FAMILY-RELATED MEDICAID PROGRAMS FACT SHEET

January 2014

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

The Family-Related Medicaid Programs Fact Sheet is intended to provide general information. Specific eligibility policy is contained in statute or administrative rule.

Overview of General Eligibility Requirements for Family-Related Medicaid

The Department of Children and Families determines eligibility for Medicaid. Medicaid applications must be approved or denied within 30 days from the date the application is received and all factors of eligibility are verified. Medicaid may be authorized for up to three months prior to the date of application provided an applicant has unpaid medical bill(s), for one or more of the three months preceding the date of application. This is known as retroactive Medicaid. The web application is available on the following link: http://www.myflorida.com/accessflorida/

Applicants for Medicaid must be US citizens or Qualified Noncitizens, must be Florida residents, and must provide Social Security Numbers to facilitate data matching. Most factors of eligibility may be verified electronically via the Federal Data Services (HUB). Self attestations are accepted for the majority of eligibility factors, however reasonable explanations and/ or documentation may be requested in order to clarify questionable factors or resolve inconsistencies.

Applicants for Medicaid must file for all benefits to which they may be entitled including pensions, Social Security and Medicare. Cooperation with Child Support Enforcement must be agreed to during the application process and completed after the eligibility process. Income from wages and self-employment are considered earned income in Medicaid programs. Some examples of unearned income are income from alimony, Unemployment Compensation, and Social Security benefits. Earned income as well as specific unearned income types are included in the benefit determination. Assets such as bank accounts, mutual funds, vehicles and homestead property will not be counted for Family-Related Medicaid coverage groups.

Renewal periods for Medicaid are conducted annually. Applicants and recipients have a duty to report adverse or beneficial changes which may affect their eligibility for benefits within 10 days. Some examples of the changes affecting eligibility include the birth of a child, the receipt of new earnings or the termination of employment, the arrival or departure of members of the household, changes in living arrangement, changes of address, or a move out of state. Periodic data exchanges may also be received between renewal periods that may require a reasonable explanation and in some instances, documentation.

Changes and renewals may be submitted via My ACCESS Account. You may register for My ACCESS Account on the following link once you receive your case number: http://www.myflorida.com/accessflorida/

Descriptions of family-related coverage groups that are available and the eligibility requirements specific to each will be discussed on the following pages.

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women (PEPW) - PEPW provides temporary Medicaid to pregnant women and provides immediate access to prenatal care. County Health Departments, Regional Perinatal Intensive Care Centers (RPICC), Federally Qualified Health Centers, Maternal and Infant Care Projects, Children's Medical Services as well as some hospitals and hospital affiliated clinics determine eligibility for PEPW. All pregnant women with family income less than or equal to 185% of the Federal Poverty Level may be eligible for coverage. Citizenship and noncitizen status are **not** factors for eligibility. The presumptive period begins with the date the eligibility determination is completed by the Hospitals and extends up to one additional month or until an application for "full" Medicaid coverage is approved or denied. PEPW covers outpatient prenatal care only.

http://www.myflorida.com/accessflorida/

Breast and Cervical Cancer Treatment - The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) as administered by the Centers for Disease Control and Prevention (CDC) funds the Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP). To qualify under this program a woman must be between 50 and 64 years of age, be uninsured, be a US citizen or a Qualified Noncitizen and have income at or below 200% FPL. To find the Florida Breast and Cervical Cancer Early Detection Program nearest you, call your local county health department or call the American Cancer Society National Hotline at 1-800-227-2345. More information regarding this program is available on the following website.

http://www.doh.state.fl.us/Family/cancer/bcc/index.html

Presumptive Eligibility - Beginning in 2014, Medicaid participating hospitals may elect to make presumptive determinations based on income for specific groups of individuals including the following:

- Pregnant Women –185% FPL
- Infants under age 1 – 200% FPL
- Children under 19 – 133% FPL
- Parents and other Caretaker Relatives and their spouses- Income less than or equal to the Medically Needy Income Limit.
- Former Foster Children to age 26- There is no income test for this group, however the individual must have aged out of foster care in Florida.

