	Family Investment Administration ACTION TRANSMITTAL
Department of Human Services **311 West Saratoga Street** **Baltimore MD 21201**	
Control Number: # 21-13 *(Revised)*	**Effective Date: *February 19, 2021***
Obsoletes AT # 12-11	**Issuance Date: *February 19, 2021***

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
ELIGIBILITY DETERMINATION DIVISION STAFF
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: DEBBIE RUPPERT, EXECUTIVE DIRECTOR, MDH/OES
LA SHERRA AYALA, ACTING EXECUTIVE DIRECTOR, DHS/FIA

RE: PROCEDURAL CHANGES FOR EMERGENCY MEDICAL SERVICES FOR
UNDOCUMENTED OR UNQUALIFIED ALIENS (X02/X03 COVERAGE
GROUPS)

PROGRAMS AFFECTED: EMERGENCY MEDICAL ASSISTANCE (MA) SERVICES
FOR UNDOCUMENTED OR UNQUALIFIED ALIENS

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

Revised sections are in bold and italics.

<u>SUMMARY</u>
This revised Action Transmittal provides important information about changes to
application processes for Emergency Medical Services (EMS) for Undocumented or
Unqualified Aliens who would be eligible for Medical Assistance if not for
citizenship/immigration status requirements (COMAR 10.09.24.05-2). Currently,
applications for EMS are processed in the Client Automated Resources and Eligibility
System (CARES), and medical documentation is sent to the Utilization Control Agent
(Telligen) for review.

Effective November 1, 2020, a new application form for undocumented or unqualified
aliens is available**.** (See Attachment 2) For applicants who are under age 65 (MAGI),
case managers must enter the information into the Maryland Health Connection (MHC)
and if eligible, will be placed in a new coverage group called X03. Until the new Eligibility
and Enrollment (E&E) system rolls out, EMS applications for individuals 65 years old and

older (Non-MAGI) must be processed in CARES in the existing coverage group X02. The X03 category is effective for applications filed on and after November 1, 2020. Acute hospitals, free-standing dialysis providers, intermediaries or contractors who assist with the application process for X02 Medical Assistance have received notification of the change in process.

The provider can give patients the new application for EMS and directly upload medical documentation to Telligen, through its provider portal called Qualitrac. The LDSS and LHD case managers are no longer permitted to receive and store Protected Health Information (PHI) contained in medical records and other documents. As a result, the hospital and free-standing dialysis providers seeking reimbursement for emergency services must retain medical records and other pertinent documents and submit them directly to the Telligen after receiving the technical and financial eligibility decision from the case manager.

ACTION REQUIRED

Once an undocumented or unqualified alien receives the dialysis services for End-Stage Renal Disease (ESRD) or receives an emergency service or pre-registers at the hospital for labor and delivery services, the hospital/ provider/ third-party contractor must complete the provider sections of the new **OES 401 Form** (Attachment 1)**:**
- ■ Section 1 Patient Information
- ■ Section 2 Service Provider Information

The hospital/ provider/ third-party contractor will also provide the patient with the EMS Application to complete. The application is new, and it has been designed to have the information needed for entering applications into either the Maryland Health Connection (MHC) or the Eligibility & Enrollment (E&E) system.

Important Notes:
- All previous X02 applications filed before November 2020 will continue to be processed by the case manager and local office in which they originated. For example, if a Local Health Department (LHD) received an application filed before November 2020 for an individual of any age, the LHD case manager should continue to process the application in CARES, in the X02 coverage group.
- Even for applications filed prior to November 2020, providers have been instructed to submit the medical records and other documentation directly to Telligen once the case manager sends the provider the eligibility decision; case managers should no longer request medical documentation from providers. However, if a case manager has already received medical records, then the case manager must send them to Telligen.
- All EMS cases must be entered by the case worker in the worker portals of MHC and E&E (and in CARES until E&E rolls out statewide). Consumers do not have access to a consumer portal for emergency services in those systems.
- During the Public Health Emergency, case managers are permitted to take applications by telephone under the guidelines in the Updated OES SOP 20-02 Interim Emergency Procedures for Using Telephone Contact for Medicaid Case Actions, issued on November 16, 2020.
- ***Also due to the Public Health Emergency, recipients of End Stage Renal***

> ***Disease treatment will have their eligibility extended until the end of the Public Health Emergency.***
- If the applicant provides the old DES 401 form from the provider or has filled out any other Medicaid paper application, case managers must use those to enter the application into the appropriate eligibility system. The case manager must use the old DES 401 form to fill out the new OES 401 form for processing.
- ***If a patient's EMS paper application is received with more than one OES 401 form (for different incidents of service), use the same paper application to data enter a separate application in the MHC Worker Portal for each incident of service. Remember to narrate that the EMS paper application was used for each of the separate MHC applications.***
- ***If an application is found to be incomplete, call the patient, the authorized representative or the third-party contractor to obtain the missing information. If no contact by telephone is possible, then mail a 1052 form with a copy of the application noting which information is missing. If the information is not received, hold the application for six months. For MHC applications, do not enter the EMS application until the missing information is received. If it is not received, a manual denial notice, which will be forthcoming, must be sent at the end of the six months if the required information is still outstanding. In CARES, case managers should set an alert for six months to revisit the application and send a system-generated denial notice.***
- ***If the OES 401 Form did not accompany the EMS application, enter the EMS application into the eligibility system and then reach out to the customer to obtain the name and contact information of the provider in order to obtain the OES 401 Form, or mail the OES 401 Form to the customer to have it filled out by the provider.***

The new application form and new OES 401 form have been shared with the provider community. The hospital/provider or third-party contractor should provide the forms to the applicant or designated facility case manager for submission to the appropriate LDSS if 65 years of age or older, or the LDSS or LHDs for all applicants under age 65. When the case manager receives the old DES 401 form, the case manager *must*:

- Use the information on the old DES 401 form to fill out Sections 1 & 2 of the new OES 401 form,
- Enter the application into the appropriate system (MHC, CARES or E&E),
- Continue to process the application for eligibility,
- Contact the customer for any information that is needed,
- Process the application in the appropriate eligibility system,
- Fill out the OES 401 form (Sections 3 and 4), and then
- Return the new OES 401 to the provider.

Table 1. New Process for Undocumented of Unqualified Aliens to Apply for Emergency Medical Services

NEW PROCESS AS OF 11/1/2020	Undocumented or Unqualified Alien 65+ Years Old (Non-MAGI)	Undocumented or Unqualified Alien Under 65 Years of Age (MAGI)
Which Department?	Local Department of Social Services (DSS)	Local Department of Social Services (DSS) Local Health Department (LHD)
Medicaid Coverage Group	X02	X03
Eligibility System	CARES; Eligibility & Enrollment (phased in by counties beginning Spring 2021)	Maryland Health Connection

Local Department of Social Services (LDSS)
The Local Department of Social Services receives the OES 401 form and the Application for undocumented or unqualified alien:
- who is 65+ Years Old (X02s), or
- who are Under 65 Years of Age, such as pregnant women (X03s)

LDSS case manager: Enter the application into the appropriate eligibility system:

- Use **CARES** for X02s until the Eligibility & Enrollment (E&E) is phased in by counties (beginning in November 2020) for individuals 65 years old or older.
    - Cases will not migrate from one system to another; the cases that are in process in CARES will remain in CARES until they are determined either eligible or ineligible for coverage.
- Use **E&E** for X02s for individuals 65 years or older.
    - Follow the Job Aid (Attachment 5) for inputting applications into E&E for the X02 coverage group.
- Use Maryland Health Connection (MHC) for individuals under 65 years old. The coverage group is X03.

Note: It is not necessary to create an account for someone applying as an X03. Please refer to #2 of the **MHC Job Aid** (Attachment 4) on the **Application Information Screen** in the Worker Portal.

