	Family Investment Administration ACTION TRANSMITTAL
DHS MARYLAND DEPARTMENT OF HUMAN SERVICES **Department of Human Services** **311 West Saratoga Street** **Baltimore MD 21201**	
Control Number: # 21-13	**Effective Date: November 9, 2020**
Obsoletes AT # 12-11	**Issuance Date: November 2, 2020**

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

SUMMARY

This 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 9, 2020, a new application
form is available for undocumented or unqualified aliens. Those who are under age 65 (MAGI)
need to be entered 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, case managers will continue to process EMS applications for individuals 65 years old and
older (Non-MAGI) in CARES in the existing coverage group X02. All previous X02
applications filed before November 9, 2020, will continue to be processed by the case
manager and office in which they originated; the X03 category is effective for applications filed
on and after November 9, 2020.

Acute hospitals, freestanding dialysis providers, intermediaries or contractors who assist with the application process for X02 Medical Assistance will be affected. Effective November 9, 2020, the providers will ask the patient to fill out an Application for EMS. (See Attachment.2) The Local Departments of Social Services (LDSS) and Local Health Departments (LHD) 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 freestanding dialysis providers seeking reimbursement for emergency services must retain medical records and other pertinent documents and submit them directly to the State's Utilization Control Agent, Telligen, using a secured portal.

ACTION REQUIRED

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

- ■ Section 1 Patient Information
- ■ Section 2 Service Provider Information

The provider can 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 or the Eligibility & Enrollment system, <u>although any previous form of paper application must still be honored as a valid application</u>.

The hospital/ provider/ or third-party contractor should retain a copy of the 401 Form for their records and provide the form to the applicant or designated facility caseworker for submission to the appropriate **LDSS** if 65 years of age or older or the **LDSS** or **LHDs** for all applicants under age 65.

Note: Although a new application has been developed just for Emergency Medical Services, existing applications can still be accepted for EMS. During the Public Health Emergency for COVID-19, it is allowable to receive applications by telephone from the applicant or an authorized representative. Please follow all the guidelines in **Updated OES SOP 20-02 Interim Emergency Procedures for Using Telephone Contact for Medicaid Case Actions** (updated May 11, 2020).

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

NEW PROCESS AS OF 11/9/2020	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 November 16, 2020)	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 until the Eligibility & Enrollment (E&E) is phased in by counties (beginning in November 2020) for individuals 65 years old or older. The coverage group is X02
- Use Maryland Health Connection (MHC) for individuals under 65 years old. The coverage group is X03.

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 or E&E (for X02). For MHC (for X03), retain the application and 401 form until it can be uploaded into MHC as of the end of March 2021.
- Email or fax the OES 401 form to the hospital/provider listed in Section 2 of the form.
- 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 approve the application until the Telligen approval letter has been received for the medical review.
- Once the medical review approval decision is received 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 - process the application (X02s) 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 Sections 3 & 4 and return the OES 401 form to the hospital/provider for their records.
- 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.

Local Health Departments (LHDs)
The Local Health Departments (LHDs) receives 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-MjnQTlmrs/edit?usp=sharing

If the X03 meets technical and financial eligibility, 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,
- Retain the EMS Application and 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.

If the X02/X03 applicant **_does not_** meet technical or financial eligibility requirements, complete Sections 3 & 4, and return the OES 401 form to the hospital/provider for their records.

Note: The participant X02/X03 is _not_ responsible for providing supporting medical documentation to the LDSS/LHD. 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.

Provider
Providers must fill out Sections 1 and 2 of the 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 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 Qualitrac 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 9, 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

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. 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 logs into Qualitrac 3.0 to retrieve the Task Queue report of medical review decisions that Telligen has determined for X02 cases. The administrative staff takes the following actions for X02 applications:

- Check CARES or the 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 if the individual has had a previous X02 or X03 application,
    - 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**

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

Attachment 1 OES 401 Form (Revised 11/1/2020)

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 Telephone #: _____ Provider Email: _____

Provider Fax: _____

Caseworker:
- **Complete SECTION 3 and SECTION 4,**
- **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

Case Number: _____

Date of MA Application: _____

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 November 1, 2020

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.

