



Florida Medicaid Qualified Hospital (QH) Presumptive Eligibility

Original Presentation March 2020
Reviewed for Updates November 2023
Additional Updates from DCF Made October 2024

Presumptive Eligibility:

LEGAL BASIS



What is Presumptive Eligibility?

Presumptive Eligibility (PE):

- Provides temporary Medicaid coverage for individuals who are likely to be eligible for Medicaid and assures timely access to care while a final eligibility determination is made.
- Is based on limited information provided by an individual about his or her income and household size, citizenship, and residency status.



42 U.S.C. 1396a(a)(47)

The Patient Protection and Affordable Care Act amended section 1902(a)(47) of the Social Security Act as follows:

“...any hospital that is a participating provider under the State plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State plan or under a waiver of the plan for purposes of providing the individual with medical assistance during a presumptive eligibility period...”



What Does This Mean?

- Florida Medicaid enrolled hospital providers may choose to make PE determinations in accordance with federal law and state policy.
- In Florida, enrolled hospitals may make PE determinations for:
 - Pregnant women.
 - Infants and children under age 19 years.
 - Parents and other caretaker relatives.
 - Former foster care children.



Presumptive Eligibility: QUALIFIED HOSPITAL



What is a Qualified Hospital?

A QH is a hospital that:

- Participates as a Medicaid provider (Provider Type 01).
- Notifies Florida Medicaid of its election to make PE determinations.
- Agrees to make PE determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make PE determinations in accordance with applicable state policies and procedures or for failure to meet the standards established by the Medicaid agency.



How to Become a QH

1. Must be a Florida Medicaid provider

To enroll as a Florida Medicaid provider:

Visit <http://mymedicaid-florida.com>

select Provider Services

then select Enrollment

2. Enroll as a Qualified Hospital Provider

Complete the required provider agreement located at:

http://ahca.myflorida.com/Medicaid/QHPE/docs/MPA_Inst_QH_Dec_13.pdf

Submit the signed copy to:

QH Enrollment Coordinator

Medicaid Fiscal Agent Operations Bureau Chief

2727 Mahan Drive, Mail Stop 22

Tallahassee, Florida 32308



QH Responsibilities

- Ensure that:
 - Employees making PE determinations must meet the training certification requirements to become an Authorized Agent before making any determinations.
 - Only hospital employees make PE determinations—contractors or 3rd party vendors are NOT permitted to make PE determinations.
 - Anyone who enters PE approvals (determined by hospital employees) into the online system must meet the training certification requirements to become an Authorized Agent before entering approvals.



QH Responsibilities

- Documentation of the certifications is maintained in a central location.
- Presumptive Eligibility determinations are consistent with state policies and procedures.
- Staff are available to assist individuals with submission of applications for full Medicaid benefits.



Performance Standards

For the first 18 months, the QH must meet the following standards:

- An average of 90% of individuals the QH determines to be presumptively eligible will submit an application for full Medicaid benefits before the end of the PE period.
- On average, the application for full Medicaid benefits will be submitted within 10 days from the date of the PE approval.
- An average of 90% of the individuals who submit the application for full Medicaid benefits before the end of the PE period will be eligible for full Medicaid.



Performance Standards

After the first 18 months, the QH must meet the following standards:

- An average of 95% of individuals the QH determines to be presumptively eligible will submit an application for full Medicaid benefits before the end of the PE period.
- On average, the application for full Medicaid benefits will be submitted within 10 days from the date of the PE approval.
- An average of 97% of the individuals who submit the application for full Medicaid benefits before the end of the PE period will be eligible for full Medicaid.



Presumptive Eligibility: PE PROCESS



Eligibility Requirements

Each individual **must not:**

- Be currently eligible for Medicaid.
- Have been determined eligible for PE in the last 12 months.
- Be an inmate of a public institution, such as incarcerated in a state prison or local jail, or in the custody of the Department of Juvenile Justice.

Each individual **must:**

- Fit into one of the PE eligibility categories.
- Meet citizenship and residence requirements.
- Meet income requirements.



