Maryland Health Connection

for Caseworkers

User Guide

Version: 1.1
9/13/2013

Table of Contents

About This Course 1

About this Document 2

Introduction 3

Affordable Care Act 3

Maryland Health Connection 3

Intake & Eligibility 3

MHC System 4

Self-Assessment of Eligibility 5

Pre-Screen Calculator 6

Anonymous Browsing 7

Applying for Insurance 11

Create an Account 11

Saving an Application 16

Reset Password 17

To Determine Eligibility 19

Plan Management 25

Getting Help 25

Selecting a Plan 26

Searching a Specific Doctor 29

Eligible Reductions 30

Compare Plans 31

Dental Only Plan Selection 35

Medicaid Enrollment 38

Provider Search ... 39

Compare Plans ... 40

Enroll ... 42

Children’s Health Insurance Program (CHIP) ... 43

Maryland Children's Health Program (MCHP) Premium ... 45

Financials ... 46

Create an Account ... 46

Dispute Bill ... 48

Internal Case Management ... 51

Search for a Person or Prospect ... 52

Case Management Workspace ... 53

Register a Prospect ... 55

Verification Process ... 62

Overview ... 62

Federal Hub ... 63

Evidence ... 64

Verification ... 66

Authorization Process ... 67

Communications ... 68

Email ... 68

Notices ... 68

Text ... 69

Automated Message ... 70

Caseworker Calendar & Tasks ... 71

Introduction ... 71

Items of Interest 71
Calendar Feature 71
Tasks Feature 72
Create New Task 72
Create a Task 73
Task Deadline 74
Time Menu 74
Concern 74
Assignment 75
Comment 76
Open Task 76
Defer Task 76
Work Queues 77
Overview 77
Maryland Health Benefit Supervisor Management 78
Supervisory Management 78
Supervisor 78
Customizing Supervisor Management Workspace 79
Supervisor Workspace 79
Access Supervisor Workspace 79
Supervisor Workspace 80
Customize Supervisor Workspace 80
Customized Supervisor Workspace Pods 80
Resetting the Pods 83
Supervisor Workspace in a Nutshell 83

Managing Caseworker Workloads 86
Reviewing Caseworker Task Lists 86
Caseworker Workspace 87
View Assigned Tasks 88
Reserving Assigned Tasks to Caseworker 89
Redirect User Tasks 90
Stop Redirection 92
Reallocating Assigned Tasks 93
Reallocate single task 94
Manage Work For Cases 95
Overview 95
Access Case Workspace 95
Reassign Cases to New Case Owner 95
Automatic Case Reassignment 98
Reserve Case Assigned Task to a User 98
Viewing Case Reserved Task 98
View Reserve Case Assignment 99
View User Calendar 99
Manage Work for Work Queues 101
Overview 101
The Work Queue Pod 101
Access Work Queue Workspace 101
Work Queue Subscription 102
Unsubscribe from Work Queue 104
Managing Assigned Tasks 105

View Assigned Tasks 105
Reserving Tasks from Work Queue 106
Managing Reports 108
Cognos System 108
Accessing a Report 109
Overview 109
Access a Report 109
Managing a Report 111
Overview 111
Generate a Report 111
Select a Delivery Method 112
Generate With Options 113
Save a Report 116
Appendix A 120
Appendix B 122
Appendix D 123
Appendix E 124

About This Course

Audience

This course is offered to all Maryland Health Benefits Exchange employees, Department of Mental Health and Hygiene employees, and Department of Human Resources employees.

Objectives

This course is intended to introduce the Maryland Health Connection (MHC) system to employees at the Maryland Health Benefit Exchange (MHBE), Department of Health and Mental Hygiene (DHMH), and Department of Human Resources (DHR). In this course participants learn about managing a log in account, processing an intake application, and submitting an application. Following this course you should be able to perform the following:

- Describe the Maryland Health Connection System
- Explain the application process
- Define key terms and definitions
- Navigate the verification process
- Review available insurance options
- Manage the application process

About this Document

Icons

The following icons are used throughout this manual to provide visual clues to important content.

Tip	Tip is used to provide helpful information.
Information	Information is used for important information
Warning	Warning is used to alert of common errors or issues
Best Practice	Best Practice is used to call out organizational best practices, policies or processes

Introduction

Affordable Care Act

The Affordable Care Act (ACA) requires that each state create its own method of administering healthcare coverage to its citizens. Maryland has chosen to implement what is known as the Maryland Health Connection to meet this federal requirement.

The Maryland Healthcare Connection (MHC) provides the State of Maryland residents and businesses the opportunity to compare rates, benefits, and health insurances plans under one roof. The selection of a plan is based upon the individual or family needs.

The goal of the MHC system is to serve a high proportion of Maryland citizens seeking health coverage and financial support using one platform.

Maryland Health Connection

The MHC Web site allows Maryland individuals, representatives acting for individuals, and small businesses to search for and enroll in the following types of health care plans:

- Reduced cost insurance including but not limited to Qualified Health Plans (**QHPs**), Advanced Premium Tax Credits (**APTCs**), and Cost Sharing Reductions
- Medicaid
- Children's Health Insurance Program (**CHIP**)

Intake & Eligibility

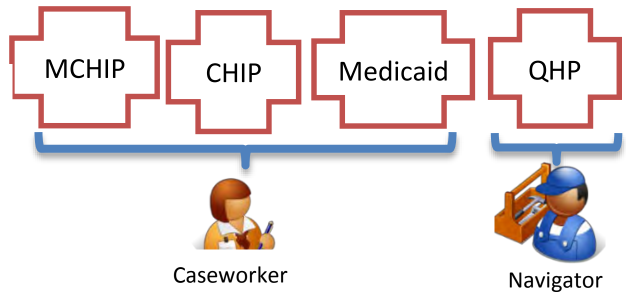
MD Residents

MD State Staff

Maryland Citizens will use the External MD Health Connection to browse anonymously then submit an application if desired.

When assisting customers with their application, you will use the caseworker portal.

Maryland Caseworkers handle MCHIP, CHIP and Medicaid cases.



Maryland Navigators handle QHP and QHPIA cases.

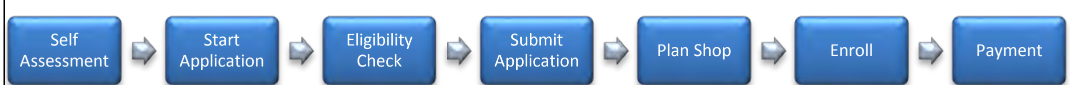
MHC System

The Maryland Health Connection system empowers the customer with information before you speak or have any interactions with them.

The State of Maryland end user website provides the public with the following capabilities:

- Pre-screen
- Intake and Registration
- Verification of User Information
- Eligibility Determination

MD Citizen Process



MHC Roles

Roles within the Maryland Health Connection system:

Customer: Uses the external website to browse for plans and submit an application for insurance

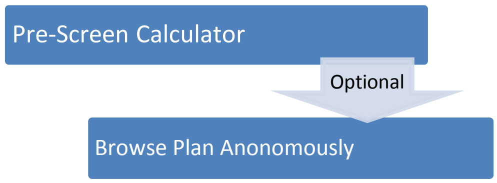
Caseworker: Uses the Caseworker portal to assist customers with applications for Medicaid and MCHP/CHP

Navigator: Uses the Navigator portal to assist customers with applications for QHP and QHPIA

Self-Assessment of Eligibility

Overview

Customers have the ability to assess eligibility of benefits using a prescreen calculator and anonymous browsing before applying for assistance.



Maryland Citizens can apply for Health Care through:

- MHC Website
- Walk-in to MD Office
- Mail in application

Common Intake Workflow

The standard Maryland Health Connection system intake application flow:


Customer access MHC (website, office or mail in)


Customer uses **Pre-Screen Calculator** or **Browses Anonymously** to help determine potential eligibility options (optional step)


Customer decides to create an account in order to submit an application for insurance coverage

Pre-Screen Calculator

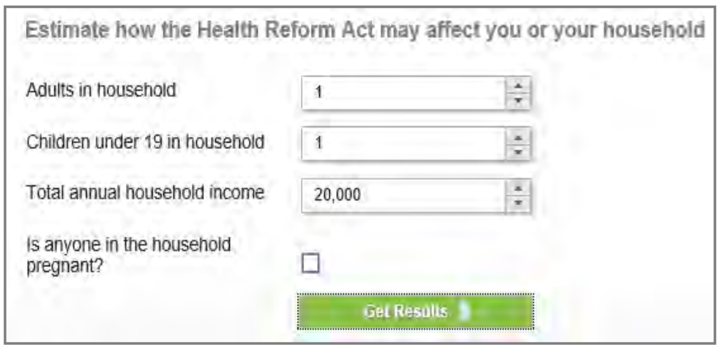
Customers can use a pre-screen calculator to estimate eligibility for health care options before creating an account. Since an official account has not been created, complete eligibility cannot be determined until the customer enters their information completely. The customer must complete all fields in the Calculator.

To self-assess using the Pre-Screen Calculator:

1. Open Web Browser
2. Type Web Address:

   The Maryland Health connection appears

3. Scroll to Pre-Screen Calculator

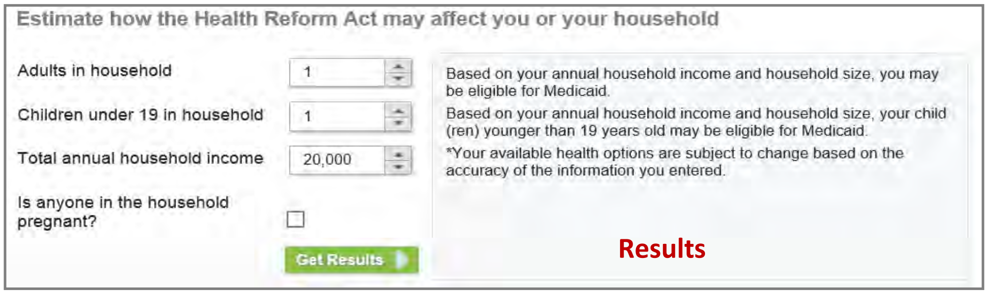


4. **Complete** all fields:

Field	Description
Adults in household	Must have filed taxes as 'head of household' or 'jointly' or be residing at the same address Minimum of 1 Adult Maximum allowed is 20 Adults
Children under 19	Include any person under 19 if one of the household adults is their legal guardian
Total annual income	Include income for all adults and children

5. Click **Get Results**

   The preliminary results are displayed to the right of the calculator based on the information that has been entered.



Anonymous Browsing

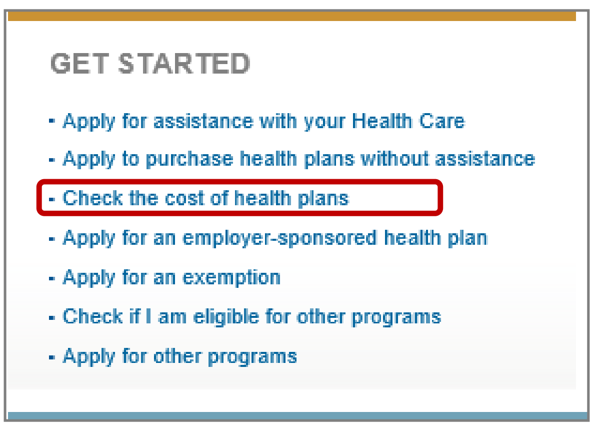
Anonymous browsing allows the customer to browse available insurance plans without creating an actual account. By entering some preliminary screening data, the customer is provided with a view-only shopping experience that displays quality health plans only. Medicaid and CHiP/MCHiP plans are not displayed when browsing anonymously.

To Browse Anonymously:

1. Open Web Browser
2. Type Web Address:

   The Maryland Health Connection screen appears

3. Scroll to **Get Started** section



4. Select **Check the cost of health plans**

   The Getting Started screen is returned.

5. Select **Continue without logging in** to browse anonymously
6. Click **Next**

Details Screen Appears

7. Complete **all** fields:
   - Date of Birth: Calendar Available
   - Use of Tobacco: **Yes** or **No**
   - Zip Code: **Must be Maryland Resident Zip Code**
   - Include others on Plan: **Yes** or **No** to include
   - Dependent Information will need to be provided
8. Click **Next**

*Dependent Details screen appears when selecting **Yes** to include others*

9. If necessary, complete **all** fields for dependents
    - Dependent's Date of Birth
    - Dependent's Use of Tobacco
    - More Dependents: Yes to add additional dependents
10. Click **Next**

    Summary Screen after all Depentdent Details are complete

    Summary Screen Appears

    Review Summary screen to ensure information has been captured correctly.

    Use **Back** to correct any information

11. Click Next

    Available Healthcare plans will be return based on data entered.

Information

Premium Rates are based on the following:

- Age
- Use of Tobacco

  Characterization of tobacco use has not yet been defined by the federal government.

- Zip Code

12. Click **Browse For Plans**

13. Check all plans interested in reviewing
14. Click **Compare Plans** to compare specific plan information

Information

When browsing anonymously, the customer is not allowed to enroll in any available health plan options. In order to enroll, the customer or their proxy, must first create an account.

Applying for Insurance

Overview

In order to apply for health care coverage, the customer is required to create and account. After the account is created, the customer can complete an application, select the appropriate health plan, and submit an application. The application may also save an application if necessary to complete at a later date.

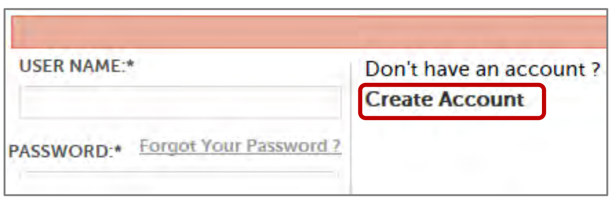
Create an Account

To Create an Account:

1. Open **Web Browser**
2. Type *Web Address*

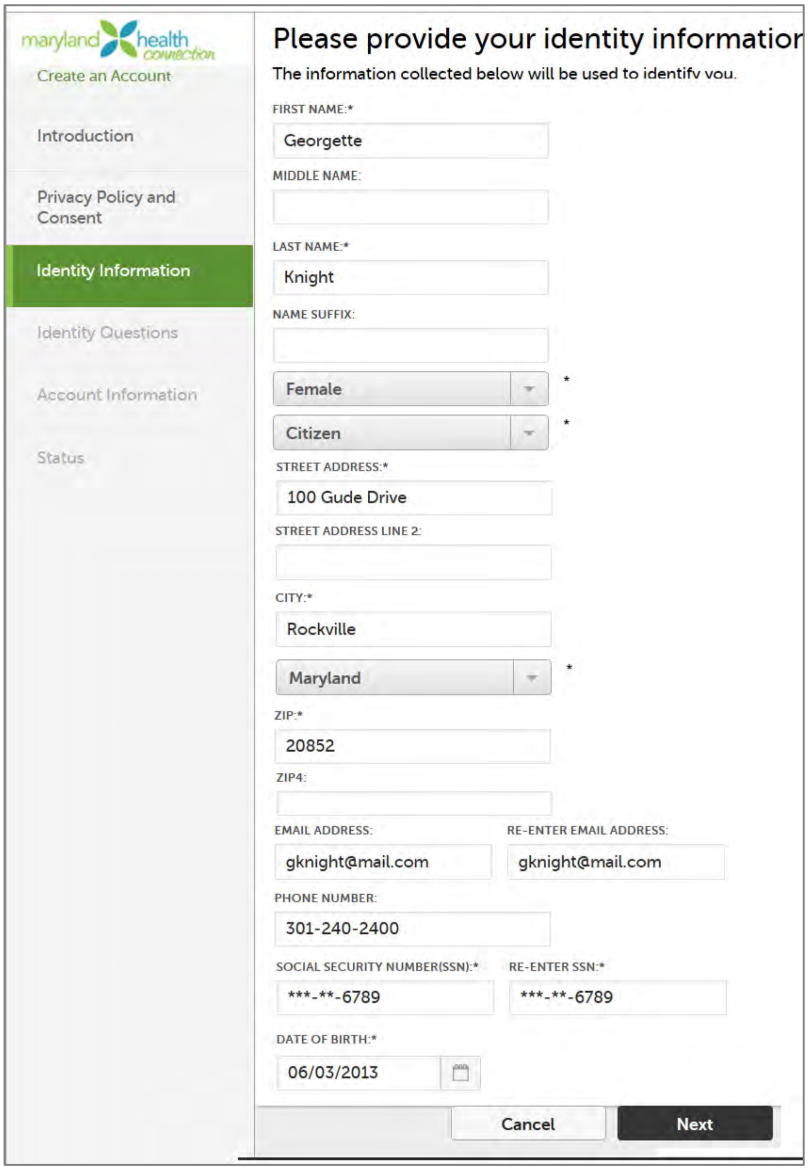
   The Maryland Health Connection screen appears
3. Click **Apply Now**

   Getting Started screen appears
4. Select **Create an account**



5. Click **Next**

   Create an account screen appears

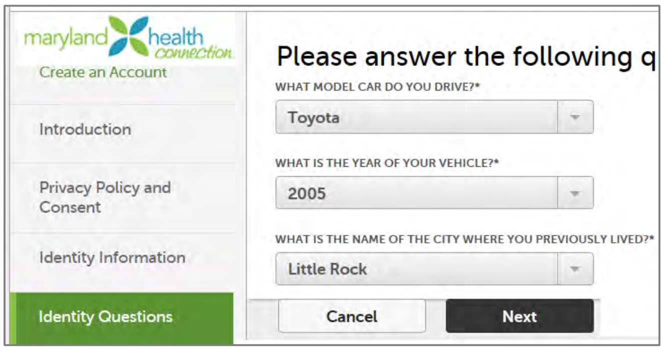


6. Complete required fields:

Field	Description
First Name	First Name of primary account holder
Last name	Last Name of primary account holder
Email Address	Email address of primary account holder if available
User name	Create a User Name for account login
Password	Create a Password for account login
Re-Type Password	Confirm password that has been entered

Security Question	Select a security question. The security question is used to retrieve the account in the event the customer has forgotten their password
Security Question Answer	Enter answer to security question
Select Conditions Box	Customer agrees to the rules set forth in using the Maryland Health Connection system

7. Click **Next**
8. Complete any vehicle information:



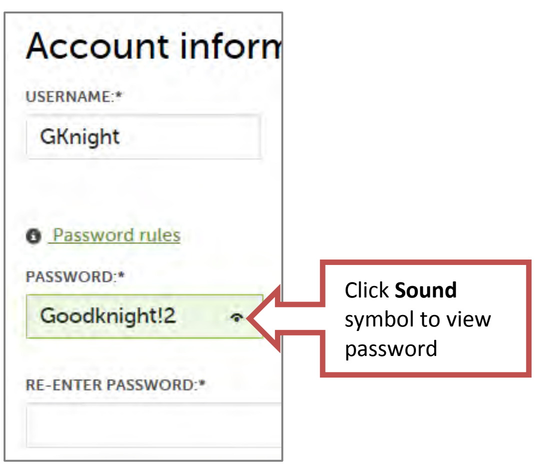
9. Click **Next**

IDP Registration Successful message appears

10. Click **Next**

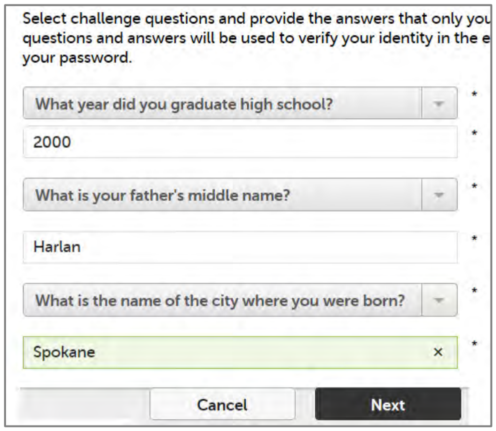
11. Create a **Username and Password**

- Username should be something easy to remember
- Password must be eight characters with at least one symbol and one number

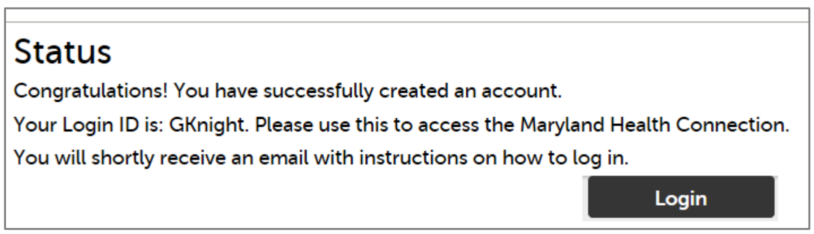


12. Click **Next**

13. Choose and complete the challenge questions:



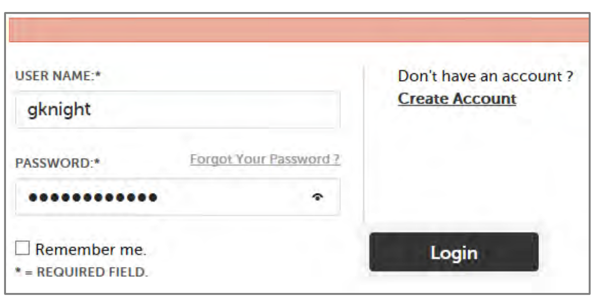
Success message appears



Create Application

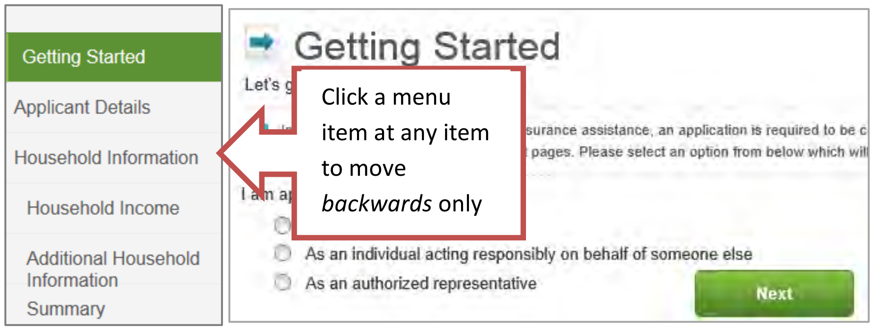
After an account is created the customer has the ability to apply for health care by completing an application.

14. Click **Login**
15. Log into account
    - Enter **User Name**
    - Enter **Password**



16. Click **Login**
17. Select **Apply Now**

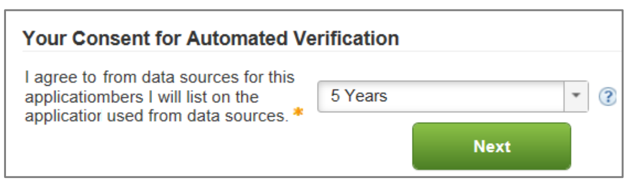
Getting Start page appears



Choice	Description
For myself and/or my family	Primary applicant applying for coverage for themselves or additional household members
As an individual acting responsibly on behalf of someone else	Person designated by customer to submit an application on their behalf (e.g, child applying for parent/grand-parent)
As an authorized representive	Person designated by applicant or State to submit application on customer's behalf (e.g., Power of Attorney)

18. Select the number of years client agrees to have information used and retrievable.

    Selecting more years prevents client from having to reapply.



19. Click **Next**

    Once confirmation is received, the client has the option of either continuing on to apply for insurance, or using their login to complete the application process and submit at a later time.

    Application Details Screen Appears

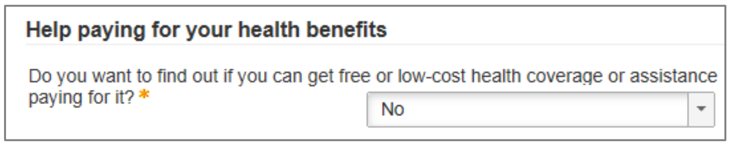
20. Click **Next**
21. Complete **Applicant Details:**
    - Your **Details:** Include all personally identifiable information

- Your **Home Address**:
    - Fixed Address = **Yes** [Provide address]

      Or
    - Fixed Address = **No**
        - Only Maryland citizens are eligible for benefits

22. **Select** if you would like the find out about free or low-cost health coverage

    If you select "No" for viewing free or low-cost health coverage, client will only see eligibility information for QHP Plans.



23. Click **Next**
24. **Complete** the remaining screens
25. **Submit Application**

Saving an Application

Once the application process has started, the customer has the option of completing the application in its entirety or saving during the process and continuing at a later time.

To save an application:

1. Open web browser
2. Type Web Address

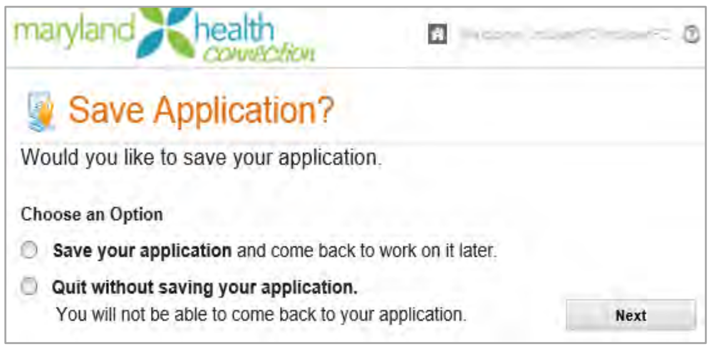
   The Maryland Health Connection screen appears
3. Enter the customer login information and click the ***Login*** *button to go to the* My Applications *screen.*

4. Complete the fields in the application.
5. Click the **Save & Exit** button to continue to

   Save Application screen.is returned

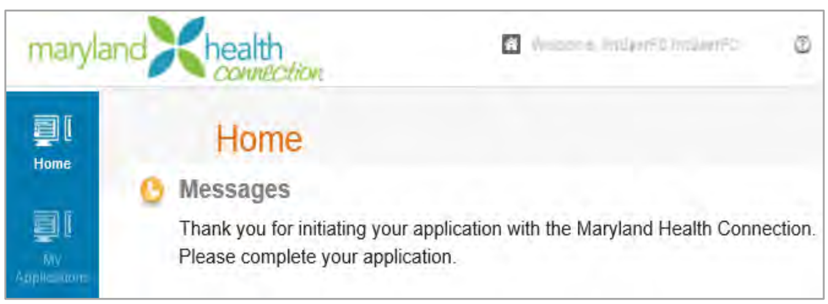
Information

The Maryland Health Connection system does not allow the customer to click the **Save & Exit** button until all required fields on the current page are completed.



6. Select the **Save your application** radio button
7. Click the **Next** button

   Home screen is returned



Information

To return to the application for completion, the customer must log back into the Maryland Health Connection system, and from the *Home* screen, click the **My Applications** link.

Reset Password

In the event a customer misplaces their password, the Maryland Health Connection system provides them with an opportunity to create a new password.

To change password:

1. From the Maryland Health Connection
2. Navigate to the **Log Into Your Account** section
3. Click **Forgot Your Password** link

   Forgotten Your Password screen appears

4. Enter **User Name**
5. Click **Next**

   Set New Password screen appears

6. Complete **all** fields:

Field	Description
Question	Select the security question for the account
Answer	Enter the answer to the security question
Password	Create a Password with at least 8 characters, and one number or special character (! @#$%)
Re-Type Password	Confirm password that has been entered

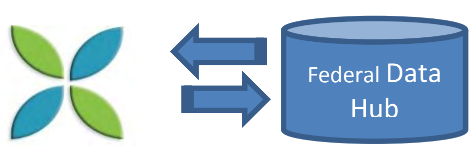
7. Click the **Submit**
8. Your new password has been created

Withdraw Application Message

When a customer initiates the application process, they have up to 30 days to officially submit the application. After 15 days, the Maryland Health Connection system generates a reminder message that the application is still outstanding.

Determine Eligibility

In order to apply for coverage, a customer must first be deemed eligible for coverage to begin. The Maryland Health Connection system performs an immediate eligibility check upon completion of the application. If information is immediately verifiable and approved, the customer is granted coverage.

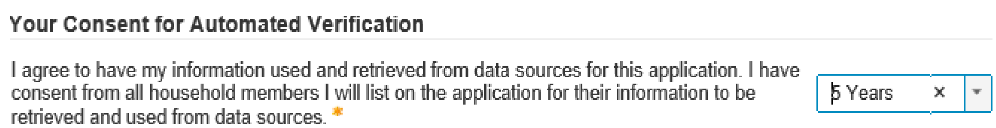


The following information entered by the customer is verified through the Federal Data Hub:

- Incarceration
- Residency
- Citizenship/Lawful Presence
- Identity
- Tribal Number
- Social Security number
- Income

If there are any issues in verifying a customer's information, then the customer must provide physical documentation to the Caseworker/Navigator for application completion.

The customer has the option to select automatic verification for up to five years. If the customer does not select an automatic verification option, then they must manually reapply for insurance coverage each year after insurance expiration. This option is found on the *Before We Start* screen.



Your Consent for Automated Verification

I agree to have my information used and retrieved from data sources for this application. I have consent from all household members I will list on the application for their information to be retrieved and used from data sources. *

5 Years

To Determine Eligibility

To determine eligibility:

1. From the Summary screen:

Summary

This is a summary of the information you have given so far. Please review to ensure that it is all correct

Please review all information on this page for accuracy. If you need to add information about any individual, please

You

About Primary Applicant

Full Name:	John Smith	Gender:	Male
Date of Birth:	9/7/1973	SSN:	123456789
Citizenship Status	U.S. Citizen	Supporting Document	

Your Household

About Household Members

Member Name	Date of Birth	Gender	SSN	Citizenship Status	Applying For?
Jane Smith	6/14/1998	Female	123456789	U.S. Citizen	Yes

2. Review the details to ensure accuracy
3. Click **Next**

   Verification Summary screen appears

Submit Application

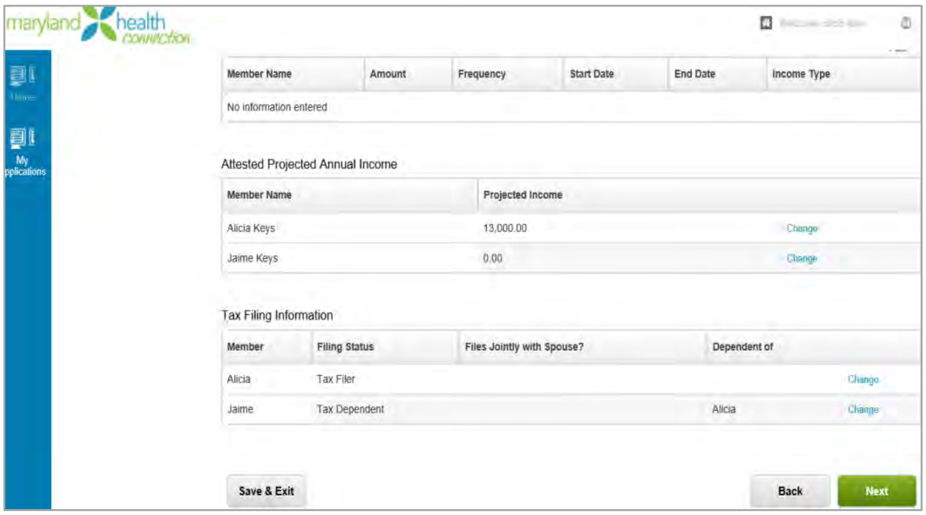
The application process is only complete once the customer officially submits for review and approval.