If the X02/X03 applicant meets **technical** and **financial** eligibility requirements, take the following actions:
- Complete the caseworker Sections 3 & 4 of the OES 401 form
- Upload a copy of the OES 401 and EMS Application into ECMS for CARES (until E&E is available) for X02s.
- For X03s retain OES 401 form
    - The caseworker should retain the **paper application** and the **OES 401 form** until a location for storage can be determined.
- Email or fax the OES 401 form to the hospital/provider listed in Section 2 of the form.

Note: If the financial eligibility requirements are met, approve the application in MHC for pregnant women who are applying for labor and delivery services (X03L) because they do not require a medical review.
- For X02s in CARES or E&E, do not "confirm eligibility" for the application until the Telligen approval letter has been received for the medical review.

- Once the case manager receives the medical review approval decision from MDH OES's administrative staff, take the following actions:
    - For applications in **CARES** - process the application (X02s) for the approved date(s) of service and issue the manual approval letter as is the current procedure.
    - For applications in E&E - confirm eligibility for the approved date(s) of service and auto-generate the approval notice.
    - For applications in MHC – for MAGI applicants, MDH's Eligibility Determination Division (EDD) will input dates of service and generate approval letters for MHC applications.
- Upload the medical review decision letter into E&E or ECMS (for CARES).
- If the X02/X03 applicant *__does not__* meet technical or financial eligibility requirements, complete:
    - **Section 3: DSS/LHD Information and,**
    - **Section 4: DSS Technical & Financial Eligibility**
        - Case Number (MA Number)
        - Date of Application
- If the medical review decision was denying the service, then generate a denial notice in CARES or E&E for X02s. For X03s, the EDD team at MDH will generate the denial notices.
- Check to ensure CARES, E&E or MHC has sent the notice of denial to the applicant.

MA ID# Number
To ensure that the consumer MA ID# number is obtained the case worker must check the following systems:
- In MHC the MA ID# can be found in the following screens:
    - **Application History** screen (located on the Quick Links menu).
    - **Search Results** screen (when searching for an application) and
    - **Eligibility Determination Notices**
- In E&E the MA ID# can be found in the following screens:
    - **Consumer Search Results** screen
    - **Customer Registration** screen

If the MHC (HBX) does not have an MA ID# number for the consumer on the eligibility file, it will not immediately display in the Worker Portal (WP) and the eligibility notice will be held. The MA ID # will be assigned by the IDB (which may take several days). In this case, the MA ID# number **will not** display immediately on Application History and Search Results screens or Eligibility notices. However, once the MA ID# is assigned by the IDB, the number will display in the WP and the notice will be sent.

Local Health Departments (LHDs)
The Local Health Departments (LHDs) receive the OES 401 form and the Application for undocumented or unqualified aliens:

- who are Under 65 Years of Age, such as pregnant women (X03s)

LHD case manager: Review the case and enter the application into the Maryland Health Connection (MHC) Worker Portal. Please refer to Attachment 4, which is the Job Aid

for processing applications for EMS in Maryland Health Connection, also available in this link:
https://docs.google.com/document/d/137hZ6LjPH8eMzw8AKWE2TDQjt6VHAniw7-MjnQTImrs/edit?usp=sharing

If the X03 applicant meets **technical** and **financial** eligibility requirements, take the following actions:

- Complete the caseworker Sections 3 & 4 of the OES 401 form,
- Enter the MA ID # generated in MHC for the Case Number on the form,
- The caseworker should retain the **paper application** and the **OES 401** form until it can be uploaded into MHC (as of the end of March 2021), and
- Email or fax the OES 401 form to the hospital/provider listed in Section 2 of the form.

For pregnant women who are applying for labor and delivery services (X03L), MHC will approve the application because they do not require a medical review. Pregnant women can apply early in their pregnancies, so the span will begin with the first month of the application and end in the month of their expected date of delivery.

IMPORTANT NOTES FOR APPLICATIONS IN THE MARYLAND HEALTH CONNECTION:

- ***The revised OES 401 Form has spaces to list the MA ID# if known and also the MHC App ID number. Always fill in the MHC App ID number <u>and, if known, the MA ID#</u>, so that the EDD unit can locate the case easily in MHC.***
- ***Do not send the OES 401 Form to the provider until all VCLs have been verified.***
- ***Every new incident of service for MAGI (X03) customers requires a new (initial) MHC application.***
- ***A new EMS paper is required with each new incident of service, unless the EMS paper application is received with more than one OES 401 form (for different incidents of service). Remember to narrate that the EMS paper application was used for each of the separate MHC applications.***
- ***Do not use the "Change Report" function in MHC to process a new incident of service.   A new App ID is needed for each new incident. Example: An application is received with two dates of service Jan 14-18 and Jan. 21-23. This requires two MHC applications to be entered in the Worker Portal of MHC -- one application for Jan 14-18 and a separate application for Jan 21-23.***
- If a consumer applies for future labor and delivery but the consumer also has an emergency room visit within the last 6 months and has the OES 401 from the hospital, the case manager must complete two applications for the pregnant woman. The caseworker can select only one option per application in the Maryland Health Connection on the X03 Coverage Information Screen. Please refer to page 6 of the Job Aid. This process is different from how cases were processed in CARES.
- If a consumer, who is listed as the Head of Household (HOH) on another MHC case with children, needs to apply for X03 coverage for himself or herself, then a new application is needed for the EMS incident. Case managers should not use the Report A Change feature for existing MHC cases as it will not allow the

option to apply for EMS.
- If the EMS applicant <u>does not</u> meet technical or financial eligibility requirements, complete Sections 3 & 4 of the new OES 401 form and return it to the hospital/provider for their records.
- The applicant is <u>not</u> responsible for providing supporting medical documentation and medical documentation cannot be stored in the MHC. The hospital/provider will retain the medical records, ER admission, and other documentation showing the emergency nature of the medical services and will submit them to Telligen directly after receiving the case manager's eligibility decision on the OES 401 form.

Additional enhancements will be implemented in the Maryland Health Connection soon including:
End of February Release:
- *For EDD case managers: The Medical Review Work Item will generate only after all VCLs on the application have been verified.*

End of March Release:
- *Approval notices will display the MA ID#.*
- *The OES 401 Form and the Emergency Medical Services Application can be uploaded into Documents.*
- *A manual VCL for identity will be available.*
- *Add "Requested Dates of Service" fields to the X03 application.*
- *Display approved medical review dates in the eligibility notice and on the EDD caseworker screen.*
- *Notices will include the LHD/LDSS office address, phone, and the Case Manager's Name.*
- *Discontinue requiring VCLs for the SSNs of household members who are not requesting Coverage.*
- *The eligibility end date for the Labor & Delivery cases will be adjusted so that an additional month of eligibility will be available if the consumer's expected due date is within 5 days of the end of the month. If more than 30 additional days are needed, an override can be performed to extend the coverage until the due date.*
- *For all Override case managers: the Medical Review Work Item will be accessible.*

Provider
Providers must fill out Sections 1 and 2 of the new OES 401 form and give it to the patient or facility case manager to submit to the local DSS or LHD. Once the hospital/provider receives the completed and signed OES 401 form from the local DSS or LHD case manager, the provider then submits the form, the Discharge Summary (with admission and discharge date), the ER admission, and other supplemental documentation showing the emergency nature of the medical services to Telligen's provider portal at **myqualitrac.com**.

Telligen
Telligen reviews the X02/X03 applicant's information on the OES 401 form submitted by the LDSS/LHD, beginning on November 1, 2020, along with the following:

- The discharge summary with admission and discharge dates,
- The ER admission, and
- The documentation showing the emergency nature of the medical services.

Telligen determines whether the emergency admission or inpatient admission meets the State's definition of emergency services as defined in COMAR 10.09.24.05-2. If the submitted information is not sufficient to determine whether the State definition of emergency services is met, Telligen will request that the provider submit additional information. The provider then has twenty (20) business days to respond to the additional information request.

- If the information submitted is sufficient, Telligen takes the following actions:
  - Validate that the visit meets emergency criteria and either approve or deny the visit and/or the admission within **five (5) business** days of receiving the request,
  - Generate a daily decision report via the Task Queue, which is retrieved by designated MDH staff.

