

## FAA2.Q MA Group Hospital and Benefit Information (MAGH)

### 01 MAGH - Purpose

**REVISION 18**  
(10/01/11 - 12/31/11)

[For MA after 2013](#)  
[See the EPM](#)

MAGH is keyed to enable AZTECS to complete the following:

- Identify participants who are eligible for an expedited MA eligibility determination due to their hospitalization.
- Identify hospitalized participants whose MA eligibility determinations cannot be completed within seven calendar days from the date of application because information is needed. (See [MA Untimely Determinations](#))
- Identify the hospital that admitted the participant.
- Transmit information to AHCCCS regarding participants who are temporarily out of the home.
- Identify compliance with the requirement to apply for other benefits.
- Allow hospitalized S.O.B.R.A. children to remain eligible when an age change results in income ineligibility. (See [Hospitalized S.O.B.R.A. Child](#))
- Identify a [Treat and Release application \(T&R\)](#).
- Identify participants with a chronic medical condition.

#### **WARNING**

To authorize MA on MADA, MAGH must be passed through even when no information is keyed.

#### **EXCEPTION**

Policy in MAGH does not apply to NA.

(See [MA Group Hospital and Benefit Information - Overview](#))

## 02 *MA Group Hospital and Benefit Information - Overview*

[For MA after 2013](#)  
[See the EPM](#)

Policy and procedures for MAGH are outlined as follows:

- [Hospitalized](#)
- [Treat and Release \(T&R\)](#)
- [Referral for Other Benefits](#)
- [Chronic Medical Condition](#)

## 03 *Hospitalized Applicants*

[For MA after 2013](#)  
[See the EPM](#)

Policy and procedures regarding types of hospitalized MA participants is outlined as follows:

- [Hospitalized S.O.B.R.A. Child](#)
- Hospitalized Active MA Participants (See [Temporary Out of Home - In a Hospital or Residential Treatment Center](#))
- [Hospitalized Incapacitated Applicants](#)
- [Treated and Released Applicants](#)

Policy and procedures regarding who can file an MA application is outlined as follows:

- [Filing applications for hospitalized applicants](#)
- [Hospital Designated Representative](#)
- [Incapacitated Applicant](#)

When determining the effective date of a hospitalized MA application, see [Hospitalized MA Effective Date](#).

## FAA2.Q MA Group Hospital and Benefit Information (MAGH)

Policy and procedures regarding time frames for determining MA eligibility is outlined as follows:

- [New Applications for Pregnant Applicants](#)
- [New Applications for Non-Pregnant Applicants](#)
- New Applications for Hospitalized Applicants (See [Expedited MA Services](#))
- Renewal Applications (See [MA Renewal Application Time Frame](#))

Policy and procedures regarding time frames for completing MA eligibility determinations are as follows:

- [Hospital EI Responsibilities](#)
- [Hospitalized Application Process](#)
- [Keying Hospital Information](#)
- [Completing the Determination](#)
- [Hospitalized Untimely Reason Codes](#) (MADA)
- [MA time frames](#)
- [AZTECS Monthly Production Schedule](#) (AMPS)
- [AHCCCS Notification Process](#)

Policy and procedures regarding additional MA program information are as follows:

- [AHCCCS](#)
- [Official AHCCCS Applications](#)
- [MA Categories](#)
- [MA Case Participation](#)
- [MA Referral Applications](#)
- [MA Income Standard Tables](#)
- [MA Legal References](#)
- [MA Notice Requirements](#)
- [MA Approval Notices](#)
- [MA Denial Notices](#)

## FAA2.Q MA Group Hospital and Benefit Information (MAGH)

- [Hospital Fair Hearing Procedures](#)
- [FAA MA ONLY Local Office Addresses](#)
- [Approved Hospital and Medical Facility Addresses](#)

When the hospitalized applicant also requests CA or NA benefits, see [Hospitalized Additional Programs](#).

For policy and procedures for applicants who are treated and released, see [Treat and Release \(T&R\)](#).

### WARNING

Complete the Injury/Malpractice Referral ([FAA-1147A](#)) form when an MA participant has been injured, or involved in either of the following:

- Accident
- Medical malpractice

When there is a pending application or open case and a participant becomes hospitalized, see Medical Field Emergency.

### A Hospitalized S.O.B.R.A. Child

[For MA after 2013](#)  
[See the EPM](#)

One of the functions of MAGH is to prevent [auto exparte](#) from stopping an MA participant's eligibility during a period of hospitalization.

