101.03 HOW TO APPLY

This chapter provides guidelines on the process of applying for eligibility determinations for all coverage groups.

101.03.01 APPLICANT

An applicant is someone whose signed application form has been received by the Division of Medicaid (DOM) and is requesting an eligibility determination. An applicant is also someone whose signed application is received by another agency or entity authorized to make Medicaid certifications.

An applicant includes someone who applies for coverage in MS through the Federally Facilitated Marketplace (FFM) and has their electronic application information transferred to DOM via a process referred to as an Account Transfer (AT).

101.03.01A Deceased Applicants

An application for Medicaid may be made on behalf of a deceased individual. The application must be filed before the end of the third month following the date of death in order for DOM to be able to consider the month of death for coverage, using the rules that apply for retroactive Medicaid.

101.03.01B Non-Applicants

This is an individual who is not requesting an eligibility determination for himself or herself but is included in the applicant’s household to determine eligibility for the applicant.

101.03.02 DOM APPLICATION FORM(S)

DOM uses two types of application forms to determine eligibility:

- For MAGI-related purposes, the Mississippi Application for Health Benefits is the single streamlined application form used to apply for Medicaid and CHIP. Information from this form is also used to refer individuals to the FFM for health coverage if ineligible for health coverage through DOM.
DOM APPLICATION FORMS (Continued)

• For ABD purposes, the Application for Mississippi Medicaid Aged, Blind and Disabled Medicaid Programs is used.

• The MAGI-related and ABD applications forms may be a paper version, an electronic version or an exact facsimile of the appropriate form.

• Applications filed for Medicaid coverage through other agencies or entities have their own Medicaid applications, such as SSI or HPE.

The application form is a legal document, completed by the applicant or representative that signifies intent to apply and:

• Is the official agency document used to collect information necessary to determine eligibility;
• Is the applicant’s formal declaration of financial and other circumstances at the time of application;
• Is the applicant’s certification that all information provided is true and correct;
• Provides notice to the applicant of his rights and responsibilities; and
• May be introduced as evidence in a court of law.

101.03.03 SIGNATURE REQUIREMENTS

An application form must be signed to be considered a valid application. The signature does not have to be an original signature since applications are allowed to be submitted via means other than on an original paper form; however, a valid signature by someone authorized to apply for Medicaid or CHIP is required. Signed and unsigned applications are treated differently, as specified below.

If an applicant is unable to write his/her name, the form may be signed with an “X” mark; however, a witness signature is required. If an applicant is incompetent (adjudged by a court) or incapacitated (due to a physical or mental condition), these conditions require that someone be named to officially represent the applicant, as addressed in “Representatives Authorized to Act for an Applicant.”