

FACT SHEET

Medicaid Eligibility

Overview

Medicaid is a Medical Assistance program that provides health coverage for children under 19 years of age, pregnant women, families with dependent children under 19 years of age, and people who are aged, blind and/or disabled and whose income is insufficient to meet the cost of necessary medical services. PeachCare for Kids® is another of Georgia's Medical Assistance programs, and is Georgia's State Children's Health Insurance Program or S-CHIP program. It provides health coverage for uninsured children living in Georgia. This fact sheet provides the basic requirements for Medical Assistance eligibility in Georgia.

Medicaid and PeachCare for Kids are funded by federal and state governments. In Georgia, the Department of Community Health (DCH) and the Department of Human Services (DHS) work together to process applications and make Medical Assistance eligibility determinations.

Who Can Apply For Medicaid?

Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age; whether you are pregnant, aged, blind, or disabled; your income and assets; and whether you are a U.S. citizen or a qualified immigrant. Non-qualified immigrants or undocumented immigrants may only be eligible for coverage of emergency medical services. When you apply for Medical Assistance, the requirements listed above will be taken into account before a decision is made. If you or someone in your family needs health care, you should apply for Medical Assistance even if you are not sure whether you qualify or if you have been turned down in the past. For additional information about applying for Medicaid, please visit the Division of Family and Children Services (DFCS) website at www.dfcs.dhs.georgia.gov. The categories and requirements for eligibility are listed below.



Basic Eligibility Criteria

You may become eligible for Medicaid if your income is low and you match one of the following descriptions:

- You think you are pregnant.
- You are a child or teenager under age 19.
- You are legally blind.
- You have a disability.
- You need nursing home care.

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Parent/Caretaker With Children Under Age 19

Individuals and families may be eligible for coverage if they are U.S. citizens or lawfully admitted immigrants and their income does not currently exceed \$653 per month for a family of four. Eligibility for children is based on the child's status, not the parent's; however, the parent's income is counted toward the income limit.

Pregnant Women Presumptive

Pregnant women may complete a short application and have their local county health department make a determination the same day for Presumptive Eligibility (PE) Medicaid. This will usually allow the applicant to receive a Medicaid number right away. PE Medicaid is temporary and is valid from the date approved to the end of the following month or when a full Medicaid determination is made. It covers most Medicaid services except inpatient hospital services and labor and delivery. The PE Medicaid application is sent to Right from the Start Medical Assistance Group (RSM) or DFCS for a complete eligibility determination to be processed within 10 days.

Women's Health Medicaid Presumptive

The county Health Departments and its affiliates, Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) can process PE Medicaid applications for Women's Health Medicaid (WHM). WHM is for women with a diagnosis of breast or cervical cancer currently receiving treatment. The county Health Department or Federally Qualified Health Center sends the PE application to the Right from the Start Medical Assistance (RSM) Group's Morrow Office for a complete eligibility determination to be processed within 10 days. These applications do not go to the Division of Family and Children Service (DFCS) for Medical Assistance.

To qualify for Medicaid, a woman with breast or cervical cancer must be:

- Diagnosed and in treatment for breast or cervical cancer,
- Income (at or below 200 percent of the FPL Income Guidelines),
- Uninsured,
- Under age 65,
- A biological woman or a transgender woman
- A Georgia resident; and
- A U.S. citizen or qualified immigrant.

Any woman who meets the criteria above and has been diagnosed with breast or cervical cancer should go to the county public health department in her county of residence or Federally Qualified Health Center to apply for Women's Health Medicaid. The woman can contact the Department of Public Health at 404- 657-3143 for county health department locations.

The RSM Group's Women's Health Morrow team makes the final eligibility determination for Women's Health Medicaid to continue after the PE period.

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Aged, Blind or Disabled

If you are age 65 or older, blind or disabled, you may qualify for Medicaid. This may mean qualification for a nursing home, waiver services, Adult Medically Needy services, or a Medicare Savings Plan program that helps with the payment of Medicare services and premiums.

What Are Aged, Blind or Disabled (ABD) Medicaid's Basic Requirements?

In addition to income limits, basic requirements to determine eligibility under any Aged, Blind or Disabled (ABD) Medicaid program include:

- Aged (65 or older), blind or disabled.
- Application for other benefits.
- Citizenship/Qualified Immigrant status and Identity verification.
- Valid Social Security Number.
- Residency.
- Assignment of medical benefits based on the Medical Assistance Plan.

How Is PeachCare For Kids® Different From Medicaid?

PeachCare for Kids® is another of Georgia's Medical Assistance programs, and is Georgia's State Children's Health Insurance Program or S-CHIP program. It provides health coverage for uninsured children living in Georgia. It provides benefits that include primary and specialist care, preventive care, dental and vision care. This program serves working families whose income is more than that set by the Medicaid program, but does not exceed the income limit based on the federal poverty level. A child who is eligible for the Medicaid program cannot be eligible for the PeachCare for Kids program.

To qualify for PeachCare for Kids currently, the family's income may not exceed 247 percent of the federal poverty level (FPL) for their household size. PeachCare for Kids also requires a monthly premium ranging from 0 - \$70 to be paid for coverage for children age 6 and older. Children who are members of federally recognized American Indian or Alaskan Native tribes may be eligible for free coverage. Foster children are exempted from premium payments. Children that are enrolled in PeachCare for Kids receive benefits through Care Management Organizations (CMO) under contract with the Department of Community Health. Families may choose from 4 CMOs. Some co-pays may also apply for members enrolled in the PeachCare for Kids program.

