



PE Pregnancy Medicaid Training



Presentation to: **Qualified providers that complete Presumptive Eligibility (PE) Pregnancy Medicaid applications**

Presented by: **Gloria Hill - DCH Medicaid Program Consultant**



Mission

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

We are dedicated to A Healthy Georgia.



PRESUMPTIVE ELIGIBILITY TRAINING

for

Qualified providers

Goal of Presumptive Eligibility (PE)

The goal of the Presumptive Eligibility (PE) program is to provide Medicaid coverage during the application processing period and remove barriers to the availability of prenatal care critical in positively affecting the birth outcome and the health of the mother.

Goals of Presumptive Eligibility (PE)

The Department of Community Health (DCH) is committed to providing the individuals responsible for determining a pregnant woman's PE with clear and practical guidelines to:

- Understand Medicaid coverage available to pregnant women.
- Understand the application process for PE.
- Understand the eligibility requirements to be used in making PE determinations.
- Be able to compute a PE budget using a PE pregnancy application form DMA 632.
- To screen on Georgia Medicaid Management Information System (GAMMIS) to prevent multiple Member ID numbers being issued.
- To correctly perform on-line entry of the approved PE application.
- Understand procedures for processing PE applications.

Definition and Description of PE

- PE is an expedited process of enrolling eligible Georgia residents into the Medicaid program determined by a Qualified Providers
- Eligibility is based on an individuals taxable income, tax filer status, household size, citizenship/immigration status, and residency.
- Medicaid coverage may be granted to the pregnant applicant whose net taxable income does not exceed 220% of the federal poverty level. PE consists of an income comparison test using the applicant's statements to establish gross taxable income and pregnancy.
- The PE period begins on the approved application date, and ends when RSM/DFCS determines eligibility or ineligibility for Medicaid, but no later than at the end of the month following the month of the PE approval.
 - She applies 7/5/14, and is approved for PE Medicaid on that date. Her PE Medicaid coverage begins 7/5/14 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.



Definition and Description of PE

- The web portal has been updated and coverage no longer reverts to the beginning of the month for Presumptive Eligibility.
- PE Medicaid does not cover inpatient hospital and delivery services, only ambulatory prenatal care services are covered during the presumptive period.
- Inpatient hospital services, and delivery procedures, are not included because they do not meet the definition of ambulatory prenatal care services as defined in the Medicaid state plan.
- Any questions regarding billing procedures should be directed to the DCH's fiscal agent, Hewlett Packard

Presumptive Eligibility Medicaid Categories

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

(Only the above categories can be completed by QH)

- §435.1103 Pregnant Women
- §435.213 Women's Health Medicaid
(Breast and/or Cervical Cancer)

Responsibilities of the Qualified Providers

- Make correct determinations of PE
- Within 5 days notify county RSM or DFCS of the results of the PE determination-prefer daily
- Enter the PE approvals on the Web
- Obtain a signed Medicaid 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.

GAMMIS-

Georgia Medicaid Management Information Systems

- Screening on GAMMIS is the first step before the start of a PE Medicaid application.
- If an applicant is on Full Medicaid, **DO NOT** do a PE Medicaid application.
- Exception Planning for Healthy Babies(P4HB) or QMB. (if the beneficiary is active P4HB or QMB complete the PE Medicaid application and GAMMIS will update the system.)



Administration of the PE Program

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

Application & Enrollment Process

Forms required for application process:

- PE application - Form 632
- Declaration of Citizenship/Immigrant status Form 216
- HIPPA Form 5460 or 5460SP
- DMA 285 if they have other insurance
- Medicaid Application –Form 94A

PE Requirements and Updates

- Family net taxable income must not exceed 220% FPL
- Declaration of Citizenship/Immigration Status-
EMA is not available in PE. (applicant's statement is acceptable) *
- Must be a Georgia Resident
- Must be pregnant
- Only Qualified Providers (QP) can make PE determinations specialty code 380

* If the applicant has proof of identity and/or citizenship obtain a copy for the Medicaid application.
Write "viewed and copied" on each copy, stickers may be used.

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



PE Requirements and updates

- *The applicant's statement regarding pregnancy is all that is required, medical verification of pregnancy is not.* Under the Affordable Care Act (ACA) medical verification cannot be required prior to processing the PE application.
- Pregnant Women may receive presumptive eligibility, once per pregnancy

Budget Group (non-Financial Req's)

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

Financial Eligibility Requirements

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

- Only taxable net income is used in the PE Medicaid budgets.
Taxable net income is taxable gross minus allowable deductions.
- There are 3 allowable deductions:
 - ~ Pre tax deductions
 - ~ Form 1040 deductions
 - ~ 5% FPL deductions

Financial Eligibility Requirements

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

CONVERSION CHART

<u>IF PAID</u>	<u>THEN</u>
HOURLY	Multiply the number of hours worked per week times the hourly wage times 4.3333 weeks;
WEEKLY	Multiply gross income times 4.3333;
BI-WEEKLY	Multiply bi-weekly gross income times 2.1666;
SEMI-MONTHLY	Multiply semi-monthly gross income times 2;
YEARLY	Divide yearly gross income by 12.

