<u>Medicaid Application Process for Missouri Jails</u>
Jail Handbook

I.   INITIAL PROJECT SET-UP (PRE-APPLICATION)

1. **Identify Authorized Representative & Jail Procedures**
   a. The authorized representative will be the staff designee responsible for overseeing enrollment and point of contact for Medicaid and Missouri Appleseed.
   b. Determine if screening will be through MyDSS (online) or eMOMED (internal jail medical files). Most jails will use MyDSS unless already familiar with eMOMED.
   c. Determine how records will be kept in order to (1) save completed applications, (2) mark applicant's jail files as "applied" (to ensure that multiple staff do not submit multiple applications or repeatedly screen the applicant.)

2. **Pre-fill Application with Jail Information**
   a. Step 1 (page 2): Under "Tell us about the adult who will be our main contact for this application, check "Other" in the top right corner. Then, check "5 years" and enter Jail contact information.
   b. Step 2 (page 3): Question 11, "are you requesting health coverage from this month forward?", check YES.
   c. Step 4 (page 7): Question 1, check the box for "Check here is anyone on the application is in jail or prison."
   d. Appendix C,
      i. Section 1: Write in Jail address for "mailing address".
         1. List the authorized representative in the "Name" box under "I appoint as my authorized representative."
         2. Under "My authorized representative is one or more of the following," check "Public Administrator."
         3. Under "I authorize this person or organization to be responsible to," check "Help me apply for MO Healthnet".
      ii. Section 3: Fill out information under "Authorized Representative Agreement and Acceptance". Authorized representative must check "I agree" after "If submitting electronically…", sign, and date (about halfway down the page).
   e. Save to Medicaid folder in jail drive as "JAIL NAME_MEDICAID APPLICATION_ TEMPLATE". All future applications will be saved as "JAIL NAME_MEDICAID APPLICATION_ APPLICANT NAME".

3. **Identify & Train Staff Members or Volunteers to Complete Applications**
   a. Staff members, e.g., Medical Team staff, Peer Support Specialists, Intake staff, etc. Initial staff training will be done with Missouri Appleseed. Follow up training can be done internally or with Missouri Appleseed.
   b. Volunteers, e.g., CHWs (Community Health Workers), students, community health care providers, etc. Onboard volunteers as required by jail. For example,
      1. *Recruit/Identify potential volunteer.*
      2. *Interview volunteer for potential fit.*
      3. *Determine expected availability to support operations.*

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    4. *All volunteers should complete Volunteer Training and complete all documents, including but not limited to:*
        a. *HIPAA Guidelines for Volunteers*
        b. *Volunteer Application Background Form*
        c. *Release and Waiver of Liability*
        d. *Acknowledge Dress Code*
        e. *Volunteer Hiring Packet*
        f. *Volunteer/Contractor Handbook*
    5. *If using eMOMED, create account (see Appendix A).*

4. Upload Medicaid Video to Tablets.

II. COMPLETE APPLICATION WITH INCARCERATED APPLICANT

1. Determine Eligibility
    a. <u>MyDSS Method</u> (for jails without eMOMED access)
        i. Go to www.mydss.mo.gov and select "Check My Status" under "How Can We Help?"
        ii. Enter applicant's date of birth and social security number. The system will check for *any* state benefit the applicant is receiving.
        iii. If applicant has Medicaid coverage, the system will return a response with the type of Medicaid, e.g., "AEG" or "MOHealthNet for Families". If not, proceed to application.
            1. **Optional: Compete Form IM-150-Suspending MO-HealthNet.** This is "optional" because the state currently has a different process to identify incarcerated Medicaid recipients.
            2. Be careful not to confuse Medicaid coverage with Food Stamps, TANF, SSI, or other non-insurance benefits.
        iv. Document that applicant has been screened.

    b. <u>eMOMED Method</u> (for jails with eMOMED access)
        i. Log into eMOMED. Do not click on "ePassport" tab.
        ii. Under the "eProvider" tab, scroll down to "Welcome to eProvider" and select "Participant Eligibility". Your Organization's NPI should be displaced at the top of the page
            1. Use today's date for "First Date Of Service"
            2. Enter Applicant SSN under "Participant SSN"
            3. Enter Applicant DOB under "Participant Date of Birth"
            4. Press "Search"
                a. Active = Applicant already has active coverage. **Document applicant DCN, document applicant renewal date if available, and complete Form IM-150, Suspending-MOHealth-Net.** Note: No applicant signature required.
                b. Inactive = Needs to be enrolled for coverage. If a DCN is displayed, document it. **Complete Form IM-150, Suspending-MOHealth-Net**. Note: No applicant signature required.
            5. Select Finish

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      iii. If Applicant has active coverage:
1. Return to the screen that displays "Welcome to eProvider" and select "Participant Annual Review Date". (Note you can run up to 12 Pts at a time.) Enter Applicant DCN and select "Search". Document Annual Review Date.
2. If not displayed, contact the Family Support Division (FSD) Information Center at 1.855.373.4636
3. Select "Finish".

