



Presumptive Eligibility (PE) WHM Medicaid



Presentation to: All Qualified Providers (QP) who determine Presumptive Eligibility (PE) Women's Health Medicaid.

Presented by: Memi Wilson, DCH Family Medicaid Consultant



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.

WHM Manual Updates

- New PDF forms
 - DMA 632W and page 2
 - DMA 634W Approval
 - DMA 634W Denial
 - Quick Guide for Women's Health Medicaid
- Understanding Medicaid Booklets
- P4HB material not available; use www.p4hb.org
- FPL limit changed 4/1/14 (continued 200%)
- The procedures for Retro Medicaid (prior months)

Pregnant Women BANNER Message

Message	
Type	ALL PROVIDER TYPES
Subject	Pregnancy Related Services/Medicaid Aid Category
Message	<p>Dear Providers,</p> <p>DCH is reminding providers that Medicaid eligible pregnant women should receive pregnancy related services regardless of their Medicaid aid category (104 Low Income Medicaid, 170 Pregnant Women Medicaid, SSI Medicaid (300s), PeachCare for Kids (700s) etc.) In addition, all Medicaid eligible pregnant women are exempt from co-payments.</p> <p>Medicaid eligible pregnant women should not be sent to the Division of Family and Children Services (DFCS) to change their current Medicaid aid category to Pregnancy Medicaid. Providers should not call DFCS with claim issues.</p> <p>All providers should verify that their claim was coded and submitted correctly. Any questions and/or assistance needed with pregnancy related claims should be directed to the HP Provider Contact Center at 1-800-766-4456 and/or your Provider Representative.</p> <p>Thank you for your continued participation in the Georgia Medicaid program.</p>
Effective Date	04/14/2014
Sent Date	04/14/2014

Terminology- Update vs. Change

GAMMIS- ACA changed the name of MAGI Medicaid, the system is being updated with the new names. Appendix C has the correct names listed.

WHM procedures have not changed-Notifying ARROWHEAD

Updated?- When the aid category is not 170, and the pregnancy information has been updated, it will show no co-pay is required.

WHM Manual Updates

- VICs information needs to be shared with your team if they are not in the training.
- Medical questions/clearances must go to the state DPH office.
- Continued Trend: Confusion regarding Qualified Immigrants/Non Qualified Immigrants.
- Fax, or email/scan, PE WHM packets to ARROWHEAD daily; do NOT fax to HP. womenshealth@dch.ga.gov
- Forms, contact information on emails, must use the PE manual; include member ID in emails

Questions?

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

For those only present for the updates return the Training Checklist form and sign in sheet by COB Monday.

Document/Form	Title
PowerPoint	Presumptive Eligibility for WHM
DMA-632W	Presumptive Eligibility Application
Form 216	Citizenship Affidavit/Qualified Immigrant Status
DMA-634W	Notice of Action
DMA-285	Health Insurance Information Questionnaire
Medicaid Application	Medicaid Application Form 94 and how to order PE Forms
PE Document	Quick Guide on Women's Health Medicaid
PE Document	Procedures for processing On-line and Denied Applications
P4HB	Planning for Healthy Babies
UPDATES ONLY	



Presumptive Eligibility For Women's Health Medicaid (WHM) Manual

Information for this presentation is in the PE WHM 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 ARROWHEAD Right from the Start Medicaid (ARSM) Project, and to remove barriers to the availability of breast and/or cervical cancer 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 breast and/or cervical cancer care at that moment.

Participants

VICs rules

Participants should have PE WHM knowledge before participating in training which includes, but not limited to:

- PE WHM Manual review
- PE WHM Forms review
- The PE WHM process/procedures for your office
- Non financial eligibility criteria (Citizenship/Immigration status; residency)
- Financial eligibility criteria (Income; disregards; FPL)
- Basic Budget Groups understanding
- Basic P4HB understanding

Responsibilities of a Qualified Provider

- Make correct determinations of PE
- No back to back PE WHM applications
- Fax or email the PE WHM packet to ARSM daily (770 359 1813; womenshealth@dch.ga.gov)
- Enter the PE WHM approvals on the Web
- Assist the applicant with the signed Medicaid application form
- 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 Objectives

Each Participant will...

