Presumptive Eligibility (PE) WHM Medicaid

Presentation to: All Qualified Providers (QP) who determine Presumptive Eligibility (PE) Women’s Health Medicaid.

Presented by: Memi Wilson, DCH Family Medicaid Consultant

Date: 08/21/14
Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*
AGENDA

• Update: Congratulations to PE and BCCP Coordinators
• Update: Purpose of PE Coordinators
• Update: PE Medicaid Information
• Update: Qualified Immigrants
• Update: Qualified Immigrants Exempt
• Update: Refugee
• Update: Declaration of Immigration Status form 216
• PE WHM Manual
• PE Goal and Purpose
• Responsibilities of a QP
• Training Objectives
• Administration of the PE WHM Program
AGENDA (continued)

- PE Women’s Health Medicaid
- Required forms
- How to order forms
- Non financial components: Budget Groups
- Financial components
- Income
- Disregards
- Conversion Factor
- FPL Chart
- PE WHM application approvals
- PE WHM application denials
- Smith family case
- GAMMIS
WHM Updates: PE Coordinators

(1-1) Rome
Carie Warren

(1-2) Dalton
Barbara Gibson

(2) Gainesville
Storie Allison

(3-1) Cobb
Rose Bishop

(3-2) Fulton
Debra Dewitt

(3-3) Clayton
Meko Ridley

(3-4) Gwinnett
Pam Austin

(3-5) DeKalb
Althea Otuata

(4) LaGrange
Amy Lane
<table>
<thead>
<tr>
<th>Area</th>
<th>Coordinator</th>
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<tr>
<td>(5-1) Dublin</td>
<td>Teresa Carroll</td>
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<tr>
<td>(5-2) Macon</td>
<td>Ashley Rudeseal</td>
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<td>(6) Augusta</td>
<td>Kathy Williams</td>
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<tr>
<td>(7) Columbus</td>
<td>Cathy Graves</td>
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<td>(8-1) Valdosta</td>
<td>Maggie King</td>
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<td>(8-1) Valdosta</td>
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<td>Linda O'Donnell</td>
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<td>(9-1) Coastal</td>
<td>Rebekah Chance-Revels</td>
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<tr>
<td>(9-2) Waycross</td>
<td>Kimberly Lee</td>
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<td>(10) Athens</td>
<td>Kim McGinnis</td>
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<td>Area</td>
<td>Coordinator</td>
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<td>(1-1) Rome</td>
<td>Anne Murphy</td>
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<td>(1-2) Dalton</td>
<td>Barbara Gibson</td>
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<td>(2) Gainesville</td>
<td>Storie Allison</td>
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<td>(3-1) Cobb</td>
<td>Cheri Holden</td>
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<td>(3-2) Fulton</td>
<td>Debra DeWitt</td>
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<td>(3-3) Clayton</td>
<td>Belinda Starks</td>
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<tr>
<td>(3-4) Gwinnett</td>
<td>Pam Austin and Karen Nixon</td>
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<tr>
<td>(3-5) DeKalb</td>
<td>Teresa Edwards</td>
</tr>
<tr>
<td>(4) LaGrange</td>
<td>Amy Lane</td>
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</tbody>
</table>
WHM Updates: BCCP Coordinators

(5-1) Dublin
Teresa Carroll

(5-2) Macon
Edye Tillman-Johnson

(6) Augusta
Jennifer Sapp

(7) Columbus
Tracey L. Hall

(8-1) Valdosta
Maggie King and Becky Owsley

(8-2) Albany
Linda O’Donnell

(9-1) Coastal
Rebekah Chance-Revels

(9-2) Waycross
Rebecca Brantley

(10) Athens
Pam Smith
Each District will have one PE Coordinator who will serve as the PE Medicaid contact. The PE Coordinator will distribute all the PE Medicaid information and request all PE Medicaid clearances for their District team.
WHM Updates: PE Medicaid Information

Distribution of PE Medicaid information includes:

- All DCH PE Medicaid MEMOs
- All revised/new PE Medicaid forms
- All DCH PE Medicaid BANNER Messages
- All PE Medicaid training material
- All DCH PE Medicaid clearances
- Prescription updates required same day
- GAMMIS glitches
Questions?

Before we move, on are there any questions regarding PE and BCCP Coordinators?
WHM Update: Qualified Immigrants

Two groups of Qualified Immigrants

1. Immigrants that have been in the United States for five (5) years per the Department of Homeland Security (DHS)
2. Immigrants that are exempt from the five (5) year bar per DHS
WHM Update: Qualified Immigrants Exempt

- Lawfully admitted immigrants who arrived in the United States on or after August 22, 1996, if they are:
  - a) asylees, refugees, or have been paroled in the U.S. for at least one year, or if their deportation is being withheld.
  - b) lawful permanent residents who have been credited forty (40) quarters of employment (10 years) under the U.S. Social Security system and have not received any federal means tested benefits during that time. (The employment test may be met also by the individual’s spouse or parent.)
  - c) honorably discharged U.S. military veterans or active duty military personnel, their spouses, or unmarried dependent children.
  - d) individuals whose immigration status is in accordance with the Victims of Trafficking and Violence and Protection Act or 2000 (Public Law 106-386).
WHM Update: Refugee

• The term “refugee” is used when referring to refugees, asylees, Cuban Parolees/Haitian entrants, Amerasians, victims of trafficking and Special Immigrants from Afghanistan and Iraq.

