DEPARTMENT OF HUMAN RESOURCES  
INCOME MAINTENANCE ADMINISTRATION  
311 W. Saratoga Street  
Baltimore, Maryland 21201  

IMA ACTION TRANSMITTAL  

EFFECTIVE DATE: IMMEDIATELY  

ISSUANCE DATE: June 1, 1996  

CONTROL NUMBER: IMA OPA #96-38  

TO:  DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
     DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE  
     INCOME MAINTENANCE SUPERVISORS ELIGIBILITY STAFF  

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR  
     INCOME MAINTENANCE ADMINISTRATION  

RE: Department of Health and Mental Hygiene Forms 206N and 216  

PROGRAMS AFFECTED: Medical Assistance  

ORIGINATING OFFICE: Office of Policy Administration  

BACKGROUND  

The Maryland Medicaid Management Information System (MMIS-II) is designed primarily for electronic interfaces with the CARES system. As a result, transactions from Non-CARES jurisdictions, which require manual data entry on the MMIS-II system, can become extremely cumbersome and time consuming if all pertinent eligibility data for a recipient is not received by the Department of Health and Mental Hygiene (DHMH) simultaneously. Specifically, this is in regard to the DHMH Forms 206N and 216.  

ACTION REQUIRED  

As per IMA Action Transmittal OPA #90-75 (Issued 6/7/90), Non-CARES jurisdictions are instructed to attach the 206N form (See attached example) to the 8000 document when beginning eligibility. This will allow both sets of data to arrive simultaneously at DHMH. This will enable DHMH to enter data more efficiently. It will also help avoid the possible delay or rejection of legitimate Long Term Care claims.  

Non-CARES jurisdictions are also instructed to attach the DHMH 216 form (See attached example) to the 8000 document for all cases under spenddown based on an inpatient hospital bill. One copy of the 216 form is marked "DHMH", and this copy shall be submitted with the 8000. Hospitals will continue to receive one copy of the 216 form for their files. They will not be required to attach a copy when submitting their claims. DHMH will notify hospital providers of this change.  

The DHR/IMA 81, Administrative Error Letter need only be submitted with a provider's claim, and need not be submitted to DHMH with an 8000, 206N, or 216. If there are any questions or comments please direct them to Paul Scholz at 767-5378 from DHMH or Rufus McCrea at 767-7748, DHR Central.  

cc: Ned Wollman  
    Jonh Stewart  
    Christine Gerhardt  
    IMA Management Staff  
    DHR Executive Staff  
    Arnold Dixon
Long-Term Care Transaction Form

TO: DHMH/Medical Care Operations
201 West Preston Street, SS 18
Baltimore, Maryland 21201

□ Nursing Home Section □ Chronic Care Section

For LDSS Use Only
Control No. ______________________

FROM: ___________________________
Local Department of Social Services

Name of Recipient ____________________________
First Name ____________________________ M.I. ____________________________ Last Name ____________________________

Name of Facility ____________________________
Address ____________________________
Number/Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Maryland Medicaid No. ____________________________

Action Needed: Effective Date Available Income
□ Begin Co-pay ____________________________ Mo/Day/Yr ____________________________ $ ____________________________
□ Begin Payment ____________________________ $ ____________________________
□ Cancel Payment ____________________________ $ ____________________________
□ Change in Income ____________________________ $ ____________________________
□ Change in Income ____________________________ $ ____________________________

Type of Care: □ Skilled □ Intermediate □ Chronic □ Under 21 psych.

SOC. Sec. Claim No. ____________________________ Gross SOC. Sec. Payment $ ____________________________

Workers Signature ____________________________ Date ____________________________
DHMH 206N (Rev. 4/90) MCOA Telephone Number ____________________________
YOU ARE MAKING FOUR COPIES
BEAR DOWN HARD - USE BALL POINT PEN

MEDICAL ASSISTANCE PROGRAM

REPORT OF PATIENT RESOURCES
GENERAL HOSPITALS ONLY

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<th>Name of General Hospital</th>
<th>Street/RFD Address</th>
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The amount of the patient’s responsibility and/or the amount of insurance should be reported as a collection to the Health Department by the hospital.

The above named patient is eligible under the Medical Assistance Program for State payment towards the cost of hospital care subject to the following:

- [ ] No Available Income
- [ ] Total Income Over Scale for 6-Mo. Period

$ TOTAL AMOUNT DUE TO THE HOSPITAL FROM THE PATIENT.

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<th>PATIENT’S Last NAME</th>
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BEGIN DATE 19 TO EXPIRATION DATE 19

Local Dept. of Social Services

DESS/SSA 216 Rev. March 1972

COPY 1 STATE HEALTH DEPARTMENT