A participant who is eligible in the S.O.B.R.A. Child (SC) category may be in a hospital or rehabilitation center. When this occurs, eligibility can continue as long as the participant is expected to return home. (See [TEOA](#))

Key the Hospital Code in the HOSP CODE field to indicate the MA participant is an in-patient.

Key the expected date of release from the medical facility in the DSCHRG field.

A participant eligible in the SC category, receiving in-patient services, remains eligible in their present category even when an age change occurs. In this situation, the following apply:

- The auto exparte process does not occur.
- Do not stop MA eligibility due to an age change.

Verification of hospitalization and the expected release date can be obtained from various sources, including, but not limited to, written or collateral contact statements from any of the following:

- The hospital staff
- The physician
- Medical professionals

(See [Verification process](#))

## **B Filing an Application for a Hospitalized Applicant**

[For MA after 2013](#)  
[See the EPM](#)

Those who can apply for MA for a hospitalized applicant include, but are not limited to, the following:

- The applicant
- [Any participant](#)
- Spouse
- [An MA Representative](#)
- [A Hospital Designated Representative](#)
- Any other person

Copies of documents that authorize or establish a person's right to act on behalf of the applicant must be placed in the [case file\(g\)](#).

**.01 Filed By Any Participant**

[For MA after 2013](#)  
[See the EPM](#)

Any participant who assumes the responsibility for providing all eligibility information may turn in the application. This may include, but is not limited to, any of the following:

- Specified relative
- State or Tribal foster parent applying on behalf of a child

No verification of relationship is required for a participant to turn in an application for a hospitalized applicant.

NOTE When there is no one who is able to complete an application, an [MA Representative](#) may act on behalf of the applicant.

**.02 Filed By Hospital Designated Representative**

[For MA after 2013](#)  
[See the EPM](#)

A hospital designated representative may turn in an application for MA for an incapacitated or deceased applicant without the applicant's authorization.

NOTE This can be a hospital social worker or [hospital patient representative\(g\)](#).

A hospital designated representative may turn in the application when NONE of the following are available or willing to act on behalf of the applicant:

- Spouse
- Relative
- Legal representative
- Applicant
- Other person who knows the applicant's circumstances

Verification is required when a hospital designated representative turns in an MA application for an incapacitated or deceased applicant.

Verification includes either of the following:

- A statement of current incapacity of all adult persons available to represent the applicant and to designate a representative. The Medical Incapacity Statement (FAA-1148A) form may be used.

NOTE The statement must be signed by one of the following:

- A licensed physician
  - Physician's assistant
  - Nurse practitioner
  - Registered nurse under the direction of a licensed physician
- Verification of death.

Key the name of the hospital designated representative in the MA AUTHORIZED REP field on ADDR.

### **C Hospitalized Application Process**

[For MA after 2013](#)  
[See the EPM](#)

Hospitalized applicants are eligible for [expedited MA determinations](#).

Applications for hospitalized MA applicants may be received in any of the following ways:

- Forwarded to the designated EI (out stationed at the hospital) or FAXed to a local office by a hospital representative.
- In person at the local office or outstation location.
- Mailed or FAXed to the local office by the applicant or representative.

(See [In Person Hospitalized Application](#) or [Mailed/FAXed Hospitalized Application](#) for procedures)

A [hospital patient representative\(g\)](#) may initiate the application process for a hospitalized person by completing the following:

- Providing the [AHCCCS application](#) to the applicant.
- Assisting the applicant with completing the required information.
- Establishing a representative or obtaining a statement of incapacity, when applicable.
- Obtaining a signed Authorization to Share Information ([FAA-1145A](#)) form, or the signed Release of Information to Hospitals/Organizations/Agencies section of the official AHCCCS application. Both forms allow FAA and the designated representative to release financial eligibility information.
- Forwarding the application to the designated EI out stationed at the hospital, or to the local FAA office.

When the applicant is requesting other program benefits as well as MA, see [Hospitalized Additional Programs](#).

#### **.01 In Person Hospitalized Application**

[REVISION 19](#)  
(01/01/12 - 03/31/12)

[For MA after 2013](#)  
[See the EPM](#)

An MA application for a hospitalized applicant may be turned in, in person, by any of the following:

- PI
- [Representative](#)
- [Hospital patient representative\(g\)](#)

When a new application is screened as eligible for [expedited MA services](#), complete the following:

- Schedule the interview with the applicant or their representative on the date the application is turned in or no later than the next [workday\(g\)](#).
- Conduct the interview at a location that allows confidentiality to be met.

- Assist the applicant in completing the [official AHCCCS application](#).

