



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

March 22, 2016

To: Department of Human Resources
Directors, Local Departments of Social Services
Deputy/Assistant Directors for Family Investment
Family Investment Supervisors and Eligibility Staff
Health Officers, Local Health Department Eligibility Staff

From: Debbie Ruppert, Executive Director *Debbie Ruppert*
Office of Eligibility Services

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this memorandum.

Re: Updated Changes to Processing X02s and DHMH 4245

Effective immediately, please fax all X02 and DHMH 4245 requests to 1-888-297-4276. The DES 401, attached and posted for download on the website identified below, is revised to reflect this change. Do not re-send previously submitted requests.

This is an addendum to the memorandum sent on February 3, 2016. All other requirements within that memorandum still apply. Please note this is still an interim process but these changes will aid in expediting reviews, decrease paper submissions and help the transition to Telligen's system of record, Qualitrac.

If the amount of documents required for X02 processing is too large to fax, the X02 medical review requests may still be mailed to:

Telligen, Inc.
6518 Meadowridge Road Suite 114
Elkridge, MD 21075
ATTN: Medicaid Medical Records

Transmittals, memoranda and all applicable forms regarding the UCA Transition are available at the following website:
<https://mmcp.dhmmh.maryland.gov/Pages/UCATransition.aspx>.

Further information on training in Telligen's system, Qualitrac, is forthcoming.

We appreciate your continued patience during this transition. Questions regarding processing X02 and DHMH 4245 submissions should be directed to Telligen at 1-888-276-7075.

Attachment

**EMERGENCY SERVICES TO
UNDOCUMENTED OR UNQUALIFIED ALIENS**

Date: _____

TO: Telligen, Inc.
6518 Meadowridge Road Suite 114
Elkridge, MD 21075
ATTN: Medicaid Medical Records
1-888-297-4276 (fax number)

FROM: Local Department Name: _____
Local Department Address: _____

Case Worker's Name: _____
Telephone #: _____

SUBJECT: Determination of Emergency Services – Aliens

Customer Name: _____
Customer Date of Birth: _____
Head of Household Name (if not the customer): _____
Case Number: _____
Date of MA Application: _____
Facility Name: _____

The above-named applicant has submitted a Medical Assistance application for coverage of emergency services received from _____ to _____.
(date) (date)

Federal category for which the applicant is eligible, but for his/her alien status:

Parents MCHP Non-pregnant adults Aged Disabled/Blind

A copy of the following must be attached:

Discharge summary with admission and discharge dates
ER admission
Documentation showing the emergency nature of the medical services

I have checked and agree that the technical and financial information for the applicant has been reviewed and meets the MA requirements except for citizenship.

Caseworker Signature: _____
(Please sign your name)

Note: **No bills or other extraneous information should be submitted.**