Lisa is applying for herself and child. Lisa earns \$1500.00 a month and will file a tax return.

Lisa will be eligible because there is no income or asset test for Former Foster Care Child(ren).

Her 3 year old child will be eligible as child under 19 based on MAGI income.

Her income is \$1500. Children under 19 years of age for BG of 2 (149%) = \$1990.

Lisa and her 3 year old child are both eligible for presumptive Medicaid.



How to Determine Eligibility for §435.110 Parent/Caretaker with Child(ren)

Provides Medicaid coverage for Parent(s) or Caretaker(s) with at least one qualifying child.

The Eligibility Criteria is:

- ❖ Tax Filer or Non Tax Filer Status
- ❖ Exceptions per ACA
- ❖ Net Taxable Income must be at or below limit
- ❖ GA Resident
- ❖ Citizen or Qualified Immigrant

Example of Parent/Caretaker with Child(ren)

Michele Brown is expecting twins and she lives with her husband, her daughter (15), and three mutual children (8, 10, and 11). Michele is employed and earns \$2,310.00, per month. She pays \$184 monthly for vision insurance (pre-tax). Her husband is employed as a machinist and earns \$2,693.00, per month. He pays \$300 monthly for MARTA (pre-tax), \$298 monthly for dental insurance and \$800 monthly alimony to his ex- wife. Mr. Brown file taxes jointly with his wife and claims all the children as dependents. Michele receives \$1,022.00, per month, child- support for her daughter. Mrs. Brown is requesting Medicaid for herself, her spouse and their three mutual children.

Determine Budget Group:

Budget group of **8**

Ms. Brown, Mr. Brown, her Daughter(15), and 3 mutual children (ages 8, 10, 11) and expected twins.

How to Calculate Income for §435.110 Parent/Caretaker with Child(ren)

Determine Income to be counted:

\$2310.00	Mrs. Brown's earned income	\$ 2693.00	Mr. Brown's earned income
<u>\$ -184.00</u>	Vision Insurance/Pre-tax	<u>\$ -300.00</u>	Marta Pre-tax
\$2126.00	Mrs. Brown's net taxable income	\$ 2393.00	
		<u>\$ - 298.00</u>	Dental Insurance/Pre-tax
		<u>\$ - 800.00</u>	Alimony/1040 Deduction
		\$ 1295.00	Mr. Brown's net taxable income

\$ 2126.00 Mrs. Brown's net taxable income
+ \$ 1295.00 Mr. Brown's net taxable income
\$ 3421.00 (Total income to count)

How to Determine Eligibility for §435.110 Parent/Caretaker with Child(ren)

Pregnant Women BG of 8 income Limit = \$7,498

Parent/Caretaker with Child(ren) BG of 8 income Limit = \$970

Children Under 19 Years of Age BG of 8 income limit = \$4,533

Presumptive Eligibility for Children Under 19 years of Age
Medicaid and Pregnant Women Medicaid.

Michelle is eligible for PE for Pregnant Women.

Children are eligible for PE for Children Under 19 Years of Age.

§435.1102 Children Under 19 Years of Age

Provides Medicaid coverage for child(ren) under 19 years of age.

The eligibility criteria is:

- ❖ Tax Filer or Non Tax Filer Status
- ❖ Exceptions per ACA
- ❖ Net Taxable Income must be at or below limit
- ❖ GA Resident
- ❖ Citizen or Qualified Immigrant

Example of Children Under 19 Years of Age

Marcy Jones lives with her husband, her daughter age 15, two mutual children ages 5 & 7 years old, and his son. Marcy is employed and earns \$1,100.00, per month. Her husband is employed as a machinist and earns \$2,228.00, per month. Marcy receives \$675.00 per month child support for her daughter. Mr. Jones is expected to file a tax return and claim his wife, his step daughter, his son age 17, and the two mutual children. **Marcy is applying for Medicaid for the two mutual children only.** Who is included in the budget group?

Budget group of **6**.

Mr. and Mrs. Jones, their two children, Ms. Jones' daughter and Mr. Jones' son.

How to Calculate Income for §435.1102 Children Under 19 Years of Age

Mrs. Jones Income

\$1,100.00 per month

Mrs. Jones receives \$675/mo in child support - **excluded**.

(Regardless of how they receive child support, and amount, none of the child support is counted as it is considered non-taxable income per IRS regulations)

Mr. Jones Income

\$2,228.00 per month

\$2,228.00 Mr. Jones net monthly income
+ \$1,100.00 Mrs. Jones net monthly income
\$3,328.00 (Total income to count)

How to determine eligibility for §435.1102 Children Under 19 Years of Age

Parent/Caretaker with Child(ren) BG of 6 income Limit = \$970

Children Under 19 Years child Age 5 BG of 6 income limit = \$4046.00

Children Under 19 years child Age 7 BG of 6 income limit = \$3611.00

Both children are eligible for PE for Children Under 19 Years of Age.