NOTE Use the appropriate [documentation forms](#) to document the responses to all questions asked during the interview.

- When the applicant requests CA, NA, or State programs, assist the applicant in completing the [official FAA application](#).

NOTE The official AHCCCS application cannot be used to apply for CA, NA, or State programs. (See [Hospitalized Additional Programs](#))

When a hospitalized applicant completes the FAA application to apply for CA, MA, NA, and State programs, the following apply:

- When there are FAA staff physically located at the hospital, see [Hospitalized Additional Programs](#).
- When there are no FAA staff physically located at the hospital, the FAA local office staff receiving the application must complete the following:

Register the application using the [effective date](#) as the application date.

Complete the eligibility determination for all programs.

The [FAA local office](#) receiving the application may not serve the hospitalized applicant's residential ZIP Code. When this occurs, FAX or mail a COPY of the FAA application to the appropriate local office within one workday after receiving the application.

## .02 Mailed/FAXed Hospitalized Application

[For MA after 2013](#)  
[See the EPM](#)

When a mailed or FAXed new application is screened as eligible for [expedited MA services](#), complete the following:

- Call the applicant or their representative on the day the application is received. Schedule an interview for one of the following:  
The same day  
The first [workday\(g\)](#) after the phone call  
When the applicant cannot be reached by phone, continue to attempt to locate the applicant or the representative to schedule the interview. Call the patient representative at the hospital to request help in locating the applicant or the representative.
- When necessary, mail a [C900 notice](#) or an Appointment Notice (FA-007-A) no later than the first workday after the application was received. Schedule an interview no later than five calendar days following the day the application was received.
- When necessary assist the applicant in completing the [AHCCCS Application](#).

### D Hospitalized MA Application Effective Date

[For MA after 2013](#)  
[See the EPM](#)

The [effective date](#) of application for a hospitalized MA applicant is the date the application is signed and dated by the applicant or [representative](#).

When the application is NOT dated by the applicant or representative, but includes an admittance or a cover sheet, the date of application is the date of admittance listed on the admittance or cover sheet.

## E Keying Hospital Information

[For MA after 2013](#)  
[See the EPM](#)

Key the following information on MAGH to determine eligibility for a hospitalized or a [treat and release](#) applicant:

- In the HOSP CODE field, key the Hospital Code to indicate the [approved hospital or medical facility](#).

When there is not a Hospital Code to identify the hospital or medical facility, key PEND in this field and complete the interview. (See [PEND Hospital Code](#)) Contact the [Policy Support Team](#) (PST) via e-mail to request a Hospital Code. Use the [Turn Around Document for Code Request Outlook E-form](#) to elevate the request.

The PST responds by close of business the next day. Key the new Hospital Code on MAGH and complete the determination.

- In the NEED INFO field, key Y when BOTH of the following apply:

The MA eligibility determination for a hospitalized applicant is not completed within SEVEN calendar days from the date of application.

Additional information or verification is needed.

NOTE An MA eligibility determination must be completed within SEVEN calendar days from the date of application when additional information or verification is NOT needed.

- In the ADMIT field, key the date that the applicant was admitted to the hospital.

- In the DISCHRG field, key the expected date of release from the hospital.

NOTE When the release date is unknown, key the first day of the month following the month of application in the DISCHRG field.

**WARNING**

For treat and release applicants, only key the following on MAGH for each applicant who was treated and released:

- The Hospital Code in the HOSP CODE field.
- Y in the T/R field.

**F Expedited MA Services**

**REVISION 18**  
(10/01/11 - 12/31/11)

[For MA after 2013](#)  
[See the EPM](#)

[Hospitalized applicants\(g\)](#) are eligible for an expedited MA eligibility determination.

Hospitalized applicants **MUST** have an MA eligibility determination completed within the following time frames:

- No later than SEVEN calendar days from the MA application date when additional information or verification is not needed. (See [Hospitalized MA Effective Date](#))
- No later than SEVEN calendar days from the MA application date when requested verification is received within seven calendar days.
- When additional information or verification is needed, the MA eligibility determination must be completed as soon as possible, but no later than the following time frames:
  - 20 calendar days from the MA application date for pregnant applicants.
  - 45 calendar days from the MA application date for nonpregnant applicants.

When an application is received from an Arizona resident who is in an out-of-state hospital out of the Arizona service area, waive the face-to-face interview. Complete a [telephone interview](#).

Applicants are eligible for expedited MA eligibility determinations when they were admitted to the hospital as an inpatient during one of the following:

- At the time of application.
- At any time prior to the application date.