To submit an application:

1. Open web browser
2. Type web address

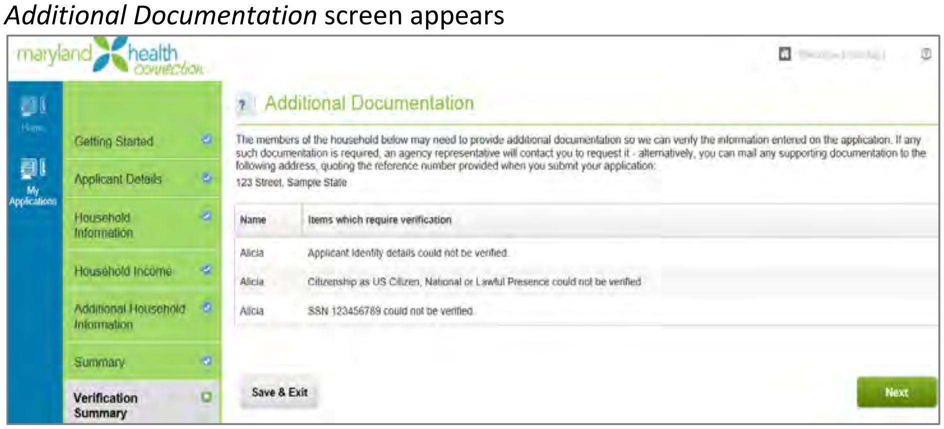
   The Maryland Health Connection screen appears

3. Complete the application and click the Next button to continue to the Summary screen.



4. Click **Next** button

   Additional Documentation screen appears

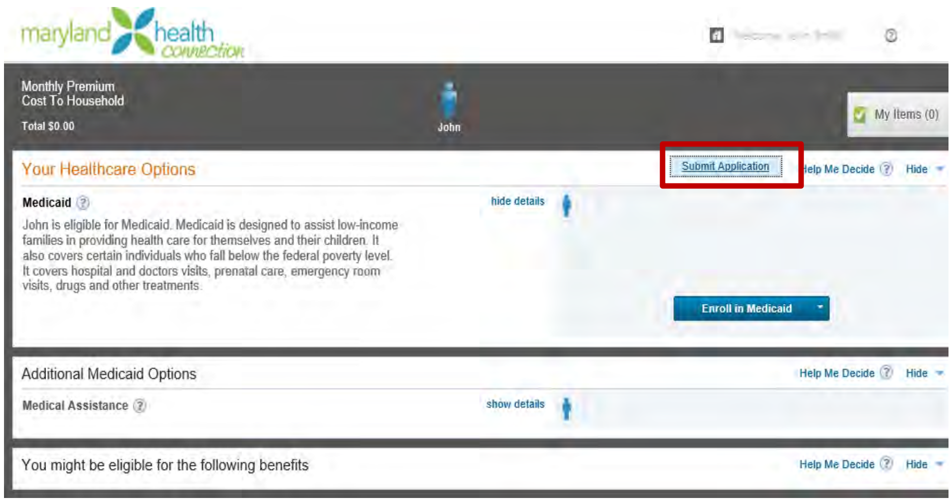


5. Review the items needed for verification.
6. Click **Next**

   Enrollment screen appears

Information

The *Additional Documentation* screen only displays in the event that some part of the customer's information cannot be immediately verified.



7. Review the available healthcare options.
8. Click **Submit Application**

   Submit Application window appears

Information

The **Enroll in Medicaid** button is based on the yearly income of the applicant. If the yearly income is higher, the button changes to **Enroll in Health Plan**.

After Submitting the Application:

1. Review the Sign and Submit Form
2. Check the box confirming cooperating with collecting Medical support

> I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and won't have to cooperate.
> ☐

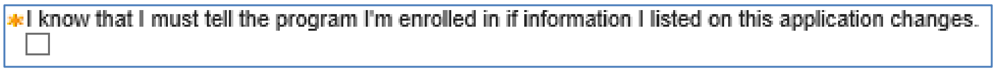
You may determine if you wish to cooperate with the state to gather Medical support from an absent parent

3. Check the box to allow tax return information to determine eligibility

> I understand that if I'm eligible for help paying for health insurance, I may also be able to renew the coverage. During the renewal process, the Marketplace will use income data including information the tax returns of household members. This will determine yearly eligibility for help paying for health insurance for the next 5 years. The Marketplace will send me a notice and let me make changes. If I don't respond, the Marketplace will continue my eligibility at the level indicated by the data. I understand this renewal process will occur each year for the next 5 years unless I tell the Marketplace that I don't want to renew, or if I leave the Marketplace. I also understand that I can change my answer later. If I don't check the box, I can select less than 5 years.
> ☐

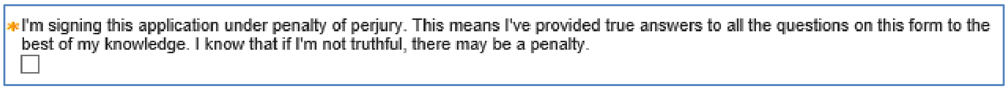
You may select to allow the state to store information for a period of time in order to expedite renewal in the Marketplace. If you selected less than 5 years do not check this box.

4. Check the required box



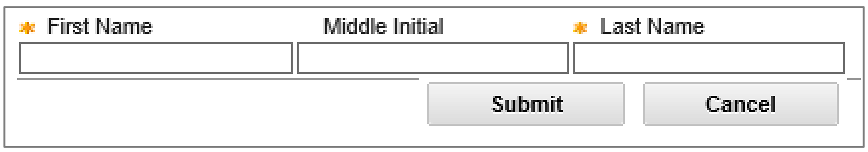
This required field acknowledges you will notify the state of changes.

5. Check the required box



Acknowledges all statements are truthful to the best of their knowledge.

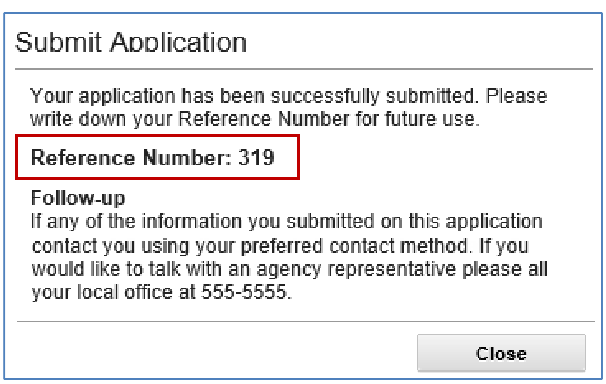
6. Primary applicant is required to type their **First Name** and **Last Name**. The primary applicant's **Middle Initial** is optional.



Field	Description
First Name	Type the primary applicant's first name in the field for electronic signature
Middle Initial	Type the primary applicant's middle initial in the field for electronic signature. The primary applicant's middle initial is optional
Last Name	Type the primary applicant's last name in the field for electronic signature

7. Click **Submit**

The confirmation window appears



8. Record the Reference Number
9. Click **Close** button

the Healthcare Options screen appears

Information

In the event a customer needs to speak to you, the Caseworker, regarding their application, they can provide the **Reference Number** to you and you can gain immediate access to the application.

Withdraw an Application

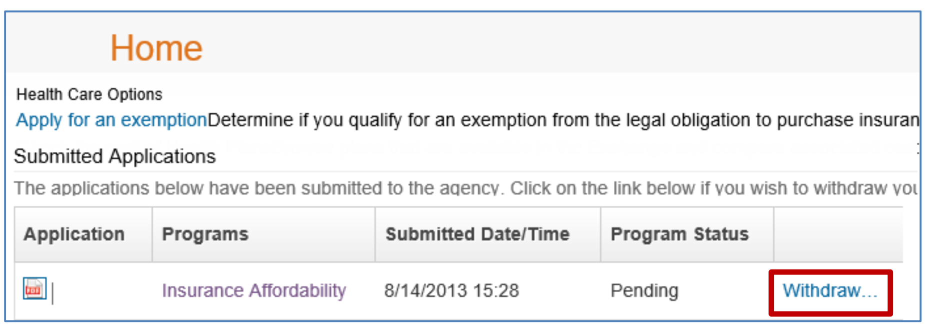
It may be necessary to withdraw an application that has been recently submitted. The status can be withdrawn while it is in a ***Pending*** status. Once the application status has been changed to ***Approved***, it is no longer eligible for withdrawal.

To withdraw an application:

1. Open web browser
2. Type web address

   The Maryland Health Connection screen appears

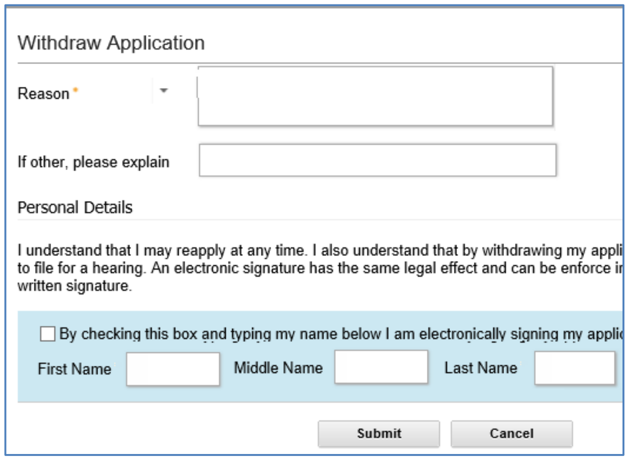
3. The customer must first log into their account and navigate to the *Home* screen.



4. Click the **Withdraw…** link to go to the *Withdraw Application* window.

Information

The *Home* screen provides the customer with the opportunity to review a PDF version of their submitted application. This document cannot be edited. If any changes need to be made, the customer must withdraw the application, then click the **Resume Application** link to submit a new application.



5. Complete all fields:

Field	Description
Reason	Select the reason for withdrawal
Other Explanation	If a reason is not available in the drop down list, enter explanation manually
Acknowledgement check box	Select the check box to acknowledge the withdrawal
Electronic Signature	Type in the primary applicant name to confirm the withdrawal

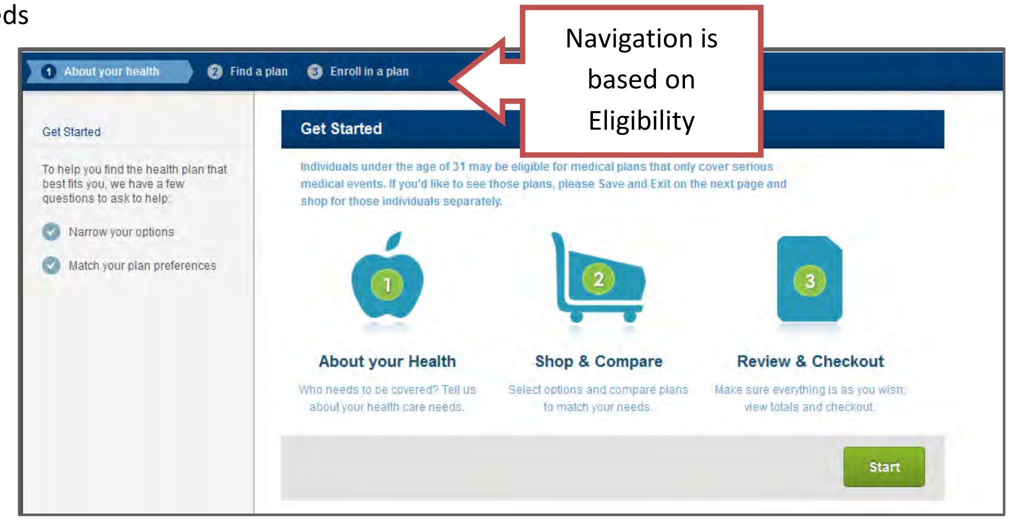
6. Click the **Submit** button to complete the withdrawal….Need additional screenshot/confirmation message. Currently cannot complete withdrawal as the Reason field is not populated and transaction will not allow you to go further without a specified reason.

Plan Management

Overview

Real time enrollment in health plans is the goal of the Maryland Health Exchange. Once information is supplied in the Citizen Portal and submittal of the application is completed, the process moves to the **enrollment** phase; and choosing a health plan.

The pool of available plans is created from the information provided in the Intake process. The customer may shop through the plans and narrow selections based on different needs



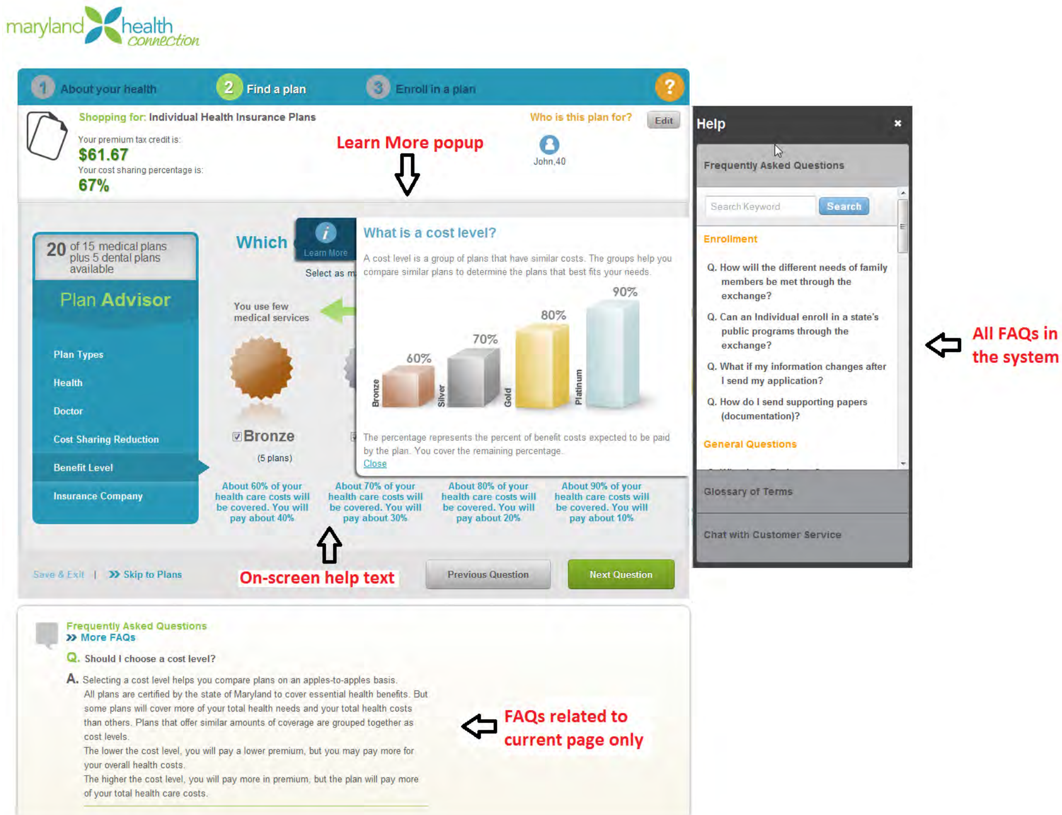
Shop Component

Getting Help

Maryland Health Connection help users through the shopping and enrollment process.

Help appears in many forms:

- Help Windows
- Popup Windows
- FAQ's
- Visible text on the page



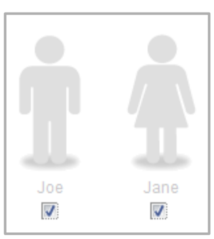
Selecting a Plan

The personal information enables the Maryland Health Connection to determine health plan eligibility and create a personalize list of plans. The personalized list allows for ease of comparison and research of the plans to find the perfect solution for any situation.

To Select a Plan:

After submitting an Application:

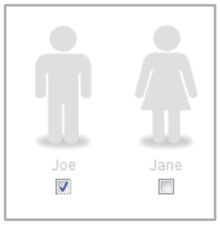
1. Select **Enroll** in Health Plan
2. Choose **Members** to Include in Plan



Each Member entered in the application process will have an Icon representation

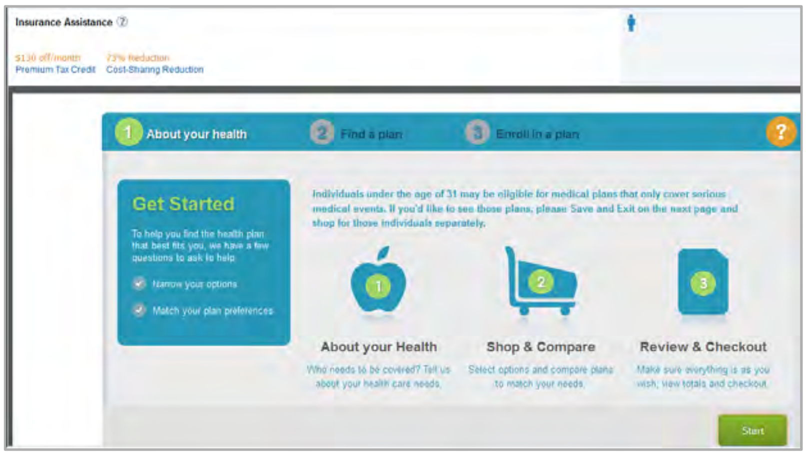
3. Check the **User** icons to be included in the health plan enrollment.
4. Select **Continue**

5. Check the Primary Contact



6. Select **Continue**

   The Shop Portal opens



The initial screen of the portal displays information about cost reduction, key information about the process and other help tools.

7. Select **Start**

   About your health screen appears

8. Choose Plan Types

Plan Types	Description
Medical Only or Medical plus Dental	Displays medical plans only and medical plans that have dental coverage included in the plan. The option for purchasing dental plans separate from the medical plans is also available with this selection
Dental Only	Displays dental plans only. No medical plans are displayed. The plan will be chosen after enrollment in Medical.
Catastrophic Plans	Provides a significantly cheaper medical plan, but out-of-pocket expenses are much higher. Person must be less than 30 and limited income. You cannot get lower cost premiums or financial assistance or APTC with the catastrophic plan.

MHC displays the best plan for your needs.

9. Choose **Yes** or **No** to choose Catastrophic Plan option

   *Choosing **No** the applicant is opting out of the cheaper medical plans with higher out-of-pocket costs.*

Health Questions

Maryland Health Connection has many robust tools to help families estimate health cost. The **Person health** tab is one of these tools. The tabs are generated for each member based on choices made in the "choose members" plan section (p 26) The question concerning the health of each person has three possible answers as defined in the health category table.

Health Categories

Person health	Description
Generally Well	This person has a few health issues. They are generally able to live life without medications.
Some Health Needs	This person makes regular visits to the doctors and/or has a few prescriptions
Significant Health Needs	This person has a specific condition that needs regular attention.

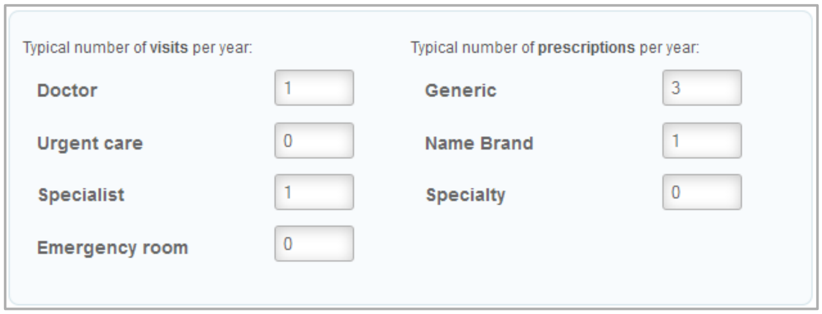
10. Choose the **health description** for each tab

    Answering this question has no effect your monthly premiums.

The In-Network doctors and prescription estimates link at the bottom of the Health question page enables you to estimate the costs. Supply basic information about your health status, number of doctor visits and number of prescriptions.

11. Select In-Network doctor and prescription estimates

    A person's health category determines pre filled information

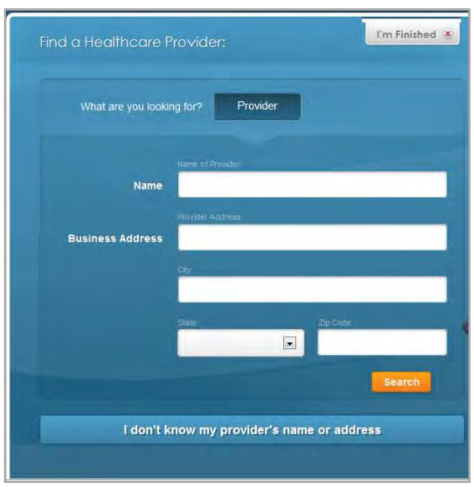


This is for estimations only and does not affect cost of health Insurance monthly premiums or yearly deductible amounts.

Searching a Specific Doctor

12. Select **Yes** if you have a doctors and wish to continue under their care

    The system will open a Provider search:



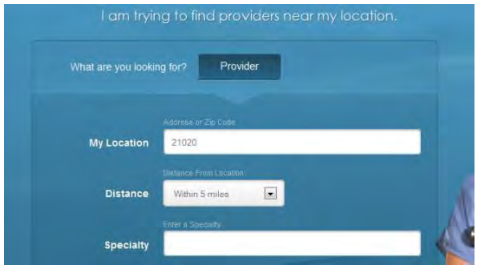
13. Type the Doctor's Name.
14. Click **Search**

    The list of Doctors will appear

15. Select a **Provider** from the result
16. Select **I'm Finished**

Or, if you don't know provider's name:

Click **I don't know my provider's name or address**



17. Click **Search**
18. Select a **provider** from the results
19. Select **I'm Finished**

Eligible Reductions

The customer may be eligible for plans that reduce their deductible and co-payment costs.

Continue to view reduced deductible or co-payment cost plans:

- Select **Yes** or **No** to see only reduced deductible or co-payment cost plans

Selection	***Description***
Yes	Plans that reduce deductible and co-payment costs
No	All plans fitting criteria regardless of deductible and cost.

Cost Levels

Continue to the Cost level question:

1. Choose **Cost levels** to include by checking or unchecking the medal level.

Cost Levels	**Percentage the plan pays of the average overall cost of providing essential health benefits to members**
Bronze	About 60% of your health care costs will be covered. You will pay about 40%
Silver	About 70% of your health care costs will be covered. You will pay about 30%
Gold	About 80% of your health care costs will be covered. You will pay about 30%.
Platinum	About 90% of your health care costs will be covered. You will pay about 10%.

Plans are separated into 4 health plan categories — Bronze, Silver, Gold, or Platinum. The plan category you choose affects the total amount you will likely spend during the year. (www.healthcare.gov)

2. Check as many cost levels as desired.

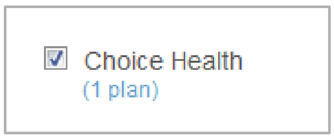
Or

If you do not wish to select plans by levels, Select **Skip to Plans.**

If you are an American Indian/Native American and qualify for zero cost sharing, you will only have Bronze plans to choose.

After checking plan levels:

3. Select **Insurance Companies** to include in search



4. Select View Plans

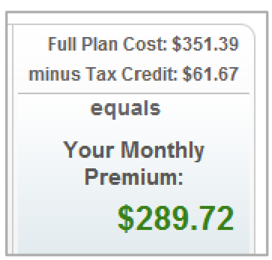
Compare Plans

In the main window health care plans are listed. Comparison of plans is available in Shop to help users make an informed insurance decision. The plans are organized by My Preference match, then by annual estimated cost, from least costly to most costly.

The dental only portion will follow after the medical plan selections. Once the Plan Summary appears a Shop for Dental Plan button will appear next to the Enroll button.

The plan cost details include:

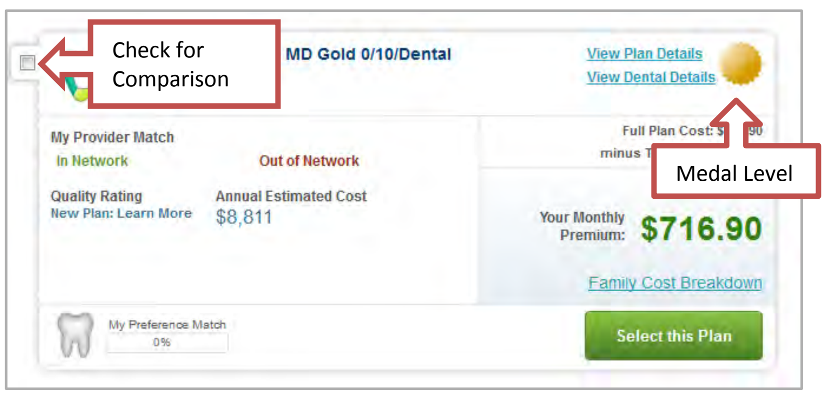
- The Monthly Premium is calculated as the Full Plan Cost minus the Tax Credit (if applicable).



- **Your annual estimated costs** are costs that you pay for out-of-pocket. This includes co-payments and the monthly premium.
- If this page does not list a tax credit for you, your income may be too high to qualify for the credit. Or, if your information was incomplete on the application, the tax credit may not appear here.
- To view the cost breakdown per family member, hover your mouse over the Family Cost Breakdown link for the desired plan. The following breakdown window appears.

The Plan Comparisons procedures:

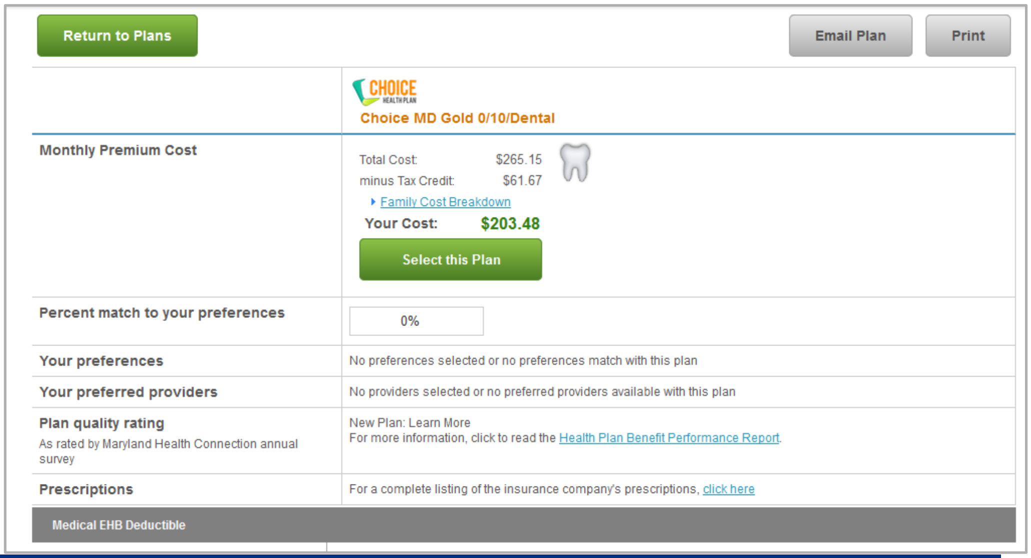
1. Choose the **Plans** for comparison



Compare up to 3 plans

2. Select Let's Compare Plans button

Plan Comparison Information is returned



Comparison Groups	Results
Monthly Premium Cost	Total Cost minus Tax Credit Family Cost Breakdown Final Monthly Cost
Percent match to your preferences	Graphical representation of percentage matched
Your preferences	List preferences selected
Your preferred provider	List preferred provider match
Plan quality rating	Health Plan Benefit Performance Report (as rated by Maryland Health Connection annual survey)
Prescriptions	PDF of companies complete prescription list
Medical EHD Deductible	In-Network, Tier 2 In Network, Out of Network, Combine In/Out Network
Drug EHB Deductible	In-Network, Tier 2 In Network, Out of Network, Combine In/Out Network
Combined Medical and Drug EHB Deductible	In-Network, Tier 2 In Network, Out of Network, Combine In/Out Network
Maximum Out of Pocket for Medical EHB Benefits	In-Network, Tier 2 In Network, Out of Network, Combine In/Out Network

Maximum Out of Pocket for Dental EHB Benefits	In-Network, Tier 2 In Network, Out of Network, Combine In/Out Network
Maximum Out of Pocket for Medical and Drug Benefits	In-Network, Tier 2 In Network, Out of Network, Combine In/Out Network
Dental Benefits	Routine Dental Services, Dental Check-up, Basic Dental Care, Orthodontia, Major Dental Care, Accidental Dental, Dental Anesthesia

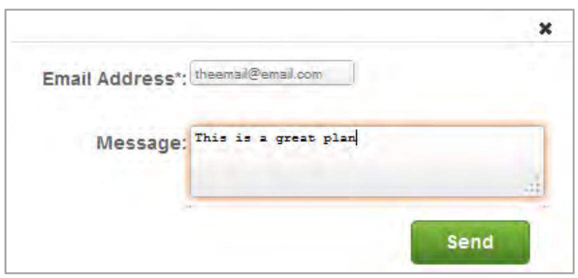
3. Select Return to Plans
4. Choose **Select this Plan** in the window corresponding to the plan you wish to choose

Email a Plan

Plan information may be printed or emailed from the compare health plan area.

From the Compare Health Plans Screen:

1. Select Email Plan



The email window appears.

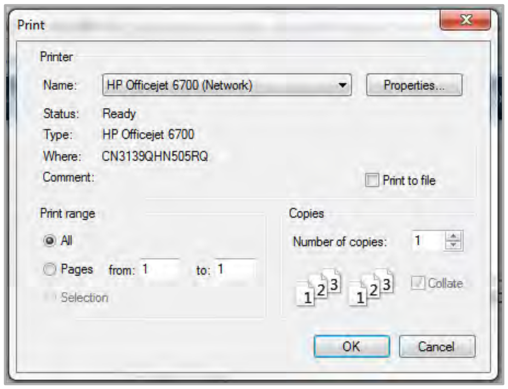
2. Enter email address
3. Type desired message
4. Click **Send**
5. Select Return to Plans

Print a Plan

From the Compare MCO Plans Screen:

1. Select **Print**

The Print dialog box appears



2. Select **OK**
3. Select **Return** to Plans

Dental Only Plan Selection

The Plan Summary appears for the selected insurance; notice the Shop for Dental Plan next to the Enroll button.

From the Plan Summary, Dental only plans become available:

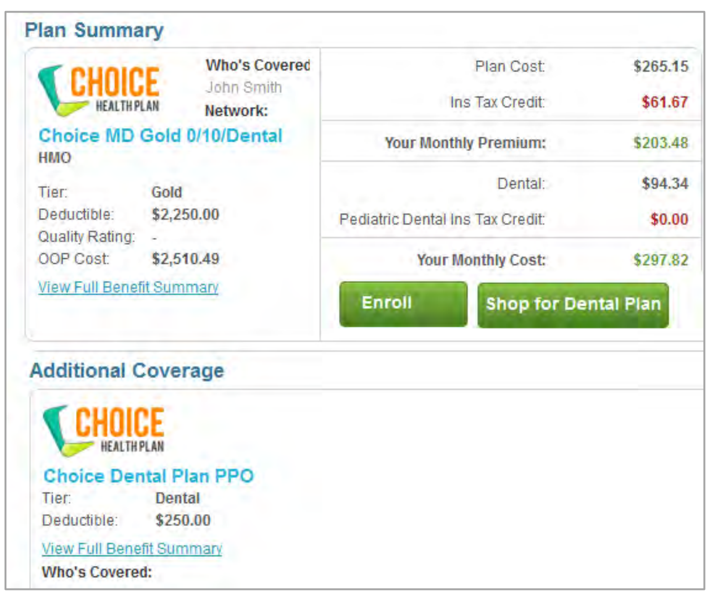
1. Click **Shop for Dental Plan**

   As with the healthcare plans you may compare, email, print and select a dental plan.

2. Choose **Select this Plan**

Enroll

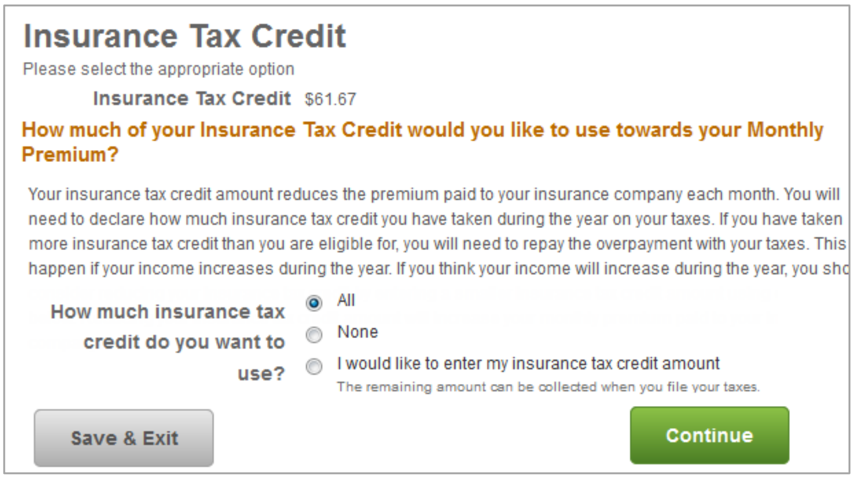
The plan Summary window has lists a summary of the insurance selections made during the shop process. The health insurance is listed first. The separate dental will appear in an additional coverage area.