§435.1103 Pregnant Women

Provides Medicaid coverage for a pregnant woman.

The eligibility criteria is:

- ❖ Tax Filer or Non Tax Filer Status
- ❖ Exceptions per ACA
- ❖ Net Taxable Income must be at or below limit
- ❖ GA Resident
- ❖ Citizen or Qualified Immigrant
- ❖ Pregnant (Does not have to be medically verified)
- ❖ Can only be PE approved once per pregnancy

Example of §435.1103 Pregnant Women

Jane Lyons is pregnant and lives with her 3 year old son. She earns \$ 1500 a month. She is applying for everyone in the household. Jane does not expect to file a tax return. Who is included in the budget group?

Answer: Budget Group of 3 - Jane, unborn child, and her 3yr old son.

Now if Jane's live-in boyfriend Jimmy Stewart was the father of her son, the budget group would include Jane, her fetus, her son and her boyfriend, because he is the other parent.

If Jane and the other parent both expected to file a tax return, only one of them could claim the son as a tax dependent. Count all of them in the budget group and include the fetus.

If they were married and expect not to file a joint tax return, they would all be counted in the budget group and include the unborn child because they all live together.

How to Calculate Income for §435.1103 Pregnant Women

Jane Lyons is pregnant and lives with her 3 year old son. She earns \$1500 a month. She is applying for everyone in the household. Jane does not expect to file a tax return.

Jane's income

\$1500 (Total income to count)

How to Determine Eligibility for §435.1103 Pregnant Women

PE for pregnant woman BG of 3 income limit = \$3,696

PE for Children under 19 (3yrs old) BG of 3 income limit = \$2,504

Jane is eligible for PE for Pregnant Women.

Her 3 year old son is eligible for PE for Children under 19 years of age.

GAMMIS ON-LINE PROCEDURES

- On-line Procedures for Approvals
- Manual Procedures for Approvals
- Denials

On-line Procedures for Approvals

- The on-line process allows certain information contained on the completed PE application (Form DMA 632H) to be entered into GAMMIS system.
- Data entry allows immediate update of DCH/GAMMIS file & immediate generation of a Medicaid identification number.
- The interview with applicant and appropriate forms **MUST** be completed.
- If ID is already known to the system use the **same** ID.

On-line Procedures for Approvals

If all data are entered correctly in GAMMIS, a temporary Medicaid certificate is produced.

1. Print out two copies, one to applicant. This serves as notice.
2. Retain one copy for the record, with the PE application 632H.
3. **ASAP** fax PE packet* to (404) 463 – 2538,
Attn: Gloria Hill / Kunita Snead.

*PE packet consists of the PE Application-DMA 632H, Declaration of Citizenship-Form 216, HIPPA-form 5460, and Approval Notice-634H.

**If applicable, fax Third party liability-DMA 285 and any verification applicant provides.



Manual Approvals

Approved PE applications only, call HP to have manually updated, 1-800-766-4456.

1. Give applicant DMA 634H - Approval Notice.
2. Retain one copy for the record, with the application 632H.
3. **ASAP** fax PE packet* to (404) 463 – 2538,
Attn: Gloria Hill / Kunita Snead.

*PE packet consists of the PE Application-DMA 632H, Declaration of Citizenship-Form 216, HIPPA-form 5460, and Approval Notice-634H.

**If applicable fax Third party liability-DMA 285 and any verification applicant provides.



Procedural Responsibilities of Qualified Hospitals Denials

For any applicant determined NOT eligible for presumptive coverage shall:

- ✓ Inform the applicant verbally and in writing via form 634H (**Denial**).
- ✓ Advise the applicant that if their circumstances change, they may have another determination of PE performed by QH.
- ✓ Inform applicant, the application for healthcare coverage has been forwarded to the local RSM/DFCS office for a formal determination of eligibility, if completed.
- ✓ Fax a copy of the completed PE Medicaid application form 632H, Declaration of Citizenship form 216, the HIPPA form 5460, a copy of the 634H Denial form, and the signed healthcare coverage application 94A (if completed) to DCH within 5 calendar days.
- ✓ Provide the applicant with the address and telephone number of their RSM/DFCS office.
- ✓ Inform the applicant about Planning for Health Babies (P4HB).

Reasons for Denials

1. The applicant is not a U.S. citizen or qualified immigrant.
2. The applicant's net family taxable income is above the allowable percentage of the federal poverty level limit.
3. The applicant is not a Georgia Resident.
4. The applicant is not the appropriate age for the PE Medicaid.
5. The applicant is not a Former Foster Care Child.
6. The applicant states she is not pregnant.
7. Unable to determine, applicant refuses to verbally give tax status information.



