



# PE Pregnancy Medicaid Training



Presentation to: Qualified Providers/Qualified Hospitals that complete Presumptive Eligibility (PE) Pregnancy Medicaid applications

Presented by: Memi Wilson



# Mission

## The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*

# AGENDA

- Update: Congratulations to PE and BCCP Coordinators
- Update: Purpose of PE Coordinators
- Update: PE Medicaid Information
- Update: Qualified Immigrants
- Update: Qualified Immigrants Exempt
- Update: Refugee
- Update: Declaration of Immigration Status form 216
- Update: Health Coverage Application form 94a
  - TPL DMA 285 form
- Update: When Should a Child Tax Dependent's Income Be Counted?
- Update: Meg's Examples



# AGENDA (continued)

- PE Pregnant Women Medicaid Manual
- PE Goal and Purpose
- Responsibilities of a QP
- Training Objectives
- Administration of the PE Pregnant Women Medicaid Program
- PE Pregnant Women Medicaid
- Required forms
- How to order forms
- Non financial components: Budget Groups
- Financial components

# AGENDA (continued)

- Income
- Deductions
- Conversion Factor
- FPL Chart
- PE Pregnant Women Medicaid application approvals
- PE Pregnant Women Medicaid application denials
- Brown family case
- GAMMIS

# Updates: PE Coordinators

(1-1) Rome

Carie Warren

(1-2) Dalton

Barbara Gibson

(2) Gainesville

Storie Allison

(3-1) Cobb

Rose Bishop

(3-2) Fulton

Debra Dewitt

(3-3) Clayton

Meko Ridley

(3-4) Gwinnett

Pam Austin

(3-5) DeKalb

Althea Otuata

(4) LaGrange

Amy Lane

# Updates: PE Coordinators

(5-1) Dublin

Teresa Carroll

(5-2) Macon

Ashley Rudeseal

(6) Augusta

Kathy Williams

(7) Columbus

Cathy Graves

(8-1) Valdosta

Maggie King

(8-1) Valdosta

Lisa Thomas

(8-2) Albany

Linda O'Donnell

(9-1) Coastal

Rebekah Chance-Revels

(9-2) Waycross

Kimberly Lee

(10) Athens

Kim McGinnis

# Updates: BCCP Coordinators

(1-1) Rome

Anne Murphy

(1-2) Dalton

Barbara Gibson

(2) Gainesville

Storie Allison

(3-1) Cobb

Cheri Holden

(3-2) Fulton

Debra DeWitt

(3-3) Clayton

Belinda Starks

(3-4) Gwinnett

Pam Austin and Karen Nixon

(3-5) DeKalb

Teresa Edwards

(4) LaGrange

Amy Lane

# Updates: BCCP Coordinators

(5-1) Dublin

**Teresa Carroll**

(5-2) Macon

**Edge Tillman-Johnson**

(6) Augusta

**Jennifer Sapp**

(7) Columbus

**Tracey L. Hall**

(8-1) Valdosta

**Maggie King and Becky Owsley**

(8-2) Albany

**Linda O'Donnell**

(9-1) Coastal

**Rebekah Chance-Revels**

(9-2) Waycross

**Rebecca Brantley**

(10) Athens

**Pam Smith**

# Updates: Purpose of PE Coordinators

Each District will have one PE Coordinator who will serve as the PE Medicaid contact. The PE Coordinator will distribute all the PE Medicaid information and request all PE Medicaid clearances for their District team.

# Updates: PE Medicaid Information

Distribution of PE Medicaid information includes:

- All DCH PE Medicaid MEMOs
- All revised/new PE Medicaid forms
- All DCH PE Medicaid BANNER Messages
- All PE Medicaid training material
- All DCH PE Medicaid clearances
- Prescription updates required same day
- GAMMIS glitches

# Questions?

Before we move, on are there any questions regarding PE and BCCP Coordinators?

# Update: Qualified Immigrants

## Two groups of Qualified Immigrants

1. Immigrants that have been in the United States for five (5) years per the Department of Homeland Security (DHS)
2. Immigrants that are exempt from the five (5) year bar per DHS

# Update: Qualified Immigrants Exempt

- Lawfully admitted immigrants who arrived in the United States **on or after August 22, 1996**, if they are:
  - a) asylees, refugees, or have been paroled in the U.S. for at least one year, or if their deportation is being withheld.
  - b) lawful permanent residents who have been credited forty (40) quarters of employment (10 years) under the U.S. Social Security system and have not received any federal means tested benefits during that time. (The employment test may be met also by the individual's spouse or parent.)
  - c) honorably discharged U.S. military veterans or active duty military personnel, their spouses, or unmarried dependent children.
  - d) individuals whose immigration status is in accordance with the Victims of Trafficking and Violence and Protection Act of 2000 (Public Law 106-386).

# Update: Refugee

- The term “refugee” is used when referring to refugees, asylees, Cuban Parolees/Haitian entrants, Amerasians, victims of trafficking and Special Immigrants from Afghanistan and Iraq.

## Definition

Refugee - (a) any person outside his or her country of nationality or residence who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion or political opinion or (b) any person within his or her country of nationality or residence who is persecuted or has a well-founded fear of persecution on account of race, religion or political opinion.

# Declaration of Immigration Status

## Procedures

QP must have all applicants complete a Declaration of Citizenship/ Immigrant Status form 216 (Appendix F), as part of the PE WHM application process. As with income, the applicant's statement of citizenship/ Immigrant status is acceptable. **Verification of citizenship/immigrant status is not required**; however, if the applicant does present proof of status at the PE WHM interview, copies should be made and one retained in the patient file and one faxed to ARROWHEAD with the PE WHM packet.

ADULT(S) SEEKING BENEFITS					
Name	Place of Birth (city, State, Country)	U.S. Citizen	Lawfully Admitted Immigrant	Date Naturalized or Admitted into U.S. (If applicable)	Immigration Document ID# (If applicable)
		(check whichever applies)			
					A-
					A-

I, \_\_\_\_\_ certify under penalty of perjury, that the information  
(PRINT NAME)  
 written and checked above is true.