3. Select **Enroll** to finalize selection

4. Choose **Tax Credit** amount;

The tax credit amount can be manipulated to any amount the buyer wishes. The amount is based on the tax credit you receive every year on your taxes, but any amount may be entered. If you apply more tax credit than you are eligible; you will need to reimburse the overpayment with your tax return. The change in tax credit can be cause by an increase in wage earning and other factors.

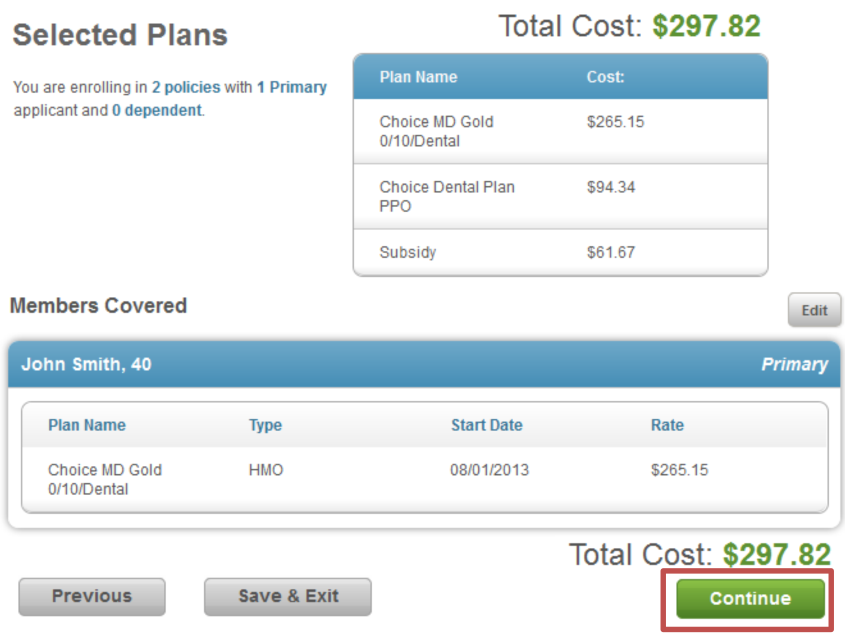


Selection for Insurance Tax Credit:

- All of the tax credit
- None of the tax credit will be used
- I would like to enter my insurance tax credit amount – If you select this option a Monthly Premium field appears, where you can enter an amount.

5. Select **Continue**

The Selected Plan window displays the member coverage type and costs. Each member will appear in the Member Covered section.



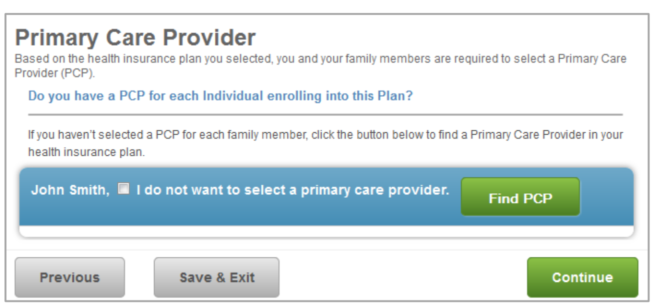
Tip

The selected plans page enables you to reconsider you selection. Click the **Edit button** next to Members Covered.

6. Choose **Continue**

Primary Care Provider

If the health plan needs a primary care provider (**PCP**) selected, the **PCP** screen will be appear. Each individual person on the application will need a **PCP** specified in the tab associated with that person. If you want the system to assign a provider check the box next to your name on the Primary Care Provider screen.



Primary Care Provider Screen

1. Choose **Find PCP** and follow the provider search process (p 29)
2. Select **Continue**

The plan enrollment requires a signature for the adults.

Signature and confirmation

The plan enrollment requires a signature for the Primary adult.

The name must be typed Identical to the application or the signature will be rejected. The user cannot move away from the signature page until this is completed.

3. Type First and Last Name
4. Select **Submit**

After submitting the Plan enrollment, you will be redirected to the financial component to pay the first month's premium. (p 46)

Medicaid Enrollment

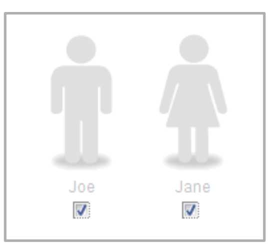
Medicaid plan enrollment will appear after submitting the application in the citizen portal, enrolling in a Medicaid health plan is the next step.

Medicaid is free health care for qualifying individuals and families. Health care through Medicaid is coordinated by HealthChoice Managed Care Organizations (MCO). In an MCO you get your health care through doctors, clinics, hospitals, pharmacies, and other providers who work with your specific MCO.

After selecting the **Submit Application**:

5. Select Enroll in Medicaid button

6. Choose **Members** to Include in Plan



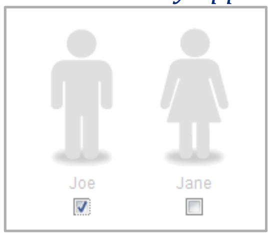
Each Member of application

Each person will have an Icon representation but the icon must be checked to be included in Medicaid enrollment.

7. Select Continue

8. Select Primary Contact
9. Check which person will be the primary contact.

This screen will only appear if there are multiple people in application.



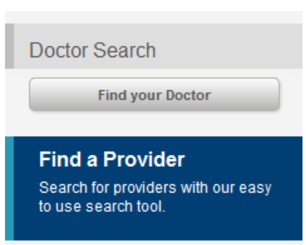
10. Select **Continue**

The Shop Portal Opens

11. Select Continue

Provider Search

One of the components of Shop is the ability to easily search for providers. Once **Continue** is selected, you are now able to find the doctor you want for your insurance coverage.



Located on the Left navigation area:

1. Select Find your Doctor

Provider Search

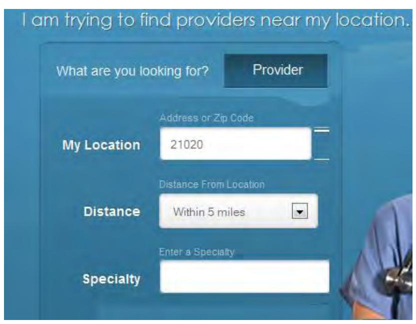
2. Type the doctor's name.
3. Click **Search**

   The list of Doctors will appear

4. Click **Select** next to the doctor

   ***Or** if you don't know provider's name*

   Click **I don't know my provider's name or address**



Search for provider near my location

5. Click **Search**
6. Select a **provider** from the results

Compare Plans

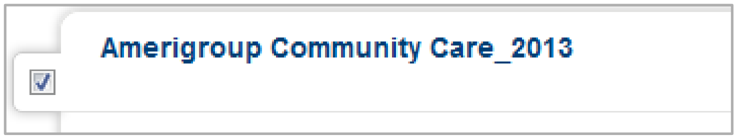
In the main window eligible MCO plans are listed. Comparison of plans is available in Shop to help users make an informed insurance decision. The plan list appears in order by in-network doctor match. Plans that have the doctor as out of network will appear at the bottom.

Evaluating MCO plans

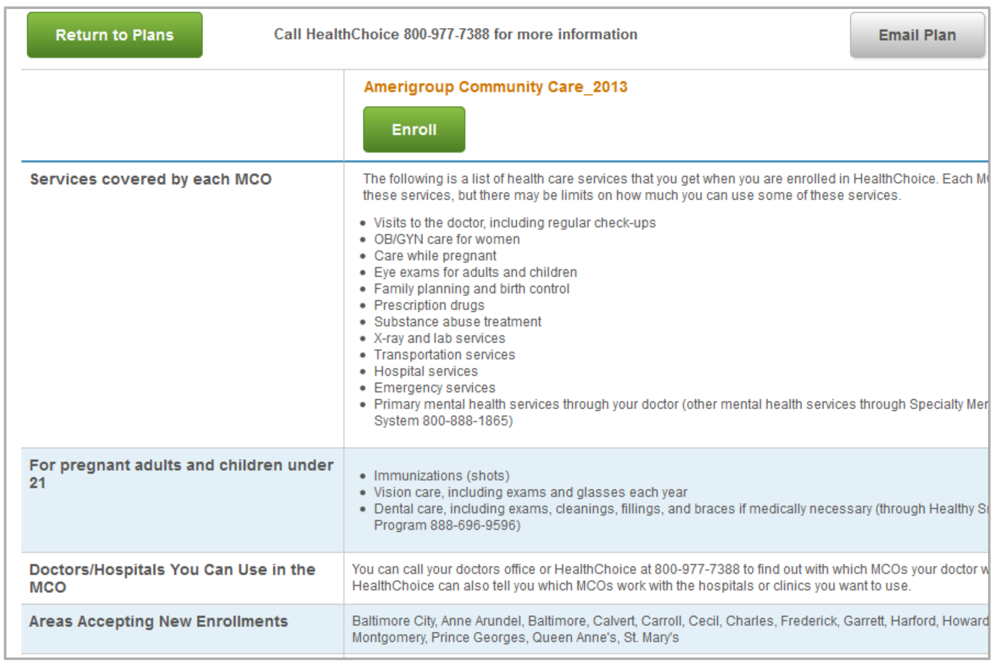
- MCO Comparison Chart – downloadable PDF
- MCO Report Card – downloadable PDF
- MCO Performance Ratings – included in Summary of Services

After selecting a provider:

1. Choose any plans for comparison



2. Select up to 3 plans to compare.
3. Select **Let's Compare Plans**



Detailed plan information is displayed for up to three (3) plans

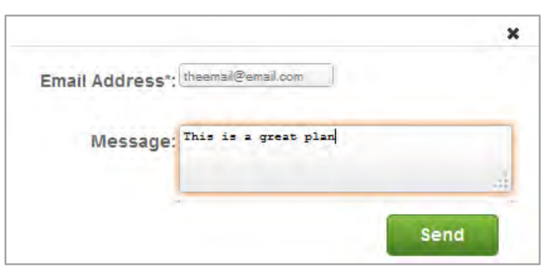
Email a Plan

Plan information may be printed or emailed from this screen.

To Email Plan Information

From the Compare MCO Plans Screen:

1. Select Email Plan



The email window appears

2. Enter email address
3. Type message
4. Select **Send**
5. Select Return to Plans

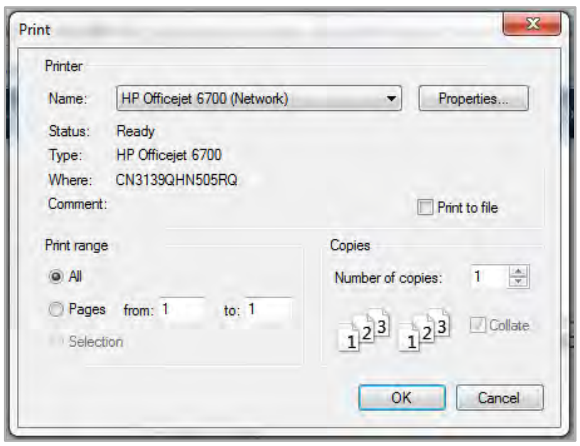
Print a Plan

To Print a Plan

From the Compare MCO Plans Screen:

1. Select **Print**

   The Print dialog box appears



2. Select **OK**
3. Select Return to Plans

Enroll

To enroll in a Plan:

From the Main MCO Plans window:

1. Select **Enroll** to select the plan
2. Select **Primary Care Provider** for each family member
3. If you do not select a primary care provider for each family member, a primary care provider will automatically be assigned to you. After the provider is assigned you will have 90 days to select a new primary care provider.
4. Select Continue
5. The **Selected Plans** are displayed for all members covered
6. Select Continue
7. Answer Health Service Needs question
8. Select **Continue**

Signature and confirmation

The plan enrollment requires a signature for the Primary adult.

The name must be typed Identical to the application or the signature will be rejected. The user cannot move away from the signature page until this is completed.

1. Type First and Last Name
2. Select **Submit**

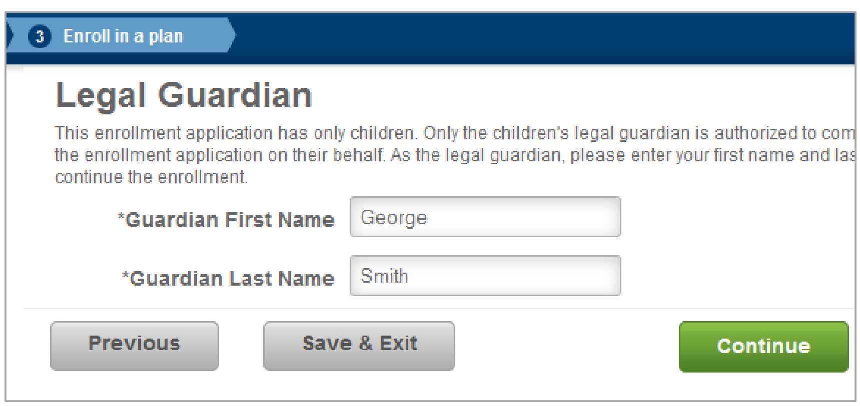
Children's Health Insurance Program (CHIP)

Medicaid is free health care for qualifying children. Health care through Medicaid is coordinated by HealthChoice Managed Care Organizations (MCO). In an MCO you get your health care through the doctors, clinics, hospitals, pharmacies, and other providers who work with your specific MCO.

Follow the Medicaid enrollment (p 38) completing enroll.

Children Only:

1. Click Continue.
2. Select the Legal Guardian



Only the legal guardian may complete this page

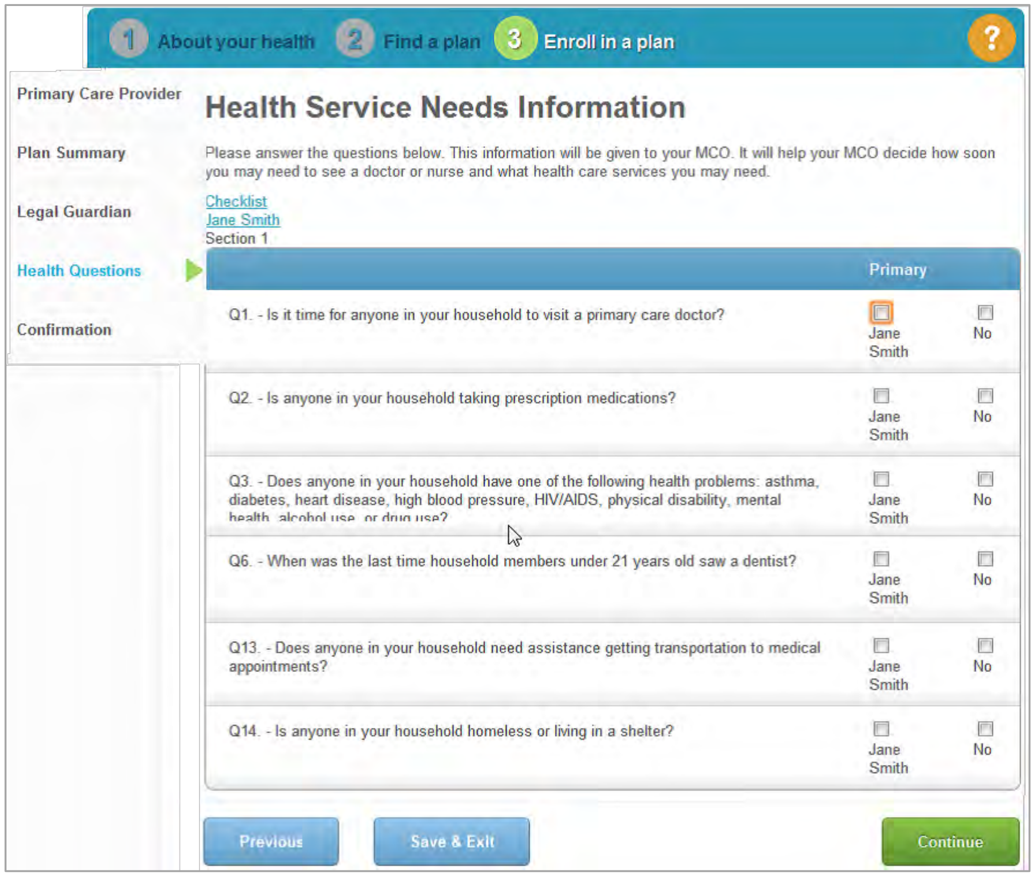
The legal guardian must enter their first and last name to continue the enrollment.

3. Click Continue

The Health Services Needs Information page is given to the MCO to help identify current health care needs.

4. Choose the Health Services Needs Information question answers

To answer the question in affirmative use the name check box



*If necessary, a **Prescription** information link will appear.*

5. Select Prescription

6. Choose **Add Prescriptions** to enter prescription information.

You may add in prescription medication information, but only if necessary.

7. Select Continue

With the legal guardian specified, an Electronic Signature on behalf the children appears.

Terms and Conditions/Signature Page

8. Read Terms carefully, Type the **Guardians First and Last name**.

   The name must match exactly the name supplied in the legal guardian screen.

9. Select **Submit.**

Maryland Children's Health Program (MCHP) Premium

MCHP Premium is low-cost health care for qualifying children up to age 19. Health care through MCHP Premium is coordinated by HealthChoice Managed Care Organizations (MCO). In an MCO you get your health care through doctors, clinics, hospitals, pharmacies, and other providers who work with your specific MCO. You must pay a small monthly cost (premium) to keep your children enrolled in MCHP Premium.

The procedures will be the same as Medicaid. (p 38)

Financials

Overview

The following steps help to provide the information necessary for all users to effectively use the new Engagepoint Financials system. The goal of the new system is to provide customer individuals and employers a centralized location for billing account management.

Using the administrative functions of Engagepoint Financials, provides the user the option of:

- Viewing account information
- Managing disputes
- Issuing refunds
- Generating reports

EngagePoint Financials System

The State of Maryland utilizes commercial-off-the-shelf solutions to implement the EngagePoint Financials system. The end user website provides specific capabilities:

- Account balance review
- Bill payment
- Payment activity review
- Manage billing settings

The EngagePoint Finacials system provides the customer with an opportunity to manage payment activities from the location of their choice by accessing an external web page.

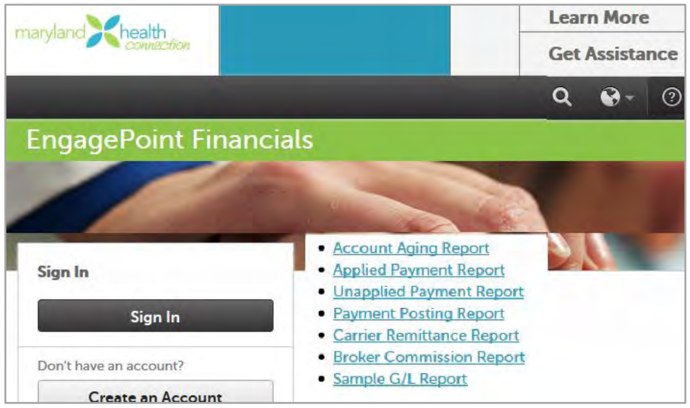
Create an Account

Prior to managing billing activities, the customer must first create an account.

To create an account:

1. Open web browser
2. Type web address

   The Engagepoint Financials system appears



3. Click the Create an **Account button**

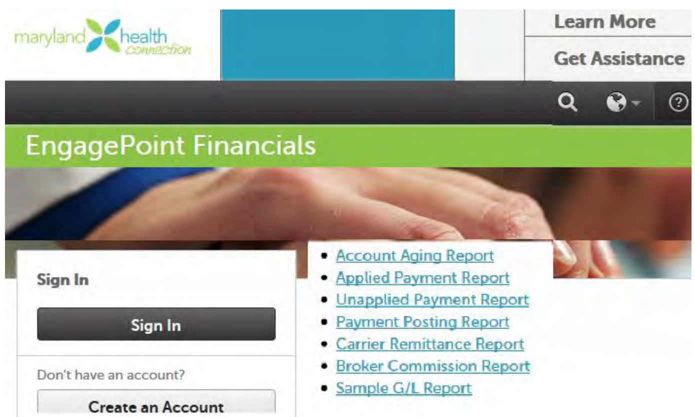
Log In

Once an account has been created, the customer can now log in to manage billing activities.

To log in:

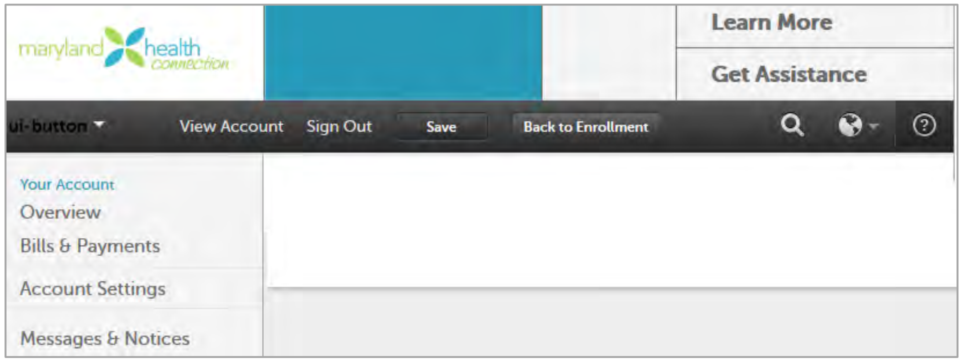
1. Open web browser
2. Type Web Address

   The Engagepoint Financials system appears



3. Click the **Sign In** button to go to the Account Overview screen.

4. Click the links to navigate to the necessary tasks



Dispute Bill

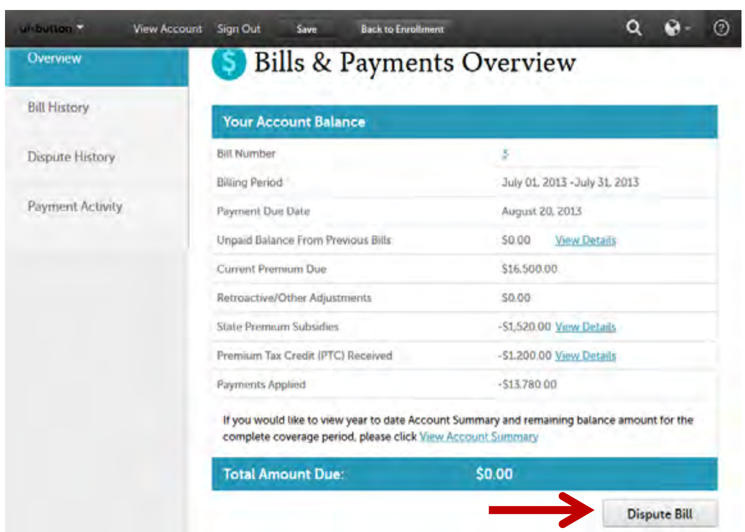
Periodically, a customer may find a discrepancy with their invoice amount. The EngagePoint Financials Management system provides the customer with the option of submitting a dispute of the bill

To dispute a bill:

1. From the Bills & Payment page:

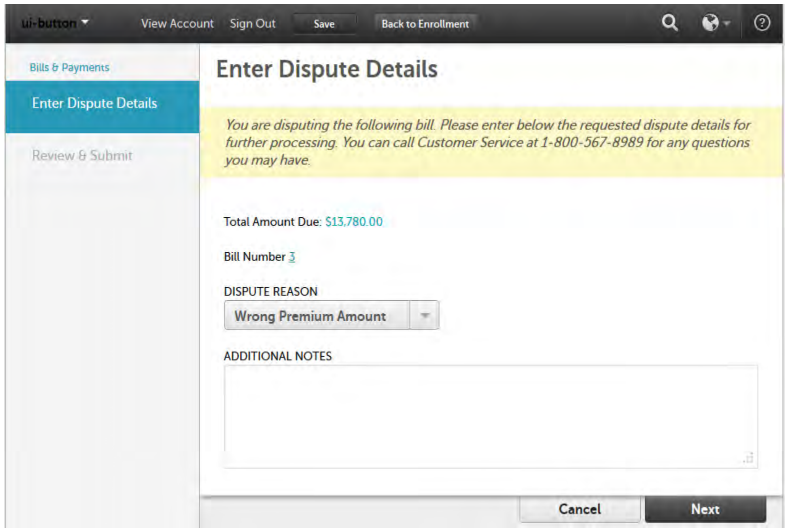
   The Engagepoint Financials system appears

2. Navigate to the Bills & Payments Overview screen.

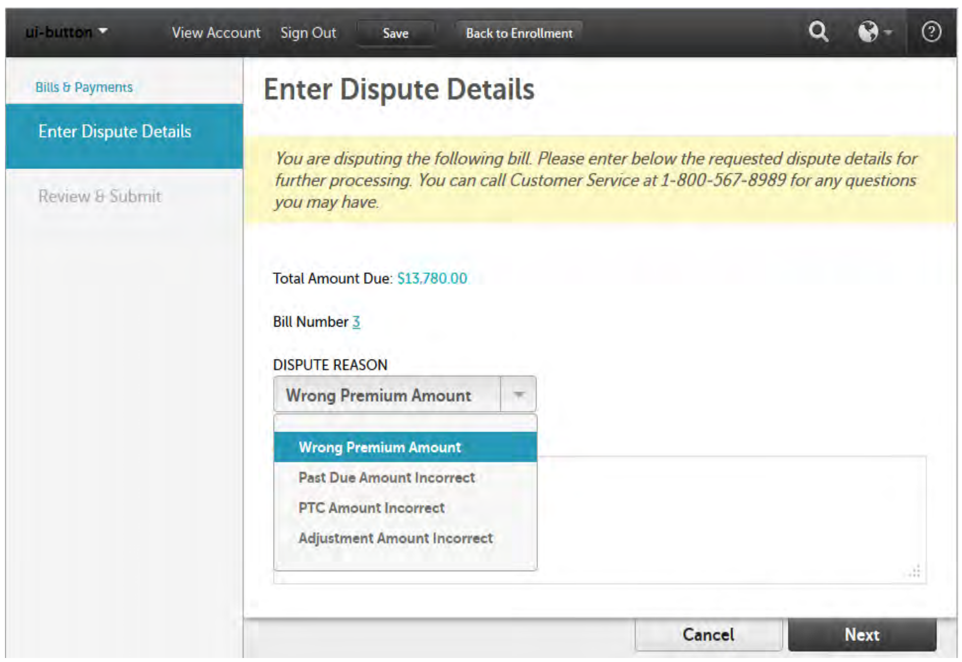


3. Click **Dispute Bill**

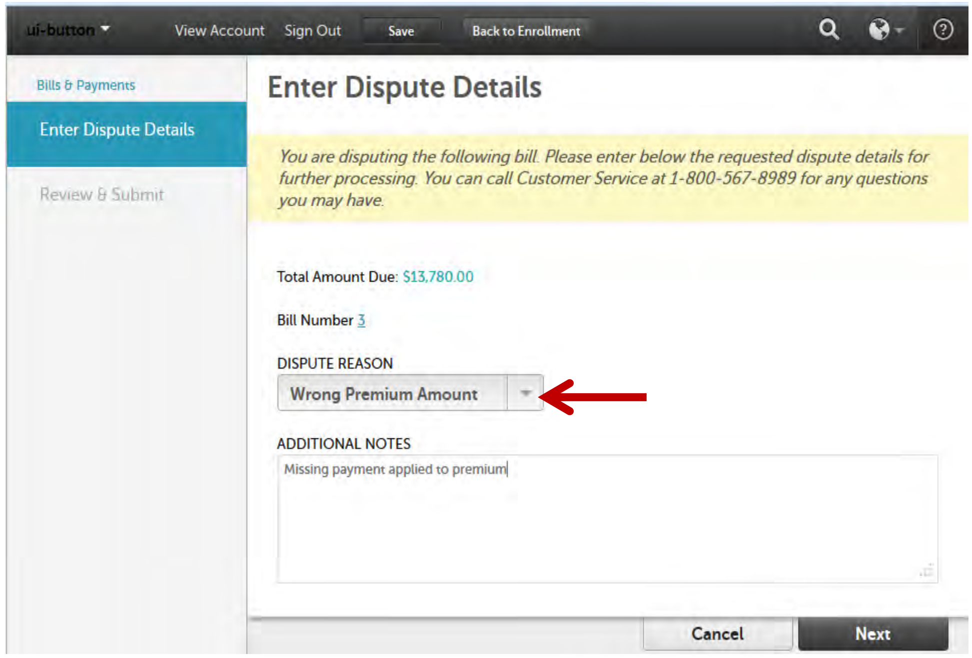
   Enter Dispute Details screen is returned



4. Select the **Dispute** Reason **drop-down** arrow to select the reason for dispute.

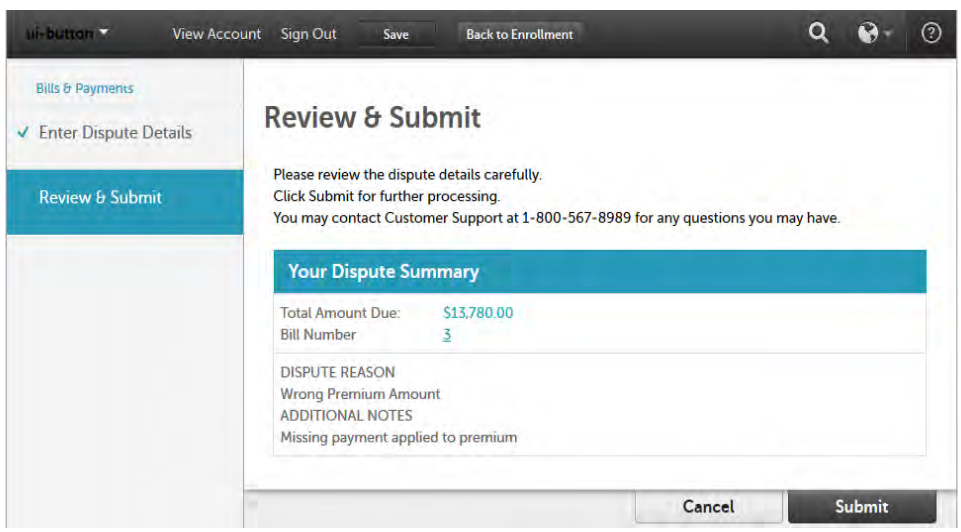


5. If needed, enter additional notes in the **Additional Notes** field.



6. Click **Next** button

Review & Submit screen is returned



7. Review the dispute details for accuracy
8. Click **Submit**

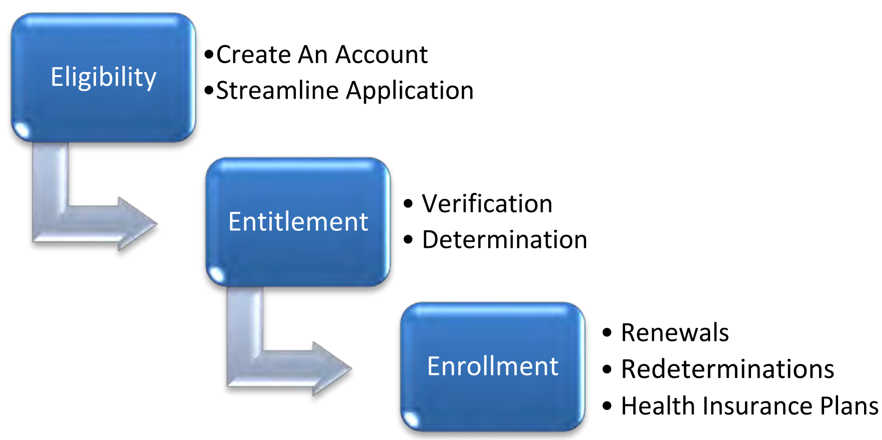
Internal Case Management

Overview

Internal case management begins where the creation of an MHC account ends. The management of a case is performed from account creation to fulfillment. Case Management involves the oversight of client portfolios by maintaining of data.

Access to MHC

You are responsible for verifying client information in MHC. MHC integrates the Eligibility, Enrollment, and Entitlement functionalities. The integration of these functions ensure individuals and/or families receives the proper health insurance plans based on the information collected during the application process.



The **Eligibility module** provides personal and geographic data which links user accounts to health insurance plans located within Enrollment. The data collected from the application is converted into evidence which aid to narrow the selection of various health plans.

Data collected from the customer must be verified through documentation and system database interfaces at both State and National levels. The processing of evidence then narrows the selection of health plans within the MHC. Customer needs will determine final selection of a healthcare plan and whether the customer will receive funding assistance.