Definition
Refugee - (a) any person outside his or her country of nationality or residence who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion or political opinion or (b) any person within his or her country of nationality or residence who is persecuted or has a well-founded fear of persecution on account of race, religion or political opinion.
Procedures
QP must have all applicants complete a Declaration of Citizenship/ Immigrant Status form 216 (Appendix F), as part of the PE WHM application process. As with income, the applicant’s statement of citizenship/ Immigrant status is acceptable. **Verification of citizenship/immigrant status is not required**; however, if the applicant does present proof of status at the PE WHM interview, copies should be made and one retained in the patient file and one faxed to ARROWHEAD with the PE WHM packet.

![Declaration of Citizenship/ Immigrant Status form 216](image)
Before we move, on are there any questions regarding Qualified Immigrants?
Questions?

Before we move on are there any questions regarding the PE WHM Updates?

For those only present for the updates return the Training Checklist form and sign in sheet by COB Monday to your designated PE Coordinator.

<table>
<thead>
<tr>
<th>Document/Form</th>
<th>Title</th>
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<tbody>
<tr>
<td>PowerPoint</td>
<td>Presumptive Eligibility for WHM</td>
</tr>
<tr>
<td>DMA-632W</td>
<td>Presumptive Eligibility Application</td>
</tr>
<tr>
<td>Form 216</td>
<td>Citizenship Affidavit/Qualified Immigrant Status</td>
</tr>
<tr>
<td>DMA-634W</td>
<td>Notice of Action</td>
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<tr>
<td>DMA-285</td>
<td>Health Insurance Information Questionnaire</td>
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<tr>
<td>Medicaid Application</td>
<td>Medicaid Application Form 94 and how to order PE Forms</td>
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<tr>
<td>PE Document</td>
<td>Quick Guide on Women’s Health Medicaid</td>
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<td>PE Document</td>
<td>Procedures for processing On-line and Denied Applications</td>
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<td>P4HB</td>
<td>Planning for Healthy Babies</td>
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<tr>
<td><strong>UPDATES ONLY</strong></td>
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</tbody>
</table>
Information for this presentation is in the PE WHM Manual. To access this document, visit HP Enterprises website at:

https://www.mmis.georgia.gov

NOTE: This manual is updated quarterly (January, April, July and October). It is recommended that you bring a copy of the most recent version of the PE manual with you to the training.

(Go to the Provider Information tab, Provider Manuals; manuals are in alphabetical order.)
Presumptive Eligibility Goal and Purpose

• **Goal**: Provide Medicaid coverage prior to the full Medicaid eligibility decision by ARROWHEAD Right from the Start Medicaid (ARSM) Project, and to remove barriers to the availability of breast and/or cervical cancer care and full Medicaid eligibility for all household members.

• **Purpose**: To allow an applicant to know immediately if she is eligible. If so, she can obtain breast and/or cervical cancer care at that moment.
Responsibilities of a Qualified Provider

- Make correct determinations of PE
- No back to back PE WHM applications
- Fax or email the PE WHM packet to ARSM daily (770 359 1813; womenshealth@dch.ga.gov)
- Enter the PE WHM approvals on the Web
- Assist the applicant with the signed Medicaid application form
- 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
Presumptive Eligibility Objectives
Each Participant will... 

• Understand the application process for Presumptive Eligibility
• Understand the eligibility requirements
• Be able to compute a Presumptive Eligibility budget using a PE WHM Application form DMA 632W
• Understand the process how PE becomes Full Medicaid

NOTE: PE WHM is not the same as BCCP.
Questions?

Before we move, on are there any questions regarding location of the PE WHM manual? PE WHM Goals and Purpose? Responsibilities of QPs? Our PE WHM training objectives?
Administration of the PE WHM Program

- Right to Apply
- Confidentiality of Information-HIPAA
- Nondiscrimination
- Notice
- Fair Hearing Rights
- Third Party Liability
Before we move, on are there any questions regarding Administration of the PE WHM Program?
Presumptive Eligibility Women’s Health Medicaid

• Available prior to a full Medicaid determination of eligibility made by the ARROWHEAD team.

• Begins the first day of the month eligibility is determined; prior months must be requested by the applicant (located on the Medicaid application).

• Covers all Medicaid services.

• Available only to applicants that meet the Breast and Cervical Cancer Program (BCCP) requirements. DPH is in charge of BCCP.
Presumptive Eligibility Women’s Health Medicaid

• Family income must not exceed 200% FPL after allowable income disregards are given.

• Available to U.S. Citizens and Qualified Immigrants only. Emergency Medical Assistance (EMA) is not available in PE.

• Only Qualified Providers (QP) can make PE determinations; specialty code 278.
Presumptive Eligibility Women’s Health Medicaid

- Must be a biological woman
- Under 65 years of age
- Not receiving Medicare regardless of age
- Not receiving Medicaid, except for P4HB 180-181
- Does not have private major medical insurance
  - Underinsured
- Must be a Georgia Resident
- At or below the 200% FPL limit
Questions?

Before we move, on are there any questions regarding PE WHM eligibility criteria?
Required Forms for PE Determinations

- DMA-632W - PE WHM Application
  - DMA 632W Page 2 (when required)
- 216 - Declaration of Citizenship/Immigration Status
  - Part of the 94 form
- DMA-634W - Notice of Action (*if appropriate)
  - Approval or Denial
- DMA-285 - Third Party Liability Questionnaire
  - Submit only if woman has private insurance. Copy of card not required, signatures in both areas required.
Required Forms for PE Determinations (cont.)