\_\_\_\_\_ \_\_\_\_\_  
SIGNATURE (DATE)

\_\_\_\_\_ \_\_\_\_\_  
SIGNATURE (DATE)

Form 216 ENG-SP Rev. 01/14

# Questions?

Before we move, on are there any questions regarding Qualified Immigrants?



# Update: When Should a Child Tax Dependent's Income Be Counted?

Medicaid rules require a child tax dependent's income to be included in the household income if the child tax dependent is required to file a tax return. Sometimes, a child dependent files a tax return even though he or she is not required to do so — for example, to get a refund of taxes withheld from his or her paycheck. In this situation, the child dependent's income would not be counted. A child dependent's income is counted only when he or she is required to file a tax return.

# Update: When Should a Child Tax Dependent's Income Be Counted? (continued)

Child(ren) claimed as a child dependent on someone else's tax return must file taxes if they receive at least **\$6,100 in earned** or **\$1,000 in unearned income** (for 2013 tax year). Note that Supplemental Security Income (SSI) or Social Security benefits (RSDI) are not counted for the purposes of determining whether a child dependent will be required to file a tax return. However, if the child dependent does have a tax filing requirement, then Social Security benefits (RSDI) will be counted in the household's taxable income budget.

# Meg's Example 1

Meg expects to file a tax return and expects to claim her 17-year-old daughter, Christine, as a tax dependent. Meg's annual taxable income is \$30,000. She also receives \$12,000 annually in child support from her ex-husband. Christine has a part-time job and makes \$3,000 a year. What is the total taxable income for this tax filer household budget group of 2?

Total taxable income is \$30,000. The child support that Meg receives is not taxable, and therefore not counted as income in the budget. Christine doesn't have a tax filing requirement (earns less than \$6,100) and therefore her \$3,000 of earned income isn't included in the budget.

# Meg's Example 2

The same facts as in Example 1, except that Christine also receives \$1,100 in dividends from an investment account that her grandparents set up for her. What is the total taxable income for this tax filer household budget group of 2?

Total taxable income is \$34,100. The child support that Meg receives is still not taxable, and therefore not counted. Because Christine received more than \$1,000 in unearned income, she is now required to file a tax return. That means that the \$3,000 that she earns from her job, and the \$1,100 that she received in dividends will be added to the \$30,000 that Meg earns for the total taxable income included in this tax filer household's budget.

# Meg's Example 3

The same facts as in Example 1, except that instead of child support, Christine receives \$10,000 in Social Security survivor's benefits (RSDI). What is the total taxable income for this tax filer household budget group of 2?

Total taxable income is \$30,000. Social Security benefits (RSDI) in the child's name are not counted in determining whether Christine has a tax filing requirement. Her income from her part-time job is not enough to trigger a tax filing requirement. Since she doesn't have to file taxes, none of her income is included in the budget.

# Meg's Example 4

The same facts as in Scenario 1, except that instead of child support, Christine receives \$10,000 in Social Security survivor's benefits (RSDI). In addition, Christine receives \$1,100 in dividends from an investment account that her grandparents set up for her. What is the total taxable income for this tax filer household budget group of 2?

Total taxable income is \$44,100. All taxable income received by both Meg and Christine is counted in the budget. Because Christine receives more than \$1,000 in unearned income, she now has a tax filing requirement. A tax filing requirement requires her Social Security benefits (RSDI), earnings, and dividends to be included in the budget with Meg's earned taxable \$30,000 income.

# Reminder -Medical Verification of Pregnancy

- Qualified Providers/Qualified Hospitals cannot require medical verification of pregnancy to complete a PE Pregnancy Medicaid application per ACA.
- Applicant's statement will be used for pregnancy. Assistance will be needed to help the applicant determine her EDD and number of expected births.
- Other programs offered by your office may have procedures that require medical verification of pregnancy prior to giving those services. This is not part of the PE Pregnancy Medicaid application.



# Questions?

Before we move on are there any questions regarding the PE Pregnancy Updates?

For those only present for the updates return the Training Checklist form and sign in sheet by COB Monday to your designated PE Coordinator.

		UPDATES ONLY	
<p>By my initials above and signature below, I acknowledge that I am aware of and accountable for compliance of Presumptive Eligibility for Pregnant Women program policies and procedures.</p> <p>Employee's Signature: _____ Date: _____</p>			

# Presumptive Eligibility For Pregnant Women Medicaid Manual

Information for this presentation is in the PE Pregnancy Manual. To access this document, visit HP Enterprises website at:  
<https://www.mmis.georgia.gov>

**NOTE:** This manual is updated quarterly (January, April, July and October). It is recommended that you bring a copy of the most recent version of the PE manual with you to the training.

(Go to the Provider Information tab, Provider Manuals; manuals are in alphabetical order.)

# Presumptive Eligibility Goal and Purpose

- **Goal**: Provide Medicaid coverage prior to the full Medicaid eligibility decision by Right from the Start Medicaid (RSM) or the Division of Family and Children Services (DFCS), and to remove barriers to the availability of prenatal care and full Medicaid eligibility for all household members.
- **Purpose**: To allow an applicant to know immediately if she is eligible. If so, she can obtain prenatal care at that moment.

# Presumptive Eligibility Objectives

## Each Participant will...

- Understand Medicaid coverage available to pregnant women
- Understand the application process for Presumptive Eligibility
- Understand the eligibility requirements
- Be able to compute a Presumptive Eligibility budget using a Presumptive Eligibility Application form 632
- Understand the process how PE becomes Full Medicaid



# Responsibilities of a Qualified Provider

- Make correct determinations of PE
- Within 5 days give the PE Pregnant Women Medicaid Packet to RSM or DFCS –*prefer daily*
- Enter the PE approvals on the Web
- Obtain a signed Health Coverage application
- Inform the applicant in writing of the results of the PE determination
- Utilize PE Manual, trainings, and resources etc. to keep PE knowledge up to date



# Presumptive Eligibility Pregnancy Medicaid

- Available prior to a full Medicaid determination of eligibility made by the county RSM or DFCS office
- Begins the first day of the month eligibility is determined (GAMMIS being worked on to fix this; it should begin on the application day of approvals)
- Covers ambulatory services and doesn't include inpatient and delivery
- Medical verification of pregnancy is not be required

# Questions?

Before we move, on are there any questions regarding location of the PE Pregnant Women Medicaid manual? PE goals and Purpose? Responsibilities of QPs? Our PE training objectives?

