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TO: **Income Maintenance Supervisors**
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Amy Mendel-Clemens, Chief
Technical Assistance and Training Section
Bureau of Enrollment Management
Division of Health Care Access and Accountability

BEM/DFS OPERATIONS MEMO

No: 08-49

DATE: 10/27/2008

FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/>
				EP	

PRIORITY: HIGH

SUBJECT: CARES Changes for ForwardHealth InterChange Interface

EFFECTIVE DATE: November 10, 2008

PURPOSE

This memo provides information on the CARES changes for the new ForwardHealth InterChange (iC) system replacing the current MMIS Legacy system.

BACKGROUND

Each State is required to have a Medicaid Management Information System (MMIS) in place to process claims, produce reports and letters and track expenditures. The EDSNET mainframe system has been in use since 1977.

As of November 10, 2008, the mainframe EDSNET system is being replaced with the new web based ForwardHealth Interchange (iC) system. With the new web based system we are able to improve the processes used for the interface between CARES and iC. Because of this there have been some changes made to CARES/CWW and the processes Income Maintenance workers will follow when processing eligibility determinations for BadgerCare Plus and other Medicaid programs.

MMIS INTERFACE CHANGES

Eligibility will continue to be sent to MMIS nightly. Prior to the implementation of iC, there was also a weekly CARES Eligibility and Premium "Recon" run on Thursday night to pick up all changes made throughout the week. This process is being discontinued.

With the old system, MMIS was unable to accept multiple medical status codes so combined or "combo" medical status codes had to be created for situations where the member was open for more than one program such as EBD Medicaid and a Medicare Premium Assistance (MPA) program such as QMB or SLMB or Senior Care and QMB/SLMB. In some instances the MPA eligibility had to be updated using a manual 3070 with a "Yes" entered for the Medicare Buy-In Action Flag field. The new iC system is now able to accept multiple medical status codes. CARES has been updated to send to iC the specific medical status code for each program along with the eligibility begin and end date. Therefore the combined medical status codes and Medicare Buy-in Action Flags are being discontinued.

New Medical Status Codes

Two new Nursing Home (NH) medical status codes were created for PACE and Partnership members.

- NP – PACE member in a NH (MI P AG code in CWW)
- NR – Partnership member in a NH (MI R AG code in CWW)

Two new medical status codes were created for children on BadgerCare Plus (BC+) who are Tribal Members:

- TF – Children who are tribal members ages 1 through 5, with income between 185% and 200% of the federal poverty level and enrolled in the BC+ Standard Plan.
- TG – Children who are tribal members ages 6 through 18, with income between 150% and 200% of the federal poverty level and enrolled in the BC+ Standard Plan.

New Alerts

The CARES mainframe MIER screen which lists edits returned by MMIS is being discontinued. The edits will now be sent to the workers as an alert. Two new alerts have been created:

- 432 - HC eligibility not on IC, check HC eligibility and recertify
- 433 - IC has DOD entered, verify DOD via SOLQ

Reports

The EOS Divestment report is being discontinued. Divestment penalty period information will now be sent to iC through a separate process. EDS will print a report for review by the CARES Call Center and apply the penalty period to the iC Divestment screen according to adverse action. If worker action needs to be taken on any of the cases on the report, the CARES Call Center will contact the worker with instructions.

CHANGES TO THE MEDICAID/BADGERCARE PLUS CERTIFICATION FORM HCF 10110 (3070)

Manual certifications will now be done using the new electronic 'BadgerCare Plus Manual Certification' process found in the iC Partner Portal. This process should be used for manually certifying all BadgerCare Plus and Medicaid programs including Foster Care Medicaid, Katie Beckett, TB Medicaid, etc. unless the Primary Person on the case is not eligible for any health care program. In those situations, the paper form must still be submitted.

The eligibility sent through the new electronic process will be updated in iC immediately after submitting the certification information.

For instructions on how to use the electronic form see the ForwardHealth Interchange training on the [DHS Learning Center](#) under Instructional Resources.

CWW CHANGES:

SEARCH CRITERIA PAGE

The MCI ID number has been added as a new search criteria in the "Identification Numbers" section.