2. Offer applicant the option to view the 3-minute Medicaid video.

3. Complete Application with Applicant Information
   a. Step 2 (page 3): Complete questions 1 (Legal Name), 4 (DOB), 5 (Sex), 6 if applicable (Veteran Status), 7 (SSN), 9 if applicable (Requesting Retroactive Coverage), 10 (Tax Return) and check the appropriate box, 14 (U.S. Citizenship), 17 (Pregnant or Recently Pregnant), 20 (Foster Care Youth), and 22 (Medicare Applicable – yes if >65).
   b. SKIP pages 4-6.
   c. Step 4 (page 7): Complete the applicant's information in question 1.
      i. Fill out questions 2 and 3 if applicable.
      ii. If "YES" to questions 2 or 3, please fill out supplemental disability form (see Appendix B).
   d. SKIP page 8.
   e. Step 5 (page 9): check "I agree" under "If signing electronically…" Have applicant sign and date the form (using finger on a tablet, or typed on a laptop).
   f. Appendix A, "Prior Quarter Coverage Request" (page 10): ONLY complete if answered "YES" to question 9 on page 2. This form is relevant ONLY for:
      i. Applicants who are recently incarcerated and had medical bills in the last three months, OR
      ii. Applicants who have been incarcerated for some time and who spent **more than 24 hours in the hospital** at some point in the last three months. If this applies, complete form IM-151-Inpatient Coverage for Incarcerated Participants and include in email submission. Note: no applicant signature required.
   g. Appendix C, "Appointing a MO HealthNet Authorized Representative" (page 14):
      i. Section 1, write applicant's name and home address.
      ii. Section 2, check "I agree" under "If signing electronically…" Have applicant sign and date it (using finger on tablet, or typed on a laptop).
   h. Save to Medicaid folder in jail drive as "JAIL NAME_MEDICAID APPLICATION_ TEMPLATE". All future applications will be saved as "JAIL NAME_MEDICAID APPLICATION_ APPLICANT NAME"

4. SUBMIT APPLICATION
   a. **Email to FSD.SuspendedDoc@dss.mo.gov.** In the subject line, put "Medicaid Application from [Jail Name]."
      1. Do not complete applications online. FSD has asked us not to and the application will not be processed correctly.

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2. Paper copies can be submitted to local offices as necessary.

b. Provide applicant with handout on Medicaid. Confirm that applicant understands Medicaid coverage.

5. DOCUMENT COMPLETED APPLICATION

a. Complete documentation as determined by your jail. For example,

1. *In IJMS (Integrated Jail Management System), activate "Medicaid Application Completed (MAC)". Under "Notes," enter date application was completed.*
2. *Activate "Medicaid Renewal Due (MRD)". Under "Notes," enter applicant Annual Review Date and click "Save".*

6. ANNUAL RENEWAL

a. When it is time to renew applicant's health care coverage, the Family Support Division will mail you a yellow review form (IM-4-Annual-Review). The envelope will say "Time Sensitive."

b. Complete annual review form if applicant is still incarcerated, otherwise, reach out to applicant to confirm they received their annual renewal form.

APPENDIX A – CREATING AN eMOMED ACCOUNT

*Note: Only applicable if **Jail** already has established an account and a POC who manages the account.*

1. Register with MO Health Network to gain access to eMOMED online.
2. Click "Register Now" for access.
3. Click on "Provider Employee".
4. Select your Organization (Jail name).
   a. Make sure you know the NPI# for your organization.
   b. NPI# is very important to ensure information is sent to the right organization.
5. Fill in and submit.
6. The POC for the organization will have to approve the staff's access to eMOMED.

APPENDIX B – COMPLETING SUPPLEMENTAL DISABILITY FORM

Note: Only applicable if applicant has diagnosed disability.

1. Visit the online form portal and complete the IM-1ABDS form.
2. OR, complete paper form, scan, and submit electronically with applicant application.

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