



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number: # 09-41

Effective Date: June 1, 2009

Issuance Date: June 1, 2009

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

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR, FIA
JILL SPECTOR, ACTING EXECUTIVE DIRECTOR, DHMH/OES
RE: PROCEDURAL CHANGES FOR PREGNANT WOMEN IN THE X02
COVERAGE GROUP

PROGRAM AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF ELIGIBILITY SERVICES

SUMMARY:

Currently, an illegal or ineligible pregnant immigrant who applies for Medical Assistance (MA) at the Local Department of Social Services (LDSS) or Local Health Department (LHD) is denied eligibility, and must reapply for MA (X02 coverage group) **after** the birth of a child. Due to an increase in the number of incidents of ineligible or illegal pregnant women who fail to reapply for MA after giving birth, the provider community has requested that the Department of Health and Mental Hygiene (DHMH) review its current procedures for this population.

Effective June 1, 2009, an ineligible or illegal pregnant immigrant will be able to apply and be determined eligible for MA in the X02 coverage group at the LDSS or LHD **before** the birth of the child. However, there has been no change in policy regarding covered services. An illegal or ineligible woman will be eligible for MA coverage of **labor and delivery services only**. If determined eligible for MA, she will receive a letter, but no card will be issued.

ACTION REQUIRED:

- The ineligible or illegal pregnant immigrant can now file an application with the LDSS or LHD **prior** to the birth of a child;
- The technical and financial eligibility requirements under the X02 coverage group

have not changed. The case manager will continue to determine eligibility using current guidelines;

- To allow for pregnancies that extend past the Expected Date of Confinement (EDC) the certification period will end 2 months after the EDC;
- When a determination of eligibility is completed, the manual letter OES 002 (Labor and Delivery Emergency Medical Services) will be sent to the applicant informing them of their eligibility;
- A customer who is eligible for coverage of labor and delivery services under the X02 coverage group does not receive automatic coverage for any other medical emergencies.
- If the customer is eligible for coverage of labor and delivery services under the X02 coverage group and has a medical emergency other than labor and delivery, the case manager must, as usual, submit documentation of the emergency to the Office of Eligibility Services (OES) for consideration.
- If a medical emergency other than labor and delivery occurs up to and including the redet end date for an ineligible or illegal pregnant immigrant, no new application for eligibility in the X02 category is required.

CARES PROCEDURES:

If the customer is eligible the case manager will enter a certification end date on the MAFI screen. The certification end date is entered in the "redet end date" field on the MAFI screen. The date to be entered is the EDC date plus 2 months.

Example: If EDC date is 4.4.09 then "Redet End Date" on the MAFI screen will be 06.09

Attachments:

OES 002	Labor and Delivery Emergency Medical Services	(English)
OES 002	Labor and Delivery Emergency Medical Services	(Spanish)

INQUIRIES:

Please direct Medical Assistance policy questions the DHMH Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

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

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF ELIGIBILITY
Labor and Delivery Emergency Medical Services

Applicant's Name: _____

Date of Notice: _____

Applicant's Address: _____

Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, Date
eligibility is approved **only** for coverage of **labor and delivery emergency medical services**.

You will **not** receive a Medical Care Program card. You must show this notice and any other health insurance membership card to the provider(s) of all labor and delivery services received, so that they may bill Medical Assistance.

If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice.

If you have any questions about this notice, call your Case Manager at the number below.

Sincerely,

Case Manager

Telephone Number

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the telephone number on the other side of this notice to ask for a conference.
- Request a hearing by:
- Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
- Visiting your local department office and requesting a hearing; or
- Mailing or giving a request for a hearing in writing to:
- Your local department office; or
- The following address:

DHMH Docketing – Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301

- If you don't want to fill out the form to request the hearing:
- Come to your local department office. We will help you.
- Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than **90 days** after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than **10 days** after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bona fide belief that the department's decision was in error.

When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.

Programa de Asistencia Medica de Maryland
Programa de Salud de Niños de Maryland
Noticia de Elegibilidad
Servicios Médicos de Emergencia de Dolores y Parto

Nombre: _____

Dia de notificación: _____

Dirección: _____

Departamento Local: _____

Identificación de Cliente: _____

Estimado _____:

Esto es para notificarle que basado en la aplicación que usted llenó en _____, la Elegibilidad es aprobada **sólo** para el alcance de **servicios médicos de emergencia de dolores y parto**.

Usted **no** recibirá una tarjeta del Programa de Asistencia Médica. Usted debe de mostrar esta nota y cualquier otro seguro médico a los proveedores de dolores y parto que ha recibido para que ellos le envíen la factura a la Asistencia Médica.

Si usted no está de acuerdo con esta decisión, tiene el derecho de solicitar una audiencia. Los procedimientos para solicitar una audiencia están en la espalda de esta nota.

Si tiene alguna pregunta sobre esta nota, llame a su trabajador social al número abajo.

Sinceramente,

Trabajador social

Número de telefónico

Resumen de Procedimientos para Audiencias Justas

Usted tiene el derecho de apelar ésta decisión dentro de un plazo de 90 días desde la fecha de esta nota. Si usted piensa que la decisión es injusta, usted puede:

- Llamar a su Encargado de Caso al número de teléfono que aparece al respaldo de esta notificación para indagar acerca de la decisión.
- Solicitar una audiencia o pedir ayuda para solicitar una audiencia:
 - Llamando a su Encargado de Caso;
 - Llamando a la línea de ayuda del Estado al 1-800-332-6347;
 - Visitando la oficina local del Departamento de Servicios Sociales o el Departamento de Salud
- Enviando por correo o proveyendo a la oficina local del Departamento de Servicios Sociales o el Departamento de Salud una solicitud para una audiencia por escrito.

La audiencia se planificará en el lugar y tiempo que sea conveniente para usted. Se esperará que usted esté presente. Si por cualquiera razón usted no se puede presentar, usted debe notificar a la oficina de Audiencias Administrativas para planificar otra audiencia o para identificar a la persona que asistirá en su lugar. Usted mismo se puede representar, o si usted desea, usted puede ser representado por un consejero legal o por un pariente, amigo u otra persona. Sin embargo, no es necesario que alguien lo represente. Usted puede traer un testigo o documentos que le sean de ayuda para establecer los hechos pertinentes y para explicar sus circunstancias. Un número razonable de personas del público en general pueden ser admitidas a la audiencia si usted lo desea.

Antes de la audiencia, usted puede revisar los documentos y los archivos que el Departamento de Servicios Sociales o el Departamento de Salud utilizará durante la audiencia y usted puede pedir los nombres de testigos que el Departamento de Servicios Sociales o el Departamento de Salud intenta llamar.

Durante el período antes de la audiencia, si usted tiene información nueva o adicional que usted considera que el Departamento debe saber, usted puede solicitar una reconsideración de su caso llamando al Gerente de Casos o al Encargado de Casos.

Bajo algunas circunstancias, el Departamento de Servicios Sociales o el Departamento de Salud puede pagar por transporte y otros gastos si son necesarios para conducir la audiencia apropiadamente.

Todos estos procedimientos y una explicación más completa del proceso de audiencias justas, se pueden encontrar en las regulaciones del estado de Maryland, 10.01.04 de COMAR y en regulaciones federales 42 C. F. R. § 431.200.

Usted puede obtener asistencia legal y ayuda gratuita a través de varias fuentes, tal como el Departamento de Ayuda Legal, 1-800-999-8904, o el Centro Legal de Discapacitados de Maryland, 1-800-233-7201.