• Medicaid Application - Form 94
  – Do NOT use the Healthcare coverage application 94a
• HIPAA – Form 5460
  – Begin to use the new version once packets are delivered, until then continue to use the current one.
• Quick Guide for Women’s Health Medicaid

NOTE: We will review each of these forms during the training please bring a copy.
How to Order PE Forms

• DMA 632W Application - The current application is located on the Web.
  – QP/QH will have to print the form after information has been entered on the fillable PDF form.
  – All approvals and denials are faxed to ARROWHEAD, DPH does not have a retention time frame for PE applications; however, DPH may want to keep a copy of the DMA 632W in the patient’s file in case a copy is needed by DCH to expedite a correction to the case.

• DMA 632W Page 2 – The current page 2 is located on the Web.
  – This form is used with the DMA 632W application when additional room is required to list all the budget group members.
# DMA 632W PE Application Form

## Effective for Services

**Reasoning:**

- **Month:**
- **Day:**
- **Year:**

**HP Provider Contact Center**

- **P.O. Box:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **FAX:**
- **Phone:**

**Medicaid Identification Number**

**Presumptive Eligibility Determination for Women's Health Medicaid**

**Valid for Left Month Only**

- **Applicant's Name:**
- **Maiden Name:**

**Health Insurance:**

- **Yes**
- **No**

**Social Security Number:**

**Telephone Number:**

**APARTMENT LOT NUMBER:**

**APPLICANT'S RECORD:**

**County of Residence:**

**Date of Interview:**

### Family Members

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Gender</th>
<th>Race</th>
<th>Relation to Applicant</th>
<th>Monthly Gross Income</th>
<th>Monthly Disregards</th>
<th>Monthly Net Income</th>
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### Sworn Statement of Applicant

I understand that this is a temporary determination of my eligibility for Medicaid and that the Arrowhead Right from this start Medicaid (ARM) Project will determine my continuing eligibility. I declare under penalty of perjury that I am a U.S. citizen or lawfully present in the United States and I have provided true and accurate information about my family 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 ARM makes the decision about my continuing eligibility. I will report all changes in my household within 10 days.

**Date of Application:**

**Applicant's Signature:**

**Date of Completion:**

**Completed by (Please Print):**

**Title:**

**Signature of Individual Completing Form:**

**Arm:**

**Date (MM/DD/YYYY):**

**Total Gross Income:**

**Children Support Disregard:**

**Number of Family:**

**Poorly Income Level:**

**Total Family Net Income:**

**Applicant is [ ] Eligible or [ ] Ineligible for PE WHM.**

**Provider Certification:**

I certify that the woman for whom this presumptive determination of eligibility has been determined was screened in accordance with the requirements of Public Law 108-354 CNS.

Her diagnosis met the BHC Program in Georgia. I have obtained a signed healthcare coverage application from the applicant and have faxed it to the Arrowhead (ARM) Project at 770-359-1013.

**Qualified Provider Signature:**

**Title:**

**Qualified Provider Name:**

**Qualified Provider ID Number:**

**Qualified Provider Address:**

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**Georgia Department of Community Health**
### Presumptive Eligibility Women's Health Medicaid

**Applicant's Name:**

**Medicaid Identification Number:**

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By providing race information, you will assist us in administering our programs in a non-discriminatory manner. You are not required to give us this information and it will not affect your eligibility or benefit level.

<table>
<thead>
<tr>
<th>Household Continued</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Sex</th>
<th>Gender</th>
<th>Relation to Applicant</th>
<th>Monthly Gross Income</th>
<th>Monthly Disregards</th>
<th>Monthly Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>Suffix</td>
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<tr>
<td>Type</td>
<td>Amount</td>
<td>Freq</td>
<td>Standard Work Disregard</td>
<td>Dependent Care Disregard</td>
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By completing this page, you are certifying that the information provided is true and complete. This information will be used to determine your eligibility for Medicaid benefits. If you have questions or concerns, please contact your local Medicaid office.

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DMA 632W Page 2

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PHONE: 1-800-766-4455
FAX: 1-866-483-1044
• **216 Citizenship/Immigration Status** - This form is not stocked.
  – This form is page 3 of the Medicaid form 94.
  – QP/QH should ask RSM or DFCS to give you these forms.

• **DMA 285 TPL Questionnaire** - Located on the Web.
  – To be used when a PE applicant has private insurance. Copy of the card is not required, only the top part of the form and both signatures/dates. This is the applicant’s agreement to cooperate with TPL.
DMA 285 TPL Questionnaire

GEORGIA DEPARTMENT OF COMMUNITY HEALTH - THIRD PARTY LIABILITY
HEALTH INSURANCE INFORMATION QUESTIONNAIRE

CASE NAME: __________________________  CASE NO: ______________
ADDRESS: __________________________________________  SSN: _________
PHONE NO.: ________________________________________

TYPE OF CASE:  CANCELLATION
(Check all that apply) □ REFERRAL  EFFECTIVE DATE OF CHANGE OR CANCELLATION: / __ __ __

The information obtained on this form is subject to the provisions of the Georgia Department of Community Health, Third Party Liability Section. The collection of this information is authorized by (two U.S.C. 3624(b) 42 U.S.C. 300gg-14). It will be used to determine the liability of third parties to pay for the care and services and collection of that liability. Medical benefits are not denied based on any application having health insurance or medical coverage.