Gathering Information

- Accept the individual applicant's (or responsible individual if applicant is a child) statement for all information.
- Individuals are not required to provide any documentation to prove their statement, including:
 - Medical verification of pregnancy.
 - Birth certificate or proof of noncitizen status.
 - Social Security card.



Presumptive Eligibility Worksheet

Use the PE Worksheet to assist when making PE determinations (recommended).

Link to the worksheet and instructions:

[Simplified_Presumptive_Eligibility_Worksheet.pdf \(myflorida.com\)](#)



Steps in the PE Process

1. Check for current Medicaid eligibility.
2. Determine applicant's eligibility category.
3. Determine applicant's residence and citizenship status.
4. Determine applicant's income eligibility.
5. Explain PE benefits and coverage span.
6. Authorize PE coverage via the Provider Portal.
7. Provide applicant with a written notice of eligibility.
8. Assist applicant with completing and submitting the full Medicaid application.



Presumptive Eligibility: PE DETERMINATION



Check for Current Medicaid Eligibility

Individuals currently eligible for Medicaid are not eligible for PE.

- Use your normal process for verifying Medicaid eligibility.



Determine Eligibility Category

Does the individual fit into one of the following eligibility groups?

- Pregnant woman.
- Parent or relative caring for a child under 18 years of age.
- Child under 19 (infant under 1 year; child 1 through 18 years).
- Former foster child under 26 who was eligible for Medicaid in Florida when he/she aged out of care.
 - Yes – Continue with determination.
 - No – Ineligible.



Determine Residence and Citizenship Status

- Individual currently lives in Florida and intends to remain:
 - Yes – Continue with determination.
 - No – Ineligible.
- Individual is a US citizen or qualified noncitizen:
 - Yes – Continue with determination.
 - No – Ineligible.



Determine Income Eligibility

- Determine whether the household's income is equal to or less than the income limit for the individual's eligibility group.
- To do this you need to know:
 - Household size.
 - Household income.

Note: If applicant is in the former foster care group, do not complete the income eligibility calculations. There is no income eligibility requirement for that group.



Determining Household Size

Count the following individuals in determining household size:

- If individual is a child < 19 years of age, count:
 - Child + parents (natural, adoptive, and/or step) + siblings < 19 years of age (natural, adoptive, step).
- For all other applicants, count:
 - Individual + spouse + children < 19 years of age (natural, adoptive, step).
- If applicant or any person being counted is pregnant, count the number of expected babies.



Determining Household Income

Monthly household income = total monthly income before taxes for individuals who are part of the household.

Count:

- ✓ Job income (for example, wages, salaries, self-employment).
- ✓ Other income (for example, unemployment, alimony, disability payments from Social Security).

DO NOT count:

- ✗ Supplemental Security Income payments.
- ✗ Child support payments.
- ✗ Social Security payment made to or on behalf of a child.



Determining Income Limits

- Find the monthly income limit for the individual's household size and eligibility group on the PE Income Limits chart (see next slide).
- Compare the household's monthly income to the amount in the chart.
- Household's monthly income equal to or less than the applicable PE income limit:
 - Yes – Eligible (based on income).
 - No – Ineligible.



