FACT SHEET

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

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. This fact sheet provides the basics of Medicaid eligibility in Georgia.

Medicaid is 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 Medicaid eligibility determinations.

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.

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 be eligible for emergency assistance only.

When you apply for Medicaid, 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 Medicaid 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 website at www.dfcs.dhs.georgia.gov.

The categories and requirements for eligibility are listed below.

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.

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Pregnant Women (including Women's Health Medicaid and Presumptive Medicaid)

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 DFCS for a complete eligibility determination to be processed within 10 days. Pregnant women can also apply at a Right from the Start Medicaid Project (RSM) location in their community.

The RSM Project team makes the final eligibility determination for Medicaid to continue after the PE period. If the individual has a related benefits case such as SNAP or TANF, then RSM cannot process the final eligibility determination. In those cases, the application is processed by DFCS.

The county health department also processes PE Medicaid applications for Women's Health Medicaid (WHM). WHM is for women with breast or cervical cancer who are under age 65, have no other credible insurance, and are under the prescribed income limits. The county health department sends the PE application to the RSM Project team to make the final eligibility determination for Medicaid to continue after the PE period. These applications do not go through DFCS.

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

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

Any uninsured, low-income woman who has been diagnosed with breast or cervical cancer should go to the county public health department in her county of residence. Contact the Department of Public Health at 404-657-3143 for county health department locations.

Aged, Blind and/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.

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How Is PeachCare For Kids® Different From Medicaid?

PeachCare for Kids is Georgia's State Children's Health Insurance Program or S-CHIP program. It provides health coverage for uninsured children living in Georgia with benefits including 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.

To qualify for PeachCare for Kids currently, the family's income may not exceed 247 percent of the federal poverty level (FPL). PeachCare for Kids also requires a monthly premium to be paid for coverage for children age 6 and older; Medicaid does not require premium payments. Children in PeachCare for Kids are enrolled in one of the Care Management Organizations (CMO) under contract by Georgia Medicaid and the Department of Community Health. Some co-pays may apply for members of PeachCare for Kids.

What Are Medicaid's Basic Requirements?

In addition to income limits, basic requirements to determine eligibility under any Aged, Blind and 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 to the Medical Assistance Plan.

Average Monthly Enrollment for Medicaid and PeachCare for Kids

Fiscal Year	Medicaid	PeachCare for Kids
2008	1,261,031	250,055
2009	1,361,771	205,305
2010	1,457,771	202,305
2011	1,492,345	202.240
2012	1,545,128	200,065
2013	1,584,594	205,301
2014	1,740,416	218,182

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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 be under the appropriate income limit. DCH requires full documentation of income and resources, if applicable, at the time of the initial eligibility application and the time of review for both Medicaid and/or resources 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 was counted and family size was 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 must be documented and confirmed at initial application.

What Does Medicaid Consider Income?

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.

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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 Medicaid 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 Medicaid programs, all income must be verified.

Where Can An Individual or Family Apply For Medicaid?

Medicaid applications 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 Medicaid (RSM) Project offices.

A list of RSM project offices by county may be found at www.dfcs.dhr.georgia.gov/rsm. An application for Medicaid 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 Compass at www.compass.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.

Eligibility Determination

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.

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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. 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.

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Program Integrity

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.

For More Information

Right From the Start Medicaid Offices – Visit www.dch.georgia.gov/right-start-medicaid for the county office near you. An application for Medicaid may be requested by contacting the RSM project at 800-809-7276.

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