Financial Eligibility Requirements Taxable Income

Non Taxable Income: is excluded in the PE determination based on federal statute.

Some examples of excluded income are:

- *adoption assistance payments*
- *TANF (formerly AFDC) benefits*
- *earnings from the Census Bureau*
- *disaster relief assistance*
- *earned income tax credits*
- *energy assistance payments*
- *child support*
- *contributions*
- *Veteran's Benefits*
- *Supplemental Security Income (SSI)*

Income received from these sources is not included in any budget calculations to determine PE Medicaid. A List is provided.

MAGI (Modified Adjusted Gross Income) Limit for 2015

PE Pregnant Women Medicaid 220% FPL Effective 4/1/15

Presumptive Pregnant Women					
Budget Group	220%	Plus 5%	Budget Group	220%	Plus 5%
1	\$2,158	\$2,208	11	\$9,785	\$10,008
2	\$2,921	\$2,988	12	\$10,548	\$10,788
3	\$3,684	\$3,768	13	\$11,311	\$11,569
4	\$4,446	\$4,548	14	\$12,074	\$12,349
5	\$5,209	\$5,328	15	\$12,837	\$13,129
6	\$5,972	\$6,108	16	\$13,600	\$13,910
7	\$6,734	\$6,888	17	\$14,363	\$14,690
8	\$7,497	\$7,668	18	\$15,126	\$15,470
9	\$8,260	\$8,448	19	\$15,889	\$16,251
10	\$9,022	\$9,228	20	\$16,652	\$17,031

Add \$763 for each additional HH member

IRS 1040 Deductions 2015

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 Distribution: Delivery Address and Department: Deductions Attachments: see instructions Form 1040 (2015)

Pregnant Woman PE Requirements

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

Example PE

Pregnant Women Medicaid

- Jane Lyons is pregnant and lives with her 3 year old son. She earns \$ 1500 a month. She is applying for everyone in the household. Jane does not expect to file a tax return. Who is included in the budget group?
- Answer: Jane, unborn child, and her 3yr old son. Budget Group of 3
- Now if Jane's live-in boyfriend Jimmy Stewart was the father of her son, the budget group would include Jane, her fetus , her son and her boyfriend, because he is the other parent.
- If Jane and the other parent both expected to file a tax return, only one of them could claim the son as a tax dependent. Count all of them in the budget group and include the fetus.
- If they were married and expected not to file a joint tax return, they would all be counted in the budget group and include the unborn child because they all live together.



Example PE

Pregnant Women Medicaid

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

Her net taxable income is \$1,500.00

PE for pregnant woman BG of 3 income limit =
\$3,684

PE for Children under 19 (3yrs old) BG of 3 income
limit = \$2,495.00

Example of Pregnant Woman with Family

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

Determine Budget Group:

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

Budget group of 8

How to calculate income for PGW PE

Determine Income to be counted:

\$2310.00 Mrs. Brown's earned income
\$ -184.00 Vision Insurance/Pre-tax
\$ 2126.00 Mrs. Brown's net taxable income

\$ 2126.00 Mrs. Brown's net taxable income
\$ 1295.00 Mr. Brown's net taxable income
\$ 3421.00

\$ 2693.00 Mr. Brown's earned income
\$ -300.00 MARTA/Pre-tax
\$ 2393.00
\$ -298.00 Dental Insurance/Pre-tax
\$ -800.00 Alimony/1040 Deduction
\$1295.00 Mr. Brown's net taxable inc

PE Eligibility for Household

Pregnancy Medicaid BG of 8 income Limit = \$7,497

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

Children Under 19 Years of Age BG of 8 income limit = \$4,532

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

(Michelle and children are eligible for Presumptive Medicaid)