The presumptive period begins with the date the eligibility determination is completed by the Hospital and extends up to one additional month or until an application for "full" Medicaid coverage is approved or denied.

Hospitals will be required to assist individuals determined presumptively eligible in completing a full application for Medicaid.

Presumptive Eligibility for Newborns - A child born to a mother who is Medicaid eligible on the date of the infant's birth remains Medicaid eligible through the month of his or her first birthday unless born on the first of the month. If the infant was born on the first of the month, eligibility under this coverage group ends on the last day of the month prior to the first birthday.

Note: If you are a current Medicaid recipient and you become pregnant, your existing plan will cover pregnancy services. You may submit a change report through My ACCESS Account to notify us about your pregnancy:
http://www.myflorida.com/accessflorida/

Coverage for Adults

Medicaid under this category is based on The Affordable Care Act of 2010.

Uninsured families may be eligible for Medicaid. Parents and Step-Parents must have at least one child or be pregnant to receive Medicaid. Relatives and their spouse within the specified degree of relationship, including siblings, first cousins, nephews, nieces, aunts, uncles, grandparents, and individuals of preceding generations as denoted by prefixes of great, great-great, who care for minor children, may choose to receive Medicaid along with the child(ren) if they meet the program's eligibility requirements.

Assets are not a factor of eligibility in the Family Related Medicaid program. This program is based on the expected tax filing status for each individual.
Coverage under this group may include the following:

- Extended Medicaid is available to recipients who lose eligibility for Medicaid due to increased child support collections or increased earnings for four or twelve months, respectively.
- Relative caretakers and their spouses with children under 18.
- Pregnant women with or without other children.
- Step-parents can derive their eligibly from step children

In general, families whose income exceed the limits for the Family Related Medicaid will be enrolled in Medically Needy unless a more beneficial coverage group exists.

Coverage for Children

Children 18 to 21 Years Old - Once the last child in the family turns 18 years of age, the parent(s) or caretaker relative loses his or her eligibility for coverage in Family Related Medicaid. Family income for the 18 to 21 year old must be below the payment standard and coverage is for the child only. There is no requirement for the child to reside in the home of parent or specified relative.

Children Under 19 Living with Non-relatives - A non-relative may be a representative of an orphanage, a private adoption agency, or group home that is not state funded or may be a relative that is not within the specified degree of relationship to the child. Coverage is for the child only and only the child's income is considered. This is a payment standard coverage group.

Children 19 to 20 Years Old – Medicaid maybe ~~is~~ provided to individuals who are 19 and 20 years old. There is no requirement to reside in the home of parent or specified relative.

Individuals who aged out of Foster Care in Florida may continue to receive Medicaid up to age 26, if the individual was in foster care and receiving Medicaid at age 18 or when they aged out in Florida.

The following are other coverage groups for children. These coverage groups are under ACA Medicaid.

- Children under age 1 with household income less than 200% of FPL.
- Children ages 1 to 19 with household income less than 133% FPL.

There is no asset limit for Family Related Medicaid. Eligibility for children under these coverage groups may be established with a parent or caretaker relative through the ACCESS web application. Family Related Medicaid applicants intent to comply with Child Support Enforcement is required during the application process and participation is required after eligiblity is determined.

Continuous Medicaid Eligibility - Children under age 5 who become ineligible for Medicaid for any reason, may remain on Medicaid for up to twelve months from the last application. Children age 5 to 19 receive a minimum of 6 months of continuous coverage.

Children who do not qualify for Medicaid under any of these coverage groups may be eligible for the Children's Health Insurance Program (CHIP) or referred to the Federal Facilitated Marketplace. The Federally Facilitated Marketplace determines eligibility for the Insurance Premium Assistance Programs for children and adults whose family income is too high to qualify for the CHIP or Family Related Medicaid.
www.healthcare.gov

Children's Health Insurance Program: Program provides medical coverage for children under 19 whose family income is above the Medicaid income limit for children. The household is responsible to pay the monthly premium.