- Understand the application process for Presumptive Eligibility
- Understand the eligibility requirements
- Be able to compute a Presumptive Eligibility budget using a PE WHM Application form DMA 632W
- Understand the process how PE becomes Full Medicaid

NOTE: PE WHM is not the same as BCCP.

Administration of the PE Program

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

Presumptive Eligibility Women's Health Medicaid

- Available prior to a full Medicaid determination of eligibility made by the ARROWHEAD team.
- Begins the first day of the month eligibility is determined; prior months must be requested by the applicant (located on the Medicaid application).
- Covers all Medicaid services.
- Available only to applicants that meet the Breast and Cervical Cancer Program (BCCP) requirements. DPH is in charge of BCCP.

Presumptive Eligibility Women's Health Medicaid

- Family income must not exceed 200% FPL after allowable income disregards are given.
- Available to U.S. Citizens and Qualified Immigrants only. Emergency Medical Assistance (EMA) is not available in PE.
- Only Qualified Providers (QP) can make PE determinations; specialty code 278.

Presumptive Eligibility Women's Health Medicaid

- Must be a biological woman
- Under 65 years of age
- Not receiving Medicare regardless of age
- Not receiving Medicaid, except for P4HB 180-181
- Does not have private major medical insurance
 - Underinsured
- Must be a Georgia Resident
- At or below the 200% FPL limit

502 Citizenship/Immigration Status

- Citizenship/Immigrant status requirements are part of the PE program. Only U.S. citizens and qualified immigrants may qualify for PE Medicaid.
- August 22, 1996 on or after; per the Department of Homeland Security (DHS).
- Declaration of Citizenship/ Immigrant Status form 216
- Verification of citizenship/immigrant status is not required
- If the applicant is verbally unable to confirm citizenship or that they are a qualified immigrant then the QP/QH will deny the PE applicant and give the PE packet to the RSM office.
- Must be afforded the full opportunity to apply for PE.



Required Forms for PE Determinations

- DMA-632W - PE WHM Application
 - DMA 632W Page 2 (when required)
- 216 - Declaration of Citizenship/Immigration Status
 - Part of the 94 form
- DMA-634W - 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.)

- Medicaid Application - Form 94
 - Do NOT use the Healthcare coverage application 94a
- HIPAA – Form 5460
 - Begin to use the new version once packets are delivered, until then continue to use the current one.
- Quick Guide for Women's Health Medicaid

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

How to Order PE Forms

- DMA 632W 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 faxed to ARROWHEAD, DPH does not have a retention time frame for PE applications; however, DPH may want to keep a copy of the DMA 632W in the patient's file in case a copy is needed by DCH to expedite a correction to the case.
- DMA 632W Page 2 – The current page 2 is located on the Web.
 - This form is used with the DMA 632W application when additional room is required to list all the budget group members.

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.
 - 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.

How to Order PE Forms (cont.)

- Medicaid Application- www.odis.dhr.state.ga.us
 - Click index, Family & Children, Medicaid, MAN3480, Appendix F, Form DHS 94
 - You may also ask RSM or DFCS to give you these applications.
 - Available in both English and Spanish.
- HIPAA- 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 634W Notice of Action - Located on the Web.
 - DMA 634W Approval – to be used when the temporary Medicaid Certificate does not print for approved PE WHM beneficiaries.
 - DMA 634W Denial – to be used to notify the PE applicant the PE application was denied.
 - Both DMA 634W forms are fillable PDF.
- Quick Guide on Medicaid for WHM– Located on the Web.
 - To be given to all approved PE WHM 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



Non-Financial Components

Who To Include In The Budget Group (BG)

- Applicant is a BG of one at a minimum.
- Spouse of the applicant and their child(ren).
- If not married but have at least one common child, add other parent.
- Non stepchild(ren) of the applicant living in the home if she wants them added.