PE Denial Process

- If there is a qualifying member when the Hospital PE Medicaid application is denied, the data can be entered on the GAMMIS system.
- After the qualifying member has been entered into the GAMMIS system, the qualifying member's Medicaid number is entered in the first field and it will pre-populate with the case information. The correct denial reason can be selected from the drop down boxes.
- If after the completion of a PE application-form DMA 632H, and it is determined that there are no qualified applicants, the application is to be **denied** for PE, and QH shall follow these steps:

PE Denial Process

1. Complete and give the applicant a copy of the **Notice of Action-Denial, 634H**. This is the **only** form the applicant receives.
2. Within five (5) calendar days, fax the PE packet* to DCH at 404-463-2538.

Note: Since single denied applicant without a qualifying member cannot be entered into GAMMIS, all Qualified Hospitals, including those with Internet access, must follow the above procedures for denials.

***PE Packets Include:**

- ✓ Form 632H
- ✓ Form 634H
- ✓ HIPPA 5460
- ✓ Single Streamlined Medicaid Application 94A
- ✓ Declaration of Citizenship/Immigration Status Form 216 (if not included with single streamlined application form)
- ✓ Any verification applicant provides



PE Denial Process

If a healthcare coverage application was signed and submitted as part of the PE packet, and the applicant is found ineligible for any Medicaid, DFCS/RSM will send the application to the **Federally Facilitated Marketplace (FFM)**. The applicant will be notified directly by the FFM. The applicant may find additional FFM information, or apply directly for Healthcare coverage at www.healthcare.gov, or you may call the FFM any time at 1-800-318-2596, TTY 1-855-889-4325.

GAMMIS

List of PE Specialty Codes

GAMMIS Screen Shots

GAMMIS SPECIALTY CODES CHART

Presumptive Women’s Health Medicaid 800

Presumptive WHM for women with breast and/or cervical cancer determined by Qualified providers only.

Presumptive Parent/Caretaker Adult Medicaid 801

Presumptive Parent/Caretaker Medicaid benefits for eligible adults that have a qualifying child.

Presumptive Parent/Caretaker Child Medicaid 802

Presumptive Parent/Caretaker Medicaid benefits for eligible children up to age 19 and the adult(s) who are responsible for those children.

Presumptive Child(ren) under 19 Years of Age 806

Presumptive Medicaid to eligible children through the month which the child turns 19 years of age who meet eligibility criteria. Income limits for this COA are based on percentages of the Federal Poverty Level (FPL).

Presumptive Former Foster Care 852

Continuation of Foster Care Medicaid for former foster care members that have aged out of Foster Care Medicaid or CHAFEE Medicaid and are no longer eligible for Foster Care Medicaid and are under 26 years of age.

Presumptive Pregnant Woman 864

Presumptive Pregnant Medicaid for pregnant woman determined by Qualified providers only.

SCREENING ON GAMMIS

Always screen on the web first to make sure the applicant is not already active on Medicaid.

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home | Eligibility Request

- Newborn Activations
- Hospital Activations
- Pregnant Women Activations
- Women's Health Activations

(click to hide) Alert Message posted 2
This site is for testing purposes only!
This site is for testing purposes only. Any inform

User Information - Provider 000155933X

Note: If a member is enrolled in a managed care plan on the date of admission, the plan is responsible for the entire stay as long as Medicaid eligibility is maintained. If the member is enrolled in a fee for service program on the date of admission, then the fee for service program is responsible for the entire hospital stay as long as Medicaid eligibility is maintained.

Pregnant Women receiving Medicaid are exempt from copays from the 1st day of pregnancy until the end of the month of the 60 day transitional period.

Eligibility Verification Request

Member ID	<input type="text"/>	Birth Date	<input type="text"/>	<input type="button" value="v"/>
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	<input type="text"/>	<input type="button" value="v"/>
Gender	<input type="button" value="v"/>	Service Type	30 - Health Plan Benefit Coverage	<input type="button" value="v"/>

SCREENING ON GAMMIS

If the applicant was ever known to the system you will see them as inactive at the bottom of the screen.

Eligibility Verification Request ?

Member ID	111222333444	Birth Date	<input type="text"/>	<input type="button" value="⌵"/>
Last Name	<input type="text"/>	SSN	<input type="text"/>	
First Name	<input type="text"/>	From/Thru Date of Service	09/30/20XX	<input type="button" value="⌵"/> <input type="text" value="10/24/20XX"/> <input type="button" value="⌵"/>
Gender	<input type="button" value="⌵"/>			

Member ID Information ?