The **Entitlement** module embodies the rules for eligibility determination. The integration of these functions provides a seamless operation to the customer.

Search for a Person or Prospect

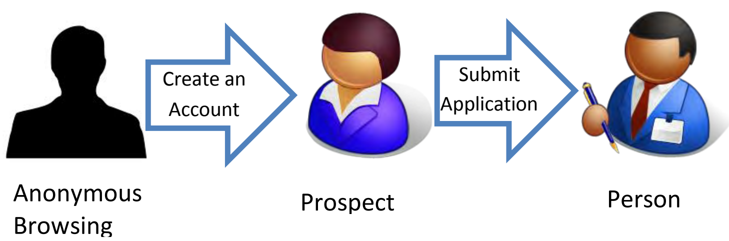
Overview

A customer must be recognized within MHC before they can participate in a health plan. Recognition by MHC requires that customers create a Log-in account and complete the streamlined application. The registration process ensures that all customers are than eligible to participate and receive benefits to address their specific needs.

Before you create a customer account, verify if the client has an existing account or if one needs to be established and then registered the client.

Searching for a Customer

When customers request help, you will need to determine their current status within MHC. The status of a person designates their role within MHC. The primary goal is to have all clients registered as a person and thus recognized by MHC.



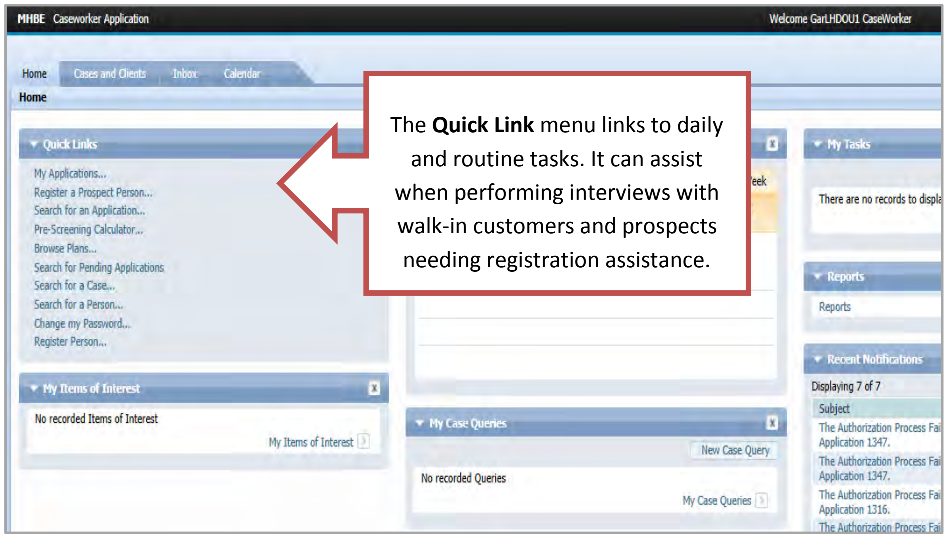
Customer Status	Definition
Anonymous Browsing	Customer is browsing for Health Plans without creating an account nor completing an application.
Prospect	An individual who obtains only a Log-in account within MHC.
Person/Registrant	An individual who completes the registration process and is prepared to enroll in benefits When a Log-in account and the pre-screening application is completed, MHC will display a reference number at the conclusion of this process which the customer should keep.
CIS Association	The database of record for registering everyone into MHC using an Individual Registration Number (IRN). This number is generated at the state-level which tracks program enrollment and demographic data requirements within the streamline application

The Search Feature

The **Search** feature permits the caseworker to verify registration of a prospect. The Search capability also assists to identify cases and other programs associated to a person.

Case Management Workspace

The Search Feature is access from Quick Links in the caseworker portal



Caseworker Portal

Search / Verify Customer Account

Before you create a new account, you should always check to see if the customer has either created an account or is already registered.

To Search for an account:

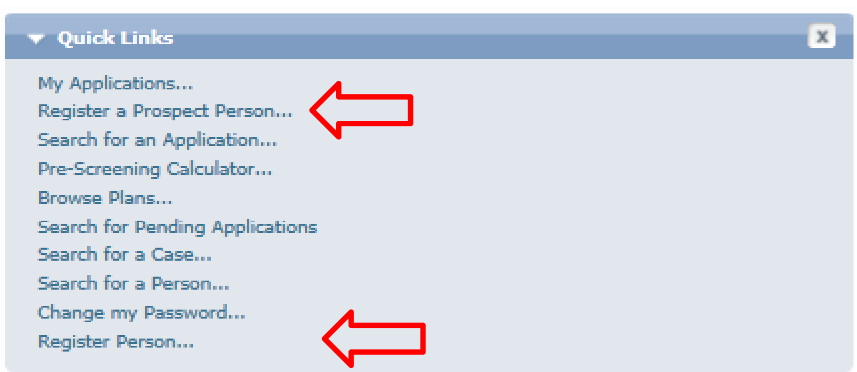
1. Go to the Caseworker Portal

   If you suspect the person is not registered but has an account (Prospect):

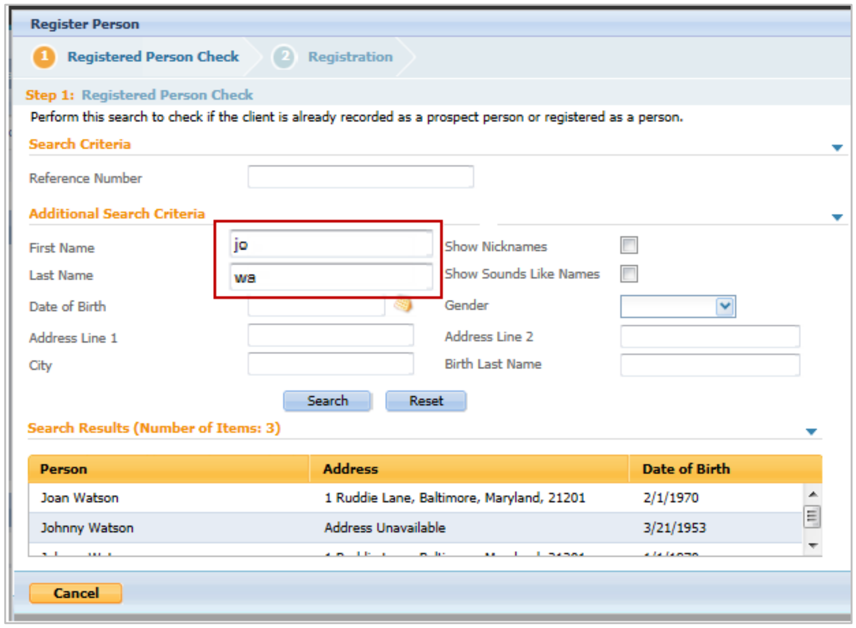
2. Click the **Register a Prospect** link on the Quick Link menu

   Or, if you suspect the person has submitted an account application and is registered (Person):

   Click the **Register Person** link on the Quick Link menu



3. Type the first part of the **customer's first or last name**; minimum of two letters



4. Click **Search**

   Name(s) appear in the Search Results on the bottom part of the screen

   If no results appear, this customer is not recognized by MHC and must be registered as Person (see 55)

5. Click on correct **Customer's** name, based on all information shown

   Customer's Account appears.

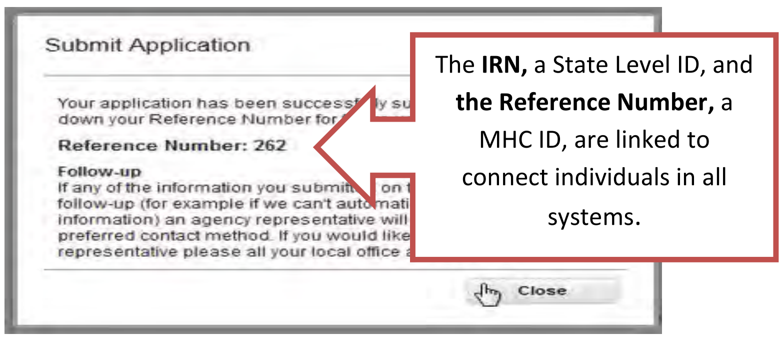
Register a Prospect

New Registrations

If you are unable to verify an existing account in MHC through searching, you will register the customer using the Caseworker Application Portal.

MHC will only recognize an individual if they are registered. There are several integrated commands within the caseworker application portal designed to assist the caseworker with this responsibility.

Registration creates an **Individual Registration Number** (**IRN**) contained at the state-level. A Reference Number is generated within MHC once the streamline application is submitted.



Information

The ID connection process occurs in the background of MHC once the streamline application is submitted into MHC. This interface allows continuity for those persons receiving benefits prior to the creation of MHC while connecting future benefit requirements to the individual and/or family.

Register a Prospect

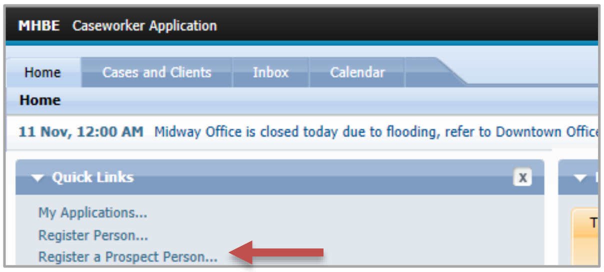
The registration process consists of:

1. Creation of a Log-in account
2. Completion of the application which includes the information:
   - Applicant Details
   - Household Information
   - Household Income
   - Household Information
   - Additional Household Information

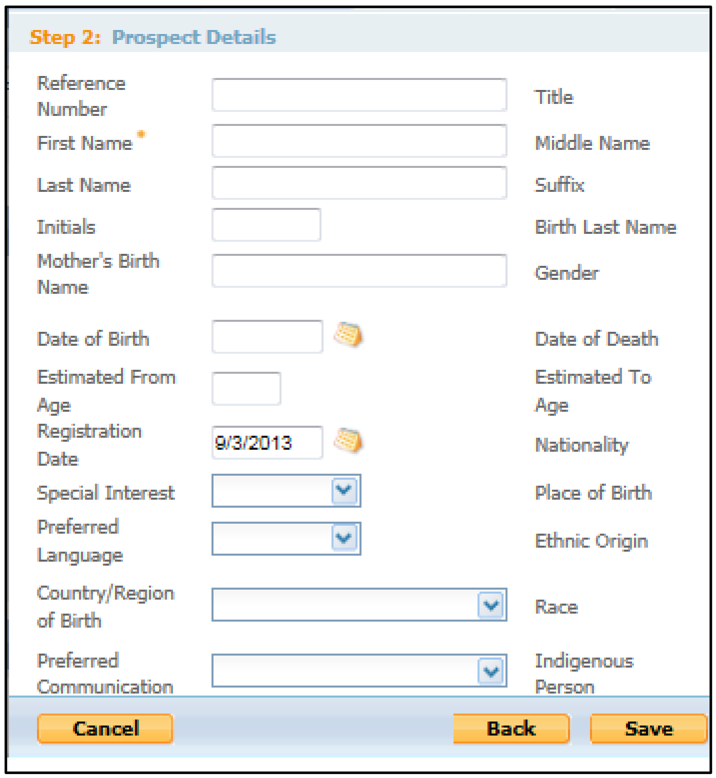
Create a Login Account

To Create a Login Account:

1. Click **Register a Prospect Person** in the Quick Links menu



2. Complete First Name, Last Name, Address, City, State, Zip
3. Scroll down and Click **Next**

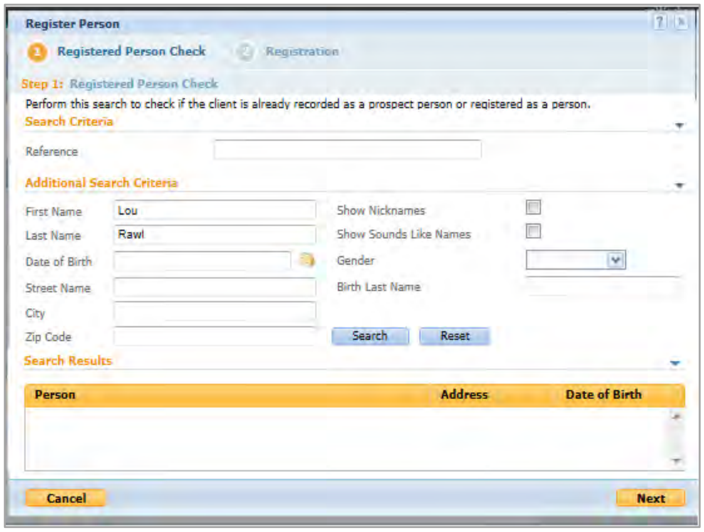


4. Complete the **Prospect Details** form
5. Click **Save**

Registration Process

Once the account has been created, the caseworker can register the Prospect within MHC

1. Click on the **Home tab**.
2. Click Register a Person

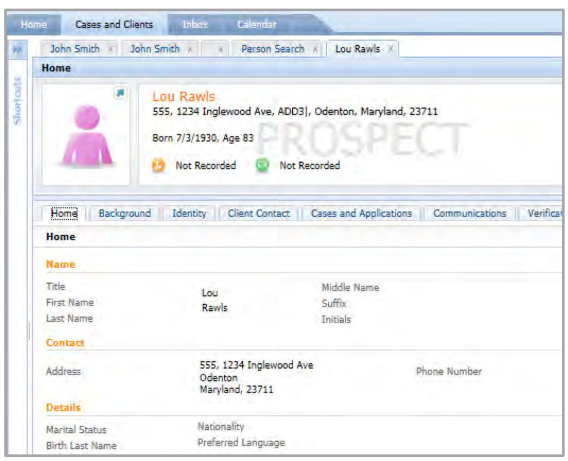


The Registered Person Check window appears

3. Complete **First Name, Last Name**
4. Click **Search**

   The Search Results appear with the Prospect's name

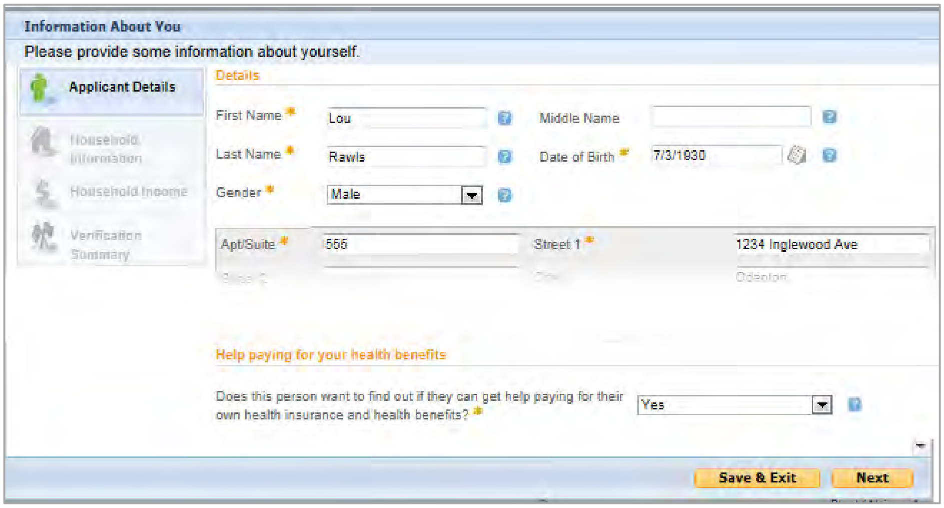
5. Click on **Prospect's name**



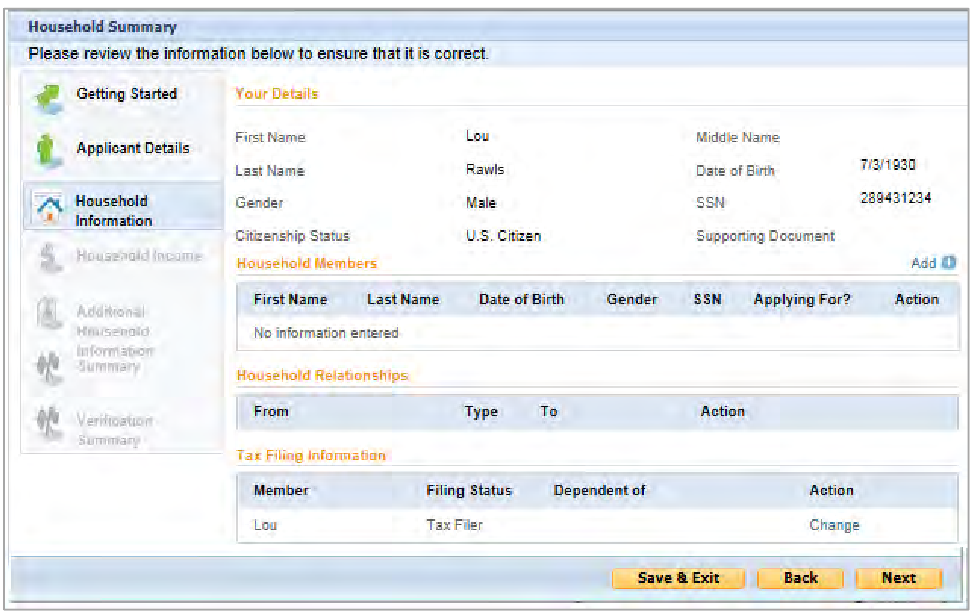
The Prospect information appears in a separate Tab

6. Using the Actions box, Select **New Application Form**

   At this point, the caseworker is using the application similarly to an external application (p.11)

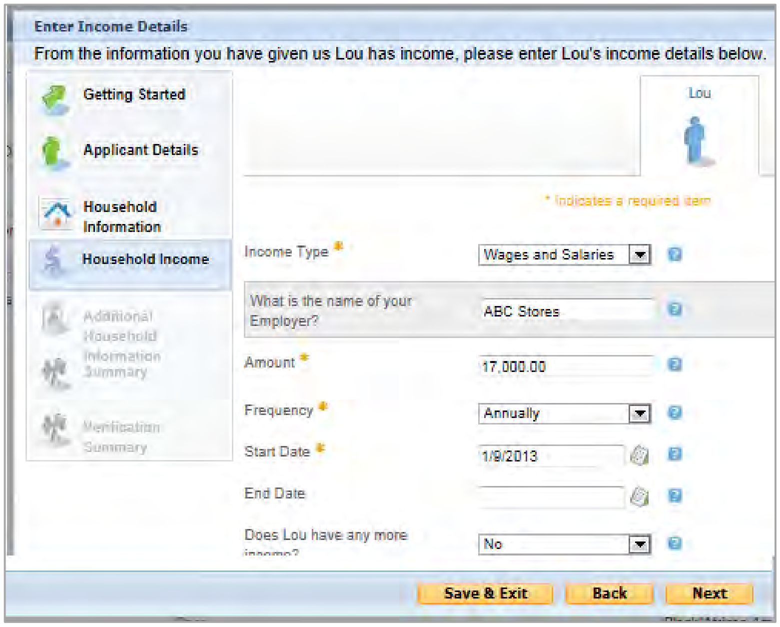


7. Complete **Applicant Details**
8. Click **Next**
9. Complete the four required fields (*) on **More About You** page
10. Click **Next**

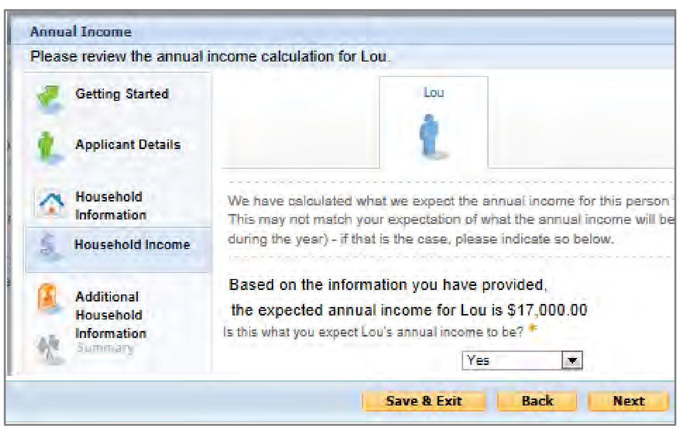


Complete the Household Information

1. Press **Next**
2. Complete the **Household Income**
3. Press **Next**



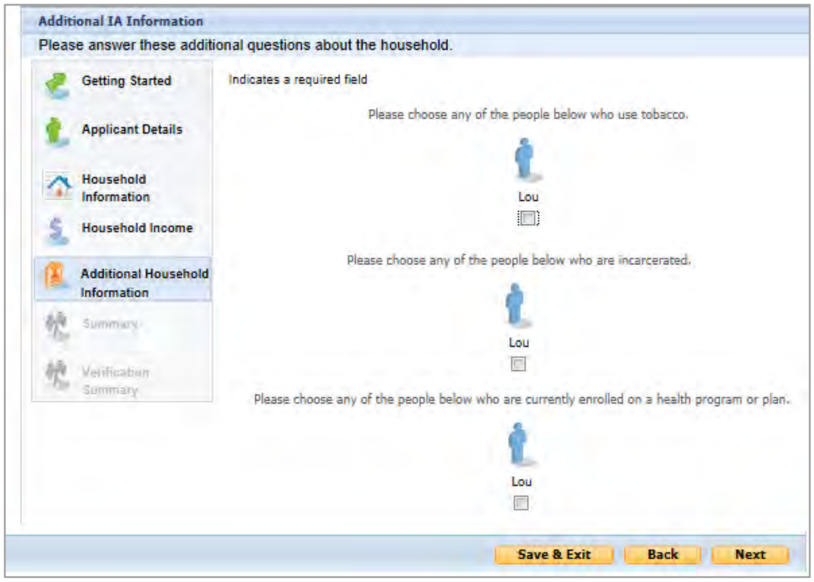
4. Select **YES** or **NO** if additional allowable deductions are applicable
5. Click **Next**



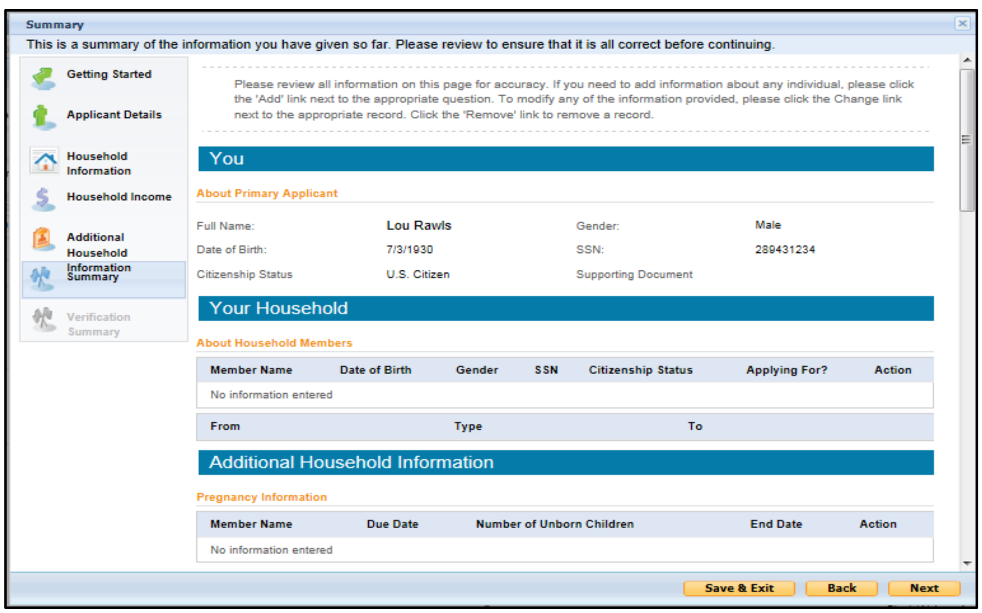
Select any of the following which apply:

- Smoker
- Incarcerated
- Enrolled in Health Program/Plan

None of these choices affect your plan.



6. Click **Next**
7. Review **Information** Summary
8. Click **Next**



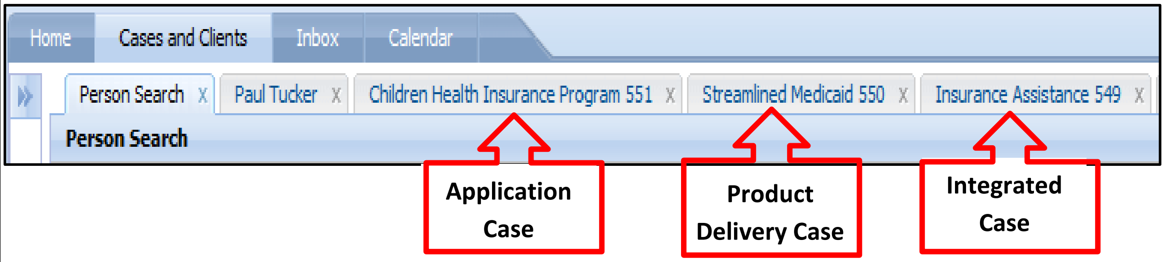
Submit Application

Financial verification will be conducted between MHC and the Federal Hub during the submittal process. MHC assumes a 5% ceiling on income discrepancies. Information disparity between the Federal hub and MHC may trigger a verification process.

Case Creation

A caseworker will collect information from an individual to determine elgibility. All used to support a case is called evidence in MHC. Issues are other errors which may be found within a case (ie. Duplicate IRN or SSN). Issues and verification within the application case must be resolved before the integrated case can be created.

The home page of a person provide associated demographics and evidence.



There are three (3) types of cases which may be linked to a person and/or family:

- **Application Case** – Connects data from the application to the individual.
- **Integrated Case** – Merges application and product case creating a holistic view of products and services implemented to address the client or family needs. It's available only after evidence has been verified within the application case.
- **Product Delivery Case** – Links each product assigned to a person or family. For example, a household eligible for Insurance Assistance and CHIP will be assigned to the Insurance Assistance Program and CHIP Program respectively.

Information

MHC will not prevent an individual from selecting a healthcare plan though further verification and issues may exist. Presumptive Egilbilty allows a person to receive benefits for the first 30 days for income and 90 days for identification verification.

Verification not provided within 90 days, the application case is closed and rendered NOT ELIGIBLE. The application will be purged from MHC after 6 months.

Verification Process

Overview

Caseworkers are constantly collecting data from their clients. The collected data serve as documented proof of information supplied on the application. This process occurs when the information on the streamline application is different from what the State Of Maryland has within the CIS database. Data is supplied by the client using multiple forms of documentation such as: paystubs, rental agreements, and SSN to support program eligibility

Authorization of a case will close the application case and open the integrated case (ie. Insurance Assurance) and the Product Delivery Case (MCO, CHIP, QHP)

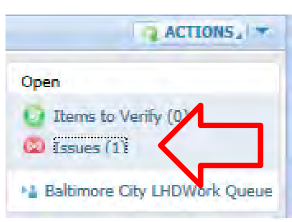
If the application case is OPEN, the following steps CLOSE the case:

1. **Resolve** any issue
2. **Verify** Evidence
3. **Authorize** Case

A case can not be transferred if it still in open status. Therefore, the above three steps must be performed by the owner of the case prior to transfer.

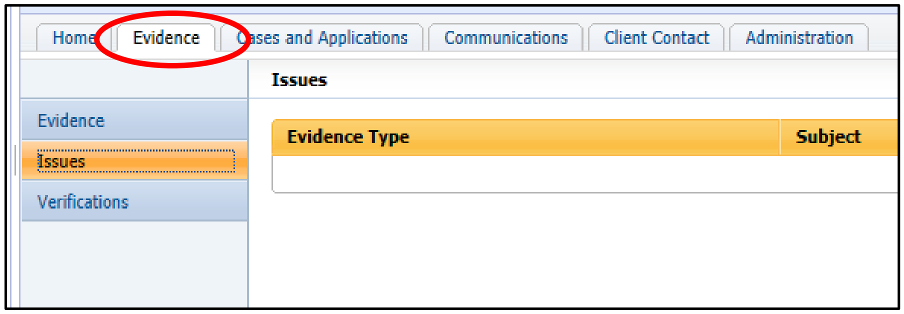
Resolve Issues

Issues convey inconsistencies which may occur within a case. For this reason, issues are closely connected with evidence. Issues should be address before a case is processed. Once issues are resolved, then the case can be authorized for benefits.

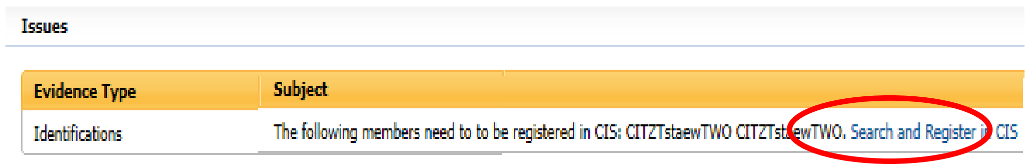


To resolve an issue the caseworker can open the application case:

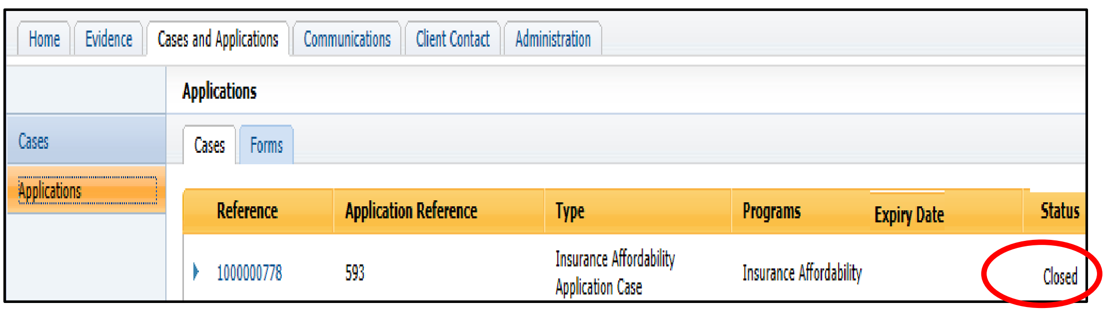
1. Click on the Issue Indicator
2. Because issues are closely related, the evidence tab is opened



3. Click on the issue



4. Provide the supporting evidence



Terms	Definitions
Evidence	Collected data from participate to support information gathered from streamline application
Federal Hub	Federal database to ensure demographic and income information is accurrately reported. A difference of 5% > will result in a verification requirement
Ownership	Provides authorization rights to the caseworker in possession of the case or assigned by supervisor

Federal Hub

Verification process is currently a manual process which requires the individual to provide evidence to verify the information provided on the streamline application. The information provided will be verified through the Federal Hub. Accurrate information will permit the application to be processed against the various healthcare plans available based on needs.

The following application needs to be verified.

Provide evidence to verify the following data:

- Identity
- SSN
- Citizenship
- Wages and Salaries

Name	Items which require verification
Lou	Applicant Identity details could not be verified.
Lou	SSN 289431234 could not be verified.
Lou	Citizenship as US Citizen, National or Lawful Presence could not be verified.
Lou	Wages and Salaries could not be verified.

Information

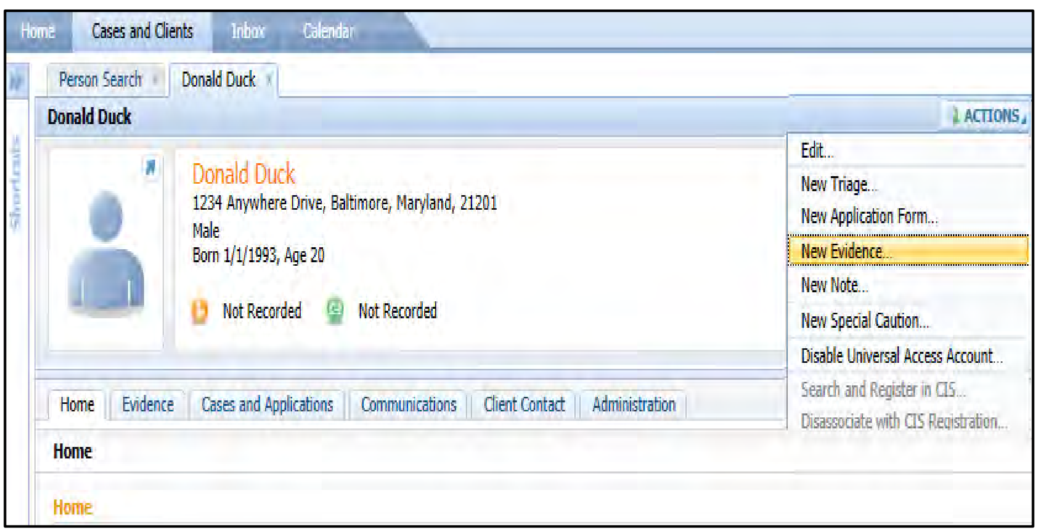
Evidence can only be updated by the caseworker who is assigned to the case. Ownership of a case is achieved by assignment from the supervisor or if the case is pulled from the work queue.