Do you have a person, group, or provider that receives the payment of any of the costs of your medical care? (Do not include Medicaid or Medicare) □ YES □ NO

Does any of the persons you name pay for any of the costs of your medical care? □ YES □ NO

Names of Covered Individuals in Household (First) (Last)  Policy Holder  Spouse  Child  Spay Child  Other Date Of Birth

Are any of these persons pregnant? □ YES □ NO  If yes, Name: __________________  Date Of Delivery: __ __ __ __ __ __

ATTACH A COPY OF INSURANCE CARD/IDENTIFICATION 
POLICY NUMBER  TYPE OF COVERAGE (Make these choices which apply)

Are any of the persons listed above a chronic medical condition? □ YES □ NO  If yes, Condition: __________________

(Insurance Company Name) (Address/City/State) (Phone Number)

(Policyholder Name) (Policyholder SSN) (Phone Number) (Policyholder DOB)

(Policy Holder Insured Date) (Policy Termination Date)

(Employer Name) (Employer Address/City/State) (Employer Phone Number)

I certify under penalty of perjury that the above information is correct.  I authorize access to the Department of Community Health to verify the accuracy of any information that is incorrect.

Signed: __________________  Date: __ __ __ __  Authorized: __________________  Signed: __________________  Date: __ __ __ __

EFFECTIVE DATE OF MEDICAID ELIGIBILITY

Case Worker Name: __________________  Phone No.: ______________  County: __________________

DMA 285 REV 06/16
How to Order PE Forms (cont.)

• **Medicaid Application** [www.odis.dhr.state.ga.us](http://www.odis.dhr.state.ga.us)
  • Click index, Family & Children, Medicaid, MAN3480, Appendix F, Form DHS 94
  • You may also ask RSM or DFCS to give you these applications.
  • Available in both English and Spanish.

• **HIPAA** [www.odis.dhr.state.ga.us](http://www.odis.dhr.state.ga.us)
  • Click index, Family & Children, Medicaid, MAN3480, Appendix F, Form DHS 5460
  • You may also ask RSM or DFCS to give you these forms.
  • Available in both English and Spanish.
How to Order PE Forms (cont.)

• DMA 634W Notice of Action - Located on the Web.
  – DMA 634W Approval – to be used when the temporary Medicaid Certificate does not print for approved PE WHM beneficiaries.
  – DMA 634W Denial – to be used to notify the PE applicant the PE application was denied.
  – Both DMA 634W forms are fillable PDF.

• Quick Guide on Medicaid for WHM – Located on the Web.
  – To be given to all approved PE WHM approvals.

• All Planning for Healthy Babies materials are no longer available. The program is still active until 6/30/14, and DCH is waiting on CMS approval for an extension. Refer applicants to www.p4hb.org
NOTICE OF ACTION

Presumptive Eligibility for Women’s Health Medicaid

Name:

Address:

City: State GA Zip Code:

Date:

Your application for Presumptive Eligibility for Women’s Health Medicaid is approved.

When you applied for PE Women’s Health Medicaid, you may also have applied for Healthcare coverage. The Healthcare coverage application will be sent to the ARROWHEAD Right from the Start Medicaid (ARSM) Project. ARSM will make the decision for your regular Medicaid benefits and notify you by mail. The decision for your regular Medicaid benefits will be mailed to you by ARSM.

This Medicaid coverage provides all Medicaid services. Your presumptive eligibility coverage ends when a final determination of eligibility is made by the ARSM office.

Signature of Qualified Provider: Qualifier Provider Address:

Title: Phone Number: Qualifier Provider ID:

A. PRESumptive Eligibility Approved:

B. PRESUMPTIVE ELIGIBILITY DENIED:

Your application for Presumptive Eligibility for Women’s Health Medicaid is denied.

The reason for denial is: Not a Qualified immigrant

When you applied for PE Women’s Health Medicaid, you may also have applied for Healthcare coverage. The Healthcare coverage application will be sent to the ARROWHEAD Right from the Start Medicaid (ARSM) Project. ARSM will make the decision for your regular Medicaid benefits and notify you by mail. The decision for your regular Medicaid benefits will be mailed to you by ARSM.

You may find additional FFM information, or apply directly for Healthcare coverage at www.healthy Georgia.gov, or you may call the FFM at 1-800-448-2596, or 1-888-466-4507.

Signature of Qualified Provider: Qualifier Provider Address:

Title: Phone Number: Qualifier Provider ID:

DMA 634W Notice of Action (Revision 4/16)
Quick Guide on Women’s Health Medicaid

Some important things to know about Women’s Health Medicaid (WHM) coverage:

- When you apply for WHM, you may also have applied for Healthcare coverage. The Healthcare coverage application will be sent to the ARROWHEAD Right from the Start Medicaid (ARS) Project. ARS will make the decision for your regular Medicaid benefits and notify you by mail. You will be assigned an ARS Medicaid Specialist. This caseworker may contact you for additional information.

- If approved, Medicaid will cover you as long as you are in cancer treatment and you continue to meet the eligibility requirements. There are other types of Medicaid that may cover you after that point.

