



Presumptive Eligibility Federal Regulations



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

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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.

QH's Request For PE

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

- The training requirement is met by attending a presumptive workshop and satisfactorily performing the training exercises.
- Upon completion of the training, each hospital certifies that all QH requirements have been met by completing the QH enrollment form.
- 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.

PE Hospital Application -Update

DCH is currently working on the procedures and application that Hospitals will follow to request becoming a Qualified Hospital.

This information will be shared with Hospitals once everything has been finalized. Please disregard any previous information regarding the Enrollment Wizard procedures.

§435.1110 Presumptive Eligibility (PE) Determined By Hospitals

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 Healthcare Coverage application and understanding any documentation requirements; and
- Has not been disqualified by DCH.

Some QH Responsibilities

- Application to request PE access
- Memorandum of Understanding agreement
- List of authorized personnel to complete PE applications
- Making correct PE Medicaid determinations
- Completing PE Training; notification of periodic refresher PE training and new worker PE training
- PE Monitoring and cooperation with Quality Control
- PE Reports
- Meeting 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.

Where DCH Is With ACA Qualified Hospitals

1. ACA PE Hospital materials have been submitted to CMS for final approval.
2. GAMMIS is being programmed to update PE Qualified Hospitals.

Both of these important requirements must be finalized prior to moving forward with PE certification for Qualified Hospitals.

What is Presumptive Eligibility Medicaid?

A process that allows Georgia's residents to be immediately enrolled in Georgia's Medicaid for a temporary period of time.

An individual provides information about his or her taxable income, tax filer status, household size, citizenship/immigration status, and residency. If they are eligible for Medicaid based on this information, a hospital shall determine that individual to be "presumptively eligible" for Medicaid.

The individual is temporarily enrolled this interim period pending a final adjudication of Medicaid eligibility by either the Right from the Start Medicaid (RSM) Project or the Division of Family and Children Services (DFCS) office.

Goal and Purpose of Presumptive Eligibility Medicaid

- **Goal**: To provide Medicaid coverage prior to the full Medicaid eligibility decision by RSM or DFCS, and to remove barriers to the availability of medical services and full Medicaid eligibility for all tax filer/non tax filer household members.
- **Purpose**: To allow an applicant to know immediately if they are eligible. When eligible, the individual can begin to receive medical services.

What is a “Temporary Period of Time”?

When an individual is approved for PE Medicaid their eligibility begins on the first day of the month of their PE application and ends no later than the last day of the following month, or when a full Medicaid determination is made by RSM or DFCS, whichever occurs first.

- She applies 7/5/14, and is approved for PE Medicaid. Her PE Medicaid coverage begins 7/1/14 and ends no later than 8/31/14.
- If RSM or DFCS determine on 7/11/14 she is/is not eligible for Medicaid her PE Medicaid ends 7/31/14.

Federal Regulations on Time Period

Federal regulations allow only the first day of the PE period to begin with the PE disposition date. Due to DCH's system it is automatically reverted back to the first day of the application month. This is currently being worked on and will line up with federal regulations upon completion.

Presumptive Eligibility Medicaid Categories

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

Affordable Care Act

Two important regulations in the ACA:

- Taxable Income only is used to determine financial eligibility.
- Tax Filer or Non Tax Filer Status is used to determine which individuals must be included in the budget group.

The ACA is based on IRS regulations.

Income

Appendix I –INCOME Chart reflects the IRS regulations regarding income.

- Income is either earned or unearned income.
- Only taxable income is used; not all income a person receives is considered taxable. Taxable income is required to be reported on a tax return, regardless if they expect to file a tax return or not.

IRS names and definitions have been used for the Appendix I Income Chart

Wages: In-Kind

We do not count In-Kind types as part of their financial eligibility determination.

IN-KIND ITEMS RECEIVED IN LIEU OF WAGES	Earned – Wages may include the value of food, clothing, shelter or other items provided in lieu of cash wages.	E
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She lives with a family that provides her room and board in exchange for watching their children after school. Her compensation is room and board only.

Child Support

Child support can be received one of three ways:

- Directly from the absent parent
- From the Division of Child Support Services
- From a court system (any state)

CHILD SUPPORT	Unearned – Income received for the support of child (ren) from the non-custodial parent of the child. Child support paid for a child by a non-custodial parent is always income to the child and never to a parent/relative/guardian.	E
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Regardless of how they receive child support, and of the amount, none of the child support is counted as it is considered non-taxable income per IRS regulations.