# Administration of the PE Program

- Right to Apply
- Confidentiality of Information-HIPAA
- Nondiscrimination
- Notice
- Fair Hearing Rights
- Third Party Liability

# Questions?

Before we move, on are there any questions regarding Administration of the PE Pregnant Women Medicaid Program?

# Presumptive Eligibility Pregnancy Medicaid

- Family net taxable income must not exceed 220% FPL.
- Available to U.S. Citizens and Qualified Immigrants only. Emergency Medical Assistance (EMA) is not available in PE.
- Must be a Georgia Resident
- Applicants are allowed to have TPL
- Must be pregnant
- Only Qualified Providers (QP) can make PE determinations; specialty code 278. Qualified Hospitals are not set up to complete PE determinations yet.

# Questions?

Before we move, on are there any questions regarding PE Pregnant Women Medicaid eligibility criteria?

# Forms for PE Determinations

- DMA-632 - PE Pregnant Women Application
  - DMA 632 Page 2 (when required)
- 216 - Declaration of Citizenship/Immigration Status
  - Part of the 94 and 94a Forms
- DMA-634 - Notice of Action (\*if appropriate)
  - Approval or Denial
- DMA-285 - Third Party Liability Questionnaire
  - Submit only if woman has private insurance. Copy of card not required, signatures in both areas required.

# Required Forms for PE Determinations (cont.)

- Health Coverage Application - Form 94a
  - DMA 632 Page 2 (when required)
- HIPAA – Form 5460
  - Begin to use the new version once packets are delivered, until then continue to use the current one.
- Quick Guide for Pregnant Women Medicaid

**NOTE:** We will review each of these forms during the training please bring a copy.

# How to Order PE Forms

- DMA 632 Application - The current application is located on the Web.
  - QP/QH will have to print the form after information has been entered on the fillable PDF form.
  - All approvals and denials are forwarded accordingly, DPH does not have a retention time frame for PE applications; however, DPH may want to keep a copy of the DMA 632 in the patient's file in case a copy is needed by DCH to expedite a correction to the case.
- DMA 632 Page 2 – The current page 2 is located on the Web.
  - This form is used with the DMA 632 application when additional room is required to list all the budget group members.

# DMA 632 PE Pregnant Women Application

EFFECTIVE FOR SERVICES BEGINNING \_\_\_\_\_ MONTH DAY YEAR

HP PROVIDER CONTACT CENTER  
P.O. BOX 105200  
TUCKER, GA 30085-5200

PHONE: 1-800-766-4456  
FAX: 1-866-483-1044

\_\_\_\_\_ MEDICAID IDENTIFICATION NUMBER  
VALID FOR LISTED MONTH ONLY

**PRESUMPTIVE ELIGIBILITY DETERMINATION FOR PREGNANCY MEDICAID**

APPLICANT'S NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

APARTMENT/LOT NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ (OPTIONAL)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

TYPES OF TAXABLE INCOME:  
W - WAGES/SALARIES  
S - SELF EMPLOYMENT  
OE - OTHER EARNINGS  
P - PENSION  
U - UNEMPLOYMENT  
OU - OTHER UNEARNED

HEALTH INSURANCE:  YES  NO

	TAX FILER HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF BIRTH MMDDYYYY	GENDER	+ RACE	RELATION TO APPLICANT	MONTHLY GROSS TAXABLE INCOME			MONTHLY DEDUCTIONS		MONTHLY NET TAXABLE INCOME	
	NON TAX FILER	HOUSEHOLD	<input type="checkbox"/> YES <input type="checkbox"/> NO						TYPE	AMOUNT	FREQ	MONTHLY AMOUNT	PRE-TAX DEDUCTION		1040 DEDUCTION
01								SELF							
02	UNBORN CHILD <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	APPLICANT'S STATEMENT													
03															
04															
05															
06															

**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 THE COUNTY DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS) OFFICE WILL DETERMINE MY CONTINUING ELIGIBILITY WHEN I SUBMIT A SINGLE STREAMLINED MEDICAID 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 MY HOUSEHOLD, PREGNANCY, RESIDENCY, TAX 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](http://WWW.COMPASS.GA.GOV) OR CALL 1-877-423-4746 (TDD/TTY 1-800-255-0135); FAX 1-888-740-9155.

DATE OF APPLICATION \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

\*By providing Race information, you will assist us in administering our program 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 632 (04/12/14)

TOTAL GROSS TAXABLE INCOME = \_\_\_\_\_ SUBTOTAL NET INCOME = \_\_\_\_\_

NUMBER IN BUDGET GROUP = \_\_\_\_\_ 5% FPL DEDUCTION = \_\_\_\_\_

POVERTY INCOME LEVEL = \_\_\_\_\_ TOTAL NET INCOME = \_\_\_\_\_

APPLICANT IS  ELIGIBLE OR  INELIGIBLE FOR PRESUMPTIVE ELIGIBILITY MEDICAID

THE WOMAN FOR WHOM THIS PRESUMPTIVE DETERMINATION OF ELIGIBILITY HAS BEEN MADE IS APPROXIMATELY \_\_\_\_\_ WEEKS PREGNANT WITH \_\_\_\_\_ FETUS(ES). HER EXPECTED DELIVERY DATE IS \_\_\_\_\_

I HAVE OBTAINED A SIGNED HEALTHCARE COVERAGE APPLICATION FROM THE APPLICANT AND HAVE FORWARDED IT TO RSM OR THE COUNTY DFCS OFFICE.  YES (Included in PE Packet)  
 NO

Applicant's Initials \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_ COMPLETED BY (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

QP DIRECT PHONE NUMBER \_\_\_\_\_ SIGNATURE OF QUALIFIED PROVIDER PERSONNEL \_\_\_\_\_

QUALIFIED PROVIDER NAME AND ADDRESS \_\_\_\_\_ QUALIFIED PROVIDER ID \_\_\_\_\_

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





# How to Order PE Forms (cont.)

- 216 Citizenship/Immigration Status - This form is not stocked.
  - This form is page 3 of the Medicaid form 94; or is included in the Healthcare Coverage application 94a form.
  - QP/QH should ask RSM or DFCS to give you these forms.
- DMA 285 TPL Questionnaire- Located on the Web.
  - To be used when a PE applicant has private insurance. Copy of the card is not required, only the top part of the form and both signatures/dates. This is the applicant's agreement to cooperate with TPL.