Example of Pregnant Woman with Family

- Mrs. Jones is six weeks pregnant and lives with her husband, their 15 year-old son, and 3 year-old daughter. Mrs. Jones earns \$421.00, per month, as a cashier. Mr. Jones works as a security guard and earns \$960.00, per month. Their son is a full-time student and earns
- \$75.00, per month, by delivering newspapers one hour each morning before school. Mrs. Jones pays \$250.00, per month, for their daughter to attend the Jack and Jill Nursery School. The family will file a tax return and claim everyone in the household. There are no pre tax or 1040 deductions to the best of Mrs. Jones' knowledge.
- Determine financial eligibility.
- \$ 421.00 Mrs. Jones' taxable earned income
- \$ 960.00 Mr. Jones' taxable earned income
- \$ 1381.00 Total taxable net income
- \$ -119.00 5% FPL
- \$ 1262.00 = total net taxable income for the BG of 5
- Pregnancy Medicaid BG of 5 income Limit = \$5,209; PE eligible



COMPLETED 632 PE APPLICATION

EFFECTIVE FOR SERVICES BEGINNING February 01 201X MONTH DAY YEAR

HIP PROVIDER CONTACT CENTER P.O. BOX 105290 TUCKER, GA 30085-5290

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

222333444567 MEDICAID IDENTIFICATION NUMBER February and March 201X VALID FOR LISTED MONTH ONLY

PRESUMPTIVE ELIGIBILITY DETERMINATION FOR PREGNANCY MEDICAID

APPLICANT'S NAME: Charlie Jones MAIDEN NAME: Washington TYPES OF TAXABLE INCOME: W - WAGES/SALARIES P - PENSION S - SELF EMPLOYMENT U - UNEMPLOYMENT OE - OTHER EARNINGS OU - OTHER UNEARNED

APPLICANT'S ADDRESS: 235 West Peach Street TELEPHONE NUMBER: 404-555-1245 HEALTH INSURANCE: YES NO

APARTMENT/LOT NUMBER: #4 SOCIAL SECURITY NUMBER: 098-76-5432 (OPTIONAL)

CITY: Atlanta STATE: GA ZIP CODE: 30303 COUNTY OF RESIDENCE: Fulton

ID	TAX FILER HOUSEHOLD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF BIRTH MM/DD/YYYY	ORDER	SEX	RELATION TO APPLICANT	MONTHLY GROSS TAXABLE INCOME			MONTHLY DEDUCTIONS		MONTHLY NET TAXABLE INCOME	
	FIRST NAME	MI					LAST NAME	SUFFIX	TYPE	AMOUNT	FREQ		MONTHLY AMOUNT
01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7/22/1975	F	W	SELF	W	421.00	MO	421.00	0	0	421.00
02	UNBORN CHILD <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		APPLICANT'S STATEMENT										
03	<input type="checkbox"/> YES <input type="checkbox"/> NO		3/14/1972	M	B	Husband	W	960.00	MO	960.00	0	0	960.00
04	<input type="checkbox"/> YES <input type="checkbox"/> NO		1/3/199X	M	B	Son	W	75.00	MO	75.00	0	0	0
05	<input type="checkbox"/> YES <input type="checkbox"/> NO		9/29/201X	F	B	Child		0		0	0	0	0
06	<input type="checkbox"/> YES <input type="checkbox"/> NO												

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) PRODUCT 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 30 DAYS THROUGH WWW.COMPASS.GA.GOV OR CALL 1-877-423-4746 (TDD/TTY 1-800-255-0135); FAX 1-888-740-9255.

2/28/11X DATE OF APPLICATION

Charlie Jones APPLICANT'S SIGNATURE

TOTAL GROSS TAXABLE INCOME - 1381.00 SUBTOTAL NET INCOME - 1381.00

NUMBER IN BUDGET GROUP - 5 5% PPL DEDUCTION - 117.00

POVERTY INCOME LEVEL - 5118.00 TOTAL NET INCOME - 1264.00

APPLICANT IS ELIGIBLE OR INELIGIBLE FOR PRESUMPTIVE ELIGIBILITY MEDICAID

THE WOMAN FOR WHOM THIS PRESUMPTIVE DETERMINATION OF ELIGIBILITY HAS BEEN MADE IS APPROXIMATELY 6 WEEKS PREGNANT WITH 1 FETUS(US). HER EXPECTED DELIVERY DATE IS 3/14/01.

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: 3/3/201X Mami Wilson Doctor

DATE OF COMPLETION COMPLETED BY (PLEASE PRINT) TITLE

404-463-0512 Mami Wilson

QUALIFIED PROVIDER NAME AND ADDRESS: 2 Peachtree Street, NW, #39, Atlanta, GA 30303

QUALIFIED PROVIDER ID: 009251458P

REDEMPTION PERIOD DOES NOT INCLUDE INPATIENT HOSPITAL SERVICES OR DELIVERY



ON-LINE PROCEDURES FOR APPROVALS

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

PE Pregnant Women Medicaid Process

- After the PE Pregnant Women Medicaid is approved:
- The beneficiary is given a temporary Medicaid certificate
- The Qualified Provider sends the completed packet to the local DFCS office or RSM office, they register the Medicaid, if completed by the applicant
- DFCS/RSM determines eligibility for ongoing months as well as retroactive months
- Beneficiary is given notice
- Results are forwarded to the DCH/GAMMIS for processing.



