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|  | <b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES</b> |                                |                        |
|   | <b>MEDICAID POLICY MANUAL</b>                           |                                |                        |
|   | <b>Chapter:</b>   | <b>2050</b>                    | <b>Effective Date:</b> |
| <b>Policy Title:</b>  | <b>Presumptive Eligibility Medical Assistance</b>       |                                |                        |
| <b>Policy Number:</b>   | <b>2067</b>   | <b>Previous Policy Update:</b> | <b>MT 57</b>           |

## REQUIREMENTS

Presumptive Eligibility (PE) Medical Assistance allows Qualified Providers (QP) and Qualified Hospitals (QH) authorized by the Department of Community Health (DCH), to make temporary determinations of Medical Assistance eligibility for applicants whose statement of net BG income is less than the appropriate FPL for the Class of Assistance (COA) requested. PE continues while a formal determination of eligibility for ongoing and/or retroactive Medical Assistance is pending with the Division of Family and Children Services (DFCS) office.

## BASIC CONSIDERATIONS

PE Medical Assistance provides outpatient prenatal care to pregnant women during the period that a formal Medical Assistance application pends with DFCS. All Medical Assistance services given by any participating Medical Assistance provider are covered during the presumptive period with **exceptions of inpatient hospital and delivery services.**

Hospital Presumptive Eligibility (HPE) covers all Medical Assistance related services that are covered by the specific COA requested.

**NOTE:** Emergency Medical Assistance (EMA) cannot be completed in the Presumptive Eligibility process.

Hospital Presumptive Eligibility may be determined for the following groups:

- Pregnant Women
- Parent/Caretaker with Child(ren) under age 19
- Child(ren) under 19
- Former Foster Care Children
- Women in treatment for Breast or Cervical Cancer (WHM)

**BASIC CONSIDERATIONS (cont.)**

The PE Medical Assistance eligibility period begins on the date the PE application is approved and ends when DFCS determines eligibility or ineligibility, but no later than at the end of the month following the month of the PE approval.

The QP or QH issues temporary Medical Assistance certificates and Notice of Action (Approval/Denial) to applicants. If the applicant is approved for PE Medical Assistance, a plastic card is sent. The applicant should receive this within 7 to 10 business days. If the plastic card is not received, or is lost, or stolen, the member must contact the Member Contact Center at 1-866-211- 0950.

DFCS cannot process applications for PE or issue eligibility forms for PE.

Potential Qualified Providers include the Department of Public Health, federally funded health centers, primary care centers receiving migrant funding and/or homeless funding, hospital outpatient clinics and hospital-based special prenatal clinics.

**NOTE:** As of July 1, 2011, Public Health became the Department of Public Health and is now a Qualified Provider.

**PROCEDURES****Responsibilities of a Qualified Provider or Qualified Hospital**

The QP or QH determines eligibility for PE Medical Assistance based on the applicant's pregnancy statement (Pregnant Women), certificate of diagnosis (Women's Health), the net income of the budget group (BG), citizenship or immigration status and residency. The QP or QH conducts a face-to-face (FTF) interview with the applicant and performs the following functions:

- screen the applicant in GAMMIS to see if he/she already has active Medical Assistance. If a woman already has active Medical Assistance (except Planning for Health Babies®(P4HB)) **DO NOT** complete a PE application.

**NOTE:** A PE application cannot be completed on an already active Medical Assistance member. Qualified Providers and Qualified Hospitals are unable to update pregnancy information in GAMMIS on active Medical Assistance members. If the applicant is pregnant and actively receiving Women's Health, inform member to report pregnancy to their caseworker. If the applicant is actively receiving SSI, QH/QP should complete *the SSI/Pregnant Women Update* form and send to DCH by email at [pecorrections@dch.ga.gov](mailto:pecorrections@dch.ga.gov) . All other active members need to contact DFCS at 1-877- 423-4746 or submit a Change Report via Gateway "Report My Change" to report their pregnancy.

**PROCEDURES (cont.)****Responsibilities of a Qualified Provider or Qualified Hospital (cont.)**

- accept the applicant's statement of net income and obtains adequate information from the applicant to complete the following forms:
  - Form 632, Pregnant Women Presumptive Eligibility application
  - Form 632H, Qualified Hospital Presumptive Eligibility application
  - Form 632W, Women's Health Presumptive Eligibility application
  - Form 5460, HIPPA Notice of Privacy Practices
  - Form 94a, Single Streamlined Medical Assistance application
  - Form 94, Medical Assistance application (Women's Health only)

**NOTE:** For Women's Health, a certificate of diagnosis is required at the time of application.

- determine if the applicant meets eligibility criteria for PE Medicaid.

If the QP or QH determines that the applicant is **eligible** for PE Medicaid, the QP or QH completes the determination process as follows:

- provide the applicant with a Temporary Medical Assistance Certificate and form 634, 634H, 634W – Notice of Action (Approval)

**NOTE:** The Temporary Medical Assistance Certificate and the Notice of Action-Approval will serve as proof of eligibility.

- provide the applicant with the *Quick Guide on Presumptive Eligibility Medical Assistance*, *Quick Guide on Presumptive Eligibility for Pregnant Women* or *Quick Guide on Women's Health Medical Assistance*
- inform the applicant of the PE Medical Assistance period and covered services
- inform the applicant about P4HB
- QP forwards the PE Packet to DFCS within five business days of the PE application date
- QH forwards the PE Packet to DCH within five business days of the PE application date

**PROCEDURES (cont.)****Responsibilities of a Qualified Provider or Qualified Hospital (cont.)**

**NOTE:** The PE Packet consists of the following:

- PE Application (Form 632, 632H, or 632W)
- HIPAA Notice of Privacy Practices (Form 5460)
- Notice of Action (Form 634, 634H or 634W) and Temporary Medical Assistance Certificate
- Third Party Liability Questionnaire (DMA 285) or a copy of the front and back of the insurance card, if applicable
- Single Streamlined Medical Assistance application (94a) or Medical Assistance application (94)
- Certificate of Diagnosis (Women's Health)
- Any documentation the applicant provides

**NOTE:** To ensure that applications for pregnant women are processed within the 10-day standard of promptness, the local QP(s) should use the applicable fax number or email address to forward PE packets to RSM-DFCS. All other COAs processed as Hospital Presumptive or Women's Health are subject to a 45-day standard of promptness.

If the QP or QH determines that the applicant is **ineligible** for PE Medical Assistance, the QP or QH completes the determination process as follows:

- informs the applicant that he/she is not eligible and provides him/her with the form 634, 634H or 634W – Notice of Action (Denial)
- advises the applicant that if his/her circumstances change, he/she may have another determination of PE Medical Assistance completed by a QP or QH
- informs the applicant that his/her application for ongoing and/or retroactive Medical Assistance will be forwarded to DFCS for a formal determination of eligibility
- QP forwards the PE Packet to DFCS within five business days of the PE application date
- QH forward the PE Packet to DCH within five business days of the PE application date

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| <b>PROCEDURES (cont.)</b> |
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**Responsibilities of DFCS**

Upon receipt of the PE Medicaid packet, complete a formal determination for Medical Assistance eligibility for the applicant and any other individuals for whom Medical Assistance is requested.

**NOTE:** The application date is the date the applicant applies for benefits with the QP or QH and signs the 94 or 94a. Process the 94 or 94a application using the appropriate COA. Refer to Sections [2162](#)-Parent/Caretaker with Child(ren), [2182](#)- Children Under 19, [2184](#)-Pregnant Women, [2198](#)-Women's Health and [2819](#) -Former Foster Care.