Evidence

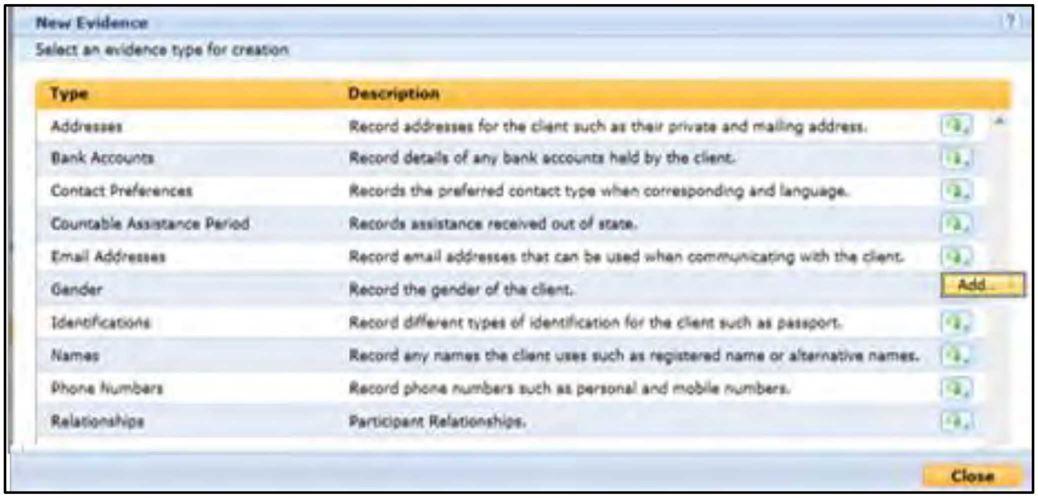
Data collection is an on-going process for caseworkers. MHC identifies data collected from a person as evidence. Evidence is used to verify elements on a person's application. Application variations which exceed the 5% annual differential, may trigger the need for additional evidence.

To enter new evidence into MHC:

1. Click on the **Evidence Tab**
2. Click **New Evidence** in action box



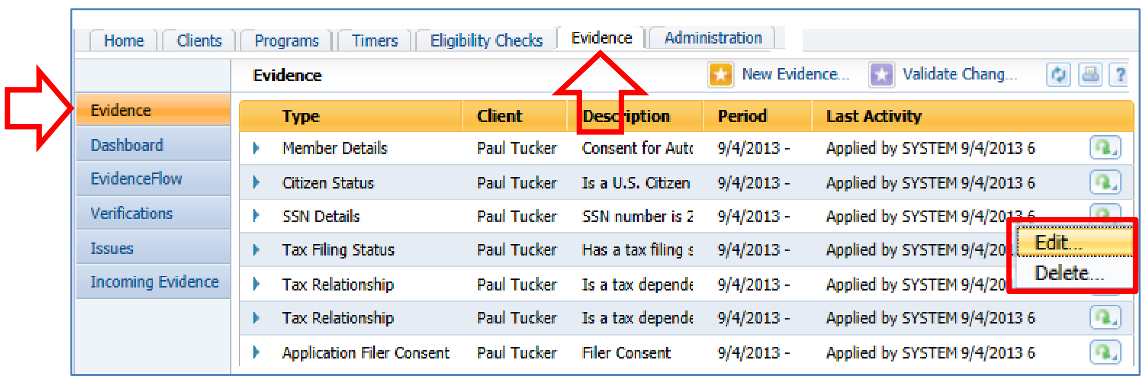
3. Identify evidence type, Click on action menu



4. Click **Add**

A caseworker can update evidence within MHC by using the **Evidence tab** within a case.

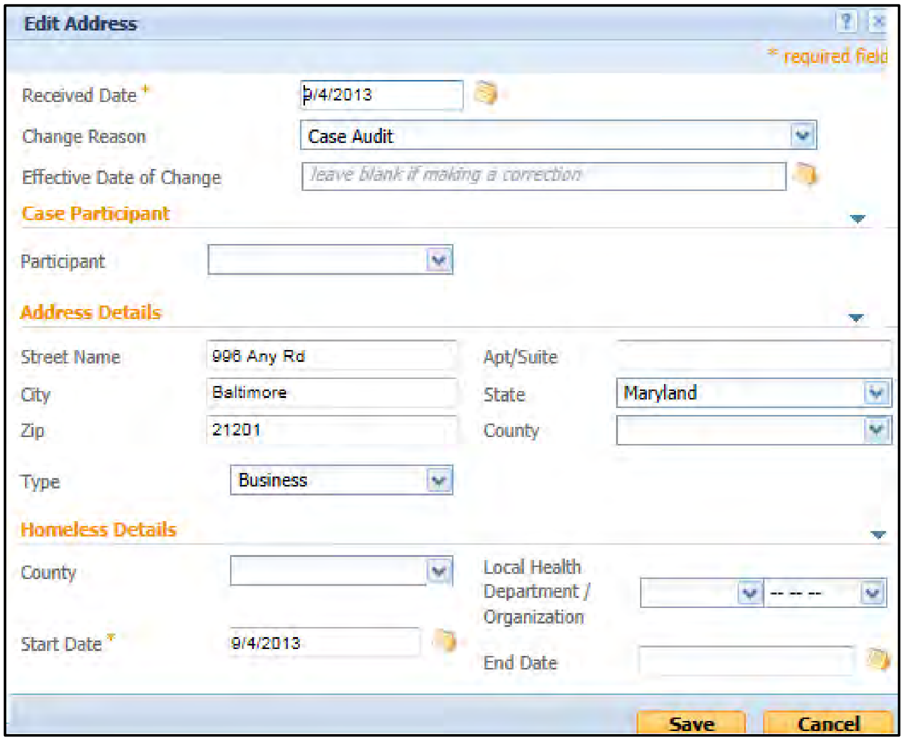
5. Click **Evidence** Tab



6. Select from the **evidence** to update

From the action menu:

1. Choose edit data field



Update the person's email address:

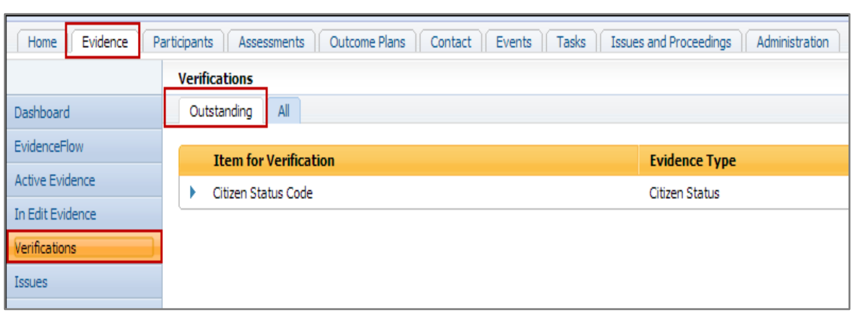
1. Provide updates for each of the required fields (*)
2. Delete and add **new address** information
3. Press **Save**

Verification

As a caseworker, you will be required to verify and validate the evidence collected from clients to ensure whether it supports the case. MHC permits the managing of both captured and outstanding evidence which needs to be verified.

To verify evidence:

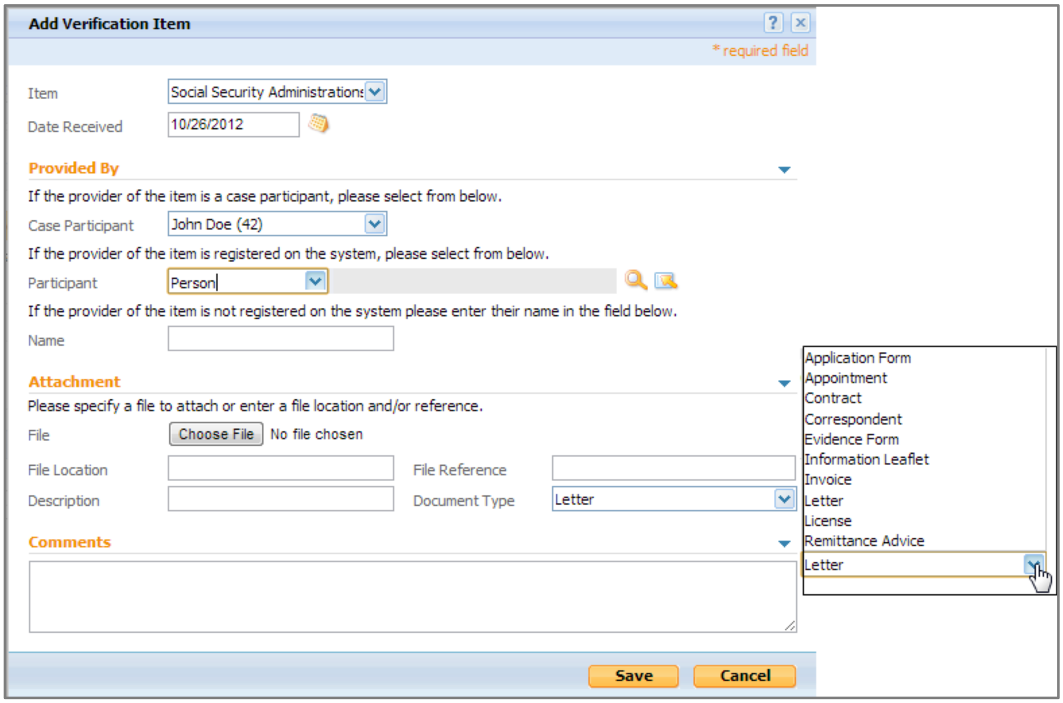
1. Submit a completed application into MHC



2. Discrepancies Exist (Y or N)
   - Issues (see pg. 62)

- Add new evidence (see pg. 64)
- Edit evidence (see pg.64)

3. Caseworker will update evidence



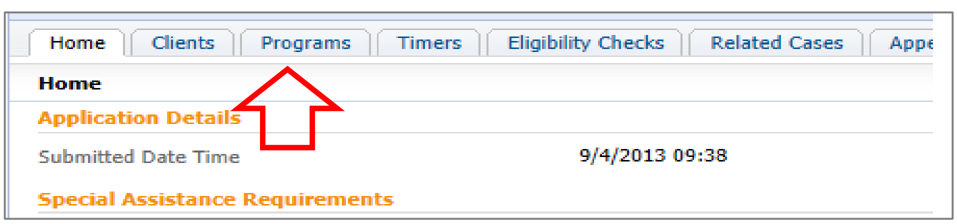
4. Caseworker will reopen case (when deadline has passed)

Authorization Process

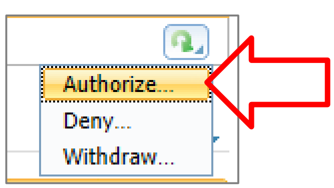
To Authorize a Case:

From the application case:

1. Select the **Program tab**



2. Click on the Integrated case
3. Click on the **action** button



4. Select Authorize

Communications

Introduction

The caseworker takes advantage of multiple modes of communication to ensure their clients are informed of requirements needed for continued benefits. Several events throughout the year requires that caseworker are able to communicate directly with their client. The communication feature offers them several channels to achieve this task.

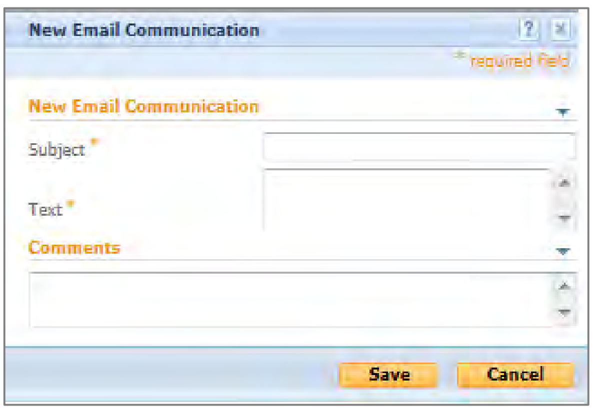
Email

Should the choose to be contacted through email, the caseworker can accommondate this person by using the **Communication Tab** within their case.

To Send an Email:

From the Application Case:

1. Click Communicate Tab
2. Select **Email**
3. Click **New** in the Action Box

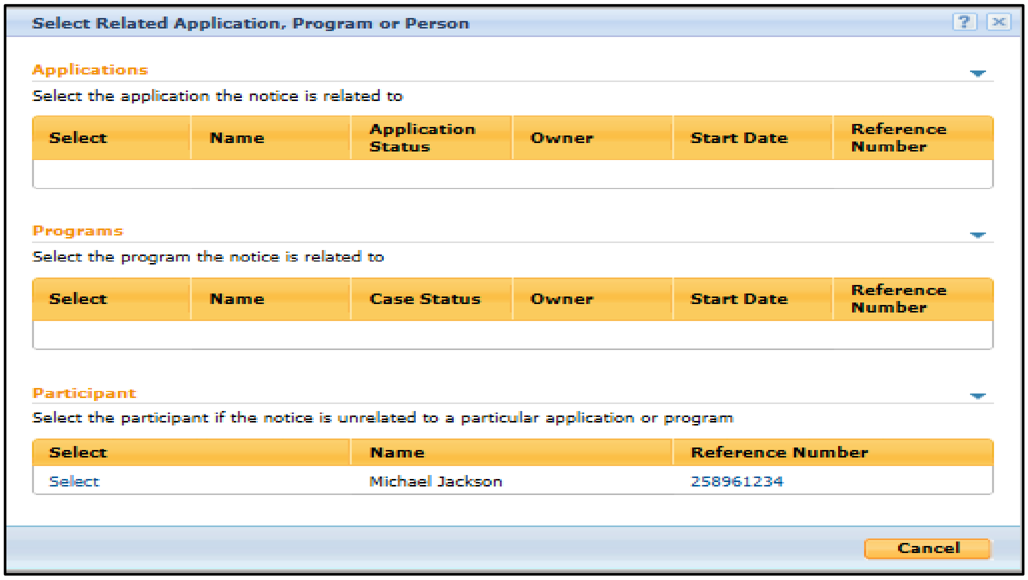


4. Complete the Subject & text fields (*)
5. Complete the Comment section (Branch location requirements vary)
6. Press **Save** to send email

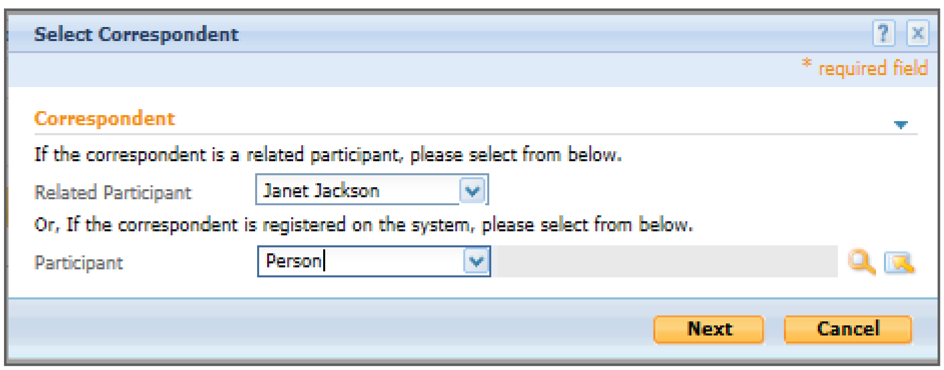
Notices

To send a notice to a client:

1. Within the Communication Tab, Select Notice
2. Click **New** from the **Action Box**



3. Select the **Participant**
4. Use the dropped down arrows to determine **Correspondent**
5. Identify the Participant's **role**

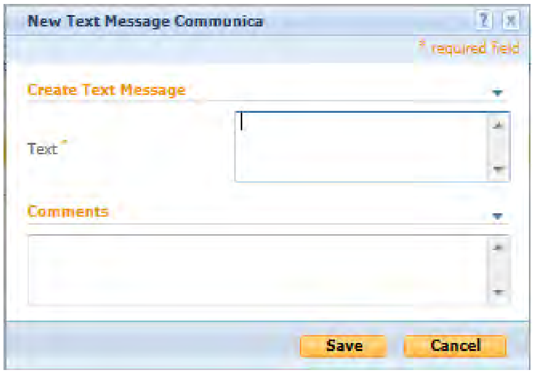


6. Click **Next**

Text

A text message can be sent from the **Communication Tab:**

1. Select **Text**
2. From the Action box, Click **New**
3. Complete the require field (*)



4. Complete **Comments** (required by some locations)
5. Press **Save** to send

Automated Message

When you need information from your client, MHC has the ability to send an automated message.

Caseworker Calendar & Tasks

Introduction

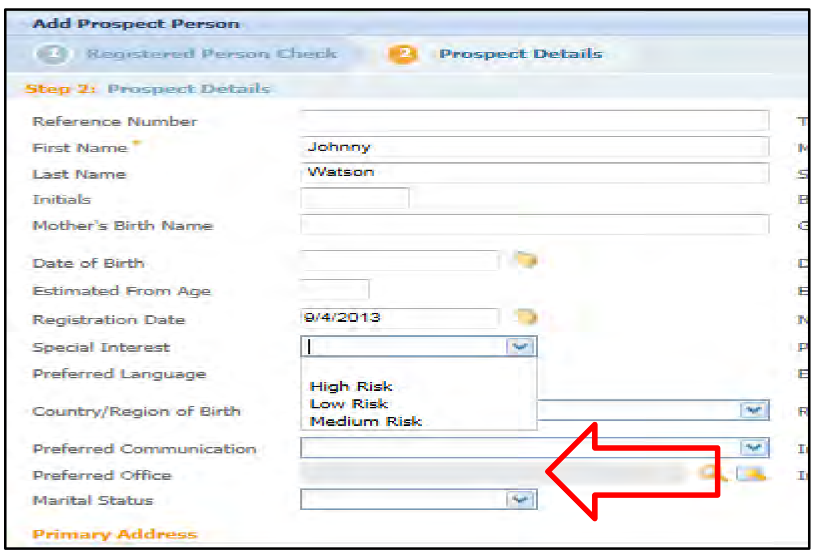
The caseworker application portal is your homepage when logging into Maryland Health Connection. The portal is where you can work with the customer to perform an array of duties and responsibilities. You will have access to a calendar, creation and routine tasks, and monitoring/control mechanisms for current and pending assignments.

Items of Interest

The Items of Interest is designed to track an application marked by the caseworker according to case priority setting.

Certain cases are processed according to priorities:

1. Pregnant women
2. Former Foster Child (<26)
3. Children (<21)
4. Adults

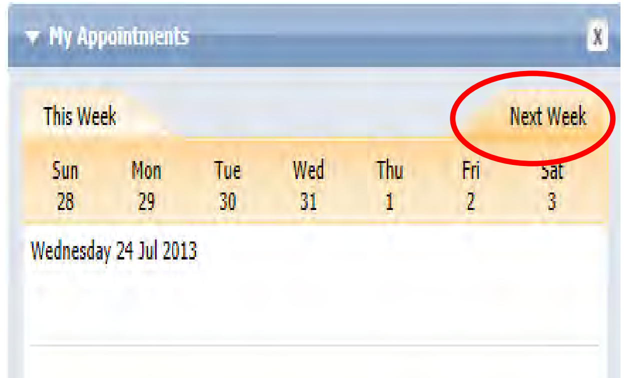


Either the caseworker or the supervisor establishes Special Interest priority when supplying a prospect's detailed information. You can use this feature to track certain types of applications within MHC.

Once submitted into MHC, these application are shown within the Items of Interest pod located on the dashboard of the caseworker application portal.

Calendar Feature

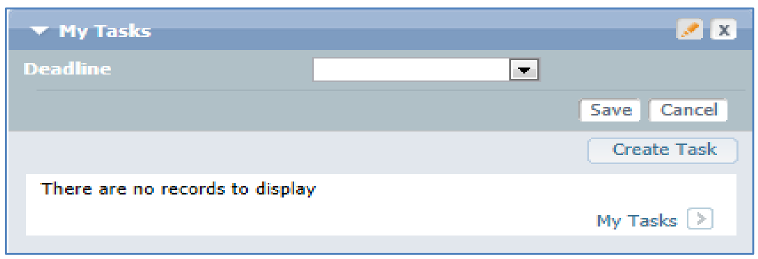
The calendar will display the dates for the current week when Logged-in. However, only current day events will be displayed. The following week is shown in the **Next Week** tab.



The entire calendar month can be displayed under the **Calendar Tab** on the caseworker application home page. You can manipulate the calendar options to reflect current day, present week, and future dates.

Tasks Feature

The task feature is an organizer within MHC allowing control over activities throughout a day. Using this organizer lets you create a task that recalls details of an issue and priortizes major tasks which may defers from one branch location to another.



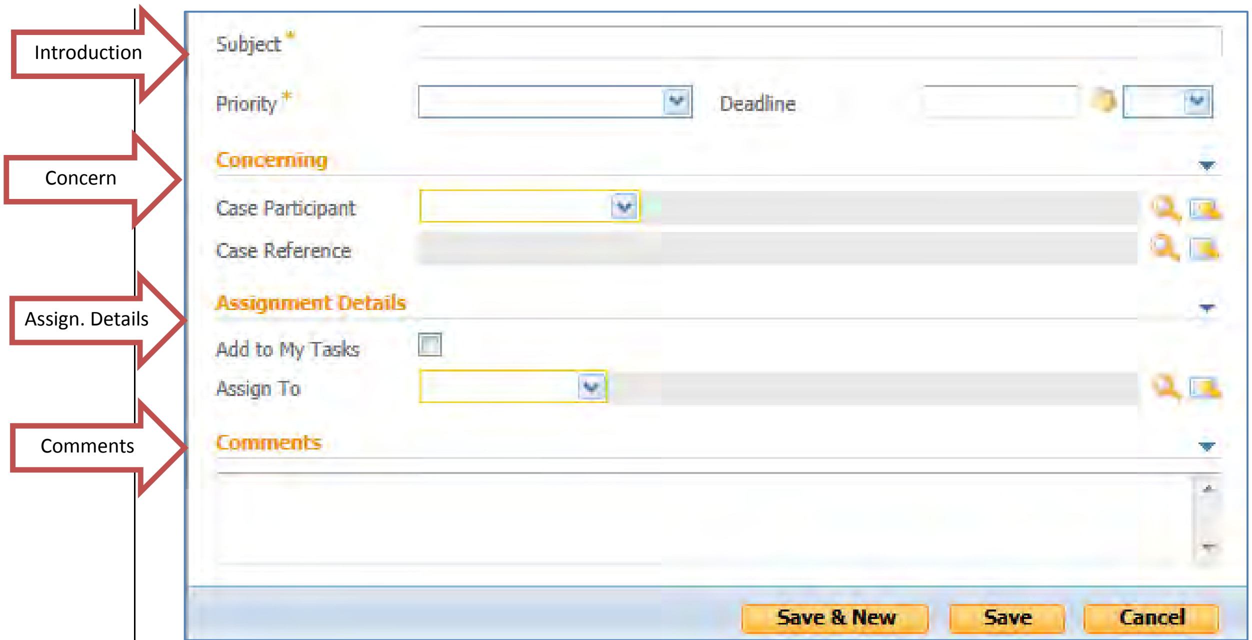
The task feature allows you to:

- Create new task
- Establish task deadline
- Open a task
- Defer a task

Create New Task

A task has four (4) components:

TERM	DEFINITIONS
Introduction	Contains required fields: Subject and priority in order to establish purpose for task
Concern	Links purpose of task to an existing case
Assignment	Identifies who is responsible for completing the task
Comments	Notes regarding the task.

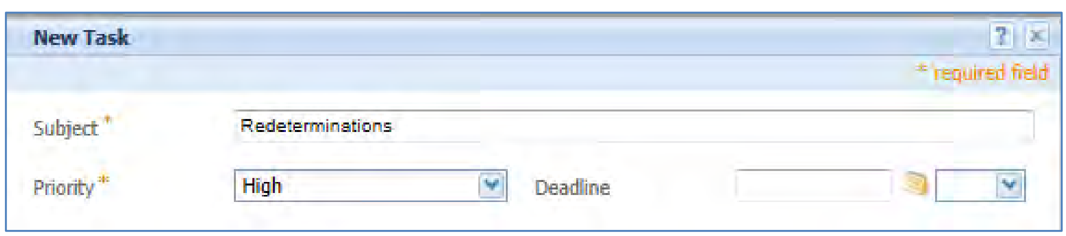


Create a Task

To Create a New Task:

From the CaseWorker Workspace

1. Locate the **My Tasks** pod
2. Click **Create Task**
3. Supply information for fields showing the asterik (*) displayed in Introduction section



4. Determine the **priority level** for the task

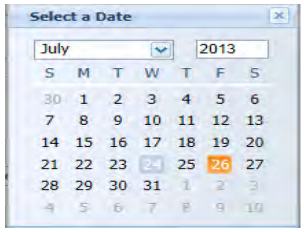
Priority	Description
Low	Adults
Medium	Foster Child
High	Pregnant women

5. Scroll down and Click **Save**

Task Deadline

To establish a deadline for a task:

1. Click on the **calendar icon** ( )

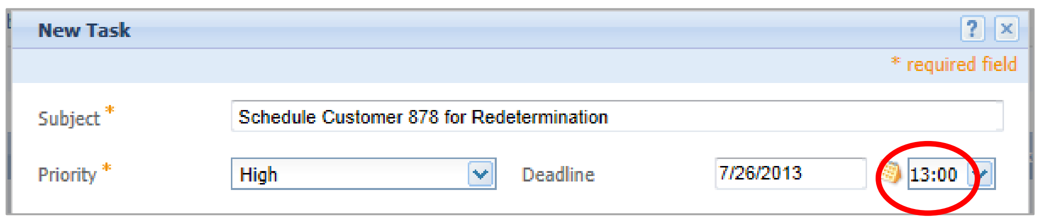


2. Select a date to establish a task **deadline**
3. Click **Save**

   The date selected will show in the deadline field.

The caseworker can now scroll through the deadline feature on the case application home page to be reminded of prior assignments which still needs work by clicking on the pen icon ( ) atop the My Task bar.

Time Menu

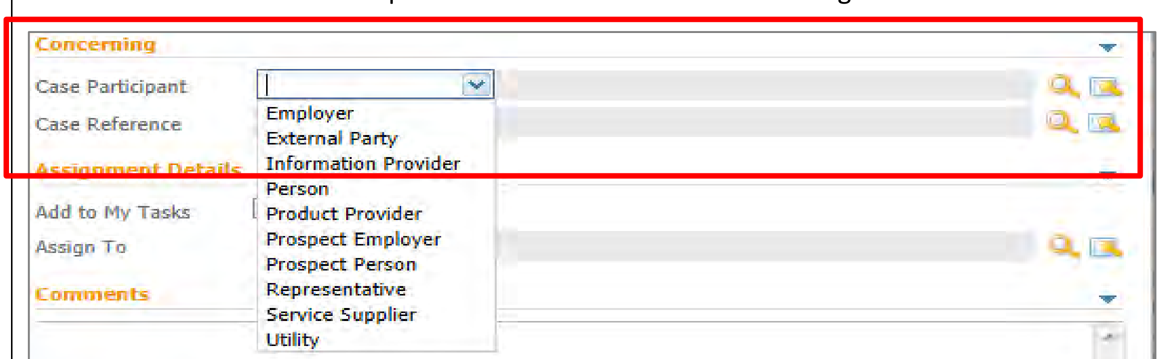


1. Click on the drop down arrow to **add a schedule time** for the task
2. Select a **time**
3. Press **Save**

The time menu displays according to military time. This method of recording time is based according to 24 hours in a day. Thus a deadline of 13:00 is actually 1:00pm.

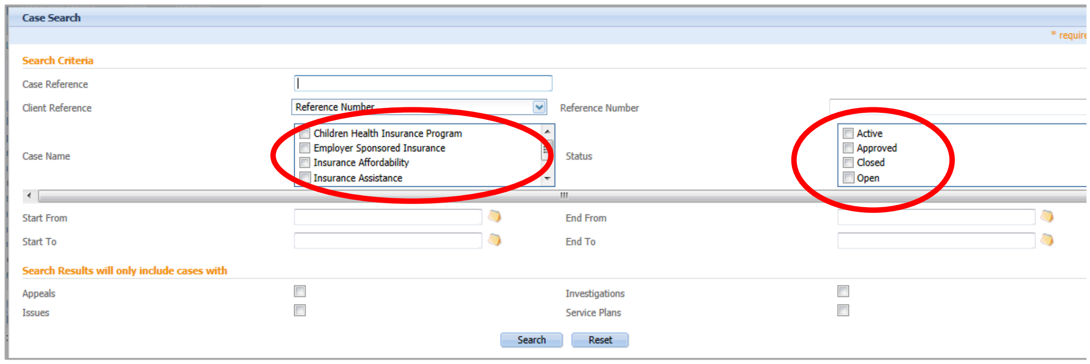
Concern

The concern section identifies the role of a participant and reference the case associated to the task. The concern section provides the details of the task message.



The concern section must be completed by:

1. Click on arrow for **case participant**
2. Select **role**
3. Click the search icon for **case reference** ( )



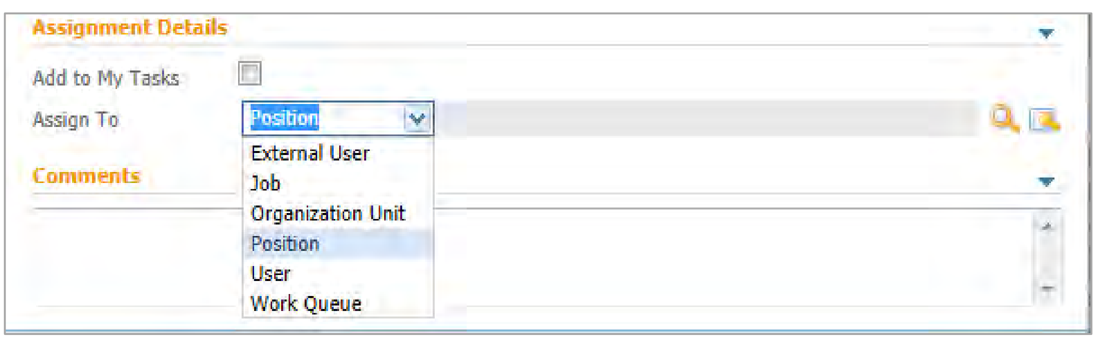
4. Select **Case Name**
5. Select Case Status
6. Press **Search**

The case reference field will populate when case reference number associated with the task is selected.

Action	Case Reference	Type	Primary Client	Participants	Start Date	Status
Select	490	Children Health Insurance Program	thomas zodiac	3	1/1/2014	Active
Select	986	Children Health Insurance Program	Jeff Martin	3	1/1/2014	Active
Select	574	Children Health Insurance Program	Mary Johnson	3	1/1/2014	Active
Select	938	Children Health Insurance Program	kate curic	4	1/1/2014	Active
Select	518	Children Health Insurance Program	Betty White	3	1/1/2014	Active
Select	513	Children Health Insurance Program	linda williams	3	1/1/2014	Active
Select	482	Children Health Insurance Program	Donna Simms	3	1/1/2014	Active

Assignment

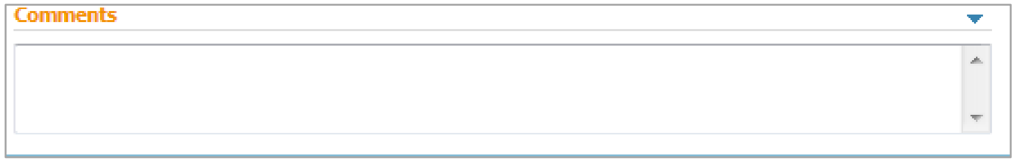
The assignment permits the caseworker to add to work queue or to assign to someone else. For further processing. Simply Click the **Add to My Tasks** box to assign work to work queue.