# DMA 285 TPL Questionnaire

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH – THIRD PARTY LIABILITY  
HEALTH INSURANCE INFORMATION QUESTIONNAIRE**

CASE NAME: \_\_\_\_\_ CASE NO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
 \_\_\_\_\_ PHONE NO: \_\_\_\_\_

TYPE OF CASE:  INITIAL APPLICATION  SPECIAL NEEDS TRUST (SNT)  CHANGE  CANCELLATION  
 (Check all that apply)  HIPPA REFERRAL EFFECTIVE DATE OF CHANGE OR CANCELLATION: \_\_\_/\_\_\_/\_\_\_

The information obtained on this form is collected by the Georgia Department of Community Health, Third Party Liability Section. The collection of this information is authorized by law (42 U.S.C. 1396(a) (25); 42 CFR 433.135-139). It will be used to determine the liability of third parties to pay for care and services and collection of that liability. Medicaid benefits are not denied based on any applicant having health insurance or medical coverage.

Do you have a private, group or government health insurance that pays any of the cost of your medical care? (Do not include Medicare or Medicaid) <input type="checkbox"/> YES <input type="checkbox"/> NO	Is policyholder an Absent Parent? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does your spouse, parent or stepparent have any private, group or government health insurance that pays any of the cost of your medical care? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Names of Covered Individuals in Household			Medicaid ID#	SSN	Relationship to Policy Holder (check one)					Date Of Birth
Last	First	(MI)			Policy Holder	Spouse	Child	Step-child	Other	

Are any of these persons pregnant?  YES  NO If yes, Name \_\_\_\_\_ Date of Delivery \_\_\_\_\_

<b>ATTACH A COPY OF INSURANCE CARD/POLICY AND A COPY OF SNT</b>	Do any of the persons listed above have a chronic medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name _____ Condition _____
---	--

(Insurance Company Name) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_  
 (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 (Policyholder Name) \_\_\_\_\_ (Policyholder SSN) \_\_\_\_\_ (Policy Number) \_\_\_\_\_ (Policyholder DOB) \_\_\_\_\_  
 (Policy Effective Date) \_\_\_\_\_ (Policy Termination Date) \_\_\_\_\_  
 (Employer Name) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_  
 (Employer Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Types of Coverage (circle those which apply)	
01 – HOSPITAL INPT.	15 – LTC/NH
07 – DRUG/STND	16 – FMO/DRUG
08 – MAJOR MED.	17 – MED. SUPP A
09 – DENTAL	18 – MED. SUPP B
10 – VISION	22 – HMO/STND
OTHER _____	

I authorize the release of information necessary to identify health/liability insurance benefits to the Department of Community Health. I also certify that the above information is correct.

I hereby assign to the Department of Community Health all rights to payments for benefits of medical services rendered to myself or any of my dependents who receive Medicaid.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Member or Authorized Person Insured or Authorized Person

EFFECTIVE DATE OF MEDICAID ELIGIBILITY \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ County \_\_\_\_\_

DMA-285-REV. (01/06)

# How to Order PE Forms (cont.)

- Medicaid Application/Health Coverage Application-  
[www.odis.dhr.state.ga.us](http://www.odis.dhr.state.ga.us)
  - Click index, Family & Children, Medicaid, MAN3480, Appendix F, Form DHS 94 or 94a
  - You may also ask RSM or DFCS to give you these applications. (94a still at the printers)
  - Available in both English and Spanish.
- HIPAA- [www.odis.dhr.state.ga.us](http://www.odis.dhr.state.ga.us)
  - Click index, Family & Children, Medicaid, MAN3480, Appendix F, Form DHS 5460
  - You may also ask RSM or DFCS to give you these forms.
  - Available in both English and Spanish.



# How to Order PE Forms (cont.)

- DMA 634 Notice of Action - Located on the Web.
  - DMA 634 Approval – to be used when the temporary Medicaid Certificate does not print for approved PE Pregnant Women Medicaid beneficiaries.
  - DMA 634 Denial – to be used to notify the PE applicant the PE application was denied.
  - Both DMA 634 forms are fillable PDF.
- Quick Guide on Medicaid for Pregnant Women – Located on the Web.
  - To be given to all approved PE Pregnant Women Medicaid approvals.
- All Planning for Healthy Babies materials are no longer available. The program is still active until 6/30/14, and DCH is waiting on CMS approval for an extension. Refer applicants to [www.p4hb.org](http://www.p4hb.org)



# DMA 632 Notice of Action



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Nathan Deal, Governor Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3150 | 404-856-4507 | www.dch.georgia.gov

**NOTICE OF ACTION**

**Presumptive Eligibility Pregnant Women Medicaid**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State GA Zip Code \_\_\_\_\_

**A. PRESUMPTIVE ELIGIBILITY APPROVED:** \_\_\_\_\_  
Medicaid ID Number

Your application for Presumptive Eligibility (PE) Pregnant Women Medicaid is approved.

When you applied for PE Pregnant Women Medicaid, you may also have applied for Healthcare coverage. The Healthcare coverage application will be sent to the Division of Family and Children Services (DFCS) office or the Right from the Start Medicaid (RSM) Project. DFCS or RSM will make the decision for your full Medicaid benefits and notify you by mail.

This PE Medicaid coverage is limited to ambulatory prenatal care and does not provide coverage for inpatient hospital and delivery services. You must be approved for full Medicaid benefits in order for the costs of inpatient hospital and delivery services to be covered by the Medicaid program.

Your PE Medicaid coverage ends when a final determination of eligibility is made by the DFCS office or the RSM Project, or no later than the last day of the following month of your PE application.

