

## 2067 – PRESUMPTIVE ELIGIBILITY MEDICAID

<b>POLICY STATEMENT</b>	<p>Presumptive Eligibility (PE) Medicaid allows Qualified Providers (QP) and <b>Qualified Hospitals (QH)</b> authorized by the Department of Community Health (DCH), to make temporary determinations of Medicaid eligibility for <b>applicants whose statement of net taxable BG income is less than the appropriate FPL for the Class of Assistance (COA) requested.</b> . PE continues while a formal determination of eligibility for Medicaid is pending with the Division of Family and Children Services (DFCS) office.</p>
<b>BASIC CONSIDERATIONS</b>	<p>PE Medicaid provides outpatient prenatal care to pregnant women during the period that a formal Medicaid application pends with DFCS. All Medicaid services given by any participating Medicaid provider are covered during the presumptive period with <b>exceptions of inpatient hospital and delivery services.</b></p> <p><b>Hospital Presumptive Eligibility (HPE) covers all Medicaid related services that are covered by the specific COA requested.</b></p> <p><b>NOTE:</b> Emergency Medical Assistance (EMA) cannot be completed in the Presumptive Eligibility process.</p> <p><b>Hospital Presumptive Eligibility may be determined for the following groups:</b></p> <ul style="list-style-type: none"><li>• Pregnant Women</li><li>• Parent/Caretaker with Child(ren)</li><li>• Infants and Child(ren) under 19</li><li>• Former Foster Care Children</li><li>• Women in treatment for Breast or Cervical Cancer (WHM)</li></ul> <p>The PE Medicaid eligibility period begins <b>on the date the PE application is approved</b> and ends when the county DFCS or RSM Project staff determines eligibility or ineligibility, but no later than at the end of the month following the month of the PE approval.</p> <p>The QP or QH issues temporary Medicaid certifications to the applicant until the plastic card is received. The applicant should receive this within 7 to 10 business days. If the plastic card is not received, lost or stolen, the member must contact the Member Contact Center at 1-866-211-0950 or (770)570-3373.</p> <p>DFCS staff cannot process applications for PE or issue eligibility forms for PE.</p>

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

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.

The QP or QH determines eligibility for PE Medicaid based on the applicant's pregnancy statement (for Pregnant Women), and the net taxable income of the budget group (BG). The QP or QH conducts a face-to-face (FTF) interview with the applicant and performs the following functions:

- advises the applicant that he/she may be eligible for Medicaid benefits as a presumptively eligible applicant and as an applicant for ongoing and retroactive Medicaid coverage
- screens the applicant in GAMMIS to see if he/she is already active on Medicaid. For Pregnant Women, she will be sent to DFCS so her pregnancy status can be updated in SUCCESS.

**NOTE:** A PE application cannot be completed on an already active Medicaid member, and Qualified Providers and Qualified Hospitals are unable to update pregnancy information in GAMMIS on active Medicaid members. If the applicant is actively receiving Planning for Healthy Babies (P4HB) or PeachCare for Kids® the PE application will be completed and updated on GAMMIS.

- accepts the applicant's statement of net taxable income and obtains adequate information from her to complete the following forms:
  - Form DMA-632, Presumptive Eligibility Determination for Pregnancy-Related Care
  - Form DMA-632H Qualified Hospital Presumptive Eligibility application
  - Single streamlined application
- determines if the applicant meets eligibility criteria for PE Medicaid.
- provides the applicant with a copy of the Notice of Privacy Practices

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

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

- provides the applicant with a Temporary Medicaid Certificate

**NOTE:** The Temporary Medicaid Certificate will serve as proof of eligibility until the plastic Medicaid card is received.

- obtains adequate information to complete the single streamlined application

**NOTE:** Qualified Providers and Qualified Hospitals do not verify citizenship/immigration status and identity for PE applications. This must be done by the DFCS or RSM Project worker when completing the regular Medicaid application.

- provides the applicant with the “Quick Guide on Medicaid for Pregnant Women” The applicant will be provided with the form, “DMA Notice of Action” if the application is denied.

- forwards the following forms to the RSM Project within five working days of the application date:

- Form DMA-632 or DMA-632H

- a signed and completed single streamlined application
- HIPAA

- informs the applicant of the PE Medicaid time limit and covered services

- provides the applicant with the address and telephone number of the local RSM Project worker or county DFCS office where the application will be sent.

**NOTE:** To ensure that applications for pregnant women are processed within the 10 day standard of promptness, each county DFCS should negotiate a process with the local QP(s) to forward applications to the RSM Project worker or DFCS daily. All other COAs processed as Hospital Presumptive are subject to a 45 day standard of promptness.

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

If the QP or QH determines that the applicant is ineligible for PE Medicaid, 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 “DMA Notice of Action”, explaining the action taken and the role of the local RSM Project worker or county DFCS
- advises the applicant that if his/her circumstances change, he/she may have another determination of PE Medicaid completed by a QP or QH
- informs the applicant that his/her application for Medicaid will be forwarded to the local RSM Project worker or county DFCS for a formal determination of eligibility
- forwards the following forms to the RSM Project worker:
  - the PE Medicaid Form (DMA 632 or DMA 632H)
  - a signed and completed single streamlined application form
  - HIPAA
- provides the applicant with the address and telephone number of the local RSM Project worker or county DFCS office.

**Responsibilities of  
DFCS**

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

**NOTE:** The application date is the date the applicant applies for benefits with the QP or QH and signs the single streamlined application form.

Process the PE using the appropriate COA. Refer to Sections [2162](#), Parent/Caretaker with Child(ren) Medicaid, [2184](#), Pregnant Woman Medicaid, 2182, Children Under 19, and 2819 Former Foster Care. The Pregnant Woman application should be processed immediately if verification is pending for the Parent/Caretaker with Child(ren) Medicaid application.

**PE Linking**

Refer to [Appendix J](#) for instructions for linking SUCCESS client ID numbers to GAMMIS member ID numbers.