



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

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Effective Date: Upon Receipt

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TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA
JOSEPH MILLSTONE, DIRECTOR, MCPA/DHMH *Jmm/rlw*

RE: CANCELLATION OF MEDICAID DURING SIX-MONTH GUARANTEE
PERIOD DUE TO DEATH OR OUT-OF-STATE RESIDENCY

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ADMINISTRATIVE SERVICES &
CONTINUOUS IMPROVEMENT

SUMMARY:

This Action Transmittal clarifies the CARES procedure to close Medical Assistance on MMIS when a customer dies or moves out of state.

Maryland's new Medicaid managed care program, HealthChoice, was implemented on June 2, 1997. Under the new managed care program, most of Maryland's Medical Assistance recipients are required to enroll in a managed care organization (MCO) which is responsible for ensuring that all their health care needs are met. One of the provisions of the HealthChoice program is that the enrollee is guaranteed a six-month period of eligibility irrespective of any changes, except when the individual moves out of state or dies.

Under COMAR 10.09.63.01C and COMAR 10.09.24.11C(4), a recipient eligible for HealthChoice is guaranteed Medicaid eligibility for a period of six months from the initial effective date of each Medicaid eligibility period in any category (after a lapse of at least 30 days). The exceptions are pregnant women in the Pregnant Women and Children (PWC) program who are guaranteed eligibility for the duration of the pregnancy and two-months postpartum, and individuals with private health insurance and those who obtain health insurance through another source.

MMIS II was revised to allow Medical Assistance recipients entitled to the six-month guarantee eligibility provision, to remain eligible through the guarantee period when eligibility is ended by

the local department before a full six months. A guarantee indicator, "G." was added to the "MMIS Eligibility Display Screen 1" and is found at the far right of the screen, next to the last transaction field (LST-TRAN). The eligibility span for a "G" transaction will equal the number of months eligibility has been extended beyond the end date of the immediately preceding span. The period between the begin date of the span preceding the extended period and the end date of the extended ("G") period will equal the six-months guaranteed eligibility.

ACTION REQUIRED:

Use the correct closure codes to prevent the guaranteed six-month eligibility period **under the following circumstances:**

Recipient Moved Out of State - Code 210, Failed Residency Requirement

When the local department has been notified and verification has been received that a recipient has moved out of state, use code 210 to override the guaranteed six-month eligibility. To close the case, the case manager enters "N" on the Client Demographic 1 Screen (DEM1) under Maryland Residency ("MD Res"). This will produce the appropriate closure code. (See attached screen print.)

Recipient Died – Code 244, Members Listed Died

When the local department receives verification of a recipient's death, the case manager enters the month, day, year and state where the death occurred on the DEM2 Screen. Enter this information in the ongoing month to produce the appropriate closure code and to close the AU on the date of death.

Case managers should document all case actions in the case narrative. There are no other closing reasons that should cause a recipient to lose entitlement to the six-month guarantee.

ACTION DUE DATE:

Upon receipt.

ACTION REQUIRED OF:

All Local Departments of Social Services.

Direct policy inquiries to Patricia Liggins, Policy Specialist, DHMH Division of Eligibility Services at (410) 767-1463.

cc:	FIA Management Staff	Constituent Services
	DHR Executive Staff	CTF
	DHMH Executive Staff	Help Desk

TRIALELIG
 Month 03 98
 Client Name

CLIENT DEMOGRAPHIC 1 - DEM1
 RAZ03F 01 08 98

DEM1 01

CL ID

Statewide FIP Group
 Notification Date
 SSN SSN APPL SSN1 V More DOB V Sex Race
 Name Referral Date SSNs (MM DD YYYY)
 Y FV 12 30 1909 OT F C
 ----- Place of Birth ----- MD Mar Living V Dest Boarder Amt Paid
 (Res Stat Arrgmt Migrant Num Meals for Meal
 City St N M IC CC
 Hospital
 Concurrent Depriv V ----- Pregnant ----- Prenatal V
 Out of State Due Date V Unborn Num V Care
 CA FS MA Eligible Expect
 N N N
 Message

15-lett

20-CRS

23-alau

TRIALELIG
 Month 03 98

NON-FINANCIAL ELIGIBILITY RESULTS - ELIG
 CONV** 12 02 96

ELIG A
 01

AU ID Confirm Prog MA Prog Type A Med Cvrgr Grp L98

AU	AU Status	AU Stat	Appl	Begin	Pd Thru	---Penalty---	
at	Reasons	Date	Date	Date	Date	Type	End Date
245		021198	120192	120192	022898		

First Name	Last Name	Rel	V	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	State Only	Penalty MA T Date
		SE	OT	RE	C 021198	210	120192	120192	022898		

Message