PeachCare for Kids coverage begins on the first day of the month that proof of income and citizenship have been verified, all data matches have been completed and all applicable premiums have been paid for an eligible child. Coverage for any months can be requested back to the month of application if a family has incurred medical expenses that can be covered by the PeachCare for Kids program. By contrast, Medicaid will retroactively cover a child up to three months prior to the application if the family has incurred medical expenses. Note: PeachCare for Kids members that are exempt from premium payment are approved from the month of application.

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Average Monthly Enrollment for Medicaid and PeachCare for Kids

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Fiscal Year	Medicaid	PeachCare for Kids
2015	1,815,391	157,549
2016	1,866,883	128,364
2017	1,830,630	132,202

In addition to income limits, basic requirements to determine eligibility under a Family Medicaid (non- PeachCare for Kids) program include:

- Age.
- Application for other benefits.
- Citizenship/Qualified Immigrant status and identity. Cooperation with the Division of Child Support Services (DCSS).
- Specified relative relationships/tax filer or non-tax filer status
- Valid Social Security Number.
- Residency.
- Assignment of medical benefits to the Medical Assistance Plans Division.

Applicants and members must have income at or below the appropriate income limit. DCH requires full documentation of income, certain tax deductions and resources, if applicable, at the time of the initial eligibility application and the time of review for both Medicaid and PeachCare for Kids. As of January 1, 2014, certain Family Medicaid populations and PeachCare for Kids used Modified Adjusted Gross Income (MAGI) rules to determine how income is counted and family size is determined. MAGI is a methodology based on federal tax rules. The following Family Medicaid populations use MAGI to determine eligibility: Children under age 19, Parent/Caretaker Relatives of Children under 19 and Pregnant Women. All applicants and members must provide proof of monthly family income.

All eligibility requirements are reviewed in both programs annually. Citizenship and identity or Legal immigration status must be documented to determine initial eligibility. Confirmation of citizenship and identity or legal immigration status must be received before the 90-day reasonable opportunity period expires.

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What is Considered Income for Medical Assistance?

Income is all money, earned or unearned, cash or any type of support received from any source by you/or your household that can be used to meet basic needs for food, clothing or shelter. For certain Family Medicaid populations and PeachCare for Kids, only taxable income is considered. Non-taxable income is excluded in the eligibility determination based on federal statute. Some examples of excluded income are: adoption assistance payments, earnings from the Census Bureau, Child Support, Veteran's Benefits, Supplement Security Income (SSI), Earned Income Tax Credits, Disaster relief assistance and TANF (formerly AFDC) benefits. Income is considered on a monthly basis and is used to determine financial eligibility and benefit level.

How Can I Verify My Income?

Income verification can be provided in a variety of ways, including:

- Pay stubs covering at least the past four weeks.
- Copy of check reflecting gross income.
- Form 809 – Wage Verification form.

The need and method used to verify income may vary based on the Medical Assistance program. For some Medicaid programs, your statement of the source and amount of income, earned or unearned, may be accepted unless it is questionable. For other programs, all income must be verified.

Where Can an Individual or Family Apply for Medical Assistance, including Medicaid and PeachCare for Kids?

When you submit an application for Medical Assistance in Georgia, we look at potential coverage under both Medicaid and PeachCare for Kids. Applications are not for one type of coverage or the other. Applications for Medical Assistance are taken at many locations across the state, including:

- Division of Family and Children Services (DFCS) County offices.
- Social Security Administration offices.
- County Public Health departments.
- Some hospitals and nursing homes.
- Local Right from the Start Medical Assistance (RSM) Group offices.

A list of RSM Group offices by county may be found at <https://dch.georgia.gov/rsm-contact-information> or <https://dch.georgia.gov/sites/dch.georgia.gov/files/RSM%20County%20Office%20Feb.%202017.pdf>. An application for Medical Assistance may be requested by contacting the RSM project at 800-809-7276, or request an application at your local DFCS Office. You may also apply via gateway.ga.gov or by calling 1-877-423-4746.

When Is An Application Complete?

An application is complete when it is signed and submitted with your name and the information necessary to contact you or your personal representative, such as a relative, friend, guardian or any person in a position to know your circumstances.

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Program Integrity

In Fiscal Year 2008, the Georgia Department of Community Health (DCH), along with outside vendors, began initiatives to enhance the state's Medicaid eligibility determination and functions. DCH also changed policy requirements to ensure the highest level of program integrity in both Medicaid and PeachCare for Kids eligibility determination. The eligibility initiatives help prepare Georgia for the ongoing federal Payment Error Rate Measurement (PERM). Through PERM, the state verifies that it is properly paying for services, providing services for appropriately enrolled members, and adhering to eligibility policies.

DCH belongs to the Public Assistance Reporting Information System (PARIS), a federal and state partnership that collects, houses and matches public assistance eligibility information to improve program integrity among participating states. Data files are sent by individual states to the U.S. Department of Health and Human Services Administration for Families and Children for data matching. All states and Puerto Rico participate in PARIS data matching.

Georgia first began file matches with PARIS in August 2008. Since January 2009, eligibility files containing interstate matches, potential veterans' benefits and federal benefits have been monitored by DCH staff.

In 2011, DCH Program Integrity in the Office of the Inspector General (OIG) began monitoring the PARIS files, under its Integrus/M3 program. DCH Program Integrity takes appropriate action to correct cases based on the results of PARIS match monitoring and investigation.

Data files are sent by individual states to the U.S. Department of Health and Human Services Administration for Families and Children for data matching at least once and up to four times a year. All states and Puerto Rico participate in PARIS data matching.

For More Information

For additional information about applying for Medicaid, please visit the Division of Family and Children Services website at www.dfcs.dhs.georgia.gov.