Family Related Medicaid Income Limits												
Family Size	100% FPL	Adults		Pregnant Women Including Family Planning and PEPW		Infants < 1		Children			MNIL ** See Note Below	MAGI Disregd (5% of 100% FPL) *** See Note Below
		Parents, Caretakers, Children 19 & 20	Standard Disregard	185% FPL	Standard Disregard	200% FPL	Standard Disregard	1 through 5		6 through 18 *See Note Below		
								133% FPL	Standard Disregard	133% FPL		
1	1,215	180	109	2,248	73	2,430	73	1,616	85	1,616	289	61
2	1,644	241	146	3,041	99	3,287	99	2,186	115	2,186	387	82
3	2,072	303	183	3,833	124	4,144	124	2,756	145	2,756	486	104
4	2,500	364	221	4,625	150	5,000	150	3,325	175	3,325	585	125
5	2,929	426	258	5,418	176	5,857	176	3,895	205	3,895	684	146
6	3,357	487	296	6,210	201	6,714	201	4,465	235	4,465	783	168
7	3,785	549	333	7,003	227	7,570	227	5,035	265	5,035	882	189
8	4,214	610	371	7,795	253	8,427	253	5,604	295	5,604	981	211
9	4,642	671	408	8,588	279	9,284	279	6,174	325	6,174	1079	232
10	5,070	733	446	9,380	304	10,140	304	6,744	355	6,744	1179	254
11	5,499	795	484	10,172	330	10,997	330	7,313	385	7,313	1279	275
12	5,927	857	522	10,965	356	11,854	356	7,883	415	7,883	1379	296
13	6,355	919	560	11,757	381	12,710	381	8,453	445	8,453	1479	318
14	6,784	981	598	12,550	407	13,567	407	9,022	475	9,022	1579	339
15	7,212	1,043	636	13,342	433	14,424	433	9,592	505	9,592	1,679	361
16	7,640	1,105	674	14,134	458	15,280	458	10,162	535	10,162	1,779	382
17	8,069	1,167	712	14,927	484	16,137	484	10,731	565	10,731	1,879	403
18	8,497	1,229	750	15,719	510	16,994	510	11,301	595	11,301	1,979	425
19	8,925	1,291	788	16,512	536	17,850	536	11,871	625	11,871	2,079	446
20	9,354	1,353	826	17,304	561	18,707	561	12,440	655	12,440	2,179	468
21	9,782	1,415	864	18,097	587	19,564	587	13,010	685	13,010	2,279	489
22	10,210	1,477	902	18,889	613	20,420	613	13,580	715	13,580	2,379	511
23	10,639	1,539	940	19,681	638	21,277	638	14,149	745	14,149	2,479	532
24	11,067	1,601	978	20,474	664	22,134	664	14,719	775	14,719	2,579	553
Additional Person	+ 429	+ 62		+ 793		+ 857		+ 570		+ 570	+ 100	
Effective Date	April 2023	April 1992		April 2023	April 2023	April 2023	April 2023	April 2023	April 2023	April 2023	January 2014	April 2023

NOTES:

- * Children aged 6 through 18 **do not** receive the standard disregard. They do get the 5% MAGI disregard, if needed.
- ** MNIL--The Medically Needy Income Limit (MNIL) includes the appropriate standard disregard. No additional disregards should be applied to establish a share of cost. (formula is Adults plus Standard Disregard)
- *** MAGI--The 5% MAGI disregard is used in a budget **only** if it makes a "failing" individual "pass" a full coverage Medicaid group.
- MAGI--The 5% MAGI disregard is never used in a Medically Needy budget.

Updated: 02/03/2023



Some Reminders

If the individual is	Then the PE eligibility group is	Remember
A pregnant woman	Pregnant Women	If a woman is pregnant, always use this group even if she could be eligible under another group
A parent or other relative caring for a child or children under age 18	Parent/Caretakers	The minor child(ren) must be living in the home with the parent or relative
A child under age 19	<ul style="list-style-type: none"> • Infants aged less than 1 year or • Children age 1 up to 19 	<ul style="list-style-type: none"> • Be sure to determine the correct age group based on the child's age on the day the PE determination is made • The child does not have to be living with a parent or relative to be eligible
A former foster child who "aged out" of care and was receiving Medicaid at that time	Prior Foster Care individuals less than 26 years	<ul style="list-style-type: none"> • Only use this group if the individual is not eligible under any of the other PE groups • The individual must have been in foster care in Florida at the time he/she aged out



Presumptive Eligibility:

ELIGIBILITY AUTHORIZATION



How to Authorize Eligibility

Authorize PE coverage via the Provider Portal.



Explain PE Benefits

- Coverage begins on the day the QH determines the individual is eligible for PE
- PE coverage ends on either:
 - The date the eligibility determination for full Medicaid is made by the Department of Children and Families (DCF);
 - or
 - The last day of the month after the month the QH determined the individual eligible for PE.

Example: PE determined 1/2/2016. PE eligibility period 1/2/16 – 2/28/16. DCF determines eligibility on 2/15/16. PE ends the date of the approval or denial for full Medicaid (2/15/16).



Presumptive Eligibility:

OTHER REQUIREMENTS



Other Requirements

- Provide applicant with a written notice of eligibility.
- Assist applicant with completing and submitting the full Medicaid application.



