

Emergency Medicaid (Presumptive Eligibility/PE)

Emergency Medicaid (also known as Presumptive Eligibility or PE) gives uninsured people immediate, temporary Medicaid if they appear to be eligible for NJ FamilyCare based on income. It covers all medical services received in a state-approved facility such as CHEMED, a hospital, or lab.

Who is eligible to apply for Emergency Medicaid?

Anyone who is eligible but not yet approved for NJ FamilyCare may apply for emergency Medicaid to cover qualified medical expenses.

You should apply for Emergency Medicaid only in cases of emergency, or if you need to see a doctor prior to being approved for NJ FamilyCare. Emergency Medicaid is not a means of expediting the NJ FamilyCare application process. If you do not need to see a doctor, follow the instructions in the LRRC NJ FamilyCare brochure to apply for coverage.

What Are the Eligibility Requirements?

What is Considered Income?

Eligibility is similar, but not the same as NJ FamilyCare income eligibility. NJ FamilyCare calculates eligibility based on your Modified Adjusted Gross Income (MAGI). When applying for Emergency Medicaid, all cash support and gifts from family are added to your MAGI.

Your MAGI is comprised of the following items on your Form 1040:

- Adjusted Gross Income (AGI), which is your federally taxable income
- Tax-exempt interest if applicable
- Foreign income if applicable
- Nontaxable Social Security benefits if applicable.

Most people do not have tax-exempt interest or foreign income and therefore will need to consider only the Adjusted Gross Income from their federal tax returns. If your income is more complicated, the LRRC suggests consulting with your tax professional to calculate your MAGI.

NJFC GROSS INCOME GUIDELINES 2019																
Federal Poverty Level % (FPL)	Maximum Annual / Monthly Income										Monthly Premium	Copayments				
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people	9 people	Addl. Person						
ADULTS	138%	\$1,437	\$1,945	\$2,453	\$2,936	\$3,336	\$3,735	\$4,165	\$4,735	\$5,384	\$5,934	\$6,034	\$6,100	No premium	No copay	
PREGNANT WOMEN	205%	\$2,134	\$2,889	\$3,644	\$4,399	\$5,155	\$5,910	\$6,665	\$7,420	\$8,176	\$8,932	\$9,061	\$9,061	No premium	No copay	
Children under 19	147%	\$18,361	\$24,858	\$31,356	\$37,853	\$44,350	\$50,848	\$57,345	\$63,843	\$70,341	\$76,838	\$83,336	\$89,834	No premium	No copay	
	150%	\$11,531	\$2,072	\$2,613	\$3,155	\$3,696	\$4,238	\$4,779	\$5,321	\$5,863	\$6,405	\$6,947	\$7,489	No premium	No copay	
	200%	\$18,735	\$25,365	\$31,995	\$38,625	\$45,255	\$51,885	\$58,515	\$65,145	\$71,775	\$78,405	\$85,035	\$91,665	No premium	No copay	
	250%	\$11,562	\$2,114	\$2,667	\$3,219	\$3,772	\$4,324	\$4,877	\$5,429	\$5,982	\$6,534	\$7,087	\$7,639	\$8,192	No premium	\$5 - \$10
	300%	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	\$95,700	\$104,540	\$113,380	\$122,220	\$131,060	\$44.50 per family	\$5 - \$35
355%	\$2,082	\$2,819	\$3,555	\$4,292	\$5,029	\$5,765	\$6,502	\$7,239	\$7,976	\$8,713	\$9,450	\$10,187	\$10,924	\$90 per family	\$5 - \$35	
		\$31,225	\$42,275	\$53,325	\$64,375	\$75,425	\$86,475	\$97,525	\$108,575	\$119,625	\$130,675	\$141,725	\$152,775	\$111,050	\$5 - \$35	
		\$2,603	\$3,523	\$4,444	\$5,365	\$6,286	\$7,207	\$8,128	\$9,048	\$9,969	\$10,889	\$11,810	\$12,730	\$921	\$5 - \$35	
		\$37,470	\$50,730	\$63,990	\$77,250	\$90,510	\$103,770	\$117,030	\$130,290	\$143,550	\$156,810	\$170,070	\$183,330	\$132,260	\$5 - \$35	
		\$3,123	\$4,228	\$5,333	\$6,438	\$7,543	\$8,648	\$9,753	\$10,858	\$11,963	\$13,068	\$14,173	\$15,278	\$11,105	\$5 - \$35	
		\$44,340	\$60,031	\$75,722	\$91,413	\$107,104	\$122,795	\$138,486	\$154,177	\$169,868	\$185,559	\$201,250	\$216,941	\$151,500	\$5 - \$35	
		\$3,695	\$5,003	\$6,311	\$7,618	\$8,926	\$10,233	\$11,541	\$12,849	\$14,157	\$15,465	\$16,773	\$18,081	\$14,308	\$5 - \$35	

Family Size

This number is the household size you will report on the Form 1040 for the year of coverage. Unborn children are counted in family size even if they are not born by the end of the year.

Is There an Asset Limit?