OES Eligibility Determination Division (EDD)

The OES Eligibility Determination Division (EDD) logs into Qualitrac 3.0 to retrieve the Task Queue report of medical review decisions that Telligen has determined for X03 cases in Maryland Health Connection. EDD case managers update MHC with the approval or denial status from the medical review. For approvals, the EDD case manager enters the dates of service. MHC then generates an automated approval or denial notice to the applicant.

Office of Eligibility Services Administrative Staff

OES administrative staff receives the Qualitrac reports via a Google Sheet for cases in which medical documentation was submitted by providers via Qualitrac and Excel sheets for cases in which medical documentation was submitted by providers via the dedicated email account. These reports assist in identifying which pending CARES applications have received medical decisions. For each pending application with a medical decision, the administrative staff takes the following actions for X02 applications:

- Check CARES or Eligibility & Enrollment (E&E) to ensure the information on the Qualitrac report matches the eligibility system information.
- Log into the Alien Emergency Tracking System (AETS) database and take the following actions:
  - Type in the IRN number of the X02 in CARES, or the Case Number of the X02 in E&E.
  - Note whether the individual has had a previous X02 or X03 application and therefore the applicant's information is already in the Alien Tracking Database.

- If not, then staff types in all the X02 applicant's emergency service information into the appropriate fields on Screen 1 and Screen 2 in the Alien Tracking Database.
- Generate a notice for the X02 cases (only) that includes:
    - Date Notice Sent (Current Date),
    - Notice type,
        - Note: If the notice is for an X02 applicant with End of Stage Renal Disease (ESRD), then there is no approval or denial type.
    - Approval or Denial (medical reason provided by Telligen).
- Scan the X02 notices into a PDF file, and then email the file as noted below:
    - Two offices receive notices emailed directly to designated staff at their district:
        - Montgomery County notices are emailed directly to:
            - **X02EMSLetters@montgomerycountymd.gov**
        - Prince George's County notices are emailed directly to:
            - **Adrienne.Marshall@maryland.gov**
    - All other Local Departments of Social Services district office notices are emailed to the centralized DHS dedicated email address at **DHS.X02Responses@maryland.gov**

Inquiries

Please direct policy questions to the Maryland Department of Health, Office of Eligibility Services at **mdh.mchppolicy@maryland.gov**, or call 410-767-1463 or 1-800-592-5231 (select option 2 and request extension 1563).

Please send all Emergency X02 inquiries to the dedicated email address: **mdh.X02Inquiries@maryland.gov**

Please send all questions regarding the Eligibility & Enrollment system's X02 processing to help.mdthink@maryland.gov

Attachments

1. OES 401 Form (also attached to the email with the AT is a PDF fillable OES 401 Form)
2. EMS Application (also attached to this email with the AT is a PDF fillable application)
3. Flowchart
4. MHC Job Aid for X03 Applications
5. E&E Job Aid for X02 Applications

Attachment 1 OES 401 Form (Revised 2/10/2020)

OES 401 - EMERGENCY SERVICES TO UNDOCUMENTED OR UNQUALIFIED ALIENS

Provider:
- Complete SECTION 1 and SECTION 2,
- Retain a copy for your records, and
- Provide this form to the applicant or caseworker for submission to the local DSS if over 65 years of age, blind or disabled, and to the local DSS or LHD for all other applicants.

FORM DATE: ___/___/___

PROVIDER → SECTION 1 – PATIENT INFORMATION:

Patient Name: _____ Patient Date of Birth: _____/_____/_____

Head of Household Name (if not the patient): _____

The above-named patient has received emergency services from ___/___/___ to ___/___/___ .
(date)   (date)

PROVIDER → SECTION 2 – SERVICE PROVIDER INFORMATION:

Provider Location Name: _____ Medicaid Provider Number: _____

Provider Address: _____

Provider Contact's Name: _____ Provider Email: _____

Provider Telephone #: _____ Provider Fax: _____

Caseworker:
- Complete SECTION 3 and SECTION 4 *after all verifications have been received and reviewed*,
- Retain a signed copy for your records, and
- Return signed copy to the provider listed in SECTION 2 of this form

LOCAL DSS/LHD → SECTION 3 – DSS/LHD INFORMATION:

Department Name: _____

Department Address: _____

Caseworker's Name: _____ Telephone #: _____

Department Email: _____ Department Fax #: _____

LOCAL DSS/LHD → SECTION 4 – DSS TECHNICAL & FINANCIAL ELIGIBILITY

MA ID #: _____ Date of MA Application: _____/_____/_____

MHC App ID #: __|_____ E&E Case ID #_____ CARES AU #_____

The above-named patient has submitted a Medical Assistance application for coverage of emergency services for the dates listed above. Federal category for which the applicant is eligible, but for his/her alien status:

☐ NON-MAGI (X02 – customers 65+ years old, blind or disabled)   ☐ MAGI (X03 – all other customers)

The patient above ☐ DOES MEET ☐ DOES NOT MEET the technical and financial requirements for Medical Assistance (except for citizenship).

LDSS/LHD Caseworker's Name _____ Signature: _____ Date___/___/___

Provider:
- Submit this signed and completed form with all relevant medical records for utilization review at the address below.

PROVIDER → SECTION 5 - SERVICE PROVIDER SUBMISSION FOR UTILIZATION REVIEW AT:

myqualitrac.com. Providers not yet registered in Qualitrac may send the form to **X02@telligen.com**

OES 401 – Revised February 10, 2021

Attachment 2 Application for X02/X03

Maryland
DEPARTMENT OF HEALTH

APPLICATION FOR EMERGENCY MEDICAL SERVICES FOR UNDOCUMENTED OR UNQUALIFIED ALIENS
Fill this out, print it and sign it. Mail or drop it off at your local Department of Social Services or local Health Department.

WHO **CAN** USE THIS **APPLICATION:**	WHO **CANNOT** USE THIS APPLICATION:	
☐ Undocumented alien ☐ Unqualified alien (not residing in the US with a Permanent Resident Status for 5 or more years; or not Lawfully Present and pregnant; or not Lawfully Present and under age 21).	☐ US Citizen ☐ US National ☐ Asylee ☐ Refugee ☐ Residing in the US with a Permanent Resident Status for 5 or more years ☐ Lawfully Present and pregnant ☐ Lawfully Present and under age 21	If you cannot use this application and you are under 65 years old, please apply through marylandhealthconnection.gov. If you cannot use this application and you are 65 years old or older, please apply through mydhrbenefits.dhr.state.md.us.

1. _____ _____ _____ _____
   Applicant's First name   Middle name   Last name   Suffix (Jr., Sr., etc.)

2. Gender ☐ Male ☐ Female   3. Social Security Number: _____-___-_____   4. Date of Birth: ___/___/____

5. Are you applying for a Social Security Number? ☐ No ☐ Yes ITIN # _____

6. Check the reason for the application: ☐ Labor and Delivery for pregnant woman ☐ Treatment for End Stage Renal Disease
   ☐ Other Emergency medical services within the past six months

7. Other household members besides the applicant:

First name	Middle name	Last name	___/___/___ Date of Birth	Relationship to the Applicant
First name	Middle name	Last name	___/___/___ Date of Birth	Relationship to the Applicant
First name	Middle name	Last name	___/___/___ Date of Birth	Relationship to the Applicant
First name	Middle name	Last name	___/___/___ Date of Birth	Relationship to the Applicant

8. Marital Status: ☐Never Married ☐Married living apart ☐Divorced ☐Widowed ☐Married and living with spouse (fill in below)

   Name of Spouse: _____   Social Security Number: _____-___-_____

9. Home Address: _____
   Street #   Street Name   . City/Town State Zip Code   Apt. or suite #   County
   ☐ I am a resident of Maryland, but I cannot get mail at my home address, so please use this mailing address.