Member ID	111222333444	First Name	L.
Birth Date	12/4/19XX	Last Name	SMITH
Address 1	123 ABC STREET	Middle Initial	H.
Address 2(County)	107 - NEWTON	Name Suffix	
City	COVINGTON	Gender	F
State	GA	Transaction Date/Time	10/03/20 02:54:59
Zip	30016-2907	Confirmation #	122770010D

Her original Medicaid Number will appear here.

Eligibility Spans ?

Status	Service Type Code	Insurance Type Code	Aid Category	Effective Date	End Date	Special Notes or Limitations
Inactive				09/30/20	10/24/20	

GAMMIS - HPE Activation

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) web application. At the top left is the Georgia Department of Community Health logo. The center features the GAMMIS logo with the tagline "GEORGIA MEDICAID MANAGEMENT INFORMATION SYSTEM". On the top right is the HP logo. Below the header is a navigation menu with various tabs: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, Trade Files, Home, Secure Home, Demographic Maintenance, Newborn Activations, Provider Rates, Bed Registry, Procedure Search, and EOB Search. A callout box with a blue background and white text points to the "Hospital Activations" link in the navigation menu, with the text "Navigate to Hospital Activations Tab". Below the navigation menu is a search bar and a date indicator "Tuesday, March 17, 2015". A blue banner displays "User Information - Provider 000155933X". Below this is a table titled "Provider Service Location Information" with the following data:

Provider Service Location Information	
Name	HUMILITY OF MARY--ST. ELIZABETH'S
Address 1	1044 BELMONT AVE
Address 2	
City, State	YOUNGSTOWN, OH
Zip	44504-1006
Medicaid Provider ID	000155933X
National Provider ID	1548296106
Provider Type	HOSPITAL

Below the table is a "Messages" section showing "*** No rows found ***".

GAMMIS - Screen for GA Medicaid ID

Note: By pressing the submit button, the next page that appears is the member's temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate from the next page. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

submit

cancel

Presumptive Eligibility for Hospital Request [?] [^]

Household Information

Qualifying Member ID	<input type="text"/>	Number of Adults*	<input type="text"/>
Net/Taxable Income*	<input type="text"/>	Number of Children*	<input type="text"/>

Member Information

Member ID	<input type="text"/>	Gender*	<input type="text"/>
First Name*	<input type="text"/>	Birth Date*	<input type="text"/>
Last Name*	<input type="text"/>	SSN	000-00-0000
MI	<input type="text"/>	Home Phone	<input type="text"/>
Suffix	<input type="text"/>	Other Phone	<input type="text"/>
Race*	<input type="text"/>	Ethnicity*	<input type="text"/>
Citizenship*	<input type="text"/>		<input type="text"/>

Mailing Address

Address*	<input type="text"/>
Address 2	<input type="text"/>
City*	<input type="text"/>
Zip*	00000

Residential Address

Same as Mailing Address	<input type="checkbox"/>
Address*	<input type="text"/>
Address 2	<input type="text"/>
City*	<input type="text"/>
Zip*	00000 0000
State*	GA
County*	<input type="text"/>

Eligibility Information

Medicaid Application Submitted?*	<input type="text"/>	Application Date*	<input type="text"/>
Is Member Pregnant?	<input type="text"/>	Pregnancy Due Date	<input type="text"/>
Number of Expected Births	<input type="text"/>	Determination/Eligibility Begin Date	03/17/2015
Denial Reason	<input type="text"/>		
Aid Category	<input type="text"/>		

Message from webpage

Does this member have a Georgia Medicaid ID number? If Yes, please enter their Georgia Medicaid ID to prepopulate the member's information. If not, please continue entering the new member's information.

OK

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top of page

GAMMIS - Enter Income and Category

Enter the members' net/taxable income from form 632H

Presumptive Eligibility for Hospital Request

Household Information

Qualifying Member ID

Net/Taxable Income*

Member Information

Member ID

First Name*

Last Name*

MI

Suffix

Race*

Citizenship*

Mailing Address

Address*

Address 2

City*

Zip*

Residential Address

Same as Mailing Address

Address

Address 2

City

Zip

Eligibility Information

Medicaid Application Submitted?*

Is Member Pregnant?