The screenshot displays the 'Search Criteria' page of the CARES Worker Web application. The browser address bar shows the URL: <https://uat.cares.wisconsin.gov>. The page header includes the user ID 'XCTF27' and user name 'P HER'. The 'Quick Select' dropdown is set to 'CASE/RFA'. The page is dated 10/10/2008.

The left sidebar contains a 'Navigation Menu' with categories like Search, RFA / Case, Worker Tools, and CARES Mainframe Access. The main content area is titled 'Search Criteria' and features a 'Reset' button.

The search criteria are organized into several sections:

- Demographic Information:** Includes fields for First Name, Last Name, Gender, and Birth Date (MM/DD/YYYY). Search options include 'Starts With', 'Exact', and 'Sounds Like'. There are checkboxes for 'Also search against alias names' and 'Including ACCESS applications'.
- Identification Numbers:** Includes fields for PIN, MAID, MCI ID, SSN, and EBT Card Number, each with a 'Go' button. The MCI ID field is highlighted as a new addition.
- Case / RFA:** Includes a 'Case / RFA' field with a 'Go' button.
- ACCESS Applications:** Includes an 'ACCESS Application Number' field with a 'Go' button.

INDIVIDUAL SUMMARY PAGE

The CARES mainframe MIMI screen functionality is being added to the CWW Individual Summary page:

- The old PF18 function from the MIMI screen can now be accessed through a new option "Resend Eligibility Information to MMIS" on this page.
- The "MCI ID / MAID" has been added as a new field in the "Individual" section. This replaces the MIMI, "MAID and pseudo SSN" field. SSN based MA ID's are being replaced by new ID's. MA eligible individuals in CARES will have the MCI ID as their MA ID.

https://uat.cares.wisconsin.gov - CARES Worker Web - Individual Summary - Microsoft Internet Explorer provid...

Navigation Menu

- Search
 - CARES Home
 - Search
 - Inbox Search
- RFA / Case
 - Client Registration (0)
 - Case Summary
 - Case Comments
 - Application Entry (0)
 - Initiate Eligibility Determination
 - Eligibility
 - Post Eligibility
 - Confirmation Access
 - Query
 - Benefit Issuance
- Worker Tools
 - SSI-MA Administration
 - Worker Tasks
 - Case Management
 - Client Correspondence
 - Reference Tools
 - System Tools
 - CWW Suggestions
 - CARES Mainframe Access

Individual Summary

Individual

Name:	JOHNNY INCOMECH	PIN:	8100657939
Associated PIN(s):			
Alias(es):			
SSN:	222-22-2271	MCI ID/MAID:	6200537763
Gender:	MALE	Birth Date:	03/01/2000
Language:	ENGLISH	Cleared:	YES

Query

- View Individual Eligibility History
- View Individual Participation History

Send Information

- Resend Eligibility Information to MMIS

RFA's, Cases and ACCESS Applications

- CASE: 8700319384 (Not Primary Person)

Filing Date:	09/01/2003	Status:	CLOSED	Case Closed Date:	09/30/2004
RFA Type:	ES - ECONOMIC SUPPORT (ES)	Overpayment:	NO		
Office:	DANE CO W2 PROGRAM (5513)				
Agency:	13 - DANE COUNTY	Worker:	PHOUA HER (XCTF27)		
Primary Person:	JUDY INCOMECH	Information Provider:	JUDY INCOMECH		
Household Address:	1954 E WASHINGTON AVE 3 MADISON, WI 53704-5252	Phone:	000-000-0000		
- Enter page one of FoodShare Mail-in application
- Enter page one of Family Medicaid Mail-in application
- Create new RFA for this individual

CASE MEMBER HISTORY PAGE

The Case Member History page for the SSN column has been replaced with the "MCI ID / MAID" column

CORRESPONDENCE HISTORY SEARCH CRITERIA PAGE

Workers will now be able to view SSI Correspondence History when doing a search using the MAID (MCI ID) search criteria.