10. Mailing address: _____
    ☐ Same as Home Street #   Street Name   . City/Town   State   Zip Code   Apt. or suite #

11. Phone number: (____) ____ – _____   12. Other phone number: (____) ____ – _____

13. Email address, if you want to get information about this application by email: _____

14. Do you have a visual impairment? ☐ No ☐ Yes   15. Do you need American Sign Language due to hearing loss? ☐ No ☐ Yes

16. Do you want to receive paper notices? ☐ Yes (only paper for now) 17. Preferred spoken or written language: _____

18. Tax Filing Status for each of these years:

   2018: ☐ Head of Household ☐ Married filing together ☐ Married Filing Separately ☐ Single ☐Tax Dependent   ☐ I do not file taxes.
   2019: ☐ Head of Household ☐ Married filing together ☐ Married Filing Separately ☐ Single ☐Tax Dependent   ☐ I do not file taxes.
   2020: ☐ Head of Household ☐ Married filing together ☐ Married Filing Separately ☐ Single ☐Tax Dependent   ☐ I do not file taxes.

19. Are you pregnant? ☐ No   ☐ Yes → Expected Due Date: ___/___/___ Actual Due Date: ___/___/___   How many babies? ____

20. Are you currently disabled? ☐ No   ☐ Yes   21. Are you currently incarcerated?   ☐ No   ☐ Yes

22. What is your immigration status? ☐Alien granted Withholding of Deportation or Removal   ☐Alien paroled into US for at least 1 year
   ☐Amerasians born to US citizen armed services members during Vietnam War   ☐Asylee ☐Battered Spouse, Child or Parent
   ☐Conditional Entrant before 1980 ☐Cuban/Haitian Entrant   ☐Individual with Iraqi or Afghan Special Immigrant Status
   ☐Lawful Permanent Resident   ☐Refugee ☐Veteran or active duty in US Armed Forces   ☐Victim of Trafficking   ☐None of the Above

HOUSEHOLD INCOME: Your household income includes gross earnings, such as wages, salaries and tips. If you are self-employed, your income is the net income from your business after deducting business expenses. Your income also includes other types of unearned income, like Social Security Benefits, Investment Income, Pension income and Rental Income.

23. Do you or any of your household members have any income to report for this month? ☐ Yes   ☐ No

24. Will the income vary or change over the 12-month period starting with the current month? ☐ No   ☐ Yes

MDH OES X02/X03 Application Form (11/1/2020)

25. What is your total household income for this month? $_____

26. What will be your household income for this calendar year? $_____ (this can be your best guess for the entire year)

27. For any member of the household who is **employed**:

Name of Household Member	Employer's Name	Amount Paid Before Taxes	How Often Received?	# Hours Per Week?	# Days Per Week?	End Date (if no longer employed)
_____	_____	$_____	_____	_____	_____	___/___/___
_____	_____	$_____	_____	_____	_____	___/___/___
_____	_____	$_____	_____	_____	_____	___/___/___

28. For any member of the household who is **self-employed**:

Name of Household Member	Name of Company	Type of Company	Amount Paid Before Taxes	How Often Received?	# Hours Per Week?	# Days Per Week?	End Date if no longer employed)
_____	_____	_____	$_____	_____	_____	_____	___/___/___
_____	_____	_____	$_____	_____	_____	_____	___/___/___

29. For any member of the household who receives **other income** (such as Social Security Benefits, Investments, Pension, Rental Income):

Name of Household Member	Source of Other Income	Amount Paid Before Taxes	How Often Received?	End Date (if income has ended)
_____	_____	$_____	_____	___/___/___
_____	_____	$_____	_____	___/___/___

30. For any member of the household who has **deductions from income** (such as alimony paid, student loan interest, IRAs, capital loss):

Name of Household Member	Deduction Type	Deduction Amount	How Often?	End Date (if income has ended)
_____	_____	$_____	_____	___/___/___

31. **FOR APPLICANT 65 YEARS OLD OR OLDER: HOUSEHOLD ASSETS:** Report below all assets you or your spouse own, individually or jointly, as of the first of this month, such as cash, bank and savings accounts, draft account, stocks, bonds, 401(k) retirement accounts, trusts, certificates of deposit, motor vehicles, insurance policies, real estate property and other property.

Name of Household Member	Name of Company	Type of Asset	Account Number	Start Date	End Date	Monthly Amount	Last Update Date
_____	_____	_____	_____	___/___/___	___/___/___	$_____	___/___/___
_____	_____	_____	_____	___/___/___	___/___/___	$_____	___/___/___
_____	_____	_____	_____	___/___/___	___/___/___	$_____	___/___/___

AUTHORIZED REPRESENTATIVE: You can choose an authorized representative to assist in completing the application You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you are a legally appointed representative for someone on this application, submit proof with the application. Select the type of representative: □ Court Appointed Representative and/or Power of Attorney □ Responsible Adult

_____
Name of Authorized Representative (First Name, Middle Name, Last Name)

Authorized Representative's Contact Information:

(___) ___ - _____

| Street # | Street Name | City/Town | State | Zip Code | Apt. or suite # | Phone number |

_____
Organization name (if applicable)   ID number (if applicable)

By signing, you allow this person to sign your application, get official information about this application, and act for you on matters with this agency.

_____   _____
Applicant's Signature   Date (mm/dd/yyyy)

- I am signing this application under penalty of perjury, which means I have provided true and correct answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under state and federal law if I intentionally provide false or untrue information.
- I know that under state and federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, disability, or because of genetic information, and I can file a complaint of discrimination at www.hhs.gov/ocr/office/file or 1-800-368-1019 or 1-800-537-7697 (TDD).
- I know that my information on this form will be used only to determine eligibility for health coverage and will be kept private as required by law.
- I confirm that no one applying for health coverage on this application is incarcerated (detained or jailed).
- I agree to accept the assignment of interest terms and conditions. If Medicaid pays for any of my medical expenses, then any money I receive from a lawsuit or claim will be assigned to the State to pay for any medical expenses paid by the State related to injuries that led to the lawsuit or claim. If I have other insurance or a third party is liable to pay for my medical expenses, the State may recover the cost of my medical bills directly from the insurer or the third party. The State may bill a legally liable relative to repay the State for the costs of my medical care. The State may recover money from the estates of those people who were 55 years old or older at the time that community medical benefits were paid and who do not have a living spouse or surviving child under age 21 or blind or disabled. The State may recover from the inheritance or other lump sum of money I receive to repay the State for the costs of my medical care. The State may place a lien, under certain conditions, on my home if I permanently enter a nursing facility.

_____   ___/___/___
Applicant's or Authorized Representative's Signature   Signature Date (mm/dd/yyyy)

MDH OES X02/X03 Application Form (11/1/2020)

Attachment 3 Flowchart

New X02/X03 Process

Participant Emergency Visit

Hospital/Dialysis Provider
- Emergency Services
- Complete sections 1 & 2 of OES 401/EMS Application and then provide to participant for submission to DSS/LHD
- Retain Health Records

Patient submits OES 401/EMS Application Participant to the LDSS or LHD

No → **No Action**

Yes → **DSS or LHD****
Technical and Financial eligibility reviewed:
Input Application into E&E for >65, blind or disabled or into MHC for all others

Meets financial & technical eligibility?

Yes → **DSS & LHD**
- Complete sections 3 & 4 of OES 401 and fill in:
  - MA ID generated in MHC
  - Case # generated in E&E
  - IRN from CARES
- Upload 401/Application into system

No → **Denial Disposition in System of Record**
- Complete sections 3 & 4 of OES 401
- Upload 401 & Application into the system

Provider
- Receive OES 401
- If approved, submit OES 401 & medical documents to Telligen via Qualitrac (Section 5)

Participant Qualitrac Case Created

Telligen
- Reviews medical necessity (but not for labor, and delivery, or dialysis)

Participant meets medical necessity?

No → **Medical Necessity Denial**

Yes → **Medical Necessity Approval**

Necessity Determination Visible in Qualitrac
- Reports on-going decisions to MDH/OES via Task Queue report real time

**If DSS or LHD receives older DES 401, the information must be transferred to the newer OES 401 before completing the next steps.

