

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 MEDICAID MANAGEMENT INFORMATION SYSTEM

CERTIFICATION / TURNAROUND DOCUMENT

ACTION CODE: ADD INDIVIDUAL CHANGE TYPE OF CHANGE: REISSUE TAD REISSUE CARD CANCEL REOPEN RECERTIFY COVERAGE

ORIG-ID: *HOH/CASE-NUM:
 *CURR-ID: CARES-IRN:
 *NAME SSN: MEDICARE -NUM:
 *HOH NAME: *APPL DATE:
 *ADDR: *DEC-DT:
 ADDR: *BIRTH:
 *CITY: *RACE: *SEX:
 *STATE: MD *ZIP: HOSP-NUM:
 PHONE: DT-OF-ENTRY:
 *RES-CNTY: UNIT: DEATH
 CITZ-IDEN: DIST-OFF: VCN: ISSUE-DT:
 *REQUIRED FOR ADD REQUIRED FOR QMB

ELIGIBILITY SPAN

BEGIN DATE	END DATE	COV GROUP	COV TYPE	CAT	SCP	SPLIT AMT	CIT	CN-RSN

REASON FOR DOCUMENT: MARYLAND KIDS COUNT OUTSIDE OF CARES TRANSACTION NOT PASSED TO MMIS-II

MESSAGE: SEE ATTACHED CARES PRINTS.

SIGNATURE: _____ PHONE: _____ DATE: _____