Expedite the MA eligibility determination only when the applicant is still hospitalized at the time of application.

When it is not discovered until the interview or through a reported change that an applicant is hospitalized, see [Keying Hospital Information](#).

When an eligibility determination cannot be completed within seven calendar days from the date of discovery, see [Hospitalized Untimely Reason Codes](#).

An application may include a hospitalized applicant and other applicants who are not hospitalized. Expedite the hospitalized applicant's eligibility determination.

Applicants who also apply for CA, NA, or State programs must have a single interview. This interview must be conducted within the expedited MA processing time frame. (See [Hospitalized Additional Programs](#))

**EXCEPTION**

Conducting a single interview does not apply to [Tribal CA](#).

## G Completing the Determination

[For MA after 2013](#)  
[See the EPM](#)

Policy and procedures regarding the responsibilities of completing an eligibility determination for a hospitalized applicant are outlined as follows:

- [Hospital EI Responsibilities](#)
- [Local Office Responsibilities](#)

### .01 Hospital EI Responsibilities

[REVISION 11](#)  
(01/01/10 –03/31/10)

[For MA after 2013](#)  
[See the EPM](#)

Hospital EI responsibilities are as follows:

- When the application is a new MA application, complete the following:  
Create a [case file\(g\)](#).  
Conduct the [Customer Contact](#).  
Key P in the INTERVIEW DATE AND TYPE field on [INDA](#).  
Complete the MA determination.
- When the hospitalized participant is keyed OU on SEPA in an active case, complete the following:  
Contact the local office.  
Assist the local office in obtaining missing information for a determination.
- When the hospitalized participant has a pending application at the local office and the interview or the Customer Contact is not complete, complete the following:  
Conduct the interview for all programs, if applicable, or the Customer Contact.  
Key P in the INTERVIEW DATE AND TYPE field on [INDA](#).  
Complete the determination.

## FAA2.Q MA Group Hospital and Benefit Information (MAGH)

- When the hospitalized participant has a pending application in the local office and the interview or the Customer Contact is complete, complete the following:

Advise the local office that the participant is hospitalized.

Assist in obtaining missing information for a determination.

- When the hospitalized participant is transferred to another hospital, complete either of the following:

When the Customer Contact is complete, the original EI determines eligibility.

When the Customer Contact is not complete, complete the following:

- Transfer the application and all verification received to date to the EI at the new hospital to complete the MA determination.
  - When there is no EI at the new hospital, transfer the application and all verification to the appropriate local office.
- Screen print a copy of the decision notice when one of the following has been completed and signed:
    - The Authorization to Share Information (FAA-1145A) form.
    - The Release of Information to Hospitals/Organizations/Agencies section of the official AHCCCS application.

NOTE Give the copy of the notice ONLY to the [hospital patient representative\(g\)](#) or the hospital staff named on the FAA-1145A.

- Transfer the case on [CARC](#) and [upload\(g\)](#) all documents into [OnBase\(g\)](#).
- When an application is pending and a second application is turned in requesting additional programs, see [Receipt of Additional Application](#).

## .02 Local Office Responsibilities

[REVISION 18](#)  
(10/01/11 - 12/31/11)

[For MA after 2013](#)  
[See the EPM](#)

Local office responsibilities regarding hospitalized participants are as follows:

- The hospital EI contacts the local office about a pending MA application. In this situation, when the interview or the Customer Contact is complete, request assistance from the hospital EI in obtaining missing information for a determination.
- When an application is pending and a second application is turned in requesting additional programs, see [Receipt of Additional Application](#)

## H Hospital Notification

[REVISION 03](#)  
(01/01/08 – 03/31/08)

[For MA after 2013](#)  
[See the EPM](#)

Confidential information can only be released to the hospital after the applicant or their representative has signed one of the following:

- Authorization to Share Information (FAA-1145A) form.
- Release of Information to Hospitals/Organizations/Agencies section of the [official AHCCCS application](#).

Document CADO or the CADO Extension Form (CEF) when the FAA-1145A is signed. Place the signed FAA-1145A in the [case file\(g\)](#).

When the EI completing the determination is stationed in the hospital, screen print a copy of the decision notice. Give the copy of the notice ONLY to the [hospital patient representative\(g\)](#) or the hospital staff named on the FAA-1145A.

When the FAA-1145A has been signed, the spend down amount may be given to the hospital or to their representative.

FAA can share MA information with the patient advocacy companies

when the company name and the hospital name are on the FAA-1145A.