Who Not To Include In The Budget Group

- Other Parent's children.
- Spouse's children.
- Other relatives living in the home-
parents, siblings, nieces, cousins, etc.
 - Specified Relative Relationship
- Child(ren) 19 years of age or older.
- Child and/or spouse, living in the home who are receiving SSI (Supplemental Security Income).

BUDGET GROUP EXCLUSION

- In order for a child to be included in the budget group, he/she must be the child of the applicant to be included in the budget group. However, the applicant can elect to exclude a child(ren) because of income designated solely for the child(ren). If the applicant elects to exclude the child, the child and his/her income are not included in the applicant's budget group.
- Do not include Step Child(ren) in the budget group.

Budget Group Exclusion Example

Barbara Stevenson applies for PE WHM. She lives with her daughter Janet Brown (14), her son Robert Williams (16), and her stepson Marcus Jackson (12).

Barbara's wages = \$2,016 gross monthly

Janet's child support = \$747 monthly

Robert's RSDI = \$1,114 monthly

Marcus doesn't have any income

Budget	200%
Group	FPL
1	1946
2	2622
3	3300
4	3976

Budget Group Exclusion Example (cont.)

Household members = 4

Maximum BG members = 3 why?

BG 3 (Barbara, Janet and Robert) = $\$3,877 - \$90 = \$3,787 - \$50 = \$3,737$

BG 2 (Barbara and Robert) = $\$3,130 - \$90 = \$3,040$

BG 2 (Barbara and Janet) = $\$2,763 - \$90 = \$2,673 - \$50 = \$2,623$

BG 1 (Barbara) = $\$2,016 - \$90 = \$1,926$

FINANCIAL COMPONENT

Income is defined as money received by the budget group from any source. All income must be examined in determining Presumptive Eligibility.

The budget group's net monthly income must be less than or equal to the federal income poverty level limit of 200%.

- Types of Income: Earned and Unearned

INCOME

- **Earned Income** ---refers to the gross earnings of an individual received in the form of wages, tips, salaries, or commissions as payment for performing work duties, including self-employment. For budgetary purposes, certain disregards are applied to earned income.
- **Unearned Income**---is money received for reasons other than for services rendered. It may be in the form of pensions, contributions, gifts (monetary), child-support, unemployment insurance, strike benefits, or interest payments. Except for child-support, no disregards are applied to unearned income.

SELF EMPLOYMENT INCOME

- For self-employment income, gross income is considered to be the total profit from the business. Net income is determined by deducting business expenses (those costs directly related to producing goods or services) from the gross income. The net income amount may receive the \$90 work disregard if the person is performing self-employment activities.

DISREGARDS

- When an individual receives food, shelter, clothing, or some alternative payment other than cash for performing work activities, the value of these items is not considered when determining financial eligibility.
- The earned income of an applicant's child under 19 years old is not included. In situations of this nature, show the child in the applicant's budget group but do not show the earnings.

SOME EXEMPT INCOME TYPES

- Adoption Assistance or Foster Care
- TANF (Temporary Assistance to Needy Families) Payments
- Food Stamps
- Supplemental Security Income (SSI)
- Disaster Relief Assistance
- Earned Income Tax Credits
- Energy Assistance Payments
- Educational Grants, Loans, and Scholarships **Note:** Income received from these sources is not included in any budget calculations to determine PE WHM. Under federal statute, they have been defined as excludable.
- Wages from temporary employment with the Census Bureau.
- Stimulus income



DEDUCTIONS

- Unearned Income---\$50.00 Child-Support Disregard: This is the only disregard allowed for unearned income.
- Earned Income---\$90.00 Standard Work Expense (per employed adult budget group member)
- Dependent Care Expenses- Allowed if employed person pays.
- Maximum of \$200.00, per month, for each individual under 2.
2. Maximum of \$175.00, per month, for each individual over 2.

