



## Insuring Georgia's Uninsured Population with the Tools Available Today

An exploration of state and federal programs currently in place to assist individuals without insurance or the means to privately insure.

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After observing the large amount of debate currently taking place regarding health reform, and with the knowledge that more than 46 million U.S. citizens are uninsured, it would seem to be a good time to discuss several of the avenues that are currently in place to assist Georgia's uninsured population. There are many programs available through The State of Georgia that are under-utilized, not because there are a lack of claimants, but primarily due to a lack of understanding with regard to the mechanics of securing these benefits. In addition to providing ongoing coverage, it is also important to note that many of these programs provide for retroactive eligibility so that a person who presents in an uninsured state may actually become insured back to the original date of their sickness if their medical providers observe Medicaid billing deadlines.

The purpose of this article is to share with the reader some information about several of the more common paths that uninsured individuals may follow in order to obtain benefits. It is also important to note that some of the programs available in the State of Georgia require a coupling with federal Social Security eligibility.

### ***Federal Programs that give rise to State Benefits***

The State of Georgia leverages the resources of the federal government by relying heavily on the determinations made by the Social Security application process. In most cases, a determination of disability and subsequent qualification for a program by the federal government will result in the availability of state benefits for the claimant.

Supplemental Security Income (SSI) (coupled with retroactive Medicaid) – The SSI program makes payments to people with low income who are age 65 or older or are blind or have a disability. Qualification for SSI serves as evidence of eligibility for Georgia Medicaid, so all retroactively protected (registered and denied) hospital days will then be paid upon successful qualification. The SSI program is primarily a program designed to assist lower income individuals and families, and in addition to being disabled, blind, or of sufficient age, applicants must meet a fairly sophisticated set of income requirements. For more information, see <http://www.ssa.gov/pubs/11000.html#part2>

Retirement, Survivors, Disability Insurance (RSDI) (coupled with Medically Needy Coverage and Medicare) – The RSDI program is frequently applied for at the same time as SSI benefits, and makes monthly payments to individuals without regard to their income and resources, provided that they are ruled disabled by the government and have sufficient work quar-

ters "paid-in" to the system. Individuals that meet the work quarter requirements are considered "insured" by the federal government, and as such, with a ruling of disabled will qualify for benefits regardless of income or resources. RSDI recipients then become Medicare eligible in approximately 2.5 years after their disability is adjudged to have begun. During this two year window, there may be the possibility of securing Medicaid benefits, however. In contrast with SSI, eligibility for Medicaid as a recipient of RSDI may be more complex. Though providers will still want to retroactively protect hospital days with Medicaid, the program that will most likely be a best fit for an RSDI recipient is Georgia Medically Needy coverage, also known as "Spend-Down". Though covered in more depth later in this writing, a Claimant's RSDI payments may push them over resources when qualifying for Medicaid, so portions of their RSDI payments must be "spent" on medical bills to drive them below the earnings threshold which will allow them to claim benefits until Medicare coverage commences. It is extremely important to note that many RSDI cases take more than 2 years to resolve, so Claimants that win benefits often find themselves in the position of very quickly being Medicare eligible. For more information, see <http://www.ssa.gov/pubs/10029.html#part1>

Coverage for Qualified Medicare Beneficiaries (QMB) – This is a program that is used to assist aged, blind or disabled individuals who currently have Medicare Part A (hospital) insurance, and have income less than 100 percent of the federal poverty level and limited resources. In many instances, individuals who participate in Medicare may have limited income and resources, and risk endangering their benefits as a result of an inability to pay premiums, coinsurance, and deductibles. In the interest of protecting these citizens' federal benefits, Georgia Medicaid will pay Medicare premiums (A&B), coinsurance and deductibles for the purpose of assisting these patients with continuing health benefits. For more information, see [http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_31945377,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_31945377,00.html)

### ***Notable State Benefits Programs***

In addition to those programs which may be triggered by a federal award of benefits, many programs are made available strictly under the auspices of the State of Georgia. Much like the federal programs, these programs require that the Claimant apply and meet strict income, family, or health requirements.