Number of Expected Births

Denial Reason

Aid Category

Number of Adults*

Number of Children*

Gender*

Birth Date*

SSN

Home Phone

Other Phone

Ethnicity*

Primary Household Language*

State*

County*

State

County

Application Date*

Pregnancy Due Date

Determination/Eligibility Begin Date

Select the members' aid category from the drop down box

top of page

top of page

top of page



GAMMIS - Review & Submit

Note: By pressing the submit button, the next page that appears is the member's temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate from the next page. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

Click the 'submit' button after all of the information has been entered on the screen

[submit](#) [cancel](#)

Presumptive Eligibility for Hospital Request

Household Information

Qualifying Member ID

Net/Taxable Income* \$505.00

Member Information

Member ID

First Name* SHEILA

Last Name* BAKER

MI

Suffix

Race* Caucasian

Citizenship* US CITIZEN

Mailing Address

Address* 376 GREEN OAK DRIVE

Address 2

City* ATLANTA

Zip* 30331 0000

Residential Address

Same as Mailing Address

Address

Address 2

City

Zip

Eligibility Information

Medicaid Application Submitted? YES

Is Member Pregnant? NO

Number of Expected Births

Denial Reason

Aid Category PE Adult (Parent/Caretaker with child(ren))

Number of Adults* 1

Number of Children* 2

Gender* Female

Birth Date* 08/01/1980

SSN 898-54-9632

Home Phone

Other Phone

Ethnicity* Not Applicable

Primary Household Language* ENGLISH

State* GA

County*

State

County

Application Date* 03/17/2015

Pregnancy Due Date

Determination/Eligibility Begin Date 03/17/2015

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Determination/Eligibility Begin Date is the current date and cannot be modified. Coverage begins on the date the qualified hospital makes the determination.



Medicaid ID Generated & Certificate Displayed

After the submit button is selected the request is processed and the members new Medicaid ID is generated and the certificate will display.

Note: By pressing the submit button, the next page that appears is the member's temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate from the next page. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

The following messages were generated:
The presumptive eligibility request was successfully processed. The Medicaid ID is 222113132041. Select the following link to open a [certificate of eligibility](#). If a window does not appear or if you close the initial certificate.

Presumptive Eligibility for Hospital Request

Household Information	
Qualifying Member ID	Number of Adults 1
Net/Taxable Income \$505.00	Number of Children 2
Member Information	
Member ID	Gender Female
First Name SHEILA	Birth Date 08/01/1980
Last Name BAKER	SSN 090-54-9632
MI	Home Phone
Suffix	Other Phone
Race Caucasian	Ethnicity Not Applicable
Citizenship US CITIZEN	Primary Household Language ENGLISH
Mailing Address	
Address 376 GREEN OAK DRIVE	State GA
Address 2	County 060-Fulton
City ATLANTA	
Zip 30331 0000	
Residential Address	
Same as Mailing Address <input checked="" type="checkbox"/>	State
Address	County
Address 2	
City	
Zip	
Eligibility Information	
Medicaid Application Submitted? YES	Application Date 03/17/2015
Is Member Pregnant? NO	Pregnancy Due Date
Number of Expected Births	Determination/Eligibility Begin Date 03/17/2015
Denial Reason	
Aid Category PE Adult (Parent/Caretaker with child(ren))	

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GAMMIS - CASE DATA

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GAMMIS

hp

Welcome, Humility Of Mary--St Elizabeths

Tuesday, March 17, 2015

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home Newborn Activations Hospital Activations Pregnant Women Activations Women's Health Activations

User Information - Provider 000155933X

Note: By pressing the submit button, the next page that appears is a temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please close the temporary Medicaid Certificate page, the certificate will be generated.

Message from webpage

Qualifying Member information has been populated based on the ID provided. Any values changed below will be updated in the system if submitted.

cancel

OK

Presumptive Eligibility for Hospital Request

Household Information

Qualifying Member ID 222113132841

Net/Taxable Income* \$505.00

Member Information

Member ID

First Name*

Last Name*

MI

Suffix

Race*

Citizenship*

Mailing Address

Address* 376 GREEN OAK DRIVE

Address 2

City* ATLANTA

Zip* 30331 0000

Residential Address

Same as Mailing Address

Address* 376 GREEN OAK DRIVE

Address 2

City* ATLANTA

Zip* 30331 0000

Number of Children* 2

Gender*

Birth Date*

SSN 000-00-0000

Home Phone

Other Phone

Ethnicity*

Primary Household Language* ENGLISH

State* GA

County* 060-Fulton

State* GA

County* 060-Fulton

The system will prepopulate the fields with the case data.



GAMMIS - Select Category for Member

Qualifying Member ID 222113132841
Net/Taxable Income* \$505.00

Member Information
Member ID
First Name* SHAWN
Last Name* BAKER
MI
Suffix
Race* Caucasian
Citizenship*

Mailing Address
Address* 376 GREEN OAK DRIVE
Address 2
City* ATLANTA
Zip* 30331 0000

Residential Address
Same as Mailing Address
Address* 376 GREEN OAK DRIVE
Address 2
City* ATLANTA
Zip* 30331 0000

Eligibility Information
Medicaid Application Submitted? YES
Is Member Pregnant?
Number of Expected Births
Denial Reason
Appeal Category

Number of Adults* 1
Number of Children* 2
Gender* Male
Birth Date* 04/05/2000
SSN 875-25-9863
Home Phone
Other Phone
Ethnicity* Not Applicable
Primary Household Language* ENGLISH
State* GA
County* 060-Fulton
State* GA
County* 060-Fulton
Application Date* 03/17/2015
Pregnancy Due Date
Determination/Eligibility Begin Date 03/17/2015

Select the appropriate Medicaid category for the member.