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

FEDERAL POVERTY LEVEL (FPL) LIMITS

Effective April 1, 2014 (Remain 200%)

The FPL for PE Women's Health Medicaid (WHM) remained 200% effective January 1, 2014 through March 31, 2014. This year Georgia will implement the annual cost of living increase effective April 1, 2014.

PE Women's Health Medicaid 200% FPL Effective 4/1/14

Budget Group	200% FPL	Budget Group	200% FPL
1	1946	11	8716
2	2622	12	9394
3	3300	13	10072
4	3976	14	10750
5	4652	15	11428
6	5330	16	12106
7	6006	17	12784
8	6682	18	13462
9	7360	19	14140
10	8038	20	14818

Add \$678 to the net income limit for any additional individual(s) added.

Smith Family Case PE WHM Example

Mrs. Smith has met the BCCP requirement.

She lives with her two daughters, Jane, 9 years old, and Debbie, 13 years old.

Mrs. Smith is separated from her husband who pays \$300, per month, child support for their daughter, Jane.

Debbie, Mrs. Smith's daughter from a previous marriage, receives \$120 per month child support from her absent father.

Mrs. Smith earns \$400.00 per month babysitting in her home.

Smith Family Case – Exclude Children

If Mrs. Smith chooses to exclude both children:

\$ 400.00	Mrs. Smith's earned income
<u>\$ -90.00</u>	Standard work expense disregard
\$ 310.00	Total net income for BG of 1

BG of 1 income limit = \$1,946

PE eligible for a BG of 1

Smith Family Case –Include Children

If Mrs. Smith chooses to include the children:

\$ 400.00	Mrs. Smith's earned income
<u>\$ -90.00</u>	Standard work expense disregard
\$ 310.00	
<u>\$ 300.00</u>	Child support received for Jane
\$ 610.00	
<u>\$ 120.00</u>	Child support received for Debbie
\$ 730.00	
<u>\$ -50.00</u>	Child support disregard
\$ 680.00	Total net income

BG of 3 income limit = \$3,300

PE eligible for a BG of 3



Smith Family Review

Which BG would you use? BG of 1 or BG of 3

- Medicaid for the children are reviewed.
- Beneficiaries have 10 days to report household changes, including income.
- What if she increased her income after PE approval and reports her income at \$2,645 gross monthly? Would she continue to be eligible?
- Beneficiaries must continue to meet eligibility criteria to remain eligible for WHM.



Unearned Income Disregard

Remember Medicaid policy only allows one child support disregard per BG regardless of how many different types of child support payments the household receives monthly.

This BG receives two different monthly child support payments; however, only one \$50 deduction is allowed.

If the total child support payment is equal to \$50 a month, then the total child support amount to count in the budget is zero.

If the total child support payment is less than \$50 then count up to that amount as the disregard.

Child support is the only unearned income that is allowed a disregard.

Ms. Smith's PE Application Form DMA 634W

EFFECTIVE FOR SERVICES BEGINNING <u>April 1, 20XX</u> 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
PRESUMPTIVE ELIGIBILITY DETERMINATION FOR WOMEN'S HEALTH MEDICAID		1112223344555 MEDICAID IDENTIFICATION NUMBER
		April 1- May 31, 20XX VALID FOR LISTED MONTH ONLY
APPLICANT'S NAME: <u>L.H. Smith</u>	MAIDEN NAME: <u>Brown</u>	HEALTH INSURANCE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S ADDRESS: <u>34 First Avenue</u>	TELEPHONE NUMBER: <u>(404) 555-1212</u>	APPLICANT'S RECORD: <u>ABC123</u>
APARTMENT/LOT NUMBER: <u>#2A</u>	SOCIAL SECURITY NUMBER: <u>123-45-6789</u> <small>(Optional)</small>	DATE OF INTERVIEW: <u>5/1/XX</u>
CITY: <u>Atlanta</u> STATE: <u>GA</u>	ZIP CODE: <u>30303</u>	COUNTY OF RESIDENCE: <u>Fulton 060</u>