Unemployment Compensation Benefits (UCB) and Worker's Compensation Benefits (WCB)

UNEMPLOYMENT COMPENSATION BENEFITS (UCB)/ UNEMPLOYMENT INSURANCE	Unearned- The Unemployment Insurance (UI) program provides temporary income for workers who are unemployed through no fault of their own and who are either looking for another job, have a definite recall to their jobs within 6 weeks of the last day worked, or are in approved training. Any amount, up to \$3,000, that was repaid for an overpayment is deducted from total amount received	I
WORKER'S COMPENSATION	Unearned – payments awarded to injured employees or to their survivors. Verify from the employer or from the source of the payment.	E

UCB is different than WCB

Social Security Administration (SSA)

Income

Supplemental Security Income (SSI), this income also comes with Medicaid (300 aid category codes), and Retirement, Survivors and Disability Insurance (RSDI).

RSDI is received by individuals that are either retired, or if they lost a spouse/parent, or by disabled individuals. Disabled Individuals that receive RSDI will begin to receive Medicare after two years (regardless of their age). SSI income will not be included in the budget, but the individual is counted in the budget group.

SOCIAL SECURITY INCOME (RSDI)/ EQUIVALENT RAILROAD RETIREMENT BENEFITS	Unearned-any monthly benefits under Title II of the Social Security Act and any Tier I railroad retirement benefits treated as Social Security Benefits.	I
SUPPLEMENTAL SECURITY INCOME (SSI)	Unearned – monthly payments made to aged, blind or disabled individuals from the federal government. SSI is administered by the Social Security Administration. Consider as Income Based on Need (IBON). SSI recipients also receive Medicaid.	E

Non-taxable Income Types

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

We've already discussed SSI, but other income such as TANF, Food Stamps, Foster Care, Adoption Assistance, and state energy assistance programs, etc. are also non-taxable income types.

Non-Taxable Income Types

<p>UTILITY PAYMENT (HUD SECTION 8/GRFA/FMHA)</p>	<p>Unearned - *Refer to Housing and Development (HUD) in this chart.</p>	<p>E</p>
<p>UTILITY REBATES</p>	<p>Unearned-participation in the utility's energy conservation program. Electric bill is either a reduction in the purchase price (rate reduction) or a nonrefundable credit against the purchase price of electricity.</p>	<p>E</p>
<p>TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)</p>	<p>Unearned – benefits received from Temporary Assistance to Needy Families, including supplemental payments.</p>	<p>E</p>
<p>SCHOOL LUNCH PROGRAM</p>	<p>UNEARNED-The cash value of assistance provided to children under the National School Lunch Program, Child Nutrition Act, Special Milk Program, or School Breakfast program. Includes nutrition program for the elderly</p>	<p>E E</p>



Non-Taxable Income Types

<p>RELATIVE CARE SUBSIDY</p>	<p>Unearned - Financial support for children placed with an approved relative caregiver. A child may or may not be in DFCS custody for relative caregiver to qualify for certain subsidies.</p>	<p>E</p>
<p>HOUSING AND DEVELOPMENT (HUD) RENTAL REFUND</p>	<p>Unearned – Payment received by the AU for rent. Payments are often distributed by the Georgia Residential Financial Authority (GRFA). Payments can be made directly to the BG, by a two-party check or directly to the landlord on behalf of the BG.</p>	<p>E</p>
<p>HOUSING AND URBAN DEVELOPMENT (HUD) OR FARMERS HOME ADMINISTRATION (FMHA) UTILITY REIMBURSE- MENT</p>	<p>Unearned – Utility reimbursement provided by HUD and FMHA to AUs who receive housing assistance and are responsible for paying their utilities separately from their rent. Payments can be paid directly to the BG, by a two-party check or directly to the utility company on behalf of the BG.</p>	<p>E</p>



Non-Taxable Income Types

There are many different programs that assist Georgian residents. Refer to Appendix I- INCOME. If you are not sure if the income is taxable or non-taxable email mwilson@dch.ga.gov

GENERALASSISTANCE PAYMENTS	Unearned – payments received by the A/R from county funds administered by DFCS. Consider as Assistance Based on Need (ABON).	E
GENERALASSISTANCE VENDOR PAYMENTS	Unearned – GA paid directly to the provider if paid for housing expenses including GA paid for transitional housing for the homeless and if paid for energy or utilities.	E