Signature of Qualified Provider \_\_\_\_\_  
Title \_\_\_\_\_

Qualified Provider Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Qualified Provider ID \_\_\_\_\_

DMA 634 Approval (Revised 4/1/14)

Health Information Technology | Healthcare Facility Regulation | Medical Assistance Plans | State Health Benefit Plan  
Equal Opportunity Employer



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

Nathan Deal, Governor Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3150 | 404-856-4507 | www.dch.georgia.gov

**NOTICE OF ACTION**

**Presumptive Eligibility Pregnant Women Medicaid**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State GA Zip Code \_\_\_\_\_

**B. PRESUMPTIVE ELIGIBILITY DENIED:**

Your application for Presumptive Eligibility (PE) Pregnant Women Medicaid is denied.

The reason for denial is: Not a Qualified Immigrant

When you applied for PE Pregnant Women Medicaid, you may also have applied for Healthcare coverage. Your Healthcare coverage application has been sent to the Division of Family and Children Services (DFCS) office or the Right from the Start Medicaid (RSM) Project for a final determination of eligibility. DFCS or RSM may determine you are potentially eligible for another type of Medicaid and will notify you. If you are not eligible for Medicaid your Healthcare coverage application will be referred to the Federally Facilitated Marketplace (FFM) for consideration. You will be notified directly by the FFM.

You may find additional FFM information, or apply directly for Healthcare coverage at [www.healthcare.gov](http://www.healthcare.gov), or you may call the FFM any time at 1-800-318-2596, TTY 1-855-889-4325.

Signature of Qualified Provider \_\_\_\_\_  
Title \_\_\_\_\_

Qualified Provider Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Qualified Provider ID \_\_\_\_\_

DMA 634 Denial (Revised 3/1/14)

Health Information Technology | Healthcare Facility Regulation | Medical Assistance Plans | State Health Benefit Plan  
Equal Opportunity Employer



# Quick Guide on Medicaid for Pregnant Women



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

Nathan Deal, Governor

Clyde L. Reese III, Esq., Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | [www.dch.georgia.gov](http://www.dch.georgia.gov)

## Quick Guide on Medicaid for Pregnant Women

If you applied for healthcare coverage, your application is being sent to your local county Division of Family and Children Services (DFCS) office or Right from the Start Medicaid (RSM) office to finish processing.

You will be assigned a caseworker you can reach by calling \_\_\_\_\_. This caseworker may call you for additional information. Contact the DFCS Call Center at 1-877-423-4746 (TDD/TTY 1-800-255-0135) if you move, especially to another county or out of state. (You cannot receive Georgia Medicaid if you do not live in Georgia). You may also fax your changes/verification to the DFCS Call Center Fax at 1-888-740-9355 or through [www.compass.ga.gov](http://www.compass.ga.gov). You must report to DFCS in 10 days if you are no longer pregnant.

You will receive a letter in the mail letting you know whether or not your healthcare coverage application is approved. If approved, Medicaid will cover you as long as you are pregnant and for 60 days after you deliver your baby. There are other types of Medicaid that may cover you after this point, you can ask DFCS.

As soon as you are eligible for Medicaid, you will be mailed an enrollment packet from Georgia Families. Once you get your packet, you can mail or fax your CMO choice in quickly. You don't have to wait until your packet arrives to enroll in Georgia Families as you can also enroll by phone (1-888-GA-ENROL) or by internet at: <http://www.georgia-families.com>. You should receive an enrollment packet within 20 days from today. If you do not receive your packet please call 1-888-423-6765.

Following approval and beginning in your 8<sup>th</sup> month of pregnancy, you will receive a form from the DFCS office asking if you are still pregnant or have had your baby. You must fill out this form and return it.

Before you leave the hospital, you should get a temporary Medicaid card to cover your baby until the plastic one comes in the mail. After you have your baby, contact the DFCS Call Center at 1-877-423-4746 (TDD/TTY 1-800-255-0135) to report the baby's name and birth date. You may also fax your newborn's information to the DFCS Call Center Fax at 1-888-740-9355 or report the birth through [www.compass.ga.gov](http://www.compass.ga.gov). Once you report this information your baby will receive Medicaid for their first year called Newborn Medicaid. There are no renewals during this first year under Deemed Newborn Medicaid. Once your baby turns a year old DFCS will do a review to determine if your baby still qualifies for Medicaid or if a PeachCare for Kids® referral is needed.

If you need a replacement Medicaid card call the Member Contact Center at 1-866-211-0950.

Medicaid covers prenatal care and delivery and most medical services and items; there are no co-pays for pregnant members. If you have questions about what else Medicaid covers, ask your doctor or call: 1-866-211-0950.

Revised 4/1/2014

Health Information Technology | Healthcare Facility Regulation | Medical Assistance Plans | State Health Benefit Plan

Equal Opportunity Employer



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Questions?

Before we move on are there any questions regarding PE Pregnant Women Medicaid forms?

# Budget Group -Tax Relationship

All household members will not necessarily be members of the budget group. In order to be included in the budget group, there must be a tax filer or non tax filer relationship.

# Definitions

- **TAX FILER HOUSEHOLD-** the household consists of the taxpayer and all their tax dependents. All members of the tax filer's household are included in the budget group.
- **NON TAX FILER HOUSEHOLD-** the household consists of individuals who live together, do not expect to file a Federal tax return, and do not expect to be claimed as a tax dependent for the taxable year. Must include in the budget group:
  - The individual's spouse;
  - The individual's biological/natural, adopted and step children under the age of 19; and
  - The biological/natural, adoptive and step siblings of those children under 19 years of age.

# Budget Group – Expected child(ren)

- **Pregnant Woman**– each expected child is included in the budget group for PE Medicaid; pregnancy, and number of expected children, is based on the applicant's statement only. Only Pregnancy Medicaid and Presumptive Eligible (PE) Pregnancy Medicaid allow multiple expected births to be included without medical verification of the number expected. All other Modified Adjusted Gross Income (MAGI) COAs need medical verification of multiple births; otherwise count a pregnant woman in the budget group as two (her and one unborn child).

# Questions?

Before we move, on are there any questions regarding PE Pregnant Women Medicaid Budget Groups?