	FAMILY MEMBERS				DATE OF BIRTH MM/DD/YYYY	* RACE	GENDER	RELATION TO APPLICANT	MONTHLY GROSS INCOME			MONTHLY DISREGARDS		MONTHLY NET INCOME	
	FIRST NAME	MI	LAST NAME	SUFFIX					TYPE	AMOUNT	FREQ	MONTHLY AMOUNT	STANDARD WORK DISREGARD		DEPENDENT CARE DISREGARD
01	L.H.		Smith		05/19/97	H	F	SELF	W	400	MO	400.00	90.00		310.00
02	Jane G.		Smith		04/01/00	W	F	Daughter	OU	300.00	MO	300.00			300.00
03	Debbie J.		Smith		11/29/01	B	F	Child	OU	120.00	MO	120.00			120.00
04															
05															
06															

SWORN STATEMENT OF APPLICANT: I UNDERSTAND THAT THIS IS A TEMPORARY DETERMINATION OF MY ELIGIBILITY FOR MEDICAID AND THAT THE ARROWHEAD RIGHT FROM THE START MEDICAID (ARSM) PROJECT WILL DETERMINE MY CONTINUING ELIGIBILITY. I DECLARE UNDER PENALTY OF PERJURY THAT I AM A U.S. CITIZEN OR LAWFULLY PRESENT IN THE UNITED STATES AND I HAVE PROVIDED TRUE AND ACCURATE INFORMATION ABOUT MY FAMILY 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 ARSM MAKES THE DECISION ABOUT MY CONTINUING ELIGIBILITY. I WILL REPORT ALL CHANGES IN MY HOUSEHOLD WITHIN 10 DAYS. DATE OF APPLICATION: <u>4/30/XX</u> APPLICANT'S SIGNATURE: <u>L.H. Smith</u>	TOTAL GROSS INCOME = <u>820.00</u> CHILD SUPPORT DISREGARD = <u>50.00</u> NUMBER IN FAMILY = <u>3</u> POVERTY INCOME LEVEL = <u>3300.00</u> TOTAL FAMILY NET INCOME = <u>680.00</u> Applicant is <input checked="" type="checkbox"/> ELIGIBLE or <input type="checkbox"/> INELIGIBLE for PE WHM.
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*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. DATE OF COMPLETION: <u>5/1/201X</u> COMPLETED BY (PLEASE PRINT): <u>Memi Wilson</u> DIRECT PHONE NUMBER: <u>(404) 463-0521</u> SIGNATURE OF INDIVIDUAL COMPLETING FORM: <u>Memi Wilson</u>	PROVIDER CERTIFICATION: I CERTIFY THAT THE WOMAN FOR WHOM THIS PRESUMPTIVE DETERMINATION OF ELIGIBILITY HAS BEEN DETERMINED WAS SCREENED IN ACCORDANCE WITH THE REQUIREMENTS OF PUBLIC LAW 106-354 ON <u>1/20/201X</u> HER DIAGNOSIS MET THE BCC PROGRAM IN GEORGIA. I HAVE OBTAINED A SIGNED HEALTHCARE COVERAGE APPLICATION FROM THE APPLICANT AND HAVE FAXED IT TO THE ARROWHEAD (ARSM) PROJECT AT 770-359-1813. QUALIFIED PROVIDER SIGNATURE: <u>Memi Wilson</u> TITLE: <u>Doctor</u> Full Provider Name Here: _____ Provider ID Number Here: _____ QUALIFIED PROVIDER NAME: _____ QUALIFIED PROVIDER ID NUMBER: _____ QUALIFIED PROVIDER ADDRESS: _____ Provider Street Address Here: _____ Provider City, State, Zip Here: _____
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632W (03/01/2014)

Screen on GAMMIS

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 | Eligibility Request

User Information - Provider 000006707D ?

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.