CHANGES AFFECTING MEDICARE PREMIUM ASSISTANCE (QMB, SLMB, QDWI)

The process for tracking the automatic Medicare Premium Assistance (MPA) Buy-in has been removed from MMIS and put in CARES. New warning messages were added in CWW to

prompt workers to request MPA for individuals who are potentially eligible based on information on the following CWW pages:

PRIOR SSI Page

When the Prior SSI page is completed for individuals meeting the 503, DAC, or Widow/Widowers criteria, an informational message, "AE371: Individual should request QMB because he or she is potentially eligible." will display to prompt the worker to request QMB through the MPA page.

MEDICARE Page

When the Medicare page is completed for an individual, a new informational message, "AE371: Individual should request QMB because he or she is potentially eligible", will display to prompt the worker to request MPA for the individual categorically eligible with no asset & income test, when the AG meets the following criteria:

- At least one individual being tested as potentially eligible for QMB, meets all of the non-financial criteria AND either receives SSI or 1619b Medicaid or is determined eligible for either an MP or NP AG and the QMB AG has passed non-financially
- A new reason code will display along with the QMB AG for these individuals: "616: Elig. determined using SSI/1619(b)/SSI Protected Medicaid,"

Note: The Buy-In Activity report (HMNR455Q) will no longer be produced and mailed to the IM agencies. A new report is available in iC for the individuals who are at the final stage of losing their Buy-In. This report will be available to the same person who received the paper report in the past. The designated CARES Coordinators or supervisors will need to log into iC to view the report and print it out for distribution to workers.

CHANGES TO LONG TERM CARE PROGRAMS

PATIENT LIABILITY AND FAMILY CARE AND WAIVER COST SHARE

Cost Share: Changes were made to allow CARES to send the Family Care (FC) and Home and Community Based Waiver (HCBW), including Pace and Partnership, cost share and spenddown amounts to iC. Family Care and HCBW cost share amounts will be updated in iC, beginning **December 2008**. For FC members at the Nursing Home level of care (LOC), the FC cost share amount will be subtracted from the regular monthly MCO capitation rate to determine the monthly capitation payment amount for FC members.

Mid Month Nursing Home Discharge: When a NH discharge date (not due to the members death) is entered in CARES, a Patient Liability amount of \$0 will be sent to iC for the month of the date of discharge and any months following the date of discharge that the member was eligible for NH MA. Workers should no longer send:

- Manual Notice to Institutions, Nursing Home, Client (form HCF 10108) or
- Manual Certification (form HCF 101110)

to zero out the liability for mid-month discharges.

If a member is discharged from the nursing home or hospital mid month and enrolled into FC, PACE, Partnership or a HCBW Medicaid program immediately following the date of discharge, a cost share amount for the that program can be calculated for the partial month of enrollment as long as the cost share amount is lower than the patient liability. The worker must run eligibility

with dates for that month and any other subsequent months to make the change in CARES and send the update to Interchange.

Until the CARES notices can be updated, the worker must suppress the CARES generated notice and send a manual notice informing the member of his/her change in program eligibility and the cost share amount.

Family Care Page

The following updates have been made to the Family Care Page in CWW:

- A new red informational message will be displayed if the worker enters a Begin Month that is prior to 3 months before the first day of the current month. The worker will not be able to go past the page until the Begin Month date is updated to a date within 3 months of the current month, or the worker cancels off the page.
- A new warning message "The newly added Disenrollment Date will end the Family Care request." will display whenever Functional Eligibility changes AND a disenrollment date are entered at the same time.
- The "Disenrollment Date" field will now be updatable to allow the worker to enter the actual date of disenrollment indicated on the disenrollment form. Once the FC disenrollment date has been entered (either by the system or a by a worker) and the closure has been confirmed for the individual, the disenrollment date field will be read-only. A disenrollment date cannot be entered when adding a new enrollment.
- The edit message: "Enrollment date is prior to previous disenrollment date" has been removed.
- New functionality was added to allow workers to remove FC enrollment if it was entered in error. If the worker enters and confirms FC enrollment in error, a disenrollment date that is the enrollment date minus one day can be entered in the disenrollment date field and confirmed in CARES. This will cause the FC enrollment to be inactivated in iC.