# Net Taxable Income Chart and Deductions

# 220% Federal Poverty Level Table

## PE Pregnant Women Medicaid 220% FPL Effective 4/1/14

Budget Group	220% FPL	5% Deduction	220% Plus 5%	Budget Group	220% FPL	5% Deduction	220% Plus 5%
1	N/A	N/A	N/A	11	9589	218	9807
2	2885	66	2951	12	10335	235	10570
3	3631	83	3714	13	11081	252	11333
4	4374	100	4474	14	11827	269	12096
5	5118	117	5235	15	12573	286	12859
6	5864	134	5998	16	13319	303	13622
7	6607	151	6758	17	14065	320	14385
8	7351	168	7519	18	14811	337	15148
9	8097	184	8281	19	15557	354	15911
10	8843	201	9044	20	16303	371	16674

Add \$746 to the net income limit, and \$17 to the deduction, for any additional individual(s) added.

# Pre-Tax Deductions

Pre-tax deductions are removed from gross income before taxes are applied. The most common types are health Insurance, dental insurance, vision insurance, etc. Not every income amount deducted from gross income is considered a pre-tax. Line 1 on the W2 form is what is entered on Line 7 of the tax return form 1040.

22222		a Employee's social security number		OMB No. 1545-0008		
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld		
			5 Medicare wages and tips	6 Medicare tax withheld		
			7 Social security tips	8 Allocated tips		
d Control number			9	10 Dependent care benefits		
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans	12a	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
				14 Other	12c	
f Employee's address and ZIP code				12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2013** Department of the Treasury—Internal Revenue Service  
 Copy 1—For State, City, or Local Tax Department

# 1040 Deductions

<b>Adjusted Gross Income</b>	23	Educator expenses . . . . .	23			
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24			
	25	Health savings account deduction. Attach Form 8889 . . . . .	25			
	26	Moving expenses. Attach Form 3903 . . . . .	26			
	27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27			
	28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28			
	29	Self-employed health insurance deduction . . . . .	29			
	30	Penalty on early withdrawal of savings . . . . .	30			
	31a	Alimony paid <b>b</b> Recipient's SSN ▶ <input type="text"/>	31a			
	32	IRA deduction . . . . .	32			
	33	Student loan interest deduction . . . . .	33			
	34	Tuition and fees. Attach Form 8917 . . . . .	34			
	35	Domestic production activities deduction. Attach Form 8903 . . . . .	35			
	36	Add lines 23 through 35 . . . . .	36			
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> . . . . . ▶	37				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2012)

# 5% Federal Poverty Level Deduction

Family Size	5% Deduction	Family Size	5% Deduction
1		11	\$218
2	\$66	12	\$235
3	\$83	13	\$252
4	\$100	14	\$269
5	\$117	15	\$286
6	\$134	16	\$303
7	\$151	17	\$320
8	\$168	18	\$337
9	\$184	19	\$354
10	\$201	20	\$371

# Questions?

Before we move, on are there any questions regarding PE Pregnant Women Medicaid Deductions? PE Conversion Factors? PE FPL Chart?

# Income

- Income is money received by the budget unit from any source. Money received may be earned or unearned. **Earned income** is compensation received in exchange for services rendered. It may be in the form of wages, salaries, commissions, or self-employment. **Unearned income** is money received for reasons other than for services rendered. It may be in the form of pensions, contributions, gifts, child-support, strike benefits, or interest payments. **Only taxable income is used in the PE Pregnancy budget.**

# CONVERSION FACTOR

## IF PAID

- HOURLY
- WEEKLY
- BI-WEEKLY
- SEMI-MONTHLY
- YEARLY

## THEN MULTIPLY BY

NUMBER OF HOURS  
WORKED PER WEEK X  
(TIMES) THE HOURLY  
WAGE X 4.3333 WEEKS

WEEKLY GROSS INCOME X 4.3333

BI-WEEKLY GROSS INCOME X 2.1666

SEMI-MONTHLY GROSS INCOME X 2

DIVIDE THE YEARLY GROSS INCOME X 12

# Non-taxable Income Types

Benefits received by individuals are not always included in the budget because they are considered non-taxable income.

Income such as SSI, TANF, Food Stamps, Foster Care, Adoption Assistance, state energy assistance programs, VA, etc. are also non-taxable income types. Refer to Appendix I- Income

# Questions?

Before we move, on are there any questions regarding PE Pregnant Women Medicaid Financial Components?

# CHAPTER 700 PROCEDURES FOR PROCESSING APPLICATIONS

## 701 On-Line Procedures

- The on-line process allows certain information contained on the completed PE application (form DMA 632) to be data entered into the GAMMIS system. Data entry of this information allows immediate update of the DCH/GAMMIS file and immediate generation of a Medicaid identification number.
- The on-line process does not eliminate the requirement to interview the applicant and perform the eligibility determination. Further, the on-line process does not eliminate completion of appropriate forms. Only certain information contained on the completed PE application form DMA 632 is involved in the automated process.

# PE Pregnant Women Medicaid Approvals

Only information from approved PE applications can be entered into the GAMMIS system. The completed approved PE application (DMA 632) contains certain data elements that can be entered directly into the GAMMIS system.

When it is determined that the applicant is eligible and an approval is appropriate for PE Medicaid, adhere to the following procedures.

- Data enter in the appropriate fields certain demographic information contained on the PE application. When processing over the Internet, the member's identification number will be issued by the system as part of the online process. If already known to the system use the same ID
- If all data are entered correctly, the system will allow production of a temporary Medicaid certification form. Print out two copies of this document. Give the applicant a copy of the temporary Medicaid certification form. In addition to serving as a temporary Medicaid certification, this document serves as a notice to the applicant that she is approved for PE Pregnant Women Medicaid.



# PE Approvals (continued)

- For the on-line process, if the temporary Medicaid certificate is not printed, use the Notice of Action, form DMA 634 Approval. Instruct the applicant to present this document to her providers as proof of PE Medicaid eligibility.  
Retain a copy of the temporary Medicaid certificate/ DMA 634 Approval form in the record, along with a copy of the PE **application DMA 632**.
- Within five (5) business days or sooner, if possible, refer the PE packet (PE application and supporting documents) to the local Right from the Start Medicaid (RSM) Project or the Division of Family and Children Services (DFCS) office.  
QP/QH personnel should give the applicant the temporary Medicaid certificate and a copy included in the PE packet.
- QP/QH personnel should give the local RSM/DFCS office the PE packet: a copy of **the DMA 632; a copy of the citizenship affidavit, form 216, HIPAA form 5460**.  
Additionally if the DMA 285 TPL form was signed, and the signed health coverage application (if completed) will also be included with the PE packet.