- PE Adult (Parent/Caretaker with child(ren))
- PE Child of (Parent/Caretakers with child(ren))
- PE Children Under 19 Years of Age
- PE Former Foster Care Child (LA=FF)

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GAMMIS - Submit Request for the Member

Note: By pressing the submit button, the next page that appears is the member's temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

Select submit to process the request for the member

Presumptive Eligibility for Hospital Request

Household Information

Qualifying Member ID: 222113132841 Number of Adults*: 1

Net/Taxable Income*: \$505.00 Number of Children*: 2

Member Information

Member ID:

First Name*: JENNIFER Gender*: Female

Last Name*: BAKER Birth Date*: 02/27/2009

MI: SSN: 858-22-2121

Suffix:

Race*: Caucasian Home Phone:

Citizenship*: US CITIZEN Other Phone:

Mailing Address

Address*: 376 GREEN OAK DRIVE Ethnicity*: Not Applicable

Address 2: Primary Household Language*: ENGLISH

City*: ATLANTA State*: GA

Zip*: 30331 0000 County*: 060-Fulton

Residential Address

Same as Mailing Address:

Address*: 376 GREEN OAK DRIVE State*: GA

Address 2: County*: 060-Fulton

City*: ATLANTA Application Date*: 03/17/2015

Zip*: 30331 0000 Pregnancy Due Date:

Eligibility Information

Medicaid Application Submitted?: YES

Is Member Pregnant?: NO

Number of Expected Births:

Determination/Eligibility Begin Date: 03/17/2015

Denial Reason: PE Adult (Parent/Caretaker with child(ren))

Aid Category: PE Child of (Parent/Caretakers with child(ren))

PE Children Under 19 Years of Age

PE Former Foster Care Child (LA=FF)



Add Other Qualifying Members

The other qualifying member is successfully added and the certificate of eligibility is generated.

Note: By pressing the submit button, the next page that appears is the member's temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate from the next page. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

The following messages were generated:
The presumptive eligibility request was successfully processed. The Medicaid ID is 222113132851. Select the following link to open a [certificate of eligibility](#), if a window does not appear or if you close the initial certificate.

Presumptive Eligibility for Hospital Request	
Household Information	
Qualifying Member ID	222113132841
Net/Taxable Income	\$505.00
Member Information	
Member ID	
First Name	JENNIFER
Last Name	BAKER
MI	
Suffix	
Race	Caucasian
Citizenship	US CITIZEN
Mailing Address	
Address	376 GREEN OAK DRIVE
Address 2	
City	ATLANTA
Zip	30331 0000
Residential Address	
Same as Mailing Address	<input type="checkbox"/>
Address	376 GREEN OAK DRIVE
Address 2	
City	ATLANTA
Zip	30331 0000
Eligibility Information	
Medicaid Application Submitted?	YES
Is Member Pregnant?	NO
Number of Expected Births	
Denial Reason	
Aid Category	PE Child of (Parent/Caretakers with child/ren)
Number of Adults	1
Number of Children	2
Gender	Female
Birth Date	02/27/2009
SSN	858-22-2121
Home Phone	
Other Phone	
Ethnicity	Not Applicable
Primary Household Language	ENGLISH
State	GA
County	060-Fulton
State	GA
County	060-Fulton
Application Date	03/17/2015
Pregnancy Due Date	
Determination/Eligibility Begin Date	03/17/2015



GAMMIS

PROCESS FOR DENIALS



GAMMIS - Qualifying Members Must be Entered First

Member Information

Member ID
First Name* SALLY
Last Name* JONES
MI
Suffix
Race* Black
Citizenship* US CITIZEN

Mailing Address

Address* 456 FLAT SHOALS AVE
Address 2 APT 1212
City* DECATUR
Zip* 30034 0000

Residential Address

Same as Mailing Address
Address
Address 2
City
Zip

Eligibility Information

Medicaid Application Submitted?* YES
Is Member Pregnant? NO
Number of Expected Births
Denial Reason PE Adult (Parent/Caretaker with child(ren))
Aid Category PE Child of (Parent/Caretakers with child(ren))
PE Children Under 19 Years of Age
PE Former Foster Care Child (LA=FF)

Gender* Female
Birth Date* 07/06/2007
SSN 876-25-9874
Home Phone
Other Phone
Ethnicity* Not Applicable
Primary Household Language* ENGLISH

State* GA
County* 044-DeKalb

State
County

Application Date* 03/17/2015
Pregnancy Due Date
Determination/Eligibility Begin Date 03/17/2015

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REPORT FRAUD

For households with a qualifying member and a denied member, the qualifying member must be entered first. The system will not allow you to generate the denial certificate without the qualifying member.