- As soon as you are eligible for Medicaid, you will be mailed an enrollment packet from Georgia Families. Once you get your packet, you can mail or fax your CMO choice in quickly. You don’t have to wait until your packet arrives to enroll in Georgia Families as you can also enroll by phone (1-888-GA-ENROL) or by internet at: http://www.georgiafamilies.com. You should receive an enrollment packet within 20 days from today. If you do not receive your packet please call 1-888-423-6765.

- You must call your ARS Medicaid Specialist, within 10 days of all household changes, especially if your cancer treatment has ended.

- You will have a yearly renewal in your birth month. Income verification is required. Your net income must be at or below 200% of the Federal Poverty Level (FPL) to potentially remain eligible for WHM.

- The month you turn 85 years of age is the last month you will be potentially eligible for WHM since you will be eligible for Medicare. Please prepare for this change so you are not without coverage. Any questions regarding Medicare can be answered by contacting Medicare at 1-800-MEDICARE (1-800-487-2323); TTY 1-877-486-2048 or www.Medicare.gov

- If you need a replacement Medicaid card call Member Contact Center at 1-800-211-DHSS.
- If you have questions about what Medicaid covers, ask your doctor or call: 1-888-211-0350.
Questions?

Before we move, on are there any questions regarding PE WHM forms?
Non-Financial Components
Who To Include In The Budget Group (BG)

• Applicant is a BG of one at a minimum.

• Spouse of the applicant and their child(ren).

• If not married but have at least one common child, add other parent.

• Non stepchild(ren) of the applicant living in the home if she wants them added.
Who Not To Include In The Budget Group

- Other Parent’s children.
- Spouse’s children.
- Other relatives living in the home—parents, siblings, nieces, cousins, etc.
  - Specified Relative Relationship
- Child(ren) 19 years of age or older.
- Child and/or spouse, living in the home who are receiving SSI (Supplemental Security Income).
BUDGET GROUP EXCLUSION

• In order for a child to be included in the budget group, he/she must be the child of the applicant to be included in the budget group. However, the applicant can elect to exclude a child(ren) because of income designated solely for the child(ren). If the applicant elects to exclude the child, the child and his/her income are not included in the applicant’s budget group.

• Do not include Step Child(ren) in the budget group.
Barbara Stevenson applies for PE WHM. She lives with her daughter Janet Brown (14), her son Robert Williams (16), and her stepson Marcus Jackson (12).

Barbara’s wages = $2,016 gross monthly
Janet’s child support = $747 monthly
Robert’s RSDI = $1,114 monthly
Marcus doesn’t have any income

<table>
<thead>
<tr>
<th>Budget Group</th>
<th>200% FPL</th>
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<tbody>
<tr>
<td>1</td>
<td>1946</td>
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<tr>
<td>2</td>
<td>2622</td>
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<tr>
<td>3</td>
<td>3300</td>
</tr>
<tr>
<td>4</td>
<td>3976</td>
</tr>
</tbody>
</table>
Household members = 4
Maximum BG members = 3  why?

BG 3 (Barbara, Janet and Robert) = $3,877 - $90 = $3,787 – $50 = $3,737

BG 2 (Barbara and Robert) = $3,130 - $90 = $3,040

BG 2 (Barbara and Janet) = $2,763 - $90 = $2,673 – $50 = $2,623

BG 1 (Barbara) = $2,016 - $90 = $1,926
Questions?

Before we move, on are there any questions regarding PE WHM Budget Groups?
Income is defined as money received by the budget group from any source. All income must be examined in determining Presumptive Eligibility.

The budget group’s net monthly income must be less than or equal to the federal income poverty level limit of 200%.

- Types of Income: Earned and Unearned
**INCOME**

- **Earned Income** --- refers to the gross earnings of an individual received in the form of wages, tips, salaries, or commissions as payment for performing work duties, including self-employment. For budgetary purposes, certain disregards are applied to earned income.

- **Unearned Income** --- is money received for reasons other than for services rendered. It may be in the form of pensions, contributions, gifts (monetary), child-support, unemployment insurance, strike benefits, or interest payments. Except for child-support, no disregards are applied to unearned income.
For **self-employment income**, gross income is considered to be the total profit from the business. Net income is determined by deducting business expenses (those costs directly related to producing goods or services) from the gross income. The net income amount may receive the $90 work disregard if the person is performing self-employment activities.
Not Counted

- When an individual receives food, shelter, clothing, or some alternative payment other than cash for performing work activities, the value of these items is not considered when determining financial eligibility.

- The earned income of an applicant’s child under 19 years old is not included. In situations of this nature, show the child in the applicant’s budget group but do not show the earnings.
SOME EXEMPT INCOME TYPES

- Adoption Assistance or Foster Care
- TANF (Temporary Assistance to Needy Families) Payments
- Food Stamps
- Supplemental Security Income (SSI)
- Disaster Relief Assistance
- Earned Income Tax Credits
- Energy Assistance Payments
- Educational Grants, Loans, and Scholarships  **Note:** Income received from these sources is not included in any budget calculations to determine PE WHM. Under federal statute, they have been defined as excludable.
- Wages from temporary employment with the Census Bureau.
- Stimulus income
Questions?

