## Documentation Issues for American Assistance's Missouri Lifeline Subscribers

Shaded names reflect					Envallma	nt Form	Logues				7	Droof	of Eli	aibility Io	orroc	
company acknowleg subscriber lacks valid p		Enrollment Form Issues									201	Proof of Eligibility Issues				
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	Enrolled before February 17, 2017	Lacks proof of eligibility documentation	Proof is noncompliant	Proof differs from applicant's eligibility indicated on form	Questionable Proof	Comments
Lacks Enrollment Form	1			l		L		l	l	<i>O</i> <sub>1</sub>						
*** ***		X											X			MoHealthnet Action Notice about receiving information to review
***		X														
***		X														
*** ***		X											X			MediCARE (not Medicaid) card that is also unclear.
*** ***	ŧ	X													X	Proof is an unusual food stamp action notice.
*** ***		X														•
*** ***		X														
***		X					]			<u> </u>	<u> </u>				1	
Subtotal		9	ļ													
Applicant Failed to Sign	n Form															
***			X				X	X			Yes	X				Name: tp
***			X	X				X		X	Yes	X				$\label{lem:poly} Applicant's \ eligibility \ is \ simply \ identified \ as \ "Medical \ assistance".$
Subtotal		L	2	l												
Applicant's Eligibility I	ndicate	ed on H	Form is	Not Co	ompliant											
*** ***				X				X								Form indicates applicant's eligibility is Federal Social Security
***				X				X								Disability.  Form indicates applicant's eligibility is Federal Social Security
Subtotal				2				Λ								Disability.
Subtotal																
Enrollment before Febr	ruary 1'	7, 2010	6 and e	nrollm	ent form l	acks an	y indic	ation a	compai	ny offic	ial sav	v proof	of elig	gibility		
***						X	X	X			Yes	X				Name: tb; Illinois address.
*** ***							X	X		X	Yes	X			<u> </u>	Name: Cb.
*** ***							X	X			Yes Yes	X				Name: Tp Cb.
*** ***				X				X			Yes	X				Applicant's eligibility is simply identified as "Medical assistance".
Subtotal		•		•	•	•	•	5				•		•	•	
T 11																
Enrollment form is not	compli	ant. F	ails to	indicat	e if applic X	ant's ac	ldress 1	s tempe X	orary or	r perm	anent.					
***					X			X								
Subtotal					2									·		
Lacks Proof of Eligibilit	ty and o	enrolle	ed on o	r after	February	17, 201	<u>6</u>					v				Encolled August 2016
***									X			X			1	Enrolled August 2016. Enrolled 2018.
***									X			X				Enrolled 2018.
***				X				X				X				Enrolled 2017. LIHEAP indicated on enrollment form.
*** ***						}			X	X		X			-	Enrolled Feb. 19, 2016.  Enrolled 2018.
*** **	**					1			X	^		X			1	Enrolled 2018.  Enrolled 2018.
**1. *1	**											X				Enrolled Sept. 2016.
*** ***												X				Enrolled 2018.
*** ***									X	X		X			<u> </u>	Enrolled 2018.
*** ***							X	X	1			X				Enrolled Sept. 2016. Enrolled Feb. 18, 2016; Name: tp
*** ***												X				Enrolled 2017.
***									X	X		X				Enrolled 2018.
*** ***				v				-	X	X		X	1			Enrolled 2018.
***				X								X			1	Applicant's eligibility is simply identified as "Medical assistance".  Enrolled July 2016.
***	-+								X	X		X				Enrolled 2018.
***									X	X		X				Enrolled 2018.
***	ded :								X	X		X				Enrolled 2018.
***	***					-			-			X			<del>                                     </del>	Enrolled 2018. Enrolled 2018.
	**					X			X			X				Enrolled 2017; Longmont, Colorado address.
***	**								L			X				Enrolled August 2016.
														_		