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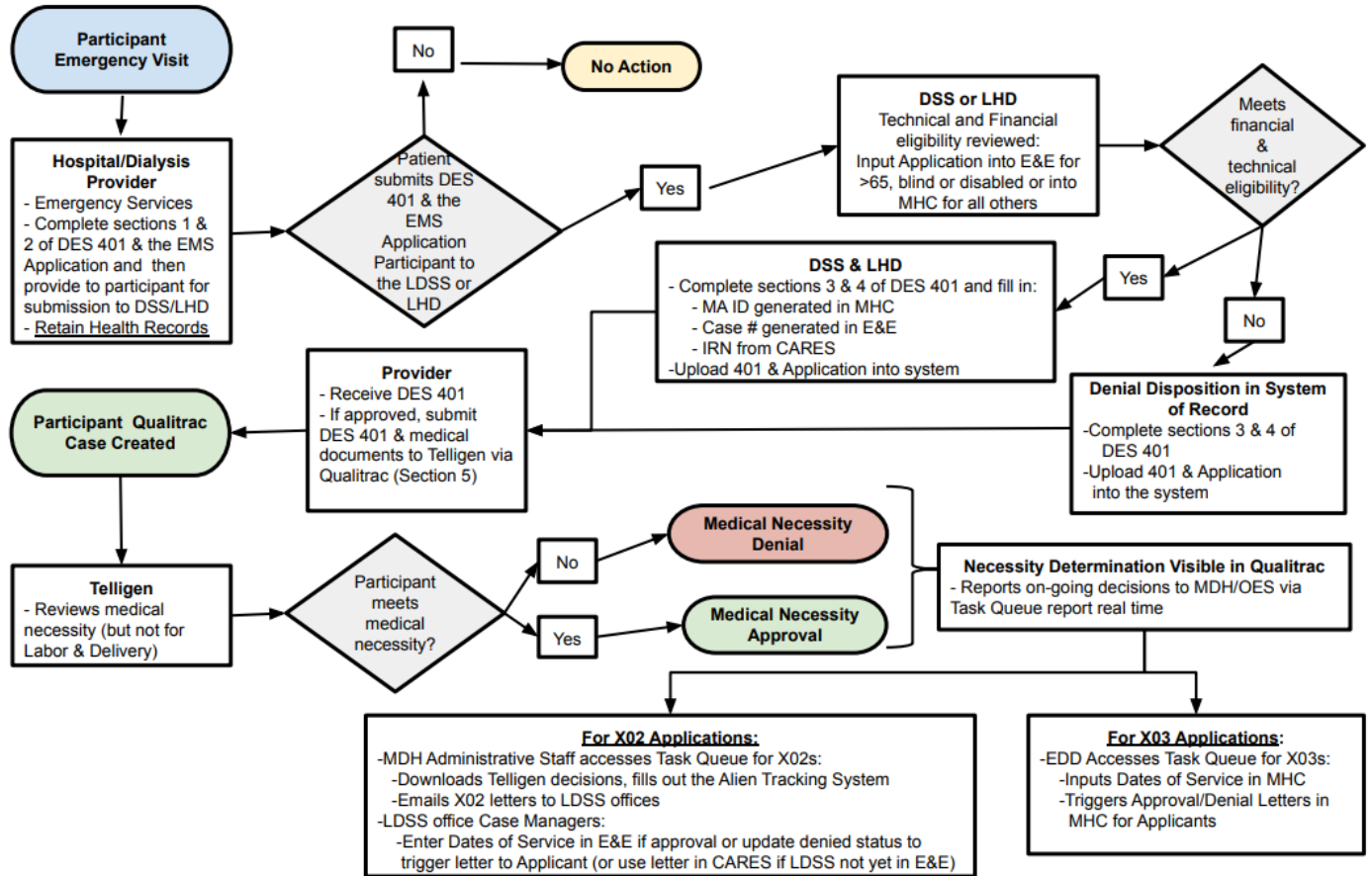Applicant's Signature   Date (mm/dd/yyyy)

- 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 DES 401 & the EMS Application and then provide to participant for submission to DSS/LHD
- Retain Health Records

Patient submits DES 401 & the 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
- No

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

Denial Disposition in System of Record
- Complete sections 3 & 4 of DES 401
- Upload 401 & Application into the system

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

Participant Qualitrac Case Created

Telligen
- Reviews medical necessity (but not for Labor & Delivery)

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

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

Attachment 4 Maryland Health Connection Job Aid

Job Aid: Interface Modifications in Maryland Health Connection 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 9, 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. Only 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.'

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

Contact Information screen

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.**

Contact Information › Primary Applicant Home Address

Fields marked with * are required.

Primary Applicant Home Address

If you are a migrant worker, use the Maryland address where you are currently staying for both your home and mailing address.

☐ No Home Address

Address Line 1: *

Address Line 2:

Address Line 1 and Address Line 2 may include only the following characters: A-Z, 0-9, space, hyphen (-), apostrophe ('), comma, slash (/), pound (#), or period.