For X02 Applications:
- MDH Administrative Staff accesses Task Queue for X02s:
  - Downloads Telligen decisions, fills out the Alien Tracking System
  - Emails X02 letters to LDSS offices
- LDSS office Case Managers:
  - Enter Dates of Service in E&E if approval or update denied status to trigger letter to Applicant (or use letter in CARES if LDSS not yet in E&E)

For X03 Applications:
- EDD Accesses Task Queue for X03s:
  - Inputs Dates of Service in MHC
  - Triggers Approval/Denial Letters in MHC for Applicants

Revised December 17, 2020

1

Attachment 4

Job Aid: Interface Modifications in <u>Maryland Health Connection</u> for Emergency Medical Services

This job aid addresses user interface modifications to the Maryland Health Connection Worker Portal application for implementation of Emergency Medical Services (EMS).

Emergency Medical Services

Medicaid coverage for emergency medical services only, including labor and delivery, is provided to undocumented or unqualified immigrants who are technically and financially eligible for Medicaid except for citizenship and immigration status. Individuals who are not disabled or over age 65 who are technically and financially eligible for Medicaid based on Modified Adjusted Gross Income (MAGI) in A, F, or P coverage groups may be eligible for coverage of emergency medical services in Maryland Health Connection under the X03 coverage group beginning November 1, 2020. Please refer to the Action Transmittal (AT-?) for complete information about EMS policies and procedures.

Workers in Local Health Departments and Department of Social Services may apply for applicants in Maryland Health Connection Worker Portal for one of three types of EMS based on the services that they need coverage for:

X03 Coverage Group	Coverage Type
Emergency medical services within the last six months.	C
Labor and delivery services for pregnant women (both past deliveries up to six months in past and future deliveries)	L
Medical treatment for ESRD (End Stage Renal Disease)	Y

As eligibility for Medicaid coverage of emergency medical services is also determined based on a professional review of medical records except for pregnant women applying for labor and delivery services, workers in the Eligibility Determination Division of MDH will update EMS applications in the Worker Portal with the medical review information through a change report and will complete a new work item to render a final eligibility determination.

In most cases, applications for EMS are for services that have already been provided. However, pregnant women who are undocumented or unqualified and applying for EMS for labor and delivery services may apply early in their pregnancies. In that case, their eligibility span will go from the first of the month of application to the end of the month in which their expected date of delivery falls. Additionally, individuals eligible for EMS for dialysis services will receive a one-year eligibility span.

User Interface Modifications

Consumer Portal

The Consumer Portal will not have the option to apply for Emergency Medical Services. If a consumer is denied eligibility for regular Medicaid coverage due to Citizenship, lawful

presence or five-year bar, the system will display the following message in the eligibility results page.

> Individual has not met the qualified alien status for 5 years (42 CFR 435.406(a)(2)(i). If you are not eligible for Medicaid due to your immigration status, you may still qualify for coverage of **emergency medical services**, including labor and delivery. To apply for Emergency Medicaid if you are pregnant or have had an emergency, go to your local health department or Department of Social Services office.

Worker Portal

Application Information Screen

The Worker Portal 'Application Information' screen is modified to include the option to apply for Emergency Medical Services (EMS). The worker will have the option to choose X03 coverage by selecting the option 'Yes' for the question **'Is anyone in this household applying for X03 Coverage?'.** When the X03 option is selected, the Health and Dental selections will be set to 'No' even if the option 'Yes' was selected already.

If the worker selects the option to apply for health or dental coverage for a consumer, the system will change the X03 coverage selection to 'No.'

Channel: Workers should select the "Online" channel for X03 applications, even if they are inputting data from a paper application.

Application Filing Date: The application filing date should be the date that the X03 paper application or phone call (if the applicant is applying over the phone during the COVID Public Health Emergency) was received.

Figure 1: Worker Portal Application Information page with X03 option

Note: Initial applications for EMS/X03 should not be created by workers in MDH's Eligibility Determination Division who have the EDD-Medical Review role, otherwise, the Medical Review work item will not be created.

Household Members Screen

On the 'Household Members Screen', the worker can add all the household members in this screen, however, if anyone is applying for EMS/X03 **they may only select 'Yes' for 'Needs Coverage' question for one of the added household members**. If the worker selects option 'Yes' for more than one household member, the system will display the error message 'More than one household member cannot apply for X03 coverage.' If more than one member of the household also wants to apply for EMS or for Medicaid MCHP, or a QHP, another application must be created.

The SSN field will be an optional field for X03 applications. Consumers do not have to provide a reason for not having an SSN in the application.

Figure 2: Worker Portal Household members page with error message

Although there are no changes to the Contact Information screen, it is important to note that **workers should select the "I would like to receive paper notices" option to have notices mailed, as X03 applicants will not be able to access notices in the Consumer Portal.**

Figure 3: Contact Information screen

After the worker completes adding the household members and selects the relationships, the system will then navigate to the new 'X03 Coverage Information' screen.

The' X03 Coverage Information' screen will then display three types of X03 coverage that the worker can select for a consumer. The worker can select only one of the three displayed options.

Figure 3: New 'X03 Coverage Information' screen in the worker portal

Note: References to "6 months" refer to a time limit that will be implemented by MDH in a future release. As of 2/17/2021, this functionality is not in place in MHC, so X03 applications may be entered for services received up to 18 months in the past.

After the worker saves the type of X03 coverage, he/she will complete the rest of the information in the application.

Eligibility Determination Screen

Once the worker completes the application questions, the system will determine the technical and financial eligibility of the applicant for EMS based on the attested information and display the results on the 'Eligibility Determination" screen. The results are only for the applicant who is applying for EMS on the application and are only for EMS. (Eligibility results for Medicaid or QHPs are not displayed for EMS applications). The Eligibility Status may be eligible, ineligible or pending.

Eligible Status

If the individual is technically and financially eligible for EMS, has no VCLs and is not applying for an X03 type that requires a medical review, the "Status" for X03- Emergency Medical Services is "Eligible." The only X03 type that does not require a medical review, and who may be "Eligible" on this screen, are pregnant women applying for labor and delivery services (X03L).

Pregnant Women Requesting Labor and Delivery (X03L)

The eligibility span for pregnant women requesting EMS for labor and delivery services (X03Ls) is from the first of the month of application to the last day of the month in which they are expected to deliver. Medicaid only pays for procedure codes for labor and delivery, however, within this span.

Note: MDH has requested a modification to the HBX functionality to enable coverage for pregnant X03s - whose expected due date falls in the **last 5 days of the month** - to close at the end of the following month, so those who may deliver after their expected due date do not close prior to delivery. The modification will be effective in April 2021.

Figure 5: Eligibility Determination Screen for an Eligible X03L

The worker should select the checkbox under the "Select" column for X03 - Emergency Medical Services and click "Proceed to enroll."

Pending Status

Individuals who are applying for 'Medical treatment for ESRD (End Stage Renal Disease' (X03Y) or for 'Emergency Medical Services within the last six months (X03C), for whom a medical review is necessary before final eligibility for EMS can be determined, will always be "pending due to medical review" until the Eligibility Determination Division of MDH receives and enters the medical review information and clears the Medical Review work item.

If the system cannot verify income, a monthly income VCL will be created in a not verified status and the individual will be pending until he/she provides a verification and the work item is processed.