Children's Medical Services Network: Eligible children from birth through age 18 who have special behavioral or physical health needs or have a chronic medical condition. This network will provide case management services. http://www.cms-kids.com/families/families.html

Medically Needy

The Medically Needy program helps individuals and pregnant women who would qualify for Medicaid except for having income that is too high. The Modified Adjusted Gross income is used to determine the share of cost. The share of cost may be estimated or actual. If share of cost is estimated, income must be verified before Medicaid is authorized.

Individuals enrolled in Medically Needy may have a "share of cost" (which is like an insurance deductible) and the amount varies depending on the family's size and income. Paid and/or unpaid medical bills must be provided to the Department of Children and Families to determine if the share of cost has been met. Medicaid cards are not issued to individuals who have a share of cost. Proof of eligibility will be made available on My ACCESS Account once outstanding medical bills are tracked and the share of cost has been met.
http://www.myflorida.com/accessflorida/

Medical expenses eligible for Medicaid payment must be unpaid and still owed. Medical expenses used to meet a share of cost may be paid during the month the bills are being tracked or one of the three preceding months. Bills paid by a third party cannot be tracked to meet the share of cost. Once an unpaid bill is used to meet share of cost, it cannot be used again to meet share of cost in another month. Any portion of a bill that is paid by Medicare or other private health insurance cannot be used to meet share of cost.

Unpaid bills are tracked according to date of service and paid bills are tracked during the month payment is made. Medicaid is authorized from the day of the month in which share of cost is met through the end of the month. Any outstanding medical bills must be faxed to the local case maintenance unit for tracking.
http://www.myfllfamilies.com/service-programs/access-florida-food-medical-assistance-cash/locate-service-center-your-area

Emergency Medical Assistance for Noncitizens

Noncitizens who meet all Medicaid eligibility requirements except for citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth of a child.

The noncitizen must file a complete application and provide verifications when asked. A social security number or cooperation with Child Support Enforcement is not required.

Before Medicaid is authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition and the dates of the emergency. In the case of labor and delivery there is no post-partum coverage. Medicaid can be approved **only** for the dates of the emergency. Generally, hospitals forward a Medical Assistance Referral to the Department to initiate an Emergency Medical Assistance for Noncitizens determination.

Noncitizens in the United States for a temporary reason, such as tourists or those traveling for business or pleasure are not eligible for Emergency Medical Assistance (EMA), or any other Medicaid benefits.

Information about your Medicaid Benefits

The Agency for Health Care Administration administers Medicaid services in Florida. To obtain information regarding Medicaid services and providers in your area, or for questions regarding claims or billing, please contact your Area Medicaid Office by clicking on the link below:
http://ahca.myflorida.com/Medicaid/index.shtml#areas

The Agency for Health Care Administration contracts with a fiscal agent to assist Medicaid recipients in choosing a managed care plan, enrolling in a new plan or changing plans. Specialists assist customers in understanding the differences in plan benefits. For more information regarding Medicaid Options or Choice Counseling click on the following link:
http://ahca.myflorida.com/mchq/managed_health_care/MHMO/med_con.shtml

The Department of Children and Families replaces Medicaid cards for all Medicaid recipients including individuals who receive SSI benefits. To report a lost or stolen Medicaid card, SSI recipients may contact **1-866-762-2237.** Customers who receive Medicaid through DCF may request replacement Medicaid cards through their My ACCESS Account:
http://www.myflorida.com/accessflorida/

For information about or to apply for programs available through the Social Security Administration (retirement, disability insurance, Supplemental Security Income, Extra Help with Medicare Prescription Drug Plan costs), call the Social Security Administration at **1-800-772-1213** or visit the SSA Website on-line at http://www.ssa.gov/

Medicare is a federal health insurance program that includes hospital insurance (Part A), medical insurance (Part B), Medicare HMO plans (Medicare Advantage), and Medicare prescription drug plans (Part D). For information about Medicare coverage, call **1-800-633-4227** or visit the Medicare website on-line at http://www.medicare.gov

Primary Care Centers provide services to the uninsured on a sliding fee scale. To obtain low cost primary care in your local community, including pharmacy, dental, mental health and substance abuse services, enter your zip code on the following link:
http://www.hrsa.gov/gethealthcare/index.html