No.

Income Table

The Federal Poverty Level (FPL) is used to decide who is eligible. NJ FamilyCare provides a useful chart to determine your eligibility.

Locate your family size on the top row of the chart. Move your finger down your family size's column until you reach your household income.

- **Adults** are eligible only at 138% of the Federal Poverty Level or below. If your income exceeds the number in the top row (labeled "138%"), the adults in your family are not eligible.
- **Pregnant women** are eligible until 205% of the Federal Poverty Level.
- **Children** are eligible up to 355% of the FPL. If your income falls anywhere within the chart, your children are eligible.

What Benefits and Services do I Get from Emergency Medicaid?

Emergency Medicaid covers medical services received in any state-approved facility, such as CHEMED, a hospital, or a laboratory. It does not come with an HMO.

When Do I Apply?

- Apply before you see the doctor at CHEMED, or any NJ hospital. To apply at CHEMED, visit the financial assistance department at least 40 minutes prior to your scheduled doctor's appointment so you have time to complete the application before the doctor is ready to see you.
- You need to see a doctor in order to submit an application. At CHEMED, you cannot apply for Emergency Medicaid just to use the lab. You need to see a doctor before getting lab work (unless you already have an active Emergency Medicaid policy).
- Emergency Medicaid is valid from the day you apply, until the end of the following month.
- You may apply for Emergency Medicaid once every 12 months. A pregnant woman can reapply every month until she delivers as long as she is compliant with NJ FamilyCare and submits all requested documents within the requested timeframe.
- CHEMED is not able to apply for Emergency Medicaid to cover a baby up until age 1 if the mother was on NJ FamilyCare during her pregnancy (even if she just had straight Medicaid with no HMO). For this reason, it is crucial that all births are reported on time so the baby has guaranteed coverage from birth. See the LRRC NJ FamilyCare brochure for instructions on how to report your baby's birth.
- A hospital will not apply for Emergency Medicaid to cover newborn babies with a household income over 138% FPL. See the LRRC NJ FamilyCare brochure for instructions on how to apply for coverage for the unborn baby during pregnancy.

What is the Application Process?

- The financial assistance department will help you complete an application. If you are approved, you will receive a temporary Medicaid number which can be used right away.
- Applications submitted for children under 1 year of age and pregnant women are sent to the county. All others are sent to the State.
- Within 1-2 weeks, you will receive a follow up letter from the NJ FamilyCare office requesting documentation to confirm your eligibility for NJ FamilyCare. Send in all

requested documents right away to ensure that your Emergency Medicaid policy turns into a regular NJ FamilyCare policy.

- It is your responsibility to submit all required documentation directly to the correct office within the requested timeframe. If you do not receive a letter from NJ FamilyCare requesting follow up documentation, you should call the county or state office to follow up. The financial assistance department does not forward documentation on your behalf. If you do not submit documentation, your Emergency Medicaid application will not turn into a regular NJ FamilyCare policy. You can reach the county office by e-mailing njfc@ocbss.ocean.nj.us and you can reach the state office by calling 1-800-701-0710.

What Documents Do I Need to Apply?

- Photo ID for all adult family members (whether or not they are applying for coverage)
- ID for all family members (whether or not they are applying for coverage)
- Social security cards for all family members (whether or not they are applying for coverage)
- Marriage certificate if the names on your ID do not match the name you are applying with
- Proof of all sources of current income
- Recent proof of address

Important Tips

- CHEMED's pharmacy cannot bill Emergency Medicaid to cover the cost of a prescription until the Medicaid number shows as active in the Medicaid system, usually 2-5 days after the application is submitted.
- If you are not enrolled in NJ FamilyCare by the time your Emergency Medicaid policy is set to expire, you can request a one-month extension of coverage as long as you submitted follow up documentation to NJ FamilyCare. Speak to CHEMED's financial assistance department at the beginning of the last week of Emergency Medicaid coverage to submit an extension request (make sure to speak to a representative, leaving a message is not sufficient). If you call after the coverage is terminated, the extension will not be approved. Once the one-month extension is over, no additional extensions can be granted. Therefore, it is important to wait to apply to Emergency Medicaid until you have a genuine medical need. Only pregnant women have the option to reapply as needed until they are fully enrolled.
- An undocumented pregnant woman (without a green card or visa) is not eligible for Emergency Medicaid or NJ FamilyCare. To secure coverage for her labor and delivery, an undocumented woman should visit the Board of Social Services by her 7th month of pregnancy to apply. She can also apply for the NJ Supplemental Prenatal Care Program that opens yearly in July and stays open until the funding runs out, generally in October. This

funding only covers prenatal visits and is available until the funding is exhausted. CHEMED's financial assistance department helps all undocumented patients apply when funds are available.

Contact Information

CHEMED Financial Assistance: 1-732-364-2144 ext. 323

Monmouth Medical Center (Long Branch) Financial Assistance: 732-923-7299

Jersey Shore Patient Relations: 732-776-4447

Robert Wood Johnson Financial Assistance: 609-249-7524/7525