City: *

State: *   MD ▼

ZIP Code: *

County:*

Mailing Address

☐ Check here if your mailing address is the same as your physical address

Address Line 1: *

Address Line 2:

Address Line 1 and Address Line 2 may include only the following characters: A-Z, 0-9, space, hyphen (-), apostrophe ('), comma, slash (/), pound (#), or period.

City: *

State: * ▼

ZIP Code: *

Contact Information

Phone Number: *

[   ] - [   ] - [   ] Ext [   ]

Phone Type:* ▼

Alternate Phone Number:

[   ] - [   ] - [   ] Ext [   ]

Alternate Phone Type: ▼

E-mail:

Preferred Language   English ▼

☐ I have visual impairment.

☐ I would like to receive paper notices. ■

☐ I have hearing loss that requires interpretive language such as American Sign Language.

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 10/1/20, this functionality is not in place in MHC and 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 made in a future release.

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

VCL or Work Item Modifications

- Citizenship, immigration, Identity, 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 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 for the individual applying for X03 and for only Emergency Medical Services. They are available in English and Spanish. (The notices will not display eligibility for full Medicaid, MCHP or QHP or eligibility for other household members). MHC will generate and mail consumers' X03 notices. (Notices for X03 will no longer be sent from the Office of Eligibility Services/MDH, however, notices for X02 (Non-MAGI) will continue for the time being).

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

The 1302 notice will be sent for X03 applicants with outstanding verifications.

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?'

> 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.
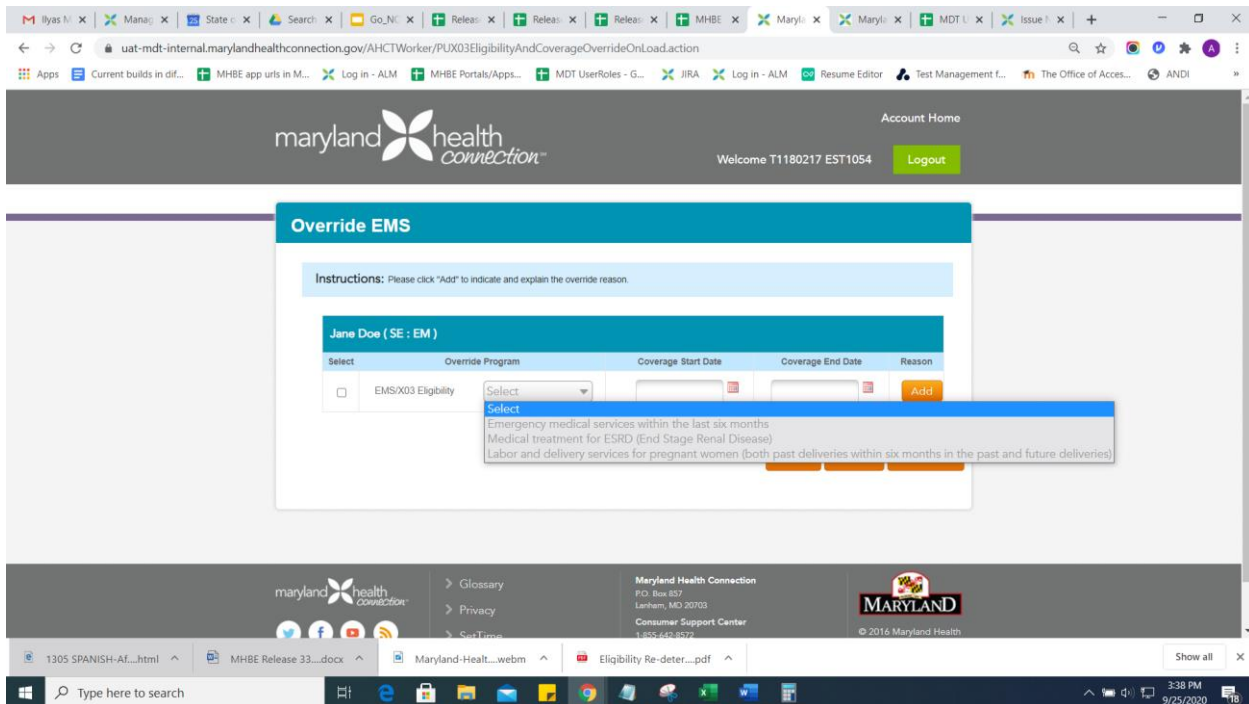

Figure 8: Override EMS Screen

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 Telephone #: _____Provider Email: _____

Provider Fax:_____

Caseworker:
- **Complete SECTION 3 and SECTION 4,**
- **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

Case Number: _____

Date of MA Application: _____

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 November 1, 2020