Section 1100 Table of Contents
Certification Periods

Objectives for Section 1100

1. Define Certification Period;
2. Determine eligibility for retroactive coverage;
3. Identify beginning and the end date of the Certification Period.

1100.1 Introduction - Certification Periods

A certification period is the period of time a customer can be active before the next renewal is due. For income purposes, the certification period, is the time period for which income is calculated to determine income eligibility, as well as the premium or spend-down .

1100.2 Certification Periods for Non-Institutionalized Persons

Units determined eligible are to be certified in accordance with the applicable certification procedures which follow. All cases (excepting persons certified under the Pickle Amendment) will be recorded as one- time-only certifications, but a majority of these cases require a Local Department-initiated, scheduled redetermination of eligibility. In addition, all current eligibility cases are subject to unscheduled redeterminations whenever there is a reason to anticipate a change in circumstances of the unit (including a change in circumstances of non-unit members whose income and resources are considered) or when a change in circumstances is reported.

(a) Eligibles with no Scheduled Redetermination

The following eligible persons are to be certified for a one-time-only period of 6 months or less and scheduled redetermination for continued eligibility will not be made:

- Those who are certified for a retroactive period only, including retroactive spend-down;
- Those who are certified under the spend-down provision;
- A person who dies before the completion of the eligibility determination;
- A migrant worker whose date of departure or expected date of departure from the State is known; and
- A coverable inmate of a public institution who leaves the institution solely for admission to a medical facility.

In all non-redetermination cases, eligibility beyond the certification period can be gained only through a client-initiated reapplication.

(b) Eligible with Scheduled Redetermination

Eligible persons not certified under the provisions of the preceding section are to be certified for a one-time-only period and scheduled redetermination of eligibility will be made.

1100.3 Date for Certification to Begin and End for Non-Institutionalized Persons

(a) Retroactive Spend-Down Eligibility

- Certification begins on the day in the period under consideration on which retroactive spend-down eligibility was met.

- Certification ends on the last day of the most recent month in the retroactive period in which coverable expenses were incurred.
- Only persons who have coverable medical expenses during the period under consideration may be certified.
- Certification under this provision may cover only those incurred medical expenses that are not subject to third party payment and remain the liability of persons in the assistance unit or non-unit persons whose income and resources are considered.

(b) Retroactive Non-Spend-Down Eligibility

- Certification begins on the first day of the earliest month of the retroactive period under consideration in which coverable medical expenses were incurred.
- Certification ends on the last day of the most recent month in the retroactive period in which coverable medical expenses were incurred.
- Only persons who have coverable medical expenses during the period under consideration may be certified.
- Certification under this provision may cover only those incurred medical expenses that are not subject to third party payment and remain the liability of persons in the assistance unit or non-unit persons whose income and resources are considered.

Certification for retroactive eligibility is limited to those months in the period under consideration in which medical expenses are coverable by the Medial Assistance Program was incurred. Further, only those persons in the assistance unit who have expense which are coverable by the Program may be certified for retroactive coverage. If several members of the assistance unit have coverable medical expenses in different months of the retroactive period, the same certification period applies to all. In this instance, the certification period would begin in the earlier month and end in the most recent month of the consideration period in which only member of the assistance unit had a coverable expense.

(c) Current Spend-Down Eligibility

Certification begins on the day in the period under consideration on which medical expenses for services already received equal or exceed the amount of excess income. The begin date of the certification period shall be established to exclude from coverage any full day after the application date and before the certification date for which all expenses for medical services were used to establish spend-down eligibility.

Certification ends on the last day of the period under consideration.

(d) Current Non-Spend-Down Eligibility

All Other Persons:

- Certification begins on the first day of the month of application.
- Certification ends on the last day of the period under consideration.
- Certification of a deceased person may not continue beyond the date of death.
- Certification of an eligible new member of an assistance unit may not proceed the date he becomes a member of the household.

1100.4 Non-Certification of Persons Required to be Included in the Assistance Unit

The LDSS will exclude form the DHMH 8000 any family member who does not wish to apply for MA but is required to be included in the assistance unit under Regulation .06. The case record will be documented to reflect this fact.

The person may request issuance of the card at any time during the period under consideration and the Local Department, will grant the request by adding the person to the DHMH 8000 unless it has reason to believe the person is not eligible, in which case eligibility for the entire unit must be redetermined.

1100.5 Notice to Eligible Units

Each separate assistance unit within a family must be sent a notice of eligibility. The notice is to be addressed to the person who is listed on the 8000 form as head of household. In cases of children who do not live with a parent or Caretaker Other than Relative or Parent (CTROP), correspondence is to be mailed to the person who takes overall responsibility for the child. In most instances, this will also be the person who applied on behalf of the child.

