



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.

PE Pregnancy Medicaid Updates

- New PDF forms
 - DMA 632 and page 2
 - DMA 634 Approval
 - DMA 634 Denial
 - Quick Guide for Pregnant Women Medicaid
- Healthcare coverage application 94a in print
- Child's income limit increased to \$3,900
- Understanding Medicaid Booklets
- P4HB material not available; use www.p4hb.org
- FPL limit changed 4/1/14 (continued 220%)
- ACA insurance vs. Private Insurance
- Procedure to notify DCH when she is not pregnant

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.

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.

		UPDATES ONLY	
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.			
Employee's Signature: _____		Date: _____	

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



Participants

VICs rules

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

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

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 Healthcare 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

Administration of the PE Program

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

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.

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.

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.)

- Healthcare Coverage Application - Form 94a
 - Until back from the printers continue to use form 94
- 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.



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.

How to Order PE Forms (cont.)

- Medicaid Application/HealthCare Coverage Application- 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 has returned from the printers)
 - 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 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



Questions?

Before we move on are there any questions?

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).



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

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% 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



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

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

2222333444555
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 TYPES OF TAXABLE INCOME:
W - WAGES/SALARIES P - PENSION
S - SELF EMPLOYMENT U - UNEMPLOYMENT
OE - OTHER EARNINGS OU - OTHER UNEARNED

APPLICANT'S ADDRESS: 8 Peachtree Street NW TELEPHONE NUMBER: (404) 656-1111

APARTMENT/LOT NUMBER: B5 SOCIAL SECURITY NUMBER: 555-44-3333 (OPTIONAL)

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
01	<u>Michele J. Brown</u>	<u>MI</u>	<u>BROWN</u>	<u>12/31/198X</u>	<u>F</u>	<u>H</u>	<u>SELF</u>	<u>W</u>	<u>2155.00</u>	<u>SM</u>	<u>4310.00</u>	<u>2634.00</u>	<u>0</u>	<u>1676.00</u>
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	<u>James E. Brown</u>	<u>MI</u>	<u>BROWN</u>	<u>11/22/198X</u>	<u>M</u>	<u>W</u>	<u>Spouse</u>	<u>W</u>	<u>6749.00</u>	<u>MO</u>	<u>6749.00</u>	<u>0</u>	<u>1500.00</u>	<u>5249.00</u>
04	<u>Michael J. Brown</u>	<u>MI</u>	<u>BROWN</u>	<u>12/4/201X</u>	<u>M</u>	<u>W</u>	<u>Step Child</u>		<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
05	<u>Mark Brown</u>	<u>MI</u>	<u>BROWN</u>	<u>1/24/201X</u>	<u>M</u>	<u>W</u>	<u>Step Son</u>		<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
06	<u>Melissa B. Whit</u>	<u>MI</u>	<u>WHIT</u>	<u>8/11/199X</u>	<u>F</u>	<u>B</u>	<u>Daughter</u>	<u>W</u>	<u>25.00</u>	<u>WK</u>	<u>108.33</u>	<u>0</u>	<u>0</u>	<u>0</u>

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 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
DATE OF COMPLETION 5/1/1X Memi Wilson Doctor
COMPLETED BY (PLEASE PRINT) MEMI WILSON TITLE

(404) 463-0521
QP DIRECT PHONE NUMBER SIGNATURE OF QUALIFIED PROVIDER PERSONNEL Memi Wilson

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 is Melissa's father expects to claim her on his tax return? _____

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

Birth Date*

SSN

000-00-0000

Mailing Address

Address*



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

<u>Mailing Address</u>	
Address*	2 PEACHTREE STREET NW
Address 2	
City*	ATLANTA
Zip*	30303 0000
<u>Residential Address</u>	
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?

Error Message

The following messages were generated:

Race is required.

Ethnicity is required.

Citizenship is required.

Presumptive Eligibility for Pregnant Women Request

What does this error message mean?

Is it important? Why or why not?

Top of Medicaid Certificate

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

Middle of Medicaid Certificate

Eligibility Verification Request ?

From/Thru Date of Service
Service Type

Member ID Information ?

Member ID 222	First Name MICHELE
Birth Date 12/31/198	Last Name BROWN
Address 1 8 PEACHTREE ST NW # B5	Middle Initial
Address 2(County) 060 - FULTON	Name Suffix
City ATLANTA	Gender F
State GA	Transaction Date/Time 05/02/201 12:36:08
Zip 30303-3146	Confirmation # 1412 N9

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	865 - Presumptive Preg. Woman	THIS IS A PRESUMPTIVE ELIGIBLE MEMBER. INPATIENT HOSPITAL AND DELIVERY PROCEDURES ARE NOT COVERED

Bottom of Medicaid Certificate

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	865 - Presumptive Preg. Woman	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	865 - Presumptive Preg. Woman	0.00		
Active	47 - Hospital	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Inactive for Service Type Code selected.	48 - Hospital - Inpatient	04/01/201	05/31/201					
Active	50 - Hospital - Outpatient	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Active	86 - Emergency Services	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Active	88 - Pharmacy	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Active	98 - Professional (Physician) Visit - Office	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Active	AL - Vision (Optometry)	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Active	MH - Mental Health	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		
Active	UC - Urgent Care	04/01/201	05/31/201	MC - Medicaid	865 - Presumptive Preg. Woman	0.00		

Retroactive Eligibility			?
Retroactive Begin Date	Retroactive End Date	Retroactive Eff (Update) Date	
04/01/201	05/01/201	05/02/201	



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 MICHELE

Last Name BROWN

MI L

Suffix

Birth Date 12/31/198

SSN 555-44-3333

Mailing Address

Address 2 PEACHTREE STREET NW

Address 2

City ATLANTA

Zip 30303 0000

State GA

County 060-Fulton



Screened on GAMMIS after completion

Eligibility Verification Request ?

Member ID	<input type="text" value="222"/>	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="02/24/201"/>	<input type="button" value="⊗"/> <input type="text" value="05/31/201"/> <input type="button" value="⊗"/>
Gender	<input type="text"/>	Service Type	30 - Health Plan Benefit Coverage <input type="button" value="⊗"/>	

Member ID Information ?

Member ID	222	First Name	MICHELE
Birth Date	12/31/198	Last Name	BROWN
Address 1	8 PEACHTREE ST NW # B5	Middle Initial	
Address 2(County)	060 - FULTON	Name Suffix	
City	ATLANTA	Gender	F
State	GA	Transaction Date/Time	05/02/201 12:54:52
Zip	30303-3146	Confirmation #	1412. NO

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	865 - Presumptive Preg. Woman	THIS IS A PRESUMPTIVE ELIGIBLE MEMBER. INPATIENT HOSPITAL AND DELIVERY PROCEDURES ARE NOT COVERED

Questions?

Please return the sign in sheets and the completed training form by Monday.

Memi Wilson

Family Medicaid Program Consultant
Division of Medical Assistance Plans
Georgia Department of Community Health
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Atlanta, GA 30303
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