A patient may have been admitted to a hospital, an application turned in, and currently pending when the patient is transferred to a different hospital. When this occurs, transfer the pending application to the designated EI for the receiving hospital. A new FAA-1145A must be obtained to share information with the hospital.

**WARNING**

The FAA-1145A must always be completed before the patient signs it.

When the EI completing the determination is stationed in a local office, call the hospital patient representative or a staff member of the hospital named on the FAA-1145A to inform them of the following:

- The eligibility determination.
- The effective date of the approval or denial.
- The denial reason, when requested.

**NOTE** Notify the hospital patient representative on the day of the hospitalized participant's determination.

When the hospital patient representative requests information regarding the participant's health plan, advise them to call the [AHCCCS enrollment number](#) for information.

**I AHCCCS Notification Process**

**REVISION 18**  
(10/01/11 - 12/31/11)

[For MA after 2013](#)  
[See the EPM](#)

The AHCCCS notification process allows ONLY authorized FAA and [Research and Analysis](#) (R&A) staff to contact AHCCCS to request the applicant's eligibility be posted to PMMIS.

FAA hospital staff must contact [R&A](#) via telephone to request the applicant's eligibility be posted to PMMIS.

## FAA2.Q MA Group Hospital and Benefit Information (MAGH)

The applicant must be in the process of being discharged from the hospital and require either of the following:

- Immediate follow-up medical care
- Filled prescriptions

Prior to contacting R&A, FAA hospital staff must complete ALL of the following:

- Inquire in [PMMIS\(g\)](#) to determine previous or current eligibility.

NOTE When the applicant is known to PMMIS, obtain the AHCCCS ID number.

- Complete the MA determination process and, when eligible, authorize MA in AZTECS.

NOTE When benefits are placed on hold, DO NOT contact R&A until MA benefits are taken off hold.

- Send the appropriate [MA approval notice](#) at the same time the MA case is authorized.

FAA hospital staff contacts R&A and provides ALL of the following information:

- The following EI Information:

Name.

[LOGONID](#).

Local office site code.

Local office phone number.

- The following hospitalized applicant Information:

AHCCCS ID number, when known.

AHCCCS Health Plan.

NOTE When the applicant was enrolled in an AHCCCS health plan within the last 90 days, the applicant is re-enrolled in the same health plan, when available.

FAA2.Q MA Group Hospital and Benefit Information (MAGH)

- The following information from CLPR:

Name (last, first, middle initial).

Client ID.

Sex.

Social Security Number.

Date of birth.

- The race of the applicant as keyed on RARE

- The following information from CAP1:

Complete residential address.

Residential county.

Complete mailing address.

NOTE Provide the mailing address only when it is different from the residential address.

- PI's name and Social Security Number, when the hospitalized applicant is not the PI.

- The following hospital information as keyed on MAGH:

Hospital Code.

Admission and discharge dates.

- The following MA eligibility results as displayed on MADA:

The applicant's eligibility in EACH MA category from the month of application through the current system month.

Provide the designated hospital representative with BOTH of the following:

- Name of the health plan.
- AHCCCS ID number.

Document CADO or the CADO Extension Form (CEF) with all actions completed.

## J Additional Programs Requested at Hospital Interview

[REVISION 11](#)  
(01/01/10 –03/31/10)

[For MA after 2013](#)  
[See the EPM](#)

When a hospitalized participant requests additional programs during the Customer Contact, complete the following:

- Have the participant complete an [official FAA application](#), when applicable.
- When necessary, assist the participant in completing the application. (See [Expedited MA Services](#))
- Date stamp the FAA application the same day the participant completes it.
- Register the additional programs in accordance with the [application effective date](#).
- Conduct the interview for all programs requested.
- Request needed verification.
- Determine eligibility for all requested programs.
- Send the appropriate notices.

## K Medical Field Emergency

[For MA after 2013](#)  
[See the EPM](#)

A medical field emergency exists when a participant becomes hospitalized and one of the following occurs:

- The participant has an application pending at a local office.
- A treat and release application (T&R) includes a participant that becomes hospitalized.

NOTE In addition to the procedures identified in [Medical Emergencies](#), see [T&R Becomes Hospitalized](#).

- MA is requested for an MA participant keyed as OU on SEPA in an active case.
- MA is requested in an open CA, NA, or ST case. (See [Adding a Program](#))

**.01 Medical Emergency Pending at a Local Office**

**REVISION 18**  
(10/01/11 - 12/31/11)

[For MA after 2013](#)  
[See the EPM](#)

The local office where the case is CARCed is responsible for completing the MA determination. The hospital EI, the local office, and [Research and Analysis](#) (R&A) work together to ensure the determination is completed in seven days or fewer.