Provide Written Notice

QH must provide individuals with a written notice of the PE decision.

- If approved, the notice must:
 - Include the beginning date of the PE period;
 - Explain to the applicant:
 - Application for full Medicaid must be filed by the end of the following month, or the PE period will end on the last day of that month.
 - When an application for full Medicaid is filed, the PE period will end on the date that application is approved or denied.
- If denied, the notice must:
 - Identify denial reason; and
 - Advise the individual of the option to submit an application for full Medicaid.



Assist with Filing Application

The QH is responsible for:

- Assisting individuals to complete and submit a Medicaid application for full Medicaid.
 - Includes:
 - Paper, online, and phone applications.
 - Providing mailing address or faxing.



Presumptive Eligibility:

PE APPLICATION



DCF Presumptive Eligibility Application

- Online application used to enter information for individuals determined to be presumptively eligible.
- Application **does not** make the eligibility determination—it only transmits required information to open eligibility on the Florida Medicaid Management Information System (FMMIS).



Authorize PE Coverage

- Use the Florida Medicaid portal to authorize PE coverage through the DCF PE link.
- Remember: Only use this link to authorize eligible individuals.



Remember

- *Only* hospital employees can determine PE; unless entering data after a hospital employee made the PE determination.
- Enter information *only* for individuals who are eligible for coverage.



Presumptive Eligibility Authorization

IMPORTANT: Enter information *only* for individuals who have been determined ELIGIBLE.



Presumptive Eligibility Authorization

Authorized Agents must log on to FMMIS to enter the PE request into the system using the DCF PE application. User IDs are unique to the individual and must not be shared.

AHCA
agency for health care administration

FLORIDA MEDICAID

For assistance, call 850-298-7123 during normal business hours 8:00 am - 5:30 pm Monday - Friday EST.

Sign in to the Florida Medicaid

- Access your applications
- Manage your account
- Change your password

Sign in to Florida Medicaid [Help](#)

Username

Password

Florida Medicaid
[Forgot your password?](#)

Privacy | Disclaimer



- The following slides demonstrate training instructions from DCF on how to submit a PE application.



Access the AHCA Portal to get started

- From the AHCA portal, click the **DCF Presumptive Eligibility** hyperlink to navigate to the My Benefits site, as a provider.

The screenshot shows the Florida Medicaid Home portal. At the top left is the AHCA logo and the text 'AGENCY FOR HEALTH CARE ADMINISTRATION'. A 'Sign Out' button is in the top right. The main heading is 'Florida Medicaid Home'. Below it, a welcome message reads 'Anisha Shajahan, Welcome to Florida Medicaid'. The 'Applications' section contains a table with the following data:

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application.
DCF Presumptive Eligibility	Allows access to Department of Children and Families (DCF) site to systematically submit recipient presumptive eligibility applications.
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.
LMS (Model Office)	LMS - BISI Web-Based HIPAA Compliance Training
LMS (UAT)	LMS - BISI Web-Based HIPAA Compliance Training

The 'DCF Presumptive Eligibility' link is highlighted with a red box. Below the applications is a 'Messages' section with a table:

Date	Message
1/28/2022	Updated Secure Web Portal Login Functionality Beginning January 28, 2022 , the Self-Service Password Reset tool has been updated to allow providers to easily recover the username and password for their secure Web Portal account in real time. Available now is the updated Secure Web Portal User Guide and Reset an Account Password Quick Reference Guide which contains detailed step by step

On the left side of the portal, there are several links: 'Providers and Agents Refer to the [Secure Web Portal Maintenance Quick Reference Guide](#) for assistance.', 'Health Plan Portal User Manual', 'Secure Web Portal User Guide', and 'Reset an Account Password Quick Reference Guide'.



Dashboard

Once logged in, a Dashboard will display.

1. From the dashboard, click the **View** button to see all applications that have been submitted.
2. Click **New Application** to start a new PE application.
3. Select **View Report** for a list of applications previously submitted.

MY BENEFITS Home Help & Resources English SH

Hi, SHAJAHAN

Look at all you've accomplished!

You are on a roll!
5 You submitted applications this month.