# PE Pregnant Women Medicaid Denials

When the application is denied, it **cannot be data entered**. Since denied applications cannot be entered into the GAMMIS system, they are to be processed in the following manner.

- Reasons for denial are: 1) The applicant is not a U.S. citizen or qualified immigrant. 2) The applicant is not pregnant per her statement. 3) The applicant's net taxable income is above 220% of the federal poverty level limit. 4) The applicant is not a GA resident. 5) Unable to determine, applicant refuses to verbally give tax status information.

# PE Denials (continued)

After completion of an application form DMA 632 and it is determined that the applicant is not eligible and the application is to be denied for PE, adhere to the following instructions:

- Complete and give the applicant a copy of the Notice of Action, DMA 634 Denial. In the case of a denial, this is the only form the applicant receives for PE Medicaid.
- Within five (5) business days or sooner, if possible, give the PE packet to the RSM/DFCS office.

# PE Pregnancy Example: Brown Family

Michele Brown lives with her husband, her daughter, and her two step sons. She is four months pregnant with triplets. Michele is employed and earns \$4310.00, per month. Her daughter has a part time job working at Burgers R Us and earns \$25 a week. Her husband is employed as a machinist and earns \$6749.00, per month. Michele receives \$778.00, per month, child- support for her daughter. They expect to file a joint tax return and expect to claim all six children. Determine financial eligibility.

\$ 4310.00 Mrs. Brown's earned income

\$ 6749.00 Mr. Brown's earned income

\$ 11,059.00 Total Household Income for BG of 8

BG of 8 Income Limit = \$7,351

Is she PE eligible for Household of 8?

# Deductions

- **Ms. Brown's pre-tax deductions**

\$678 Health Insurance

\$456 Life Insurance

\$1,500 401K

\$2,634 Total pre-tax deductions

- **Mr. Brown's 1040 deductions**

\$1,000 Alimony

\$500 Student Loan Interest

\$1,500 Total 1040 deductions

# 632 PE Pregnancy Application (4/1/14)

EFFECTIVE FOR SERVICES  
 BEGINNING April 1 201X  
 MONTH DAY YEAR

HP PROVIDER CONTACT CENTER  
 P.O. BOX 105200  
 TUCKER, GA 30085-5200

PHONE: 1-800-766-4456  
 FAX: 1-866-483-1044

222233344555  
 MEDICAID IDENTIFICATION NUMBER  
4/1/201X- 5/31/201X  
 VALID FOR LISTED MONTH ONLY

## PRESUMPTIVE ELIGIBILITY DETERMINATION FOR PREGNANCY MEDICAID

APPLICANT'S NAME: Michele Brown MAIDEN NAME: Jackson  
 APPLICANT'S ADDRESS: 8 Peachtree Street NW TELEPHONE NUMBER: (404) 656-1111  
 APARTMENT/LOT NUMBER: B5 SOCIAL SECURITY NUMBER: 555-44-3333  
 CITY: Atlanta STATE: GA ZIP CODE: 30303 COUNTY OF RESIDENCE: Fulton  
 HEALTH INSURANCE:  YES  NO

	TAX FILER HOUSEHOLD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DATE OF BIRTH MM/DD/YYYY	GENDER	* RACE	RELATION TO APPLICANT	MONTHLY GROSS TAXABLE INCOME			MONTHLY DEDUCTIONS		MONTHLY NET TAXABLE INCOME	
	NON TAX FILER HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO								TYPE	AMOUNT	FREQ	MONTHLY AMOUNT	PRE-TAX DEDUCTION		1040 DEDUCTION
	FIRST NAME	MI	LAST NAME	SUFFIX											
01	Michele J. Brown				12/31/198X	F	H	SELF	W	2155.00	SM	4310.00	2634.00	0	1676.00
02	UNBORN CHILD <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 APPLICANT'S STATEMENT														
03	James E. Brown				11/22/198X	M	W	Spouse	W	6749.00	MO	6749.00	0	1500.00	5249.00
04	Michael J. Brown				12/4/201X	M	W	Step Child		0		0	0	0	0
05	Mark Brown				1/24/201X	M	W	Step Son		0		0	0	0	0
06	Melissa B. Whit				8/11/199X	F	B	Daughter	W	25.00	WK	108.33	0	0	0

### 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 THE COUNTY DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS) OFFICE WILL DETERMINE MY CONTINUING ELIGIBILITY WHEN I SUBMIT A SINGLE STREAMLINED MEDICAID 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 MY HOUSEHOLD, PREGNANCY, RESIDENCY, TAX 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](http://WWW.COMPASS.GA.GOV) OR CALL 1-877-423-4746 (TDD/TTY 1-800-255-0135). FAX 1-888-740-9355.

4/30/1X  
 DATE OF APPLICATION Michele Brown  
 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 602 (04/01/2014)

TOTAL GROSS TAXABLE INCOME = 11059.00 SUBTOTAL NET INCOME = 6925.00  
 NUMBER IN BUDGET GROUP = 8 5% FPL DEDUCTION = 168.00  
 POVERTY INCOME LEVEL = 7351 TOTAL NET INCOME = 6757.00

APPLICANT IS  ELIGIBLE OR  INELIGIBLE FOR RESUMPTIVE ELIGIBILITY MEDICAID  
 THE WOMAN FOR WHOM THIS PRESUMPTIVE DETERMINATION OF ELIGIBILITY HAS BEEN MADE IS APPROXIMATELY 18 WEEKS PREGNANT WITH 3 FETUS(ES). HER EXPECTED DELIVERY DATE IS 8/22/1X.

I HAVE OBTAINED A SIGNED HEALTHCARE COVERAGE APPLICATION FROM THE APPLICANT AND HAVE FORWARDED IT TO RSM OR THE COUNTY DFCS OFFICE.  YES (Included in PE Packet)

NO  
 Applicant's Initials 5/1/1X Memi Wilson Doctor  
 DATE OF COMPLETION COMPLETED BY (PLEASE PRINT) TITLE  
(404) 463-0521 Memi Wilson  
 QP DIRECT PHONE NUMBER SIGNATURE OF QUALIFIED PROVIDER PERSONNEL

Harris Department of Public Health 0000015246X  
 QUALIFIED PROVIDER NAME AND ADDRESS QUALIFIED PROVIDER ID  
1314 Hamilton Street, Hamilton, GA 31808

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



# Michele Brown Example 2

What if Michele Brown wasn't married or divorced Mr. Brown, but she continues to live with Mr. Brown, her daughter Melissa, and the boys Michael and Mark?