NOTE: Certification Periods for Institutionalized Persons, See Chapter 10, "Determining Financial Eligibility for Institutionalized Persons"

1100.6 Administrative Error Letter

The form DHR/IMA 81, known as the Administrative Error Letter, has a very specific use. Regulation .06 under COMAR 10.09.36 specifies the time limitations for billing Medical Assistance. Providers are allowed at most 9 months from the date of service to bill the Department for services rendered.

When a provider is not able to bill within 9 months from the date of service due to an administrative error on the part of DHMH or the LDSS, it is necessary for the provider to submit the DHR/IMA 81, along with the claim, to the DHMH Division of Claims Processing in order for the 9 month rule to be overridden and for the provider to be paid. Any reason for delay other than agency administrative error, such as failure of the provider's office to bill in a timely manner or failure of the client to provide required information, does not warrant the use of the DHR/IMA 81.

When an agency administrative error does occur (with "administrative error" understood to mean a delay in billing not directly attributable to either the client or the provider), the Eligibility Worker should fill out the DHR/IMA 81, including the latest certification period and the decision date for that period and forward it to the DHMH Division of Claims Processing.

Attachment A-DHR/IMA 81 Form

MARYLAND DEPARTMENT OF HUMAN RESOURCES
INCOME MAINTENANCE ADMINSTRATION

_____ Department of Social Services

Date:_____

Recipient Name:_____

Recipient Address:_____

_____

M.A. Number:_____

TO: Chief, Division of Invoice Processing
Medical Assistance Operations Administration
201 W. Preston Street, Room SS-18
Baltimore, Maryland 21201

Dear Sir:
Due to an administrative error, Medical Assistance was not previously authorized for the above named recipient. However, we have checked our records and found that he/she was eligible and has now been properly certified for the period from

_____To _____

Month Day Year Month Day Year

Please accept medical providers' claims for this time period at this time and override the statue of limitations if necessary.

We regret any inconvenience that has been caused. If you have any further questions, please do not hesitate to contact me at_____.
(Telephone Number)

Sincerely,

_____
Signature of Approving Authority

cc:

_____
Provider Name

_____
Provider Name

_____
Provider Name

NOTE TO PROVIDER: Please submit a copy of this letter and the appropriate invoice for all claims for this period within 6 months of the date of this letter.

NOTE TO CLIENT: A copy of this letter has been sent to the above listed medial service providers. If you have other medical bills that you owe or have paid for this period, send that doctor, hospital or other provider a copy of this letter.

Attachment B- Recipient Certificate of Credit/Income

Recipient Certificate of Credit/Income

DATE RECIPIENT CERTIFICATE OF CREDIT/INCOME INQUIRY

RECIP-ID: 000000000 NAME: D_____

INCOME

	COUNTABLE NET INCOME	MEMBER SIZE	INCOME EFF DATE	FPL	SOURCE	DATE LAST TRANS

CERTIFICATE OF CREDIT

	CERTIFICATE PRODUCED DATE	ELIG BEGIN DATE USED	ELIG END DATE USED	SOURCE	DATE LAST TRANS
01	062798	060195	123197	3	062798

Attachment C- Certificate of Group Health Plan Coverage

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
201 WEST PRESTON STREET BALTIMORE, MARYLAND 21201

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

NAME OF ENROLLEE = ANGELA J D-------
NAME IF GROUP HEALTH PLAN= MARYLAND MEDICAL ASSISTANCE
MEDICAL ASSISTANCE N = 02----------10

Periods of coverage during the past 24 months:
FROM: 06/01/1995 THROUGH 12/13/1997

Federal law, under the 'Health Insurance-Portability and Accountability Act 1996', requires that we provide you with this CERTIFICATE OF GROUP HEALTH PLAN COVERAGE. This certificate provides evidence of your health coverage under the Maryland Medical Assistance Program. You may need to furnish this certificate if you become eligible under a health plan other than Medical Assistance that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis', care, or treatment was recommended or received for the condition within the 6 month period prior to your enrollment in the new plan. If you become covered under a health plan other Medical Assistance, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy an insurance policy that includes coverage for medical conditions that are present before you enroll.

If you have any questions about this certificate, please call (410)767-5800 in the Baltimore area or (800) 492-5231 outside the Baltimore area.

Certificate issued by:
Recipient Services Section
Medical Care Operations Administration
201 W. Preston Street
Baltimore, Maryland 21201

Attachment D- Notice to Recipient- Six Month Guarantee

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 West Preston Street Baltimore, Maryland 21201 - Phone 410-767-5800

ADDRESS

Notice to Recipient – Six Month Guarantee

Dear Medical Assistance Recipient:

Your local Department of Social Services recently requested that we cancel your eligibility for Medical Assistance as of (DATE). You should have received a notice from your local department explaining the reason why you lost your eligibility and the fact that you could appeal the decision to close your case. If you did not receive a notice, contact your case manager at your local department.

Your eligibility for Medical Assistance has been extended by us until (DATE). This will give you a full six months of eligibility. This additional eligibility is part of Maryland's HealthChoice program and is separate from the eligibility established by your local Department of Social Services. It is called a six month guarantee of Medical Assistance eligibility. Your Medical Assistance eligibility will end on this date unless your local Department determines that you are eligible for an additional period of time. You may reapply for Medical Assistance prior to the expiration of this extended period of eligibility.