Medicaid Presumptive Eligibility Applications
5 Submitted **1** **View**

New Application **2**

My Reports
View key metrics about application you've created and submitted.

5 Applications Submitted This Week **3** **View Reports**
0 Applications Processed This Month



Application: Your Information

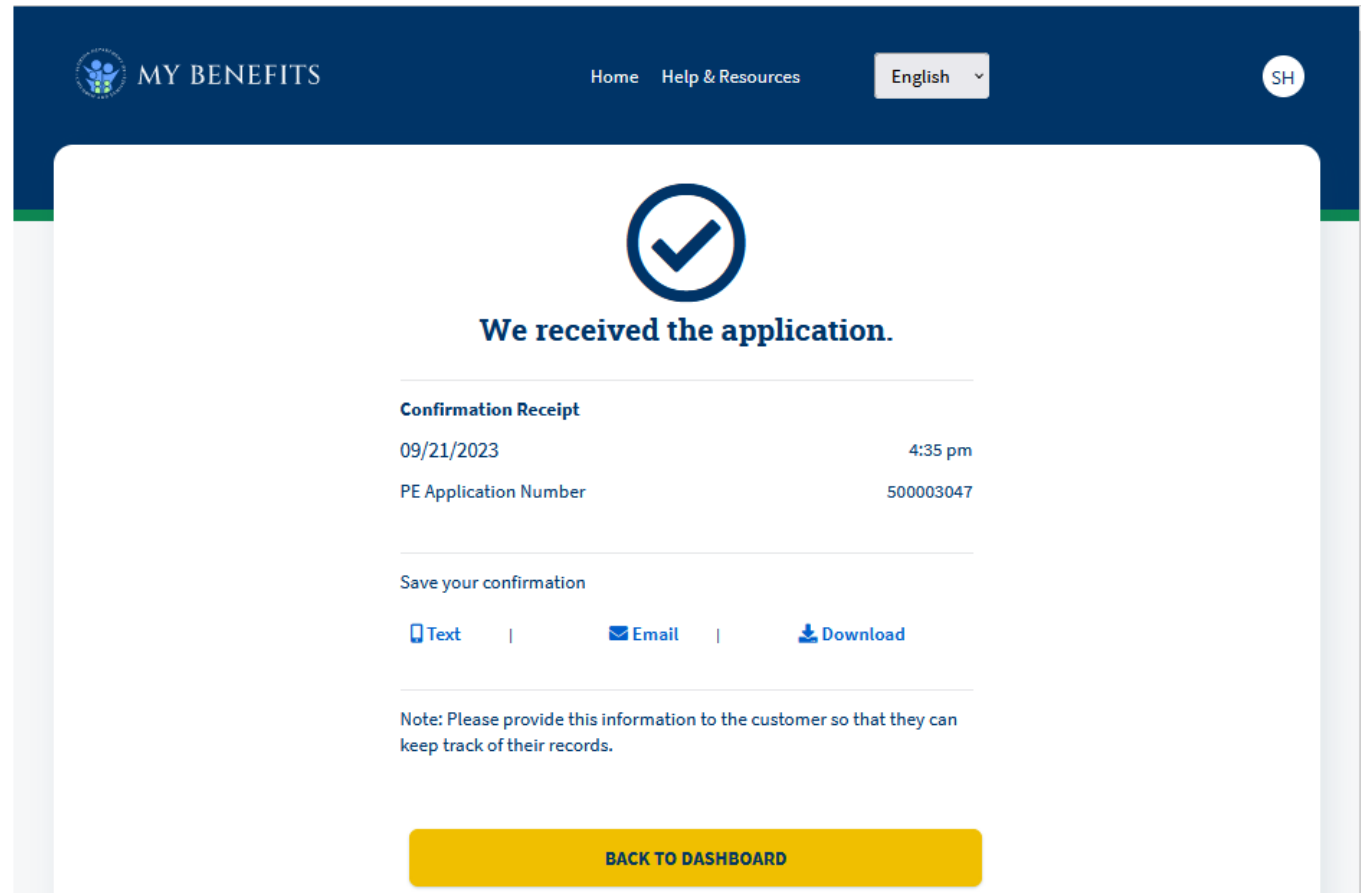
- After selecting the “Apply” button on the previous screen, the system will guide the user through ~15 screens to collect application information.
- Follow the prompts and fill out the fields on each screen, and click the **Next** button