The eligibility determination for individuals whose eligibility is in a pending status due to the income VCL and medical review will read as shown on the screen below:

Figure 6: Eligibility Determination screen with Pending status due to medical review and VCL

Medical Assistance ID (MAID#)

When the X03 application is submitted, HBX will check the 270/271 Eligibility file for an MAID# for the consumer.
- If an existing MAID# for the consumer is located on the 270/271 file, it will automatically display in the Application History under "Household Member Information" after the application is submitted.
- **If the 270/271 file cannot locate an existing MAID# for the consumer, the MAID# will be assigned by the IDB (Interim Database). In this case, the MAID# will not automatically display in the consumer's Application History and it may take several days for the IDB to assign it and for HBX to reflect it on the Application History screen. Additionally, the eligibility notice (2301) will be held until HBX receives the MAID#.**

VCL or Work Item Modifications

- Citizenship, immigration, Social Security, 5-year bar and public MEC VCLs are marked not applicable for X03 applications.
- Monthly income VCL will be created in not verified status.
- A new work pool 'X03-Medical Review-EDD' will be created and Work Items created for Medical Review will be assigned to this Work pool for MDH EDD team when an X03-Emergency or ESRD application is submitted the consumer is eligible based on the financial eligibility.
- A new 'X03-MedicalReview-EDD role will be created as an Add-On role. Requestors have to add workers to this role to be able to access the work item and the additional fields.

Notices

A new series of notices for X03s was created in MHC. The notices will be only for individuals applying for Emergency Medical Services. They are available in English and Spanish. (The notices will not display eligibility results for full Medicaid, MCHP or QHP or eligibility for other household members).

MHC will generate and mail consumers' X03 notices to the consumer. Previously, Administrative Service staff mailed notices from MDH.

Note: As mentioned above, workers should select the "I would like to receive paper notices" option on the Contact Information screen to have notices mailed, as X03 applicants will not be able to access notices in the Consumer Portal.

The new notices are as follows:

AH-2301 - X03 Final Eligibility Determination
AH-2305 - X03 ESRD Reminder to Reapply
AH-2408 - X03 Cancellation
AH-2335 - X03 Override

Pending cases

The 1302 Additional Verification Required notice will be sent for X03 applicants with outstanding verifications. As most EMS applicants will have an income VCL, this will be the first notice that they receive. **Once the consumer provides the documentation for their VCL, the final eligibility determination notice (2301) will be sent.** (As of 12/1/20, there is a known defect in which the 2301 final eligibility determination notice is being sent to consumers who are pending. The notice also does not include an MAID#. This issue has been reported to MHBE to be fixed).

MAID#

There is a Medical Assistance ID field on the Eligibility Determination (2301) and Override (2335) notices where the MAID# will display.

As noted in the Eligibility Determination section above, HBX will check for an existing MAID# on the 270/271 file. If an MAID# is found, it will be available on the Application History screen in the Household Members Information section and will display on eligibility determination notice when it is sent.
If an MAID# is not found on the 270/271 eligibility file, it will be assigned by the IDB, which may take several days. During this time, the eligibility notice will be held by HBX. Once the MAID# has been assigned by the IDB, the eligibility notice with the MAID# will be sent. *(As of 12/1/20, there is a defect in which the MAID# is not displaying on some notices. This has been reported to MHBE to be corrected).*

See the Appendix at the end of this Job Aid for sample notices.

Medical Review

X03 Medical Review Work Item and Work Pool

Once the worker submits the application, an 'X03-Medical Review' work item will be created in the new 'X03-Medical Review-EDD' work pool in the 'Unassigned' status for applications that have an X03 coverage type as ESRD or Emergency and the enrollment is in pending status.

A new 'X03-MedicalReview-EDD' role has been created as an Add-On role. Workers with this role will be able to access the work item and the additional medical review information fields on the 'X03 Coverage Information' screen of the application. **This role is only for approved workers in the MDH Eligibility Determination Division (EDD)**.

Coverage Information Screen - Additional Medical Review Questions

Only workers in the Eligibility Determination Division of MDH who are assigned the 'X03-MedicalReview-EDD' role can access and update the additional medical review questions to process medical eligibility. Other workers without this role cannot view and complete the questions.

The X03 Coverage Information screen displays the following questions only to the workers connected to the EDD security profile. The following medical review questions are only displayed if the X03 type that was selected in the application was Medical treatment for ESRD (End Stage Renal Disease) (X03Y) or Emergency medical services within the last six months (X03C).
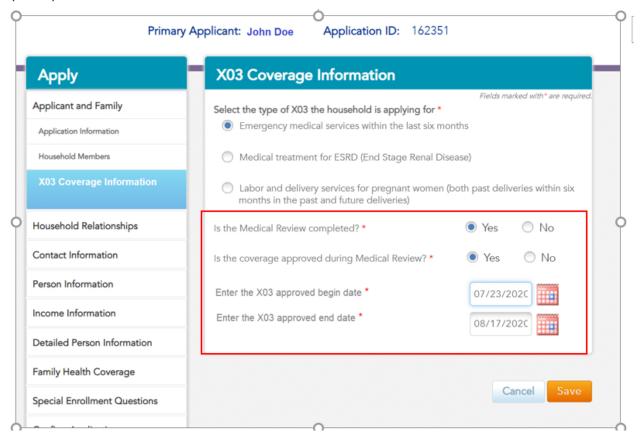

Figure 7: X03 coverage Medical review status response and coverage dates selection

'Is the Medical Review completed?'

9

The EDD worker will have an option to select 'Yes' or 'No' for the Medical Review completion.

(The EDD Worker may select option 'No' for the Medical Review question and click the 'Save' button to save the response and proceed further in the application. If the Worker clicks 'Cancel', none of the selections will be saved in the current screen.

If the EDD worker selects 'Yes' for the Medical Review question, the system will then display the following question:

'Is the coverage approved during Medical Review?'

If the eligibility is denied by the utilization control agent during Medical Review, the EDD worker shall select option 'No' for the Medical Review approval question and click the 'Save' button to save the response and proceed further in the application. When the application is submitted, the eligibility for X03 coverage will be denied due to rejection during the Medical Review. The following denial reason will display:

For X03Y:
 "Your application for Emergency Medical Services has been denied because the Medicaid Utilization Control Agent has determined that outpatient dialysis services are not medically necessary for you."
For X03C:
"Your application for Emergency Medical Services has been denied because the Medicaid Utilization Control Agent has determined that the services you received were not for treatment of an emergency condition."

If the worker selects 'Yes' for the Medical Review question, the system will then display the X03 approved begin date and end date fields. The EDD worker has to select the X03 approved begin and end dates based on the Medical Review. The consumer's Emergency Medicaid coverage will be the first of the month in which the X03 begin date is selected by the EDD worker and the eligibility end date will be the end of the month of the X03 end date selected by the worker.

Enter the X03 Approved Begin Date

Enter the X03 Approved End Date

Override EMS Screen
A new override screen is developed for overriding X03 application coverage dates. It will be similar to a health override page but only with X03 program. Only workers with the "Advanced Eligibility Override" worker role will be able to utilize this screen.
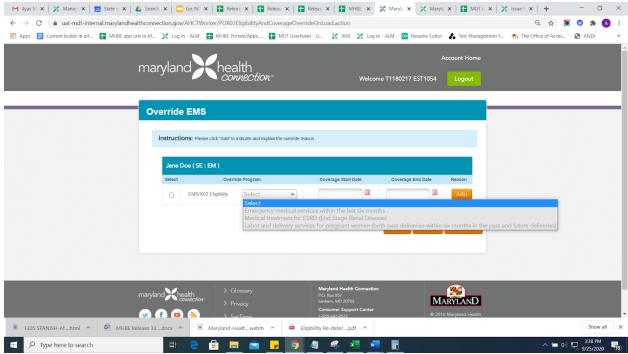
Figure 8: Override EMS Screen

Updates to Job Aid

12/4/20 - MAID# info added under Eligibility Determination and Notice sections

2/17/20 - Updates to Worker Portal Application Information Screen. Figure 1 updated to show "Online" channel selected. Application Filing Date explained.

2/17/20 - Pregnant Women Requesting Labor and Delivery Services (X03L). Section updated with effective date of the modification to provide an extra month of eligibility if the expected delivery date falls in the last 5 days of the month.

