

## **Manual Overview**

The Maryland State Medical Assistance (MA) Manual was developed to assist Case Managers (CMs) with determining eligibility for MA for the State of Maryland. The MA Manual is a supportive guide for Local Departments of Social Services (LDSS), Local Health Departments (LHD), and other governmental and non-governmental entities.

It provides a clear statement for the State of Maryland policies and procedures for eligibility for MA which has been printed to date. The policies and procedures described here are supported by Maryland's MA state plan, which has been approved by the Centers for Medicare & Medicaid Services (CMS) and embodied in the Code of Maryland Regulations (COMAR 10.09.24).

The Manual embodies 16 chapters with table of contents and objectives in the beginning of each section, attachments and examples within each section, Frequently asked Questions (FAQs) and Answers at the end of each section, and COMAR located in the back of the entire Manual. All applicable statutes and regulations should be referenced as needed for more detailed information regarding its usages. In order to obtain information regarding a particular topic, one can find it in the following ways:

- Refer to the Table of Contents;
- Refer to the Code of Maryland Regulations (COMAR 10.09.24);
- Check the individual section content and objectives;
- Reference the Frequently Asked Questions (FAQs) and Answers at the end of each section; or
- Check updated manual releases.

## **Goals for this Manual**

1. Provide a clear understanding of the Maryland MA program and your role within the eligibility determination process; and
2. Provide a quick guide to help you find answers to questions you may have about MA eligibility.

The online version of this manual can be downloaded in its entirety. It may also be downloaded in sections on the State website at <http://dhmh.maryland.gov>.

The State of Maryland MA Manual was developed by the Office of Eligibility Services.

## **Program Description**

Medical Assistance, also called MA or Medicaid, is a joint federal and state program, authorized under Title XIX of the Social Security Act, which provides health care benefits, including long-term care coverage, to low-income individuals who qualify. It is administered by the state and pays most medical bills with both federal and state funds. The Maryland Department of Health and Mental Hygiene (DHMH) provide Medicaid coverage to individuals determined to be categorically needy or medically needy.

Medicaid coverage is automatically granted to individuals receiving other public assistance, including Supplemental Security Income (SSI), Temporary Cash Assistance (TCA), and Foster Care. These individuals are said to be “categorically needy eligible.” Low-income families, children, persons younger than 21, caretaker relatives other than parents, pregnant women, and aged, blind, or disabled adults may also qualify for Medicaid. An individual can have private health insurance and still be eligible for Medicaid. Medicaid is payer of last resort. The eligibility rules vary for different groups of persons and the kinds of medical care covered may vary from group to group. If a person needs help paying for his/her own or family member’s medical bills, he/she should fill an application on-line or at the LDSS to find out about his/her MA eligibility.

Benefits and eligibility requirements are the same across the state.

### **General Program Requirements**

In order to qualify for this benefit program, you must be a resident of the State of Maryland and meet federal citizenship requirements.

### **Automatic Medical Assistance as a State Option**

The Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) eliminated the requirement for automatic “categorical” MA eligibility for recipients of TCA. Instead, states were given the option of providing automatic MA Eligibility to recipients of TCA. Maryland has chosen this option. This means that TCA recipients will continue to automatically receive MA, by state option rather than Federal requirement.

## **Public Information**

### **Provision of Public Information**

If anyone requests public information about MA policies and procedures, DHMH must provide the information either orally or in writing. Information must be provided about the:

- MA eligibility requirements, including the income and resource limits, and the policies related to spend-down of over-scale income and reduction of over-scale resources;
- Available MA services; and
- The applicant's or recipient's (A/R's) and representative's rights and responsibilities.

DHMH publishes fact sheets and brochures and a website about MA at:

<http://mmcp.dhmh.maryland.gov>. Information about MA eligibility is also available by calling the DHMH Division of Eligibility Services: 410-767-1463 or 1-800-492-5231 ext.1463.

### **HIPAA Privacy**

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require the use of standard electronic health transactions by health insurance plans; including private, commercial, Medicaid and Medicare, healthcare clearinghouses and healthcare providers. The primary intent of the law is to allow providers to meet the data needs of every insurer electronically with one billing format using standardized healthcare industry data and code sets. Centers for Medicare & Medicaid Services (formerly known as Health Care Financing Administration) Common Procedure Coding System (HCPCS) are the specified code set for procedures and services. Additional information on *HIPAA* can be obtained from the Department's web site at <http://dhmh.maryland.gov/hipaa>.