Vendor Payments

<p>VENDOR PAYMENT</p>	<p>UNEARNED-Money paid by an outside source to a third party on behalf of the BG for an expense.</p> <p>Personal expenses paid for by another person that does not make up for a loss caused by that person.</p> <p>Personal expenses paid for by another person that makes up for a loss caused by that person, and only restores the individual to a position before the loss.</p> <p>Housing assistance payments made by a state or local government to a third party on behalf of a BG residing in transitional for the homeless.</p> <p>NOTE: If the vendor payment is made with GA funds, refer to General Assistance Vendor Payments in this chart.</p>	<p>I</p> <p>E</p> <p>E</p>
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Questions?

Before we move on are there any questions regarding taxable and/or non-taxable income?

Definitions

All household members will not necessarily be members of the budget group.

Some members of the budget group may not physically live in the home.

In order to be included in the budget group, there must be a tax filer or non tax filer relationship.

Definitions

- **APPLICANT**- an individual who is seeking an PE Medicaid determination for himself/herself through an PE Medicaid application submission.
- **BENEFICIARY**- an individual who has been determined eligible and is currently receiving Medicaid.

Definitions

- **TAX FILER-** an individual who states they expect to file a tax return for the taxable year.
- **NON TAX FILER-** an individual who states they do not expect to file a tax return, or does not expect to be claimed as a tax dependent by someone for the taxable year.
- **PARENT-** biological/natural, adoptive or step.

Definitions

- **CARETAKER RELATIVE**– any nonparent adult that a child is living with and who assumes primary responsibility for the dependent child's care (as may, but is not required to, be indicated by claiming the child as a tax dependent for Federal income tax purposes).
- **SIBLING**- biological/natural, adoptive or step

Definitions

- **DEPENDENT CHILD-** a child (biological/natural, adoptive, or step) who meets both of the following criteria:
 - Is under the age of 19;
 - Is deprived of parental support by reason of the death, absence from the home, physical or mental incapacity, or unemployment of at least one parent. A parent is considered to be unemployed if he or she is working less than 100 hours per month.

Definitions

- **NON-APPLICANT-** an individual who is not seeking an eligibility determination for himself or herself but is included in an applicant's or beneficiary's budget group.
- **BUDGET GROUP-** the number of persons counted as members of an individual's household. This is based on either a tax filer household or a non tax filer household. The number in the budget group will determine what income limit is used.

Definitions

An applicant is either a Tax Filer or a Non Tax Filer. Questions need to be asked to establish their status, verification is not requested.

- **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.

Definitions

- **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.



Definitions

- **TAX DEPENDENT-** an individual expected to be claimed as a dependent by someone else for a taxable year. Tax dependents can only be claimed once per taxable year.
- **INDIVIDUALS CLAIMED AS A TAX DEPENDENT-** an individual who expects to be claimed as a tax dependent by a taxpayer for the taxable year. The tax dependents are included in the tax filer's household.

An individual who files for a tax refund only is not considered a tax filer, such as a child filing for a tax refund when their parent(s) claim them as a tax dependent.

Definitions

Three (3) exceptions for claimed tax dependents:

- Individual(s) being claimed as a tax dependent by someone other than a spouse; or is not the tax filer's biological/natural, adopted, or step child, are to be separated from the tax filer's budget group when ineligible for a Modified Adjusted Gross Income (MAGI) Medicaid together.
- Child(ren) living with both parents, expected to be claimed by only one parent as a tax dependent because the parents are not filing a joint tax return.
- Child (ren) claimed as a tax dependent by a non-custodial parent. A court order or binding separation, divorce, or custody agreement establishing physical custody controls; or if there is no such order or agreement or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights.



Definitions

If a taxpayer cannot reasonably establish that another individual is a tax dependent of a taxpayer for the tax year in which Medicaid is sought, the inclusion of such individual in the household of the taxpayer is considered as a non tax filer status.

Note: This is not the same as refusing to tell you about their tax status.