DO NOT register the new application. Treat the new application as a medical field emergency.

Upon receipt of the application or hospital notification, FAA hospital staff notifies the [R&A Unit](#) that a medical field emergency exists. FAA hospital staff gives R&A the participant's name, case number, and site code where the case is CARCed.

R&A notifies the medical emergency contact person at the local office where the case is CARCed of the medical field emergency. R&A gives the name and phone number of the FAA hospital staff that assists in the MA determination.

The local office has four hours to review the case and determine what is needed to complete the MA determination.

When information needed to complete the MA determination is missing, the local office notifies the FAA hospital staff of the missing information.

The hospital and local office staff work together to complete the eligibility determination.

**NOTE** When the interview has not been completed, the hospital EI completes the interview.

**WARNING**

An MA participant coded OU on SEPA may become hospitalized. When this occurs, the budgetary unit may request that the hospitalized participant be added to their MA case.

The local office must review the case to determine whether the participant can be added to the existing case, or whether a new case must be registered. (See [Adding a Participant](#) for procedures)

Any information received at the medical facility is FAXed to the local office.

The local office completes the MA determination and notifies the R&A Unit when the determination is completed.

R&A completes the following:

- Verifies the completed action in AZTECS.
- Contacts AHCCCS on that same date to request the posting of eligibility for the participant.
- Notifies FAA hospital staff that eligibility has been posted to PMMIS.

FAA hospital staff provides a copy of the decision notice to the hospital, when appropriate.

## **.02 T & R Becomes Hospitalized**

[For MA after 2013](#)  
[See the EPM](#)

An applicant may have been treated and released at a medical facility, and become hospitalized at a later date. The treat and release application should have been registered and sent to the local office that serves the residential ZIP Code of the applicant. When registration has not occurred, FAA hospital staff register and process the current application.

### **WARNING**

When the first application has been registered, key the HOSP CODE and T/R fields on MAGH only. HOSPITAL INFORMATION fields are not keyed.

Upon receipt of the treat and release application, the local office determines whether the MA eligibility determination has been completed.

When the eligibility determination has been completed, follow procedures outlined in [Receipt of Second Application](#).

When the application is PENDING, the local office notifies the FAA MA Only local office via telephone of the receipt of the treat and release application. The local office assists the hospital site to ensure that the correct application date is used in the eligibility determination.

Upon completion of the eligibility determination FAA hospital staff transfers on CARC and sends the [case file\(g\)](#) to the local office.

## L Incapacitated MA Applicant

[For MA after 2013](#)  
[See the EPM](#)

An incapacitated applicant is a person with an inability to communicate or verify their [eligibility factors](#). (See [MA Representative](#))

An incapacity includes, but is not limited to, the following:

- Amnesiac
- Comatose
- Deceased
- Illness
- Mental impairment
- Severe physical impairment

A local office or an out stationed EI may receive an application on behalf of an incapacitated applicant. When this occurs, every effort must be made to obtain verification of the following:

- Name of the applicant when the applicant is unidentified
- Citizenship and noncitizen status
- Residency
- Other nonfinancial eligibility factors
- Financial eligibility factors

Efforts to obtain verification include, but are not limited to, the following:

- Contacting hospitals or other medical facilities
- Obtaining a written statement from a physician providing an estimate of age
- Contacting homeless shelters, landlords or neighbors
- Requesting that [OSI](#) contact the following:
  - Law enforcement offices
  - The F.B.I. or police for fingerprint checks
  - Census Bureau

When there is no reliable information or verification of eligibility factors, elevate the facts of the case to the [Policy Support Team](#) (PST) via e-mail for further direction.

When elevating the facts of the case to the PST, include the following:

- The case name
- The case number
- All documentation to support the efforts made to obtain verification

The PST completes the following:

- Reviews documentation gathered by the local office to determine whether there is sufficient information to make a decision on the required eligibility factors.
- Recommends alternative verification procedures.

**WARNING**

An incapacitated hospitalized MA applicant has the same [effective date of application](#) as any other hospitalized applicant.

## M Unidentified Incapacitated Applicant

[For MA after 2013](#)  
[See the EPM](#)

A local office or out stationed EI may receive an application turned in on behalf of an incapacitated applicant who is unidentified. When this occurs, register the application as follows:

- Use the last name assigned by the hospital where the applicant is an inpatient.

NOTE Each hospital may have a different method of assigning names to unidentified patients. When the name used is inappropriate, use John or Jane Doe.