Cl	1.1										I					
	ded names reflect pany acknowleges	Enrollme	nt Forn	Issues	;			117	Proof	of Eli	gibility Iss	sues				
	ber lacks valid proof										7, 20					
Su	bscriber'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	Enrolled before February 17, 2017	Lacks proof of eligibility documentation	Proof is noncompliant	Proof differs from applicant's eligibility indicated on form	Questionable Proof	
***	***									0,		X				Enrolled 2018.
***	***											X				Enrolled August 2016.
***	***							X				X				Enrolled 2018.
***	***							Λ				X				Enrolled 2018. Enrolled 2018.
	Subtotal								l			29		ı		
_																
Proof of	f Eligibility is Not Con	<u>npliant</u>				T T		1	X	X	T	1	X	<u> </u>		Gataway printant
***	***					<del>                                     </del>			Λ	Λ	-	-	X		-	Gateway printout.  Gateway printout
***	***												X			Gateway card
***	***								X	X			X			Gateway card
***	***								v				X			Nondescript card without a name on it
***	***								X				X			Gateway card.  Aetna card
***	***								X				X			Gateway card
***	***								X	X			X			Gateway card
***	***								X	X			X			Gateway card.
***	***												X			Gateway card.
***	***								X	X			X			Gateway card. Gateway card
***	***												X			Gateway printout
***	***												X			<u>Nevada</u> card
***	***								X	37			X			MO Care card
***	***								X	X			X			Gateway card  Gateway card
***	***												X			Veteran's Health card, VA Disability letter
***	***												X			Gateway card
***	***								X	X			X			Gateway card
***	***								X				X			Blank card  Name on EBT card is Joli <i>Hunter</i> .
**1	***			X					Λ				X			Proof: Veteran's card (Additional note: Applicant's eligibility is
	Subtotal			А									24		<u> </u>	simply listed as "medical assistance (MA)")
	Bubtotai												27			
Proof of	f Eligibility Provided i	is Not t	he Elig	<mark>ibility I</mark>	ndicated o	on Enro	llment	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."  Form indicates eligibility is SSI but proof is some sort of Social
***	***													X		Security Benefit letter that fails to reflect SSI.
***	***													X	L	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
										<u> </u>					_	on enrollment form.)  Form indicates eligibility is SSI but proof is some sort of Social
***	***					<u> </u>					<u> </u>	<u> </u>		X		Security Benefit letter that fails to reflect SSI.
***	***						X	X		<u></u>	<u></u>		L	X	L	Name: tp. Form: SNAP. Proof: Social Security Benefit Statement.
***	***													X		Form: SNAP; Proof: MoHealthnet card
<u> </u>	Subtotal													7		
Ouestio	nable if Proof of Eligi	bility is	s Comp	liant												
***	***	, 1							Х	X					Х	Proof submitted is a VA heathcare 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.  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 Doc	umentation Provided (	Lacks	Enroll	ment Fo	orm and P	roof of	Eligibi	lity)								
***	***	X			1							X				

Shaded names reflect company acknowleges subscriber lacks valid proof				Enrollme	nt Forn	ı Issues	1			7, 2017	Proof	of Eli	gibility Iss	sues	
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	Enrolled before February 17, 2017	Lacks proof of eligibility documentation	Proof is noncompliant	Proof differs from applicant's eligibility indicated on form	Questionable Proof	Comments
***	X										X				
***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
***	X										X				
***	X										X				
*** ***	X										X				
***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
***	X										X				
*** ***	X										X				
***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
***	X										X				
***	X										X				
*** ***	X										X				
***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
***	X										X				No enrollment form or proof was provided for this person.
*** ***	X										X				
***	X										X				
***	X										X				
***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				
*** ***	X										X				Company has two subscribers with this name. This subscriber is
Subtotal	42										42				located at 5375 Gladstone.
Other Issues															
*** ***								X	X						Unclear why company is saying proof is lacking. (Company
*** ***						X		-11	X	Yes	X				documentation has EBT card for "Sr.")  Name: CB. Enrolled 2015.
*** ***						Λ		v		168	Λ				Unclear why company is saying proof is lacking. (Company
								X	X						documentation has EBT card for "Sr.")
*** ***			X							Yes	X				Applicant's eligibility is simply identified as "Medical assistance". Enrolled 2015.
Grand Totals	51	2	8	2	2	7	17	28	22		76	26	7	10	