Definitions

- **MARRIED COUPLES-** married couples living together; each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.
- On June 26, 2013, the Supreme Court, in *United States v. Windsor*, 570 U.S. ___, 133 S. Ct. 2675 (2013), invalidated Section 3 of the **Defense of Marriage Act (DOMA)**, which provided federal definitions of marriage and spouse that precluded federal recognition of same-sex unions. Section 3 of DOMA no longer controls the definition of marriage or spouse under the federal framework for Georgia's Medicaid and PeachCare for Kids® programs. Georgia does not recognize same-sex unions for the Medicaid and PeachCare for Kids® programs.



Definitions

- **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).

Let's review what this means to you as a Qualified Hospital.

Medical Verification of Pregnancy

- Qualified Hospitals cannot require medical verification of pregnancy to complete a PE Pregnancy Medicaid application, or any of the PE Medicaid categories, 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.
- Pregnant women may have only one approved PE period per pregnancy.

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 Medicaid application process.

GAMMIS- Georgia Medicaid Management Information System

- Screening on GAMMIS is required before the start a PE Medicaid application. If an applicant is on full Medicaid do not do a PE Medicaid application.
- We do not change a beneficiary from 104 Parent/Caretaker with Child(ren) Medicaid to 170 Pregnancy Medicaid. DFCS will need to update their system to include the pregnancy information (EDD and number of fetuses). PeachCare for Kids® beneficiaries are no longer 'automatically' give 170 Pregnant Women Medicaid; they need to report their information to be updated.

GAMMIS is being worked on and currently shows the old names so 104 will show LIM Adult, but Appendix C Class of Assistance (COA), has the new names that will show on GAMMIS once it has been updated. Once GAMMIS is updated a mandatory training will be available for Qualified Hospitals to complete.

Dually Eligible

- If the beneficiary is receiving P4HB aid categories 180 or 181 or if they are receiving Q-Track Medicaid (600-662), continue with their PE Medicaid. These Medicaid categories are limited Medicaid and PE Medicaid has more coverage for them. Unlike full Medicaid that is better than temporary Medicaid of PE Medicaid.
- If the beneficiary is on PE WHM or WHM contact ARROWHEAD so they can handle their case.
- SSI beneficiaries will need to have their pregnancy information updated on GAMMIS. Continue to use the SSI Pregnancy Form; the form and procedures are located in the PE Manual.

Detailed information will be covered in the GAMMIS training.



Questions?

Before we move on are there any questions regarding definitions, or medical verification of pregnancy, and/or dually eligible procedures?



Net Taxable Income Chart and Deductions

Parent/Caretaker with Child(ren) Limit

Budget Group	Parent/Caretaker with Child(ren)		Budget Group	Parent/Caretaker with Child(ren)	
	Limit	Plus 5%		Limit	Plus 5%
1			11	\$1,194	\$1,412
2	\$457	\$523	12	\$1,244	\$1,479
3	\$551	\$634	13	\$1,294	\$1,546
4	\$653	\$753	14	\$1,344	\$1,613
5	\$752	\$869	15	\$1,394	\$1,680
6	\$826	\$960	16	\$1,444	\$1,747
7	\$903	\$1,054	17	\$1,494	\$1,814
8	\$970	\$1,138	18	\$1,544	\$1,881
9	\$1,034	\$1,218	19	\$1,594	\$1,948
10	\$1,113	\$1,314	20	\$1,644	\$2,015



PE Pregnancy 220% FPL 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.

Children Under 19 Years of Age Limit

Budget Group	Children 6-18 (Old 100%)		Children 1-5 (Old 133%)		Children 0-1/TMA (old 185%)	
	133%	Plus 5%	149%	Plus 5%	205%	Plus 5%
1	\$1,295	\$1,344	\$1,450	\$1,499	\$1,995	\$2,044
2	\$1,744	\$1,810	\$1,954	\$2,020	\$2,688	\$2,754
3	\$2,195	\$2,278	\$2,459	\$2,542	\$3,383	\$3,466
4	\$2,645	\$2,745	\$2,963	\$3,063	\$4,076	\$4,176
5	\$3,094	\$3,211	\$3,466	\$3,583	\$4,769	\$4,886
6	\$3,545	\$3,679	\$3,971	\$4,105	\$5,464	\$5,598
7	\$3,994	\$4,145	\$4,475	\$4,626	\$6,157	\$6,308
8	\$4,444	\$4,612	\$4,979	\$5,147	\$6,850	\$7,018
9	\$4,895	\$5,079	\$5,485	\$5,669	\$7,545	\$7,729
10	\$5,346	\$5,547	\$5,991	\$6,192	\$8,240	\$8,441
11	\$5,797	\$6,015	\$6,497	\$6,715	\$8,935	\$9,153
12	\$6,248	\$6,483	\$7,221	\$7,456	\$9,630	\$9,865
13	\$6,699	\$6,951	\$7,962	\$8,214	\$10,325	\$10,577
14	\$7,150	\$7,419	\$8,720	\$8,989	\$11,020	\$11,289
15	\$7,601	\$7,887	\$9,495	\$9,781	\$11,715	\$12,001
16	\$8,052	\$8,355	\$10,287	\$10,590	\$12,410	\$12,713
17	\$8,503	\$8,823	\$11,096	\$11,416	\$13,105	\$13,425
18	\$8,954	\$9,291	\$11,922	\$12,259	\$13,800	\$14,137
19	\$9,405	\$9,759	\$12,765	\$13,119	\$14,495	\$14,849
20	\$9,856	\$10,227	\$13,625	\$13,996	\$15,190	\$15,561