The following messages were generated:

Message Description	Panel	Field	Row
No match using search criteria SSN: 123456789, Name: SMITH, L.H.	Eligibility Verification Request		

Eligibility Verification Request ?

Member ID	<input type="text"/>	Birth Date	<input type="text"/>	<input type="button" value="C"/>
Last Name	SMITH	SSN	123-45-6789	
First Name	L.H.	From/Thru Date of Service	<input type="text"/>	<input type="button" value="C"/> <input type="button" value="C"/>
Gender	Female			<input type="button" value="search"/> <input type="button" value="clear"/>

Blank PE WHM Panel

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**

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.

Presumptive Eligibility for Women's Health Care Request

Member Info

Member ID	<input type="text"/>	Birth Date*	<input type="text"/> <input type="button" value=""/>
First Name*	<input type="text"/>	SSN	<input type="text" value="000-00-0000"/>
Last Name*	<input type="text"/>		
MI	<input type="text"/>		
Suffix	<input type="text"/> <input type="button" value="v"/>		

Mailing Address

Address*	<input type="text"/>	State*	<input type="text" value="GA"/> <input type="button" value="v"/>
Address 2	<input type="text"/>	County*	<input type="text"/> <input type="button" value="v"/>
City*	<input type="text"/>		
Zip*	<input type="text" value="00000"/> <input type="text" value="0000"/>		

Residential Address

Same as Mailing Address

Address*	<input type="text"/>	State*	<input type="text" value="GA"/> <input type="button" value="v"/>
Address 2	<input type="text"/>	County*	<input type="text"/> <input type="button" value="v"/>
City*	<input type="text"/>		
Zip*	<input type="text" value="00000"/> <input type="text" value="0000"/>		

Other Member Information

Home Phone	<input type="text"/>	Eligibility Begin Date*	<input type="text" value="Today's Date"/> <input type="button" value=""/>
Other Phone	<input type="text"/>	Primary Household Language*	<input type="text"/> <input type="button" value="v"/>
Race*	<input type="text"/> <input type="button" value="v"/>		
Ethnicity*	<input type="text"/> <input type="button" value="v"/>		
Citizenship*	<input type="text"/> <input type="button" value="v"/>		



Member ID Function

Presumptive Eligibility for Women's Health Care Request ?

Member Info

Member ID	<input type="text"/>	Birth Date*	<input type="text"/>	<input type="button" value="▼"/>
First Name*	<input type="text"/>	SSN	<input type="text" value="000-00-0000"/>	
Last Name*	<input type="text"/>			

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.

City*	<input type="text"/>	State*	GA <input type="button" value="▼"/>
Zip*	<input type="text" value="00000"/> <input type="text" value="0000"/>	County*	<input type="text"/>

Application Date

Presumptive Eligibility for Women's Health Care Request

Member Info

Member ID

First Name*

Last Name*

MI

Suffix

Mailing Address

Address*

Address 2

City*

Zip*

Residential Address

Same as Mailing Address

Address

Address 2

City

Zip

Other Member Information

Home Phone

Other Phone

Race*

Ethnicity*

Citizenship*

Birth Date*

SSN

State*

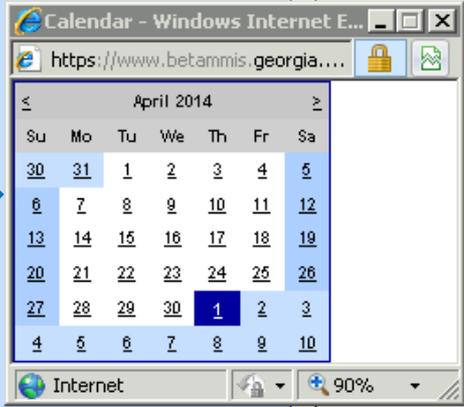
County*

State

County

Eligibility Begin Date*

Primary Household Language*



Error Message for PE WHM in GAMMIS

The following messages were generated:

Member found on file with current eligibility. Request cannot be processed

Presumptive Eligibility for Women's Health Care Request



What does this error message mean?