A screenshot of a web application interface. At the top, there is a dark blue header with the text "MY BENEFITS" and a logo on the left. To the right of the header are links for "Home" and "Help & Resources", a language dropdown menu set to "English", and a user profile icon labeled "SH". The main content area is white and contains the heading "What's your applicant's name?". Below this heading are several input fields: "First Name (required)" with a text box, "Middle Name" with a text box, "Last Name (required)" with a text box, "Suffix" with a dropdown menu showing "-Select One-", and "Other Names" with a text box. Below the "Other Names" field is a note: "This could be a Maiden Name or a former Last Name". At the bottom of the form are two buttons: a light blue button with a left-pointing arrow and a yellow button labeled "Next".

Application: Confirmation

A Confirmation receipt is available once a user submits the renewal. The following information can be seen on the confirmation screen; Date, Time, & PE Application Number.

- Click the **Text** hyperlink to send a copy of the receipt via text.
- Click the **Email** hyperlink to send a copy of the receipt via email.
- Click the **Download** hyperlink to save a copy of the receipt on your device.
- Click the **BACK TO DASHBOARD** button to navigate to the dashboard



The screenshot shows the 'MY BENEFITS' website interface. At the top, there is a navigation bar with 'Home', 'Help & Resources', a language dropdown set to 'English', and a user profile icon labeled 'SH'. The main content area features a large blue checkmark icon and the heading 'We received the application.' Below this, a 'Confirmation Receipt' table displays the following information:

Confirmation Receipt	
09/21/2023	4:35 pm
PE Application Number	500003047

Below the table, there is a section titled 'Save your confirmation' with three options: 'Text', 'Email', and 'Download', each with a corresponding icon. At the bottom of the page, a yellow button labeled 'BACK TO DASHBOARD' is visible. A note at the bottom of the content area reads: 'Note: Please provide this information to the customer so that they can keep track of their records.'





Lesson 3: How to Check Medicaid Status

Access the AHCA Portal to get started

From the AHCA portal, click the **DCF Provider View** hyperlink to navigate to the My Benefits site.

The screenshot shows the Florida Medicaid Home portal. At the top left is the AHCA logo and the text 'AGENCY FOR HEALTH CARE ADMINISTRATION'. A 'Sign Out' button is in the top right. The main heading is 'Florida Medicaid Home' with a welcome message to 'Anisha Shajahan'. Below this is an 'Applications' section with a table of links and descriptions. The 'DCF Provider View' link is highlighted with a red box. Below the applications is a 'Messages' section with a message dated 1/28/2022 about updated login functionality.

Providers and Agents
Refer to the [Secure Web Portal Maintenance Quick Reference Guide](#) for assistance.

[Health Plan Portal User Manual](#)

[Secure Web Portal User Guide](#)

[Reset an Account Password Quick Reference Guide](#)

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application
DCF Presumptive Eligibility	Allows access to Department of Children and Families (DCF) site to systematically submit recipient presumptive eligibility applications.
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.
LMS (Wider Office)	LMS - BISI Web-Based HIPAA Compliance Training
LMS (UAT)	LMS - BISI Web-Based HIPAA Compliance Training

Messages

Date	Message
1/28/2022	Updated Secure Web Portal Login Functionality Beginning January 28, 2022 , the Self-Service Password Reset tool has been updated to allow providers to easily recover the username and password for their secure Web Portal account in real time. Available now is the updated Secure Web Portal User Guide and Reset an Account Password Quick Reference Guide which contains detailed step by step



Dashboard

- From the dashboard, click the **Search** button to begin to search for a Customer, to view their Medicaid status

MY BENEFITS Home Help & Resources English SH

Hi, SHAJAHAN

Customer Search

Search for clients to

- Verify their current benefits status and coverage dates
- View their share of cost responsibilities
- Confirm their benefit PIN
- Print temporary Medicaid cards

Search

Help & Resources

View Help Center

Contact Us Help & Resources FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES