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
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b
				14 Other	12c
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

Adjusted Gross Income	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 Recipient's SSN ▶	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 adjusted gross income ▶	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%	Family Size	5%
1	\$49	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





Presumptive Eligibility Medicaid Categories

§435.110 Parent/Caretaker with Child(ren)

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

- 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

§435.1102 Children Under 19 Years of Age

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

- 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

§435.1103 Pregnant Women

Provides Medicaid coverage for a pregnant woman.

- 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
- Pregnancy is not medically verified
- Can only be PE approved once per pregnancy

§435.150 Former FosterCare Medicaid

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

- Former Foster Care Medicaid began January 1, 2014.
- Foster Care is not limited receipt in Georgia only.
- 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.

§435.213 Women's Health Medicaid (Breast and/or Cervical Cancer)

- Georgia provides PE for women with breast and/or cervical cancer but is limited to Qualified Providers who conduct screenings for breast and cervical cancer under GA's Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (BCCEDP).
- Georgia limits Qualified Hospitals that may determine PE for women with breast and/or cervical cancer on that basis to hospitals that conduct screenings under GA's BCCEDP.
- The Department of Public Health (DPH) is charged with the CDC BCCEDP program. Once a Qualified Hospital is certified by the DPH, they will be trained to complete PE Women's Health Medicaid (WHM).

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



Questions?

Before we move on are there any questions regarding the different PE Medicaid categories?

PE Hospital Training

Today's training covered the Federal Regulations for PE Medicaid. This is your foundation for PE Medicaid.

Additional PE Hospital trainings will be available once the Centers for Medicare & Medicaid Services (CMS) have approved GA's PE Hospital material and GAMMIS is updated.

PE Pregnancy Medicaid training is available quarterly.

Presumptive Eligibility Training Forms

Please return the completed training form
by Monday to DCH at:

770-302-6169

or

email pecorrections@dch.ga.gov.

Centers for Medicare and Medicaid Services Vendor Q&A

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Medicaid and CHIP FAQs: Implementing Hospital Presumptive Eligibility Programs

January 2014

Q20: Can hospitals rely on third party contractors to provide support in administering presumptive eligibility (PE)?

A20: When hospitals determine PE, they are subject to the same general rules set out for other qualified entities that may determine PE, including that they cannot "delegate the authority to determine presumptive eligibility to another entity." (See 42 CFR 435.1102(b)(2)(vi). However, they may implement PE with the support of third party contractors. For example, hospitals can rely on third party contractors to help staff their in-hospital PE operations, by staffing welcome



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desks, meeting with consumers, and helping them fill out PE applications as long as the hospital takes responsibility for the PE determinations that result. In addition, the regulations at 42 CFR 435.1102(b)(2)(vi) do not limit the ability of third party contractors to assist individuals in completing and submitting the full application.

Hospitals that conduct off-site, targeted outreach may also employ third party contractors to reach out to individuals who may be Medicaid eligible and assist them with a presumptive application and the single streamlined application at the individual's request. Hospitals must oversee such off-site outreach to ensure hospital accountability for the PE determinations, including hospital review and approval of the PE recommendations made by non-hospital employees. States should not unduly limit a hospital's ability to rely on third-party contractors as long as the hospital is not delegating its authority to determine presumptive eligibility to a third party and is meeting appropriate state-established performance standards.



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