The **ASSIGN TO** section uses an arrow down to select the source responsible for further processing of the task.

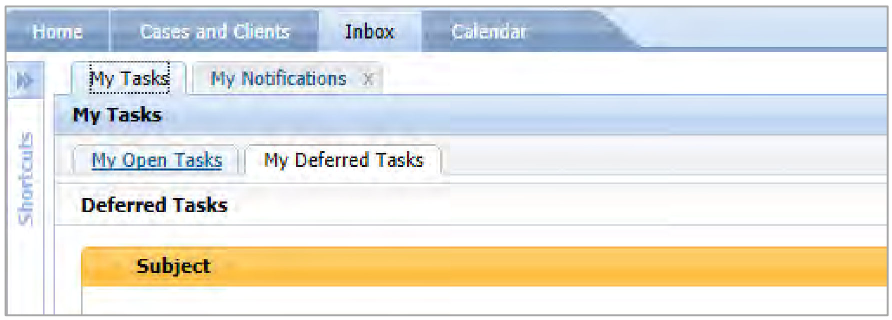
Comment

Attaching notes is a required field for some caseworkers, the comment section of the task allows the caseworker to meet this requirement in the event someone else has to process the related case.



Open Task

The caseworker will use the Open Task feature to begin working issues according to task priorties and assigned deadlines. Under the My Task bar, Click on **My Task tab**



The My Task tab engages the Inbox of the caseworker and reveals the following tabs:

- My Task
- Deferred Task
- My Notification

The **Action** feature creates a list of preferred sequences for accessing task from the My task tab.

Defer Task

Oftentimes processing a case is delayed due to verification procedures. This capability allows the caseworker to identify these task by moving them til additional evidence is found.

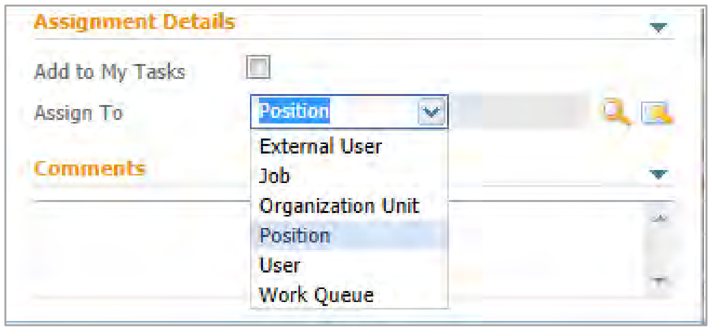
A caseworker can defer a task by:

1. Click on **My Task**
2. Select Deferred Task Tab

Work Queues

Overview

The assignment permits the caseworker to add to work queue or to assign to someone else. For further processing. Simply Click the **Add to My Tasks** box to assign work to your own work queue.



There are times when you are only performing a section of a case. The **ASSIGN TO** section uses a drop down feature which allow for collaboration.

Maryland Health Benefit Supervisor Management

Overview

As part of the process, supervision of different processes is critical. Supervisor roles within the portal will drive different aspects of the system allowing for efficient maintenance, organization, and work fluidity.

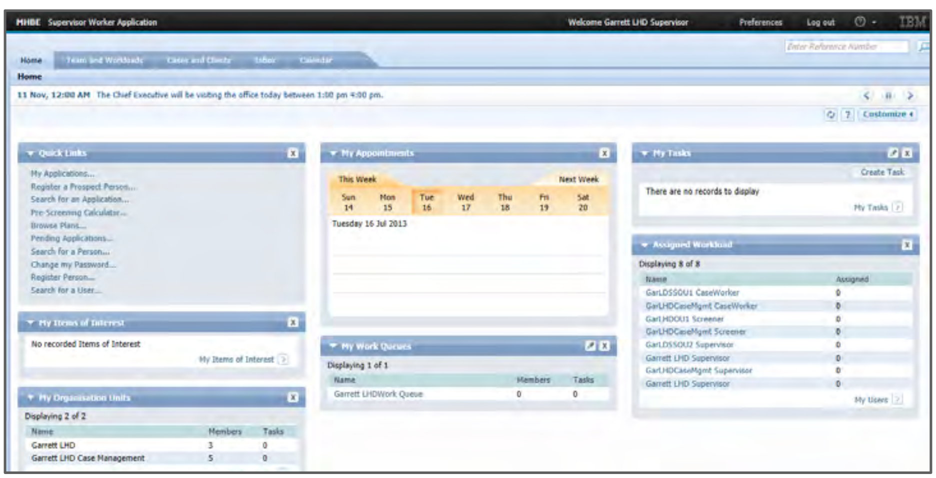
The Supervisor Workspace helps monitor and manage work assigned to users, organizations units, and work queues.

The workspace provides the Supervisor with the following capabilities:

- View all users in any organization unit that the Supervisor holds a lead position
- View all users who hold a position that reports directly or indirectly to the Supervisor
- A list of cases that are owned by users who report to the Supervisor
- A list of organization units that supervisor holds a lead position
- A list of the Work queues to which the supervisor's users are subscribed
- A list of cases with issues and appeals

Supervisory Management

Management functions are found in the supervisor workspace. This workspace allows supervisors to manage work for cases, work for caseworkers, work queues, and work for organizational units.



Supervisor Workspace

Supervisor

As a supervisor you have the permissions to also perform caseworker functions. In addition to this functionality, the supervisor workspace allows you to manage the Team and Workload components of the system, including higher level case management functionality.

Customizing Supervisor Management Workspace

Supervisor Workspace

The Supervisor Workspace shows information about the caseworkers, cases, tasks, work queues and organizations. The Supervisor workspace is the central hub to managing the flows of the office during the course of the workday.

The Supervisor Workspace allows for management of cases and task workloads allowing for active management of organization items. Graphs and lists aid in a more effective administration throughout the workspace.

Access Supervisor Workspace

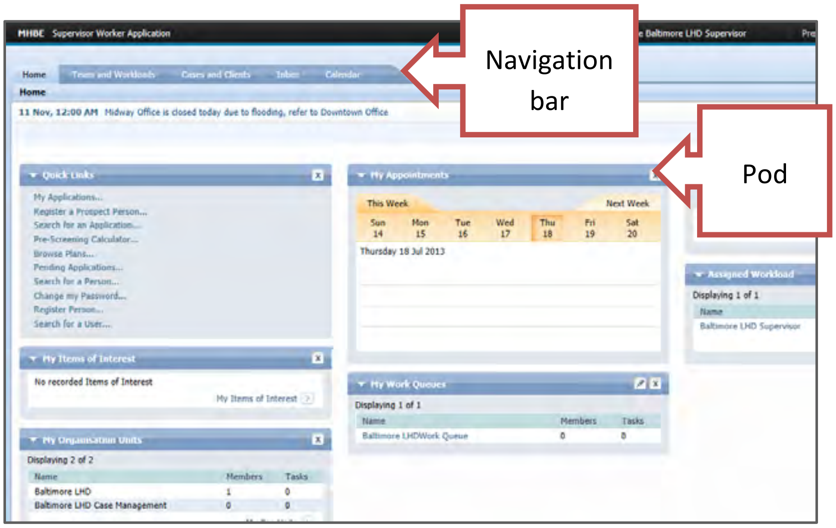
To Access the Maryland Health Connection system:

Access the Caseworker portal:

1. Type Username and Password

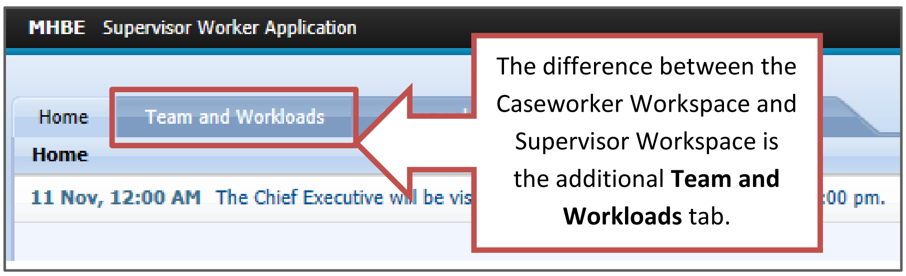
2. Click **Login**

   The Supervisor Workspace appears



Supervisor Workspace

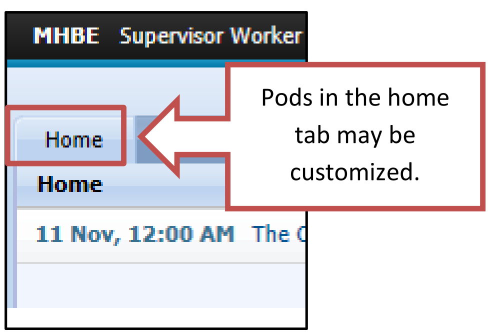
Supervisor Workspace



Navigation Bar

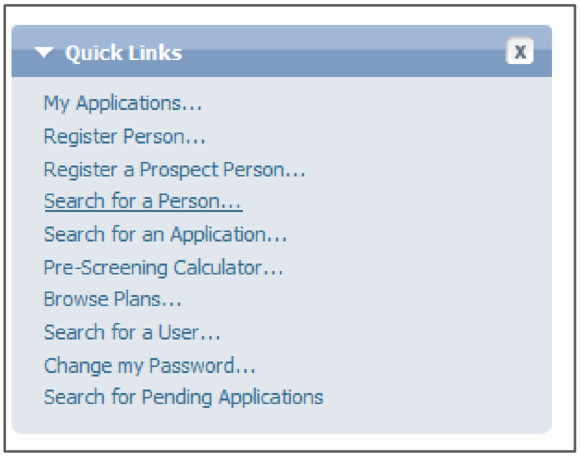
Customize Supervisor Workspace

In the Supervisor Workspace your Home Tab may be customized. The customization will allow selection of different Pods (widget inside the workspace). The workspace displays different Pods or minimized Pods.



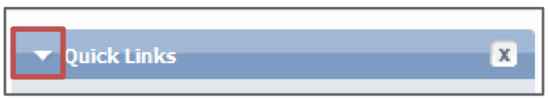
Customized Supervisor Workspace Pods

The Workspace Pods customization allows for workspace customization on the Home Tab. Pods can be minimized, closed, rearranged or deselected.



To Close or Enlarge a Pod:

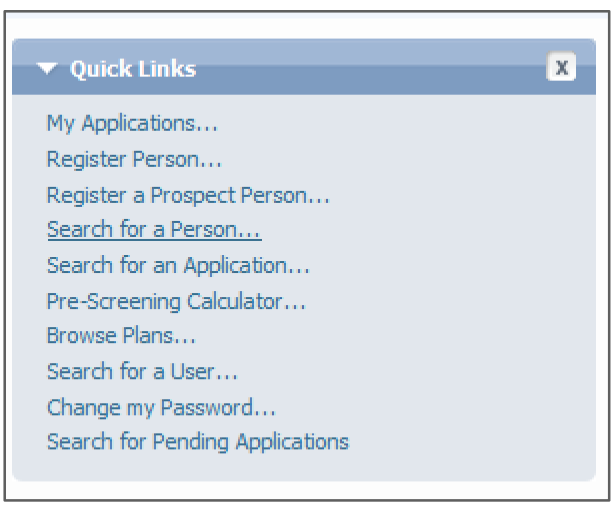
1. Click Down Arrow



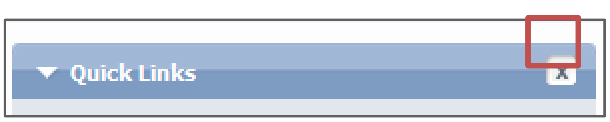
The Pod minimizes

2. Click Right Arrow

The Pod maximizes



3. Click the X



The Pod Closes

Closing the Pod does not delete the Pod Permanently from the system.

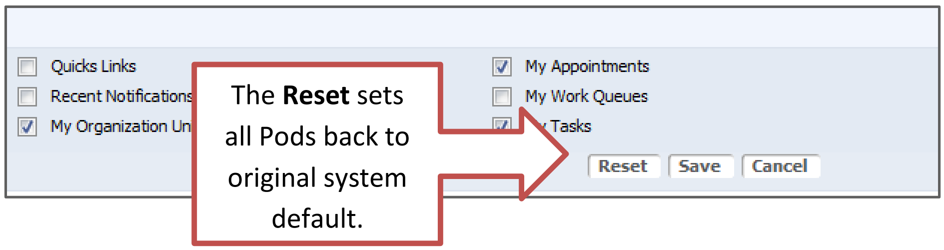
The Pod will not reappear until the specific Pod is reselected in the customized area.

To Add a Pod:

1. Click the **Customize** button

The customize area opens revealing all of the available Pods.

The Pods with checks are displayed.

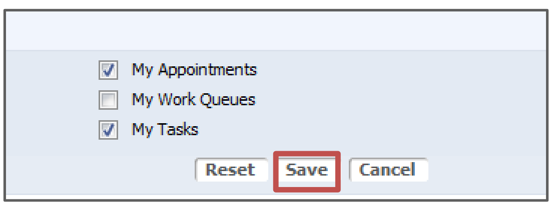


2. Check the desired Pod

Pod	Description
Quick Links	My Applications… Register Person… Register a Prospect… Search for a Person… Search for Application… Pre-Screening Calculator… Browse Plans… Search for a User… Change my Password… Search For Pending Application…
Recent Notification	Display most recent notifications Includes Subject and Date of Notice

My Organization Units	List all Organizational Unit belonging to the Supervisor Includes Name of Units Number of Members Number of Tasks currently in the Unit
My Appointments	Graphic Calendar showing specific appointments
My Work Queues	Displays Work Queues and how many tasks are currently in the Queues
My Tasks	Shows Owner specific Tasks
My Items of Interest	Displays the Items of Interest
My Assigned Workload	Displays your Workload including the number of Tasks

3. Click **Save**



Resetting the Pods

Changes appear in the workspace only after clicking **Save.** The action applies changes to the desktop. The Reset cause the system default Pods to appear.

Supervisor Workspace in a Nutshell

Supervisors have a number of workspaces available. These workspaces aid in accessing workloads for individuals and groups and provide tools for efficient load balancing. Supervisors see graphical at-a-glance overviews and also detailed lists.

The workspaces are:

- Case Workspace (see page 95)
- User Workspace (referred to Caseworker Workspace)
- Organization Unit Workspace
- Work Queue Workspace

Task Functionality available to the Supervisor

(using the above Workspaces)

Task Actions	***Definition***
Reserving Tasks	*The supervisor can reserve a task for a user. The reserved task can only be completed by the user to whom it has been reserved*
Unreserving Tasks	*Reserve tasks can be unreserved by Supervisors. This action will make the task available to any user or work queues to which it was originally available.*
Deferring Tasks	The supervisor can specify a reserve task deferred to a later date. This leaves the task reserved to a specific user but places the task in a deferred task list. The deferring can also mark the task to restart automatically on the deferral date.
Restarting Tasks	A manual restart can be pushed by the Supervisor, but task must be reserved or deferred before the task can be restarted.
Forwarding Tasks	A reserved or assigned task can be forwarded by a supervisor. The task may be forwarded to a Position, Organization Unit, User or Work Queue. If the task is reserved it must first be unreserved. Closed tasks cannot be forwarded.
Reallocating Tasks	Reallocation of a task reassigns task to a group of users or work queue. This is different from unreserving a task. Unreserving, the task is reassigned to the last group the task was assigned. The Reallocation reassigns the task to initial allocation structure.
Closing Tasks	Supervisors can close tasks created by users. System created tasks cannot be closed in this manner.
Finding Tasks and (users)	User and task Search can be used to find a user or a task. Supervisors can search for a user to assign a task.
Task Search	Supervisors can search tasks using the Task ID, the case reference number, or participant name. From these results the Supervisor can access the task detail page from the search list.

User Search	Supervisor searches for any user in the system. Searches can be made by first name, last name, organization Unit or job.

Managing Caseworker Workloads

Overview

The Caseworker Workspace enables Supervisors to concentrate on managing the workload of the individual caseworker. Task graphs provide overview of the caseworker tasks. Supervisors will also see the work queues where the caseworker is a member. The Caseworker calendars can also be viewed by the supervisor.

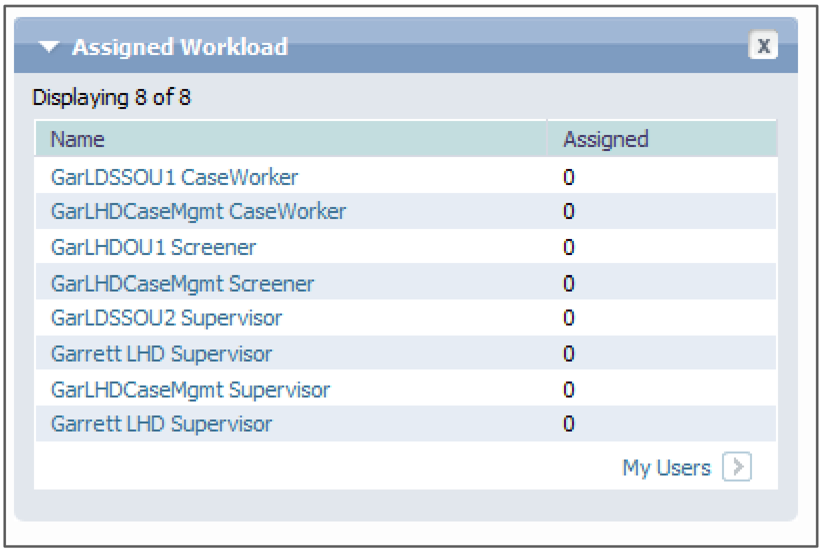
Reviewing Caseworker Task Lists

In order to review a caseworker's task list, the caseworkers must be from the Organization Unit.

To Review the list of All Caseworker tasks:

From the Supervisor workspace:

1. **Select** Caseworker Name **from list in the** Assigned Workload Pod.



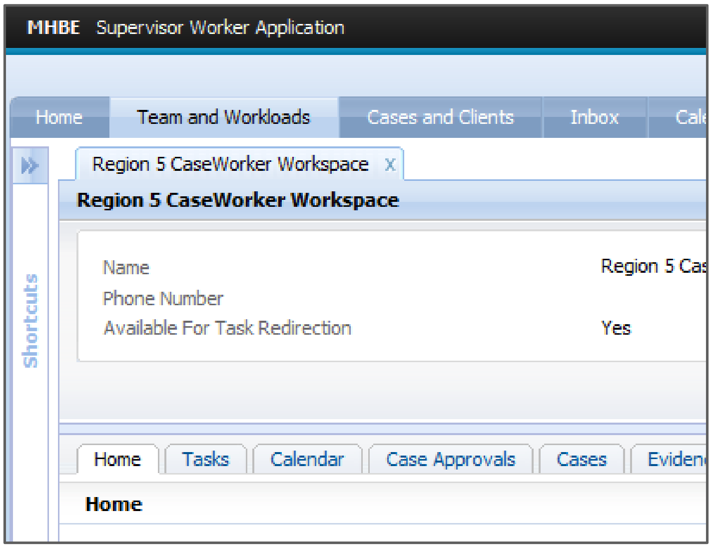
Assigned Workload

Displaying 8 of 8

Name	Assigned
GarLDSSOU1 CaseWorker	0
GarLHDCaseMgmt CaseWorker	0
GarLHDOU1 Screener	0
GarLHDCaseMgmt Screener	0
GarLDSSOU2 Supervisor	0
Garrett LHD Supervisor	0
GarLHDCaseMgmt Supervisor	0
Garrett LHD Supervisor	0

My Users

Caseworkers Workspace appears in the Supervisor Workspace



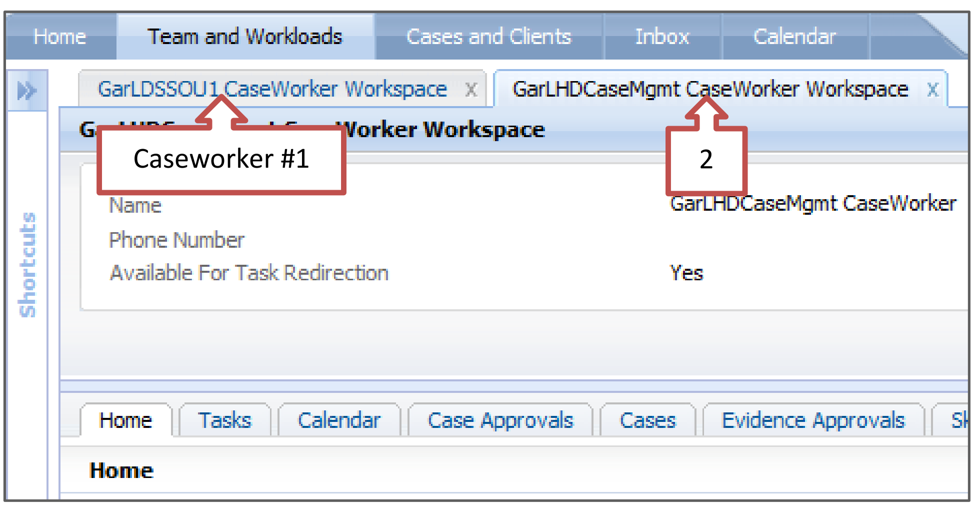
Caseworker Workspace appears in Team and Workloads

2. **Review** the caseload by selecting the **Task** Tab

   The case details appear in the caseworker's workspace inside your supervisor workspace.

To continue reviewing Additional Caseworkers workloads:

1. Select Supervisor WorkSpace **Home**
2. Select Additional Caseworker from Assigned Workload Pod



Multiple Caseworker Tabs

Caseworker Workspace

Caseworker Workspace opens in the Supervisor Workspace. You can oversee the work of different caseworkers.

Oversee different components:

- Work Queues
- Task allocation blocking
- Reservation of tasks
    - In work queue
    - Caseworker assigned tasks
- Task redirection
- Unreserved tasks

Work management requires expert knowledge of task life cycles. Maryland Health connection allows you to balance workloads effectively through task manipulation. Workspaces provide at-a-glance overviews as well as detailed lists.

Each Workspace enables the supervisor to concentrate on a specific task.

- View Assigned Tasks
- View Reserved Tasks
- Case Workspace
- Caseworker Workspace
- Organization Unit Workspace
- Work Queue Workspace

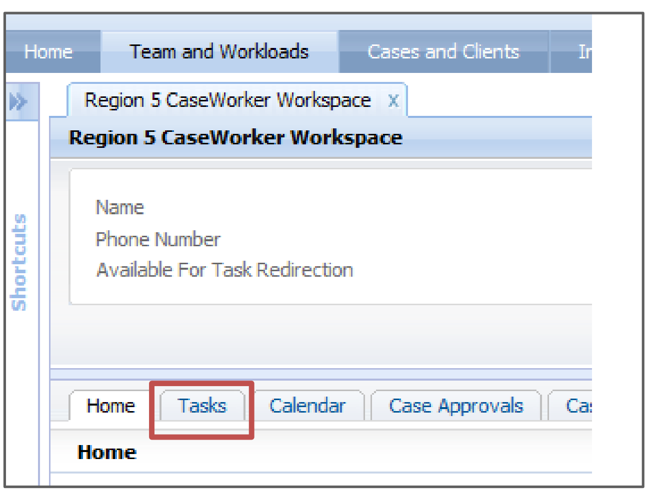
View Assigned Tasks

Tasks are viewed by case, user, organization unit or work queue. The Supervisor will access the individual task, reserve a task to a user or reserve multiple tasks to a user. The Caseworker Workspace

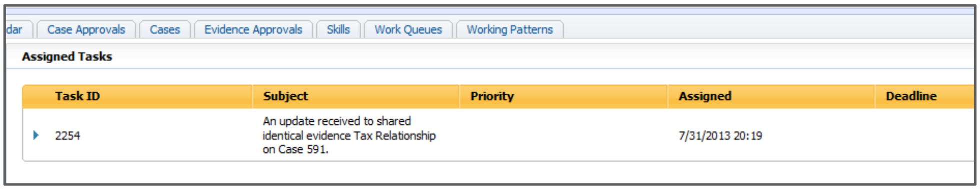
To view assigned tasks:

From the Individual Caseworker Workspace, (see page 86)

1. Select **Task** tab



Assign Tasks display an Assigned Task Table



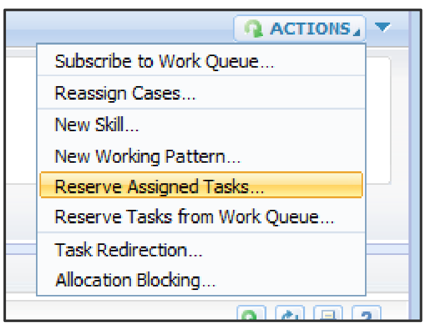
Reserving Assigned Tasks to Caseworker

Managing a caseworker's work load, the Supervisor reserves tasks to the caseworker. The tasks reservation is by Number of tasks. This function only allows the supervisor to select based on number not on individual tasks. You need to be confident that the caseworker has the skills to complete tasks listed in the assigned task list.

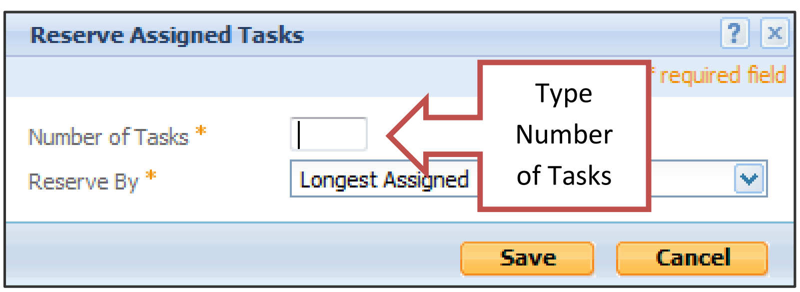
From the Individual Caseworker Workspace, (see page 86)

Select Caseworker Workspace:

1. Click **Actions**
2. Select Reserve Assigned Tasks



3. Type the number of task to Reserve into Number of Tasks



Make sure the caseworker has skills to handle tasks

4. Choose **Reserve By** selection
   a. Longest Assigned – Date Driven
   b. Priority - Define

Supervisors choose the number of tasks to reserve, but not specific tasks.

Supervisors may redirect the Caseworker tasks, assigned or reserved, to another caseworker.

Supervisor has three main task reassignment function:

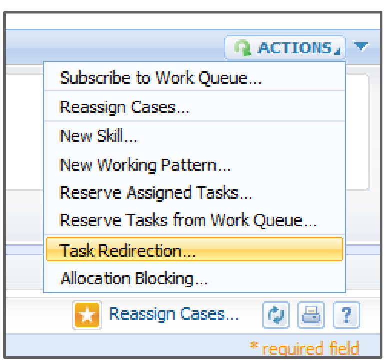
Task Action	Task Type	Outcome
Redirect User Tasks	All user assigned tasks.	Redirection to new user selected by supervisor. Timeframe can be determined. Does not affect reserve tasks
Forward Tasks	Reserved or Assigned tasks	Supervisor can select user, position, a job, Organization unit, work queue. Single or Multiple tasks can be forwarded.
Reallocate Tasks	Reserved tasks or Assigned tasks	Allocation target selected by the allocation strategy. Single or Multiple tasks can be reallocated

Redirect User Tasks

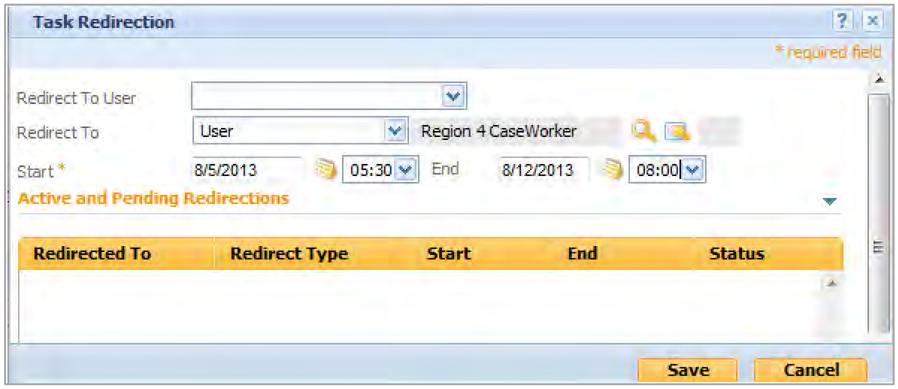
As a Supervisor you may redirect tasks from one caseworker to another. Redirecting is a temporary reassignment of another caseworker's task.

Redirecting allows you to cover annual leaves, sick leave and other types of leave without work disruption.

1. Select **Actions** from the Caseworker Workspace
2. Choose Task Redirection



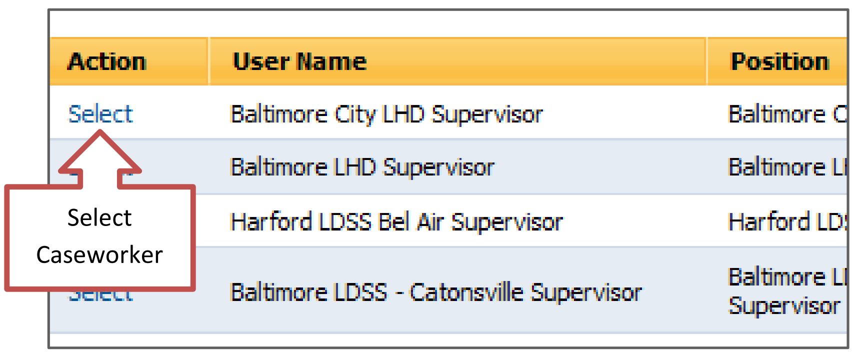
3. Select **User** in Redirect To field.



4. Search for the **User** by clicking the magnify glass

   Search by entering caseworkers name.

5. Select the **Caseworker**

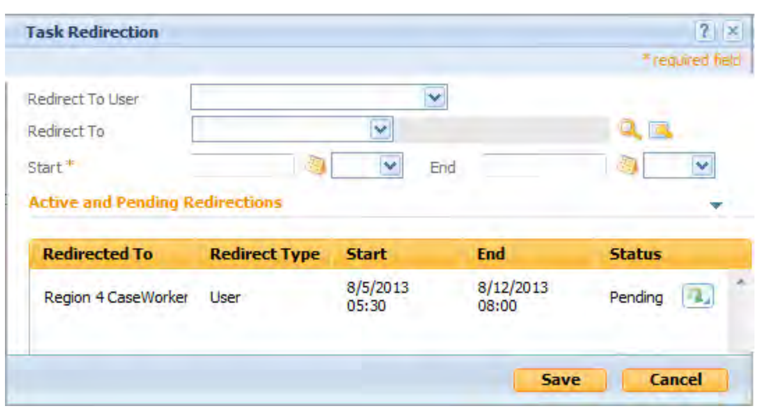


6. Choose **Start Date** for the Redirection…Choose **End Date** to stop Redirection (very useful for vacation coverage)

   You also have to choose the time for both

7. Select **Save**

   Active and pending redirections are displayed



Stop Redirection

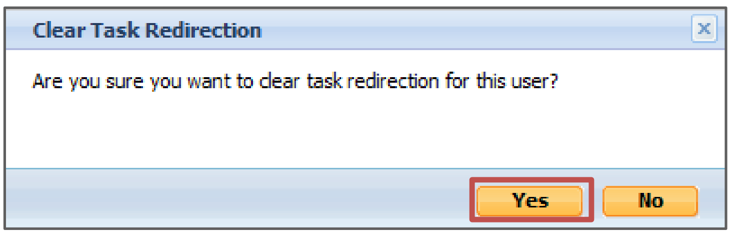
Recalling a redirection puts the task back into the original caseworker's queue. However, if the case is completed, it cannot be stopped.