The six month guarantee applies only to Medical Assistance and not any other benefit for which you are eligible or may have been eligible.

Attachment E- Recipient Eligibility Display Screen

Recipient Eligibility Display Screen

DATE RECIPIENT ELIGIBILITY DISPLAY SCREEN 1

Reissue: Last Trans: 000000 User: 00

RECIP-ID: 400000 HOE/CASE-NUM: 40000 BATCH-UP: 00000000

ORIG-ID: 4000000 CARES-TRN: 4000000 PREV-UP: 0000000

CURR-ID: 400000 SSN: 0000000 MEDICARE-NUM: 00000

NAME: XXXX R_____ M A/P N ELIG: 000 (PF1)

HOH: R M P _____ APPL-DT: 00000 HMO: XXXX (PF2)

ADDR: APT_____ INSR: T8 TPL: MEDICARE: (PF3)

ADDR: 00_____RD DEC-DT: 00000 LTC: (PF4)

CITY: XXXXXX BIRTH: 00 00 0000 WAIVER: (PF5)

STATE: XX ZIP: XXXX RACE: X SEX: X MANAG-CARE: (PF6)

PHONE: 00000000000 HOSP-NUM: XXX NEW –IDS: XXX (PF7)

RES-CNTY: XXX COUNTY DT-OF-ENTRY: XXX SPECIAL PROGRAM (PF8)

PREV-CNTY: XX DIST-OFF: XXX UNIT: XX DEATE: XX MCO: X (PF9)

INCOME: 000 ASSETS: 000 ORIGIN: X CARES-DT: 00000

SCREEN-DT: 000 EPSDT: X RETURN-CD: VCN: X ISSUE-DT: 000000

ELIGIBILTY SPANS

NO	BEGIN	END	COV	TYP	CAT	SCP	SPLT-AMT	CIT	SRC	CN-RSN	EVS-DT	LST-TRAN
01	0000	00000	000	0			0.00	0	0		00000	00000
02	0000	00000	000	0			0.00	0	0		00000	00000
03												
04												
05												

Attachment F- Program Identification Card

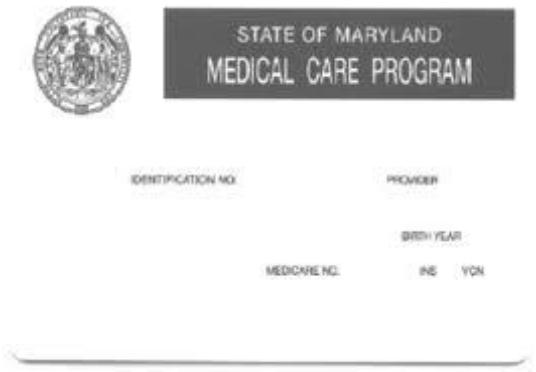
Program Identification Card

Federal law requires that every Medical Assistance recipient be issued an identification card. In Maryland, this is an embossed plastic card which is produced by the MMIS II system and mailed by DHMH.

Maryland's red and white identification card reads "State of Maryland Medical Care Program" and may be used by recipients in various coverage groups, including the Maryland Children's Health Program. This same card is used by recipients in Health Choice as well as fee-for-service.
. Previously, Maryland's program identification card read as "State of Maryland Assistance Program." These red and white cards may still be in circulation, will remain valid indefinitely, and will not be replaced unless reported lost or stolen.

Gray and white cards are used for the QMB coverage group, orange and white cards for the MPAP program, and purple and white for Family Planning program.

Recipients who have concerns regarding their cards may be referred to the Recipient Relations Section of the Division of Managed Care in MCOA. The telephone number is 410-767-5451



Section 1100 Frequently Asked Questions and Answers
Certification Periods

1. What is the certification period?

   A certification period is the actual time the person is eligible for Medical Assistance (actual begin and end dates of eligibility).

2. When do the certification periods begin for retroactive coverage without spend-down?

   Certification begins on the first day of the earliest month of retroactive period under consideration in which coverable medical expenses were incurred.

3. Can a deceased person be certified for Medical Assistance?

   Yes, a deceased person may be certified for Medical Assistance but never beyond the date of death.

4. What are the criteria for eligible customer with no scheduled redetermination?

   The following with no scheduled redetermination:

   - Those scheduled for retroactive period only
   - Those certified under spend-down
   - Person who dies before completion of the eligibility determination
   - A migrant worker whose date of departure or expected date of departure from the state is known
   - A coverable inmate of a public institution who leaves the institution solely for admission to a medical facility

5. When is the customer eligible for retroactive coverage under spend-down?

   - Retroactive eligibility is met when the medical expenses exceed the excess income;
   - Certification begins on the day in the period under consideration on which retroactive spend-down eligibility was met.