Pregnant Woman Active on other Medicaid

- Beneficiaries active on SSI Medicaid, follow procedures to have the pregnancy information updated on GAMMIS using the SSI Pregnant Women Update form.
- Beneficiaries active on WHM, inform ARROWHEAD of the pregnancy information.
- Beneficiaries on PeachCare for Kids[®] that remain active on PeachCare for Kids[®] are to report their pregnancy information to PeachCare for Kids[®].



How to order PE Forms

Web Portal for the HPE Manual

Appendix I – Types of Income (included & excluded)

“Understanding Medicaid Booklet” order from WEB

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

How to order Forms

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

NEW GAMMIS SPECIALTY CODES

Presumptive Women's Health Medicaid 800

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

Presumptive Parent/Caretaker Adult Medicaid 801

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

Presumptive Parent/Caretaker Child Medicaid 802

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

Presumptive Child(ren) under 19 Years of Age 806

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

Presumptive Former Foster Care 852

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

Presumptive Pregnant Woman 864

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

GAMMIS PROCEDURES



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



Navigate to
Hospital
Activations Tab

Welcome, Humility Of Mary--St Elizabeths

Search

Refresh session | You have approximately 19 minutes until your session will expire.

Tuesday, March 17, 2015

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy

Account | **Providers** | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | Trade Files

Home | **Secure Home** | Demographic Maintenance | Newborn Activations | Provider Rates | Bed Registry | Procedure Search | EOB Search

MAPIR Registration | Provider Revalidation | Patient

Hospital Activations
Pregnant Women Activations
Women's Health Activations

(click to hide) Alert Message posted 2

This site is for testing purposes only!

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

User Information - Provider 000155933X



Provider Service Location Information



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

Messages



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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

GAMMIS SCREEN FOR GA MEDICAID ID

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

Presumptive Eligibility for Hospital Request

Submit Cancel

Qualifying Member Information	Number of Adults*	<input type="text"/>
Qualifying Member ID*	Number of Children*	<input type="text"/>
Net Taxable Income*		
Member Information	Gender*	<input type="text"/>
Member ID*	Birth Date*	<input type="text"/>
First Name*	SSN	000-00-0000
Last Name*	Home Phone*	<input type="text"/>
MI*	Other Phone*	<input type="text"/>
Suffix*	Extincty*	<input type="text"/>
Sex*		
Citizenship*		
Mailing Address		
Address*		
Address 2*		
City*		
Zip*		00000
Residential Address		
Same as Mailing Address		
Address*		
Address 2*		
City*		
Zip*		00000 0000
Eligibility Information	State*	GA
Medicaid Application Submitted?*	County*	<input type="text"/>
Is Member Pregnant?*	Application Date*	<input type="text"/>
Number of Expected Births	Pregnancy Due Date	<input type="text"/>
Denial Reason	Determination/eligibility Begin Date	03/17/2015
Aid Category		

top of page top of page top of page

Message from webpage

⚠ Does the 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

GAMMIS INCOME AND CATEGORY

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 Hospital Request

Submit Cancel

Household Information			
Qualifying Member ID	<input type="text"/>	Number of Adults	<input type="text"/>
Net Taxable Income	<input type="text"/>	Number of Children	<input type="text"/>
Member Information			
Member ID	<input type="text"/>	Gender	<input type="text"/>
First Name	<input type="text"/>	Birth Date	<input type="text"/>
Last Name	<input type="text"/>	SSN	000-00-0000
MI	<input type="text"/>	Home Phone	<input type="text"/>
Suffix	<input type="text"/>	Other Phone	<input type="text"/>
Sex	<input type="text"/>	Ethnicity	<input type="text"/>
Citizenship	<input type="text"/>		
Mailing Address			
Address	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>		
Zip	<input type="text"/>		
Residential Address			
Same as Mailing Address	<input type="checkbox"/>	State	GA
Address	<input type="text"/>	County	<input type="text"/>
Address 2	<input type="text"/>		
City	<input type="text"/>		
Zip	<input type="text"/>		
Eligibility Information			
Medicaid Application Submitted?	<input type="text"/>	Application Date	<input type="text"/>
Is Member Pregnant?	<input type="text"/>	Pregnancy Due Date	<input type="text"/>
Number of Expected Births	<input type="text"/>	Determination/Eligibility Begin Date	03-17-2015
Denial Reason	<input type="text"/>		
All Category	<input type="text"/>		

Message from webpage

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

OK

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