Before we move, on are there any questions regarding PE WHM Financial Components?
Disregards

- **Unearned Income**---$50.00 Child-Support Disregard: This is the only disregard allowed for unearned income.
- **Earned Income**---$90.00 Standard Work Expense (per employed adult budget group member)
- **Dependent Care Expenses**- Allowed if employed person pays.
- Maximum of $200.00, per month, for each individual under 2. Maximum of $175.00, per month, for each individual over 2.
<table>
<thead>
<tr>
<th>IF PAID</th>
<th>THEN MULTIPLY BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOURLY</td>
<td>NUMBER OF HOURS WORKED PER WEEK X (TIMES) THE HOURLY WAGE X 4.3333 WEEKS</td>
</tr>
<tr>
<td>WEEKLY</td>
<td>WEEKLY GROSS INCOME X 4.3333</td>
</tr>
<tr>
<td>BI-WEEKLY</td>
<td>BI-WEEKLY GROSS INCOME X 2.1666</td>
</tr>
<tr>
<td>SEMI-MONTHLY</td>
<td>SEMI-MONTHLY GROSS INCOME X 2</td>
</tr>
<tr>
<td>YEARLY</td>
<td>DIVIDE THE YEARLY GROSS INCOME X 12</td>
</tr>
</tbody>
</table>
The FPL for PE Women’s Health Medicaid (WHM) remained 200% effective January 1, 2014 through March 31, 2014. This year Georgia will implement the annual cost of living increase effective April 1, 2014.

**PE Women’s Health Medicaid 200% FPL Effective 4/1/14**

<table>
<thead>
<tr>
<th>Budget Group</th>
<th>200% FPL</th>
<th>Budget Group</th>
<th>200% FPL</th>
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<td>1</td>
<td>1946</td>
<td>11</td>
<td>8716</td>
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<td>2</td>
<td>2622</td>
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<td>9</td>
<td>7360</td>
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<td>14140</td>
</tr>
<tr>
<td>10</td>
<td>8038</td>
<td>20</td>
<td>14818</td>
</tr>
</tbody>
</table>

Add $678 to the net income limit for any additional individual(s) added.
Before we move, on are there any questions regarding PE WHM Income? PE WHM Disregards? PE WHM Conversion Factors? PE WHM FPL Chart?
CHAPTER 700 PROCEDURES FOR PROCESSING APPLICATIONS

701 On-Line Procedures

• The on-line process allows certain information contained on the completed PE WHM application (form DMA 632W) to be data entered into the GAMMIS system. Data entry of this information allows immediate update of the DCH/GAMMIS file and immediate generation of a Medicaid identification number.

• The on-line process does not eliminate the BCCP requirement, to interview the applicant, and perform the eligibility determination. Further, the on-line process does not eliminate completion of appropriate forms. Only certain information contained on the completed PE WHM application form DMA 632W is involved in the automated process.
701.1 PE WHM Approvals

Only information from approved PE WHM applications can be entered into the GAMMIS system. The completed PE WHM application (DMA 632W) contains certain data elements that can be entered directly into the GAMMIS system.

When it is determined that the applicant is eligible and an approval is appropriate for PE WHM Medicaid, adhere to the following procedures:

• Data enter in the appropriate fields certain demographic information contained on the application. When processing over the Internet, the beneficiary’s identification number will be issued by the system as part of the online process. If already known to the system use the same ID

• If all data are entered correctly, the system will allow production of a temporary Medicaid certificate. Print out two copies of this document.
701.1 PE WHM Approvals (continued)

- Give the applicant a copy of the temporary Medicaid certificate. In addition to serving as a temporary Medicaid certificate, this document serves as a notice to the applicant that she is approved for Medicaid.

For the on-line process, if the temporary Medicaid certificate is not printed, use the **Notice of Action, form DMA 634W Approval**. Instruct the applicant to present this document to her providers as proof of Medicaid eligibility.

- Retain a copy of the temporary Medicaid certificate/DMA 643W Approval in the record, along with the PE WHM application DMA 632W.

- The same day the PE WHM application is completed, fax the PE WHM packet to the ARSM office. The ARSM team will review the beneficiary’s eligibility for ongoing and retroactive Medicaid (if requested).
Approved PE WHM Packets Include

- Form 632W
- DMA 285, if required
- Form 634W Approval (for manually updated approval only)
- HIPAA
- Medicaid Application form 94
- Declaration of Citizenship/Immigration Status form 216 (if not included with form 94)
- Certificate of Diagnosis
Questions?

Before we move, on are there any questions regarding PE WHM Approvals?
703 Denied PE WHM Applications

• When the PE WHM application is denied, it **cannot** be data entered. Since denied applications cannot be entered into the **GAMMIS** system, they are to be processed in the following manner.

• Reasons for denial are: 1) The applicant is not a U.S. citizen or qualified immigrant. 2) The applicant does not meet the BCCP. 3) The applicant’s net family income is above 200% of the federal poverty level limit. 4) The applicant is 65 years of age or older. 5) The applicant has Medicaid and/or Medicare. 6) The applicant is not underinsured. 7) The applicant is not a Georgia Resident.
After completion of an PE WHM application form DMA 632W and it is determined that the applicant is *not eligible* and the application is to be *denied* for PE WHM, adhere to the following instructions:

- Complete and give the applicant a copy of the *Notice of Action, DMA 634W Denial*. In the case of a denial, this is the *only* form the applicant receives.
- The same day the PE WHM application is completed, fax or scan/email, the PE WHM packet to the ARSM office.
Denied PE WHM Packets Include:

- Form 632W
- Form 634W Denial
- DMA 285, if required
- HIPAA
- Medicaid Application form 94
- Declaration of Citizenship/Immigration Status form 216 (if not included with form 94)
- Certificate of Diagnosis
Questions?