Customer Search

The Medicaid status for an individual can be located by entering the following information:

- Date of Birth (required)
- Search Type (one is required)
 - Social Security Number (SSN)
 - Personal Identification Number (PIN)
 - Application Number
 - Case Number



The screenshot shows the "MY BENEFITS" web interface. At the top, there is a navigation bar with the "MY BENEFITS" logo, links for "Home" and "Help & Resources", a language dropdown set to "English", and a user profile icon labeled "SH". Below the navigation bar, there is a "Back to Dashboard" link. The main heading is "Customer Search". The form contains three fields: "Date of Birth (required)" with a date input field showing "MM/DD/YYYY" and a calendar icon; "Search Type (required)" with a dropdown menu currently set to "Case Number" and a green checkmark; and "Case Number (required)" with an empty text input field. A blue "SEARCH" button is located at the bottom of the form.

Customer Search: Results

1. On click of the **SEARCH** button, search results are shown at the bottom of the screen, with the information provided in the search fields.
2. Click **View Details** button to see details of the case.

MY BENEFITS Home Help & Resources English SH

< Back to Dashboard

Customer Search

Date of Birth (required)
01/15/1987

Search Type (required)
Social Security Number

Social Security Number (required)
510244564

1 SEARCH

Results (2)

Case Number 5006571403	View Details
Last Name FS	First Name FS
Case Status Closed	Last Activity Date 11/30/2022

Case Number 5006564521	View Details
Last Name FS	First Name FS
Case Status Closed	Last Activity Date 03/16/2023



Customer Details

The Medicaid details of the case is show on click of View Details.

1. Click **View history** hyperlink to see a history of programs household member received.
2. Click **Print Medicaid Card** to print a copy the household member's Medicaid card.
3. Click **Back to Customer Search** to navigate back to the customer search



The screenshot displays the "MY BENEFITS" website interface. At the top, there is a navigation bar with "Home" and "Help & Resources" links, a language dropdown set to "English", and a user profile icon labeled "SH". Below the navigation bar, a red box with the number "3" highlights a "Back to Customer Search" link. The main content area is titled "Medicaid Details" and includes a disclaimer: "The Share of Cost and/or Patient Responsibility shown are estimated and may not reflect bills or expenses submitted to the Department that have not been processed." Underneath, there is a "Case Information" section with a table of details:

Case Information	
Case Number	Head of Household
5006571403	FS FS (53)
Physical Address	Phone number
1 N , TALLAHASSEE, FL, 32399	(000) 000-0000

Below the case information is a "Program Members" section with a table of details:

Program Members	
FS FS ✕	
Renewal Due: PIN: 7418698461	
Status	Program
Closed	Medicaid
Coverage Begin Date	Coverage End Date
12/01/2022	12/31/2022
Share of Cost	Patient Responsibility
\$0	

At the bottom of the program members table, two red boxes with numbers "1" and "2" highlight the "View history" and "Print Medicaid Card" links, respectively.

Medicaid History

The **View History** hyperlink will display a history of benefits the household member has received. Details shown are:

- Status of the case
- Coverage begin and end date
- PIN number
- Share of Cost – if any
- Patient Responsibility – if any

Click **Back to Program Details** to navigate back to program details screen.



The screenshot shows the "MY BENEFITS" website interface. At the top, there is a navigation bar with "Home", "Help & Resources", a language dropdown set to "English", and a user profile icon labeled "SH". Below the navigation bar, a breadcrumb link "< Back to Program Details" is visible. The main content area is titled "Program History" and displays a list of Medicaid records for a program member (53). Each record includes the following details:

Medicaid	
Status	PIN Number
Open	7418698461
Coverage Begin Date	Coverage End Date
12/01/2022	12/31/2022
Share of Cost	Patient Responsibility
\$0	\$0

Medicaid	
Status	PIN Number
Closed	7418698461
Coverage Begin Date	Coverage End Date
11/30/2022	11/30/2022
Share of Cost	Patient Responsibility
\$0	\$0

Medicaid	
Status	PIN Number
Open	7418698461
Coverage Begin Date	Coverage End Date
11/01/2022	11/30/2022
Share of Cost	Patient Responsibility
\$0	\$0