GAMMIS – Print Qualifying Members’ Certificates

Note: By pressing the submit button, the next page that appears is the member’s temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate from the next page. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

The following messages were generated:
 The presumptive eligibility request was successfully processed. The Medicaid ID is 222113132852. Select the following link to open a [certificate of eligibility](#), if a window does not appear or if you close the initial certificate.

Presumptive Eligibility for Hospital Request

Household Information	
Qualifying Member ID	Number of Adults 1
Net Taxable Income \$1,705.01	Number of Children 1
Member Information	
Member ID	Gender Female
First Name SALLY	Birth Date 07/06/2007
Last Name JONES	SSN 876-25-9874
MI	Home Phone
Suffix	Other Phone
Race Black	Ethnicity Not Applicable
Citizenship US CITIZEN	Primary Household Language ENGLISH
Mailing Address	
Address 456 FLAT SHOALS AVE	State GA
Address 2 APT 1212	County DeKalb
City DECATUR	
Zip 30034 0000	
Residential Address	
Same as Mailing Address <input checked="" type="checkbox"/>	
Address	State
Address 2	County
City	
Zip	
Eligibility Information	
Medicaid Application Submitted? YES	Application Date 03/17/2015
Is Member Pregnant? NO	Pregnancy Due Date
Number of Expected Births	Determination/Eligibility Begin Date 03/17/2015
Denial Reason	
Aid Category PE Children Under 19 Years of Age	

GAMMIS – Enter Denial Members

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files
Home | Newborn Activations | Hospital Activations | Pregnant Women Activations | Women's Health Activations

User Information - Provider 000155933X

Note: By pressing the submit button, the next page that appears is the member information page. You can only print the temporary Medicaid Certificate one time. Please use the print button. Once you close the temporary Medicaid Certificate page, the certificate will be deleted.

Presumptive Eligibility for Hospital Request

Household Information
Qualifying Member ID
Net/Taxable Income*

Member Information
Member ID
First Name*
Last Name*
MI
Suffix
Race*
Citizenship*

Mailing Address
Address*
Address 2
City*
Zip*

Residential Address
Same as Mailing Address
Address*
Address 2
City*
Zip*

Number of Adults*
Number of Children*
Gender*
Birth Date*
SSN
Home Phone
Other Phone
Ethnicity*
Primary Household Language*
State*
County*
State*
County*

Message from webpage

 Qualifying Member information has been populated based on the ID provided. Any values changed below will be updated in the system if submitted.

OK

Creating the denial certificate: Enter the qualifying member's ID, to pre-populate the case data.



GAMMIS - Select the Denial Reason

Qualifying Member ID	222113132852	Number of Adults*	1
Net/Taxable Income*	\$1,705.01	Number of Children*	1
Member Information			
Member ID		Gender*	Female
First Name*	AMBER	Birth Date*	08/15/1989
Last Name*	JONES	SSN	000-00-0000
MI		Home Phone	
Suffix		Other Phone	
Race*	Black	Ethnicity*	Not Applicable
Citizenship*	US CITIZEN	Primary Household Language*	ENGLISH
Mailing Address			
Address*	456 FLAT SHOALS AVE	State*	GA
Address 2	APT 1212	County*	044-DeKalb
City*	DECATUR		
Zip*	30034 0000		
Residential Address			
Same as Mailing Address	<input type="checkbox"/>	State*	GA
Address*	456 FLAT SHOALS AVE	County*	044-DeKalb
Address 2	APT 1212		
City*	DECATUR		
Zip*	30034 0000		
Eligibility Information			
Medicaid Application Submitted?*	YES	Application Date*	03/17/2015
Is Member Pregnant?	NO	Pregnancy Due Date	
Number of Expected Births		Determination/Eligibility Begin Date	03/17/2015
Denial Reason	NET TAXABLE INCOME EXCEEDS THE INCOME STANDARD		
Aid Category	NOT A FORMER FOSTER CARE CHILD		
	NOT A GEORGIA RESIDENT		
	NOT A QUALIFIED IMMIGRANT		
	NOT PREGNANT		
	NOT THE CORRECT AGE FOR THE MEDICAID		
	UNABLE TO DETERMINE, APPLICANT REFUSES TO VERBALLY GIVE TAX STATUS INFORMATION		

Select the correct HPE denial reason from the drop down box.



