

2022 Humana Eligibility
Cheat Sheet for D-SNP Georgia Plans

Full Dual HMO H4141-003

QMB

QMB+

SLMB+ (MUST INCLUDE THE "+")

FBDE

Full Dual PPO H5216-205

QMB

QMB+

SLMB+ (MUST INCLUDE THE "+")

FBDE

Partial Dual PPO H5216-206

SLMB

QI

How to Verify Medicaid Level

Share your feedback

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Eligibility Verification

Which Eligibility verification would you like to complete today?

☒ Medicare Eligibility ☐ **DSNP Eligibility**

Dual Special Needs Plan eligibility verification tool does not validate agent licensing. Please be advised that agents are ultimately responsible to ensure they have all required licenses. We recommend agents confirm with the relevant Departments of Insurance that they have the appropriate licensing and lines of authority for the products they intend to market and sell.

All Medicaid eligibility is based on information provided today and is subject to change. As required by CMS, Humana/CarePlus Enrollment makes the final determination based on the information provided on the submitted enrollment form.

Ask Applicant: Do I have your permission to look up your Medicaid status to determine if you are eligible for our Dual Eligible Special Needs Plan?

Plan Year * 2022 State * Select

First Name * Last Name *

Date of Birth * MM/DD/YYYY

Gender * ☐ Male ☐ Female

Please enter prospective members Social Security Number or Medicaid ID/Medicaid Member ID (or both) below in order to submit this request.

Social Security Number Medicaid ID/Medicaid Member ID

Medicare ID

Submit

Status Eligible

Medicaid ID

Medicare ID

Dual Eligibility Level ? **QMB**

[DESNP Plan Eligibility Guide](#)

New Request