Right from the Start Medicaid (RSM) – This program features two major categories of Medicaid coverage: coverage for pregnant women and cov-

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erage for children. Pregnant women may qualify for RSM if their monthly income does not exceed 200 percent of the federal poverty level limit, and for the purposes of determining family size, a mother-to-be is counted as two people. Even if application and qualification do not occur on a pre-natal basis, a mother meeting the income standards may become eligible for RSM within 60 days after giving birth, even if she did not apply during pregnancy or delivery. Additionally, infants born to women receiving Medicaid on the day the child is born receive Medicaid until they reach their first birthday. For more information, see [http://dfcs.dhr.georgia.gov/DHR-DFCS/DHR-DFCS\\_Medicaid/2007\\_Medicaid\\_Eligibility\\_Guidelines.pdf](http://dfcs.dhr.georgia.gov/DHR-DFCS/DHR-DFCS_Medicaid/2007_Medicaid_Eligibility_Guidelines.pdf)

**Medically Needy (Spend-Down)** – Many Medicaid programs have very specific income requirements that exclude a generous portion of the applicants who seek benefits. Pregnant women, children, aged, blind, and disabled individuals whose family income exceeds the established income limit may be eligible for Medicaid under the Medically Needy program. The difference with this program is the ability to qualify a person that is over income and resources by “spending down” their current income on a monthly basis using incurred and unpaid medical bills. This allows them to qualify for Medicaid coverage by virtue of the fact that they would meet the income requirements after paying their medical bills. This is an option for coverage that is administratively heavy, as applications must be made monthly to continue this coverage. Despite this fact, it is far superior to remaining uninsured. For more information, see [http://dch.georgia.gov/00/channel\\_title/0,2094,31446711\\_31945377,00.html](http://dch.georgia.gov/00/channel_title/0,2094,31446711_31945377,00.html)

**Low Income Medicaid** – This is a program that is available for individuals who are caring for children, as well as the children themselves. Low Income Medicaid (LIM) provides Medicaid benefits for eligible children up to age 18 and the specified related adult(s) who are responsible for those children. Individuals receiving LIM may or may not be receiving Temporary Assistance to Needy Families (TANF), but may not be receiving Supplemental Security Income (SSI). For this reason, LIM is an excellent option to consider for those individuals who have been denied for SSI, and who otherwise may not qualify for RSDI. For more information, see [http://www.odis.dhr.state.ga.us/3000\\_fam/3480\\_medicaid/MANUALS/2162.doc](http://www.odis.dhr.state.ga.us/3000_fam/3480_medicaid/MANUALS/2162.doc)

**Medical Treatment Facility (MTF)** – This Medicaid program allows an individual who has no coverage to seek payment for hospital stays of 30 days or more. In many cases, a catastrophic illness may take someone by surprise that is otherwise over income and resource limits. Though there are income and resource limits, very few individuals (outside of those with short-term or long-term disability policies) are able to continue earning their previous salary during and even after such a hospitalization. These individuals may wish to begin the SSI/RSDI application process, but this program may be available to these individuals in the meantime (via a SMEU determination). Other coverage available under this plan includes coverage for nursing homes, hospice care, and Community Care Services, all of which may ease the patient transfer process. For more information, see <http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS/menuitem.83054cda1a084d2f7da1df8dda1010a0/?vgnnextoid=115121965de91110VgnVCM100000bf01010aRCRD>

**State Medical Eligibility Unit (SMEU)** – This is another road to secure Georgia Aged, Blind, or Disabled Medicaid. An effort through this channel may even be undertaken posthumously on a patient’s behalf for the purpose of securing payment of their medical bills. SMEU will review a case and potentially grant benefits if other statutory paths are unavailable or not applicable. Examples of this include lack of financial eligibility for requested months, a non-medical denial of SSI benefits, individuals who pass away without filing for SSI, or while their file is in process, but who don’t have a spouse.

For more information, see [http://www.odis.dhr.state.ga.us/3000\\_fam/3480\\_medicaid/MANUALS/2205.doc](http://www.odis.dhr.state.ga.us/3000_fam/3480_medicaid/MANUALS/2205.doc)

**Emergency Medical Assistance (EMA)** - This program is designed to assist undocumented individuals secure payment for medical services that were rendered as a direct result of a medical emergency. Persons who are ineligible for Medicaid due to lack of documented status or for other reasons may apply to secure assistance. Emergency Medical Assistance may even be used to secure payment for such services as labor and delivery. EMA Coverage, however, is not an ongoing benefit. Applicants must apply for this service as each medical hardship is incurred. For more information, see <http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS/menuitem.76e501556de17147077a8110da1010a0/?vgnnextoid=b8d4938a16271010VgnVCM100000bf01010aRCRD>

Though there are not any clear answers to how the health system should be reformed, it is important to note that there are many paths not being pursued as aggressively as possible. Not all patients are proactive about seeking coverage and ensuring that there is a means by which their medical bills may be paid. As a result of this deficiency, it is incumbent on (and financially beneficial for) hospitals to provide the means by which their patient population may take advantage of programs that are designed to be of assistance. With an uninsured count of 46 million in the United States, there are plenty of people who need assistance; even if it is with the tools we already have in place.

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