Community Waivers Page

The following updates have been made to the Community Waiver Page in CWW:

- A new red edit message will be displayed if the worker enters a Begin Month that is prior to 3 months before the first day of the current month. The worker will not be able to go past the page until the Begin Month date is updated to a date within 3 months of the current month, or the worker cancels off the page.
- A new PACE or Partnership "Disenrollment Date" field has been added to the page. The worker should enter the actual date of PACE or Partnership disenrollment from the member's disenrollment form in this field. When the PACE or Partnership Disenrollment Date has been entered (either by the system or a by a worker) and the closure has been confirmed for the individual, the disenrollment date field will be read-only.
- When the current Program Type is PACE or Partnership, the Program Type field will be read-only until the PACE or Partnership disenrollment date is entered and saved. When the Program Type is changed from PACE or Partnership to another Program Type, the 'Disenrollment Date' field will be blanked out immediately. The PACE or Partnership

Disenrollment Date is only updateable when the Program Type is PACE or Partnership. For example, if the current Program Type is PA and the worker wishes to change it to BI, the worker must first enter the disenrollment date and hit the next button. Upon returning to the page, the worker will be able to update the Program Type to BI. Immediately upon changing the Program Type to BI, the disenrollment date will be erased and the field will become disabled. If the worker changes the Program Type to PR, the disenrollment date will be also be erased but the field will remain updateable.

- A new information message “The newly added Disenrollment Date will be applied to the new Level of Care and not to the previous Level of Care” will display when the Level of Care is changed at the same time a disenrollment date is entered without changing the Program Start Date.
- Workers will now be able to remove all PACE or Partnership enrollment when the enrollment was entered in error. If the worker enters and confirms PACE or Partnership enrollment in error, a disenrollment date that is the enrollment date minus one day can be entered in the disenrollment date field and confirmed in CARES. This will cause the PACE or Partnership enrollment to be inactivated in iC.

LONG TERM MANAGED CARE ENROLLMENT INFORMATION

The following changes have been made to the interface process for sending enrollment and LOC information from CARES to iC:

- CARES will send interChange a maximum of one record of enrollment information per day.
- The record will include the member enrollment date, level of care, managed care program code and disenrollment date.
- If a member’s level of care change is entered at the same time as the member’s disenrollment date, all of the information will be sent to iC and updated.
- If a member is disenrolling from one Long Term Managed Care program (LTMC) and enrolling into another LTMC program, the CARES changes must be done using a two-day process. The disenrollment information for the current LTMC program should be updated and confirmed in CARES on the first day. The enrollment information for the new LTMC program should be entered and confirmed in CARES the next day. If this process is not followed, iC will not get all of the information and neither the disenrollment nor the new enrollment will update in iC.

LIVING ARRANGEMENT 20 (HOSPITAL: LONG TERM) CHANGES

Updates were made to CARES to correctly deny eligibility for certain programs when the individual is residing in a hospital for 30 day or more.

- FPW - Individuals who are older than 19 years in this living arrangement will be determined ineligible for FPW.
- BadgerCare Plus - Individuals in this living arrangement would be determined ineligible for BC+

PATIENT LIABILITY CALCULATION & SPOUSAL IMPOVERISHMENT TEST FOR INDIVIDUALS CODED AS RESIDING IN A HOSPITAL FOR 30 DAYS OR MORE.

Previously, Patient Liability calculations & Spousal Impoverishment tests were not done for individuals eligible as residents of a medical institution (MI AGs) whose living arrangement type was "Hospital - Long Term". CARES will now calculate a patient liability and use Spousal Impoverishment rules, when applicable, for members with this living arrangement code. The patient liability for this living arrangement will be effective **December 1, 2008**. The Medicaid eligibility handbook will be updated with the policy changes associated with these CARES updates.

CHECK MY BENEFITS

The following updates have been made to ACCESS Check My Benefits and will be available to members who have set up Check My Benefits accounts:

- Request replacement ForwardHealth cards and SeniorCare cards,
- Request an Explanation of Medical Benefits (EOMB), .
- View some MMIS managed Medicaid information like Well Woman Medicaid, Tuberculosis Medicaid, etc.
- View managed care information along with their Medicaid eligibility information,
- View SeniorCare deductible and spend down balance information along with their eligibility information.

BEM CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHFS/DHCAA/BEM/