Before we move, on are there any questions regarding PE WHM Denials?
Mrs. Smith has met the BCCP requirement.

She lives with her two daughters, Jane, 9 years old, and Debbie, 13 years old.

Mrs. Smith is separated from her husband who pays $100, per month, child support for their daughter, Jane.

Debbie, Mrs. Smith’s daughter from a previous marriage, receives $150 per month child support from her absent father.

Mrs. Smith earns $725.00 per week at Wilson’s Appliances.
Smith Family Case – Exclude Children

If Mrs. Smith chooses to exclude both children:

$3141.64  Mrs. Smith’s earned income
$-90.00  Standard work expense disregard
$3051.64  Total net income for BG of 1

BG of 1 income limit = $1,946
Not PE eligible for a BG of 1
Smith Family Case – Include Children

If Mrs. Smith chooses to include the children:

- $3141.64 Mrs. Smith’s earned income
- -$90.00 Standard work expense disregard
- $3051.64
- $100.00 Child support received for Jane
- $3151.64
- $150.00 Child support received for Debbie
- $3301.64
- -$50.00 Child support disregard
- $3251.64 Total net income

BG of 3 income limit = $3,300
PE eligible for a BG of 3
Unearned Income Disregard

Remember Medicaid policy only allows one child support disregard per BG regardless of how many different types of child support payments the household receives monthly.

This BG receives two different monthly child support payments; however, only one $50 deduction is allowed.

If the total child support payment is equal to $50 a month, then the total child support amount to count in the budget is zero.

If the total child support payment is less than $50 then count up to that amount as the disregard.

Child support is the only unearned income that is allowed a disregard.
Ms. Smith’s PE Application Form DMA 634W

<table>
<thead>
<tr>
<th>FAMILY MEMBERS</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>SEX</th>
<th>RELATION</th>
<th>MONTHLY GROSS INCOME</th>
<th>MONTHLY DISREGARDS</th>
<th>MONTHLY NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>L. H. Smith</td>
<td></td>
<td>H</td>
<td>SELF</td>
<td>W 725</td>
<td>90</td>
<td>3051.64</td>
</tr>
<tr>
<td>02</td>
<td>Jane G. Smith</td>
<td></td>
<td>W</td>
<td>Daughter</td>
<td>OU 100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>03</td>
<td>Debbie J. Smith</td>
<td></td>
<td>B</td>
<td>Child</td>
<td>OU 150</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>

SWORN STATEMENT OF APPLICANT:

I understand that this is a temporary determination of my eligibility for Medicaid and that the Arrowhead right from the start Medicaid (ARM) Project will determine my continuing eligibility. I declare under penalty of perjury that I am a U.S. citizen or lawfully present in the United States and I have provided true and accurate information about my family 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 ARM makes the decision about my continuing eligibility. I will report all changes in my household within 10 days.

DATE OF APPLICATION: 4/30/XX
APPLICANT’S SIGNATURE: L. H. Smith

Provider Certification:
I certify that the woman for whom this presumptive determination of eligibility has been determined was screened in accordance with the requirements of Public Law 103-354 on 1/11/XX.

Her diagnosis met the BCBS program if Georgia. I have obtained a signed health care coverage application from the patient and have faxed it to the Arrowhead (ARM) Project at 770-359-1813.

DATE OF COMPLETION: 5/1/XX
DIRECT PHONE NUMBER: (404) 465-0521

Provider Information:
Full Provider Name Here
Provider ID Number Here
Qualified Provider Name
Qualified Provider ID Number
Provider Street Address Here
Provider City, State, Zip Code Here
Questions?

Before we move, on are there any questions regarding the Smith Family’s PE WHM application?
User Information - Provider 000006707D

Note: If a member is enrolled in a managed care plan on the date of admission, the plan is responsible for the entire stay as long as Medicaid eligibility is maintained. If the member is enrolled in a fee for service program on the date of admission, then the fee for service program is responsible for the entire hospital stay as long as Medicaid eligibility is maintained.

Pregnant Women receiving Medicaid are exempt from copays from the 1st day of pregnancy until the end of the month of the 60 day transitional period.

The following messages were generated:
Message Description
No match using search criteria SSN: 123456789. Name: SMITH, L. H.

Eligibility Verification Request

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Birth Date</th>
<th>SSN</th>
<th>From/Thru Date of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>123-45-6789</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMITH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. H.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Presumptive Eligibility for Women's Health Care Request

Member Info
- Member ID
- First Name
- Last Name
- M
- Suffix

Mailing Address
- Address
- Address 2
- City
- Zip

Residential Address
- Same as Mailing Address
- Address
- Address 2
- City
- Zip

Other Member Information
- Home Phone
- Other Phone
- Race
- Ethnicity
- Citizenship

Birth Date
- 000-00-0000

SSN
- 000-00-0000

State
- GA

County
- 

Eligibility Begin Date
- Today's Date

Primary Household Language
Member ID Function

Presumptive Eligibility for Women's Health Care Request

Member Info
- Member ID
- First Name*
- Last Name*

Birth Date*

SSN 000-00-0000

Windows Internet Explorer

Does this member have a Georgia Medicaid ID number? If Yes, please enter their Georgia Medicaid ID to pre-populate the member's information. If not, please continue entering the new member’s information.