To recall a redirection:

From the Case Worker Workspace

1. Select **Actions** from the Caseworker Workspace
2. Choose Task Redirection
3. Click on **list** action **menu**

4. Select **Clear**
5. Click **Yes**



6. Choose **Save**

Redirection has been removed and task has been sent to the original owner

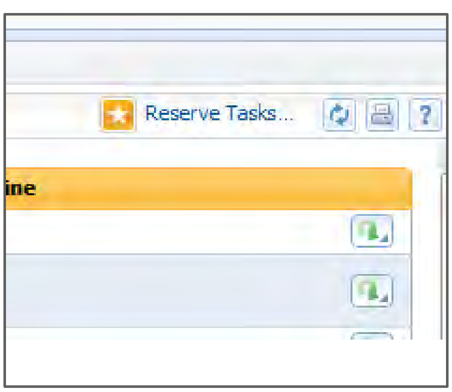
Forward Tasks

Forwarding a task sends a task from one caseworker to another caseworker permanently.

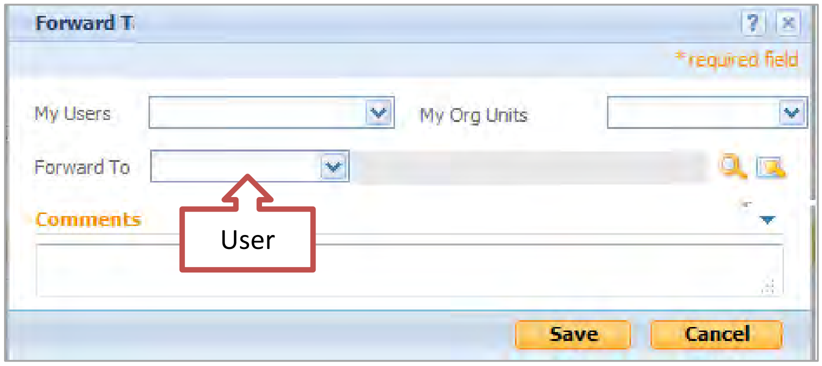
To Forward a Task:

From the caseworker workspace:

1. Go to the **Task** tab
2. Click on **list action menu** next to task



3. Select **Forward To** drop-down list



List of User's appears

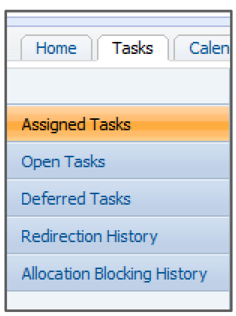
4. Search for the **User** by clicking the magnify glass
5. Search by entering caseworkers name.
6. Click **Save**

Reallocating Assigned Tasks

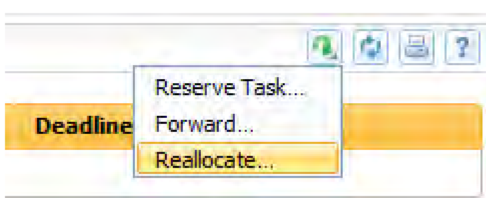
Reallocating reserved tasks:

To Reallocate all tasks associated with a single case:

1. Select **Assigned Tasks** from the Caseworker workspace



2. Click the  **Action Menu** icon
3. Select **Reallocate** from the drop-down list



4. Check the checkbox next to **Task ID** to Select all tasks

Or

4. Check the individual task next to each task.

5. Click **Save**.

Reallocate single task

To reallocate a single task:

1. Select the  action button for the specific task.

Manage Work For Cases

Overview

Supervisors are responsible for a large number of cases. The Case Workspace enables you to access the task load associated with a case, and distribute tasks as you see fit.

The supervisor manages work for cases owned:

- By one of the supervisor's work queue
- By one of the Supervisor's position
- By one of Supervisor's organization Unit
- By one of the Supervisor's users
- By the Supervisor

Access Case Workspace

You can assess task loads associated with a case and redistribute as needed. The issues associated with a case are viewed and reassigned in the Case Workspace Area.

Reassign Cases to New Case Owner

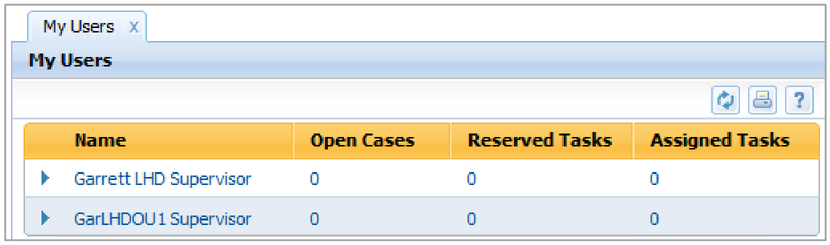
As a supervisor, you are able to reassign cases to a new owner. The reassignment is completed manually or automatically from the reassign case area. The Supervisor can reassign the case to an owner of their choice.

To Reassign Cases from Case Owner:

From the Supervisor Workspace (see page 79)

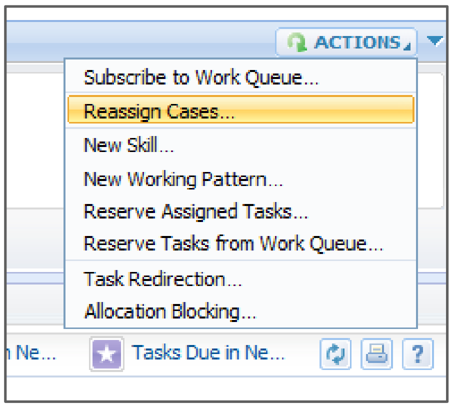
1. Select Team and Workloads
2. Expand Shortcuts

3. Select My Users

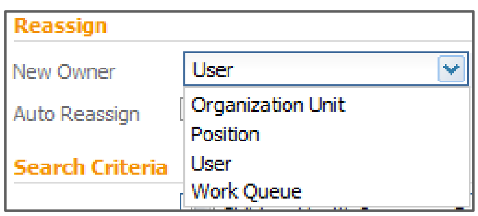


4. Click Caseworker Name
5. Select **Actions** located in right corner of Workspace

6. Select **Reassign** Cases



7. Choose **User** from drop down list



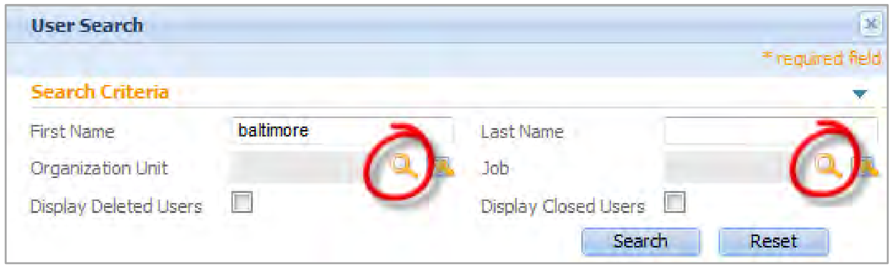
Information

This reassignment moves the case currently owned by one caseworker to another caseworker. Reassignments are made selecting users, organization Units and Work Queues.

Choice	Description
Organization Unit:	a. The whole Group such as Garrett LHD
Position:	b. Position Group within the Organization Unit. Example is Lead Position
Work Queue:	c. List of all current Organizations Tasks

8. Search for the **User** by clicking the magnify glass

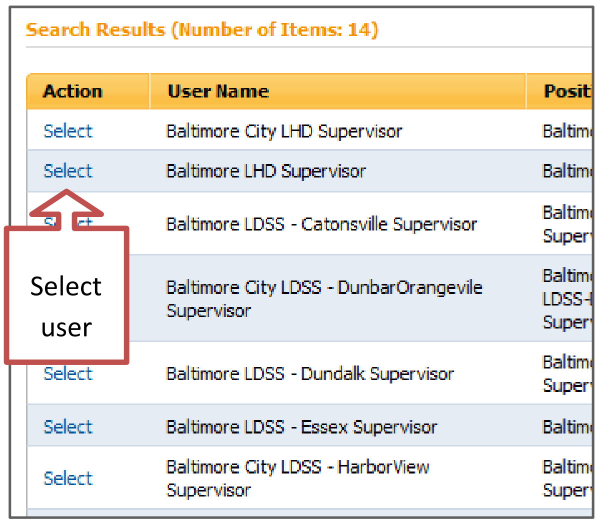
Search can be completed by entering name, organization unit, or Job. Each box has a search capability.



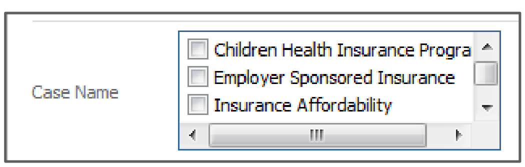
Tip

If the wrong user is selected, the selection can be cleared by clicking on the clear selection icon.

9. Click **Select** next to the User's name.



10. Check the **Case Name**:

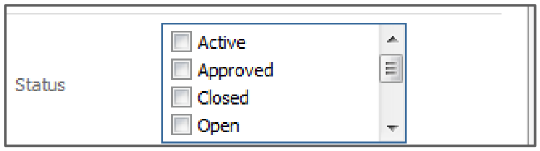


Information

Case Name selections are:

- Children Health Insurance Program
- Employer Sponsored Insurance Program
- Insurance Affordability
- Insurance Assistance
- Streamline Medicaid
- Unassisted Qualified Health Plan

11. You can select the **Status** from the box



Information

Status of the case includes:

- Active
- Approved
- Closed
- Open
- Pending Closure
- Submitted
- Suspended

Warning

During the reassignment, the process is not completed until you select **Save**.

Automatic Case Reassignment

The system automatically reassign a case for the following:

- Number of Assigned Cases: User with fewest cases received the case
- Number of Reserved Tasks: If there are multiple users with same number of cases the system will look at number of reserved cases and make assignment to user with the fewest.
- Number of Assigned Tasks: If there are multiple users with same number of reserved tasks, the system checks the assigned tasks and makes assignment to user with the fewest.
- If more than one user has the smallest number of assigned tasks system will assign randomly.

Reserve Case Assigned Task to a User

The Supervisor workspace shows information about the caseworkers, cases, tasks, work queues and organizations. The Supervisor workspace is the central hub to managing the flows of the office during the course of the workday.

You reserve all or some of the tasks associated with a case to a new user. This includes tasks which have been previously assigned.

Viewing Case Reserved Task

Supervisors need to view reserved tasks to ensure work is efficiently balanced. Viewing Reserved Tasks requires location in Home Tab in the caseworker portal being viewed by the Supervisor.

The Supervisor Workspace has tabs and the caseworker workspace being viewed in the Supervisor Workspace has tabs.

View Reserve Case Assignment

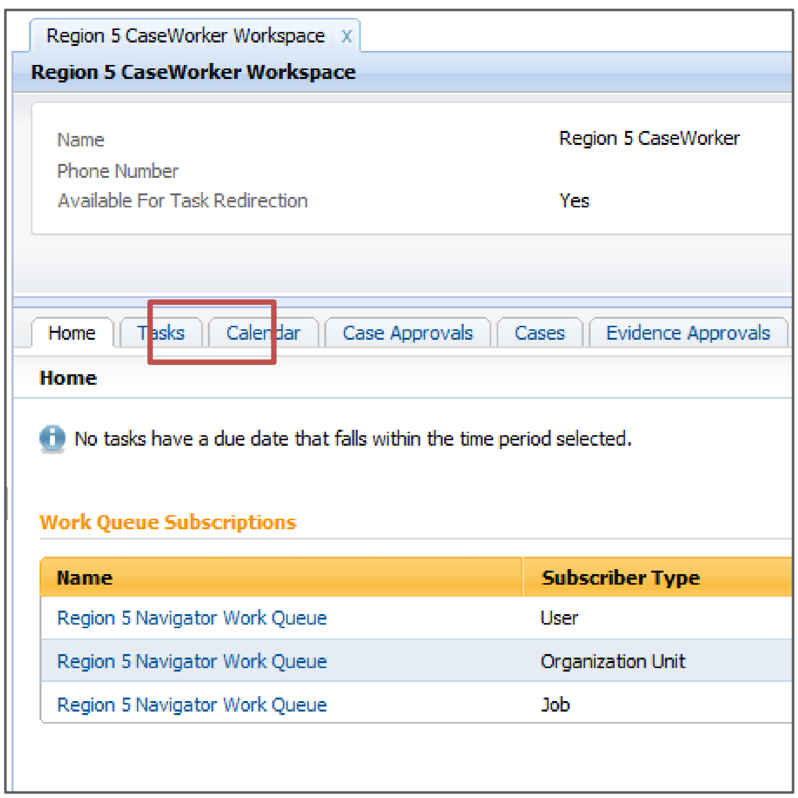
You can view tasks associated with the cases that have been reserved in the Case Reserved tasks. The graph shows open and deferred tasks on a bar chart.

1. Select the Case Reserved Tasks
2. Click on the bar chart task
3. Click on **open task** for user
4. Select **Task**
5. **Forward** to another User.

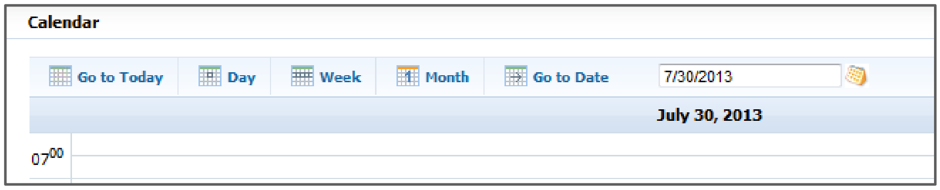
View User Calendar

The Case User Schedule shows the number of activities scheduled in a week for each user who is part of the case. Supervisor can go to previous weeks or future weeks.

6. Select the **Calendar** Tab



7. Select **Views**



8. Tasks are displayed.

Manage Work for Work Queues

Overview

As a Supervisor you will access the list of active work queues of your assigned caseworkers by viewing the Work Queue Pod in the Supervisor Work Space. The management of work for a work queue requires reserving tasks located in the work queue to the subscribed users for that work queue. The task graphs and lists show the assigned tasks.

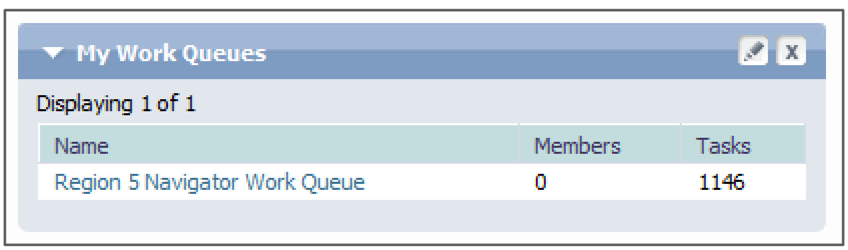
The Work Queue Workspace provides key details about the work queue including:

- Owner
- Sensitivity level
- Self-Subscription for users

In order to view a Work Queue Workspace the Supervisor's sensitivity level must equal or exceed the sensitivity level for the Work Queue.

The Work Queue Pod

The Work Queue Pod lists all active Work Queues of all caseworkers in your organizational unit for which you are the supervisor.

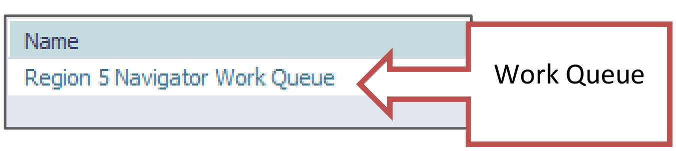


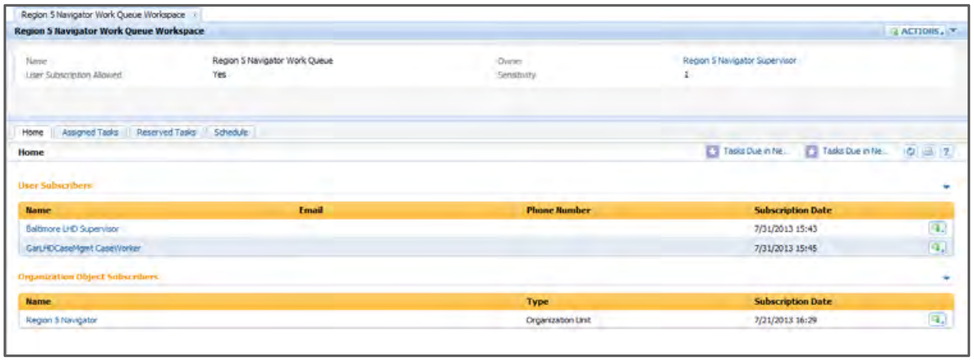
Access Work Queue Workspace

To access Work Queue Workspace:

From the Supervisor Workspace:

1. Click on the **Work Queue** you want to use





Work Queue Workspace

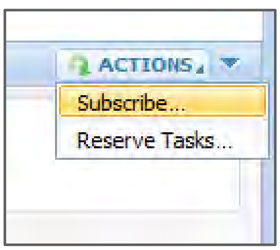
Work Queue Subscription

Subscription to the Work Queue is completed from the Home tab in the Work Queue Workspace. Users, Positions, Organization Unit and Jobs are easily assigned to the Work Queue using a subscription function available to the Supervisor. Subscription process is the same for all four areas.

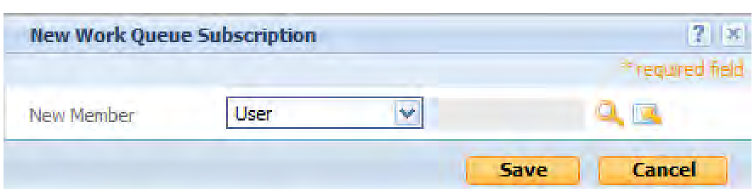
To Assign New User to Work Queue:

From the Work Queue Workspace

1. Click **Actions**.
2. Select Subscribe



3. Choose **User**



Information

Hierarchy of the system is Organization Unit, Position, Job, User

New Members selections:

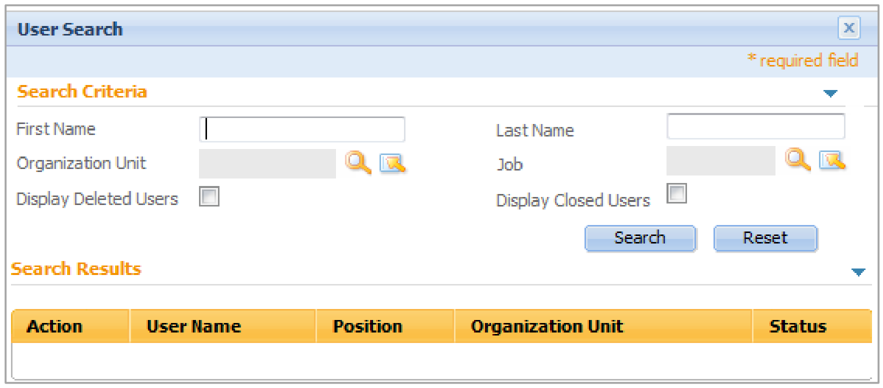
- Job: Supervisor, Intake, Screening, Case Management
- Organization Unit: Frederick LHD Case Management, Garrett LHD Case Management
- Position: Frederick LHD Case Management Supervisor

- User: Specific individual such as John Smith, Supervisor

The process is the same for each selection.

1. Search for the **User** by clicking the magnify glass
2. Type **First or Last Name** (show name in screenshot)

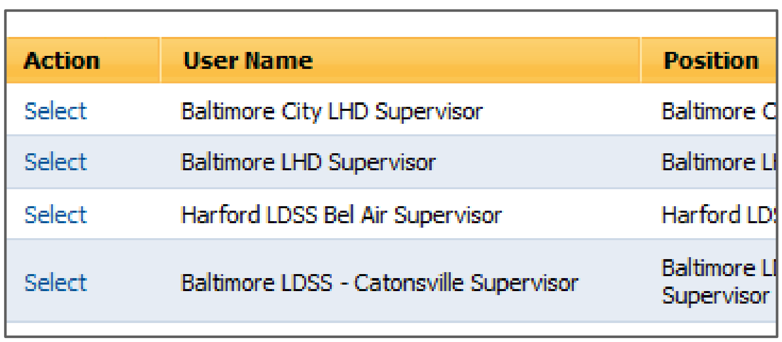
   A minimum of one letter is required



3. Click **Search** to find user information in the system

   Only Users in Organization Unit and Work Queue will appear.

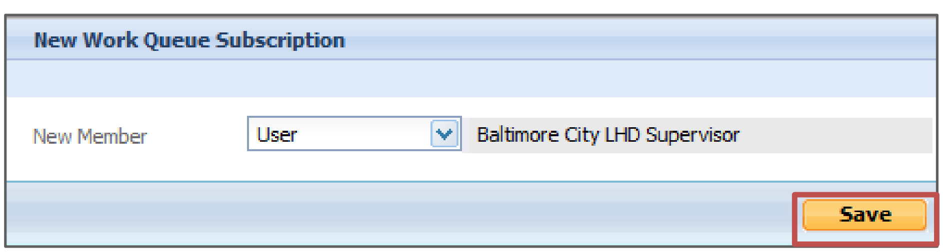
4. Choose **Select** next to the User you want to assign to the Work Queue



Action	User Name	Position
Select	Baltimore City LHD Supervisor	Baltimore C
Select	Baltimore LHD Supervisor	Baltimore Ll
Select	Harford LDSS Bel Air Supervisor	Harford LD
Select	Baltimore LDSS - Catonsville Supervisor	Baltimore Ll Supervisor

The selected name will now appear.

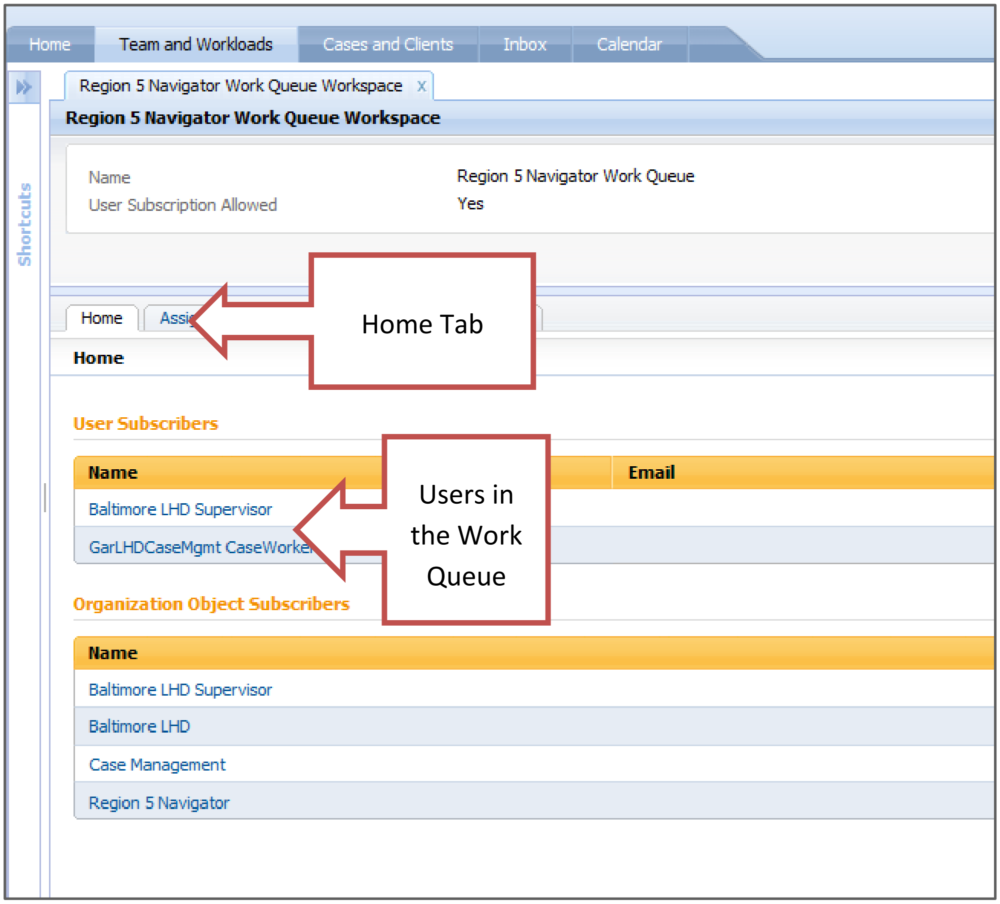
5. Click **Save** to complete subscription.



User appears in Work Queue

Unsubscribe from Work Queue

Removal from the work queue is completed from the Home tab in the Work Queue Workspace.



Work Queue Workspace

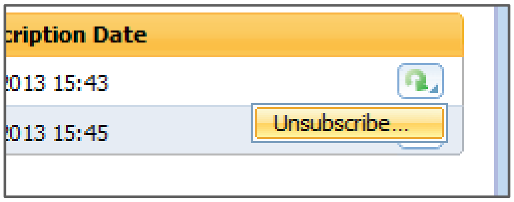
You will unsubscribe Users from the Work Queue when:

- Move to another Work Queue
- No longer work in Organization Unit
- No longer in the Position

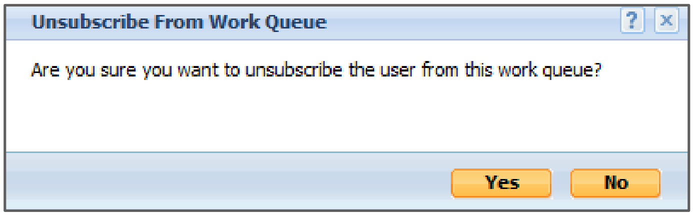
Unsubscribe Users from Work Queue:

From the Work Queue Work space

1. Click the **action** button next to the User
2. Select Unsubscribe



3. Select **Yes**



4. The User no longer appears in the Work Queue

Managing Assigned Tasks

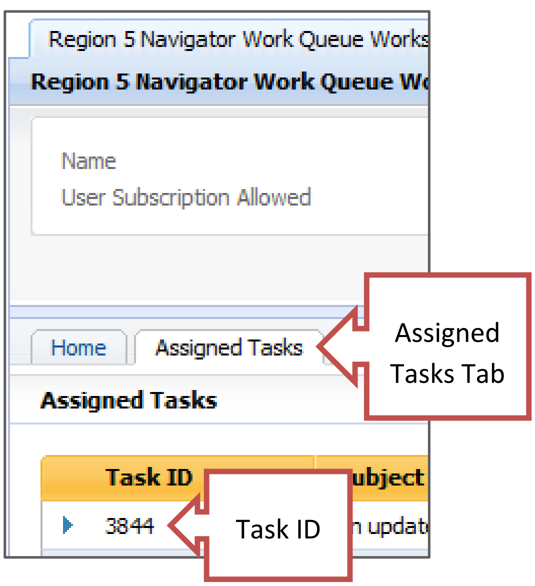
Task assigned to Work Queues are displayed in a list on the Work Queue Assigned Task Pod. The tasks do not include any tasks already reserved to a caseworker by the supervisor. The Supervisor may view details of each task from the Pod and reserve tasks to a caseworker from this Pod.

View Assigned Tasks

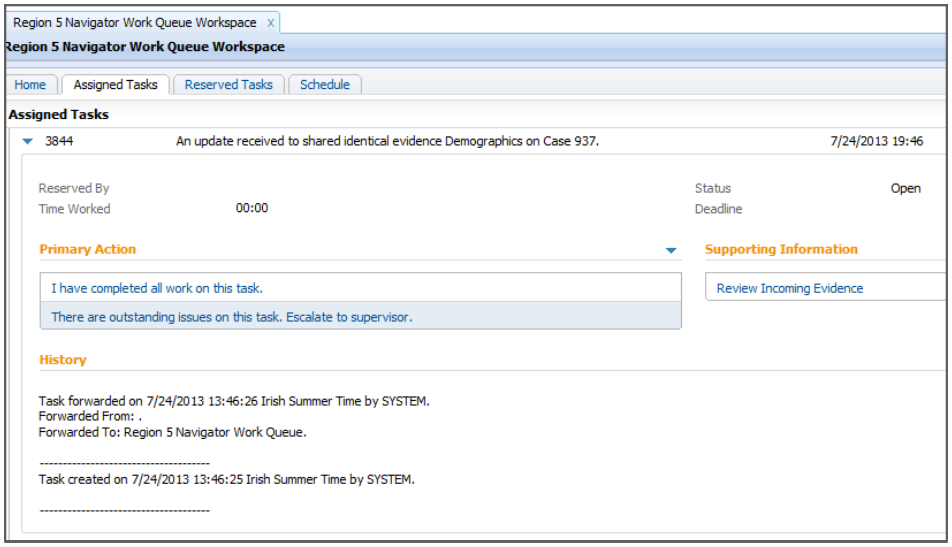
To View Assign Task from Work Queue:

From the Work Queue Workspace (see p 25)

1. Select Assigned Tasks tab



2. Locate **Task ID**
3. Click Detail Arrow



Details of the Assigned Task

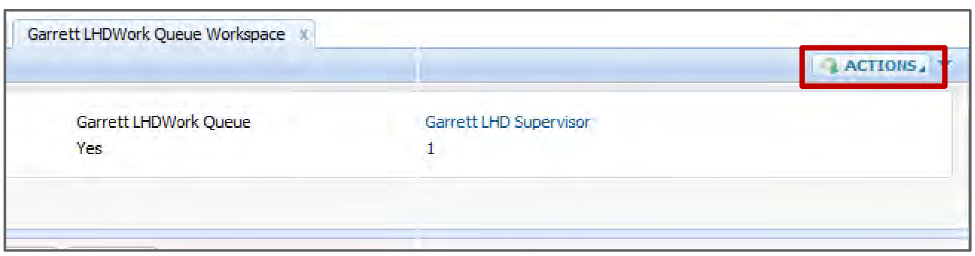
Reserving Tasks from Work Queue

Supervisors reserve multiple tasks from the Work queue to the caseworker. This will clear or help clear overloaded work queues. Supervisors choose the number of tasks to reassign, but not specific tasks!

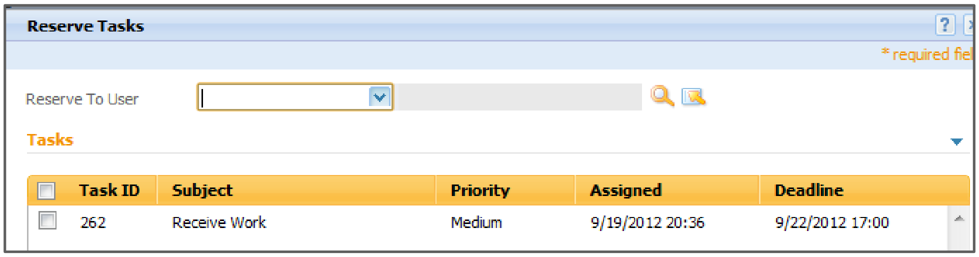
From the Work Queue Workspace

To assign Reserve tasks:

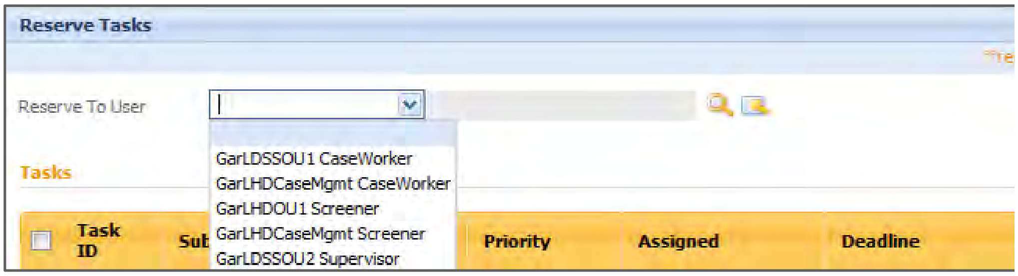
1. Click **Actions**



2. Select Reserve Task



3. Select the **User**



4. Select **Tasks** to reserve
5. Select **Save**.

Managing Reports

Overview

This section provides the information necessary for all users to effectively use Cognos to generate and analyze reports. The goal of the new reporting system is to help the Maryland Benefit Health Exchange and other entities understand how the Affordable Care Act has impacted the citizens of Maryland. Reports help to provide an insight to the routines of the citizens when applying for assistance which then leads to the creation of better processes to help streamline receipt of benefits.