Why would this error message be received?

What are the next steps?

Confirmation

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 11122233344. 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 Women's Health Care Request



Member Info

Member ID

First Name

Last Name

MI

Suffix

Birth Date

SSN



Temporary Medicaid Certificate -Top

Temporary Member Identification Card

Please note: Once the user navigates from this confirmation page, this information will no longer be accessible outside of performing an eligibility request on the member below. Therefore, please use your browser to print this confirmation page before closing.

Thank you for your participation in the Medicaid/PeachCare for Kids® program. Your presumptive eligibility entry has been received. The Member ID is listed below. This is the number you will need to use when submitting claims for services rendered to this member.

Please check the member eligibility site regularly for updates to this member's eligibility information. You may also access current eligibility information by clicking "Contact Us" under the Contact Information tab in the upper top left of your web screen; or by calling the Provider Contact Center at 1-800-766-4456; or by using the Interactive Voice Response (IVR) System at 1-800-766-4456.

This temporary member identification card may be used as a confirmation of presumptive eligibility for the Medicaid program as of the indicated date. A permanent identification card will be mailed to the member at the address below. Please print this page for the member to use until their member ID card arrives.

A Division of Family and Children Services Medicaid Eligibility Specialist will contact the member about her eligibility.

Rx BIN Number: 001553

Temporary Medicaid Certificate -Middle

Eligibility Verification Request ?

From/Thru Date of Service: 04/01/201 - 05/31/201
 Service Type: 30 - Health Plan Benefit Coverage

Member ID Information ?

Member ID	[REDACTED]	First Name	L
Birth Date	05/19/197	Last Name	SMITH
Address 1	2A 1ST AVE NE # 34	Middle Initial	H
Address 2(County)	060 - FULTON	Name Suffix	
City	ATLANTA	Gender	F
State	GA	Transaction Date/Time	05/01/201 09:43:24
Zip	30317-2647	Confirmation #	141 00E

Benefit Plans ?

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations
Active	30 - Health Plan Benefit Coverage	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	MEDICAID

Temporary Medicaid Certificate -Bottom

Eligibility by Service Type ?

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Copay Amount	Special Copay Notes
Active	1 - Medical Care	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Inactive for Service Type Code selected.	33 - Chiropractic	04/01/201	05/31/201				
Active	35 - Dental Care	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	47 - Hospital	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	48 - Hospital - Inpatient	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	50 - Hospital - Outpatient	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	86 - Emergency Services	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	88 - Pharmacy	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	98 - Professional (Physician) Visit - Office	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	AL - Vision (Optometry)	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	MH - Mental Health	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	
Active	UC - Urgent Care	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	0.00	

Retroactive Eligibility ?

Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date
04/01/201	04/30/201	05/01/201



Screened on GAMMIS after completion

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" value="03/31/201"/>	<input type="button" value="v"/> <input type="text" value="05/31/201"/> <input type="button" value="v"/>
Gender	<input type="button" value="v"/>	Service Type	30 - Health Plan Benefit Coverage <input type="button" value="v"/>	

Member ID Information ?

Member ID	<input type="text"/>	First Name	L
Birth Date	05/19/197	Last Name	SMITH
Address 1	2A 1ST AVE NE #34	Middle Initial	H
Address 2(County)	060 - FULTON	Name Suffix	
City	ATLANTA	Gender	F
State	GA	Transaction Date/Time	05/01/201 12:39:56
Zip	30317-2647	Confirmation #	141210 <input type="text"/>

Benefit Plans ?

Status	Service Type Code	Effective Date	End Date	Insurance Type Code	Aid Category	Special Notes or Limitations
Active	30 - Health Plan Benefit Coverage	04/01/201	05/31/201	MC - Medicaid	800 - Presumptive BCC	MEDICAID

Questions?



WHM?

Huh??

Got me!



BCCP?



Memi Wilson

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