

Documentation Issues for American Assistance's Missouri Lifeline Subscribers

Shaded names reflect company acknowledges subscriber lacks valid proof	Enrollment Form Issues										Enrolled before February 17, 2017	Proof of Eligibility Issues				Comments
Subscriber's Name	Enrollment form is missing	Applicant did not sign form	Applicant's eligibility is unclear or noncompliant	Address (temporary or permanent) is not indicated	Applicant's address is not Missouri	Applicant's name is prefaced with odd letters	Form lacks agent info & signature	Fake phone # is listed for applicant	Signature(s) is a horizontal line	Lacks proof of eligibility documentation		Proof is noncompliant	Proof differs from applicant's eligibility indicated on form	Questionable Proof		
Lacks Enrollment Form																
*** _____	X										X			MoHealthnet Action Notice about receiving information to review		
*** _____	X															
*** _____	X															
*** _____	X										X			MediCARE (not Medicaid) card that is also unclear.		
*** _____	X															
*** _____	X												X	Proof is an unusual food stamp action notice.		
*** _____	X															
*** _____	X															
*** _____	X															
Subtotal	9															

Applicant Failed to Sign Form															
***	***		X				X	X		Yes	X				Name: tp
***	***		X	X				X	X	Yes	X				Applicant's eligibility is simply identified as "Medical assistance".
Subtotal		2													

Applicant's Eligibility Indicated on Form is Not Compliant															
***	***			X				X							Form indicates applicant's eligibility is Federal Social Security Disability.
***	***			X				X							Form indicates applicant's eligibility is Federal Social Security Disability.
Subtotal		2													

Enrollment before February 17, 2016 and enrollment form lacks any indication a company official saw proof of eligibility															
***	***					X	X	X		Yes	X				Name: th; Illinois address.
***	***						X	X	X	Yes	X				Name: Cb.
***	***						X	X		Yes	X				Name: Tp Cb.
***	***							X		Yes	X				
***	***			X				X		Yes	X				Applicant's eligibility is simply identified as "Medical assistance".
Subtotal		5													

Enrollment form is not compliant. Fails to indicate if applicant's address is temporary or permanent.															
***	***			X				X							
***	***			X				X							
Subtotal		2													

Lacks Proof of Eligibility and enrolled on or after February 17, 2016															
***	***										X				Enrolled August 2016.
***	***								X		X				Enrolled 2018.
***	***								X		X				Enrolled 2018.
***	***			X				X			X				Enrolled 2017. LIHEAP indicated on enrollment form.
***	***										X				Enrolled Feb. 19, 2016.
***	***								X	X	X				Enrolled 2018.
***	***								X		X				Enrolled 2018.
***	***										X				Enrolled Sept. 2016.
***	***										X				Enrolled 2018.
***	***							X	X		X				Enrolled 2018.
***	***										X				Enrolled Sept. 2016.
***	***						X	X			X				Enrolled Feb. 18, 2016; Name: tp
***	***										X				Enrolled 2017.
***	***								X	X	X				Enrolled 2018.
***	***								X	X	X				Enrolled 2018.
***	***			X							X				Applicant's eligibility is simply identified as "Medical assistance".
***	***										X				Enrolled July 2016.
***	***								X	X	X				Enrolled 2018.
***	***								X	X	X				Enrolled 2018.
***	***										X				Enrolled 2018.
***	***										X				Enrolled 2018.
***	***										X				Enrolled 2018.
***	***					X			X		X				Enrolled 2017; Longmont, Colorado address.
***	***										X				Enrolled August 2016.

Shaded names reflect company acknowledges subscriber lacks valid proof	Enrollment Form Issues								Enrolled before February 17, 2017	Proof of Eligibility Issues				Comments	
	Subscriber's Name	Enrollment form is missing	Applicant did not sign form	Applicant's eligibility is unclear or noncompliant	Address (temporary or permanent) is not indicated	Applicant's address is not Missouri	Applicant's name is prefaced with odd letters	Form lacks agent info & signature		Fake phone # is listed for applicant	Signature(s) is a horizontal line	Lacks proof of eligibility documentation	Proof is noncompliant		Proof differs from applicant's eligibility indicated on form
***	***										X				Enrolled 2018.
***	***										X				Enrolled August 2016.
***	***							X			X				Enrolled 2018.
***	***							X			X				Enrolled 2018.
***	***										X				Enrolled 2018.
Subtotal												29			
Proof of Eligibility is Not Compliant															
***	***								X	X		X			Gateway printout.
***	***										X				Gateway printout
***	***										X				Gateway card
***	***							X	X		X				Gateway card
***	***							X			X				Nondescript card without a name on it
***	***							X			X				Gateway card.
***	***							X			X				Aetna card
***	***							X			X				Gateway card
***	***							X	X		X				Gateway card
***	***							X	X		X				Gateway card.
***	***										X				Gateway card.
***	***							X	X		X				Gateway card
***	***							X	X		X				Gateway card.
***	***							X	X		X				Gateway card
***	***							X	X		X				Gateway card.
***	***							X	X		X				Gateway printout
***	***										X				Nevada card
***	***							X			X				MO Care card
***	***							X	X		X				Gateway card
***	***										X				Gateway card
***	***										X				Veteran's Health card, VA Disability letter
***	***										X				Gateway card
***	***							X	X		X				Gateway card
***	***										X				Blank card
***	***							X			X				Name on EBT card is Joli Hunter.
***	***			X							X				Proof: Veteran's card (Additional note: Applicant's eligibility is simply listed as "medical assistance (MA)")
Subtotal												24			
Proof of Eligibility Provided is Not the Eligibility Indicated on Enrollment Form															
***	***											X			Form indicates eligibility is SSI but proof is some sort of Social Security Benefit letter that fails to reflect SSI. Letter is to "Jr."
***	***											X			Form indicates eligibility is SSI but proof is some sort of Social Security Benefit letter that fails to reflect SSI.
***	***											X			Form indicates eligibility is SSI but proof is some sort of Social Security Benefit letter that fails to reflect SSI.
***	***							X	X			X			Form indicates eligibility is SNAP but proof is a letter from Social Services. (Additional note: address in letter doesn't match address on enrollment form.)
***	***											X			Form indicates eligibility is SSI but proof is some sort of Social Security Benefit letter that fails to reflect SSI.
***	***						X	X				X			Name: tp. Form: SNAP. Proof: Social Security Benefit Statement.
***	***											X			Form: SNAP; Proof: MoHealthnet card
Subtotal												7			
Questionable if Proof of Eligibility is Compliant															
***	***							X	X				X		Proof submitted is a VA healthcare card and some sort of VA benefit printout. Unclear if this proof is sufficient to verify Veterans Pension or Survivors Benefit.
***	***						X						X		Card is black
***	***												X		Card may be EBT card but is all black.
***	***												X		Card may be EBT card but is all black.
***	***												X		MoHealthNet Action Notice is unclear.
***	***												X		Card may be EBT card but is all black.
***	***							X	X				X		Food Stamp Change Report?
***	***												X		Food Stamp Budget Summary?
***	***												X		Card may be EBT card but is all black.
Subtotal												9			
No Documentation Provided (Lacks Enrollment Form and Proof of Eligibility)															
***	***	X									X				

[illegible]

Grand Totals	51	2	8	2	2	7	17	28	22	76	26	7	10
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