GAMMIS - Denial Certificate Generated

The denial certificate is generated in a separate window. Print and give to member.

Note: By pressing the submit button, the next page that appears is the member's temporary Medicaid Certificate. You can only print the temporary Medicaid Certificate one time. Please use your browser to print the temporary Medicaid Certificate from the next page. Once you close the temporary Medicaid Certificate page, the certificate will no longer be available to print.

The following messages were generated:
The presumptive eligibility request was successfully processed. Select the following link to open a certificate of denial if a window does not appear or if you close the initial certificate.

Presumptive Eligibility for Hospital Request

Household Information	
Qualifying Member ID	222113132852
Net Taxable Income	\$1,705.01
Member Information	
Member ID	
First Name	AMBER
Last Name	JONES
MI	
Suffix	
Race	Black
Citizenship	US CITIZEN
Mailing Address	
Address	456 FLAT SHOALS AVE
Address 2	APT 1212
City	DECATUR
Zip	30034 0000
Residential Address	
Same as Mailing Address	<input type="checkbox"/>
Address	456 FLAT SHOALS AVE
Address 2	APT 1212
City	DECATUR
Zip	30034 0000
Eligibility Information	
Medicaid Application Submitted?	YES
Is Member Pregnant?	NO
Number of Expected Births	
Denial Reason	NET TAXABLE INCOME EXCEEDS THE INCOME STANDARD
Aid Category	
Number of Adults	1
Number of Children	1
Gender	Female
Birth Date	03/15/1989
SSN	000-00-0000
Home Phone	
Other Phone	
Ethnicity	Not Applicable
Primary Household Language	ENGLISH
State	GA
County	044-DeKalb
Application Date	03/17/2015
Pregnancy Due Date	
Determination/Eligibility Begin Date	03/17/2015

A Medicaid ID is NOT generated



PRESUMPTIVE ELIGIBILITY

QUALIFIED HOSPITALS

PERFORMANCE

STANDARDS

Qualified Hospital PE Performance Standards

- DCH PE Auditors will review all Qualified Hospital PE determinations for the first 6 months.
- DCH PE Auditors will look at the share of PE applicants who file a full Medicaid application and found eligible at the end of the first 6 months.
- After the first 6 months, DCH Medicaid Policy requires 90% of PE applications be done correctly.
- Hospitals are to ensure that 100% of applicants are checked for existing Medicaid enrollment.

Qualified Hospital PE Performance Standards

- Hospitals are to ensure that 95% to 100% of potential applicants are checked for recent PE determinations.
- Qualified Hospital PE standards will be established at the end of the first 6 months and based on data gathered during the initial 6 months implementation.
- Qualified Hospitals may be disqualified from conducting PE determinations for failure to adhere to the above standards or the state's policies and procedures.

Performance Standards & Monitoring Application Reporting Form

HOSPITAL PRESUMPTIVE ELIGIBILITY APPLICATION REPORT

Weekly HPE Report

Name of Hospital	DENIALS	PE Adult (parent /caretaker w/child) 801	PE Child of (Parent/ caretaker w/child) 802	PE Children Under 19 years of age 806	PE former Foster Care Child (LA=FF) 852	PE Pregnant Woman 864	Total Apps Takens	Error Cases	Full Med Requested	Report Month

References

List of RSM Offices:

<https://dch.georgia.gov/rsm-contact-information>

Click on RSM County Office

List of DFCS Offices:

<http://dfcs.dhs.georgia.gov/>

Click on Find Your Local DFCS Office

References

<https://www.mmis.georgia.gov>

Web Portal for the HPE Manual

Appendix I – Types of Income (included & excluded)

How to order Forms:

- Form DMA 632 can only be printed from the Web.
- Form 94a and 5460 should be obtained through RSM or DFCS.
- Form 634, Approval and Denial, can be printed from the Web.
- TPL DMA 285 can only be printed from the Web.
- The Health Coverage application can be obtained from RSM /DFCS
- “Understanding Medicaid Booklet” order from WEB

Federally Facilitated Marketplace (FFM)

Applicants for health coverage in Georgia, who are childless adults between the ages of 19-64 years of age, should be guided to apply directly at the FFM to prevent any delay with their selection.

HealthCare.gov

<https://www.healthcare.gov>

Available 24/7 By Phone:

1-800-318-2596

TTY: 1-855-889-4325



Provider Contact Center

Any provider related issues for enrollment, billing or claims contact: HP Provider Center

- Call toll free 1-800-766-4456
- Email: <https://www.mmis.georgia.gov/portal>
- Use the Web Portal Contact feature

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