Key the name using the four letter Hospital Code followed by the last name and a letter. The letter series is usually A through Z, but when necessary may be AA through ZZ, etc. (See Example [Unidentified Incapacitated](#))

### WARNING

When the name used on CLIR to inquire on an unidentified applicant displays on CLIS, change the last letter of the surname to the next letter of the alphabet.

When the hospital uses an alpha and numeric first name, register in AZTECS as Jane or John. Document CADO or the CADO Extension Form (CEF) and the [case file\(g\)](#).

- Use the date of birth assigned by the hospital where the applicant is an inpatient.
- Use the description of where the applicant was found as the [residential address](#). (See Example [Residential Address](#))

When the applicant has died before being admitted to the hospital, see [Deceased Applicant](#).

(See [Application Process](#) for registration procedures for new applications)

## N Untimely Determinations

[For MA after 2013](#)  
[See the EPM](#)

When an eligibility determination is not completed within seven calendar days from the application date, determine the reason for the delay.

When the MA determination is not completed because information is needed, key Y in the NEED INFO field.

NOTE AZTECS does not allow Y to be keyed in this field before the eighth calendar day, following the date of application.

When the MA determination is completed after the seventh day and additional information was NOT needed, key the appropriate Untimely Reason Code in the UNTIMELY REASON field on MADA.

### 04 Treat and Release (T&R)

[For MA after 2013](#)  
[See the EPM](#)

A medical facility may receive an MA application for a patient who is treated, released, and not admitted to the hospital. Policy and procedures regarding [treat and release\(g\)](#) applications are outlined as follows:

- [Facilities With FAA Staff](#)
- [Facilities Without FAA Staff](#)
- [Receiving Office T&R Responsibilities](#)
- [Automated Application Process](#)

#### WARNING

When a treat and release application includes a participant who becomes hospitalized in Maricopa County, see [Medical Field Emergency](#).

When the treat and release application is incomplete, see [Identifiable T&R Applications](#)

**A Facilities With FAA Staff**

[For MA after 2013](#)  
[See the EPM](#)

When a medical facility with FAA hospital staff receives an MA application from a patient who was treated and released, the following apply:

- Medical facility staff are responsible for completing both of the following:  
Identifying the application as a treat and release situation.  
Forwarding the entire application to the FAA hospital staff.
- The FAA hospital staff are responsible for [registering the application](#) within one [workday\(g\)](#) of receipt. The application date is one of the following:  
The date the participant signed and dated the application.  
The date documented on the admission or cover sheet when the participant did not date the signed application.

(See [Automated Application Process](#))

**EXCEPTION**

When FAA hospital staff cannot register the application, transfer the application to the local office that serves the PI's residential ZIP Code.  
(See [Transferring the T&R Application](#))

- The FAA hospital staff are also responsible for completing one of the following:  
[Transferring the T&R application](#)  
[Interviewing the T&R participant](#)

When the participant has died before or during treatment, see [Deceased Participant](#).

## .01 Transfer the T&R Application without Interview

[For MA after 2013](#)  
[See the EPM](#)

When transferring an application WITHOUT conducting an interview, complete the following:

- Ensure the front of the application is marked treat and release and includes the hospital name.
- CARC the case and forward the application and any verification to the local office that serves the participant's residential ZIP Code. (See [FAA Local Offices](#))

For additional policy and procedures, see [Transferring Applications](#).

## .02 Hospital T&R Interview

[For MA after 2013](#)  
[See the EPM](#)

When the FAA hospital staff is responsible for conducting the interview for a treat and release participant, schedule a telephone or face-to-face interview. A face-to-face interview is NOT required. (See [Scheduling Interviews](#))

NOTE When the FAA hospital EI helps to complete the application, the interview MUST be completed at that time. Ensure the Application Documentation Addendum (FA-001-D) is completed.

[Conduct the interview](#). Key L in the INTERVIEW DATE AND TYPE field on INDA

When an application is received with only the identifiable information completed, see [Identifiable T&R Applications](#) for additional policy and procedures.

When the interview is completed, the FAA hospital staff must complete one of the following:

- When staff or terminals are NOT available to complete the determination, transfer the case and forward the application and ALL verification to the local office that serves the participant's residential ZIP Code. (See [Transferring Applications](#))
- Transfer the case on CARC and forward the [case file\(g\)](#) to the local office that serves the participant's residential ZIP Code AFTER an eligibility determination is made. (See [Case File Transfer](#))

## **B Facilities Without FAA Staff**

[For MA after 2013](#)  
[See the EPM](#)

Each Program Manager (PM) partners with the medical facilities in their region to establish procedures for each of the following:

- DAILY pick-up and delivery of the treat and release applications.
- Screening and registering the applications. (See [Automated Application Process](#))
- CARCing and distributing the applications to the local office that serves the PI's residential ZIP Code.

