

2752 - DMA PRESUMPTIVE REPORTS

POLICY STATEMENT	DCH/DMA notifies DFCS of Presumptive Eligibility determinations and Newborn enrollments through the issuance of four periodic reports. DFCS is required to act on these reports.
BASIC CONSIDERATIONS	<p>Certain “qualified providers” are authorized to perform eligibility determinations for pregnant women and most participating providers can enroll Newborns into Medicaid. DCH/DMA notifies DFCS of Presumptive Eligibility Determinations and Newborn enrollments through the issuance of four periodic Presumptive Eligibility reports. All four reports are mailed to local DFCS and/or Right from the Start Project offices. They are also available on-line at www.ghp.georgia.gov</p> <p>The reports are an effective management tool. Proper handling and updating of the information contained on the reports ensure correct closure of Presumptive Eligibility and newborn records when pregnant women and infants are approved under regular categories of medical assistance. Linkage of provider generated MHN numbers to SUCCESS generated client and assistance unit identification numbers eliminates duplication of records and facilitates the Medicaid claims payment process.</p> <p>Pregnant Women</p> <p>In order to eliminate barriers to health care and to expedite enrollment into the Medicaid program, the following “qualified providers” are authorized to perform temporary or presumptive eligibility determinations for pregnant women:</p> <ul style="list-style-type: none"> • health departments • federally qualified health centers • rural health centers <p>These providers have the capacity to enter, or have entered for them by DCH’s fiscal agent, eligibility information directly into the Multi-Health Network (MHN) system. Two reports are produced as a result of these eligibility determinations:</p> <ul style="list-style-type: none"> • Presumptive Pregnant Add Report <p>This report is generated daily and shows the names of pregnant women determined presumptively eligible for Medicaid by “qualified providers”. Information on this report includes the date the pregnant woman’s eligibility was added to MHN, her MHN identification number, her beginning date of eligibility and her address.</p>

BASIC**CONSIDERATIONS****Pregnant Women (cont.)**

- Presumptive Pregnant Women Non-Confirmation Report

This report is generated monthly and shows all entries from the Presumptive Pregnant Add Report that are over 30 days old and no action has been taken.

Newborns

An infant, born to a woman receiving Medicaid on the day the infant is born, qualifies for Newborn Medicaid until it reaches its first birthday. There is no separate eligibility determination and most Medicaid participating providers can enroll a newborn into the program. These provider enrollments generate the following two reports:

- Presumptive Newborn Add Report

This report is generated daily and shows the names of newborns added to MHN as a result of enrollment by a Medicaid participating provider. Information on this report include the newborn's name, MHN identification number, the date the newborn was added, the beginning date of eligibility and the mother's name and address.

- Presumptive Newborn Non-Confirmation Report

This report is generated monthly and shows all entries from the Presumptive Newborn Add Report that are over 30 days old and no action has been taken.

NOTE: Although the Newborn reports are labeled as Presumptive, there is no presumptive eligibility program or process for newborns.

PROCEDURES

When DFCS receives the Presumptive Eligibility and Newborn reports, they should act on the cases and notify DCH of the correct SUCCESS client and assistance unit identification numbers. Notification is accomplished by accessing and updating information through the Georgia Health Partnership (GHP) system.

NOTE: The Presumptive Newborn Add reports are currently processed by the DFCS Call Center in Atlanta. When counties receive this report, they should send it to:

DFCS Call Center
P.O. Box 2787
Atlanta, GA 30301

PROCEDURES (cont.)**Pregnant Women**

Either report can be used to update the GHP system. Information pertaining to the pregnant woman is on the web portal and entry of her MHN member identification number, as shown on either report, in the Member Identification field of the **View/Update Presumptive Eligibility** screen of the web portal, allows access to her data record.

Step 1 “Qualified providers” send a Presumptive Eligibility (P.E.) packet to the RSM Project or local county DFCS office. This packet contains the DFCS copy of the P.E. application, an application for regular Medicaid, and supporting documents.

Step 2 Register the application in SUCCESS, using the application date contained on the documents in the P.E. packet. This is the date the woman applied for Medicaid with the “qualified provider”. This date will be the same as the **ADDED DT** on the report. If there is a discrepancy in the date on the application and the **ADDED DT**, register the application using the **ADDED DT**. This is the date eligibility information was added to MHN. Do **NOT** require an additional signed application.