What is her Budget Group for her expected triplets? BG of 5  
(her, Melissa, and 3 expected babies) = \$5,118.

Income \$4,310 - \$2,634 (pre-tax) = \$1,676 - \$117 (5%) = \$1,559

Would she be eligible if she had \$0 pre-tax deductions? \_\_\_\_\_

What if Melissa's father expects to claim her on his tax return?

What would you do if after the PE Pregnant Women Medicaid approval your office medically verified she was not pregnant?

# Screening on GAMMIS

The following messages were generated:

Message Description	Panel	Field	Row
No match using search criteria SSN: 555443333,Name: BROWN, MICHELE	Eligibility Verification Request		

**Eligibility Verification Request** ?

Member ID	<input type="text"/>	Birth Date	<input type="text" value="12/31/1987"/>	<input type="button" value="⊗"/>
Last Name	<input type="text" value="BROWN"/>	SSN	<input type="text" value="555-44-3333"/>	
First Name	<input type="text" value="MICHELE"/>	From/Thru Date of Service	<input type="text" value="03/01/20xx"/>	<input type="button" value="⊗"/> <input type="text" value="04/30/20xx"/> <input type="button" value="⊗"/>
Gender	<input type="text" value="Female"/>			<input type="button" value="search"/> <input type="button" value="clear"/>

## Step 1 – Screen on GAMMIS

The applicants are either not known to the system or are inactive; proceed with the PE.

There are a few Medicaid COAs that show active and PE is allowed to be added. Which ones are they?

There is a chance that if a SSN is not used the applicant's information will not appear. It will not show if the DOB was initially entered incorrectly.

# PE Pregnancy Panel/ID Function

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 | GBHC Referral | Reports | Trade Files  
Home Newborn Activations Pregnant Women Activations Women's Health Activations

(click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only!

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

Windows Internet Explorer



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

Note: By pres  
You can only p  
Once you clos

submit

cancel

## Presumptive Eligibility for Pregnant Women Request

### Member Info

Member ID

First Name\*

Last Name\*

MI

Suffix

### Mailing Address

Address\*

Birth Date\*

SSN

000-00-0000



# PE Pregnant Women Screen

**Presumptive Eligibility for Pregnant Women Request**

Member Info

Member ID

First Name\* MICHELE

Last Name\* BROWN

MI

Suffix

Mailing Address

Address\* 2 PEACHTREE STREET NW

Address 2

City\* ATLANTA

Zip\* 30303 0000

Residential Address

Same as Mailing Address

Address

Address 2

City

Zip

Other Member Information

Home Phone (404)956-1111

Other Phone

Race\* Hispanic

Ethnicity\* Hispanic

Citizenship\* US CITIZEN

Birth Date\* 12/31/198

SSN 555-44-3333

State\* GA

County\* 060-Fulton

State

County

Eligibility Begin Date\* /20xx

Primary Household Language\* ENGLISH

Pregnancy Due Date\* 06/13/20xx

Number of Expected Births 2

What date goes here?

What impact does this have on her medical services?

# Mailing vs. Residential Address

<b><u>Mailing Address</u></b>	
Address*	2 PEACHTREE STREET NW
Address 2	
City*	ATLANTA
Zip*	30303 0000
<b><u>Residential Address</u></b>	
Same as Mailing Address	<input checked="" type="checkbox"/>
Address	
Address 2	
City	
Zip	

Why are these two sections important? What do you do if they do not have a fixed dwelling?

# Confirmation of completion

**The following messages were generated:**

The presumptive eligibility request was successfully processed. The Medicaid ID is 222333444555 . Select the following link open a [certificate of eligibility](#), if a window does not appear or if you close the initial certificate.

**Presumptive Eligibility for Pregnant Women Request**

Member Info

Member ID   
First Name   
Last Name   
MI   
Suffix

Birth Date   
SSN

Mailing Address

Address   
Address 2   
City   
Zip

State   
County

# Screened on GAMMIS after completion

**Eligibility Verification Request** ?

Member ID	<input type="text" value="222333444555"/>	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	<input type="text" value="03/01/20"/>	<input type="button" value="⌵"/> <input type="text" value="04/30/20"/> <input type="button" value="⌵"/>
Gender	<input type="button" value="⌵"/>			

**Member ID Information** ?

Member ID	<input type="text" value="222333444555"/>	First Name	MICHELE
Birth Date	12/31/1987	Last Name	BROWN
Address 1	2 PEACHTREE ST NW	Middle Initial	L
Address 2(County)	060 - FULTON	Name Suffix	
City	ATLANTA	Gender	F
State	GA	Transaction Date/Time	04/05/20 01:37:03
Zip	30303-3141	Confirmation #	13095001AP

**Eligibility Spans** ?

Status	Service Type Code	Insurance Type Code	Aid Category	Effective Date	End Date	Special Notes or Limitations
Active	30-Health Benefit Plan Coverage	MC-Medicaid	865 - Presumptive Preg. Woman	03/01/20	04/30/20	THIS IS A PRESUMPTIVE ELIGIBLE MEMBER. INPATIENT HOSPITAL AND DELIVERY PROCEDURES ARE NOT COVERED

**Co-pay Information** ?

Message	Effective Date	End Date
COPAY:NOT REQUIRED;	03/01/20	04/30/20

**Retroactive Eligibility** ?

Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date
03/01/20	04/04/20	04/05/20



# Questions?

Please return the sign in sheets and the completed training form by Monday to your designated PE Coordinator.

PE Coordinators will return their District training materials to DCH.

# Memi Wilson

Family Medicaid Program Consultant

Division of Medicaid

Georgia Department of Community Health

2 Peachtree St. NW, 39th Floor

Atlanta, GA 30303

404-463-0521 (phone)

770-344-4232 (fax)

[mwilson@dch.ga.gov](mailto:mwilson@dch.ga.gov)