NOTE When the participant has died before or during treatment, see [Deceased Participant](#).

- Ensuring the front of the application is marked treat and release and includes the hospital name.

(See [Receiving Office T&R Responsibilities](#) for completing the application process)

## C Receiving Office T&R Responsibilities

[For MA after 2013](#)  
[See the EPM](#)

When the receiving local office receives a treat and release application, complete the following:

- Ensure that the application is registered and the [X462 notice](#) has been sent. See [Automated Application Process](#)
- Have designated staff monitor the cases for contact from the PI for scheduling the interview.

NOTE These cases should be held in a centralized location until the PI is interviewed or the automated application process is completed.

The receiving local office may receive a treat and release application for a participant who was treated, released, and interviewed, but a determination has not been made. When this occurs, complete one of the following:

- When the application is received with all of the verification, complete the determination.
- When the application is received without all of the verification, complete both of the following:
  - Send a [C011 notice](#) to request any missing verification from the participant.
  - Complete the determination.

## D Automated Application Process

[For MA after 2013](#)  
[See the EPM](#)

A medical facility may treat and release a patient who requests MA at the facility. When this occurs, the medical facility forwards an [official application](#) to FAA.

NOTE The treat and release automated application process does not apply to [adding a program](#) or [adding a participant to an active case](#).

When FAA receives the application, the following must be completed:

- Register the application within one [workday\(g\)](#) using the date the application was signed and dated in the medical facility.
- Key the following on REAP to identify the application in AZTECS as a treat and release application:  
T in the HOSP OR T/R field  
The Hospital Code in the HOSPITAL field

When the application has been identified in AZTECS as a treat and release application, AZTECS completes the automated application process as follows:

- Displays the interview date in the INTERVIEW DATE AND TYPE field on INDA as 30 days from the application date.
- Displays N in the INTERVIEW COMPLETED field on INDA.
- Sends the [X462 notice](#) informing the PI of the need to call the local office within 10 calendar days to schedule an MA interview.

When the participant calls the local office, the local office completes the following:

- Schedules the interview.
- Keys the scheduled interview date over the AZTECS generated date in the INTERVIEW DATE AND TYPE field on INDA.

## **E Identifiable T&R Applications**

[For MA after 2013](#)  
[See the EPM](#)

When the application has not been filled out completely, obtain the application information during the interview process as follows:

- When conducting a face-to-face interview, have the participant complete the application and re-sign under the original signature.

When the participant requests assistance to complete the application, have them complete and sign the Application Documentation Addendum (FA-001-D).

The FA-001-D authorizes the EI to complete the application and the participant's signature attests to the information on the application.

Use the correct [documentation forms](#) to document the responses to all questions asked during the interview.

- When conducting a telephone interview, follow the procedures outlined in [Incomplete Application - Telephone](#).

When the interview is held, key Y in the COMPLETED field on INDA, and complete the interview and eligibility determination.

NOTE When the interview was conducted by FAA hospital staff, L must be keyed in the INTERVIEW DATE AND TYPE field on INDA.

When the participant fails to call to schedule an interview or fails to keep the scheduled interview, AZTECS completes the following:

- Denies the application on the 45th calendar day
- Sends the [X460 notice](#).

When the case auto denies on the 45th day, remove the [case file\(g\)](#) from the centralized area and placed the case file in the file room.

## 05 Chronic Medical Condition

[For MA after 2013](#)  
[See the EPM](#)

The [chronic\(g\)](#) medical condition question on the application allows AHCCCS to coordinate care with their health plans. This coordination allows expedited care to be provided to a participant with a chronic medical condition.

NOTE There is no requirement to verify the chronic medical condition.

When the chronic medical condition question on the [application](#) is answered, key the following in the CHRN COND IND field on MAGH next to each participant:

- Y (Does have a chronic medical condition)
- N (Does not have a chronic medical condition)

FAA2.Q MA Group Hospital and Benefit Information (MAGH)

When the chronic medical condition question on the application is not answered, complete the following:

- When a new or renewal interview is conducted, discuss the question with the participant and key the response in the CHRN COND IND field next to each participant.
- When no interview is conducted, key N in the CHRN COND IND field next to each participant.