

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL</b>			
	<b>Chapter:</b>	<b>2100</b>	<b>Effective Date:</b>	<b>October 2022</b>
	<b>Policy Title:</b>	<b>PeachCare for Kids®</b>		
<b>Policy Number:</b>	<b>2194</b>	<b>Previous Policy Update:</b>	<b>MT 58</b>	

## REQUIREMENTS

PeachCare for Kids® (PCK) provides medical insurance for children who are financially ineligible for Medicaid.

## BASIC CONSIDERATIONS

PCK is available to children from birth through the last day of the month of a child's 19th birthday.

Countable income must be less than or equal to 247% of the FPL. Refer to Appendix A2, Financial Limits for Family Medical Assistance.

PCK uses Modified Adjusted Gross Income (MAGI) rules to determine eligibility. (refer to sections [2610](#) and [2245](#))

### **EXCEPTIONS:**

- If income is below 247% of the FPL and below the appropriate Medical Assistance FPL based on the child's age, the child is potentially eligible for Medicaid and ineligible for PCK.
- Express Lane Eligibility (ELE) PCK FPL is 236-247%.
- Children who are eligible for Newborn Medicaid are ineligible for PCK.
- Pregnant minors who are eligible for Pregnant Woman Medicaid are ineligible for PCK.
- Children covered by other public or private health insurance (except vision or dental insurance) are ineligible for PCK.

**NOTE:** The applicant's statement of the child's birth date may be acceptable.

PCK recipients must meet the Medical Assistance citizenship/immigration criteria. Citizenship/immigration status must be verified.

All income received by the applicant must be verified electronically or manually.

Referral of the non-custodial parent (NCP) to DCSS does not apply.

PCK is not an EMA eligible class of assistance.

**BASIC CONSIDERATIONS (cont.)****Exceptions (cont.)**

Enrollment in PCK begins the first day of the month in which a complete application, including all applicable premiums, has been received. PCK does **NOT** provide prior month coverage. If prior month medical bills are owed, the child may be potentially eligible for Family Medicaid Medically Needy.

**PROCEDURES**

Georgia Gateway will automatically screen each application under all Medicaid Classes of Assistance (COA).

**OTHER CONSIDERATIONS**

A Care Maintenance Organization (CMO) and a primary care physician must be selected for children eligible for PCK. This may be done after approval. If no CMO and primary care physician are selected, a CMO and physician will be assigned according to the area in which the child lives.

Any physician, medical practice, clinic or hospital that accepts Medicaid also accepts PCK.

A monthly premium must be paid in order to receive PCK. Premiums are calculated on a sliding scale based on household income, ranging from \$11 to a family maximum of \$72. The premium schedule for PCK is shown in the chart below.

<b>Premium Scheduled by FPL</b>		
<b>FPL</b>	<b>One Child</b>	<b>Family Cap</b>
139-158%	\$11.00	\$16.00
159-170%	\$22.00	\$44.00
171-190%	\$24.00	\$49.00
191-210%	\$29.00	\$58.00
211-230%	\$32.00	\$64.00
231-247%	\$36.00	\$72.00

**EXCEPTION:** No premium is charged for children under age six (6), children in foster care or American Indians and Alaskan Natives (AI/AN).

**NOTE:** ELE PCK premium(s) is as follows:

- 236%-247%, \$36.00 for 1 child; \$72.00 for 2 or more children.

Refer to ELE Section 2069

<b>OTHER CONSIDERATIONS (cont.)</b>
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Applicants may apply for PCK the following ways:

- Online at [www.gateway.ga.gov](http://www.gateway.ga.gov)
- By phone at 1-877-427-3224 or 1-877-423-4745 and follow the prompts
- Submit an application in person at a local Office of RSM Group office by requesting an application for Medical Assistance or by downloading, completing and printing an application online at <https://dch.georgia.gov/applications-0> and submitting it in person.
- You may also mail a completed and signed application to:

RSM  
P.O. Box 786  
Alma, Georgia 31510