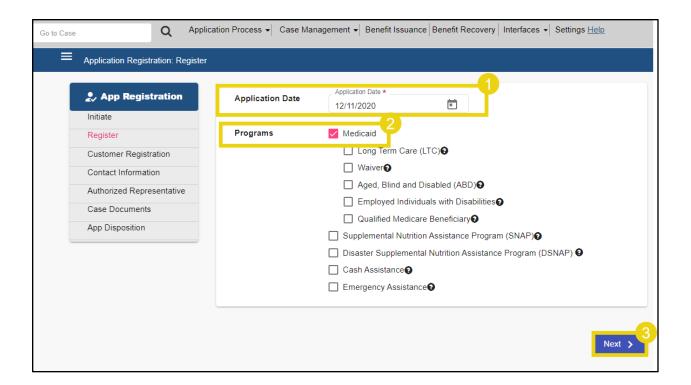|	
thInk E&E Eligibility & Enrollment System	**How to Guide: Process a Case for Undocumented** **Immigrant Applicant**

Note: This How-to-Guide assumes that the customer is requesting Emergency Medical Assistance (X02) as an undocumented immigrant without a social security number. A customer is eligible once the reported medical emergency has been approved by the Utilization Control Agency (UCA) via Telligen. You must complete and submit the 401 Form to Telligen to initiate the medical review with the medical provider.

Prior to confirming benefits, you can run eligibility to preview eligibility results. After you receive an Telligen decision, you must update the X02 Individual Programs screen. Once approved, you should complete the Eligibility Determination process to confirm the benefit.

Application Registration

1. During the Application Registration process, on the **Register** screen, *select* the **Application Date (1)** and **Medicaid Program (2)** checkbox. Once complete, *click* the **Next (3)** button and complete the customer details listed on the application.
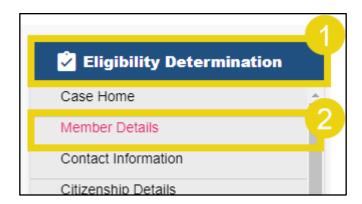
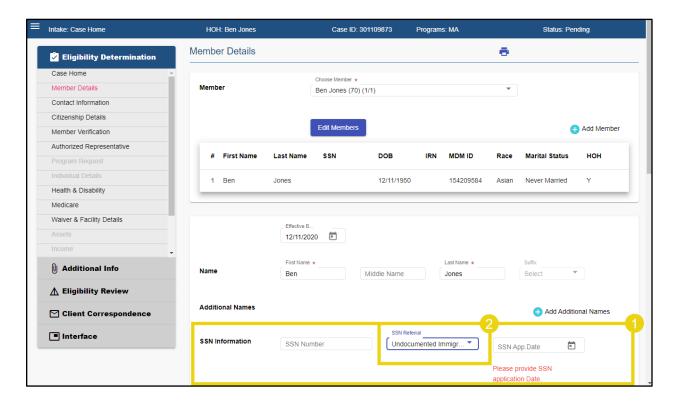## Eligibility Determination

1. On the **Go to Case** window, *enter* the **Case ID (1)** and *click* the **Magnifying Glass (2)** icon.

2. From the **Case Home** screen, *click* the **Eligibility Determination (1)** tab and then *click* the **Member Details (2)** subtab.
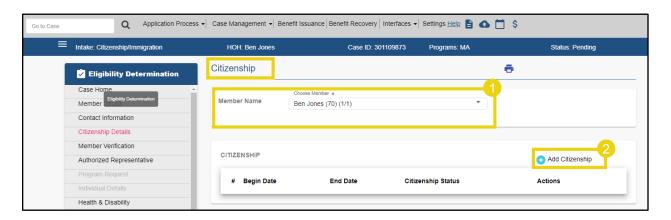
3. On the **Member Details** screen, in the **SSN Information (1)** section, *select* the SSN referral status **"Undocumented Immigrant" (2)** from the dropdown menu.
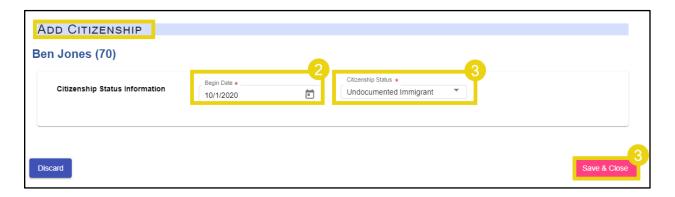
4. Go to the **Citizenship Details** screen. *Click* the **Eligibility Determination (1)** tab and then *click* the **Citizenship Details (2)** subtab.
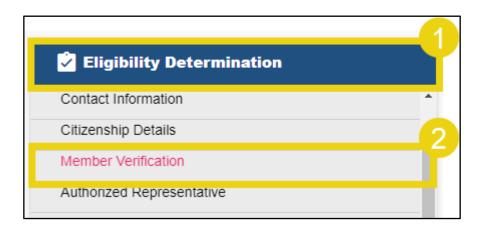

5. On the **Citizenship Details** screen, *select* the **Member Name (1)** and *click* the **(+) Add Citizenship** details **(2)** button.
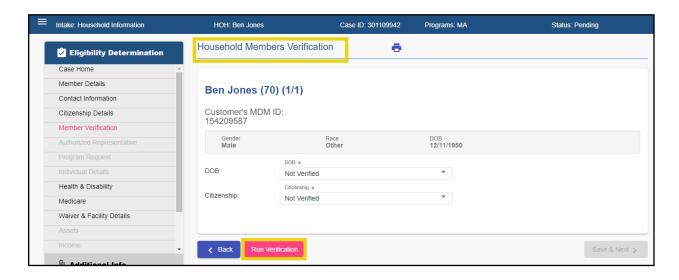
6. On the **Add Citizenship** screen, *select* the **Begin Date (2)** and C**itizenship Status (3)** as **"Undocumented Immigrant" (1)** from the dropdown menu. Once complete, *click* the **Save & Close (3)** button.
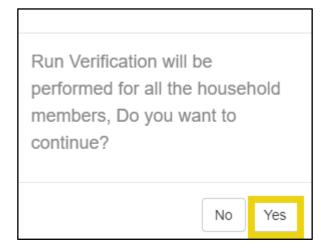

7. Go to the **Household Members Verification** screen. *Click* the **Eligibility Determination (1)** tab then, *click* the **Member Verification (2)** subtab.
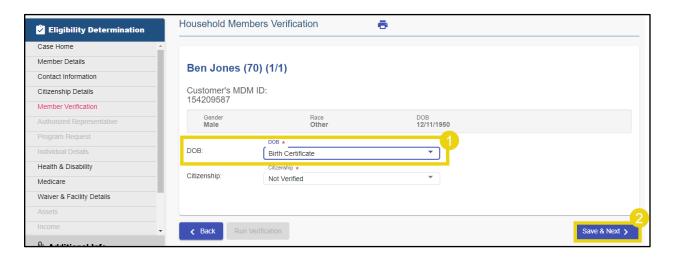
8. On the **Household Members Verification** screen, *click* the **Run Verification** button.

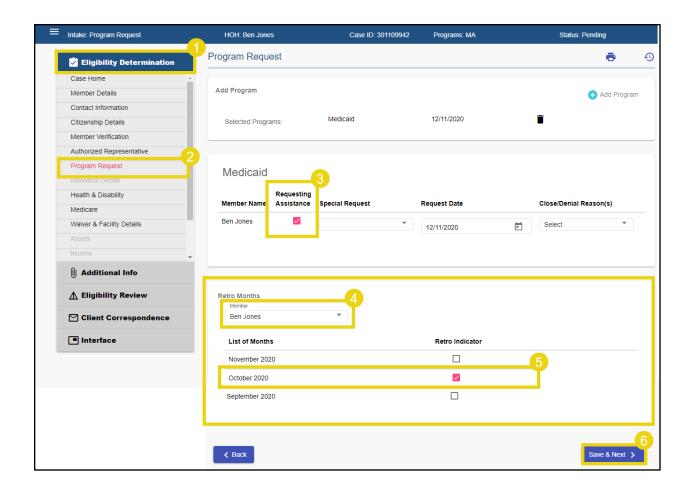9. You will be prompted to Run Verification; *click* the **Yes** button.