City*

Zip* 00000 0000

State* GA

County*
## Presumptive Eligibility for Women's Health Care Request

### Member Info
- **Member ID**: [Field]
- **First Name**: L
- **Last Name**: SMITH
- **MI**: [Field]
- **Suffix**: [Field]

### Mailing Address
- **Address**: 34 FIRST AVENUE
- **Address 2**: #2A
- **City**: ATLANTA
- **Zip**: 30003

### Residential Address
- **Same as Mailing Address**: [Checkbox]
- **Address**: [Field]
- **Address 2**: [Field]
- **City**: [Field]
- **Zip**: [Field]

### Other Member Information
- **Home Phone**: (404)555-1212
- **Other Phone**: [Field]
- **Race**: Hispanic
- **Ethnicity**: Hispanic
- **Citizenship**: US CITIZEN

### Birth Date and SSN
- **Birth Date**: 05/19/1977
- **SSN**: 123-45-6789

### State and County
- **State**: GA
- **County**: 060-Fulton

### Eligibility Begin Date
- **Eligibility Begin Date**: 05/01/2014

### Primary Household Language
- **Primary Household Language**: ENGLISH
Error Message for PE WHM in GAMMIS

What does this error message mean?

Why would this error message be received?

What are the next steps?
Confirmation

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.

The following messages were generated:
The presumptive eligibility request was successfully processed. The Medicaid ID is 11122233344. Select the following link open a certificate of eligibility, if a window does not appear or if you close the initial certificate.

Presumptive Eligibility for Women's Health Care Request

<table>
<thead>
<tr>
<th>Member Info</th>
<th>Birth Date</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
<td>05/19/197</td>
<td>123-45-6789</td>
</tr>
<tr>
<td>First Name</td>
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<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
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<tr>
<td>MI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Temporary Medicaid Certificate - Top

Temporary Member Identification Card

Please note: Once the user navigates from this confirmation page, this information will no longer be accessible outside of performing an eligibility request on the member below. Therefore, please use your browser to print this confirmation page before closing.

Thank you for your participation in the Medicaid/PeachCare for Kids® program. Your presumptive eligibility entry has been received. The Member ID is listed below. This is the number you will need to use when submitting claims for services rendered to this member.

Please check the member eligibility site regularly for updates to this member’s eligibility information. You may also access current eligibility information by clicking "Contact Us" under the Contact Information tab in the upper left of your web screen; or by calling the Provider Contact Center at 1-800-766-4456; or by using the Interactive Voice Response (IVR) System at 1-800-766-4456.

This temporary member identification card may be used as a confirmation of presumptive eligibility for the Medicaid program as of the indicated date. A permanent identification card will be mailed to the member at the address below. Please print this page for the member to use until their member ID card arrives.

A Division of Family and Children Services Medicaid Eligibility Specialist will contact the member about her eligibility.

Rx BIN Number: 001553
# Temporary Medicaid Certificate - Middle

## Eligibility Verification Request

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<thead>
<tr>
<th>From/Thru Date of Service</th>
<th>04/01/2021</th>
<th>05/31/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Type</td>
<td>30 - Health Plan Benefit Coverage</td>
<td></td>
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</tbody>
</table>

## Member ID Information

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<thead>
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<th>Member ID</th>
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<th>Middle Initial</th>
<th>Name Suffix</th>
<th>Gender</th>
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<th>Confirmation #</th>
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<tbody>
<tr>
<td>05/19/197</td>
<td>L</td>
<td>SMITH</td>
<td>H</td>
<td>F</td>
<td></td>
<td>05/01/2021 09:43:24</td>
<td>141 00E</td>
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<tr>
<td>2A 1ST AVE NE # 34</td>
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<td>060 - FULTON</td>
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## Benefit Plans

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<tr>
<th>Status</th>
<th>Service Type Code</th>
<th>Effective Date</th>
<th>End Date</th>
<th>Insurance Type Code</th>
<th>Aid Category</th>
<th>Special Notes or Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>30 - Health Plan Benefit Coverage</td>
<td>04/01/2021</td>
<td>05/31/2021</td>
<td>MC - Medicaid</td>
<td>800 - Presumptive BCC</td>
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## Eligibility by Service Type

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<th>End Date</th>
<th>Insurance Type Code</th>
<th>Aid Category</th>
<th>Copay Amount</th>
<th>Special Copay Notes</th>
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<tr>
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<td>1 - Medical Care</td>
<td>04/01/2011</td>
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<td>50 - Hospital - Outpatient</td>
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<td>05/31/2011</td>
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<td>Active</td>
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<td>AL - Vision (Optometry)</td>
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<td>05/31/2011</td>
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## Retroactive Eligibility

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<tr>
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<th>Retroactive End Date</th>
<th>Retroactive Eff (Update) Date</th>
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</thead>
<tbody>
<tr>
<td>04/01/2011</td>
<td>04/30/2011</td>
<td>05/01/2011</td>
</tr>
</tbody>
</table>
Screened on GAMMIS after completion
Questions?

? WHM?  Huh??

Got me!

BCCP?
Memi Wilson

Family Medicaid Program Consultant
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