Cognos System

The Cognos reporting system provides the following reports, as well as many others:

- Pregnant Women Applications Report
- Applications Status Pending Over 15 Days Summary Report
- Application Processing Times Summary Report
- MCO Enrollment Summary Report

Accessing a Report

Overview

The Pre-Screen Calculator allows the customer to "self-assess" potential eligibility options before an account is created. Since an official account has not been created, complete eligibility cannot be determined until the customer enters their information completely. You must complete all fields in the Calculator

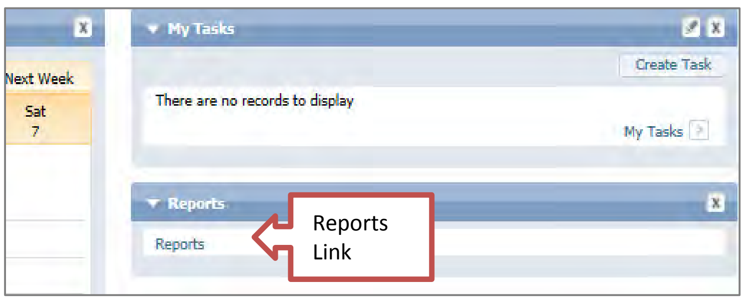
Access a Report

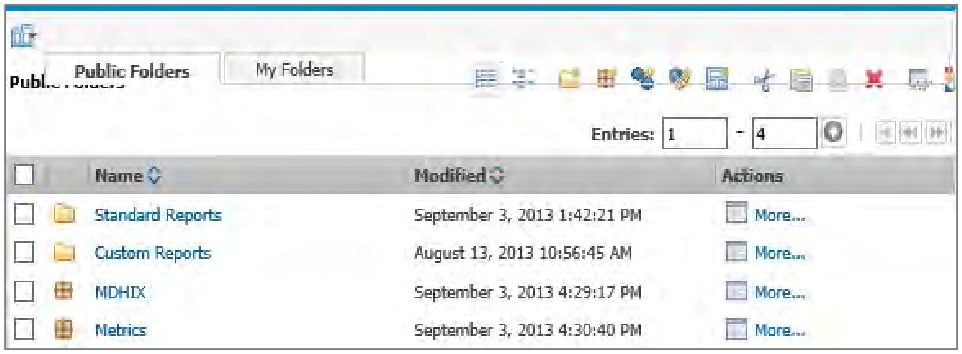
To access a report:

1. Log into the Caseworker portal.

   The Maryland Health connection appears

2. Click **Reports** link on the **Home** tab.





3. Select the necessary folder to access the desired report

Managing a Report

Overview

Once a report has been accessed, the report options can be managed and the report generated. Depending on the report, results can be displayed immediately, or may require an overnight wait time for processing.

Reports are accessed based on user ID security level and are agency specific. Not all employees can access all reports in Cognos.

Some reports are required to be generated on a daily basis. Other reports are generated on a monthly or yearly basis. These determinations are made based on the needs of the business.

Generate a Report

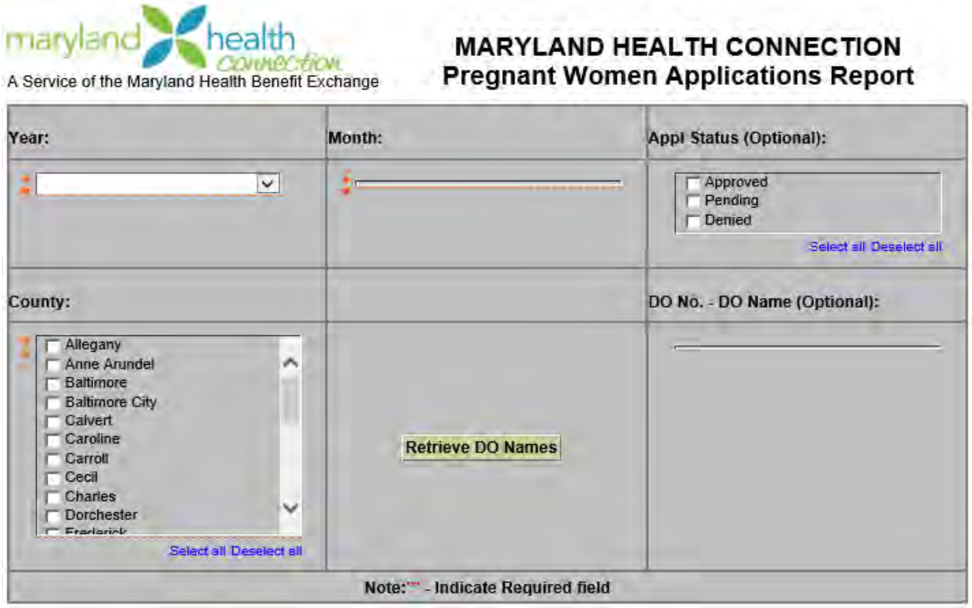
To generate a report:

1. Navigate to the desired report.

2. Select the report to continue to the *Parameters* screen.

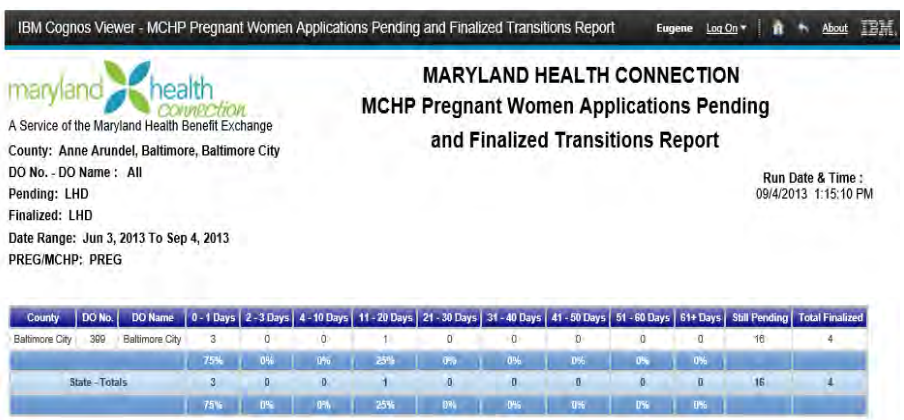
Information

Depending on the report being generated, a parameters screen may not display. Some reports have preset parameters that automatically generate behind the scenes and display immediate results.



3. Select the desired parameters to help determine results displayed in the report.

4. Click the **Finish** button to display the report results.



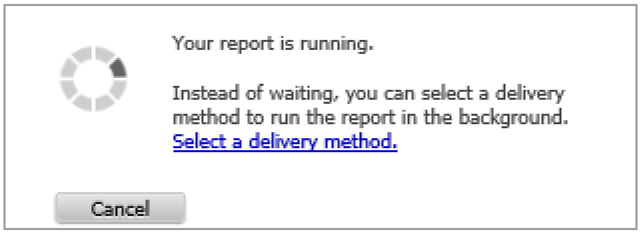
County	DO No.	DO Name	0 - 1 Days	2 - 3 Days	4 - 10 Days	11 - 20 Days	21 - 30 Days	31 - 40 Days	41 - 50 Days	51 - 60 Days	61+ Days	Still Pending	Total Finalized
Baltimore City	399	Baltimore City	3	0	0	1	0	0	0	0	0	16	4
			75%	0%	0%	25%	0%	0%	0%	0%	0%		
State - Totals			3	0	0	1	0	0	0	0	0	16	4
			75%	0%	0%	25%	0%	0%	0%	0%	0%		

5. Review the results.

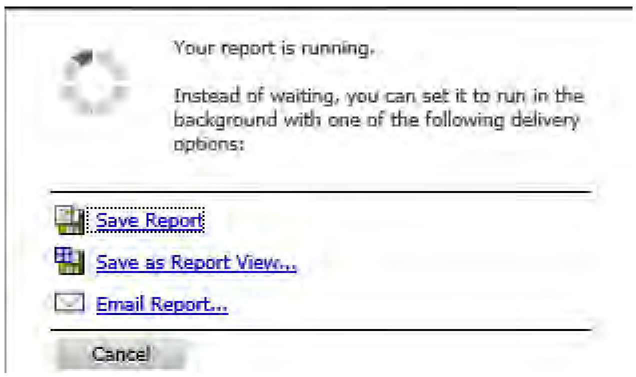
Select a Delivery Method

Once a report is generated, the user has the option of changing the report delivery method.

Generate the desired report. During the generation process, the system provides a delivery methods option:



1. Click the link to select a delivery method.



2. Select one of the following options:

Field	Description
Save Report	Saves and HTML version of the report to a location you specify
Save as Report View…	Allows you to save the report in your desired format (PDF, HTML, Excel, etc.) and save to a location you specify
Email Report…	Email an HTML copy of the report to the desired email address

Report is emailed or saved in the format you specify. If exported to Excel, fields can be manipulated as needed.

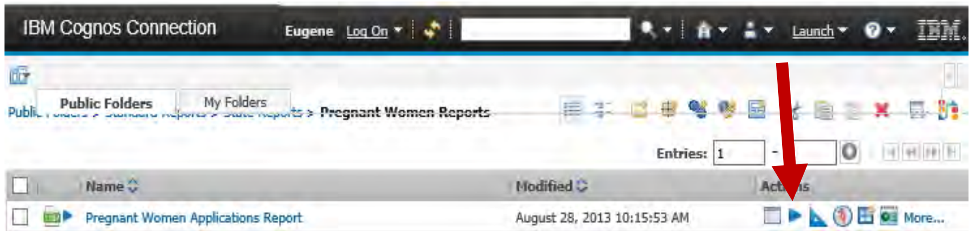
Information

Cognos does not save historical data. If historical data is needed, each report must be exported to Excel and saved for future reference.

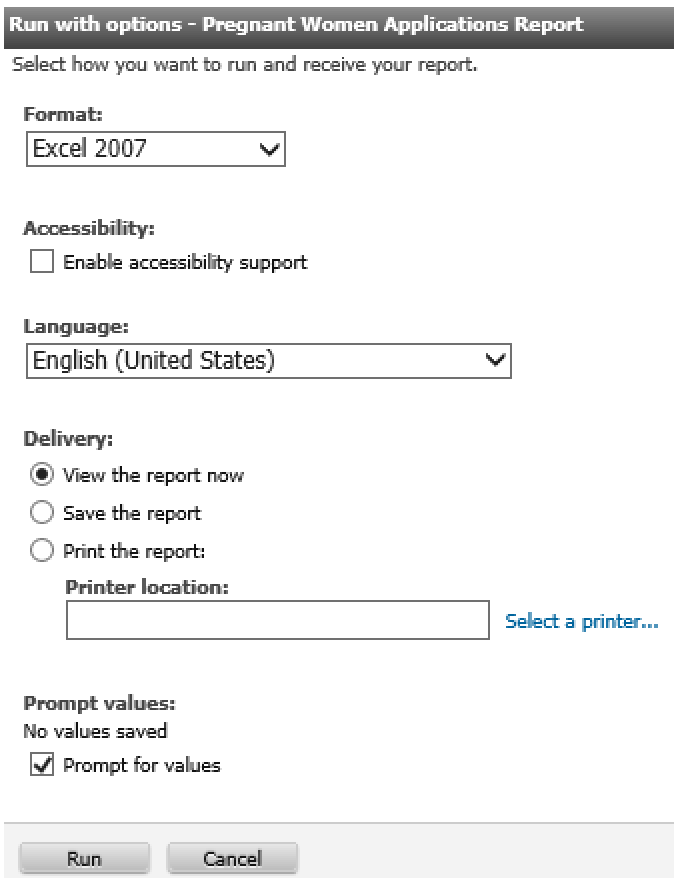
Generate With Options

Prior to generating a report, the user has the option of selecting output results.

Navigate to the desired report:



1. Click the **Run With Options** icon to go to the *Run With Options* screen.



2. Select one of the following options:

Field	Description
Format	Select the format to display the report. Available options are HTML, PDF, Excel, or XML
Accessibility	Enabling accessibility allows users with disabilities to access report content using assistive technology, such as a screen reader, to review reports
Language	Select the language the report should be generated in
Delivery	Select the delivery method of the report. Options available are to view now, save the report, or printing the report to a designated location
Prompt Values	If a report has various parameters than can be entered to determine report results, the user is prompted to enter those values when needed

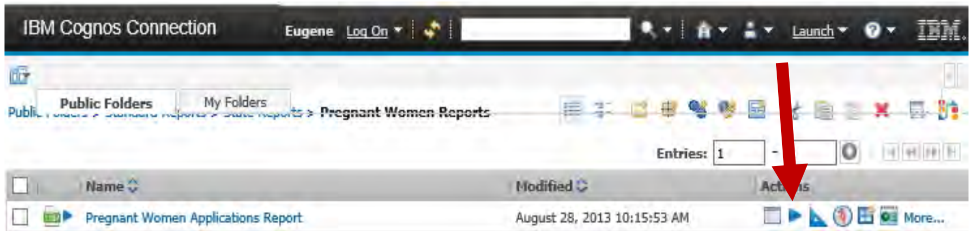
3. Click the **Run** button to generate the report

   Report is generated in the format that has been selected.

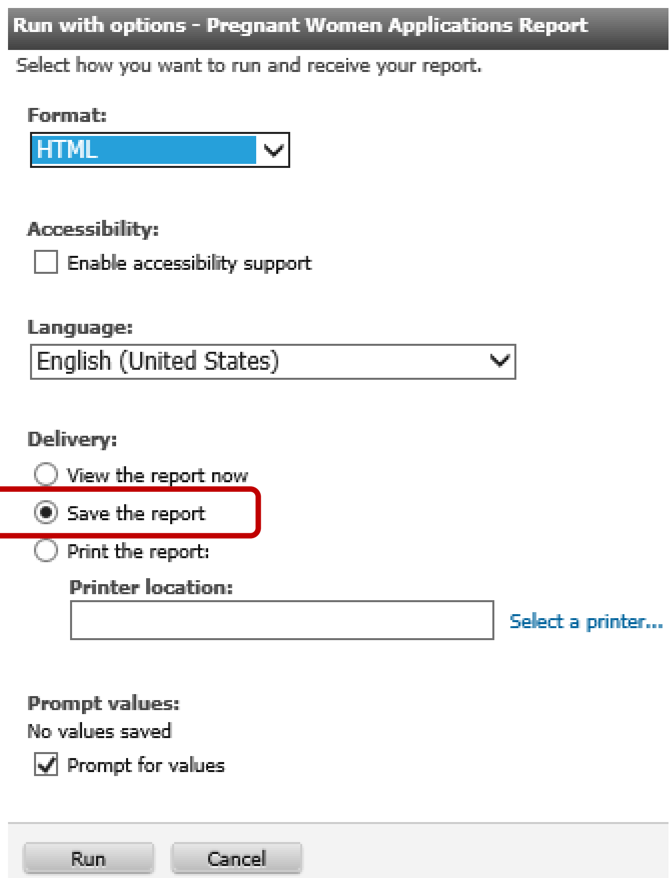
Save a Report

If needed, a report can be generated and saved. Cognos provides a file location for saved reports that is separate from the user's hard drive. This provides the user an option to save a report, while not taking up space on their local computer.

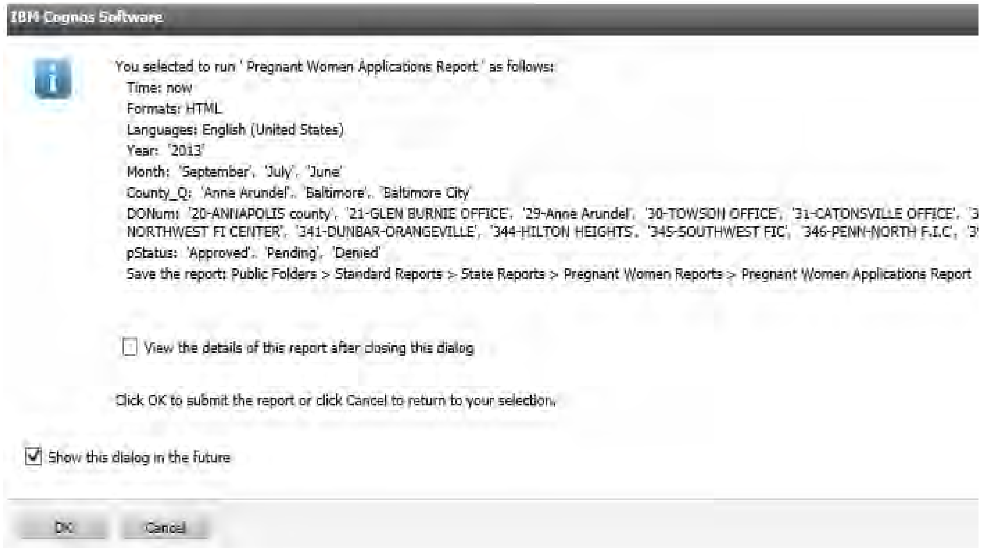
Navigate to the desired report:



1. Click the **Run With Options** icon to go to the *Run With Options* screen.



2. Select the necessary options and click the **Save the Report** radio button.
3. Click the **Run** button to generate the report.



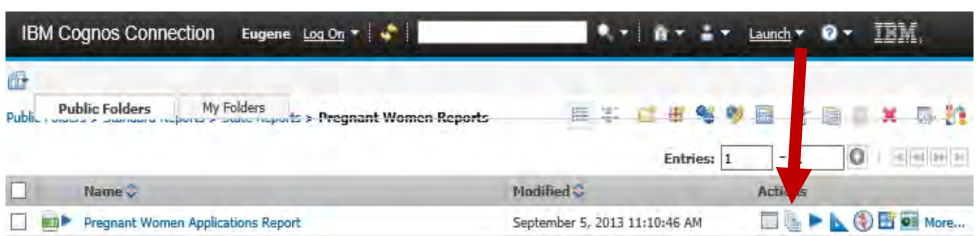
4. Note the save location. Click the **OK** button to exit.

Information

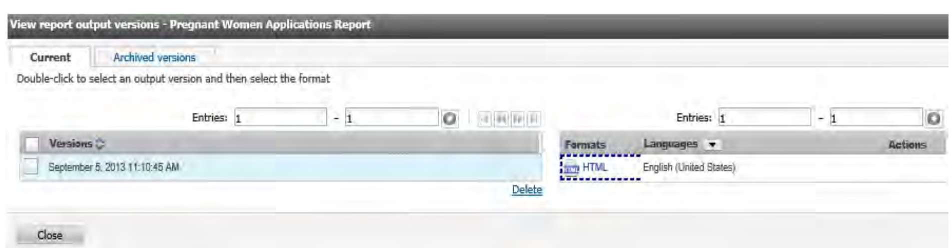
To display the results immediately, select ☑ View the details of this report after closing this dialog

To display a saved report:

Navigate to the report:



1. Click the View the output versions for this report icon.



2. Click the link in the **Formats** section to display the saved report.

   Report is displayed in selected format

Information

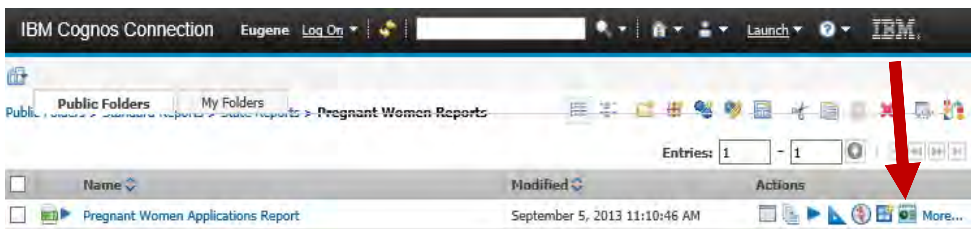
Once a report is saved in Cognos, it can only be accessed as long as Cognos is available. If the system becomes temporarily unavailable, the user cannot access the report.

Schedule a Report

Cognos provides the users with the option of scheduling a report to run on a periodic basis. Reports can be scheduled to run daily, weekly, monthly, yearly, or by a specific trigger.

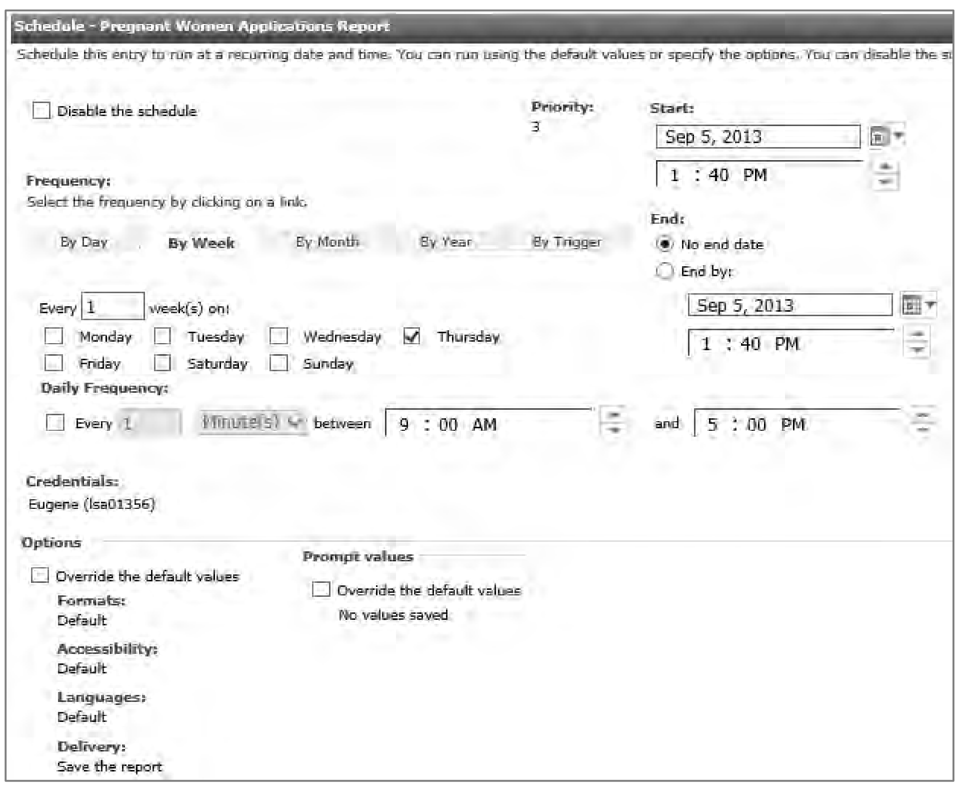
To Schedule a Report

1. Navigate to the desired report



2. Click the **Schedule** icon

Schedule screen appears



3. Complete the necessary fields:

Field	Description
Disable the schedule	Select this option to delete a schedule that has been previously set
Priority	Set the processing priority for this scheduled report
Start	Designate a start date/time for report to be generated
End	Designate an end date/time for scheduled run to end
Frequency	Designate how often the report should be scheduled to run
Options	Provides the user with the option of overriding the standard default methods for the report

4. Click **OK**

   Report is generated as scheduled

Outstanding Verification and Presumptive Eligibility

Outstanding Verification and Presumptive Eligibility

When the system cannot match the information given by the applicant against the various data sources (such as the Federal Data Hub) to which the system connects, the system will generate one of two conditions:

A. The application cannot be completed until **outstanding verifications** are completed.

B. The application can be completed based on **presumptive eligibility**

- The applicant will have 90 days to come into a caseworker office to present the documents needed to finish the application.

Below is a table that provides a quick lookup guide to the two types of conditions.

PE = Presumptive Eligibility: Applicant can enroll on MDHIX. Applicant has 90 days to supply verification. If they do not supply the verification in 90 days they will be deemed not eligible and their case will be closed.

OV = Outstanding Verification: Applicant cannot enroll on MDHIX. Applicant has 30 days to supply verification before their application is removed from system.

(PE) Presumptive Eligibility or (OV) Outstanding Verification	Control Question	Response	Rule
Presumptive Eligibility	Are you Incarcerated?	No	Verification is not required
		Yes	Verification is required except when incarceration is verified by an external source
	Residency		Verification is not required
Outstanding Verification	Are you applying for assistance?	Yes	Verification is required except when Citizenship or Lawful Presence is verified by an external source
Presumptive Eligibility	Are you applying for assistance	Yes'	Verification is required except when SSN or Lawful Presence is verified by an external source
Presumptive Eligibility	Enter in a tribal number?		Verification is required
Outstanding Verification	Enter a DHS ID		Verification is required
Outstanding Verification	Are you applying for assistance = 'Yes' AND entered an SSN		Verification is required except when SSN is verified by the Federal Data Hub
	Minimum Essential Coverage		Minimum Essential Coverage is not required
Presumptive Eligibility	Is anyone in the household currently enrolled on a health program or plan? = 'Yes'		If the Check Existing Coverage verified the same type of benefit then verification is not required. See tables below
Presumptive Eligibility	Is anyone in the household disabled? = 'Yes'		Verification is required. During the online application, if the "Verify Income" verification call returns SSA Income, check the "Person Disabled Indicator". If this is true, verification is NOT required (e-verified). Else, verification is required.

Appendix B

Products and Programs

PROGRAM	MHCHIX SYSTEM PRODUCT
Medicaid	Streamlined Medicaid
CHIP	HCR CHIP (No Premium)
MCHP	HCR CHIP (Premium)
Qualified Health Program with Assistance (QHP)	Insurance Assistance (IA)
Qualified Health Program without Assistance (QHP)	Unassisted Insurance (UA)

Appendix C

MCHP Premiums

Minimum FPL	Maximum FPL	MCHP Monthly Premium (Non Native American/Alaskan)	MCHP Monthly Premium if Child is Native American
	<= 204%	0.00	0.00
> 204%	<= 253%	50.00	0.00
> 253%	< =309%	63.00	0.00

Appendix D

Household Size	40%	100%	121%	138%	190%	205%	255%	305%	405%
1	$4,596	$11,490	$13,903	$15,856	$21,831	$23,555	$29,300	$35,045	$46,535
2	$6,204	$15,510	$18,767	$21,404	$29,469	$31,796	$39,551	$47,306	$62,816
3	$7,812	$19,530	$23,631	$26,951	$37,107	$40,037	$49,802	$59,567	$79,097
4	$9,420	$23,550	$28,496	$32,499	$44,745	$48,278	$60,053	$71,828	$95,378
5	$11,028	$27,570	$33,360	$38,047	$52,383	$56,519	$70,304	$84,089	$111,659
6	$12,636	$31,590	$38,224	$43,594	$60,021	$64,760	$80,555	$96,350	$127,940
7	$14,244	$35,610	$43,088	$49,142	$67,659	$73,001	$90,806	$108,611	$144,221
8	$15,852	$39,630	$47,952	$54,689	$75,297	$81,242	$101,057	$120,872	$160,502
9	$17,460	$43,650	$52,817	$60,237	$82,935	$89,483	$111,308	$133,133	$176,783
10	$19,068	$47,670	$57,681	$65,785	$90,573	$97,724	$121,559	$145,394	$193,064

Federal Poverty Level is highlighted in yellow

Appendix E

AGE LIMITS	BENEFICIARY	CATEGORY	>=30%	>30% to < = 100%	>100% to < = 103%	> 103 % to <=108%	> 108 % to <=123%	> 123%<=138%	> 138%<=143%	> 143%<=150%	> 150%<=189%
n/a	Pregnant Women	Pregnant Women	Medicaid/P02/ M	Medicaid/P02/ M	Medicaid/P02/ M	Medicaid/P02 /M	Medicaid/P02 /M	Medicaid/P02 /M	Medicaid/P02 /M	Medicaid/P02 /M	Medicaid/P02 /M
> = 18 to < 26	Former Foster Care Adults	Former Foster Care	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05 /M	Medicaid/E05 /M	Medicaid/E05 /M	Medicaid/E05 /M	Medicaid/E05 /M	Medicaid/E05 /M
0 to < 1	Child deemed newborn of eligible P02 and P11 mothers	Children	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M
0 to <1	Other Children under age < 1*	Children	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06 /M
1 to < 6	Children	Children	Medicaid/P07/ M	Medicaid/P07/ M	Medicaid/P07/ M	Medicaid/P07 /M	Medicaid/P07 /M	Medicaid/P07 /M	Medicaid/P07 /S	CHIP/P13/M $0	CHIP/P13/M $0
6 to < 19	Children	Children	Medicaid/P07/ M	Medicaid/P07/ M	Medicaid/P07/ M	Medicaid/P07 /S	Medicaid/P07 /S	Medicaid/P07 /S	Medicaid/P07 /S	CHIP/P13/M $0	CHIP/P13/M $0
> = 19 to < 21	Children	Children	Medicaid/F98/ M	Medicaid/F98/ M	Medicaid/F98/ M	Medicaid/F98 /M	Medicaid/F98 /M	Medicaid/F98 /M	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 87%
> = 19 to < 65	Single Childless Adult **Disabled**	New Adults	Medicaid/A04/ D	Medicaid/A02/ D	Medicaid/A02/ D	Medicaid/A02 /D	Medicaid/A02 /D	Medicaid/A02 /D	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 87%
19 to < 65	Single Childless Adult	New Adults	Medicaid/A02/ M	Medicaid/A02/ M	Medicaid/A02/ M	Medicaid/A02 /M	Medicaid/A02 /M	Medicaid/A02 /M	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 87%
19 to < 65	Primary Caretaker or Parent of Children < 19	Parents/Primary Caretaker	Medicaid/F05/ M	Medicaid/F05/ U	Medicaid/F05/ U	Medicaid/F05 /U	Medicaid/F05 /U	Medicaid/A03 /M	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 87%
> 19, Not pregnant Aliens, do not meet 5 year bar	Lawfully Present Aliens, not eligible for Medicaid	N/A	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 94%	Insurance Assistance 87%
> 65	Adults > 65	N/A	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance

AGE LIMITS	BENEFICIARY	CATEGORY	> 189%<=194%	> 194%<=200%	> 200 %<=204%	> 204%<=250%	> 250%<=253%	> 253%<=259%	> 259%<=309%	> 309%<=400%	>400%
n/a	Pregnant Women	Pregnant Women	Medicaid/P11 /M	Medicaid/P11 /M	Medicaid/P11/ M	Medicaid/P11/ M	Medicaid/P11/ M	Medicaid/P11/ M	Insurance Assistance 0%	Insurance Assistance 0%	Unassisted Insurance
> = 18 to < 26	Former Foster Care Adults	Former Foster Care	Medicaid/E05 /M	Medicaid/E05 /M	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05/ M	Medicaid/E05/ M
0 to < 1	Child deemed newborn of eligible P02 and P11 mothers	Children	Medicaid/P06 /M	Medicaid/P06 /M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M	Medicaid/P06/ M
0 to <1	Other Children under age < 1*	Children	Medicaid/P06 /S	CHIP/P14/M $0	CHIP/P14/M $0	MCHP/D02/M $50	MCHP/D02/M $50	MCHP/D04/M $63	MCHP/D04/M $63	Insurance Assistance 0%	Unassisted Insurance
1 to < 6	Children	Children	CHIP/P14/M** $0	CHIP/P14/M $0	CHIP/P14/M $0	MCHP/D02/M $50	MCHP/D02/M $50	MCHP/D04/M $63	MCHP/D04/M $63	Insurance Assistance 0%	Unassisted Insurance
6 to < 19	Children	Children	CHIP/P14/M** $0	CHIP/P14/M $0	CHIP/P14/M $0	MCHP/D02/M $50	MCHP/D02/M $50	MCHP/D04/M $63	MCHP/D04/M $63	Insurance Assistance 0%	Unassisted Insurance
> = 19 to < 21	Children	Children	Insurance Assistance 87%	Insurance Assistance 87%	Insurance Assistance 73%	Insurance Assistance 73%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Unassisted Insurance
> = 19 to < 65	Single Childless Adult **Disabled**	New Adults	Insurance Assistance 87%	Insurance Assistance 87%	Insurance Assistance 73%	Insurance Assistance 73%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Unassisted Insurance
19 to < 65	Single Childless Adult	New Adults	Insurance Assistance 87%	Insurance Assistance 87%	Insurance Assistance 73%	Insurance Assistance 73%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Unassisted Insurance
19 to < 65	Primary Caretaker or Parent of Children < 19	Parents/Primary Caretaker	Insurance Assistance 87%	Insurance Assistance 87%	Insurance Assistance 73%	Insurance Assistance 73%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Unassisted Insurance
> 19, Not pregnant Aliens, do not meet 5 year bar	Lawfully Present Aliens, not eligible for Medicaid	N/A	Insurance Assistance 87%	Insurance Assistance 87%	Insurance Assistance 73%	Insurance Assistance 73%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Insurance Assistance 0%	Unassisted Insurance
> 65	Adults > 65	N/A	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance	Unassisted Insurance