10. You will be redirected to the **Household Members Verification** screen. *Verify* the customer's **DOB (1)** and *click* the **Save & Next (2)** button. You will not need to verify citizenship.

11. Go to the **Program Request** screen. *Click* the **Eligibility Determination (1)** tab, then *click* the **Program Request (2)** subtab. On the **Program Request** screen, *verify* that the **Medicaid Requesting Assistance (3)** checkbox is selected.
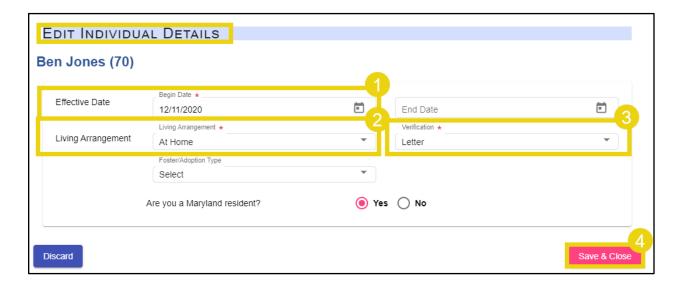
If a customer is requesting benefits after the month of the service delivery, you will need to indicate **Retro Months** coverage if requested. *Select* the **member (4)** and **retroactive month(s) (5)**. You can request benefits for up to three months prior to the application date. Once complete, *click* the **Save & Next (6)** button.
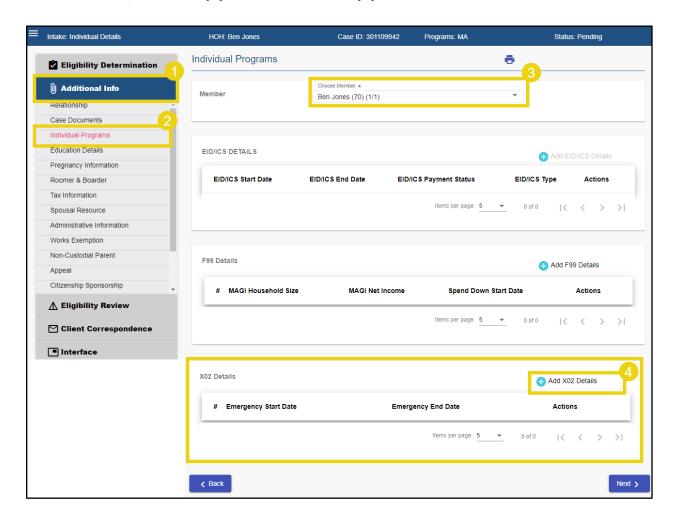
12. Go to the **Individual Details** screen. *Click* the **Eligibility Determination (1)** tab then, *click* the **Individual Programs (2)** subtab. On the **Individual Details** screen, *select* the **Member (3)** from the dropdown menu. In the **Living Arrangements** section, *click* the **(+) Add Living Arrangement (4)** button.

13. On the **Add Individual Details** screen, *select* the **Begin Date (1), Living Arrangement (2)** and **Verification (3)**. The Living Arrangement begin date must include the date the emergency service was received. Once complete, *click* the **Save & Close (4)** button.

14. Go to the **Individual Program** screen. *Click* the **Additional Info (1)** tab then *click* the **Individual Programs (2)** subtab. On the **Individual Programs** screen, *select* the **Member (3)** from the dropdown menu. In the **X02 Details** section, *click* the **(+) Add X02 Details (4)** button.
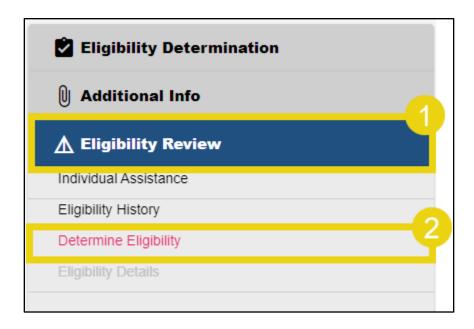
15. On the **Add X02 Details** screen, *select* the **Emergency Begin (1)** and **End dates (2)** checkbox.
    Only once the Telligen approval decision is received, select the **"Is a Medical Emergency Approved by the Utilization Control Agent" (3)** checkbox. Once complete, *click* the **Save & Close (4)** button.
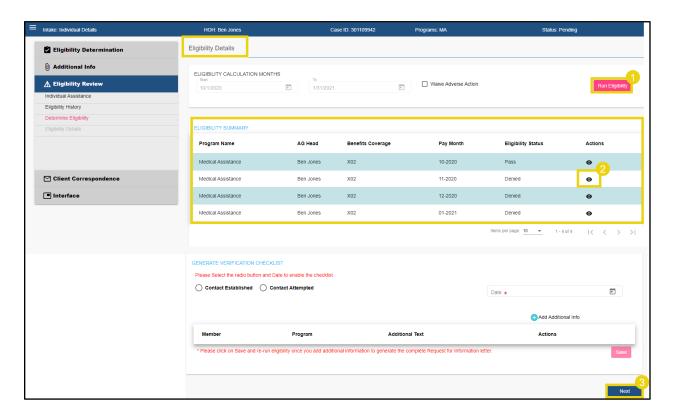

16. *Go to* the **Determine Eligibility** page. *Click* the **Eligibility Review (1)** tab on the **Left-Hand Navigation Menu** then, *click* the **Determine Eligibility (2)** subtab.
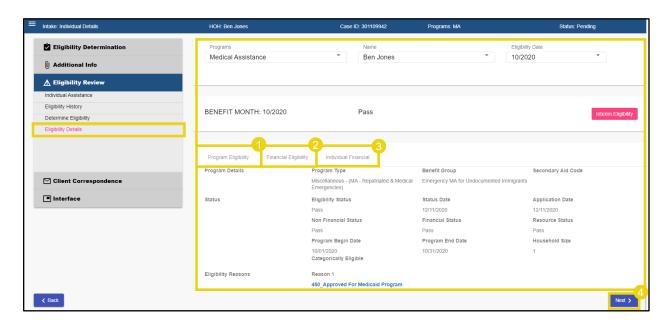
17. You will be directed to the **Eligibility Details** screen. *Click* the **Run Eligibility (1)** button. The screen will refresh and display the **Eligibility Summary** section. A successful **Medical Assistance** application will display the eligibility status as "Pass." *Click* the **Action (2)** icon for a specific month or the **Next (3)** button to proceed.
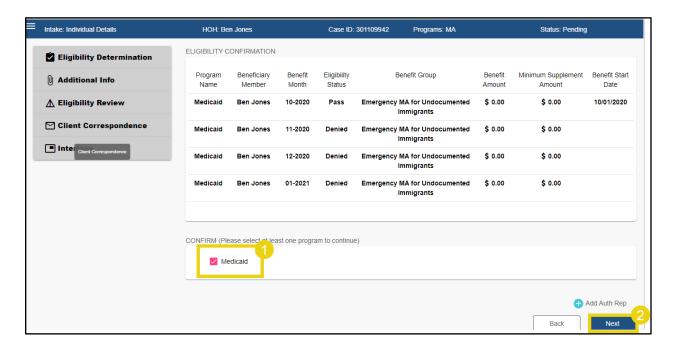
Note: Based on the emergency dates selected on the X02 Details screen, benefits will only pass for the requested months.

18. On the **Eligibility Details** screen, *review* the **Program** details including **Program Eligibility (1)**, **Financial Eligibility (2)** and **Individual Finance (3)** details. Once complete, *click* the **Next (4)** button to continue.

19. On the **Eligibility Confirmation** screen, *select* the **Medicaid (1)** program checkbox and *click* the **Next (2)** button to continue.

20.You will be prompted to confirm benefits. *Click* the **Yes** button

21. On the **Add/View Case Narrative** screen, *select* the **Member (1)** and *enter* the **Title (2)** and **Narrative (3)**. Once complete, *click* the **Save (4)** button.