Step 3 Access **View/Update of Presumptive Eligibility** screen on the GHP web portal to update and link the MHN and SUCCESS identification numbers.

NOTE: It is not mandatory for the update to occur at application registration. However, it must occur before or on the same day the case is approved or denied in SUCCESS.

Step 4 Using SDX/BENDEX, DOL, related cases, and information in the P.E. packet, determine RSM eligibility for Pregnant Woman Medicaid or other appropriate COA. Contact the client when information needs to be clarified or to obtain missing information.

NOTE: If the applicant has children, screen for potential LIM, RSM and/or PeachCare for Kids eligibility.

Step 5 Approve or deny the case and document the case record within 10 days of receipt of the report. If linkage of MHN and SUCCESS identification numbers did not occur after application registration, it must occur the same day the case is either approved or denied on SUCCESS.

Step 6 Notify the A/R of the eligibility decision.

PROCEDURES (cont.)**Newborns**

Either report can be used to update the GHP system. Information pertaining to the newborn is on the web portal. Entry of the infant's MHN member identification number in the **View/Update Presumptive Eligibility** screen on the portal allows access to the data record.

Step 1 The infant is enrolled by the provider. The county office will not receive an application or packet. For most providers, enrollment is an on-line, paperless process.

Step 2 Register an application on SUCCESS for the newborn using the date of birth from either Newborn list. Do **NOT** require a signed application.

Step 3 Access **View/Update of Presumptive Eligibility** screen on the GHP web portal to update and link the MHN and SUCCESS identification numbers.

NOTE: It is not mandatory for the update to occur at application registration. However, it must occur before or on the same day the case is approved or denied in SUCCESS.

Step 4 Confirm that the newborn's mother correctly received Medicaid on the newborn's date of birth. If the mother correctly received Medicaid, proceed to Step 5. If Medicaid was not received, or was incorrectly received, deny Newborn Medicaid and complete a CMD.

NOTE: The 'correctly receiving' criterion is met if the mother is approved for Medicaid after delivery and the approval includes the delivery date.

Step 5 Confirm that the newborn continues to reside with the birth mother. The hospital confirms that the child is/will be living with mother. There is no reason to contact the mother for that information if the child is on the newborn list, unless DFCS has information to the contrary.

In situations where the newborn does not continuously reside with the birth mother, determine eligibility for the months that the infant lived with the birth mother and complete a CMD for all other months, including ongoing months.

Step 6 Approve or deny the case and document the case record within 10 days of receipt of the report. If linkage of MHN and SUCCESS identification numbers did not occur after application registration, it must occur the same day the case is either approved or denied on SUCCESS.

PROCEDURES (cont.)

Step 7 Notify the A/R of the eligibility decision.

**Non-Confirmation
Reports**

Non-confirmation reports are generated as a result of MHN identification numbers not being linked to SUCCESS (client and assistance unit) identification numbers. To eliminate cases from this report, update the View/Update Presumptive screen on the GHP web portal, after SUCCESS registration or on the same day the case is approved or denied in SUCCESS.

NOTE: If problems are encountered during the update or linking process or are having trouble with cases not coming off of the list, the EW should send an email to newbornnonconfirmrpt@dch.ga.gov to report the problem. The EW should include as much client demographic information as possible, including name, date of birth, SSN, and client ID number.

**OTHER
CONSIDERATIONS**

**MHN/SUCCESS
Linkage**

The SUCCESS action of approving or denying a case will generate a closure of the Presumptive Eligibility record in MHN if the records are linked. If linkage does not occur at or before this point, the member could have two active records in the MHN system.

MHN will not allow for duplication of action. When successful linkage of a P.E. record to a SUCCESS record occurs, the system will not allow successive attempts to link the same records.

Incorrect County

If a county receives a list and determines that an individual(s) on the list resides in another county, the receiving county shall

- forward a copy of the list to the appropriate county, and
- notify DMA and the receiving county via e-mail that the individual is a resident of the other county.

Filing

All counties must keep a central file of all presumptive reports generated by DMA. The county shall annotate for each name any action taken.

**OTHER
CONSIDERATIONS
(cont'd)****Case Records**

Place the following in each case record.

- a copy of the appropriate presumptive list. Any information contained in the list/report related to other individuals must be concealed.
- verification, if any, used to determine eligibility
- a screen print of the e-mail form sent to DMA notifying them of the status of the case.

The CMD process must be documented. Refer to [Appendix D](#), Documentation Standards.